SELF-GUIDED PRACTICE WORKBOOK [N70] CST Transformational Learning

WORKBOOK TITLE: **Provider: OB Family Practice**







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***** SELF-GUIDED PRACTICE WORKBOOK

Duration	4 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**
- Some clinical scenario **details have been simplified** for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- **Follow all steps** to be able to complete activities
- If you have trouble to follow the steps, immediately **raise your hand for assistance** to use classroom time efficiently



PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

Learning Objectives

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

Locate and review the Tracking Shell

Open patient chart

Navigate within the Computer Information System (CIS) patient chart

Customize your view of the patient chart

Review patient history

Review and add allergy

SCENARIO

As the OB Provider covering the Labour and Delivery Unit, you receive a phone call that a 30-year-old woman G1P0 at 38 weeks gestation, has presented to the LGH Labour and Delivery Department with contractions. She has Gestational Hypertension.

The **aim of this workbook** is to showcase the functionality of a fully loaded system. Therefore to illustrate the basic features of the Computer Information System (CIS), the patient scenario is more complex.

You will be completing the following activities:

- Review the Tracking Shell
- Access and navigate the patient's chart
- Locate and update patient history
- Navigate Workflow tab's (patient chart sections) component list and update Pregnancy Risk Factors
- Review and add Allergies



Activity 1.1 – Review Tracking Shell



In this activity you will:

- Review the Tracking Shell.
- Practice navigating the patient's chart.

Ensure you are logged into PowerChart with the provided username and password.

2

1

The very first screen you see is **Message Centre**. It is similar to standard email software. It is integrated with patient records and internal to CIS users. You can learn more about Message Centre from the online eLearning module.

Click on **Tracking Shell** and the Tracking Shell page opens.

CareConnect 🖏 PHSA PACS 💐	VCH and PHC PACS 🕄 FormF	ast WFI 🝦			
🖃 Message Centre 驨 Patient Ove	rview 🎬 Ambulatory Organize	er 🌇 MyExperience 🎄 Patient L	ist Tracking She	II Perioperativ	e Tracking
🗐 Exit 🎬 AdHoc 🔤 Communicate	e 🝷 🖏 Result Copy 👢 Related	Records 🗃 Discern Reporting I	Portal 🕞 iAware	Protocol Of	ffice Manag
Realth Education Mater	rials 🔍 SHOP Guidelines and D	STs 🔍 UpToDate 🖕			
Message Centre					
Inbox Summary 7	Saved Documents ×				
Inbox Summary + Inbox Proxies Pools	Saved Documents ×	Message Journal 🕮 Forwar	rd Only 📴 Selec	ct Patient 🌇 S	elect All
Inbox Summary 7 Inbox Proxies Pools	Saved Documents ×	Message Journal 🖾 Forwar Patient Info Patient Na	rd Only Selec	tt Patient 🆏 S Subject	elect All Update Da
Inbox Summary T Inbox Proxies Pools Display: Last 90 Day:	Saved Documents × Saved Documents × Create Create Location 09-Jan-20 LGH LD	Message Journal Forwar Patient Info Patient Na CSTMAT, K	rd Only Select Status Pending	tt Patient ाडि Subject OB Labour	elect All Update Da 09-Jan-20
Inbox Summary # Inbox Proxies Pools Display: Last 90 Day: - Inbox Items (0) ^	Saved Documents × Communicate ▼ ■ Oper Create ∇ Location 09-Jan-20 LGH LD 09-Jan-20 LGH LD	Message Journal Forwar Patient Info Patient Na CSTMAT, K MATTEST,	rd Only Pending	tt Patient 🏽 Subject OB Labour OB Labour	elect All Update Da 09-Jan-20 09-Jan-20



The **Tracking Shell** serves as the desktop for PowerChart Maternity, linking health care professionals to vital patient and department information.

The Tracking Shell is divided into sections:

- 1. Tabs
- 2. Toolbar and Filters
- 3. Column Views

Tracking Shell								[므] Full screen	Print	∂ 0 minu
LGH L&D LGH OB Postpartum LGH OB All Be	eds LGH OB Re	cently Discharged	SGH OB All Be	ds SGH OB Rece	ntly Dischar	ged 1				
Patient: CSTMAT RAINY V Filter: <none></none>	•									
	2							3		
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LDR2,01M CSTLABSOBB, RHIGO 1*	41 4/7	ai	Plisvcl, Antonio			oponto		N		s., 🔶
LDR3,01M CSTRHOREG, CMOUTF		ai	Plisvcl, Antonio						- +	
LDR4,01M CSTMAT, KATELIN 1*	34 6/7	0	Plisvda, Amber	10	* 2.5 cm*-1	*		U	R	⊗ ♣₄/
LDR5,01M CSTPRODMAT, TESTS 1*	38 2/7	0	Plisvca, Rocco							•
LDR6,01M CSTMAT, SNOW 1*		Q	TestMAT, OBG	10	* 0 cm* +:	2* Sponta	Clear*	U	R	V Q4
LDR7,01M CSTLABSQBB, IVIGMO		ei.	Plisvca, Rocco							
LDR8,01M CSTMAT, BETTY 2*1	* 🥝	۵	Plisvca, Rocco					Reque	sted*	▲ 330
LDR8,02M CSTMATFRESH, QUEE 1*	O	q	Plisvcb, Stuart	10	* 2.5 cm*+	*		P		🛓 🛆 🚺
LDL,01M CSTPRODREG, MOMF		q	Plisvca, Rocco						- H +	
LDL,02M CSTMATGOLIVE, APRIL 1*	Ø	0	Plisvca, Bocco	10	•	Artificia	Clear*	U Renue	sted*	🔶 🖗

4

The **Tracking Shell** tabs display various locations such as LGH L&D, LGH OB Postpartum, and LGH OB All Beds, etc. These Location tabs allow you to move between different views.

- 1. The bolded tab indicates the view that is currently being displayed. Your default location tab is the LGH L&D.
- 2. The Icon toolbar displays various key buttons. Hover over each icon for more information. All care providers use the same view to access the icons.



For practice, hover over the icons below:



Conversations Launcher refers to Bed transfer or Documenting a Discharge

Interactive View and I&O: Providers use this icon to document from the OB Provider Band such as a cervical exam



Women's Health Overview: Providers use this icon to access the patient's chart

For your reference, providers also use these icons:



🜌 Add Order

5

6



- The Columns display the patients and specific patient details.
 - 1. The **Bed** column displays the patient's bed location with **M** = **Mom**; and **A**, **B**, **C** representing sequential newborn beds.
 - 2. The Status is updated through the patient's hospital visit. For example, C/S for C-section.
 - 3. The A column displays allergies hover over the Icon to see the exact allergy.
 - 4. The **Communications** Column displays Alerts and Communications icons such as Isolation Alert and Rh Negative. Some icons can be added manually by right-clicking on the cell. Certain nursing and provider documentation pull data forward into these columns.
 - 5. The **Lab** column shows the status of the lab orders.
 - 6. The **MAR** displays the number and medication orders details.

Trac	king Shell																	(D) Full scree	n 6	Print	ð	0 minutes ag
LGH	&D LGH OB	Postpartum LGH OB All Beds	LGH	OB Recent	ly Discharge	ed	SGH OB All Beds	SGH L&D Provider	View SGH OB	Recently	y Discharg	ed										
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	LDR5,01M	MATTEST, ICONS	2* 1	* 🕗	abour	D	susan	TestMAT, Midw		6*	1.0 cm*	-1*	Sponta	Clear*	U			12 de d. d. 🔜		1/0	3	
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For the remaining columns not mentioned above, hover to discover.



- 1. Locate the Status Column within the LGH OB All Beds tab.
- 2. Double click on the **Status cell** for your patient.
- 3. Select **Labour** from the drop-down menu.

LGHI	L&D LGH O	B Postpartum	LGH OB All Beds	LGH OB Provider \
Pati	ent: CSTMAT	, HALLOW	+ Filter: LGH OF	3 All Beds 🔹
4	🖉 🎄 i 🕂	1 🕴 📾 🕅	🛚 🚔 🙆 📾	1 📃
	Bed	Name		1 Status 1
	327,01A	CSTMAT, E	TABY GIRL	
	317,02M	CSTMAT, H	HALLOW	2 -
	311,01B	CSTMAT, H	IDNSCENARIO	Ante
	321,01A	CSTMAT, H	IDNSCENARIOTH	Ante Testing
	315,02A	CSTMAT, F	RH NEG	U/S
	329,01M	CSTMAT, F	TH UNAVAILAB	
	325,01M	CSTMAT, P	THUNAVAILABLE	Main OR
	319,01A	CSTMAT, F	THUNAVAILABLE	7. OR Procedure
	301,01M	CSTMAT, P	THUNAVAILABLE	7, Obs
	327,01M	CSTMAT, P	RHUNAVAILABLE	7 PP
	301 014	CSTMATTH	ST RARY RAY	Triage

Key Learning Points

The tracking shell provides a quick overview of all the patients in the specific department. (ie – LGH LDR, LGH OB All Beds, etc.)



Activity 1.2 – Locate and Open the Patient's Chart

To open the patient's chart:

1

- 1. Right-click on patient's name.
- 2. Select Open Patient Chart.
- 3. Select **Provider View.**

Tracking Shell							
LGH L&D LGH OB Postpartum LGH OB All Beds	LGH OB Recent	ly Discharged	SGH L&D	Provider View	GH OB All Beds SGH	H OB Rec	ently Discharged
Patient: CSTTWENTYONE, KAREI - Filter: LGH OB	All Beds	•					
	<u>-</u>						
Bed Name	Status	Age 📍	A	RN	Provider	To Do	Communication
LDR7,01A CSTPRODEMPI, MOM EMPI	0	19 years	G		Plisvcb, Stuart,	t i	
LDR6,01A CSTPRODORD, TESTDIETOI	72	19 years	٠		TestORD, Gene	+	
307,01C ########		20 years	Q		Plisyca, Rocco,	+	
303,01B CSTPRODMI, TESTADRIENN	E	22 years	0		Plisvca, Rocco,	+	
3WL,05 MEDPROCESS, TESTSIX		24 years	0		Plisvca, Rocco,	+	
LDR7,01C		24 years	i		PITVCAE, Abbie	•	
LDR5,01M LEARNING, MIDWIFE		24 years	਼		Plisvca, Rocco,	+	
LDR8,02M CSTPRODREG, CMNONRES	ID	25 years	Q		Plisvca, Rocco,		
317,02A CSTMPAGE, RESULTLAB		25 years	Q		Plisvca, Rocco,		
315,02C CSTMATTEST, MOTHERONE	Labour	27 vears	0		Plisvca, Rocco,	_	1
305,01B CSTMATTEST, TESTUSER	Triage	3 Provider	View		Plisvca, Rocco,	÷	a 🖞 🖉
LDR 0R,01 CSTPRODREG, MATWORKL	15	Prenatal S	Summary		Plisvca, Rocco,	+	
LDR3,01B CSTDEMOALICE, DONOTDIS	C Ante Testi	Newborn	Record		Plisvca, Rocco,		
323,011 1 CSTTWENTYON 2 Open Par	tient Chart 🔹 🕨	Interactiv	e View and	10	Plisvcu, Jese, I	_	
327,01C CSTPRODEMPI		Results Re	eview		Plisvcb, Stuart,	•	
309,01M CSTMATTEST, S. Assign P	rovider	Orders			Plisvca, Rocco,		
311,01M MATTESTINGTRA Base Loc	ation 🕨	Medicatio	on List		Plisvca, Rocco,		
3WL,06 CSTRENALDEML	ion	Desumen			Plisvcb, Stuart,	•	
319,01M CSTPRODMED, .		Documer	itation		Plisvcn, Herb, P	•	
CSTRENALDEML Pre-arrive	e Patient				Plisvca, Rocco,	•	
LDR7,01M BROWN-LEARN, Attach P	re-Arrival	Allergies			Plisvca, Rocco,		50P 💩 👥 💧 🗍

If you have not established a relationship with your patient, you will be prompted with the **Assign a Relationship** pop-up screen. Select **Covering Provider** and then click **OK**.

P Assign a Relation	ship		×
For Patient: CSTPF	ODORD, PATIENT C		
Consulting Provider Covering Provider Education Lifetime Pregnancy Quality / Utilization Referring Provider Research Triage Provider	Provider Review		
		ОК	Cancel



The patient's chart opens, and the **Provider View** will display as your default page.





Activity 1.3 – Review Patient Chart

1

Now let's explore the **Provider View** screen a little further.

- 1. The top **Toolbar** provides you with an alternate way to access PowerChart functions or to change the view.
- 2. The **Banner Bar** highlights important information about the patient's demographics, location, **encounter type**, **allergies**, alerts, and dosing weight. It is an easy way to ensure you are in the right patient's chart and right encounter. Many providers find it helpful to choose to check for each time patients name and age, encounter number, and encounter type.
- 3. Each window has its title. The current one is called **Provider View**. Note that you can use typical internet navigation buttons for moving one screen forward or back and going back to

the Home view (your default screen)

- 4. 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.
- 5. The **Provider View** is organized into tabs. Each tab is designed to support a specific workflow. Click each tab to open a corresponding workflow view: Triage/Antepartum, Labour, OB Quick Orders, etc.
- 6. A **list of components** represents workflow steps specific to your specialty. To navigate patient's chart efficiently, **follow the component list:** Pregnancy Overview, EDD confirmation, Pregnancy Risk Factors, Histories, etc.
- 7. Use the Menu tab to view several pages that the Provider View doesn't list. You can use it to toggle between different chart views independently from the workflow. Most pages in the Menu can be accessed through the components in your Provider View; however, some infrequently used pages can be found within the Menu (ex. MAR Summary or Immunizations).
- 8. At the bottom, you will see your login name. Ensure you always work under your own login.



PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

c Edit View Patient Chart	Links Notifications Naviga	ition Help							
lessage Centre III Patient Overview	/ III Ambulatory Organizer	MyExperience A Patier	nt List Tracking Shell 🎫 Dvr	namic Worklist	" : 🕅 Care	Connect 🕅 PHSA PACS	NCH and PHC P	ACS 🕜 MUSE	C FormFast
Tear Off 📲 Exit 🔄 Communicate 🦷	Discern Reporting Portal	Patient Health Edu	ucation Materials 🕥 Policies	and Guidelines 🕥	UpToDate _ : . Ab	nor.: 0 Criti.: 0 Propo.: 0		~~~	
HV-Six Jane	Q						List R	ecent 🗙 Nam	
HV-Six Jane	DOB:1942-Feb-07	MRN:760001105	Code Status:		Process:		Location:LGH	H 2E: 222: 01	-
TTT DIA, Build	Age:76 years	Enc:7600000001105			Disease:		Enc Type:Inpa	atient	
gies: penicillin, Peanuts	Gender:Female	PHN:10760001105	Dosing Wt:70 kg		Isolation:		Attending:Tra	in, GeneralMe	dicine-Physic
< > 🝷 者 🛛 Provider View	3						[🗆] Full scre	en 🖬 4	ninut
👫 📄 🗬 📄 🔍 🔍 100%									
Admission	8 Rounding	23	Transfer/Discharge	53	Quick Orders	53	+ 5	-	
	-								
Advance Care Planning and	Advance Care Pla	nning and Goals	of Care -						2 =
Goals of Care									
Chief Complaint	Advance Care Plan (0) Most Recent							
Histories	Advance Directive Not	Found							
Allergies (2)	Resuscitation Status N	lot Found							
Visits (1)									
Documents (1) ≡	Chief Complaint							Colocted vi	
Links								Selected Vi	яц ч е —
Vital Signs & Measurements	Enter Chief Complai	nt							
Labs									
Micro Cultures									a a -
Pathology	Histories							All Vis	ts 🕶 =
Imaging	Medical History (3)	Surgical History	(0) Family History	(1) So	cial History (3)	Obs/Gynocology	(0) Q Add	problem	
Home Medications									
Current Medications	Name	<u>ـ</u>		c	lassification				
Order Profile	4 Chronic Problems (3	:)							
History of Present Illness	Diabetes			M	ledical				
, and a second sec	Hypertension			N	ledical				

Key Learning Points

You can access the patient's chart from the tracking shell.

A relationship needs to be established to access the patient's chart.



Activity 1.4 – Customize Patient's Chart

1

Workflow Tabs are available for your convenience. As a provider, they are similar to the sections of a paper chart. The added feature allows you to select only the Tabs you require, remove others and arrange them in a sequence that is useful to you.

Before navigating PowerChart, you'll select the Workflow tabs needed for this workbook.

In this activity, you will Add or remove workflow tabs

If you cannot locate the Transfer/Discharge or GYN Rounding Workflow tab, click the add button

in the workflow tabs bar.

						[🗆] Full screen	n Print
OB Quick Orders	X	Postpartum S	3	Transfer/Discharge	X	+	

2

If you are missing workflow tabs you may select the tabs from the **Select a View** list. For example, click a missing tab: **GYN Rounding** or **Transfer/Discharge**. It is now added to your workflow tabs.

Select a View									
B	GYN Admission								
Ē	GYN Quick Orders								
⊞	GYN Rounding								
B	Labour								
	Neonate Workflow								
B	OB Quick Orders								
E	Partogram								
E	Postpartum								
B	Referral Triage								
⊞	Transfer/Discharge								
B	Triage/Antepartum								

You may also remove a tab from the row by clicking the remove icon. To rearrange the



order of the tabs, slide GYN Rounding to the end of the row of tabs.

³ For increase viewing of the Workflow tabs, click on the **Auto hide** ⁴ icon to the right of the **Menu** view.



NOTE: The table of contents Menu will be in the **hidden** view throughout this workbook. By clicking on the Menu button, the table of contents will re-appear again. This can be discussed further during your personalization sessions.



Locate on the left side of the screen, the **list of components** representing workflow steps specific to your specialty. Click the component or use the **scroll bar** to display the content of the patient's chart.



PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

CST		DOB:23/Feb/1981 Age:37 years	MRN:700021182 Enc:7000000201887	Code Status:Atten	npt CPR, Full Code22-Fe	Process: Disease:		Location:LG Enc Type:Inp	H LD; LDR6; 01M atient	
Alle	rgies: No Known Allergies	Gender:Female	PHN:9876290052	Dosing Wt:65 kg		Isolation:		Attending:Te	stMAT, OBGYN-Physi	cian, MD
S	🔹 👻 🛨 🚹 Provider View	v						🗇 Full screen 🛛 🕯	🗃 Print 🛛 💸 45 mir	nutes ago
ä	A									
	< Triage/Antepart 🔀	IT. SNOW DOB/23/Feb/1981 Age:37 years Gender/Female MRN:700021182 Enc.7000000201887 Dosing Wt:55 kg Code Status:Attempt CPR, Full Code22-Fe Process: Disease: Isolation: Location:LGH LD: LDR6; 01M Enc. Type://patient. Attending:TestMAT, OSGVN-Physician Attending:TestMAT, OSGVN-Physician (C) Full screen Image: No Known Allergies Provider View Code Status:Attempt CPR, Full Code22-Fe Process: Dosing Wt:55 kg Location:LGH LD: LDR6; 01M Enc. Type://patient. Attending:TestMAT, OSGVN-Physician (C) Full screen Image: No Known Allergies Provider View Code Status:Attempt CPR, Full Code22-Fe Process: Dosing Wt:55 kg Location:LGH LD: LDR6; 01M Enc. Type://patient. Attending:TestMAT, OSGVN-Physician (C) Full screen Image: Antepart. Image: No Known Allergies Provider View Provider View Provider View Image: Antepart. Image: No Known Allergies Pregnancy Overview Image: No Known Allergies Pregnancy Contact Info Demographics Image: Status:					=-			
	CSTMAT. SNOW DOB:23/Feb/1991 Age:37 years Gender:Female MRN:700021182 Enc:7000000201887 Doing Wt.65 kg Code Status:Attempt CPR, Full Code:22-Fe Process: Disease: Isolation: Location:LGH LD; LDR5; 01M Enc Type:hpatient Isolation: Altergies: No Known Allergies Provider View Doing Wt.65 kg Location: Location:LGH LD; LDR5; 01M Enc Type:hpatient Isolation: Mitropics: No Known Allergies Provider View Prestat Isolation: Location:LGH LD; LDR5; 01M Enc Type:hpatient Isolation: Mitropics: No Known Allergies Provider View Prestat Isolation: Location:LGH LD; LDR5; 01M Enc Type:hpatient Isolation: Pregnancy Overview Pregnancy Overview Pregnancy Overview Pregnancy Contact Info Demographics EDD Confirmation (1) Pregnancy Risk Factors (16) Histories EDD 07/03/18 (Authoritative) Current Weight 65kg Pre-Preg Weight 50kg Height 160cm Blood Type Transcribed - RhD, C, C Mutropicogo Other Ubagnostics EDD 07/03/18 (Gravida/Party G1,P0(0,0,0) Current Weight 65kg Mutple Fetuses Blood Type Transcribed - RhD, C, C Anesthesia Type OB Epidural, Patient- controlled epidural analgesia							<u>-</u>		
	EDD Confirmation (1)						Consul Doctor	chan Provide	Madif. Darana	
	Pregnancy Risk Factors (16) Cancel Pregnancy Modify Pregnancy									
	Histories	Current Pregnan	CY Contact Info	Demographics						_
	Prenatal Visits									
	Active Tosues	EDD	07/03/18 (Authoritative)	Current Weight	65kg	Blood Type		Anesthesia Type OB	Epidural, Patient-	
	Vital Ciana 8	EGA	Delivered	Pre-Preg Weight	50kg	Membrane	[Baby A] Delivered		analgesia	
	Measurements	Gravida/Parity	G1.P0(0.0.0.0)	Height	10000	Transcribed	RhD, C, .c			
	Home Medications	Multiple Fetuses	No, Singleton	DHI	-	Antibody Screen				
	Microbiology Other	Feeding Plan	-			Blood Type, Transcribed	AB negative			
	Diagnostics									
	Labs									
	Fetal Monitoring	EDD Confirmat	tion (1) 🕂						2	≡*
	Microbiology C & S	FDD	FDD Meth	ho	L.	lltrasound FGA	Document	ed Rv	Comment	\sim



Activity 1.5 – Explore Component List and Update Risk Factors

Begin using the Component list and update your patient's Pregnancy Risk Factors.

1. Navigate to the Triage/Antepartum workflow Tab.

1

2. Click the Pregnancy Risk Factors component from the list.



3. Click the Pregnancy Risk Factors + button and the Pregnancy Risk Factors window opens.







NOTE: Nurses may also complete the Pregnancy Risk Factors using the nursing PowerForms documentation and it will flow into the Workflow tab page. It will also flow into your clinic note.

4. Locate and check **Gestational hypertension** box.

Pregnancy Risk Factors									
Dreanancy Rick Factors Current Dre	apapov								
	Interpersonal violence								
Age mother conceived under 19	Macrosomia								
AMA (>35)	Late prenatal care								
Alcohol use during pregnancy	Limited prenatal care								
Antepartum hemorrhage	Magnesium sulfate during pregnancy								
Assisted reproductive technology	🔲 Maternal trauma								
Deep vein thrombosis	Multiple gestation								
🔲 Diabetes, gestational, insulin dependent	No prenatal care								
Diabetes, gestational, non-insulin dependent	🔲 Oligohydramnios								
🔲 Diabetes, insulin dependent	🔲 Placenta previa								
🔲 Diabetes, non-insulin dependent	Polyhydramnios								
Eclampsia	Post date pregnancy								
Preeclampsia	Pre-existing hypertension								
Fever greater than 38	HELLP syndrome								
Grand multiparity	Gestational hypertension								
Group B Streptococcus	Pre-Preg BMI greater than 30								
Hemoglobinopathies	Pre-Preg BMI less than 18.5								
HSV III	Preterm labour								
Hyperemesis gravidarum	PROM-preterm								
Incompetent cervix	PROM-term								
Infection	Previous c-section								

5. Sign the form with the green checkmark \checkmark at the top left of the screen.



6. Refresh screen 🜊.



Activity 1.6 – Review Histories

1

Review your patient's Obs/Gynecology History information.

- 1. Select the Triage/Antepartum Workflow tab.
- 2. Click the **Histories** component from the list.
- 3. There is a tab for each history type: Medical, Surgical, Family, Social, and Obs/Gynecology.



- 4. Review each tab to display its entries right underneath. The number in brackets indicates how many entries are in each tab.
- 5. For example, there are 22 records for Medical History entered previously.

Some components have a status line. When you access patient's chart for the first time during this visit, you might see the status of histories or allergies as **Incomplete**. Update the information if necessary or click **Complete Reconciliation** to document your review.

M	< 🔰 🖌 者 Provider \	View									〔□〕 Fu	II screen	Print	€ 1 minute
Henry Constraints of the second secon	AA D - D - S - S 10	00%												
	< Triage/Antepart 5	X La	bour 🔀 OB Qu	ick Orders 🛛 🕅	Partog	ram 🛛	Postpartu	m 🛛	Transfer	r/Discha 🕅	> +			
Constraints of the second seco	Pregnancy Overview	~	Histories										All	∕isits ∂ ≡-
	EDD Confirmation (1) Pregnancy Risk Factors (1)		Medical History (22)	Surgical History	(0)	Family History	(0)	Social History	(0)	OB/Gynecology	(0)	Q Add	problem	
	Histories		Name	A				Classification						
	Prenatal Visits		△ Chronic Problems (22)											
	Active Issues		Cervical incompetence				Ð	Medical						\sim
	Vital Signs & Measurements		Death Of Infant				Ð	Medical						
	Home Medications		Gestational hypertension				Ð	Medical						
	Microbiology Other		HELLP syndrome				e	Medical						
	Disesseties		History of stillbirth				Ð	Medical						
	Diagnosucs		Limited prenatal care				9	Medical						~
	Labs								-			_		
	Fetal Monitoring									Reconciliation Stat	tus: Incon	iplete (Complete Re	econciliation
	Microbiology C & S								_					

6. Click the **Histories** hyperlinked heading. Place the cursor over the heading. This icon means it is a link. Each component from the component list has a heading. Pregnancy History window opens.



PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

<	Triage/Antepartum 🔀		Labour				×	GYN Admis	sion 🛛
	Histories Medical History	(2)	Surgical History		(0)	Family History	,	(0)	Social History

7. Click the + Add button to update history and add comments as needed.

PR	ODMAT, ICONTEST	DOB:26/Fe	DOB:26/Feb/1999 MRN:700021279			Code Status:		
		Age:19 yea	irs	Enc:700	0000202055			
Alle	rgies: Allergies Not Recorded	Gender:Fer	Gender:Female PHN:9876286496			Dosing Wt:		
Ξ	< 🕞 - 📥 Histories							
en -	····							
<u> </u>	Family Procedure Social Pregn	ancy Implan	nts					
	Mark All as Reviewed							
	+ Add Modify Graphs	_						
	Delivery/Outcome Date/Time Gest	tation Weeks	Pregnancy C	Outcome	Length of Labor	Sex	Weight	
	No Items to Display				_		_	
	<							
	Gravida/Para							
	Gravida Para Fullterm Para Pret	erm Abortion	is Living C	Child Livin	ig Comment			
		0	0					
		U	0					

8. Completed the mandatory fields and sign OK.

Provider: OB Family Practice



PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

CSTMAT, SNOW 🛛 PRODMAT, ICONTE	EST 🔟			← L	ist 🔿 🌾 Recer	nt - Name
PRODMAT. ICONTEST DOB:26/	Feb/1999 MRN:700021279	Code Status:	Process:		Location:LGH	LD; LDL; 03
Age:19 y	ears Enc:700000202055		Disease:		Enc Type:Outpa	atient in a Be
Allergies: Allergies Not Recorded Gender:	Female PHN:9876286496	Dosing Wt:	Isolation:		Attending:Plisvo	a, Rocco, M
🕿 < > 👻 🛧 Histories				[_]	Full screen 🛛 👼	Print 🛛 🍣 2
Family Procedure Social Pregnar	ncy Implants					
Gravida/Para						
Ectopic Spontaneous Abortions In	nduced Abortions Multiple Bir	rth Pregnancies	Child Living Comment			
0 0	0					
Gravida Para Fullterm P	Para Preterm Abortions	Living				
2 0	0	0				
Baby A						
Add Dahu						
T Add Baby						
*Delivery/Outcome Date/Time	-*Gestation at B	Birth	*Pregna	ncy Outcome / Result	Length of Labor	r
	• Weeks D	Days O Unknown or Ap	oproximate	~	hrs	mins
<						



REMEMBER: If you lose your way in the patient's chart, select the **Home** icon **f** or use the **Arrow** icon below the banner bar.



