SELF-GUIDED PRACTICE WORKBOOK [N25] CST Transformational Learning

WORKBOOK TITLE: Nurse: Ambulatory Oncology



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SELF-GUIDED PRACTICE WORKBOOK

Duration	8 hours
Before getting started	Sign the attendance roster (this will ensure you get paid to attend the session)Put your cell phones on silent mode
Session Expectations	 This is a self-paced learning session A 30 min break time will be provided. You can take this break at any time during the session The workbook provides a compilation of different scenarios that are applicable to your work setting Work through different learning activities at your own pace
Key Learning Review	 At the end of the session, you will be required to complete a Key Learning Review This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.



🖬 Using Train Domain

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

Please note:

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



PATIENT SCENARIO 1 – Navigating PowerChart as an Oncology RN

Learning Objectives

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

- Utilize and understand Ambulatory Organizer
- Utilize Tracking Shell and PowerChart Oncology
- Check-in a patient
- Document using PowerForms and IView

SCENARIO

As an Ambulatory Oncology Nurse we are going to follow a patient through their journey. The patient has been diagnosed with metastatic breast cancer. She has been coming to the outpatient Ambulatory Chemotherapy Clinic for a few years on various treatments. Her most recent scans show disease progression on her current treatment BRAVCAP (oral Capecitabine) and her Oncologist has decided to change her chemo regimen. She is to start weekly Doxorubicin under protocol BRAVA7. Throughout the workbook you will be given more information on the patient enabling you to complete the activities.

As a Registered Nurse on the chemotherapy unit you will be completing the following activities:

- Exploring Ambulatory Organizer
- Exploring Tracking Shell
- Assigning yourself a patient and putting in their location
- Documenting your assessments in IView and PowerForms
- Order Management
- Medication Administration



Activity 1.1 – Ambulatory Organizer

Throughout the Clinical Transformation System (CIS) a hint to remember to help you navigate is '**Hover** to **Discover**.'

1 The **Ambulatory Organizer** allows the RN to select the appropriate resource, displays scheduled appointments, and provides staff with a framework to organize workflows at the day, week, or month level.

- 1. Click the down arrow beside Patients for: No Resource Selected.
- 2. Select the desired resource(s), or use the search window if not appearing in your recently used, set your resource to LGH Chemo Chairs/Stretchers.
- Ambulatory Organizer Day View Open Items (0) Calendar November 7, 2017 Patients for: No Resource Selected 110 • Q Avanessian, Ardashes MD Baggoo, Alan MD LGH Chemo Chair 01 LGH Chemo Chair 02 LGH Chemo Chair 03 LGH Chemo Chair 04 LGH Chemo Chair 05 LGH Chemo Med Onc Providers LGH Chemo Stretcher 1 LGH PF Lab 1 SGH Amb IV Therapy Rm Smiljanic, Sasha MD Apply Cancel
- 3. Click **Apply** to populate the resources you selected.

Note: You must select resources in each view of the Ambulatory Organizer.



Activity 1.1 – Ambulatory Organizer

2 <u>Day View</u> displays today's appointments and appointment gaps with selected resources, location, duration, patient information, appointment details, status of appointment and any additional notes.

_									
	Ambulatory Organizer						(D) Full screen	Print	ninutes ago
Γ	🗚 🐘 - 🎘 🐘 🔍 🔍 100%	- 😋 📾 🟠							
	Ambulatory Organizer								
	Day View (5) Calendar	Open Items (2)							
	 November 7, 2017 	Patients for: LGH Chemo C	hair 01 ; LGH Chemo Chair 02 ; LGH Chemo Chair 03 ; LGH Chemo Cha	ir 04 ; LGH Chemo Chair 05 ; LGH Chemo Stretcher 1 ~					
	^								0
	Time	Duration	Patient	Details	Saba	Notes			
	8:00 AM LGH Chemo Chair 01	1 hr	CST-TTT, ISLA 71 Years, Female	Onc Chemo Infusion	Confirmed LGH Chemo	4			
	8:00 AM	1 br	CST-TTT, RUTH	Onc Chemo Infusion	Confirmed	S. Chief Complaint: breast cancer			
	LGH Chemo Chair 02		71 Years, Female	And Andrew Strategy	LGH Chemo	Contraction and and a			
	8:30 AM LGH Chemo Chair 03	1 hr	CST-TTT, GABRIELLA 71 Years, Female	Onc Chemo Infusion	Confirmed LGH Chemo	4			
	8:45 AM	25 mins	CST-TTT, SUN	One Chama Inferior	Confirmed				
	LGH Chemo Chair 04	37 11110	70 Years, Male	Vis. Criterio antonni	LGH Chemo	4			
	8:45 AM LGH Chemo Chair 05	35 mins	CST-TTT, ARTTU 76 Years, Male	Onc Chemo Infusion	Confirmed LGH Chemo	4			

Note: The day view is the default view you see when you first log in but going forward, whichever view you were on last displays when you open Ambulatory Organizer.

3 <u>**Calendar View**</u> displays a resource's schedule for a day or a week. Click the <u>**Day**</u> tab to view multiple resources side by side. Click the <u>**Week**</u> tab to view a single resource's schedule.

Ambulatory Org	anizer												
Day View	Calendar	en Items (3)											
Day Week	November	8, 2017	Patients for	r: LGH Chemo Chai	01 ; LGH Chemo Chair	02 ; LGH Chemo Chair 0	03 ; LGH Chemo	o Chair 04 ; LGH Chemo Chair	05 ; 🗰 LGH Chemo Med Onc Pro	widers ; LGH Chemo Stretcher 1 ~			
Automation .	Brins Dunta	1010-0-0	1010	1010	1010mm	1010mm	CH Channe	Conditionis Co.					
An arresonan,	Sun 11/5	CON CREMU	Mon	11/6	COPI Chemp	Tue 11/7	del chemo	Wed 11/8	The	11/9	Fri 11/10	Sat 11/11	
2 am													
3 am													
4 am		Ambulat	tory Organizer										
5 am		Day	View Calendar	Open Items (30								
6 am		Duy	Week 4 h	lovember 7, 2017	Putients fr	r: LGH Chemo Chair 01 ; L	LGH Chemo Chair	02 ; LGH Chemo Chair 03 ; LGH	Chemo Chair (H ; LGH Chemo Chair (15 ; 🐨 LGH Chemo Med Onc Providen	; LGH Chemo Stretcher 1 *		
7 am		-							November 7, 2017				
3 am			Ivanessian, Acdad	hes MD	Bains, Puneet MD	LGH Chemo Ch	Nair 01	LGH Chemo Chair 12	LGH Chemo Chair 03	LGH Chemo Chair 04	LGH Chemo Chair 65	LGH Chemo Stretcher 1	Smiljanic, Sasha MD
am		140											
am		140											
1.600		5 am											
		6 am											
pan -		7 am											
		8 am				COT-TTT, BLA		ST-TTT, RUTH	LDI Dere	104 Owne	LDI Dere	LSK Owne	
		9 am				Confirmant LOP Overno	00	and on and a second sec	CST-TTT, GABODLA One Owne Infusion Confermal	CUT-TTT, SUR Drs: Chame Inflation	CST-TTT, ARTTU Ore Oxene Infusion		LDr Hed Onc
		20 am							- LOI Ohene	LGH Owne	LOI Oveno	-	
		11 am											
		12 pm											

Note: A resource can be a person or a location. We Symbolizes a group of resources, again either grouped by location or people.



4 The color status on the far left of the Day and Calendar View, assists you to understand the flow of the clinic.

Color Status	Definition
	Light blue indicates a Confirmed appointment.
	Medium blue indicates a Checked In appointment.
	Green indicates a Seen by nurse, medical student, or custom status has taken place.
	Orange indicates a Seen by physician, mid-level provider, resident, or custom status has taken place.
	Dark grey indicates the appointment has been Checked Out.
	White indicates a No Show, Hold, or Canceled appointment (these appointment types are displayed if the system administrator has configured them to display).

5 <u>Open Items View</u> displays unfinished tasks for the resources displayed for a selected amount of days from when the appointment took place. To view more than the seven days displayed, click View 7 More Days (more for physician use).

Ambulatory Organizer									
Day View Calendar Open Items (3)									
Patients for: LGH Chemo Chair 01 ; L	Patients for: LGH Chemo Chair 01 ; LGH Chemo Chair 03 ; LGH Chemo Chair 04 ; LGH Chemo Chair 05 ; LGH Chemo Stretcher 1 *								
LGH Chemo (2) LGH Chem	no (0) LGH Chemo (0) LGH Chemo (0) LGH Chemo (1) LGH Chemo (0)]						
From: October 25, 2017 View 7 More	Days								
Appointment	Patient	Details	Notes	Outstanding Actions					
△ More Than 2 Days Ago (2)									
02 November, 2017 2:00 PM	CSTPRODONC, OSCARTESTONE 46 Years, Male	Onc Chemo Infusion		Note Not Started ✓ Task List Complete Visit Summary Not Started					
27 October, 2017 CSTTHREEFOUR, SITTWODAN Onc Chemo Infusion 10:00 AM 46 Years, Male									

Note: When multiple resources are selected, each resource is displayed as a tab across the top. The grey tab is the resource currently displayed in the view.



- 6 Explore the **Day View** and **Calendar View** for 5 minutes using the questions below to guide your discovery:
 - 1. Select the **Time** Heading What do you discover? (Note: Chronological order is the default selection for **Day View**)
 - 2. Select the Patient heading What do you discover?
 - 3. Select the Status heading What do you discover?
 - 4. Under which column heading can you find the reason for the patient's visit?
 - 5. Where can you write a free text note?
 - 6. Which icon allows you to find words on the page?
 - 7. How will you see updates that have been made since you logged in?
 - 8. What do you discover when you **hover over** the **icons** on the screen and the patient's name and status in the **Day View** and the **Calendar View**?

Key Learning Points

- Ambulatory Organizer provides a framework to organize your day.
- Different views are available to select, depending on your need.
- Resources need to be selected for each view in order to see the corresponding information.
- Ambulatory Organizer is used more in clinic settings.



Activity 1.2 – Tracking Shell Navigation

The **Tracking Shell** serves as the desktop for linking health care professionals to vital patient and department information. Events can be added and removed to communicate patient status during their treatment. It is divided into three sections.

Your patient has arrived to the Chemotherapy unit for her first BRAVA7 treatment and the Clerk has checked the patient in through **Ambulatory Organizer**. As a nurse you will be monitoring the **Tracking Shell**. When a patient is checked in they will be populated into the waiting room, at the bottom of the Tracking Shell List. You are now ready to bring the patient into the room. Let's explore.

To access the **Tracking Shell** select the appropriate option from the toolbar at the top of your screen.

 P
 Oncology-NurseA, Judith - 760000159 Opened by TestUser, OncologyAmbulatory-Nurse

 Task
 Edit
 View
 Patient
 Links
 Options
 Current
 Add
 Help

 Image: Staff Assignment
 Image: CareCompass
 Image: Clinical Leader Organizer
 Patient List
 Multi-Patient Task List
 Tracking Shell
 Image: Staff Assignment
 Image: LearningLIVE
 Image: Staff Assignment
 Image: Learn

2 The **Tracking Shell** displays the following information:

1

- 1. **Tracking Lists** that are defined for specific functions. The **Check Out** list will be used by supervisors to show clinical data.
- 2 **Toolbar** that guides you to different functions.
- 3. The Column provides more detail about patients in the clinic at a glance (Location, Modality, Name, Date of Birth, Isolation, Allergies, Arrival Mode, RN, To Note, To Do, Comments, Lab, and Length of Stay).

PowerChart Organiz	er for TestON, Oncol	ogyAmbulatory-Nurse1								
Task Edit View Patient Chart Links PatientActions Provider List Help										
E Andulator Onanize - Messare Centre E CareConnect & Dirical Leader Onanize - A Patient List 20 Multi-Datient Tacking Shall # Staff Assignment E Learning IVE										
Evit M AdHor III	Medication Adminir	tration & PM Conversation * P De	nart inå Communicat	ta x 🕅 Madical Record Request	Add * M Scheduling Ar	nointment Rook	Docum	antr. Dircaro Reporting Portal	•	(-
Entreat In Addition	Intercation Adminis	aration 🍝 Pivi Conversation + 🚓 De	part a communicat	te + 🔄 Medical Record Request 🕂	Add + @ Scheduling Ap	pointment book	Docum	ends i biscent Reporting Portar i p		
C Patient Health Edu	cation Materials 💘 F	Policies and Guidelines 😨 Up I oDate	Ŧ							
										CSTPR
Tracking Shell										
Level and a										
LGH Chemotherapy C	linic LGH Chemot	herapy Clinic Check Out								
Ratient: CSTPRODO	NC, STEPHA 🔹 Filt	er: <none> •</none>								
Location	Modality	Name	Date of Birth Isola	ation Allergies	Arrival Mode RN	To Note	To Do	Comments	Lab	LOS
Chair 01	Chemotherapy	CSTPRODONC, STEPHANIE	10-Jan-2005	0	Air Ambulance O RNAm		۲	waiting on lab results	5/0	330:0:20
Chair 02		CSTPRODONC, JUHIPHARMAC	101-Jan-1980	Q			•			8:22:44 5
Chair 03		CSTPRODONC, KEVINPHARMA	(01-Jan-1980	Q	Resea		٠		1/0	8:22:39
Chair 04										
Chair 05		CSTPRODONC, RECURRINGON	// 31-Aug-1985	0	Nurse	ø				91:21:32
Chair 06	Dual Modality	CSTPRODREG, RECURTESTIN	C 10-May-1990	• !	RNAm	Ó				154:23:18
Chair 07		CSTONC, STWQMTHREE	12-Apr-2000	Q	Resea	- 04	۲			66:2:50
Chair 08	Chemotherapy	CSTPRODONC, WORKINGGRO	09-Aug-1973	Q		666				121:18:35
Chair 08	Radiation	CSTPRODREG, RECURRINGFC	10-May-1990	<u> </u>	RNAm					64:4:41
Chair 09		CSTPRODREG, TESTRECURAC	G 10-May-1990	<u> </u>		ěě				154:23:09
Chair 10		CSTPRODREG, RECURTHREE	10-May-1990	7						155:0:09
Chair 11		CSTCLINTRIALS, STORANGE	22-Aug-1985	<u> </u>	Nurse	0.			11/0	101:0:42
Chair 12		CSTIHREEFOUR, SITIWODAN	01-Jan-19/1	<u>Š</u>	Arlyn	00				38:0:57
Chair 13		CSTPRODONC, WORKINGGRO	L 18-Aug-1977	Q	resear	ēð				122:1:15
Chair 14										
Chair 15										
Chair 16	Dual Madality	CETOBODONO ETOHADMONE	05 141 1096	0	DNA				2/0	167-00-04
Bed 02	Dual would by	CONTRODUCTO, STEMARWONE	03-00-1300	`	POWAII				3/0	101.22.24



- 3 When you arrive to work and are finished checking your patient's chart, you access **Tracking Shell** to assign yourself to your patients and update their status and location. When you first enter Tracking Shell you need to check yourself in as a **Provider**.
 - 1. Click on the Provider Check-In ^Vicon.



Note: The icon in the toolbar will change to the Provider Check-out 🎽 icon.

- 2. Provider-Check In Window pops up:
 - A. Provider Role is the only mandatory field, select Nurse
 - B. You can choose to create a **Display Name** to appear in the tracking shell (useful if nurses have the same initials).
 - C. To associate a color to appear in the RN column you may select one (quick visual reference of who your patients are).
 - D. You may select your **Default Relation** as well (limits need to establish a relationship when accessing your patients charts).
 - E. Click **OK** to complete the process; you are now able to assign yourself patients.

*Provider:		Display Name:		*Provider R	Role:
TestUser, OncologyAmbulatory-Nurse		Mich			
Default Location:		Default Relation:		Clerk Nurse	
Provider Comment:			_		_
	-	🗹 Associated Provi	der Color		
Available Teams:		Assigned Teams:			-
	Assign->				
	<-Remove				
Assigned Team Locations:					
Assigned Team Locations:		Beassinn to Provide	p.	All pro	widers
Assigned Team Locations: Assigned Patients:		Reassign to Provide	r:	All pro	widers
Assigned Team Locations:	Assign All->>	Reassign to Provider	r: F	All pro	viders
Assigned Team Locations: Assigned Patients:	Assign All->> Assign->	Reassign to Provider	r:F	All pro	widers
Assigned Team Locations: Assigned Patients:	Assign All->> Assign-> <-Remove	Reassign to Provider	r: F	All pro	viders
Assigned Team Locations: Assigned Patients:	Assign All->> Assign-> <-Remove <-Remove Prov	Reassign to Provider	r: 	All pro	viders



- 4 From the Tracking Shell you will assign yourself to be the nurse and assign the patient a chair.
 - 1. Select your patient from the Tracking List, Please use the patient provided [Oncology-NurseA, enter first name]
 - 2. Double-click the **RN** column in the patient's row.
 - 3. In the **Assign/Unassign** providers window, click on the **down arrow** to assign yourself as the nurse.
 - 4. Click **OK** or **Enter** on the keyboard.

RN	To Note	To Do	Comments				Lab	LOS
RNAm	Assign/Unass	ign Provider	s for CSTPRODO	NC, STEPHANIE				—
	Tracking Tea (none)	m:		~				
	Nurse:		A k. d. t		Nurse:			
	(none)	urse - Uncoloj	gy Ambulatory	2	Clerk:			-
RNAm	Test, Onc Nu	irse - Oncolog	y Ambulatory	.3				-
	🔲 All Provide	rs 📃	Trauma Patient	🔲 Unassign All				
RNAm	Assign Less	<<				ок 👍 🗌	Cancel	

Note: You will notice your Associated Provider Color is updated in the RN column

- 5. Double-click the **location** listed in the patient's row.
- 6. In the select window, double click on the **room/chair** that you are taking the patient to (select chair 01).
- 7. Click **OK**.

100 100	
Chair 04	Select a location for Validate, Pharm-Oncology
Chair 05	
Chair 06	Chair 01 00 IV Check Out (0)
Chair 07	Chair 02 UV 6
Chair 08	Charlos (1) Charlos (1)
Chair 09	Chair 05 (1)
Chair 10	Chair 06 (1)
Chair 11	Charlos (1) Charlos (1)
Chair 12	Chair 09 (1)
Chair 13	Chair 10 (1) Chair 11 (1)
Chair 14	Chai 12 (0)
Chair 15	Chair 13 (0)
Chair 16	Char 14 (U) Chai 15 (D)
Bed 01	Bed 01 (0)
Bed 02	Bed 02 (0)
Bed 03	Bed US (U) Bed Mu (M)
Bed 04	Bed 05 (0)
Bed 05	Bed 06 (0)
Bed 06	Beal (7 (0) Exem (1) (0)
Bed 07	Exam 02 (0)
Exam 01	Exam 03 (0)
Exam 02	ix wh (i)
Exam 03	
IV WR	5 OK 7 Dancel

Note: The number of patient's already in that location displays in parentheses.



5 Events are the time-stamped activities that occur during a patient's visit. Events are used to communicate the status of activities for a patient (e.g. Meds Ready will be added as an event by Pharmacy to communicate to Nursing the patient's chemotherapy is ready, nurses will add Patient Ready to treat icon to communicate all checks have been done and patient is ready). Events are depicted with icons and are visible in the **'To Note'** and **'To Do'** columns on the Tracking Shell. Position the mouse over the event to see what the event icon represents.

Icon	Description
B	Blood Product Ordered
	Clinical Trial/Study
22	Interpreter Required
R.	Outpatient Rx Ready
	Outpatient Rx Reminder
	Porter Called
	Procedural Sedation
*	Provider Exam Needed
	Treatment in Progress
X	Treatment on Hold
\$ <u></u>	Volunteer Needed
	Ready for Treatment
	Meds Ready

Using the following questions to guide you, discover more of the functionality of the tracking Shell, hint: '**Hover to Discover**'

- Double click in Arrival Mode column, what do you discover?
- Right-click in the 'To Note' column, what do you see?
- Mark patient Ready for Treatment, and a Volunteer is Needed.
- Click in the **Comments** section and write 'please call patient's daughter when treatment is complete'.
- Double click on the Allergy section, what do you see?

Note: The Lab column will display how many labs are ordered and if they have been completed.

			4/0 119:0:28
Order	Time	Order Status	Departmental Status
CBC	27-Sep-2017 13:53	Ordered	Pending Collection
Bilirubin Total	27-Sep-2017 13:20	Ordered	Pending Collection
Platelet Count	27-Sep-2017 13:18	Ordered	Pending Collection
Differential	27-Sep-2017 13:18	Ordered	Pending Collection



6 To add a 'To Do' or 'To Note'

- 1. Right-Click in the corresponding column
- 2. Check the notes you would like to add to the Tracking Shell
- 3. Click Apply
- 4. Click OK

These will now display within the appropriate columns with the corresponding icons.





To Remove or change the status of a 'To Do' or 'To Note'

- 5. Click on the **Down Arrow** in the **Status** cell
- 6. Choose the **Status** you would like to reflect.

vents < CSTPRODONC_R	ECURRINGONE >						
CSTPRODONC, RE	C DOB:31-Aug.	MRN:70000	. Code Status:	Proces	5:	Location:L	GH Chemo; C
	Age:32 years	Enc:7000000.		Diseas		Enc Type:R	ecurring
Allergies: No Known A	II Gender:Fem	.PHN:987671.	Dosing Wt:65	kg Isolatio	n:	Attending:	
Current Modify							
Blood Product Order	Treatment in P	rogres				ALL EVENT TYPES	📃 Lab
Clinical Trial/Study	Treatment on H	Hold				ADT DIV	Nursing
Meds Heady					N	Billing	Urders
Outpt RA Ready Outpt Ru Reminder					43	Depart Action	Physician
Porter Called						Depart Action	Tech
Procedural Sedation						Events	To Do
Provider Exam Needer	1					GBS	Visitor Informa
Ready for Treatment						General	Xray
						< III	<u>۴</u>
🔽 Bequest 🛛 🔽 Start	Complete			Automa	ed		
Time 01 D == 2017 15 21 04	Event	Туре	Status	User	Order	Status	
01-Dec-2017 15:31:04	Volunteer Needed	TODO Visitor Informatio	Request	TestUN, UncologyAmbu TestON, OpeologyAmbu	at		
01-Dec-2017 15:32:24	Interpreter Required	To Do		TestON, OncologyAmbu TestON, OncologyAmbu	at		
01 0 00 2011 10.02.21	The place frequied	.000	In Progress	roccrt, onociogi, indo			
			Request				
			Start Complete				
			Cancel				
					5		
					_		



- 7 When the patient has completed treatment and you have finalized your charting. You will need to remove the associated '**To Note'**, '**To Do'**, and **Comments** created within the Tracking Shell. If these are not removed they will be carried forward to subsequent treatments. You will also have to check-out your patient from the Tracking Shell and check-out as a Provider.
 - 1. Right-Click in the 'To Note' column and complete the notes.
 - 2. Select **OK** to complete the removal of the icons.

Events < CSTPRODONC, W		<u>_</u>			×
CSTPRODONC, WO	DOB:09-AugMRN:70000	Code Status:	Process:	Location:LO	GH Chemo; C
Alleveices Ne Known A	Age:44 years Enc:/000000	Desing WHEE In	Disease:	Enc Type:Re	curring
Allergies: No Known A		Dosing wttop kg	Isolation:	Attending:	
Current Modify					
Blood Product Order Clinical Trial/Study Interpreter Required Isolation Outpt RX Ready Outpt RX Reminder Porter Called Procedural Sedation Provider Exam Needed	Treatment in Progres Treatment on Hold Volunteer Needed			ALL EVENT TYPES ADT Billing Communication Depart Action Documentation Events GBS General	Lab Nursing Orders Physician Registration Tech To Do Visitor Informe Xray
🔽 Request 🛛 🔽 Start	Complete		Automated		
Time	Event 🛆 Type	Status 🚺 r	On	der Status	
14-Dec-2017 10:26:24	Meds Ready To Do	Complete restON, C)ncologyAmbulat		
14-Dec-2017 10:26:27	Ready for Treatmen To Do	Complete TestON, C	IncologyAmbulat	2	
					Close

Note: Delete the comments by back spacing in the Comments column.



Once the patient's treatment is completed and they have left the Chemotherapy unit **Double-Click** on the **Location** column.

- 3. Make sure the **Location** you have selected corresponds with the patient you want to check-out.
- 4. Select IV Check Out.
- 5. Click **OK** to complete the action.

Select a Contraction for CSTPRODONC, WORKINGGROUPONE	- • •
Chair 01 (2) Chair 02 (1) Chair 03 (1) Chair 04 (0) Chair 05 (2) Chair 05 (2) Chair 06 (1) Chair 08 (2) Chair 09 (1) Chair 12 (1) Chair 12 (1) Chair 13 (1) Chair 13 (1) Chair 14 (0) Chair 15 (0) Bed 01 (1) Bed 02 (0) Bed 03 (0) Bed 05 (0) Bed 05 (0) Bed 05 (0) Bed 07 (0) Exam 01 (3) Exam 02 (1) Exam 03 (0) IV WR (37)	
	OK Cancel

Note: Once the patient has been checked out you will not be able to access their chart from the Tracking Shell as they will drop off the list.

At the end of your day it is important to remember to **Provider Check-Out**, this will clear the list of patient's you have assigned to yourself so that when you return to work you will be able to start with a fresh empty list.



6. Select the Provider Check-Out 溄 icon.



- 7. Under Reassign to Provider select < Remove Provider Assignment>.
- 8. Move the patient's currently assigned to you by clicking Assign. This assign's the patient to be removed from your assigned list. You could also choose to assign them to another provider if you were handing over a patient to another nurse.
- 9. Click OK to complete the task and be Checked-Out as a Provider.

