SELF-GUIDED PRACTICE WORKBOOK [N33] CST Transformational Learning

WORKBOOK TITLE:

Provider: Surgeon Inpatient (Workbook #1)



Last update: February 1, 2018 (v2)



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SELF-GUIDED PRACTICE WORKBOOK

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



Using Train Domain

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

Please note:

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



PATIENT SCENARIO 1 – Admission

Learning Objectives

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

- Access the Patient Chart through Patient Overview
- Understand the Banner Bar
- Understand Provider view

SCENARIO

A 39-year-old patient presents to the Emergency Department with a seven day history of abdominal pain and constipation. The patient has a history of chronic knee pain and has been on long term narcotic therapy. Patient reports that they are allergic to penicillin and adhesive tape both results in hives. Your patient was found to have a small bowel obstruction after being assessed in the emergency department.

You are called in as the Consulting Provider.



Activity 1.1 – Access Patient Chart

When using the Clinical Information System (CIS), you will have an immediate access to patient's chart using one of Cerner's applications – PowerChart. It is one of the many applications that together create a robust Clinical Information System (CIS) allowing all providers for improved patient care.

The CIS offers you many ways to complete one task. In this workbook you will use Train Domain to learn **a recommended practice** leaving additional more complex material to be covered by other learning resources.

When using the CIS, you will open patient's chart from the **Patient Overview**. This is the best way to access the right patient and the right encounter.

- 1. The **Patient Overview** window can be opened from the main toolbar.
- 2. You can display all lists currently available to you by clicking the down arrow.
- 3. You will be able select the appropriate list, for example the LGH Emergency Department.

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	LG Hospitalist Team 2	LGH 4 West					
	LG Hospitalist Team 3	LGH 6 West					
	LG Hospitalist Team	LGH 6 Surgical Close Observation					
	3	LGH Emergency Department					
		Admitting - LGH Lions Gate					

The **LGH Emergency Department** patient list will automatically gather all patients that are currently admitted to ED. Other lists may include patients from a specific location or patients where you are the attending provider. You can also share lists with your colleagues.

CLINICAL + SYSTEMS

TRANSFORMATIONAL

LEARNING

- 1. When contacted by the ED physician in real life, you will select the **Emergency Department** list. Lists can be extensive. Our example here contains 65 names as indicated by the number in brackets.
- 2. You can also type patient's name and search the currently displayed list.
- 3. Clicking the patient's name will open the chart. This is just an example.
- 4. If you have never accessed this patient's chart, the patient is marked by **No Relationship Exists.**

Task Edit View Patient Chart Links Notifications	Navigation H	lelp			
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Patient Overview 🛛 +					≣∙
List: LGH Emergency Department (65) 🔻		Establish Relationship 2 Patient Sea	rch: Q		≡-
Patient Information	Location	Illness Severity	Medica	N	
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CSTPRODBCREPORTING, TESTJG 4 m 2 w M	LGH ED Hold INTK - 305	No Relationship Exists			
CSTDEMO, NEUROONE 63 yrs M	LGH ED Hold AC - 215	No Relationship Exists			

When opening the chart for the first time, a prompt to **Assign a Relationship** will display. As a consulting provider to the ED patient, you would select **Consulting Provider**.

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





In this activity, follow steps to:

Practice accessing and navigating patient's chart.

Log into the CIS with as a general medicine provider with the instruction provided.

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

You can use toolbar to change your view. Do you remember how to open the Patient Overview window?

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Inbox Items (85)	TESTCSTSQ, THIRTEEN	Critical: 0 High: 0 Low: 1 Ab	7	Opened					
B. D	TESTSQBBVPP, SAMLOGIC SIX	Critical: 0 High: 0 Low: 1 Ab		Opened					
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- Orders (82/82)									

In the real life, you will be able to find your patient on the existing ED patients list but in the Train Domain, your patient has been added to the **My Assigned Patients** list.

- 1. Select the Patient Overview.
- 2. Click the down arrow and select My Assigned Patients list.
- 3. Click the patient's name to access the chart.

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3 The patient's chart opens to the **Provider View** which is your current default screen. Now let's explore the screen a little further.

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

to the **Home** view (your default screen)

- 4. Click the **Refresh** icon **c** to ensure that your display is up-to-date. A timer shows how long ago the information on your screen was last updated. **Refresh frequently**.
- 5. The **Provider View** is organized into tabs. Each tab is designed to support a specific workflow. Click each tab to open a corresponding workflow view.
- 6. A **list of components** represents workflow steps specific to your specialty. To navigate patient's chart efficiently, **follow the component list.**
- 7. Use the **Menu** tab to view several pages that the Provider View doesn't list. You can use it to toggle between different chart views independently from the workflow. Most pages in the Menu can be accessed through the components in your Provider View; however some infrequently used pages can be found within the Menu (ex. MAR Summary or Immunizations).
- 8. At the bottom, you will see your login name. Ensure you always work under your own login.



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listory of Present Illness	Diabetes				Medical			
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Now you will review the patient's chart to decide about a possible admission.

1. Select the **Admission** tab.

4

- 2. Click each component from the list to display its content.
- 3. Use scroll bar to move down the screen.
- 4. There are different types of components. For example:
 - The Advance Care Planning and Goals of Care will display information from other parts of a patient's chart once they are entered.
 - The Chief Complaint allows you to type or dictate text. Click the text box and type for example: Shortness of breath, fever, and cough for last 5 days. This information will be transferred to your chart note.
- 5. Each component has a **heading**. Place the cursor over the heading. This icon the heading is an active link. Click the heading to open a comprehensive window with more options to review or enter patient's information.

For example, click **Histories** and see another window open.

You can use navigation buttons similar to other internet applications. Do you remember how to return to your default view? What is your default view called?



F	P IP-PH	Y-Six, Jane - 760001105 Opened	by Train,	GeneralMedicine-Physi	ician6, MD											
	Task E	dit View Patient Chart	Links I	Notifications Naviga	tion Help											
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	Alle	ergies (2)		Resuscitation Status N	lot Found											
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	Lin	iks		lier Complaint										Selected V	isit 🔍 —	-
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	Ord	der Profile	No	ma	*				Classification							
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	Phy	ysical Exam		Diabetes					Medical							
	Act	tive Issues		Hypertension					Medical							
	Ass	sessment And Plan		Tobacco use					Medical							
	Ne	w Order Entry		Resolved Problems	(0)											

Activity 1.2 – Placing the Admit to Inpatient Order

At the Emergency Department, you examine the patient and decide to admit them to the Surgery Unit. Now, you must place an **Admit to Inpatient** order to ensure that the following important steps happen:

- The status of the patient becomes inpatient and the **clock starts for the admission**
- There is a notification to Access Services to locate a bed for the patient
- The encounter type changes from Emergency to Inpatient
- Admission tasks are sent to the inpatient nurse assigned to this patient
- It is also important that the Admit to Inpatient Order is placed before any other orders. Pharmacy dispensing may be delayed if this order is not placed first.



NOTE: The completion of the Admit to Inpatient order involves actions taken by other hospital departments. Such a process cannot be fully represented in the Train Domain and **patients in the Train Domain are already admitted** to the General Medicine Unit. You will place the Admit to Inpatient order for practice only.

It is important to place the **Admit to Inpatient Order** before any other orders as the routing of tasks to other clinicians is dependent on the encounter type.



Overview

1

The best option for placing orders is via the **Quick Orders** tab. This view is one-stop shop for **common orders and PowerPlans** that are **specialty specific**. It depends on your specialty, which orders you see and how orders are displayed.

- 1. Select the Quick Orders tab.
- 2. Quick Orders are organized into different **categories** such as PowerPlans, Medications, Labs, etc.
- 3. Click the arrow to collapse the category, click again to expand it back.
- 4. Under each category, there are **folders**. Click the folder to collapse or expand its content. Folders list individual orders and you can select them with one click.
- 5. You can select **acetaminophen** and add additional details yourself regarding dose, frequency, route, etc.
- You may see orders that have these details pre-determined for ease of ordering as an order sentence: For example, you can select acetaminophen PRN range dose 325 to 650 mg, PO, q4h, PRN pain, drug form: tab.
- 7. Once the order is selected, the **Orders for Signature** box will turn green and show the number of orders waiting for you to sign. Here one order has been selected.

		بك.	Full screen 📋 Print 🦽 3 hours 56 m	inutes a
e 🖄 Rounding	Transfer/Discharge	Quick Orders 23 +	7 🖬 🖻	=
Medications ≡• ⊙	Labs =- 🔗	Imaging and =- 🔊 Diagnostics	New Order Entry 🕂 🗧	• 📀
Analgesics acetaminophen PRN range dose dose range: 325 to 550 mg. PO, q4h, PRN pain drug form: tab TYLENOL #3 EQUIV tab 1 tab, PO, q4h, PM pain, drug form: tab ibuprofen PRN range dose HYDROmorphone HYDROmorphone PRN range dose	Bloodwork Routine Bloodwork AM (1 day added if ordered after 23:59) Bloodwork STAT Microbiology Stool Studies Urine Studies Fluid Analysis Blood Products / Transfusion	ECG Echocardiogram XR CT US MR IR IR	Consults E Patient Care E Patient Disposition Code Status Code Status General Communication Activity Diet > Utals Vitals	• •
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2 Follow the steps to locate and place the **Admit to Inpatient** order:

Remember, in the Train Domain your patients are already admitted but in real life, you will place the Admit to Inpatient order to start the admission process.

1. Select the **Quick Orders** tab from Provider View.

Admission 🛛	Rounding 🛛	Outpatient Chart	Transfer/Discharge	22 Quick Orders	23	+
Venue: Inpatient 👻						

- 2. Under Patient Care, click **Patient Disposition** to expand the list and select **Admit to Inpatient**.
- 3. Once selected, the order will be highlighted green and the orders for signature box icon will show there's an order to sign.



- 4. Click Orders for Signature 2 icon.
 - Orders for Signature window opens

Click Modify

3

Orders for Signature (1)	23
Admit/Transfer/Discharge	
Admit to Inpatient	
Show Diagnosis Table	Sign Save Modify Cancel

The detailed orders page will open:

P Validate, GeneralSurgeonB						17 Q 🛃
Validate, GeneralSurgeonB	DO8:1979-Jan-13	MRN:760000675	Code Stati			Location:LGH ED
	Age:39 years	Enc:760000000675			Disease:	Enc Type:Emergency
Allergies: Adhesive Bandage	Gender:Male	PHN:10760000675	Dosing Wt	65 kg	Isolation:	Attending:Train, Emergency-Physician1, MD
+ Add & Document Medication by Hs. Reco Orders Medication List Document In Plan	moliation - 🔗 Check Interaction	6				Reconcilation Status Meds History 😧 Admission 🚯 Discharg
View		C B V Order Name	Canadian	Charl	Datala	
Orders for Signature Plans Suggested Plans (0) Orders	a tG a Ad	H ED Enc:760000000675 Admi mit/Transfer/Discharge	t: 2018-Jan-1 Order	8 11:26 PST 2018 Jan 19 12:41	. 2018-Jan-19 12:41 PST, Admitting provider: Train, Surgeon-Physician1, MD	

indicates that details need to be entered to complete and sign the order, PowerChart will not let you sign the order until missing details are filled in.



- 1. Click 😢 to bring up the order details for Admit to Inpatient. The yellow highlighted and/or starred fields are mandatory.
- 2. Select General Surgery under Medical Service.
 - The Admitting Provider field should be auto-completed with your name when using your own login.

NOTE: If admitting for a colleague, ensure that their name is entered.

😵 Details 📴 Order Comments		
┿ 🖀 lin. 🔍 🏹		
*Patient Admission Date/Time: 19-Jan-2018	▼ 1241 PST	Location Admit/Transfer to:
*Medical Service:	~	*Admitting Provider: Train, Surgeon-Physician 1, MD
Bed Type:	•	Telemetry: 🔿 Yes 🔿 No
Special Instructions:		



6 Verify the encounter type in the Banner Bar has changed from Emergency to Inpatient

Location:LGH ED Enc Type:Emergency Attending:Train, Emergency-Physician2, MD

 \Rightarrow

Location:LGH ED Hold Enc Type:Inpatient Attending:Train, Surgeon-Physician3, MD

🔦 Key Learning Points

- When admitting a patient it is critical to place the **Admit to Inpatient** order
- Use Quick Orders tab for placing orders efficiently
- Place the **Admit to Inpatient** order prior to entering additional orders



Activity 1.3 – Review Allergies

In the Clinical Information System (CIS), a patient's allergies are **to be reviewed** by a provider on admission and at every transition of care. Allergy information is carried forward from one patient visit to the next.

Patient allergies can be added and updated in the Allergies component.