5

takes you back one screen

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

Allergies: No Known Allergies

To open another patient's chart previously accessed in Clinical Information System (CIS), click the drop-down arrow icon in the **Recent** box located in the upper right corner.

) 🎬 Dynamic Worklist 👫 LearningLIVE	Ŧ	
PITFIVESMITH, SB GIRL	• 🖅 Recent •	Name + Q
[]	Full screen 🛛 🦷	Print 🛛 🎝 0 minutes ago

Now to return to your **Provider View**, simply click the **M** Home icon.

Key Learning Points

You can add or remove workflow tabs when necessary.

Workflow tabs are like the sections of the chart eg: Quick Orders, Triage/Antelabour, Labour, etc.

Components are listed in order of your day to day workflow: Pregnancy Overview, EDD confirmation, Pregnancy Risk Factors, etc

Arrange the Component items to suit your workflow by dragging the items up or down the list.

Refresh often to view the most up to date information.



Activity 1.7 – Review and Add Allergies

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2		
		l

1

- In this activity you will:
- Add a new allergy.
- Modify the existing allergy record.

In the Clinical Information System (CIS), 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 and at every transition of care. Allergy information is carried forward from one patient visit to the next.

It will also track allergy-to-drug interactions.

🕂 Add 🦨 Document Medication by Hx	Reconciliation 🛛 🔊 Check Interactions
-------------------------------------	---------------------------------------

The CIS keeps **track of the allergy** status and will automatically prompt you when the information is not up-to-date. When placing an order with allergy contraindication, an alert will display.

You learn from the patient that they are allergic to Sulfa and you document this allergy.

 Navigate to the Allergies in the Banner Bar. Click on the hyperlink Allergies: No Known Allergies. The GYN workflow tabs include Allergies in their components list. The Add Allergy window opens.

CSTMAT, BERYL			
CSTMAT, BERYL	DOB:14-Dec-1977	MRN:700008554	Code Status:
	Age:40 years	Enc:7000000015901	
Allergies: No Known Allergies	Gender:Female	PHN:9876418566	Dosing Wt:85 kg

2. Click the ⁺Add button. The Add Allergy/Adverse Effect window opens.

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PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart

(P	Custo	om Information: CSTMAT, BERYL								×
	Tas	ik A	Allergy								
Mark All as Reviewed Mark All as Reviewed + Add Modify No Known Allergies No Known Medication Allergies									Active •		
	C	D/A	Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updat
1			No Known Allergies	Drug			Allergy			Active	01-De
		•			111						4
									(ОК	ancel

- 3. In the **Substance** field, type = *Sulfa* and click the **Search** icon.
- 4. Select sulfa drugs (Sulpha is not available as an alternative).
- 5. Click **OK.**

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

		/				
		Substance Search				— ×
Type Allergy An adverse reaction to a drug or substance which Substance Subpha Type 3 ree text	*Search: sulfa Search by Nam Terminology: Allergy, Mult	tum Allı	Starts with	Within: Search by Coo	Terminology 👻 de	
Reaction(s): *Severity Info so	urce	Categories				
Add Free Text <not entered=""> - <not e<="" th=""><th>Term 🔺</th><th></th><th></th><th>Terminology</th><th></th></not></not>	Term 🔺			Terminology		
At: <not entered=""> Onset:</not>	<not entered=""></not>	sulfa drugs sulfa topicals			Multum Allergy Multum Allergy	Category 4
Years	××× •					
Recorded on behalf of *Catego	jory					
	•	Term 🔺	Code	Terminology	Terminology Axis	
		Sulfabenzamide/Sulfacetamid Sulfac 10%	d03231 d01208	Multum Drug Multum Drug	Generic Name Generic Name	
		Sulfac 10% 10% solution Sulfacet Sodium	d01208 d01208	Multum Drug Multum Drug	Generic Name Generic Name	
👰 Up 🕼 Home 🚖 Favorites 🔻 🧀 Folders Folder: Favorites		Sulfacet Sodium 10% solution Sulfacet-R	d01208 d04032	Multum Drug Multum Drug	Generic Name Generic Name	
System Tracked		Sulfacetamide Sodium Sulfacetamide Sodium Compo	d01208 d01265	Multum Drug Multum Drug	Generic Name Generic Name	
		sulfacetamide sodium ophthalmic sulfacetamide sodium topical	d01208 d01265	Multum Drug Multum Drug	Generic Name Generic Name	
		sulfacetamide sodium-predniso sulfacetamide sodium-prednisol	d03541 . d03541	Multum Drug Multum Drug	Generic Name Generic Name	
		sulfacetamide sodium-sulfur to Sulfacetamide Sodium-Sulfur-U	d04032 . d07058	Multum Drug Multum Drug	Generic Name Generic Name	
		Add to Favorites	104010	Multure Deve	OK	5 ancel

8. Add appropriate options in the other two mandatory fields:

Mandatory

Non-mandatory

•

Search for Rash in the

• Select Severe for the *Severity as it is

Page 25 of 142 pages



starred *

Reaction(s) box (recommended)

- Select *Drug* for the **Category**
- 6. Click **OK** to save the information.
- 7. Click Yes, when you see a NKMA pop-up.

	Cpsuiallergy	×
?	NKMA (No Known Medication Allergies) is currently recorded for this Patient. By adding this allergy to the Patient's profile, you will be required to cancel the NKMA item so that you can add this Allergy. Click Yes to add this Allergy, cancelling the NKMA, or click No.	
	Yes No	

- 8. Click Mark All as reviewed.
- 9. Click **OK.**
- 10. Patient's allergy record is now updated.

P	(Custom Informa	ation: CSTN	IAT, KAM				×
Task Allergy								
Mark All as Reviewed Display Add	All Allergies	✓ ◎No Known	Medicatic	n Allergies	Rever	se Allergy Cl	heck	
D/A Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updat
No Known Medication Aller	Drug			Allergy			Canceled	24/1
🖌 sulfa drugs	Drug	rash	Severe	Allergy			Active	24/1
<								>
							OK Ca	ncel



NOTE: For the pharmacy to dispense, they must see that the allergy record has been revievely by a provider.

• If a patient has no known allergies, click on Allergies Not Recorded

PATIENT SCENARIO 1 – Introduction to Tracking Shell and Reviewing Patient's Chart





Select one of the following:

- No Known Allergies
- No Known Medication Allergies

P		Custom Informat	tion: RYDE	R, BABY A
Task Allergy				
Mark All as Reviewed Display	/ All	~		
+ Add Modify O Known	Allergies	O Known	Medicatio	n Allergies
D/A Substance	Category	Reactions	Severity	Туре

Refresh your screen and Click the **A** icon to return to the Provider View to view the added Allergy.



Key Learning Points

- Patient allergies and interactions are monitored by the CIS.
- Allergy record needs to be reviewed for each encounter on admission, at discharge, with a change in the level of care.
 - Review of allergies is complete when Mark All as Reviewed is selected.



PATIENT SCENARIO 2 – Admit Patient

Learning Objectives

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

Admit Patient

- Complete Admission Medication Reconciliation
- Update Active Issues (problems and diagnoses)
- Place an Admission PowerPlan (order set)
- Document in Interactive View and I&O (iView)
- Complete and sign an admission note

SCENARIO

In this scenario, you will go through the admission process. The patient also tells you that she forgot to mention she takes Labetalol 200 mg PO BID. The Admission PowerPlan will be initiated. You will also be documenting on your patient.

You will be completing the following activities:

- Enter Admit to Inpatient order
- Update Best Possible Medication History and complete an Admission Medication Reconciliation
- Update Active Issues for both this visit and chronic issues (problems and diagnoses)
- Place PowerPlan with added Orders and Module into the PowerPlan for patient admission
- Document Cervical Exam in Interactive View and I & O (iView) Flowsheets
 - Create an OB Admission and H&P Note

1



Activity 2.1 – Admit a Patient

Your next step after reviewing your patient is to admit the patient.

- 1. Click on the **OB Quick Orders** workflow tab.
- 2. Click Admit to Inpatient under the OB PowerPlans.
- 3. Click **Orders for Signature** icon ¹. The icon turns green and indicates you have 1 order in the queue. Click it once.

The Orders for Signature (1) window opens.

A	100% 🔹 🌑 🖷 🖄			
Triage/Antepartum	🛿 Labour		1 > +	🔁 1 🛛 🗧
Venue: Inpatient 👻				
OB PowerPlans	OB ≡• ⊙ Medications	OB Labs = - 📀	OB Imaging = • 🔊 and Diagnostics	New Order ≡ - ⊗ Entry 🕂
Admit to Inpatient Admit to Obstetrics 2	 Analgesics Antacids 	 Blood Products / Transfusion Bloodwork Routine 	 ► CT ► ECG 	Consults ≡• ⊙
Antepartum Intrapartum	 Anticoagulants Antiemetics (PRN) Antihypertensives 	 Bloodwork AM (1day added if ordered after 23:59) 	 Echocardiogram IR 	Well =• •
OB Frequent ≡• ⊙	Antimicrobials Bowel Protocol Electrolyte	 Bloodwork Recurring Bloodwork STAT Routine Prenatal Labs 	► MK ► NM ► US	Care
► Antepartum Hemorrhage	Management Glycemic Control IV Fluids 	 Bacteriology Pathology and Cytology 	► XR	Code Status General Communication
 Postpartum Hemorrhage Postpartum Fever 	 Sedatives Vitamins and Supplements 	 Stool Studies Urine Studies Virology and Parasites 		 Activity Diet Vitals
Preterm Labour		► Swabs		Lines/Tubes/Drains

2 The **Orders for Signature** window lists all orders that you have selected. In our example, there is just one order.

- 1. Ensure the right order is listed.
- 2. If no order details are missing and you are familiar with the order, you would click **Sign**. However, the CIS will prompt you to enter the required details missing.
- 3. To learn what details are provided in the Admit to Inpatient order, click **Modify**. The Orders page opens.



Orders for Signature (1)				x
				Clear Al
Click a cell to associate a diagnosis to an order. Click a diagnosis name to associate it to all orders	(M54.5) Low back pain	(K21.9) GERD (gastroesophag	(013.003) Gestational HTN	(M79.87) Swollen feet
Admit/Transfer/Discharge				
Admit to Inpatient (Admit to Obstetrics)	1	2	3	4
Show Diagnosis Table			Sign Save	Modify Cancel

- 4. Click on the order name details.
- 5. Review the auto-populated fields **Medical Service** and **Admitting Provider**.
- 6. Note the **Details** panel displays. Click the \mathbf{I} icon to collapse the panel and exit the order.
- 7. Click Sign.

🔊 😨 🗟 Order Name	Status Start	Details
⁴ IGHID Enc:7000000011273		
4 Admit/Transfer/Discharge		
Admit to Innatient	Order 24-Mar-2018-1	24/Mar/2018 15:39 PDT_Admit to Obstetrics_A
the arrow allowed the arrow	ows you to exit and o	ollapse the window
Details for Admit to Inpatient	t	
Details 📴 Order Comments		
+ * III. ↓ ×		
*Patient Admission Date/Time:	24/Mar/2018	539 • PDT
*Medical Service:	Obstetrics	•
*Admitting Provider:	TestUser, OBGYN-Physician, MD	Q
Bed Type:		•
Telemetry:	C Ye: C Nc	
Special Instructions:		
		~
0 Missing Required Details Orders For Cosign	ature	Sign Cancel



NOTE: Your patient is admitted to **Obstetrics** service. In the hospital setting, refresh your screen and the encounter flips from **Outpatient in a Bed** to **Inpatient** from if initial encounter type was outpatient.

Location:LGH LD; LDL; 02M	Location:LGH LD
Enc Type:Outpatient in a Bed	Enc Type:Inpatient
Attending:Plisyca, Rocco, MD	Attending:Plisvca, Rocco, MD

Key Learning Points

When admitting a patient, it is critical to place the Admit to Inpatient order prior to entering additional orders.

Review the Banner Bar information to ensure you have selected the right patient and the right encounter.

The Provider View provides access to various workflow tabs such as Quick Orders for frequently used orders.

Remember to refresh your screen frequently to view the most up-to-date information.



Activity 2.2 – Review Patient's Best Possible Medication History (BPMH)



In this activity you will:

Update BPMH – your patient forgot to mention her Labetalol while the nurse was entering the BPMH.

• Complete the admission medication reconciliation.



- 1. Click on the Triage/Antepartum Workflow Tab.
- 2. Click the **Home Medications** component to display the list of documented home medications.

Read the following sections until you come to further steps:

The BPMH is generally documented by a pharmacy technician. When a pharmacy technician is not available, it can be completed by a pharmacist, nurse, medical student, resident, or by the patient's most responsible physician.

In the CIS there are two places to see a list of home medications. You can look in the **Home Medication** component of the **Triage/Antepartum** workflow. This will show you the medications that the patient was taking upon discharge from their last encounter.

You can also see the patient's PharmaNet Profile when documenting the BPMH. When you create the BPMH, these lists can be seen side-by-side. More details about how to view the PharmaNet profile and complete the BPMH will be shown in other training sessions.



2 Home medications are reconciled each time the medication reconciliation is done.



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

Within the Triage/Antepartum workflow tab, there are a few tools to help with this:

- Home Medications this component lists home medications documented for this visit and carried over from previous encounters
- Current Medications this component lists medications ordered during the current encounter
- **Medication Reconciliation Tool** for admission, transfer, and discharge, it allows you to manage all home and ordered hospital medications through one convenient screen

Your patient has told you that she is taking Labetalol 200 mg twice a day at home and forgot to mention this to the Nurse who completed the BPMH. Complete the Admission Medication Reconciliation:

- 1. Continue on the Triage/Antepartum Workflow Tab.
- 2. Continue the **Home Medications** component to display the list of documented home medications.
- 3. Note the documented home medications are marked by the 4 icon.
- 4. Note the status line **Document History** indicating who and when updated the medication



history.

5. Click the Home Medications hyperlinked heading. The Medication List window opens.

age/Antepartum 1 Labou	r 53	Partogram	🔀 Postpartum	23 T	ansfer/Discharge S	3 Neonate Wo	orkflow S3	OB Quick Orders	i 🛛 🕅 Referral Triage
egnancy Overview D Confirmation (1)	Home Medicati	ons (1) 5							
egnancy Risk Factors (1)	Medication		*				Responsible Pro	vider	Compliance
stories	🦨 multivitamin, p	renatal (Prenatal Mult	civitamins with Folic Acid 1 mg	oral tablet) 1 ta	b, PO, qdaily, 30 tab, 0 R	efill(s) 3			-
dications						_			Completed by Test Matern
								Document matory	compreted by rest rutern
ive Issues								and the second second	
tive Issues al Signs									2.00.00
ive Issues al Signs aging (0)									
ive Issues al Signs aging (0) 15									
ive Issues al Signs aging (0) Is al Monitoring (1)									
ve Issues Signs (ging (0) s al Monitoring (1) uments (0)								Ľ	<u></u>
ve Issues Signs ging (0) s al Monitoring (1) urments (0) ss									
ve Issues Signs ging (o) 5 Monitoring (1) uments (o) 5 paancy To Do's & Notes									
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re Issues Signs ging (0) i I Monitoring (1) uments (0) 5 ar Profile partum Hemorrhage Risk partum Hemorrhage Risk									

6. In the Medication List window, click *Constant Medication by Hx.*

Confirm the Dropdown list beside the Document Medication by Hx is **Reconciliation**, not **Inpatient**.

♦ •		
+ Add 🛛 🖓 Document Medication by Hx Reconciliation 🕶 🖓 Check Intera	ctions	
Orders Medication List		
Displayed: All Active Orders All Active Medications		
🔗 🕅 🕅 Order Name	Status	Dos

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

÷	Add Medication History	lications	Unable To Obtain Information	Use Last Compliance	
M	Document Medication by Hx				
	🖳 Order Name S	tatus	Details		Las
			Vast Documented On 05-Dec	-2017 13:54 PST (TestMA	T, O
	⊿ Home Medications				

- 8. Enter in the **Search** box = *Labetalol 200 mg*
- 9. Select Labetalol 200 mg oral tablets (1 tab, PO, BID, drug form tab, dispense qty: 60



tabs)

FYI: If needed, click Enter to display more order sentences for this medication to review.

10. Click **Done.** The Order window opens.

P		CSTMAT, KAM - Add (Drder	- 🗆 🗙
CSTMA Allergies	T, KAM DOB:01/Fe MF Age:37 ye End sulfa drugs Gender:Fe PH	RN:7000 Code Status:Attempt C c:70000 IN:9876 Dosing Wt:65 kg	C Process:Cytotoxic Disease: Isolation:	Location:LGH LD Enc Type:Inpatient Attending:Plisvca, Rocc
Search:	.abetalol 200 mg	Advanced Options 🗸 Type: 🗿 9, drug form: tab) vithin: All	Inpatient V	v
Qu G Ad nit Admit Discha Discha Discha	tric Orders ecology Orders to Inpatient Admit to Obstetrics to Inpatient to Gynecology rge Patient Irged Home without Support Ser rge Patient Irged Home with Support Services	Bed Transfer Request 0		
٢			CSTMAT, KAM - 7	> 00007087 Done

- 11. Select the order to display its details. Right-Click on Order name and select Modify.
- 12. It is very important to know if the patient is compliant with the prescription. To add this information, click on the **Compliance** tab.



			7000000		Process.		ECCULION.ECH	
and the Known	Age:29	years Enc	/6000000	of ka	Disease:		Enc Type:Inpati	ORCYNL Rhu
ergies: No Know	n AllergiesGende	Female PHI	4:1076000 Dosing wt:	во кд	Isolation:		Attending:Train	OBGYIN-Phys
Add Medication	n <mark>History</mark> own Home Medicati	ns 📃 Una	ole To Obtain Information	Use Last Co	mpliance	Recond Me	ciliation Status ds History Admiss	ion 🕕 Discha
Document Medicat	ion by Hx							
P Order Nam	ne Status	Details	1		Last	Dose Date/Time	Information Source	Complian
, all		🗸 La	st Documented On 2018	-Jan-02 14:15 PS	(TestUser, OB	GYN-Physician, M	ND)	de antière
⊿ Home Medica	tions							
⊿ Home Medica	tions nin, prenata Docu	nen 1 tab, F	O, gdaily, drug form: tab,	dispense qty: 30	ab, refill(
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 ∠ Home Medica ↓ multivitam ∠ Pending Home ↓ labetalol 	tions nin, prenata Docu e Medications Docu	nen 1 tab, F nent 200 mo	PO, qdaily, druq form: tab, 1, PO, BID, order duration:	dispense qty: 30 30 day, drug forn	ab, refill(: tab, dis			
 ∠ Home Medica S^a multivitar ∠ Pending Home S^a labetalol 	tions nin, prenata Docu e Medications Docu	nen 1 tab, F	'O, qdaily, drug form: tab, 1, PO, BID, order duration: 111	dispense qty: 30 30 day, drug forn	ab, refill(: tab, dis			
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 △ Home Medica ○ multivitan △ Pending Home ✓ labetaloi ✓ Details for a 	tions in, prenata Docu e Medications Docu Docu	nen 1 tab, F	'O, qdaily, drug form: tab, , PO, BID, order duration: III	dispense qty: 30 30 day, drug forn	ab, refill(: tab, dis			
	tions in, prenata Docur e Medications Docur Docur betalol	nen 1 tab, F	'O, qdaily, drug form: tab, I, PO, BID, order duration: III	dispense qty: 30 30 day, drug forn	ab, refill(: tab, dis			
 △ Home Medica [©] multivitam [△] Pending Home [↓] labetalol [↓] [↓] Details for lab [●] [●]	tions in, prenata Docur e Medications Docu Docu betalol rder Comments	nen 1 tab, F nent 200 mo	'O, qdaily, drug form: tab, I, PO, BID, order duration: III	dispense qty: 30 i 30 day, drug form	ab, refill(: tab, dīs			
 △ Home Medica [©] multivitan [△] Pending Home [↓] labetalol [↓] [↓] Labetalol [↓] [↓] [↓] Details for labetalol [↓] [↓]	tions nin, prenata Docu e Medications Docu Docu betalol rder Comments	nen 1 tab, F nent 200 mo Compliance	O, qdaily, drug form: tab, , PO, BID, order duration: 	dispense qty: 30 i 30 day, drug form Dispense	ab, refill(: tab, dis Refill			
 △ Home Medica ③ multivitar △ Pending Home ✓ labetalol ✓ ✓ Details for lab ☑ Details (y, or Dose ✓ 200 mg 	tions nin, prenata Docu e Medications Docu Docu Docu Docu Docu Docu Docu Docu	nen 1 tab, F nent 200 mo Compliance . Frequency	O, qdaily, drug form: tab, , PO, BID, order duration: Duration 20 day	dispense qty: 30 i 30 day, drug form Dispense 60 tab	ab, refill(: tab, dis Refill		h. IIX	
 △ Home Medica [©] multivitari [△] Pending Home [▲] labetalol [▲] [▲] [■] [■]	tions nin, prenata Docu e Medications Docu betalol der Comments Route of Adminis	nen 1 tab, F nent 200 mo Compliance . Frequency	O, qdaily, drug form: tab, , PO, BID, order duration: 	dispense qty: 30 i 30 day, drug form Dispense 60 tab	ab, refill(: tab, dis Refill () 0	+ *	, h. ♥>	
 △ Home Medica [©] multivitar [△] Pending Home [▲] labetalol [▲] [▲] [▲] [▲] [■] [■]	tions in, prenata Docu e Medications Docu Docu Detalol der Comments Route of Adminis PO	Compliance Frequency	O, qdaily, drug form: tab, , PO, BID, order duration: Duration 	dispense qty: 30 i 30 day, drug form Dispense 60 tab	ab, refill(: tab, dis Refill (0	+ *) 11. V V	

13. Document the following compliance information:

- Status = Taking as prescribed
- Information source = **Patient**
- Last dose date/time = Yesterday at 0900
- 14. Click Document History

REMEMBER: Click **Details** to exit the order and collapse or expand details for a selected order.

⁴ Pending Home Media	cations					
🚽 lahetalol	Modify 200 ma	PO_RID_order_duration: 30	dav drug f 23	R-Mar-2018 09	Patient	Taking
<						;
Details for labetalol						
Details 📴 Order Comments 💅 Compliance						
Status		Information source		Last dose da	te/time	
Taking as prescribed	~	Patient	Ŷ	23/Mar/2018	▲ ↓ 0900	•
Comment						
						\sim
						\sim
0 Missing Required Details					Document Histor	y Cancel

15. The updated list of current home medications for your patient is displayed.


REMEMBER to refresh your screen.

CSTMA	T, BERYL	DOB:14-Dec-1977	MRN:700008554	Code Status:	Proces
Allergies	: No Known Allergies	Gender:Female PHN:9876418566		Dosing Wt:85 kg	Diseas Isolatio
🕂 Add	Medication History	nable To Obtain Information 🛛	Use Last Compliance		
Docum	ent Medication by Hx				<u></u>
E3	Order Name		Status	Details	Last Dose Date/T
			A	✓ Last Documented On 01-Dec-201	17 14:02 PST (TestMAT, Nurse-OB1
⊿ H	ome Medications				
	* multivitamin, prenatal (Prenatal Multivita)	mins with Folic Acid 1 mg oral table	et) Documen	1 tab, PO, gdaily, drug form: tab, dispense g	ty: 30 tab, refill(
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ending Home Medications				
⊿ Pe					

16. Locate the **Reconciliation Status** column and review the **Med History** \checkmark is documented.

Add Medication History		cations	Unable To Obtain Information Use Last Compliance	Reconciliation Status Meds History () Admission			
Doc	um	ent Medication by Hx					
13	Grder Name Status		atus	Details	Last Dose Date/Tim	e Information Source	Co
				✓ Last Documented On 2018-Jan-16 12:29 PST (Train,	OBGYN-Physician1,	MD)	
⊿	Ho	ome Medications					
	5	^b multivitamin, prenata Do	ocumen.	. 1 tab, PO, qdaily, drug form: tab, dispense qty: 30 tab, refill(
	a	labetalol De	ocumen.	, 200 mg, PO, BID, drug form; tab, dispense gtv; 60 tab, refill(s,	2018-Jan-15	Patient	T ₂

REMEMBER: 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 respectively.

🕂 Ad	d	Medication History	edications	Unable To Obtain Information	Use Last Compliance	Reconc Mec	iliation Status Is History Admission
Do	cum	ent Medication by Hx					
13	5	Order Name	Status	Details		Last Dose Date/Time	Information Source
				✓ Last Documented On 2018	Jan-16 12:29 PST (Train, (BGYN-Physician1, MD))
⊿	Ho	ome Medications					
	3	multivitamin, prenata	Documen.	. 1 tab, PO, qdaily, drug form: tab, d	lispense qty: 30 tab, refill(
	3	labetalol	Documen.	200 mg, PO, BID, drug form: tab, d	ispense qty: 60 tab, refill(s	2018-Jan-15	Patient

17. Hover over the **Meds History** Reconciliation Status line to display who and when the reconciliation was documented.





NOTE: The following information and screenshots are to illustrate the ability to see a patient's PharmaNet profile when completing BPMH.

This is not available in the Train domain that you are currently learning in, but will be available when the CIS goes live. Resources to review this process will be available in future sessions prior to go-live.

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

Within the Document Medications by Hx page, a new **External Rx History** button will be visible.



Clicking this button will open up the PharmaNet External Rx History window in a side-by-side view with the Document Medication by Hx window.

ORPHANING, CHOIR Allergies: No Known Allergies	DOBD4-Jun 1964 Age:53 years Gender:Female	MRN2700009092 Enc:7000000016941 PHN29735353759	Code Status: Dosing Wt:	Process: Disease: Isolation:	Location:1.0H 6E: 622: 03 Enc Type:Inpatient Attending:Plovcb, Stuart, MD
Add Beternal Ruleidery Medication H Medication K Medicati	Istory Home Medications Unabl ndividual Instances exided by community pharmac rely solely on this Ra history data	e To Obtain Information E ies and pharmacy benefits m to make any clinical decision	Use Lest Compliance Disclaimer: @ magers (PBM s), Such Ra history s. It is the responsibility of the	X Document Medication by He (II) Order Name/Details * d Home Medications g ² copha/E/Din (Metine 125 mg15 mL and logal	Association State Secondation State Secondation State Association Association
Order Name/Details	PDT	erner appropriate means.	Last Fill * Add As A	5 ml, PO, BD, 0 Artill(s) a ² colchicine (colchicine 0.6 mg oral tablet) 1 tab, PO, one, 0 Art(li)) a ² colchicine (colchicine 0.6 mg oral tablet)	08:00 PST 31-Jan-2018 Patient
(4) COLCHECKE 0.6 MG TABLET AN THES IS THE DIRECTIONS FOR A PP (0) COLOMBINESS CITERATE SOLMS TO	BEOTT LABS RESCRIPTION DISPENSE AND TH	EV ARE EXACTLY IN BYTES	02-Jan-2018 😨 🖪	G 3 tol, PO, once, 20 tol, 0 Refull() a: ethosuvimide (Zarontin 230 mg oral capsul 250 mg, PO, 810 a: ethosuvimide (Zarontin 250 mg oral capsul 250 mg, PO, 810	tello Patient
thes is the descriptions for a re (4) (4) NACIN SOMG TABLET ABBOTT THIS IS THE DESCRIPTIONS FOR A RE	RESCRIPTION DEPENDE AND TH T LARS RESCRIPTION DEPENDE AND TH	EV ARE EXACTLY IN BYTES	02-Jan-2018 4 02-Jan-2018 4	through the (Zarontin 250 mg oral capsul 2 cap, PO, gdoily metFORMU 250 mg, PO, TD with food	ie)
(4) (5) (7)	TE 200 MG TAB CHEW ABBOT RESCRIPTION DISPUSSI AND THE ON CANADA	T LABS	02-Jan-2018	armetFORMN Sorrag, PO, BD with food, for 30 day, 60 to areace Sorrag, PO, 8D	oh, 0
Hels is THE DRECTIONS FOR A P HALOPERDOL 1 MG TABLET M Dress THE DRECTIONS FOR A P	RESCRIPTION DISPENSE AND TH ICNEL PHARM C RESCRIPTION DISPENSE AND TH	EV ARE EXACTLY IN BYTES	02-Jan-2018	 Other Prescription Table PO, BID, THIS ST THE DIRECTIONS FC Other Prescription (Amobartistal) Amobartistal 	DRA Partent DRA Patient
(4) HALOPERIDOL 2 MS TABLET M THESIS THE DIRECTIONS FOR A PI	ICNEL PHARM C RESCRIPTION DISPENSE AND TH	LY ARE EXACTLY IN EVITES	02-Jan-2018 🚑	T cop, PO, gdoily vitamin A (vitamin A 23,000 units oral capo 25,000 unit, PO, gdoily	sule)
(4) HALOPERDOL 5 MG TABLET M THES IS THE DIRECTIONS FOR A PP (4) FERROUS SULFATE 15000/5 SVR	ICNEIL PHARM C IESCRIPTION DISPENDE AND TH UP MEAD JOHNSON	LY AME EXACTLY IN BYTEL	02-ten-2018	wedarin (Countiidan Simplicati fabilit) 1 teb. PC, galaxiy, 30 teb. 8 Ref8(c)	
145 IS THE DRECTIONS FOR A RE	RESCRIPTION DISPENSE AND TH SULE UNKNOWN	IV ARE EXACTLY TO EVILES	02-Jan-2018 🖉		
(4) FERROUS SULFATE 15MG/0.6ML	DROPS MEAD JOHNSON	TO AND DAMA OF THE REFERS		¢	
0 Mining Required Details					Leave Med History Incomplete - Frish Later Document History Done



From these windows, users can then review a patient's PharmaNet history and make informed decisions regarding which medications to add to the patient's BPMH.