*Provider:		Display Name:	*Provider Role:
TestON, OncologyAmbulatory-Nurse1		RNAmb	Nurse
Default Location:		Default Relation:	
LGH Chemo		Oncology RN	
Provider Comment:			
	•	Associated Provider 0	Color
Available Teams:		Assigned Teams:	
	Assign->		
	<-Bemove		
Assigned Patients:		Reassign to Provider:	All providers
Assigned Patients:		Reassign to Provider:	All providers
Assigned Patients:	A	Reassign to Provider: Reassign to Provider Reassign to Provider: Reassign to Provider https://www.englight.com/line-range Reassign to Provider https://www.englight.com/line-range https://www.englight.com/line-range https://www.englight.com/line-range https://www.englight.com/line-range https://www.englight.com/line-range https://www.englight.com/line-range https://www.englight.com/line-range https://wwww.englight.com/line-range https://wwww.englight.com/line-range https://wwww.englight.com/line-range https://www.englight.com/line-range <a href="https://wwww.</td> <td>All providers</td>	All providers
Assigned Patients:	Assign All->>	Reassign to Provider: «Remove Provider Assig Provider KRemove Provider Assig	All providers anment> Patient anmer CSTPRODONC, WORKIN
Assigned Patients:	Assign All->> Assign->	Reassign to Provider: <remove assig<br="" provider="">Provider KRemove Provider Assig</remove>	All providers gnment> Patient gnmert CSTPRODONC, WORKIN
Assigned Patients:	Assign All->> Assign> <-Remove	Reassign to Provider: <remove assig<br="" provider="">Provider KRemove Provider Assig</remove>	All providers anment> Patient anmer CSTPRODONC, WORKIN
Assigned Patients:	Assign All->> Assign-> <-Remove <-Remove Prov	Reassign to Provider: <remove assig<br="" provider="">Provider «Remove Provider Assig</remove>	Patient CSTPRODONC, WORKIN

Note: You will notice you have checked out as the toolbar icon will change back to allow you to do a Provider-Check-In.



Key Learning Points

- Tracking Shell is a communication tool between staff, in particular nursing and pharmacy.
- In order to be able to assign yourself to a patient you must check yourself in at the beginning of the day.
- Patients are assigned into their location from the tracking shell.
- You must remove/delete any icons and comments that you do not wish to carry forward.
- Check out the patient at the end of treatment; after removing the icons and comments.
- Provider Check-Out must be done at the end of your shift to remove patients from your provider assignment list.



Activity 1.3 – Accessing a Patients Chart

Having done a provider check-out in the previous exercise your patient will no longer be in the Tracking Shell. Another way to access a patient's chart is by using the Search function in the upper right hand corner of your screen. You can type the patient's name right in the box or open the search window to search through other means.

HOP Guidelin	es and DSTs 🤅	UpToDate _
🕼 Recent 🗸	Name	+ Q
ull screen 🛛 🖷	Print 23	4 minutes ago

1

Open the patient you had assigned yourself in the last exercise [Oncology-NurseA, enter first name].

🕙 Encounter Search	
BC PHN:	No persons found.
MRN:	
Last Name:	
First Name:	
0.00	
ик.ики.ики ПОВ:	
Gender:	
Postal/Zip Code:	
Any Phone Number:	No encounters found.
Encounter #:	
Visit #:	
Historical MRN:	
Search Reset	
	OK Cancel

Note: As you will remember from e-learning it is important to select the correct encounter if a patient has multiple encounters. For the Chemotherapy Clinic setting you are looking for the patient's Recurring Encounter.

Your patient has now settled in her chair and is ready for treatment. You begin to ask her about side effects from her previous chemo treatment, as she was previously on BRAVCAP and is now to start BRAVA7. In order to begin documenting our assessment, follow the steps below:



- 2 When you access the chart for the first time, you are prompted to **Assign a Relationship** with the patient, this is the same as signing the signature record in a chart currently.
 - 1. Select Nurse.
 - 2. Click OK



3 The **Ambulatory Summary** screen (known as an mPage) of the chart is the main screen which appears as an Ambulatory Oncology Nurse when you first open a patient's chart. This screen is a snapshot into various sections of the patient's chart and is a good place to begin to navigate from.

CSTEICIA, ZOLA	×								$\leftarrow \text{List} \rightarrow @$	Recent - Name	- Q
CSTEICIA, ZOLA		DOB:01-Jan-1960 M	RN:700006145 Code State						ocation:LGH Ch	emo; IV WR	
		Age:57 years En	ic:700000011053		Dise				nc Type:Recurrin		
Allergies: No Known N	ledication Allergies	Gender:Female PH	IN:9876735014 Dosing Wi	::60 kg	Isola	ation:		A	ttending:		
Menu	Ţ.	< 🔹 🔹 🏦 Ambulatory	Summary						(🗆) Full sc	reen 📄 Print	ninutes ago
Ambulatory Summary	<u>^</u>	A 100%	- 3 .								
Oncology		Summany	Demographics 52	Transfusion Medicine	52 Euture Orde	rc	S? Hando	ff Tool	52		
Orders	🕂 Add	Summery	Demographics 🖓	Transitasion Predicate	AS TUGIC OTCC	15	Co Homo		~ T		~ _ ≡-
Single Patient Task List		Chemotherapy Review (4)	=• (Labs			≡• ∾	New Order Entry	+		=• 📀 🔺
MAR		⊿ Current (3)		All Visits 🔫				Ambulatory (Meds as	Rx) 🗸		
Interactive View and I&O		Name	Start	No consider formed							
Results Review		MONCP BR BRAVA7	15/11/2017	No results round				Q Search New Ord	er		=
Documentation	+ Add	Cycle 1 - ONCP BR BRAVA/	15/11/201/ *Ect 28/00/2017	Vital Signs 🖕 🚽			≣• ⊘	Mine			
Mediantian Demuest		Cycle 1 - ONCP GI GIFFIRB	*Est. 28/09/2017	All Visits		_		Favorites			
medication request		CONC BR BRAVCAP	06/09/2017								
Histories		Cycle 2 - ONCP GI GIEFIRB	*Est. 27/09/2017		within	with	in	Ambulatory In-C	office Favorites (Mi	sc 1)	
Allergies	🛨 Add	⊿ Historical (1) - 16/11/2016 to	Current	Respiratory Rate	18	18	18	🥥 My Plan Favorite	s		
		Name	Start Stop		3 wks	8 w/cs	9 wks				
CareConnect		Cycle 1 - ONCP GI GIFFIRB -	Cycle 1 02/09/2017 07/09/2017					Clinical Research	(0)		≡• ⊙
Clinical Research		Duchlom List	=• (Pathology (0)		_	=• •	- D			
Diagnoses and Problems		Problem List	6	All Visits 🗸				Documents (0)	*		=• %
Form Browser		All VISIUS		Error retrieving resul	ts				~ ₹	/	
Growth Chart		Classification: All						No results found			
v · · ·		Priority Problem		Imaging (0)			≣• ∾				
Immunizations		This Visit (0)		Lines Tubes and D	raine (0)		=- 0	Measurements a	nd Weights (2)		≡- ∽
Lines/Tubes/Drains Sumn	nary			Lines, Tubes, and D	rains (0)		±• •	All Visits			
MAR Summary				Patient Assessment	: (0)		≡• ≎		Today	Previous	Change -

Note: If a patient is enrolled on a clinical trial, the Clinical Research Component contains more information regarding the trial as well as contact information for the Clinical Nurse Coordinator. A process note would also be added within the banner bar.



Key Learning Points

- You can access a patient's chart right from Tracking Shell.
 - To see the patient's chart you must establish a relationship in order to view the contents.
- The main screen to appear as an Ambulatory Oncology Nurse is the Ambulatory Summary screen which is a snapshot of various sections within the chart.



Activity 1.4 – Charting in IView

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

Your patient provides you with the following information when asked about her time between treatments:

- Mild nausea alleviated with prochlorperazine and occasional marijuana use
- Appetite unchanged, eating 75% improves with marijuana.
- Diarrhea (5 loose stools x 3 days) she called the helpline and used loperamide to good effect.
- Long standing neuropathy affecting and limiting some of her ADLS; trouble doing up buttons.
- The patient notes she has taken both her dexamethasone (12mg) and ondansetron (8mg) right before coming in the room. You clarify the anti-emetic schedule for the next few days and write out a calendar for her.

Now let's use this information to start charting!

- 1 Select Interactive View and I&O within the Menu. Now that the IView page is displayed, let's view the layout.
 - 1. A **band** is a heading that has a collection of flowsheets (**sections**) organized beneath it. Below the **Infusion-Oncology** band is expanded displaying the sections within it.
 - 2. The set of bands below **Infusion-Oncology** are collapsed. Bands can be expanded or collapsed by clicking on their name.
 - 3. A **section** is an individual flowsheet that contains related assessment and intervention documentation.
 - 4. A cell is the individual field where data is documented.





- 2 Select the **Infusion-Oncology** band and navigate down to the **NCI Toxicity Criteria** section to chart the patient's side effects. Let's chart her diarrhea.
 - A. Notice that **Diarrhea** is written in blue which means there is reference text linked. Double-Click to bring up the NCI Diarrhea Grading tool.

	Intusion/Chemo Ireatment Modifications Infusion/Chemo Adverse Reaction NCI Toxicity Criteria ECOG Performance Status Patient Education, Infusion/Oncology Prevention Education Radiation Oncology	Vomiting Diarrhea Constipation ⊿ General Disorders Chills Fatigue Fever Pain	Remove View Reference Material
N	NCI Diarrhea		
Γ	Reference		
4	NCI Diarrhea		
	CarePlan information Chart guide Nurse preparation Patient education	Policy and procedures Scheduling info	ormation
	Definition: A disorder characterized by frequent and watery bowel movements. Grade 1 - Increase of <4 stools per day over baseline; mild increase in ostomy output	compared to baseline	
II.	Grade 2 – Increase of 4 - 6 stools per day over baseline: moderate increase in ostomy	output compared to baseline	
	Crade 2 Ingresse of 2 Z steels per day over baseline, indefine in each section in the	ndistadi savara ingrazca in astamu a	thut compared to baceline, limiting celf care AD
	Grade 5 – increase or >=7 scools per day over baseline; incontinence; nospitalization i	nuicateu, severe increase în ostomy ou	itput compared to baseline, limiting self-care ADL
	Grade 4 – Life-threatening consequences; urgent intervention indicated		
	Grade 5 – Death		
H	Reference: "NCI Common Terminology Criteria for Adverse Events (CTCAE) v.4.03"		

- B. Per the grading tool let's make the score a 2 in the results box. Click in the box and a drop down menu appears. Select Grade 2 (notice the writing is in purple, this means it has not been saved to the chart yet).
- C. Right-Click on the results section to add a comment that the patient called the helpline and the diarrhea was alleviated with loperamide.

Go to the Nausea sub-section in the NCI Toxicity Criteria to document about patient's nausea.

Vomuna			P Comment - CSTPRODONC, JAY - 700001721	×
Diarrhea	Grade 2	Modify	NCI Diserberg Grade 2	_
Constipation (B)		Unchart	Nei Diamea. Grade z	
⊿ General Disorders		Change Date/Time	Comment	
Chills			Pt called helpline and loperamide effective for relief	
Fatigue		Add Comment		
Fever		Duplicate Results		
Pain		Clear	-	
⊿ Skin				
Rash: Acneiform		View Defendend Info		
			OK Cano	:el



- 3 The patient has an IVAD which she describes as her life saver but notes the bigger needle is required as she frequently has trouble with blood return when coming in for lab work. Let's document the IVAD access- follow along with the instructions:
 - Locate Infusion-Oncology band (1) and click Central Line section (2).
 - Click on the 🔣 symbol (3) to create a dynamic group (4).



- 4 Dynamic groups allow the documentation and display of multiple instances of the same grouping of data elements.
 - Document you accessed your patients Right IVAD, single lumen with a 19g ³/₄" Huber needle.

<central access="" line="" type:=""><central line="" numb<br="">Insertion Site:><central laterality:="" line=""><central< th=""><th>per of Lumens:><central line<br="">al Line Catheter Size:></central></th><th>*</th></central<></central></central></central>	per of Lumens:> <central line<br="">al Line Catheter Size:></central>	*
Central Line Access Type:		
Antimicropial coated catheter Central venous catheter Cuffed Non-cuffed		
Implanted venous access device (IVAD) Introducer sheath Non-tunneled Peripherally inserted central catheter (PICC) Tunneled Power injectable Hemodialysis/Precesis catheter Vono-raived Valved Other		E
Central Line Number of Lumens:		
Single Double Triple Quad		
Central Line Insertion Site:		
Antocubital		



5 To enter more information about the IVAD, you can see from the $\overline{\otimes}$ (1) that there is a conditional field which will help guide you in your documentation

⊿ Central Line	
< Implanted venous access device (IVAD) \$	Single Su
Activity	
In ration	6
External Catheter Length	cm 🧲
Umbilical Catheter Depth	cm
Patency Status	
Blood Colour	
Line Care/Action	
Site Condition	
Site Care	
Dressing	
Last Dressing Change	
Last Needleless Connector Change	
Maintenance Bundle	
Unexpected Events	

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

6

Double click in the cell where you would like to document. Check the box that you accessed the IVAD and drew Blood.

⊿ Central Line	
⊿ <implanted (ivad)="" access="" device="" p="" single="" su<="" venous=""></implanted>	
Activity	Activity
Indication	Access IVAD port
External Catheter ength cm	Assessed central line
Umbilical Catheter Depth cm	Assist with procedure
Patency Status	Blood drawn
Blood Colour	Central venous pressure (CVP) care
Line Care/Action	Discontinued central line
Site Condition	De-access IVAD port
Site Care	Inserted central line
Dressing	Present on admission - central line
Last Dressing Change	Repositioned
Last Needleless Connector Change	Other



7 You then document the needle gauge and length by clicking ▲ and opening a free text box to add your info. Click ✓ to sign.

⊿ Central Line		
⊿ <implanted (ivad)="" access="" device="" p="" single="" su<="" venous=""></implanted>		
◆ Activity	Access IVAD	
IVAD Access Needle Gauge and Length	19 G 3/4 " nee	edle 🔺
Indication		
External Catheter Length cm		-
Umbilical Catheter Depth cm		

Note: Text colour will change from purple to black when signed (official part of the chart).

8 After you clicked the sign you realized you did not draw blood from your patient's Port. Go to the cell (box) where you recorded 'Blood Drawn' (1) and Right click Select **'Modify**' unselect Blood Drawn

and sign	for changes.
n-2018	Add Result
11:52 PS	View Result Details
	View Comments
Access IVA	View Flag Comments
19 g 3/4 Chemothe	View Reference Material
	View Order Info
	View History
	Modify
	Unchart

You can see the small blue triangle dindicating the modification (2). Double click on the cell and you will see the history of the documentation (3). **Sign** the document.

	P Result Details - CSTPRODONC, J	AY		x
Access I 🔺	Result History			
Chemoth	Value	Valid From	Valid Until	
2	Access IVAD port	18-Jan-2018 12:05 PST	Current	
	Access IVAD port, Blood drawn	18-Jan-2018 12:04 PST	18-Jan-2018 12:04 PST	
	-			3
	Result Action List			
	Central Line Activity: (Implanted	d venous access device (IVAD) Single External jugula	r ve
	Access IVAD port			
	Date/Time THURSDAY, 18-JAN	UARY-2018 11:52 PS	r	
	Contributor System POWERCH	ART		
	Status MODIFIED			
	Source CLINICIAN			
	Trend			
	196715957	Forward	Print Close	



You provide the patient with the information and side effect profile of Doxorubicin, which she recalls from her first treatment of her breast cancer. You reinforce the most common side effects and management strategies. The patient then tells you she has been feeling a little faint, you do a set of vitals:

- BP 110/64
- HR 88
- RR 16
- 02 96% on RA
- T 36.2

She notes she hasn't been drinking plenty of fluids lately and usually feels this way when she is unable to get a reasonable amount of fluids down. You educate her on proper fluid intake and mention you could call the doctor to have some fluids added to her treatment today but she is positive she will be able to increase her intake. You also let her know that if she continues to feel faint with increase fluid intake that she is to call the helpline as she may require some IV Hydration.

9 Let's practice and input the vital signs in IView:

Locate the Vital Signs Band and click to select. To make entry easier double click on the header (1) to select the field and enter results in succession:

- T 36.2
- HR 88
- BP 110/62 Left Arm
- RR 16
- O2 96 % RA

Click to 🖌 sign.

_			
ň.	1	10- 3-6 14-50	2017
	(MR	* <u>(0</u> 14:50	4:25 PST
⊿	VITAL SIGNS		
	Temperature Temporal Artery	DegC	
	Temperature Oral	DegC _{36.2}	
	Temperature Tympanic	DegC	
	Temperature Core	DegC	
	Peripheral Pulse Rate	bpm <mark>88</mark>	
	SBP/DBP Cuff	mmHg 110/62	
	Cuff Location	Left arm	
	Mean Arterial Pressure, Cuff	mmHg 78	
	Mean Arterial Pressure, Manual	mmHg	
	Blood Pressure Method		
	Central Venous Pressure	mmHg	
	SBP, Palp	mmHg	
	Cerebral Perfusion Pressure, Cuff	mmHg	
	Cerebral Perfusion Pressure, Invasive	mmHg	
		07	



10 You can select vital signs to display through result type (2).

- Critical = red
- **High** = orange
- Low = blue
- Abnormal= brown

						Last 48 Hours
Find Item -	Critical	🔳 High	Low	Abnormal	2 Jnauth	🗖 Flag
Result		Comme	nts Fla	ag Date	-	Performed By

11 Expand the Patient Education, Infusion/Oncology Band within IView to practice documenting educating the patient on proper fluid intake. Include the patient's response to teaching and follow up instructions.

Task Edit View Patient Chart Links Options Documentation Orders Help	.CS 🕄 MUSE 🕄 FormFas
i 🐒 Ambulatory Organizer 🔄 Message Centre 📓 CareCompass 🐒 Clinical Leader Organizer 🎍 Patient List 💐 Multi-Patient Task List Tracking Shell 🐒 Discharge Dashboard 📚 Staff Assignment 📄 🗍 🖉 CareConnect 🖏 PHSA PACS 🖏 VCH and PHC PA	ICS 🕄 MUSE 🔍 FormFas
🗄 🔀 Tear Off 🗯 Eait 📸 Advice 🗰 Medication Administration 🌲 PM Conversation • 🐒 Depart 🔓 Communicate • 🗋 Medical Record Request 💠 Add • 🍏 Scheduling Appointment Book 🔚 Documents 🔒 Discem Reporting Portal	
💫 Patient Health Education Materials 💫 Policies and Guidelines 🕲 UpToDate	
CSTPRODONC JAY 🗖	cent - Name
CSTPRODONC, JAY D08:07-Jan-2010 MRV-200001721 Code Status: Process: Location:LGH Chemic: Age:7 years Enc:700000012642 Disease: Enc:TypeInpatient	IV Hold
Allergies: No Known Allergies Gender:Male PH-N5078239303 Dosing Wt:83 kg Isolation: Attending:Plisva, Rocco	, MD
Menu 0 A Thirteractive View and 120 [0] Full screen	Print 214 minu
Ambulatory Summary	
Orders + Add Messments Messments	
Single Patient Task List VTAL SIGNS Find Item V TAL SIGNS Find Item	
MAR PAN ASSESSMENT Development V Development Developme	
Interactive View and I&O Central Line 28-400, 2017	C
Results Review Substanceus Catheter Meine Ministry Company	
Documentation + Add Onemo/Bothenpy Verification 4 Pileter Education, Infusion/Oncology	
Medication Request Influion Heated Activities Teaching Method and Response	
Histories E Infusion/Chemo Advense Reaction Stately	
Allergies + Add ECOG Promance Status	
Patent Education, Huson Choology Medication Medicat	
CareConnect Paddison Dockay	
Clinical Research	
Diagnoses and Problems	
Form Browser W Lifetime Cumulative Dosing Documentation	
Growth Chart KBlood ProductAdministration	
Immunizations	
Lines/Tubes/Drains Summary	
MaR Summary	
CVLines-Device	

Key Learning Points

- Nurses will complete most of their documentation in IView.
- IView contains flowsheet type charting.
- Documentation will appear in purple until signed. Once signed, the documentation will become black.
- The newest documentation displays in the left most column.
- Double-click the blue box next to the name of the section to document in several cells, the section will then be activated for charting.



Activity 1.5 – Charting a PowerForm

1

PowerForms are the electronic equivalent of paper forms currently used to chart patient information.

Data entered in **PowerForms** can flow between IView flowsheets, Clinical Notes, Problem List, Allergy Profile, and Medication Profile. The **AdHoc** folder is an electronic filing cabinet that holds any PowerForm you may need to document on.

In the Oncology Ambulatory setting these forms would likely be used more in the clinic visit setting, especially upon initial visit. Although your patient is in for her chemo treatment today let's go in and look at the Oncology Comprehensive Intake Form that we would have filled out while working in clinic. The Oncology Comprehensive Intake Form includes the patient's height, weight, vitals, allergies, medication by history, procedure/social history, and assessment forms and scales. The patient also reminded you while accessing her IVAD that she is allergic to Band-Aid adhesives and prefers the paper tape, which has not been documented.

From the patient's chart you can access blank documents (PowerForms) from clicking on Then select the appropriate form (**Oncology Comprehensive Intake Form**). Click **Chart**.

P Ad Hoc Charting - CSTONC, STMANGO		- • •
 Intake/History Additional Assessments Pedatric Growth Charts Admission/Transfer/Discharge Assessments Interventions/Care Patient Education All Items 	Ambulatory Comprehensive Intake Ambulatory Celatric Intake Ambulatory Repeat Blood Pressure/Orthostatics Concology Telephone Triage Doctore and Doctory Weight Doctore and Doctory Weight Doctore and Doctory Telephone Triage Doctory Telephone Tel	
	Chart	Close



2 The table of contents on the left hand side of the popup window allows you to work through the PowerForm in descending order. When the form is completed, the upper left toolbar allows you to sign, save, cancel, clear, or obtain result info. Select and explore the form to find functionality that is not listed below.

Dicology Comprehensive Intake	- CSTONC, STMANGO	
Image: Solution of the second seco		
Performed on: 14-Nov-2017		Ambulatory-Nurse1
Summary	Vitals Measurements	A
More Vitals	SRP / NP Heart Rate Reen Rate 02 Sat 02 //Min Temperature Weight Height / Length	- 11
Pain Assessment	methy methy to methy to be been a functioned and the been	
Additional Pain Locations		
Numeric Pain Scale	Temp Site BMI BSA	
FACES Pain Scale	Resting O Exertion	
Verbal Pain Scale	Physical Activity Waist Circ Ht/Wt Refused2	
Neuropathic Pain DN4 Pain Scale	Minutes per day Times per week Minutes per week Intensity Physical Activity Consultation	
PAINAD Pain Scale		
ESAS Pain Scale	Pain Notes and Information	
Allergies / Meds	Pain Present Pain (0-10) Pain Comments Labels with an * will default if previously charted	
Histories	data.	
ROS	Primary Pain Location	
NCI Toxicity		
Communication Needs	8 Detient Gummenny	
Vision Testing POC	Patient Summary	- 11
Mame Fall Rials	Chief Complaint Working Status Contracention Type	
PHO9		
CAGE-AID Assessment	Date of Last PAP PAP Result HPV	
	**If PAP test is abnormal, add "abnormal Pap smear of cervix" to the	
	problem list.	
	Accident Description (required if visit is Are you currently pregnant?	
	related to accident) ONo O Yes O N/A	
	Are you currently breastfeeding?	
	C Faniy Para Gravida	
	Demonity Care/Case Monager	
	General Question:	
	A Do you currently operate a venicles O fee O No	
		In Progress

As you can see, the form is made up of a number of elements. Review the elements and their corresponding numbers on the above diagram.

- 1. In the information bar you can see the title of the form and the patient's name.
- 2. Toolbar icons.
- 3. If you need to change the name date and time that the form was completed you can do so here.
- 4. The form has multiple sections and you can see the section titles here.
- 5. The red asterisk indicates that there are mandatory fields in this section.
- 6. Radial (circular buttons allow you to select only 1 answer).
- 7. The arrow to the right indicates a drop down menu. Click to see the options.
- 8. Blank boxes allow you to type free text.
- 9. Square buttons allow you to select multiple answers.



lcon	Action
∢	Sign Form . Charting entries are recorded and are displayed on the patient's chart. Results are accessible immediately to others.
	Save Form . This button saves your entries and returns you to the previous window. When you save a form, an In Progress status is displayed in the status bar at the bottom right of the form. Documentation up to this point is not displayed until the form is signed.
0	Cancel . This button cancels your entries and returns you to the previous window.
ίζης.	Clear . This button clears your entries and allows you to begin again.
	Result Info . This button allows you to enter the name of the person for whom you are entering ad hoc charting. The system records the charting in the name of that person but tracks that you were the individual who actually entered the results into the system. The person's name you selected, along with the date and time, are shown on the coloured banner near the top of the window.
4	Previous. This button opens the previous section.
•	Next. This button opens the next section.
	Clinical Calculator . This button opens the Online Clinical Calculator window that allows you to calculate the answer to the selected formula.

As you go through the forms pay attention to the following icons

lcon	Action
🕂 Add	Add e.g. problem, diagnosis, allergy etc.
#4	Search e.g. allergy, procedural history.



3 To practice documenting in the form we will add the patients allergy to Band-Aid/adhesives:

- 1. Click Add
- 2. Type adhesive
- 3. Click Binoculars to find the correct allergen
- 4. Select allergy from list
- 5. Click OK

Complete required fields; asterix and highlighted yellow.



Note: Allergies in the banner bar are sorted by severity (most to least). If the allergies listed are longer than the space available, the text will be truncated. Hovering over the truncated text will display the complete allergies list.



- 6. Fill in **Severity**
- 7. Fill in Category

Fill in any other information that may be obtained or pertinent.

- 8. Info source
- 9. Click Add Comment and write: Patient prefers paper tape
- 10. Click **OK**

In order to complete our actions we must sign. Click 🖌

Type Allergy - An adve	esse reaction to a drug or substance which is due to an immunological response.						
*Substance Adhesive Bandage Image: Free text *Substance Add Comment Add Comment Add Comment							
Reaction(s):	*Severity Info source Comments	9					
Add Free Text	At: cnot entered 0 Onset: cnot entered 3 14Nov-2017 12:01 PST - patient prefers paper tape	A					
	Yeas Version was A	Ψ.					
	Recorded on behalf of Category Status Reason:						
	Clifer V Active V						
		OK & Add New Cancel					

Note: You may also document allergies by double-clicking on the allergy status in the patients blue

banner bar or by double clicking in the allergy column in the tracking shell



An accurate and comprehensive medication history is needed before medication reconciliation can be completed by the provider. This is known as the Best Possible Medication History (BPMH). A Pharmacy Technician will complete the BPMH where possible. Where a Pharmacy Tech is unable to do so, the BPMH may need to be completed by the Clinic Nurse. Please refer to the BPMH Quick Reference Guide for detailed instructions on how to complete this when necessary.