< 🔹 📩 🏦 Provider View					
🎢 📄 📥 📄 🔍 🥄 100%	- 😋 🖷 🟠				
Admission 🛛	Rounding	23	Transfer/Discharge	23	Quick Orders
Pathology					
Imaging	Allergies (2)	+			
Allergies (2)					
Vital Signs & Measurements					
Histopy of Procent Illnors	Substance	Reactions		Category	Status
History of Present Inness	Peanuts	Swelling		Food	Active
Physical Exam	penicillin	Rash		Drug	Active

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

The new on	der has created the following alerts:	
moxici	llin 🖌	
lease com	plete the (1) required override reasons to continu	e placing this order.
Allen	IY [1]	Exercise A
seventy	Substance	Reaction Type
	penicilin	
•		
< Size Colum	ns to Window	m # Apply to all interactions Override Reasons
+ [ins to Window	III B Apply to all interactions Override Reason:

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



The CIS will also track allergy-to-drug interactions.



In this activity you will:

- Add a new allergy
- Modify the existing allergy record



In order for the pharmacy to dispense a medication, the allergy record must be reviewed for the



current encounter. Click the Allergies heading to add a new allergy.

Admission	23 Rounding	g	23	Transfer/Discharge		ы	Quick Order		13 +		- D
Advance Care Planning and Goals of Care	Allergies (2	2) 🕇									All Visits 🛛 🏹
Chief Complaint										Q Add all	анду
Chief Complaint Histories	Substance	Reactions		Category	Status	13	Severity *	Reaction Type	Source	Q Add all	ergy
Chief Complaint Histories Allergies (2)	Substance	Reactions Rash		Cabegory Drug	Status Active		Severity Severe	Reaction Type Allergy	Source Patient	Q Add all	ergy

The **Allergies** window displays a comprehensive table with patient allergies:

- 1. A green checkmark indicates a drug allergy.
- 2. If the record is complete and no changes required, click **Mark All as Reviewed** to complete the review.
- 3. When there is no information available, you can use other the toolbar options:
 - No Known Allergies
 - No Known Medication Allergies
- 4. Click the arrow to select viewing All records or filtering only Active or Inactive
- 5. To add a new allergy, click the 4 Add icon on the toolbar.

Me	6	🔹 者 Allergies										[H]
Ē	Ma	ark All as Reviewed	3									
5	🕂 Ac	dd 🛛 🖾 Modify 🛛 💭 No Known Allerg	ies 🖓 N	o Known Medicatio	n Allergies	🐊 Reverse A	llergy Check	Display	All 👻	4		
	D/A	Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed
		Peanuts	Food		Moderate				Active	2018-Jan		2018-Jan-28 1
	\checkmark	penicillin 🚺	Drug	Rash	Severe	Allergy			Active	2018-Jan	Patient	2018-Jan-28 1
	<i>D</i> /A	Peanuts penicillin	Food Drug	Reactions	Moderate Severe	Allergy	Comments	Est. Onset	Active Active	2018-Jan 2018-Jan	Patient	2018-Jan 2018-Jan



3 You can enter new allergy below the allergies list.



4

NOTE: All mandatory boxes have yellow background such as Substance and are marked with an asterisk. Yellow background disappears when a default entry populates the mandatory box, for example Category = Drug.

1. Type *morph* in the **Substance** box and click **M** to execute the search.

<	🔉 🔹 者 Allergies										(D) Full	screen	Print	№ 15 minutes ago
D//	A Substance	Category	Peactions	Severity	Tupe	Comments	Est Onset	Peaction Status	Lindated By	Source	Peviewed	Peui	Interaction	
DIF	A Substance	category	Reduuuris	Sevency	Type	Comments	Est. Onset	Reaction Status	opuated by	Source	Revieweu	Revi	the action	
	Peanuts	Food		Moderate				Active	2018-Jan		2018-Jan-28 13	Test		
\sim	penicillin	Drug	Rash	Severe	Allergy			Active	2018-Jan	Patient	2018-Jan-28 13	Test		
Ty *S R	VPE Allergy An adverse Substance Free text esction(s): Add Free Text	*Severity <pre></pre>	ug or substan vector ars vector	Info source (not entered) Onset (not entered) *Category	immunologi ed>	ical response.	Reason:						A	dd Comment
				Drug	• A	ctive 👻	Ŧ]						
											ОК	OK 8	Add New	Cancel

 Select morphine from the list displayed. It is the best practice to keep the entry generic to ensure the system tracks all types of morphine medications.

2. Click **OK** to return to the Add Allergy/Adverse Effect window.

Substance Search				х
*Search: morph		Starts with	▼ Within: Terminology	•
C			C 11 C 1	
Search by Nam	e		Search by Code	
Terminology: Allergy, Mult	tum Allı 🛄	Terminology A	xis: <a>All terminology ax	
Categories				
Term A			Terminology	
<no categories="" found="" matching=""></no>			27	_
Term A	Code	Terminology	Terminology Axis	^
morphine	d00308	Multum Drug	Generic Name	
morphine 24 hour extended rel	d00308	Multum Drug	Generic Name	
morphine extended release	d00308	Multum Drug	Generic Name	
Morphine Extra Forte	d00308	Multum Drug	Generic Name	
Morphine Forte	d00308	Multum Drug	Generic Name	
Morphine HP	d00308	Multum Drug	Generic Name	
Morphine IR	d00308	Multum Drug	Generic Name	=
morphine liposomal	d05295	Multum Drug	Generic Name	
Morphine LP Epidural	d00308	Multum Drug	Generic Name	
Morphine SR	d00308	Multum Drug	Generic Name	
Morphine Sulfate	d00308	Multum Drug	Generic Name	
Morphine Sulfate SDZ	d00308	Multum Drug	Generic Name	
Morphine Sulfate SR	d00308	Multum Drug	Generic Name	
morphine-naltrexone	d07472	Multum Drug	Generic Name	-
Mambiaa	1100000	M.A Deve	Canada Mana	
Add to Favorites				el



5 Fill the mandatory boxes and add other appropriate options:

Do you remember how to spot mandatory boxes?

- 1. Select Severe for the Severity.
- 2. Type *rash* and click **M** in the **Reaction**(s) box (recommended).
- 3. Select *Drug* for the **Category**.
- 4. Select Family for Info Source.
- 5. Note Status is Active. Use the drop-down to display more options.
- 6. Click OK to save the information. OK & Add New allows for multiple entries.

	🔹 🚹 Allergies										(¤) Full	screen	Print	27 minut
D/A :	Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed	Revi	Interaction	
1	Peanuts	Food		Moderate				Active	2018-Jan		2018-Jan-28 13	Test		
~ 1	penicillin	Drug	Rash	Severe	Allergy	,		Active	2018-Jan	Patient	2018-Jan-28 13	Test		
*Sub	a Allergy	se reaction to a	drug or substance (which is due to a	n immunok	ogical response.							۵	
Reac	ction(s):	*Severity	4 In	fo source		Comments								du commen
Reac	ction(s):	*Severity Moderate At: <not en<="" td=""><td>tered></td><td>fo source Family nset: Year</td><td>Ŧ</td><td>Comments</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>uu commen</td></not>	tered>	fo source Family nset: Year	Ŧ	Comments								uu commen
Reac	ction(s): Add Free Te	*Severity Moderate At: <not er<br="">75</not>	tered> 0i rears • 2 behalf of 0	fo source Family nset: Year 2017 Category	V	Comments Status 5	Reason:							

6 Check if morphine allergy is added to the patient's record.

- 1. The green checkmark indicates drug allergies.
- 2. Click the **A** icon to return to the **Provider View**.

IP-	PHY-	Six, Jane 🛛						←	List 🔿 🛛 🍘 Recei	nt 👻 Name
IP-	PHY-	Six, Jane	DOB:1942-Feb-07	MRN:760001105	Code Status:	Pro	ess:		Location:LGH 2E	; 222; 01
		and the December	Age:76 years	Enc:760000001105		Dise	ase:		Enc Type:Inpatien	t Semenals de altai
Alle	ergies:	penicillin, Peanuts	GenderFemale	PHIN:10760001105	Dosing Wt:70 kg	1501	ition:		Attending:Train, G	seneraliviedici
Me e	< >	🖂 🕆 🚺 ies							[🗆] Full screen	🖷 Print 🤞
B										
	Ma	ark All as Reviewed								
	🕂 Ad	dd Modify 🖸 No Known	Allergies 🛛 📿 No K	nown Medication Allergies	🔗 Reverse Allergy Check	Display All	•			
	D/A	Substance	Category R	leactions Severity	Type Comments	Est. Onset Reaction	Status Updated By	Source Review	ed Revi	Interaction
	~	morphine	Drug F	Rash Moderate	Allergy	2017 Active	2018-Feb	Family 2018-F	eb-27 1 Train	
		Peanuts	Food	Moderate		Active	2018-Jan	2018-F	eb-27 1 Train	
	\checkmark	penicillin	Drug F		Allergy			Patient 2018-F	eb-27 1 Train	



When you are back in the Provider View, you may notice that your display does not always display the most current information. Refresh your screen frequently:

- 1. Click the **Refresh button on the Banner Bar** to refresh all information in the current workflow tab
- 2. Click the **Refresh button for an individual component** to update this information only and stay with this component.

IP	-PHY-Six, Jane 🛛 🛛								st 🔿 🕋 Recent 👻 Nar	ne
IP	-PHY-Six, Jane	DOB:1942-Feb Age:76 years	0-07 MRN:760001105 Enc:7600000001105			Process: Disease:		Lo Er	cation:LGH 2E; 222; 01 nc Type:Inpatient	
All	ergies: penicillin, Peanuts	Gender:Femal	e PHN:10760001105	Dosing Wt:70 kg		Isolation:		At	tending:Train, GeneralM	edicine-Physic
Me	< 🔹 🔹 🏦 Provider View							(D) Full	screen 🖷 Print 🏼 🎅 1	55 minut
5	🗚 📄 🖣 📄 🔍 🔍 100%	- 😋 🛑 🕍								
	Admission	8 Rounding	23	Transfer/Discharge	٤	3 Quick Orders		E3 +	- 🗠	
	Advance Care Planning and Goals of Care	Allergies (2)	+						2	2 ∂ ≡-
	Chief Complaint								9	
	Histories	Substance	Reactions	Category	Status	Severity *	Reaction Type	Source	Comments	
	Allergies (2)	penicillin	Rash	Drug	Active	Severe	Allergy	Patient		
	Visits (1)	Peanuts		Food	Active	Moderate				



Patient **allergies** and interactions are monitored by the CIS.

- Allergy record needs to be **reviewed for each encounter** on admission.
- A review of allergies is complete when Mark All as Reviewed is selected



Activity 1.4 – Review Best Possible Medication History (BPMH)

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

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

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

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



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

In our scenario, home medications are documented. The patient brought in their *gliclazide* and *salbutamol inhaler* from home, neither of which is documented. You decided to document them to complete the admission reconciliation.



In this activity you will: Review and update the BPMH



Ensure you are in the Admission tab:

- 1. Click the Home Medications component to display the list of documented home medications.
- 2. Documented home medications are marked by the $\sqrt{3}$ icon.
- 3. Note the status line indicating who and when updated the medication history.
- 4. Click the Home Medications heading.

Admission	23	Rounding	23	Transfer/Discharge	23	Quick Orders	× +	»
Allergies (3)	Hom	ne Medications (4)	4					All Visits
Documents (2)		Medication		<u>ـ</u>		Responsible Provider	Compliance	Estimated Supply Remaining
Links	2 🐨	lisinopril (lisinopril 10 mg or	al tablet) 1 tab,	PO, qdaily, 30 tab, 0 Refill(s)			Taking as prescribed	
Vital Signs & Measurements	1	metFORMIN (metFORMIN 8	50 mg oral table	t) 1 tab, PO, BID, 0 Refill(s)			Taking as prescribed	
Labs 📍	<u>_</u>	multivitamin (Centrum 8400	oral tablet) 1 ta	ab, PO, qdaily, 30 tab, 0 Refill(s)				-
Micro Cultures (0)	5	non-formulary medication (ginseng) 0 Refill	(s)				

2 The **Medication List** window displays and you can check details for **all current** medications for your patient.

Hover to discover to check what on-screen explanation is provided:

- indicates inpatient medication
- indicates medication is part of the order set; Hover to discover more information.
- indicates that pharmacy must verify the medication
- 1. Click **Document Medication by Hx**.