ORPHANING, CHOIR Allergies: No Known Allergies	RPHANING, CHOIR DOBO4-3an-1964 N Age:53 years E lergies: No Known Allergies Gender-Female F		Code Status Dosing Wt:	Proces Diseas Isolatio	ri ri		Location:1.0H 6E; 622; 03 Enc Type:Inpatient Attending:Pilsvcb, Stuart, MD
ORPHANING, CHOIR Alingles: No Known Allergies Alingles: No Known Allergies Alingles: No Known Allergies Commentation of the second	DOBIO-Sum-1064 Age-53 years Gender/Female Methods and the second dual Instances ed by community pharmac oldy on this Rh Natory data data Instances ed by community pharmac oldy on this Rh Natory data ed by community pharmac oldy on this Rh Natory data ed by community pharmac oldy on the second ed by community pharmac edition of the second edition of t	Meter 200005072 Enc:2000001641 Preve73535759 a To Obtain Information les and pharmacy benefits mar to make any clinical decisions to make any clinical decisions there appropriate means.	Code Status: Dosing WE Declampe Aset Last Compliance Disclamme agers (PBM), Such Ru histor R is the responsibility of the aset Fill Add As Science 2018 (a) Disclaming (a) Disclaming (a) Disclaming (a) Disclaming (a) Disclaming (a) Disclaming (a)	A Constant Medication by He Distant Include Content Medication by He Distant Content Medications A Home Medications Content Name(Details A Home Medications Content Name(Details Content Name(Details	s: e: a/5 mil. eral liquid) mg oal tablet) s: and oal tablet) s: and oal tablet) s: and oal tablet) s: and oal tablet) to mg oal capuid) to mg oal capuid)	Last Dose Dark 01-Feb-2018 08:00 PST 31-Jan-2018 16:00 PST X 1 2	Constituent CM 645 (42:2) Inc Typerspective Athenolog PRivers(Staturt, MC) Pre-production Status O Media Visions O Admissions Discharge Last Documented On 09-Mar-2018 10:48 PST (Ablace: Mindeed, Patient Patient Patient
(4) BINTHEOMICINE THRESUCCIDATE 23 (5) CARBACHOL 13'N DROPS ALCOME THE STEE DESCLOARE FOR A RESIDENT THEIS THE DESCLOARE FOR A RESIDENT (4) HALOPERIDOL 1 MG TABLET MORE THE STEED FOR TONE FOR A RESIDENT (4) HALOPERIDOL 2 MG TABLET MORE THE'S THE DRESCHORE FOR A RESIDENT (4) HALOPERIDOL 2 MG TABLET MORE THE'S THE DRESCHORE FOR A RESIDENT (4) REMOUS SULFATE 15000/S SYRUP THE'S THE DRESCHORE FOR A RESIDENT (4) REMOUS SULFATE 15000/S SYRUP THE'S THE DRESCHORE FOR A RESIDENT (4) CHOOTBRANKER FOR A RESIDENT (4) CHOOTBRANKER FOR A RESIDENT (4) CHOOTBRANKER FOR A RESIDENT (4) CHOOTBRANKER FOR A RESIDENT (5) CHOOTBRANKER	NO MIG TARE CHEW ABBOD EXPENDENT DEPENDER AND THE EXPENDENT DESPENDER AND THE MELAD JOHNSON HERMONY DESPENDER AND THE UNANOWN	T LAIS Seach misch ais misch private	P., Type: Type 100, EOC parties durations on mg, PO, BOC, parties durations on mg, PO, bybe, order duration on mg, ond tablet Ormg out tablet (1 table, PO, m) Ormg out tablet (1 table, PO, m)	Douvnert Medication by Hx (a) 37 days drug forms table dispersion of problems of	40 500) 500) 101		Parent Patent
THEIR THE DIRECTIONS FOR A RESC (4) (4) (5) (5) (5) (5) (5) (5) (5) (5	INFTION DISPINOE AND TH PS MEAD JOHNSON	nacin S	0 mg oval tablet Search		9092 Done		-Man breds Friddae (Rossentition) - Ross



Activity 2.3 – Complete Admission Medication Reconciliation

Now that you have updated the medication history and will complete the **Admission** Medication Reconciliation.



In this activity you will:

- Select home medications to be continued or discontinued
- Review current inpatient medications and decide a course of action
- Complete the admission medication reconciliation

Navigate to the home icon **Provider View** and the **Triage/Antepartum** Workflow tab.

- 1. Click to the **Current Medications** in the **component list**.
- 2. Click the **Admission** button in the upper right corner. The **Orders Prior to Reconciliation** window opens.

IP-P	HY-Six, Jane 🛛 🛛								🕨 🎢 Recent 👻 Name
IP-P	HY-Six, Jane	DOB:1942-Feb-07 MRN:760001105 Code Status: Age:76 years Enc:760000001105		Code Status:		Process: Disease:	Locat Enc T	ion:LGH 2E; 222; 01 ype:Inpatient	
Aller	gies: peniciliin, Peanuts		Gender:Female	PHN:10760001105	Dosing Wt:70 kg		Isolation:	Atten	aing:Train, GeneralMedicine-Phys
Men	🕻 🔰 🕈 Provider View							لے Full scr	een 📋 Print 🦽 5 hours 0 mini
-	🗚 📄 🖣 📄 🔍 🌯 100%	•	G 🖲 🗳						
	Admission	Σ	3 Rounding	X	Transfer/Discharge	8 0	Quick Orders	≍ +	
	Allergies (3)					0000	mont instany i compression		
	Visits (1)							2	
	Documents (2)	C	urrent Medicatio	ons 🕂					Selected visit 🔐 🚍
	Links	ſ					1 Stat	us: ✔ Meds History 😉 Adm	ission Transfer 🙂 Discharge
	Vital Signs & Measurements	1	Order				Order Stat	T Sta	tus
	Labs ?	⊿	Scheduled (1) Next	12 hours					
	Micro Cultures (0)		ipratropium (ipratrop	ium 20 mcg/puff inhaler)	120 mcg = 6 puff, inhalation,	q1h	Yesterday 2	2:00 Ord	ered
	Pathology (0)	⊿	Continuous (1)						
	Imaging (1)		sodium chloride 0.9%	(NS) continuous infusion	1,000 mL 100 mL/h, IV		January 29,	2018 15:31 Ord	ered
	Current Medications	⊿	PRN/Unscheduled	Available (2) Last 48 ho	urs				
	Order Profile (12)		acetaminophen 320	mg, PO, q4h, PRN: fever			January 29,	2018 15:31 Ord	ered
	History of Present Illness		salbutamol (salbutam	ol 100 mco/puff inhaler)	600 mcg = 6 puff, inhalation,	a20min, PRN:	January 29,	2018 15:31 Ord	ered
	Physical Exam		shortness of breath o	r wheezing	,		,,		
	Active Issues	Þ	Administered (3) La	ast 24 hours					
	Assessment And Plan	Þ	Discontinued (0) La	st 24 hours					



NOTE: The status of medication management in the top right corner.

- Means complete
- e means incomplete
- 🧐 means partially complete



2

The admission reconciliation displays medications in a different order on your screen.

Take a very close look at this window. Reconciliation at any point of care – admission, transfer, or discharge works the same way.

Review the Orders Prior to Reconciliation on the left. Some icons you already know:

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



WARNING: ED medications that **are ordered as "once" will not be displayed** on the Admission Medication Reconciliation screen.

The following icons help you to manage the process:

allows for continuing a medication
allows for discontinuing a medication

3. Review the Medication Orders Prior to Reconciliation on the left.

Order Reconciliation: Admission displays documented home medications for your patient.

If there were previous orders entered on your patient, it would show here as well (i.e. current medications, etc.).

CSTP	STPRODEMPI, MOM EMPI ONE DOB:05-Sep-1998 Age:19 years Illergies: Allergies Not Recorded Gender:5remale		DOB:05-Sep-1998 Age:19 years	ep-1998 MRN:700008712 Code Status: ears Ens:700000016268					Ê	rocess; isease:	Location:LGH LD; LDR7; 01A Enc Type:Inpatient		
Allerg			Gendersfemale	Gender:Female PHN:9876414687					k	Attending:Plisvcb, Stuart, MD			
+ Add	s Manage Plant										Reconciliation Status		
M			Orders Prior to Recon	cillation						Orders After Reconci	liation		
	C Order Name	/Details			Status			5	V Order Name	/Details			
۵	Medications												
	labetalol 200 mg, PO,	BID, for 30 day, 60 tab, 0 R	tfall(s)		Documented	0	0	ð	Iabetalol 200 mg, PO,	aio			
	multivitami I tab. PO. a	n, prenatal (Prenatal Multi doily: 30 tob. 0 Refill(s)	ivitamins with Folic Acid 1 mg or	al tablet)	Documented	0	۰		labetalol (C	onverted from: labetalol)			
						-			200 mg, PO Order ? The sch	, BID, drug form: tab, start: 12-Dec-2017 10:05 PST edule for this order should be reviewed.			

Continue the following home medications \Im :

4. Click the radio button continue Labetalol 200 mg PO BID.

Discontinue [the following home medications 🔐 :

5. Click the radio button to discontinue the Multivitamin.



6. Review the list of Orders After Reconciliation on the right side of this window.

CSTPRODEMPL MOM EMPI ONE Allergies: Allergies Not Recorded	DOB05-Sep-1998 Age:19 years Gender:Temale	MRN:700008712 Enc:700000016268 PHN:9676414667	Code Status: Dosing Wt:				Process: Disease: Isolation:	Location:LGH LD; LDR7; 01A Enc Type:Inpatient Attending:Plisvcb, Stuart, MD
🕇 Add 🎆 Manage Plans								Reconciliation Status Meds History O Admission
N	Orders Prior to Reco	nciliation	1721	_	_		Orders After Reconcil	lation
S Corder Name/Details			Status			£35 1	Corder Name/Details	
d Medications								
abetalol 200 mg, PO, BID, for 30 day, 60 tab	0 Refill(s)		Documented	0	0	Ø	labetalol 200 mg, PO, BID	
a multivitamin, prenatal (Prenatal 1 tob. PO, gdoily, 30 tob, 0 Refill(s)	Multivitamins with Folic Acid 1 mg o	ral tablet)	Documented	0	•		labetalol (Converted from: labetalol) 200 mg, PO, BID, drug form: tab, start: 12-Dec-2017 10:05 PST Criter	

REMEMBER: The continued medication becomes an inpatient order marked by the **b** icon.

7. Click **Sign** to complete the process and have the medications orders to be continued as active.

You cannot sign off until you address all medications listed. The unreconciled orders button in the bottom left corner provides a count of the medications that still require reconciliation.

🛣 Details				
0 Missing Required Details 5 Unreconciled Order(s)	Reconcile and	Plan	Sign	Cancel

It is recommended to complete the admission medication reconciliation before placing new orders. If you complete this step after entering orders, they will also appear here. This makes it more difficult to read and asks you to continue or discontinue medications that you just ordered.



NOTE: If a home medication is not available, a medication substitution is indicated by

icon. You can accept the suggested replacement or choose a reason to decline it and this

will be communicated to the pharmacy.







NOTE: Some medications might be marked by **?**. The CIS will prompt you if the first dose administration time has passed and allows you to adjust the first dose time.

Review the line to display the Details window, and then click **!Review Schedule** to check if details are correct for drug administration. You will be able to adjust the first dose time if appropriate. See example below.

Start Date/Time (First Administration):]								
24-Jan-2018 🔿 🔽 0826	PST								
Next administration:									
24-Jan-2018 🚔 💌 2100	PST 🔲 Skip administration								
Following administration:									
25-Jan-2018 🚔 🔻 2100	PST								

Key Learning Points

The Admission Medication Reconciliation screen displays all current active medication orders

You can choose to continue or discontinue any medications listed on the Admission Medication Reconciliation screen

It is recommended to complete admission medication reconciliation **prior to** entering additional admission orders



Activity 2.4 – Update Active Issues

1 READ THIS SECTION: Your patient has several active issues for this visit. Before you see the patient, the nurse or unit clerk will have added a pregnancy to the PowerChart. Pregnancy will be an active issue that will show up across encounters. In PowerChart, every pregnant woman prompts the display to "add a pregnancy". This is unique to Obstetrics.

More commonly, each patient's problems and diagnoses are documented under the **Active Issues** component. When adding Issues, you can select the following descriptors by clicking the



For each issue documented under the Active Issues component, you can select the following descriptor:

This Visit (category **1**) – the issue is a focus of the current encounter (e.g. presenting complaints). It is not shared between encounters and not carried over to the next encounter.

- Chronic (category 2) 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 under Medical History component.
- **This Visit and Chronic** (combination) –the issue is marked in both categories. When marked as a **Chronic** category, it 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).

This Visit issues (1) will be automatically resolved when the patient is discharged. Chronic issues (2) are typically active but can also be resolved. Resolved issues become historical issues.

Active Issues	Classification: Medical an	d Patient Stated 🔻 🛛 A
	Add new as: Chronic - Q Problem name	
Name	Classification Actions	
1 - Low back pain	Medical This Visit	Chronic
2 🔻 GERD (gastroesophageal reflux disease)	Medical This Visit	Chronic
3 🔻 Gestational HTN	Medical This Visit	Chronic
4 🔻 Swollen feet	Medical This Visit	Chronic
Non-insulin dependent type 2 diabetes mellitus	😔 Medical 🛛 This Visit	Chronic 2 Resolve
Pregnant.	Medical This Visit	Chronic

The diagnoses and problems recorded in the Active Issues component as chronic 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.



In this activity you will:

- Add This Visit and Chronic problem
- Practice how to resolve and modify existing problems

2 Gestational Hypertension is an active issue in this admission. Add new as: This Visit:

- 1. On the **Triage /Antepartum** Workflow Tab, select **Active Issues** from the workflow components list on the left.
- 2. Click in the search box and type or use front-end speech recognition (FESR) to enter = *Gestational HTN*.

<	Triage/Antepartum	X	Labour	23	Postpartum	X	>	+	-	- •	
	Active Issues 1 Classification: Medical and Patient Stated - All Visits										
	Add new as: This Visit - Q Problem name										2
	Name					Classification		Actions			
	1 * Swollen fee	t				Medical		This Visit	Chronic		
	2 🔻 GERD (gast	roesopha	ageal reflux disea	ase)		Medical		This Visit	Chronic		

Note: FESR software captures your dictation directly into the Clinical Information System (CIS).

3. The Active Issues component will now display the newly added issue.

3



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



- 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.
- You can change an issue **This Visit** or to a **Chronic** problem/diagnosis or both by clicking the appropriate buttons.
- You can also click **Resolve** to move a **Chronic** problem/diagnosis to the Historical section.
- The issues for This Visit This Visit can be canceled or made into a Chronic problem/diagnosis by hovering over This Visit and a click.
- 2. Click on the Name: GERD (gastroesophageal reflux disease) to display more details.
- 3. Click **Modify** this problem. The Modify Diagnosis window opens.

Active Issues	Classification: Medical and Patient Stated 💌	All Visits $ \mathcal{Z} \equiv$
	Add new as: Chronic + Q Problem name	
Name 1 ▼ Low back pain	This Visit Chronic	Modify
2 * GERD (gastroesophageal reflux disease) 3 * Gestational HTN	GERD (gastroesophageal reflux disease)	
4 🔻 Swollen feet	Condition type This Visit	

4. Locate **Comments** and enter = onset in 3^{rd} trimester and click **OK**



llergies: No Knowr	Age:36 years Enc:7 MGender:Fe PHN:	700000 :98765 Dosing Wt:65	Diseas kg Isolatio	e: Enc Type:Inpatient on: Attending:Plisvca, Rocc
Diagnosis		Late	erality	Responsible Provider
iastro-oesophageal reflu	x disease without oesopha _!	Free Text	-	TestMAT, OBGYN-Physician, 🕨 🔍
isplav As iERD (gastroesophagea	l reflux disease)	*Clinical Service Non-Specified	*Date	Comments Conset 3rd Trimester
Гуре	*Confirmation	*Classification	Ranking	
Additional Details Si Qualifier	scondary Description Rel	lated Diagnosis Related Severity	Procedure	
Status	Certainty	Probability		
	•	• 0		

5. For your next practice, **cancel** the **swollen feet** active issue. Click on swollen feet. Hover over **This Visit** until a line is drawn through it: This Visit Chronic

REMEMBER: To remove the split screen, click the tab to collapse

Active Issues	Gessfication: Medical and Patient St	ted - All Visits 2
	Add new as: This Visit • Q Problem name	
Name 1 * Low bick pain 2 * GERD (gastroessphapeal reflax disease) 3 * Gestational HTN	The Vall Chrone Correct	Modify
4 - Swedin feet Prepark. • Historical Show Previ	Vents	
	Conter Cuite	

- 6. On admission, your patient reported Lower Back Pain as a current persistent chronic issue.
- 7. From the dropdown arrow, select This Visit This Visit and Chronic Chronic
- 8. Enter = Low back pain as an active issue

	Add new as: This Visit 🔻	Q Problem name
--	--------------------------	-----------------------

- 9. Selecting Chronic ensure it will remain on the chart across all encounters. Later, your patient reported her low back pain resolved.
 - 1. Click on **Lower back pain**.
 - 2. Select Resolve (not Resolved)



<	Triage/Antepartum	×	Labour	X	Postpartum	X	>	+		
	Active Issues				Clas	sification: M	ledical	and Patient S	itated 👻 All	Visits 🖌
	Add new as: This Visit - Q Problem name									
	Name		_		Cla	assification		Actions		2
	5 🔻 Low back pai	n 1			М	edical		This Visit	Chronic	Resolv
>	6 🔻 Swollen feet				М	edical		This Visit	Chronic	Resolv
	7 🔻 Gestational h	yperten	ision		М	edical		This Visit	Chronic	

10. Your view is the Low back pain is still active on this visit and **Resolved** (not **Resolve**) displays for the Chronic issue

Name	Classification	Actions
1 × Low back pain	Medical	This Visit Chronic Resolved

11. As your patient reports the low back pain is resolved also for this visit, you **cancel** this issue by **hovering** over

This Visit and click.

Name	Classification	Actions
1 - Low back pain	Medical	This Visit Chronic Resolved

Now **both** the current **This Visit** and **Chronic** have been resolved and you can locate Low back pain in the **Historical** location. What should you do if the Low back pain become active again? Click This Visit This Visit and it will become an active issue again.



<	Triage/Antepartum	ː Labour : 또	Postpartum	X	>	+		-	
	Active Issues			Classification: M	ledica	I and Patient	Stated 🔻 🗛	II Visits 🛛 🤁	≡-
			Add	new as: This V i	sit 🔻	Q Problem	name		
	Name			Classification		Actions			
	4 👻 Swollen feet			Medical		This Visit	Chronic	Resolve	
	5 - Gestational hyper	tension		Medical		This Visit	Chronic		
>	6 🔻 Gestational HTN			Medical		This Visit	Chronic		
	7 🔻 GERD (gastroesop	phageal reflux disease)		Medical		This Visit	Chronic		
	Anxiety			Medical		This Visit	Chronic	Resolve	
	Pre-existing essen	ntial hypertension during pregnanc	сy	Medical		This Visit	Chronic	Resolve	
	Pregnant.			Medical		This Visit	Chronic		
	⊿ Historical						Show Pre	evious Visits	
	Low back pain			Medical		This Visit	Chronic		

Active issues for This Visit will disappear unless they are moved to Chronic. Chronic can be resolved and it will go into Historical on this page.

Key Learning Points

- Use Active Issues to manage problems and diagnosis for patient's current visit.
- **This Visit** refers to diagnosis or problems for this current hospitalization.
- **Chronic** refers to past medical history that may be active during this hospitalization or may have already resolved prior to admission.



Activity 2.4 – Place a PowerPlan (order set) for Labour and Delivery Admission

After completing Medication Reconciliation and Active Issues, you are ready to place orders for your patient. You will use a PowerPlan that is specifically designed for admitting patients to the General Medicine unit.

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.

All PowerPlans for your specialty are grouped in the separate category in the **Quick Orders** tab on the Workflow tabs.

↓ Labour ⊠ Partogram Venue: Inpatient ▼	n 🛛 Postpartum 🎞	Transfer/Discha 🔀 Neonate Workfl	🛛 OB Quick Orders 🕅 >	+
OB Frequent ≡• ⊙	OB Medications ≡• ⊙	OB Labs = • 🗞	OB Imaging and 🔤 - 🔿 Diagnostics	New Order Entry =• 💿 🔨
Antepartum Hemorrhage Destnartum Hemorrhage	AnalgesicsAntacids	 Blood Products / Transfusion Bloodwork Routine 	► CT	Consults ≡• ⊙
Postpartum Fever Preterm Labour	Anticoagulants Antiemetics (PRN)	 Bloodwork AM (1day added if ordered after 23:59) Bloodwork Recurring 	Echocardiogram IR	OB PowerPlans 📃 💿
 Preterm Premature Rupture of Membranes 	Antihypertensives Antimicrobials	Bloodwork Recurring Bloodwork STAT Routine Prenatal Labs	MR	Admit to Inpatient Admit to Obstetrics Antepartum
 Gestational Diabetes Intrauterine Growth Restriction 	Bowel Protocol Electrolyte Management Glycomic Control	Bacteriology Pathology and Cytology	►US ►XR	Intrapartum Postpartum
Hypertension Hyperemesis	IV Fluids Sedatives	Stool Studies Urine Studies		Well Newborn =• •
Chest Pain Shortness of Breath State Descine and (as less system than	Vitamins and Supplements	Virology and ParasitesSwabs		OB Patient Care ≡• ⊗



In this activity you will:

- Select the admission PowerPlan.
- Modify the admission PowerPlan to fit your needs.
- Complete the PowerPlan to make it active for other caregivers.

You will use a PowerPlan that is specifically designed for admitting patients to labour and delivery.

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 on the PowerPlan
- You can add other modules (orders sets) that are listed in a PowerPlan



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

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



1. Click the OB Quick Orders workflow tab.

2. Locate the **OB PlanPlans**.

K Labour 🛛 Partogram	n 🖾 Postpartum	23	Transfer/Discha 🔀	Neonate Workfl	OB Quick Orders	× >	+ 🕞 – 🗞 /	≣∙
Venue: Inpatient 👻								
OB Frequent ≡• ⊙	OB Medications	• 🔊	OB Labs	≡•⊗	OB Imaging and Diagnostics	≡•⊗	New Order Entry = 😋	^
Antepartum Hemorrhage Postpartum Hemorrhage	AnalgesicsAntacids		 Blood Products / Transfu Bloodwork Routine 	sion	► CT		Consults ≡• 😪	
Postpartum Penormage Postpartum Fever Preterm Labour	 Anticoagulants Antiemetics (PRN) 		 Bloodwork AM (1day add after 23:59) Bloodwork Becurring 	ed if ordered	Echocardiogram		OB PowerPlans = 😋	
 Preterm Premature Rupture of Membranes 	Antihypertensives Antimicrobials Reveal Protocol		Bloodwork STAT Routine Prenatal Labs		MR NM		Admit to Inpatient Admit to Obstetrics Antepartum	
Gestational Diabetes Intrauterine Growth Restriction	Bower Protocol Electrolyte Management Glycemic Control		 Bacteriology Pathology and Cytology 		►US ►XR		Intrapartum Postpartum	
Hypertension Hyperemesis Chest Dain	 IV Fluids Sedatives 	_	Stool StudiesUrine Studies				Well Newborn =• •	
Shortness of Breath Fetal Demise and/or loss greater than	► Vitamins and Supplements		 Virology and Parasites Swabs 				OB Patient Care ≡• 중	~

- Categories and folders can be collapsed or expanded by clicking the expansion arrows and
- 4. Expand the **OB PowerPlans** folder.
- 5. Open Intrapartum folder. PowerPlans are marked by the 🚼 icon.



- 6. Click OB Labour and Delivery Admission (Multiphase).
- 7. The Orders for Signature icon appears at the top right of the screen.



A	100% 🗸 📄 🛑 🚮						
Triage/Antepartum	🛿 Labour	23 Postpartum	x > +	🔁 1 🕒 🖉 =			
Venue: Inpatient 🔹							
OB = 🗞 PowerPlans	OB ≡• ⊙ Medications	OB Labs = 🔗	OB Imaging = 💿 and Diagnostics	New Order = - ⊘ Entry 🕂			
Admit to Inpatient Admit to Obstetrics	 Analgesics Antacids 	Blood Products / Transfusion Bloodwork Routine	► CT	Consults ≡• 🤡			
► Antepartum ⊿ Intrapartum	 Anticoagulants Antiemetics (PRN) 	 Bloodwork AM (1day added if ordered after 	 ECG Echocardiogram 	Well ≡• ⊙ Newborn			
 OB Labour and Delivery Admission (Multiphase) 	 Antihypertensives Antimicrobials 	23:59) Bloodwork Recurring Bloodwork STAT	► IR ► MR ► NM	OB Patient ≡• ⊙ Care			
(Validated) OB Labour and Delivery Admission (Multiphase) (Validated)	Bowel Protocol Electrolyte Management	 Routine Prenatal Labs Bacteriology 	► US ► XR	 Patient Disposition Code Status 			

2

1. Click the **Orders for Signature** icon at the top right of the page.

A	100% 🗸 📄 🛑 😭			
Triage/Antepartum	🖾 Labour	23 Postpartum	× +	🔁 1 🕒 🖉 =
Venue: Inpatient 👻				
OB = 🗞 PowerPlans	OB ≡• ⊙ Medications	OB Labs = • 🔊	OB Imaging = • 🔊 and Diagnostics	New Order = - ⊗ Entry -
Admit to Inpatient Admit	Analgesics	 Blood Products / Transfusion 	5	Consults ≡• ♀
to Obstetrics	Antacids	Bloodwork Routine	► CT	
Antepartum	Anticoagulants	Bloodwork AM (1day	► ECG	Well ≡• 😔
⊿ Intrapartum	Antiemetics (PRN)	added if ordered after	Echocardiogram	Newborn
OB Labour and Delivery Admission	Antihypertensives	23:59)	▶ IR	
(Multinhase)	Antimicrobials	Bloodwork Recurring	▶ MR	OB Patient ≡ • ⊙ Care
(Validated) OB Labour	Bowel Protocol	Bloodwork STAT	▶ NM	
and Delivery Admission	► Electrolyte	Routine Prenatal Labs	▶ US	Patient Disposition
(Multiphase) (Validated)	Management	Bacteriology	► XR	► Code Status

2. Click Modify. The Orders page opens.



Orders for Signature (1)	×
PowerPlans	
OB Labour and Delivery Admission (Multiphase) (Validated) (OB Labour and Delivery Admission (Multiphase) (Validated) EKM)	
Sign Save Modify C	Cancel



NOTE: The following Sections 3 and 4 below are an overview of PowerPlans.

BowerPlans open in the **Orders View** that works like a scratch pad to customize your plan.

