SELF-GUIDED PRACTICE WORKBOOK [N86] CST Transformational Learning

WORKBOOK TITLE: Nurse: Medical Imaging







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F SELF-GUIDED PRACTICE WORKBOOK

Duration	8 hours
Before getting started	 Sign the attendance roster (this will ensure you get paid to attend the session). Put your cell phones on silent mode.
Session Expectations	 This is a self-paced learning session. A 15 min break time will be provided. You can take this break at any time during the session. The workbook provides a compilation of different scenarios that are applicable to your work setting. Each scenario will allow you to work through different learning activities at your own.
Key Learning Review	 At the end of the session, you will be required to complete a Key Learning Review. This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.



Using Train Domain

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

Please note:

- Scenarios and their activities demonstrate the CIS functionality **not the actual workflow**
 - 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



PATIENT SCENARIO 1 – Ambulatory Organizer

Learning Objectives

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

Review and Learn the Layout of Ambulatory Organizer

SCENARIO

An 80 year old male, admitted with Pneumonia, comes to Medical Imaging for CT Chest with contrast. You begin your shift and will be receiving the patient into your care. To start, log into the Clinical Information System (CIS) with your provided username and password.

As a MI nurse you will be completing the following 2 activities:

Locate your landing page and review Ambulatory Organizer

Establish a relationship with your patient(s)



Activity 1.1 – Review Ambulatory Organizer

Log in with the Username and Password provided into PowerChart.

Upon logging in as an MI Nurse, you will land on **Ambulatory Organizer**. **Ambulatory Organizer** provides an overview of scheduled appointments for the day.

The Ambulatory Organizer ^{Exambulatory Organizer} button located in the toolbar can be used to navigate back to the Ambulatory Organizer page at any time.

In addition, for the most part the outpatient and inpatient view will be the same for both locations.

P OwerChart Organizer for TestUser, Nurse-RadNet
Task Edit View Patient Chart Links Navigation Help
👫 Ambulatory Organizer 🔓 CareCompass 🖕 Patient List Tracking Shell Perioperative Tracking 🤐 Staff Assignment 🎬 LearningLIVE 🍦 🕄 🛱 CareConnect 🎕 PHSA PACS 🕲 VCH and PHC PACS 🕲 MUSE 🕲 For
🔣 Exit 🧃 AdHoc 🎟 Medication Administration 🔒 PM Conversation 👻 🛧 Add 👻 📆 Documents 🚆 Scheduling Appointment Book 📾 Discern Reporting Portal 🖕
🛱 Patient Health Education Materials 🛱 Policies and Guidelines 📢 UpToDate 🖕
Ambulatory Organizer
Ambulatory Organizer
Day View Calendar Open Items (0) Image: Comparison of the state

2

1

To view the scheduled appointments for the day, you need to locate your patients.

Locate your patient assignment of LGH MI Nurse 1 and LGH CT Rm 1:

- 1. Ensure you are in the **Day View** tab and on today's date.
- 2. Click the No Resource Selected Patients for: No Resource Selected button.
- 3. Type in LGH MI Nurse 1 as well as LGH CT Rm 1 and select the tick boxes.
- 4. Click Apply.



This is the list of patient(s) for today.



NOTE: There are many ways to locate patients, in the hospital your peer mentor will assist you to use the Ambulatory Organizer landing page to select patient(s) best suited to your specialty area

- 3 The Ambulatory Organizer displays:
 - 1. A list of patient(s).
 - 2. Patient's appointments are highlighted in blue. Review your patient's appointment times.
 - 3. Use Calendar view to see appointments for a Med Imaging room. You must add resources to each tab as you open them.

Ambulatory Org	anizer						() Full screen 🚔 Print 💸 13 minut
A B B B	a a 100% . C	004					
Ambulatory Or	ganizer						
Day View (1)	Calendar On	m Berry (1)					
4 Decem	iber 6. 2017	Patients for: LGH MI Nurse 1 *					
			-			Tec.	B
Time	Duration Most Employer	ward.	Details	Status (as of 12-48)	Refer	9	December 6, 201/
0-00 AM	the mayon	STPROOMI, TESTAC	CT Ablance	Continued		_	7 am
2000 001	1.0	14 Years, Female	LT Aprilian	Commented	Le Resson for Yost 1 see requisition		B am
							9 Jan CETHIOCHL TELTAC
							CT Ablation Conferent
							10 am
				R			11 am 2
							12 pm

Key Learning Points

Ambulatory Organizer allows user to view patient list and appointment time.



Activity 1.2 – Establish a Relationship

Now that you have reviewed your patient's scheduled appointments for today, you are now ready to review your patient's chart.

Click on your patient's name from your Login Card. This will open up the patient's chart.

Ambulatory Organizer							
Day View (4) Calendar Open Items (0)							
November	A November 22, 2017 ■ Patients for: WHC CT Rm 1						
Time	Duration	Patient	Details				
△ Clinic - WHC Med	l Imaging						
11:28 AM	15 mins	CSTPRODMI, STWHC 63 Years, Female	CT Abdomen				
11:43 AM	17 mins	No appointments					
12:00 PM	15 mins	TEST, MIPIT 37 Years, Male	CT Abdomen				

2 In order to view more patient information or access patient charts, you must establish a relationship with each of your patients. This relationship maintains for ~16 hours. Each time you open a new patient, you must establish a relationship.

- 1. Select **Nurse** from the **Assign a Relationship** window
- 2. Click OK.

1

P Assign a Relationship	
For Patient: CSTPRODMI, STWHC	
Relationships:	
Nurse 1 Quality / Utilization Review Research Unit Coordination	I
2 OK Cancel]

Clicking **OK** will open the patient's chart to the Imaging Nurse page.

Key Learning Points

Establishing a relationship with your patient allows you to access PowerChart.

Review with your peer mentor the best approach to gain access to your patient(s).



PATIENT SCENARIO 2 – Navigating Imaging Nurse Page in the Patient Chart

Learning Objectives

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

- Introduction to Banner Bar, Toolbar, and Menu
- Introduction to Patient Summary

SCENARIO

Your patient has arrived for their appointment. You are going to access the patient chart and learn more about the patient.

As a MI nurse you will be completing the following activities:

Introduction to Banner Bar, Toolbar, and Menu

Introduction to Patient Summary



Activity 2.1 – Introduction to Banner Bar, Toolbar, and Menu

The patient's chart is now open. Let's review the key parts of this screen.

- 1. The **Toolbar** is located above the patient's chart and it contains buttons that allow you to access various tools within the Clinical Informatics System. This will open areas not in patient context.
- 2. The **Banner Bar** displays patient demographics and important information that is visible to anyone accessing the patient's chart. Information displayed includes:
 - Name

1

- Allergies
- Age, date of birth, etc.
- Encounter type and number
- Code status
- Weight
- Process, disease and isolation alerts
- Location of patient
- Attending Physician
- 3. The **Menu** on the left allows access to different sections of the patient chart. This is similar to the coloured dividers within a paper-based patient chart. Examples of sections included are **Orders**, Medication Administration Record (**MAR**) and more.
- 4. The **Refresh** ^{•• 0 minutes ago} icon updates the patient chart with the most up to date entries when clicked. It is important to click the **Refresh** icon frequently especially as other clinicians may be accessing and documenting in the patient chart simultaneously.





Key Learning Points

- The Toolbar is used to access various tools within the Clinical Information System.
- The Banner Bar displays patient demographics and important information.
- The Menu contains sections of the chart similar to your current paper chart.
- The Refresh icon should be used regularly.

1



Activity 2.2 – Introduction to Imaging Nurse Page

- 1. **Navigate to Imaging Nurse** from the **Menu** (1). You will see the **Imaging Nurse Page** section open.
- There are different workflow tabs including Imaging Synopsis, Medications, Summary, Assessment, Handoff Tool (2) etc. that can be used to learn more about the patient. Click on the different tabs to see a quick overview of the patient. If you are missing tabs, you can add them using the + button.
- 3. There are three icons below the banner (3):
 - Home page icon
 icon : return to Imaging Nurse page (default view)
 - Back page icon **Solution**: take you back to previous screen
 - Recent view icon 🔁 : display a list of recently visited screens for an easy jump
- 4. Click Refresh icon 2 (4) to update patient information in the screen

CSTPRODME TESTAC - 700005072	Opened by TestUser, Nurse-RadNet			00		
Task Edit View Patient Char	t Links Navigation Help					
M Ambulatory Organizer M CareO	ompass 🖕 Patient List Tracking Shell Perioperative Tracking 😂 Staff Assignment 📲	LearningLIVE 📜 🔯 CareConnect 🕲 PHSA PACS 🕲 VCH and PHC PACS (Q MUSE Q FormFast WFI			
🔚 Tear Off 🚽 Exit, 🎦 AdHoc 🗰	Medication Administration 🔒 PM Conversation 🔹 🕂 Add 🔹 📆 Documents 👹 Sche	duling Appointment Book 🗃 Discern Reporting Portal 🖕				
Q Patient Health Education Materia	k Q Policies and Guidelines Q UpToDate					
CSTPRODMI, TESTAC			- 24-	List 👘 Recent + 👔 💽 🔸		
CSTPRODML TESTAC	D06:05-Jan-1983 MRN:700005072 Cod Age:34 years Enc:7000000015548	e Status: Process: Disease:	Location Enc Type	Location:LGH 3W; 303; 01A Enc Type:Inpatient		
Allergies: contrast media (iron o	xide based), Stra Gender Female PHN9876785151 Dosi	ing Wt:74 kg Isolation:	Attendin	gPlisvco, Wesley, MD		
Menu 1	K 🗧 🕂 📅 g Nurse 👘			O, Full screen 4 247 minutes		
Imaging Nurse	A B & B 100% - 0 0 0					
Orders + Add	Imaging Synopsis 13 Handoff Tool 32 Medications	22 Summary 22 Assessment	21 Discharge 21 2			
Single Patient Task List	300000 Yos	Tites				
MAR	Attending Playco, Wesley 27/11/17 11:13		Home Medications (0)	=- ~		
MAR Summary	Physician:	Labs	All Walts			
Interactive View and I&O	Service: General Internal Medicine 27/11/17 11:13	Last 90 days for all visits 🔷	and the second second			
Results Review	Resuscitation No results found Status:	Juday Pressue	(No resurs round			
Documentation + Add	Advance Directive: No results found	d Drimary Labs (0)	Imaging (0)	≡• ∾		
Medication Request	Isolation: No results found	# Laboratory (1)	Selected visit 🛫			
Histories	Activity Orber: No results found	Lab Add on Time Cancelled by lab	No results found			
Allernies + Add	Pain Score: No results found	specimen was not received				
Diagnoses and Problems	4 Assistive Devices (0)	E days	Outstanding Orders (46)	≡•		
a agricata ana troutina	No results found	aiteriteritettaata a	Selected visit	Selected viat		
Curcanut	Problems =• A	Pathology (0)	· •	Ratur Original		
Careconnect	AT Meter	Ali Visits 🗸	CT Abiation Bone US Bioney Lymph Norle Avilla Biold	Publice 05/12/17 11:52 *		
Canical Adsearch	Chardenberry M.	No results found	LAB - Add On Test	Ordered 29/11/17 10:16		
Form Browser	Selective and the	Entremplet forem (d)	pH Fluid	Ordered 29/11/17 10:07		
Growth Chart	Nucliy Publish	Micromotogy (0)	Fungus Culture Rody Ehild Outhing	Ordered 29/11/17 10:07 Ordered 29/11/17 10:07		
Imaging Special	This Vist (0)	All Visits 🛩	Glucose Fluid	Ordered 29/11/17 10:07		
Immunications		No results found	Protein Fluid	Ordered 29/11/17 10:07		
Lines/Tubes/Drains Summary	Active (0)	A Print Barcode Labels	Cell Count Fluid	Ordered 29/11/17 10:07		
Medication List + Add	No results to display		rec cec	Ordered 29/11/17/10:03 Ordered 29/11/17/00-49		
4	e v ton en Phone Realizadore (Parka	Fassa anteinidan annike	10			

Key Learning Points

•

Imaging Nurse page provides a summary about the patient and is an way to access to key information about the patient.

Click the Refresh icon regularly to get the most updated information on the patient.



PATIENT SCENARIO 3 – Orders

Learning Objectives

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

- Review the Orders Page and Place Orders
- Complete or Cancel/Discontinue an Order
- Review the General Layout of a PowerPlan

SCENARIO

The physician has given you orders that apply during the diagnostic test. You will need to be able to review orders on your patient. You will also need to place orders on your patient in certain situations. To do so you will complete the following activities:

- Review Orders Page
- Place an Order with or without Cosignature (verbal/phone)
- Review Order Statuses and Details
- Complete or Cancel/Discontinue an Order
- Review Components of a PowerPlan



Activity 3.1 – Review Orders Profile

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The **Orders** Profile is where you will access a full list of the patient's orders.

To navigate to the Orders profile and review the orders:

- 1. Select Orders from the Menu.
- 2. On the left side of the Orders profile is the navigator (**View**) which includes several categories including:
 - Plans
 - Categories of Orders
 - Medication History Snapshot
 - Reconciliation History
- 3. On the right side is the list of orders where you can:
 - Review the list of All Active Orders

Moving the mouse over order icons allows you to hover to discover additional information.

Some examples of icons are:

- 66 Order for nurse to review
- Additional reference text available
- Order part of a PowerPlan
- **Order waiting for Pharmacy verification**

Notice the display filter default setting is set to display All Active Orders. This can be modified to display other order statuses by clicking on the blue hyperlink.

Task Edit View Patient Chart	Links Options Current Add Help			
Ambulatory Organizer 😰 CareCor	mpass 🖕 Patient List. Tracking Shell. Periop	erative Tracking 🚔 Staff Assignment 🔢 LearningLIVE	CareConnect Q PHSA PACS Q VCH and PHC PACS Q MUSE	Q, FormFast WFI
Tear Off AdHoc MM	edication Administration 🔒 PM Conversatio	n + 🕂 Add + 🛅 Documents 🍏 Scheduling Appoint	ment Book 🖨 Discern Reporting Portal	
Q Patient Health Education Materials	O Policies and Guidelines O UpToDate			
CSTPRODML TESTAC				List 👘 Recent + Name - C
CSTPRODML TESTAC	DO8.05-Jan-1983	MRN:700005072 Code Status:	Process	Location:LGH 3W: 303; 01A
Allowed and an end of the local and	Age:34 years	Enc:700000015548	Disease:	Enc TypeInpatient
Allergies: contrast media uron oxi	ide-based), Stra Gender i emaie	PHINSI676785151 Dosing Wt:74 kg	Boladon:	Attendingsvisvico, wesley, MU
Menu	Conders			Li, Full scheen 📷 Print 😋 2 minutes ag
Imaging Nune	+ Add 🖨 Document Medication by Hx	Sheck Interactions	5	Reconciliation Status
Orders 🕂 Adc 1	Orders Medication List			U mess masury U Aumason U Dacharge
Single Patient Task List	Citatis [medication cist]			
MAR			2	Theorem and the Partners
MAR Summary	View	Chiplegree werecome chipers ywa and chipers ywa wicht	- didea	- andwinten (Addet -
Interactive View and I&O	Orders	🔊 🖓 Order Name 🔺 State	is Dose Details	
Results Review	Admit/Transfer/Discharge	A Patient Care		
Decommentation at 6dd	- Status	Admission History Orde	27-Nov-2017 11:15 PST, Stop: 27-Nov-201 Order entered secondary to inpatient adm	17 11:13 PST mission.
	Z Patient Care	🗹 🐨 Basic Admission Orde	ared 27-Nev-2017 11:13 PST, Stop: 27-Nev-201	17 11-13 PST
medication nequest	Activity Diet/Nutrition	Information Adult	Order entered secondary to inpatient adm	nission.
Pristones	Continuous Infusions	JE 00 Oraden Assessment Ord	Order entered secondary to inpatient adm	nission.
Allergies 🕂 Add	22 Medications	🖌 🔗 Hospital High Ublizer Orde	ared 27-Nov-2017 11:13 PST, Stop: 27-Nov-201	17 11-13 PST
Diagnoses and Problems	Blood Products	Mint Infectious Disease Orde	Order placed due to patient having 3+ ho 27-Nex-2017 11:13 PST	ospitalizations in the last 12 months.
	- Diagnostic Tests	Screening	Order entered secondary to inpatient adm	nission.
CareConnect	Procedures	🖬 🖻 🖓 Intert Peripheral IV Ca Ord	red 27-Nov-2017 13:32 PST, Insert 20 gauge c	atheter in right antecubital fossa (ACF)
Clinical Research	- Respiratory	Assessment Orde	red 27-Nov-2017 11:13 PST, Stop: 27-Nov-201 Order entered secondary to inpatient adm	17 11:13 PST mission.
Form Browser	Allied Health	a Medications		
Growth Chart	Communication Orders	Tales capiton Ord	ered 25 mg, PO, once, drug form: tab, start: 01	I-Dec-2017 12:00 PST, stop: 01-Dec-2017 12:00 PST
Imaging Special	Supplies	Gastrografin [contrai_	Mix 12 ml, PO, once, drug form: oral lig, start Mix 12 ml, of Gastrografin into each 450m	E 01-Dec-2017 15:00 PS1, stop: 01-Dec-2017 15:00 PS1 nl. glass (use non-carbonated liquid eg. water or juice). Do not drink
Internet and Internet in the	Non Categorized	d Laboratory		
anienterezations	Related Results	A Details		
Lines/Tubes/Drains Summary	2 Formulary Details			
Medication List 🕂 Add 🖕	Variance Viewer	Orders For Dorignation Orders For Nurse Beview		Diden For Signature



Key Learning Points

- The Order Profile consists of the orders view (Navigator) and the list of orders.
- The Orders View displays the lists of PowerPlans and clinical categories of orders.
- The Order Profile page displays All Active Orders for a patient.

1



Activity 3.2 – Place an Order With or Without Cosignature Required (Verbal/Phone)

Nurses can place the following types of orders:

- Orders requiring a cosignature of the provider e.g. telephone and verbal orders
- Orders that do not require a cosignature e.g. order within nursing scope, RNIA

To place an order that does **not** require a cosignature (Registered Nurse Initiated Orders):

1. Click the Add button + Add within the Orders page. The Add Order window opens.

< 🔉 🔹 🏦 Orders							
Add Document Medication by Hx Reconciliation Sourcess							
l. It	•						
View	Di	splaye	ed: Al	Activ	e Orders	s All Active Orders	
Orders for Signature		S	₿.	7	7	Order Name 🔺	Status
Document In Plan	Δ	⊿ Patient Care					
			()	≤ 2	<u>6</u> 66	Admission History Adult	Ordered
TM Red Blood Cell (RBC) Suggested Plans (0)			()	1	£ 66^	Basic Admission Information Adult	Ordered
Orders Admit/Transfer/Discharg			()	⊻ 3	£ 66^	Braden Assessment	Ordered
Status			()	1	66	Infectious Disease Screening	Ordered
	•	_					

The Add Order window is open.

- 1. Type saline lock into the search window and a list of choices will display.
- 2. Select Saline Lock Peripheral IV. Order sentences help to pre-fill order details.

P CSTPF	ODMI, TESTAC - Add Order		- • •
CSTPR	ODMI, TESTACDOB:05-Jan MRN:/0000 Code Status:	Process: Disease:	Enc Type/Inpatient
Allergie	s: contrast med Gender:FemPHN:98767 Dosing Wt:74 kg	Isolation:	Attending:Plisyco, Wesley
			,, ,,,,,,,,,,,,,,,,,,,,,,,,,
Search	saline lock 1 Advanced Options 👻 Type: 👘 Inpatien	-	
	Saline Lock IV	-	
	Saline Lock IV (When tolerating oral fluids well)	•	
🗀 Му	Saline Lock Peripheral IV 2		
predn	Saline Lock Peripheral IV (When tolerating oral fluids well)		
predn	Saline Lock PIV		
25 mg	Saline Lock PIV (When tolerating oral fluids well)		
IIII. Pre	Insert Saline Lock		
	Remove Saline Lock		
	Enter to Search		
		CSTPRODMI, TESTAG	C - 700005072 Done

- 3. An **Order Sentences** window opens and asks you to clarify the Saline Lock Peripheral IV order. Select *None* in this scenario.
- 4. Click OK.



P Order Sentences	
Order sentences for: Saline Lock Peripheral IV	
(None)	3
When tolerating oral fluids well	_
Reset	4 OK Cancel

The Ordering Physician window opens.

- 5. Type in the name of the Physician: Smith, Jenni.
- 6. Select No Cosignature Required.
- 7. Click OK.



8. Click **Done** in the **Add Orders** window.



STDEMO, ZEUS	DOB:01-Feb-1979	MRN:700004780	Code Status:Attempt CPR, Full Code	Process:Falls Risk	Location:LGH ICU: IC06; 01
Allergies: Egg. cloNIDine Adhesive Ba	Age:38 years	PHN-9876810595	Dosing WI:75 kg	Disease: Isolation:Airborne	Attending Plissra, Bocco, MD
Allergies: Egg, cloNIDine, Adhesive B3 Soarch: Allergies: Egg, cloNIDine, Adhesive B3 Soarch: Cardiology Orders Cardiology Orders Cardiology Orders Cardiology Orders Cardiology Orders Gastracenterology Orders Gastracenterology Orders Gastracenterology Orders Gastracenterology Orders Mental Health Orders Mental Health Orders Nephrology Orders Neurology Orders One of the States Of Orders Of Orders Of Orders	Age:30 years Age:30 years Gender:Male dvanced Options Type: Auring Orders Search within	Instantionalise Hencinopologias/11 Hencinopologias/11 Instantion K All Bh Generation Instantion	Code statutusutempt Crk, Pain Code Dosing WL75 kg cumatology Orders neral Surgery Orders neral Surgery Orders statoperative	Processrails Roak Disease: Bolation:Airborne	Encipyelpaihaiten Attending:Plovca, Rocco, MD
Orthopedic Orders Ortolaryngology Orders Pallative Care Orders Projecial Medicine Rehab Orders Physical Medicine Rehab Orders Plastic Surgery Orders Respirology Orders					
					CSTDEMO, ZEUS - 70000 8

NOTE: You will not see any changes to the Add Order page before you click **Done**.

