SELF-GUIDED PRACTICE WORKBOOK [N91] CST Transformational Learning

WORKBOOK TITLE: Provider: Surgeon (Outpatient)







TABLE OF CONTENTS

•	SELF-GUIDED PRACTICE WORKBOOK
•	Using Train Domain4
•	PATIENT SCENARIO 1 – Pre-Operative Clinic Visit5
	Activity 1.1 – Accessing the Patient's Chart6
	Activity 1.4– Allergies9
	Activity 1.4 – Best Possible Medication History (BPMH)15
	Activity 1.5 – Review History19
	Activity 1.6 – Review Documents, Labs and Diagnostics
	Activity 1.7 – Planning the Pre-Operative PowerPlan24
	• Activity 1.8 - Complete your Documentation on HPI, Physical Exam, and Active Issues 31
	Activity 1.9 – Complete your Documentation
•	PATIENT SCENARIO 2 – Day of Surgery41
	Activity 2.1 – Plan a Post-operative PowerPlan42
	Activity 2.2 – Complete an Operative Note with Autotext46
•	PATIENT SCENARIO 3 – Discharge Patient home48
	Activity 3.1 – Review Orders
	Activity 3.2 – Reconcile Medications at Discharge and Create Prescriptions
	Activity 3.3 – Complete Discharge Diagnosis and Discharge Documentation
	• End of Workbook



SELF-GUIDED PRACTICE WORKBOOK

Duration	3 hours
Before getting started	 Sign the attendance roster (this will ensure you get paid to attend the session) Put your cell phones on silent mode
Session Expectations	This is a self-paced learning session
	A 15 min break time will be provided. You can take this break at any time during the session
	The workbook provides a compilation of different scenarios that are applicable to your work setting
	Work through different learning activities at your own pace
Key Learning Review	At the end of the session, you will be required to complete a Key Learning Review
	This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.



Using Train Domain

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

Please note:

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



PATIENT SCENARIO 1 – Pre-Operative Clinic Visit

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
- Update the patient's chart appropriately
- Complete a Clinic Note

SCENARIO

A 39-year-old male is seeing you in the clinic and you have decided she is to have hardware removal from the tibia. 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.

8 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 ^{21 hours 32 minutes ago} VS Refreshed ^{20 minutes ago}

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.



To access your patient select Patient Overview to view your patients and open the patient's chart:

Select	👫 Patient Overview	from the Toolbar
001001		

2 Scroll down through the list and select your Patient. Click on the name.

Patient Overview 🛛 🕂						
List: LGH Emergency Department, LGH OCC Medical Da	ayc (250) 🔻					
Patient Information	Location	Illness Severity	Medica	Dis	N	Ac
*Validate, Pharm-Emerg 48 yrs F	LGH ED AC - 219	No Relationship Exists				
*Validate, Amb-Nurse 50 yrs M	LGH OCC MDC	No Relationship Exists				
*Validate, Psychiatrist 60 yrs F	LGH ED 	No Relationship Exists				
*Validate, GeneralSurgeonA 39 yrs M	LGH ED ACWR	No Relationship Exists				
39 yrs M	LGH ED Hold	No Relationship Exists				
*Validate, GeneralSurgeonC 39 yrs M	LGH ED	No Relationship Exists				
* <i>Validate, SA-ER</i> 37 yrs F	LGH ED 	No Relationship Exists				
* <i>Validate, Amb-Phy</i> 75 yrs F	LGH OCC MDC	No Relationship Exists				
*Validate, ED-UC-A 41 yrs M	LGH ED 	No Relationship Exists				
*Validate, ED-UC-B 86 угs F	LGH ED	No Relationship Exists				
*Validate, ED-UrbanNurse-Fati 25 yrs F	LGH ED 	No Relationship Exists				

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



Select Consulting Provider.

Note: 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

"Relationships" are assigned when first accessing the patient's chart or every 16 hours.



Activity 1.4– 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:

Decision	Support: LEARNTEST, PHYS - 700006586	
The new on	der has created the following alerts:	
amoxici	llin	
Please com	whete the (1) required override reasons to continue	placing this order.
× Aller	gy (1)	
Severity	Substance	Reaction Type
•	penicillin	
4		
1.1.1.1		
Size Colum	us to Window	B Apply to all interactions Override Reason:
Size Colum	ws to Window	Apply to all interactions Override Reason: Apply only to required interactions
Size Colum	uns to Window	Apply to all interactions Override Reason: Apply only to required interactions

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

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

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





1 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.



2

Select the Admission tab

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

🗧 👌 🔸 🔒 Provider View										(c) Fall	screen @Print ·	@1 minst
🐴 🗎 🗟 📑 🔍 🔍 100%												
Admission	22 Rounding		22 Outpatient Chart	11	Transfer/Discharge	1	Quick Orders		11 +			D) /
Advance Care Planning and Goals of Care	Allergies (1) +										All Visits	e =-
Chief Complaint												
Visits (1)	Substance	Reactions		Category	Status	Severity	. *:	Reaction Type	Source	Commenta		
Histories	Adhesive Bandage	Rash		Environment	Active			Allergy	**			
Documents (1)										Reconciliation Status: Incomplete	Complete Reconc	noten
Vital Signs &	Order Profile (3)										Selected visit	e =-
Labs						Pending	Orders (3) 0	Froup by: Clinical Cate	igory 💌	Show: All Active Orders		~
Pathology	1 P.	Type	Order			Start	Suba	Status Upda	ted.	Ordering Provider		
Micro Cultures	a Continuous Infusio	ms (1)										
Imaging		•	sodium chloride 0.9% (NS) cont	inuous infusion 1,000 m	L 100 mL/h, IV	29/01/18 14:42	Ordered	09/02/18	01:01	eLearn, MDSURG, MD		_
Home Medications	4 Medications (2)						1000			1000000000		
Current Medications		C	acetaminophen 650 mg, PO, q	in,		06/02/18 22:00	Ordered	09/02/18	01:01	eLearn, MDSURG, MD		
Allergies (1)		O	morphine 2 mg, tv, din			08/02/18 22:00	Ordered	09/02/18	01:01	eLearn, MDSURG, MD		
Order Profile (3)												
New Order Entry	New Order Entry	+										0





