SELF-GUIDED PRACTICE WORKBOOK [N90] CST Transformational Learning

WORKBOOK TITLE: **Provider: Ophthalmology** 





Last update: February 19, 2018 (v2)



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# **SELF-GUIDED PRACTICE WORKBOOK**

Duration	2 hours
Before getting started	<ul> <li>Sign the attendance roster (this will ensure you get paid to attend the session)</li> <li>Put your cell phones on silent mode</li> </ul>
Session Expectations	<ul> <li>This is a self-paced learning session</li> <li>A 15 min break time will be provided. You can take this break at any time during the session</li> <li>The workbook provides a compilation of different scenarios that are applicable to your work setting</li> </ul>
	Work through different learning activities at your own pace
Key Learning Review	<ul> <li>At the end of the session, you will be required to complete a Key Learning Review</li> <li>This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> </ul>



# **Using Train Domain**

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

Please note:

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



# **PATIENT SCENARIO 1**

#### Learning Objectives

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

- Access the Patient Chart through Ambulatory Organizer
- Plan Day of Surgery Orders
- Complete a Clinic Note

## SCENARIO

Your patient is assessed and requires cataract surgery. This requires the planning a Pre-Operative (Day of Surgery) PowerPlan so that there are orders ready for the patient on the morning of their surgery.

You will then update the patient's chart and plan their Day of Surgery orders

Finally, you will complete a Clinic Note – documenting the visit



## Activity 1.1 – Accessing the Patient's Chart

In PowerChart, there are several ways to access a specific patient's chart, Ambulatory Organizer provides a display of scheduled appointments; it provides staff with a framework to organize workflows at the day, week, or month level.

The term Ambulatory Organizer is a misnomer as it is not used strictly in the Ambulatory department; all clinicians who operate based on a schedule may utilize it. As a surgeon this is important as Ambulatory Organizer can pull up your O.R. slate for the day; or if you run a clinic within the hospital, you can pull the slate and view your patients at the same time.

With your login as a provider, your landing page will be Message Centre:

### PowerChart



Message Centre - As a Provider, your default page upon logging in will be the Message Centre. PowerChart allows you to receive patient information electronically. It serves as a platform for sharing patient related information and responsibilities with other providers and clinicians. Message Centre helps you to electronically manage your workflow. Detailed instruction on Message Centre will be covered in a later activity.

2 Toolbar – Access different functionalities with the PowerChart using the Toolbar, what appears in the Toolbar differs depending on the type of clinician you are.

Refresh Icon – Any time changes are made to the patient's chart in POWERCHART, it is recommended that you click refresh to ensure your display is up to date. The time will display how long ago the information on your screen was last updated. Remember to refresh frequently!

NOT Refreshed <sup>21 hours 32 minutes ago</sup> VS Refreshed <sup>20 minutes ago</sup>

4 Login Information – You will always be able to tell who is logged into POWERCHART by either referring to the top left corner or the bottom right corner ELEARN.MDSURG Monday, 27-November-2017 09:59 PST, always ensure you are documenting under your own login.

In PowerChart, there are several ways to access a specific patient's chart, Ambulatory Organizer provides a display of scheduled appointments; it provides staff with a framework to organize workflows at the day, week, or month level.

CLINICAL + SYSTEM

TRANSFORMATIONAL

The term Ambulatory Organizer is a misnomer as it is not used strictly in the Ambulatory department; all clinicians who operate based on a schedule may utilize it. As a surgeon this is important as Ambulatory Organizer can pull up your O.R. slate for the day; or if you run a clinic within the hospital, you can pull the slate and view your patients at the same time.

**Day View** - displays today's appointments. The day view is the default view you see when you first log in but going forward, the last view you were on will display when you open Ambulatory Organizer.

Ambulatory Organizer						=
Day View (7) Calend	iar Open Items (0)	Upcoming				
4 November 30, 201	7 Detients	for: W LGH Main ORs *				
Time	Duration	Patient	Details	Status (as of 10:00)	Notes	6
9:15 AM LGHOR KC	1 hr 10 mins	CSTPRODBCSN, BABY GIRL 10:44 Hours, Female		Confirmed LGH Lions Gate	12	
9:30 AM Aslani, Nava MD	1 hr 20 mins	CSTPROD8CDA, STAP 55 Years, Male	Craniotomy Emergency	Confirmed LGH Lions Gate LGH Main OR   LGHOR LON	( <b>G</b>	
10:00 AM Baggoo, Alan MD	20 mins	CSTSNLILY, STTESTTWO 73 Years, Female	Extraction Cataract with Intraocular Len Left	Intra-Op LGH Lions Gate LGH Main OR   LGHOR CAT1	14	
10:20 AM LGHOR CAT1	40 mins	No appointments				
10:25 AM LGHOR KC	1 hr 35 mins	No appointments				
11:00 AM Godinho, Derek MD	20 mins	CSTSNOCTOBER, STOLIVER M 67 Years, Male	Extraction Cataract with Intraocular Len Left	Intra-Op LGH Lions Gate LGH Main OR   LGHOR CAT1	12	8
11:00 AM PLISVCX, Stuart	59 mins	CSTSNJIMPY, STWAZZA 37 Years, Male	Repair Hernia Inguinal	Confirmed LGH Lions Gate LGH Main OR   LGHOR AddOn 01	12	
12:00 PM LGHOR KC	1 hr 23 mins	PITSEVENCAMPBELL, ANDRE 40 Years, Male		Checked In LGH Lions Gate	4	

The Color Status Bar provides an at a glance view of the appointment status:





**Calendar View** - View displays a resource's schedule for a day or a week. The colour status applies to this view as well

Day Week	Novemb	ber 30, 2017	Patients for	: 🗰 LGH Main OR	• -								
GHOR Add	LGHOR Add	LGHOR CAP	LGHOR CAT1	LGHOR CAT2	LGHOR GAR	LGHOR GRS	LGHOR GRV	LGHOR KC	LGHOR LOC	LGHOR LON	LGHOR NEW	LGHOR SEY	LGHOR WHS
	Sun 11/26	1	Mon 11/27		Tue 11/28	`	Wed 11/29	т	hu 11/30	. J	Fri 12/1	S	at 12/2
n													
m		CETHEORY	THE WERE ONE					CSTSNDEMOSURG Confirmed	L ONE				
		Checked 2n						SH - ENERGENCY ON	UV	-1			
m		5N - EMORGEN	OF GREAT					CSTPRODBCSN, B	ABY GIRL				
m			CSTSNDEMOSU Regain Herria 1	R/L_		CHIMILIT, SIM	94 <u>.</u>	Contracted		-			
			Letter for					SN - EMERGENCY	ONLY				
m		SN - EMERGE	NCY ONLY			Arthread and a Roman	111						
103		PRODSEVEN	AMPBELL, ANDRE			SN - EMERGEN	CY ONLY	PITSEVENICAMPIE	LL ANDRE				
		Continued						Overdand In					
m		SN - EMERGE	NCY ONLY	_				SN - EMERGENCY	ONLY				
		PETROVARE OF	TEXHEAD										
http://www.com/action/ac		the second se											

Open Items View - displays unfinished tasks for the resources displayed for a selected amount of days

Ambulatory Organia	zer										
Day View	Calendar Open	Items (3)									
Patients for: 🗰 LGH Ma	in ORs -										
LGHOR Add (0)	LGHOR Add (0)	LGHOR CAP (0)	LGHOR CAT1 (0)	LGHOR CAT2 (0)	LGHOR GAR (0)	LGHOR GRS (0)	LGHOR GRV (0)	LGHOR KC (0)	LGHOR LOC (0)	LGHOR LON (0)	LGHOR NEW (0)
LGHOR SEY (0)	LGHOR WHS (0)	]									
From: October 25, 2017	View 7 More Days										
Appointment	Patie	nt		Details			Notes			Out	standing Actions
△ More Than 2 Days	ago (2)									-	
02 November, 2017 2:00 PM	<b>CST</b> 46 Y	PRODONC, OSCARTES lears, Male	TONE							~	Note Not Started Task List Complete Visit Summary Not Started
27 October, 2017 10:00 AM	<b>CST</b> 46 Y	THREEFOUR, SITTWO lears, Male	DAN							~	Note Not Started Task List Complete Visit Summary Not Started

We will cover other useful ways to access patient charts in a later activity (i.e. for rounding), but for now **Ambulatory Organizer** is the most useful for this scenario. Your patient is on the slate for surgery next week, your login to pre-emptively place your surgical order set.

To access Ambulatory Organizer to view your slate and open the patient's chart:

Select Ambulatory Organizer EAmbulatory Organizer from the Toolbar

When you first open Ambulatory Organizer, you must set it to display what you need, this is done by selecting one or multiple 'Resource(s)'. A resource can be a clinician and/or a location.

CLINICAL + SYSTEMS TRANSFORMATION Our path to smarter, seamless care

2

Click the arrow next to 'No Resources' Selected



5 To further filter by Resource, you may enter yourself to show only your patients on a certain day.



6 Hover over the patient's name will bring up basic information on the patient, Click the patient's name to open their chart





7 Notice that 'No Relationship Exists' displays on your patient, the system will prompt you to Establish a Relationship with the patient.

P Assign a Relationship	×
For Patient: CSTSNDEMOSURG, ONE	
Relationships:	
Consulting Provider Covering Provider Education Quality / Utilization Review Referring Provider Research Triage Provider	
OK	Cancel

For the Purposes of this workbook we will not Establish relationship, this will be done in the next scenario.