9. Click Sign.

	Orders for Signature				
View	🖓 🕝 🖳 🖓 Order Name	Status	Start	Details	
Orders for Signature	△ LGH 6W; 603; 02 Enc:760000000	0887 Admit: 20	018-Jan-11 05:56 P	iT	
Plans	⊿ Patient Care				
Medical	Saline Lock Periph	eral Order	2018-Feb-09 10:0	1 2018-Feb-09 10:01 PST	
-Peripherally Inserted Central Catheter Insertion (PICC)					
MED General Medicine Admission mi nurse (Initiate					
Suggested Plans (0)					
Drders					
Admit/Transfer/Discharge					
🚺 Status					
D. M. A. C.					
Patient Care					
Activity					
Activity Diet/Nutrition					
Cativity Continuous Infusions					
Activity Activity Continuous Infusions Medications					
Activity Activity Diet/Nutrition Continuous Infusions Medications Blood Products					
Carling Carlos Activity Det/Nutrition Continuous Infruiens Continuous Infruiens Blood Products Laboratory	■ Details for Saline Lock P	eripheral	IV		
Artivity Artivity Dict/Nutrition Continuous Infusions Medications Biocod Products Laboratory Diagnostic Tests	Details for Saline Lock P	eripheral	IV		
Artivity 20 Det/Nutrition 20 Continuous Infruiens 20 Medications 21 Medications 22 Department 24 Department 24 Department 25 Procedures	E Details for Saline Lock P ∰ Details) ∭ Order Comments	eripheral	IV		
A retivity Artivity Det/Nutrition Det/Nutrition Continuous Infusions Blood Products Laboratory Oblgmontic Tests Procedures Respiratory	▼ Details for Saline Lock P	eripheral	IV		
Artivity DictyNutrition Continuous Infruiens Medications Model Cartino Silocol Products Liaboratory Diagnostic Tests Procedures Respiratory	Totals for Saline Lock P Betals ∭ Order Comments Im a label s Im State s Im State s Im State s Im State s Im State s Im State s Im State s Im State s Im State s Im State s Im State s Im	eripheral	IV		
A reliaity A reliaity Chet/Nutrition Continuous Infraints Medications Blood Products Laboratory Chapmostic Tests Procedures Respiratory Related Results	± Details for Saline Lock P ☐ Details I Order Comments	eripheral	IV		

10. After signing, you can view that the active order of Saline Lock Peripheral IV has a status of

'Processing". Click Re f	fre	esł	۱	² . The	sta	tus	will change to "Ordered".			
< > - 者 Orders								[D] Full scree	n 🖨 Print	€1 minutes ag
🛧 Add 🖨 Document Medication by Hx 🐊 Check Interactio	ions							Reconciliation S Meds Histor	itatus y 🕒 Admis	sion 🚯 Discharge
Orders Medication List										
View	Da	played	All Actn	e Orders I All Inactive Orders	s I All Active	Orders			3	how More Urden.
Orders for Signature		8	14	Order Name	Status	Dose	Details			2
Hedical Peripherally Inserted Central Catheter Insertion (PICC) MED General Medicine Admission mi nurse (Initiate Suggetted Plans (II)	4	Patien	t Care	Saline Lock Peripheral Monitor Intake and O Pulse Oximetry Vital Scare	. Ordered Ordered Ordered		09-Feb-2018 10:01 PST 12-Jan-2018 15:18 PST, qdaily 12-Jan-2018 15:18 PST, qdaily 12-Jan-2018 15:18 PST qda			

NOTE: The same steps will be used when placing orders requiring cosignature, as well as phone and verbal orders. Please note the mandatory yellow fields.



Key Learning Points

Nurses can place orders with or without cosignature according to standard policy.

Order sentences help to pre-fill additional information/details for an order.



Activity 3.3 – Review Order Statuses and Details

Orders are classified by status including:

- Processing- order has been placed but the page needs to be refreshed to view updated status
- Ordered- active order that can be acted upon

<i>®</i>	7	Order Name 🔺	Status	Dose	Details
▶ ⊻	••	iron sucrose	Ordered 1 I		100 mg, IV, once, drug form: inj, first dose: Routin Infuse IV at 100mg/hr; If signs of hypertensitivity/a
		LORazepam	Processing		1 mg, sublingual, once, start: 11-Dec-2017 09:00 P



NOTE: The blue question mark icon ² appears for Processing order statuses

To review order details:

- The **Details** column of the Orders page contains the majority of the information.
- If the information is detailed, select the order to highlight it in blue and hover over the details. More information will populate.



When new orders are placed in the chart, a nurse must acknowledge reviewing these new orders.

- 1. A Nurse Review icon *m* appears to the left of the order under the Notifications flag column. This identifies the order as one that needs to be reviewed by a nurse.
- 2. The nurse should click the Orders for Nurse Review button to open the review window.

	N	7	Order Name	Status 🔻	Dose Details	1
⊿	Patie	ent Car	e			
►	ĺ	🖌 😚	Vital Signs	Ordered	28-Nov-2017 10:42 PST, q4h	
		1				
•					4	
	Deta	ils				1
	Dota					
	rders F	or Cosi	gnature Orders For Nurse Review 2		Orders For Signature]



- 3. Review order details.
- 4. Click Review.

P	STLEARNING, DEMOALPHA - Actions Requiring Review										
C	STLEARN	IING, DEMOALPHA	DOB:01-Jan-19 Age:80 years Gender:Male	37 MRN:700008214 Enc:7000000015055 PHN:9876469856	Code Status: 5 Dosing Wt:		Process: Disease: Isolation:		Location:LG Enc Type:Inp Attending:Pli	iH 6E; 624; 02 atient isyca Rocco MD	
Ê	Actio	n Action Da Entered	By Order I	Details	booming wa		bolation	Orderi	ng	stea, nocco, mo	
	Order	28-Nov-201 Plisvcf, 7 10:42:56 Dillon, N	1D Vital Signs 2	8-Nov-2017 10:42 PST, q4	h			Plisvcf, Dillon,	MD 3		
Γ										-	
	Select All	Show All Datails									
	Select All	Show An Detdils						CSTLEARNI	NG, DEMOALF	HA Review 4	Cancel

Key Learning Points

- Nurses should always verify the status of orders.
- Hover to Discover to view additional order information.



Activity 3.4 – Complete or Cancel/Discontinue an Order

- 1 To complete an order:
 - 1. Review Order Profile.
 - 2. Right-click order to Saline Lock Peripheral IV.
 - 3. Select **Complete**. The order will now be striked through.



4. Click the Orders for Signature button.

	S	7	Order Name	Status 🔻	Dose	Details
⊿	Patier	it Ca	re			
			Saline Lock Peripheral IV	Complete		
	Details	for:	Saline Lock Peripheral IV			
	Irders Fo	r Cos	gnature Orders For Nurse Revie	N		Orders For Signature 4

5. Review order for signature and click **Sign**. You will return to the orders profile where order will show as processing.



Ord	ers	for Sig	nature					
	8	0	37	Order Name	Status	Start	Details	
⊿	LC	GH 6E	624; 02	Enc:70000001505	5 Admit: 17-Nov	-2017 13:58	PST	
⊿	Pa	tient	Care					
			🕀 X	Saline Lock Periph	eral Complete	20-Nov-201	7 <u>15:11</u>	
•	De	DO NO CHEC	Г СК					
01	lis	sing Re	equired De	etails Orders For Cos	ignature Order	s For Nurse Re	view	Sign

6. Refresh refresh refresh for the page and the order will no longer be visible on the order profile.

2 To **Cancel/Discontinue** an order:

- 1. Right-click order Encourage Fluids.
- 2. Select Cancel/Discontinue.

Displayed: All Active Orders All Inactive Orders	Renew	
S V Order Name	Modify	
⊿ Patient Care	Сору	
Monitor Intak	Cancel and Reorder	24
Pulse Oximet	Suspend	vith
Encourage Fluids	Activate 2	
weight	Complete	.2-J
Admission History Adult	Cancel/Discontinue	.2-J
Basic Admission Information Adult	Void	.2-J
Braden Assessment	Reschedule Task Times	.2-J
	Document Intervention	ipat

- 3. Ordering Physician window will appear. Fill out the required fields highlighted yellow below and then click OK.
 - Physician name Smith, Jenni.
 - Communication type No Cosignature Required.



P Ordering Physician		— ———————————————————————————————————
*Physician name		
Smith, Jenni		9
*Order Date/Time		
2018-Feb-09	▼ 1102	🍦 PST
*Communication type		
Phone Verbal		
No Cosignature Re	quired	
Cosignature Requir	ed	
Electronic		
3	OK	Cancel

4. The order will populate into the window below the orders. Review order to discontinue and click **Orders For Signature.**

■ Details for Encourage Fluids	
Details 📴 Order Comments 🕼 Offset Details	
Discontinue Date/Time: 2018-Feb-03 🔹 1059 🐑 PST Discontinue Reason:	
	1
Orders For Cosignature Orders For Nurse Review	Orders For Signature

5. Review Order for signature and click **Sign**. You will return to the order profile.

⊿ LGH 6E; 624; 02	Enc:7000000015055 A	dmit: 17-Nov-20	017 13:58 PST			
⊿ Patient Care						
	Encourage Fluids	Discontin 28	8-Nov-2017 11:27	28-Nov-2017 11:39 PST		
Do not check this box						
🔺 Details						
0 Missing Required De	ails Orders For Cosign	ature Orders Fo	or Nurse Review			Sign 6

6. Refresh page. Order will no longer be visible on order profile.



Key Learning Points

- Right click to mark an order as completed or cancel/discontinued.
- Both of these actions will remove orders from patient's Order Profile.



Activity 3.5 – Review Components of a PowerPlan

A PowerPlan in the CIS is the equivalent of preprinted orders in current state.



At times it may be useful to review a PowerPlan to distinguish its orders from stand-alone orders. Doing this allows a user to group orders by PowerPlan.

While on the Orders page:

- 1. Locate the Plans category to the left side of the screen under View.
- 2. Select the Peripherally Inserted Central Catheter Insertion PowerPlan.
- 3. Review orders within the PowerPlan.



NOTE: PowerPlans can be Initiated or in a Planned State. To initiate the plan right-click and click Initiate. You will still need to click Orders for Signature and Sign for it to become active.

Key Learning Points

- The Orders page consists of the Navigator (View) and the order profile.
- The Navigator (View) displays the lists of PowerPlans and clinical categories of orders.
- The order profile page displays all of the orders for a patient.



FATIENT SCENARIO 4 – Medication Administration

Learning Objectives

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

- Review the Medication Administration Record (MAR)
- Administer Medication Using Medication Administration Wizard (MAW)
- Document Patient's Response to Medication
- Document Continuous Infusion (Non-Barcoded)

SCENARIO

Your Patient is on several medications. You will be administering and managing various types of medications including PO medication, PRN medication, intermittent IV medication, and continuous infusions. You will be using a Barcode Scanner prior to administering medications. The scanner scans both your patient's wristband and medication barcodes to correctly populate the MAR.

As an MI nurse, you will complete the following activities:

- Review the Medication Administration Record (MAR)
- Administer medication using Medication Administration Wizard (MAW) and barcode scanner
- Document administration of different types of medications
- Documenting patient response to medication on MAR
- Document continuous infusion (non-barcoded)



Activity 4.1 – Review the MAR

The MAR is a record of medications administered to the patient by clinician. The MAR displays medication orders, tasks, and documented administrations for the selected time frame.

You will be locating and reviewing your patient's scheduled, unscheduled, PRN medications and continuous infusions.

- 1. Click MAR on the Menu
- 2. Under **Time View**, there are different tabs including **Scheduled**, **Unscheduled**, **PRN**, **and Continuous Infusion**. Click on different tabs to review medications in each category.
- 3. There are icons located above the medication names on the MAR. Here are some examples:
 - Request Pharmacy Verification - The medication order has not been verified by pharmacy
 - Nurse Review 6 indicates that nurse review of the order is required
 - **PowerPlan** \square Indicates the medication is part of a PowerPlan



1

NOTE: Different sections of the MAR and statuses of medication administration are colour coded:

- Scheduled medications- blue
- PRN medications- green
- Future medications grey
- Discontinued medications- grey
- Overdue- red



4. To find out detailed information of a medication, right-click on the medication name and select **Reference Manual**.





5. The Decision Support window opens. It allows a user to view and print detailed information on a selected medication.



Upon further review of the MAR you will note the following:

6. The **Clinical Range** is defaulted to display 48-hour time frame. Right click on the Clinical Range bar to adjust the time frame to **Today.**



<	> • 🟦	MAR				
*	66° 🗎					
M	4.5			Wednes	day, 06-December-2017 13:49 PS	Change Search Criteria
	Show All Rate	hange Docu	Medications	06-Dec-2017 16:11 PST		Set to Today
	Time V	iew	Scheduled	4		Set This View as Default View
	Scheduled		1060			Clear Default View
	Unscheduled		25 mg, PO, once, drug form:			V
	PRN		tab, start: 01-Dec-2017 12:00 PST, stop: 01-Dec-2017 12:00 PST			_

- 7. The dates/times are displayed in **reverse chronological order**. (This differs from current state paper MARs).
- 8. The current time and date column will always be highlighted in yellow.

< > • 🟦 MAR							
"首 66" 🗟							
All Medications (System)	• • •			Friday, 01-De	cember-2017 0	0.00 PST - Frida	y, 01-Decembe
Show All Rate Change Docu	7 Medications	01-Dec-2017 18:00 PST	01-Dec-2017 16:00 PST	01-Dec-2017 12:00 PST	01-Dec-2017 11:31 PST	01-Dec-2017 08:52 PST	01-Dec-2017 08:00 PST
Time View	and the second se	-					
Scheduled	· 9	3.375 g		3.375 g			
Unscheduled	3.375 g, IV, gih, start 29-Nov-2017 12:51 PST	29-Nor-2017 13:25 PST		29-Nov-2017 13:25 PST			
PRN PRN	piperacillin-tazobactam						
Continuous Infusions	≥a 💌 ranitidine		50 mg Not previously				50 mg Not previously
🛃 Future	50 mg, IV, q8h interval, start: 15-Nov-2017 16:00 PST		given				given
Discontinued Scheduled	ranitidine						
Discontinued Unscheduled	Ta Diamine						200 mg Not previously
Discontinued PRN	200 mg, PO, qdaily, drug form: tab, start: 26-Nov-2017 19:34 PST				8		given
🛃 Discontinued Continuous Infus	Vitamine Diamine				•]	

Key Learning Points

The MAR is a record of the medication administered to the patient by a clinician.

The MAR lists medication in reverse chronological order.

The MAR displays all medications, medication orders, tasks, and documented administrations for the selected time frame.



Activity 4.2 – Barcode Scanner and Administering Medication using Medication Administration Wizard (MAW)

Medications are administered and recorded electronically by scanning the patient's wristband and the medication barcode. Scanning of the patient's wrist band helps to ensure the correct patient is identified. Scanning the medication helps to ensure the correct medication is being administered. Once a medication is scanned, applicable allergy and drug interaction alerts may be triggered, further enhancing your patient's safety. This process is known as closed loop medication administration.

Barcode Scanner:

1

Point the barcode scanner toward the barcode on the patient's wristband and/or the medication (Automated Unit Dose- AUD) package and pull the trigger button located on the barcode scanner handle.

To determine if the scan is successful, there will be a vibration in the handle of the barcode scanner and/or, simultaneously, a beep sound.

When the barcode scanner is not in use, wipe down the device and place it back in the charging station.

2 It is time to administer the following medications to your patient. You will scan the medications sequentially.

Occasionally a dose requires scanning two pills to make up the full dose. At other times, the dose requires only part of a pill.

- PO medication: **acetaminophen 650 mg PO**, the drug form is tablet (acetaminophen 325 mg x 2 tabs).
- IV medication: vancomycin 1 g, IV, mixed by the nurse.
- =

NOTE: IV normal saline does not have a barcode to be scanned just like Radiopharms as it is a Stores Item. Stores items are documented on the MAR differently.

Let's begin the medication administration following the steps below.

1. Review medication information in the MAR and identify medications that are due. Click

Medication Administration Wizard (MAW)



🗄 🌇 Ambulatory Organizer 📲 Ca	eCompass 🔅 Patient List Tracking Shell Perioper
🗄 🎛 Tear Off 📲 Exit 🎬 AdHoc II	IIIIMedication Administration
🖁 😋 Patient Health Education Mate	erials 🔇 Policies and Guidelines 👡 UpToDate 🖕
MI-Nurse, Emma 🛛 🗷	
MI-Nurse, Emma	DOB:1935-Feb-02
	Age:83 years
Allergies: penicillin	Gender:Female

2. The Medication Administration window will open

P Medication Ad	ministration			- • •
MI-Nurse, Female	, Emma	MRN: 760000887 FIN#: 760000000887	DOB: 1935-Feb-02 Age: 83 years	Loc: 603; 02 ** Allergies **
	Alternatively	Please scan the patient's wristl , select the patient profile manually by	pand. / clicking the (Next) butto	n. 2
Ready to Scan		1 of 2		Next

3. Scan the patient's wristband, a window will open displaying the medications that you can administer.

NOTE: This list populates with medications that are scheduled for 1 hour ahead and any overdue medications from up to 7 days in the past.

II-Nurse, Lillian ^{male}	MRN: 760000886 FIN#: 760000000	DOB: 1936-Feb-02 886 Age: 82 years	Loc: 603; ** Allergie
	2018-Apr-04 12:36 PDT	- 2018-Apr-04 15:06 PDT	
Scheduled	Mnemonic	Details	Result
🐮 🖿 2018-Apr-04 02:00 PDT	vancomycin	1,000 mg, IV, administer over: 60 min	nute,
🛱 🔝 2018-Apr-04 10:00 PDT	vancomycin	1,000 mg, IV, administer over: 60 min	nute,
PRN	acetaminophen	650 mg, PO, q4h, PRN pain-mild or f Maximum acetaminophen 4g/24 h fr	ever om
PRN	hydromorphone HYDROmorphone (HYD	dose range: 0.5 to 1 mg, PO, q4h, PF DILAUDID EQUIV. HOLD if respirator	RN p y rat
PRN	hyoscine (scopolamine) hyoscine (scopolamine)	20 mg, IV, QID, PRN spasm, administ BUSCOPAN EQUIV	ter o
😬 Continuous	Sodium Chloride 0.9% sodium chloride 0.9% (order rate: 75 mL/h, IV, order durati Reassess in 24 hours	on: 2
			R.

4. Scan the medication barcode for acetaminophen 325 mg tabs.



NOTE: Underdose appears in the qualifications column for the medication. This is because you have only scanned 325mg of the total 650 mg of acetaminophen required.

Filtered Tasks	0		
CSTLEARNING, DEMODELTA	MRN: 700008217 FIN#: 7000000015060	DOB: 01 Jan 1937 Age: 80 years	Loc: 620; 02 "No Known Allergies
canned:			
Aedication Strength Volume cetaminophen 325 mg 1 tab			
ualified Tasks:			
Scheduled Mnemonic 21-Nov-2017 11:11 PST acetaminophen	Details 650 mg, PO, drug form: tab, str Maximum acetaminophen 4 g/7	Qualifications art. 21-Nov-2017 11: Underdose 4	1
			1
can additional ingredients or choose a tasi	to continue.		OK Cancel

5. Now scan the second **acetaminophen 325 mg** tab barcode to complete the 2 tablet drug administration. After the second scan, the system finds an exact match for the prescribed dose.

P Medicati	ion Administration			
			Create order and document.	Last Refresh at 13:51 PDT
MI-Nu Female	ırse, Lillian	MRN: 760000886 FIN#: 76000000088	DOB: 1936-Feb-02 36 Age: 82 years	Loc: 603; 01 ** Allergies **
		2018-Apr-04 12:36 PDT - 2	2018-Apr-04 15:06 PDT	
□ ¹ 13 <mark>1</mark>	Scheduled 2018-Apr-04 02:00 PDT 2018 Apr 04 10:00 PDT	Mnemonic vancomycin	Details 1,000 mg, IV, administer over: 60 m	Result
 	PRN	acetaminophen	650 mg, PO, q4h, PRN pain-mild Maximum acetaminophen 4g/24	or fe acetaminophen 650 mg, h fro
	PRN	hydromorphone HYDROmorphone (HYD.,	dose range: 0.5 to 1 mg, PO, q4h, I . DILAUDID EOUIV. HOLD if respirato	PRN p prv rat
	PRN	hyoscine (scopolamine) hyoscine (scopolamine) .	20 mg, IV, QID, PRN spasm, admini BUSCOPAN EQUIV	ister o
	Continuous	Sodium Chloride 0.9% sodium chloride 0.9% (order rate: 75 mL/h, IV, order dura Reassess in 24 hours	tion: 2
4				
Ready to Se	can	2 of 2	2	Back Sign

Let's scan the next medication.

- 1. Scan the barcode for **vancomycin 1 g IV**. The system finds an exact match of the IV medication.
- Since this medication is reconstituted in 500 ml D5W, you will need to enter this information so that the volume of 500 mL will be captured in the intake and output record. Click vancomycin 1,000 mg IV in the Results column and a charting window will appear.



P Medication Administration			
		Create order and document.	Last Refresh at 13:51 PDT
MI-Nurse, Lillian Female	MRN: 760000886 FIN#: 76000000088	DOB: 1936-Feb-02 6 Age: 82 years	Loc: 603; 01 ** Allergies **
	2018-Apr-04 12:36 PDT - 2	2018-Apr-04 15:06 PDT	
Schodulod	Mnomonic	otaile	Result
🔽 🖌 📴 2018-Apr-04 02:00 PDT	vancomycin 1,	000 mg, IV, administer over: 60 mi	in vancomycin 1,000 mg, IV *
2018-Apr-04 10:00 PDT	vancomycin 1,	000 mg, IV, administer over: 60 minu	te,
D PRN	acetaminophen 65 M	50 mg, PO, q4h, PRN pain-mild or fe Iaximum acetaminophen 4g/24 h froi	ver m
D PRN	hydromorphone de HYDROmorphone (HYD Di	ose range: 0.5 to 1 mg, PO, q4h, PRN ILAUDID EQUIV. HOLD if respiratory (۱ p rat
🗖 🎦 PRN	hyoscine (scopolamine) 20 hyoscine (scopolamine)Bl) mg, IV, QID, PRN spasm, administer JSCOPAN EQUIV	r o
Continuous	Sodium Chloride 0.9% or sodium chloride 0.9% (R	rder rate: 75 mL/h, IV, order duratior eassess in 24 hours	n: 2
Ready to Scan	2 of 3	3	Back

- 3. Fill in the following Diluent Volume (which will flow to I&O) and click OK.
 - Diluent = Dextrose 5% 500 ml

NOTE: If the Diluent Volume is left blank, the medication volume will not flow to the I&O section.