🗧 < 👻 者 Medication List							[□] Full screen @							
🗧 🕂 Add 🖓 Document Medication by Hx 🚺 ciliation 🗸	+ Add 2 Document Medication by Hx 🕕 ciliation • >> Check Interactions													
Orders Medication List Document In Plan														
Displayed: All Active Orders All Active Medications														
- Orders for Signature														
- Medication List		00	8	Order Name	Status	Dose	Details							
Admit/Transfer/Discharge	⊿	Continu	uous îni	isions										
Status			.	odium chloride 0.9%	Ordered		order rate: 100 mL/h, IV, drug form: bag, first dose: NOW, start: 29-Jan-2018 15:31 PST, b							
Patient Care	⊿	Medica	tions											
Activity		\checkmark	ेन्त्र 🎦	azithromycin	Ordered		500 mg, IV, g24h, order duration: 3 day, first dose: NOW, start: 29-Jan-2018 15:31 PST, sto							
- Diet/Nutrition			1	tefTRIAXone	Ordered		2,000 mg, IV, q24h, order duration: 5 day, first dose: NOW, start: 29-Jan-2018 15:31 PST, s Then reassess							
Continuous Infusions			े 🕤 💽	pratropium	Ordered		120 mcg = 6 puff, inhalation, q1h, order duration: 3 doses/times, drug form: inhaler, first							
- Medications				ipratropium 20 mcg/			Give with spacer							
- Blood Products		\checkmark	े 🕤 💽	acetaminophen	Ordered		320 mg, PO, q4h, PRN fever, drug form: oral liq, start: 29-Jan-2018 15:31 PST							
- Laboratory							Maximum acetaminophen 4 g/24 h from all sources							
- Diagnostic Tests		\checkmark	ेल 🛃	albutamol (salbutamol	Ordered		600 mcg = 6 puff, inhalation, q20min, PRN shortness of breath or wheezing, drug form:							
- Procedures		L		100 mcg/puff inhaler)			Give with spacer							



3 Ensure you are in the Medication History window. Click the **+** Add button on the **Medication History** toolbar.

+	Add Docu	Medication History	edications	Unable To Obtain Information	Use Last Compliance	Reconci Med	liation Status s History Admi
		Order Name	Status	Details		Last Dose Date/Time	Information Sourc
				V Last Documented On 2018	3-Jan-28 13:27 PST (TestUs	er, Nurse-Emergency)	
	⊿	Home Medications					
		🖑 non-formulary medic	Documen	. ginseng, refill(s): 0, start: 28-Jan-20	018 13:26 PST		
		🖑 multivitamin (Centru	Documen	. 1 tab, PO, qdaily, drug form: tab, c	dispense qty: 30 tab, refill(
		🖑 metFORMIN (metFOR	Documen	. 1 tab, PO, BID, drug form: tab, refi	II(s): 0, start: 28-Jan-2018 1	2018-Jan-27 09:00 PST	Patient
		🖉 lisinopril (lisinopril 10	Documen	. 1 tab, PO, gdaily, drug form: tab, c	dispense qty: 30 tab, refill(2018-Jan-27 09:00 PST	Patient

In the **Search** window you can search the entire catalogue.

- 1. You may need some practice to be able to use the search efficiently. Here are few tips:
 - Type few first characters.
 - Add more details to truncate the list of possible options.
 - For this example, type salbu inh 100.
- 2. Select salbutamol 100 mcg/puff inhaler (1 puff, inhalation, q1h, PRN shortness of breath or wheezing, drug form: inhaler).
- Once you select the medication and associated details (order sentence), the medication order is placed and waiting for your signature. You can continue searching and adding more medication orders if needed.
- 4. For this activity, you want to add just this one. Click Done.





- 5
- 1. Select the order to display its details.

2. It is very important to know if the patient is compliant with prescription. To add this information, click on the **Compliance** tab.

3. Document the following in the **Compliance** tab:

Status = Taking as prescribed

Information source = Patient

Last dose date/time= Yesterday at 0900, use calendar to enter date in a proper format

- 4. Click **Details** to collapse or expand details for the selected order.
- 5. Click Document History to complete the process.



6

The updated list of current home medications for your patient displays.





9

In some cases, you may need to document that the patient has no home medications or you are unable to obtain information. Select Comment Medication by Hx

When needed, you can select one of the following options:

No Known Home Medications Unable to Obtain Information

You can also select the medication and click **Use Last Compliance** – this will copy the past medication record as a current entry

	-	A second se Second second sec second second sec		~	(
4	Add	Medication History No Known Home Medications	le To Obtain Information 📃 Use Las	t Complia	nce	Reconciliation Status ✓ Meds History 🚯 Admission 🚯 Discharge
	Docum	ant Madientian builds				
	Docu.					
	E	Order Name	Status	Details	•	
						✓ Last Documented On 2018-Feb-20 15:00 PST (TestPET, GeneralM
	⊿ Ho	ome Medications				
	- 4	a gliCLAZide (Act Gliclazide MR 30 mg oral ta	Documented	refill(s): 0), start:	20-Feb-2018 14:58 PST
	1	non-formulary medication (Ginseng)	Documented	Ginseng,	refill(s)): 0, start: 2017-Dec-29 10:19 PST
	4	multivitamin with minerals (Centrum 8285	Documented	1, PO, q2	4h, tab	, refill(s): 0, start: 2017-Dec-29 10:19 PST
	4	b lisinopril (lisinopril 10 mg oral tablet)	Documented	1 tab, PO), qdaily	y, drug form: tab, dispense qty: 30 tab, refill(s): 0, start: 2017-Dec-29 10:16 PST
	1	* metFORMIN (Act MetFORMIN 500 mg oral	Documented	1 tab, PO), BID, v	vith meals, drug form: tab, refill(s): 0, start: 2017-Dec-29 10:19 PST
	1	salbutamol (salbutamol 200 mcg inhaler)	Documented	1 puff, in	halatio	n, once, PRN as needed, drug form: powder, refill(s): 0, start: 20-Feb-2018 14:59 PST

8 Providers can update the home medications as this is very important for patient safety. For your practice, add *lisenopril* 5mg oral tablet (1tab, PO, Qdaily #30 tab). Ensure that you add this medication using **Document Medication by Hx** type of entry.

lisinopril	
lisinopril 5 mg oral tablet	
lisinopril 5 mg oral tablet (1 tab, PO, qdaily, # 30 tab)	

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

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

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

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

Allergies: No Known Allergies	Age:53 year: Gender:Fem	rs Enc:700000001694 nale PHN:9735353759	1 Dosing Wt:	Disea Isolat
+ Add 🔀 External Rx History •	Medication History	Unable To Obtain Information	Use Last Compliance	
Document Medication by Hx				
Order Name 🔺	Status	Details		La



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

ORPHANING. CHOIR Allergies: No Known Allergies	DOB04-Jun-1964 MRN-70 Age:S3 years Enc.700 Gender:Female PH44373	0009092 Code S 0000016941 35353759 Dosing	anus: WE		Process: Disease: Isolation:		Location:1.0H 68: 622: 03 Enc Type:/rpsitient Attending:Playcb, Stuart, MD
+ Add 🔂 External Rx History - Medicatio	n History own Home Medications 🛛 Unable To Obtain Inf	ormation 🗌 Use Lest Comp	lance	×	Document Medication by Hy		Reconciliation Status Media History Admission O Discharge
External Rx History				. 7	Bodathauthath	Test Dece Date	I Information Process
Display: Last 6 Months v She	w Individual Instances		Disclaimer: @	6	1-9 lorder Hame/Details	Last Dote Date	Last Documented On 09-Mar 2018 10-48 PST (Ablane Mindead
This Ra history contains prescription record may be incomplete and prescriber should prescriber to validate and verify the inform	is provided by community pharmacies and pharma not rely soliely on this Richistory data to make any cl ation directly with the patient or via other appropria	cy benefits managers (PBM's) inical decisions. It is the respo ite means.	Such Richistory nsibility of the		A Home Medications	01-Feb-2018 08:00 PST	Patient
Order Name/Details		Last Fill * A	dd As A	6	Table PO, once, 0 Reful(s)		
V Rx history as of: 15-Mar-2018 15:19:	49 PDT				colchicine (colchicine 0.6 mg oral tablet)	31-Jan-2018	Patient
(4) COLCHICINE 0.6 MS TABLET THIS IS THE DIRECTIONS FOR J	ABBOTT LABS A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	V 80 EVTES 02-Jan-2018	2 B		 45 too, PO, BIO 4 ethosusimide (Zarontin 250 mg oral capsule) 250 mg, PO, BIO 	1000 #31	
(4) CLOMPHENE CITRATE SO MG THIS IS THE DESCTIONS FOR	TABLET UNKNOWN A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	V 40.0VTES	4		250 mg, PO, gdoily 4 ethosoximide (Zarontin 250 mg oral capsule) 4 ethosoximide (Zarontin 250 mg oral capsule)		Patient
(4) O NACIN SOMG TABLET ABB THIS IS THE DRECTIONS FOR J	OTT LARS A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	1/ 80 DVTES 02-Jan-2018	4		2 cop, PO, gdoly a [*] metFORMIN 250 mg, PO, TID with food		
 (4) O ERVTHROMVON ETHNLSUCCE THIS IS THE DIRECTIONS FOR 	NATE 200 MG TAB CHEW ABBOTT LABS CRESCEPTION DISPLASE AND THEY ARE EVACIL	V 80.8VTES 02-Jan-2018	4		3 metFORMIN 500 mg, PO, BID with food, for 30 day, 60 tab, 0 3 nach		
(8) CARBACHOL 1.5 % DROPS THIS IS THE DIRECTIONS FOR	<mark>ALCON CANADA</mark> A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	V 60 DVTE3 02-Jan-2018	4		50 mg, PO, BIO ¹ ² ³ ⁴ ³ ⁴ ³ ⁴ ⁵ ⁴ ⁵ ⁴ ⁵ ⁵ ⁵ ⁵ ¹ ⁵ ⁵ ⁵ ⁵ ¹ ⁵		Parent
 (4) HALOPERIDOL 1 MG TABLET THES IS THE ORECTIONS FOR. 	MONEL PHARM C A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	1 10.07115 02-Jan-2018	4		Other Prescription (Amobarbital) Amobarbital Amobarbital Cominent (Amobarbital)		Patient
 (4) O HALOPERIDOL 2 MS TABLET THES IS THE DIRECTIONS FOR J 	MCNEL PHARM C A PRESCRIPTION DISPENSE AND THEY ARE EXACTL	V 80 EVTES 02-Jan-2018	4		T cop, PO, odoily vitamin A (vitamin A 25,000 units oral capsule)		
+ (4) 🥥 HALOPERIDOL 5 MG TABLET THES IS THE DIRECTIONS FOR J	MONEL PHARM C A PRESCRIPTION DISPUTIE AND THEY ARE DIACTL	V 80 OVTES 02-Jan-2018	4		wasterie (Courselin 5 mg crei tablet) 1 łok. PQ, ędzićy, 30 łok. 9 Ref(E))		
(4) FERROUS SULFATE 150(00)/5 1 THES IS THE DIRECTIONS FOR	SVRUP MEAD JOHNSON A RESOLUTION DISPENSE AND THEY ARE EXACTL	v to svitis	4				
(4) CHLOROTRIANISENE 12 MG THE IN THE ORECTIONS FOR	CAPSULE UNKNOWN A PRESOMPTION DISPENSE AND THEY ARE EXACTL	VIGLEVITES 02-Jan-2018	4				
+ (4) 😏 FERROUS SULFATE 15MG/0.6A	AL DROPS MEAD JOHNSON		-		¢		
T Details							
0 Missing Required Details						Leive M	ed History Incomplete - Finish Later Document History Done