4

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

	Substance	Category	Reactions	Severity T	ype	Commen	nts Est. Ons	et React	ion Status	Updated By	Source	Reviewed
	Adhesive Bandage	Environ	Rash	۵	Allergy			Activ	e	2018-Jan		2018-Jan-02
	No Known Allergies	Drug		A	lleray			Cane	eled	2018 Jan		2018 Jan 02
							Substance S *Search: Pe S Terminology:	iearch :n iearch by Nam Allergy, N	ie lultur	Starts wit	th ▼ Wi Search y Axis: [ithin: Terminolo by Code <all [<="" terminolo;="" th=""></all>
Тур	e Allergy 👻 An adver	se reaction to a	drug or substar	nce which is due to an im	munologica	l respons	C-1					
Typ *Su Per	e Allergy An adver bstance Free text	se reaction to a	drug or substar	nce which is due to an im	munologica	l respons	Categories Tem ▲				Termir	nology n Allergy Category
Typ *Su Per Rea	e Allergy An adver	se reaction to a section to a s	drug or substar	nce which is due to an im Info source	munologica Comr	l respons	Categories Tem ▲ penicilins				Termir Multur	nology m Alergy Category
Typ *Su Per Rea	Allergy An adver bstance fine text ction(s): Add Free Text	se reaction to a *Severity <not entered:<="" td=""><td>drug or substan</td><td>nce which is due to an im Info source ≺not entered≻</td><td>munologica Comr</td><td>l respons ments</td><td>Categories Tem A penicilins</td><td></td><td></td><td></td><td>Termir Multur</td><td>nology n Allerqy Category</td></not>	drug or substan	nce which is due to an im Info source ≺not entered≻	munologica Comr	l respons ments	Categories Tem A penicilins				Termir Multur	nology n Allerqy Category
Typ *Su Per Rea	Allergy An adver	*Severity	drug or substan	nce which is due to an im Info source	Comr	l respons ments	Categories Tem A penicilins Tem A		Code	Terminology	Terminology	nology m Allerqy Category y Avis
Typ *Su Per	Allergy An advert An advert batance Color(s): Add Free Text	*Severity <not entered:<br="">At: <not en<="" td=""><td>drug or substan</td><td>Info source (not entered) Onset: <not entered)<="" p=""></not></td><td>Comr</td><td>l respons ments</td><td>Categories Tem peniciins Tem Pen-Kera Pen-Kera</td><td></td><td>Code 103770</td><td>Terminology Multum Drug (</td><td>Termin Multur Terminology Generic Na</td><td>nology m Allerqy Category y Axis me</td></not></not>	drug or substan	Info source (not entered) Onset: <not entered)<="" p=""></not>	Comr	l respons ments	Categories Tem peniciins Tem Pen-Kera Pen-Kera		Code 103770	Terminology Multum Drug (Termin Multur Terminology Generic Na	nology m Allerqy Category y Axis me
Typ *Su Per	Allergy An advert An advert An advert Advert Advert Advert Advert Advert Advert Advert Advert	*Severity At: <not entered:<="" p=""></not>	drug or substan	Info source (not entered) Onset: (not entered)	Comr	l respons ments	Categories Tem penicilins Tem Pen-Kera Pen-Kera Pen-Kera Pen-Kera	iam (Code 103770 103770	Terminology 1 Multum Drug (Multum Drug (Termin Multur Terminology Generic Nar Generic Nar	nology m Allerqy Category y Axis me me
Typ *Su Per	Allergy An advert An advert Advert An advert Advert Advert Add Free Text Add Free Text	*Severity Al: <not entered:<="" p=""></not>	drug or substan	Info source (not entered) Onset: <not entered)<br="">mme,me,me (m) (m) (m) (m) (m) (m) (m) (m) (m) (m)</not>	T Comr	nents	Categories Term penicilins Term Pen-Kera Pen-Kera Pen-Kera Pen-V (obsole Pen-Vae chee	iam (te) (lote) (Code 103770 103770 100116 100116	Terminology ¹ Multum Drug (Multum Drug (Multum Drug (Multum Drug (Termin Multur Terminology Generic Na Generic Na Generic Na	nology n Allerqy Category y Axis me me me me
Typ *Su Per	An adver	*Severity At: <not entered:<="" p=""> Recorded on I</not>	drug or substan	Info source (not entered) Onset: (not entered) sees, as (a) (a) (a) *Category	Comr	ments	Categories Tem pericilins Tem Per-Kera Pen-Kera Pen-Vec (obsole Pen-Vec (obsole Pen-Vec Kera	am (te) (Code 103770 103770 100116 100116	Terminology Muttum Drug (Muttum Drug (Muttum Drug (Muttum Drug (Muttum Drug (Terminology Generic Nai Generic Nai Generic Nai Generic Nai	nology m Aleray Category y Axis me me me me me
Typ *Su Per	An adver	*Severity Severity At: <not entered:<="" p=""> Recorded on I</not>	drug or substan	Info source Info source Info source Info entered> Onset: <not entered=""> *Category</not>	Comr	nents	Categories Tem Tem Tem Tem Pen-Kera Pen-Kera Pen-Vee (obsole Pen-Vee K (ob	iam (te) (olete) (solete) (Code 103770 103770 100116 100116 100116	Terminology Multum Drug (Multum Drug (Multum Drug Multum Drug Multum Drug (Multum Drug (Termin Multur Terminology Generic Nai Generic Nai Generic Nai Generic Nai Generic Nai	nology In Alergy Category y Axis me me me me me me
Typ *Su Per	An adver	*Severity At: <not entered:<="" p=""> Recorded on I</not>	trug or substan	Info source (not entered) Onset: <not entered)<br="">*Category</not>	munologica ▼ Statu ▼ Activ	ments is ve	Categories Tem penicilins Pen-Kera Pen-Kera - cre Pen-Vee (obs Pen-Vee K Pen-Vee K Pen-Vee K Pen-Vee K	am (te) (solete) (solete) (Code 103770 103770 100116 100116 100116 100116 100116	Terminology Multum Drug (Multum Drug (Multum Drug (Multum Drug (Multum Drug (Multum Drug (Multum Drug (Terminology Generic Nai Generic Nai Generic Nai Generic Nai Generic Nai Generic Nai Generic Nai	nology m Allerqy Category y Axis me me me me me me me me
Typ *Su Per	An advert	*Severity Instant entered: At: <not entered:<="" p=""> Recorded on I</not>	trug or substant tered> ears ▼ cehalf of	Info source (not entered) Onset: (not entered) *Category	Com Statu Activ	ments re	Categories Term A penicilins Term A Pen-Kera - cre Pen-Vec (bbsole Pen-Vec (bbsole Pen-Vec (bbsole Pen-Vec (bbsole Pen-Vec (bbsole Pen-VK Pen-VK Pen-VK Pen-VK	am (te) (lete) (ssolete) ((Code 103770 103770 100116 100116 100116 100116 1007730 103192	Terminology Multum Drug (Multum Drug (Terminology Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na	nology in Allergy Category y Axis me me me me me me me me me me
Typ *Su Per	An adver	*Severity Severity Instant entered: At: < not entered: Recorded on I	trug or substant tered> 'ears - behalf of	Info source Info source Info source Info tentered Info ten	Com Statu Activ	nents is ve	Categories Term Term penicilins Pen-Kera Pen-Kera Pen-Vera Pen-Vee K Pen-ten Soot	te) (olete) (olete) (osolete) (otimina (Code 103770 103770 100116 100116 100116 100116 100116 100116 1001192	Terminology Multum Drug (Multum Drug (Terminology Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na	nology n Alercy Category y Axis me me me me me me me me me me
Typ *Su Per	An advert	*Severity Instant of the second se	trug or substar teredb behalf of	Info source Info source Info entered Onset: wot entered Textures Textue	Comr Comr Statu	I respons ments is ve	Categories Term Term Term Term Term Term Term Term Term Term Term Tern Tern	am (te) (olete) (ssolete) (thing (Code 103770 103770 100116 100116 100116 100116 100730 103192 103192	Teminology Mutum Drug (Mutum Drug (Termin Multur Terminology Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na Generic Na	nology m Alergy Category y Axis me me me me me me me me me

Add appropriate options in the other two mandatory fields:

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

Туре	Allergy 👻 An adve	erse reaction to a drug or substar	nce which is due to an immun	nological response.
*Substanc Tape	ce	X No allergy checking is avail	able for non-Multum allergies.	
Reaction(s)	;):	*Severity	Info source	Commanda
	Add Free Text	Severe 🗸	<not entered=""></not>	Commerns
		At: <not entered=""></not>	Onset: <not entered=""></not>	
		Years 💌	**_***	
		Recorded on behalf of	*Category	Status Reason:
			Other 👻	Active 👻



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

D/A	Substance	Category	Reactions	Severity Ty	pe	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed
	Adhesive Bandage	Environ	Rash	All	lergy			Active	2018-Jan		2018-Jan-02 13
	No Known Allergies	Drug		All	lerav			Canceled	2018 Jan		2018 Jan 02 10
						s s	ubstance Search	1			— ×
						*Se	arch: Pen		Starts wit	h 🔻 Withi	in: Terminolo
							Search	n by Name		Search by	Code
Туре	Allergy - An adve	rse reaction to a	drug or substa	nce which is due to an imm	upological res	Terr	minology:	llergy, Multur	Terminology	Axis: <a< td=""><td>ll terminolo_l</td></a<>	ll terminolo _l
*Sub	stance	ise reaction to a	urug or substa	ice which is due to an inin	iunologicaries	Cat	egories				
Pen	🕅 🗌 Free text					Ter	m 🔺 nicillins			Terminol Multum A	ogy Ileray Category
Read	stion(s):	*Severity		Info source	Commen	s					
		<not entered<="" td=""><td>> •</td><td><not entered=""></not></td><td></td><td>Ter</td><td>m 🔺</td><td>Code</td><td>Terminology</td><td>Terminoloav A</td><td>xis</td></not>	> •	<not entered=""></not>		Ter	m 🔺	Code	Terminology	Terminoloav A	xis
		At: <not er<="" td=""><td>itered></td><td>Onset: <not entered=""></not></td><td></td><td>Pe</td><td>n-Kera</td><td>d03770</td><td>Multum Drug (</td><td>Generic Name</td><td></td></not>	itered>	Onset: <not entered=""></not>		Pe	n-Kera	d03770	Multum Drug (Generic Name	
					1	Pe	n-Kera - cream	d03770	Multum Drug (Generic Name	
			ears 🔻			Pe	n-V (obsolete)	d00116	Multum Drug (Generic Name	
		Recorded on	behalf of	*Category	Status	Pe	n-Vee (obsolete)	d00116	Multum Drug (senenc Name Sonorio Namo	
					otatao	- Pe	n-Vee K (obsolete	e) d00116	Multum Drug (Generic Name	
			<u> </u>	-	Active	Pe	n-VK	d07730	Multum Drug (Generic Name	
		-				Pe	naten	d03192	Multum Drug (Generic Name	
						Pe	naten Soothing	d03192	Multum Drug (Seneric Name	· `



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.

7

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.

< Ar	 > ▲ Allergies Mark All as Reviewed ▲ Add Modify No Known Allergies No Known Medication Allergies Reverse Allergy Check Display All 												
D/A	Substance Adhesive Bandage	Category Environ	Reactions Rash	Severity	Type Allergy	Comments	Est. Onset	Reaction Status Active	Updated By 2018-Jan	Source	Reviewed 2018-Jan-02 13	Revi Test	Interaction
~	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 penicillins and click Modify:

	🗙 > + 👫 Allergies												
1	Mark All as Reviewed												
+/	Add Modify No Known Allergies Q No Known Medication Allergies Q Reverse Allergy Check Display All												
D//	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	



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

penicillins 🙀 Free text			
Reaction(s): Add Free Text	Severity Mild -	Info source <not entered=""></not>	Comments
► Rash	At: <not entered=""></not>	Onset: <not entered=""></not>	
	Recorded on behalf of	*Category Drug →	Status 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 or nursing staff. 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.