8 The first time you access a patient's chart or after a 16 hour time lapse, the system will prompt you to assign a relationship to the patient. Select the most appropriate relationship.

## Key Learning Points

- Ambulatory Organizer is used for clinicians who utilize a schedule to organize their day
- "Relationships" are assigned when first accessing the patients chart or every 16 hours.



## Activity 1.2 Navigating the Chart

1

The patient's chart opens to the **Provider View** which is your current default screen when accessing a patient's chart.

It is organized into several tabs. Each tab is designed to support a specific workflow. Click each tab to open a specific view.

Menu		S - 🕈 Provider View									D Full screen @Print	S minutes ago
Provider View		A B   B B   S. S.   1005	-1000									
		Cohthalmology Workflow	22 Transfer/Disch	and a	12 +						(Columb	D.
	+ Add	oproteining transm	22. 118.000720000	- 24	10 T							· · / ≣•
	+ Add	Chief Complaint	Chief Complain								Educted -	alel li
	+ Add	Documents (0)	criter complain									
		Histories	Abdominal Pain									
	+ Add	Allergies (1)	eLearn, MDS3/8G, MD 18/02/18 15:45									1
	fems	Home Medications (2)										
Histories		Current Medications										100
		Active Insues	Documents (0) 🕂 Last Sti Notes All Valts Last 24 hours									- e -
	Active Issues AB Vital Signs & Measurements								Ny notes only	Group by encounter	Display: Provider Docu	mentation •
	US Vital Signs & Measurer orm Browser New Order Entry											
			No results found									
Interactive View and		Create Note										
Lines/Tubes/Drains	Summary	Cataract Free Text Note	10.000									interior and
Growth Chart		Select Other Note	Histories								AB VI	Als   C
			Medical History	(1)	Surgical History	(0)	Family History	(0)	Social History	(0)	Q. Add problem	
<b>Clinical Research</b>							1		III SARAHAMAN	0.000		
CareConnect			No Chronic pro	blems docum	ented. Document No Chr	onic Problem	M or add a pholiem					
			Rame					Cassification				
			A Chronic Problem	s (0)								
			No results found									
			<ul> <li>Resoluted Problem</li> </ul>	me (11)								

2 Click on the icon by the Menu to close the menu. Providers are not encouraged to use the menu at this time and the current training will not cover that functionality.

Menu	<del>7</del>
-	

3 The **Banner Bar** located at the top of the screen displays demographic data, alerts, information about the patient's location, and current encounter.

Click the **Refresh** icon **C** to ensure that your display is up-to-date. A timer shows how long ago the information on your screen was last updated. Refresh frequently.

IPPHYONE, JANE 🛛					📃 📃 List 🚽 🏙 Recer	nt - Name	· 9
IPPHYONE, JANE	DOB:12-Apr-1941	MRN:700008555			Location:LGH 2	E; 230; 01	
	Age:76 years	Enc:7000000015904		Disease:	Enc Type:Inpatie		
Allergies: Peanuts, penicillin	Gender:Female	PHN:9876418559	Dosing Wt:70 kg	Isolation:	Attending:TestU	ser, Emerg	no, Physician, m
🗧 🔹 👘 Provider View					[□] Full screen	Print	ntes ago 2 minutes ago



Open the Admission tab to start the admission process.

🕥 🔹 🏦 Provider Vie	<b>*</b>							(D) Full screen	Print	2 5 minutes ag
🗚 🏐   🖓 🎼   🔍 🔍   100%										
Ophthalmology Workflow	12 Transfer/Discharge	H +						1	-	₽ / ±.
Chief Complaint	Chief Complaint								Selected ve	a   a     i
Documents (0)										
Histories	Abdominal Pain									
Allergies (1)	eLearn, MDSURG, MD 18/02/	18.15:46								1
Home Medications (2)										
Current Medications										
Active Issues	Documents (0) 🕂						Last 50 Notes Al Vis	its Last 24 hour	ns More	- S
Vital Signs & Measurements New Order Entry Create Note	No resulty found					Hy notes only	Group by encounter	Display: Provi	ider Docum	ventation 🔻
Cataract Free Text Note										
Select Other Note	Histories								All Visi	6 <b>2</b> =-
	Medical History (1)	Surgical History	(0)	Family History	(0)	Social History	(0)	Q Add proble	em	
	No Chronic problems doc	amented. Document No Ch	ronic Problem	ns or add a problem						
	Name	1			Classification					
	d Chronic Problems (0)									
	No results found									
	& Recohard Problems (1)									

5

4

On the left side of the screen, there is a list of components representing workflow steps specific to your specialty. Click the component name or use the scroll bar to view specific information within each of the components.

🔿 🔸 🕈 Provider View	•								[D] Full screen	Print	3 minutes
🗚 🖹   🖶 🍉   🔍 🔍   100%											
Ophthalmology Workflow	S3 Transfer/Discha	irge	8 +							-	۹ / E
Chief Complaint	Chief Complain	t								Selected ve	a  2 =-
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Cataract Free Text Note Select Other Note	Histories									All Visi	a   2   =-
	Medical History	(1)	Surgical History	(0)	Family History	(0)	Social History	(0)	Q Add prot	siem :	
	No Chronic pro	blems docum	ented, Document No Chr	onic Problem	na or add a problem						
	Nama					Classification					
	4 Chronic Probleme	s (0)									
	No results found										
	Boonlund Drohlon	mc/11									



Each component has a heading. Place the cursor over the heading. This icon  $\frac{1}{2}$  means the heading is an active link. Click this heading to open a comprehensive window with more options.

< 🖂 🔹 者 🛛 Provider View						[🗆] Full screen	🗑 Print	🥭 5 minu	ites ago
👫 📄   📥 📄   🔍 🔍   100%	-   • • 🗳								
Ophthalmology Workflow	X Transfer/Discharge	× +						•	≡.
Chief Complaint Documents (0) Histories Allernies (1)	Chief Complaint Abdominal Pain el earn. MDSURG. MD. 18/02/18.15:46						Selected vis	it   <b>∂</b>   =	·
Home Medications (2) Current Medications									
Active Issues Vital Signs & Measurements				My notes of	Last 50 Notes All V	isits   Last 24 hou Display: Prov	rs More vider Docum	entation 🔹	-
New Order Entry Create Note	No results found								
Cataract Free Text Note	Histories						All Visit	s  ∂ ≡	-
Select Other Note	Medical History (1) Sur	gical History (0)	Family History	(0) Social His	tory (0)	<b>Q</b> Add probl	lem		]
	No Chronic problems documented.	ocument No Chronic Problems	or add a problem						
	Name	A		Classification					
	4 Chronic Problems (0)								
	No results found								
	Resolved Problems (1)								

7 Each window display more options to review or enter patient's information. You will learn more about each window from other resources.

Click the ficon to return to your default view – Provider View.

Validate, IP-PHY-One		
Validate, IP-PHY-One Allergies: penicillin, Peanuts, sulfa drugs	DOB:1942-Jan-22 Age:75 years Gender:Female	MRN:760000645 Enc:7600000000645 PHN:10760000645
Diagnoses and Problems		



### Key Learning Points

- When admitting a patient it is critical to place the **Admit to Inpatient** order prior to entering additional orders
- Use the **Patient Overview** and specific patient lists to access patient charts
- Review **Banner Bar** information to ensure you have selected the right patient and the right encounter
- Remember to **refresh** your screen frequently to view the most up-to-date information
- The **Provider View** provides access to various workflow tabs



## Activity 1.3– Allergies

You review the patient's allergies and add an allergy to Penicillin. This information was provided by the patient but has not yet been entered into the patient's chart.

In PowerChart, patient allergies can be added and updated by providers and clinicians. In the inpatient setting, a patient's allergies are to be reviewed by a provider on admission, at every transition of care, or annually. Allergy information is carried forward from one patient visit to the next.

PowerChart keeps track of the allergy status and will automatically prompt you when the information is not up-to-date. It will also track allergy-to-drug interactions. When placing an order with allergy contradictions, an alert will display:

5 Decision	Support: LEARNTEST, PHYS - 700006586		
The new or amoxici	der has created the following alerts: ill in		
Please com	uplete the (1) required override reasons to continu av (1)	lacing this order.	
Severity	Substance	Reaction Type	
	penicillin		
Size Colun	nns to Window	Apply to all interactions     Override Reason:     Apply only to required interactions	
		LEARNTEST. PHYS - 700006586 Continue Remo	ve New Orde

You can either remove the order and select another medication, or continue with the order by overriding the alert and documenting the reason:

<ul> <li>Apply to all interactions</li> <li>Apply only to required interactions</li> </ul>	Override Reason:
LEARNTEST, PHYS - 700006586	Provider/Clinician aware and monito Patient already tolerating Prescriber Clinical Judgment Previously received this drug family
	Administration altered to minimize h Non-immunologic reaction or toxici Pharmacokinetic monitoring in place Therapeutically indicated < Type other reason here>

PowerChart allows you to check drug-to-drug interactions when ordering medications on the medication order page by clicking the **Check Interactions** button.





Select the Ophthalmology Workflow tab

	00% -	• 🗠 🖄		
Ophthalmology Workflow	X	Transfer/Discharge	X	New View

Then click the **Allergy** link to open the window where you will enter or update allergy information.