P Medication Administrati	on				
MI-Nurse, Lillian Female	n	MRN: 760000886 FIN#: 760000000886	DOB: 1936-Feb-0 Age: 82 years	2	Loc: 603; 01 ** Allergies **
vancomycin 1,000 mg, IV, administer o	over: 60 minute, drug form: bag	g, start: 2018-Apr-04 10:00	PDT, bag volume (mL): 250		
Performed Date/Time :	2018-Apr-04 1354 P	Diluent : dextrose	5% 🔻	500	mL
Performed By :	Train, MedicalImagin	Total Volume : 75	0 Infused Ove	er: 60 min	ute 🔻
vancomycin :	1,000 mg	↓ 2018-Apr-04 2018- 1200 PDT 1300	Apr-04 2018-Apr-04 20	018-Apr-04 2018-Apr-04 1500 PDT 1600 PDT	2018-Apr-04
Route :	IV	<pre></pre>	75 675	1	4
Ready to Scan		3 of 3		Ē	Back Sign

4. Now that you have scanned the patient and scanned all the medications, you can complete $35 \mid 109$



your medication checks and administer the medication. Assuming this is complete, now sign for the medications administered.

Medication Administration				
		1	Nurse Review	Last Refresh at 11.02 PST
CSTLEARNING, DEMODELTA	MAN: 700008217 FENF: 70000001506	DCB: 01 Jan-1937 IO Age: 50 years		Loc: 620; 02
	21.Ke	- 2017 (H-57 PS1 - 25 Nov 2017 1227 PS1		
Scheduled P 21 New 2017 12:00 PST P 21 New 2017 12:11 PST P 21 New 2017 12:11 PST	Mnemonic vanconycin acetaminophen	Details 1,000 mg, IV, start: 21 Nov 2017 11:09 650 mg, FO, drug form: tab, start: 21 Maximum antipuingher 4 o/26 h ft	Result ancomycin 1.000 me. + dextrose acetaminophen 650 mg, PO	1% 500 mL IV*
2 📤 🛈 '= PEN	hydromorphone HYDBOmorphone (HT.,	dese range: 0.5 to 1 mg, PO, 44h, PBN. DELAUOED EQUIV	HYDROmorphone 0.5 mg, PO, pai Respiratory Rate : 12 bs/min	
				_
curly to Scan		2012		4

5. After you click **Sign**, a **warning window** displays for you to double check the range dose medication. Click **Yes** to continue.

manning		23
A	HYDROmorphone 0.5 mg is not the correct dose as indicated on the order profile. The correct ordered dosage is HYDROmorphone 1 mg. Continue?	

6. Congratulations, you have successfully administered these medications! The medications will now appear as **Complete** on the MAR.

Medications	21-Nov-2017 14:00 PST	21-Nov-2017 12:54 PST	21-Nov-2017 11:57 PST	21-Nov-2017 11:54 PST	21-Nov-2017 11:11 PST	21-Nov-2017 11:09 PST
Scheduled						
acetaminophen 650 ng, PO, q4h, drug form: tab, start: 21-Nov-2017 11:11 PST Maximum acetaminophen 4 g/24 h from.	650 mg Not previously given				Complete	
acetaminophen	5 m 3					
Temperature Axillary						
Temperature Oral						
Numeric Pain Score (0-10)						
"0 vancomycln 1,000 mg, IV, q12h, start: 21-Nov-2017 11:09 PST						Complete
vancomycin						
PRN				1. Contraction (1. Contraction)		
PRJ HYDROmorphone (HYDROmorphone P- dose range: 0.5 to 1 mg, PO, q4h, PRN pain, drug form: tab, start: 21-Nov-2017 11:09 PST DI ALIPOD FORM:		Med Response	1 mg Not previously gaven	Complete		
HVDROmomhona			14 C			6
Respiratory Rate						0

7. Click the **Refresh** icon real and you will be able to see more details including the time the last dose was given.


Show All Rate Change Docu	Medications	21-Nov-2017 14:00 PST	21-Nov-2017 12:54 PST	21-Nov-2017 12:02 PST	21-Nov-2017 11:54 PST
Time View	Scheduled				1
Scheduled	10 avetaminonhen	650 mg Last given:		а С	5
Unscheduled	650 mg, PO, q4h, drug form: tab, start:	21-Nov-2017			
PRN	Maximum acetaminophen 4 g/24 h from				
Continuous Infusions	acetaminophen Temperature Avillan				650 mg Auth (V
🛛 Future	Temperature Oral				
Discontinued Scheduled	Numeric Pain Score (0-10)				
Discontinued Unscheduled	vancomycin 1 000 mg. IV. g12h. start: 21-Nov-2017				
Discontinued PRN	11:09 PST				
Discontinued Continuous Infus	vanconycin				1,000 mg Auth
	HVDROmorphone (HYDROmorphone P., dose range: 0.5 to 1 mg, PO, g4h, FRN pain, drug form: tab, start: 21-Nov-2017 11:09 PST DIAJUDI EQUIV		Med Response	1 mg Last given: 21-Nov-2017 11:54 PST	
7	HIDROmorphone Respiratory Rate				* 0.5 mg Auth I 12 Auth (Verifie

Practice Administering the Continuous Normal Saline Infusion. Remember it cannot be scanned.



NOTE: There is a Med Response box that displays for some PRN medications like hydromorphone after they have been administered. You would click on the box to document if you administer drugs like this.

3 Prior to the diagnostic test, your patient appears anxious and requests Lorazepam. You receive a phone order from the Provider for Lorazepam. Let's practice creating an order and documenting administration of this drug, which you will be doing most of the time.



NOTE: Unique to the MI nurse, supervisor and technologist is functionality to order and document medications directly from the Medication Administration Wizard (MAW).

1. Click Medication Administration Wizard (MAW)



2. The Medication Administration pop-up window will appear. Scan the patient's wristband.



button.

STPRODMI, STWHC	MRN: 700004000 FIN#: 700000007756	DOB: 01-Jan-1954 Age: 63 years	Loc: ; ** No Known Allergies **
Alternative	Please scan the patient's wris ly, select the patient profile manually l	tband. by clicking the (Next) bu	tton.

3. Click the Create order and document

P Medication Administration - - -Last Refresh at 13:03 PST Nurse Review 3 Create order and document DOB: 01-Jan-1954 **CSTPRODMI, STWHC** MRN: 700004000 Loc: ; FIN#: 700000007756 Age: 63 years Scheduled Mnemonic Details Result No order profile 2 of 2 Back Sign Ready to Scan

4. Since you received a phone order for Lorazepam, it will not be pre-populated and ready for scan. Therefore you are required to add this medication to the patient's chart. Click the **Go to Search** button.

Create order and document.

P Charting for: CSTPRODMI, STWHC - 7000000007756	—
Please scan medication or select 'Go to Search' to find a product.	
Go to Search 4	

- 5. In the Search bar, enter = *Lorazepam*.
- 6. Click the Search Search button.
- 7. Select LORazepam 1 mg tab from the Search Results.



8. Click the Add Order

P Charting	for: CSTPRODMI, STWHC - 7000000007756	×
Please searc	ch for a medication.	
Search for	Lorazepam 5 Search 6	
Search Resu	ults	
LORazepan	n1 mg tab 7	
LORazepan	n sublingual 0.5 mg tab	
Descriptio	in : LORazepam 1 mg tab Add Or	der
Strength :	1 mg	
Volume : 1	1 tab	
Form : tab		
Go to	Scan	

Add Order

button.

- 9. Enter the **Ordering Provider** = type in provider name (Last, First).
- 10. Communication Type = *Phone*.
- 11. Select sublingual from the Route drop-down.
- 12. Click Sign once you have administered the medication.



NOTE: Mandatory fields are highlighted in yellow.



P Charting for: CSTPRODN	II, TESTAC - 7000000015548			
Document and place One-Time Order for: LORazepam 1 mg tab				
Performed date / time :	06-Dec-2017 🔺 💌 1611 🚔 PST			
*Ordering Provider :	Fine, David Edgar 🔍 9			
Communication Type :	Phone 10			
Performed by :	TestUser, Nurse-RadNet			
Witnessed by :				
Dose :	1 mg •			
Volume :	0 mL			
*Route :	sublingual 🚽 11			
Form :	tab 🗸			
Site :				
Infuse Over :	· · · · · · · · · · · · · · · · · · ·			
● 06-Dec-2017 06-Dec-2 1500 PST 1600 PS	1017 06-Dec-2017 06-Dec-2017 06-Dec-2017 06-Dec-2017 06-Dec-2017 1700 PST 1800 PST 1900 PST 2000 PST			
•	· · · · · · · · · · · · · · · · · · ·			
Comment	Return to Search Canc 12 Sign			

13. Close out of the **MAW** by clicking the close **EXE** button

P Medication Administration				13
		Nurse Review	Create order and document.	Last Refresh at 13:34 PST
CSTPRODMI, STWHC	MRN: 700004000 FIN#: 7000000007756	DOB: 01 Jan 1954 Age: 63 years		Loc: ; " No Known Allergies



- 4 To confirm and review that Lorazepam is documented as administered, review the **MAR**.
 - 1. Navigate to the **MAR** from the Menu and note that Lorazepam is displayed as discontinued. This is because the system recognizes that this was a one-time dose.

CSTPRODMI, STWHC 🛛			
CSTPRODMI, STWHC	DOB:01-Jan-195	4 MRN:700004000	Code Stat
Allergies: No Known Allergies	Gender:Female	PHN:9876874297	7 Dosing W
Menu P	< > ᠇ 者 MAR		
Imaging Nurse 🔶	*16 60' 📄		
Orders 🕂 Add			5.11.0
Single Patient Task List			Friday, 01
MAR 1	Show All Rate Change Docu	Medications	02-Dec-2017 13:26 PST
MAR Summary	Time View	Discontinued Scheduled	
Interactive View and I&O	Scheduled	LORazepam 1 mg, sublingual, once, drug	
Results Review	Unscheduled	form: tab, start: 02-Dec-2017 13:26 PST, stop: 02-Dec-2017	
Documentation 🕂 Add	PRN	13:26 PST LORazepam	1 mg Auth (Verif
	Continuous Infusions		ind Math (Veni

Key Learning Points

- The MAW offers functionality to order and document medications; this is unique to MI.
 - The MAR should be reviewed to confirm that the medication is correctly documented as administered.



PATIENT SCENARIO 5 – Interactive View and I&O

Learning Objectives

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

- Review the Layout of Interactive View and I&O (iView)
- Document and Modify your Documentation in iView

SCENARIO

In this scenario, you will be charting on your patient.

You will be completing the following activities:

- Navigate to Interactive View and I&O (iView)
- Document in iView
- Change the time column
- Document a dynamic group in iView
- Modify, Unchart or add a comment in iView



Activity 5.1 – Navigate to Interactive View and I&O

Nurses will complete most of their documentation in **Interactive View and I&O (iView).** IView is the electronic equivalent of current state paper flow sheets. For example, vital signs and pain assessment will be charted in iView.

1

Select Interactive View and I&O from within the Menu.





2

Now that the iView page is displayed, let's view the layout.

- A band is a heading that has a collection of flowsheets (sections) organized beneath it. In the image below, the PreProcedure Imaging band is expanded displaying the sections within it.
- 2. The set of bands below **PreProcedure Imaging** are collapsed. Bands can be expanded or collapsed by clicking on their name.
- 3. A **section** is an individual flowsheet that contains related assessment and intervention documentation.
- 4. A cell is the individual field where data is documented.



🔦 Key Learning Points

- Nurses will complete most of their documentation in Interactive View and I&O (IView).
- IView contains flowsheet type charting.



Activity 5.2 – Documenting in Interactive View and I&O

With the **PreProcedure Imaging** band expanded you will see the **Vital Signs** section. Let's practice documenting in iView. Select the **Vital Signs** component under **PreProcedure Imaging**.

- 1. Double-click the **blue box** next to the name of the section to document in several cells. You can move through the cells by pressing the **Enter** key and using the space key to make selections.
- 2. Document using the following data:
 - **Temperature Oral** = 36.9
 - Peripheral Pulse Rate = 91
 - **SBP/DBP Cuff** = 140/90
 - Mean Arterial Pressure, Cuff = double-click the empty cell for automated result



1

NOTE: The Calculation icon is denotes that the cell will populate a result based on a calculation associated with it. Hover over the calculation icon to view the cells required for the calculation to function. For example, Systolic Blood Pressure (SBP) and Diastolic Blood Pressure (DBP) are required cells for the Mean Arterial Pressure calculation to function.

- **Respiratory Rate** = 16
- Oxygen Therapy = Nasal cannula
- Oxygen Flow Rate = 3
- SpO2= 99
- SpO2 Site= Hand
- 3. Notice that the text is purple upon entering. This means that the documentation has not been signed and is not part of the chart yet.



NOTE: Please disregard the values that are populated in the cells under the MEWS section. More information about MEWS documentation will be provided later in this workbook.

4. To sign your documentation, click the Green Checkmark icon



Menu 7	< 👻 🖌 Interactive View and I&O	
Imaging Nurse 📩	🖦 🖃 📾 🖓 🖌 🦺 🐘 🖿 📾 🛪	
Orders 🕂 Add		
Single Patient Task List	PreProcedure Imaging	
MAR	VITAL SIGNS	Find Item Critical High Low
MAR Summary	Measurements Residence IV	
Interactive View and I&O	Presedation Monitoring	51. 32 07. Dec 20
Results Review	Preprocedure Time-Out	R 🔏 2 💥 08:01 PST 0
Documentation 🕂 Add		△ VITAL SIGNS
Medication Request		Temperature Skin Deg
Medication Request		Temperature Intravascular Deg
Histories 🗧		Temperature Oral Deg 36.6
Allergies 📥 Add		Temperature Tympanic Deg
		Temperature Core Deg
Diagnoses and Problems		Apical Heart Rate bpm
		Peripheral Pulse Rate bprn 91
		Heart Rate Monitored bpm
CareConnect		SBP/DBP Cuff mmHg140/90
Clinical Persoarch		Cuff Location
Clinical Research		Mean Arterial Pressure, Cuff mmHp107
Form Browser	V Intraprocedure Imaging	Mean Arterial Pressure, Manual mmHp
Growth Chart	Vert PostProcedure Imaging	SRB/DRB Arterial Line mmHh
Glowin chart	💊 Adult Lines - Devices	Mean Arterial Pressure Invasive mmHn
Imaging Special	Pediatric Lines - Devices	Central Venous Pressure mmHh
Immunizations	Adult Quick View	SBP. Palp mmHb
	Addit Quick View	SBP/DBP Assisted mmHp
Lines/Tubes/Drains Summary	Pediatric Quick View	Diastolic Augmentation Pressure mmH
Medication List 🕂 Add	VIntake And Output	SBP/DBP Supine mmH 4
	🗙 Advanced Graphing	Pulse Supine bpr

5. Once the documentation is signed the text becomes black. In addition, notice that a new blank column appears after you sign in preparation for the next set of charting. The columns are displayed in actual time. You can now document a new result for the patient in this column. The newest documentation is to the left.

Menu 👎	< 🔹 🔹 👫 Interactive View and I&O		
Imaging Nurse 🔶	™ 🔜 🖽 🐼 🖌 😥 🖏 📑 🖬 🗛 🛪		
Orders 🕂 Add			
Single Patient Task List	YreProcedure Imaging		
MAR	Imaging Procedures Checklist		
	Measurements		jn 🔄 Low 🔄 Abnorma
MAR Summary	Peripheral IV	Dente Con	Dete
Interactive View and I&O	Presedation Monitoring	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	07-Dec-2017
Results Review	Preprocedure Time-Out		භී 08:04 PST 08:01 PST (
Documentation 📥 Add		VITAL SIGNS	
		Temperature Skin DegC	
Medication Request		Temperature Intravascular DegC	
Histories 😑		Temperature Oral DegC	36.6
Allergies 📥 Add		Temperature Tympanic DegC	
		Temperature Core DegC	
Diagnoses and Problems		Apical Heart Rate bpm	
		Peripheral Pulse Rate Dpm	91
		SBP/DBP Cuff mmHa	140.00
CareConnect		Cuff Location	140/90
Clinical Research		Mean Arterial Pressure, Cuff mmHg	107
Form Browser	V Intraprocedure Imaging	Mean Arterial Pressure, Manual mmHg	
	PostProcedure Imaging	Blood Pressure Method	
Growth Chart	Adult Lines Devices	SBP/DBP Arterial Line mmHg	
Imaging Special	Adult Ellies - Devices	Mean Arterial Pressure, Invasive mmHg	
	Pediatric Lines - Devices	Central Venous Pressure mmHg	
Immunizations	& Adult Quick View	SBP/DBP Assisted mmHg	
Lines/Tubes/Drains Summary	Yediatric Quick View	Diastolic Augmentation Pressure mmHg	5
Medication List 🗕 🕈 Add	🗙 Intake And Output	SBP/DBP Supine mmHg	
÷	X Advanced Graphing	Pulse Supine bpm	



NOTE: In areas with Bedside Medical Device Interfaces (BMDI) for monitoring and uploading vital signs, these will be directly populated into iView to be validated once a device is associated. For areas without BMDI, vital signs will be manually entered as per the above process.

You do not have to document in every cell. Only document to what is appropriate for your assessment and follow appropriate documentation policies and guidelines at your site.



- 2 Your patient has a chest tube and now you want to document.
 - 1. Click the Adult Lines-Devices Band in iView.
 - 2. Notice that there is nothing in this section that you can see about chest tube.
 - 3. Click the **Customize View** icon **to** search for a section regarding chest tube.



4. A Customize window opens displaying all the contents within the Adult Lines-Devices band with peripheral IV, central line, and so on. Click the **Collapse All** button to see all of the section names at a glance.



CSTPRODMI, TESTAC - 700005072 Customize Preferences Dynamic Groups		
Display Name	On View	Default Open 🔺
△ Peripheral IV		
Activity		
POA (Insert Date/Time if known)		
Patient Identified		
Total Number of Attempts		
Unsuccessful Attempt Site		
Line Insertion		
Removal		
Line Status		
Line Care		
Site Accessment		
Drainage Amount		
Drainage Description		
Hematoma Diameter		
Hematoma Description		
Infiltration Score		
Distantia Comm		-
Search for Item:	•	
In Section:		
4 Collapse All Expa	nd All	OK Cancel

- 6. Click OK

CSTPROD	ИI, TESTAC - 70	0005072		
Customize	Preferences	Dynamic Groups		
Display	Name		On View	Default Open
Periphe	eral IV		V	
Infusion	n/Chemo Adve	se Reaction		
Subcuta	aneous Cathete	r	$\overline{\mathbf{\nabla}}$	
Central	Line			
Pain Me	odalities			
Arterial	Line			
Urinary	Catheter		$\overline{\mathbf{\nabla}}$	
Surgica	I Drains/Tubes			
Gastroi	ntestinal Tubes			
Chest T	ubes			☑ 5
Arteriov	/enous Fistula/(Graft		
Arterial	and Venous Sh	eath		
Preproc	edure Time-Ou	it	브	
Periton	eal Dialysis Catl	neter	님	
Warming	ng/Cooling		Y	
Search for I	item:		•	
In Section:	1			
		Collapse All	Expand All C	K 6 Cancel



- 7. You will now see that the **Chest Tubes** section is available to document on in iView.
- 8. Fill in the information about the chest tube by adding a dynamic group. Click **Add a Dynamic Group** icon.

🔀 🚿 👻 🔒 Interactive View and I&O		
🖦 🔜 🖽 🎲 🖌 🐼 🦉 📑 🖬 🎘 🗙		
YreProcedure Imaging Intraprocedure Imaging YostProcedure Imaging Adult Lines - Devices	Find Item Critical High Low	Abnormal
 Perpheral IV Subcutaneous Catheter Central Line Pain Modalities Urinary Catheter Gastrointestinal Tubes Chest Tubes Attenovenous histula/Graft Warming/Cooling 	OB-Dec-201 OB-Dec-201 OF	7 07-Dec-2017 ST 08:43 PST Insert Identificati 1 Tourniquet Flushes ea Secured wi
	Dressing Activity 0 Dressing Condition Patient Response Condition Patient Response	Applied Intact

Key Learning Points

- Documentation will appear in purple until signed. Once signed, the documentation will become black.
- The latest documentation displays in the left most column.
- Double-click the blue box next to the name of the section to document in several cells, the section will then be activated for charting.
- You do not have to document in every cell. Only document what is appropriate to your assessment (chart by exception).
 - Use the Customize View icon to find additional documentation that isn't automatically visible.



Activity 5.3 – Change the Time Column

You can create a new time column and document under a specific time. For example, it is now 12:00 pm and you still need to document your patient's 10:00 am temperature.

- 1. Click the Insert Date/Time icon in.
- 2. A new column and **Change Column Date/Time** window appears. Choose the appropriate date and time you wish to document under. In this example, use today's date and time of 1000.
- 3. Click the Enter key

1



In the new column, enter **Temperature Oral** = 37.5 and **Sign** the documentation. The documentation is now black and saved into the chart.