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

DRPHANING, CHOIR Allergies: No Known Allergies	Age53 years Gender-Female	Enc:7000000016941 PHN/9735313759	Code Status: Dosing Wt:		Process: Disease: Isolation:				Enc T Atten	BoncLOH 6K; 622; 03 ype/inpatient ding:Pilsvcb, Stuart, MD
Add Sternal Ra History - Medication H No Known External Ra History	Ristory n Home Medications 🛛 Divabi	le To Obtain Information	Joe Last Compliance	×	Document Medication by Hx					Reconciliation Status Meds History O Admission O Discharg
Destruction of the state of the	and the strength of the strength of the		Dischalarian	2	5 Order Name/Details .			Last Dose Date	Information	Source
The state state and the state of the state o	nomous instances		Cocomer.	0					Last Docume	nted On 09-Mar-2018 10:48 PST (Ablaze, Misdeed
may be incomplete and prescriber should not prescriber to validate and verify the information	rely solely on this Rx history data an directly with the patient or via	to make any clinical decisions other appropriate means.	it is the responsibility of the	~	4 Home Medications a cephal.E0n (Keflex 125 mg/5 5 ml, PO, BD, 0 ReSill()	i mL oral li	quid)	01-Feb-2018 08:00 PST	Patient	
Order Name/Details			an Fill * Add As	~	1 tab. PC. once. 0.Refulkt	a oral table	0			
Rx history as of: 15-Mar-2018 15:19:49	PDT				🖓 colchicine (colchicine 0.6 mo	q oral table	0	31-Jan-2018	Patient	
I ID COLCHEORE DAMS TABLET A	RECTT LARS		and the second second		0.5 tob, PO, once, 30 tob, 0 K	efilia) na oral car	indel	16:00 PST		
The star performance and a	DOCT BUTTING PROPERTY AND TH	EV ARE EVACTOR AN EVITES	12-Jan-2018 🔐 🍱		250 mg, PO, BID	THE STAT LAS	nviit)			
	ID ET I BARDINAN	ET ME DOUGTET BUTTES	Grand Grand		🖓 ethosuximide (Zarontin 250 r	no oral cas	HUH)		Patient	
	ABLE) UNKNOUTH	E.	ORP	HANIN	6. CHOIII - Add Order	-	• • ×			
A IN COLUMN THE THE OWNER	CARLES INTO A CONSIGNATION OF THE	ORPHANING	DOE:04-J_MRN:700.	Code	Statura: Process:	Location	LGH 6E:			
· [4] OTRACIS JOINT TABLET ABOUT	I LAOS		Age:33 y., Enc.7000		Disease	Enc Type:	ripatient			
THE STREET AND A PROPERTY OF A	RESCRIPTION OF PRIME AND TH	Allergies: No Kn	o Genders Prevey/3	Doung	g Witz Isolations	Attending	Plants, St.			
 (4) GENTHROMICINETHIESUCCINA 	TE 200 MG TAB CHEW ABBOT	Seach niacin	Q. Tupe	2 0	ocument Medication by Hx					
THELS THE OPECTIONS FOR A P	RESCRIPTION DOPTING AND TH	niacin		-						
• (I) OF CARBACHOL 1.3 % DROPS ALC	ON CANADA	15 macin (5	1 mg PO, IID, order duration	n: 30 de	y, drug form: talk, dispense styr 50 talk)				Parent	
THIS IS THE DIRECTIONS FOR A P	RESCRIPTION DISPENSE AND TH	Contraction :-	wing, PU, DV, crott durate	n // 4	als avoil result rate automate data on start	T 1		-	Butterst	
+ (4) G HALOPERIDOL 1 MG TABLET N	ACNEIL PHARM C	Con niacin (1	10 mg, PO, qdaily, order dun	stick X	0 day, drug formi tab, dispense styr 30 tal	0			ratent	
THIS IS THE ORECTIONS FOR A PI	RESCRIPTION DEPENSE AND TH	IN AREL Placin (3	50 mg, PG, geory, order duratio 50 mg, PD, RD, order duratio	eren an	eo ay, mug torre tao, moperox quy to see eo deux forme tab. disperse oto: 60 tabl	1				
(4) HALOPERIDOL 2 MS TABLET N	ACNEIL PHARM C	niecin 50	mg oral tablet					-		
THIS IS THE DIRECTIONS FOR A P	RESCRIPTION DISPENSE AND TH	EY APE E niacin 50	mg oral tablet (1 tab, PO, qo	taily, dr	ug form: tab, dispense qty: 30 tab)					
(4) HALOPERIDOL SING TABLET IN	ACNEIL PHARM C	niacin 50	ing oral tablet (1 tab, PD, qu	taly, dr	vg form: tab, dispense qty: 90 tab)					
THIS IS THE DEECTIONS FOR A P	RESORPTION DISPENSE AND TH	ITY ARE E Iniacin 10	0 mg oral tablet	ac ac	from the descent of Mindel					
(4) G FERROUS SULFATE 150(30)/5 SYR	UP MEAD JOHNSON	macin 10	0 mg onal tablet (1 tab, PO, 1 0 mg onal tablet (1 tab, PO, 1	no, anu	a forms table dispense and 270 table					
THIS IS THE DIRECTIONS FOR A P	RESCRIPTION DISPENSE AND TH	EY ARE E NIGCIN 10	0 mg/mL injectable solution							
(4) Q CHLOROTRIANSENE 12 MG CAR	PSULE UNKNOWN	niacin 40	0 mg oral capsule, extended	release		-				
THES IS THE DIRECTIONS FOR A P	RESCRIPTION DISPENSE AND TH	EY APE E	0 mg oral tablet			0007				
► (4)	DROPS MEAD JOHNSON	"Onter" to	Search			beas	Done	_		
X Details		De								
O Missing Required Details								Leave Me	d History Incomp	fele - Frish Later Document History Done



Key Learning Points

- **BPMH** must be completed **before** admission medication reconciliation can occur
- Home medications, once documented, can be updated at any time
- Documented home medications can be continued during the hospital visit
- Documented home medications can be continued or stopped when patient is discharged



Activity 1.5 – Complete Admission Medication Reconciliation

Admission reconciliation gives you the opportunity to review and make decisions about current home medications and prescriptions as well as medications the patient has received so far during this visit.

Within the **Admission** tab of the patient's chart, you have a few tools to help with the medication management process:

- Home Medications this component lists home medications documented for this visit and carried over from previous encounters
- Current Medications this component lists medications administered during the current encounter

Medication Reconciliation Tool – for admission, transfer, and discharge allows you to manage all home and ordered hospital medications through one convenient location

2-PHY-Six, Jane 🔳					List — Marne Marne		
-PHY-Six, Jane lergies: penicillin, Peanuts	DOB:1942 Feb-07 MRN:760001105 Code Status: Age:76 years Enc:7600000001105 Gender:Female PHN:10760001105 Dosing Wt:70 kg		Proces Disease Isolatio	n:	Location:LGH 2E: 222: 01 Enc Type3npatient Attending:Train, GeneralMedicine-Phy		
< 🔹 🕈 Provider View			11.11.11.11.11	(D) Fo	ll screen 🛛 👼 Print 🛛 🍣 4 hours 54 min		
🐴 🏢 🚠 🏬 🔩 🔩 100%	- 😋 📾 🖾						
Admission	33 Rounding	13 Transfer/Discharge	S3 Quick On	iers 💠 🕂 🕂			
Allergies (3) Visits (1)	Home Medicatio	ns (4)			All Visits 🤤 🗄		
Documents (2)	Medication	*	Respon	sible Provider Compliance	Estimated Supply Remaining		
Links	🦨 lisinopril (lisinopr	ii 10 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refil(s)	-	Taking as prescribed	.e.		
Vital Signs & Measurements	🖉 metFORMIN (me	tFORMIN 850 mg oral tablet) 1 tab, PO, BID, 0 Refili(s)		Taking as prescribed	1.5		
Labs 🕈	🦨 multivitamin (Ge	ntrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refil(s)	17		2.		
Micro Cultures (0)	🦨 non-formulary m	edication (ginseng) () Refill(s)	-	-	-		
Pathology (0) Imaging (1) Home Medications (4)			Document His	tory: Completed by TestUser, Nurse-E	mergency on 28/01/2018 At 13:27		
Current Medications	Current Medicati	ons 🕂			Colortad stat		
Order Profile (12)				Status: 🖌 Meds History 🖪	Admission Transfer Discharge		
History of Present Illness E	Order			Order Starl	Slahus		
Physical Exam	4 Scheduled (1) New	12 bours		ALTER PARTS	1. Constant		
Active Issues	ioratropium (ioratro	sum 20 mealouff inhaler) 120 mea = 6 cuff, inhalation, ath		Vetterday 22-00	Ordered		
Assessment And Plan	-periodynam (dynam)	wanter mellikan anarek soo nich - a kunk manarek din.		Longer and Presson			

With the BPMH completed, you can **start admission medication reconciliation** for your patient. You will review the home medications and **stop ginseng and Centrum**. You also want to **modify medications placed by the ED provider**.



In this activity you will:

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



Select the next component – Current Medications.

- 1. Note the status of medication management in the top right corner.
 - means complete

1

- means incomplete
- 2. To complete admission medication reconciliation, click the **Admission** button.

H	- 6									
Admission	×	Rounding	23	Transfer/Discharge	X	Quick Or	rders	∺ +	-	- • /
Allergies (3)							oury, completes by resea			
Visits (1)								2		
Documents (2)	Cur	rrent Medications 🚽							Sele	cted visit 🎅
Links							Status: ✔ Meds	History 3 Admission	n Transfer	🕒 Discharge
Vital Signs & Measurements		Order					Order Start	Status	,	-
Labs	⊿ :	Scheduled (1) Next 12 hour								
Aicro Cultures (0)		ipratropium (ipratropium 20 n	ncg/puff inhaler)	120 mcg = 6 puff, inhalation, q1h			Yesterday 22:00	Ordered		
Pathology (U)	⊿ (Continuous (1)								
Home Medications (a)		sodium chloride 0.9% (NS) co	ntinuous infusion	1,000 mL 100 mL/h, IV			January 29, 2018 15:31	Ordered		
Current Medications	⊿	PRN/Unscheduled Availab	le (2) Last 48 hou	irs						
Order Profile (12)		acetaminophen 320 mg, PO,	q4h, PRN: fever				January 29, 2018 15:31	Ordered		
History of Present Illness		salbutamol (salbutamol 100 n	icg/puff inhaler) (500 mcg = 6 puff, inhalation, q20	min, PRN:		January 29, 2018 15:31	Ordered		
Physical Exam		shortness of breath or wheez	ng							
Active Issues	► <i>I</i>	Administered (3) Last 24 ho	urs							
Assessment And Plan	► 1	Discontinued (0) Last 24 ho	urs							



2 The admission reconciliation screen for your patient displays. You may see medications in a different order on your screen.

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

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

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

3 indicates unreconciled medication



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

The following icons help you to manage the process:

allows for continuing a medication
allows for discontinuing a medication

P o	Irder Reconciliation: Admission - GeneralSurgeonA, Wendell								- • ×
Gei	neralSurgeonA, We DOB:1979-FebMRN:7600003					Process:		Location:LGH	ED; ACWR
Alle	Age:39 years Enc.76000000. rgies: Adhesive Bandage Gender:Male PHN:1076000.	 Dosina Wt:6	55 ka			Isolation:		Attending:Trair	gency 1. GeneralMedi
							Reconcili	ation Status	
+ /	Add Manage Plans						Meds	History 🕒 Admissi	on 🚯 Discharge
Η	Orders Prior to Reconciliation					0	orders After Re	conciliation	
1	Image: Image: Barbon State	Status			D	🕴 Ϋ 🛛 Order Nam	ne/Details		Status
	⊿ Medications								
	650 mg, PO, q4h	Ordered	0	0					
	Iisinopril (lisinopril 5 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	0	0					
	compliant compliant compliant complexity complexity	Ordered	0	0					
	I tab, PO, q4h, PRN: as needed for pain, 0 Refill(s)	Documented	0	0					
	Provide the second s	Documented	0	0					
	Salbutamol (salbutamol 100 mcg/puff inhaler) 1 puff, inhalation, once, PRN: as needed, 1 inh, 0	Documented	0	0					
	∠ Continuous Infusions								
	sodium chloride 0.9% (NS) continuous infusion 100 mL/h, IV	Ordered	0	0					
	▲ Details								
	0 Missing Required Details) 7 Unreconciled Order(s)					Reconcile and	Plan	Sign	Cancel



Reconcile Home Medications

Click the corresponding button to continue lead or to discontinue for each home medication.

Do you remember what icon marks a documented home medication?

neralSurgeonA, We DOB:1979 Age:39 ye Irgies: Adhesive Bandage Gender:M	Feb. MRN:760000 hars Enc:76000000 tale PHN:1076000	3Code Statu I Dosing Wbi	s: 55 kg		Process: Disease: Isolation:	Location:LGH Et Enc Type:Emerge Attending:Train, (ED: ACWR gency , GeneralMedi.
Add 🔲 Manage Plans						Reconciliation Status	 Dischart
Orders Prior to	o Reconciliation				Order	s After Reconciliation	
🖳 🕅 Order Name/Details		Status			명 V Order Name/De	tails	Status
Medications Go acetaminophen 650 ma, PO, o4h		Ordered	0	0			
Isinopril (Isinopril 5 mg oral 1 tob, PO, gdaily, 30 tab, 0 Re	tablet) fill(s)	Documented	0	0			
morphine 2 mg, IV, q1h		Ordered	0	0			
morphine (morphine 10 mg 1 tab, PO, q4h, PRN: as needs	oral tablet) ed for pain, 0 Refill(s)	Documented	0	0			
a Constitution and a statistical state of the state of	e 30 day, 60 tab, 0 R	Documented	0	0			
Salbutamol (salbutamol 100 1 puff, inholotion, once, PRN:	mcg/puff inhaler) as needed, 1 inh, 0	Documented	0	0			
Continuous Infusions Sodium chloride 0.9% (NS) c 100 mL/h, IV	ontinuous infusion _	Ordered	0	0			
E Dotaila							

Discontinue in the following home medications 🔐 :

- morphine po
- salbutamol inhaler 1 puff QID PRN

Continue b the following home medications a:

• ranitidine

NOTE: The continued medication becomes an inpatient order marked by the 👘 icon.

²	ranitidine 150 mg, PO, BID with food, for 30 day, 60 tab, 0 R	Documented	۰	0	Ð	ranitidine 150 mg, PO, BID with food	Order

- Continue 📄 lisinopril 10 mg PO daily

NOTE: You will be notified that lisinopril will be **substituted** with trandolapril. You can accept the suggested replacement or choose a reason to decline it and this will be communicated to the pharmacy. Medication substitution is indicated by **P** icon.

Click OK to accept.





Ensure you have the following selections for home medications.