- 10 1 40 MP 1 - 4 .												
4dmission	33 Rounding		32 Outpatient Chart	11	Transfer/Discharge	11	Quick Orders		11 +			2. 1
Advance Care Planning and Soals of Care	Allergies (1) +										All Visits	e =
Drief Complaint												
Visita (1)	Substance	Reactions		Category	Status	Severity		Reaction Type	Source	Commenta		
listories.	Achesive Bandage	Rash		Environment	Active	-		Allergy	**	-		
ocuments (1)										Reconcilation Status: Incomplete	Complete Reconcil	nation
Linka												
/tal Signs & Heasurements	Order Profile (3)										Selected visit	9 =
labs						Pending (	Orders (3)   G	roup by: Clinical Cates	ory 💌	Show: All Active Orders		~
athology		Type	Order			Start	Satur	Status Update	d	Ordering Provider		
Acro Cultures	a Continuous Infusio	ns (1)										
maping	0	•	sodium chloride 0.9% (NS) con	tinuous infusion 1,000 mL	100 mL/h, IV	29/01/18 14:42	Ordered	09/02/18 0	1:01	eLearn, MDSURG, MD		
	# Medications (2)											
iome Medications		8	acetaminophen 650 mg, PO, q	4h		08/02/18 22:00	Ordered	09/02/18 0	1:01	eLearn, MDSURG, MD		
iome Medications		11	manshing 2 mg 51 oth			08/02/18 22:00	Ordered	09/02/18 0	1:01	eLearn, MDSURG, MD		
Home Medications Durrent Medications Memory (1)			mentaning a mile review									

2

To add the penicillin allergy to patient's record, click the **+** Add icon on the toolbar.

< 🔹 🕇 Allergies		
Mark All as Reviewed		
Add Modify ON Known Allergies	📿 No Known Medication Allergies	🔗 Revers



4

Search for Pen in the **Substance** box. Click on to execute the search and then select penicillin's from the list. Click **OK** to return to the Add Allergy/Adverse Effect window.

	Substance	Category	Reactions	Severity T	ype	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed
	Adhesive Bandage	Environ	Rash	4	Allergy			Active	2018-Jan		2018-Jan-02 1
	No Known Allergies	Drug			Alleray			Canceled	2018 Jan		2018 Jan 02 10
						*Sea	ubstance Search arch: Pen Search I ninology: All	by Name ergy, Multur	Starts wit	h ▼ Within Search by / Axis: <a< th=""><th>n: Terminolo - Code</th></a<>	n: Terminolo - Code
Гуре	Allergy 👻 An adver	se reaction to a	drug or substar	ce which is due to an im	munological	respons					
Type *Sut Pen	Allergy An adver	se reaction to a	drug or substar	nce which is due to an im	munological	respons Cate	egories n 🔺			Terminolo Multurn Al	gy lergy Category
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Type *Sut Pen Rea	Allergy An adver      An adver      An adver      Free text      ction(s)      Add Free Text	*Severity <not entered<br="">At: <not entered<="" td=""><td>drug or substar</td><td>nce which is due to an im Info source <not entered=""> Onset: <not entered<="" td=""><td>Comn</td><td>neents</td><td>egories n ▲ nicilins n ▲</td><td>Code d03770</td><td>Terminology</td><td>Terminolo Multurn Al Terminology Ax</td><td>gy lerqy Category is</td></not></not></td></not></not>	drug or substar	nce which is due to an im Info source <not entered=""> Onset: <not entered<="" td=""><td>Comn</td><td>neents</td><td>egories n ▲ nicilins n ▲</td><td>Code d03770</td><td>Terminology</td><td>Terminolo Multurn Al Terminology Ax</td><td>gy lerqy Category is</td></not></not>	Comn	neents	egories n ▲ nicilins n ▲	Code d03770	Terminology	Terminolo Multurn Al Terminology Ax	gy lerqy Category is
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Type Sub Pen Rea	Allergy An adver	*Severity Al: <not entered<="" p=""></not>	drug or substar	Info source Into source Onset: <not entered<="" p=""></not>	Comn	respons Caturer Persons Ten Persons Ten Persons Ten Persons Ten Persons Person	egories m ▲ nicilins m ▲ n-Kera n-Kera - cream n-V(obsolete)	Code d03770 d03770 d00116	Terminology 1 Multum Drug ( Multum Drug 1 Multum Drug 1	Terminolo Multum Al Terminology Ax Generic Name Generic Name	gy lergy Category is
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Add appropriate options in the other two mandatory fields:

- Select Severe for the Severity
  - Select Drug for the Category

Туре	Allergy - An advers	se reaction to a drug or substan	ice which is due to an immun	ological response.
* <b>Substand</b> Tape	ce 🔛 📄 Free text	No allergy checking is availa	able for non-Multum allergies.	
Reaction(s)	): Add Free Text	*Severity Severe	Info source <not entered=""></not>	Comments
		At: <not entered=""> Years ▼</not>	Onset: <not entered=""></not>	
		Recorded on behalf of	*Category Other 🗸	Status Reason: Active



Type rash and click on the M icon to search. Select the reaction that fits the patient, in this case just rash, and click **OK**.

/A !	Substance	Category	Reactions	bevency	Type	Comme	ents Est	. Onset	Reaction Status	Updated By	Source	Revieweu
	Adhesive Bandage	Environ	Rash		Allergy				Active	2018-Jan		2018-Jan-02 1
_	No Known Allergies	Drug			Alleray				Canceled	2018 Jan		2018 Jan 02 1
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### 6

#### Click OK.

Note: If there are additional allergies, click **OK & Add New**. **Cancel** exits back to the allergy list and does not record the information.



8

Patient's allergy record is updated. The green checkmark next to Penicillin indicates drug allergies. Click **Mark All as Reviewed** to complete the review.

۲.	> 🔹 者 Allergies												
	Mark All as Reviewed												
+	Add Modify No Known Allergi	ies 🖓 🖓 N	o Known Medicatic	n Allergies	ᇬ Reverse A	llergy Check	Display	All 👻					
D/	A Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed	Revi	Interaction
	Adhesive Bandage	Environ	Rash		Allergy			Active	2018-Jan		2018-Jan-02 13	Test	
_	No Known Allergies	Drug			Allergy			Canceled	2018 Jan		2018 Jan 02 10	Test	
×	penicillins	Drug	Rash	Severe	Allergy			Active	2018-Feb		2018-Feb-09 1	Train	

**Note**: In order for the pharmacy to dispense, they must see that the allergy record has been reviewed by a provider. When there is no information available, you can use the other toolbar options:

- No Known Allergies
- No Known Medication Allergies

To modify the existing allergy select the appropriate line, in this case penicillin's and click Modify:

Mark All as Reviewed											
Add Modify No Known A	Allergies 📿 N	o Known Medica	tion Allergies	ᇬ Reverse	Allergy Check	Display	All 👻				
/A Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By Source	Reviewed	Revi	Interaction
Adhesive Bandage	Environ	Rash		Allergy			Active	2018-Jan	2018-Jan-02 13	Test	
No Known Allergies	Drug			Allergy			Canceled	2018 Jan	2018 Jan 02 10	Test	
penicillins	Drug	Rash	Severe	Allergy			Active	2018-Feb	2018-Feb-09 1	Train	

9 For this example, we will change the Severity to Mild.

rSubstance				
Reaction(s): Add Free Text	At: <not entered=""></not>	Info source <pre> </pre>	Comments	
	Recorded on behalf of	*Category Drug v	Status Active 🗸	Reason:



10 Then, click **OK**.

### Key Learning Points

- Patient allergies and interactions are monitored by PowerChart
- Patient's allergies need to be reviewed on a regular basis
- Review of allergies is complete when Mark All as Reviewed is selected



## Activity 1.4 – Best Possible Medication History (BPMH)

As part of reviewing your patient's chart, you will review their best possible medication history (BPMH).

Within your workflow tabs, there are a few tools to help with this:

• Home Medications – this component lists home medications documented for this visit and carried over from previous encounters

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

During your discussion with the patient, you learn that they use a Salbutamol inhaler 1 puff QID PRN and need to update their BPMH.



Select the Home Medications component from the list to view what has been documented.





#### Click Home Medications heading.



3 In the Medication List window, click Document Medication by H<sub>x</sub>.



Note: Clicking the **dd** will add an order, not add history.

4 Click the **+** Add button on the Medication History toolbar.

Note: Even though the button looks the same as the last page it has different functionality.

÷	Add		Medication History No Known Home Medications 🛛 🕅 Un	able To Obtain Information	Use Last Compl	iance	
M	Docur	mer	nt Medication by Hx				
		<u>s</u> (	Order Name			Status	De
					3	Medication	ı hi





Type **salbu inh 1** and pause in the search box. A list of frequently used salbutamol order sentences displays.