Stay in the **Orders** window. It offers the most comprehensive summary of patient's orders grouped into categories in the View panel. It is a good practice to **frequently visit this window to monitor patient's orders**.



WARNING:

- Orders view is also one of the only ways to review and activate PowerPlans in **a planned status** orders that have been signed but not initiated.
- There is also a component called **Planned PowerPlans** that will be available in your Provider view that will enable you to view PowerPlans in a planned status. This is not currently available in the Train Domain you are practicing on now.





Scroll through to locate visual cues used to categorize orders:

- 1. The **toolbar** provides you with tools, for example clicking the ^{Comments} button opens a box for adding a comment to the selected order; a nurse assigned to this patient will be informed that you placed additional information.
- 2. At the top, you will see the PowerPlan name. Until you complete the process, its status is Planned Pending.
- 3. Bright blue highlighted text identifies **critical reminders** for example, a reminder about the 'Admit to...' order.
- 4. Light blue-grey highlighted text separates categories of orders, for example, Patient Care.
- 5. Bright yellow highlighted text identifies clinical decision support information.
- 6. Collapse the View navigator to have more screen space.

IP-PHY-Six, Jane	DOB:1942-Feb-07	MRN:760001105	Code Status:			Location:LGH 2E; 222; 01
	Age:76 years	Enc:7600000001105		Disease:		Enc Type:Inpatient
Allergies: morphine, Peanuts, penic	.Gender:Female	PHN:10760001105	Dosing Wt:70 kg	Isolation:		Attending:Train, GeneralMedicine-Ph
+ Add Tocument Medication by Hx	Recon 6 •	♦ Check Interactions	1			Reconciliation Status Meds History 🖌 Admission Discha
Orders Medication List Document In Pla	an					
	K 415	🗟 🚫 🕂 Add to Phase -	- A Check Alerts	Start: Now D	uration: None	
View		Component	**	Chature	Dese	
Medical		Componen		Status	Dose Details	
MED General Medicine Admission (V	/alida Z	seneral Medicine Admis	ssion (Validated) (Planned Pending)		
Venous Thromboembolism (VTE)	Prophyla 🖉 🛆 Ad	imit/Transfer/Discharge				
ED Pneumonia (Validated) (Initiate	d)	Verify that is	an 'Admit to' Order has been entere	ed prior to completing the	powerplan 3	
ED IV Fluids (Module) (Validated)	(Initiate	tient Care				
Suggested Plans (0)	4	Consider A	llergy Form			
D Orders		Consider N	Aedication Reconciliation			
Admit/Transfer/Discharge		🗟 🕖 💆 Code Statu	12		 Select 	an order sentence
		Weight			On adn	nission, standing weight is preferred
- Status		🕖 💆 Vital Signs			Once b	aseline
Patient Care		🛛 🖉 Neurovital	Signs		 q8h	
Activity		🛛 🕼 😂 🂆 Pulse Oxim	netry		💌 q8h, wi	th vital signs
Diet/Nutrition		🖙 🏹 Oximetry -	Continuous		T;N	
Continuous Infusions		🏹 Cardiac Me	onitoring		Monito	r at all times

4



Here is an overview how to modify the orders in the plan:

- Checking and unchecking order boxes
- Use the drop downs Modify the details of the orders
- Right-click on the Weight order and select Modify

	🔊 Offset 🕅	Comp	onent			Status	Dose	Details
B	Labour and De	livery Adm	ission (Multiphase),	Admission (Plan	ned Pendin	g)		
1	Admit/Transfe	r/Discharge						
		🗳 Verify t	hat an 'Admit to' O	rder has been en	tered prior to	completing t	he powerplan	
		🗳 Review	Levels of Care class	sification				
		🗳 For Rh	negative / unknow	n patients, the Rh	IG eligibility	orders will be	automatically	selected
1	Status						and served as fearing	
	Ð	🖄 Code	Status					 Attempt Cl
1	Patient Care	100						
1		🛛 Weigh	t	Right-clic	k on or	der name		On admiss
		A Height	t/Length	and color	t modif			On admissi
		📝 Fetal H	lealth Surveillanc	and seled	st modil	У		Initiate as p
	Lines/Tubes/D	rains						
1		🛛 Insert	Peripheral IV Cathet	er				Unless alre
1	Activity							
		🛛 Activit	y as Tolerated					Encourage
1	Diet/Nutrition							
1	69	Genera	al Diet					Regular
1	69	Diabet	ic Diet					T;N
1	69	Clear F	luid Diet					T;N
1	e a	NPO						Except for S
1	Continuous In	fusions						
1		Saline	Lock Peripheral IV					T;N
_	Maintenance F	luids						_
]		dextro	se 5%-sodium chlo	ride 0.9% (dextro	se 5%-sodi			order rate: 1
]		Sodiur	n chloride 0.9% (soo	dium chloride 0.9	% (NS) con.			order rate:
1	III							F
	Design of the second							
	Details							
_								

• Click on the Details 🔽 arrow to exit the order

•	Petails for Weight
ľ	🖀 Details 📴 Order Comments
	┿ 🖀 III. 🖡 🎽
	Requested Start Date/Time: 24/Oct/2017

Hover Over the icons in the toolbar below.



ፋ 🖁 🐁 🕂 Add to Phase 🗸 🛕 Check Alerts 🛄 Comments	Start: Nov	v 🛄 Durat	ion: Nor	ne						
🔊 Offset 🕅 Component		Status	Dose	Details						
OB Labour and Delivery Admission (Multiphase) (Validated), Admission (Planned Pending)										
⊿ Admit/Transfer/Discharge										

Modifying the PowerPlan

5

Your screen opens to the scratch pad where you can make changes to the PowerPlan.

REMEMBER: Only one type of Diet Order can be entered at a time for your patient. You will need to deselect General Diet before selecting a Diabetic Diet. Both orders are marked by the link a icon. In this example, it prevents two contradicting orders to be placed at the same time. In other situations, orders might be linked so that they can automatically be placed together.

⊿	Diet/Nutrition	
	eə 🖄	General Diet
	eə 🖄	NPO
	eə 🖄	NPO at Midnight
	eə 🖄	Clear Fluid Diet
	eə 🖄	Full Fluid Diet
	eə 🗖	Diabetic Diet
	eə 🖄	Healthy Heart Diet

Check the following order tick-boxes:

- Diet/ Nutrition: General Diet
- Continuous Infusion: Saline Lock Peripheral IV
- **Obstetrics Modules**: OB Gestational Hypertension and Pre-Eclampsia Intrapartum



NOTE: After selecting the above module, you will be taken to another window for **OB Gestational Hypertension and Pre-Eclampsia Intrapartum (Module).**

Check the following order tick-boxes:

- Nifedipine under Antihypertensive Therapy for Severe Hypertension.
- **Do not Sign** the order yet, scroll down and click the **Return to Admission** button to continue with the OB Labour and Delivery Admission (Multiphase) PowerPlan.

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	Antihypertensive Therapy for Severe Hypertension	
	For severe hypertension, consider OB Magnesium Sulfate Administr	ration (Module)
8	7 NIFEdipine	3 mg, PO, once, PRN hypertension, drug form: cap Bite and swallow. Give for systelic blood pressure greater than or equal to 160 mmHg OR diastolic blood pressure is greater than or equal to 110 mmHg for 2 measurements separate.
1000	Refer to OB Acute Management of Severe Hypertension (Intrapartur)	m) (Module) for other medications for severe hypertension management
4 L	boratory	
н	ematology	
R	Differential (CBC and Differential)	Blood, Routine, Collection: T;N, q12h interval for 48 hour
—	T PTT	Blood, Routine, Collection: T.N. q12h interval for 48 hour
-	T INR	Blood, Routine, Collection: T:N, q12h interval for 48 hour
	T Fibrinogen Level	Blood, Routine, Collection: T;N, q12h interval for 48 hour
C	hemistry	
P	🖟 😰 Basic Metabolic Panel (Lytes, Urea, Creat, Gluc)	Blood, Routine, Collection: T.N. q12h interval for 48 hour
	Magnesium Level	Blood, Routine, Collection: T;N, q12h interval for 48 hour
	Calcium Level	Blood, Routine, Collection: T;N, q12h interval for 48 hour
2	🕅 Uric Acid	Blood, Routine, Collection: T.N. q12h interval for 48 hour
P.	Alanine Aminotransferase	Blood, Routine, Collection: T:N, q12h interval for 48 hour
R	T Lactate Dehydrogenase	Blood, Routine, Collection: T;N, q12h interval for 48 hour
7	Albumin Level	Blood, Routine, Collection: T;N, q12h interval for 48 hour
7	Dilirubin Total	Blood, Routine, Collection: T.N. a12h interval for 48 hour
U	nne Studies	
1	Protein Urine Random	Urine, Routine, Collection: T:N. a12h interval for 48 hour
a D	agnostic Tests	
	US OB AFI and Doppler Singleton	Routine. Special Instructions: within 24 hours of admission
	US OB AFI and Doppler Multiple	Routine, Special Instructions: within 24 hours of admission
Can D.	turn to Administra	
1.223	CONTRO POINT OF TOTAL	
1		
and in		
A 01	Call	
an	E. C.	
UNDS	Is non-bonghature [] [a ave as my navane	Out initiate Sign Cancel

The ³ icon next to an order indicates missing details. This is a standard icon across the entire CIS.



WARNING: After you made your selections, **do not click sign yet**. You need to return to the main PowerPlan by selecting **Return to Admission** to sign off the entire PowerPlan.

Review the Toolbar icons to flex the display of the PowerPlan to facilitate easier review. For example:

Collapses or expands the list of order categories on the left side of the screen. Collapsing the list creates more room for the PowerPlan Navigator

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

Details for Collapsing allows entry of multiple orders before signing all PowerPlan orders

- Displays pre-selected defaulted orders only
- Merges your planned orders with existing orders to avoid duplicating an order.

< % ⊘	🕂 Add to	Phase 🕶 🧕	Check Alerts	Comments	Start:	Now		Duration:	None]
S Offs	et 🕅	Compo	nent				Statu	15	Dose	Details

6 Adding to Phase while in PowerPlan

1. You want to add some **new orders** to the PowerPlan.



- 2. Click + Add to Phase button
- 3. Click **Add Order.** These orders will reside within the PowerPlan and will be removed when the PowerPlan is discontinued unless you select them to continue.



- 4. Enter on the order search catalogue:
 - Ampicillin 500 mg, IV, Q6H click **Done**
 - Review the order and don't sign



5. Click the downward arrow to go to the next order **Details for ampicillin** this permits you to add multiple orders.



- 6. Click + Add to Phase button to enter more orders.
- 7. Click **Add Order**... and enter = US OB AFI and Doppler Singleton



- 8. When you have selected the orders above, click **Done** in the lower right corner.
- 9. The **Details for US OB AFI and Doppler Singleton** appears as it is the last order you entered in the catalogue search.
- 10. Enter the following information:
- **Requested Start Date/Time:** type = *t* (today for date field) and type = *n* (now for hour and minutes field). This will automatically enter today's date and current time
- This is a mandatory field⁸: Reason for Exam enter = severe hypertension
- Priority: Urgent

Offset 🕅 Component St	atus Dose Details			
Pathology Placenta Request	At delivery	send placenta to pathology REQUIST	10N REQUIRED: Submit Pathology Placenta Request Requisition that prints	in signing of order.
Mg Prenatal Care Panel				
HIV 1/2 Antibody and p24 Antigen BCCDC	Blood, Rou	tine, Collection: T/N, once		
e Studies				
nostic Tests	Unine Kou	ine, Collection: 1;16, once		
😣 🔂 US OB AFI and Doppler Singleton	T;N, Royti	e, Preasant		
In the US OB AFI and Doppler Singleton				
etails 👿 Order Comments 🕜 Offset Details				
3 III. 🙁 🕐				
sted Start Date/Time: **.**** 🔄 🔹 🗣 PST	*Priority:	Routine	*Reason for Exam	
Event Previous Event	If Yes, Exam Location		Special Instructions / Notes to Scheduler	
	a rea countroleanore	2	appear instructions (notes to schedule.	
ler Callback Number:	Pregnant	(• Yes (No		
Transport Modes v	Special Handling:	•	CC Provider 1:	
CC Provider 2:	CC Provider 3:	<u>a</u>	Order for future visit	C Yes @ No
		0		
scheduling Location:				

- 11. **Do not Sign here yet** if you sign now, the orders become signed before you can review them.
- 12. Click the **Details** icon to collapse the Details for **US OB AFI and Doppler Singleton**. Notice the **Details** is now collapsed at the bottom of your PowerPlan Order Screen.
- 13. Use the **Show only select items** only icon \mathbb{S} , to review all the selected PowerPlan orders.



NOTES: Once all the necessary fields are completed the mandatory icon <u>S</u> next to US OB AFI and Doppler Singleton disappears and the PowerPlan is ready to initiate.



∢	80	🕂 Ado	d to Pha	ise 🗸 🖌	<u> Check</u> Ale	rts 🛄 Comm	nents St	art: N	low	Duration	None	e
	🔊 Offs	et Ϋ	Con	npone	nt				Status	Do	ose	Details
OB	Labour a	nd Deli	very Ad	Imissi	on (Multipha	se), Admissio	n (Planne	d Pend	ing)			
⊿	Status		_									
☑			🛛 Coo	de Stat	us						-	 Attempt CPR, Ful
⊿	Patient (Care	-									
	a		Z Feta	al Hea	lth Surveillan	ce						Initiate as per pro
	Activity				Televated							E
	Dist/Nut	wition	Act	ivity a	s Tolerated							Encourage mobili
	DIEL/INUI	പ്രവാന ഭക	🕺 Ger	neral D	iet							Regular
⊿	Continu	ous Infu	sions	iciui D	ict.							ricgular
		1	🕅 Sali	ne Loo	k Peripheral	IV						T;N
⊿	Medicat	ions	_									
☑		(🔰 am	picillin	1							500 mg, IV, q6h
	Analgesi	cs	~									
		-	🔰 fent	tanyl							•	 0.5 mcg/kg, IV, q1 Maximum 4 mcg,
☑		(🕈 Niti	rous O	xide Gas Adr	ninistration						PRN, For pain ma
	Third Sta	age Mar	ageme	nt								
☑		(🛛 оху	tocin								10 unit, IM, once,
												With delivery of a
	Obstetri	cs Modu	les									
	Disease	tia Taata	DB OB	Gestat	ional Hypert	ension and Pro	e-Eclamps	ia Intra	Planne	d Pen		
	Diagnos	uc resis	, 7 115 (I and Donnie	r Singleton						T-N Urgent Rea
<u> </u>			/ 03	OD AI		romyleton						r,n, orgent, nea
4												
	Details											
0	rders For C	osignatu	re S	àave as	My Favorite				;Q:	nitiate	Sign	Cancel

This multiphase PowerPlan has two phases. You will **Initiate** the **Admission Phase** and leave the Continued Lab Work phase in a **planned** state to be initiated later by nursing staff.



WARNING: The following is important and must be considered or followed:

If you want the Phase of orders to be active immediately after ordering, use the 2 step process:

Step one: Initiate

Initiated PowerPlans become active immediately and their orders create respective tasks and actions for other care team members.

Step two: Sign

If you want the phase of orders you place to be **activated later (planned)**, use **the 1 step process**:

14. Select Sign only

A PowerPlan that is **signed** only but **not initiated**, remains in a **planned** state allowing you to prepare orders for future activation as needed. This is useful for surgical scenarios and for future procedures.

- 15. In the View section, ensure the **Admission** phase is selected.
- 16. At the bottom right of the page click Initiate I initiate.



18	📕 🔹 😵 🛇 🕂 Add to Phase - 🛕 Check Alerts 🟭 Comments	Start: Now an Duration: None an
View	Offset V Component	Status Dose Details
Orders for Signature	OB Labour and Delivery Admission (Multiphase). Admission (Pb	aned)
liens	Last undated on: 12-Dec-2017 10:35 PST Inv: TestMAT, ORGY	N.Physician. MD
Medical	A Admit/Transfer/Discharge	
OB Labour and Delivery Admission (Multiphase)	Verify that an 'Admit to' Order has been seen to be the second	n entered prior to completing the powergian
Admission (Planned)	A For Rh negative / unknown patients H	a RNG elisibility ordex will be automatically selected
Continued Lab Work (Planned)	d Status	
uggested Plans (0)	Code Statut	▼ Attempt CPR Full Code
rders	A Patient Care	
Admit/Transfer/Discharge	C Weight	On admission
T Status	C Meight/Length	On admission
Patient Care	F Fatal blankth Suspaillance	Initiate as new protocol
1 Activity	Lines/Tubes/Drains	
Dist/Nutrition	Insert Peripheral IV Catheter	Unless already in place
Continuous Infusions	d Activity	
Madication:	Activity as Tolerated	Encourage mobilization
Direct Destants	4 Diet/Nutrition	
Caleboo Products	General Diet	Regular
Laboratory	Diabetic Diet	TN
Diagnostic Tests	Clear Fluid Diet	TN
(Procedures	E 60 DA NPO	 Except for Sins of Water
Respiratory	d Continuous Infusions	
Allied Health	Saline Lock Peripheral TV	TN .
Consults/Referrals	Maintenance Fluids	
Communication Orders	C destrose 5%-sodium chloride 0.9% (de	strose 5%-sodi vice rate 125 mL/h. N. drug form: bag
[] Supplies	Sodium chloride 0.9% (sodium chlorid	e 0.9% (NS) con
Non Categorized	4 Medications	
Aedication History	Antimicrobials	
Medication History Snapshot	Group B Strep Prophylaxis	
leconciliation History	Order if Group & Strep positive (positiv	e culture. Group B Strep bacteriuria in current pregnancy, prior neonate with Group B Strep disease)
2 C C C C C C C C C C C C C C C C C C C	If Group 8 Strep status unknown, order	only if risk factors present (less than 37 weeks of gestation, membrane supture 18 hours or more, fever, prior neonate with Group B Strep disease)
	🗆 🏟 🚺 peniciliin G sodium	5 million unit, IV, once
		If ruptured membranes or in active labour
Reduced Provide	IN Data 2	
New Control	A Details	
Formulary Details		(Westername) Contraction
variance Viewer	Save as My Favore	(accumulate) Condent Para

Note: Fentanyl has a dosage calculator and requires a patient weight to complete. Exit fentanyl pop-up if it occurs.

Initiating the PowerPlan:

7

- 1. Once **Initiate** is selected, a lightbulb icon is displayed beside each of the checked orders and allergy checking and drug-drug interaction checking occurs.
- 2. Click Orders for Signature.

⊿	Status	_		
\$	R 🕻	2	Code Status	Order
⊿	Patient Care			
	Ľ	2	Weight	
	Ľ	2	Height/Length	
- Q -	Ľ	2	Fetal Health Surveillance	Order
	Lines/Tubes/Drai	ins		
	Ľ	2	Insert Peripheral IV Catheter	
⊿	Activity			
\$	Ľ	2	Activity as Tolerated	Order

3. Click Orders for Signature.

4. In the next window click **Sign** to complete the process.

REMEMBER:

- Click **Initiate** first to ensure that all selected orders are immediately active. If you **do not** Initiate the PowerPlan and click **Sign only**, the orders are **not** active.
- The PowerPlan remains in a planned state until it is activated later by a provider or a nurse assigned to this patient.
- For example, the provider created the PowerPlan in a planned state before the patient's admission. The receiving nurse will **Initiate** the PowerPlan order upon



patient's arrival on the unit, and the orders will then become active

8 From the **Order Page View** section, select your PowerPlan and explore some of the further features in the PowerChart icons.

For example:

indicates the Nurse has yet to marked she reviewed these orders



WARNING:

- PowerPlans that are in a planned status, signed but not initiated, are not listed under **Orders Profile** component.
- Click on the Order Profile component hyperlinked heading for a more detailed review on the Orders Page View section of orders including those in the planned state.

Key Learning Points

PowerPlans are like pre-printed orders.

- You can select and add new orders not listed in the PowerPlan by using Add to Phase functionality.
- By signing one order, it signs all the orders, wait until you have reviewed all the orders before signing or initiating the orders.
- 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 SignSign will place orders into a planned state for future activation.

1



Activity 2.5 – Document Labour Assessment in Interactive View I&O (iView)

By documenting cervical exams in iView, the data will populate the partogram and pull into your notes. A single documentation goes to multiple places. Documenting only in the note will mean that someone else will have to read your note and complete iView to populate the partogram.

In the **Labour** workflow tab, click on the **Labour Assessments** in the component list to document your cervical exam findings.

1. Click on the **Labour Assessments** hyperlinked heading. The Interactive View and I&O (iView) window opens.

< 🕞 👻 👫 Provider View						
A 🗎 🗎 🖶 🔍 🔍 🛛 100% 🛛 🕶 🖓						
Triage/Antepartum 🛛 🛛	abour	🛛 Partogram	23			
Checklist	Labour Ass	essments 1				
History of Present Illness		26/03/18 07:42				
Assessment and Plan	Cervix Dilation	7 cm				
New Order Entry	Cervical Length	1.0 cm				
Fetal Monitoring	Fetal Station	0				
Labour Assessments	Vaginal Exam P	erformed By				
	Baseline					
Imaging (0)	Interpretation C	Category				
Crosto Noto	Uterine Activity					
	ROM Date, Time	e				
OB Admission H&P Note	Amniotic Fluid C	Colour/Description				
OB Consult Note						

- 1. This link takes you to **iView**.
- 2. Locate and click the **OB Provider** band **S** within the Interactive View and I&O page.
- 3. Click on the **Cervical Exam** section.
- 4. Double click on the blue cell to open the cells for documentation



 The second second					
*** 🚍 💷 🔐 🖌 🚫 🦉 🌆 🔀 🏛 🛪					
X Advanced Graphing		Last 24 Hours			
CR Provider 2	Find Item Critical	High Low			
Cervical Exam 3 Membrane Status information	Result	Comments			
Delivery Counts Delivery Information Shoulder Dystocia	₩₩ ₩	17-Jan-2018			
Episiotomy /Laceration Newborn Delivery Data	✓ M ✓ Cervical Exam	`র্ট্র 08:48 PST ☑ 4			
VBAC Patient Safety Checklist	Cervix Dilation Cervical Length	cm			
	Fetal Station				
	Cervical Consistency				

Begin documentation by entering the following information. You may hit the tab button on your keyboard to advance

- Cervical Dilation = 7
- Cervical Length = 1
- Fetal Station = 0
- Fetal Station Calculation = 0 (Auto-calculated)
- Cervical Consistency = soft
- Cervical Position = anterior
- Bishop's Score = 11 (Auto-calculated)
- **Presenting Part =** Cephalic- Vertex

Note: click the x to escape window

Presenting Part Cephalic- vertex
Cephalic- face
Breech NOS
Frank breech
Complete breech
Incomplete breech
Transverse lie
Compound
Shoulder
Undetermined

Other

- **Fetal position =** *Left occiput anterior*
- Presenting part applied to cervix = yes
- **Degrees of Moulding =** *No, Moulding*
- Grades of Caput succedaneum = 0
- Labour onset, date/time = T/N (today and now)



NOTE: The Vaginal Exam Performance entry: if you are charting for someone – then enter their name.



Click the **Sign** *i* icon to complete and save your documentation.



Notice your font color changed from purple to black after signing with the green checkmark.



- 3 Right-clicking on a data cell such as **Labour Onset, Date/Time**, after you have documented to take you to a list of functions, including the following:
 - Modify
 - Unchart
 - Change Date/Time
 - Add comment
 - Flag, etc.

					View Flag Comments			
981	MRN:700007087	Code Status:Attempt CPR	, Full Code2	3-Oc Prc	View Reference Material			
	Enc:7000000011273			Dis	View Order Info			
e	PHN:9876562218	Dosing Wt:65 kg		Iso				
					View History			
					Modify			
					Unchart			
					Unchart			
					Change Date/Time			
			Last	24 Hou	Add Comment			
			_	_	Duplicate Results			
	Find Item	🗌 Critical 🔲 High	Low	Abnc Abnc	Clear			
					Clear			
<u>10</u> 0			26	5/Mar/2018	View Defaulted Info			
	M		07:50 F	DT 07:42	View Calculation			
	Cervical Exam		C100		view Calculation			
I ♥	Cervix Dilation		%		Recalculate			
	Cervix Erracement		70	1.0 cm	View Interpretation			
	Fetal Station			1.0 cm	Reinterpret			
	Fetal Station Calculation				Reinterpret			
	Cervical Consistency			Soft	Create Admin Note			
	Cervical Position			Anteri	Chart Details			
	Bishop's Score			1	Not Done			
	Presenting Part			Cepha	Not Bolicia			
	Fetal Position			OA- O	Flag			
	Presenting Part Applied to	Cervix		Yes	Elag with Comment			
	Degrees of Moulding			No Mc	in g			
	Grades of Caput Succedane	um		0	Unflag			
	Vaginal Exam Performed By				Unflag with Comment			
	Labour Onset, Date/Time			26-Mar	0			
⊿	Initial Newborn Exam			2	26-Mar-2018 07:49			

For practice, modify Cervix Dilation from 7 to 8.

- 1. Right-click on Cervical Dilation cell.
- 2. Select Modify.
- 3. Type **8.**
- 4. Click Sign 🗹 icon to complete.





Notice the blue triangle in the right corner of the cell. This indicates that a change has been made.

Hover to discover in the Interactive View and I&O (iView):

This icon allows you to insert and change a new time and date in the iView flowsheet



If you see this cancel icon, it allows you to cancel the new time and date you inserted

4 Now that you have documented your assessment findings, review the rest of the listed documentation available to you under OB Provider Band in iView.



To return to the **Provider View**, click the **M** icon.



Key Learning Points

Information documented in iView will pull through to other forms and notes.

iView allows you to chart, unchart, modify, and add comments to your documentation.



b Activity 2.6 – Create an OB Admission and H&P Note



In this activity you will:

- Create an admission note from information that has already been entered.
- Edit and complete the admission note.

As the last step of admitting your patient, you create the admission note.

The Clinical Information System (CIS) 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 of the admission process. You can also add new information by typing or dictating.

Workflows such as Labour, 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, the CIS (Clinical Information System) generates a note.

- 1
- 1. Navigate to the Create Note section in the Triage/Antepartum workflow tab.
- 2. To document an admission, click **OB Admission H&P Note.**





- 2 Hover your cursor over the Chief Compliant heading 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: If a heading title in your note is not your preferred choice of heading titles, edit the heading title by clicking the note details.

Lab Results	P	×	
Imaging Results	* Type: Obstetrics Progress Note	Note Type List Filter:	
Assessment/Plan 1. Low back pain	*Author: TestUser, OBGYN-Physician, MD	Title: OB Labour Progress Note	*Date: 09-Jan-2018 III 1454 PST
2. GERD (gastroesophageal reflux disease)			
3. Gestational HTN			OK Cancel
lote Details: Obstetrics Progress Note, TestUser, OBGYN-P	hysician, MD, 09-Jan-2018 14:54 PST, In Progress,	OB Labour Progress Note	

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

- 1. Enter I = Contractions under the Chief Compliant heading. You can type or dictate directly using FESR
- 2. Review the information on the right side of the note. It was pulled in automatically from the nursing and provider notes. You may delete information that is not pertinent to your note by hovering over the text and clicking the icon
- 3. Sign/submit your note.



< 👻 🕇 Documentation	[□] Full screen 👘 Print 🏾 ぞ 7 minute	es ag
Add [™] I [™] Ist DB Admission H&P × List Tahoma T1 I1 I1 II III II II II II II III III III II III III II II II II II II III		4
Chief Complaint Chief Complaint	Problem List/Past Medical History Low back pain Pre-existing essential hypertension during pregnancy Pregnant.	* m
Physical Exam Bishop's Score: 11 Cervical Consistency: Soft Cervical Length: 1.0 cm Cervical Position: Anterior Cervix Dilation: 7 cm Degrees of Moulding: No Moulding Fetal Position: LOA-Left occiput anterior Fetal Station: 0 Fetal Station: 0 Grades of Caput Succedaneum: 0 Descention Date Controls Note Details: Admission Note Provider, TestMAT, OBGYN-Physician, MD, 22-Jan-2018	Historical Procedure/Surgical History Medications Inpatient acetaminophen self med, 650 mg, PO, q4h, PRN calcium carbonate (dosed as elemental calcium), 250 mg, 1 tab, PO, BID with food multivitamins prenatal tab, 1 tab, PO, qdaily 2 gn/Submit 3 ve	Ŧ

NOTE: Once the Sign/Submit button has been clicked, the note you created may be forward to additional Providers for review or sign-off, as applicable by entering the receiving/intende provider's name in the box.