2 Click Home Medications heading.





3 In the **Medication List** window, click **Document Medication by Hx**.



Note: Clicking the **Add** 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 Image: Medication State Image: Medication State	pliance	
M	Docume	ent Medication by Hx		
		Order Name	Status	De
			Medication	n hi

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

salbutamol 100 m	:g/puff inhaler
salbutamol 100 m	:g/puff inhaler (1 puff, inhalation, once, PRN as needed, drug form; inhaler, dispense qty: 1 inh)
salbutamol 100 m	g/puff inhaler (1, puff, inhalation, g1h, PRN shortness of breath, order duration; 30 day, drug form: inhaler, dispense qty: 2 inhaler) 💦 💦
salbutamol 100 m	2g/puff inhaler (1 puff, inhalation, q4h while awake, order duration: 39 day, drug form: inhaler, dispense qty: 2 inhaler)
salbutarnol 100 m	sg/puff inhaler (1 puff, inhalation, gRh, PRN shortness of breath, order duration: 30 day, drug form: inhaler, dispense qty: 2 inhaler)
salbutarnol 100 m	:g/puff inhaler (1 puff, inhalation, Q8D, drug form: inhaler, dispense qty: 1 inh)
selbutarnol 100 m	zg/puff inhaler (1 puff, inhalation, QID, order duration: 30 day, drug form: inhaler, dispense qty: 1 inhaler)
salbutamol 100 m	:g/puff inhaler (1 puff, inhalation, Q80, PRN shortness of breath, order duration: 30 day, drug form: inhaler, dispense qty: 1 inhaler)
salbutamol 100 m	:g/puff inhaler (2 puff, inhalation, once, PRN as needed, drug form: inhaler, dispense qty: 1 inh)
salbutamel 100 m	:g/puff inhaler (2 puff, inhalation, q4h, PRN shortness of breath or wheezing, order duration: 30 day, drug form: inhaler, dispense qty: 1 inhaler)
salbutamol 100 m	:g/puff inhaler (2 puff, inhalation, QID, drug form: inhaler, dispense qty: 1 inh)
salbutamol 1.25 m	g/2.5 mL (0.5%) inhalation solution
salbutarnol 200 m	zg inhaler (1. puff, Inhalation, once, PRN as needed, drug form: powder)
salbutamol 200 m	29 inhater (1 pull, inhalation, QID, drug form: powder)
salbutamol 200 m	ag inhaler (1 pull, inhalation, TID, drug form: powder)
"Enter" to Seatch	

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)

Tip: 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**.
- 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
- 11 Refresh the workflow page by clicking the minutes ago button.

2 10 minutes ago button will refresh the entire page



Will Refresh just the section.

For this practice click on the

€ 10 minutes ago

If in doubt refresh the page!



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

Rounding	22 Outpatient Chart	12 Admission	12 Transfer/Discharge	22 Quick Orders	H +		\$ /
Advance Care Planning and Goals of Care	Home Medications (4)					All Visits	0
Chief Complaint	Nelcator	4		Responsble Provider	Compliance	Estimated Supply Remaining	
Vielas (1)	Isinopril (Isinopril 10 mg oral tablet)	1 tab, PO, ipdaly, 30 tab, 0 Ruffil(s)		1921	-	-	
Histories	morphine (morphine 10 mg oral table)	t) 1 tab, PO, o/th, PRN: as needed	for pein, 0 Refi3(s)	-	-	-	
Documents (1)	🖓 ranitidine 150 ing, PD; EID with food,	for 30 day, 60 tab, 0 Refil(s)		-		19 days remaining	
1985	🚽 salbutarnoi (salbutarnoi 100 mcg/puff	inhaler) I oulf, inhulation, erce, P	OV: as needed, 1 inh, 0 Ref8(s)	-	114		
Jtal Signs & Asasurements					Document History: Com	pleted by Train, Surgeon-Physician2, MD on 09/02/2018 At	12:02
Labs							
athology							
Acro Cultures	Current Medications +					Selected visit	0
maging	1 Lange					Status: 🗸 Meds History 😆 Admission Transfer 😆 Disc	charge
Home Medications (4)	0 Order			Order St	lart	Status	
Current Medications	Scheduled (2) Next 12 hours						
Allergies (1)	acetaminophen 650 mt. PC: e-th			Vesterda	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.

es							
Medical History	(2)	Surgical History	(1)	Family History	(0)	Social History	(0)
Name			*				Classification
△ Chronic Problems	(1)						
Asthma							Medical
Resolved Problem	IS (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,
4 Procedures (0)											appendix
No results found											Incision and drainage of appendiceal
NO TESUILS TOUTIO											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.

🔦 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 by following the Rounding tab list of components. 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 encou	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 to view a comprehensive display with more options. For example, the Documentation view provides a list of all documents



Click the refresh \mathfrak{T} icon to update the information just for this component. 4

Labs	Latest* Last 6 months Last 3 months More 💌 🖽 🔟 🎗	≡•
No results found		,



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

🔹 🔹 👘 Results Revi	iew							(o	Normal view	O Pri
· 💌										
ecent Results Advance Care I	Planning Lab - Recent	Lab - Extended Patholo	ogy Micro Cultures	Transfusio	n Diagnostics	Vitals - Recent	Vitals - Exter	nded		
Flowsheet: Lab View	•	Level: Lab View	-	• Table	© Group ⊘	List				
C. F.		Saturday, 11-Ju	me-2016 00:00 PDT -	Thursday, I	11-January-2018	22:59 PST (Clin	ical Range)			
Navigator	Showing results from	13-Mar-2017 - 21-Nov-201	7) Show more result							
CBC and Peripheral Sme			16.04.00174	0.00	24 6 - 2017 00.00	20.0		15 6 2017 00.00	07.0-00	17.00.00
Coagulation and Throm		Lab View	23:59 PD	10:00 - IT	23:59 PDT	- 20-sep-2 23:5	9 PDT	23:59 PDT	23:59	PDT
Platelet Studies	General Chemistry									
Autoimmune	Sodium		140 mmol/L						140 mmol/L *	•
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						21.5 mmol/L	* (H)
General Chemister	Magnerium		2.45 mmol/L (H)			1.71 0/1 *			-	
of General Chemistry	Glucose Bandom		2.45 minore ing			1.71 9/1				
Urine Analysis	Bilirubin Total					_				
D Endocrine	Bilirubin Direct									
Therapeutic Drug Monit	Alanine Aminotransf	erase e								
Blood Metabolic Testing	Albumin Level	5								
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 Gynecology 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.

The best option for placing PowerPlans and orders is via the Quick Orders tab. This view is a one-stop shop for common orders and PowerPlans organized in separate categories.

- A Poside View								M full sens	- Office	@leader
All B B A A 105	*) © © ⊴ 21 foxite	11 Deputies (Cart		11 Turnfa/Declarge	=	Qual Orders II	+			9/1
PowerPlane	0	Mutheations	II.	tabs -	0	Imaging and Olagacotics		New Order Listry		
Administra Pro-Quantizer Proc Quantizer Orcharge		A decidition A decidition A decidition A decimentation A decimentation		 Bachers Hanne Bittelers Hanne Bittelers LUA Bittelers LUA Bittelers LUA Bittelers LUA Bittelers <		 ECS EC-constray w EX CT US M1 M4 H H H 		Consults Patient Care • Fairet Dispution • Cate Status • Acrosp • Cates • Acrosp • Dates • Da		4* 0 2* 0
								Outpatient Orders • Cardox • Insign • Lator		E+.,

Under each category, there are folders. For example, under the medication category is the analgesics folder which contains individual orders for analgesic medications such as acetaminophen. Orders may allow you to add additional details regarding dose, frequency, route, etc., or may have these details pre-determined for ease of ordering an order sentence. Categories and folders can be collapsed or expanded by clicking the expansion arrows and the sentence.



Labs
2 Bloodwork Routine
LAB - Add On Test
CBC and Differential Blood, qdaily for 3 day
Basic Metabolic Panel (Lytes, Urea, Creat, Gluc) Blood,
qdaily for 3 day
Creatinine Level Blood, qdaily for 3 day
Calcium Level Blood, qdaily for 3 day
Magnesium Level Blood, qdaily for 3 day
Phosphorus Level Blood, qdaily for 3 day
INR Blood, qdaily for 3 day
PTT Blood, qdaily for 3 day
Albumin Level Blood, once
Bilirubin Total Blood, qdaily for 3 day
Alanine Aminotransferase Blood, qdaily for 3 day
Aspartate Aminotransferase Blood, qdaily for 3 day
Alkalina Dhosphatasa pland adaitu (n. a.dai

Each specialty has their own quick orders page and they may differ in which orders are available and how those orders are organized.

In the Provider View page, click on the **Quick Orders** tab.

< > - 🔒 Provider View				💭 Full screen 🛛 👘 Print 🛛 💐 1 minut
Ab Image: I	22 Dutpatient Chart	25 Transfer/Discharge 23	Quick Orders 22 +	
PowerPlans	Medications	Labs	Imaging and Diagnostics	New Order Entry 📲 🗧 •
Admission Pre-Coerative Pout-Coerative Coerative Coerative Coerative	Analgenics Analgenics Antencids Anterconducture Antermeticatives Anternitives Anternitives	Biocdwork Routine Biocdwork Routine Biocdwork AM (1 day added if ordered after 23-59) Biocdwork STAT Flad Analysis Microbiology Stool Studies	ECG Ecfocardogram Site Site	Consults =- Patient Care =- > Patient Disposition > Code Status
	Bowel Protocol Electrolyte Management Gopernic Control Sofatives Nr Flads	Unive Studies Hinod Products / Transfusion	 MR JR Fluoroscopy 	General Communication Activity Diets Lines/Tubes/Drains Wound Care
				Outpatient Orders ≅• I Cardia: I Imaging I Labé



2 In the PowerPlans folder, click on Pre-Operative to expand the folder and click on the **GENSURG**

Operative (Day of Surgery) plan, marked by the **>** icon. Note the **Orders for Signature >** button has turned green and number 1 is displayed.