Information documented in the BPMH pulls forward into the Admission Medication Reconciliation that the provider will complete. Medications by History (from the **Oncology Comprehensive Intake Form**), select **Allergies/Meds** from the menu.

- 1. You can see that the Meds History has been completed.
- 2. Click on **Document Medication by Hx**



Document Medication by Hx window will open. Click on the Add button.

P	P Document Medication by Hx									
CSTONC, STCHERRYTWO		DOB:	DOB:11-Nov-1990 MRN:700002551 Code St		Code Status:	Process:		Location:LGH Chemo Hold; Bed 0		
		Age:2	7 years	Enc:70000000041.		Disease		En	c Type:Recurring	
Allergies: shellfish Ge				er:Male	PHN:9878164516	Dosing Wt:58 kg	Isolatio	n:	Att	ending:
+	+ Add Medication History		edications	🔲 Unable To	Obtain Information	Use Last Compliance			Reconcilia	tion Status History ④ Admission ④ Outpatient
Document Medication by Hx										
Status Details Last Dose Date/Time Information Sou						Information Source	Complian	Compliance Comments		
	9 Medication history has not yet been documented. Please document the medication history for this patient encounter.									

- 1. The Add Order window will open.
- 2. Note that **Document Medication by Hx** displays in the Type box to indicate the type of order.
- 3. Type the name of the first medication that you want to document in the search box, select from the drop down. Continue to add all medications that Patient is taking and then click **Done**.





The screen will return to the Document Medication by Hx window where you can add **Details** to the medication history including **Compliance**. When you have finished adding details and compliance click on the **Document History** button.

≖ Details for lisinopril (lisinopril 5 mg oral tablet) ∰Details]∭ Order Comments ∯Compliance				
Status Taking as prescribed Comment	Information source Patient	Last dose date/time 28-Nov-2017 V V 0800	×	
				^ -
0 Mining Required Details			Leave Med History Incomplete - Finish Later	Document History Cancel

This will take you back to the Medication section of the Oncology Comprehensive Intake form and a green checkmark will display beside the **Meds History** under the **Reconciliation Status**.

Medications	
	📑 Print 🛷 0 minutes ago
🛧 Add 🎝 Document Medication by Hx Reconciliation 🕶 🔊 Check Interactions	Reconciliation Status Meds History ④ Admission ④ Outpatient

- 5 Document the patient's neuropathy using the NCI toxicity portion of the Oncology Ambulatory Intake PowerForm.
 - 1. Click on **NCI Toxicity**
 - 2. Give Sensory Neuropathy a Grade 3
 - 3. Give Motor Neuropathy a Grade 2

P Oncology Comprehensive Intake - CSTONC, STMANGO				
*Performed on: 14-Nov-2017 🛉 🔽 1128 🛉 PST				
Summary More Vitals	NCI Toxicity Nervous System Disor	ders		
Additional Pain Locations Numeric Pain Scale	Veuropathy - Sensory O Grade 1 O Grade 2	Definition: A disorder characterized by inflammation or degeneration of the peripheral sensory nerves. Grade 1: Asymptomatic; loss of deep tendon reflexes or paresthesia (including tingling) but not interfering with function Grade 2: Sensory alteration or paresthesia (including tingling), interfering with function, but not		
FACES Pain Scale Verbal Pain Scale	O Grade 3 O Grade 4 O Grade 5	Grade 3: Sensory alteration or paresthesia interfering with ADL Grade 4: Disabling Grade 4: Disabling Grade 5: Death		
Neuropathic Pain DN4 Pain Scale PAINAD Pain Scale	le Neuropathy - Motor	2 Grace 5. Death Definition: A disorder characterized by inflammation or degeneration of the peripheral motor nerves.		
ESAS Pain Scale	O Grade 1 O Grade 2	Grade 1: Asymptomatic; clinical or diagnostic observations only; intervention not indicated Grade 2: Moderate symptoms; limiting instrumental ADL Grade 3: Weakness interfering with ADL: bracing or assistance to walk (e.g., cane or walker) indicated:		
Allergies / Meds Histories ROS	O Grade 3 O Grade 4 O Grade 5	Severe symptoms; assistive device indicated Grade 4: Life-threatening consequences; urgent intervention indicated Grade 5: Death		
NCI Toxicity Communication Needs	Pumonary Cough	Definition: A disorder characterized by sudden, often repetitive, spasmodic contraction of the thoracic		

Note: If you get called away to see another patient before you complete a form click the save icon. Do this now.

This will save the form for you to complete later. Please note that no one else will be able to see the form until it is signed.


⁶ Click on Form Browser in the Menu on the left of the patient chart.

Form Browser Overview: The **Form Browser** is where users can refer back to any additional or "Adhoc" documentation. This gives the user the ability to modify or unchart Adhoc documentation charted in error.

- 1. Form Browser access on the Menu.
- 2. Form that has been saved (not yet completed and signed- only viewable by you).
- 3. Form that has been modified.
- 4. Form that has been uncharted after being charted in error.
- 5. Form that is completed, signed and saved



To Modify or Unchart:

- 1. Right-click on the document you wish to perform the action too.
- 2. Select to either Modify or Unchart, either modifying your document or providing a comment as to the reason for Uncharting.
- 3. Lastly sign \checkmark for the changes made.





7 **Documentation Overview:** The document list provides a link to all clinical documentation for the patient including clinical notes and Dynamic documentation in addition to PowerForms. This list provides you with a quick and easy way to view all available notes associated to a patient.

From the document list, you can review existing documents and create new documents for the patient. With the Document Viewing component, you can complete the following tasks:

- 1. View a list of all available clinical documents for the patient.
- 2. Filter the document list by document type, status, date, and more.
- 3. Preview a document in the preview pane.
- 4. Modify an existing document.
- 5. Add a new document.
- 6. Scroll to next list of documents

Menu		6	< > - 🔒 Docum	nentation				(🗅 Full screen 🖷 Print 💸 0 minutes ago
Ambulatory Summary		Ť	📥 Add 🛛 Y Sign 🔳 🙉	Forward Provider Letter Modify	🕈 🖝 i 📰 🖬 In Error i 💷 Preview i 🤋	b		
Oncology			10 a			·		4.5
Orders	+ Add	2	LIST					
Single Patient Task List			Display : All	•				1 Previous Note 👃 Next Note
MAD							- 6	- ····································
MAR			Service Date/Time 🔻	Subject	Туре	Facility	Author	^
Interactive View and I&O			21-Nov-2017 17:19:00 PST	Pharmacy Chemo Clinical Check	Pharmacy Chemo Clinical Check - Text	LGH Chemo	TestON	Pharmony Charge Clinical Check Entered On: 21-New-2017 17:20 DST
Results Review			23-Oct-2017 14:47:00 PDT	Treatment Calendar	Oncology Treatment Calendar	LGH Chemo	TestON	Performed On: 21-Nov-2017 17:19 PST by TestON, Pharmacist-PharmNet1, RPh
Documentation	+ Add		23-Oct-2017 14:45:23 PDT	Melanoma Of The Skin Staging Form AJCCV7	Cancer Staging Documentation	LGH Chemo	TestON	
Medication Request			20-Oct-2017 07:05:00 PDT	Oncology Referral Triage	Oncology Referral Triage - Text	LGH Chemo	TestON	
10.0			20-Oct-2017 06:50:00 PDT	Oncology Referral Triage	Oncology Referral Triage - Text	LGH Chemo	TestON	
Histories			17-Oct-2017 07:55:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Pharmacy Chemo Clinical Check
Allergies	🕈 Add		17-Oct-2017 07:53:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Pharmacy Chemo Order Verification: Verify two patient identifiers, CAP Approval
			17-Oct-2017 07:51:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Chemio Veniy Medication - GIFTIND
			17-Oct-2017 07:49:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Chemo Verity 1st Pharmacist: TestON, Pharmacist-PharmNet1, RPh
CareConnect			09-Oct-2017 13:43:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Chemo Verify 1st Pharm Date: 21-Nov-2017 17:19 PST
Clinical Research			09-Oct-2017 11:32:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	TestON	Chemo Verified per Policy/Procedures:: Yes
Diagnoses and Problems			04-Oct-2017 11:12:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	TestUN, Pharmacist-PharmNet1, RPh - 21-Nov-201
			03-Oct-2017 14:41:00 PDT	Oncology Outpatient Clinic Note	BMT Treatment Clinic Note	LGH Chemo	Lehoczk	Result type: Pharmacy Chemo Clinical Check - Text
Form Browser			03-Oct-2017 14:37:00 PDT	Oncology Outpatient Clinic Note	BMT Treatment Clinic Note	LGH Chemo	TestON	Result date: Tuesday, 21-November-2017 17:19 PST
Growth Chart			02-Oct-2017 11:49:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	Result status: Auth (Verified)
Immunizations			02-Oct-2017 11:41:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	Resource by The Chemo Clinical Check Desformed by Toethol, Desmarket Desmarket, Deb as Tuesday, 21 Nevember 2017 17:19 DST
1			02-Oct-2017 11:38:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	Verified by: TestON, Pharmacist-PharmNet1, RPh on Tuesday, 21-November-2017 17:19 PST
Lines/Tubes/Drains Summ	nary		02-Oct-2017 11:36:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	Encounter info: 700000010607, LGH Chemo, Pre-Recurring
MAR Summary			02-Oct-2017 11:33:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gentsch	
Medication List	+ Add		02-Oct-2017 11:31:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Gent	
Dational Information			01-Oct-2017 11:46:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Ger	
Patient airofmation			01-Oct-2017 11:43:00 PDT	Chemotherapy Dosing Weight	Chemotherapy Dosing Weight - Text	LGH Chemo	Genter	
Plan of Care Summary			13-Sep-2017 15:18:00 PDT	Oncology Consultation Note	Onc. Radiation Clinical Trial Note	LGH Chemo	Test	
Reference			16-Aug-2017 09:28:00 P	Pharmacy Chemo Clinical Check	Pharmacy Chemo Clinical Check - Text	LGH Chemo	Test	-
			•	m				<₩

Note: You can only view unsigned Adhoc documentation in the Form Browser tab.



- PowerForms are forms used to chart patient information.
- The AdHoc button in the toolbar is one way to locate a new PowerForm.
- PowerForms may be broken up into several sections. Section headings are displayed to the left side of the PowerForm.
- Saved PowerForms can be found in Form Browser.
- Until PowerForms are signed the information is not shared with other healthcare professionals.
- Important to complete and sign work whenever possible.



FATIENT SCENARIO 2–Medication Administration

Learning Objectives

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

- Use the Oncology Tab for chemo checks
- Navigate the MAR
- Perform closed loop medication administration
- Document patient taking their own medication
- Order a medication

SCENARIO

You have completed assessing your patient and charting all the necessary information. You will now go through the process of checking the chemotherapy (which likely would occur prior to the patient arriving, but for purposes of this workbook we have added it into this section). Once your checks are complete and the medication is verified as safe to give you will administer the Doxorubicin.

Continue to use the same patient for this scenario [Oncology-NurseA, enter first name].

As a Registered Nurse on the chemotherapy unit you will be completing the following activities:

- Order Verification and Documentation
- Activating Chemotherapy Orders
- Closed Loop Medication Administration
- No Cosignature Required Orders
- Cancel/Discontinue an Order



Activity 2.1-Oncology Medication Order Verification and Documentation

Understanding the structure of Chemotherapy Orders:

PowerPlan: One individual order set or cycle of treatment. The orders are broken out into phases of **treatment and days of treatment**.

Regimen: A grouping of **PowerPlans** or individual cycles of treatment. One regimen may equal an entire protocol.

Naming convention for Regimen: ONC is the folder name.

The folder name is followed by the diagnosis and the protocol name.

eg. ONC BR BRAVA7.

Naming convention for PowerPlan: ONCP is the folder name

Same as above with "P" added to identify it as a plan. The folder name is followed by the diagnosis and the protocol name eg. ONCP BR BRAVA7

Zero Time orders- added to PowerPlans as an anchor order to allow accurate timing and sequencing on the eMAR (Electronic Medication Administration Record).

PowerPlan Phase structure:

	Phase	Start Date/Time	Action	
Ħ	Chemotherapy (Day 1 to 2)	*Est. 2017-Jul-17 08:00 PDT	Order for future visit	-
æ	Next Cycle Labs (Day 1)	*Est. 2017-Aug-07 08:00 PDT	Order for future visit	-
	Prescriptions	2017-Jul-17 08:00 PDT	Order now	-
	Scheduling	2017-Jul-17 08:00 PDT	Order now	-

This structure allows for the phases to be processed at different time points. The chemotherapy and lab phases are future orders which require order completion (final doses) and activation. While the scheduling and prescription phases are set to order now allowing for chemo appointments to be scheduled in advance and prescriptions to be processed and picked up now.

Note: The Chemotherapy Phase Includes:

- Pre-chemo metrics (indicators)
- Pre or post hydration (if recommended in protocol)
- Pre-meds



- 1. Blue note types divide the PowerPlan into phase headings (e.g. Chemotherapy, Next Cycle Labs, Prescriptions, Scheduling)
- 2. Green note types divide the PowerPlan into sections (e.g. Pre-Chemo Metrics, Pre-Medications, Treatment Regimen, Post-Treatment)
- 3. Yellow note types provide instructional information(e.g. Frozen Gloves, No Ice Chips, Ensure patient has taken pre-med, See Patient Handout)
- 4. Details contain instructions that are directed to the pharmacy for med preparation or nursing for med administration (e.g. diluent information or special administration set details)

1	R	8	Component		Status	Dose	Details	7
40	NCP I	BR BRA	IDCARBT Cycle 1 - Cycle 1, Chemot	therapy (Day 1) (Futur	e - Review R	equired) *Est	. 26- Jul-2017 08:00 PDT - 26- Jul-2017 22:00 PDT	1
	ast up	odated o	n: 25-Jul-2017 15:59 PDT by: Tes	tON. OncologistHema	atologist-Phys	sician, MD		L
A	dditio	onal rev	iew required. Review request sen	t to message center p	ool LGH Cher	no Provider I	Pool on 25-Jul-2017 15:59 America/Vancouver.	L
			Pre-Chemo Metrics					L
			Pre-Medications					L
			Patient to take own supply of pre-	medications. RN/Phar	macist to con	firm. Patient	to take dexamethasone 8 mg PO BID for 3 days starting one day prior to DOCEtaxel. Patient must receive 3 doses	L.
			prior to treatment.					Æ
			ondansetron		Review		8 mg, PO, once oncology, drug form: tab, first dose: Routine, start: 26-Jul-2017	e
		_			Required		Prior to treatment Day 1	r
			dexamethasone		Review		8 mg, PO, once oncology, drug form: tab, first dose: Routine, start: 26-Jul-2017	b.
		- (Requir(3	10.45	Prior to treatment Day 1	ľ
			Optional: Frozen gloves starting 1	minutes before DOCE	taxel infusion	until 15 minu	tes after DOCEtaxel infusion; gloves should be changed after 45 minutes of wearing.	1
		2	Zana Tina		De la De la		and an of the 2017 Entry Order Day 1	L
		• 🖌	DOCEtaval		Review Requi		A DC 75 mars D/ and a second any days from the first days Deutline start 26 Jul 2017	L
		<u>■</u> Ľ	DOCETAXEI		Required		In 100 to 500 mL (non-DEHP hag) Sodium Chloride 0.9% (NS) over 1 hour (use non-DEHP tubing). Day 1 Targ	L
		<u> </u>	CARBOnlatin		Review		//// 92/9 mg IV once oncology drug form has first doce Routine stat: 26 Jul 2017	L
			Chaophan		Required	1	In 250 mL Sodium Chloride 0.9% (NS) over 30 minutes. Dav 1 Target Dose: CARBOplatin 6 AUC (CARBOplatin)	L
		ľ2	acetaminophen		Review		325 mg. PO. once oncology, PRN other (see comment), drug form; tab, first dose; Routine, start; 26-Jul-2017	L
					Required		For headache and rigors. Day 1	L
⊿ 0	NCP I	BR BRA	JDCARBT Cycle 1 - Cycle 1, Next Cy	cle Labs (Day 1) (Disc	ontinued) *Es	t. 27-Sep-20	17 14:01 PDT - 30-Oct-2017 22:50 PDT	L
Li	ast up	odated o	n: 30-Oct-2017 22:50 PDT by: SY	STEM, SYSTEM Cerne	r			L
•	\checkmark	1 💈	Differential (CBC and Differential)		Ordered		Blood, Routine, Unit collect, Collection: 2017-Sep-27 14:01 PDT, once	L
•	\checkmark	1 🖸	Platelet Count		Ordered		Blood, Routine, Unit collect, Collection: 2017-Sep-27 14:01 PDT, once	4
•	\checkmark	1 66 💆	Creatinine Level		Ordered		Blood, Routine, Unit collect, Collection: 2017-Sep-27 14:01 PDT, once	
		(MUGA scan or echocardiogram pr	ior to cycle 1 and Cycle	e 5 then every	3 or 4 month	s until completion of treatment:	
			NM MUGA				T;N	
			EC Echocardiogram				T;N	
			Bilirubin Total				Blood, once, Order for future visit	
			Protein Level (Total Protein Level)				Blood, once, Order for future visit	
			Albumin Level				Blood once Order for future visit	4
🔺 D	etails							
Orde	ers For	r Cosigna	ture Orders For Nurse Review S	ave as My Favorite			Orders For Signature]
							PRODBC ONTEST.ONAMBRN1 Wednesday 29-November-2017 09:49	PS



The Orders Page is where you will access a full list of the patient's orders:

- 1. Select Orders from the Menu
- 2. On the left side of the Orders Page is the Navigator **View** which includes several categories including:
 - Plans

1

- Categories of Orders
- Medication History
- Reconciliation History
- 3. On the right side is the **Order Profile** where you can:
 - Review the list of orders Moving the mouse over order icons allows you to hover to discover additional information.

Some examples of icons are:

- 66 Order for nurse to review
- Additional reference text available
- Order part of a PowerPlan
- b Order waiting for Pharmacy verification
- 4. From the Orders screen scroll through the **View** tab of the navigator to find the **Regimen/PowerPlan** orders.

Menu P	< > 🔸 Orders
Ambulatory Summary	🕂 Add 🔐 Document Medication by Hx Reconciliation 🗸 🚴 Check Interactions
Oncology	
Orders 🕂 Add	Orders Medication List Document In Plan
Single Patient Task List	Circles d Ali A si a Orden LAli a si a Orden LA la seña Orden E Neu Dest
MAR	View Upplayed, All Active Urbers TAll Inactive Urbers TAll Inactive Urbers Tall Urbers to Days back
ateractive View and I&O	Oncess for signature Details
Results Review	ONCP BR BRAVA7 - Cycle 1
Documentation 🕂 Add	Chemotherapy (Day 1, 8, 15) (1, 1, 1) (1, 1)
Medication Request	- Las (Ugu 1, 6, 15, 22) (Huture) E Zero Time Ordered once oncology, 15-
Histories	-ONCP GI GIFFIRB (Not Started)
Allergies 🕂 Add	ONC BR BRAVCAP (Started)
<u> </u>	Erraris Between 30 and 00 I
CareConnect	- Suggested Plans (0) 🛛 📔 🖻 Differential (CBC and Future Blood, Routine, Col
Clinical Percarch	i Gorders Differential Differential Differential Differential Differential Differential Differential Court Future Blood Routine Co
Disgness and Roblams	Medication History Snapshot 22
Diagnoses and Problems	A Respiratory

2 Check the Orders by selecting **Orders for Nurse Review.**

🔺 Details		
Orders For Cosignature	Orders For Nurse Review	



A screen will pop up that will give you a view of all of the chemo orders for the patient. Click **Review.**

2 CSTEICIA, ZOLA - Actions Requiring Review													
CS	TEI	CIA, ZOLA	٨	DOE	3:01-Jan-1960	MRN:700006145	Code Status:		Process:	Lo	cation:LGH C	hemo; IV WR	
Allerries No Known Mediation All Conder/Female			:57 years	Enc:700000011053 Disease:				En	: Type:Recurri	ng			
Alle	rgio	es: No Knov	vn Medicatio	on All Gen	der:Female	PHN:9876735014	Dosing Wt:60 kg		Isolation:	Att	ending:		
		Action	Action Dat	Entered By	Order	Details				Order Set/	Ordering P		
	æ	Order	14-Nov-2017 16:03:59 PST	Oncologist	Count	Blood, Routine, Collectio	on: 12-Dec-2017, one	e, Order for future visit, Da	ys 8, 15, and 22	BRAVA7 - C.	Oncologist		
	⊞	Order	14-Nov-2017 16:03:59 PST	TestON, Oncologist	Differential (CBC and Di	Blood, Routine, Collectio	on: 12-Dec-2017, ond	e, Order for future visit, Da	ys 8, 15, and 22	ONCP BR BRAVA7 - C.	TestON, Oncologist		
	Ħ	Order	14-Nov-2017 16:03:59 PST	TestON, Oncologist	DOXOrubicin (DOXOrubic	32.6 mg, IV, once oncolo volume (mL): 16.3, Days	gy, drug form: inj, f 8 and 15 Target Do	irst dose: Routine, start: 22- ose: DOXOrubicin - oncolog	Nov-2017, stop: 29-Nov-2017, bag gy 20 mg/m2 14-Nov-2017 16:01:	ONCP BR BRAVA7 - C.	TestON, Oncologist	Event/Task Summary	
V	Ħ	Order	14-Nov-2017 16:03:59 PST	TestON, Oncologist	DOXOrubicin (DOXOrubic	32.6 mg, IV, once oncolo Day 1 Target Dose: DO	gy, drug form: inj, fi XOrubicin - oncolog	irst dose: Routine, start: 15- ıy 20 mg/m2 14-Nov-2017	Nov-2017, bag volume (mL): 16.3, 16:01:07	ONCP BR BRAVA7 - C.	TestON, Oncologist	Event/Task Summary	
V	Ħ	Order	14-Nov-2017 16:03:58 PST	TestON, Oncologist	Zero Time	once oncology, 15-Nov-	2017, 29-Nov-2017,	Future Order, Day 1, 8, 15, -	1	ONCP BR BRAVA7 - C.	TestON, Oncologist	Event/Task Summary	
v	Ħ	Order	14-Nov-2017 16:03:58 PST	TestON, Oncologist	dexamethaso ne	8 mg, PO, once oncolog Between 30 and 60 minu	y, drug form: tab, fir tes prior to treatmer	st dose: Routine, start: 15-N nt. Day 1	Nov-2017, stop: 29-Nov-2017,	ONCP BR BRAVA7 - C.	TestON, Oncologist	Event/Task Summary	
V	Ħ	Order	14-Nov-2017 16:03:57 PST	TestON, Oncologist	ondansetron	8 mg, PO, once oncolog Between 30 and 60 minu	y, drug form: tab, fir tes prior to treatmer	st dose: Routine, start: 15-N nt. Day 1	Nov-2017, stop: 29-Nov-2017,	ONCP BR BRAVA7 - C.	TestON, Oncologist	Event/Task Summary	
S	lect	All 🛛 📝 Sh	iow All Details							cs	FEICIA, ZOLA	Review	Cance

This will bring you back to the Orders screen. To see more information about an order, you can hover over the details section and a yellow text box will appear providing this information. To access the dosing calculator right click on the order selected and click **Order Information**.

Orders Medication List Document In Plan						
	M					
View		Displayed:	All Active Or	ders All Inactive Orders All (E David Bask
Orders for Signature						Kenew
ONCP BR BRAVA7 (Started)		8	8	Order Name	S	Modify
ONCP BR BRAVA7 - Cycle 1		⊿ Media	ations			Сору
Chemotherany (Day 1 8 15) (Future)		► L	l 🦕 🗗	DOXOrubicin	F	Cancel and Reorder
Labs (Day 1, 8, 15, 22) (Future)				(DOXOrubicin - oncol		Cancel and Reorder
Scheduling (Initiated)				Zero Time	F	Suspend
ONCE GL CIEFIPE (Not Started)		▶ □) 🕞 🛃	ondansetron	F	Activate
ONCE DE DEAVCAR (Stanted)	=					Complete
		▶ ■	l 🕞 🛃	dexamethasone	F	Connel/Discontinue
						Cancel/Discontinue
Document In Plan		▶ ■	l 🕞 🛃	DOXOrubicin (DOXOrubicin	F	Void
Suggested Plans (0)				(DOXORUBICIN - ONCOL		Deadeadula Administration Times
- Orders				Photo Contraction of the second secon	-	Rescriedule Administration Times
- Admit/Transfer/Discharge		* =		Platelet Count		Medication Request
- Status			l 🙃	Differential (CPC and		Add/Modify Compliance
Patient Care				Differential)		
Activity		A Resni	ratory	Differentially		Order Information
Diet/Netrition		_ nespi	1	Oxygen Therapy	d	Comments
Continuous Infusions		⊿ Consu	= lts/Referra	als		Results
- Medications		Conse		Infusion Chemotherapy	F	To some dia solo
- Blood Products		_		Visit	H	Ingredients

Note: You can filter the order view by selecting which orders you would like to view.



⁴ From the Order Information Window select the **Dose Calculator Icon** ⁵ for each chemotherapy drug to be administered. The Dose Calculator will allow you to see the Height, Weight, BSA and any lab values used by the system to calculate the doses. View this screen to verify that the appropriate values have been used.