P Sign/Submit Note					
*Type:	Note Type List Filter:				
Admission Note Provider	All	~			
*Author:	Title:	*Date:			
TestMAT, OBGYN-Physician, MD	OB Admission H&P	17-Jan-2018	1313	PST	
Favorites Recent Relationships Q Provia	er Name Recipients			Cian	Daviau//CC
		ommeric		sign	Keview/CC
Plisyca Bocco MD	Attending Provider, Admitting Ph			0	۲
🛸 🖌 Attending Provider, Admitting 😑					
Consulting Provider - Oncolo					
TestMAT, Midwife, RM Covering Provider - Midwife					
TestDET GeneralMedicine-Dh					
				Sign	Cancel



Key Learning Points

Each workflow tab has its own list of notes: Triage/Antepartum, Labour etc.

- Use Dynamic Documentation to prepare notes which standardize the documentation practices.
- Only when a note is signed will it be visible to the care team.
- Saved notes remain in a draft format and are visible only to you.


FATIENT SCENARIO 3 – Ongoing Patient Documentation

Learning Objectives

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

Review the Labour Workflow Tab

Review Partogram

Create an OB Labour Progress Note

Review OB documentation and results

SCENARIO

Your patient is now in active labour. You have performed the patient's cervical exam and she remains stable during labour.

You will complete the following activities:

Review the Labour workflow tab

Review Partogram

Create an OB Labour Progress Note with auto texting and tagging

Review Documents, Labs, and Imaging



Activity 3.1 – Review the Labour workflow tab

The Labour workflow tab is where you can review the following information listed below.

Nursing Documentation flows into the workflow pages. For example, the OB triage and Assessment documentation flows into Documents. Nursing documentation in iView Vital Signs flows into the Vital Signs component and some nursing iView documentation flows into the partogram workflow page.

- Pregnancy Overview
- Pregnancy Risk Factors
- Documents
- Vital Signs
- EDD Confirmation
- Active Issues
- Labs

1

- Microbiology
- Transfusion History, etc.

🗧 🕴 🔒 Provider Vie	w							(D) Full screen 👘 Print. 💸 1 hours 11 m		
N 🗃 🖶 📄 🔍 🔨 100%	• 0 0 0		Recente Workline 08 P	Techinisteen.	10 Outly Outline	P2 Backrobins	to Transfer/Picelasian			
i nage/wittepantum 2	Labour	44	reonate worknow 21 P	vartogram	12 TIP GRICK CRORES	12 Apatheumu	2.5 Transrer/Discharge			
regnancy Overview	Pregnancy Ov	erview						0		
regnancy Risk Factors (8)		Cancel Pregnancy - Close Pregnancy - Modify Pregnancy								
scuments (0)	Current Pregna	Current Premary Poeter Total Databased								
Jal Signs	- 14 m 16	Consecutive Consecutive Consecutive Consecutive								
O Contribution (1)			EDD 13/12/17 (Authoritative)		Current Weight	85kg	Blood Type	*		
ove issues		Constant	EGA Delivered		Pre-Preg Weight	70kg	Rupture of Membrane	[Baby A] Delivered		
ibs		Multinia Fr	Manty G1,P0(0,0,0,0)		Height	**	Blood Type, Transcribed	A positive		
icrobiology Other		Feedin	p Plan Exclusive breastfeeding		Charl		Transcribes Anobusy Screen	Rild		
ansresion History										
ojective/Physical Exam										
egrancy to be six notes	Pregnancy Ris	sk Factors	(0) 🛨					Last 289 days for all visits 🛛 🍣		
take and Output	There are no fiss	Factors docum	initial for this patient							
abrur Accecemente										
elvery Summary	AND DESCRIPTION OF A									
rder Profile	Documents (0	•					Last 50 Notes	Last 289 days Last 1 weeks More - 🍳		
BAC Patient Safety	1.00						🔲 Ny notes only 🔲 Group by e	ncounter Display: Clinical Documentation		
hecklist	Warman Street									
ostpartum Hemorrhage isk	No results round									
nks	101.101									
story of Present Illness	vitai Signs						Selected visits Latest* Selected visi	t Last 1 hours More 🔹 🛄 🛄 💐		
sessment and Plan			DEC 01. 2017							
w Order Entry	HR	5pm	80							
tal Monitorino	Temp	DegC	37.2							
	Respiratory Rate	br/min	1 22							
reate wate	- Sp02		98							



< > 🔹 者 Prov	ider View			
	, 75% 🗸 🕘 🖨			
Triage/Antepartum	8 Labour	20 OB Quick Orders 23 Partogram	82 Referral Triage	23 Neonate Workflow
Pregnancy Overview	Pregnancy Overview			
Pregnancy Risk Factors (1) Documents (1) Active Impes	Current Pregnancy Contac	t Info Demographics		
Vital Sign EDD Confinencion Labs Objective/Phys. II Exa Perenance To Date Nor		EDD 13/12/17 (Authoritative) EGA Delivered Gravidal/Painty Multiple Fettuses Feeding Pan -	Hover	Current Weight 85kg Pre-Preg Weight 70kg Height PAT
Medications Intake and Output Labour Assessments	Pregnancy Risk Factors (1) +	Total Fetuses: Singleton	
Delivery Summary	Risk Factor Gestational hypertension		Added By TestMAT, OBGYN-Physician	
VBAC Patient Safety Checkle Postpartum Hemorrhage Risk	Documents (0) 🕈			
History of Present Illness Assessment and Plan	No results found			
Create Note OB Vaginal Delivery Note OB C-Section Delivery Note	Active Issues			
OB Labour Progress Note				Add new as:
OB Consult Note	Name			Cassifica
Select Other Note	Pregnant.			Medica
	Historical			

Key Learning Points

The labour workflow tab allows you to access different components related to the patient's labour.



Activity 3.2 – Review the Partogram

Read the following sections 1 and 2:

1

The Partogram is a graphical display of data that has been charted on a labouring patient. It provides an overview of useful information such as the current Oxytocin rate and current epidural rate. You can also view a graphical display of fetal heart rates as well as the labour curve graph and the maternal vital signs graph.

Note: A detailed Partogram is not viewable in the classroom.

CSTMAT, BERYL Allergies: No Known Allergies	DOB14-D Age39 ye Genderfe	ec-1977 Mi ars En male Pi	96700008554 c700000015901 N:9876418566	Code Status Attempt CPK Dosing WEBS kg	hull Lodie	Process Disease: Solation:		Location:LGH LD: Enc Type3rpatient Attending:TestMAT,	LUK2; VIM OBGYN-Physician, MD
C C • A Provider View									O Full screen @Print 23
Triage/Antepartum	· O O O	11 Partogram	9	CE Quick Orders	11 Postpartum		11 Transfer/Discharge	H +	P
Overview	Overview								14
Fetal Heart Kate	Gestational Information	Gra	rida/Parity	GBS Status	Blood Type	Labor Onse	t.		1000000
Contractions	Ow Od DEC 13, 2017	G1,	PO (0, 0, 0, 0)	Negative		OHIS 38M	n DEC 01, 2017 14:41		Nullipara
Maternal Labour Assessments Fetal Assessments Maternal Physical Assessment Maternal Vital Signs	Baby Rupture of Membe Baby A Delivered DEC 01, 20	rane 217 13:13	Oxytocin		Start + Increase Stop + Decrease		fpidural	+ Epidara E Epidara E Epidara O Epidara	l Start Discontinued I Bolus, Amesthesia I Bolus, Patient
	Fetal Heart Rate 11Nov: 8 Hours 8 Hours 24 Hours								
	Baby A P Fit A Dayeline	Today DEC 06, 2 4 100 205 205 206 207 208 209 209 200 201 202 203 204 205 205 206 207 208 209 209 209 200 200 201 202 203 204 205 206	06.02		OB-00	20:00	12:00	34	0
	Labour Curve							1 Hour 4 Hours 8	Hours 12 Hours 24 Hours

2 From the Partogram workflow tab, review the Fetal Monitoring component.

- 1. Select Fetal monitoring component.
- 2. Click the box for Start Date/Time.
- 3. Then click Launch.

Note: The screenshot below is an example and may not be the same as your assigned patient.

	Fetal Monitoring (6)				Last 417 days for all visits 🛛 💞
EDD Maintenance (1)					
Pregnancy To Do's & Notes	Start Date/Time	Stop Date/Time	EGA at Start	Reason for Monitoring	
Provide La Color	22 September, 2017 12:08	22 September, 2017 12:12	19 Weeks 4 Days	nst	
Prenatal Visits	06 July, 2017 08:47	06 July, 2017 08:49	8 Weeks 3 Days	up to bathroom	
Labour Assessments	CH July, 2017 09:20	04 July, 2017 12:25	8 Weeks 1 Davs	NST- Multiples	
Delivery Summary	28 June, 2017 12:09	04 July, 2017 09:18	7 Weeks 2 Days	ddd	
Histories	23 June, 2017 12:06	23 June, 2017 12:08	6 Weeks 4 Days	-	
Fetal Monitoring (6)	23 June, 2017 09:59	23 June, 2017 10:02	6 Weeks 4 Days	Preterm Labour	
/ital Signs					



Below is an example of what you will view in FetaLink.

Archive Annotations Summary	2	Patient Archive	30 60
G(1.16) <choose date=""> 🔯 I</choose>	PST	Go To: 07/04/17 09:20:55 🔅 P01 Episode: 07/04/17 09:20:55 PDT - 07/04/17 12:25:33 PDT, NST- Multiples 🔻	
 ✓ Vitals Signs ✓ Reasons for Monitoring ✓ Cervical Exam ✓ IV Admin 	 ?? Annotations ?? Device ?? Med Admin 	67/64/17 09/25 PDT 240 240 240 240 240	07/04/17 09:30 PD1 240
Date 07/04/2017 12:25:33 PDT	Summary Device FM CMON02 has been disassor	my hand the state of the state	10 10 150 150 150 150 150
07/04/2017 12:25:33 PDT 07/04/2017 12:25:33 PDT 07/04/2017 12:24:51 PDT	Device FM-CMON03 has been disassor SpO2 100%		
07/04/2017 12:24:46 PDT 07/04/2017 12:23:54 PDT	Lead MHR of device FM.CMON02 was BP 119/79, MHR 89	Device FM-CMON Device FM-CMON Device FM-CMON Sp02 100% Device FM-CMON Device FM-CMON Device FM-CMON Device FM-CMON Device FM-CMON	30 Lead MHR of de 117/81, MHL.
07/04/2017 12:23:23 FDT 07/04/2017 12:23:13 FDT	SpO2 100% BP 116/81, MHR 82	Device FM-CMON DP 116/01, MH Sp02 100% Sp02 100% V7.0417 09225 PD1 V7.0417 V7.0417	97.04/17 09:30 PD1
07/04/2017 12:21:32 PDT 07/04/2017 12:19:59 PDT	Lead MHR of device FM-CMON02 was Lead MHR of device FM-CMON02 was	120 POT 0921 POT 00 00	00 -TOCO 60
07/04/2017 12:19:51 POT	Sp02 99%	and the second s	40

NOTE: The Fetal Heart Rate shown below is derived from iView and is manually entered. In the Hospital, the FetaLink will display the Fetal Heart Rate.

	DEC 03	5, 2017						
	4	10:00	12:00	14:00	16	5:00	18:00	20:00
Baby A	210	repres		1 10		1 1		1996.0
. FHR	200							
. Constant	190							
A Baseine	180							
	170							
	160							
	150							
	140							
	130					102		
	120							
	110							
	100							
	90							
	80							
	20							

Key Learning Points

The Partogram is a graphical display of data that has been charted on a labouring patient.

It provides as much information as was documented on this patient and her labour progress.





- 1 You already know how to remove sections or edit text. Now begin learning how to avoid transcribing or entering repetitive information by using tagging. This will be a very helpful feature in the hospital setting.
 - 1. Navigate to the **Labs** component within the **Triage/Antepartum** workflow tab. (If not available in the classroom, use Results Review from the Menu)
 - 2. Click the WBC Count lab result to highlight and open the Tag window
 - 3. Click the Tag button in the details pane.
 - 4. Then, click the Tag icon to view the item being tagged.



- 5. You can delete all tagged items by clicking the **Remove All** link.
- 6. You can also remove individually tagged items by clicking the ^{SO} icon next to the item.



2 Next, go to the **Labour** workflow tab, locate and select a new OB **Labour Progress Note**. The newly tagged items can only be added to a new note, not to a saved or signed note.

Like the Triage/Antepartum workflow tab, the Labour workflow tab also provides one-click access to the most relevant note type.



Labour Assessments
Delivery Summary
Order Profile (8)
VBAC Patient Safety Checklist (0)
Postpartum Hemorrhage Risk (0)
Links
History of Present Illness
Assessment and Plan
Create Note
OB Vaginal Delivery Note
OB C-Section Delivery Note
OB Labour Progress Note
OB Consult Note
Select Other Note

- 1. In the Subjective section: Enter the following text = *Patient is coping and progressing well*.
- 2. Review your Vaginal exam in the **Objection section**. The content can be edited if needed.
- 3. The tagged WBC count result is now waiting in your new note section.

OB Labour Progress Note	× List
Laboratory WBC 6.0	Tahoma Image: Imag
10/04/2017 16:	Objective
•	Bishop's Score: 11 Cervical Consistency: Soft Cervical Length: 1.0 cm Cervical Position: Anterior Cervix Dilation: 7 cm Degrees of Moulding: No Moulding Fetal Position: LOA-Left occiput anterior Fetal Station: 0 Fetal Station Calculation: 0 Grades of Caput Succedaneum: 0 Presenting Part: Cephalic- vertex
Note Details: Obstetrics Pr	rogress Note, TestMAT, OBGYN-Physician, MD, 23-Jan-20 Sign/Submit Save Save & Close



Note: Your view may not be the same as the screenshots in the workbook.

4

- 4. Activate the tag transfer action by clicking the section (the tag becomes blue indicating it is ready).
- 5. Drag the tagged WBC count into the Objective section.



Tagging Note: You can also tag text from other clinicians' documents or from radiology reports to include in your note.

- 1. Highlight the text you want to tag to be available in your note.
- 2. Click the tag icon when it appears.



Key Learning Points Tagged data is not attached to previously saved or signed notes.



Activity 3.4 – Continue the OB Labour Progress Note and Use Auto Text Entry

The auto text functionality may not be necessary when you document your progress note as an OB provider. However, for physicians who work in OB/GYN and other specialty areas, this tool may be useful.

Now let's learn how to avoid entering repetitive information by using the auto text feature.

- 1. From the list under Create Note, select **OB Labour Progress Note** which will pull existing relevant information.
- To activate a free text box under the **Objective** heading, type ,,med. A list of auto text entries starting with "comma comma med" is displayed. Select: ,,med_pe_complete*.



3. The programmed auto text entry populates in the box. Edit this text to complete your note.



Subjective 🖅 🗵
General: Alert and oriented x 3, no acute distress.
HEENT: PERL, no scleral icterus, no sinus tenderness, moist oral mucosa.
Neck: Supple, non-tender, no carotid bruits, no lymphadenopathy, no goiter.
Cardiac: Normal S1 &S2, no gallops, no murmurs, no rubs, normal JVP, no pedal edema.
Respiratory: Good air entry bilaterally, no adventitious sounds.
Abdomen: Normal bowel sounds, non-distended, soft, non-tender, no hepatosplenomegaly.
Musculoskeletal: No active joint tenderness or swelling.
Skin: Skin is warm, dry and pink, no rashes or lesions.
Neurologic: CN II-XII intact, motor 5/5, sensory intact, reflexes 2+, no cerebellar findings, normal gait.

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 at a more personalized learning session.

- 4. Then click Sign/Submit to finalize your OB Labour Progress Note.
- 5. On the next screen click Sign.

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.



Activity 3.5 – Review Documents, Labs, and Imaging



1

In this activity you will:

- Navigate the chart to review patient's documents and labs.
- Filter documents for viewing.

Continue reviewing the patient's chart by following the **Labour** workflow tab list of components.

In the **Documents** component, on the right if not active, select **Provider Documentation** and click **Apply**. (This feature is currently being built and may not be in view on your screen)

Last 5	0 Notes	All Visits	Last 24	hours	More 🔻	æ	=	
Group by encounter Display: Provider Documentation 🔻								
_	Provider Documentation							
	Reset A			A	pplyCa	incel		

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

- Display notes from the 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



Your Display is Facility defined view. You can also change the displayed note types by selecting **Provider Documentation**.





The display time range can be changed by expanding options under More

	Last 50 Notes	Last 302 days	Last 1	weeks	More 🔻	3
		- 1		Last 2	weeks	
nly	Group by	encounter	Display	Last 1	months	ntation
				Last 3	months	
				Last 6	months	
				Last 9	months	

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.

2 You recently entered an OB Admission and H&P note and an OB Labour Progress Note. Now you will see your note within the Documents component. The number in brackets beside the Documents heading link will show you how many documents are available.

Triage/Antepartum	×	Labour	23
Pregnancy Overview Pregnancy Risk Factors (0)		Documents (0)	
Documents (0)			

Let's practice.

- 1. Click the **OB Admission and H&P** note under the Documents heading. The document details will be displayed on the right panel without leaving the screen.
- 2. To view the document in full screen, click the **Open Document** button.
- 3. Once opened, click the eigen icon to close the document. This will take you back to the Documents component.
- Note: You can also click the tab to close the split screen.

Documents (2) 🕂			Last 50 Notes Last 6 months Last 1 weeks Mon
			My notes only 🔲 Group by encounter 🕴 Display: Multiple
Time of Service	Subject		2 Once Decument
18/12/17 15:00	OB Admission H&P		
	-	OB Admission H&P	Admission Note Provider (Auth
* Dicelaving up to the last	t 50 rarent notes for the last 6 months	TestUser, OBGYN-Physician, MD	Last Updated: 18/1
perfortant of an areas			

- 4. Locate your note in the **Documents** component in the Labour workflow tab.
- 5. Review the Modify function by selecting the Modify icon Modify. This function will add an addendum.

< > • ^	Docum	entation						
♣ Add Mr Sign	n 💂 🙈 F	orward 🔝 Provider Letter 🛛 😭 Modify 🐚 🛛 🦛	🖤 📰 🔐 In Error 🛄 Preview 🤻					
Display : All		•						
Service Date/Tir	me 🗸	Subject	Туре	Facility	A		* Fir	al Dono
06-Dec-2017 18	11:00 PST	OB Labour Progress Note	Obstetrics Progress Note	LGH Lions Gate	Te.			а керо
10-Nov-2017 13	3:05:00 PST	Admission H & P	Admission Note Provider	LGH Lions Gate	Te			
02-Nov-2017 09	9:08:00 P	Nursing Discharge Checklist	Nursing Discharge Checklist - Text	LGH Lions Gate	Te	Objective		
01-Nov-2017 16	5:32:00 P	Patient Discharge Summary	Patient Discharge Summary	LGH Lions Gate	Pli	Vaginal Exam		
01-Nov-2017 16	5:31:00 P	Discharge Summary	Discharge Summary	LGH Lions Gate	Pli	Vaginal Exam Performed By:	Membrane Status: Spontaneous	Bishop's S
01-Nov-2017 11	L:46:00 P	OB Vaginal Delivery Procedure	Obstetrics Procedure Note	LGH Lions Gate	Pli	Plisvcl, Antonio, MD	rupture of membranes	
01-Nov-2017 10):44:00 P	OB Labour Progress Note	Obstetrics Progress Note	LGH Lions Gate	Pli			Cervical C
31-Oct-2017 14	:10:00 PDT	Oxytocin Safety Checklist	Oxytocin Safety Checklist - Text	LGH Lions Gate	Te			Cervical L
31-Oct-2017 13	:52:00 PDT	OB Admission H&P	Admission Note Provider	LGH Lions Gate	Pli			Cervical P
31-Oct-2017 13	:00:00 PDT	OB Triage and Assessment	OB Triage and Assessment - Text	LGH Lions Gate	Te			Cervix Dil Complete

3

6. Use the navigation buttons

CLINICAL+SYSTEMS

TRANSFORMATIONAL LEARNING

Locate the Vital Signs and Measurements from the Component List.

- 1. The Vital Signs component is organized as a table.
- 2. Table headings show the **time** the information was entered.
- 3. Vital signs have visual clues (colours and arrows) when they are out of range, for example, Heart Rate 120.

<	Triage/Antepartum	🛛 Labou	r S	2 Partogram	53 F	Postpartum	× +		A- > /
	Vital Signs & Mea	sureme	nts 🚽			Latest* Last 12	months Last 24	hours More 🔻	⊞ ∂ =
			FEB 13, 2018 08:15	OCT 24, 2017 07:49	OCT 21, 2017 15:19	OCT 19, 2017 15:08	OCT 13, 2017 07:50	07:47	07:27
	BP	mmHg		120 / 70		120 / 90	♦ 85 / ♦ 35	♣ 85 / 40	♣ 85 / 40
	HR	bpm		72		₱ 120▲	1 20	100	85
	Temp	DegC		37		1 40	1 39	1 39	† 39
>	Respiratory Rate	br/min		12		1 24	1 25	1 22	† 22
	Weight Dosing	kg			65				
	Weight Measured	kg			65				
	Body Mass Index Meas	kg/m2			24				
	Height/Length Measured	cm	170		165				
	* Displaying recent resul	lts up to 14	columns of inform	ation for the last 12	months				

^{*} Displaying recent results up to 14 columns of information for the last 12 months

4. For a single measure graph, click on the name of measurement: Respiratory Rate.

	<	Triage/Antepartum S	3 Labour		🕅 Part	togra	m	23 P(ostpartum		83	> +	-	- • /
l		Rh	mmHg		120 / 70			120 / 90	• 85 / • 35	• 8		br/min		
1		HR	bpm		72			† 120 本	1 20	100	2			
1		Temp	DegC		37			† 40	* 20	† 2(
1		Respiratory Rate	br/min		12		Periphe	ral Pulse Rate:	72 bpm			5		
1		Weight Dosing	kg			65	Date/Ti	me: 24/10/20	17 07:49					
1		Weight Measured	kg			65	Status:	Auth (Verified)			OCT 13, 2017		OCT 24, 2017
ľ		Body Mass Index Meas	kg/m2			24	Normal	Low: 51						
	>	Height/Length Measured	cm	170		16	Normal	High: 100				12	OCT 24,	Respiratory
				<			Critical	Low:					2017 07:49	Rate
ł		* Displaying reset regul				11.0								

Page 85 of 142 pages



- 5. To display a multi-item graph, click the **Vital Signs & Measurements** hyperlinked heading. The Results Review window opens.
- 6. **Check** the box values needed.
- 7. Click on the graph icon $\frac{1}{2}$.

< > - ♠ Re	esults Review				<u>(</u> 0	Full screen	@ Pri	int 🎅	1 minute	s
🐘 🖪 🛞										
Recent Results	Advance Care Pl	anning Lab -	Recent	Lab - Ex	tended	Pathology	Micro	biology	Culture	s
Microbiology Ot	her Transfusion	Diagnostics	Vitals	- Recent	Vitals -	Extended	Delive	ry Recor	ď	
 Monday, Navigator 	26-September-2	016 12:07 PD	- Thur	sday, 26-	April-2(018 12:07 P	DT (Cli	nical Rai	nge) 1	
Measuremer Vital Signs	nts			.42017 -	IS/FED/2		more	results		
	Perij	Vit oberal Pulse Rate	als View			13/Feb/2018 0	8:15 PST	24/Oct/2	017 07:49	^
Basic Oxyge	n Informa 🔽 Res	piratory Rate						12 br/min		
PAIN ASSES	SMENT 🛛 🖾 Syst	olic Blood Pressure						120 mmHg	3	
	Dias	tolic Blood Pressure	2					70 mmHg	_	
	Mea	n Arterial Pressure,	Cuff							v

8. The Flowsheet Graph window opens.



Close and click Home icon.



4 To review Labs:

- 1. Select the Labs component under the Triage/ Antepartum workflow tab.
- 2. Use filters to display results that are relevant to you.
- 3. Click the refresh *icon* to update the information just for this component.

🐴 🗎 📇 🖪 🔍 🔍 100%	- 004										
Triage/Antepartum 23 1	Labour	22 Partogram	23 Nessate Workflow	25 Postpartum	25 Transfer/Discharge	06 Quick Orders	25	GYN Quick Orders	8 +	-	0
Pregnancy Overview	Labs							Letest* Last 333 days	Last 3 months More		9
Documents (1)		007 04, 2017							Last 3 days		-
Vital Signs	a Laboratory								Last 6 months		
EDD Confirmation (1)	WBC Count	6.0						2	Last 1 years		
Active Issues	Hemoglobin	137								-	
Pregnancy To Do's & Notes	* Desploying recent	emulta up to 17 columns of its	formation for the last 100 days								
Microbiology Other											
Objective/Physical Exam I	Current Medic	ations								Selected vir	15 10

Click the **Labs** hyperlinked heading (the Results Review window opens) to display comprehensive summaries of patient's results grouped in separate tabs.

- 1. Click the down arrow 🔽 to select a specific view from the drop-down, for example Anticoagulation View, Pain View, or Respiratory View.
- 2. Select the result and click the $\frac{1}{2}$ icon to create a graph.
- 3. For extensive and long lists, click the 🖾 icon. It is a view seeker that brings focus to a specific place in the table.
- 4. Check the time range of the current display. This time range can be customized to fit your needs with a right-click.
- 5. Use the Navigator panel to display different types of results.

3					
ecent Results Advance Care	Planning Lab - Recent Lab - Extended	Pathology Micro Cultures	Transfusion Diagnostics	Vitals - Recent Vitals -	Extende
lowsheet: Lab View	1 View		● Table ◎ Group ◎	List	
•	Saturday	, 11-June-2016 00:00 PDT - `	Thursday, 11-January-2018	22:59 PST (Clinical Range	4
Naviastor 5	1				_
CBC and Peripheral Sme	Showing results from (13-Mar-2017 - 21-N	lov-2017) Show more results]		
Coagulation and Throm	Lab View	16-Oct-2017 0 23:59 PD	0:00 - 21-Sep-2017 00:0 T 23:59 PDT	0 - 20-Sep-2017 00:00 - 23:59 PDT	- 1
	General Chemistry				1:
Platelet Studies	General chemistry				
Platelet Studies	Sodium	140 mmol/L			
Platelet Studies Autoimmune	Sodium Potassium	140 mmol/L 5.6 mmol/L (H)		134 g/L * (C)	
Platelet Studies Autoimmune Hemolysis and Special R	Sodium Potassium Chloride	140 mmol/L 5.6 mmol/L (H)		134 g/L * (C)	
Platelet Studies Autoimmune Hemolysis and Special R DNA Quant	Schlum Potassium Chloride Anion Gap	140 mmol/L 5.6 mmol/L (H)		134 g/L * (C)	
Platelet Studies Autoimmune Hemolysis and Special R DNA Quant	Sodium Potassium Chloride Anion Gap Calcium	140 mmol/L 5.6 mmol/L (H) 3.12 mmol/L (H)		134 g/L * (C)	
Platelet Studies Autoimmune Hemolysis and Special R DNA Quant General Chemistry	Sodium Potassium Chloride Anion Gap Calcium Magnesium	140 mmol/L 5.6 mmol/L (H) 3.12 mmol/L (H) 2.45 mmol/L (H)		134 g/L * (C) 1.71 g/L *	

If you want to review pathology, microbiology, or diagnostic imaging only, you can select a



corresponding component from the component list. (XR Chest may not available on the OBGYN provider view in the classroom).

Advance Care Planning and Goals of Care	Imaging (1)			Last 12 mo	nths Last 1 months L
Chief Complaint	Name	Reason For Exam	Resulted	Last Updated	Status
Histories	⊿ ECG (0)				
Allergies (3)	No results found				
Visits (1)	⊿ Diagnostic Radiology (1)				
Documents (2)	XR Chest	exam	26/02/18 16:02	26/02/18 12:02	Auth (Verified)
Links	⊿ CT (0)				
Vital Signs & Measurements	No results found				
Labs 📍 📰	⊿ MRI (0)				
Micro Cultures (0)	No results found				
Pathology (0)	⊿ U/S & Echo (0)				
Imaging (1)	No results found				
Home Medications (4)					

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.

Once you sign and submit a note, further edits can be added but will appear as an addendum.