> - 🕈 Provider View				💭 Full screen 🛛 👼 Print	2 29 minuti
A 🗎 🖶 🖹 🔍 🔍 100% 🔹 😋 😂					
Admission 23 Roundi	ng 💱 Outpatient Chart	23 Transfer/Discharge	21 Quick Orders	11 + 🕑 1	•
PowerPlans	Medications	Labs = @	Imaging and Diagnostics 👘 🗟	New Order Entry 🕂	=• ©
Admission Pre-Operative	Analgesics Antacids	Bloodwork Routine Bloodwork AM (1 day added if ordered after	ECG Echocardiogram	Consults	≡• ⊗
GENSURG General - Pre Operative (Day of Surgery) (Validated) GENSURG General -	Anticoagulants Anticoagulants	Bloodwork STAT	►XR ►CT	Patient Care	=•@
Pre Operative (Day of Surgery) (Validated)	Antihypertensives Antimicrohials	Fluid Analysis Microbiology	► US	Patient Disposition Code Status	
(Validated)	Bowel Protocol	Stool Studies Urine Studies	▶ MR	General Communication Activity	
Recovery After Surgery - ERAS) - Pre	Glycemic Control	Blood Products / Transfusion	 IR Fluorescopy 	Diets	
(Enhanced Recovery After Surgery - ERAS) - Pre Operative (Day of Surgery)	Sedatives IV Fluids			Wound Care	
GENSURG Thyroid / Parathyroid - Pre Operative (Day of Surgery) (Validated)				Outpatient Orders	≡• 6

3

Click the Orders for Signature icon to display the Orders for Signature window.

4 Click the Modify button.

Orders for Signature (1)	x
PowerPlans	
🔀 GENSURG General - Pre Operative (Day of Surgery) (Validated) (GENSURG General - Pre Operative (Day of Surgery) (Validated))	
	Sign Save Modify Cancel



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

I	Collapse – Allows you to collapse the View pane, leaving more space for viewing PowerPlan details
M	Expand – Allows you to expand the View pane
9	Show Only Selected Items - Displays the selected orders only to assist in reviewing what has been selected
∢]	Merge View – Displays the plan components with those already ordered for the patient and active on the patient profile.
₩	Initiate Plan or Phase – Initiates the selected plan or phase. Orders do not become active or route to ancillary departments until you initiate.
Ø	View Excluded – Displays components of the predefined plan that were not included in the initiated plan.
0	Discontinue – Opens the Discontinue dialog box so that you can discontinue the plan or phase (individual components can be kept).
<u>)</u>	Plan Comment – Adds a note to a PowerPlan phase. Plan comments allow you to communicate decisions made regarding the phase to other clinicians who can view or take action on the phase. You can add a comment to a phase in any status.
🛕 Check Alerts	Check Alerts – Allows you to check for Quality Measure Alerts.

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



6 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 right-clicking on the order and selecting **Modify.**

8	7	Component	Status	Dose	Details
GENSU	RG Ge	eral - Pre Operative (Day of Surgery) (Vali	dated) (Planned Pending)		
⊿ Pati	ient Ca	e			
R	D	Refer to General Surgery Pathway			T;N
		🖄 Vital Signs			once
		🖄 Weight			once
		🖄 Height/Length			once
⊿ Me	dicatio	5			
VTE	Proph	laxis			
		🖄 heparin			5,000 unit, subcutaneous, pre-op, drug form: inj Hold until further direction by Anesthesia. If patient requires epidural catheter, heparin to be administered after epidural in situ.
		Apply Below the Knee Sequential Comp	ression Devices		T;N, To be initiated in the operating room
Ant	imicro	ials			
		For clean procedures only			
		🛛 ceFAZolin			For weight less than 80 kg. Administer in pre-op area / operating room
		🏈 If severe penicillin or cephalosporin aller	rgy (e.g. anaphylaxis)		
		🖄 vancomycin		•	For weight less than 80 kg. Administer in pre-op area / operating room
		🏈 For clean-contaminated procedure, sele	ct [ceFAZolin and metroNIDA2	OLE]	
		🖄 ceFAZolin		•	1,000 mg, IV, pre-op For weight less than 80 kg. Repeat ceFAZolin 1 g IV q4h if surgery is greater than 4 hours. Administer in pre-op area / operating room
		metroNIDAZOLE			500 mg, IV, pre-op, drug form: bag Administer in pre-op area / operating room
		If severe penicillin or cephalosporin aller	rgy (e.g. anaphylaxis), select [m	etroNIDAZOI	E and gentamicin] OR [metroNIDAZOLE and ciprofloxacin]
		metroNIDAZOLE			500 mg, IV, pre-op, drug form: bag Administer in pre-op area / operating room
	•	🔭 gentamicin			5 mg/kg, IV, pre-op Maximum 500 mg/dose. Administer in pre-op area / operating room
		🝸 ciprofloxacin			400 mg, IV, pre-op, drug form: bag If significant renal dysfunction. Administer in pre-op area / operating room

7 Continue to select additional orders for the day of surgery plan as listed below:

- Heparin
- Cefazolin (2000 mg, IV pre-op)
- 8 You want to add orders that are not part of the PowerPlan. Click the **+ Add to Phase** button and select **Add Order...**





In the search field start typing in the name of the drug you are searching for. In this case type in *ran t*o get a list of the ranitidine orders. Select the ranitidine (50 mg, IV, pre-op). Then click the **Done** button.

Genera Genera Allergie:	alSurgeonA, Mike - Add a lSurgeo DOB:19: Age:39 s: Adhesiv Gender:	l Order 7 MRN y Enci7 PHN	I:760Code Status: 7600 :107 Dosing Wt:65 k	Proce Disea Isolat	ess: ise: iion:	Location:LGH ED Enc Type:Inpatient Attending:Train, Sur		
Search:	ran	٩	Advanced Options 🖕	Туре	•	Inpatient	•	
A	ranitidine ranitidine (37.5 mg, PC), BID, dr	ug form: tab)		All		•	
Cor Ima Lab Mer Pati	ranitidine (50 mg, IV, c ranitidine (50 mg, IV, c ranitidine (50 mg, IV, c ranitidine (50 mg, IV, c ranitidine (50 mg, sub- ranitidine (50 mg, PO,	on call to ore-op) (12h) (8h) cutaneou BID, drug	OR) Js, q8h) g form: tab)		у		Discharge Patient Discharged Home without Su Discharge Patient Discharged Home with Suppo Bed Transfer Request 0	
<	ranitidine (150 mg, PO ranitidine (150 mg, PO ranitidine (150 mg, PO ranitidine (150 mg, PO ranitidine (150 mg, PO	, BID, dri , qHS, di , BID wit , BID, PR , on call	ug form: oral liq) rug form: oral liq) h food, drug form: tab) N heartburn, drug form to OR, drug form: tab)	tab)	urgeo	nA, Mike	- 760000393 Done	

10 You are then returned to the plan with the new order displayed along with the details.

eneralSuraeanA. Mike	DORSETN Frienda Jego 20 years Constant Maria	MANU/MORECOLUMN	Code Status	Point Divert	Location (SH ID Hold; ACWI Dis Type legislant Mindeen Tans, Sancare Physicant, MD
Mal & December Only at a type (Recently)			Notes Friday		Record also frame of Mode History O Admission O Decha
fers Molicatoritit Documentils Flam					
	H 1				
View	74 C		All March and		
Tana .		de V Oder None	Status C Dete 2	(Intern	
Method	ACCIVICIAL CONTRACTOR	A Aprili Transfor Discharge	Federal	THE REP. LEWIS M. P. S. Advantes, "Mission of American control on Taxan Second Million	
CONSURIS Ceneral - Pre Opioantive (Day of Surgery	i (Nalidatodi Planned Pending)	/ Configures behaviors	Crar-s	Volume to the first where a sector where we have a sector that a sector we are	
eppedent Plane (C)		M W stor bodum chloride 0.2%	Criteral	prider rater 200 mil. N. N. deus form: bes, first does 1929/, start 29 Jan 2008 11-42 PST, bias refume (mil): 1,000	
Admit/Transfer/Discharge		d Modeatany	020111		
Citetae		anterioreten	Colored	William \$20 with down have fast drive 1876, must 76 (an 2008 to 20 PC)	
Putient Care				Maximum austanceuphen 2 g/24 h from all accords	
Landy		M 's I fe' merstane	Colored	2 mg, 5C, 423, doug forms ing fairt Asse NOVE, start 29-Avx 2019 1642 757	
Proceedium					
		t beak to ranifidine			
	1	e Details for Familiidine St Details (Micro Consecut)			
	2	e beak te ranifidine S ^a Detah () Coor Connetti (
	3	e sous is ranifidine (Porta ())Coe Connets (* %), ()			Renalizing Administrative (Value and Step Policy
	2	t betak te fanitidine St betak (() dete connets) + % b. (1) : Toan (2)		Star tak =y	Renalmy Antoinstern (Valuent) Sup Value
	3	E Dennis for ranificaine (P. Dennis) (Color Connecto) (P. Sp.) (Color Connecto) (Color Connecto	-) Short Ma (ng	Familing Site insides Toleson The Toleson
	3	E Rocale for Familiatine (P briefs) [10 Color Connects] (* 5) b. (1) [1] Total [2] Total of Assistantion [2]	-	Start Unit (rg Tradestry (rt. g)	Renaling Antoinistics Robert Stay Token
	1	E Bouch to Cantilidine SP betah () (Conc. Connerts) () () () () () () () () () () () () () (Non-tale (ry Non-tale (ry Kritege	Forwarding Administrative Roberton They Robert
	3	E Bounds for Cathibidine (P Deals) [[] Coar Converts] (* \$ \$ b. ()] Tosse (2) Monte of Administration (5) Monte or [] Administration or []	18	Start Uals (rg Straggardy (r) rg HS Starso Alfridge ara Dio	Reading Mathiadain Followed Your Delaw
Sayon K Patient	3	e bock to ranifidine 2 Dotak (Concerns)	78]	Start tali <u>ey</u> Year tali <u>ey</u> Hist taus Adrikte eu (his	Renaining Statistication Polarcest Your Solar - - -
Suprami (Parlame Satura Satura	3	E Bouch to Canifidine (P Dech) (Con Conset) (* 15 b. C) Toss (C) Next of Adatasetion (C) Administration (C) Administration (C)	+ #]	Start tab. [rg Theorem [store Philams] All-induce on Onlo	Excelling Schlaster Followed Step Followed