7	salbutamol 100 mcg/puff inhaler
1	salbutamol 100 mcg/puff inhaler (1 puff, inhalation, once, PRN as needed, drug form; inhaler, dispense qty; 1 inh)
	salbutamoi 100 m.cg/puff inhaler (1 puff, inhalation, q1h, PRN shortness of breath, order duration: 30 day, drug form: inhaler, dispense qty; 2 inhaler)
1	salbutamol 100 mcg/puff inhaler (1 puff, inhalation, q4h while awake, order duration: 30 day, drug farm: inhaler, dispense qty; 2 inhaler) 崎
r,	salbutamol 100 mcg/puff inhaler (1 puff, inhalation, ofh, PRN shortness of breath, order duration: 30 day, drug form; inhaler, dispense qty; 2 inhaler)
ł	salbutamol 100 mcg/puff inhaler (1 puff, inhalation, Q(D, drug form: inhaler, dispense qty: 1 inh)
ł	salbutamol 100 mcg/puff inhaler (1 puff, inhalation, QD, order duration: 30 day, drug form: inhaler, dispense qty: 1 inhaler)
ł	salbutamol 100 mcg/puff inhaler (1 pulf, inhalation, QSD, PRN shortness of breath, order duration: 30 day, drug form: inhaler, dispense qty: 1 inhaler)
ł	salbutamol 100 mcg/puff inhaler (2 puff, inhalation, once, PRN as needed, drug form: inhaler, dispense qty: 1 inh)
ł	salbutamei 100 mcg/puff inhaler (2 puff, inhalation, q4h, PRN shortness of breath or wheezing, order duration; 30 day, drug form: inhaler, dispense qty: 1 inhaler)
ł	salbutamel 100 mcg/puff inhaler (2 puff, inhalation, QID, drug form: inhaler, dispense qty: 1 inh)
ł	salbutamol 1.25 mg/2.5 mL (0.5%) inhalation solution
I	salbutamol 200 mcg inhaler (1. putf, inhalation, once, PRN as needed, drug form: powder)
	salbutamol 200 mcg inhater (1. pulf, inhalation, QID, drug form: powder)
1	salbutamol 200 mcg inhaler (I. puff, inhalation, TID, drug form: powder)
1	"Enter" to Search

To truncate the list further, add more details. For this example, type **salbu inh 1** and select

salbutamol 100 mcg/puff inhaler (1 puff, inhalation, q1h, PRN shortness of breath, order duration: 30 day, drug form: inhaler, dispense qty: 2 inhaler)

Note: If the drop-down menu does not contain the order sentence that you are looking for press enter on the keyboard and the system will bring up a list of all order sentences that match the search term.

- 6 You can continue searching and add more medications if needed. In our example, you only need to add one. Click **Done**.
- 7 For practice, repeat steps to add Lisinopril 10 mg PO daily.
- 8 Click **Document History** to complete the process.

Document History

9 Click on the 1 to take you back to Provider View

The navigation buttons have the following function

- takes you back one screen
- takes you to your default view the Provider View
- displays a list of recently visited screens for an easy jump back





Image: 10 minutes agoImage: 10 minutes ago



Click on the Home Medications link in the list of components to now see the documented home medications.

Rounding	22 Outpatient Overt	12 Admission	12 Transfer/Discharge	11 Quick Orders	H +		\$ /
Advance Care Planning and Goals of Care	Home Medications (4)					All Vis	en   Q   =
Chief Complaint	Helicator	4		Responsible Provider	Compliance	Estimated Supply Remaining	
Alber (I)	🦨 Istinopril (listnopril 10 mg oral	tablet) 1 tab. PO, odaly, 30 tab. 0 Rufil()		92.	-	-	
Histories	🦨 morphine (morphine 10 mg or	ral tablet) 1 tab, PO, offh, PRN: as needed	for pein, 0 Rafil(s)	-		-	
Documents (1)	ar rani6dne 150 mg, PO, BID w	m food, for 30 day, 60 tab, 0 Refil(s)		-		19 days remaining	
Links	🖓 salbutarnoi (salbutarnoi 100 m	cg/puff inhaler) I puff, inhulation, once, P	RN: as needed, 1 init, 0 Ref8(s)		12		
Vital Signs & Measurements					Document History: Com	pleted by Train, Surgeon-Physician2, MD on 09/02/2018	At 12:02
Labs							
Pathology							lal-
Micro Cultures	Current Medications +					Selected vi	M   C
Imaging						Status: 🗹 Meds History   😝 Admission   Transfer   🤤 D	Discharge
Home Medications (4)	8 Order			Order	Start	Status	
Current Medications	Scheduled (2) Next 12 hours						
Allerdes (1)	acitamingohen 650 mc. PC. orth			Yester	tay 22:00	Ordered	

**Note**: Home medications can be updated at any time, even if the Meds History status states complete. In some cases, you may document that the patient has no home medications or you are unable to obtain information. Click the Home Medications heading and select **No Known Home Medications** or **Unable to Obtain Information** respectively.

## Key Learning Points

- When searching for an order, type the first few characters of the term to bring up the list of possible entries.
- The BPMH has to be done.



## Activity 1.5 – Review History

In this section of the chart, you can review and update your patient's Medical, Surgical, Family, Social history.

During your discussion with the patient you determine they had an appendectomy 2 years ago. Let's go ahead and document this.

Clicking on Medical history brings you to the Medical History page. Clicking on the other tabs brings you to the relevant pages and you can switch between the other tabs within the page.

For now click on the Surgical History tab and then the History link.

;							
Medical History	(2)	Surgical History	(1)	Family History	(0)	Social History	(0)
lame			*				Classification
Chronic Problems	s (1)						
Asthma							Medical
Resolved Problem	ns (1)						

There is a separate tab for each history type. The number in brackets indicates how many entries are in each tab.

2 Click on the Surgical History tab, click in the search box and type **append**. A list of options will appear. Select *Appendectomy* 

Histories											All Visits 🏼 🏖 🔤 =
Medical History	(1)	Surgical History	(0)	Family History	(0)	Social History	(0)	Obs/Gynocology	(0)		
										CPT4	Q append 🛞
											Appendectomy;
Procedure				Surgeon				Implant	1	Date	Cutaneous appendico-vesicostomy
△ Surgical Records	(0)										Laparoscopy, surgical, appendectomy
No results found											Unlisted laparoscopy procedure,
∠ Procedures (0)											appendix
No results found											Incision and drainage of appendiceal
No results found											abscess, open



3 Enter procedure date information of *Age 32* years and click **Save**.

Save	Cancel		Σ
Appendector	ıy;		
Procedure Date			
At/On 🗸	Age 🔽 32	Years 🗸	
Provider	Status	Location	
Comments			
		▲	

**Note:** To add **Family or Social History**, click on the *Histories* heading in order to add information. For additional information regarding patient history documentation, refer to the reference guide(s).

### Key Learning Points

Histories information including surgical procedures can be added when taking a patient's history



## Activity 1.6 – Review Documents, Labs and Diagnostics

Continue reviewing the patient's chart. When using PowerChart, you might be faced with a large amount of information.

For many components, you can filter documents in many ways. For example, in the Documents component you can:

- Display notes from the Last 24 hours or My notes only
- Use Group by encounter to see notes for the current encounter only
- Limit documents to Last 50 notes
- Access notes for **All Visits**

	Last 50 Notes	All Visits	Last 24 hours	More ▼ 2 =-
My notes only	Group by enco	unter	Display: Provide	r Documentation 🔻

You can also display note types by selecting **Provider Documentation**.

My notes only	Group	by encounter Display: Provider Documentation -
	Last Up	Provider Documentation
3	TestP	ED Documentation
1	TestP	Nursing & Allied Health Documentation
		Surgical Documentation
3	TestP	Reset All Apply Cancel
_		

You can also select a custom time range by expanding options under More.



Remember that if you select a specific filter, the selection narrows and you might not display all relevant information. Ensure that the filter type corresponds to your current needs.

#### Click **Documents** to display a list of documents.

Select the document line to display the content of the document without leaving the screen. Clicking tab closes the split screen.

ocuments (1) 🕇					Last 50 Notes All Visits	Last 24 hours   More 👻 🍣
				My notes only	E Group by encounter	Display: Provider Documentation -
ime of Service	Subject	Note Type	Author	Last Updated	Last Updated By	
2/02/18 06:00	ED Note	ED Note Provider	eLearn, MDER1, MD	30/01/18 09:07	eLearn, MDER1, M	D

**Note:** Clicking the component heading bocuments (2) to view a comprehensive display with more options. For example, the Documentation view provides a list of all documents



2

Use the navigation buttons **Sector** to return to the Provider View.

3

For labs and other diagnostics click on the Vital Signs & Measurements

Ophthalmology Workflow	33 Transfer/Discharge		2 <b>+</b>			
Chief Complaint	Vital Signs & Mea	sureme	ents 🗸		Selected visit Late	st* Selected visit Last 24 hours More 🔻 🔠 🔟 🎅
fetories			FEB 14, 2010 07:15	07:00	06-45	06-00
illergies (1)	BP	mmHg.	110 / 70	120 / 60	110 / 75	-
Iome Medications (2)	HR	bpm	100	* 117	<b>*</b> 115	
urrent Medications	Temp	DegC	37.8	36.5	37	
rtius lenuor	Weight Dosing	kg.	-	-	-	65
Live Issues	Height/Length Measured	6mi	<u></u>	-21	-	170
tai signs & measurements	Respiratory Rate	bejmin .	* 20	19	# 24	-
ew Order Entry	SpO2	96	98	97	94	
	* Displaying recent result		a columns of information for the a	elected visit		



An example of the comprehensive display of patient results grouped in separate tabs can be found below:

🔹 🔹 📅 Results Revi	iew							(P	Normal view	(C) Pr
n 🖪										
ecent Results Advance Care I	Planning Lab - Recent	Lab - Extended Patholog	Micro Cultures	Transfusi	on Diagnostics	Vitals - Recent	Vitals - Exter	nded		
Flowsheet: Lab View	•	Level: Lab View	•	• Table	e 🔘 Group 🔘	List				
< +		Saturday, 11-Jun	e-2016 00:00 PDT - 1	Thursday.	11-January-2018	22:59 PST (Clin	ical Range)			
Navigator 🖸										
CBC and Peripheral Sme	Showing results from	(13-Mar-2017 - 21-Nov-2017)	Show more results							
Coagulation and Throm		Lab View	16-Oct-2017 0 23:59 PD	0:00 - T	21-Sep-2017 00:00 23:59 PDT	- 20-Sep-2 23:5	017 00:00 - 9 PDT	15-Sep-2017 00:00 - 23:59 PDT	07-Sep-20 23:59	17 00:0 PDT
Platelet Studies	General Chemistry									
Autoimmune	Sodium		140 mmol/L						140 mmol/L *	
E Catolinina E	Potassium		5.6 mmol/L (H)			134 g/L * (C	)		4.5 mmol/L *	
Hemolysis and Special R	Chloride			_					99 mmol/L *	
DNA Quant	Anion Gap		212 mmold (M)			1.1			21.5 mmol/L	- (H)
General Chemistry	Magnesium		2.45 mmol/1 (H)			1.71 a/l *			-	
C veneral enemiatry	Glucose Random									
Urine Analysis	Bilirubin Total									
Endocrine	Bilirubin Direct									
🗾 Therapeutic Drug Monit	Alanine Aminotranst Alkaline Phosphatas	erase e								
Blood Metabolic Testing	Albumin Level									
Pland Culturer	Lab Add on Time									

### **Key Learning Points**

Using filters will display only pertinent information. Remember to check what filter is currently selected to ensure that it fits your current needs



## Activity 1.7 – Planning the Pre-Operative PowerPlan

Now you are ready to place Day of Surgery orders for your patient. You will use a PowerPlan that is specifically designed for the day of surgery for Ophthalmology patients.

PowerPlans are similar to pre-printed orders (PPOs), allowing you to plan and coordinate care in the acute care environment by defining sets of orders that are often used together. You can adapt PowerPlans to fit your needs:

- You can select and deselect individual orders from the PowerPlan list
- You can add orders that are not listed in the PowerPlan
- You can add other modules (orders sets) that are a listed in a PowerPlan

**Initiated** PowerPlan becomes active immediately and its orders create respective tasks and actions for other care team members.

A PowerPlan that is **not** initiated remains in a planned stage allowing orders for a future activation as needed.

In the Ophthalmology Workflow page, click on the New Order Entry.

👈 🕴 者 Provider View		(¤) Full screen 👜 Print 📌 7 minutes
🗚 🖹   🎘 🏠   🔍 🔍   100%		
Ophthalmology Workflow	11 Transfer/Discharge 11 +	
Chief Complaint	New Order Entry 💠	<b>e</b>   ≡·
Histories	Inpatient -	
Allergies (1) Home Medications (2)	My Floorites     Puble     Shaved     Q     Search New Order     Ophthalmology Orders	
Current Medications Active Issues	OPHTH Outpatient Cataract / Eye Surgeries Pre Operative - RIGHT Eye (LGH) Order (Multiphase)	
New Order Entry	OPHTH Outpatient Cataract / Eye Surgeries Pre Operative - LEFT Eye (LGH)     Order (Multiphase)	
Create Note		
Cataract Free Text Note		
Select Other Note		

2 Under Ophthalmology Outpatient Orders Click Order next to the OPTH Outpatient Cataract/ Eye Surgeries Pre-Operative – Right Eye (LGH) plan, marked by the icon. Note the Orders for Signature button has turned green and number 1 is displayed.





4 Click the Modify button.

Orders for Signature (1)	X
PowerPlans	
📴 OPHTH Outpatient Cataract / Eye Surgeries Pre Operative - RIGHT Eye (LGH) (Multiphase)	
	Sign Save Modify Cancel

5 The PowerPlan window displays. Hover over the icons along the top toolbar:

Click To select one of the options.

**Note:** Clicking this icon 🖳 opens a window with additional clinical decision support information. The 🔀 icon next to the order indicates missing details. This is a standard icon across the CIS.

PowerPlans open in the Plan Navigator. Scroll through to locate Visual cues organizing orders:

- Bright blue highlighted text for critical reminders
- Bright yellow highlights for clinical decision support information
- Light blue highlights that separate categories of orders

Here you can modify the orders in the plan by checking or unchecking orders and modifying the details of the orders by using the drop-down region by right clicking on the order and selecting **Modify.** 

	8 8		Component	Status	Dose	Details	^
	Nonste	eroida	I Anti-inflammatory (NSAID)				
₽			ketorolac ophthalmic (ketorolac minim 0.45% eye dro			1 drop, eye-right, q5min, order duration: 2 doses/times, drug form: eye drop	
	Eye Dro	ops: D	Dilating Drops				
₽			phenylephrine ophthalmic (PHENYLephrine minim 10			1 drop, eye-right, q5min, order duration: 2 doses/times, drug form: eye drop	
₽		Ø	phenylephrine ophthalmic (PHENYLephrine minim 10% eye drop)			1 drop, eye-right, once, PRN other (see comment), drug form: eye drop PRN Reason: Dilating eyes	
			phenylephrine ophthalmic (PHENYLephrine 2.5% eye			1 drop, eye-right, q5min, order duration: 2 doses/times, drug form: eye drop	
			phenylephrine ophthalmic (PHENYLephrine 2.5% eye drop)			1 drop, eye-right, once, PRN other (see comment), drug form: eye drop PRN Reason: Dilating eyes	
₽			cyclopentolate ophthalmic (cyclopentolate 1% eye dr			1 drop, eye-right, q5min, order duration: 2 doses/times, drug form: eye drop	
7			cyclopentolate ophthalmic (cyclopentolate 1% eye drop)			1 drop, eye-right, once, PRN other (see comment), drug form: eye drop PRN Reason: Dilating eyes	
	Anxiety	Y					
7			LORazepam (LORazepam sublingual PRN range dose)			dose range: 0.5 to 1 mg, sublingual, once, PRN anxiety, drug form: tab May repeat X1. Document if patient declines the LORazepam	
	Other I	Medio	tations				
		<u>_</u>	For Blepharoplasty or Pterygium				
			LORazepam			1 mg, sublingual, pre-op, PRN, drug form: tab May repeat x1 dose after discussion with surgeon	
⊿	OPHTH	l Out	patient Cataract / Eye Surgeries Pre Operative - RIGH	F Eye (LGH) (Mu	ultiphase), Po	st Operative (Planned Pending)	
⊿	Admit/	Trans	sfer/Discharge				=
		<u></u>	Nurse to initiate the Post Operative phase of this plan				
		<u> </u>	Nurse to discontinue Pre Operative phase of this plan				
₽		2	Discharge Patient			Discharge when daycare surgery criteria met	
7		Z	Discharge Patient Instructions			Give patient "Cataract Surgery Patient Information" pamphlet	
⊿	Patient	t Care					
M		Ø	Vital Signs			once, Routine	
M			POC Glucose Whole Blood			once PRN, if patient diabetic	
Δ	Medica	ations /8					
-		4	For Biepharopiasty			A sector for the sector to for the form of the	
ш.		Δ	erythromycin ophthaimic (erythromycin 5 mg/g eye oint)			application, eye-right, prior to discharge, drug form: eye oint Apply 1 cm ribbon to sutures post-op	
		4	For Ptervaium				
		ň	dexamethasone ophthalmic (dexamethasone 0.1% ev		•	1 application, eve-right, OID, drug form; eve oint	-
							_
	Details						
Or	ders For	Cosig	nature Orders For Nurse Review Save as My Favorite	l		Sign Cance	el



7 Select additional orders for the Ophthalmology PowerPlan as listed below:

- Erythromycin ophthalmic
- Dexamethasone Ophthalmic select the highlighted option



8 Remove the following Items:

- POC Blood Glucose
- Lorazepam
- 9

The Cataract PowerPlan is separated into Phases. A phase linked to a time during the patients care. In this case there is a Pre Operative and a Post Operative. These correlate to the preoperative timeframe and the Post Operative time frame respectively.

View
··· Orders for Signature
- Document In Plan
Medical
OPHTH Outpatient Cataract / Eye Surgeries Pre Operative - RIGH
Pre Operative (Planned Pending)
Post Operative (Planned Pending)
- Suggested Plans (0)
- Orders

### 10 Click on the Pre Operative



![](_page_32_Picture_1.jpeg)

After Selecting the Pre Operative new icons populate the top of the page:

4	8	0	🕇 Add to Phase 🕇	A Check Alerts	🛄 Comments	Start	Now		Duration	: 1	None
	S	8	Component				Status		Dose		Details
OF	нтн	Outpa	atient Cataract / E	ye Surgeries Pre	Operative - RIG	iHT Ey	e (LGH) (	Multip	hase), Pre	e Op	erative (Planned Pending)
⊿	Adr	nit/Tra	ansfer/Discharge								
			🖗 RIGHT Eye								
			Nurse to initiate	e the Pre Operativ	e phase of this p	lan					
⊿	Pati	ient Ca	ire								
☑		ģ	Vital Signs								once, Pre-op: baseline

- Collapses or expands the list of order categories on the left side of the screen. Collapsing the list creates more room for the PowerPlan orders list.
- Merges your planned orders with existing orders to avoid duplicating an order. However, the CIS will warn you about order duplications for specific types of orders.
- Displays selected orders only. Click that button to review what orders have been selected
- Selecting a Phase allows new orders to be placed for that particular period and not placed as a generic order for the entire course in hospital. Click on the Add to Phase Add to Phase and select Add Order

₫	80	+/	Add to Phase 🗸 🥖	Check Alerts 🛄	Comments	Start	Now		Duration	None	
	\$ P	ſ	Add Order				Status		Dose	Details	;
OPI	OPHTH Out Add Outcome / Intervention				ative - RIG	iHT Ey	e (LGH) (	Multip	hase), Pre	Operative	e (Planned P
⊿	Admit/T		Add Prescription	n							
	Nurse to initiate the Pre Operative phase of this plan										
⊿	Patient C	are									
	1	7	Vital Signs							once	Pre-on: base

![](_page_33_Picture_1.jpeg)

13 Type *tretra* and select the highlighted order sentence.

![](_page_33_Picture_3.jpeg)

As with any order you can modify the order to best reflect the needs of the patient.