) Target dose:	2 1	ma/m2		_	Order Comments		
) Calculated datas	22.6	ing/inz	Pe	ercentage	Dave 9 and 15		
	32.0	mg	100	of total	Days o and 15		1
) Dose Adjustment.	32.0	mg	20	dose.			
j Final dose:	32.0	mg	20 mg/	mΖ			
Standard dose:	0	mg	0 mg/	'm2			
Rounding rule:	No rounding						-
Adjust Reason:							
			-				
Route:	IV						
		1					
ference Data		- (This is th	e weight that	the physician		
ference Data ate of birth:	01/01/1960	(This is th entered into	e weight that the dosing w	the physician reight Powerform		
ference Data ate of birth: ex:	01/01/1960 Female	_ (This is th entered into The source	e weight that the dosing w of the inform the right	the physician reight Powerform. ation displays on	•	
ference Data ate of birth: ex: hnicity:	01/01/1960 Female		This is th entered into The source	e weight that the dosing w of the inform the right	the physician reight Powerform. ation displays on).	
ference Data ate of birth: ex: chnicity: eight:	01/01/1960 Female 160	cm	This is th entered into The source	e weight that the dosing w of the inform the right	the physician reight Powerform. ation displays on	ight/Length Measured	
ference Data ate of birth: ax: hnicity: eight:	01/01/1960 Female 160	cm	This is th entered into The source	e weight that the dosing w of the inform the right	the physician reight Powerform. ation displays on 	ight/Length Measured	
ference Data ate of birth: ex: hnicity: eight: eight:	01/01/1960 Female 160	cm	This is th entered into The source source:	e weight that the dosing w of the inform the right 14-Nov	 the physician reight Powerform. ation displays on 2017 15:56 160.00 cm He 2017 15:56 60.000 kg We 	ight/Length Measured	
ference Data ate of birth: ex: hnicity: eight: eight: stual weight: djusted weight:	01/01/1960 Female 160 60 60	cm kg kg	This is th entered into The source cource: Source: Adjustment	e weight that the dosing w of the inform the right 14-Nov nt: Actual	 the physician reight Powerform. ation displays on ~2017 15:56 160.00 cm He ~2017 15:56 60.000 kg We (no adjustment) 	ight/Length Measured	
ference Data ate of birth: ex: hinicity: eight: ctual weight: djusted weight:	01/01/1960 Female 160 60 60	cm kg kg	This is th entered into The source Jource: Source: Adjustmen	e weight that the dosing w of the inform the right 14-Nov nt: Actual	 the physician reight Powerform, ation displays on 2017 15:56 160.00 cm He 2017 15:56 60.000 kg We (no adjustment) 	ight/Length Measured	
ference Data ate of birth: ax: hnicity: sight: sight: djusted weight: djusted weight: arum creatinine:	01/01/1960 Female 160 60 60	cm kg kg mg/dL	This is th entered into The source Source: Adjustmen Source:	e weight that the dosing w of the inform the right 14-Nov 14-Nov nt: Actual	the physician reight Powerform ation displays on	ight/Length Measured	
ference Data ate of birth: ex: hnicity: eight: ctual weight: djusted weight: erum creatinine: CI (est.):	01/01/1960 Female 160 60 60 0	cm kg kg mg/dL	This is th entered into The source source: Adjustmen Source: Algorithm	e weight that the dosing w of the inform the right 14-Nov nt: Actual Manua Cockre	the physician reight Powerform. ation displays on	ight/Length Measured	Missing data
eference Data Date of birth: iex: ithnicity: Height: kctual weight: kctual weight: ierum creatinine:	01/01/1960 Female 160 60 60	cm kg kg mg/dL	This is th entered into The source Source: Adjustmen Source:	e weight that the dosing w of the inform the right 14-Nov 14-Nov nt: Actual	the physician reight Powerform ation displays on	ight/Length Measured	
eference Data tate of bith: .ex: thnicity: leight: .ctual weight: .ctual weight: .djusted weight: .erum creatinine: .fCl (est.):	01/01/1960 Female 160 60 60 0	cm kg kg mg/dL	This is th entered into The source ource: Source: Adjustmen Source: Algorithm Weight U	e weight that the dosing w of the inform the right 14-Nov nt: Actual Manuak sed for CrCt:	the physician reight Powerform. ation displays on	ight/Length Measured	Missing data

Note: In the Dosing Calculator the 'actual weight' is not the measured weight which is located in IView. Both are pulled into the Oncology Tab.



5 Close this screen and click "x" on the next screen so that you can move on to checking lab results. Select the **Chemotherapy phase** of the PowerPlan. This will display the Pre-chemotherapy metrics. A result is green check mark and the lab result will display if the lab results are within the set parameters for treatment to proceed (2) a red "x" will display if the parameters are not met. Completed displays if the lab was collected and no result matching this field is available (1).



6 You can also view a comprehensive list of results by selecting **Results Review** from the menu.

Menu P	< 👻 🔸 Results Review	
Ambulatory Summary		
Oncology		
Orders 🕂 Add	Recent Results Advance Care Planning Lab - Recent Lab - Extended Pathology	/ Microbiology Transf
Single Patient Task List	Flowsheet: Lab View	•
MAR		
Interactive View and I&O	◀ ▶ Wednesday, 04-October	-2017 10:52 PDT - Thurs
Results Review	Navigator	
Documentation 🕂 Add	CBC and Peripheral Smear	
Medication Request	General Chemistry	27-Oct-2017 09:50 PDT
Histories	CBC and Peripheral Smear	8.0 ×10.0 //
		6.0 X10 9/L 4 45 x10 12/l
Allergies 🕈 Add	Hemoglobin	140 g/L
	Hematocrit	0.42
CareConnect	MCV	98 fL
	П мсн	30 pg
Clinical Research	RDW-CV	12.0 %
Disease and Dashlans	Platelet Count	300 x10 9/L

Note: For outside labs you will still need to use CareConnect (not available in the train domain). In future you can select CareConnect from the Menu which will bring you into the patient's results.



7 The Flowsheet is another useful tool within the chart for medication verification it is under the **Menu** in the **Oncology Tab**. The Flowsheet:

- 1. Provides both the measured weight which is pulled in from IView and the dosing weight which the provider has documented for treatment.
- 2. The Unexpected Response section is pulled in from IView if the patient has had an adverse reaction (otherwise this information will not be populated).
- 3. The Treatment section shows medications which have been given.
- 4. The Supportive section shows medications given to support the chemotherapy being given (e.g. anti-nausea medications, anticholinergics such as atropine, and steroids).

nu	
atory Summary	
ncology	
lers	🖶 Add
le Patient Task List	
ractive View and I&	
ults Review	
umentation	+ Add
cation Request	
	• • • •
gies	Add
onnect	
ical Research	
gnoses and Problem	
n Browser	
vth Chart	
unitations	
/Tubes/Drains Sur	nmary
Summary	
cation List	🖶 Add
ent Information	

Note: You may explore the other tabs, there will be Quick Reference Guides (QRGs) to speak to these tabs and there function.

8 Now navigate to IView and select the **Chemo/biotherapy verification** section. Document the medications within the protocol; a conditional field will open to enable you to document any test results that you reviewed.

⊿ Chemo/Biotherapy Verification	
Chemo/Biotherapy Medications	Doxorubicin
🐼 Chemo/Biotherapy Tests	Chemo/Biotherapy Tests 🛛 🗙
♦ MUGA Date	Audiology
Treatment Height/Weight Verified	Chest X-Ray
Chemo Nurse 1	CT Scan
Chemo Nurse 2	Echo
	GFR
	MUGA
	PFT
	Pregnancy Test
	Cumulative Dose Record
	🗌 Other



9 Document that you verified the height and weight used to calculate the patient's chemotherapy.

1 11 98		15-Nov-2017	
	👸 11:53 PST	11:52 PST	11:27 PST
⊿ Chemo/Biotherapy Verification			
Chemo/Biotherapy Medications		Doxorubicin	Doxorubicin
Chemo/Biotherapy Tests		MUGA	MUGA
♦ MUGA Date		13-Nov-2017	13-Nov-2017
Treatment Height/Weight Verified		Yes	Yes
Chemo Nurse 1			TestON, On
Chemo Nurse 2		Steffler, Lori	

Note: you double checked in the Dose Calculator as well as the summary page. Enter your name to indicate that you completed the verification. If a second nurse is required, by policy, to independently check the orders then they can complete the process and sign as Chemo Nurse 2.

- A Regimen is a set of PowerPlans
- A PowerPlan is equivalent to one cycle of treatment.
- You must nurse review all orders and look at order information for dosing calculation verification.
- Important to be within the right phase of the PowerPlan to see the required information.
- Use the Ambulatory Summary page to navigate to other required results (labs, imaging, documentation).
- Chart your checks in IView.



Activity 2.2 – Activating Chemotherapy Orders.

From the patients chart

- 1. From the Menu click on Orders.
- 2. From the **Orders** screen scroll through the **View** tab of the navigator to find the **Regimen/PowerPlan** orders.
- 3. Click on the Cycle 1 Chemotherapy Phase
- 4. Select the down arrow vesicle Activate Actions from the Day 1 column.
- 🔹 🔒 Orders € 3 hours 4 minutes ago 🕂 Add | 🎧 Document Medication by Hx | Reconciliation 🗸 🔊 Interactions as of 10:01 PST Reconciliation Status ✔ Meds History 🕒 Admission 🏮 Outpatient Orders Medication List Document In Plan I Plans View 🗞 💊 🕂 Add to Phase 🗸 🛄 Comments Chemotherapy (Day 1, 8, 15) (Future) ONCP BR BRAVA7 - Cycle 1, Chemotherapy (Day 1, 8, 15) (Future) *Est. 15-Nov-2017 08:00 PST - 29-Nov-2017 22:00 PST Labs (Day 1, 8, 15, 22) (Future) Last updated on: 14-Nov-2017 16:04 PST by: TestON, OncologistHematologist-Physician, MD Scheduling (Discontinued) Day 8 Day 15 ONCP GI GIFFIRB (Not Started) Future Future S 7 Component ONC BR BRAVCAP (Started) *Est. 22-Nov-2017 08:... *Est. 29-Nov-2017 08:.. Fst Plans 😨 Activate Actions 🔻 🗑 Activate Actions 👻 Document In Plan -30 min 🍗 ondansetron 😵 Activate Suggested Plans (0) 8 mg, PO, once oncology, drug form: tab, first dose: Routine. Future 🛇 Discontir Orders Between 30 and 60 minutes prior to treatment. Day 1 Skip Admit/Transfer/Discharge 🍗 才 dexamethasone -30 min 8 mg, PO, once oncology, drug form: tab, first dose: Routine... Between 30 and 60 minutes prior to treatment. Day 1 Status + Add Order... Future Patient Care + Add Outcome / Intervention.. Treatment Regimen Activity 💆 Zero Time 0 hr 🧱 Change Start Date / Time Diet/Nutrition once oncology, 15-Nov-2017, 29-Nov-2017, Future Order, D... Future Copy Day of Treatment Continuous Infusions 🔲 🍗 😰 DOXOrubicin (DOXOrubicin - oncology) Medications mg, IV, once oncology, drug form: inj, first dose: Routin Blood Products Related Results Details Formulary Detail

5. Select Activate.

Since this is a train domain the estimated dates of treatment are not accurate and will require you to change them when attempting to activate. This could similarly happen when doctors select an estimated start date for a patient's first cycle or if a cycle is delayed due to toxicities or other reasons.



- 6. The Change Start Date/Time window will pop up.
 - A. The Start Date/Time will default for today; leave it as is.
 - B. When the treatment consists of multiple days the future dates will need to be adjusted. Click **Adjust All**; you will see the corresponding dates adjust according to the new start date (you may need to expand the screen to see this section).
 - C. Select a Reschedule Reason; select Other for this activity.
 - D. Click OK.

Change Start Date/Time			
Change Start Date/Time: Day 8			
Start Date/Time: Appointment	t Information:		
19-Jan-2018 - 1042 - PST Request	🔲 🔲 Request a ne	w appointment time	
A			
To change the start date/time of a single treatment period enter	r a new date or time below.		
Adjust All Automatically adjusts the start date for the ren	naining treatment periods.		
Description B	Start Date/Time	Appointment Information	Request a New Appointment Ti
Day 15	*Est. 2018-Jan-17 08:00 PST 🔢 📍	Request	
			1
*Porshodulo Porson			
Reschedule Reason.			
			-
Commenc			
[

- 7. The Ordering Physician Window will pop up.
 - E. Enter the Physician's name; enter Plisvcw, Tyler.
 - F. Select No Cosignature Required. Depending on your Health Organization's policies for rescheduling, if within the allowable timeframe no cosignature would be required. However, if rescheduled for toxicities then a direct doctor's order must be given.
 - G. Click OK.

P Ordering Physician
*Physician name
Plisvcw, Tyler, MD
*Order Date/Time
19-Jan-2018 🛉 🔽 1044 🚔 🖵
*Communication type
Phone Verhal
No Cosignature Required
Cosignature Required Paper/Fax Electronic
OKCancel



8. Click Orders for Signature, one last sign off to say that you have done your checks

and Click **Sign** then **Refresh** This will change the order status from a *'future'* status to an *'ordered'* status.

ON	ICP B	R B	RAV	A7 - Cycle 1, Chemotherapy (Day 1, 8, 15) (Initiated) * 15-Nove 2017 11:58 PST by: TestON OncologyAmb	*Est. 15-	-Nov-2017 11:58 PST -	29-I
Las	up	Jacc		. 13-Nov-2017 11:50131 by. Teston, oncologyani	Dulator	Day 1	
	0		5	Component		Initiated	
	00		Ň	Component		15-Nov-2017 11:58 PST	*Est
						Actions 🔻	- Q - I
		\checkmark	্র	💙 ondansetron -30	0 min	ेख	0
				8 mg, PO, once oncology, drug form: tab, first dose: Rou	utine	Ordered	
				Between 30 and 60 minutes prior to treatment. Day 1			
		\checkmark	্য	🔭 dexamethasone -30	0 min	ল	6
				8 mg, PO, once oncology, drug form: tab, first dose: Rou	utine	Ordered	
				Between 30 and 60 minutes prior to treatment. Day 1			
				🚱 Treatment Regimen			
		\checkmark		Zero Time 0	0 hr		
				once oncology, 15-Nov-2017 12:28 PST, 29-Nov-2017 08	8:30	Ordered	
		\checkmark	চ	🔭 DOXOrubicin (DOXOrubicin - oncology)		ोग	
				32.6 mg, IV, once oncology, drug form: inj, first dose: Ro	outin	Ordered	

- Activate Orders from the correct Regimen/PowerPlan.
- Click to Sign Orders as a last sign off stating your checks are completed.
- Remember to refresh your pages to see changes.



Activity 2.3 – Closed Loop Medication Administration

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

Note: IV medication volumes will flow from the MAR directly into the intake and output section of IView.

Tips for using the barcode scanner:

- Point the barcode scanner toward the barcode on the patient's wristband and/or the medication (Automated Unit Dose- AUD) package and pull the trigger button located on the barcode scanner handle
- To determine if the scan is successful, there will be a vibration in the handle of the barcode scanner and/or, simultaneously, a beep sound
- When the barcode scanner is not in use, wipe down the device and place it back in the charging station
- To begin the medication administration process:
 - 1. Select MAR from the Menu.

1

- Review the Medications on the MAR this gives you a general overview of what medications are due for today. This is best done by selecting the **Plan View** as medications are listed in the order of administration based on the PowerPlan. The default view is the Time View which displays medications by alphabetical order
- 3. Choose the Medication Administration Wizard (MAW) from the toolbar.



4. Scan the patient's wristband; a window will pop up displaying the medications that you can administer. (Note: this list populates with medications that are scheduled for 1 hour ahead or 1 hour behind the current time).



Activity 2.3 - Closed Loop Medication Administration

Medication Administration				
			Nurse Review	Last Refresh at 13:00 PST
Oncology-NurseA, Megha	MRN: 760000155 FIN#: 760000000155	DOB: 1969-Jan-15 Age: 49 years		Loc: ** No Known Allergies
	2018-Jan-18 11:4	5 PST - 2018-Jan-18 14:1	5 PST	
Scheduled M	Inemonic	Details		Result
🛛 📽 🏈 🕒 2018-Jan-18 07:00 PST de	examethasone	8 mg, PO, once oncolog Between 30 and 60 min	gy, drug form: tab, first dose: Rou utes prior to treatment. Day 1, 8, :	tine, start: 2018-Ja 15
්ග් 🏈 🕒 2018-Jan-18 07:00 PST DC	DXOrubicin DXOrubicin (DOXOrubicin - oncology)	32.6 mg, IV, once oncol Days 1, 8, and 15 Targ	ogy, administer over: 0 hour, drug et Dose: DOXOrubicin - oncology	g form: inj, first do 20 mg/m2 2017
		Between 30 and 60 min	utes prior to treatment. Day 1, 8, 3	15
ady to Scan		2 of 2		Back Sign

- 5. Since the patient has taken their own supply of Dexamethasone, Right click on the Medication task for Dexamethasone and select **Chart Details**, a window will open.
 - A) Check the medication against the order details (blue box at the top).
 - B) Check the Not Given Box
 - C) Enter Patient took Own Supply in the Reason box.
 - D) Click on the Green Check Mark to sign.





- 6. The medication drops off the medication administration window.
- 7. Scan the Medication Label for the Doxorubicin.
 - A) The Medication will appear selected in the Medication Administration window.

 B) Click Next to verify this is the correct Medication 	i scanned.
--	------------

P Med	lication A	dministration					
		0			Nurse Review	Last Refresh a	at 11:02 PST
SCO Male	DTT-L	EARN, FREDDIE	MRN: 700008542 FIN#: 7000000015883	DOB: 12-Oct-1969 Age: 48 years			Loc: ; ** Allergies **
			01-Dec-2017 0	9:47 PST - 01-Dec-2017 12	:17 PST		
		Scheduled	Mnemonic	Details	Result		
	•	01-Dec-2017 10:15 PST	ondansetron	8 mg, PO, once oncology Between 30 and 60 minut	r, drug form: tab tes prior to treat		
	´ () 🕒 🕻	월 01-Dec-2017 10:45 PST	DOXOrubicin DOXOrubicin (DOXOr	98 mg, IV direct, once o . Day 1 Target Dose: D	ncology, admi DOXOrubicin 9 OXOrubicin - o	8 mg, IV direct	A
		01-Dec-2017 11:05 PST	vinCRIStine vinCRIStine - oncology (2 mg, IV, once oncology, In 50 mL Sodiu Chloride (administer over 0.9% (NS). Day 1		
	:	01-Dec-2017 11:20 PST	cyclophosphamide cyclophosphamide - on	1,470 mg, IV, once oncol . In 100 to 250 mL Sodium	ogy, administer Chloride 0.9% (
							B
Ready	to Scan			2 of 3		Back	Next



C) Details of the medication to be administered pop up in the next window, verify these are correct and click sign. You would now administer the medication.

P Medication Administrat	tion								- • •
SCOTT-LEARN, Male	FREDDIE	MRN: 700008542 FIN#: 70000001588	DOB: 12- 33 Age: 48 y	Oct-1969 Jears					Loc: ; ** Allergies **
DOXOrubicin (DOX 98 mg, IV direct, once or Day 1 Target Dose: DO	Drubicin - oncology) ncology, administer over: 5 XOrubicin - oncology 50 m] minute, drug form: inj, first d g/m2 01-Dec-2017 09:58:43	lose: Routine, start	: 01-Dec-2017 1	0:45 PST, stop: (01-Dec-2017 10	:45 PST, bag vol	ume (mL): 49	
Performed Date/Time :	01-Dec-2017 1104	PST	Diluent : <no< th=""><th>one></th><th>•</th><th></th><th></th><th>mL</th><th></th></no<>	one>	•			mL	
Performed By :	TestCST, Oncology	Ambulatory-Nurse5 ON	Total Volume :	49	Infused O	ver: 5	minut	e 🔻	
DOXOrubicin :	98 mg		← 01-Dec-2017 1000 PST	01-Dec-2017 1100 PST	01-Dec-2017 1200 PST	01-Dec-2017 1300 PST	01-Dec-2017 1400 PST	01-Dec-2017 1500 PST	→
Route :	IV direct		1000101	49	1200101		100101	1500101	
			•			III			1
									C
Ready to Scan			3 of 3					Back	Sign



In certain centers a nurse witness is required. In these instances once the medication has been verified through scanning you would Right-Click to populate the Charting window which allows for the nurse witness to be entered (1) and signed (2).

Pcharting for: CSTEICIA, ZOLA	
Target DoxOrubicin (DOXOrubicin - oncology) 32.6 mg, IV, once oncology, drug form: inj, first dose: Routine, start: 15-Nov-2017 11:58 PST, stop: 15-Nov-2017 11:58 PST, bag volume (mL): 16.3 Day 1 Target Dose: DOXOrubicin - oncology 20 mg/m2 14-Nov-2017 16:01:07	
*Performed date / time : 15-Nov-2017	
*DOXOrubicin: 32.6 mg Volume: 16.3 ml Diluent: <none> ml ml</none>	Authorizing Signature - ONTEST.ONAMBRN1
*Route: IV ✓ Site: ✓ Total Volume: 16.3 Infused Over: 0 ✓ 15-Nov-2017 15-Nov-2017 15-Nov-2017	€ Cerner Cerner Millennium [®] Usemame : ONTEST.ONAMBRN1 ▼
In S	Password : Domain : prodbc
Comment	OK Cancel PowerChart © 2011 Cerner Corporation. All rights resenved.

You have now signed that you have given a pre-medication (Pt took own supply) and the Doxorubicin.

- Use the MAR page to review medications to be given for the day, best in the Plan View.
- Open the Medication Administration Wizard to scan patient's wristband and medications.
- Click Sign to finalize process.



Activity 2.4 – Place a No Cosignature Required Order

The patient tells you she is having some mild headache pain near the end of the drug administration, with no other accompanying side effects. She would like to have some Tylenol but has not brought any with her.

Nurses can place the following types of orders:

1

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

To place an order that does **not** require a cosignature:

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

< 🔹 🛉 Orders	
🕂 Add 🖉 Document Medication by Hx Reconciliation 🗸 🔊 Check Inter	ractions
Orders wedication List Document In Plan	
View	Displayed: All Active Orders All Inact
Orders for Signature	Solution Order Name
ONCP BR BRAVA7 - Cycle 1 Chemotherapy (Day 1, 8, 15) (Initiated) Labs (Day 1, 8, 15, 22) (Future)	Medications DOXOrubicin (DOXOrubicin
Scheduling (Discontinued)	Zero Time Zero Time

- 1. Type acetaminophen into the search window and a list of choices will display.
- 2. Select **acetaminophen** with order sentence of (650 mg, PO, once, PRN pain-mild or fever, drug form: tab).Order sentences help to pre-fill order details.

CSTEICIA, ZOLA, Add Order DOB:01-1an-19, MRN:700005145Code Statu	· Process:	Location: I GH Chemo: IV WR
Age:57 years Enc:700000001	Disease	Enc Type:Recurring
Allergies: No Known Medicat Gender:Female PHN/98767350 Dosing Wtv	0 kg Isolation	Attending:
The great the thread the condent characteristic of the booking that	o ng Dolation	Attendingi
Search: acetaminophen 🔍 Advanced Options 🗸 Type: 😓 Ambula	ory - In Office (Meds in Office) 🛛 👻	
acetaminophen 2	•	
acetaminophen (mg, PO, q6h, PRN fever, drug form: tab)		
acetaminophen (mg, PO, q6h, PRN pain-mild or fever, drug form: tab)		
acetaminophen (650 mg, PO, once, PRN fever, drug form: tab)		
acetaminophen (650 mg, PO, once, PRN pain-mild or fever, drug form: tab)		
acetaminophen (650 mg, PO, q6h, PRN pain-mild or fever, drug form: tab)	3	
acetaminophen chewable		
Acetaminophen Level		
acetaminophen long acting		
acetaminophen PRN range dose		
acetaminophen take home med		
acetaminophen-codeine 32 mg-1.6 mg/mL oral lig		
acetaminophen-codeine 32 mg-1.6 mg/mL oral lig PRN range dose		
acetaminophen-codeine 300 mg-30 mg tab		
acetaminophen-codeine 300 mg-30 mg tab PRN range dose		
"Enter" to Search		
		CSTEICIA, ZOLA - 700006145 Done



The Ordering Physician window opens.

- 4. Type in the name of the patient's Attending Physician
- 5. Select No Cosignature Required and click OK

P Ordering Physician
Order
Proposal
*Physician name
Plisvca, Rocco, MD
*Order Date/Time 4
30-Nov-2017 📮 🗸 1451 🊔 PST
*Communication type
Phone
No Cosignature Required
Cosignature Required
Paper/Fax Electropic
·
OK 5 Cancel

Note: If the order were verbal or phone based you would select the corresponding communication type. Verbal and phone orders that are entered in the system automatically get routed to the ordering provider for co-signature. These orders are only encouraged when a physician cannot enter the order directly into the Clinical Information System (CIS) themselves.

6. Click **Done** and you will be returned to the Orders Page and see the order details.

	le Ciana					
7. Clic	k Sign					
Details for acetamin Details ()) Order Comme	nts	k				
⊨ 🔓 h. 🛛 🖡 🏹					Remaining Administrations: (PRN) Stop: (Unknow	NN)
*Dose:	<u>650</u>		*Dose Unit:	mg	*	
Route of Administration:	PO	•	*Frequency:	once	•	
PRN:	• Yes C No		*PRN Reason:	pain-mild or fever	•	
Administer over:			Administer over Unit:		•	
Duration:			Duration Unit:		•	
Drug Form:	tab	•	First Dose Priority:		•	
*Start Date/Time:	30-Nov-2017 14:51 PST	*	Stop Date/Time:	**************************************	PST	
			RCCA Protocol Code:			

8. Click Refresh



- If an order is a RNIA use No Cosignature Required.
- You must enter the patient's Physician information to proceed



Activity 2.5 – Cancel/Discontinue an Order

You had contacted the doctor earlier for an Ativan order as the patient was feeling anxious arriving to the Ambulatory Chemotherapy Clinic, the doctor had entered an order upon your phone conversation. Now, speaking to the patient further she does not feel this is necessary, so you go ahead and cancel the order. Follow the steps below.



To Cancel/Discontinue an order:

- 1. Go to the Orders screen from the Menu.
- 2. Right-click order Lorazepam.
- 3. Select Cancel/Discontinue.