P	P Order Reconciliation: Admission - GeneralSurgeonA, Wendell												
Ge	GeneralSurgeonA, We DOB:1979-FebMRN:7600003Code Status: Process: Location:LGH ED; ACWR												
		ese: Enc Type:Emerg	ency										
All	lergies: Adhe	sive Bandage Gender:Male PHN:1076000.		Isolat	tion: Attending: I rain,	GeneralMedi							
+	Add Man	age Plans						Reconciliation Status Meds History	n 🕒 Discharge				
M		Orders Prior to Reconciliation						Orders After Reconciliation					
	\$ 7	Order Name/Details	Status			8	8	Order Name/Details	Status				
	⊿ Medicatio	ons				_							
	()	acetaminophen 650 mg, PO, q4h	Ordered	۲	0	f		acetaminophen 650 mg, PO, q4h	Ordered				
	<i>_</i>	lisinopril (lisinopril 5 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	•	? 8 +8	trandolapril 0.5 mg, PO, qdaily	Order				
	ft 😳	morphine 2 mg, IV, q1h	Ordered	0	0								
	^a	morphine (morphine 10 mg oral tablet) 1 tab, PO, q4h, PRN: as needed for pain, 0 Refi	Documented	0	۲								
	J,	ranitidine 150 mg, PO, BID with food, for 30 day, 60 tab,	Documented	۲	0	0		ranitidine 150 mg, PO, BID with food	Order				
	^C	salbutamol (salbutamol 100 mcg/puff inhaler) 1 puff, inhalation, once, PRN: as needed, 1 inh	Documented	0	۲			-					
	⊿ Continuou	us Infusions											
	Ð	sodium chloride 0.9% (NS) continuous infusi 100 mL/h, IV	Ordered	۲	0	()		sodium chloride 0.9% (NS) continuous infus 100 mL/h, IV	i Ordered				
You can track how many more orders													
	▲ Details		you nee reconc	d to cile	}	_							
	0 Missing Requ	uired Details 1 Unreconciled Order(s)		_		R	econci	le and Plan Sign	Cancel				



Reconcile ED Medications

Orders placed in the ED are marked by the 🗊 icon and also part of the PowerPlan 🗈 (order set). If they **do not require any changes**, you can select to continue them.



1

WARNING: If the ED provider wrote the order and you decide to continue as an inpatient, they will remain the originator of these ongoing orders. If it is important that you be the originator of these order, you can discontinue the ED orders and place new orders

Continue b the following inpatient medications **Continue**

- acetaminophen 320 mg PO q4h
- morphine 3 mg iv q1h
- sodium chloride 0.9% NS 1000 mL
- 2 You may want to **modify medication orders** that have been placed by the ED provider. Your plan for the patient is to:
 - Change the route for salbutamol and ipratropium placed in ED to nebulizers
 - Change the medication from ceftriaxone to moxifloxacin.

NOTE: It is possible to modify orders placed by the ED provider directly within the reconciliation window.

3

Check the list of the patient's medications after reconciliation. Compare with your display and ensure you were able to follow instructions. All medications should be reconciled before you sign the reconciliation.

rgies: Adhe	sive Bandage Gender:Male PHN:1076000	Dosing Wh	65 kg			Isolat	ion: Atte	ending:Train, G	eneralMec
idd 🗐 Mar	hage Plans						Reconciliation Sta Meds History	Admission	Dischar
	Orders Prior to Reconciliation			-			Orders After Reconciliat	ion	
65 P	Order Name/Details	Status			- 65	4	Order Name/Details		Status
a Medicatio	acetaminophen 650 ma. PO. nah	Ordered	0	0	•		acetaminophen		Ordered
3	lisinopril (lisinopril 5 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	•	2.84	trandolapril 0.5 mg, PO, qdaily		Order
0	morphine 2 mg, IV, q1h	Ordered	۰	0	ð		morphine 2 mg. N. q1h		Ordered
4	morphine (morphine 10 mg oral tablet) 1 tab, PO, q4h, PRN: as needed for pain, 0 Refi	Documented	0	0					
ď	ranitidine 150 mg, PO, BID with food, for 30 day, 60 tab,	Documented	۲	0	•		ranitidine 150 mg, PO, BID with food		Order
4	salbutamol (salbutamol 100 mcg/puff inhaler) 1 puff, inholotion, once, PRN: as needed, 1 inh	Documented	0	\odot					
d Continuo	us Infusions sodium chloride 0.9% (NS) continuous infusi	Ordered			Ð		sodium chloride 0.9% (NS) con	tinuous infusi	Ordered
222.0	100 mL/h, IV		w.	101	100		100 mL/h, IV		



You may be prompted by the 👔 icon for some medications. It means that the first dose default administration time has passed and you may need to adjust the first dose administration time. Click on the medication line to display the details window and then select **Review Schedule**.

		3 8	Order Name/Details	Status			B, ₹	7	Order Name/Details	Status 🔺		
	=											
	Ē	þ	acetaminophen 650 mg, PO, q4h	Ordered	۲	0	•		acetaminophen 650 mg, PO, q4h	Ordered		
	4	ø	lisinopril (lisinopril 5 mg oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	Documented	۲	0	•	/ (~)	trandolapril 0.5 mg, PO, qdaily	Order		
	f	þ	morphine 2 mg, IV, q1h	Ordered	۲	0			morphine 2 mg, IV, g1h	Ordered 🗸		
-	🛨 Details for trandolapril											
C	Tetails 🕞 Order Comments											
	🕂 📽 🕼 🗜 🟹 Review Schedule Remaining Administrations: (Unknown) Stop: (Unknown)											
			*Dose: 0.5							Â		

Review if times for drug administration are correct and you may adjust if needed.

Start Date/Time	(First Administration):						
07-Dec-2017	🔹 👻 1200	PST						
Next administra	tion:							
08-Dec-2017	• • • 0800	PST 🔲 Skip administration						
Following administration:								
09-Dec-2017	▲ ▼ 0800	PST						
P								

Complete the Admission Reconciliation



The admission medication reconciliation cannot be completed unless all orders are addressed. Each medication is either continued or discontinued.

> Do you remember how to collapse the Details panel? Do you remember how to ensure that all medication orders have been reconciled?

CLINICAL + SYSTEMS

TRANSFORMATIONAL

LEARNING

2 Review the list of **Orders After Reconciliation** on the right side of this window. Click **Sign** to complete the process.

P Order Reconciliation: Admission - GeneralSurgeonA, Wendell												
Ge	neralSur	qeonA, Wendell	DOB:1979-Feb-04	MRN:760000390	Code Status:					Process:	Location:LGH ED; ACW	R
All	ergies: Adl	hesive Bandage	Gender:Male	PHN:10760000390	, Dosing Wt:65 k	9				Isolation:	Attending:Train, General	Medicine-Physi
+	+ Add Manage Plans										Reconciliation Status Meds History 😗 Admission	n 📵 Discharge
١.			Orders Prior to Recor	ciliation						Orders After R	econciliation	
	57	Order Name/Details			Status				3 8	Order Name/Details		Status
	⊿ Medica	tions										
	C Þ	acetaminophen 650 mg, PO, q4h			Ordered	۲	0	Ċ	þ	acetaminophen 650 mg, PO, q4h		Ordered
	^a	lisinopril (lisinopril 5 n 1 tab, PO, qdaily, 30 ta	i g oral tablet) b, 0 Refill(s)		Documented	۲	0	Ć	þ !	0.5 mg, PO, qdaily		Order
	e •	morphine 2 mg, IV, q1h			Ordered	۲	0	e	þ	morphine 2 mg, IV, q1h		Ordered
	J.	morphine (morphine 1 tab, PO, q4h, PRN: as	10 mg oral tablet) needed for pain, 0 Refi	ll(s)	Documented	0	۲					
	3	ranitidine 150 mg, PO, BID with f	ood, for 30 day, 60 tab, 0	Refill(s)	Documented	۲	0	6	þ	ranitidine 150 mg, PO, BID with food		Order
	°,	salbutamol (salbutamo 1 puff, inhalation, once	ol 100 mcg/puff inhale , PRN: as needed, 1 inh,	r) O Refill(s)	Documented	0	۲			• · · · · · · · · · · · · · · · · · · ·		
	⊿ Continu	ious Infusions										
	Ð	sodium chloride 0.9% 100 mL/h, IV	(NS) continuous infusion	on 1,000 mL	Ordered	۲	0	Ć	þ	sodium chloride 0.9% (NS) contin 100 mL/h, IV	uous infusion 1,000 mL	Ordered
≂ Details for trandolapril												
	O Missing Required Details All Required Orders Reconciled Reconcile and Plan Sign Cancel											

Key Learning Points

- The Admission Medication Reconciliation screen displays all current active medication orders
- You can choose to continue or discontinue any medications listed in the Admission Medication Reconciliation screen
- It is recommended to complete admission medication reconciliation **prior to** entering additional admission orders



Activity 1.6 – Review Histories

The patient just told you about a knee arthroplasty that last year and you want to enter this information.



In this activity you will:

- Add a new procedure to patient's history
- 1
- 1. Ensure you are in the **Admission** tab.
- 2. Click the Histories component from the list.
- 3. In this component, there is a separate tab for each history type: Medical, Surgical, Family, Social, and Obs/Gynecology.
- 4. Select each tab to display its entries right underneath. The number in brackets indicates how many entries are in each tab.
- 5. For example, the patient's screenshot has 3 records for **Medical History** entered previously.
- 6. To add a knee arthroplasty procedure, select the Surgical History tab.
- Notice that some components have a status line. When you access patient's chart for the first time during this visit, you might see the status of histories or allergies as **Incomplete**. Update the information if necessary or click **Complete Reconciliation** to document your review.





2 If a patient had a surgical procedure in the past that has been documented in the CIS, this record will display automatically under the Surgical History.

Information about past procedures or procedures performed at sites with no CIS must be added manually:

- 1. Select the Surgical History tab.
- 2. Click the search box and type *arthroplasty*. A list of options will appear.
- 3. Select an Arthroplasty, knee, tibial plateau.

Histories									All Visits 🏼 🌏 🔤 🗝
Medical History	(2)	Surgical History	(1)	Family History	(0)	Social History	(0)	CPT4	Q arthropi 🛞
Procedure			Su	rgeon			Implant	Date	Arthroplasty, radial head; Arthroplasty, knee, tibial plateau;
No results found									Arthroplasty, patella; with prosthesis Arthroplasty, radial head; with implant
Appendectomy									Arthroplasty, patella; without prosthesis Arthroplasty, ankle; revision, total ankle
Documents (1) +							Last 50 Note	All	Arthroplasty, ankle; with implant (total ankle) Arthroplasty, interphalangeal joint: each
						My notes	s only 🔲 Group by en	ounter	joint Arthroplasty with prosthetic replacement;
Time of Service	Subject		Note T	ype	Author		Last Updated	La	lunate
04/04/18 11:37	Consult N	lote	Gener	al Surgery Consult	Plisvcw,	Tyler, MD	03/01/18 11:43	P	Add "arthropl" as free text

- 3 Take a look at the patient's record:
 - 1. The selected procedure automatically populates within the Surgical History tab.
 - 2. You can click Save, or
 - 3. You can click one of the arrows here to add more details.

Histories						All Visits 🗦 🗧			
Medical History (2)	Surgical History	(1)	Family History	(0)	Social History (0) CPT4 (Add procedure			
Procedure	Surgeon		Implant	Date	Sava Cancel	53			
△ Surgical Records (0)					Save	55			
No results found					Arthroplasty knee tibial plateau	Arthroplasty knee tibial plateau:			
△ Procedures (2)						•,			
Arthroplasty, knee, tibial plateau;					Procedure Date				
Appendectomy						Vears			
					Drovidor Ctatus	Location			
5



4 Enter procedure date information of *Age 36* years – scroll down, if necessary. Click **Save.**

Save Cancel	×
Arthroplasty, knee, tibial plateau;	
Procedure Date	
At/On 🗸 Age 🗸 36 Years 🗸	
Drovidor Status Location	

In the CIS, you can often display more information without leaving the current view.

- 1. Select the tab for the history you would like to review, for example Medical History.
- 2. Click the item from the list to split the screen, for example **Diabetes**.
- 3. You will see more information about this entry displayed.
- 4. You can make changes to this record.
- 5. To return to the full screen, click the \bowtie icon.