■ Details for tetracain	e ophthalmic (tetracair	ne minim 0.5% eye drop)		
Details 🕞 Order Comm	ents 🛞 Offset Details ]			
+ 🕯 In. 🛛 🗵				
PRN:	🔿 Yes 🔘 No	PRN Reason	•	
Administer over:		Administer over Unit	•	
Duration:		Duration Unit		
Drug Form:	eye drop 🗸	First Dose Priority	NOW 🗸	
Start Date/Time:		PST Use Patient Supply	Yes 🖲 No	
BCCA Protocol Code:				
				•
Orders For Cosignature Ord	ers For Nurse Review Save as My Favo	rite		🐺 Initiate Sign Cancel

In this example there is no need to change any of the details.

If necessary you can add orders to the post op phase.

15

14

Once done adding orders click on the PowerPlan as highlighted, to review the PowerPlan

![](_page_34_Picture_1.jpeg)

16 Click the **Sign** button to *plan* the PowerPlan. It will be activated on the day or surgery by the preoperative nursing staff.

Sign	Cancel
------	--------

NB If you go to click Sign and you see an Initiate Button, do not click on this as the system will process the orders as opposed to the day of surgery.

😥 Initiate	Sign	Cancel

![](_page_34_Picture_6.jpeg)

e

		268623	Dose	Details	
4 Admit/Transfer	/Discharge				
M 64*	Admit to Inpatient	Ordered		2018-Feb-13 10:36 PST, Admit to Orthopedic Surgery, Admitting provider: Train, Surgeon-Physician1, MD	
d Continuous Info	nions				
M 64'	sodium chloride 0.9%	Ordered		order rate: 100 mL/h, IV, drug form: bag, first dose: NCW, start: 29-Jan-2018 14:42 PST, bag volume (mL): 1,000	
A Medications					
M 1000	acetaminophen	Ordered		650 mg, PO, g4h, drug form: tab, first dose: NOW, start: 29-Jan-2018 14:42 PST Maumum and aminophen 4 o/24 h from all sources	
1 - 76	anothing .	Ordered		Team for all is dear forces for the stand ways for the stand of the W101440 BCP	
& Details					

Then click Done.

Key Learning Points
PowerPlans are similar to pre-printed orders
You can select from available order details using dron-down l

- You can select from available order details using drop-down lists or modify order sentences manually where needed
- Phases allow orders to be targeted to a specific time frame within the patients stay
- Sign will place orders into a planned state for future activation

![](_page_35_Picture_1.jpeg)

## Activity 1.8 – Documentation

PowerChart uses Dynamic Documentation to pull all existing and relevant information into a comprehensive document, using a standard template.

Dynamic Documentation can save you time by allowing you to populate your documentation with items you have reviewed and entered in the Admission workflow tab. This is why it is more efficient to create the note as the last step in the process. You can also add new information by typing or dictating directly into the note.

Workflows Tabs such as Ophthalmology and Transfer/Discharge have the Create Note section displaying relevant note types represented by links. With one-click on the desired note type link, PowerChart generates a note.

![](_page_35_Picture_6.jpeg)

#### Navigate to the Create Note section. Select Cataract Free Text Note

Ophthalmology Workflow
Chief Complaint
Documents (1)
Histories
Allergies (1)
Home Medications (2)
Current Medications
Active Issues
Vital Signs & Measurements
New Order Entry
Create Note Cataract Free Text Note
Select Other Note

![](_page_36_Picture_1.jpeg)

2 The draft note displays in edit mode populated with the information captured by you and other clinicians. With the Note open type *,,op* and select the option.

< 🔹 🕇 Documentation	
🕂 Add 🔟 📙 📝	
Free Text Note X List	
Tahoma 🔹 11 🔹 😽 🖺 🖍 🧀 🖪 🛛 U 🔤 🗛 📘	1
,,op 	

Tahoma     ▼       11     ▼       ●     ■       I     V       I     I       <	
Cataract Extraction & Vitrectomy Operative Notes	
Right+ Eye Date 02/16/2018 <u>Anaesthesiologist</u> _ C.D.E _ IMPLANT _ REMARKS _	
EYE PREP Proviodine with BSS rinse-	
ANAESTHESIA PREP Topical and Intracameral- Anaesthetics Xylocaine*, _* No qualifying data available.	
CATARACT PROCEDURE Flap No* Incision Clear Cornea*	
Note Details: Operative Report Train Onbthalmolonist. Physician4 MD 2018. Feb. 16 (0932 PST Free Text Note	

For Practice fill in the particulars as you see fit.

![](_page_37_Picture_1.jpeg)

8 To complete your note, click **Sign/Submit**.

Sign/Submit	Save	Save & Close	Cancel

**Note:** You have also an option to click Save or Save & Close to continue to work on this document later. Saved documents are not visible to other care team members.

In the **Sign/Submit window**, typically no changes are required if you use the link to create your document. Note type and title are already populated if you use a link to create your document but can be altered. You will learn later how to use the **Forward** option to send copies of the admission note to other providers.

Click **Sign** to complete the process.

P Sign/Submit Note			
*Type: General Surgery Progress Note *Author:	Note Type List Filter: Position Title:	*Date:	
Forward Options     Create provider letter	General Surgery Progress/SOAP Note	2018-Feb-13 📖 1106	PST
Favorites Recent Relationships Q Provid	er Name Recipients		
Contacto Default Name	Com Com	nent	Sign Review/CC
			Sign Cancel

Note:

- The Date auto-populates with the current date. Ensure that it indicates the date of the patient's admission, not the date the note is created.
- Patients primary provider will be sent a copy of all reports

![](_page_38_Picture_1.jpeg)

10 Once the note is signed, any modifications will be added as an addendum. You will practice adding an addendum later.

After signing the note, you are transferred back to the Admission Tab. Remember to click the **Refresh** button on documents component. The admission note is now listed under Documents and is visible to the entire care team.

Informal Team Communication	Documents (2) +					Last 50 Notes All Visits Last 24 hours More 🝸 📚
Chief Complaint					My notes	only 🔲 Group by encounter   Display: Provider Documentation *
Histories	Tere of Service	Subject	faulte Type	Author	Last Updated	Last Updated By
Documents (2)	18/01/18 11:22	ED Note	ED Note Provider	Train, Emergency-Physician1, MD	18/01/18 11:23	Train, Emergency-Physician1, MD
Linka	17/01/18 13:40	GB Consult Note	Obstatrics Consult	TestUser, OBGYN-Physician, MD	03/01/18 13:41	TestUser, OBGI/N-Physician, MD
Micro Cultures (0) Pathology (0)	* Displaying up to the last	t 50 recent notest for all vests				
Allergies (1)	Links					<b>0</b>
Current Medications	4 PharmaNet (1)					

11

To close this patient chart, click the **X** icon on the Banner Bar.

![](_page_38_Picture_7.jpeg)

### Key Learning Points

- Use note links listed under the Create Note within your workflow pages.
- Only when a note is signed will it be visible to the care team.
- Saved notes remain in a draft format and are only visible to you.
- Once you sign and submit a note, further edits can be added but will appear as an addendum.

![](_page_39_Picture_1.jpeg)

# **PATIENT SCENARIO 2** – Discharge Patient home

#### Learning Objectives

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

- Complete discharge steps, reconcile orders and medications.
- Update discharge diagnosis.

### SCENARIO

The patient has met all discharge criteria and you already placed the Discharge Patient order as part of your Post-Operative PowerPlan. You still need to complete the discharge documentation, prescriptions and diagnosis entry.

You will complete the following activities:

- Review Orders
- Reconcile Medications at discharge and create prescriptions
- Update discharge diagnoses
- Complete discharge summaries

2

![](_page_40_Picture_1.jpeg)

## Activity 2.1 – Review Orders

In the Discharge/Transfer tab, select the Order Profile component.