Menu	÷	< > → 者 Orders		[田] Full sc
Ambulatory Summary		+ Add R Document Medication by Hx Reconciliation - A Check In	eractions	Reconciliatio
Oncology				\rm Meds His
Orders	+ Add	Orders Medication List Document In Plan		
Single Patient Task List	1			
MAR		View	Displayed: All Active Orders (All Inactive Orders (All Orders 5 Days Back	
MAR Summary		Scheduling (Discontinued)	🔊 🏹 Order Name Status Dose Details	
Interactive View and I&		Chemotherapy (Day 1 to 2) (Discontinued)	⊿ Patient Care	
December Decision		Prescriptions (Days 1 to 2) (Planned)	Oncology/Hematolo Future (O 28-Nov-2017, Patient Education Topics: Chemotherapy Teaching, LGH Madiantines	I Chemo, Future Order
Results Review		Next Cycle Labs (Days 1) (Future)	🖌 🖕 LORazepam (LORazep Ordered 1 mg. sublingual. once. PRN anxiety. drug form: tab. start: 01-Dec	
Documentation	+ Add	- Scheduling (Discontinued)	A Laboratory	Renew
Medication Request		- Suggested Hans (0)	INR and PTT Panel Proposal Blood, Routine, Collection: 13-Oct-2017 15:08 PDT, once	Modify
Histories		Admit/Transfer/Discharge		Сору
Allergies	🖶 Add	- Status		Cancel and Reorder
		Patient Care		Suspend
CareConnect		Diet/Nutrition		Activate
Clinical Persarch		Continuous Infusions		Complete
Clinical Research		C Medications		Cancel/Discontinue 3
Diagnoses and Problem	15	Blood Products		Void
Form Browser		Laboratory		Reschedule Administration Times
Growth Chart		Procedures		Add/Modify Compliance
Immunizations		Respiratory		Order Information
Lines/Tubes/Drains Sur		Allied Health		Comments
Medication List	+ Add	Consults/Referrals		Results
Patient Information		Supplies		Ingredients
Plan of Care Summary		Non Categorized		Reference Information
Peference		Medication History		Print +
		Reconciliation History		Advanced Filters
				Auvanced Pillers
		К. Ш. Р		Customize view Disable Order Information Identified
		Related Results (1)	▲ Details	Uisable Order Information Hyperlink
		Variance Viewer	Orders For Cosignature Orders For Nurse Review	

Ordering Physician pop-up window will appear. Fill out required fields highlighted yellow.

- 4. Physician name = type name of Attending Physician (Plisvcw, Tyler)
- 5. Communication type = No Cosignature Required
- 6. Click OK





- 7. You may fill in the Discontinue Reason.
- 8. Review order to discontinue and click Orders For Signature

Displayed: All Active Orders All Inactive O	rders All Orders 5 Days	Back	Show More Orders.
Order Name	Status Dose	Details	
⊿ Patient Care			
Oncology/Hematolo	. Future (O	28-Nov-2017, Patient Education Topics: Chemotherapy Teaching, LGH Chemo, Future Order	
⊿ Medications			
LORazepam (LORazep	Discontin	01-Dec-2017, No Longer Medically Indicated	
△ Laboratory			
INR and PTT Panel	Proposal	Blood, Routine, Collection: 13-Oct-2017 15:08 PDT, once	
■ Details for LORazepam (LORazepam	n sublingual)	
Details Order Comments			
+ ∎ lh. 🕨 🌣			
*Discontinue Date/Time: 01-Dec-2	017 🔺 💌	Discontinue Reason: No Longer Medically Indicated Other Discontinue Reason:	
Orders For Cosignature Orders For No.	Irse Review	8	Orders For Signature

Note: Refresh page. The order will no longer be visible on order profile.

Key Learning Points
Right click to cancel/discontinue.
Both of these actions will remove orders from patient's Order Profile.



PATIENT SCENARIO 3 – LYCHOP-R

Learning Objectives

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

Utilize the titration documentation in iView

Navigate to and view the Lifetime Cumulative Dosing

Chart an infusion reaction/adverse event

SCENARIO

You arrive on the unit and log in to your first patients chart to begin the chemo checks. The patient is new and just started LYCHOP-R. Today is the patient's first Rituximab infusion. He received Cycle 1 Day 1 yesterday afternoon.

When performing your chemo checks you calculate your Rituximab titration rate increases per first time Rituximab protocol. Starting the infusion at 50mg/hr for the first hour and then increasing by 50mg/hr every 30 minutes to a maximum of 400mg/hr.

The pump beeps and the patient is ready for the next rate increase (200mg/hr). You adjust the pump to reflect these changes and within a few minutes the patient notes they are feeling warm and appear flushed.

You respond by stopping the infusion and assessing the patient further. The patient notes they are beginning to have a tingle in their throat and trouble breathing; you hang Benadryl 50mg IV immediately. You have the patient sit up in the chair and take a set of vitals. The patient notes they are beginning to breathe easier but still feel quite warm. You have an MD come over to assess. The MD decides to restart the Rituximab per the hypersensitivity protocol once the symptoms have subsided.

After the medication is given the symptoms subside and you start the patient at one rate lower than the reaction occurred at. You continue to monitor, the patient completes the medication with no further concerns.

As a member of the Ambulatory Chemo unit you will be completing the following activities:

Chemotherapy Checks

Activate Chemotherapy Orders to be Administered

Closed Loop Medication

Titration Charting

Managing Orders

Adverse Event/Reaction Charting

Lifetime Cumulative Dosing



Activity 3.1 – Medication Order Verification and Documentation Process

Using the patient provided to you, complete the following activities [Oncology-NurseB, enter first name].

1

To access your second patient navigate back to the Tracking Shell, assign yourself to be the patient's nurse and assign them chair 02. Click on the row of your patient (notice the patients name will populate in **the patient: section** and that the row is **shaded grey**).

- 1. **Right-Click** on the patient's name.
- 2. Click on **Open Patient Chart**.
- 3. A list of sections within the chart appears in a dropdown menu, click on **Ambulatory Summary** (this is the main view of the patient's chart, you could also choose to jump to specific views when more comfortable with the location of necessary information).
- 4. Ensure you have the correct patient open by verifying with the patient and the information in the blue banner (name, DOB and encounter).

Pati	Patient: CSTPRODONC, STEPHA - Filter: <none> -</none>									
6	🕲 🗞 🗭 🖆	\$								
	Location	Modality	Name	Date of Birth Isolation	Allergies Arrival Mod					
	Chair 01	Chemotherapy	CSTPRODONC, STEPHANIE	2 1 0005	Ambula					
	Chair 01		CSTPRODONC, WORKINGGR	Open Patient Chart	Ambulatory Summary					
	Chair 01		CSTPRODONC, RECURRINGO	Add Order	Oncology					
	Chair 01		CSTONCONE, ONE		Orders					
	Chair 02			Discharge Process	Single Patient Task List					
	Chair 03			Snapshot	MAR					
	Chair 04		-		Interactive View and IO					
	Chair 05				Results Review					
	Chair 06	Dual Modality	CSTPRODREG, RECURTESTIN	0 10-May-1990	Desumentation					
	Chair 07		CSTONC, STWQMTHREE	12-Apr-2000	Documentation					
	Chair 08	Chemotherapy	CSTPRODONC, WORKINGGRO	<mark>L</mark> 09-Aug-1973	Medication Request					
	Chair 08	Radiation	CSTPRODREG, RECURRINGFO	10-May-1990	Histories					

CSTPRODONC, JAY	DOB:07-Jan-2010	MRN:700001721	Code Status:	Process.	Location:LGH Chemo
Allergies: No Known Allergies	Age:7 years Gender:Male	Enc:700000003037 PHN:9878239303	Dosing Wt83 kg	Disease: Isolation:	Enc Type Recurring Attending:
test a la	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				THE REPORT OF A DECK

Note: Alternatively with the patient selected you could use the icon to access the patient's chart or double-click on the beside the location of the patient.



- 1. In the patients chart from the menu, select **Orders**. 2.
- 2. From the **Orders** screen scroll through the **View** tab of the navigator to find the Regimen/PowerPlan orders.

Menu	Р	< 👻 🕇 Orders
Ambulatory Summary		🕂 Add 🔐 Document Medication by Hx Reconciliation 🗸 🔊 Check Inte
Oncology		
Orders	+ Add	Orders Medication List Document In Plan
Single Patient Task List		K
MAR		View
Tabara di sa Marsa a di 10:0		• Orders for Signature
Interactive view and I&O		ONC GI GIFFIRB (Started)
Results Review		ONCP GI GIFFIRB (Started)
Documentation	+ Add	i Plans
		Document In Plan
Medication Request		Oncology
Histories		ONCP LY LYCHOPR Cycle 1 - Cycle 1
		Chemotherapy (Day 1 to 2) (Future)
Allergies	Add	Prescriptions (Days 1) (Planned) 2
		Next Cycle Labs (Day 1) (Future)
CareConnect		Scheduling (Initiated)

Note:

2

- **PowerPlan:** One individual order set or cycle of treatment. These are broken out into phases of treatment and days of treatment.
- **Regimen:** A grouping of PowerPlans or individual cycles of treatment. One regimen may equal an entire protocol.
- Naming convention for Regimen: ONC is the folder name. The folder name is followed by the diagnosis and the protocol name.
 eg. ONC LY LYCHOPR.
- Naming convention for PowerPlan: ONCP is the folder name Same as above with "P" added to identify it as a plan. The folder name is followed by the diagnosis and the protocol name eg. ONCP LY LYCHOPR



- 3. Check all the orders by selecting **Orders for Nurse Review**. A new window pops up with all chemo orders and pre-medications for the patient (you should see the Acetaminophen, Diphenhydramine, and Rituximab).
- 4. Click Review

п с	CSTONC, STMANGO - Actions Requiring Review										
CS	то	NC, STM	ANGO		DOB:10-Oct-1980	MRN:700007277	Code Status:	Process:	Location:	LGH Chemo; Exam	01
					Age:37 years	Enc:7000000011631		Disease:	Enc Type:	Recurring	
All	ergi	ies: Adhesi	ve Bandage	, shellfish	Gender:Female	PHN:9876548177	Dosing Wt:51 kg	Isolation:	Attending		
		Action	Action Da	Entered By	Order	Details			Order Set Ordering		*
	Ħ	Order	22-Nov-201 7 09:53:46	TestON, Oncologis	Differential (CBC and Differential)	Blood, Routine, Collecti	on: 11-Dec-2017, once,	, Order for future visit	ONCP LY TestON, LYCHOPR Oncologis		
	⊞	Order	22-Nov-201 7 09:53:46 PST	TestON, Oncologist Hematologi st-Physician , MD	riTUXimab (riTUXimab - oncology)	798.75 mg, IV, once onc 23-Nov-2017, In 250 to 5 rate by 50 mg/h every 3 riTUXimab - oncology 3	ology, drug form: bag, 500 mL Sodium Chlroic 0 minutes until rate = 4 875 mg/m2 22-Nov-20	first dose: Routine, start: 22-Nov-2017, stop: Je 0.9% (NS). Start at 50 mg/h. After 60 minutes increase 100 mg/h unles toxicity occurs. Day 2 Target Dose: 17 09:50:10	ONCP LY TestON, LYCHOPR Oncologist Cycle 1 - Hematologi Cycle 1, st-Physician Chemothe, MD	Event/Task Summary	
	⊞	Order	22-Nov-201 7 09:53:46 PST	TestON, Oncologist Hematologi st-Physici	cyclophosphamide (cyclophosphamide - oncology)	1,597.5 mg, IV, once on 22-Nov-2017, In 100 to 2 Dose: cyclophosphamic	cology, administer ove 250 mL Sodium Chloric de - oncology 750 mg/r	r: 20 minute, drug form: bag, first dose: Routine, start: de 0.9% (NS) over 20 minutes to 60 minutes. Day 1 Targe m2 22-Nov-2017 09:49:34	ONCP LY TestON, LYCHOPR Oncologist Cycle 1 - Hematologi Cycle 1, C st-Physici	Event/Task Summary	
	⊞	Order	22-Nov-201 7 09:53:46 PST	TestON, Oncologist Hematologi st-Physici	vinCRIStine (vinCRIStine - oncology (CAPPED))	2 mg, IV, once oncology 22-Nov-2017, In 50 mL 1.4 mg/m2 22-Nov-201	y, administer over: 15 n Sodiu Chloride 0.9% (N 17 09:49:05	ninute, drug form: bag, first dose: Routine, start: IS). Day 1 Target Dose: vinCRIStine - oncology (CAPPED)	ONCP LY TestON, LYCHOPR Oncologist Cycle 1 - Hematologi Cycle 1, C st-Physici	Event/Task Summary	Ξ
	Ħ	Order	22-Nov-201 7 09:53:45	TestON, Oncologis	DOXOrubicin (DOXOrubicin - onc	106.5 mg, IV direct, onc (mL): 53.25, Day 1 Tar	e oncology, drug form get Dose: DOXOrubicin	: inj, first dose: Routine, start: 22-Nov-2017, bag volume - oncology 50 mg/m2 22-Nov-2017 09:47:18	ONCP LY TestON, LYCHOPR Oncologis	Event/Task Summary	
	Ħ	Order	22-Nov-201 7 09:53:45	TestON, Oncologis	Zero Time	once oncology, 22-Nov	-2017, 23-Nov-2017, Fu	uture Order, Day 1 to 2, -1	ONCP LY TestON, LYCHOPR Oncologis	Event/Task Summary	
	⊞	Order	22-Nov-201 7 09:53:45 PST	TestON, Oncologist Hematologi st-Physici	acetaminophen	650 mg, PO, q4h interva 22-Nov-2017, stop: 23-N infusion then q4h if infu	al, PRN other (see com Nov-2017, For riTUXima Jsion exceeds 4h. Day 2	ment), drug form: tab, first dose: Routine, start: ab reaction prophylaxis. Give once prior to riTUXimab	ONCP LY LYCHOPR Cycle 1 - Hematologi Cycle 1, C st-Physici	Event/Task Summary	
	⊞	Order	22-Nov-201 7 09:53:44 PST	TestON, Oncologist Hematologi st-Physici	diphenhydrAMINE	50 mg, PO, q4h interval, riTUXimab reaction pro Day 2	, drug form: tab, first d phylaxis. Give once prio	ose: Routine, start: 22-Nov-2017, stop: 23-Nov-2017, For or to riTUXimab infusion then q4h if infusion exceeds 4h.	ONCP LY LYCHOPR Cycle 1 - Hematologi Cycle 1, C st-Physici	Event/Task Summary	
	Ħ	Order	22-Nov-201 7 09:53:44	TestON, Oncologis	dexamethasone	8 mg, PO, once oncolog minutes prior to treatm	gy, drug form: tab, first ent. Day 1	dose: Routine, start: 22-Nov-2017, Between 30 and 60	ONCP LY TestON, LYCHOPR Oncologis	Event/Task Summary	
			22-Nov-201	TestON,		8 mg, PO, once oncoloc	gy, drug form: tab, first	dose: Routine, start: 22-Nov-2017, Between 30 and 60	ONCP LY TestON,	Event/Task	-
⊽ S	Select All Show All Details CSTONC, STMANGO Review Cancel										
			ronnuary	Details							
			Variance	Viewer		Urders For Losignat	ure Urders For Nurse	Heview Jave as My Favorite			

5. This will bring you back to the **Orders** screen. To see more information about an order, Right-Click on it and select **Order Information**.

•	Zero Time	Order Information
•	🔲 🍗 😰 DOXOrubicin (DOXOrubicin - oncology)	Comments 5
•	🔲 🍗 😰 vinCRIStine (vinCRIStine - ortoology (CAPPED	Results Ingredients
•	🔲 🍺 🗭 cyclophosphamide (cyclophosphamide - ond	Reference Information
	During riTUXIimab infusion, if flushing, dyspr physician.	Print Print Disable Order Information Hyperlink
•	🔲 🚡 📝 riTUXimab (riTUXimab - oncology)	In 250 to 500



6. From the **Order Information Window** you can select the **Dose Calculator Icon** for each Chemotherapy drug to be administered. The Dose Calculator will allow you to see the Height, Weight and BSA used by the system to calculate the doses. View this screen to verify that the appropriate values have been used.

	Viewing Dosage Calculator
CSTONC, STMANGO - Order Information for: riTUXimab (riTUXimab - oncology)	riTUXimab - oncology / Dose according to protocol
Task View Help	Dose Values
ali i© ⊮s	1) Target dose: B/C mg/m2 Drder Comments
Original order entered and electronically signed by TestON, OncologistHematologist-Physician, MD o Pharmacy Department	o 2) Calculated dose: 798.75 mg In 250 to 500 mL Sodium Chloride 0.9% (NS). Start at 50 x
riTUXimab (riTUXimab - oncology)	3) Dose Adjustment: 798.75 mg 100 % minutes until rate = 400 mg/h unles toxicity occurs. Day 2
	4) Final dose: 798.75 mg 375
Details Additional Info History Comments Validation Results Ingredients Pharmacy	Fercentage of final dose
Datsile	5) Standard doce: 0 mg 0 mg/m2
Target dose 375 mg/m2	6) Rounding rule: No rounding
Actual dose 375 mg/m2	7) Adjust Reason:
Dose 798.75	This is the weight the physician entered
Dose Unit mg 6	8) Route: M into the dosing weight PowerForm. The
Route of Administration IV	Reference Data source of the information displays on the
Frequency once oncology	Date of birth: 10/10/1980 (37 Years) right.
PRN No	Sex Female
Drug Form bag	Ethnicihu
First Dose Priority Routine	Heinhr 183 cm Source: 14-Nov-2017 15:30 183.00 cm Height/Length Measured
Start Date/Time 22-Nov-2017 09:42 PST	
Stop Date/Time 23-Nov-2017 10:12 PST	Actual weight 90 kg Source: 14.Now.2017 15:30 89.000kg Weight Dosing
Stop type Physician Stop	
Order for future visit Yes	Adjusted weight: b9 kg Adjustment: Actual (no Adjustments)
Pharmacy order type 1	
Difference in minutes -1 Physician Address Id 1020 CCT St Vancouver British Columbia	Serum creatmine: U mg/dL Source: Manually entered
Use Patient Supply No	CrCl (est,): Algorithm: Cockrott-bault (Actual Weight) Missing data
Testment Berind	Weight Used for LrU:
	Body surface area: 2.13 m2 Algorithm: Manually entered
77 #BL24_Intusion Chemothe	ρ
saith	Date
/Keterrals	
British Brook.	

Note: Read the speech bubbles for some more insight.

7. Close this screen and click "x" on the next screen so that you can move on to checking lab results. Select the **Chemotherapy** phase of the PowerPlan. This will display the Pre-chemotherapy metrics. A i and the lab result will display if the lab results are within the set parameters for treatment to proceed. An x will display if the treatment parameters have not been met. '**Completed**' displays if the lab was collected and no result matching this field are available.



Note: You can view the remainder of the required labs from Results Review in the menu.



5 From the **Menu** select the **Ambulatory Summary Page**. This page is a summary of information about the patient. The information is pulled in from other places in the EMR (Electronic Medical Record) such as orders, documents, PowerForms and IView. From the **Ambulatory Summary Page** (MPage) you can check the patient's lab results, VS, diagnosis, and PowerPlans ordered. Select the **Documents** widget to take you to the list of available documents. Here you can view the Medical Oncology Consult note created by the Provider.

CSTONC, STPEACH					$\leftarrow \text{List} \rightarrow \stackrel{\text{\tiny{list}}}{=} \text{Recent} \bullet \text{Name} \bullet Q$
CSTONC, STPEACH	DOB:18-Sep-1965 MR	IN:700006677 Code Statu	s: Process		Location:LGH Chemo
Allergies: shellfish	Gender:Male PHI	N:9876598379 Dosing Wt:	74 kg Isolation	- 1:	Attending:
Menu 7	< 🔹 🔹 👫 Ambulatory Sumn	nary			🗇 Full screen 👘 Print 🏕 0 minutes ago
Ambulatory Summary	A 100% ·	G 🖷 👌			
Oncology	Summary X	Demographics 🛛	Transfusion Medicine XX Future Orders	13 Handoff Tool	
Orders 🕂 Add					
Single Patient Task List	Cycle 2 - ONCP GI GIFFIRB	*Est. 30/11/2017	Vital Signs 💠 🗸	≡ - へ will apply to th	s encounter.
MAR	Cycle 1 - ONCP GI GIFFIRB - Cycle 2	1 23/09/2017	All Visits	Q Search New	Order
Interactive View and I&O	⊿ Historical (1) - 30/11/2016 to Curren	nt	No results found	Mino	
Results Review	Name	Start Stop		Eavorites	
Documentation 🕂 Add	ONC GI GIFFIRB	09/11/201/ 08/11/201/	Pathology (0)		In Office Equation (Miss 1)
Medication Request	Problem List	≣∙⊗	All Visits 🗢	Ambulatory	In-Onice Pavonices (MISC 1)
Histories	All Visits		No results found	My Plan Fav	e E
Allergies 🕂 Add	Classification: All		Imaging (0)	E • ♀ Clinical Resea	irch (1) =- 💽
CareConnect	Priority Problem		Lines, Tubes, and Drains (0)	≡• 📀 Documents (:	i) 💠 🔲 🗐 👘
Clinical Research	I nis Visit (0)			All VISITS 🗸	
Diagnoses and Problems			Patient Assessment (0)	=•••	
Form Browser	Active (0)		Flagged Events (0)		a trahan
Growth Chart	Historical(1)	Show Previous Visits	Last 30 days for the selected visit	Oncology Medica	Consult TestON, 18/09/17 10:00
Immunizations			No results found		OncologistHematologist-
Lines/Tubes/Drains Summary	Home Medications (0) 🔶	≡∙⊙			Physician, MD
MAR Summary	All Visits		Patient Education (0) 🖕	E · O Measurement	s and Weights (3) 🔤 - 🔊
Medication List 🕂 Add		Medication Reconciliation	Selected visit	All Visits	
Patient Information	No results found		No results found		Talan Bandana Planas

CSTONC, STPEACH	+	DOB:18-Sep-1965	MRN:700006677	Code Status:	Process:	Location:LGH Chemo
Allergies: shellfish		Age:52 years Gender:Male	PHN:9876598379	Dosing Wt:74 kg	Isolation:	Attending:
Menu	ņ	< > - 者 Document	ation			🗇 Full screen 👘 Print 💸 1 minutes ago
Ambulatory Summary	<u>^</u>	🕂 Add 🛛 Submit 🔳 🏔 Fo	rward 🔳 Provider Letter 🛛 🖬 🕯	Modify 🐂 🗶 🗣 📰 💽 In Err	or Preview	
Oncology		list				4 Þ
Orders	🕂 Add					
Single Patient Task List		Display : 🛛 🗸 🗸				👚 Previous Note 🛛 🕹 Next Note
MAR		10.01	N	(
Interactive View and I&O		Arranged By: Date Phone Message	09-Nov-2017 12:59-04 PST			
Results Review		General Message	FestON, OncologyAmbulato			
Documentation	🕂 Add	Chemotherapy Dosing Wei	08-Nov-2017 09:53:00 PST			
Medication Request		Chemotherapy Dosing Weight Pharmacy Chemo Clinical C	31-Oct-2017 09:55:00 PDT			
Histories	E	Pharmacy Chemo Clinical C	FestON Pharmacist-Pharm			
Allergies	🛨 Add	Oncology Medical Consult	18-Sep-2017 10:00:00 PDT			
		Cnemotherapy Dosing Wei	18-Sep-2017 09:58:00 PD1			
CareConnect		Chemotherapy Dosing Weight	estON, OncologistHematol			E
Clinical Research						
Diagnoses and Problems						
Form Browser						
Growth Chart						
Immunizations						
Lines/Tubes/Drains Sumr	mary					
MAR Summary						
Medication List	+ Add	<pre></pre>				
Patient Information						



6 Once you have completed your Chemotherapy Order Verification, navigate to IView, choose the **Chemo/Biotherapy Verification** section. Document the medications within the protocol; a conditional field will open to enable you to document any test results that you reviewed. Document that you verified the height and weight used to calculate the patient's chemotherapy dose.

Menu 7	< 🔹 者 Interactive View and I&O		
Ambulatory Summary	** 🔜 💷 🔐 🖌 🚫 🧃 📑 💼 🍋 🗶		
Oncology			
Orders 🕂 Add	🗙 Infusion-Oncology		
Single Patient Task List	Measurements VITAL SIGNS PAIN ASSESSMENT	Find Item Critical High Low	🗖 Abnormal 📄 Unau
MAR	Peripheral IV	Result Comments F	lag Date
Interactive View and I&O	Central Line		
Results Review	Subcutaneous Catheter Vanipuneturs/Line Draw		22-Nov-2017
Documentation 🕂 Add	Chemo/Biotherapy Verification		10:12 PST 10:10 PST
Medication Request	Infusion Related Activities Infusion/Chemo Treatment Modifications	Chemo/Biotherapy Medications	Rituximab
Histories	Infusion/Chemo Adverse Reaction	Chemo/Biotherapy Tests	Vac
Allergies 🕂 Add	ECOG Performance Status	Chemo Nurse 1	TestON, On

Note: You double checked in the dose calculator as well as the summary page. Enter your name to indicate you completed the verification. If a second nurse is required, by policy, to independently check the orders they can complete the process and sign as Chemo Nurse 2.

- A Regimen is a set of PowerPlans
- A PowerPlan is equivalent to one cycle of treatment.
- You must nurse review all orders and look at order information for dosing calculation verifying.
- Important to be within the right phase of the PowerPlan to see the required information.
- Use the Ambulatory Summary page to navigate to other required results (labs, imaging, documentation).
- Chart your checks in iView.

1



Activity 3.2 – Activating Orders

From the menu click on **Orders**. From the **Orders** screen scroll through the View tab of the navigator to find the Regimen/PowerPlan orders. Click on the Cycle 1 Chemotherapy Phase, select **Activate Actions** from the Day 2 column (as you are looking to administer Cycle 1 Day 2), and select **Activate**.



Remember since this is a train domain and the estimated date has passed you will have to change the start date/time (refer back to activity 2.2 steps 6-7 on pg. 46). The only difference is a warning message screen will appear:

Requested Start Date/Time				
8	The start date and time on the following orders will not be adjusted because they have already been activated. Zero Time			
	OK			

This message is in reference to Cycle 1 Day 1 as the date is in the past and the medications have been activated and given; therefore they cannot be changed.



2 Click Orders for Signature...one last sign off to say that you have done your checks and Click Sign and Refresh . This will change the order status from a 'future' status to an 'ordered' status.



- Activate orders from the correct Regimen/PowerPlan.
- Click to Sign Orders as a last sign off stating your checks are completed.
- Remember to refresh your pages to see changes.



Activity 3.3 – Closed Loop Medication Administration

From the menu select **MAR** and review the medications that are to be administered for the patient. Remember this is best done from the **Plan View** where the medications within the Powerplan are listed in the order of administration.



- 2. Choose the **Medication Administration Wizard (**MAW) **Medication Administration** from the toolbar .
- 3. Scan the patient's wristband, a window will pop up displaying the medications that you can administer. (**Note:** this list populates with medications that are scheduled for 1 hour ahead or 1 hour behind the current time).

Medication Administration			
CSTONC, STMANGO Female	MRN: 700007277 FIN#: 7000000011631	DOB: 10-Oct-1980 Age: 37 years	Loc: Exam 01; ** Allergies **
	Alternatively, select the patient	n the patient's wristband. profile manually by clicking (Next) button.	
Ready to Scan		1 of 2	Next

1



4. Scan the medication label for the Acetaminophen and Diphendydramine. The Medications will appear selected in the **Medication Administration Window**. Click **Next** to verify this is the correct medication scanned. Details of the medication to be administered pop up in the next window, verify these are correct.