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





Q.4. 1.4.	Order Name	Status	Dose	Details
Admit/Transfer	Discharge			
M 65°	Admit to Inpatient	Ordered		2018-Feb-13 10:36 PST, Admit to Orthopedic Surgery, Admitting provider: Train, Surgeon-Physician1, MD
Continuous Info	sions			
Mer	sodium chloride 0.9%	Ordered		order rate: 100 mL/h. N. drug form: bag. first dose: NOW, start: 29-Jan-2018 14:42 PST, bag volume (mL): 1,000
Medications				
M 1860"	acetaminophen	Ordered		650 mg, PO, q4h, dhug form tab, finit dose. NOW, start. 29-Jan-2018 14:42 PST Maximum acetamiscoben 4 a/24 h from all sources
M half	* morphine	Ordered		2 mg, N, gilh, drugform inj, finit dove: NOW, start: 29-Jan-2018 1442 PST

Then click **Done**.

Key Learning Points PowerPlans are similar to pre-printed orders You can add orders not listed in the PowerPlan by using Add to Phase functionality You can select from available order details using drop-down lists or modify order sentences manually where needed Initiate means that PowerPlan orders are immediately active and as such, can be actioned right away by the appropriate individuals

- To ensure orders within a PowerPlan are immediately active, click Initiate first and then Sign
- Sign will place orders into a planned state for future activation



Activity 1.8 – Complete your Documentation on HPI, Physical Exam, and Active Issues

Now that you have completed your exam and history and planned your day of surgery orders, you are ready to continue with your documentation. The next components are:

- History of Present Illness
- Physical Exam
- Assessment and Plan
- Active Issues

The above components are called free text components. You can type or dictate directly into them. There is no limitation on length. Front End Speech Recognition (FESR) software captures your dictation directly into PowerChart. Note that FESR will not be part of this activity but is covered in other training.

They serve as a notepad where you may enter your notes without leaving the workflow tab. Information entered here is saved until you are ready to create a formal note. With one-click, this information will be transferred into the note. Until then, any information captured will only be visible to you.

The other type of data entry requires selecting information from lists or catalogues pre-defined in PowerChart. This entry type improves data quality and can be used to generate reports.

When you reach the Active Issues component, you can select the following descriptor:

- **This Visit** the issue is a focus of the current encounter it is not shared between encounters and not carried over to the next encounter.
- **Chronic** the issue is ongoing and can be active or resolved. Chronic problems are shared across encounters and carried over to the next encounter. Chronic issues will appear in Medical History on the Active Issue page.
- This Visit and Chronic is both and is carried over to the next encounter. Note the
 difference when adding Diagnosis versus Problems. Diagnoses are for the current
 encounter (reason for visit) and problems are chronic issues (i.e. medical, social, or
 others).

The diagnoses and problems recorded here will carry over from visit to visit, which builds a comprehensive summary of the patient's health record. Keeping a patient's problems and diagnosis up-to-date is important.



Click on the **History of Present Illness** component from the component list from the Admission tab.

vital Signs & measurements
Labs
Pathology (0)
Micro 🖑 tures
Imaging
Home Medications
Current Medications
Allergies (1)
Order Profile (9)
New Order Entry
History of Present Illness
Physical Exam
Active Issues
Assessment and Plan

2 Click the blank space under **History of Present Illness** to activate the free text box and type some text. For example *Two month history of shin pain.*





3 Continue adding your notes in the **Physical Exam** component. For example *Physical exam noncontributory.*

Physical	Exam
Font	▪ Size ▪ 😽 🖻 📔 B I U A:▪ 🖹 🗮 🗮 📴

4 Next, select **Active Issues** component. To add Pain from hardware to the list of your patient's issues, select **This Visit and Chronic** and begin typing *hardw*.

Active Issues	Classification: M
	Add new as: This Visit and Chronic - Q hardw
	S/P hardware removal (V45.89, Z98.89)
Name	Presence of retained hardware (Z96.9)
Asthma	Fixation hardware in leg (V45.89, Z98.89)
▶ Historical	Fixation hardware in foot (V45.89, Z98.89)
	Fixation hardware in spine (V45.89, Z96.7)
	Loosening of hardware in spine (T84.498A)
Accessment and Plan	Retained orthopedic hardware (V45.89, Z96.9)
	Status post hardware removal (V45.89, Z98.89)
	Pain from implanted hardware (996.70, T85.9XXA)
	Infected hardware in left leg (996.67, T84.7XXA)



You can also update problems as displayed in the workflow view:

Active Issues		Classification: Medical and Patient Stated 👻 🛛 All Visits 🛛 🏵
Add	new as: This Visit 👻 🍳	۲
Name 1 × Pain from implanted hardware	Classification Medical	Actions This Visit Chronic
Asthma	Medical	This Visit Chronic Resolve

• These visit diagnoses are numbered as primary, secondary, tertiary, etc. You can easily rearrange this order by clicking the digit and selecting a different number.

Actions		
This Visit	Chronic	
This Visit	Chronic	Resolve
This Visit	Chronic	Resolve
This Visit	Chronic	
This Visit	Chronic	Resolve

- You can change any diagnosis from this visit to a chronic problem or both by clicking the appropriate buttons.
- You can also click **Resolve** to move a problem to the Historical section.
- 6 Click the active issue to display more details. Without leaving this view, you can:

ctive Issues		Classification: Medical and Patient Stated 👻 🛛 All Visits 🧞 🚍 🔹
	Add new as: This Visit - Q Problem name	
Name 1 × Pain from implanted hardware	This Visit Chronic	Modify
Asthma	Pain from implanted hardware	
	Condition type This Visit Classification Medical Diagnosis Type Admitting Onset Date	
	Confirmation Confirmed	

- **Cancel** this problem
- Type Comments
- Change the **Status**



To modify details, select the line and click **Modify** button. The **Modify Diagnosis** pop-up window appears. Simply familiarize yourself with the screen. This is where you can change the **Type** of this particular diagnosis (i.e. Admitting, Discharge, etc.). Go ahead and click on the **Type** drop-down menu and change to Admitting.

]	n-Physician1, MD	Train, Surgeo	-	e Tevt Eight			
	nments			o roat inght	ir 🏘 🗌	f internal prosthetic devices, irr	Other complications of
		Co	Date	al Service	*Cl		Display As
		× •	13-Feb-2018	ipecified 👻	Na	ardware	Pain from implanted ha
			Ranking	ification	*CI	*Confirmation	Туре
		•		cal 🚽	➡ M	 Confirmed 	Admitting
				Severity		Severity Class	Qualifier
				Probability		▼ Certainty	Status
				0		·	Active
		-	dure	cal -	▼ M Related Dia	Confirmed tails Secondary Description R Severity Class Containing Containing	Admitting Hide Additional Det Additional Details Qualifier Status

Then click **OK**

Key Learning Points

Your findings and observations can be added directly to the documentation components within the workflow tabs

Text entered in the free-text components is not visible to other care team members until you create and sign your document

Document diagnoses and problems using the Active Issues component



Activity 1.9 – Complete your Documentation

As the last step in assessing your patient, you create your note about the visit.

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 such as Admission, Rounding, 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.



Navigate to the Create Note section.

Ada	mission
Ad Go	vance Care Planning and als of Care
Chi	ef Complaint
Vis	its (1)
His	tories
Do	cuments (1)
Lin	ks
Viti Me	al Signs & asurements
Lat	×
Pat	hology
MR	ro Cultures
Im	aging
Ho	me Medications
Cu	rrent Medications
Alk	argies
Ori	ier Profile
Ne	w Order Entry
His	tory of Present Illness
Phy	vsical Exam
Act	ive Issues
Ass	essment and Plan
Cre	ate Note
Ge	n Surg Admission Note
Ge	n Surg Procedure Note
Ģe	n Surg Progress Note
	and the second sec



2 Click on Gen Surg Progress Note



3 The draft note displays in edit mode populated with the information captured by you and other clinicians. Review the different sections of this example note.

K > A Decementation	C Full screen	es esturin 0 S
◆Adi 〕 開口		
General Surgery Progress/Sa. X List		_4.s
[fatons - ·] (n - ·] = = = : + + B I U = · A _P ■ B ≡ [b]		
Subjective		
Objective		
Iztake/Oxtpus No qualifying data available.		
Vtals & Measurements No qualitying data available.		
Physical Exam		
Lab Besuits		
Dagnosis: Imogra No qualifying data available.		
Assessment/Plan		
Note Details General Surgery Progress Note, Train, Surgeon Physiciani, MC, 2018-Fer-13 11.01 PSI, General Surgery Progress/SOAP Note Separation	it Save S	lave & Close Cancel

4

Position your cursor over the heading of any section to activate a small toolbar:

refreshes the dynamic information in the box

activates the box for edits or new entries

removes the entire section or content of the box, note that once removed it cannot be added back



5 For editing existing text, click into the box, for example, **History of Present Illness**. It becomes active and you can select the text to add or delete as needed.