< :	🔹 🛉 Interactive View and I&O							
₩'@ [
SX AC	tivity View		4				Last 24 Ho	ours
🔍 Pr	eProcedure Imaging							
w In	raprocedure Imaging		Find Item - Critical	🔳 High	Low	Abnormal	📃 Unaut	h 📃 Flag
≪ Po	stProcedure Imaging		Desit	Comm	anta Dan	Data		Defer
X Ac	ult Lines - Devices		¥. 348					
√ P€	diatric Lines - Devices				ີ 17:09 PST	17:04 PST	10:00 PST	07-Dec-2017 09:13 PST
X Ac	ult Quick View		⊿ VITAL SIGNS		~			
$\mathbf{\tilde{\mathbf{v}}}$	VITAL SIGNS		Temperature Axillary	DegC				
~	Modified Early Warning System		Temperature Temporal Artery	DegC				
1	PAIN ASSESSMENT		Temperature Oral	DegC		36.5	37.5	4 38
	Pain Modalities		Apical Heart Rate	bpm				_
	IV Drips		Peripheral Pulse Rate	bpm				105
	Insulin Infusion		Heart Rate Monitored	bpm				
	Heparin Infusion		SBP/DBP Cuff	mmHg				100/60
	Apnea/Bradycardia Episodes		Cuff Location					
	Mental Status/Cognition	Ξ	Mean Arterial Pressure, Cuff	mmHg				
	Sedation Scales		Blood Pressure Method					
1	Provider Notification		Cerebral Perfusion Pressure, Cuff	mmHg				
	Environmental Safety Management		⊿ Oxygenation					



Key Learning Points

Documentation time can be changed in iView.

If required, you can create a new time column and document under a specific time.



Activity 5.4 – Document a Dynamic Group in iView

1 Dynamic groups allow the documentation and display of multiple instances of the same grouping of data elements. Examples of dynamic groups include wound assessments, IV Sites, chest tubes and more.

For the purposes of this scenario, let's assume that your patient requires a peripheral IV to be inserted. After inserting the IV successfully, you are now ready to document the details of the IV insertion.

- 1. Click on the Adult Lines Devices band.
- 2. Now that the band is expanded, click on the **Dynamic Group** icon **to** the right of the Peripheral IV (PIV) heading in the flowsheet.



3. The **Dynamic Group** window appears. A dynamic group allows you to label a line, wound, or drain with unique identifying details. You can add as many dynamic groups as you need for your patient. For example, if a patient has two peripheral IVs, you can add a dynamic group for each IV.

Select the following data to create a label:

- Peripheral IV Catheter Type: Peripheral
- Peripheral IV Site: Forearm
- Peripheral IV Laterality: Left
- Peripheral IV Catheter Size: 20 gauge
- 4. Click OK.



dication Administration 🔒 PM Conversation 👻	🕂 Add 👻 📻 Documents 🗎 Scheduling Appointment B	ool 😰 Dynamic Group - CSTPRODMI, TESTAC - 700005072
💐 Policies and Guidelines 🔇 UpToDate 🖕		Label
		Peripheral Forearm Left 20 gauge
DOB:05-Jan-1983 Age:34 years	MKN:/000050/2 Code Status:	
le-based), Stra Gender:Female	PHN:9876785151 Dosing Wt:74 kg	Peripheral IV Catheter Type:
< 🔹 🔹 📩 Interactive View and I&0	0	Peripheral
™⊟⊡☆/03∎∎⊨×		Midline
V PreProcedure Imaging	•	
🔨 Intraprocedure Imaging		Peripheral IV Site:
Very PostProcedure Imaging	Find Item Critical	Antecubital
Adult Lines - Devices	Lank .	Le Basilic vein Cephalic vein
Subcutaneous Catheter	10 H	Chest
Central Line	Posicia have b Dr	Digit
Pain Modalities	A Arterial Line	External jugular
Arterial Line	2 Artenar Line	Foot
Urinary Catheter		Frontal vain
Ateriovenous Fistula (Graft		Great saphenous vein
Warming/Cooling		Hand
,		Median cubital vein
		Posterior auricular vein
		Small saphenous vein
		Superficial temporal vein
		Upper arm Write
		WIN
		Parinharal IV Laterality
Yediatric Lines - Devices		Right 3
🗙 Adult Quick View		Medial
🗙 Pediatric Quick View		
🗙 Intake And Output		
Advanced Granhing		

- 5. The label created will display at the top, under the Peripheral IV section heading.
- 6. Double-click the **blue box** next to the name of the section to document in several cells. You can move through the cells by pressing **Enter** on the keyboard.

Now document the activities related to this PIV using the following data:

- Activity = Insert
- **Patient Identified** = Identification band
- Total Number of Attempts = 1
- **Line Insertion** = *Tourniquet*
- Line Status = Flushes easily
- Line Care = Secured with tape
- **Dressing Activity** = Applied
- **Dressing Condition** = Intact
- 7. Click **green checkmark** icon ✓ to sign your documentation. Once signed the label will be accessible for other clinicians to complete further documentation within the same dynamic group.



< 🔹 🛉 Interactive View and I&O		
🛰 🗏 🕮 🚧 🗾 7 🕴 🖿 🏛 🛪		
VreProcedure Imaging		
🗙 Intraprocedure Imaging		
VestProcedure Imaging	Find Item 👻 🔲 Critical	🔲 High 📄 Low 📄 A
Adult Lines - Devices	D4	Commente
Peripheral IV	X. 360	07 Dec 2017
Subcutaneous Catheter		07-Dec-2017
Central Line 5	✓ Peripheral IV	
Aterial Line	⊿ <peripheral 20="" forearm="" gaug<="" left="" th=""><th>je> 🔽</th></peripheral>	je> 🔽
Urinary Catheter	Activity	Insert
Gastrointestinal Tubes	Patient Identified	Identificati
Arteriovenous Fistula/Graft	♦ Total Number of Attempts	1
✓ Warming/Cooling	♦ Unsuccessful Attempt Site	♦
	♦ Line Insertion	Tourniquet
	Line Status	Flushes easily
		Secured with
	Site Care	
	Dressing Activity	Applied
	Dressing Condition	6 Intact
	Patient Response	
	⊿ Arterial Line	i i i i i i i i i i i i i i i i i i i
Yediatric Lines - Devices		

NOTE: A trigger icon \bigotimes can be seen in some cells, such as Activity, indicating that there is additional documentation to be completed if certain responses are selected. The diamond icon \bigotimes indicates the additional documentation cells that appear as a result of these responses being selected. These cells are not mandatory.

2 You can inactivate a dynamic group when it is no longer in use. For example, when a Peripheral IV is removed complete the following steps.

Let's inactivate your PIV dynamic group section:

1. Right-click the dynamic group label for the **Peripheral Forearm Left 20 gauge,** and select **Inactivate**.

⊿ Peripheral IV	2
⊿ Peripheral Forearm Left 20 gauge	
↔ Activity	Expand
Line Status	Collapse
Line Care	Close
Site Assessment	close
Site Care	Remove
Dressing Activity	View Result Details
Dressing Condition	A still sate
Patient Response	Activate
	Inactivate 1
	Unchart

2. The inactivated dynamic group remains in the view, but is unavailable (the section turns grey), meaning clinicians cannot document on it. If there are no results for the time frame displayed, the inactive dynamic group is automatically removed from the display.



	Peripheral IV Subcutaneous Catheter		07-Dec-2017 8-48 PST 08-43 PST
	Pain Modalities		
	Urinary Catheter Gastrointestinal Tubes	Activity Patient Identified	Insert Identificati
	Arteriovenous Fistula/Graft	Total Number of Attempts Unsuccessful Attempt Site	1
ľ	Wanning/Cooling	Line Insertion Line Status	Tourniquet Flushes easily
		Line Care	Secured wit
		Site Care Dressing Activity	Applini
		Dressing Condition Patient Response	Intac 2
		⊿ Arterial Line	

Now let's say you accidently inactivated the wrong dynamic group. Don't worry! You can reactivate a dynamic group!

3. Right-click the dynamic group label for the **Peripheral Forearm Left 20 gauge**, select **Activate**.



inactivate it.

You and other users can now access this dynamic group for documentation.

Key Learning Points Examples of dynamic groups include wound assessments, IV sites, chest tubes, and other lines or drains. Once documentation within a dynamic group is signed the label will be accessible for other clinicians to complete further documentation within the same dynamic group. When a dynamic group is no longer in use, such as when a drain or tube is removed, you can



Activity 5.5 – Modify, Unchart or Add a Comment in Interactive View

- 1 You realize upon reviewing your earlier charting that you wrote the incorrect Peripheral Pulse Rate value. Let's modify the Peripheral Pulse Rate.
 - 1. Click on the Vital Signs section heading in the PreProcedure Imaging band.
 - 2. Right-click on the documented value of 91 for Peripheral Pulse Rate.
 - 3. Select Modify.

< 🔹 👻 📅 Interactive View and I&	0	Add Result
• 🖃 💷 60° 🖌 😥 📓 📗 🔝 🌬 🗶		View Result Details
		View Comments
YPreProcedure Imaging	4	View Elen Commente
Imaging Procedures Checklist		view riag comments
VITAL SIGNS	Item ▼ Critical High Low	View Reference Material
Measurements		View Order Info
Peripheral IV	Conneste Ulas	View History
Presedation Monitoring	07-De	
Preprocedure Time-Out	10 08:55 PST 08:0	Modify 3
	∠ VITAL SIGNS	Unchart
	Temperature Axillary DegC	Change Date/Time
	Temperature Intravascular DegC	A LLC
	Temperature Oral DegC 3	Add Comment
	Temperature Tympanic DegC	Duplicate Results
	Temperature Core DegC	Clear
	Apical Heart Rate bpm	
	Peripheral Pulse Rate bpm 2	View Defaulted Info
	Heart Rate Monitored bpm	View Calculation
	SBP/DBP Cuff mmHg 14	Recalculate
	Cuff Location	Minu Internetation
Vintranza a dura ima sin s	Mean Arterial Pressure, Curr mmHg	view interpretation
intraprocedure imaging	Blood Pressure Method	Reinterpret
PostProcedure Imaging	SBP/DBP Arterial Line mmHg	Create Admin Note
🖌 Adult Lines - Devices	Mean Arterial Pressure, Invasive mmHg	Chart Details
🖌 Pediatric Lines - Devices	Central Venous Pressure mmHg	Not Done
🖌 Adult Quick View	SBP, Palp mmHg	Not Dolle
Pediatric Quick View	SBP/DBP Assisted mmHg	Flag
Vintake And Output	Diastolic Augmentation Pressure mmHg	Flag with Comment
Advanced Granbing	SBP/DBP Supine mmHg	ing war commentar
Auvanced Graphing	Puise Supine Opm	Unflag

- 4. Enter in new **Peripheral Pulse Rate** = 80 and then click **green checkmark** icon ✓ to sign your documentation.
- 5. **80** now appears in the cell and the corrected icon will automatically appear on bottom right corner to denote a modification has been made.

PreProcedure Imaging	4 last
Imaging Procedures Checklist	
VITAL SIGNS	Find Item
Measurements	
Peripheral IV	Danit Campanta Data
Presedation Monitoring	× 34
Preprocedure Time-Out	07-DEC-2017
	Temperature Avillany DegC
	Temperature Skin DegC
	Temperature Intravascular DegC
	Temperature Oral DegC 36.6 36.6
	Temperature Tympanic DegC
	Temperature Core DegC
	Anical Heart Pate
	Peripheral Pulse Rate bpm 80 . 5 1
	Heart Bate Monitored bpm
	SBP/DBP Cuff mmHg 140/90 140/90
	Cuff Location
	Mean Arterial Pressure, Cuff mmHg 107 107
V Intraprocedure Imaging	Mean Arterial Pressure, Manual mmHg
a minaprocedure imaging	



2 The unchart function will be used when information has been charted in error and needs to be removed. For example, a set of vital signs is charted in the wrong patient's chart.

Let's say the temperature documented earlier was meant to be documented on one of your other patient's charts. Therefore, it needs to be uncharted.

- 1. Right-click on the documented value of **37.5** for Temperature Oral.
- 2. Select Unchart.



- 3. The **Unchart** window opens, select **Charted on Incorrect Patient** from the reason dropdown.
- 4. Click Sign.

			DOB:05-Jan-1	983	MRN:700005072	Code Status:			Process:	
oxi	de-based	d), Stra	Age:34 years Gender:Fema	P Unc	hart - CSTPRODMI, TESTA	C - 700005072				- • •
	< ■™u ⊟ ≪ PreF	Procedure Imaging Pr VITAL SIG	Interactive	Uncha	rt Date/Time 07-Dec-2017 09:01 PST	Item Temperature Oral	Result 37.5 DegC	Reason Charted on Incorrect Patie	Comment r	
	~	Measurem Peripheral Presedatio Preproced	ents IV n Monitoring ure Time-Out							
				Reason Charte Charte Other	ed on Incorrect Patient d on Incorrect Patient		-	3		
	≪ Intra	iprocedu	re Imaging						4 <u>si</u>	gn Cancel



5. You will see **In Error** displayed in the uncharted cell. The result comment or annotation icon icon will also appear in the cell.

< 👻 者 Interactive View and I&O					
🖦 🙀 🖽 🔐 🖌 🗭 🦉 🖿 📰 約 🛪					
as/ Dee Dee and was been size					
V Preprocedure imaging	<			Last 24 I	lours
Imaging Procedures Checklist					
VITAL SIGNS	Find Item 👻 🔲 Critic	al 🔲 High 🔲 Low	Abnorm	al 📃 Unau	ıth 🛛 🔳 Flag
Measurements		1- 1-			1
Peripheral IV	Deauth	ICommente II	Dete		Deferre
 Presedation Monitoring 	* •• **		07-Dec-	2017	
Preprocedure Time-Out	- R 🗟	්ත් 09:05 PST	09:01 PST	08:01 PST	07:00 PST
	Patient Belongings				
	⊿ VITAL SIGNS				
	Temperature Axillary	DegC			
	Temperature Skin	DegC			
	Temperature Intravascular	DegC			
	Temperature Oral	DegC	In Error	5 6.6	36.6
	Temperature Tympanic	DegC			2010
	Temperature Core	DegC			
	Apical Heart Rate	bpm			
	Peripheral Pulse Bate	bpm		80	91
	Heart Bate Monitored	bpm		- 5 5	51
	SBP/DBP Cuff	mmHa		140/90	140/90
	Cuff Location			110/00	10,00
av Intraprocedure Imaging	Mean Arterial Pressure, Cuff	mmHa		107	107
	Mean Arterial Pressure, Manual	mmHa		207	
PostProcedure Imaging	incant a contact the source, manual				

A comment can be added to any cell to provide additional information. For example, you want to clarify that the SpO2 site that you documented was on the patient's right hand.

Let's add this comment.

- 1. Right-click on the documented value for SPO2 site, hand.
- 2. Select Add Comment.

ide-based), Stra Gender:Female	PHN:9876785151 Dosing Wt:74 kg			Isolation:		
< 🔹 🗧 🏦 Interactive View an	nd I&O					Add Result
** 🔜 🕶 🎸 🖌 🗭 🦉 📰 📰 🎾	×					View Result Details
VreProcedure Imaging				Last 24	Hours	View Comments
Imaging Procedures Checklist	Find Item	E High E Lou	Abnor	mal 🔲 Un	outh	View Reference Material
Measurements			Abrior			View Order Info
Presedation Monitoring	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		07-De	c-2017	_	View History
Preprocedure Time-Out	Dura induce Data	ිල් 09:07 PST	09:01 PST	08:01 PST	07:00	Modify
	Measured O2% (FIO2)				16	Unchart
	Oxygen Activity Oxygen Therapy				Nasal	Change Date/Time
	Oxygen Flow Rate	/min			3	Duplicate Results
	End Tidal CO2	mHg				Clear
	Skin/Nare Check	%			qc	View Defaulted Info
	SpO2 Site			1	Hand	View Calculation
	Cerebral Saturation	%		_		Recalculate
ov Intronropoduro Imoging	Somatic Saturation	% al %				View Interpretation
V PostProcedure Imaging	Near Infrared Spectroscopy, Body	%				Reinterpret Create Admin Note
Adult Lines - Devices	A Measurements	70				Chart Details
Pediatric Lines - Devices	Height/Length Measured	cm ka				Not Done
Pediatric Quick View	Double Signed Measurements					Flag
🔨 Intake And Output	Source of Admit Weight Weight Measured	kg				- Flag with Comment
Advanced Graphing	Scale Type					Unflag

3. The comment window opens, type= Right hand and click OK.



Comment - CSTLEARNING, DEMOBETA - 700008215	x
SpO2 Site: Hand	
Comment	
Right hand	
OK Canc	:el 3

4. An icon indicating the documentation has been modified [^] will display and another icon indicating comments can be found [^] will display in the cell. Right-click on the cell to view comments.



Key Learning Points

- Always sign your documentation once completed.
- Results can be modified and uncharted within iView.
- A comment can be added to any cell in iView.



PATIENT SCENARIO 6 – Modified Early Warning System (MEWS)

Learning Objectives

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

Understand the purpose of using the Modified Early Warning System

Document on MEWS

Manage a MEWS alert

SCENARIO

In this scenario, you will be managing a MEWS alert for your patient.

You will complete the following activities:

- Document on the MEWS section in iView to trigger a MEWS alert
- Review the MEWS alert
- Document provider notification



Activity 6.1 – Document on MEWS Section in iView to Trigger a MEWS Alert

The purpose of the Modified Early Warning System (MEWS) is to aid in the early detection of patient deterioration so that timely attention can be provided to the patient by health care professionals.

MEWS is scored based on 5 key assessment parameters: **Systolic BP, Heart Rate, Respiratory Rate, Temperature**, and **Level of Consciousness**. A score is then totaled based on the values documented. If the score is out of normal or expected range, or if new documentation for situational awareness factors indicates a change for the worse, an electronic alert will be triggered to warn nurses that the patient may be deteriorating and require timely attention.

Note:

- For MEWS, level of consciousness is assessed using **AVPU**, which is an acronym for "alert, voice, pain, unresponsive".
- The MEWS alert is suppressed in some situations such as in palliative/comfort care patients, and in the ICU
- 1 You will navigate to and review MEWS documentation.
 - 1. Select Interactive View and I&O from the menu.
 - 2. Click on the **Adult Quick View** Band.
 - 3. Document the following vital signs in the VITAL SIGNS section.
 - **Temperature Oral** = 38
 - **Peripheral Pulse Rate** = 105
 - **SBP/DBP** = 100/60
 - **Respiratory Rate** = 20
 - 4. Select the Modified Early Warning System section.
 - 5. Note the vital signs documentation has flowed to the MEWS section.
 - 6. Double-click the blue band for **Modified Early Warning System.** A check mark will display, indicating the whole section is activated and the MEWS scores will be automatically calculate
 - 7. Document AVPU.
 - AVPU = Alert and responsive
 - 8. Document on the Situational Awareness Factors:

For the purpose of this practice scenario, click *No* for all cells in this section.

- Patient Family/Caregiver = No
- Unusual Therapy = No
- Communication breakdown = No
- Urine less than 0.5 mL/kg/h for 4 hours = No
- SpO2 below 90% with FiO2 higher than 50% = No
- GCG less than or equal 12 = No



NOTE: The purpose of this section of documentation is to gather more information related to how the patient is doing, which provides context for those who see the MEWS alert.

9. Sign your documentation . The purple text changes to black and is now saved in the chart.

Menu 🥂 < 🔸	Interactive View and I&O						
Imaging Nurse 🛛 🖦 📄 📹 🎣 🖌	/ 9 🗊 🖿 📾 🛪						
Orders 🕂 Add	-						
Single Patient Task List	Imaging				Last 24 Hou	irs	
MAR	e Imaging			_	_	_	
VIAN VIAN	e Imaging	Find Item - Critical	High Low	Abnormal	📃 Unauth	E Flag	(
MAR Summary Adult Lines - D	evices	Result	Comments Flag	Date		Performed	d By
Interactive View and I&O	- Devices	E	• • •				
Results Review	ew 2	10 W			07-Dec-2017		
VITAL SIGN	IS 3	₹ 🖌	ຳຫຼິ 09:31 PS	09:13 PST	09:01 PST	08:01 PST	07:00 PST
Documentation 🕂 Add Modified Ear	rly Warning System 4	SpO2 Site Change					
Medication Request	SSMENT	A Temperature			6		
Histories IV Drips	les	Temperature Axillary	DegC		_		
- Instances Insuin Infusi	ion	Temperature Temporal Artery	DegC				
Allergies 🕂 Add Heparin Infu	ision	Temperature Oral	DegC	38	5 Jr	36.6	36.6
Diagnoses and Problems Apnea/Brad	lycardia Episodes	MEWS Temperature Score		1	3		
Mental Statu	us/Cognition	⊿ Heart Rate					
Sedation Sc	ales	Apical Heart Rate	bpm	105 A			~
CareConnect Provider Not	trication .	Heart Pate Monitored	bpm	105		80 🔺	91
Clinical Research Activities of	Daily Living	MEWS Heart Rate Score		1			
Measurement	nts	⊿ Respiratory Rate		2			
Form Browser Glucose Blo	od Point of Care	Respiratory Rate	br/min	20			16
Growth Chart Individual O	bservation Record	MEWS Respiratory Rate Score		1			
Comfort Mea	asures	⊿ Blood Pressure					
Transfer/Tra	ansport	SBP/DBP Cuff	mmHg	100/60		140/90	140/90
Immunizations Shift Report.	/Handoff	A AVPLI		교			
Lines/Tubes/Drains Summary		AVPU		Alert and re.	7		
Medication List 4 Add		MEWS AVPU Score		0	1		
		⊿ MEWS Total Score					
Patient Information		MEWS Total Score		4			
Reference		⊿ Situational Awareness Factors		2			
Pediatric Quick	View	Patient/Family/Caregiver Concerns		No			
Vintake And Outr	aut	Communication Breakdown		No			
Advanced Cran	bing	Urine Less Than 0.5 ml/kg/h for 4 ho	iurs	No 8			
Advanced Grap	ining	CoO2 Palaw 00% with EIO2 Higher T	(han				

NOTE: The patient has a slight fever with a soft BP and a higher heart rate, indicating that they may be getting sicker and need timely attention from the health care team. The calculated MEWS Total Score is 4, which will automatically trigger a MEWS alert in the system.

A Discern Notification window will appear. This is the MEWS alert.

Follow the guidelines highlighted in Orange, see the next activity.