< 🔹 🛉 🛉 Provider View	ı.									[□] Full screen	🖨 Print	∂ 51 m
🏔 📄 📥 📄 🔍 🔍 100%	- 😋 🌑 🗳											
Admission	🔀 Rounding		23	Transfer/Discharge	2	🖾 Quic	k Orde	ers	23	+		
Advance Care Planning and Goals of Care	Histories										All Vis	sits ∂
Chief Complaint	1 Medical History	(3)	Surgical Histo	ry (1)	Family History	(1	l)	Social History	(3)	Obs/Gynocology	(0)	
Histories										Q Add pr	oblem	
Allergies (2)												
Visits (1)	Name	*		Classification				Madifi Dava	tur Court I			A
Documents (1)	△ Chronic Problems	(3)						Modify	Cancel	4		U
Links	2 Diabetes			Medical				Diabetes		1		
Vital Signs &	Hypertension			Medical					(3)			
Measurements	Tobacco use			Medical				Onset Date:	_			
Labs	Resolved Problem	ns (0)						Problem Type:	Chronic			
Micro Cultures			Reconciliation	Status: Incomplete	Complete Recor	nciliation		Status:	Active			
Pathology								Classification:	Medical			
Imaging								Confirmation:	Confirmed			

Key Learning Points

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



Activity 1.7 – Review Documents, Labs, and Imaging

When using the Clinical Information System (CIS), you might be faced with a large amount of **information that you can filter** in many ways. You will learn more about customizing your view later when you become familiar with standard functions. There is not enough information in the Train Domain to demostrate filtering to its potential. The following activity will walk you through some standard steps.

One good example of how to use filters is the **Documents** component:

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

Me	< 🔹 🕂 🔒 Provider View					(¤) Fu	ll screen 🖷 Print	⋧ 2 hours 13 minutes ago
Ē	🗚 🗎 📥 📄 🔍 🔍 100%	- 🕒 🌑 🏠						
	Admission	⊠ Rounding		Iransfer/Discharge	23 Quick Orders	× +		P - V =-
	Advance Core Dispring and						2 3	^
	Goals of Care	Documents	(1) 🕇			Last 50 Notes All	Visits Last 24 hours	More 🔻 🔊 🖅
	Chief Complaint				4 🔲 My notes onl	y 🔲 Group by encounte	r Display: Provide	r Documentation 👻
	Histories	Time of Service	Subject	Note Type	Author	Last Updated	Last Updated By	
	Allergies (3)	26/02/18 15:38	ED Note	ED Note Provider	TestED, Emergency-	29/01/18 15:39	TestED, Emergency-	
	Visits (1)				Physician1, MD		Physician1, MD	
	Documents (1)	* Displaying up	to the last 50 recent notes for	r all visits				

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

Last 50 Notes	All Visits	Last 24	hours	More 💌
		1	Last 3	days
Group by	encounter	Dis	Last 1	weeks ⁶
Undated	Lack II	adated D	Last 3	months
opuated	Last U	puated by	Last 6	months
12/17 09:51	TestP	ET, Gen	Last 1	years

You can display notes by a specialty. For example:

- 1. Expand the **Provider Documentation** list.
- 2. Check the box to display ED Documentation only.
- 3. Select **Apply**.







1

In this activity you will:

• Navigate the chart to review patient's documents and labs

With the patient's chart open:

- 1. Ensure you are in the Admission tab.
- 2. Click **Documents** component on the list to display a list of documents.
- 3. Select the **Consult Note**. The note content displays for your review.
- 4. Click the tab highlighted below to close the split screen.



- 1. The Vital Signs component is organized as a table.
- 2. Table headings show the time the information was entered.
- 3. Vital signs have visual clues (colours and arrows) when they are out of range, for example Temperature 36.5.
- 4. When you select an item, you can display a graph.

Do you remember h	ow to:			
Close the gra	aph window?			
Change the	view to display re	esults for Last	24 hours?	
Refresh this	component to in	clude the mos	t recent info	ormation?
2 Outpatient Chart	X Transfer/Discharge	2 Quick Orders	* +	

Documents (1)							
Links	Vital Signs & M	easureme	nts 🚽			Selected visit: Latest*	Selected visit Last 24 hours More V
Vital Signs & Measurements			APR 04, 2018 10:49	07:15	07:00	06:45	Deceminations Data
Labs ?	BP	mmHg	120 / 80	110 / 70	120 / 80	110 / 75	hr/min
Pathology (0)	HR	bpm	75	100	† 117	† 115	- Signat
Micro Cultures (0)	Temp	DegC	36.5	37.8	36.5	37	
Imaging (0)	Weight Dosing	kg	65				
Home Medications	Weight Measured	kg	65				V
Current Medications	Respiratory Rate						APR 04, 2018 APR 04, 2018
Allergies	SpO2	%	100	98	97	94	
All glob III	* Displaying recent re	esults up to 11	columns of information	on for the selected visit			

Admission



3 The **Labs** component is also a table organized by time. Only labs that have at least one result will display. In real life this list can be very extensive, so filtering will be important. Remember that filters limit the information and always ensure the selected filter displays what you need to review.

How you can display individual result information it without leaving the current view?

How you can access a more comprehensive window of all results?

Admission	8 Rounding	🛛 Tran	sfer/Discharge	×	Quick Orders	×	+		=•
Advance Care Planning and Goals of Care	Labs					Latest [*] Last 1 months	Last 24 hours More V	■ II 2 =	•
Chief Complaint		Latest						53	
Histories	⊿ Laboratory				-	Tag			
Allergies (3)	WBC Count	10.3 30 hrs			-	Hematocrit			
Visits (1)	RBC Count	♣ 4.12		-	E	↓ 0.36			
Documents (2)		30 hrs				Data /Time	Charles		
Links	Hemoglobin	↓ 120 30 hrs		-	1	26/02/2018 07:30	Auth (Verified)		
Vital Signs & Measurement	g/L	30 115				Normal Low	Normal High		
Labs 🕈 📃 🗉	Hematocrit	4 0.36 30 hrs				0.41	0.52		
Micro Cultures (0)	MCV	88				Critical Low	Critical High		=
Pathology (0)	fL	30 hrs							



When you click the Labs heading, the **Results Review** window displays.



- 1. Click each tab in the Results Review for comprehensive summaries of patient's results by category.
- 2. Click the down arrow 🔽 to select a specific view from the drop-down, for example Anticoagulation View, Pain View, or Respiratory View.
- 3. Select the result and click the 🌇 icon to create a graph.
- 4. For extensive and long lists, click the 🖾 icon. It is a view seeker that brings focus to a specific place in the table.
- Check the time range of the current display. This time range can be customized to fit your needs.
- 6. Use the Navigator panel to display different types of results.

How do you ensure that you are reviewing results for the right patient? How do you return to the Provider View?

IP-PHY-Six, Jane 🛛 🛛					🚽 🕂 List 🔿 🏾 🥙 Recent 👻 🛛 Name
P-PHY-Six Jane	DOB:1942-Feb-07 MF	RN:760001105 Code Status:	Process:		Location:LGH 2E; 222; 01
	Age:76 years End	c:760000001105	Disease:		Enc Type:Inpatient
es: pen 4 Peanuts	Gender:Female PHI	N:10760001105 Dosing Wt:70 kg	Isolation:		Attending:Train, GeneralMedicine-Phy
			,		
Results Revie	2W				ل Full screen 📵 Print 🐱
10.4					
Descrit Descrites Address of Core D	Incine Job Percent Job Educid	Lad Dathalans Missa Cultures Tax	Dispersion Mitals Broot	Garles Entered and	
Recent Results Advance Care P	lanning Lab - Recent Lab - Extend	red Pathology Micro Cultures Tra	nstusion Diagnostics Vitals - Recent	vitais - Extended	
Flowsheet: Lab View	Level: Lab	b View 👻 🧕	Table 🔘 Group 🔘 List		
★ ▶				(Clinical Range)	
Navigator 🛛					
CBC and Peripheral Smear	Show more results				
	Lab View	2018-Eeb-26 09:30 PST	2018-Feb-26.09:15 PST 2018-Feb-26.09:0	PST 2018-Eeb-26.08:45 PST	2018-Feb-26 08:30 PST 2018-Feb-26 08:15 PST
Blood Gases	CBC and Peripheral Smear		1		
👿 General Chemistry	WBC Count				
E Urine Analyzic	RBC Count				
6	Hemoglobin				
	Hematocrit				
	MCV				
	МСН				
	RDW-CV				
	Platelet Count				
	MPV				
	Blood Gases				
	pH Arterial				7.33 (L)
	pCO2 Arterial				40 mmHg
	DO2 Arterial				76 mmHg
	Base Evers Arterial				22 mmol/L
	Ventilation Arterial				2 mmol/L
	Oxygen Administered Arteria				UNKNOWN
	General Chemistry				JAKIOTA
	Sodium			1	50 mmol/L (H)
	Potassium			7	(.5 mmol/L (!)
	Chloride			9	/5 mmol/L
	Carbon Dioxide Total			2	2 mmol/L
	Anion Gan				5.5 mmol/L (H)
	•				



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

Can you display the Imaging component? Do you remember how to display more information about the XR Chest result listed for the patient?

Admission	X Rounding	×	Transfer/Discharge	23	Quick Orders	× +
Advance Care Planning and Goals of Care	Imaging (1)				Last 12	months Last 1 months La
Chief Complaint	Name	Reason	For Exam	Resulted	▼ Last Updated	Status
Histories	⊿ ECG (0)					
Allergies (3)	No results found					
Visits (1)	⊿ Diagnostic Radiology (1)					
Documents (2)	XR Chest	exam		26/02/18	16:02 26/02/18 12:02	Auth (Verified)
Links	⊿ CT (0)	_				
Vital Signs & Measurements	No results found					
Labs 🖁 📰 📰	⊿ MRI (0)					
Micro Cultures (0)	No results found					
Pathology (0)	⊿ U/S & Echo (0)					
Imaging (1) Home Medications (4)	No results found					

If you are successful, you should display the following report. Click the example to close this window.



Key Learning Points

5

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

42 | 76



Activity 1.8 – Place Admission Orders

After completing medication reconcilation, you are ready to place orders for your patient. You will use a PowerPlan that is specifically designed for admitting patients to the General Surgery unit.

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

All PowerPlans for your specialty are grouped in the separate category in the Quick Orders tab.

Admission	23	Roundin	ıg	×	Outpatient Chart		ß	Transfer/Discharge	53	Quick Orders
Venue: Inpatient 🔻										
PowerPlans		=• 📀	Medications		≣∗⊘	Labs		≡•⊗	Imaging Diagnos	and tics
Admission			Analgesics			Bloodwork Ro	utin	9		
Pre-Operative			Antacids			Bloodwork AM	1 (1	day added if ordered	► ECG	
Post-Operative			Anticoagulants			after 23:59)			Echocard	diogram
▶ Discharge			Antiemetics			Bloodwork ST	AT		► XR	
			Antibupartancivas			Fluid Analysis			► CT	



In this activity you will:

- Select the admission PowerPlan
- Modify the admission PowerPlan

Placing a PowerPlan

Navigate to the Quick Orders tab and click on it.

< 👌 🔸 🔒 Provider Vi	ew									[D] Full screen	⊜ Print	¢3 mir	nutes ag
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	x • (0 0											
Admission	X	Rounding	X	Outpatient Chart	M	Transfer/Discharge	X	Quick Orders	X	+	-	0	Ξ.



1

While you are in Quick Orders tab, let's also include a PowerPlan. Select **GENSURG General Surgery Admission** marked by the **Select** icon.

Provider View					D POILSONN	Share Canonia mana
Administra 22 Roun	a deg	II Transfer/Decharge II Quick Orders	22 Endoscopy Workflow 23	+		81 9 / 1
Venue [Inpatient -]	H • ~	Labs	Imaging and Diagnostics	=•0	New Order Entry	=-
Analgesics Analgesics		Boodwork Routine Boodwork BM (1/arc added 6 ontered after 10-50)	ECG		Consults	Į.
Anticoagulanta Anticoagulanta		Boodwark STAT Houdwark STAT	• XR		PowerPlans	29
Anthypertensives Antimicrobials		Microbiology Stool Studies	► US ► NM		A Admission	rototype) arrestand General
Bowel Protocol Electrolyte Management		Linine Studies Micod Products / Transfusion	> 100. > 30.		Negative Pressure Wound Therapy (VAC) (Mr. Pressure Wound Therapy (VAC) (Produle) (protetype)	dule) (prototype) nepative
Gircemic Control Sedatives IV Fluids			Fluorescopy		Pre-Operative Post-Operative Discharge	



Click the Orders for Signature icon Click the order, it turns green and indicates the number of selected orders waiting for your signature.

4 Click **Modify**

3

5 PowerPlans open in the **Orders View** that works like a scratch pad to customize your plan. Scroll through to locate visual cues used to categorize orders:

1. The toolbar provides you with tools, for example

clicking the <u>Comments</u> button opens a box for adding a comment to the selected order; a nurse assigned to this patient will be informed that you placed additional information.

- 2. At the top you will see the PowerPlan name. Until you complete the process, its status is Planned Pending.
- 3. Bright blue highlighted text identifies **critical reminders** for example a reminder about the 'Admit to...' order.
- 4. Light blue-grey highlighted text separates categories of orders, for example Patient Care.
- 5. Bright yellow highlighted text identifies clinical decision support information.
- 6. Collapse the View navigator to have more screen space.