Note: PowerChart offers **Auto text** phrases that can be used within Provider documentation to quickly and easily insert note templates, and pull in patient data with smart templates. This will be discussed further in Activity 3.2.

You can remove sections that are not required or are currently blank. For example, place the cursor over the heading and click is to remove the entire section.



7 Review the **Assessment/Plan** section. It is populated with the diagnosis you have entered. Enter new text to practice. Enter "Plan to take the patient to OR for hardware removal."





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.

Sign/Submit Note			
*Type: General Surgery Progress Note *Author: Train, Surgeon-Physician1, MD	Note Type List Filter: Position Title: General Surgery Progress/SOAP Note	*Date: 2018-Feb-13 III 1106	PST
Forward Options Create provider letter Favorites Recent Relationships Provid	er Name		
Contacts	Recipients	mment	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



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					E My notes	only 🔲 Group by encounter Deplay: Provider Documentation *
Histories	Time of Service	Subject	faste 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	OB Consult Note	Obstatrics Consult	TestUser, OBGYN-Physician, MD	03/01/18 13:41	TestUser, OBGI/N-Physician, MD
Micro Cultures (0) Pathology (0)	* Deploying up to the last	50 Pacent Notes for all Visita				
Imaging (0) Allergies (1)	Links					8
Current Medications	4 PharmaNet (1)					

11 If you want to close this patient chart, click the **X** icon on the Banner Bar. You can have a maximum of four charts open at any given time.



🔦 Key Learning Points

- Use Dynamic Documentation to prepare notes standardizes documentation practices.
- 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.



PATIENT SCENARIO 2 – Day of Surgery

Learning Objectives

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

- Place Post-Operative orders
- Create an Operative Report

SCENARIO

Your patient has arrived for their surgery. The pre-operative nursing staff has initiated the day of surgery plan that you previously planned.

The surgery is completed and the anesthesiologist is preparing the patient to move to PACU. You now plan your post-operative orders and create your operative report.

You will complete the following activities:

Placing a PowerPlan in a planned state

Create an Operative Report



Activity 2.1 – Plan a Post-operative PowerPlan

Your patient's post-operative orders need to plan for nursing staff to have them available to be initiated when appropriate.

The best way to access your PowerPlans is through your Quick Orders page, as we reviewed when placing the Day of Surgery plan earlier.



In the Provider View page, click on the Quick Orders tab.

18 8 8 14 4 11	100% - 0 0 🗳					-		_			
with labour	10 Rounding	5	Dulpation: Chart	13	Transfer/Discharge	12	Quick Orders	21 +		100	9 / B
Anne-Ingabert -						-		_			
PowerPlans	- 0	Medications		e Labs		۵	Imaging and Diagnostics	0	New Order Entry		
Admission		 Analgenica 		. Booded	rk Radine		• ECO		Consults		2 -3
 Pro-Operative 		 Antachin 		• Blooded	ek Al4 (2 day added if ordered after 27:59)		Echocardiogram		200000000		
Post-Operative		 Anticoagulants 		▶ Boodwo	xk STAT		• XR		Patient Care		±-6
 Discharge 		 Arcenetica 		 Full An 	APyress .		►CI				
		Anthypetensives		 Microbio 	logy		► US		Patient Disposition		
		 Antimicrobialis 		 Stool St 	efes .		► RM		Code Status		
		 Bowiel Protocal 		 Unne st 	aden		 MK 		General Communication		
		Electrolyte Management		• Dood Pr	oducts / Transfusion		► 28.		 Activity 		
		 Glycanic Control 					 Fueroscopy 		• Dieta		
		 Seclatives 							 Lines/Tebes/Drainc 		
		► IV Fulds							Wound Care		
									Outpatient Orders		=-0
) Cardiac		
									a technic		

In the PowerPlans folder, click on the Post-Operative title to expand the folder and click on the 2

GENSURG Same Day Discharge – Post Operative plan, marked by the 🐸 icon.



3



4	С	Click the Modify button.		
		Orders for Signature (1)		×
		PowerPlans GENSURG Same Day Discharge - Post Operative (Validated) (GENSURG Same Day Discharge - Post Operative (Validated))		_
		Show Dispancie Table	Sign Save Modify Ca	ncel
			Sign Cave mouny Car	

5 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 or by right-clicking on the order and selecting **Modify.**

Idd Tocument Madication by He Reconciliation • A Check Interactions		Meds History
Medication List Document In Plan		
	a 1 % () + Addin Phase + A Check Alerts Bil Comments Start Now	Duration None
View		
ders for Signature	de X Component Status	Obse Detans
ns	GENSURG Same Day Discharge - Post Operative (Validated) (Planned Pending)	
Aedical	4 Admit/Taniter/Discharge	
GENSURG Same Day Discharge - Post Operative (Validated) (Planned Pending)	Discharge Patient	When discharge criteria met
GENSURG General - Pre Orientive (Day of Surgery) (Validated) (Planned)	Notify Treating Provider Discharge Ready	Surgeon to assess patient prior to discharge
mesteri Plans (0)	Discharge Patient Instructions	Patient Discharge Information attached to chart
and a second	d Patient Care	
Administration of the America	Discharge Patient Instructions	Change dressing in 2 days
Admity (ranster) Discharge	Discharge Patient Instructions	Remove surgical packing in 2 days
Status	Discharge Patient Instructions	Drain to be removed indays by
Patient Care	Lines/Tubes/Drains	
Activity	Monitor Tube or Drain Output	g6h, PEN
Diet/Nutrition	E Remove Surgical Drain	When drainage less than 25 mL in 24 hours
Continuous Infusions	4 Activity	
Medications	C Activity as Tolerated	TIN
Blood Products	C Activity Restrictions	No Heavy Lifting) No Strenuous Exercise, for 14, day
Laboratory	A Dist/Nutrition	
Diagnostic Tests	Clear Fluid Diet	T2N Sector control and a sector sector sector sector.
Procedures	R Advance Diet as Tolerated	T;N, Advance diet to Diet as Tolerated
Respiratory	d Continuous Infusions	
Allied Health	Remove Peripheral IV Catheter (Remove Saline Lock)	When IV medications are discontinued and condition is stable
Consults/Releaseder	Sodium chloride 0.9% (sodium chloride 0.9% (NS) con	order rate: 75 mL/h, N, drug form: bag
Communication Dedan	A Medications	
Contraction Cropps	Analoesics: Non-Opioids	
Non Categorized	acetaminophen (acetaminophen PRN range dose)	dose range: 325 to 650 mg, PO, qAh, PRN pain, drug form: tab Maximum acetaminophen 4 g/24 h from all sources
edication History	District (Disprofen (Disprofen PRN range dose)	dose range: 200 to 400 mg, PO, g6h, PRN pain, drug form: tab
edication History Snapshot conciliation History	C diclofenac	50 mg, PO, gbh, PRV pain, drug form: tab Maximum of 100 mg/ 24 h
	Analgesics Opicide	
	acetaminophen/caffeine/codeine (TYLENOL #3 EQUIV tab PRN range dose)	dose range: 1 to 2 tab, PO, q4h, PRN pain, drug form tab Each tablet contains up to 325 mg acetaminophen, caffeine 15 mg and codeine 30 mg. Maximum acetaminophen 4 g/24 h from all sources
	morphine (morphine PRN range dose)	dose range 2.5 to 5 mg, PO, q4h, PRN pain, drug form: tab
	C OVCODONE (oxyCODONE PRN range dose)	dose range: 2.5 to 5 mg, PO, gHs, PRN pain, drug form: tab
	HYDROmorphone (HYDROmorphone PRN range dose)	 dese range: 0.5 to 1 mg, PO, q4h, PRN pain, drug form tab. DILAUDID EQUIV
	Antiemetica	
	dimenhyDRINATE (dimenhyDRINATE PRN range dose)	dose range: 25 to 50 mg. IV, q&h, PRN nausea or vomiting, drug form: inj GRAVOL EQUIV
	dimenhyDRINATE (dimenhyDRINATE PRN range dose)	dose range: 25 to 50 mg, PO, qRh, PRN nausea or vomiting, drug form: tab GRAVOL EQUIV
	4 Consults/Referrals	
	C D P Consult to Transition Services Team (TST)	T(th
	Control to Dircharge Care Coordinator	Y.41

Continue to select additional orders for the post-operative plan as listed below:

• Discharge Patient

6

- Notify Treating Provider Discharge Ready
- Discharge Patient Instructions
- Remove Peripheral IV Catheter
- Acetaminophen
- Oxycodone with dose range 5 to 10 mg



7 Note that we never completed the missing details for Notify Treating Provider Discharge Ready, indicated by the Sicon.

GE	GENSURG Same Day Discharge - Post Operative (Validated) (Planned Pending)						
⊿	⊿ Admit/Transfer/Discharge						
₽	Discharge Patient When discharge criteria met						
$\mathbf{\nabla}$	🛛 🗴 🚺 Notify Treating Provider Discharge Ready		Surgeon to assess patient prior to discharge				
2	Discharge Patient Instructions	Modify	Patient Discharge Information attached to chart				
⊿	Patient Care						

Right click on the order and click the Modify link that appears.

8 Complete the necessary details highlighted with yellow fields and/or **bold** text.

▪ Details for Notify Treating Provider Discharge	le Ready
📸 🗴 Details 🕅 Order Comments 🕅 🛞 Offset Details	
+ 🗈 III. 🕽 🗧	
Requested Start Date/Time:	PST *Discharge Criteria: Dressing dry and intact
Special Instructions: Surgeon to assess patient prior to discharge	

In this case enter Dressing dry and intact in the Discharge Criteria: field.