×	Rounding		23	Outpatient Chart	×	Transfer/Discharge	×	Quick Orders	× +	
Ord	ler Profile (4)									
							Pending O	rders (4)   Group	by: Clinical Category 🔽	Show: All Activ
		Туре	Order	<u>۸</u>			Start	Status	Status Updated	Ordering Provider
⊿ A	dmit/Transfer/Discharge	(1)								
[		ð	Admit to Admittin	Inpatient 2018-Feb-13 10:36 g provider: Train, Surgeon-Phys	PST, Admit to ( sician1, MD	Orthopedic Surgery,	13/02/18 10:36	Ordered	13/02/18 10:36	Train, Surgeon
⊿C	ontinuous Infusions (1)									
[		0	sodium (	chloride 0.9% (NS) continuous i	nfusion 1,000 r	mL 100 mL/h, IV	29/01/18 14:42	Ordered	13/02/18 01:01	eLearn, MDSU
⊿M	edications (2)									
[	<b>9</b>	<b>(</b> )	acetamir	hophen 650 mg, PO, q4h			12/02/18 22:00	Ordered	13/02/18 01:01	eLearn, MDSU
[		<b>e</b>	morphin	e 2 mg, IV, q1h			12/02/18 22:00	Ordered	13/02/18 01:01	eLearn, MDSU

Review your patient's orders to be aware of any outstanding lab or imaging orders. Visual cues provide additional information.

? Describe the following icons:

Yrder.	Profile (16)							Selected yest 2
A GG	Profile (16)				Rending Orders(16)	Group by: Clinical Categ	ory 👿   Show: All Active Orders	
		Type	e Order *	Stat	Status	Status Updarad	Ordering Provider	
-Admit	//Transfer/Discharge (2)							
		8	Admit to Inpatient 2018-3in-63 13:23 PST, Admit to Obstetrics, Admitting previden: TestUser, OBGYN-Physician, MD	03/01/18 13:23	Ordered	17/01/18 01:01	Teitliser, OBGYN-Physician, MD	
. 0	18		Discharge Patient: 2018-3in-18 13:06 PST, When discharge criteria met	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
«Patier	nt Care (4)							
	-	8	Discharge Rebert Instructors: Patient meets discharge criteria when medically stable, pain managed with oral analgenics, voding independently, boxells functioning subjection product with ADLs.	18/01/18 13:06	Ordered	18/01/18 13:07	Tran, OBGYN-Htysician1, MD	
	8	•	Patient Education 2018-3an-18 13:06 PST, Give patient instruction sheet if applicable	16/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
п	24	8	Remove Perpheral IV Catheter 2018 Jan-18 13:06 PST, When tolerating eral fluids well	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
10	8	8	Vital Signs 2018-Jan-18 13:06 PST, Stop: 2018-Jan-18 13:06 PST, gth for 2 hour then gPh	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
ACEN	Ry(1)							
	28	8	Activity as Tolerated 2018-3ao 38 13:06 PST	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
∠Diet/I	Nutrition (2)							
	8	8	Advance Diet as Tolerated 2018-Jan-18 13:06 PST, Advance cliet to Regular diet, Provider must order starting diet. Rh or RD to place subsequent diet order.	18/01/18 13:06	Ordered	18/01/18 13:07	Tran, OBGYN-Physician1, MD	
	18	8	Clear Fluid Diat 2018 Jan 18 13:06 PST	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN Physician1, MD	
/Modic	ations (4)							9
		8	acetaminophen (TriLENOL) 975 mg. PO, QED, PR0: pain-mild or fever	03/01/18 13:25	Ordered	18/01/18 01:00	TestUser, OBGYN-Physician, MD	
1	1468		dmenh/DRINATE (dmenh/DRINATE PRN range dose) 50 mg. 1/, orlh, PRN:	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	

**Note:** No manual action is required to stop orders at discharge. When a patient physically leaves the unit and is discharged from the system by the unit clerk or nurse, their encounter becomes closed. This will automatically discontinue their orders. Any orders to be completed in the future or orders with pending results that you have placed prior to discharge will remain active.

### Key Learning Points

Outstanding orders are automatically closed after discharge except for future orders and orders with pending results

![](_page_41_Picture_1.jpeg)

## Activity 2.2 – Reconcile Medications at Discharge and Create Prescriptions

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

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

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

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

#### Navigate to the Medication Reconciliation component and click Discharge

Medication Reconciliation			Select	ed visit  🖓
		Status: ✔ Meds History 🛛 3 Admission	Transfer	Discharge
Order	Order Start	Status		
✓ Scheduled (2) Next 12 hours				
acetaminophen 650 mg, PO, q4h	Yesterday 22:00	Ordered		
morphine 2 mg, IV, q1h	Yesterday 22:00	Ordered		
△ Continuous (1)				
sodium chloride 0.9% (NS) continuous infusion 1,000 mL 100 mL/h, IV	January 29, 2018 14:42	Ordered		
△ PRN/Unscheduled Available (0)				
△ Suspended (0)				
Discontinued (0) Last 24 hours				

P

63

3

2

# The reconciliation window displays the current status of medications.

CLINICAL+SYSTEMS

TRANSFORMATIONAL

	Out-on Print Print House									
B 2	Order Name/Details	Chatur	D.	Π.		D.	2 0	edar Nama/Dataile	Orders After Reconciliation	
d Mama	Medication	locators		-	-	1-11	. 10	roor rearries or scans		
G C	ranitidine (ranitidine 150 mg oral tablet) 1 tob. PO, BID, 60 tob. 0 Refull(s)	Documented	0	0	0	1				
A Contin	ued Home Medications									
30	morphine (morphine 10 mg oral tablet) 1 tab, PO, q4h, PRN: as needed for pain, 0 Refill(s)	Documented	0	0	0					
⊕ €	morphine 2 mg, IV, q1h	Ordered	0	0	0					
⊿ Medic	ations					12				
<b>e</b> c	acetaminophen 650 mg, PO, g4h	Ordered	0	0	0					
<b>e</b>	cyclopentolate ophthalmic (cyclopentolate 1% eye drop) I drop, eye-right, g5min	Ordered	0	0	0					
ð 8	cyclopentolate ophthalmic (cyclopentolate 1% eye drop) I drop, eye-right, once, PRNk other (see comment)	Ordered	0	0	0					
<b>e</b>	dexamethasone ophthalmic (dexamethasone 0.1% eye oint) I application, eye right, OID	Ordered	0	0	0					
<b>e</b>	erythromycin ophthalmic (erythromycin 5 mg/g eye oint) I application, eye-right, prior to discharge	Ordered	0	0	0					
0	ketorolac ophthalmic (ketorolac minim 0.45% eye drop) I drop, eye-right, a5min	Ordered	0	0	0					
<b>e</b>	phenylephrine ophthalmic (PHENYLephrine minim 10% eye drop) I drop, eve-night, a5min	Ordered	0	0	0					
<b>()</b>	phenylephrine ophthalmic (PHENYLephrine minim 10% eye drop) 1 drop, eye-right, once, PRN: other (see comment)	Ordered	0	0	0					
⊿ Contin	uous Infusions					1				
	sodium chioride 0.9% (NS) continuous infusion 1,000 mL 100 mL/h IV	Ordered								

? Hover over the icons to discover what they indicate and add descriptions below:

\_

e

Continue the patient's home medications. As indicated by the  $\overline{\mathcal{Q}}$  icon.

4	Add	🚼 Man	age Plans								Recor
M			Orders Prior to Reconciliation							Orders After Reconciliation	
		₿ Ÿ	Order Name/Details	Status		۳.		B, 77	Order Name/Details		
	⊿	Home Me	dications								
		J 😳	ranitidine (ranitidine 150 mg oral tablet) 1 tab, PO, BID, 60 tab, 0 Refill(s)	Documented	0	0	0				
	⊿	Continued	d Home Medications								
		J 😳	morphine (morphine 10 mg oral tablet) 1 tab, PO, q4h, PRN: as needed for pain, 0 Refill(s)	Documented	0	0	0				
		ft 🕄	morphine 2 mg, IV, q1h	Ordered	0	0	0				
	⊿	Medicatio	ins								
		ft 🕄	acetaminophen 650 mg, PO, q4h	Ordered	0	0	0				
		🕕 🗈 🕄	cyclopentolate ophthalmic (cyclopentolate 1% eye drop) 1 drop, eye-right, q5min	Ordered	0	0	0				
		🕀 🗈 🕄	cyclopentolate ophthalmic (cyclopentolate 1% eye drop) 1 drop, eye-right, once, PRN: other (see comment)	Ordered	0	0	0				
		🕀 🗈 🕄	dexamethasone ophthalmic (dexamethasone 0.1% eye oint) 1 application, eye-right, QID	Ordered	0	0	0				
		🕀 🗈 🕄	erythromycin ophthalmic (erythromycin 5 mg/g eye oint) 1 application, eye-right, prior to discharge	Ordered	0	0	0				
		🕀 🗈 🕄	ketorolac ophthalmic (ketorolac minim 0.45% eye drop) 1 drop, eye-right, q5min	Ordered	0	0	0				
		🕀 🗈 🕄	phenylephrine ophthalmic (PHENYLephrine minim 10% eye drop) 1 drop, eye-right, q5min	Ordered	0	0	0				
		ft 🗈 🕄	phenylephrine ophthalmic (PHENYLephrine minim 10% eye drop) 1 drop, eye-right, once, PRN: other (see comment)	Ordered	0	0	0				
	⊿	Continuou	is Infusions								
		<b>()</b>	sodium chloride 0.9% (NS) continuous infusion 1,000 mL 100 mL/h, IV	Ordered							

4

Discontinue all inpatient orders as indicated by the 
Image: Discontinue all inpatient orders as indicated by the

![](_page_43_Picture_1.jpeg)

5 Create a new Prescription for Tylenol #3 by clicking the **+Add** button.

![](_page_43_Picture_3.jpeg)

6 Search for Tylenol #3 in the **Search:** field.

![](_page_43_Picture_5.jpeg)