Discern Notification (TEST.NURSEICU)	
Task Edit View Help	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Subject	Event Date/Time
Rapid Response Early Warning - MEWS	28-Nov-2017 14:17:24
JDG (A) A) B B B B B B B B B B B B B B B B B	
DISCERN ALERT	×
DISCERIVALERI	
NAME: CSTLEARNING DEMOALPHA	
DATE: 28 November, 2017 14:17:24 PST	=
MRN: 700008214	
BIRTH DATE: 01 January, 1937	
AGE: 80 Years	
LOCATION: LGH Lions Gate; LGH 6E; 624	
MEWS Score (4)	
1) Ensure accuracy of findings; Compare with patient's baseline	
2) Review findings with nursing leader (CNL/PCC) or delegate; Discuss assignment char	nge as needed
3) Notify Responsible Care Provider	
Ready PR	ODBC TEST.NURSEICU TEST.NURSEICU Tuesday, November 28, 2017 06:21 10

Key Learning Points

MEWS stands for Modified Early Warning System and is a scoring system that can trigger an electric alert in the CIS.

If the MEWS score is out of normal range, an alert will be triggered in the CIS to warn the health care team that the patient may be deteriorating and require timely attention.

The MEWS alert is suppressed in some situations, such as for palliative/comfort care patients and in ICU.



Activity 6.2 – Review the MEWS Alert

The MEWS alert appears when a MEWS score is calculated to be out of normal range for the patient. The alert itself provides the following information: patient demographics, the MEWS score, clinical decision support, and the score criteria.

All nurses who have established a relationship with the patient in the CIS will receive the MEWS alert upon logging into the system. In this scenario, you will follow the MEWS protocol to complete the MEWS alert task and document provider notification.



1

NOTE: Providers do NOT receive MEWS alerts, therefore it is the nurse's responsibility to follow up appropriately with the provider when alerted.

Review the MEWS alert which will help to identify what type of response is appropriate to initiate.

- 1. Review the Patient Demographics
- 2. Review the MEWS Score
- 3. Review the coloured **Clinical Decision Support** list to initiate appropriate action
- 4. Review the MEWS Criteria

	Event Date/Time 28-Nov-2017 14:17:24
bject pid Response Early Warning - MEWS I 2 3 4 A B D D D C C C C C ISCERN ALERT INDE: CSTLEARNING, DEMOALPHA INDE: 28 November, 2017 14:17:24 PST RN: 70008214 FITH DATE: 01 January, 1937 E: 80 Years VATION. I GHL Ling: Game JCH (E), 601	Event Date/Time 28-Nov-2017 14:17:24
pid Response Early Warning - MEWS SCERN ALERT MIE: CSTLEARNING, DEMOALPHA MIE: 28 November, 2017 14:17:24 PST RN: 70008214 FMT DATE: 01 January, 1937 E: 80 Years VATURAL: I GHT Lings Game I GH (E), 601 1	28-Nov-2017 14:17:24
ISCERN ALERT ISCERN ALERT ME: CSTLEARNING, DEMOALPHA ITE: 28 November, 2017 14:1724 PST RN: 70008214 FRIH DATE: 01 January, 1937 E: 80 Years VATURN: 1 GH Ling: Gam JCH (E), 601	
Image: Source of the second	
ISCERN ALERT ISCERN ALERT ME: CSTLEARNING DEMOALPHA VIE: 28 November, 2017 14:17:24 PST RX: 70008214 FXTH DATE: 01 January, 1937 E: 80 Years VATURA: 1 GH Lings Game 1 GH (E: 62)	
ISCERN ALERT ISCERN ALERT ME: CSTLEARNING, DEMOALPHA ITE: 28 November, 2017 14:1724 PST RN: 70008214 FRIH DATE: 01 January, 1937 E: 80 Years VATURN: 1 GH Ling: Gam 1 CH (E), 601	
ISCERN ALERT ME: CSTLEARNING, DEMOALPHA ITE: 28 November, 2017 14:17:24 PST RN: 70008214 FXH DATE: 01 January, 1937 E: 80 Years VATURAL IGHt laws Game ICH 6E: 624	
AME: CSTLEARNING, DEMOALPHA ATE: 28 November, 2017 14:17:24 PST RN: 70000214 RTH DATE: 01 January, 1937 E: 80 Years VATURA: LGH Line: General CH 6E: 624	
AME: CSTLEARNING, DEMOALPHA ATE: 28 November, 2017 14:17:24 PST RN: 700008214 RTH DATE: 01 January, 1937 E: 80 Years VATURA: 1 GH Lines Game 1 GH 6E: 624	
ATE: 28 November, 2017 14:17:24 PST RN: 70008214 RTH DATE: 01 January, 1937 E: 80 Years VATURAL IGH Lines Game I CH 6E: 624	
RN: 700008214 RTH DATE: 01 January, 1937 E: 80 Years VATURN: 1 GH Lign: Const. 1 GH Sei: 624	
RTH DATE: 01 January, 1937 E: 80 Years VATION: I GH Line: Gate: I GH 6E: 624	
GE: 80 Years	
CATION: LOULines Gate: LOUGE: 624	
CATION. LOIT LIGHS Gale, LOIT OL, 024	
EWS Score (4) 2	
Ensure accuracy of findings; Compare with patient's baseline	
Review findings with nursing leader (CNL/PCC) or delegate; Discuss assignment	change as needed
Notify Responsible Care Provider	
Activate Banid Response Team/ Clinical Resource Team	
Responses and response every 2 hours. If no improvement after 2 hours, notify Re	sponsible Care
reassess and rescore every 2 nours. If no improvement after 2 nours, notify he	sponsible care
ovider	3
<u>E wo Unteria</u>	
mperature Oral: 38 bpm - 1 point(s)	
ripheral Pulse Rate : 105 bpm - 1 point(s)	
spiratory Rate: 20 br/min - 1 point(s)	
stolic Blood Pressure : 100 bpm - 1 point(s) 4	

NOTE: It is up to the clinician to take the appropriate clinical steps after receiving a MEWS alert for a patient. In some cases, the patient may just need to be closely observed and re-assessed. In others, the Rapid Response Team may need to be called to come and assess the patient immediately.

5. Click the red x icon *to* delete the Discern Notification for the MEWS Alert.



Key Learning Points

MEWS alerts display patient information, MEWS score, and score criteria.

All nurses who have established a relationship with the patient in the CIS will receive the MEWS alert.

The clinical decision making support in the MEWS alert helps guide the clinician in taking the appropriate next steps in caring for the patient.



Activity 6.3 – Document Provider Notification

Once you receive a MEWS alert, you assess the patient and decide on further actions to take. In this scenario, we will contact the most responsible provider to let them know about the MEWS alert. After you notify the provider, you need to document that you have done so.



The MEWS alert automatically creates a task that can be viewed in **Single Patient Task List** in Menu. The task is called MEWS Alert.

- 1. Navigate to Single Patient Task List in the Menu.
- 2. The MEWS Alert task is displayed as *Pending*. This means the task is waiting for the nurse to complete.

Menu P	< > - ff s	Single Patient Task List		
Imaging Nurse 🔶	∕ Ø® i B			
Orders 🕂 Add		a **		
Single Patient Task List				(no time frame defined)
MAR	Scheduled Patient	Care All PRN Tasks		
MAR Summary	Task retrieval comp	pleted		
Interactive View and I&O	Tasl	k Status Scheduled Date and Time	Task Description	Order Details
Results Review	💥 📴 Ove	erdue 28-Nov-2017 14:55 PST	Nurse Collect	Pleural fluid, Routine, Unit Collect, Collection: 28-Nov-2017 14:55 PST, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laborator
Documentation 🕂 Add	🙀 💷 Ove	erdue 29-Nov-2017 10:03 PST	Nurse Collect	Pleural fluid, Routine, Unit Collect, Collection: 29-Nov-2017 10:03 PST, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laborator
Medication Request 2	Pen	nding 07-Dec-2017 09:30 PST	MEWS Alert	07-Dec-2017 09:30 PST, Stop: 07-Dec-2017 09:30 PST MEWS Criteria: 07 December, 2017 09:13:00 PST Temperature Oral = 38 [1
Alleraior 📥 Add	Pen	nding 07-Dec-2017 09:30 PST	Add Difficult Airway/Intubation Alert	
Allergies - Add	🔤 🙆 Pen	nding Unscheduled	Admission Discharge Outcomes Assessment	
Diagnoses and Problems	Bill Pen	nding Unscheduled	Valuables and Belongings	
	Pen 🗠 🖉	nding Unscheduled	Admission Discharge Outcomes Assessment	
	Pen 🗠 Pen	nding Unscheduled	Valuables and Belongings	
CareConnect	Pen	nding Unscheduled	Admission Discharge Outcomes Assessment	
Clinical Research	^{BB} ? Pen	nding Unscheduled	Valuables and Belongings	

- 3. Right-click **MEWS Alert** task to review more information of MEWS Alert task.
- 4. Select Order Info.



5. Order information window opens and shows detailed information about MEWS Alert for this patient. After reviewing, click **Close Solution**.



P CSTPRODMI, TESTAC - Order Information for: MEWS Alert	
Task View Help	
anti i⊙ γis	
Original order entered and electronically signed by SYSTEM, SYSTEM Cerner on 07-Dec-2017 at 09:30 PST. Patient Care Department	
MEWS Alert	
Details Additional Info History Comments Validation Results Ingredients Pharmacy	
Details	
Requested Start Date/Time 07-Dec-2017 09:30 PST	
Stop Date/Time 07-Dec-2017 09:30 PST	
Constant order N	
Comment	
MEWS Criteria:	
17 December 2017 00-13-00 PST Temperature Oral = 38 (1 point/c)]	
07 December, 2017 09:13:00 PST Peripheral Pulse Rate = 105 [1 point(s)]	
07 December, 2017 09:13:00 PST Respiratory Rate = 20 [1 point(s)]	
0/ December, 201/09:13:00 PS1 Systolic Blood Pressure = 100 [1 point(s)]	5
<u>-</u>	

- 6. Go back to **Single Patient Task List**. To document response and intervention(s) for MEWS alert, right-click MEWS alert task.
- 7. Select Chart Details.

CSTPRODMI, TESTAC - 700005072 Opened by TestUser, No	lurse-RadNet		Chart Done	
Task Edit ^K View Patient Chart Links Options I	Documentation Orders Help	Chart Done (Date/Time)		
🎬 Ambulatory Organizer 🎬 CareCompass 🎍 Patient List	Tracking Shell Perioperative Trackin	ng 😹 Sta	Chart Not Done	reConnect 🔃 PHSA PACS 😋 VCH and PHC PACS 😋 MUSE 😋 Fo
🔀 Tear Off 📲 Exit 🎬 AdHoc 🎟 Medication Administrati	tion 🔒 PM Conversation 👻 🕂 Add	Quick Chart	🗃 Discern Reporting Portal 🝦	
🕄 Patient Health Education Materials 🔇 Policies and Guide	lelines 🕄 UpToDate 💡		Chart Details 8	
CSTPRODMI, TESTAC			Unchart	
CSTPRODMI, TESTAC	OOB:05-Jan-1983 MRN:70	00005072	Ad Hoc Charting	Process:
Allergies en des die (in gewide beerd). Ster	Age:34 years Enc:700	0000015	Reschedule This Task	Disease:
Allergies: contrast media (iron oxide-based), Stra	Sender:Female PHIN98.	10182121	Print •	Isolation:
Menu 🌱 🔇 👻 🚡	Single Patient Task List		Order Info	
Imaging Nurse 🚽 🖌 🛞 🗟 🗃 🗟	N 💷		Order Comment	
Orders 🕂 Add			Create Admin Note	(as time forms defined)
Single Patient Task List			Reference Manual	(no time traine defined)
MAR Scheduled Patient	t Care All PRN Tasks		T	
MAR Summary Task retrieval com	pleted		Task Info	
Interactive View and I&O	sk Status Scheduled Date and Time	Task Des	Patient Snapshot	Details
Results Review 😽 📴 Ov	verdue 28-Nov-2017 14:55 PST	Nurse Co	Select All	I fluid, Routine, Unit Collect, Collection: 28-Nov-2017 14:55 PST, once L COLLECTION REOUREMENTS: Please refer to specific site Laborator
Documentation 🕂 Add 🙀 🙀 🔛 Ov	verdue 29-Nov-2017 10:03 PST	Nurse Co	Deselect All	I fluid, Routine, Unit Collect, Collection: 29-Nov-2017 10:03 PST, once
Medication Request		MEM/C A	Sort By	c. 2017 09:50 PST_Stop: 07, Dec. 2017 09:30 PST
Histories	inding 07-Dec-2017 10:05 PS1	IVIE VVS AL	ME	NS Criteria: 07 December, 2017 09:13:00 PST Temperature Oral = 38 [1

- 8. The system automatically directs you to iView. In the **Provider Notification** section under **Activity View** band, document the following information:
 - **Provider Notification Reason** = *PEWS/MEWS Alert*
 - **Providers Notification Details** = *MEWS Alert score 4*
 - **Provider informed** = *Plisvca, Rocco*
 - **Physician Requested Interventions** = *No orders received, Continue to Monitor*
- 9. Click **Sign** icon **<** . Completing this documentation will automatically clear the MEWS Alert task from the patient's task list.



< 🔹 📩 🤺 Interactive View and I&O		
🔨 Activity View 💙		Wednesday, 2018-April-04 00:00 PD
Provider Notification		
Provider Notification	Find Item	High Low Abnormal
	Result	Comments Flag Date
	š u 📑	2018-Apr-04
	Denviden Matterston	4 14:52 PD1
	Provider Notification	
	Provider Notification Reason	PEWS/MEWS alert
	Provider Notification Details	MEWS Alert score 4
	Unable to Reach Provider	
	Provider Informed	Plisvca, Rocco, MD
	Physician Requested Interventions	Physician Requested Interventions 🗙
		Orders received
		No orders received
		Continue to monitor
		└_ Other

- 10. Select Modification Early Warning Signs section in Adult Quick View band.
- 11. Complete documentation for **MEWS Action Taken** = No action necessary.



- 12. Click Sign 🔨.
- 13. You have completed all required documentation related to MEWS alert. Go back to **Single Patient Task List**. Now you can see MEWS Alert task turn to **Complete**.



TRANSFORMATIONAL LEARNING

Single Patient Task List					(no time frame defin				
MAR	Sched	uled Patient Ca	All PRN Tasks						
MAR Summary	Task r	ask retrieval completed							
Interactive View and I&O		Task Status	Scheduled Date and Time	Task Description	Order Details				
Results Review	10	Overdue	2018-Apr-04 07:00 PDT	Basic Admission Information	12-Jan-2018 05:59 PST, Stop: 12-Jan-2018 0 Order entered secondary to inpatient adm				
Documentation 🕂 Add	1 1	Overdue	2018-Apr-04 07:00 PDT	Admission History Adult	12-Jan-2018 05:59 PST, Stop: 12-Jan-2018 0 Order entered secondary to inpatient adm				
Medication Request Histories	* C	Overdue	2018-Apr-04 07:00 PDT	Braden Assessment	12-Jan-2018 05:59 PST, Stop: 12-Jan-2018 0 Order entered secondary to inpatient adm				
Allergies 🕂 Add	* #	Overdue	2018-Apr-04 07:00 PDT	Infectious Disease Screening	12-Jan-2018 05:59 PST Order entered secondary to inpatient adm				
Diagnoses and Problems		Pending	2018-Apr-04 07:00 PDT	Morse Fall Risk Scale	2-Jan-2018 05:59 PST, Stop: 12-Jan-2018 0 Order entered secondary to inpatient adm				
CareConnect	~	oo Complete	2018-Apr-04 14:32 PDT	MEWS Alert	2018-Apr-04 14:29 PDT, Stop: 2018-Apr-04 : MEWS Criteria: 04 April, 2018 14:28:00				
Clinical Research	1	Pending	Unscheduled	Admission Discharge Outcomes Assessment					

14. Click Refresh icon 🕙 to update Single Patient Task List screen. The MEWS Alert task disappears.

$ \cdot $	🕇 Single	Patient Task List			(D) Full screen 🛛 🚺 💦 🖉 0 minutes ag
V Ø D	0 6 N 0				
				(no time frame defined)	
Scheduled	d Patient Care	All PRN Tasks			
Task retrie	eval completed				
	Task Status	Scheduled Date and Time	Task Description	Order Details	*
R ()	InProcess	17-Aug-2017 15:24 PDT	Admission History Pediatric		
81 1	InProcess	06-Oct-2017 14:40 PDT	Valuables and Belongings		
***	Overdue	STAT	Nurse Collect	Whole Blood, STAT, Unit collect, Collection: 07-Nov-2017 10:48 PST, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laborator	
₩ 🕈	Overdue	STAT	Nurse Collect	Whole Blood, STAT, Unit collect, Collection: 07-Nov-2017 10:52 PST, once SPECIAL COLLECTION REQUIREMENTS: Prease refer to specific site Laborator	
18	Overdue	STAT	Nurse Collect	Whole Blood, STAT, Unit collect, Collection: 30-Nov-2017 16:14 PST, once SPECIAL COLLECTION REOUREMENTS: Please refer to specific size Laborator.	

Key Learning Points

- It is the nurse's responsibility to notify the most responsible provider of MEWS alerts.
- All notifications to providers can be documented in iView.
 - The MEWS alert creates a task that drives the nurse to document about Notification to Providers. Once MEWS Alert Task documentation is done, ensure to refresh Single Patient Task List screen for updates.



PATIENT SCENARIO 7 – Document Intakes and Outputs

Learning Objectives

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

Document Intakes and Outputs

SCENARIO

As a nurse, you will complete the following activities:

- Navigate to intake and output flowsheets within iView
- Review and document in the intake and output record
- Customize intake and output view



Activity 7.1 – Navigate to Intake and Output Flowsheets Within iView

Intake and Output (I&O) is found as a band within iView and is where a patient's intake and output will be documented. From here, you are able to review specific fluid balance data including 1 hour totals, 12 hour shift totals and daily (24 hour) totals.

The I&O window is structured like other flowsheets in iView. Values representing a patient's I&O are displayed in a spreadsheet layout with subtotals and totals for specific time ranges. The left portion of the I&O screen lists different intake and output categories. Notice that the time columns in I&O are set to hourly ranges (e.g. 0600-06:59). You will need to document under the correct hourly range column.



- 1. Navigate to the Interactive View and I&O from the Menu.
- 2. Select the Intake and Output band.





2 The **Intake and Output** band expands displaying the sections within it, and the I&O window on the right. Let's review the layout of the page.

The intake and output screen can be described as per below:

1. The **I&O navigator** lists the sections of measurable I&O items.

The dark grey highlighted sections (for example, Oral) are active and are automatically visible in the flowsheet.

- 2. To add other Intake or Output sources, you will need to click on the Customize View icon to select the appropriate section to be added in.
- 3. The **grey information bar** indicates the date/time range that is currently set to be displayed.
- 4. To change the date/time range being displayed:
 - Right-click on the **grey bar** and select **a new date/time range** (Admission to Current, Today's Results or Other).
- 5. The I&O summary at the top of the flowsheet displays a quick overview of today's intake, output, balance, and more.

Menu 9	< > . A Interactive View and I&O									(O) Full son
Imaging Nurse	NEY®×9									
Orders 🕂 Add										
Single Patient Task List	X Activity View	3 Wed	nesday, 00-Dec	ember-2013	06:00 PST	Saturday, L	in-Deces			
	V PreProcedure Imaging	Today's Intake: 0 ml. Output: 0 ml	Balance: 0 m	Vesterd	av's Intake:	0 ml Out	nut 5	Admission to Curre	ent I	
MAR	V Intraprocedure Imaging	2 -			.,			Today's Results	_	-
MAR Summary	V PostProcedure Imaging	2 2 1 1	17:00 -	16:00 -	15:00 -	14:00 -	13:00	Other	4	09:00 -
Interactive View and I&O	X Adult Lines - Devices		17:59 PST	16:59 PST	15:59 PST	14:59 PST	13:59 PST	12:59 PST 11:59 PS	1 10:59 PST	09:59 PS
	Pediatric Lines - Devices	d Intake Total	100/0011	(And a second	1000000	12020000				Non close
Results Review	Adult Duick View	d Continuous Infusions								
Documentation 🕂 Add	a Bactatric Onick View	a Oral								
Medication Request	a future and Contract	Orar Intake	mL	-					_	
medication request	antake And Colput	A Shool Output								
Histories	Contract Manager	Stool Count (Number of Stools)								
Allergies 🕂 Add	Medications	d Urine Output								
	Chest Tubes	Urine Voided								
Diagnoses and Problems	Enteral	Eal	nce	1		11	13 V	1 V		
	GI Tube									
Careformer	GI Ostomy Intake									
Contraction of the second second	Unnary Diversion Intake									
Clinical Research	Oral									
Form Browser	Other Intake Sources Negative Pressure Wound Therapy									
Growth Chart	Surgical Drain, Tube Inputs Transferences									
Imaging Special	Utinary Catheter, Intake									
Immunizations	Pre-Arrival Fluid									
Lines/Tubes/Drains Summary	Blood Output									
Medication List + Add	Chest Tube Output	F I								
x	X Advanced Graphing						-			


Activity 7.2 – Review and Document in Intake and Output Record

Let's practice reviewing and documenting in the I&O record.

Previously a peripheral IV and sodium chloride infusion were initiated. An IV Vancomycin dose was also given.

Review that appropriate values are displayed in I&O record.

1. Continuous Infusions: sodium chloride 0.9%

• Double-click in each **hourly time column** since the sodium chloride infusion was initiated. Values will populate to reflect the order of 75mL/hr.



1

NOTE: A partial volume will display if the infusion was not initiated on the hour.

2. Medications: Vancomycin 1g

• Value should display as a single dose amount.

Values will pull from Medication Administration Wizard (MAW) documentation.