Remember to click the **Details** button to expand or collapse the order details view.

9 Click the **Sign** button to *plan* the PowerPlan. It will be activated by the PACU staff at the appropriate time.





You are trying	to discharge Phy-OBGYN. Veronica without baying performed a discharge medication
reconciliation.	Please place the med rec before discharging the patient.
Alert Action	
Alert Action	and perform discharge medication reconciliation

After clicking on Sign this alert pops up. It is known as a discern alert and it is the systems way of notifying you that additional input is needed.

Click on	Place discharge order anyway	We will be addressing this issue later in the	book
			DOOK.

Then Click **OK**.

Note: Discern Alerts alert the user that the order they are attempting conflicts with an order or policy within the system.

11 Then click **Done**

🔦 Key Learning Points

- PowerPlans are similar to pre-printed orders
- You can add orders not listed in the PowerPlans by using Add to Phase functionality
- You can select from available order details using drop-down lists or modify order sentences manually where needed
- Initiate means that PowerPlans orders are immediately active and as such, can be actioned right away by the appropriate individuals
- To ensure orders within a PowerPlans are immediately active, click Initiate first and then Sign
- Sign will place orders into a planned state for future activation



Activity 2.2 – Complete an Operative Note with Autotext

Most tabs in the Provider view allow one-click access to the most relevant note types. You already know how to create an Admission Note, let's quickly create an Operative Note using the same process and add in the use of autotext to avoid entering repetitive information.

|--|--|

🛔 📄 📥 📄 🔍 🔍 100	0% 🗸 🖱 🖨 🚰				
dmission	8 Rounding	×	Outpatient Chart	X	Transfer/Discharge
formal Team Communication					
formal Team Communicatior istories	Informal Team Com	nunication			
iformal Team Communication istories ocuments (1)	Add new action	nunication			
nformal Team Communication fistories Jocuments (1) inks	Informal Team Comm	nunication			

2 From the list under Create Note, select **Operative Report** which will pull existing relevant information from the note.



3

1

To activate a free text box under the **Clinical Preamble** heading, then click on the text box and type **"med**. A list of Auto text entries starting with "comma comma med" will be displayed. Double click on **"med_pe_short***. (It is recognized that this would not be what would be charted, this is done here to teach functionality, not workflow.)

Estim "med_p "med_p "med_r	e_complete * e_short *	
Clinic "med_re	os_short *	
,,med		
D		



The programmed Auto text entry populates in the box. You can edit this text if necessary.

<u>Clinical Preamble</u> General: Alert and oriented x 3, no acute distress. Cardiac: Normal S1 &S2, no gallops, no murmurs, no rubs, normal JVP, no pedal edema. Respiratory: Good air entry bilaterally, no adventitious sounds. Abdomen: No bowel sounds, distended, soft, tender, no hepatosplenomegaly.

The built in Auto text entries are shared across the organization helping to adhere to agreed standards. You can also create your own Auto text entries. You will learn how to create Auto text entries in a personalized learning session at a future date.

Complete any other relevant documentation in the appropriate sections.

5 Click **Sign/Submit** and then **Sign** to complete your note.

Key Learning Points

- Use Auto text entries for commonly entered information
- Auto text entries shared between all providers help to maintain standards when documenting patient's care



PATIENT SCENARIO 3 – 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.
- Complete discharge documentation.

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



Activity 3.1 – Review Orders

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

23	Rounding		53	Outpatient Chart	X	Transfer/Discharge	×	Quick Orders	× +	
Ord	ler Profile (4)									
							Pending C	Irders (4) Group b	y: Clinical Category 🗸	Show: All Activ
		Туре	Order		A		Start	Status	Status Updated	Ordering Provide
⊿⊿	dmit/Transfer/Discharge	e (1)								
		()	<mark>Admit</mark> te Admittir	ng provider: Train, Surgeon-Ph	6 PST, Admit to ysician1, MD	Orthopedic Surgery,	13/02/18 10:36	Ordered	13/02/18 10:36	Train, Surgeor
⊿0	ontinuous Infusions (1)									
		Ð	sodium	chloride 0.9% (NS) continuous	s infusion 1,000	mL 100 mL/h, IV	29/01/18 14:42	Ordered	13/02/18 01:01	eLearn, MDSU
⊿١	ledications (2)									
	-	()	acetami	nophen 650 mg, PO, q4h			12/02/18 22:00	Ordered	13/02/18 01:01	eLearn, MDSU
		Ð	morphir	ne 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:

Order I	Profile (16)							Selected visit 2
					Pending Orders(16)	Group by: Clinical Catego	ory 🖌 Show: All Active Orders	
		Type	e.	Stat	Status	Status Updared	Ordering Provider	
- Admit	Transfer/Discharge (2)							
		8	Admit to Incatient 2018-3an-63 13:23 PST, Admit to Obstation, Admitting previden: TestJawr, OBGYN-Physician, MD	03/01/18 13:23	Ordered	17/01/18 01:01	Testliker, OBGYN-Physician, MD	
. 0	38		Discharge Patient: 2018-Jin-18 13:06 PST, When discharge criteria met	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGHN-Physician1, MD	
Patier	t Care (4)							
•	28	8	Discharge Patient Instructions - Patient meets discharge criteria when medically stable, pain manaped with oral analemics, voiding independently, bowels functioning tolerating regular diet, and independent with ADLs	18/01/18 13:06	Ordered	18/01/18 13:07	Tran, OBGYN-Physician1, MD	
	8	•	Padent Education 2018-3in-18 13:06 PST, Give patient instruction sheet if applicable	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
п	8	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	
13	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	
ACEVI	¥(1)							
	28	8	Activity as Tolerated 2018-Jan 18 13:06 PST	18/01/18 13:06	Ordered	18/01/18 13:07	Train, OBGYN-Physician1, MD	
∠Diet/8	Autrition (2)							
	8	8	Advance Det as Tolerated 2018-Jan-18 13:06 PST, Advance diet to Regular diet, Provider must order starting diet. RN or RD to place subsequent diet order.	18/01/18 13:06	Ordered	18/01/18 13:07	Tran, OBGYN-Physician1, MD	
	10	8	Clear Fuld Diet 2018 Jan 18 13:06 PST	18/01/18 12:06	Ordered	18/01/18 13:07	Train, OBGYN Physician1, MD	
Medic	ations (4)							<u> </u>
		8	acetamnophen (TrLENOL) 975 mg. PO, QED. PRo: pan-mild or fever	03/01/18 13:25	Ordered	18/01/18 01:00	TestUser, OBSYN-Physician, MD	
11	100	A	dimenh/DRINATE (dimenh/DRINATE PRN range dose) 50 mil. 1/, orth. 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



Activity 3.2 – 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 **m** icon. 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				



The reconciliation window displays the current status of medications.

Orders Prior to Reconcillation						Orders After Reconciliation	
□ Pj マ Order Neme/Details	Status		5	E 13,	V Order Name/Details		Status
d Home Medication							
Isinopel (Isinopel 10 mg oral tablet) I tob. PO, gdoly, 30 tob. 0 Refill(s)	Documented	0	0	0			
Q multivitamin, prenatal Prenatal Multivitamins with Folic Acid 1 mg oral tablet) 1 tob. PO, eduly, 30 tob. 0 Refilial	Documented	0	0	0			
salbutamol (salbutamol 100 mcg/puff inhaler) 1 puff, inhalation, once, PRN: as needed, 1 inh, 0 Refills)	Documented		0	0			
d Medications							
acetaminophen (TYLENOL) N75 mg, PO, QID, PRIE pain-mild or fever	Ordered	0	0	0			
Some IV, odit: PRN: nauses or vombre	Ordered	0	0	0			
R metoclopramide (metoclopramide PRN range dose) 10 mg, N, gBr, PRN nauses or vomiting	Ordered	0	0	0			
Condensetron Amg, N, gBN, PRN: nouseg or vomiting	Ordered	0	0	0			

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

ся ^й	
•	

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

4	Add	1 (Man	age Plans				
				Orders Prior to Reconciliation				
		\$	8	Order Name/Details S	Status		ī.	
	⊿	Ho	me Me	dications				
		4	8	lisinopril (lisinopril 10 mg oral tablet) D	Documented	0	0	0
				1 tab, PO, qdaily, 30 tab, 0 Refill(s)		<u> </u>	\sim	\sim
		4	8	multivitamin, prenatal (Prenatal Multivitamins with Folic Acid 1 mg oral tablet) D	Documented	0	0	0
				1 tab, PO, qdaily, 30 tab, 0 Refill(s)		$\mathbf{\circ}$	\sim	\sim
		J.	8	salbutamol (salbutamol 100 mcg/puff inhaler) D	Documented	0	0	0
				1 puff, inhalation, once, PRN: as needed, 1 inh, 0 Refill(s)		\cup	\sim	\sim
	⊿	Me	dicatio	ns				



Discontinue all inpatient orders as indicated by the icon.

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

+	Ado	1	РM	anage Plans	
Þ					Orders Prior to Reconciliation
		\$	7	Order Name/Details	





Search for Tylenol #3 in the Search: field.