#### Select the appropriate sentence:

TYLENOL #3 EQUIV tab (1 tab, PO, q4h, PRN pain-moderate, order duration: 15 day, drug form: tab, dispense qty: 90 tab)

![](_page_43_Picture_8.jpeg)

Click Done

![](_page_44_Picture_1.jpeg)

8 Complete any missing details for the new prescription.

			Contraction of the local distribution of the		-	-								
Ider Reconciliation: Discharge - Phy-	-CREAT VALUES	Contract of the local division of the local		121100.00				_	-			100000000000000000000000000000000000000	and the second second	Lined
OBGYN, Veronica	0041083	Jan-10	MR1476000607 C						Process			Location:LG	4 LD; LDRS; GEM	
and stores	Age: M yes	ars	New York Concerns In	Conception in the local division in the loca					Crossie Traditioner			enc typetopa	tiner officialization	
	10.000	1000		and man of								surrought.	inter carater syste	
Manage Flore													Reconciliation Stat	A Administra O
	2.1										1	- C - C - C - C - C - C - C - C - C - C	· main moving	C Harristern C
15. 2 Only Name Tatals	Gran	FIRE STREET		Status	D.	Π.		2 00	der Manne Plateile		TOPE AFOR RECORDS	104		6.
House Medications					-	-	-							
					I al	1	1	10	the subscription of the	elization (TELENER FT.)	OUTVICENT.			
					10		1.0	10	an, PO, gelt, for 15 da	(PRN pain-materiate, K	THE D REPORT + Rotes	for Patient -		
🖉 🔘 Ssinopell (Esimopell 18 -	ang onal tablet)			Ducamented	0	0	0							
J too, PC, group, JD to	sa, owerses	And the second se		Bernanded			-							
I tob EU adaly Elte	ALCORECTOR INCOMPANY AND TORE AL	se i ang ora tanaeti		DECIMATERO	0	0	0							
2 O salistanci ballstanci	of 100 mog/puff inhaim)			Occumented	0	0	0							
I puff, inheletion, once	e, FRN: as needed, 5 inh, 0 Relia(s)				0	0	0							
adications .														
acetamisophen (TTLE)	(NOI)			Ordered	0		0							
975 mg PO, QIC, PRIVE	pain-mild or fever			C. Incl	1									
SCore, N. all MAX of	autor or venting			CADENED	0	0	0							
1 2 0 metoclopramide (met	tochpramide PEN sange dose)			Ordered	0		0							
10 mg. IV, eth. PHYc n	ouses or rombing				NY I		M							
🕽 🔁 🜔 ondansetron				Ordered	0	0	0							
outule for <u>acctaminop</u>	hen/catteine/codeine (	TYLENOL #3	EQUIV tab) 💌										Se	nd To: Select Rousin
Hels for <u>acctaminopi</u> etab. <u>W</u> Cotor Communits M	hon/calleine/codeine ( 'Riste of Activitation	TYLENOL #3	EQUIV tab) V	10	ligense			20 18	Q 214911				Se	nd Tor Select Rouse
stals for acctaminopt stals []] Coder Commonts] at 1 tal	hervfoatfeine/codeine ( Thete of Acceleration	TyleNOL #3	EQUIV tab) • Dention 11 day	co- tai	lapcener I tab			(22) (M	3 8±40 ·	•	<b>%</b> h. <b>8</b> 2		Se	nd Tor Select Route
state for <u>acctaminop</u> state <u>in</u> order Commonst to Toto	hen/oaffeine/oodoine ( Thete of Acciditations P DO	TyLENOL #3	COURV tab) * Oustion 33 day Special N	type and the second sec	laperas I tab			(cc)	2 States	¢ Drug Form	Sh Br	-	Se	nd To: <mark>Select Route</mark>
atala far <mark>(acctaminop)</mark> with []]] Color Connects] ar 11th 11th 11th (after exclusion 11th (after exclusion	hen/caffeine/codeine ( Thete of Adolesistates Thete of Adolesistates Thete of Adolesistates Thete of Adolesistates	TYLENOL 13 Tropiescy I gib	COULV Lab)	an Jacobard	ligoress			(20) (H	2 Juni	Dugfum TypeOT Teeson	Saha Quir 146 Quir Acate	-	Se	nd to Select Four
Induit for <u>acctaminop</u> Match <u>B</u> Criencetts <u>I</u> or the "The "The <u>Marceleters</u> Marceleters "See Data Stee 2011	hen/caffeine/codeine ( Plate of Acadeirantia e PC e e e e e for the state of the state of the state of the state of the state of the state of the state of the st	TYLENOL #3	EQUIV lab)  Consists It day Special has Premary ECG heat	tustions.	laporad			(ac)	Data A	Disg Fants Type Of Theory	Salas €2 16 € Acate C Maintenace		Sa	nd to: Select Factor

In this case select in the Send to box (the yellow highlighted), **Do Not Send: prescription called** into pharmacy

![](_page_44_Picture_5.jpeg)

9

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

Reconcile and Plan Sign Cancel	Reconcile and	Plan	Sign	Cancel
--------------------------------	---------------	------	------	--------

Once all medications are reconciled, click **Sign** to complete the discharge reconciliation.

Sign will process the reconciliation all items must be reconciled to be able to sign.

Plan will save your progress and you can come back at a later time to finish

Cancel with discard all work and will not save anything.

![](_page_45_Picture_1.jpeg)

10 The prescription will print automatically. Below is an example.

	PRESCRIPTION		
Vancouver	Lions	Gate Hospital	
CoastalHealth	231 E	15th Street	
Promotion and local Essentian core	North	Vancouver, BC V7L 2L7	
Patient Name: MATTEST, SAMMY			
DOB: 1980-JUN-01 Age: 37 years Weight	t: 70kg (2017-DEC-19)	Sex: Female	PHN: 987639795
Allergies: penicillin			
Allergy list may be incor	mplete. Please review w	ith patient or caregiv	/er.
[] Blister Packaging week cards; dispense	cards at a time; Repeat		
[] Non-Safety vials [] Other			
Faxed to Community Pharmacy:	Fax:		
Faxed to Family Physician:	Fax:		
If you received th	is fax in error, please contac	t the prescriber	
Patient Address: 590 8th w st.	Home Phone:		
vancouver, British Columbia	Work Phone:		
Canada			
Any narcotic medications ne	and a doubleade access	ntion form to be co	mulated
Ourse the example mediantian	eed a duplicate prescri	ption form to be co	mpieted
Over the counter medication Prescription Details:	is can be filled on Pharm	aNet at patient's dis Date	retion Issued: 2017-DEC-29
Over the counter medication Prescription Details: TYLENOL #3 EQUIV tab	s can be filled on Pharm	aNet at patient's dis Date	retion Issued: 2017-DEC-29
Over the counter medication Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q4h for	eed a dupicate prescri is can be filled on Pharm	aNet at patient's dis Date	rretion Issued: 2017-DEC-2
Över the counter medication Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q4h for Dispense/Supply: 90 tab	s can be filled on Pharm	aNet at patient's dis Date	Issued: 2017-DEC-2
Over the counter medication Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q4h for Dispense/Supply: 90 tab	s can be filed on Pharn	arite at patient's dis Date	mpreced retion Issued: 2017-DEC-2
Over the counter medication Prescription Details: TYTENOL #5 EQUIV tab SIG: 1 tab PO q4h for Dispense/Supply: 90 tab Prescriber's Signature	eed a duplicate prescri	Aleteration of the second seco	mpreced oreion Issued: 2017-DEC-2
Over the counter medication Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q4h for Dispense/Supply: 90 tab Prescriber's Signature TestMAT, OBGYN-Physician, MD	eed a duplicate prescri is can be filled on Pharm	aliet at patient's dis Date	mpreced oreion Issued: 2017-DEC-25
Över the counter medication Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q4h for Dispense/Supply: 90 tab Prescriber's Signature TestMAT, OBGYN-Physician, MD Prescriber's College Number: TEMP000010	eed a duplicate prescri is can be filed on Pharm	alviet at patient's dis	mprece oreion Issued: 2017-DEC-29

Note: Narcotics still require triple pad prescriptions.

A medication summary will be included, as an example of dynamic documentation, in the Patient Discharge Summary as well as in the Discharge Summary. Below is an example of this.

New Medications to Start Taking						
T						
Medication	How Much	How	When	Reason	Next Dose	Additional Instructions
acetaminophen/caffeine/codeine (TYLENOL #3 EQUIV	1 tablet	by mouth	every 4 hours as	pain-moderate		Stop Date: 13-JAN-2018
tab)			needed			
Home Medications - Continue Taking						
Medication	How Much	How	When	Reason	Next Dose	Additional Instructions
lisinopril (lisinopril 10 mg oral tablet)	1 tablet	by mouth	daily			
salbutamol (salbutamol 100 mcg/puff inhaler)	1 puff	by inhalation	every 1 hour as neede	ed shortness of breath		

![](_page_46_Picture_1.jpeg)

### Key Learning Points

- Medication Reconciliation on discharge includes both home and hospital medications
- Both home and inpatient medications can be converted into prescriptions during the discharge reconciliation process
- Discontinued medications become historically documented on the chart
- Continued medications and prescriptions will be captured in the patient's documented medication history and carried forward to the next visit
- Discharge medication information is included in notes provided to the patient and patient's lifetime providers on record

![](_page_47_Picture_1.jpeg)

## **End of Workbook**

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