< 🔹 🔸 🚹 Interactive View and I&O		
*** 🔜 🖌 🔞 🛪 🧃		
🗙 Adult Quick View	↓ Wednesd	ay, 13-Decemt
🗙 Adult Systems Assessment	Today's Intake: 325 ml. Output: 0 ml. B	alance: 325 m
X Adult Lines - Devices		
Second Product Administration	- Dec 201	16:00 - 1
Wound - Ostomy		16:59 PST 1
V Intake And Output	⊿ Intake Total	325
Intake	⊿ Continuous Infusions	75
Continuous Infusions	sodium chloride 0.9% (NS)	75
✓ Medications	A Medications	250
Chest Tubes 2	vancomycin + sodium chloride 0.9% mL	250
Enteral	⊿ Oral	
Gi lube	Oral Intake mL	
Gi Ostomy Intake	⊿ Output Total	
Oral	⊿ Stool Output	
Other Intake Sources	Stool Count (Number of Stools)	
Negative Pressure Wound Therapy	⊿ Urine Output	
Surgical Drain, Tube Inputs	Urine Voided mL	
Transfusions	Balance	325 mL

Now let's practice documenting some intake and output values. For this activity, your patient drank **50 mL** and voided **375 mL** and now you need to document these values.

- 1. Locate the **Oral and Urine Output** section in the I&O navigator.
- 2. In the flowsheet on the right, document the following by clicking into the appropriate cell.
 - Oral Intake = 50 mL
 - Urine Voided = 375 mL
- 3. Click Sign.



< 🔹 📩 🏦 Interactive View and I&O							
••• 🗖 🖌 3 K 🕄							
X Activity View			Wednes	day, 06-Dece	ember-2017	06:00 PST ·	- Satı
YPreProcedure Imaging		Tadavia Intelia: E7.5 ml Outrut	0	Delegen ET	E and a A	(anti-anti-anti-	
Vintraprocedure Imaging		Today's Intake: 37.3 mc Output	VIIIL	balarice: 57		esteruay s 1	IILAK
VestProcedure Imaging		" <mark>"</mark> "		17:00	16:00	15:00	1/
Adult Lines - Devices				17:59 PST	16:59 PST	15:59 PST	14
Pediatric Lines - Devices		⊿ Intake Total		57.5			
Adult Quick View		⊿ Continuous Infusions		7.5			
A Pediatric Quick View		sodium chloride 0.9% (NS)	ml	7 5			
Vintako And Output	-1	∠ Medications		50			
Pre-Arrival Fluid		ceFAZolin + dextrose 5%	mL	50			
		4.0ral		2			
Blood Output		Oral Intake 1	ml	50			
Chest Tube Output		⊿ Output Total					
Continuous Renal Replacement Therapy		⊿ Stool Output					
Emesis Output		Stool Count (Number of Stools)	_				
GI Tube		A Urine Output					
GI Ostomy Output	-1	Urine Voided 1	ml	875			
Other Output Sources			Balance	57.5 mL			
Paracentesis Output							
Pericardiocentesis Output							
Negative Pressure Wound Therapy	Ξ						
Stool Output							
Surgical Drain, Tube Outputs							
Inforacentesis Output							
Uninary Califician, Output							
Urine Output	-						

4. **12-hour shift balance** (0600-1759 hours & 1800-0559 hours) and **24-hour balance** are calculated by the system.

< 👻 👻 👫 Interactive View and I&O								
Back 🗸 🚫 🗶 🕲								
X Activity View		Wednes	day, 06-De	cember-201	7 06:00 PST -	Saturday, ()9-Decemb	oer-2
VereProcedure Imaging		Todavíc Intaka: 57.5 mi Output: 0 mi	Palancer	575 ml	Vectorday's I	ntako 0 mi	Output	0
🗙 Intraprocedure Imaging		Today's intake. 57.5 mc Output. 0 mc	Dalarice.	7.3 mc	resteruay s in		output	0 11
PostProcedure Imaging		10 P	00.00	08-Dec-2017	05:00	24.11.0.00	Wards Child	
Adult Lines - Devices			08:00 - 08:59 PST	07:00 - 07:59 PST	06:00 - 06:59 PST	Z4 Hour Total	Total	05
Pediatric Lines - Devices		⊿ Intake Total				57.5		
Adult Quick View		⊿ Continuous Infusions				7.5		
Adult Quick View		sodium chloride 0.9% (NS)						
C Pediatric Quick view		continuous infusion 1,000 mL mi				7.5		
🗙 Intake And Output		∠ Medications				50		
Pre-Arrival Fluid		CEFAZOIIN + dextrose 5% mi	-			50		
Cutput Output		⊿ Oral						
Blood Output		Oral Intake mi	-					
Chest Tube Output								
Continuous Renal Replacement Therapy		∠ Stool Output						
Emesis Output		Stool Count (Number of Stools)						
GI Tube		∠ Onne Output						
GI Ostomy Output		Onne volded mit						
Other Output Sources		Dalance	:			57.5 4	4	
Paracentesis Output						_	_	
Pencardiocentesis Output								
Negative Pressure wound Therapy	Ξ							
Stool Output								
Surgical Urain, Tube Outputs								



NOTE: It is important that you verify all volumes are entered correctly. The system automatically calculates fluid balances based on the volumes entered.



You can also unchart, modify or add a comment to any result.

1. Right-click on a cell to see additional functions.

de-based), Tap Gender:Female PHI	1:9876785	151 Dosing Wt:/4 kg				Isolation:	
< 🔹 🔸 者 Interactive View and I&O						Add Result	
™ ⊟ ≠ ⊠ × 1)		1				View Result Details View Defaulted Info	
VreProcedure Imaging			Thursd	ay, 07-Dec	ember-	View Comments	ber-20
V Intraprocedure Imaging		Today's Intake: 175 mL Output:	375 mL	Balance:	-200 n	Unchart	Outpu
Adult Lines - Devices				08:00 -	08-Dec 07:0	Change Date/Time Modify	hift
Adult Quick View		⊿ Intake Total		00.33131	17	Confirm	
Yediatric Quick View		sodium chloride 0.9% (NS)	mL		7	Add Comment	
V Oral		∠ Medications			50	Not Dono	
Other Intake Sources Negative Pressure Wound Therapy Surgical Drain, Tube Inputs		ceFAZolin + dextrose 5% piperacillin-tazobactam + dextros	mL ie mL		5(View Interpretation Reinterpret	1
Urinary Catheter, Intake Pre-Anival Fluid			mL		375		
Output		Stool Count (Number of Stools)					
Blood Output Chest Tube Output	E	⊿ Urine Output Urine Voided	mL		375 375		
Continuous Renal Replacement Therapy Emesis Output			Balance		-200 mL	57.5 mL	

Key Learning Points

- Time columns are organized into hourly intervals with a column for a 12 hour (Day/Night Shift) Total and 24 Hour Total.
- Continuous infusion volumes will flow into I&O by double clicking on each hourly cell.
- IV medications need to have the Diluent Volume entered upon administration in order for the volume of the med to flow to I&O.
- Some values will require direct charting in the Intake and Output band e.g. oral intake
- It is important to verify all volumes in I&O are accurate. The system automatically calculates fluid balance totals based on these volumes.
- Values can be modified and uncharted within Interactive View and I&O.



PATIENT SCENARIO 8 – PowerForms

Learning Objectives

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

- Document in PowerForms through AdHoc Charting
- View and Modify existing PowerForms

SCENARIO

In this scenario, we will review another method of documentation.

- As a MI nurse you will be viewing the following PowerForms:
- Viewing an existing PowerForm
- Modifying an existing PowerForm
- Uncharting an existing PowerForm



Activity 8.1 – Viewing an Existing PowerForm

1 You may need to view previously documented PowerForms.

To view a **PowerForm**:

- 1. Select Form Browser in the Menu.
- 2. For a PowerForm that has been modified, (**Modified**) appears next to the title of the document.
- 3. For a PowerForm that has been entered incorrectly and has been uncharted, (**In Error**) appears next to the title of the document.
- 4. For a PowerForm that has been completed and signed, (**Auth (Verified)**) appears next to the title of the document.
- 5. When a PowerForm is saved, it is not complete and cannot be viewed by another user. (In **Progress**) appears next to the title of the document.

CSTLEARNING, DEMOTHETA - 700002071 Op	sened by TestUser, Nurse					0 0
Task Edit View Patient Chart Links	Options Help					
🗱 CareCompass 🌃 Clinical Leader Organizer	🛉 Patient List 🚑 Multi-Pati	ent Task List 🌇 Discharge Da	shboard 🞎 Staff Assignment 👫 Learn	ingLIVE _		
CareConnect Q PHSA PACS Q VCH and	PHIC PACS Q MUSE Q Form	nFast WFI 💡 🛣 Tear Off 🐋	Exit MAdHoc III Medication Admin	istration 🔒 PM Conversation 🍝 🔝 Medical Record Request 💠 /	dd 🔹 🛅 Documents 📇 Scheduling Appoint	ment Book
Ratient Health Education Materials 🔞 Police	cies and Guidelines 🔃 UpToD	ute -				
CSTLEARNING, DEMOTHETA		10.04			List 🦳 🍋 Recent + Name	· ·
CSTLEARNING, DEMOTHETA	D08:17-Oct-1977	MRN:700002071	Code Status:	Process/violence Risk,Falls Risk	Location:	
All	Age:40 years	Enc:7000000015536	and the second se	Disease:	Enc TypeInpatient	
Allergies: Hamsters, Peanuts, Spiders, Vi	nite aGender Pernaie	PHIN:9878190925	Dosing WE47.kg	isolation:	Attendingovisvca, Rocco, MD	A Depicture of
Datient Community	n rom	Browser			20, Carlotter 1911	Communitie
Dolen + Add	1.1		Wednesday, November 22	, 2017 PST- Tuesday, November 28, 2017 PST(Clinical Range)		
Single Patient Tark List	Sort by : Form	-				
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Decide Perior	22-Nov-2017 10	0:07 PST (Modified) - Multi Co	ntributors 2			
Desums services	Basic Admission In	formation				
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Minterer	S Nursing Discharge	Checklist				
	27-Nov-2017 1	5:52 PST (In Progress) - TestUs	er, Nurse 5			
Disposter and Problems						
prayinases and Proprieting						
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Form Browner						
Growth Chart	1					
Immunitations						
Lines/Tuber/Drains Summan						
MAR Summan						
Ministration of the second sec					PRODBC TEST NURSE Monday 27-Noven	nber-2017 16-02 P

Key Learning Points

Existing PowerForms can be accessed through the Form Browser.

A PowerForm can have different statuses (e.g. Modified, In Error, Auth Verified, and in Progress).



PATIENT SCENARIO 9 – Document an Allergy

Learning Objectives

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

Document Allergies

SCENARIO

In this scenario, we will review how to add and document an allergy for your patient.

You will complete the following activity:

Add an allergy



Activity 9.1 – Add an Allergy

1

You notice mild redness to the patient's skin where there is tape applied. The patient then states that he remembers having a similar allergic reaction years ago to tape, but forgot to mention it to the physician.

1. To document this tape allergy, navigate to the Allergies section of the Menu and click **+** Add.

: 🎬 Ambulatory Organizer 📲 CareCompass	A Patient List Tracking Shell Perioperati	ive Tracking	🕵 Staff Assi	gnment 🌇 Learnin	gLIVE 🝦 👯 🕄	CareConnec	:t 🔞 PHSA	PACS 🕄 VCH and	PHC PACS 🕄 MUSI
🕴 📰 Tear Off 📲 Exit 🎬 AdHoc 💵 Medicat	ion Administration 🆀 PM Conversation 👻	🕂 Add 👻 🛛	Document	s 🛗 Scheduling Ap	opointment B	ook 🗃 Disce	ern Reporting	g Portal 🝦	
🗄 🔇 Patient Health Education Materials 🔇 P	olicies and Guidelines 🜊 UpToDate 🖕								
CSTPRODMI, TESTAC 🛛									
CSTPRODMI, TESTAC	DOB:05-Jan-1983 Age:34 years	MRN:7000	05072 00015548					Process: Disease:	
Allergies: contrast media (iron oxide-ba	ased), Stra Gender:Female	PHN:98767	85151	Dosing Wt:74	4 kg			Isolation:	
Menu 📮 🔾	• Allergies								
Imaging Nurse 🔶									
Orders 🕂 Add	Mark All as Reviewed								
Single Patient Task List 🕂	Add 1 odify 🛛 🖓 No Known Aller	gies 🖓 🖓	lo Known M	edication Allergies	🔗 Revers	e Allergy Che	ck D	isplay All	•
MAR									
MAR Summary D.	Substance	Category	Severity	Reactions	Interaction	Comments	Source	Reaction Status	Reviewed
Interactive View and I&O	contrast media (iron oxide-based)	Contrast	Mild					Active	05-Dec-20171
Results Review	Strawberries	Food						Active	05-Dec-2017 1
Documentation Add									
Documentation									

2. In the **Substance** field type = Tape and click the **Search** icon

NOTE: Yellow highlighted fields including substance and category are mandatory fields that need to be completed.

CSTPRODMI, TESTAC	DOB:05-Jan-1983 Ape:34 years	MRN:700005072 Enc:7000000015548			Process: Disease:		Location:LGH 3W; 303; 01A Enc.Typednostient
Allergies: contrast media (iron oxi	de-based), Stra Gender:Female	PHN:9876785151	Dosing Wt:74 kg		Isolation:		Attending:Plisvco, Wesley, MD
Menu V	< > Allergies						(O) Full screen 🝈 Print 💸 2 minutes
Imaging Nurse							
Orders 🔶 Add	D. Substance	Category Severity	Reactions Intera	iction Comments Source	Reaction Status Reviewed	Revi Est. Onset	Updated By
Single Patient Task List	✓ contrast media (iron oxide-based)	Contrast Mild			Active 05-Dec-20	171 Test	30-Nov-2
MAR	No Known Allergies	Drug			Canceled 05 Dec 20	174se Testa	
MAR Summary	Tube Alarm				R		
Interactive View and I&O	the interior of the state	rite reaction to a drug or substa	ince which is due to an immu	nological response.			
Results Review	*Substance	2					
Documentation 🔶 Add	1 Free les	2					Add Comment
Medication Request	Heactor(s)	*Severity	Info source	#2001-0.200			
Histories 📰	Add Free Text	(not entered)	<not entered=""></not>	Lownents			
Allergies + Add		At cost entered	Dinast cost entered				*
Diagnoses and Problems		Years *	0,00,000				
Conferent		Recorded on behalt of	*Category	Status Reason:			
Clinical Research			-	Active -	*		
Form Browser							OK OK & Addition
Growth Chart							Tana (Tana (Maria) (Maria)
Imaging Special	😝 Up 🍈 Home 👷 Favorites 🔹	Folders Folder Folder	Sert				

3. The Substance Search window opens. Select Tape and click OK.



E	000015050						
Enc:/000	000015058					Disease:	
PHN:987	6469824	Dosina Wt:				Isolation:	
	Substance Set	arch				-	٢.
	*Search: tap	e	Starts	with 👻	Within:	Terminology 👻	-
		Search by Name		S	earch by Co	de)
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se reaction							
	Term 🔺	Code	Terminolo	ogy Ter	minology Axis		1
	Tape	14598	838 Alleray	Alle	gy		
*Severi	tapentadol	d0745	3 Multum D	rug Ger	ieric Name		-
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41							
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Becorder							
~	Add to Favo	rites			ОК	Cancel	
Folde					-		

- 4. Select Mild in the Severity drop-down.
- 5. Select Patient in the Info source drop-down.
- 6. Select Other in the Category drop-down.
- 7. Click OK.

D. Substance	Category	Severity	Reactions	Interaction	Comments	Source	Reaction Status	Reviewed	Revi	Est. Onset	Updated By	
 contrast media (iron oxide-based) 	Contrast	Mild					Active	05-Dec-2017 1	Test		30-Nov-2	
No Known Allergies	Drug						Conceled	05 Dec 2017 1	Testor		30 Nov 2.	
Type Alexan - Anote	in constant to						R					
"Substance	se reaction to	and a store	ance which is que t	o an minurologic	a response.							
Fiee test												Add Comment
Reaction(s)	Severity	4	Info source	5								
Add Free Text	knot entere	φ 🖌	(not entered)	•	menti							
	At choice	chorake	Onset cnot e	ritered								-
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		9		- Ac	live	-	+					
			1	6						7	-	Second Second
												Cot a Add New La Cance
		12.00	99 C									

8. Click the **Refresh** icon **and the tape allergy will now appear in the Banner Bar.**

CSTPRODML TESTAC	DOB:05-Jan-1983	MRNL70000	5072	Code Status:				Process:				Location:LGH	3W; 303; 01		
Allergies: contrast media (iron ox	ide-based), Tep. Gender/Female	PHEN2907670	15151	Dosing Wt:74	leg .			Isolation				Attending-Riss	co, Wesley, N		
Mena 9	Allergies												Fullscreen	B	0 minutes
Imaging Nurse Orders + Add Single Patient Task List	Mark All as Reviewed	ergies QN	o Known Med	ication Alterpies	2 Revers	e Allergy Check		Display All	٠						
MAR Contention	D. Substance	Category	Seventy	Reactions	Interaction	Comments	Source	Reaction Status	Reviewed	Revt	Est. Onset	Updated By			
Interactive View and I&O	contrast media (iron oxide-based) No Known Allergies	Contrast Drug	Mild				2000	Active Canceled	05-Dec-2017 1 05 Dec 2017 1	Test		30-Nov-2 30 Nov-2			
Documentation + Add	Tape	Other	Mid				Patient	Active	07-Dec-2017 1	Test.		01-Dec-20			

NOTE: Allergies in the banner bar are sorted by severity (most to least). In this case Penicillin causes a more severe reaction than Tape. If the allergies listed are longer than the space available, the text will be truncated. Hovering over the truncated text will display the complete allergies list.



Key Learning Points

- Documented allergies are displayed in the Banner Bar for all who access the patient's chart.
- Allergies will display with the most severe allergy listed first. Yellow fields are mandatory fields that need to be completed



PATIENT SCENARIO 10 – Results Review

Learning Objectives

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

Review Patient Results

Identify any Abnormal Results

SCENARIO

In this scenario, you will review your patient's results. One way to do this is result review.

You will complete the following activity:

Review results using Results Review



Activity 10.1 – Using Results Review

Prior to an Interventional Radiology procedure, you may need to review your patient's results. One way to do this is to navigate to **Results Review** from the Menu.

Results are presented using **flowsheets**. Flowsheets display clinical information recorded for a person such as labs, iView entries such as vital signs, cultures, transfusions and diagnostic imaging.

1

Flowsheets are divided into two major sections.

- The left section is the Navigator. By selecting a category within the navigator, you can view related results, which are displayed within the grid to the right.
- The grid to the right is known as Results Display.

Rousheets Lab Vers	• Level LabView		Table O Group O	List	organin .
Antida:					
10.0				Contrast and the second	
Navigator	Showing results from (23-Oct-2017 - 25-Oct-2017)	Show more results			
General Chemistry	Lab View	25-Ort-2017 00:00 - 19-56 pm	24-04-2017 00:00 -	23-0:d-2017 00:00 - 23-56 80Y	
Therapeutic Deux Monitori	CBC and Peripheral Smear	1. Area	- Carro	Sector.	
	WEC Count	7.0 x10 9.5	7.0 x10 9.4	7.0 x10 9.1 .8.0 x00 9.1	
W three Microbiology	RBC Count	4.45 x10 12/L	4.50 x10 12.0	4.55 x10 12/5 [2]	
2 Infection Control/Surveillar	Memoglobin	140 g/s	140 g 1	145 gt [2]	
	3 Hematport	0.40	0.41	0.43 -0.45 [2]	
Crucose shood Point of Car	MCV	92 ft.	95 fL	95 R - 98 R [2]	
	MOR	71 pg	30 pg	32 pg (7)	
	RDW-CV	12.0%	12.0 %	12.0 % [2]	
	Platelet Count	400 x00 9/L	350 100 9.1	250 x30 9.1 - 300 x50 9.1	
	MPV			9.9 %	
	Neutropmits	2.9 0Ex 08.4	4.90 x10 9/L	4.90 x10 %1 - 5.60 x10 %	
	Lymphocytes	1.40 x10 9.1	1.40 x10 9.1	1.40 x10 9/L -1.60 x10 9/	
	Monoghes	0.35 #10 9.%	0.35 x10 9.0	0.40 x10 9/L - 0.63 x10 9/	
	tourophis	0.28 KD 9/5	0.38 ×10 9.4	0.07 x10 W.4 - 0.37 x10 W	
	Batophils	0.07 410 9.4	0.07 x10 9/4	0.06 x10 9.1	
	Leneral Coentrary	112 month	107		
	Sodull	14, mmout	145 mmort	AS monthly a Committee	
	Chianda	100 mmold	100 mmol 1	100 mmolt - 105 mmolt	
	Carthon Dinvide Total	25 mmall	Manualt	Wannit, Hannit	
	Anion Gap	20.2 mmail M	22.9 month #5	13.5 mmolt - 15.0 mmol	
	Glucoue Random			6.0 mmol/1	
1	Ures		2.0 mmol/5	2.0 mmol1	
	Creatinine		75 umolit	100 umol t	
	Giomerular Fibration Rate Estimated		82 mL/min	AL INCIDIN	
	Inaponin I			-0.02 upt * 1007 upt	
	Lab Add on Time		CRE and BUN added to	4	
	Therapeutic Drug Monitoring / Taxicology				
	Vancosycin Trough Level	15.0 mg/L			
	Vancomptin Date Last Dose	20171024			
	Vanconycin Time Last Doce	2200			

Review the most recent results for your patient:

- Navigate to **Results Review** from the **Menu**.
- Review the **Recent Results** tab.
- Review each individual tab to see related results.
- Select Lab Recent.