Search:	tylenol #3	٩	Advanced Options	•	Type:	۵.	Discharge 👻
-	TYLENOL #3 EQUIV tab						
T I	TYLENOL #3 EQUIV tab	(1 tab, P	O, q4h, PRN as nee	ded	for pair	n, dru	g form: tab)
	TYLENOL #3 EQUIV tab	(1 tab, P	O, q4h, PRN pain-r	nod	erate, o	rder d	uration: 15 day, drug form: tab, dispense qty: 90 tab)
	TYLENOL #3 EQUIV tab	(2 tab, P	O, q4h, PRN as nee	ded	for pair	n, dru	g form: tab)
	TYLENOL #3 EQUIV tab	(tab, PO	, q4h, PRN pain-br	eakt	hrough,	orde	duration: 15 day, drug form: tab, tab)
	TYLENOL #3 EQUIV tab	(tab, PO	, q6h, PRN pain-br	eakt	hrough,	orde	duration: 15 day, drug form: tab, tab)
	TYLENOL #3 EQUIV tab	(tab, PO	, QID, order duratio	n: 1	5 day, d	rug fo	orm: tab, tab)
	TYLENOL #3 EQUIV tab	(tab, PO	, QID, PRN pain-br	eakt	hrough,	orde	duration: 15 day, drug form: tab, tab)
	"Enter" to Search						

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)



Click Done



8 Complete any missing details for the new prescription.

Ider Ferenciation Discharges Phy-DB - OBGYN, Veronica	AND STOCKED AND STOCKE														
r-OBGYN, Veronica	In A second s			and the second second								_			Line I
	DOE:1023-J	Jan-10 MP	84740000407 Cod -76000000007						Process Disease				Location:LGH	LD; LDRS; CIM	
rgies: Tape	GenderFer	nale IH	N-50760000697 Des	ing Wt85 kg					Isolation				Attacong Test	Ker CEGINIHAS	ician, MD
dd 🔐 Manage Plans														Reconcilation St	tatus
Contraction of the second	Sec. 10.1										-	an an an		 Meds Holovy 	Admission U
B. O. Asta Name Tarak	Orders	Prior to Reconcilution		fash-c	1.00	PL.		13. 17	Period Marco (Netrola		Orden After R	econciliation			6.
Korea Made aferra				Station		U •	-	-9 8 1	Cirilar NewYo/Chillans						lace.
PARTY ANTAL PARTY					La I			0.0	a damaghes (all	rise/codeise (TT15N)	ENTIOUT/Obl				0.9
					12				1 mm, PO, g4h; for 11 a	Cay, FRVe pain-maders	te NOTAL D'Avfait	s fictes for I	dett-		
4" O Ssinopell (Isinopell 12 mg o Link 60 actuals 20mb (I)	nai tablet)			Ducamented	0	0	0								
😴 🔘 multivitamin, prenatal (Pe	enatal Multivitamine with Folic Acie	id 1 mag oral tablet)		Decumented											
I tob, PC, edoly, 30 tob, 07	RefuEx				10	0									
Salbutanol (salbutanol 10	0 mog/puff inhaler)			Documented	0	0	0								
Medications	warnesses, 1997, cheatly				-										
🔁 🔾 acetaminophen (TYLENOE))			Ordered	Lo.										
975 mg. PO, QID, PRIV pain	-mild or fever			1000000	M	1									
C C dimentyDENATE idenced	hyDEINATE PISN range desc)			Ordered	0	0	0								
🔂 🕃 💭 metorispramide (metoris	gramide PEN sange dose)			Ordered	0										
20 mg. fV, gth. PHYc nouses	a or rombing				1×	2									
CP E O ondansetron	and a second sec			Ovdered	0	0	0								
Details for acctaminopher	n/catteine/codeine (1	TYLENOL 13 E	QUIV tab) *											5	iend 1c. Select hourse
t Dotais for acctaminopher ¹⁰ Ostais ¹⁰ Octor Consumes	n/calfeine/codeine (1	TYLENOL #3 E	QUIV fab) •	10	Sperse				100 0.440					5	iend To: Select Rouse
Details for <u>acctaminopher</u> Ponals <u>ar Color Connects</u> Tob <u>t</u>	n/caffeine/codeine (1 Rote of Acobiectice ● P0	TYLENOL #3 E "frequency gift	QUIV tab) Outlion It day	or w	Kaperse I tab	ł		30	(a) 2×21		÷81	8 0		5	send To: Select Rouse
Solution Power Stream (Sector Connection) These (Sector Connection) Sector (Connection) Sector (Connection)	n/catfeine/codeine (1 Itatical Achibitation ₽0	TYLENOL #3 E Trequeny	QUIV tab) Durition Story Special Inst-	ng Kanar	faperac I tab			33	[m] 3.cH ▲ 1.	Drugi	- 19 18 In. 1947 - 1943	4 0	•	3	iend To: Select Reuton
1 Details for <u>Excellaninopher</u> 2 Details <u>in Sofer Connects</u> Toto <u>1</u> 1016 <u>1017</u> 1016 <u>1017</u> 1016 <u>1017</u> 1017 1	n/catteine/codeine (1 taste of Achikitatios ● PO ■ 1007 - 350 pg	TYLENOL 13 E	Ourition Ountion Stratey Special Instru	nSura.	Rapcense	1		33	arts ∳x	Dugi	+Sh. International State	8 0		,	send To: Select Round
Solution for acclaminopher Ponta Consults State Consults The T TON (particular TON (particular TON (particular TON (particular)	N/catfleine/codeine (1 Rote of Acceleration ● PO ■ 0 1917 ⊕ PS1	TYLENOL 13 E	Ourticon Istory Special Instru	ntieres	Rapcese 1 tab			3	B ² arts ∳x	Drugi Type Of The	4 Sh. Inter State 1907 C. Mainter	٠		5	iend To Select Rouse
1 Details for <u>Constantinopher</u> 12 Details <u>Color Constantis</u> Tota Tota 14 M 14	Vcaffeine/codeine (1 Inste of Achidestics ● PO ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0 ■ 0	TYLENOL 13 E Tropency I yth	QUIV tab) • Ountion Striday Special bots Parmery ECC Partner	ntiteres	faperae I tab	•		33	(a) 2 + 41 (b) 2 + 41 (b) 4 +	Drugi Type Of The	the Sa In. Jame Jack Roya C Acate	ê P ance	•	5	kend To: Select Routin

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



9

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

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.



The prescription will print automatically. Below is an example.

	PRESCRIPTION
Vancouver CoastalHealth Preventing undirects, Examples	Lions Geite Hospital 231 E. 15h Street North Vancouver, BC V7L 2L7
Patient Name: MATTEST, SAMM	IY
DOB: 1980-JUN-01 Age: 37 years	Weight: 70kg (2017-DEC-19) Sex: Female PHN: 987639795
Allergies: penicillin	
Allergy list may b	e incomplete. Please review with patient or caregiver.
[] Blister Packaging week cards; dispe	nsecards at a time; Repeat
[] Non-Safety vials [] Other	
Faxed to Community Pharmacy:	Fax:
Faxed to Family Physician:	Fax:
If you rece	eived this fax in error, please contact the prescriber
Patient Address: 590 8th w st.	Home Phone:
vancouver, British Columbia	Work Phone:
Canada	
Canada Any narcotic medicati Over the counter med	ons need a duplicate prescription form to be completed
Ceneds Any narcotic medicati Over the counter med Prescription Details:	ons need a duplicate prescription form to be completed ications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2
Ceneda Any narcotic medicati Over the counter med Prescription Details: TYLENOL #3 EQUIV tab	ons need a duplicate prescription form to be completed lications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2
Cerecia Any narcotic medicati Over the counter med Prescription Details: TYLENOL #3 EQUIV tab SIG 1 tab PO q	ons need a duplicate prescription form to be completed ications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2 4h for 15 day PRN pain-moderate
Ceneds Ceneds Over the counter med Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q Dispense/Supply: 90 tab	ons need a duplicate prescription form to be completed ications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2 4h for 15 day PRN pain-moderate
Ceneds Any narcotic medicati Over the counter med Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q Dispense/Supply: 90 tab	ons need a duplicate prescription form to be completed lications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2 4h for 15 day PRN pain-moderate
Ceneda Any narcotic medicati Over the counter med Prescription Details: TYLENOL #3 EQUIV tab SIG: 1 tab PO q Dispense/Supply: 90 tab Prescriber's Signature TeetMAT_O GRYN-Physician MD	ons need a duplicate prescription form to be completed lications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2 4h for 15 day PRN pain-moderate
Ceneds Any narcotic medicati Over the counter med Prescription Details: TYLENOL #2 EQUIV tab SIG: 1 tab PO q Dispense/Supply: 90 tab Prescriber's Signature Prescriber's Signature TestMAT, OBGYN-Physician, MD Prescriber's Cellege Nurcher: TEMP00001	ons need a duplicate prescription form to be completed ications can be filled on PharmaNet at patient's discretion Date Issued: 2017-DEC-2 4h for 15 day PRN pain-moderate

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		



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



Activity 3.3 – Complete Discharge Diagnosis and Discharge Documentation

Using Dynamic Documentation, you will create the Discharge Summary. The discharge summary will be automatically sent to the patient's lifetime providers such as their GP. You can also select other providers who should receive a copy. You can also prepare the Patient Discharge Summary to be printed for the patient by the nurse once completed and handed to the patient.

Click the Discharge Summary	under the Create Note component under the	Discharge
-----------------------------	---	-----------

Create Note
Discharge Summary
Patient Discharge Summary
Select Other Note

As before this is a dynamic documentation, it will pull relevant data from the patients encounter and auto populate the document. It can be modified in the same manner as the OR Note.

Click Sign & Submit and then Sign.

Key Learning Points

- You can fully manage discharge diagnosis right in the Transfer/Discharge tab.
- A Discharge Summary will be distributed to the providers who have documented lifetime relationships on the patient's record and to any other providers selected by you
- Patient Discharge Summary is printed for the patient at discharge by nursing



End of Workbook

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