P Medication Administration									
-			Nurse Review Last Refresh at 10:23 PST						
CSTONC, STMANGO Female	MRN: 700007277 FIN#: 700000011631	DOB: 10-Oct-1980 Age: 37 years	Loc: Exam 01; ** Allergies **						
22-Nov-2017 09:08 PST - 22-Nov-2017 11:38 PST									
Scheduled	Mnemonic	Details	Result						
22-Nov-2017 10:14	PST rituximab riTUXimab (riTUXimab -	798.75 mg, IV, once onco In 250 to 500 mL Sodium	ology, drug form 1 Chlraide 0.9% (
🗹 🔽 22-Nov-2017 11:00) PST diphenhydrAMINE	50 mg, PO, drug form: t For riTUXimab reaction	tab, start: 22-NdiphenhydrAMINE 50 mg, PO prophylaxis. G						
PRN 🕅 词 🔁 PRN	acetaminophen	650 mg, PO, q4h interva For riTUXimab reaction	al, PRN other (acetaminophen 650 mg, PO, other (see comme						
•									
Ready to Scan		2 of 2	Back Sign						

5. Click Sign. You would now administer the medication

Repeat the same for the Rituximab administration. If a nurse witness is needed you can search for the name by entering name and clicking the binoculars icon. Clicking the
 icon sign. The administration will open up the Authorizing signature window where the Nurse Witness can enter their password.



7. Click Sign.

P Medication Administration				
R			Nurse Review	Last Refresh at 10:25 PST
CSTONC, STMANGO Female	MRN: 700007277 FIN#: 7000000011631	DOB: 10-Oct-1980 Age: 37 years		Loc: Exam 01; ** Allergies **
	22-Nov-2017 0	9:10 PST - 22-Nov-2017 11:4	40 PST	
Scheduled	Mnemonic rituximab riTUXimab (riTUXima	Details 798.75 mg, IV, once once In 250 to 500 mL Sodium	Result ology, drug fo iTUXimab 798. 1 Chlroide 0.9	75 mg, IV
PRN PRN	acetaminophen	650 mg, PO, q4h interval, For riTUXimab reaction pr	PRN other (see 6 rophylaxis. Give	
				7
Ready to Scan		2 of 2		Back Sign

Note: You have now signed that you have given both pre-medications and the Rituximab.

- Use the MAR page to review medications to be given for the day.
- Open the Medication Administration Wizard to scan patient's wristband and medications.
- Click Sign to finalize administration process.
1



Activity 3.4 – Titratable Medication Charting

1. From the menu bar select Interactive View and I&O.



- 2. Under the Infusion-Oncology Band select Infusion Related Activities.
- 3. Now Double-Click in the Titratable Drug Name box.

🗙 Infusion-Oncology	•		Last 48 Hours
Measurements VITAL SIGNS	Find Item - Critical	🗌 High 📄 Low 📄 Abnormal 📄 Unau	th 🔲 Flag
PAIN ASSESSMENT			
Peripheral IV	Result	Comments Flag Date	Performed By
Central Line			
Subcutaneous Catheter			
Venipuncture/Line Draw	hu 🖞 _	20-Nov-2017	
Chemo/Biotherapy Verification		📆 11:37 PST	
Infusion Related Activities	⊿ Infusion Related Activities		
Infusion/Chemo Treatment Mc 2 tions	Frozen Gloves	3	
Infusion/Chemo Adverse Reaction	Titratable Drug Name		
NCI Toxicity Criteria	Titratable Rate Unit		
ECOG Performance Status	Double Signed Titration		
Patient Education, Infusion/Oncology	Other Medication Requirements		
Prevention Education	Taken Per Protocol		
Radiation Oncology			

4. From the list select the corresponding drug you have hung (in this scenario we are administering Rituximab).

	20-Nov-2017
⊿ Infusion Related Activities	
Frozen Gloves	
Titratable Drug Name	Titratable Drug Name 🗙
Titratable Rate Unit	Rituximab
Double Signed Titration	Daratumumab (N/F)
Other Medication Requirements	Obinutuzumab
Taken Per Protocol	Ofatumumab (N/F)
	Blinatumomab (N/F)
	Other



Choose the Titratable Rate Unit, which should be chosen as mL/hr to reflect your calculations. Chart the starting titration mL/hr. <u>The system does not omit the need to</u> <u>calculate the titration value</u>. For our patient use, height 183cm and weight 89kg, with a BSA of 2.13, Rituximab dose 799 mg mixed in a 325 mL bag of NS.

₩1₩ R ∡ P	20-Nov-2017
⊿ Infusion Related Activities	
Frozen Gloves	5
Titratable Drug Name	Rituximab
Titratable Rate Unit	mL/hr
Titratable Starting Rate mL/hr	mL/h <mark>20</mark>
♦ Titratable Rate Change mL/hr	mL/h
Double Signed Titration	
Other Medication Requirements	
Taken Per Protocol	

Rituximab Calculation Example based on the above patient information:

mg/hr	Time	mL/hr	Volume to be Infused
50	1 hour	20mLs	2mLs
100	30 mins	41 mLs	20.5 mLs
150	30 mins	61 mLs	30.5 mLs
200	30 mins	81 mLs	40.5 mLs
250	30 mins	102 mLs	51 mLs
300	30 mins	122 mLs	61 mLs
350	30 mins	142mLs	71 mLs
400	30 mins	Until complete	30.5 mLs to completion

2

6. **Sign** to save the data entered in the chart (hint: text colour changes from purple to black once signed).





7. Once you perform a rate increase you can come back and document the subsequent increment calculated. Enter this value in **Titratable Rate Change**. Continue this process until medication is completed or rate maximum has been reached.

Find Item Critical High Low Abnormal Unauth Flag Or And Or									
Result Comments	Flag Date		Perf	ormed By					
1 10	20-Nov-2017				19-No	ov-2017			
	12:06 PS	15:55 PST	15:25 PST	14:55 PST	14:25 PST	13:55 PST	13:25 PST	12:55 PST	11:55 PST
⊿ Infusion Related Activities									7
Frozen Gloves									
Titratable Drug Name		Rituximab							
Titratable Rate Unit		mL/hr							
♦ Titratable Starting Rate mL/hr m	_/h								20
♦ Titratable Rate Change mL/hr ml	_/h	163	142	122	102	81	61	41	
Double Signed Titration		Ĩ							
Other Medication Requirements									
Taken Per Protocol									

- 8. If you need to adjust the time to reflect the time of the rate change. Right-Click on the time or date and select **Insert Date/Time**.
- 9. Change the timeframe to reflect the time of the rate change.



Note: This feature can help if another nurse is covering your patient while on break. They can easily see the rates you have entered and at what time the adjustments were made.

Key Learning Points

- Titration charting is best done in mL/hr to reflect the calculations.
 - Times can be adjusted to reflect time of rate change
- Titration charting in IView does not omit the need to perform calculations
- Titration table can help when nurses are covering breaks

1



Activity 3.5 – Reaction Charting

Once you have dealt with the reaction and the patient is settled you would complete the following charting to reflect the assessment and actions taken.

- 1. From the Menu select Interactive View and I&O.
- 2. Then from the Infusion-Oncology Band select Infusion/Chemo Adverse Reaction.



3. Double-Click on the box for **Infusion/Chemo Adverse** Reaction band to expand additional fields below.

Find Item Critical	High Low Abnormal Una
Result	Comments Flag Date
×. 34	21 Nov 2017
	3 08:57 PST
⊿ Infusion/Chemo Adverse Reaction	
Drug Name	3
Activity	
Unexpected Response	
Notification of MD	

Note: Hit Enter on the keyboard to jump to the next area of charting instead of using the mouse to click from box to box. You can collapse expanded bands by single clicking icon to the left.



- 4. Enter the drug causing the adverse reaction; in this scenario enter Rituximab. Hit Enter.
- 5. Select the activity which is taking place (assess unexpected response). Hit Enter.

	21-Nov-2017 19-Nov-2017
Infusion/Chemo Adverse Reaction	
Drug Name	Rituximab
Activity	Activity X
🕸 Unexpected Response	Initiate infusion
Notification of MD	Interval assessment per policies/procedures
	Titrate as indicated
	Complete infusion
	Assess unexpected response
	Other 5

6. Select the appropriate **Unexpected Response** being observed/ described by the patient. Hit Enter.

	21-Nov-2017	19-Nov-2017	
⊿ Infusion/Chemo Adverse Reaction		I	
Drug Name		Rituximab	
Activity		Assess unex	
Unexpected Response		Unexpected R	esponse 🗙
Notification of MD		🖌 Hypersensi	tivity
		🗌 Neurologic	: Symptoms
	Respiratory Symptoms		
	Systemic Symptoms		
	Cardiovascular Symptoms		
		GI Sympton	ns
		🗌 GU Sympto	ms
		Integument	tary Symptoms
		Extravasatio	on
		Flare reacti	on 📃
		Other	6

7. Document the **Notification of the MD**. To do this use the mouse to select the magnify glass and complete the appropriate fields in the pop up window and then hit **Enter**.

M ੴ ■ M Infusion/Chemo Adverse Reaction	21-Nov-2017 19-Nov-2017	
Drug Name	Rituximab	
Activity	Assess unex	
Unexpected Response	Hypersensiti	
Notification of MD		
Interventions to Adverse Reaction	♦	7
Resolution to Reaction	\diamond	
♦ Comments	\diamond	



8. Fill in the name of the MD who was notified or came to assess the patient and then click **OK** to take you back to the previous screen to complete the adverse reaction charting.

S. Provider Selection			
Last name:	First name:	Suffix	Search
L Title:	Aliae:	Alias timer	New Provider
- mer		inde type.	Preview
Username:			Clear
Limit by group No data filtering			8
Limit by organization No data filtering			
Limit by position So data filtering			
Limit by relationship No data filtering			
View physicians only			
Name	Aliases Services Positions Orga	inizations Username	
			UK Cancel

9. Select the interventions that were implemented. Hit Enter.

	21-Nov-2017 19-Nov-2017
⊿ Infusion/Chemo Adverse Reaction	
Drug Name	Rituximab
Activity	Assess unex
🕸 Unexpected Response	Hypersensiti
Notification of MD	
♦ Interventions to Adverse Reaction	Interventions to Adverse Reaction 🛛 🗙
Resolution to Reaction	Emergency Response Initiated
♦ Comments	Infusion stopped
	Medication orders received
	Oxygen initiated
	Pharmacy notified
	Pt monitored per protocol or order
	Other 9



10. Select the resolution to the reaction. Hit Enter.

ini 18 ■ D	21-Nov-2017 19-Nov-2017
⊿ Infusion/Chemo Adverse Reaction	
Drug Name	Rituximab
Activity	Assess unex
Unexpected Response	Hypersensiti
Notification of MD	
Interventions to Adverse Reaction	Infusion sto
Resolution to Reaction	Resolution to Reaction 🗙
♦ Comments	Problem resolved
	✓ Infusion restarted
	Infusion not restarted
	Admitted to emergency department
	Admitted to hospital
	Other 10

11. You may also add any comments to explain the reaction scenario and reflect any detail which was not touched on in the above fields. Vital Signs would be charted in the corresponding band in IView.

	21-Nov-2017 19-Nov-2017
⊿ Infusion/Chemo Adverse Reaction	
Drug Name	Rituximab
Activity	Assess unex
Onexpected Response	Hypersensiti
Notification of MD	
Interventions to Adverse Reaction	Infusion sto
Resolution to Reaction	(11) roblem res
♦ Comments	Pt began to feel 🔺
	flushed, and feeling short of breath. Once

12. Lastly, do not forget to sign the documentation by clicking on the Check Mark in the upper left-hand side of the screen.





13. To read the text added into the comments field or any other field you can double-click to populate the **Result Details**.

P Result Details - CSTEICIA, ZOLA	
Result History	
Value	
PT began to feel flushed, and feeling short of breathe. Once infusion stopped patients breathing ease	d, HR elevated and still red in the face. REsident up to assess and hydrocortis
<u>د</u> ا	4
Result Action List	
Infusion/Chemo Comments	
and still red in the face. REsident up to assess and hydrocortison concerns Date/Time THURSDAY, 30-NOVEMBER-2017 16:16 PST	e ordered. Infusion resumed with no further
Contributor System POWERCHART	
Status AUTH (VERIFIED)	
Source CLINICIAN	
Trend	
196443613	Forward Print Close

- 14. Alternatively, if you required charting in more depth you could create a free text note within the Documentation section.
 - A. Select Documentation from the Menu
 - B. Choose the Type of note: Nursing Narrative Note
 - C. Title your note
 - D. Select Free Text Note from the templates
 - E. Click OK

< > - ♠ Documentation				(II) Full screen	🗇 Print 🛛 🍣 0 minutes ago
+ Add [0]					
New Note × List					4 Þ
142					
Note Type List Filter:		All (63) Favorites (0)		Q Search	
1 Charles	*Note T	[emplates			
Nursing Narrative Note		Name 👻	Description		
B		ED Note Simple	ED Note Simple Template		*
-	*	ED Supervision/Handoff Note	ED Supervision/Handoff Note		
Reaction		Family Conference Note	Family Conference Note Template		
C	*	Free Text Note	Free Text Note Template		
*Date: 2018-Jan-17 III 1145 PST	会	General Surgery Progress/SOAP Note	General Surgery Progress, D Note Template		
	*	ICU Admission/Consultation Note	ICU Admission/Consultation Note Template		E
*Author:		ICU Daily Progress Note	ICU Daily Progress Note Template		
Cost, oncongynmodiatory Harse	索	ICU Multidisciplinary Conferencing for Complex Patient	ICU Multidisciplinary Conferencing for Complex Patient Template		
		ICU Transfer Note	ICU Transfer Note Template		
	*	Infectious Disease Consult Note	Infectious Disease Consult Note Template		
		Kidney Care Clinic (KCC) Note	Kidney Care Clinic (KCC) Note Template		
	*	Lab Interpretation Note	Lab Interpretation Note Template		
		Limited Anesthesia Consult	Limited Anesthesia Consult Template		
	*	Lumbar Puncture	Lumbar Puncture Note Template		
		Medication Recommendation	Medication Recommendation Template		
	*	Newborn Admission H&P	Newborn Admission H&P Template		-
					OK



15. To reflect the medications that were administered during the infusion reaction you would need to add an adhoc order. Navigate to the **Orders** section in the chart and place an order for **Diphenhydramine 50mg IV**, **once**, **PRN allergy symptoms**, **drug form;inj**.

< > - A Orders		
🕂 Add 🍣 Document Medication by Hx Reconciliation 🗸 📎 Check Interactions		
P Oncology-NurseB, Brett - Add Order		
Oncology-NurseB, Brett DO8:1975-JanMRN:760000720 Code Status: Age:43 years Enc:76000000 Allergies: No Known Allergies Gender:Male PHN:10760000 Dosing Wt:89 kg	Process: Disease: Isolation:	Location:LGH Chemo Hold Enc Type:Recurring Attending:Train, OncologistHem
Search: nhydramine 50 mg IV diphenhydrAMINE (50 mg. IV, once, drug form; ini) diphenhydrAMINE (50 mg. IV, once, PRN allergy symptoms, drug form; ini) diphenhydrAMINE (50 mg. IV, once, PRN allergy symptoms, drug form; ini)	fice (Meds in Office) 👻	
"Enter" to Search		

16. The **Ordering Physician** window will pop up, fill in the details. This is an RNIA and therefore is a **No Cosignature Required** order, click **OK**.

R Ordering Physician
Order
Proposal
*Physician name
Plisvcw, Tyler, MD
*Order Date/Time
17-Jan-2018 🔹 💌 1129 🚔 PST
*Communication type
Phone Verbal
No Cosignature Required
Cosignature Required Paper/Fax Electronic
OK Cancel

Note: If other meds were given during the reaction they may require a different communication



type, depending on your Health Organizations Policies.

17. Select from the order entry screen. You will then be on the **Details** screen, click **Sign**, or adjust the details if required and then sign.

▪ Detaik for diphenhy	drAMINE			
🚰 Details 🌐 Order Comme	nts			
🕇 🔓 III. 🛛 🔍				Remaining Administrations: (PRN) Stop: (Unknown)
*Dose:	50	*Dose Unit:	mg 🗸	
*Route of Administration:	№ 🗸	*Frequency:	once 🗸	
PRN:	Yes O No	*PRN Reason:	allergy symptoms 🔹	
Administer over:		Administer over Unit:	•	
Duration:		Duration Unit:	•	
Drug Form:	inj 🗸	First Dose Priority:	~	
*Start Date/Time:	2018-Jan-17 11:29 PST 🔹	Stop Date/Time:		PST PST
Use Patient Supply:	🔿 Yes 🔘 No	BCCA Protocol Code:		
J Missing Required Details	rders For Cosignature Orders For Nurse F	leview		Sign

- 18. You can navigate to the **MAR** and see this medication is now available. Since the medication has already been given during the reaction there is no need to access the MAW, as you won't be able to scan and verify.
 - A. Select the MAR from the menu
 - B. Under the Time View looking at PRN medications
 - C. The Diphenhydramine order is available
 - D. Right-Click on the medication task
 - E. Click on Chart Details

Activity 3.5 – Reaction Charting



Menu	4	< > 🖌 🏦 MAR							
Ambulatory Summary		*** &** 📄							
Dncology									
Drders	+ Add	All Medications (System)						Tuesday, 2018	-January-16 12:56 PST - Thursd
single Patient Task List		Show All Rate Change Docu	Medications	2018-Jan-18	2018-Jan-17 21:00 PST	2018-Jan-17	2018-Jan-17 13:57 PST	2018-Jan-17	
MAR		Time View	Scheduled	01.001.51	21.001.01	11.001.01	13.57151	11.57151	
MAR Summary A		Scheduled	diphenhydrAMINE	Day 2 50 mg	Day 2 50 mg	Day 2 50 mg			
nteractive View and I&O		Unscheduled	50 mg, PO, q4h interval, drug form: cap_first_dose: Routine	Last given: 2018-Jan-17	Last given: 2018-Jan-17	Last given: 2018-Jan-17			
Results Review		PRN	start: 2018-Jan-17 13:00 PST, ston: 2018-Jan-18 02:26 PST	12:57 PST	12:57 PST	12:57 PST			
Documentation	🕇 Add		For riTUXimab reaction proph					50 mm 4 db 0/mm	
Medication Request		🗹 Future						50 mg Auth (Ver	
Histories		Discontinued Scheduled	Zero Time						
		Discontinued Unscheduled	once oncology, 2017-Dec-27 14:59 PST, 2018-Jan-17 13:26						
Allergies	Add	Discontinued PRN	PST, Day 1 to 2, -1						
			Zero Time						
CareConnect		Uiscontinuea Continuous Infus	PRN PRN				Day 2	Day 2	
Clinical Research			acetaminophen 650 mg, PO, g4h interval, PRN					led to build disp Last give <u>n:</u>	
Diagnoses and Problems			other (see comment), drug form: tab. first dose: Routine.				Med Response	2018-Jar 0 12:57 PS	rder Info
Form Browser			start: 2018-Jan-17 12:56 PST, stop: 2018-Jan-18 02:56 PST					T	ask Info
Growth Chart			For riTUXimab reaction proph						hart Details
mmunizations			acetaminophen					* 650 m	uick Chart
mmunizations			Temperature Axiliary					C	hart Done
.ines/Tubes/Drains Summ	nary		Numeric Pain Score (0-10)						art Not Done
Medication List	🕂 Add		diphophydr A MINIE					50	chart
Patient Information			50 mg, IV, once, PRN allergy					2018-Jar	eschedule This Dose
Plan of Care Summary			2018-Jan-17 12:55 PST BENADRYL EOUIV					12:57 PS	

- 19. The chart details window will pop up, you can adjust the time the medication was administered to reflect on your MAR.
 - A. Change the time to reflect time given during the adverse reaction
 - B. You may also add a Comment if you like
 - C. Sign for the time administration

P Charting for: Oncology-NurseB, Rene	×	Medications	2018-Jan-18	2018-Jan-17	2018-Jan-17	2018-Jan-17	2018-Jan-17	2018-Jan-17
		cheduled	01:00 PS1	21:00 PS1	17:00 PST	13:57 PST	12:57 PST	12:30 PST
diphenhydr:AMINE 50 mg, IV, once, PRN allergy symptoms, drug form: inj, start: 2018-Jan-17 12:55 PST BENADRYL EQUIV	6	iphenhydrAMINE 0 mg, PO, q4h interval, drug orm: cap, first dose: Routine,	Day 2 50 mg Last given: 2018-Jan-17	Day 2 50 mg Last given: 2018-Jan-17	Day 2 50 mg Last given: 2018-Jan-17			
*Performed date / time: 17-Jan-2018 * 1220 * PST *Performed by: TestUser, OncologyAmbulatory-Nurse A		tart: 2018-Jan-17 13:00 PST, top: 2018-Jan-18 02:26 PST or riTUXimab reaction proph liphenhydrAMINE	12:57 PST	12:57 PST	12:57 PST		50 mg Auth (Ver	
Witnessed by :		2						
Last Documented Administration: 2018-Jan-17 12:57:00 PST by TestUser, OncologyAmbulator diphenhydrAMINE 50 mg	y-Nurse	ero Time ince oncology, 2017-Dec-27 4:59 PST, 2018-Jan-17 13:26 'ST, Day 1 to 2, -1						
		ero Time						
*diphenhydrAMINE: 50 mg ▼ Volume: 0 ml Diluent: <none> ▼ ml * *Route: IV ▼ Site: ▼</none>		RN PRN cetaminophen 50 mg, PO, q4h interval, PRN ither (see comment), drug orm: tab, first dose: Routine, tart: 2018-Jan-17 12:56 PST,				Day 2 Med Response	Day 2 led to build disp Last given: 2018-Jan-17 12:57 PST	
Reason : allergy symptoms -		top: 2018-Jan-18 02:56 PST						
Total Volume : 0 Infused Over : 0 🗸		cetaminophen					* 650 mg Auth (\	
2018-Jan-17 2018-Jan-17 2018-Jan-17 2018-Jan-17 2018-Jan-17 2018-Jan-17		emperature Axillary						
1100 F31 1200 F31 1300 F31 1400 F31 1300 F31 1000 F31		Jumeric Pain Score (0-10)						
Not Given Resson: Commentum	•	PRN liphenhydrAMINE 0 mg, IV, once, PRN allergy ymptoms, drug form: inj, start: U18-Jan-1/ 12:55 PSI IENADRYL EQUIV						✓ Complete
В								

Note: Once you have clicked sign the medication task will now show complete with the time chosen reflected on the MAR.



20. For future cycles, when the nurse is performing the chemotherapy checks they would be able to see the patient had a previous adverse reaction within the **Oncology** section (A) of the menu and under the **Flowsheet**(B).

Menu	₽	< > -	🔒 Or	ncology		
Ambulatory Summary		Staging M	at Decen	ded all add		
Oncology		Staging Not Recorded - Add				
Orders 🕂 Add	A	Flowsheet	Staging	Febrile Neutropenia	Time	
Single Patient Task List		ili Onco	B _y Flow	vsheet 👻	From:	
MAR						
Interactive View and I&O						
Results Review		Oncology I	lowshee	t Targe	t/Unit	

21. The **Unexpected Response** (C) view would be available and under the **date** (D) of the occurrence in which the reaction took place the nurse could double-click the corresponding information (E) to obtain more detail.

Oncology Flowsheet	Target/Unit	19-Nov-2017
⊿ Measurements		D
Weight Dosing	kg	
Height/Length Measured	cm	
Body Surface Area Dosing	m2	
⊿ Unexpected Response		
Drug Name	C	Rituximab
Unexpected Response		Hypersensitivity
Resolution to Reaction		Problem resolved; Infusio
▶ Treatment		E
⊿ Supportive		-
atropine	mg	
dexamethasone	mg	
ondansetron	mg	

Note: This is helpful as to perform the chemotherapy checks the nurse is already in this section of the chart and can easily see the adverse event occurrence with previous cycles of chemotherapy administration.

Activity 3.5 – Reaction Charting



Key Learning Points

Adverse reaction charting takes place in iView.

IView bands can be expanded and collapsed to ease charting.



Activity 3.6 – Lifetime Cumulative Dosing

When you are doing your chemotherapy checks and need to review how much of a lifetime limiting dose of toxic medication has been given, there are views within the chart to help you.



1. For the first option you must be within **Orders** under the menu.



2. Once the orders screen is open, select **Option** from the top toolbar.

Task Edit View Patient Chart Links	Options	Current Add Help
🗄 🌇 Ambulatory Organizer 🖃 Message Centre	CareCo	🙎 s 🎬 Clinical Leader Organizer 🗼 Patient List 😫 Multi-Patient Task List 🛛 Tracking Shell 👫 Discharge Dashboard 🎎 Staff Assignment 🎬
Tear Off 📲 Exit 🎬 AdHoc 🎹 Medication	Administra	ation 🐥 PM Conversation 👻 Depart 🔄 Communicate 🔹 🗈 Medical Record Request 💠 Add 👻 🗃 Scheduling Appointment Book 🖷 Docur

3. Choose the Add Lifetime Cumulative Drug Administration.



4. This will open a pop up window where you can select the drug you are required to review. From the dropdown menu select Doxorubicin (The Doxorubicin which was given yesterday for the patients Cycle 1 D1 will reflect in the Administrations.

Lifetime Cumulative D	osing					×
*Drug:		*Dose:	*Dose Units:	*Height Unit:	*Weight:	*Weight Units:
◆Date:	*Physician:	4 comments:				
Outside Administrations	eight Date Physician	Comments				*

Note: If a patient has been given any of these medications outside of a Health Organization with Cerner, the amount will not automatically reflect but can be added in manually if the records are known.