🕂 Add 🦨 Document Medication by Hx Recon	A Check Interactions	Reconciliation Status Meds History Admission 🙂 Dischar
Orders Medication List Document In Plan		
View	4 🛿 🏀 🚫 🕂 Add to Phase - 🛕 Check Alerts 🚇 Comments Start: Now 📖 Duration: None	
Medical	🔊 🏹 Component Status Dose De	etails
HED General Medicine Admission (Valida 2	MED General Medicine Admission (Validated) (Planned Pending)	
Venous Thromboembolism (VTE) Prophyla	⊿ Admit/Transfer/Discharge	
ED Pneumonia (Validated) (Initiated)	Verify that an 'Admit to' Order has been entered prior to completing the powerplan	3
ED IV Fluids (Module) (Validated) (Initiate	4 Patient Care	
Suggested Plans (0)	Consider Allergy Form	
in Orders	Consider Medication Reconciliation	
Admit/Transfer/Discharge	Code Status	elect an order sentence
Status		n admission, standing weight is preferred
Patient Care		nce baseline
	Neurovital Signs	sh
	V S Pulse Oximetry	Sh, with vital signs
	Cximetry - Continuous I;	N
Continuous Infusions	Cardiac Monitoring	onitor at all times



- 6 Toolbar icons flex the display of the PowerPlan to facilitate easier review. For example:
 - Collapses or expands the list of order categories on the left side of the screen. Collapsing the list creates more room for the PowerPlan orders list.
 - Merges your planned orders with existing orders to avoid duplicating an order. However, the CIS will warn you about order duplications for specific types of orders.
 - Displays selected orders only.

Click the Solution to review what orders have been selected by default in this PowerPlan. Click again to return to the full list.

+ Add Tocument Medication by Hx Recond	ciliat	tion - 🔊 Check Interactions
Orders Medication List Document In Plan		
View	M	ৰ 🗄 😪 🗘 🕂 Add to Phase 🗸 🛆 Check Alerts 🚇 Comments 🛛 Start:
Medical	*	Image: Second state Component MED. Component Medicine Administra (Velideted) (Pleased Regular)
MED General Medicine Admission (Validated		Admit/Transfer/Discharge

Modifying a PowerPlan

1 You can adapt PowerPlans to fit your needs.

- Click the corresponding box to select or deselect individual orders from the PowerPlan. Some orders are already pre-selected for efficiency but you can click the box to deselect, if necessary.
- Code Status order is pre-selected but you need to select the order sentence. This is why the icon is next to this order. This is a standard icon indicating missing details.

Click to select one of the options.

3. Clicking this icon 🕢 opens a window with additional clinical decision support information.

Orders Medication List Document In P	1	
4	4 🔭 🕇 Add to Phase - 🛕 Check Alerts 🔐 Comments Start: Now , Duration: N	lone
- Orders for Signature	Component Status Dose	Details
Plans	SENSUR General Surgery Admission (prototype) (Planned Pending)	
Medical	△ Adm Transfer/Discharge	
GENSURG General Surgery Admiss	Statu	-
ANES Pre Operative (Day of Surger	Code Status	Select an order sentence
GENSURG General - Pre Operative (⊿ Patient Care	
- Suggested Plans (0)	Communication Order	Patient scheduled for Operating Room
	Vital Signs	Routine
Admit/Transfer/Discharge	Monitor Intake and Output	Routine



NOTE: If you are ordering a Diet, only one type of Diet Order can be entered at a time for your patient. The system prevents two contradicting orders to be placed at the same time. In other situations, orders might be linked so that they can automatically be placed together.



PowerChart also allows you to check all drug-to-drug interactions when ordering medications by clicking the **Check Interactions** button within the Medication List.



For example the patient is allergic to penicillin, however an order for penicillin V was ordered. After Clicking on the interactions you see the following

Interactions as of 12:08 PS	Displaye	d: All Activ	: Orders I All Inactive Orders I All Orders 5 Davs Back		
	Med	\ ∀ lications	Order Name	Status Dose	C
nned Pending) Ile) (Validated) (Planned Penc (Initiated)	9 🖻	✓ '∋ ✓ '∋	penicillin V LORazepam (LORazepam sublingual) acetaminophen	Order Ordered Ordered	3 1 6 N

- 1. The time that the interactions was checked
- 2. The item that is in conflict.

Code Status order is pre-selected but the order sentence for the appropriate option needs to be chosen. Click 🔽 to select one of the options.



4

NOTE: The **i**con next to the order indicates missing details. This is a standard icon across the entire PowerChart.

Adding the following orders to the PowerPlan:

- Venous Thromboembolism Prophylaxis
- NPO
- Ringers Lactate IV at 100cc/h
- CBC and Diff in am
- Lorazepam 1 mg SL QHS PRN

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



NOTE: You can select details provided by the order sentence or change details manually in the Details view.

For any IV infusion PowerChart requires the Bag Volume be entered:



🖀 Details 🛅 🌆 Continuous Details 🕼 Offset Details										
Base Solution	Bag Volume	Rate	Infuse Over							
🗮 sodium chloride 0.9% (NS) continuous infusion	1000 mL 1	🔒 : 00 mL/h	10 hour							
Additive	Additive Dose	Normalized Rate	Delivers	Occurrence						
Total Bag Volume	1000 mL									
Weight:										
Infusion instructions										

5 When Venous Thromboembolism (VTE) Prophylaxis module is selected, a module opens.

⊿	Medications	
	Venous Thromboembolism (VTE) Prophylaxis (Modul Planned Per	n
	🖏 Insulin Subcutaneous for Patients who are Eating or N	
\Box	🖶 Bowel Protocol (Module) (Validated)	
	🖄 Nothing per Rectum	

6 The submodule is now open. Scroll down and select **Apply Full Leg Sequential Compression Devices**

- 🏵	VTE RISK IS MODERATE OR HIGH WITH CONTRAINDICATION TO ANTICOAGULANTS	;
- 🕱	Mechanical prophylaxis contraindicated in:	
	- Peripheral vascular disease with absent pedal pulses	
	- Severe peripheral neuropathy	
	- Skin breakdown, ulcers, gangrene, cellulitis, or dermatitis	
	- Skin grafting within last 3 months	
	- Allergy to stocking or compression cuff materials	
	- Unable to size or apply properly due to deformity, recent surgery or trauma	
	- Only graduated compression stocking is contraindicated for acute stroke with immo	bility (unable to walk independently to the toilet)
Ż	Apply Full Leg Sequential Compression Devices	Apply to lower limb(s) continuously until anticoaqu
7	Apply Below the Knee Sequential Compression Devices	Apply to lower limb(s) continuously until anticoagu
_		Contraindicated for stroke patients, use full leg sequ
	Communication Order	No mechanical prophylaxis because of contraindica
- 20		

7 At top or bottom of the window click the **Return to GENSURG General Surgery Admission** (prototype) to return the PowerPlan.

☑	Apply Full Leg Sequential Compression Devices									
Π	Apply Below the Knee Sequential Compression Devices									
	Communication Order									
	As chewable for post hip or knee surgery if on mechanical prophylavis only									
•	Return to GENSURG General Surgery Admission (prototype)									

Adding to Phase while in PowerPlan

You want to add some orders that are not part of the PowerPlan. Click + Add to Phase button.

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LEARNING



9 Select Add Order

10

8

Search the order catalogue for:

VAC Therapy (125mmHg, Pressure interval: Continuous, Filler: Black Foam, Dressing change: qMonWedFri)





12 After making needed adjustments to the PowerPlan, finish the process.

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

1. Step one: Initiate

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

2. Step two: Sign

If you want orders you place to be activated later, use the1 step process:

1. Select Sign only

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

For your current patient, you are done with the power plan and would like to initiate immediately. Click **Initiate**.



NOTE: Initiated PowerPlans and phases are bolded.



WARNING: Click Initiate first to ensure that all selected orders are immediately active. If you do not Initiate the PowerPlan and click Sign only, the orders are not active. The PowerPlan remains in planned state until it is activated later by a provider or a nurse assigned to this patient. For example, you could place the GENSURG General Surgery Admission PowerPlan in a planned state when the patient was still in ED. The surgical daycare nurse will initiate the PowerPlan order upon patient's arrival on the Unit. Only then will the orders become active.



Once Initiate is selected, the Orders View displays the Click Orders For Signature Orders For Signature.
Only selected and initiated orders will display.
Review all the orders for the last time.

Orders Medication List D	iment In Plan	
View	ፋ 🌠 🚫 🕇 Add to Phase - 🚨 Comments Start: 2018-Apr-05 10:47 PDT 📖 Duration: None 📖	
Orders for Signature	🔊 🕅 Component Status Dose Details	^
Plans	Communication Order Patient scheduled for Operating Room	
Medical	🕼 📝 Vital Signs Order 🔽 2018-Apr-05 10:47 PDT, Routine	
	🕼 📝 Monitor Intake and Output Order 🔽 2018-Apr-05 10:47 PDT, Routine	
ANIC Des Operation	Lines/Tubes/Drains	
- ANES Pre Operative	Indwelling, to straight drainage	
GENSURG General	Notify Treating Provider If urine output is LESS than 60 mL in two consecutive hours for cat	
- Suggested Plans (0)	Insert Nasogastric Tube Tube to Low Continuous Suction	
Orders	Insert Peripheral IV Catheter If 2 PIV's required, insert second bore IV and saline lock	
Admit/Transfer/Di	Activity	
Status	🕅 Activity as Tolerated Order 2018-Apr-05 10:47 PDT	
Patient Care	Bedrest T;N	-
4		_
Diagnoses & Problems	🖬 Details	
Related Results		
Variance Viewer	Orders For Cosignature Save as My Favorite Orders For Signature Cance	

NOTE: If you click Cancel at this point, no orders will be placed or actioned.

14

With only selected orders displayed, you can review your PowePlan. Click Sign.

8	⊘ 🖳	7	Order Name	Status	Start	Details	
Sort by	Expand	/ Colla	pse Wait; 05 Enc:70000	00016235 A	dmit: 07-Dec-2017	10:31 PST	
⊿ Stat	us		<u> </u>				
	- 🔁	🛃 🖟	Code Status	Order	07-Dec-2017 15:06	07-Dec-2017 15:06 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code	
⊿ Pati	ent Car	e					
	- ()	2	Vital Signs	Order	07-Dec-2017 15:06	07-Dec-2017 15:06 PST, Routine	
	- 🔁	2	Monitor Intake and O	Order	07-Dec-2017 15:06	07-Dec-2017 15:06 PST, Routine	
⊿ Acti	vity						
	- ()	2	Activity as Tolerated	Order	07-Dec-2017 15:06	07-Dec-2017 15:06 PST	
⊿ Me	lication	s					
	- 🕀	*	ondansetron (ondans	Order	07-Dec-2017 15:06	dose range: 4 to 8 mg, IV, q8h, PRN nausea or vomiting, drug form: inj, start: 07-Dec-2017 15:06 PST	
	ð	•	dimenhyDRINATE (dimenhyDRINATE PR	Order	07-Dec-2017 15:06 PST	dose range: 25 to 50 mg, IV, q4h, PRN nausea or vomiting, drug form: inj, start: 07-Dec-2017 15:06 PST GRAVOL EQUIV	
🛣 Deta	ils						
0 Missin	g Requir	ed Deta	ils Orders For Cosignat	ure			Sign Cancel

=

NOTE: If there are any missing details the **Missing Required Detail** button will be illuminated with the number of missing details.

Now, all orders for the patient will display. Click **Done** to close this window.

🛧 Add 🎝 Document Medication by Hx Reconciliation 🗸 🔊 Check Interactions 🚽 Reconciliation Status 🗸 Meds History 🚯 Admission 🚯 Disch										Discharge				
Orders Medication List Document In F	Plar	۱												
View	1	Displaye	ed: All	Acti	ve Orders							S	how l	More Orders
Plans Medical GENSURG General Surgery Adm ANES Pre Operative (Day of Surg GENSURG General - Pre Operative)		ø		8	Order Name N	St lo order	atus 's currer	Dose Itly meet th	Details ne specified	d filter cr	iteria.			
Suggested Plans (0)	•	∢ ▲ Deta	nils		III									4
Variance Viewer	Ţ	Orders	For Co	osigr	nature						Orders	For Signature		Done



To view all active orders

Ensure you are in the **Admission** tab.

- 1. Click the Order Profile component to display all currently active orders for the patient.
- 2. Scroll down to display medications.
- 3. The 🔰 icon indicates that the order is part of the PowerPlan.
- 4. Use hover to discover to see what information the ^eicon provides.