PATIENT SCENARIO 4 – Newborn: Care and Documentation

Learning Objectives

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

- Access newborn's chart using Patient Overview
- Review the Neonate Workflow Tab
- Document the Newborn Delivery Data
- Review Newborn BPMH
- Create Newborn admission note with auto-texting
- Locate Newborn Record Report
- Document Active Issues

SCENARIO

As an OB Family Practice Provider, you will order and document on the newborn.

You will complete the following activities:

- Access newborn's chart using Patient overview
- Locate and review the Neonate Workflow Tab
- Document Newborn Delivery Data in iView
- Locate and Document the Newborn's BPMH
- Create a Newborn Admission Note with auto-texting
- Locate the Newborn Record Report
- Document Active Issues for the Newborn



Activity 4.1 – Introduction to Patient Overview

You can access your patient lists by clicking **Patient Overview** in the toolbar ^{Patient Overview}. It is also used to communicate with other providers about the patient's status which will be discussed further on the next page.

P PowerChart Organizer for TestMAT, OBGYN-Physics	an, MD			
Task Edit View Patient Chart Links Notifi	cations Navigation Help			
Message Centre Patient Overview Ambulat	ory Organizer 🌃 MyExperie	nce 🝦 Petient List. Tracking She	I Perioperative Trecks	a 🐒 Dynamic Worklot 🐒 LearningL/TE 🚏 🙋 CareConnect 🔞 PHGA PACS 🔕 VCH and PHC PACS 🔕 MUSE 🕲 FormFact WFI 🖕
Relient Health Education Materials 2 Policies and	Guidelines QUpToDate :	S Proporti - Atait 1	AdHoc -Communic	te + 🗽 Braile Copy 🔄 Briefen Berneth 🚔 Discern Reporting Partel 😴 idware :
				Recent - 1
Patient Overview				🖾 full screen 🕥 💷 🕹 8 minute
AB	1			
Patient Overview 21 +				(1)
List: LGH Labour and Delivery (82) -				Establish Relationships Patient Search: Q
Patient Information	Location	Shena Severity	R.,	
*CSTRIATYAN, MOLLY 27 yrs F DDB: Apr 17, 1990	LGH LD	1	C2	
*CSTMATYAN, BAGEL 27 yrs F DOI:: Nev 12, 1990	LGH LD	-	a	
CSTPRODMAT, ELLE ELLE 29 yrs F DOB: 3ul 25, 1988	LGH LD	(<u>11</u>)	12	
CSTTEST, CARLY 26 pm F DOB: Dec 7, 1991	ren id		121	
MCSTMATTEST, SITTHIRTEEN 28 ym F DOB: Jun 28, 1989	LGH LD	-72	Ċ.	

You can click on the drop-down ricon from the **List** and select the appropriate patient list. In your case, LGH Labour and Delivery is your default patient list.

Patient Overview								
A 📄		100% - 🌑	• 🖀					
Patier	nt Overview	X	+					
List:	Select a list 🔻							
	Care Team Lists	Patient Lists						
		LGH Labour an	d Delivery					

Note: Once the newborn has been registered in the CIS, you will be able to access the baby's chart in the Patient Overview.

Patient Overview serves as a communication tool during patient handoff. It provides a snapshot of



the patient's status and helps you manage your work:

- You can track new results that you have not yet reviewed indicated by in icon
- You can see where the patient is located: unit / room / and bed number
- You can make a note of patient's illness severity
- You can see the discharge status indicated by the Ficon
- You can track medication reconciliation completion

Below is an example of the Patient Overview. This may not be your current view.

Patient Overview				
👬 🗎 📥 🔍 🔍 100% 🛛 🔹 🌑 🗠 🖄				
Patient Overview 🛛 🗧 🕂				
List: Hospitalist (14) ▼ Group by: None ▼	Add Patient			
atient Information	Location	Illness Severity	Dis	Medica
CSTTEST, JPPED 2 yrs M DOB: Jan 11, 2015	LGH 4E 422 - 01	• Unstable		~~0
*TEST, CSTPRODBC 15 m F DOB: Aug 10, 2016		 Watch 		~ 0 0
CSTDEMO, INTERNALITONEB 27 yrs M DOB: Feb 20, 1990	LGH 5E 520 - 01	Stable		~~~
*TEST, CSTPRODBC 15 m F DOB: Aug 16, 2016	LGH 3E	Discharging	F	~ 0 ~

You can click a column heading such as Location to display all patients in the same unit together. Clicking Patient Information will place names in alphabetical order.

Patient Overview also displays a snapshot of patient status under the **Illness Severity** column. You can easily add or change your patient status by clicking the corresponding space under this column and selecting one of the options from the list. You can click the column heading to sort all patients.

2 Let's practice locating the newborn:



- 1. Locate the newborn from the **Patient Information** list.
- 2. Click on the patient's name to open the chart.

Note: Notice that the banner bar shows two opened charts: one for the mother and the newborn. The newborn's chart is currently open and is highlighted in blue. The banner bar displays the newborn information. You may leave the charts open so that you can toggle between the charts for documentation purposes.



Key Learning Points

Patient Overview is another way of accessing your patient's chart.



Activity 4.2 – Locate and Review the Neonate Workflow Tab

1

Locate the **Neonate Workflow** tab, review the components. Vital Signs are pulled in from the nursing documentation in iView. Notice that the Newborn Admission Note is found at the end of the component list.

< 🕞 🔹 者 Provider View]						
🗚 📄 📥 📄 🔍 🔍 100%	- 0 • 4						
Triage/Antepartum	23 Labour	23	Postpartum	🔀 Transfer/Discharge	🛛 OB Quick Orders	8 Neonate Workflow	23
							*
Neonate Overview	Neonate Overview	V					
Documents (1)	No results found						
Vital Signs & Measureme.							
EdDS	Documents (1) 🕂						
Microbiology (0)							
Microbiology Other	Time of Service	Su	bject	Note Type		Author	Last Updated
Transfusion History	21/10/17 17:01	N	ewborn Progress Note	Nursing Narra	ative Note 🔺	TestUser, NursePostpartum-OB	21/10/17 18:1
Diagnostics	* Displaying up to the la	st 50 recent note	es for the last 6 months				
Order Profile							
Billirubin Nomogram 35 Weeks and Greater	Vital Signs & Mea	surements	+.				
Histories		OCT 07:4	24, 2017	OCT 21, 2017 15:19	OCT 19, 2017 15:08	OCT 13, 2017 07:50	
Infant Feeding	Temp	DegC 37			1 40	† 39	
Task Timeline	Body Mass Index Meas	kg/m2		24		-	
Neonate Weights and	Height/Length Measured	cm		165			
Measurements	Weight Dosing	kg		65			
Intake and Output	Weight Measured	kg		65			
Active Issues	Respiratory Rate	br/min 12			T 24	† 25	
Current Medications	Displaying recent resu	its up to 17 tolui	This of information for the last 1 years				
Immunizations							
Allergies	New Order Entry	+					
Lines/Tubes/Drains							
Create Note	Inpatient -						
Newborn Admission Note							

Key Learning Points

The Neonate Workflow tab displays newborn specific iView information such as neonate overview, vital signs and measurements, documents, labs, etc.



Activity 4.3 – Document the Newborn Delivery Data in iView within Labour Workflow

Document the Newborn Delivery Data in the mother's chart. Remember to toggle to the mother's chart and do not close the newborn's chart for use later this activity.



1

- 1. From Provider View in the Menu select the Labour tab
- 2. Click on the Labour Assessments component
- 3. Click on the Labour Assessments heading





- 2 To begin your documentation, select the appropriate Band and Section:
 - 1. Click on **OB Provider** band **S**.
 - 2. Click on Newborn Delivery Data section.
 - 3. Double click on blue **Newborn Delivery Data** line to open the cells for one-click documentation. Use the tab key to advance your documentation.

< 👻 🛉 Interactive View and I&O	
🏎 🔜 🖅 🖌 🕺 🦉 🥻 🦝 🗠	
Advanced Graphing Intake And Output OB Office Visit OB Provider I Cervical Exam Membrane Status Information Delivery Counts Delivery Information Shoulder Dystocia Episiotomy /Laceration Newton Deliver Data 2	Critical Higi Result Com Annual Control Contr
Newborn Exam VBAC Patient Safety Checklist	Respirations Apgar 1 Mi Muscle Tone Apgar 1 Mi Reflex Irritability Apgar Color Apgar 1 Minute Apgar Score 1 Minute Heart Rate Apgar 5 Min Respirations Apgar 5 Mi Reflex Irritability Apgar Color Apgar 5 Minute Apgar Score 5 Minute

3

Enter the following data into the Newborn Delivery flowsheet:

- Heart rate Apgar 1 minute = greater than 100 beats per minute
- **Respirations Apgar 1 minute** = good, strong cry
- Muscle Tone Apgar 1 minute = active motion
- **Reflex irritability Apgar 1 minute** = cry or active withdrawal
- Color Apgar 1 minute = body pink, extremities blue
- Apgar score 1 minute = 9 📾
- Heart rate Apgar 5 minute = greater than 100 beats per minute
- Respirations Apgar 5 minute = good, strong cry
- Muscle Tone Apgar 5 minute = active motion
- **Reflex irritability Apgar 5 minute** = cry or active withdrawal
- Color Apgar 5 minute = body pink, extremities blue
- Apgar score 5 minute = 9 Imiliari

To document, click Sign 🖌 icon.





Review iView icons.

4

The Calculation icon denotes that the cell will populate a result based on a calculation associated with it. Hover over the calculation icon to view the cells required for calculation.

000	21-Dec-2017
💐 🚮	15:47 PST
⊿ Newborn Delivery Data R	
⊿ Baby A	
Heart Rate Apgar 1 Min	
Respirations Apgar 1 Mi	
Muscle Tone Apgar 1 Mi	
Reflex Irritability Apgar	
Color Apgar 1 Minute	
A gar Score 1 Minute	
Mapgar Score 1 Minute Heart Rate Apgar 1 M Apgar 1 Minute: + Co	inute: + Resp Ior Apgar 1 N
Color Annos 5 Minute	
Color Abdar 5 Minute	
Apgar Score 5 Minute	1 1
Apgar Score 5 Minute Apgars Assigned By	
Apgar S Minute Apgar Score 5 Minute Apgars Assigned By Resuscitation at Birth	
Apgar Sore 5 Minute Apgars Sore 5 Minute Apgars Assigned By Resuscitation at Birth Suction Amount mL	
Apgar Score 5 Minute Apgar Score 5 Minute Apgars Assigned By Resuscitation at Birth Suction Amount mL Spontaneous Respirati	

Click the **Customize View** icon **I** to search for a section not displayed.

CSTMAT, BERYL - 700008554
Customize Preferences Dynamic Groups
Display Name On View Default Open A
Find Item
Cervix Dilation
Hesuit External Os
Cervix Effacement
Cervical Length
Fetal Station
Lustomize View ery E Fetal Station Calculation
△ Baby A Cervical Consistency 🗸
Heart Rate Apgar 1 Cervical Position
Respirations Apgar Bishop's Score
Muscle Tone Apgar Presenting Part
Reflex Irritability Ap Fetal Position
Color Apgar 1 Minute Presenting Part Applied to Cervix
West Assess
Parait Rate Apgar 5 Degrees of Motording
Musch and Apgar Grades of capit successfunction
Parties Trittability and Vaginal Exam Performed By
Color Annar 5 Minute to the state line with the state line to the
Angar Score 5 Minute
Apgars Assigned By Search for Item:
Resuscitation at Birth
Suction Amount m In Section:
Spontaneous Respir.
Transferred To:
Collapse All OK Cancel



For practice, in the **Newborn Exam** section, ensure the checkbox is ticked under **Default Open** and then click **OK** to close this window. This flowsheet will now appear as one of your default screens when you return to Interactive View and I&O.

CSTMAT, K	(AM - 70000708	7			×
Customize	Preferences	Dynamic Groups			
Display Na	me		On View	Default Open	^
Newborn E	xam				
Gender					
ID Band N	umber		✓		
ID Band Ve	erified By		✓		
Security Ta	ag Applied		~		
Security Ta	ag Number		~		
Security Ta	ag Verified By		~		
Neonate O	utcome		✓		
Fetal Demi	se Occurred		~		
Birth Orde	r		~		
Multiple G	estation Descri	ption	\checkmark		
Risk Factor	rs		\checkmark		
Neonate C	omplications		\checkmark		
Newborn F	Provider		~		
Birth Weig	ht (g)		~		
Birth Weig	ht		~		
Rith Weig	ht Dounds Con	vertion			
					r
Search for I	item:		-		
In Section:					
		Collapse All	xpand All	ОК С	ancel

Click on the **Dynamic Group** icon **III** to the right of the cell.

VOB Provider	Result Comments Fla
Cervical Exam	
Membrane Status Information	21-Dec-2017
Delivery Information	15:54 PST 15:54 PST
Shoulder Dystocia	⊿ Newborn Delivery
Episiotomy /Laceration	△ Baby A Newborn Delivery Data
Newborn Delivery Data	Heart Rate Apgar 1 Radd a dynamic group.
Newborn Exam	Respirations Apgar
VBAC Patient Safety Checklist	Muscle Tone Apgar

A dynamic group permits you to label newborn twins A and B in iView. These groups should appear because the patient has been flagged as having multiples when their antenatal information is entered, but it is good to know how to add the section in case it does not appear. You can now click Cancel or earlief icon since we already have Baby A on record.



	P Dynamic Group - CSTMAT, KAM - 700007087	
k.	Label:	
Find Item	Baby A	4
	Baby:	
	Baby A	
. 34	Baby C	
82 I	Baby D	
d Newborn From	Baby E	
d Raby A	Baby F	
Geoder	Baby G	
ID Band Number		
ID Band Verified By		
Security Tag Applied		
Security Tag Number		
Security Tag Verified By		
Neonate Outcome		
Birth Order		
Multiple Gestation Description		
Risk Factors		
Neonate Complications		
Newborn Provider		
Birth Weight (g)		
Birth Weight		
Birth Weight Pounds Conversion		
Birth Weight Ounces Conversion		
Birth Length		
Birth Head Circumference	1	-
Birth Temperature	OK	Cancel
Birth Apical Pulse		

Remember: the Newborn Delivery documentation is entered into iView and will flow into your Newborn Admission Note.

This Newborn Delivery documentation is entered on the Labour workflow tab and the Labour Assessment component.

Laboratory	Tahoma • 11 • 😹 🍇 🍇 🗠 🖉 B Z U 👐 🗛 🖺 🗮 🗮 🚳	
VBC Count 6.0	Subjective	Delivery Information
10/04/2017 16:02 PDT		<u>Gestational Age</u> EGA at Birth: 38 weeks 5 day
	Review of Systems Not obtainable, newborn infant.	
	Maternal Data Calco Ca	Maternal Delivery Information
	Maternal Antepartum Steroids	Newborn Delivery Data Baby A - Heart Rate Apgar 1 Minute: Greater than
	Maternal Intrapartum Antibiotics	100 beats per minute Baby A - Respirations Apgar 1 Minute: Good, strong cry Baby A - Muscle Tone Apgar 1 Minute: Active motion Baby A - Reflex Initiability Apara 1 Minute: Cry or

Key Learning Points You can toggle between the patient (mother) and the newborn's charts for easy accessibility. Add a workflow tab by clicking on the add button located at the end of the tabs. Use the mother's chart to document the Newborn Delivery Data. A dynamic group permits you to label multiple newborns from Baby A to G in iView.



b Activity 4.4 – Review and Document the Newborn BPMH

You still have the newborn's chart open. Toggle to the newborn's chart for further documentation.



1

Locate the **Neonate Workflow** tab under Provider View and select the **Current Medications** component. Click on the ⁹ **Meds History** from the Status line.



2 In the Medication History check box, click **No Known Home Medications.** Then select **Document History.**

Add Medication History			Rec	onciliation Status	
No Known Hom	e Medications Unable To Ob	tain Information 🔄 Use Last Co	ompliance	Meds History 🕒 Ad	mission
Document Niedication by H	Status Datails		Last Dasa Data/Tir	no Information Sou	1750
- 7 Order Name	Julius Details	No la sur bana andintina	Last Dose Date/ III		ince in
			EAST IN UIS JAUENL		
Details OMissing Required Details		III	ave Med Histoy Incomplete - Finist	n Later Document	History.)
Refresh your	screen ≷	. Now the B	3PMH is cor	npetes.	Status: ✔ Med



Key Learning Points

Use the Current Medications component and select the Meds History to complete the newborn's BPMH



Activity 4.5 – Create a Newborn Admission Note with auto-texting

The auto text functionality may not be necessary when you document your progress note as an OB Family Practice provider. However, this tool may be useful.

Now let's learn how to avoid entering repetitive information by using the auto text feature. Continuing in the Neonate Workflow tab, locate **Create a Note** at the end of the workflow component's list and select **Newborn Admission Note**.

Scroll down to the **Physical Exam** section, and click on the **Insert free text** icon to add another line.

+ Add 💷, 🛃 📝
Newborn Admission H&P × List
Tahoma ▼ 11 ▼ Image: Im
Physical Exam 💿 😐 🗵
Current Vitals & Measurements
Results Review
<u>Labs</u> No Data Available

Then, enter = *,,newb* in the free text box and select *,,newborn_pe_heattotoe** by double clicking.



1



Normal- to select Normal or Abnormal.

🕂 Add 🗐 📙 📝	
Newborn Admission H&P X List	4 Þ
Tahoma •) 11 •) ● ● ● I U = ●	
Physical Exam	*
Current Vitals & Measurements	
Physical Examination at Birth	
Gestatuonai Age by Exam_ wks	
General Appearance Normal	=
Skin Normal-	
(_) pallor (_) Mec. Staining (_) Bruising (_) Peteling (_) Petechiae (_) Jaundice	
Head Normal*	
EENI Normai* ())Cleft in/Palata ())Suspected Choanal atrasia () Microanathia	
Residence April and C. J. Outperformation and call and C. Interogradular	-
Note Details: Admission Note Provider, TestUser, OBGYN-Physician, MD, 16-Jan-2018 14:11 PST, Newborn Admission H&P Sign/Submit Save Save & Close C	ancel

Once documentation is complete, click **Sign/Submit** button to finalize your note.

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 at a more personalized learning session.

Key Learning Points

Auto text entries shared between all providers help to maintain standards when documenting patient's care.

Use auto text entries for commonly entered information.



▲ Activity 4.6 – Locate the Newborn Record Report

You can locate reports such as the **Newborn Record** in the **Menu** list. To open, simply click on the **Menu**.



1

The information is pulled from documentation areas such as iView.



After reviewing the newborn's record, click the **Go To Default View** ficon or the **Back** icon to return to your previous page.



Key Learning Points

Newborn Reports are in the Menu page list.



Activity 4.7 – Active Issues for the Newborn

The newborn needs a diagnosis recorded as a base for future visits.

It will be identical steps for the newborn as it was with the mother and you will be documenting it in the newborn's chart.

- 1. Navigate to the Provider View
- 2. Click on Neonate Workflow tab
- 3. Click on Active issues component
- 4. In the Add new as: This Visit search box, enter = Infant
- 5. Select Term Infant

1

Me	< 🕞 👻 者 Provider View	1	
2	A 🚺 🖌 🛋 🔍 🔍 100%		
	Triage/Antepartum	Labour 🛛 Neonate Workflow 2 🛛 Partogram 🖾 OB Quick Orders	🔀 Postpartum
	Neonate Overview Documents (0)	Active Issues	
	Vital Signs & Measurements	No Chronic problems documented. Document No Chronic Problems or add a problem	
	New Order Entry Micro Cultures (0)		Add new as: This Visit 👻 🍳 infant 🛛 4
	Pathology (0)	No results found	Crying infant (R68.11) Infant diet (024.410)
	Imaging (0)		Infant weaned (R78.89)
	Order Profile (15)	Intelle and Output	Infant formula (R78.89)
	Billirubin Nomogram 35 Weeks and Greater		Term infant (V27.9, Z38.2)
	Histories	No results found	High risk infant (H40.022)
	Infant Feeding		Infant breastfed (R78.89)
	Task Timeline	Current Medications 🕂	Soy-based intant formula
	Neonate Weights and		2
	Measurements	Order	Order Start
	Active Issues 3	4 Schodulad (1) Next 12 hours	

Key Learning Points

Entering diagnosis or active issues is the same for mother and newborn.



Key Learning Points

Result copy allows you to copy documented information from mom's chart over to the newborn's chart.

Result copy is necessary at minimum during the follow 3 situations:

- 1. When the newborn has been quick registered
- 2. When mom and baby are being transferred from labour to postpartum
- 3. When mom and baby are being discharged from the hospital



PATIENT SCENARIO 5 – Postpartum

Learning Objectives

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

- Discontinue a PowerPlan
- Place a PowerPlan in Planned State
- Initiate the Planned State PowerPlan

SCENARIO

Your patient has delivered a healthy newborn. The OB Admission PowerPlan needs to be discontinued. This may be done by the nurse or the provider. In this case, you will discontinue the OB Labour and Delivery Admission PowerPlan. You will also place the OB Postpartum Vaginal Delivery in a planned state for the nurse to activate at the appropriate time.

Note: If the newborn is born with health complications, the newborn must immediately be quick registered by the nurse for the newborn provider to enter transfer orders to NICU and NICU can then enter orders. This avoids the newborn arriving at NICU and orders cannot be placed.

- Discontinue the OB Admission PowerPlan
- Place the OB PostPartum Vaginal Delivery PowerPlan in Planned State

Initiate the OB Postpartum Vaginal Delivery Planned State PowerPlan

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Activity 5.1 – Discontinue an OB Labour and Delivery Admission PowerPlan

- 1. Click the **Labour** workflow tab.
 - 2. Select the Order Profile component.
 - 3. Click the Order Profile link.

Triage/Antepartum 🕅	Labour		ະສ 1	ate Workflow	23	Partogram	23	OB Quick Orders	23 Postpartu	m 🔀
Pregnancy Overview Pregnancy Risk Factors (0)	Order	Profile (9) 3								
Documents (0)		Go to Orders tab							Pending Orders (9)	Group by: Clinical Cat
Vital Signs			Туре	Order		*		Start	Status	Status Updated
EDD Confirmation (1)	⊿Admit	t/Transfer/Discharg	e (1)							
Active Issues			0	Admit to Inpatient 18 provider: TestUser, O	B-Dec-2017 BGYN-Phys	10:01 PST, Admit to C ician, MD	bstetrics, Admittin	g 18/12/17 10:01	Ordered	18/12/17 10:0
Labs	⊿Statu	s (1)								
Microbiology Other		28	0	Code Status 18-Dec- status: Attempt CPR, I	2017 14:45 Full Code, I	PST, Attempt CPR, Fu During chemotherapy:	l Code, Perioperat Attempt CPR, Full	ive 18/12/17 14:45 Code	Ordered	18/12/17 14:4
Objective/Physical Exam	⊿ Patier	nt Care (3)								
Drognancy To Do's 8		2.	-	Apply Ice Pack 18-De	ec-2017 14	45 PST, PRN, to perine	um x 24 hour	18/12/17 14:45	Ordered	18/12/17 14:4
Notes		88	0	Insert Urinary Cathete void x 3, insert cathet	er 18-Dec-	2017 14:45 PST, Indwe	elling, If patient un	able to 18/12/17 14:45	Ordered	18/12/17 14:4
Current Medications Intake and Output		1	Ð	Vital Signs 18-Dec-20 hour, then qshift start	017 14:45 F ing 2 hours	PST, Stop: 18-Dec-2017 post-delivery	' 14:45 PST, q15m	in for 1 18/12/17 14:45	Ordered	18/12/17 14:4
Labour Assessments	⊿ Activi	ty (1)								
Delivery Summary		28	(b)	Activity as Tolerated	18-Dec-20	17 14:45 PST		18/12/17 14:45	Ordered	18/12/17 14:4
Order Profile (9)	⊿Diet/	Nutrition (1)								
VBAC Patient Safety Checklist		2.	e	General Diet 18-Dec-	2017 14:4	5 PST		18/12/17 14:45	Ordered	18/12/17 14:4
(0)	⊿ Medic	ations (1)								

- 4. Locate and select the OB Labour and Delivery Admission (Multiphase) in the View menu.
- 5. Then, right-click to **Discontinue** the PowerPlan.

< > - 🏦 Orders		
+ Add 🖓 Document Medication by Hx Reconciliation -	Check Interactions	
Orders Medication List		
Mi	Status	Dose Details
Orders for Signature	4 OB Labour and Delivery Admission (Multiphase) (Validated), Admission (Planned) Last undated and 20 Dec 2017 14:58 BST, her Tastilland, ORGVN Rhusinian, MD.	
Plans	A Admit/Transfer/Discharge	
Medical	Verify that an 'Admit to' Order has been entered prior to completing the	ne nowerplan
4 OB Labour a 10 Control Control (Valid	Review Levels of Care classification	ie poneipiun
Admission Discontinue	For Rh negative / unknown patients, the RhIG eligibility orders will be	automatically selected
Continue	⊿ Status	
Plan Information	Code Status	 Attempt CPR, Full Code
DB Labour , Save as My Favorite	⊿ Patient Care	
Admission Usiscontinuegi	🗖 🔀 Weight	On admission
Continued Lab Work (Discontinued)	Height/Length	On admission
Suggested Plans (0)	Fetal Health Surveillance	Initiate as per protocol
= Orders	Lines/Tubes/Drains	
Admit/Transfer/Discharge	M Insert Peripheral IV Catheter	Unless already in place
Status	⊿ Activity	
Patient Care	Activity as I olerated	Encourage mobilization
Activity	Diet/Nutrition	Providen
Diet/Nutrition	Contraction Dist	T.N
	Clay Eluid Diat	T-N
Medications		Except for Sips of Water
Blood Products	Continuous Infusions	
	Saline Lock Peripheral IV	T:N
Diagnostic Tests	Maintenance Fluids	
Procedures	dextrose 5%-sodium chloride 0.9% (dextrose 5%-sodi	 order rate: 125 mL/h, IV, drug form: bag
Respiratory	sodium chloride 0.9% (sodium chloride 0.9% (NS) con	 order rate: 125 mL/h, IV, drug form: bag
	⊿ Medications	
Consults/Referrals	Antimicrobials	
Communication Orders	Group B Strep Prophylaxis	
Supplies	🛛 📓 🔮 Order if Group B Strep positive (positive culture, Group B Strep bacteri	uria in current pregnancy, prior neonate with Group B Stre
Non Categorized	If Group B Strep status unknown, order only if risk factors present (less	than 37 weeks of gestation, membrane rupture 18 hours
Medication History	📃 🧔 🗹 penicillin G sodium	5 million_unit, IV, once
······	- v A	in ruptured membranes of in active labor
Related Results	Tetails	
Formulary Details	Dorans	
Variance Viewer	Orders For Cosignature Save as Mu Favorite	
TUTUTO C VIEWEI	Constant of conditions of the standard strand	

6. Click OK



D			Discontinue - OP Labour and Delivery Admission (Prototype)	×
100			Discontinue - Ob Labour and Denvery Admission (Frototype)	
Ke	Component	Status	Order Details	
Patie	ent Care			
	Veight	Ordered	25-Oct-2017 08:42 PDT, Stop: 25-Oct-2017 08:42 PDT, On admission	
	Height/Length	Ordered	25-Oct-2017 08:42 PDT, Stop: 25-Oct-2017 08:42 PDT, On admission	
	Fetal Health Surveillance	Ordered	25-Oct-2017 08:42 PDT, Initiate as per protocol	
Med	ications			
	BOB Induction or Augmentation of Labour with Oxytocin (Module) (prototype)	Initiated	Start: 25-Oct-2017 08:42 PDT	
Labo	oratorv			
	Arterial Cord Blood Gas	Ordered (Pending Collection)	Whole Blood, STAT, Unit collect, Collection: 25-Oct-2017 08:42 PDT, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test Manual.	
	Venous Cord Blood Gas	Ordered (Pending Collection)	Whole Blood, STAT, Unit collect, Collection: 25-Oct-2017 08:42 PDT, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test Manual.	
			OK Cance	el l



NOTE: When you discontinue a PowerPlan and need to **keep** some orders, click the checkmark beside those orders before clicking **OK**.