5. You can see the upper box in the window displays the Outside Administrations given. You should not have any results displayed here as this patient has not had any previous doses of Doxorubicin. You are also able to Add this information if the documentation is present.

rug:						*De	ose:		*Dose Units:	•H	eight:	*Height Unit:		*Weight:	*Weight Units:	
0X0rubicin					•				-			-	·		-	
ate:	×	•P	hysicia	9 m :		Comme	ents:									
Jutside Adm	nistratio	ns														
)rug)0X0rubicir	Dose 25 mg	Height 160 cm	w∕eight 65 kg	Date 15-Nov-20	Ph 017 Bc	nysician onilla, NO	DLDAP, Joł	nanna	Comments Received at non C	ST site						
otal:	25 mg				_					_						
					_											
					_											
(+
dministration	15											7				+
 dministration 	ns Admini	stered D	ise Adr	ninistered E)ate &	Time Ord	rdered Dos	e Sche	eduled Date & Time	Order Id	Result Status]				4
dministration Irug IOXDrubicin otal:	ns Admini 39 mg 39 mg	stered Do	ise Adr	ninistered D Ian-2017 1)ate & 1:18	Time Oro 39	rdered Dos	e Sche 18-J-	eduled Date & Time an-2017 11:15	Order Id 288239673	Result Status 3 Auth (Verified)	1				4
dministration Irug IOXOrubicin otal:	ns Admini 39 mg 39 mg	stered D	ise Adr 18v	ninistered E Jan-2017 1)ate & 1:18	Time Oro 39	rdered Dos 9 mg	e Sche 18J	eduled Date & Time an-2017 11:15	Order Id 288239673	Result Status Auth (Verified)					4
dministration Drug DOXDrubicin otal:	ns Admini 39 mg 39 mg	stered D	ise Adr 18x	ninistered E Jan-2017 1)ate & 1:18	Time Oro 39	rdered Dosi 9 mg	e Sche 18J	eduled Date & Time an-2017 11:15	Order Id 28823967	Result Status 3 Auth (Verified)	6				•
dministration rug OXDrubicir otal:	Admini 39 mg 39 mg	stered D	se Adr 18	ninistered D Jan-2017 1)ate & 1:18	Time Oro 39	rdered Dos	e Sche 18J	eduled Date & Time an-2017 11:15	Order 1d 28823967:	Result Status Auth (Verified)	6				•
dministration	ns Admini 39 mg 39 mg	stered D	ise Adr	ninistered D Jan-2017 1)ate & 1:18	Time Ord 39	rdered Dose 9 mg	e Sche 18-J	eduled Date & Time an-2017 11:15	Order Id 288239673	Result Status Auth (Venified)	6				•

6. The lower box in the window displays the amount given yesterday.

7. The Lifetime Cumulative Dosing band in IView is reserved for sites required to calculate the cumulative dosing as a part of the chemotherapy checks with the use of specified toxic medications (used in Children's for their oncology patients). The previous doses administered or the outside doses recorded in Step 6 do not pull into this view.

av Infusion Oncology		=
Thusion-Oncology	•	
K Lifetime Cumulative Dosing Documentation		
Lifetime Cumulative Dosing Documentation	Find Item - Critical High Low A	ond
	Result Comments Flag	Dat
	11.Nov-201 ■ 21-Nov-201 ■ 13:52 P	.7 ST
	⊿ Lifetime Cumulative Dosing Documentation	
	Anthracycline Cumulative Dose mg/m2	
	Bleomycin Cumulative Dose unit	
	Lifetime Cumulative Dose Verified	



Key Learning Points

- Two options to view Lifetime Cumulative Dosing, only one will be used in the Adult Oncology setting.
- Main view from option on the main toolbar when you have the orders sections open.
- IView Cumulative Dosing Band only used in some hospitals (mainly Children's).
 - Doses not administered in a Cerner site need to be added manually.



PATIENT SCENARIO 4 – LUAVPP

Learning Objectives

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

Recognize Dose Modifications within a PowerPlan

Place the Ok to Proceed order when Treatment

Use Handoff Tool and the Transport Ticket

Change the encounter type

Document on an Oncology Telephone Triage Powerform

Use Message Center to forward a PowerForm

SCENARIO

The patient has been diagnosed with Advanced Non-Small Cell Lung cancer. She has completed Cycle 2 of LUAVPP in the outpatient chemotherapy clinic and is here for cycle 3. Her most recent laboratory results indicated an elevated creatinine which required a modification to the dose of Cisplatin. During your chart review, you notice that the patient has a platelet count of 99 x 10 9 /L which, according to the protocol, requires a delay in treatment. Throughout the workbook you will be given more information on the patient enabling you to complete the activities.

For this scenario please use the patient provided [Oncology-NurseC, enter first name].

As a member of the Ambulatory Chemo unit you will be completing the following activities:

- Chemotherapy Checks
- Ok to Proceed Order

Reschedule Chemotherapy and Lab Phase orders

Adhoc Orders

Patients in Transition

Transport Ticket

Switching Encounters

- Phone Message Encounters
- Oncology Telephone Triage Powerform



Activity 4.1 – Dose Adjustments

For this scenario you can choose to pick your patient up from the Tracking Shell (assigning yourself as their nurse, or searching them by name from the menu).

1 From the **Menu** within the patient's chart, click on **Orders.** From the Orders screen, scroll through the **View tab** of the navigator to find the Regimen/PowerPlan orders.



2 Check the Orders by selecting **Orders for Nurse Review.** A screen will pop up that will give you a view of all of the chemo orders for the patient. Click **Review**.

▲ Details		
Orders For Cosignature	Orders For Nurse Review	

lle	oT aio	F-LEARN	, ONYX in		Age:67 years Gender:Female	MRN:700008275 Enc:7000000015284 PHN:9876428542	Code Status: Dosing Wt:55 kg	Process: Disease: Isolation:	Lo En Att	ation:LGH Chemo : Type:Pre-Outpatien ending:	
		Action	Action Da	Entered By	Order	Details			Order Set Ord	ering	
	æ	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Lactate Dehydrogenase	Blood, Routine, Collection	ion: 11-Dec-2017, once, (order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
1	æ	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Aspartate Aminotransferase	Blood, Routine, Collection	ion: 11-Dec-2017, once, (order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
]	æ	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Bilirubin Total	Blood, Routine, Collection	ion: 11-Dec-2017, once, (order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
1	88	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Creatinine Level	Blood, Routine, Collection	ion: 11-Dec-2017, once, (Order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
]	æ	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Platelet Count	Blood, Routine, Collection	ion: 11-Dec-2017, once, (Order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
	æ	Order	22-Nov-201 7 15:02:25	TestON, Oncologis	Differential (CBC and Differential)	Blood, Routine, Collection	ion: 11-Dec-2017, once, (order for future visit	ONCP LU Test LUAVPP Onc	DN, ologis	
]	Ħ	Order	22-Nov-201 7 15:02:25 PST	TestON, Oncologist Hematologi st-Physician , MD	CISplatin (CISplatin - oncology)	93 mg, IV, once oncolog 22-Nov-2017, In 500 mL sulphate 1 g and mannit 22-Nov-2017 14:59:25	gy, administer over: 60 m L Sodium Chloride 0.9% (itol 30 g over 60 minutes.	inute, drug form: bag, first dose: Routine, s NS), with potassium chloride 20 mEq. mag Day 1 Target Dose: CISplatin - oncology	tart: UNVPLU Test nesium 75 mg/m2 Cycle 3, Hem apy (Day 1), ME	DN, blogist hatologi hysician	
]	æ	Order	22-Nov-201 7 15:02:24 PST	TestON, Oncologist Hematologi st-Physici	pemetrexed (pemetrexed - oncology)	775 mg, IV, once oncolo 22-Nov-2017, In 100 mL pemetrexed - oncology	ogy, administer over: 10 r L NS over 10 minutes (ma v 500 mg/m2 22-Nov-201	ninute, drug form: bag, first dose: Routine, y be given during prehydration). Day 1 Ti 7 14:54:19	start: arget Dose: Cycle 3, Chemothest-P	DN, ologist Event/Task stologi Summary hysici	
]	æ	Order	22-Nov-201 7 15:02:24	TestON, Oncologis	Zero Time	once oncology, 22-Nov	-2017, Future Order, Day	1, -1	ONCP LU Test LUAVPP Onc	ON, Event/Task ologis Summary	
	88	Order	22-Nov-201 7 15:02:24	TestON, Oncologis	sodium chloride 0.9% (sodium chloride 0.9	1,000 mL, IV, once onco 22-Nov-2017, Over 1 ho	ology, administer over: 60 our prior to CISplatin. Day	minute, drug form: bag, first dose: Routin 1	e, start: ONCP LU Test LUAVPP Onc	ON, Event/Task ologis Summary	
]	æ	Order	22-Nov-201 7 15:02:24	TestON, Oncologis	dexamethasone	4 mg, PO, once oncolog to treatment. Day 1	gy, drug form: tab, first d	ose: Routine, start: 22-Nov-2017, 30 to 60 n	ninutes prior ONCP LU Test LUAVPP Onc	ON, Event/Task ologis Summary	
7	æ	Order	22-Nov-201	TestON,	ondansetron	8 mg, PO, once oncolog	gy, drug form: tab, first d	ose: Routine, start: 22-Nov-2017, 30 to 60 n	ninutes prior ONCP LU Test	ON, Event/Task	



3 This will bring you back to the **Orders** screen. To see more information about an order, you can right click on the order and select **Order Information.** Note the dose reduction to Cisplatin.



4

From the **Order Information Window** select the **Dose Calculator Icon** . The Dose Calculator will allow you to see the Height, Weight and BSA used by the system to calculate the doses. View this screen to verify that the appropriate values have been used. This is where you will see more details about the dose reduction.

1	о всотт	-LEARN, ONYX -	Order Info	rmation for:(CISplatin (CIS	platin - or	icology)				
	Task Vi	ew Help									
zuric №											
O P	riginal or harmacy	der entered and e Department	ectronical	ly signed by T	estON, Onco	logistHen	natologist-Phy	sician, MD on 22			
C	ISplat	in (CISplatin	- onco	logy)							
Γ	Details	Additional Info	History Comments Validation Results Ingredients Pharmacy								
	Details	;						dose			
	Target	dose		75 mg/m	12			calculator			
	Actual	dose		60 mg/m	60 mg/m2						
	Dose			93			*				
	Dose U	nit		mg	mg						

Activity 4.1 – Dose Adjustments



1) Target dose:	75	ma/m2	dose a	rotocol	Order Comments	
2) Caladavad daras	116.25	ing/inz	-		In 500 mL Codium Chlorida 0.9% (NC) with potassium	oblorido
2) Calculated dose:	116.20	mg	00 **		20 mEq. magnesium sulphate 1 g and mannitol 30 g ov	ver 60
3) Dose Adjustment:	33	mg	00	Percenta	ge minutes bay i	
4) Final dose:	33	mg	60	of total do	ose	
5) Standard dose:	0	mg	0	mg/m2	-	
6) Rounding rule:	No rounding					~
7) Adjust Reason:	Nephrotoxicity	Nephro	otoxicity	*		
8) Route:	IV					
				This is	the weight that the	
Reference Data				111313	the weight that the	
Reference Data Date of birth:	08/23/1950		(67 Years)	provider e	ntered into the dosing	
Reference Data Date of birth: Sex:	08/23/1950 Female		(67 Years)	provider e wei	ntered into the dosing ght Powerform.	
Reference Data Date of birth: Sex: Ethnicity:	08/23/1950 Female		(67 Years)	provider e weij	ntered into the dosing ght Powerform.	
Reference Data Date of birth: Sex: Ethnicity: Height:	08/23/1950 Female 157	cm	(67 Years)	provider e weig	22-Nov-2017 12:05 157:00 cm Height/Length Measured	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight:	08/23/1950 Female 157	cm	(67 Years)	provider e weij	22Nov-2017 12:05 55:000 kg Weight Dosing	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight: Adjusted weight:	08/23/1950 Female 157 55	cm kg	(67 Years)	provider e weij source:	22Nov-2017 12:05 157:00 cm Height/Length Measured	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight: Adjusted weight:	08/23/1950 Female 157 55 55	cm kg kg	(67 Years)	Source: Adjustment:	22-Nov-2017 12:05 157:00 cm Height/Length Measured 22-Nov-2017 12:05 55:000 kg Weight Dosing Actual (no adjustment)	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight: Actual weight: Serum creatinine:	08/23/1950 Female 157 55 55 0.94	cm kg kg mg/dL	(67 Years)	provider e weig source: Adjustment: Source:	22-Nov-2017 12:05 157:00 cm Height/Length Measured 22-Nov-2017 12:05 55:000 kg Weight Dosing Actual (no adjustment) Manually entered	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight: Actual weight: Serum creatinine: CrCI (est.):	08/23/1950 Female 157 55 55 0.94 50.42	cm kg kg mg/dL mL/min	(67 Years)	provider e weig source: Adjustment: Source: Algorithm:	22-Nov-2017 12:05 157:00 cm Height/Length Measured 22-Nov-2017 12:05 55:000 kg Weight Dosing Actual (no adjustment) Manually entered Cockroft-Gault (Actual Weight)	
Reference Data Date of birth: Sex: Ethnicity: Height: Actual weight: Actual weight: Serum creatinine: CrCl (est.):	08/23/1950 Female 157 55 55 0.94 50.42	cm kg kg mg/dL mL/min	(67 Years)	Source: Adjustment: Source: Adjustment: Weight Used for CrCI:	22-Nov-2017 12:05 157:00 cm Height/Length Measured 22-Nov-2017 12:05 157:00 cm Height/Length Measured 22-Nov-2017 12:05 55:000 kg Weight Dosing Actual (no adjustment) Manually entered Cockroft-Gault (Actual Weight) Actual weight	55 kg

5 Close this screen and click "x" on the next screen so that you can move on to checking lab results. Select the **Chemotherapy phase** of the Powerplan. This will display the Prechemotherapy metrics. A and the lab result will display if the lab results are within the set parameters for treatment, to proceed with treatment (2) and a red "x" will display if the parameters are not met. 'Completed' displays if the lab was collected and no result matching this field is available (1).



Note: You can also view a comprehensive list of results by selecting Results Review from the menu.



6 When the patient has their bloodwork collected from a non-Cerner site, the results will not be available in the Pre-chemo phase of the Powerplan, or in Results Review. These results will be available through an interface with **CareConnect**. Click on CareConnect from the **Menu** to link directly to the Patient's results within CareConnect.

Allergies	🕈 Add	=
CareConnect		
Clinical Research		
Diagnoses and Problems	s	

The results that you view in **CareConnect** for this scenario include:

- ANC 1.6 x 10⁹
- Plt 99 x 10⁹

7

- Hgb 110 g/L
- Cr 83* umol/L
- AST 28 U/L
- ALT 35 U/L
- Bili 7 umol/L

Reviewing the results against the LUAVPP protocol you note that the platelet count of 99×10^9 means that treatment parameters have not been met. You check the Oncologist documentation and see that the Provider was not aware of the low Platelet count. Click on **Documentation** from the Menu and select the **Oncology Consult Note**.

SCOTT-LEARN, ONYX	×							List 🔿 🛛 🍘 Rece	nt 👻 Nam	e
SCOTT-LEARN, ONYX		DOB:23-Aug-1950	MRN:700008275	Code Status:		Process:	Locat	ion:LGH Chemo		
Allergies: penicillin		Age:67 years Gender:Female	Enc:7000000015284	Dosina W#55 ka		Disease: Isolation:	Enc Tj Atten	/pe:Pre-Outpatie		
Allergies, periciliar		Gendera enhale	FTII4.9070420342	Dosing WL55 Kg		Isolation.	Attent	anig.		
Menu	ņ	< 🔸 🝷 🚹 Docum	entation					[D] Full screen	Print	ninut ぞ 0
Ambulatory Summary	<u></u>	🕂 Add 📄 Sian 🔳 🙈 Fi	orward 📑 Provider Letter	Modify 🖿 🗶 🖤 📰 🕅 In	Error	Preview				
Oncology		list								
Orders 🕂 A	dd									
Single Patient Task List		Display : All	▼					👚 Prev	ious Note 🛛 🚽	💺 Next Note
MAR			- · · ·	_						
Interactive View and I&O		Service Date/Time	Subject	Type		* Final Repo	ort *			
Results Review		22-Nov-2017 12:06:00 P	Oncology Consultation Note	Oncology Medical Consult				B		
Documentation 🕂 A	dd	22-INOV-2017 12:00:00 P	Cnemotherapy Dosing weigr	t Chemotherapy Dosing Weight - I	9	HISTORY OF PRESENT LINESS Here for consideration of Cycle 3 of LUAVPP. Has tolerated treatme	nt well	Non-small cel	l lung cance	er (NSCLC)
Medication Request		22-Nov-2017 10:49:00 P	Chemotherapy Dosing Weigh	nt Chemotherapy Dosing Weight - T		however Creatinine is elevated. I will reduce the dose of Cisplatin t line with protocol. CBC and Differential pending.	o 80% in	Historical No historica	al problems	
Histories		21-1NOV-2017 15:20:00 P	Chemotherapy Dosing Weigr	chemotherapy Dosing Weight - 1	11	Physical Exam		Allergies		
Allergies 🕂 A	dd				11.	Vitals & Measurements		penicillin (Rash)	1	
						WT: 55 kg (Dosing)		Medications		
		11				net and the same second and a self the should be taken being and along a		CISplatin - or	-cology, 75 I	mg/mz, 75



Key Learning Points

Dose reductions will display in the orders profile and additional details can be viewed from the dose calculator.

You can link directly to the Patient's results in CareConnect from within the patient's chart.



Activity 4.2 – "Ok to Proceed with Treatment" Order

You call the provider to discuss this and since they are not at a Cerner site they give you a phone order to proceed with Chemotherapy as ordered. Navigate to the **Order** screen, select the

Chemotherapy Phase and **Click** on the ¹ icon.

< 🔺 🛉 Orders										
🕂 Add 🍶 Document Medication by Hx Reconciliation 🗸 🗞 Check Interactions										
Orders Medication List Document In Plan										
	K F	'lans								
View	1	0	9	+ Ad	i to Phase 🕶 🛄 Comments					
Scheduling (Initiated)	^ 6	NCP	ICP LU LUAVPP - Cycle 3. Chemotherapy (Day 1) (Future) *Est. 2018-Jan-03 11:10 PST - 2018-Jan							
ONCP LU LUAVPP - Cycle 3	L	ast u	pda	ted or	ogist-Physician, MD					
Chemotherapy (Day 1) (Future)			<u> </u>			Day 1				
Next Cycle Labs (Day 1) (Future)						Future				
Scheduling (Initiated)		ø	۹.	Y	Component	*Est. 2018-Jan-03 11:1				
🖨 Plans						🖗 Activate Actions 🔻				
Document In Plan	I			Proceed With Treatment Based on Blood Work From						
- Suggested Plans (0)					—					
Orders	1				🔭 OK to Proceed with Treatment					
Admit/Transfer/Discharge										

The excluded components will display, check the box to select the **OK to Proceed with Treatment** order. Enter the details for the ordering provider, and add order details.

R	0	🕂 Ad	d to Phase	Comments	9	0 +	Add t	o Phase 👻 🛄 Comments		P Ordering Physician
ON	CP L	U LUAV	PP - Cycle	3, Chemotherapy (Da	ONCF Last u	PLULU	AVPF	- Cycle 3, Chemotherapy (Day 22-Nov-2017 16:52 PST by: Te	1) (Completed) *Est. 22-Nov-201 estON, OncologyAmbulatory-Nur	
Las	t upo	lated o	n: 22-Nov-	2017 15:02 PST by:						*Physician name
					é		۳ (omponent	22-No	TestON, Oncologist Hematologist-Physician, MD
	00	14	Compone	nt				~		*Order Date/Time
				d With Trastmant Dag	≖ D	etails f	or O	K to Proceed with	Treatment	22-Nov-2017 🛉 🔽 1643 🛉 PST
			Proces	d with freatment bas	🔊 D	etails	ie c	rder Comments		*Communication type
			🔭 OK to	Proceed with Treatme	+		h.	1×		Phone Verbal
					Re	questeo	d Star	t Date/Time: 22-Nov-2017	▲ ▼ 1652 ▲ PST	No Cosignature Required
								*Details: Orders received to Chemotherapy ord despite Platelet co	proceed with ders as written unt of 99	Cosignature Required Paper/Fax Electronic
										OK Cancel

1

95 | 116



When you have finished entering all of the details, Click Orders For Signature, Click Signature, and

Refresh 🔁. This symbol 🚢 indicates that the order is yet to be signed by the Provider.



Key Learning Points

There are two orders available within each oncology PowerPlan to support the workflow for when treatment parameters are not met; Ok to Proceed with Treatment and Proceed with Treatment Based on Blood Work From.

1



Activity 4.3– Rescheduling from a PowerPlan

Let's say that in discussions with the Provider, the decision has been made to delay this cycle of treatment by 3 days. Click the down arrow beside Activate Actions and choose Change Start Date / Time.

Component	Day 1 Future *Est. 28-Dec-2017 08: Q: Activate Actions
Neutrophil - Greater Than or Equal 1.5 x10 9/L	hr No Ré Discontinue
Platelet Count - Greater Than or Equal 100 x1 90	hr No Re
Pre-Medications	+ Add Order
Patient to take own supply of pre-medications. RN/Pharmacist to confirm. Patient to take dexamethasone 4 mg BID for 3 days starting Day 1. Patient to take aprepitant 80 mg PO once daily in the morning on days 2 and 3.	Add Outcome / Intervention Change Start Date / Time Copy Day of Treatment
T Details	
Orders For Cosignature Orders For Nurse Review Save as My Favorite	Orders For Signature

2 Complete the Estimated Start Date / Time fields (1), select Request a new appointment time (2), provide a Reschedule Reason (3) and click .

1310 DHILPUS / N/ / X S/ / / / / / / / / / / / / / / / /	15000 100155 80	ICAI2HAN.	_
Change Start Date/Time			
Change Start Date/Time: Day 1			
*Est. Start Date/Time:	Appointment Information:	2	
31-Dec-2017 🔿 🔽 0800 🌩 PST	Request 🛄	Request a new appointment time	
*Reschedule Reason:			
Abnormal hepatic function			
Approximation			
Comorbid issue			
Compromised performance status			
Holiday			
Neutropenia			
No Show			
Patient tolerance			
he per pt request			
cle progressive disease			
ing Thrombocytopenia			
Treatment Toxicities			
t In ^{Other}			

Note: You must select Request a new Appointment time in order to notify the scheduler of the request.



If this were a multi-day treatment Powerplan, all of the days would be rescheduled by clicking on the Adjust All button.