Menu 9	🗘 🕘 👘 Results Revie	w						(D) Full scree
Imaging Nurse	a. 🖸							
Orders 🗣 Add							_	
Single Patient Task List	Recent Results Advance Care P	lanning Lab - Recent Lab - Extended	Pathology Micro Cult	tures Transfusion Div	agnostics Vitals - Rece	nt Vitals - Extended S		
MAR	2	4 Louis Ouis	10	- This of	Course of Line		-	
MAR Summary	Provisneet a sick view	· Im Lever Quio	(YIEW	· a rable Or	aroup 🕛 List			
Interactive View and I&O	4.4		Tuesday, 05-December	-2017 08:06 PST - Satu	arday, 09-December-20	17 08:06 PST (Clinical R	ange)	
Results Review 1	Necimator							
Documentation 🕂 Add	VITAL SIGNS	Show more results						
Medication Request	SBP/DBP Cuff	Quick View	07-Dec-2017 17:04 PST	07-Dec-3017 10:00 PST	07-Dec-2017 09:13 PST	07-Dec-2017 09:01 PST	07-Dec-2017 08:01 PST	07-Dec-2017 07:00 PST
Histories	W Ownersation	VITAL SIGNS	26 E Dave	27.5 Data?	22 0 4 4	In Error I	N.S. Daw?	26.6 Dear
AT	Paris Common Information	Peripheral Pulse Rate	Just bege	JI S Dege	165 bpm (H)	an circit -	80 bpm (C)	91 bpm
storighes T state	· Basic oxygen information	SBP/DBP Cuff						
Diagnoses and Problems	» PAIN ASSESSMENT	Systolic Blood Pressure			100 mmHg		140 mmHg	140 mmHg
		Diastolic Blood Pressure			60 mmHg		90 mmHg	90 mmHg
-		Mean Arterial Pressure, Cuff					107 mmHg	107 mmHg
CareConnect		Oxygenation						
Clinical Research		Respiratory Rate			20 br/min			16 br/min
Senter Distances of		Oxygen Therapy						Nasal cannula
Form Browser		Oxygen Flow Rate						3 L/min
Growth Chart		Sp02			96 %			99 %
		spoz site						Hand * (c)

5. Review your patient's recent lab results.



CBC and Peripheral Smear	
WBC Count	1.5 x10 9/L (L)
RBC Count	2.00 x10 12/L (L)
Hemoglobin	70 g/L (L)
Hematocrit	0.15 (L)
MCV	98 fL
📄 мсн	28 pg
RDW-CV	15.3 % (H)
Platelet Count	10 x10 9/L (I)
NRBC Absolute	5.0 x10 9/L (H)
Neutrophils	0.04 x10 9/L (L)
Lymphocytes	0.15 x10 9/L (L)
Monocytes	0.23 x10 9/L
Eosinophils	0.01 x10 9/L
Basophils	0.01 x10 9/L
Metamyelocytes	0.73 x10 9/L (H)
Myelocytes	0.23 x10 9/L (H)
Promyelocytes	0.08 x10 9/L (H)
Blast Cells	0.02 x10 9/L (H)
Blood Film Comment	Platelet Estimate - Decree

Note the colours of specific lab results and what they indicate:

- Blue values indicate results lower than normal range
- Black values indicate normal range
- Orange values indicate higher than normal range
- Red values indicate critical levels
- 6. Create a custom date range by right-clicking on the grey date bar and selecting **Change Search Criteria.**

Friday, 29-May-2015 00:00	PDT Friday 20 December	2017 22:59 PST (Clinical Range)
	Change Search Criteria	
	Set to Today	

7. Double-click on the results cell to get additional lab result details. for example a *Normal Low* or *Normal High* value, **double-click** the result.

		Result History
		Value Valid From Valid Until
		4.12 2018-Mar-06 07:30 PST Current
		Result Action List
		RBC Count 4.12 (LOW)
		Normal Low 4.41 Normal High 5.71
		Date/Time TUESDAY, 2018-MARCH-06 07:30 PST
		Contributor System TRAINDB_SYS
		Accession Number T885
	1	Status AUTH (VERIFIED)
Lab View	2018-Mar-06 00:00 - 23:59 PST	Trend
CBC and Peripheral Smear		
WBC Count	10 3 (H)	
RBC Count	4.12 (L)	
Hemoglobin	120 g/L (L)	
Hematocrit	0.36 (L)	197280686 Forward Close



- 8. You can also review previous Medical Imaging reports by clicking on the Diagnostics tab and double-clicking in the appropriate cell to view the final report.
- 9. Click the View Image e icon to see the images.

anning Lab - Recent Lab - Extended Pathe	ology Microbiology Cultures	Microbiology Other	Transfusion Diagnostics Vitals - Recent Vitals - Extended
✓ Level: Diagnostics V	/iew ♥ ● Ta	ble 🔾 Group 🔿 I	Document Viewer - CSTPRODMI, KIM - 700006948
	Monday, 06-April-2015 1	10:34 PDT - Saturday,	케 🔋 🔊 🚝 🗸 🕷 🖉 + + 🕞 🖲 🐔 🗞
Showing results from (26-Sep-2017 - 14-Mar-20	018) Show more results		* Final Report *
Diagnostics View	14-Mar-2018 11:15 PDT 15-Feb	-2018 09:30 PST 06-D	Densen For From
Bone Density			test charge contra 4
BD Single Area			test charge capture 4
Computed Tomography			Report
CT Biopsy Bone Upper Extremity Left	In Progress *		FXAM TV PE
Diagnostic Radiology			IR Venogram Renal Bilateral
XR Knee Left		In Pro	
Interventional			HISTORY
IR Venogram Renal Bilateral	IR Veno	gram Renal Bil	test charge capture 4
Ultrasound			5 1
US Biopsy Lymph Node Axilla Left			COMPARISON:
US Drainage Abdomen Abscess			No comparisons available.
			FINDINGS:

Key Learning Points

- Flowsheets display clinical information recorded for a patient such as labs, cultures, transfusions, medical imaging, and vital signs.
- The Navigator allows you to filter certain results in the Results Display.
 - Lab results are coloured to represent low, normal, high and critical values.
- View additional details of a result by double-clicking the value.



PATIENT SCENARIO 11 – End of Medical Imaging Procedure Activities

Learning Objectives

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

Perform End of Medical Imaging Procedure Activities

SCENARIO

After a medical imaging procedure, you may either transfer a patient back to an inpatient unit or discharge an outpatient client home.

As a nurse, you will be completing the following activities:

- Handoff Tool
- Documenting Handoff in iView
- Locate and complete a Transport Ticket for Patient Transfer
- Printing a patient discharge summary



Activity 11.1 – Handoff Tool

- 1 Your patient's CT chest procedure has completed. They are ready to transfer back to the inpatient unit. You are going to use hand off tool to give report to patient's primary nurse.
 - 1. Navigate to **Imaging Nurse** from the Menu. In **Imaging Nurse** page, select **Handoff Tool Tab.**
 - 2. Scroll down the page or access each component by clicking within the Handoff components on the left.
 - 3. This is where you can add any missing information if required.

CSTPRODML TESTAC Allergies: contrast media (iron oz	DOB:05-Jan-1983 Age:34 years dde based), Tap Gender.Female	MRN:700005072 Code Status: Enc:700000015548 PHN:9876785151 Dosing Wt:74 k		Process: Disease: Isolation:		Location:LGH 3W Enc Typedripation Attending:Pilsvco,	r: 303: 01A Wesley, MD
Menu 9	< • 🔒 Imaging Nurse					Difulscreen	2 1 hours 11 minutes ag
Imaging Nurse	A B 0 B 1 4 4 100%	- 0 0 4					
Orders + Add Single Patient Task List	Imaging Synopsis 22 Ha	ndoff Tool 22 1 dications	22 Summary 22	Assessment	22 Discharge	21 +	🔚 🎙 🔧 / =•
MAR	Informal Team	Informal Team Communication					0 =- 1
MAR Summary	Communication	Informal ream communication					
Interactive View and 380	Active Issues	Add new action		A	dd new comment.		
Results Review	Allergies (3)						
Documentation 💠 Add	Vital Signs and Measurements	No actions documented		No	o commenta documented		
Medication Request	Documents	All Teams		All	Teams		
Histories	Transfer/Transport/Accompan	A BAR SHOLD					
Allergies 🕂 Add	iment -						
Diagnoses and Problems	Assessments	Active Issues			des	ification: Medical and Patient	t Stated + Al Visits 2 =-
NOT N	Intake and Output			244	new at: This Minit +		
CareConnect	Labs			76001	ter u. ma tar ·		
Clinical Research	Mirro Cultures	No results found					
Form Browser	Diagnostics						
Growth Chart	Madestane						
Insiging Special	2	Allergies (3) 💠 3					Al Visits 2 =+

Key Learning Points

Prior to transferring patient back to inpatient unit after a medical imaging procedure has completed, use the Handoff Tool to review patient information with the primary nurse.



Activity 11.2 – Documenting Handoff in iView

Document that you have given Report or Handoff in iView by completing the following steps:

- 1. Select Interactive View and I&O from the Menu.
- 2. Select Shift Report/Handoff section from Adult Quick View.
- 3. Document using the following data:

1

- 10. Clinician Receiving Report = Nurse 1
- 11. Clinician Giving Report = Nurse 2
- 12. Lines Traced Site to Source = Yes
- 13. Orders Reviewed = Yes
- 14. Isolation Activity = leave blank if not on isolation
- 4. Sign 🖌 your documentation.



Key Learning Points

Document that you have given or received report in the Shift Report/Handoff section in iView.



Activity 11.3 – Transport Ticket

With the implementation of the Clinical Information System (CIS), porters or clinicians transporting the patient will no longer have a paper chart readily available for patient information. The **Transport Ticket** is a printable form that captures key patient information that is critical to the patient's condition and care needs. Some of this information includes allergies, transfer to and from, mode of transportation and equipment. This ticket travels with the patient during transport and allows information to be communicated to clinicians and porters.

- 1 Now that your patient is ready to return to their inpatient unit, you are required to complete a Transport Ticket. Let's locate the Transport Ticket
 - 1. Navigate to the Imaging Nurse page from the Menu.
 - 2. Select the Handoff Tool tab.
 - 3. Select the **Transfer/Transport/Accompaniment** component from the menu within the Handoff Tool.



- 4. Click the downward arrow **v** icon, Do **not** click on the **+** sign.
- 5. Select Transport Ticket to open up the Transport Ticket PowerForm.

Transfer/Transport/Accompaniment (0) 🕇	•	4	
		Pr	e-Transfer/Tran	sport Checklist
No results found	5	Tr	ansport Ticket	
		Va	luables/Belongii	ngs



Key Learning Points

- Prior to the porter or clinician transporting a patient back to their inpatient unit, a Transport Ticket must be completed.
- The Transport Ticket is a printable form that captures key patient information that is critical to the patient's condition and care needs.
- The Transport Ticket is located in the Handoff Tool tab of the Imaging Nurse page.



Activity 11.4 – Complete a Transport Ticket

1 Now that you have located the Transport Ticket, let's complete the ticket and print it out for the porter so that the patient can return to his inpatient unit. For this scenario, let's assume your patient is returning to 4W. Enter the following information in the Transport Ticket:

- 1. In the **Transfer To** component, enter = 4 West
- 2. In the **Transfer From** component, enter = *Medical Imaging*
- 3. In the Mode of Transport component, select: Stretcher
- 4. In the Equipment Accompanying Patient component, select: IV pump
- 5. After reviewing the ticket and its components, click the Sign \checkmark button and refresh the

Imaging Nurse	page by clicking	g the Refresh	icon.

formed wired		
arecect Ticket Transport Ticket Status Orders and Allergies No qualifying data available. Alorgies No qualifying data available. No qualifying data available. Alorgies No qualifying data available. No qual	eformed on: 02-Dec-2017 V 1418 PST	By: TestUser, Nurse-Rad
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Status Order's and Altergies No qualifying data available. Altergies No Known Allergies No known Allergies Other Process Alerts Ommunication barrier Gender sensitivity Paliative care Othorwin indubtion/airw On ceiling fit Othorwin indubtion/airw Presence study Viator enterction Transfer From and To/Mode/Equipment Transfer From and To/Mode/Equipment Vielence risk Vielence risk Vielence risk Other Adversy management equipment Definition Orgage Adversy management equipment Definition Orgage Orgage Orgage Orgage Orgage		
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Active Process Alerts Cytotoxis Cytotoxis Cytotoxis Transfer To Transfer From and To/Mode/Equipment Patients The Contract on Cont	Allergies No Known Allergies	
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Active Process Alerts Communication barier Cytotoxic Ox celling lift Oxitor restrictions Oxitor restriction drugs Oxitor restriction drugs Oxitor Oxitor restriction drugs Oxitor Oxitor Oxitor restriction drugs Oxitor		
Active Process Alerts Communication barier Gender sensitivity Gender sensity Gender sensity Gender sensi		
Active Process Nerros Communication barrier Contraction barrier Communication barrier Cytotoxic No ceiling lit Secure precaution Difficult intubation/airw P all initive acre Cytotoxic P all initive acre Cytotoxic P all initive acre Violence risk Transfer From and To/Mode/Equipment Transfer To P adiology Rediology Rediniting an angement equipment </td <td>A shire Descent Alexter</td> <td></td>	A shire Descent Alexter	
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Transfer To Transfer From Mode of Transport 4 West Badiology Bed Carried Bed Other: Bed Other: Equipment Accompanying Patient Airway management equipment Defibrillator Non-invasive blood pressure monitor Resuscitation drugs: Cardio-respiratory monitor 4 V pump Pulse content Dutier:	Transfer From and To/Mode/Equipment	
Transfer To Transfer From Mode of Transport 4 West Radiology Image: Construct of the sector of the se	Hansier From and To/ wode/ Equipment	
4 West Radiology 3	Transfer To 1 Transfer From 2 Mode of Transport	
	4 West Badiology 3 Stretcher O Ambulatory	
Equipment Accompanying Patient Airway management equipment Defibriliator Cardiac monitor Estal beait monitor Cardiac cardio/respiratory monitor 4 Vity pamp Puble content Utility pamp Utility pamp		
Equipment Accompanying Patient Airway management equipment Defibriliator Cardiac monitor Estatubeaut monitor Cardiac monitor Estatubeaut monitor Cardiac schoring Estatubeaut monitor Cardiac regularization drugs Daygen Cardiac regularization Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor Cardiac regularization Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor Estatubeaut monitor<		
Airway management equipment Defibrillator Airway management equipment Defibrillator Defibrillator Daygen Suction Cadio/respiratory monitor 4	Equipment Accompanying Patient	
Cardios monitor C	Airway management equipment 🔲 Defibrillator 🔛 Non-invasive blood pressure monitor 📄 Resuscitation drugs	
Cardio/respiratory monitor Pulse domenty Unter:	Cardiac monitor Etal heart monitor Oxygen Suction	

NOTE: There is a free-textbox at the bottom of the ticket that allows you to input any pertinent information. For example, patient was administered Lorazepam for anxiety prior to the diagnostic test.



- 2 Now that you have completed the Transport Ticket, print a copy of this PowerForm for the porter prior to transport.
 - 1. Select the **Documents** component from the menu within the Handoff Tool to navigate to the Documents section.
 - 2. Click on the Transport Ticket that you just completed.
 - 3. Review the Transport Ticket by using the scrolling feature.

NOTE: This is a quick view of the document. The full document can also be opened in

Г

a new window by clicking the Open Document	Open Document	button.
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4. Click the **Print** button. Since you are not connected to a printer in the learning setting, the Print button is dithered.

Imaging Synopsis 23	Handoff Tool 🛛	Medications 23 Summ	ary 23 Assessment	22 Discharge 22 +
Informal Team Communication	Documents (1)	_		Selected visit: Last 50 Notes Selected visit Last 12 hours More 💌 🎅 =-
Active Issues				My notes only Group by encounter Display: Facility defined view *
Allergies (0)	Time of Service	Subject		
Vital Signs and Measurements	02/12/17 14:18	Transport Ticket 2	1	Open Docume 4 Fritz
Documents (1)	* Desplaying up to the	last 50 recent notes for the selected visit.	Transport Ticket	Transport Ticket - Text (Auth (Verified))
Transfer/Transport/Accompan iment	1		TestUser, Nurse-RadNet	Last Updated: 02/12/17 14:18
Assessments (0)	Transfer/Transpo	ort/Accompaniment 🕂 🖕	Tran	nsport Ticket Entered On: 02-Dec-2017 14:28 PST 1 On: 02-Dec-2017 14:18 PST by TestUser, Nurse-RadNet
Lines/Tubes/Drains		Today	T CHOINE A	
Intake and Output		14:38		4
Labs	Transfer From	Radiology	Transport Ticket	3
Micro Cultures	Transfer To	4 West	Status Orders and Allergies : No) qualifying data available.
Diagnostics			Allergies	
Medications			No Known Allergies	
Home Medications	Assessments			
Orders	No results found		Transfer From : Radiology	
Oxygenation and Ventilation			Mode of Transport : Stretcher Equipment Accompanying Datiant	er Numm

Also note that transportation details including transfer to and from, and time that you documented are now present on the Handoff Tool for anyone accessing the patient's chart to see.

_	Transfer/Transport/Accompaniment 🕂 🚽		
	Today 14:18		
	Transfer From	Radiology	
	Transfer To	4 West	



Key Learning Points

- Information included on the Transport Ticket includes some of the following: allergies; transfer to and from; mode of transportation; and equipment.
- The Transport Ticket must be printed for the porter or clinician prior to transfer.
- The transportation details that you document in the PowerForm including transfer to and from, and time automatically flow to the Handoff Tool for anyone accessing the patient's chart to see.



PATIENT SCENARIO 12 – Patient Management (PM) Conversation

Learning Objectives

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

Utilize PM Conversation

SCENARIO

Unit clerks will often update the patient information in the system. In some situations, the nurse will need to update patient information such as process alerts (e.g. falls risk alert) in the chart or communicating with bed management in regards to transferring/discharging patients. In this scenario, you will be reviewing PM Conversation and some of its functionalities. You will then learn to add a process alert.

As an MI nurse you will complete the following activities:

Use PM Conversation to process an alert

Use PM Conversation to discharge a patient



Activity 12.1 – Process Alert

1 Patient Management (PM) Conversation provides access to manage alerts (such as violence risk, falls risk or isolation precautions), patient location, encounter information and demographics. Let's look at how alerts are managed.

Within the system, process alerts are flags that highlight specific concerns about a patient. These alerts display on the banner bar and can be activated by any clinician including nurses.

For instance, a patient presents with violent behaviours. The violence alert should be added to the patient's chart. To do this:

- 1. Click the drop-down arrow within **PM Conversation** in the Toolbar.
- 2. Select **Process Alert** from the drop-down menu.



An organization window will display to select location.

- 1. In the **Facility Name** field, type = *LGH Lions Gate* and press **Enter** on your keyboard.
- 2. Select LGH Lions Gate Hospital.
- 3. Click **OK.**

Organization
Please select the facility where you want to view person aliases.
Facility Name Facility Alias
LGH Lions Gate 1
LGH Lions Gate Hospital 2
Facility:
LGH Lions Gate Hospital
3 OK Cancel



2 The **Process Alert** window displays. To activate the **Violence Alert** on the patient's chart:

1. Click into the **Process Alert** box. A list of alerts that can be applied to the patient will display.



NOTE: The box will either contain previously recorded Process Alerts or this box will be empty until you click into it.

- 1. Select Violence Risk.
- 2. Click **Move** The alert will now display within the **To Selected** box.
- 3. Click Complete.

TESTAC	
Previous Last Name:	Date of Birth: Age: 05-Jan-1983 V V 34Y
Gender: Female	BC PHN: 9876785151
Process Alert: From Available:	To Selected:
On Besearch Study	
On Research Study Palliative Flag Seizure Precautions Special Care Plan Violence Risk 2	Move > 3



NOTE: Multiple alerts can be activated at once. Alerts can be removed using the same process in PM Conversation. Site policies and practices should be followed with regards to adding and removing flags and alerts.

IMPORTANT: Process alerts are Person level alerts that stay on the patient record across encounters until they are manually removed.

- 1. Click **Refresh N** to update the chart
- 2. Once complete, the process alert will appear within the banner bar of the chart where it is visible to all those who access the patient's chart.

MI-Nurse, Lillian		e l	.ist 👘 👘 Recent 👻 Name 🔍 👻 🔍
MI-Nurse, Lillian	DOB:1936-FebMRN:7600008Code Status:Attempt CPR, Fu	I . Process:Falls Risk	Location:LGH 6W; 603; 01
	Age:82 years Enc:76000000	Disease:	Enc Type:Inpatient
Allergies: penicillin	Gender:Female PHN:1076000 Dosing Wt:72 kg	Isolation:	Attending:Train, GeneralMedic
Menu	👎 < 🔹 🛉 Single Patient Task List		🗇 Full screen 🛱 Print 🎅 23 minutes ago





Key Learning Points

- Using PM Conversation allows you to manage alerts, patient location, encounter information and demographics.
- Updating Process Alerts in PM Conversation allows clinicians to see specific concerns related to the patient in the Banner Bar.



Activity 12.2 – Using PM Conversation to Complete Discharge Process [Review only, do not complete with your patient]

1 If the patient is registered for an IR procedure with an encounter type of Daycare Surgery, Outpatient in a Bed, or Minor Procedure, they must be manually discharged upon leaving the department. To do this:

- 1. Click the drop-down arrow within **PM Conversation** in the Toolbar.
- 2. Select **Discharge Encounter** from the drop-down menu.



3. **Discharge Encounter** window. Enter the following in the yellow highlighted mandatory fields:

- 15. **Discharge Disposition** = Discharge home without support services.
- 16. **Discharge Date** = Today's date.
- 17. **Discharge Date** = Time when patient left.
- 4. Click **Complete** button when done.

- Discharge Encounter					
Medical Record Number: 760000886	Encounter Number: 760000000886	Full Name: MI-Nurse, Lillian	Date of Birth: 02-Feb-1936	Age: 82Y	Gender: Female
BC PHN: 0760000886					
Encounter Type:	Medical Service:	Facility:	Building:	Unit/Clinic:	Room:
Bed: 01	Isolation Precautions:	Lun Lions date	Lun Lions date	Lun ow	003
Registration Date: 11-Jan-2018	Registration Time:	Patient Admit Date:	Patient Admit Time:		
Discharge Disposition:	Discharge Date:	Discharge Time:	Discharge Username: Train, Nurse-RADNET2		
- Deceased Details					
-					Complete Cancel
Heady				THAINT THAIN. HADNU	HSE2 04-Apr-2018 15:03



Key Learning Points

Using PM Conversation to complete patient discharge process.



PATIENT SCENARIO 13 – Exploring RadNet and Completing an Exam

Learning Objectives

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

- View RadNet and Online Worklist
- Start and Complete an exam in RadNet

SCENARIO

As an MI nurse you will complete the following activities:

Start and Complete an exam in RadNet



Activity 13.1 - Exploring RadNet

This software is a Radiology Information System (RIS) and is used by clerical staff and technologists to manage daily tasks in your department. As an MI Nurse you will likely not be working in RadNet that often however for situations when you do not have access to a tech or clerk you will need to **start** and **complete** an exam.