7. Review plan and click Orders for Signature

 N Start: Start:	25-Oct-2017 08:42 PDT	Stop:	26-Mar-2	2018 08:2	3 PDT						
🔊 🕅 Component		Sta	atus	Dose	Deta	ails		^			
OB Labour and Delivery Admission (Prototype) (Discontinued Pendind) Last updated on: 25-Oct-2017 08:49 PDT by: TestUser. Nurse-OB Alerts last checked on 25-Oct-2017 08:30 PDT by: TestUser. Nurse-OB											
Admit/traster/Uscharce Verify that an 'Admit to' Order has been entered prior to completing the powerplan											
Assess for acti	ive genital herpes										
⊿ Patient Care											
🔲 🎎 🛛 Weight		Die	scontinue		26/	Mar/2018 08:28 PDT					
📃 🛄 🎎 💆 Height/Lengt	h	Die	scontinue		26/	Mar/2018-08-28 PDT					
📃 🛄 🌋 🛛 Eetal Health 🤇	Surveillance	فنط	scontinue		26/	Mar/2018-08-28 PDT					
4 Medications								\sim			
▲ Details											
Orders For Cosignature							Orders For Signa	ature			
1



Activity 5.2 – Place an OB Postpartum Vaginal Delivery PowerPlan in Planned State

- Click the OB Quick Orders tab.
- 2. Expand Postpartum PowerPlans.
- 3. Select the OB Postpartum Vaginal Delivery PowerPlan.
- 4. Click the Orders for Signature icon 21.

OB Quick Orders	+	[≣∙
OB Imaging and Diagnostics	- 0	lew Order	Entry	≣• ⊘	^
► CT ► ECG	C	onsults		≣∙⊗	
Echocardiogram	0	B PowerP	lans	=- 📀	
MR	Ac	lmit to Inpat Antepartum	i ent Admit to	o Obstetrics	
► US	▶	Intrapartum Postpartum			
► XK	De	B Postp Delivery	o <mark>artum Vag</mark> OB Postpar	jinal tum Vaginal	

- 5. Select Modify.
- 6. **Deselect** Insert Urinary Catheter by unchecking the box next to the order.



7. Scroll down and Select IP Consult to Lactation Consultant by checking the box next to the order.



The ¹² icon indicates mandatory information, right click on the order to select Modify.

For practice, complete the **Details for IP Consult to Lactation Consultant** by entering the required **Reason for Consult =** *Breastfeeding/previous breast surgery.*

Details for IP Consult to Lactation Consultant
🖀 🔀 Details 📗 Order Comments 🛞 Offset Details
+ ☎ lh. ♥ ≥
Requested Start Date/Time:
Priority: Routine
*Reason for Consult: reastfeeding/previous breast surgery
Special instructions:
Orders For Cosignature Save as My Favorite Sign Cancel

REMEMBER: not to sign yet as you still need to review all the orders in the PowerPlan. Simply click on the collapse right icon.

8. As your patient's hospital visit progresses, remember to use the **Merge** icon **I** to merge your plan with other current orders. This will help to identify duplication. Uncheck one of the two duplication orders.



∢	80	🕂 Add t	o Ph	ase 👻 🛕 Check Alerts	🛄 Comments	Start:	Now		Duration:	No	
	8	8		Component				Statu	s	Dose	
	\checkmark	🛃 66°		Blood Pressure				Orde	red		
	\checkmark	💽 66°		External Fetal Heart Mo	onitor (Fetal Con	tinuous N	Monito	Orde	red		
	\checkmark	💽 66°		Nitrous Oxide Gas Adm	ninistration			Orde	red		
	\checkmark	🔁 6°6^		Pulse Oximetry	ulse Oximetry Ordered						
	\checkmark	🔁 6°6^		aline Lock Peripheral IV Ordered							
	\checkmark	🔁 6°6^		Temperature					Ordered		
	\checkmark	🔁 6°6'		Vital Signs	Vital Signs O						
⊿	Activity		_								
☑				Activity as Tolerated							
Act	tivity (Otl	her)									
	\checkmark	💽 6°6^		Activity as Tolerated				Orde	red		
⊿	Diet/Nu	trition	_								
₽		වෙ	Ø	General Diet							
		69		Diabetic Diet							

- 9. Reviewed all the orders in the PowerPlan.
- 10. Click Sign and Done. Your PowerPlan order is now in Planned State.





Activity 5.3 – Initiate the Planned State PowerPlan

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The nurse is currently busy with the patient. Since you are on the unit, you decided to **Initiate** the **OB Postpartum Vaginal Delivery (Prototype) (Planned Pending)** PowerPlan.

- 1. Select the **Postpartum** tab.
- 2. Click on the Order Profile component.
- 3. Click on the Order Profile link.

Triage/Antepartum	🖾 Labour		23 N	Reonate Workflow	S Partogram 28 O	8 Quick Orders	1 Postpartum	20
Genetic Screening Vital Signs	Order F	Profile (10) 3						
Birth Plans			1				Pending Orders (10)	Group by: Clinical
Additional Assessments			Туре	Order		Start	Statua	Status Updated
Delivery Summary	4 Admit,	/Transfer/Discharge	t (1)					
Postpartum Assessments			9	Admit to Inpatient 18-Dec-2017 10 TestUser, OBGYN-Physician, MD	0:01 PST, Admit to Obstetrics, Admitting provider:	18/12/17 10:01	Ordered	18/12/17 10:02
Decements	d Status	(1)						
Current Medications		28	ð	Code Status 20-Dec-2017 15:12 P Attempt CPR, Full Code, During che	ST, Altempt CPR, Full Code, Perioperative status: motherapy: Attempt CPR, Full Code	20/12/17 15:12	Ordered	20/12/17 15:23
Immunizations	4 Patien	t Care (2)						
Home Medications		18	•	Apply Ice Pack 20-Dec-2017 15:12	PST, PRN, to perineum x 24 hour	20/12/17 15:12	Ordered	20/12/17 15:23
Labs		28	ð	Vital Signs 20-Dec-2017 15:12 PST then gshift starting 2 hours post-de	r, Stop: 20-Dec-2017 15:12 PST, q15min for 1 ho livery	w, 20/12/17 15:12	Ordered	20/12/17 15:23
Microbiology Other	⊿ Activit	y (1)						
Transfusion History		28	ð	Activity as Tolerated 20-Dec-2017	15:12 PST	20/12/17 15:12	Ordered	20/12/17 15:23
Diagnostics	d Diet/M	iutrition (1)						
Education and Counseling		28	0	General Diet 20-Dec-2017 15:12 P	চা	20/12/17 15:12	Ordered	20/12/17 15:23
New Order Entry	4 Medica	ations (1)						
Order Profile (10) 2			.0	ampicillin 500 mg, IV, q6h		20/12/17 14:57	Ordered	20/12/17 14:58
Subjective/History of Present	d Diagna	ostic Tests (1)						
Illness Review of Systems			ð	US OB AFI and Doppler Singleton positioning, Pregnant	20-Dec-2017 14:57 PST, Routine, Reason:	20/12/17 14:57	Ordered (Exam Ordered)	20/12/17 14:58
Objective/Physical Exam	4 Consul	lts/Referrals (1)						
Assessment & Plan		28	٥	IP Consult to Lactation Consultant Consult: breastfeeding	20-Dec-2017 15:12 PST, Routine, Reason for	20/12/17 15:12	Ordered	20/12/17 15:23
Contra Mada	4 Suppli	es (1)		Contraction and the second second				

4. Locate and select the **OB Postpartum Vaginal Delivery (Prototype) (Planned)** in the **View** navigator.

CSTMAT, BERYL	DOB:14-Dec-1977 Age:39 years	MRN:700008554 Enc:7000000015901	Code Status:Attempt CPR, Full Code	Process: Disease:	Location:LGH LD; LDR2; 01M Enc Type:Inpatient
Allergies: No Known Allergies	Gender:Female	PHN:9876418566	Dosing Wt85 kg	Isolation:	Attending:TestMAT, OBGYN-Physician, MD
+ Add @ Document Medication by Hs	Reconciliation * 🕭 Check Inter	ractions			Reconciliation Status Meds History ✔ Admission 🕚 Discharg
Orders Medication List Document In Plan	n				
	- H a	1 % 🛇 🕂 Add to Phase -	A Check Alerts	w Duration: None	
View	4	& V Componen	t	atus Dose Details	
- Orders for Signature	0	B Postpartum Vaginal Delive	erv (Prototype) (Planned Pending)	The second second	
EPians		Admit/Transfer/Discharge			
Medical		A Nurse to dis	scontinue 'Admission' Phase of OB Labour and I	Delivery Admission PowerPlan	
OB Postpartum Vaginal Delivery (Pr	4 (Planned Rending)	Discharge	Patient Instructions	Discharge pat	ient as per discharge criteria
BOB Labour and Delivery Admission	anatophase)	f Status			
Admission (Initiated)	F	🛛 🔹 Code Statu	5	 Attempt CPR, 	Full Code
Continued Lab Work (Planned)		Patient Care		and the second	
-Suggested Plans (0)	P	Vital Signs		q15min for 1 i	nour, then gshift starting 2 hours post-delivery
C Orders	P	🛛 🚺 Insert Urina	ary Catheter	If patient unal	ale to void x 3, insert catheter
Admit/Transfer/Discharge	= F	Provide Sita	z Bath	PRN	
-12 Status	P	Apply Ice P	lack	PRN, to perine	sum x 24 hour
Z Patient Care		🕑 🛿 gestation	al diabetes and on insulin	1. A.	
22 Activity		POC Gluco	se Whole Blood	💌 once, before b	preakfast when tolerating diet
Diet/Nutrition		🕴 🚺 POC Gluco	se Whole Blood	once PRN, bel	fore breakfast. Repeat next morning before breakfast if greater than 6
Continuous Infusions		Activity			
C Medications	P	Activity as	Tolerated	T;N	
Blood Products	4	Diet/Nutrition			
Laboratory		📫 🚺 General Die	et	T;N	
Diagnostic Tests		🔹 🚺 Diabetic Di	et	Calorie count	of 2000 kCal
Procedures	4	Continuous Infusions	and the second se		
Respiratory		Saline Lock		T:N	and the second
- Allied Health		· · · · · · · · · · · · · · · · · · ·	test - 8.0% (code on chiles de 8.0% APS con	when drinkin	west
Consults/Referrals	-	sodium chi	ionae u.y.s. (soaium chionde 0.9% (NS) con	order rate: 100	r mu/n, tv, anuq torm: baq
Communication Orders		dextrose 51	e-soonam chiotide n's > (demose s %-sogr-	order rate: 10.	r much, iv, unuq rorm: baq
۰. m	, 4	CONTRACTOR AND INCOME.			
Diagnoses & Proble	1715 ·	Details			
Related Results					
Variance Viewer		Orders For Cosignature Save	as My Favorite		32 Initiate Sign 4 Cancel



- 5. When you have reviewed the orders for the **OB Postpartum Vaginal Delivery (Prototype)** (Planned)
- 6. Click Initiate.

OB Postpartum Vaginal Delivery (Prototype) (Planned)	
Last updated on: 2018-Jan-23 16:18 PST by: Train, OBGYN-Physician1, MD	
Alerts last checked on 2018-Jan-23 16:18 PST by: Train, OBGYN-Physician1, MD	
⊿ Admit/Transfer/Discharge	
Wurse to discontinue 'Admission' Phase of OB Labour and Delivery	Admission PowerPlan
Discharge Patient Instructions	Discharge patient as per discharge criteria
⊿ Status	
🗹 🗟 🏹 Code Status	 Attempt CPR, Full Code
⊿ Patient Care	
🗹 🛛 🕅 Vital Signs	q15min for 1 hour, then qshift starting 2 hours post-delivery
🗖 🕅 Insert Urinary Catheter	If patient unable to void x 3, insert catheter
Provide Sitz Bath	PRN
🗹 💆 Apply Ice Pack	PRN, to perineum x 24 hour
If gestational diabetes and on insulin	
🗖 🔅 💆 POC Glucose Whole Blood	once, before breakfast when tolerating diet
🗖 🔅 📝 POC Glucose Whole Blood	once PRN, before breakfast. Repeat next morning before breakfast if greater than 6 mmol/L. If repeat blood glucose greater than 6 mmol/L, c
⊿ Activity	
Activity as Tolerated	T;N
⊿ Diet/Nutrition	
🗹 🖙 📅 General Diet	T;N
🗖 🚳 📝 Diabetic Diet	Calorie count of 2000 kCal
⊿ Continuous Infusions	
Saline Lock Peripheral IV	T;N
-	When drinking well
sodium chloride 0.9% (sodium chloride 0.9% (NS) con	▼ order rate: 100 mL/h, IV, drug form: bag
dextrose 5%-sodium chloride 0.9% (dextrose 5%-sodi	▼ order rate: 100 mL/h, IV, drug form: bag
⊿ Medications	
Other Medications	
🏈 Self Medication Program	
🗆 🖘 🖾 acetaminophen	650 mg, PO, q4h, PRN pain, drug form: tab Self Medication Program - keep medications at bedside for patient to self-administer. Maximum acetaminophen 4 g/24 h from all sources.
🗆 😂 🛱 ibuprofen	400 mg, PO, q4h, PRN pain, drug form: tab Solf Medication Denarcom, been modications at hedride for extirent to colf administer. Maximum 2 d.o.(2) h. To start & hours after last does of
T Details	
Orders For Cosignature Save as My Favorite	Grders For Signature

- 7. Click Orders for Signature.
- 8. Next, review your PowerPlan orders and Sign.





WARNING: One more important consideration when you are ordering a single **Medication** order **OUTSIDE** the PowerPlan.

Ensure the checkboxes for medications are NOT selected.

🔊 🕅 Order Nar	ne Status
simvastati	n Ordered
acetamino	phen (TYLENOL) Order
Details for acetamine of	I TENUL
🖀 Details 🗊 Order Comment	s
	Leave
🛨 🔓 lh. 🛛 🖡 🎽	unchecked
*Dose:	325
*Route of Administration:	PO 🗸

If you check this box, the order becomes a **New Order Proposal** - proposed (not active) order even after you sign it.







NOTE: Do not close Mom's chart

Key Learning Points

Nurses, following clear communication from the provider, may Initiate a planned PowerPlan or Module.

Nurses or Providers may discontinue or initiate a PowerPlan by right-clicking on the PowerPlan in the View navigator of the Orders page.

Signed medication and lab orders cannot be modified, rather they are discontinued and reordered.



PATIENT SCENARIO 6 – Discharge Process

Learning Objectives

- At the end of this Scenario, you will be able to:
- Introduction to Patient Overview
- Review Orders
- Discharge Diagnosis and Reconcile Active Issues
- Complete the Discharge Medication Reconciliation and create a Prescription
- Place a Discharge Order and a Future Order
- Complete a Discharge Summary

SCENARIO

As the OB Provider, your patient is now ready to be discharged home.

You will complete the following activities:

- Introduction to Patient Overview
- Update date your patient's status to Discharging
- Review orders prior to discharge
- Update Discharge Diagnosis and Reconcile Active Issues
- Complete the Discharge Medication Reconciliation and create a prescription
- Place a Discharge Order and a Future Order
- Complete a Discharge Summary



Activity 6.1 – Introduction to Patient Overview

You can access your patient list by clicking the **Patient Overview** in the toolbar. It is also used to communicate with other providers about the patient's status which will be discussed further on the next page.

P PowerChart Organizer for TestMAT, OBGYN-Physicia	n, MD				
Task Edit View Patient Chart Links Notific	cations Navigation Help				
Message Centre Petient Overview Ambulato	ory Organizer 🏗 MyErperie	nce 🝦 Patient List. Tracking She	I. Perioperative Treck	ung 🐘 Dynamic Worklot 🎬 LearningLTVE 🚏 😋 CareConnect 😋 PHSA PACS 🧕 VCH and PHC PACS 😋 MUSE 😋 FormFact WFI 🚬	
Q Patient Health Education Materials 🔮 Policies and	Guidelines QUpToDate :	- Persparit , Stat 1	AdHoc - Commun	icete + 👷 Finant Copy 🔂 finished Research 🖬 Discern Reporting Partal 🛃 Wiwere ,	
				Necert -	· 9
Patient Overview				📜 full screen 💿	20 minutes ago
A	e.				
Patient Overview 22 +					/ II+
List: LGH Labour and Delivery (82) 💌				Establish Relationships Pattere Search: Q	≡-
Patient Information	Location	Shena Severity	N.,		
*CSTRIATYAN, MOLLY 27 ym F D08: Apr 17, 1990	LGH LD	-	Ci -		ń
*CSTMATYAN, BAGEL 27 yrs F DOI:: Nov 12, 1990	LGH LD -	-	a		
CSTPRODMAT, ELLE ELLE 29 yrs F DOB: Jul 25, 1988	LGH LD	20	8		
CSTTEST, CARLY 26 yrs F DOB: Dec 7, 1991	LGH LD -	ar .	1		
MCSTMATTEST, SITTHIRTEEN 28 yri F DOB: Jun 28, 1989	LGH LD	-	C I		

You can also click on the drop-down 🔽 icon from the **List** and select the appropriate patient list. In your case, **LGH Labour and Delivery** is your default patient list.

Patier	nt Overview						
👫 🗎 📥 🗎 🔍 🔍 100% 🛛 🔹 🌑 🖨							
Patient Overview 🛛 🕂							
List:	Select a list 🔻						
	Care Team Lists	Patient Lists					
	LGH Labour and Delivery						



- Patient Overview serves as a communication tool during patient handoff. It provides a snapshot of patient's status and helps you manage your work:
 - You can track new results that you have not yet reviewed indicated by in icon.
 - You can see where the patient is located: unit / room / and bed number.
 - You can make a note of patient's illness severity.
 - You can see the discharge status indicated by the Ficon.
 - You can track medication reconciliation completion

Below is an example of the Patient Overview. This may not be the same as your current view.

Patient Overview				
🐴 🐚 🖣 🍉 🔍 💐 100% 🔹 🍩 🌰 🚰				
Patient Overview 🛛 🕂				
List: Hospitalist (14) Group by: None	Add Patient			
Patient Information	Location	Illness Severity	Dis	Medica
CSTTEST, JPPED 2 yrs M DOB: Jan 11, 2015	LGH 4E 422 - 01	Unstable		~~0
*TEST, CSTPRODBC 15 m F DOB: Aug 10, 2016	-	 Watch 		~00
CSTDEMO, INTERNALITONEB 27 yrs M DOB: Feb 20, 1990	LGH 5E 520 - 01	Stable		***
*TEST, CSTPRODBC 15 m F DOB: Aug 16, 2016	LGH 3E	Discharging		×0×

You can click a column heading such as Location to display all patients in the same unit together. Clicking Patient Information will place names in alphabetical order.

Patient Overview also displays a snapshot of patient status under the **Illness Severity** column. You can easily add or change your patient status by clicking the corresponding space under this column and selecting one of the options from the list. You can click the column heading to sort all patients.

Key Learning Points

Patient View is another way of accessing your patient's chart.



Activity 6.2 – Review Orders

1 Review and update your patient's status. Click on the **Patient Overview** ^{SPatient Overview} button in the Toolbar. Patient Overview is also used at the beginning of your patient review process.

- 1. Locate the patient from Patient Information list.
- 2. Mark the Illness Severity as **Discharging** by clicking on the cell.

The discharge workflow occurs on the Transfer/Discharge workflow tab.

Patient Overview			
🏔 🐚 🖶 📄 🔍 🔍 100% 🛛 🗸 🗎			
Patient Overview 🛛 +			
List: LGH Labour and Delivery (82) 🔻			
Patient Information	Location	Illness Severity	N
BEIN-LEARN, AALA 33 yrs F DOB: May 21, 1984	LGH LD LDL - 04		È!
*BROWN-LEARN, BABY GIRL 21 hrs F	LGH LD LDR5 - 01B	No Illness Severity	
* BROWN-LEARN, BEATRIX 2 m F DOB: Nov 2, 2017	LGH LD LDR OR - 01A	Watch Stable Discharging 2	<u>:</u>
*BROWN-LEARN, HILARY	LGH LD		É!

3. Click on the patient's name to open the chart.

2 To review the orders:

- 4. Navigate to the Transfer/Discharge workflow tab
- 5. Click on the Order Profile component

iage/Antepartum S	3 Labour	23	Neonate Workflow 🛛 🕄	Partogram 💱	OB Quick Orders	23	Postpartum	😂 Transfer	Discharge 1 🛛
der Profile (10)	Order Profile (10)								
dication Reconciliation scharge Order Entry						🗐 Per	nding Orders (10)	Group by: Clinical Category	Show: All Active Ore
cuments (6)		Туре	Order	*	Start	9	tatus	Status Updated	Ordering Provider
6	⊿ Admit/Transfer/Discharge (1)								
hology (0)			Admit to Inpatient 18-Dec-2017 10:0 TestUser, OBGYN-Physician, MD	01 PST, Admit to Obstetrics, Admitting prov	ider: 18/12/17 10:01	0	rdered	18/12/17 10:02	TestUser, OBGYN-Physician, I
robiology C & S	4 Status (1)								
licrobiology Other		0	Code Status 20-Dec-2017 15:12 PST Attempt CPR, Full Code, During chem	, Attempt CPR, Full Code, Perioperative sta otherapy: Attempt CPR, Full Code	tus: 20/12/17 15:12	0	rdered	20/12/17 15:23	TestUser, OBGYN-Physician, I

6. Review patient's orders to be aware of outstanding lab or imaging orders. Hover over the



icons for order details.

Order I	Profile (10)						
					Pending Orders (10)	Group by: Clinical Category	Show: All Active Orde
		Туре	Order A	Start	Status	Status Updated	Ordering Provider
⊿ Admit	Transfer/Discharge (1)						
		ð	Admit to Inpatient 18-Dec-2017 10:01 PST, Admit to Obstetrics, Admitting provider: TestUser, OBGYN-Physician, MD	18/12/17 10:01	Ordered	18/12/17 10:02	TestUser, OBGYN-Physician, MI
⊿ Status	(1)						
	2	0	Code Status 20-Dec-2017 15:12 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code	20/12/17 15:12	Ordered	20/12/17 15:23	TestUser, OBGYN-Physician, M
⊿ Patien	t Care (2)						
	24	9	Apply Ice Pack 20-Dec-2017 15:12 PST, PRN, to perineum x 24 hour	20/12/17 15:12	Ordered	20/12/17 15:23	TestUser, OBGYN-Physician, MI
	28	0	Vital Signs 20-Dec-2017 15:12 PST, Stop: 20-Dec-2017 15:12 PST, q15min for 1 hour, then qshift starting 2 hours post-delivery	20/12/17 15:12	Ordered	20/12/17 15:23	TestUser, OBGYN-Physician, MI
⊿ Activit	y (1)						
	24	9	Activity as Tolerated 20-Dec-2017 15:12 PST	20/12/17 15:12	Ordered	20/12/17 15:23	TestUser, OBGYN-Physician, MI



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 closed this will automatically discontinue their orders.
- Orders placed purposefully, such as Imaging orders, and not just because they we orders with the pending results that you have placed prior to discharge will remain

Key Learning Points

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

1



Activity 6.3 – Discharge Diagnosis and Reconcile Active Issues

The Transfer/Discharge workflow tab is standardized across all departments.

- 1. Navigate to the Transfer/Discharge workflow tab.
- 2. Locate and click the Discharge Diagnosis component.
- 3. Review the diagnosis and problems under Discharge Diagnosis
- 4. Locate Add new as: This visit

Transfer/Discharge 1	🔀 Triage/Antepartum	23 Labour	23 Partogram	S OB Quick Ord	ers 🛛 🗧 +
Order Profile (1) Discharge Diagnosis	Discharge Diagnosis			_	Classif
Medication Reconciliation Discharge Order Entry			4	Add new as: This Visit 🔻 🤇	Problem name
Documents (0) Labs	Name 1 - Gestational hypertension			Classification Medical	Actions This Visit Chronic
Imaging (0) Micro Cultures	Pregnant 3			Medical	This Visit Chronic
Pathology	Medication Reconciliation				
Procedures and Treatment Provided	Order			Order S	Status: ✔
Post Discharge Follow Up	Scheduled (1) Next 12 hours				
Hospital Course	△ Continuous (0)			Today 1	0:05
Create Note	 PRN/Unscheduled Available (0) Suspended (0) 				
Patient Discharge Summary	 Discontinued (0) Last 24 hours 				
Select Other Note					

- 5. In the **This Visit** search box **enter the text =** *vaginal delivery.*
- 6. Select normal vaginal delivery.



2 While you are on the Discharge Diagnosis component, reconcile the active issues GERD (gastro esophageal reflux disease) as resolved.

To reconcile active issues:

- 7. Click on GERD (gastroesophageal reflux disease).
- 8. Click on the **Chronic** button.
- 9. Click Resolve.



_	Discharge Diagnosis	Classification: Medical and Patient Stated 👻 $\Big $ All Visits $\Big $ $oldsymbol{\mathcal{R}}$ $\Big $ $=$
		Add new as: This Visit - Q Problem name
	Name 1 🔻 GERD (gastroesophageal reflux disease)	This Visit Chronic Cancel Modify Resolve
>	2 - Swollen feet Pregnant	GERD (gastroesophageal reflux disease)
		Condition type This Visit and Chronic
		Classification Medical
		Diagnosis Type Discharge
		Onset Date 23/01/2018

10. Click on the **Discharge Diagnosis** link, it will take you to another screen that shows a list of diagnosis (problem) addressed this visit.

Discharge Diagnosis
Go to Diagnoses and Pro
Name
1 🔻 Normal vaginal delivery

>	•	n	Diagnoses a	nd Probler	ns			(C), Fu	ll screen 🕞	J Print	🤊 1 minu	ute
М	lark a	ll as Re	viewed									
Diag	nosis	(Proble	m) being Addresse	d this Visit								
+	A	dd	🖆 Modify 📫	Convert	Display: All			▼				
	Prior	ity 🔻	Annotated Display	v	Condition Name		Date	Code		Clinic	al Dx	Î
1	5		Low back pain		Low back pain		17-Jan-2018	M54.5		Low	back pain	Ī
6	4	-	Swollen feet		Swollen feet		17-Jan-2018	M79.89		Swollen feet		
1	3		Low back pain		Low back pain		03-Jan-2018	M54.5	M54.5		Low back pain	
6	2	-	GERD (gastroes	ophageal r	GERD (gastroe	ophageal r	17-Jan-2018	K21.9		GERD (gastroeso		p
1	1	-	Gestational HTN	J	Gestational HT	N	17-Jan-2018	013.9		Gest	ational HTN	
•			III								۱.	
Prob	lems			1								
÷	A	dd	🖞 Modify ち	Convert	🚯 No Chro	nic Problems	Display: 4	ctive	•		JIMO	
		Annot	ated Display	Condition Na	me	Onset Date	Code	Name of Problem A	Life Cycle St.	. 🛄	Classification	1
1	Dx	Anxie	ty	Anxiety			F41.9	Anxiety disorder, unspecif.	. Active		Medical	Ī
•	D×	Low b	ack pain	.ow back p	ain		M54.5	Low back pain	Active		Medical	
1	Dx	Swoll	en feet	wollen fee	t		M79.87	Other specified soft tissue.	. Active		Medical	
6	D×	Pre-ex	disting essenti	Pre-existing	essential hyp		O10.003	Pre-existing essential hyp	Active		Medical	
		-		h .		04 5 1 004		D	A			

11. To return to your previous page, simply click the **1** icon.



NOTE:

- A Pregnancy may remain active over several encounters before delivery.
- The Unit Clerk or RN usually will Close the Pregnancy. However, the Provider also may Close the Pregnancy from the Pregnancy Overview



component in the workflow tabs.

Cancel Pregnancy Close Pregnancy Modify Pre	gnancy
---	--------



Activity 6.4 – Discharge Medication Reconciliation and Create a Prescription

In the Status line, you completed the Meds History (*) and Admission (*) previously. Now, you will complete the Discharge Medication Reconciliation (9)

While you are in the Transfer/Discharge workflow tab:

- 1. Select the Medication Reconciliation component.
- 2. Click **Discharge 9** from the Status line.