*Est. Start Date/Time: 17-Dec-2017 🚔 🔻 13	Appointm 342 🜩 PST Request	ent Information:	📝 Request a new app	ointment time
change the start date/time	e of a single treatment period er	iter a new date or time l	below.	
Adjust All Automatically	y adjusts the start date for the	remaining treatment per	riods.	
Description	Start Date/Time	Appoin	tment Information	Request a New Appointment 1
		~~~~~		A000000
(				
eschedule Reason:	III			
eschedule Reason:				
eschedule Reason: Treatment Toxicities	III			
eschedule Reason: Treatment Toxicities omment:				
eschedule Reason: Treatment Toxicities comment:	III.			
eschedule Reason: Treatment Toxicities omment:				
eschedule Reason: Treatment Toxicities omment:				

3 You will need to complete the details for the ordering Physician and click .

Click Orders For Signature, Click Sign, and Refresh

P Ordering Physician
*Physician name
Plisvcw, Tyler, MD
*Order Date/Time
15-Dec-2017
*Communication type
Phone
Verbal No Cosignature Required Cosignature Required Paper/Fax Electronic
OK Cancel



4 Now let's say that you have had further discussions with the provider and it has been decided that the cycle of treatment will be delayed by a week and that all of the dates for the future cycles are to be adjusted. In this case you will not make the change request from the Day of Treatment (activate actions dropdown); this is best done from the Treatment Calendar.

Select the Oncology Mpage from the Menu, and click on the Treatment Calendar tab.

Menu		Ψ	< > $-$	🔒 🖬 🛛 Or	cology		
Ambulatory Summary		<u>^</u>	Staging N		lad all old		
Oncology			Staging N	ot Recon			
Orders	🕂 Add		Flowsheet	Staging	Febrile Neutropenia	Timeline	Oncology Treatment Calendar
Single Patient Task List			A		🖌 🔍   100% 🛛 🗸	G 🖷 🗳	
MAR				~1			

**Note:** Dates in italics indicate that the cycle has not been ordered and non-italicized dates mean the cycle has been ordered and a request has been sent to schedule the patient.

5 Click on date within cycle three to open Add to Patient Treatment Calendar window.

Calendar Items	
⊿ Appointments	
⊿ Regimen Appointments	
⊿ 🛅 ONC LU LUAVPP	
🛛 🎦 Cycle 1 - ONCP LU LUAVPP	
Infusion Chemotherapy Visit - Day 1	*11/22/2017
🛛 🎦 Cycle 2 - ONCP LU LUAVPP	
Infusion Chemotherapy Visit - Day 1	*11/22/2017
🛛 🎦 Cycle 3 - ONCP LU LUAVPP	
Infusion Chemotherapy Visit - Day 1	*11/22/2017
🛛 🎴 Cycle 4 - ONCP LU LUAVPP	
Infusion Chemotherany Visit - Day 1	*12/07/2017

7



6 The Add to Patient Treatment Calendar Window opens. Click on the date that you wish to move the patient's appointment to and click on the radial dial for Send Scheduling Requests for Current Cycle and Adjust All Future Cycle(s) Dates. Click Sign.

		DEC	EMBER	R 201	7				JAN	UARY	2018	;				FEB	RUARY	/ 2018	3	
S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S	S	М	Т	W	Т	F	S
26	27	28	29	30	1	2	31	1	2	3	4	5	6	28	29	30	31	1	2	3
3	4	5	6	7	8	9	7	⁸ .	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31	1	2	3	25	26	27	28	1	2	3
31	1	2	3	4	5	6	4	5	6	7	8	9	10	4	5	6	7	8	9	10

**Note:** Send Scheduling Requests for Current Cycle is useful if the patient is mid-cycle and you want to adjust their current cycle date, but not modify future cycles within the treatment plan. Send Scheduling Requests for All Cycles within the Regimen is used to schedule for cycles within a Regimen at one time.

The **Oncology Treatment Calendar** will now display with all dates adjusted accordingly.

8 Now you will need to reschedule the lab phase of the Powerplan.

If the lab phase orders are still in a Future status ^{Next Cycle Labs (Day 1) (Future)}, changing the date/time closely follows the steps for changing the day of treatment, as in steps 1-3.

Follow these steps if the corresponding lab phase has already been Activated and Completed.

Select the corresponding Next Cycle lab phase from the Orders View, select actions from the Day of Treatment and click on Copy Day of Treatment.

View	Ē	- 30	0	+	Add to	o Phase 👻 🛄 Comments			
Scheduling (Initiated)	*	ON		UΠ	JAVPP	- Cycle 3. Next Cycle Labs (Day 1) (Completed) *Est. 11-Dec	-2017 14:52	PST - 12-Dec	-2017 04:52 PST
ONCP LU LUAVPP - Cycle 3 Last updated on: 11-Dec-2017 12:36 PST by: TestON, OncologistHematologist-Physician, MD									
<ul> <li>Chemotherapy (Day 1) (Completed)</li> </ul>							D	av 1	
<ul> <li>Next Cycle Labs (Day 1) (Completed)</li> </ul>							Com	pleted	
-Scheduling (Initiated)			2		8	Component	11-Dec-20	17 14:52 PST	
ONCP LU LUAVPP - Cycle 4								Actions 🔻	
- Chemotherapy (Day 1) (Future) - Next Cycle Labs (Day 1) (Future)	E			✓		Differential (CBC and Differential) Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	On	Copy Da	ay of Treatment
Schoduling (Initiated)					🐠 A /	n 📾 nu lu 🔿 👘	40° A A		

**Note:** If labs are done at an outside facility the lab phase will not show as completed. You would then need to place an adhoc order (this will be discussed in section 2.4).



9 You will need to complete the details for the ordering Physician and click.



10 Your orders now display as a copy of Day 1.

ON Last	CP L t upo	U LL date	JAVPP d on: 1	- Cycle 3, Next Cycle Labs (Day 1) (Initiated Pending) *Est. 11 1-Dec-2017 12:36 PST by: TestON, OncologistHematologis	-Dec-2017 14:52 PST - st-Physician, MD	21 Days	
					Day 1	Copy of Days 1	
	0		**	Commence	Completed	Future Pending	
	09		٢	Component	11-Dec-2017 14:52 PST	*Est. 15-Dec-2017 11:	
						Actions 🔻	
		$\checkmark$		🔭 Differential (CBC and Differential)			1
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Order	
			<u>X</u> 66	🔭 Platelet Count	<u>\$</u> 66'	<b>∑_</b> 60′	
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Canceled	Order	
		$\checkmark$		🔭 Creatinine Level			
		_		Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Order	
		$\checkmark$		📸 Bilirubin Total			
		_		Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Order	
		$\checkmark$		💙 Aspartate Aminotransferase			
		_		Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Order	
		$\checkmark$		🍸 Lactate Dehydrogenase			
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Order	



11 Click on Actions from the Copy of Day 1 and choose Change Start Date / Time.

				Day 1	Copy of	Days 1		
8		☆ Component		Component	Completed	Future Pe	ending	
0				component	11-Dec-2017 14:52 PST	*Est. 15-Dec·	-2017 11:	
							Actions 🔻	
				📸 Differential (CBC and Differential)			+ Add Ord	ler
	_			Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Orc	+ Add Out	tcome / Intervention
		1.2	<u>6</u> 60	🝸 Platelet Count	<b>.2.</b> 60	260		
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Canceled	Orc	🛄 Change	Start Date / Time
				Creatinine Level		1		
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Ord	ler	
				🛛 Bilirubin Total				
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Ord	ler	
	•			Aspartate Aminotransferase				
		,		Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Ord	ler	
	•			Z Lactate Dehydrogenase				
				Blood, Routine, Collection: 11-Dec-2017 14:52 PST, once	Ordered	Ord	ler	

12 Complete the details for the new date and time and click OK. Click Orders For Signature, Click Sign, and Refresh.

Change Start Date/Time	
Change Start Date/Time: Copy of Days 1 *Est. Start Date/Time: 30-Dec-2017	
	OK Cancel

## Key Learning Points

- Change the Start date and time of a single cycle of treatment (including all of the treatment days) from the Day of Treatment within the Orders profile.
- Change the Start date and time of the lab phase within a Powerplan from within the Day of Treatment within the Orders profile.
- Change the Start date and time of multiple cycles of treatment from the Oncology Treatment Calendar.

2



## Activity 4.4 - Place Adhoc Lab Orders

1 During the chemotherapy infusion the patient reports intermittent muscle cramping to lower extremities since her last chemotherapy infusion. You discuss with the physician and receive a verbal order for magnesium and serum ionized calcium level blood collection. You will enter the order for the lab to come to the unit to collect blood specimens.

Navigate to the Orders screen and click on Add.

Menu	<del>џ</del>	< 🖂 🕂 Orders
Ambulatory Summary	<u>^</u>	🕂 Add   🔐 Document Medication by Hx   Reconciliation 🕶 🔊 Check Interactions
Oncology		
Orders 🕂 Add		Orders Medication List Document In Plan
Single Patient Task List		View All
		View

In **Add Order** search box begin typing Magnesium and select Magnesium Level from the drop down list. Enter the details of the Ordering Physician.

Search:	magnel 🔍 Advanced Options 👻 Type:	😓 🛛 Ambulatory - In Office (Meds in Office) 🕞
	magnesium citrate 15 g/300 mL oral liq magnesium complex	All
	magnesium glucoheptonate	
	magnesium glucoheptonate (dosed as elemental magnesium)	
	magnesium glucoheptonate pediatric	
	magnesium hydroxide	
	magnesium hydroxide 1.2 g/15 mL oral liq	
	Magnesium Level	
	magnesium oxide	
	magnesium oxide (dosed as elemental magnesium)	
	magnesium oxide pediatric	
	magnesium sulfate	
	magnesium sulfate (2 g, IV, q24h)	
	magnesium sulfate (5 g, IV, q24h)	
	magnesium sulfate continuous infusion (40 mg/mL)	
	"Enter" to Search	
		SCOTT-LEARN, ONYX - 700008275 Done



3 In Add Order Search box begin typing Ionized Calcium and select Ionized Ca Serum. You will not need to enter Provider details. After selecting the calcium level click **Done**.

Search:	Ion	۹,	Advanced Options	- Type: 皆	÷~	Ambulatory - In Office (Meds in Office)
	Ionized Ca Serum			and within	ΔII	11
Ŧ	Ionized Ca Syringe			arch within:	~"	The second se
	Calcium Ionized Capill	ary				
	Calcium Ionized Serun	n				
	Calcium Ionized Whol	e Blood				
	abciximab continuous	infusion	(36 mcg/mL)			
	Activity Intolerance Education Additional Diet Information					
	Airway Inflection Point	t Maneuv	er			
	alcohol ethyl 10% cont	tinuous ir	nfusion			
	alcohol ethyl 10% PED	continuo	ous infusion standard	d		
	Alkaline Phosphata	se Isoenz	ymes			
	alprostadil continuous	infusion	(1 mcg/mL)			
	alteplase continuous in	nfusion (0	).2 mg/mL)			
	alteplase continuous in	nfusion (1	. mg/mL)			
	"Enter" to Search					

**Note:** The more detailed order sentence you select when placing the order, the less details you will need to fill out prior to signing.

4 The **Orders for Signature** displays **Details** for each lab order placed which need to be reviewed prior to signing. Any changes specific to the order would be modified in the Details window.

Orders for Signature									
N 🕐 🖻 🖗	Order Name	Status	Start	Details					
⊿ LGH Chemo E	nc:7000000015284								
∠ Laboratory									
⊷ځ 🔲	Magnesium Level	Order	15-Dec-2017 10:37	Blood, Routine, Collection: 15-Dec-2017 10:37 PST, once					
ليغ □	Calcium Ionized Serum	Order	15-Dec-2017 10:37	Blood, Routine, Collection: 15-Dec-2017 10:37 PST, once					
	(Ionized Ca Serum)		PST	SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test M					
	المعتقد المعتقد	C	(lasined Co	Samura)					
▼ Details for Ca	aicium ionized	Serum	(ionized Ca	Serumj					
😭 Details 🍺 Or	der Comments								
<b>+ 1</b> h.	<b>↓</b> ×								
*!	Specimen Type: Blood		~	·					
*Col	lection Priority: Routine	e	~						
Unit collect: 🔿 Yes 💿 No									
0 Missing Required I	Details Orders For Cosig	nature Or	ders For Nurse Review	Sign					



5 The order defaults **Unit Collect 'No'** and **Collected 'No'** indicate once the order is placed the lab will come to the unit to collect the specimen. If the nurse in clinic is collecting the lab specimen, both Unit Collect and Collected must be changed to 'Yes'.

Unit collect:	Ο	Yes	igodoldoldoldoldoldoldoldoldoldoldoldoldol	No
Collected:	О	Yes	igodoldoldoldoldoldoldoldoldoldoldoldoldol	No

6 Select Specimen Type 'Blood' and scroll through Calcium Ionized Serum order details. Confirm all details are correct. Click on Magnesium Level order from Orders for Signature and repeat steps. After reviewing details click **Sign** and **Refresh** screen.

Upon refreshing the screen the Status of the order will display **Ordered**. The symbol to the left of the order indicates the order is yet to be cosigned by the ordering Provider.

M 🐮	Calcium Ionized Serum Ordered (Ionized Ca Serum)		Blood, Routine, Collection: 15-Dec-2017 11:18 PST, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test Manual.
M 🐮	Magnesium Level	Ordered	Blood, Routine, Collection: 15-Dec-2017 11:18 PST, once

#### Key Learning Points

When placing lab orders, it is essential that you review the order details for Unit Collect (Yes/No) and Collected (Yes/No) to ensure that specimens are collected and resulted in a timely manner.



## Activity 4.5 – Patients in Transition

In the Oncology setting there are two scenarios where this may occur. Scenario A: a patient in the Outpatient Chemotherapy Unit may fall ill and need to be admitted to an Inpatient unit, or scenario B: an Inpatient may need to be transferred to the Outpatient Chemotherapy Unit for treatment.

Scenario A:

1

The **Handoff Tool** is a summary of information found within the patient's chart. It is important to understand that the information that pulls into the Handoff Tool Mpage is set at the encounter level, which means that an Inpatient nurse and the Outpatient nurse may view different pieces of documentation on this Mpage. The purpose of this tool is to guide verbal handoff between units and we should be using the encounter that we are handing off from.

Within the patient's chart and from the Ambulatory Summary, click on the Handoff Tool. Scroll through the page clicking on the headers to add additional details.

K > →   ♠ Ambulatory Summary [0] Full screen										ninutes ag	
🗚 🗎   📥 🗎 🔍 🔍   100%		·   ● ● <b>☆</b>									
Summary	23	Demographics S	3 Transfusion Medicine	23	Future Orders	23	Handoff Tool	23	+	- 🤍	/ ≡•
Informal Team Communication Active Issues								=-			

2 Click the blue down arrow next to the **Transport/Transfer/Accompaniment** section to open the selection of available PowerForms. Click on the **Transport Ticket**. Fill in all the appropriate information. The Transport Ticket is viewable across encounters. A completed Transport Ticket can be accessed from the Documentation tab in the Menu.

$  \langle \rangle \rangle -   \cdot \rangle$	Ambulatory Sumr	mary						
A	🔍 🔍   100%	-   • • 🗳						
Summary	X	Demographics	X	Transfusion Medic	ine 🛛	Future Orders	z	Handoff Tool
Informal Tea Communicati	m n	Transfer/Transport/	Accomp	animent (0) 🛉	•			
Active Issues		No results found			Pre-Transfer/Tran Transport Ticket	sport Checklist		
Allergies (1)					Valuables/Belongi	ngs		

Activity 4.5 – Patients in Transition



Transport Ticket - CSTONCTHREE	THREE							
🏽 🕒 🚿 🕅 🛧 🕂 📾	📓 🔛							
erformed on: 29-Nov-2017	▼ 1213 🌻 PST			Ву	TestCST, Nurse3 MM			
fransport Ticket	Transport Tick	et						
	Status Onlaws and Aller	unio e						
	Status orders and Allergies							
	No qualitying data available.							
	No Known Allergies		]					
	Active Process Alerts							
	Communication barrier	iender sensitivity 🔲 Paliat	ve care					
	Cytotoxic N	lo ceiling lift 🔄 Seizur	e precaution					
	□ Fall risk □ S	ipecial care plan 🔲 Violen	ce risk					
	<		,					
	Transfer From and To 4	Made (Feulement						
	Transfer To	Transfer From	Mode	of Transport				
				O Stretcher O Ambulatory				
				O Wheekhair O Carried				
				C bes C dile.				
	Equipment Accompanying	Patient						
	Airway management equipment	t Defibrillator	Non-invas	ive blood pressure monitor	tion drugs			
	Cardio/respiratory monitor	V pump	Pulse ovin	netry Dther:				
	Sensory Deficits/ Activ	vity Restrictions/ Addit	ional Information					
	Sensory Deficits							
	D Diad left aus	Newstal	C. Overhielenie	El otra				
	Blind, right eye	Paralysis, left	Sensation/Touch defic	at Contex.				
	Hearing deficit, left ear	Paralysis, right	Speech deficit					
	Hearing deficit, right ear	Paraplegic	Uncorrected visual imp	sainnent				
	<			the second second second second				

³ Click the  $\checkmark$  to sign the form.

Scenario B:

4 When you are treating a patient on the Ambulatory Chemotherapy unit you will be working in their **Recurring Encounter** chart. This means that the MAR will only display the medications to be given on this encounter. For example, anything on their ordered protocol. If you need to administer a medication that has been ordered on their inpatient encounter, for example Dilaudid, you will need to access their inpatient MAR. To do this you will click on the **Enc Type** in the **Banner Bar**.



#### 5 This will open the **Custom Information** window

P Custom Informati	ion: CSTTHREEFOUR, SITTWODA	N				×
Encounter Type	Location	Admit Date	Discharge Date	Encounter #	Medical Service	Reason for
Recurring	LGH Chemo Chair 12	27-Oct-2017 11:56 PDT		700000012600	Medical Oncology	Cancer Trea
Inpatient	LGH 4E 420 01	25-Oct-2017 11:44 PDT		700000012670	General Internal Medicine	Pain Manag
Outpatient	LGH Chemo Chair 01	23-Oct-2017 09:05 PDT	24-Oct-2017 10:47 PDT	700000012492	Medical Oncology	Head and N
•						•



6 Click **Yes** on the **Visit List** Window to acknowledge that you are opening the **Inpatient Encounter** chart.

	_
Visit List	
This will change your patient's chart to the selected encounter. Do you want to continue?	
Yes No	

7 Access the **Inpatient Encounter** MAR and review any previous administrations of the dilaudid. Click on Medication Administration in the banner bar and proceed with Closed Loop Medication Administration.

**Note:** You will have to scan the patient's inpatient armband to access the medications within the MAR of the inpatient encounter chart.

Remember to return to the Recurring Encounter on the patient to continue caring for your patient in the outpatient clinic. If you forget to do this and then proceed to Activating the chemotherapy orders on the Inpatient Encounter, you will have to contact the provider to cancel and reorder the cycle of chemotherapy.

### Key Learning Points

- The Handoff Tool Mpage is used to guide verbal communication between nurses when patients are in transition.
- The Transport Ticket can be viewed across encounters from the documentation tab in the menu.
- The MAR is encounter specific; medications ordered on the Inpatient encounter will only appear on the Inpatient MAR
- Activating the Chemotherapy Powerplan places the medications on the MAR; ensure that you are in the recurring encounter before you activate the orders.


# Activity 4.6 – Oncology Telephone Triage

As an Ambulatory Oncology Nurse you may have to document the details of a phone call with a patient and you may need to communicate with the Provider.

1

Open the patient's chart using the search function.

🕲 Published Desktop - ProdBC - Citrix Receiver	
P PowerChart Organizer for TestON, OncologyAmbulatory-Nurse1	
Task Edit View Patient Chart Links Navigation Help	
🗄 🎆 Ambulatory Organizer 🖃 Message Centre 🎬 CareCompass 🎇 Clinical Leader Organizer 🎍 Patient List 😀 Multi-Patient Task List Tracking Shell 🌇 Discharge Dashboard 🚽	🙄 🗄 😋 CareConnect 🕲 PHSA PACS 🕲 VCH and PHC PACS 🕲 MUSE 🕲 FormFast WFI 🖕
🖽 Exit 🎬 AdHoc 🎟 Medication Administration 🔒 PM Conversation 🔹 🔛 Depart 🕞 Communicate 🔹 🗃 Medical Record Request 💠 Add 🔹 👼 Scheduling Appointment Book	🖪 Documents 🗃 Discern Reporting Portal 🖕
🗄 😋 Patient Health Education Materials 🐧 Policies and Guidelines 🐧 UpToDate 🖕	0
	/≝ Recent → scott-learn, joy

2

Select both the patient and the appropriate encounter. Click **OK**.

😒 Encounter Search																×
BC PHN:	VIP	Deceased .	Alerts	BC PHN	MRN	Name		DOB	1	lge	Gender	Address	Address (2)	City	Postal/Zip Code	Home Pł
MBN:	2			1076000072	23 760000723	ONCOLOGY	NURSEC, CARRIE	1951	Jan-20 07:46   6	6 Years	Female	724 West Broad	lway	Vancouver	V6R 2L3	(604)123
Last Name:																
First Name:					ß											
Gender:																
Postal/Zip Code:	•		_				-									4
Any Phone Number:	Facili	ty GH Lions Gate	Enco 7600	ounter #	Visit # 7600000010075	Enc Type Inpatient	Med Service General Internal Me	dicine	Unit/Clinic LGH 7W	719	n Bed 01	Est Arrival Date	Reg Date 04-Jan-2018 12:0	Disch Date	<ul> <li>Attending Prov</li> <li>TestCST, Gen</li> </ul>	ider eralMedicir
Encounter #:	3910	an Lions date	3 7800	000000723	760000000723	neculing	Medical choology		Lan crello n				025081920167.46		main, oncolog	Istriemator
Visit #:																
<u>S</u> earch <u>R</u> eset																
	•						T	11								•
														OK	Ca	incel



- You may need to **Add an Encounter** if the call is not related to an existing encounter.
  - 1. Once you have opened the patient's chart select the down arrow from **PM Conversation** in the Organizer toolbar and choose **Register a Phone Message**.

Published Desktop - ProdBC	- Citrix Receiver					
P SCOTT- LEARN, JOY - 700008070 O	pened by TestCST, Oncolog	gyAmbulatory-Nurse5 ON				
Task Edit View Patient Char	t Links Navigation H	elp				
🗄 🎬 Ambulatory Organizer 🖃 Messag	ge Centre 📲 CareCompass	🛙 🎬 Clinical Leader Organizer 🛔 Patie	nt List 🚨 Multi-Patient Task List 🛛 Tra	cking Shell 🎎 Staff Assignment	🙄 🤅 🕄 CareConnect 🔍 PH	ISA PACS 阈 VCH and PHC P
🗄 🔀 Tear Off 州 Exit 🎬 AdHoc 💵	Medication Administration	🔒 PM Conversation 🛛 👫 Depart 🕞	Communicate 👻 🗎 Medical Record R	equest 🚦 Add 👻 🛗 Scheduling Appo	intment Book 🕞 Documents 🥃	Discern Reporting Portal 🝦
🕴 😋 Patient Health Education Material	s 🔃 Policies and Guidelin	Cancel Discharge				
SCOTT- LEARN, JOY 🛛		Discharge Encounter				🔶 List 🔿 🏼 🌆 Re
SCOTT- LEARN, JOY	DOB:14- Age:65 (	Modify Discharge Print Specimen Labels	Code Status:	Process: Disease:		Location:LGH Che Enc Type:Recurring
Allergies: No Known Allergies	Gender:	Process Alert	Dosing Wt:65 kg	Isolation:		Attending:
Menu 🕂	< 🗸 🛉 Am	Register Phone Message				[[]] Full scree
Ambulatory Summary		Update Patient Information View Encounter				
Chicology	Summary	View Person	🔀 Transfusion Medicine	🔀 🛛 Future Orders	🔀 🛛 Handoff Tool	+ 22

#### 2. Enter the Facility Name

Drganization								
Please select the facility and/or client where you want to register the new encounter.								
Facility Name Facility Alias								
Igh chemo,								
Facility:								
UK Cancel								

4

3

The **Register Phone Message** window will open. Confirm the details and click **Complete.** The Phone Message Encounter Number will display.

Encounter Number:				
First Name: JOY	Middle Name:	Gender: Female	Date of Birth: 14-Nov-1952	A V
Home Phone Number: (555)555-5555				
Building: LGH Chemo 🗸 🗸	Unit/Clinic: LGH Chemo 🚽	Encounter Type: Phone Message		
Registration Time:	Register Phone Msg User Name: TestCST, OncologyAmbulat			
			Complete	Cancel
	Encounter Number:	Encounter Number: First Name: JOY Home Phone Number: [555]555-5555 Building: LGH Chemo Tell Chemo Registration Time: 12:33 TestCST, OncologyAmbulai	Encounter Number:         First Name:       Middle Name:       Gender:         JOY       Female       ▼         Home Phone Number:       [555]555-5555       Encounter Type:         [GH Chemo       ✓       LGH Chemo       ✓         Registration Time:       Register Phone Msg User Name:       TestCST, OncologyAmbulai	Encounter Number: First Name: Middle Name: Gender: Date of Bith: JOY Female Date of Bith: JOY Female Date of Bith: [555]555-5555 Building: Unit/Clinic: Encounter Type: LGH Chemo C LGH Chemo Phone Message Phone Message C Registration Time: Register Phone Msg User Name: 12:33 C TestCST, OncologyAmbulat



#### Click OK



5 You will remain in the patient's chart on the **encounter** that you previously selected until you change the **Encounter Type**. To do this, click on **Encounter Type in the banner bar**.

SCOTT- LEARN, JOY 🛛					List 🏾 🎬 Rec
SCOTT- LEARN, JOY	DOB:14-Nov-1952	MRN:700008070	Code Status:	Process:	Location:LGH Chem
capito i conservate i partiti	Age:65 years	Enc:700000013505		Disease:	Enc Type:Recurring
Allergies: No Known Allergies	Gender:Female	PHN:9876482783	Dosing Wt:65 kg	Isolation:	Attending:
Menu 📮 < 🗸 🗸	🔒 Ambulatory Summa	ıry			[□] Full screen

6 The **Custom Information** window will open. Select the **Phone Message** encounter and click **OK**, and click **Yes** on the **Visit List** window.

P Custor	Custom Information: SCOTT- LEARN, JOY									
Encount	er Type	Location A	lmit Date	Discharge Date	Encounter #	Medical Service	Reason for Visit			
Phone N	lessage	LGH Chemo 30	-Nov-2017 12:33 PST		700000015829					
Recurrin	g	LGH Chemo IV WR 14	-Nov-2017 14:40 PST		700000013505	Medical Oncology	chemotherapy			
Outpatie	ent	LGH Chemo IV WR 14	-Nov-2017 13:36 PST	14-Nov-2017 23:59 PST	700000013494	Medical Oncology	breast cancer treatment			
•	۲ <u>ا</u>									
		GENERAL INFO	RMATION							
Full Na	ame:	SCOTT- LEARN, JOY	EMC:							
Reg Da	ate/Time:	14-Nov-2017 14:40 PST	EMC Phone:							
D.O.S.	-	15.9	Fin Number:	700000013505						
Nurse	Unit:	LGH Chemo								
Room:		IV WR								



CLINICAL+SYSTEMS TRANSFORMATION Or path to smarter, seamles care

7 You will now be in the patient's chart in the Phone Message encounter.



8 To document your assessment of the patient, access the **Oncology Telephone Triage** Powerform by selecting the AdHoc MadHoc button from the organizer toolbar. Check the box beside **Oncology Telephone Triage** and click **Chart.** 



P Ad Hoc Charting - SCOTT- LEARN, JOY								
<ul> <li>Intake/History</li> <li>Additional Assessments</li> <li>Pediatric Growth Charts</li> <li>Admission/Transfer/Discharge</li> <li>Assessments</li> <li>Interventions/Care</li> <li>Patient Education</li> <li>All Items</li> </ul>	<ul> <li>Ambulatory Comprehensive Intak</li> <li>Ambulatory Pediatric Intake</li> <li>Ambulatory Repeat Blood Pressu</li> <li>Oncology Comprehensive Intake</li> <li>Oncology Telephone Triage</li> <li>Chemotherapy Dosing Weight</li> <li>BMT Acute Lymphocytic Leuken</li> <li>Pre Anesthesia Chart Screening</li> <li>Surgical Assessment</li> <li>Discharge Checklist</li> <li>Pain Assessment</li> <li>Post Fall Evaluation AMB</li> <li>NR POC AMB</li> <li>Urinalysis Dipstick POC</li> </ul>							



9 Select from the tabs within the Powerform to document your assessment and then click on the green checkmark  $\checkmark$  to sign and save your documentation.



10 To share the details of the phone encounter with the appropriate provider, select the down arrow beside **Communicate** from the organizer toolbar in PowerChart, and then select **Message** from the drop-down list of options.

PowerChart Organizer for TestON, OncologyAmbulatory-Nurse1	
Task Edit View Patient Chart Links Navigation Help	
🗄 🎬 Ambulatory Organizer 🖃 Message Centre 🎬 CareCompass 📲 Clinical Leader	Organizer  🛔 Patient List 🚨 Multi-Patient Ti
🛃 Exit 🎬 AdHoc 🎟 Medication Administration 🍐 PM Conversation 👻 🎼 Depa	t 📴 Communicate 🛛 🗎 Me lical Record Re
🕄 😋 Patient Health Education Materials 🔍 Policies and Guidelines 🔍 UpToDate 🖕	🕲 Message
	🗑 Reminder
Auchulatara Orașilare	Patient Letter
Ambulatory Organizer	Provider Letter

**Note:** This function is also available through Message Centre, a Quick Reference Guide will be available to describe Message Centre and its functionality.



11 The **New Message** window will open and will be pre-populated with your patient's name and phone number.

- 1. Search for the name of the health care provider that you wish to send this message to.
- 2. Use this space to write the body of the message.
- 3. Selecting an item in the **Actions** list will pull the item into the body of the message when completed and sent.
- 4. Enter date and time details into the boxes beside **Remind Me** in order to receive a reminder in your **Message Center** if you need to perform some follow up actions. The message will not appear in Message Center until this time.
- 5. Enter date and time details into the boxes beside **Due on** in order to set a desired date/time to complete. Overdue messages within the message center will display in red font.
- 6. If you have completed a more fulsome assessment that you have documented on the Oncology Telephone Triage Powerform, you can browse documents and attach the document to this message.
- 7. Click Send when you are done.





## Key Learning Points

Use the Telephone Triage PowerForm to document your assessment of a patient during a telephone call.

Register a Phone Message Encounter Type if the issue is unrelated to an existing encounter



## **b** End Book One

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