For further Education regarding **RadNet**, please consider taking the e-learning module, which will go over the main functionalities of **RadNet** including: **Department Order Entry** (DOE), Online WorkList, Exam Management, and Order Viewer.

Sign in and open RadNet **Online Work List**. Ask your instructor about filters if you cannot find your patient.

Open the **Online Work List** from Store Front. Review the exams placed on your patient (1). You observe the **Allergy Alert** (2) and as per guidelines, you check the allergies.

Task View La	aunch Help	p										
🍹 😓 💆	🕾 🔎 🌛	0 🗹 🔒 🚳										
Filters												
11-Dec-2017	+ 4 days to - 3	3 davs									Asc	of 08:20 AM
Department		, 			Sube	action:		Exam Boom				
Filtered		All se	actions		Allsu	ubsections		All exam room	15			
Europe Transmis	ntina Ì											
Exam Transcrip	puon											
Show comple	eted exams											
Status	Priority	Patient Name	Procedure Name	Tr	Or	Requested DT/TM	Accession Number	MRN	Patient Type	Nurse Unit	Allergies	Orderin
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Elbow w/ Contrast Left	Α		08-Dec-2017 13:30	112-CT-17-0004968	700003789	Outpatient	LGH Med Imaging		Baggor
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Abdomen w/ Contrast	1	ő	08-Dec-2017 14:33	112-CT-17-0004980	700003789	Outpatient	LGH Med Imaging	1	2 ×
0	Treestore	OOTFRODM, TEOTRORIEMIE	Milli Opino Contoci nio Consco.	-	-ð	08-Dec-2017 15:05					<u> </u>	<u> </u>
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Chest Abdo Pelvis w/ + w/o Contrast		1	11-Dec-2017 08:19	112-CT-17-0004994	700003789	Pre-Outpatient	LGH Med Imaging	<u> </u>	Baggoo
Un Hola	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Pertusion Rest	A	6	12-Dec-2017 08:00				-	-	Plisvca,
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Treadmill	A	ó	12-Dec-2017 10:00					<u> </u>	Plisvca,
1 a			DEEL NO. LO. L			00.0 004700.54		700001001				- E

2

1

Select your patient to highlight it in blue, right-click and select **Allergies**. The Allergy/ ADR Profile will open. Review the Allergies. Click on **Mark All as Reviewed** and close the pop-up window.

Oldered	noume	OUT NODMI, LEURDNEHME	OT ADdomon w/ Contrast	BU DOC 2017 17.00
On Hold	Routine	CSTPRODMI, TESTADRIENNE	MRI Spine Cervical w/o Contrast	08-Dec-2017 15:05
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Chest Abdo Pelvis w/ + w/o Contrast	EN 11 D 2017 00.10
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Rest	Print\Reprint Patient Packet
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Treadmill	Exam Management
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum	Transcription
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum	Schedule Inquin/
Completed	Routine	CSTPRODMI, STLGH	CT Duplication	Device inquiry
Completed	Routine	CSTPRODMI, STLGH	CT Elbow Arthrogram Right	Protocol
Completed	Routine	CSTPRODMI, STLGH	CT Elbow Arthrogram Left	Add Interesting Case File
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ + w/o Contrast Left	Comments
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ + w/o Contrast Right	
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ Contrast Left	Allergies
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/o Contrast Left	Patient Exam History



+ Add Modify	💭 No Known Allergies	No Known N	Iedication Allergies	- Rever	se Allergy Che	2
D. Substance Cat	tegory Reactions	Seve Type	C. Est. Onset	Reaction S	Updated By	Source
✓ Codeine Sulfate Dru	ug Anaphyla	Severe Allergy		Active	07-Dec-20	
🗸 iodine Dru	ug	Mod Allergy		Canceled	05 Dec 20	
No Known All Dru	ug	Allergy		Canceled	07 Dec 20	
Peanuts Foo	od	Allergy		Active	08-Dec-20	
🗸 penicillin Dru	ug	Allergy		Canceled	23 Oct 20	
Unable to obt Dru	ug	Allergy		Canceled	23 Oct 20	
•						•

3

Check your patient's exam history in order to see what other orders were placed and completed on this patient. From any of the orders placed on the patient, right-click to access the drop-down menu and click on **Patient Exam History**.

Ohenhaus	Diat	Terfant News	Deservices Name	т.	0	
Status	Priority	Patient Name	Procedure Name	Ir	0r	Requested D1/1M
On Hold	Routine	CSTPRODMI, TESTADRIENNE	MRI Spine Cervical w/o Contrast		ě	08-Dec-2017 15:05
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Chest Abdo Pelvis w/ + w/o Contrast	D :		
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Rest	Pri	nt\Kepr	nt Patient Packet
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Treadmill	Exa	m Man	agement
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum	Tra	nscripti	on
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum	Schedule Inquiry		
Completed	Routine	CSTPRODMI, STLGH	CT Duplication	Dre	tocol	
Completed	Routine	CSTPRODMI, STLGH	CT Elbow Arthrogram Left	FIC	locor	
Completed	Routine	CSTPRODMI, STLGH	CT Elbow Arthrogram Right	Ad	d Intere	sting Case File
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ + w/o Contrast Right	Co	mment	5
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ + w/o Contrast Left	A11		
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ Contrast Right	-		
Completed	Routine	CSTPRODMI, STLGH	CT Elbow w/ Contrast Left	Patient Exam History		m History

4

The **Order Viewer** will open. Here you can see displayed the entire list of orders placed on the patient, and their status. The **menu bar** (1) allows you to see what other functions you are able to do from here. Click to explore.

Task View Select I	By Launch Help									
😓 🛞 👭 🖳 🧮	😔 @ 雅 💐 🖻 🖀 🗒 🖼 👘 🔍 🖉 🚿 👘									
* Patient name: CS	IPRODMI, TESTADRIENNE	As of: 8:35 As of: 8:35								
Patient Information										
Name: CSTPR	DDMI, TESTADRIENNE	DC	DB: 25-May-19	195						
MRN: 7000037	89	Ag	e: 22 Years							
Accession:		Ge	nder: Female							
No Exclusion Filter	Applied									
	здраба		1		1					
Request DT/TM	Accession	Order	Priority	Status	Exam Status	Report Status	Order Details			
12-Dec-2017 10:00		NM Myocardial Perfusion Treadmill	Routine	Future	On Hold	New	12-Dec-2017 10:00 PST, Routine, Reason: cetest, Weight: 50, Transport: Ambulator			
12-Dec-2017 08:00		NM Myocardial Perfusion Rest	Routine	Future	On Hold	New	12-Dec-2017 08:00 PST, Routine, Reason: cetest, Weight: 50, Transport: Ambulator			
11-Dec-2017 08:19	112-CT-17-0004994	CT Chest Abdo Pelvis w/ + w/o Contr	Routine	Ordered	Ordered	New	11-Dec-2017 08:19 PST, Routine, Reason: Query pneumonia			
08-Dec-2017 15:05		MRI Spine Cervical w/o Contrast	Routine	Future	On Hold	New	08-Dec-2017 15:05 PST, Routine, Reason: test future on request queue, Order for fu			
08-Dec-2017 14:33	112-CT-17-0004980	CT Abdomen w/ Contrast	Routine	Ordered	Ordered	New	08-Dec-2017 14:33 PST, Routine, Reason: Abdomen Pain			
08-Dec-2017 13:30		CT Elbow Arthrogram Left	Routine	Canceled	Canceled	Canceled	08-Dec-2017 13:30 PST, Routine, Reason: Query fracture, Transport: Ambulatory			
08-Dec-2017 13:30	112-CT-17-0004968	CT Elbow w/ Contrast Left	Routine	Ordered	Ordered	New	08-Dec-2017 13:30 PST, Routine, Reason: Query fracture, Transport: Ambulatory			
08-Dec-2017 08:50	112-IR-17-0001826	IR Biopsy Liver Transjugular	Routine	Ordered	Ordered	New	08-Dec-2017 08:50 PST, Routine, Reason: MI IR Workbook, Transport: Ambulatory,			
07-Dec-2017 16:45		CT Ankle w/ + w/o Contrast Left	Routine	Future	On Hold	New	07-Dec-2017 16:45 PST, Routine, Reason: Query Fracture, Transport: Ambulatory			
07-Dec-2017 09:32	112-XR-17-0006485	XR Chest	Routine	Ordered	Ordered	New	07-Dec-2017 09:32 PST, Routine, Reason: Query Pneumonia			
07-Dec-2017 08:58	112-US-17-0003816	US Abdomen and Doppler	Routine	Canceled	Canceled	Canceled	07-Dec-2017 08:58 PST, Routine, Reason: Query gallstones, Baggoo, Alan Kieth			
07-Dec-2017 08:58	112-US-17-0003816	US Abdomen	Routine	Canceled	Replaced	Canceled	07-Dec-2017 08:58 PST, Routine, Reason: Query gallstones, Baggoo, Alan Kieth			
07-Dec-2017 08:42	112-XR-17-0006480	XR Abdomen Sinale View	Routine	Ordered	Ordered	New	07-Dec-2017 08:42 PST. Routine. Reason: Luna Test			



5 Click on **Task** (1) in the menu bar.

Note that there are a series of tasks that can be performed from the **Order List** in **Order Viewer**, such as **Modify Order Details** or **Print\Reprint the Patient Packet**. When you are finished looking these over. Click to close the **Order Viewer** and return to the **Online Work List**.



6

You can also do some of these functions directly from the Online Work List. You need to re-print the patient packet (requisition and labels) from the CT chest w/ Contrast. Select the exam (1), right-click on the exam and select **Print\Reprint Patient Packet** (2).

Exam Transcript	am Transcription								
Show comple	ted exams			1					
Status	Priority	Patient Name	Procedure Name		Tr	Or	Requested DT/TM	2	
Ordered	Routine	CSTPRODMI, TESTADRIENNE	CT Chest Abdo Pelvis w/ + w/o Contra	ast	D.:	4) D	int Dations Dealers		
Un Hold	Routine	COTFRODINI, TEOTADRIENNE	NIVENIJOCARDIAL FERUSION Rest		Pri	nt\Kepr	int Patient Packet		
On Hold	Routine	CSTPRODMI, TESTADRIENNE	NM Myocardial Perfusion Treadmill		EXa	ım ıvlan	agement		
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum		Tra	inscript	ion		
Completed	Routine	CSTPRODMI, STLGH	RF Esophagus Stomach Duodenum		Sel.	Jodulo I	nguin/		
Completed	Routine	CSTPRODMI, STLGH	CT Duplication		SCI	require i	inquiry		
					Pro	otocol			



7 The **Reprint Packet** window opens. Click on checkboxes to choose the document you want to print (1). The type of document can be selected (2) as well as the specific printer (3). Click on the ellipsis button (4) to choose the printer and the location. It will automatically default to the pre-selected printer.

Reprint Pac	:ket		×
Reprint	Туре	Printer	4
	Requisition	MI_Req_ph_590_it_L1	
	Content Label	MI_590_1stfl_t6_Cont	-
	Folder Label	MI_590_1stfl_t6_Fold	
1			
Save pri	nter preference		
Clear a	Il preferences	Reprint	Cancel

8 If you need to change the printer location, from the **Output Destination** pop up window you can choose new output device (1), the location, and the type (2). Click **OK** when you are done (3).

Output Destination			×
Task View			
Default Always treat my personal default output destin Always use the default output destination asso Output Devices Favorite: Other Output Devices	ation as the default sciated with the compute	er that I am using	2
Filter By: Location	Device Type:	Printer	-
BCG Bella Coola General Hosp BCG Medical Imaging BCG Medical Imaging BCG Medical Imaging BCG Hevergreen House HTH Hilltop House BCG Breath Program LGH Cardiac Home Care DLGH Cardiology Lab LGH Cast Clinic TT F	Device Name	Location	Туре
		3 	Cancel



Activity 13.2 – Start and Complete an Exam

Finally you will now learn to start and complete exams.

1

From the Online Worklist, you will choose the **CT Chest w/ Contrast** in order to complete the exam. Select the exam (1), right-click and choose **Exam Management** from the drop-down menu (2).

			02100 2017 0010110.07	2017 001 31 10.37	of field opine oethed we out	Talla, Todalbie Tilb Tractare
Routine	CSTPRODORD, PATIENT C	112-CT-17-0	02102 0017 HJ 21 16-21	16:21	CT Chest Abdo Pelvis w/ Contrast	Fall and possible Rib(s) Fracture
1 -	COTODODET OTTEOT777	112-YR-17-0	Print\Reprint Patient Pack	et 2 16:07	CT Chest w/ Contrast	blood tinged sputum
he	CSTPRODPET, STTESTZZZ	112-CT-17-00	Exam Management	15:49	CT Chest w/ Contrast	Blood tinged sputum
nouune	CSTPRODMI, REGFFIFOUR	112-XR-17-0		ul-31 15:15	CT Hip Arthrogram Left	test 1
Routine	CSTPRODMI, REGFFIFOUR	112-CT-17-00	Schedule Inquin	Jul-31 15:03	CT Venogram Head	test exam
Routine	TEST, CINDY	112-XR-17-00	Schedule Inquity	Jul-31 14:28	XR Chest	Check Up
Urgent	CSTEDMORTENSEN, VIGGO	112-XR-17-00	Protocol	Jul-31 13:54	XR Tibia Fibula Right	Injury
Routine	CSTPRODAC, TRANSFER	112-XR-17-00	Add Interesting Case File	Jul-31 13:47	XR Chest	test
Routine	CSTPRODAC, TRANSFER	112-XR-17-00	Comments	Jul-31 13:46	XR Chest	test
Routine	CSTPRODPET, STTESTZZZ	112-XR-17-00		Jul-31 13:37	XR Chest	SIT
Routine	CSTOSJANSSEN, DEMOKAREN	112-CT-17-00	Allergies	Jul-31 13:28	CT Chest Abdo Pelvis w/ Contrast	test
Routine	CSTOSJANSSEN, DEMOKAREN	112-CT-17-00	Patient Exam History	Jul-31 13:28	CT Head Spine Cervical w/o Con	test
Routine	CSTPRODMI, STBCG		Document Image	Jul-31 13:00	US Abdomen and Pelvis	test
Routine	CSTPRODOS, OYSTER LOU	112-CT-17-00	Modify Order Details	Jul-31 12:54	CT Chest Abdo Pelvis w/ Contrast	test
Routine	CSTPRODOS, OYSTER LOU	112-CT-17-00)	Jul-31 12:54	CT Head Spine Cervical w/o Con	test
			Replace		m	
			Details			
			Customize			

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.

🗣 Cerner Imaging: Exam Management		
Task Edit View Select By Launch Help		
/ 🛯 🗢 😓 🔍 😞 🏷 👌 🖬 🧭 🕼 🖉 🗿 💭 💷		
Accession: 112-CT-17-1000005	Personnel Name Primary Train, Radiologist-RadNet2 Additional	Date/Time ✓ Use current date/time
MRN: 760000195 A Name: MIRADTWO, Angelo DOB: 1968-Feb-01 Age: 49 Years Gender: Male Encounter type: Inpatient Location: LGH 2E / 218 / 02 +	Clear	Show completed exams Show all accessions
A Comment Reason for Evam	Accession Start Dt /Tm	Complete Dt/Tm Status
CT Abdomen w/o Contrast abdominal pain	112-CT-17-1000005	Ördered
Ready.	Image Manager	ment Start Complete Exit



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

Accession	Procedure	Reason for Exam	Requested Dt/Tm	Status	Start Dt/Tm 11 Dec 2017 09:57	Complete Dt/Tm
12-01-17-0004354	CT Chest Abdo Pelvis W/ +	adery priedmonia	1	Stated	110002017 08.37	2
				Image Management	Start Complet	e Exit
Ready.					PRODBC	MITEST.SUP1 08:57

4

3

The **Technical Comments** window pops-up. Complete the yellow highlighted required fields: **Pregnancy Status** (1) and **Patient Shielded** (2). When done click OK (3).

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

Cerner Imaging: Technical Comments Task View Help					
5 ₇ 🔍 🔍 Bue Bie					
Patient					
Accession: 112-CT-17-0004994	Patient name:	CSTPRODMI, TESTADRIE	ENNE MRN: 700	0003789	
Field	Data	Last Updated By	Updated DT/TM	Chartable	Min Number
Number of Images/Series Taken					
Number of Images/Series Sent to PACS				21	1
Pregnancy status?				E.	
-N/A (Male, or Female <11 or >55 yrs)	0			<u>81</u>	
No Chance Pregnant - Confirmed by Patient	ŏ				
Comment:				2	
-No Chance Pregnant - Confirmed with Blood Test	\bigcirc			<u>.</u>	
-No Chance Pregnant - Confirmed with Urine Test	0			<u>91</u>	
Possibly Pregnant, Status Uncertain	0			2	
Comment:				20 00	
LMP Obtained:	\bigcirc			E1	
Comment:				21	
- Unable to Obtain	0			21	
comment.					
Patient Shielded?					
N-	6			(F)	
Comment:				200 901	
Constitute.					
•	III				•
MA_J:£.		2	OK	Cancel	Apply
IVIOUITY				Cancer	мрріу
eady				PRODBC M	ITEST.SUP1 08:59

6



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 (1).Click **OK** (2).

Accession: 112-CT-17-0004994		Order Date/Ti	ime: 11-Dec-20	17 🗘 🕆 0	858 🌲		
Procedure: CT Chest Abdo Pelvis w/ + w	/o Contrast	Responsible per	son: TestMI, S	upervisor-f	RadNet1	•	
w Charges Previously Charged							
Default selections All i ategories: all-Dnly/Category	bill-onlys		1	Charges: Quantity	Bill-Only		Ic
T Standard Bill Onlys CT Scanned Plane Pt Repositioned Added			Quantity:				ľ
				_			
T Unplanned Chest Abd Pelvis w/ Con			v				
T Unplanned Chest Abd Pelvis w/ Con Il Standard Bill Onlys							
T Unplanned Chest Abd Pelvis w/ Con Il Standard Bill Onlys Isolation Lift or Transfer Per Patient			>>				
T Unplanned Chest Abd Pelvis w/Con II Standard Bill Onlys Isolation Lift or Transfer Per Patient Patient Condition Change			>>				
T Unplanned Chest Abd Pelvis w/ Con II Standard Bill Onlys Isolation Lift or Transfer Per Patient Patient Condition Change Portering by Minon-Tech 1 Way			>>				
T Unplanned Chest Abd Pelvis w/ Con II Standard Bill Onlys Isolation Lift or Transfer Per Patient Patient Condition Change Portering by MI non-Tech 1 Way Portering by MI Tech 1 Way			>> <<		2		

After completion, the exam will say completed in the working space. Click **Exit**.

🕼 Cerner Imaging: Exam Management				- • •			
Task Edit View Select By Launch Help							
	Personnel		Date/Time				
*Accession: 112-CT-17-1000005	*Primary Train, Radiolog Additional	Name *Primary Train, Radiologist-RadNet2 Additional		Vse current date/time			
Patient Information							
MRN: 760000195 Name: MIRADTWO, Angelo DOB: 1968-Feb-01			Show completed exams	Show all accessions			
Age: 49 Years Gender: Male	E .						
Encounter type: Inpatient			Institution: LOH Lions Gate				
Location: LGH 2E / 218 / 02	<u>-</u>	Clear	EGH CI Rm I	1			
Procedure Comment Reason for Exam	Accession	Start Dt/Tm	Complete Dt/Tm	Status			
CI Abdomen w/o Contrast abdominal par	112-C1-17-1000005	2018-Jan-22 15:0	8 2018-Jan-22 15:11	Completed			
<u>.</u>				2			
		Image Manage	ement Start Comple	ete Exit			
Ready.				15:11:			



7

On the **Online Work List**, the exam status will be changed to **Completed** (1) if the Show completed exams (2) is selected. Click **Refresh** if you don't see the exam. Click **Exit** (3).

Show comple	eted exams	2								
Status	Priority	Z Name	Procedure Name	Transport Mode	Or	Requested DT/TM	Accession Number	MRN	Patient Type	Nurse 🚔
Ordered	Urgent	CSTDEMOBRADLEY, DONOTDI	XR Chest		6	21-Nov-2017 16:38	112-XR-17-0006275	700008147	Emergency	LGH E
	Urgent	CSTDEMOCHRIS, DONOTUSE	XR Chest			22-Nov-2017 08:54	112-XR-17-0006282	700008281	Emergency	LGH E
Completed	Licoont	CSTEDHONG, JACK	RF Wrist Right			21-Nov-2017 21:16	425-RF-17-0001964	700005980	Emergency	WHCI
Urdered	1	CSTEDTEST, LUCY	XR Forearm Left			23-Nov-2017 09:14	112-XR-17-0006294	700007742	Emergency	LGHE
Canceled		CSTEDTEST, LUCY	XR Wrist Left			23-Nov-2017 09:14	112-XR-17-0006293	700007742	Emergency	LGHE
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		-	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	-	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		Ġ	23-Nov-2017 09:55	112-XR-17-0006299	700001191	Inpatient	LGH 3
Canceled	Urgent	CSTOSVECINA, DEMORAISA	XR Chest		6	23-Nov-2017 09:56	112-XR-17-0006298	700001191	Inpatient	LGH 3
Ordered	Routine	CSTPRODMED, TEST-DELTA	MRI Abdomen Adrenal w/o Contrast		G	22-Nov-2017 15:05	112-MR-17-00021	700006504	Inpatient	LGH 7
Ordered	Routine	CSTPRODMED, TEST-DELTA	CT IACs w/o Contrast			22-Nov-2017 15:19	112-CT-17-0004417	700006504	Inpatient	LGH 7
Replaced	Routine	CSTPRODMI, GRAHAM CRACK	IR Cementoplasty			23-Nov-2017 07:49	112-IR-17-0001742	700006830	Pre-Outpatient	LGH N 🗸
•						1	1			· 3
Total cases: 224									Details	Exit

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.


🔹 End Book One

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