Triage/Antepartum	22 Labour	22 Postpartum	55	Transfer/Discharge	53 OB Quick Orders	32 Neonate Workflow	33 GYN Quick Ordens	22 +	
Order Profile (32)	Medication Red	conciliation	-						Selected visit
Medication Reconciliation	1						Status: ✔ Meds I	History 🛛 🗹 Admission	Tran 2 O Discha
Documents (7)	Order					Order Start	State	ıs	

- The documented Home Medications, continued Home Medications, and Medication orders will display on the medication reconciliation profile. All the medications will be discontinued or stopped except the Labetalol, which will be a prescription.
 - 1. Select the radio button in the prescription column **b** for **labetalol**. The labetalol has missing order details **8**
 - 2. Stop all Home Med such as the prenatal multivitamins and all Inpatient Med except labetalol.
 - 3. Click on the **labetalol** on the right-hand side of the **Orders After Reconciliation** screen with the screen with icon or the screen with sc
- 3 Review the Prescription and complete the missing mandatory fields
 - 1. Change dose = 300 mg.
 - 2. Dispense = *60* **tab.**



	Orders Prio	to Reconciliat	tion			Orde	ers After Recor	ciliation	
₿ Ÿ	Order Name/Deta	ils	Status	🕨 🛅	F	🕅 Order N	lame/Details		Status
[⊿] Home N	ledications					<u> </u>			
4	labetalol 200 ma. PO. BID. fi	or 30 dav. 60 ta	Discontin_	0	0	Iabetal 300 ma	ol (labetalol 20 . PO. BID. 60 ta)0 mɑ oral <i>h.</i> < Not	Prescrihe >
☑ Details for	labetalol (lat	oetalol 200	mg oral tal	blet) 🔻			Ser	nd To: Selec	t Routing 🔻
🕈 Details 🛛	🗓 Order Comment	s							
*Dose	*Route of A	. *Frequency	Duration	*Disper	1 Sê 90 *	Refill			
300 mg	PO	ID BID		60 tab		• 0	– – % III.	1 ×	
	PRN:		~						
Spe	ecial Instructions:								
	Drug Form: t	ab	~						
*5	tart Date/Time: 20	6/Mar/2018	• • 0834	▲ ▼	PDT				
ר	Type Of Therapy: 【	Acute							
	(Maintenand	Œ						
:	Stop Date/Time:	//	* *						

- 3. In the **Send to: Select Routing**, you would normally see your computer's default printer populated. This can be changed to any other network printer. For our training purposes, select **Do Not Send: other reason.**
- 4. Click Sign.



	 Reconciliation Status Meds History A 	dmission 🙂 Disch	narge
Ord	lers After Reconciliation		
V Order Name/	Details	Status	
Isbetalol (Isb 1 tob, PO, BID	etalol 200 mg oral tablet)), 60 tab, 0 Refill(s) < Notes f	Prescribe or >	
	Send To	Select Routing	
VCH1368R on S	Send To PPRT008 (from LD035688) in	Select Routing ▼ session 9	
VCH1368R on S Citrix UNIVERSA	Send To PPRT008 (from LD035688) in AL Printer (from LD035688) in session	: Select Routing ▼ session 9 session 9	
VCH1368R on S Citrix UNIVERSA CutePDF Writer More Printers	Send To PPRT008 (from LD035688) in L Printer (from LD035688) in (from LD035688) in session	select Routing session 9 session 9 9	
VCH1368R on S Citrix UNIVERSA CutePDF Writer More Printers Do Not Send: pi Do Not Send: h	Send To PPRT008 (from LD035688) ir LP Printer (from LD035688) in (from LD035688) in session rescription called in to pharr andwritten controlled prescr	: Select Routing ▼ session 9 9 nacy iption	• •
VCH1368R on S Citrix UNIVERSA CutePDF Writer More Printers Do Not Send: pi Do Not Send: hi Do Not Send: of	Send To PPRT008 (from LD035688) ir LP rinter (from LD035688) in (from LD035688) in session rescription called in to pharr andwritten controlled prescri ther reason	select Routing ▼ session 9 session 9 9 pacy iption	
VCH1368R on S Citrix UNIVERSA CutePDF Writer More Printers Do Not Send: h Do Not Send: of Do Not Send: of Other	Send To PPRT008 (from LD035688) in L Printer (from LD035688) in (from LD035688) in session rescription called in to phare andwritten controlled prescri ther reason	select Routing session 9 session 9 9 hacy iption	

REMEMBER: If you see this icon beside the **Discharge** button on the **Medication Reconciliation** component you may have missed a medication. Go back to **Discharge** and ensure you made a choice for each medication.

At any time during the patient's hospital stay, you may put the discharge medication into a planned state by clicking the Plan button. You can then come back and complete the Reconciliation and sign it when appropriate for discharge. You may also change the Reconciliation after you have signed

the Medication Reconciliation by clicking on the links.

Prescription: review the Prescription Details, Prescriber's Signature Line and College Number.

Review the example prescription that will be available in the Hospital setting. It is not available in the classroom.



PRESCRIPTION

Lions Gate Hospital 231 E. 15th Street North Vancouver, BC V7L 2L7

DB: 1989-JAN-10 Age: 29 v	vears Weight:	Sex: Female	PHN: 1076000073
ergies: sulfa drugs	,		
orgroot contracting o			
Allergy I	list may be incomplete	 Please review with patient or ca set a time: Repeat 	aregiver.
[] bliater r ackaging week c	alus, dispensecalu	s at a unie, riepeat	
[] Non-Safety Viais [] Other			
Faxed to Community Pharmacy:		Fax:	
Faxed to Family Physician:		Fax:	
	If you received this fax i	nerror, please contact the prescriber	
Patient Address: 734 West Broadwa	ay,	Home Phone: (4)1) 230734	
Vancouver, British	Columbia	Work Phone:	
Canada			
A		dentions and address from to b	a construction of
Over the co	inter medications need a	be filled on PharmaNet at patient	s discretion
escription Details:		F	ate Issued: 2018-, IAN-22
etalol 300 mg oral tablet			
SIG: 1	tab PO BID		
Dispense/Supply: 60	0 tab		
Sec. Start			
escriber's Signature			
escriber's Signature ain, OBGYN-Physician1, MD	015		
escriber's Signature ain, OBGYN-Physician1, MD escriber's College Number: T0 escriber's Phone: (604) 843-91	015		



NOTE: Narcotics requiring triplicate documentation will still remain in paper format.



Activity 6.5 – The Mother: Place a Discharge Order and a Future Order

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

In the Clinical Information System (CIS), you also can create orders to be completed after the patient has been discharged. This applies to orders to be done post-discharge:

- Referrals
- Investigations such as labs/imaging are also called future orders

If a specimen is expected to be collected either at home or at an external facility, a printed requisition will be given to the patient.

Referrals are located on the Quick Orders Workflow tab



In this activity, you will enter two orders: a discharge order and a future order (i.e. CBC).

To place a **discharge order** for the patient:

- 1. Select the **Transfer/Discharge** workflow tab.
- 2. Click the **Discharge Order Entry** component.
- 3. Click Order to select Discharge Patient: Discharge Home without Support Services.



Order Profile (18) Discharge Diagnosis	Discharge Order Entry 🕂						
Medication Reconciliation	Inpatient -						
Discharge Order Entry	Personal Public Shared Q Se	arch New Order					
Documents (2) Labs	OB/GYN Orders						
Imaging (0)	Obstetric Orders						
Micro Cultures (0)	Gynecology Orders						
Pathology	Admit to Inpatient Admit to Obstetrics	Order					
Significant Findings	Admit to Inpatient Admit to Gynecology	Order					
Procedures and Treatment Provided	Discharge Patient Discharged Home without Support Services	Order					
Post Discharge Follow Up	Discharge Patient Discharged Home with Support Services	Order					

- 4. To add **CBC** as a **future order**, search the catalogue directly from the current component.
- 5. Select the appropriate order: **CBC and Differential**.

Labour	X Pa	artogram	23	Postpartum	ß	Transfer/Disch	X	> +	🔁 1
4 You are current	ly viewin	g a future enc	ounter. A	ny order you plac	e will app	ly to this encounter.			
Inpatient 🗸									
Personal	P	ublic	Shared	Q cbd					
CBC and Differenti	al								
CBC Without Differ	rential								
CBCD									
carbachol intraocul	ar 0.01%	inj							

- 6. Click the Orders for Signature 2 icon.
- 7. Click Modify. The Order Page window opens.

X	Labour	😂 Partogram	X	Postpartum	8 >	+	Þ	2
ntly vie	wing a future encoun	ter. Any order you place w	ill app	ly to this enco	unter.			
Ord	ers for Signatu	re (2)					X	
							Clear All	
Clic	k a cell to associate a diagno ne to associate it to all order	osis to an order. Click a diagnosis s		(M54.5) Low back pain	(K21.9) GERD (gastroesopl	(013.003) Gestational HTN	(M79 Swolle	
Admi	t/Transfer/Discharge							
	Discharge Patient (Discharged Home w	ithout Support Services)		1	2	3	4	
Labo	ratory							
	CBC and Different	ial		1	2	3	4	
				/				
🖌 Sł	iow Diagnosis Table				Sign Save	Modify	Cancel	



- 8. Click on the Differential (CBC and Differential) order.
- 10. Complete the yellow Mandatory Field and click OK.

Note: Arranging the Recurring Orders is also available in this window.

) o	rders for Signature				
	🔊 🕝 🖳 🕅 Order Name	Status Start		Details	
4	IGHID Enc:7000000011273				
4	Admit/Transfer/Discharge				
	Discharge Patient	Order 26-Mar-201	80	26/Mar/2018 09:14 PDT_Discharged Home	without Support Services
	Differential (CBC	Order 26-Mar-201	8 0	Future Orc	der Details 🛛 🗙
Ē	Differential (CDC			Single Order ORecurring Order	
	Details for Differential (CBC	and Differential)			
80	Details 📴 Order Comments			Future single order for Differential (CBC a	nd Differential)
	+ • lh. I ×			In Approximately	○ Sometime Before
	*Collection Date/Time: 26/Mar/2018		•	day 26/Mar/2018	day 😽
	*Frequency:	once		week	week
	Duration:			month	month
	Duration unit:			Grace Period (+/-)	
	CC Provider 1 (Outpatient Only):			On Exactly	
	CC Provider 2 (Outpatient Only):				
	CC Provider 3 (Outpatient Only):		_	The earliest date allowed is 27/Mar/201	8.
	Order for future visit:	💽 Ye: 🖺 🔘 Nc		CSTMAT, KAM	1 - 700007087 OK Cancel
() Missing Required Details Orders For Cosig	nature			Sign Land

11. Please do not Sign the discharge order as you will use this same patient for your Key Learning Review.



Key Learning Points
Discharge medication reconciliation needs to be completed prior to the patient's discharge
A Discharge Patient Order documents the decision to discharge a patient (required by the Hospital Act Regulation) and informs patient registration and the nurse
Referrals and future orders are for referrals, tests, and investigations that will be carried out after discharge. They can remain active for up to 2 years after discharge
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
Selecting Paper Referral indicates that the process remains manual as the facility/provider may be practicing outside of the CIS while the order is still captured in the patient's electronic chart



Activity 6.6 – Discharge Summary Notes

The last step in the discharge process is to complete the mother's Discharge Summary note.

To place a discharge order and a future order for the newborn:

1. Navigate to the Patient Overview toolbar and locate the newborn from your patient list.

Newborn's name: (refer to today's handout sheet)

2. Click on the newborn name to open the patient's chart

Note: Notice that you now have two patient charts open in the banner bar. You can toggle between charts. Please ensure that you are working with the correct patient.

Task	E	dit	View	Pa	tient	Chart	L	inks	Notif	ication	s Nav
	less	age	Centr	- 15	Patier	nt Overvi	ew	IN A	mbula	tory Or	ganizer
Q, P	atie	nt H	ealth	Educa	tion M	Materials	Q	Poli	ies an	d Guide	lines 🕜
CST				×	C	STMA	ITE	ST,	BAB	Y BO	Y 🛛
CST	MA	П	EST,	BAE	IY B	ογ					
CST Aller	MA gies	тт : М	EST, ilk	BAE	SY B	ΟΥ					
CST Aller	MA gie:	: M	EST, ilk •	BAE	SY B Provi	OY ider Vie	w				
CST Aller	MA gies	атт :: М	EST, ilk ~	BAE	Provi	OY ider Vie) 100%	w	•		6	

- 3. Select the Neonate Workflow tab.
- 4. Select the New Order Entry component.
- 5. Click Order to select Discharge Patient: Discharge Home without Support Services.

Triage/Antepartum	X	Labour	X	Postpartum 🔀	Transfer/Discharge	OB Quick Orders	X	Neonate Workflow 3	×
Neonate Overview Documents (0) Vital Signs & Measurements	•	New Order Entry +							
New Order Entry 4 Labs Pathology (0)		Favorite Orders OB/GYN Orders		Departmental Favorites Q Search M	lew Order				
Microbiology C & S (0)		Obstetric Orders							
Microbiology Other		Gynecology Order	s						
Transfusion History		Admit to Inpatient Admit	to Oł	bstetrics		Order			
Diagnostics	E	Admit to Inpatient Admit	to Gy	ynecology		Order			
Order Profile		Discharge Patient Dischar	aed I	Home without Support Services		Order 5			
Billirubin Nomogram 35 Weeks and Greater		Discharge Patient Dischar	ged I	Home with Support Services		Order			
Histories Infant Feeding		Bed Transfer Request 0				Order			



- 6. To add a **Bilirubin Total and Direct** test for the newborn as a future order, search the catalogue directly from the current component.
- 7. Select the appropriate order.

Triage/Antepartum	×	Labour	X	Postpartum	X	Transfer/Discharge	X	OB Quick Orders	X	Neonate Workflow	×
Neonate Overview Documents (0)		New Order Entry 🕂									
Vital Signs & Measurements		Inpatient 🗸									
New Order Entry		Favorite Orders		Departmental Favorites	Q bilirubin	6					
Labs		Bilirubin Conjugated									
Pathology (0)		Bilirubin Direct									
Microbiology C & S (0)		Bilirubin Total									
Microbiology Other		Bilirubin Total and Direct	7								
Transfusion History		Hepatic Panel (Bilirubin, A Liver Panel (Bilirubin, ALP,	P, Alb, A Alb, ALT	LT, INR) , INR)							
Diagnostics	E	Liver Function Tests (Biliru	oin, ALP	Alb, ALT, INR)							
Order Profile		Discharge Patient Dis	harged	Home without Support S	ervices			Order			
Billirubin Nomogram 35											

- 8. Click the Orders for Signature 2 icon.
- 9. Then, click Modify.

Orders for Signature (2)	2
Admit/Transfer/Discharge	
Discharge Patient (Discharged Home with Support Services)	
Laboratory	
Bili Total and Direct	
Show Diagnosis Table	Sign Save Modify Cancel

10. You will now be taken to the order profile. Click on the **Bilirubin Total and Direct** order to see the order details pane.

_									
	△ LGH SCN; SC	N; 02 Enc:7000000	015693 Admit: 28	B-Nov-2017 10:38 PS	T				
	△ Admit/Trans	er/Discharge							
	🗆 🗇	Discharge Patien	t Order	05-Jan-2018 08:04	05-Jan-2018 08:04 PST, Disch	arged Home with Support Se	ervices		
	⊿ Laboratory								
		Bilirubin Total an	nd Dir Order	05-Jan-2018 08:04	Blood, Routine, Collection: 0	5-Jan-2018 08:04 PST, once			
ŀ									
	🛚 Details for B	ilirubin Tota	al and Dire	ct (Bili Total a	and Direct)				
	🖀 Details 🕅 🕅 🕻	rder Comments							
	+ * 16.	↓ ×							
		*Specimen Type:	Blood	•			*Collection Priority:	Routine	~
		Unit collect: (🔿 Yes 🔘 No				Collected:	🔿 Yes 🔘 No	
	*Colle	ction Date/Time:)5-Jan-2018	• • 0804	PST PST		*Frequency:	once	*
		Duration:					Duration unit:		*
	CC Provider 1 (Outpatient Only):				CC Provid	der 2 (Outpatient Only):		
	CC Provider 3 (Outpatient Only):					Order for future visit:	🔿 Yes 🋐 💿 No	



11. Click on the **Yes** radio button beside the **Order for future visit:** to show the Future Order Details window. Only select orders have the Order for future visit option.

9	e Pat	tent Order 05-Jan-2016 06:04 05-J	Jan-2016 06:04 PST, Discharged Home with Supp	oport services
1	•	Future Order Details	×	future visit
		Single Order		
		Future single order for Bilirubin Total and Dire		
		In Approximately	Sometime Before	
5	Т	day 05-Jan-2018 📮 💌	day 🛃	
r	ent	week	week	
		month	month	
+	Н	Grace Period (+/-) aday		
Þ	1yı			*Collection Priority: Routine
-	ole	On Exactly		Collected: 🜔 Yes 💿 No
/	Tin			*Frequency: once v
-	atic	The earliest date allowed is 06-Jan-2018.		Duration unit:
	Cnl	PITFIVESMITH, BABY GIF	vider 2 (Outpatient Only):	
	Only)):		Order for future visit: 💽 Yes 酇 🔿 No

12. Select an appropriate time frame, in this case under the **In Approximately** column, enter **1** in the **week** box.

Future Order Details	×								
Single Order									
Future single order for Bilirubin Total and Dire	Future single order for Bilirubin Total and Direct (Bili Total and Direct)								
In Approximately	Sometime Before								
day 12-Jan-2018 🚔 💌	day 📫 🗰 📮 🔽								
1 week	week								
month	month								
Grace Period (+/-) 2 aday									
On Exactly									
.*									
✓ Projected start: (10-Jan-2018 - 14-Jan-2018))								
PITFIVESMITH, BABY GIR	KL - 700008447 OK Cancel								

13. Click the Sign button.

Note: the requisition automatically get printed to the printer.



In reality, you would complete the newborn documentation first prior to discharging the patient. For the purpose of this activity, the mother and newborn documentation will be completed in the next step.



Activity 6.6 – Discharge Summary Notes

The last step in the discharge process is to complete the Discharge Summary note.



Locate the Transfer/Discharge workflow tab and locate this tab's workflow components

If time permits, start documenting the patient's discharge summary by typing information under:

- Hospital Course
- Significant Findings
- Procedures and Treatment Provided
- Discharge Disposition
- Post Discharge Follow Up

Entries made in these components will auto-populate the appropriate sections in your Discharge Summary note.

REMEMBER: You can type, use auto-text or FESR to complete documentation in these components.

- 1. Click on the Transfer/Discharge Workflow tab.
- 2. Click on the **Post Discharge** from the component list.
- 3. In the **Post Discharge Follow Up** text box, **enter =** *Follow up with GP in 2 weeks*.



- 4. Click the Manage Auto Text window. A list of Public Phrases window opens.
- 5. Review the Public Phrases.



My Phrases Public Phrase	es	Ĩ	
+	Q Search Auto Text	Edit Duplicate Delete	
Abbreviation	Description	Abbreviation Description	
careplan	Care Plan		
critical_nursingsummary	Critical Care Nursing Shift Summary	Auto Text Phrase	
icu_rounds_checklist	ICU Rounds Checklist for Nurses		
maid_assessments	Medical Assistance in Dying		
maid_planning	Meidcal Assistance in Dying Contemplation a		
all_codestatus	Code Status Order		
all_mmse_score	Mini Mental Status Exam		
card_cardioversion	Cardioversion Procedure Note		
cc_arterial_line	ICU Arterial line		
cc_bronch	ICU Bronchoscopy Procedure		
cc_cardioversion	ICU Cardioversion Note		
cc chest tube insertion	ICU Chest Tube Insertion Note		

2 When you are ready to create discharge notes, there are two note links available there: Discharge Summary and Patient Discharge Summary

The **Discharge summary** is a summary of the patient's stay and is distributed to referring providers and consultants. The **Patient Discharge Summary** is a copy that is printed for the patient to take home. It includes space for specific patient instructions.

From the Transfer/Discharge workflow Tab:

- 1. Locate **Create notes** at the bottom of your component list.
- 2. Click on **Discharge Summary**. The Discharge Summary note opens.



3. Review the note and make required modifications/updates.



Mer <	 + A Documentation 						[🗆] Full screen	🛑 Print 🍣
2 🕂	🖣 Add 🗐 🔚 🛛 🔀							
Di	ischarge Summary × List							
1	Tahoma 🔹 🕅 🔹 🖓 🎲 🦓 🎲	BIU abe A	• 🔳 🗄 🗏 🗏	- B				
	Names of Relevant Specialists							
	<u>Allergies</u> sulfa drugs (rash)							
	Medications							
	Home Medications That Were Changed - Ta	ake as Below						
	Medication	How Much	How	When	Reason	Next Dose	Additional Instr	uctions
	labetalol (labetalol 200 mg oral tablet)	1 tablet	by mouth	twice a day				
	Stop Taking the Following Home Medicatio	ns						
	Medication multivitamin, prenatal (Prenatal Multivitamins w	ith Folic Acid 1 mg or	al tablet)	Reason to Stop	Taking			
	Hospital Course							
	Significant Findings							
N	lote Details: Discharge Summary, Train, OBGYN-Physician1, MD,	2018-Jan-23 17:37 PST, Dis	scharge Summary			Sian/Sub	omit Save S	ave & Close

- 4. For this activity, select Sign/Submit. The Sign/Submit Note window opens.
- 5. Sign/Submit note screen that allows you to forward your note to other providers.

Type: Discharge Summary	Note Type List Filter: All	×		
Author:	Title:	*Date:		
estMAT, OBGYN-Physician, MD	Discharge Summary	03-Jan-2018	1714 PST	
Forward Options 🔲 Create provider letter				
Favorites Recent Relationships				
Favorites Recent Relationships	Rociniants			
Favorites Recent Relationships	Recipients	Comment	Sign	Review
Favorites Recent Relationships Contacts	Recipients	Comment	Sign	Review
Favorites Recent Relationships Contacts Default Name	Recipients	Comment	Sign	Review
Favorites Recent Relationships Contacts	Recipients	Comment	Sign	Review,
Favorites Recent Relationships Contacts ▲ Default Name ▲ This Visit ▲ Plisvca, Rocco, MD Attending Provider, Admitting E ▲ TestCST, NursePractitioner-O ■ TestCST, NursePractitioner-O	Recipients	Comment	Sign	Review
Favorites Recent Relationships Contacts Default Name This Visit Plisvca, Rocco, MD Attending Provider, Admitting Example 1 TestCST, NursePractitioner-O Consulting Provider & Oncolo TestMAT Midwide RM	Recipients	Comment	Sign	Review,
Favorites Recent Relationships Contacts Default Name This Visit Plisvca, Rocco, MD Attending Provider, Admitting TestCST, NursePractitioner-O Consulting Provider - Oncolo TestMAT, Midwife, RM Covering Provider - Midwife 	Recipients	Comment	Sign	Review



NOTE: A saved note will not be viewable by others until signed by you.

Sign/Submit	Save	Save & Close	Cance
-------------	------	--------------	-------



Туре:		Note Type List Filter:			
Discharge Summary	~	Position	\sim		
Author:		Title:		*Date:	
TestUser, OBGYN-Physician,	MD	Discharge Summary		21-Dec-2017 🧰 1438	PST





ADDENDUM – Newborn Result Copy and Related Records

Learning Objectives

IN THE CLASSROOM SETTING, THIS IS A READ-ONLY ADDENDUM

Result Copy from the mother's chart to the baby's chart.

Access related records

SCENARIO

Result Copy and Related Records are specific to Maternity settings and are activities involving both the mother's chart and the newborn's.

The following activities are added as an addendum because Result Copy will most often be done by *the nurse or a unit clerk* shortly after the newborn's birth. However, providers do have this functionality should they wish to use it. Because it is usually part of the nurse or unit clerk's workflow, it is advisable to alert them should you wish to Result Copy yourself.

Note that this addendum serves as an information addendum and the functionality may not be available in the classroom environment.

To complete the Result Copy, the following activities are required:

- Result Copy from the mother's chart to the newborn's chart
- Access related records

There are 3 minimal times when result copy is necessary:

- 1. After the baby has been quick registered.
- 2. When the mom and baby is being transferred from labour to postpartum.
- 3. Prior to the mom and baby being discharged from the hospital.

Result Copy

1

After the nurse has quick registered a baby, it is important to **Result Copy** from the mom's chart to the baby's chart. Performing Result Copy ensures that pertinent delivery and newborn information documented in the mom's chart is copied over to the baby's chart.

- 1. From the mom's chart, click the **Result Copy** in the Toolbar.
- 2. The **Result Copy** Wizard window opens. Check to ensure the demographic information is correct for both the mom (in the Copy Data From box) and her newly quick registered newborn (in the Copy Data To box).

Note: for multiples, ensure the Association field in the Copy Data From box is referring to the



correct Baby.

3. Select Next.

00 MRN:70000843 Enc:700000015	. Code Status:Attempt CPR, Full Code 645	Process: Disease:
PHN:987642406	1 Dosing Wt:	Isolation:
Result Copy Wizard 2		
Copy Data From Name: MATTEST, ICONS MRN: 700008431 FIN: 700000015645 Association: Baby A	Copy Data To Name: MATTEST, BABY BOY MRN: 700008543 FIN: 700000015882 Admit Date/Time: 01-Dec-2017 09:26 Discharge Date/Time:	DOB: 01-Dec-2017 09:26
Gelect Target Record		
Name MRN Birth Da	te/Time	
MATTEST, 700008543 01-Dec-	2017 09:26	

4. Information that will be copied over will show up once more; verify it is accurate. Any information that is highlighted green is newly documented information that will be copied over to the baby's chart. You can select or unselect any categories on the left. **Select Next.**

ADDENDUM - Newborn Result Copy and Related Records



试 Result Copy Wizard			
Copy Data From Name: MATTEST, ICON MRN: 700008431 FIN: 700000015645 Association: Baby A	S Copy Nan MRI FIN: Adn Disc	Data To ne: MATTEST, BABY GIRL N: 700008856 : 700000016518 nit Date/Time: 11-Dec-2017 08:00 :harge Date/Time:	DOB: 11-Dec-2017 08:00
٠	Tuesday, 28-Februar	ry-2017 00:00 PST - Tuesday, 12-Dece	ember-2017 23:59 PST +
Categories Maternal Information Delivery Information Newborn Delivery D Initial Newborn Exam Maternal Education Maternal Education Maternal Education All Modified Results 4	Maternal Information Risk Factors, Antepartum Current Preg Infant Feeding Plan Non-Exclusive Breastfeeding Reason D-Age at Delivery Para Full Term Para Premature Para Abortions Gravida Prenatal Care Primary OB Provider Para (number of live births) Delivery Information Anesthesia Type OB ROM Type: III	Abruption, Age mother conceived und	Jer 19, AMA (>35), Alcohol use during pregnancy, Antepartum hemorrhage

5. Click Copy Data

🙀 Result Copy Wizard		×
Copy Data From Name: MATTEST, ICONS MRN: 70008431 FIN: 700000015645 Association: Baby A	Copy Data To Name: MATTEST, BABY GIRL MRN: 700008856 FIN: 700000016518 Admit Date/Time: 11-Dec-2017 08:00 Discharge Date/Time:	DOB: 11-Dec-2017 08:00
•	Д Tuesday, 28-February-2017 00:00 PST - Tuesday, 12-Deceml	ber-2017 23:59 PST
Maternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions Maternal Gravida	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ing pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Delivery Information Maternal ROM Date, Time Maternal Amniotic Fluid Color Delivery Type, Birth Maternal Delivery Complications Maternal Labor Onset Methods Maternal Labor Onset Date, Time Umbilical Cord Description		5
<u>•</u>		Previous Copy Data 5 ancel

The Result Copy Wizard window will close and you will be taken back to your patient's (mom's) chart.

Note: Result Copy can be done at any time during nursing documentation, however, at a minimum, it should **always** be done at the following times in order for appropriate information to



be viewable in the newborn chart (and therefore facilitate appropriate care):

- 1. After Quick Registration of a newborn (Labour and Delivery Nurse to do Result Copy)
- 2. When mother's status is switched from Labour to Postpartum (Labour and Delivery Nurse to do Result Copy)
- 3. Before mother/baby is discharged from hospital (Postpartum Nurse to do Result Copy)

Now that you have created an electronic chart for the baby (via Newborn Quick Reg) and you have performed result copy to copy pertinent delivery information from the mom's chart to the baby's chart, you can document on the baby. After a baby is born, the nurse needs to complete the Newborn Admission History PowerForm.

Key Learning Points

- Result copy allows you to copy documented information from mom's chart over to the newborn's chart.
- Result copy is necessary at minimum during the follow 3 situations:
 - 4. When the newborn has been quick registered
 - 5. When mom and baby are being transferred from labour to postpartum
 - 6. When mom and baby are being discharged from the hospital



b End Book One

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