< 🔹 🔹 者 Provider View									[🗆] Full screen	Print	1 hours 27 minutes
🐴 📄 📥 📄 🔍 🔍 100%	- 🛑	• 🗳									
Admission S	3 Roun	ding		☑ Outpatient Chart ☑	Transfer/D)ischarge	23	Quick Orders	× +	E	
Links Vital Signs & Measurements	Orde	er Profile (11)								Se	elected visit $ artheta =$ -
Labs				Pending	Orders(11) Group by: C	linical Cat	egory 🔽 Show: All	Active Orders		~
Pathology			Туре	Order		Start	Status	Status Updated	Ordering Provider		
Micro Cultures	⊿Die	t/Nutrition (1)									*
Imaging		24	Ð	NPO 05-Apr-2018 10:47 PDT, Except for Medicati Constant Order	ions,	05/04/18 10:47	Ordere	d 05/04/18 10:54	Train, Surgeon- Physician8, MD		
Home Medications (1)	⊿ Co	ntinuous Infusio	ns (1)								
Current Medications Allergies (1)		3	@ •	sodium chloride 0.9% (NS) continuous infusion 1, 75 mL/h, IV	.000 mL	05/04/18 10:47	Ordere	d 05/04/18 10:54	Train, Surgeon- Physician8, MD		2
Order Profile (11)	⊿Me	dications (5)									
New Order Entry			@	acetaminophen 650 mg, PO, q4h, PRN: pain		05/04/18 10:47	Ordere	d 05/04/18 10:55	Train, Surgeon- Physician8, MD		
History of Present Illness Physical Exam			•	ceFAZolin 1,000 mg, IV, q8h		05/04/18 14:00	Ordere	d 05/04/18 10:55	Train, Surgeon- Physician8, MD		
Active Issues		1 2	ð	dimenhyDRINATE (dimenhyDRINATE PRN range o 50 mg, IV, o4h, PRN: nausea or vomiting	dose)	05/04/18 10:47	Ordere	d 05/04/18 10:55	Train, Surgeon- Physician8. MD		



WARNING: PowerPlans that are in a planned status, signed but not initiated, are not listed under Orders Profile. Click on the Order Profile heading for a more detailed review of orders including those in the planned state.

Key Learning Points

- **PowerPlans** are similar to pre-printed orders
- You can select and add new orders not listed in the PowerPlan by using Add to Phase functionality
- You can select from available **order sentences** using drop-down lists or modify details manually where needed
- Initiate and Sign (2 step process) means that PowerPlan orders are immediately active and as such, can be actioned right away by the appropriate individuals

Sign will place orders into a planned state for future activation



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Now that you have entered your admission orders, you are ready to continue updating the chart. The next components are:

- History of Present Illness
- Physical Exam
- Active Issues

The above are called free text components. You can type or dictate directly into them. There is no limitation on length. Front end speech recognition (FESR) software captures your dictation directly into PowerChart. Note that FESR will not be part of this activity.

When you reach the **Active Issues** component, you will notice it is identical to the component we used to add an admitting diagnosis.

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

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

Chronic (category 2) – the issue is ongoing and can be active or resolved. Chronic problems are shared across encounters and carried over to the next encounter. Chronic issues will appear under Medical History component.

This Visit and Chronic (combination) –the issue is marked in both categories. When marked as **Chronic** category, it is carried over to the next encounter.

Note the difference when adding diagnosis versus problems. Diagnoses are for the current encounter (reason for visit) and problems are chronic issues (e.g. medical, social, or others).

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

23	Rounding	23	Transfer/Discharge	23	Quick Orders		23 -	+ 🗖 – 🖻 /
Act	ive Issues						Classif	ication: Medical and Patient Stated 👻 $\left \mathcal{A} \right \mathfrak{C} =$
					Add new as: This Visi	t - Q Prol	blem na	me
N	ame				Classification		Actions	
:	 Pneumonia 				Medical		This	Visit Chronic 2
	Diabetes				Medical		This	Visit Chronic Resolve
	Hypertension				Medical		This	Visit Chronic Resolve
	Tobacco use				Medical		This	Visit Chronic Resolve

The diagnoses and problems recorded in the Active Issues component as chronic will carry over from



visit to visit, which builds a comprehensive summary of the patient's health record. Keeping a patient's problems and diagnosis up-to-date is important.



NOTE: Any documentation in the Assessment and Plan component under the Admission tab will only auto-populate the Assessment and Plan section within the Gen Surg Admission Note template as an example of dynamic documentation. Make sure to click the Refresh button after creating your Assessment and Plan content to have it appear in the Gen Surg Admission Note.

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



2

Click the blank space under **History of Present Illness** to activate the free text box and type some text. For example: "One week history of constipation and progressively worsening abdominal pain."

History of Present Illness									
Tahoma	• 9	• 🛃 🛍 🛙 B	<i>I</i> <u>U</u> A :• <u>≡</u> ≡ ≡ <u>■</u>						
1									

When done click on Save.

3

Continue adding your notes in the **Physical Exam** component.



When done click on **Save**.

4



Next, select **Active Issues** component. To add bowel obstruction to patient's issues, select **This Visit** and begin typing *bowel obs.*

Active Issues		Classification: Medical and Patient Stated *	All Visits	3
	Add new as: Chronic + Q bowel obs			(8)
	Bowel obstruction (560.9, K56.60)			
Name	Classifica FH: bowel obstruction (V18.59, Z83.79)			
* Small bowel obstruction	Medica FHx: bowel obstruction (V18.59, 283.79)			
Asthma	Medica Large bowel obstruction (560.9, K56.60)			
	Obstruction of howel (560.9, K56.60)			
	Small bowel obstruction (560.9, K56.69)			
Assessment and Plan	Partial bowel obstruction (560.9, K56.69)			
Assessment and Han	Congenital bowel obstruction (751.1, Q41.9)			
Fon • Size • 4 1 2 4 1 2 4. E 2 2 6	Transient bowel obstruction (560.9, K56.60) H/O small bowel obstruction (V12.79, 287.19)			

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

A	ctive	Issues
	Name	
	*	Small bowel obstruction
		Asthma
	1	

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

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

- You can change any This Visit diagnosis to a Chronic problem or both by clicking the appropriate buttons.
- You can also click **Resolve** to move a problem to the Historical section.



Click the active issue to display more details. Without leaving this view, you can:

- Cancel this problem
- Modify to update, for example, the Status
- Type Comments, especially if making any changes

Name	This Visit Chronic Cancel Modify Resolve						
1 🔻 Pneumonia							
2 < COPD without exacerbation	Tobacco use						
Asthma							
Diabetes mellitus	Condition type Chronic						
Hypertension							
Tobacco use	Classification Medical						
	Diagnosis Type						
	Onset Date						
	Status Active						
	Confirmation Probable						
	Comments						
	Add new						

For you practice:

7

6

• Add *obesity* as a chronic problem and resolve it.

Remember to click the tab in the middle to collapse and remove the split screen.

🔦 Key Learning Points

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



Activity 1.10 – Complete Admission Note

As the last step of admitting the patient to the General Surgery Unit, you create the admission note.

The Clinical Information System (CIS) uses **Dynamic Documentation** to pull all existing and relevant information into a comprehensive document, using a standard template.

Dynamic Documentation can save you time by populating a note with items you have reviewed and entered in the workflow tab, in this case, in the Admission tab. This is why **it is more efficient to create the note as the last step** of the admission process. You can also add new information directly into the note by typing or dictating using front end speech recognition (FESR) software.

Workflow pages such as Admission, Rounding, and Transfer/Discharge have a **Create Note** section. Different note templates can be found here and each note type is listed as a link. With one click on the desired link, the CIS generates the selected charting note.



In this activity you will:

- Create an admission note from already entered information
- Edit and complete the admission note



Navigate to the **Create Note** section.

Active Issues	
Assessment and Plan	
Create Note	
Gen Surg Admission Note	
Gen Surg Procedure Note	
Gen Surg Progress Note	
Select Other Note	

2 To document an admission, click **Gen Surg Admission Note**.



3 The draft note displays in edit mode.

It is **pre-populated with specific information** captured by you and other clinicians saving you time.

Scroll to review different sections of this note in both columns.

< 🔌 👻 🛉 Documentation	🗇 Full screen 👘 Print 💸 0	minutes ag
+ Add 📜 🖬 🔐		4 Þ
Callori • 11 • 14 18 18 18 14 ↔ 18 7 U == 14 14 18 18 18 18 18 18 18 18 18 18 18 18 18		
Chief Complaint Cough, shortness of breath for last three days, fever. Pain in her right chest that intensifies with inspiration. History of Present Illness Patient developed a harsh, productive cough four days prior to being seen by a physician. She developed a fever, shaking, chills and malaise along with the cough. One day ago she developed pain in his right chest that intensifies with inspiration. The patient lost 15 lbs. over the past few months but claims she id not lose his appetite.]	Problem List/Past Medical History Acd reflux disease Back pain Nigraine Migraine Migraine Historical Back fracture	
Review of Systems	Procedure/Surgical History Appendectomy; (1986). Medications	
Physical Exam Vitals & Measurements Constitutional: [No fevers, chills, sweats] Eye: [No recent visual problems] ENMT: [No er pain, nasal congestion, sore throat] Respiratory: [No shortness of breath, cough] Cardiovascular: [No chest phin, pablications, syncope]	Ingatient acetaminophen, 325 mg, 1 tab, PO, q4h, PRN hydroxyzine, 5 mg, 0.5 cap, PO, q24h pencillin V, 500 mg, PO, 60 min pre-op Home multivitamins-minerals tab (CENTRUM FORTE) tab, 1 tab, PO, qdaily TYLENOL #3 EQUIV tab, 1 tab, PO, q4h, PRN, Not taking Xalatan 0.005% ophthalmis solution, 1 drop, ore-both, qPM	Е
Gastrointestinal: [No nausea, vomiling, diarrhea] Gentiourinary: [No hematuria]	<u>Allergies</u> Bee Stings (Swelling) penicillin (Diarrhea)	
Assessmenta remin Preumonia Preumonia Preumonia	Social History Alcohol Current user, Beer, Wine	
2. Migraine	Current user, Beer, Occasional Use <u>Exercise</u> Minutes per day: 30. Days per week: 2. Physical Activity Intensity: Moderate. Exercise type: Running.	
s, eack ache	<u>Tobacco</u> Never smoker, Type: Cigarettes. Former smoker, Cigarettes. per day 15. 10 year(s).	
Lab Results	Cancer: Mother (Dx at 54).	-
Note Details: History and Physical, Test, Order Sets Physician - Hospitalist, 2017-Mar-17 10:03 PDT, Admission H & P	Sign/Submit Save Save & Close	Cancel

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

refreshes the dynamic information in the box

4

activates the box for edits or new entries

removes the entire section or content of the box

Physical Exam	2 🕂 X	
Vitals & Measu	irements 💿 🖝 🗙	



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



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

6

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

Problem List/Past Medical History

Back injury Tobacco use <u>Historical</u> No historical problems

Procedure/Surgical History Carlos (2016). Appendectomy (07/26/2017), Hip replacement (2016).

Medications

Inpatient acetaminophen, 325 mg, 1 tab, PO, q4h, PRN acetaminophen, 325 mg, 1 tab, PO, q4h, PRN atenolol, 50 mg, 1 tab, PO, qdaily clonazePAM, 1 mg, 1 tab, PO, BID FLUoxetine, 10 mg, 1 cap, PO, qdaily

You can remove the entire content of a section, by activating the text box and click **[ST]**. For example, you can remove the content in the History of Present Illness and type a new text.

History of Present Illness C C X General: Alert and oriented x 3, no acute distress. Cardiac: Normal S1 &S2, no gallops, no murmurs, no rubs, normal JVP, no pedal edema. Respiratory: Good air entry bilaterally, no adventitious sounds. Abdomen: Normal bowel sounds, non-distended, soft, non-tender, no hepatosplenomegaly.

8

7

Review the **Assessment/Plan** section. It is populated with the diagnosis you have entered. Enter *"Plan is to take patient to surgery as a less than 8. Will make the patient NPO."*



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

Sign/Submit	Save	Save & Close	Cancel
-------------	------	--------------	--------



NOTE: You can click **Save** or **Save & Close** to continue to work on this document later. Saved documents are **not visible** to other care team members and must be signed to become visible.

10

In the **Sign/Submit window**, typically no changes are required if you use a link from Create Note section.

- 1. Note **Type** and **Title** are already populated but you can edit the **Title** to potentially make future searching easier. For example, you could name the title of the admission note: *Admission H & P*.
- 2. You will learn later how to use the **Forward** option to send copies of the admission note to other providers.
- 3. The **Date** box auto-populates with the current date. Ensure that it indicates the date of patient's admission, not the date the note is created.
- 4. Click Sign to complete the process.

P Sign/Submit Note			- • •
*Type: 1 Admission Note Provider	Note Type List Filter: Position		
*Author:	Title:	*Date:	
TestSX, Surgeon-Physician, MD	Admission H & P	13-Dec-2017 🔢 1357	PST
Sorward Options Create provider letter		3	
Favorites Recent Relationships Q Provi	ler Name		
Contacts	Recipients		
🚖 Default Name	Comm Comm	ent	Sign Review/CC
		4	Sign Cancel



NOTE: Patients primary provider will be sent a copy of all reports.



11 Once you sign the note, its contents **cannot be directly edited**; however, changes can be made to the note in the form of an addendum. You can learn how to add an addendum from eLearning modules.

After signing the note, you are transferred back to the Admission tab.

Do you remember how to display the **Documents** component. Do you know why you might not see your document listed there?

The admission note is now listed and is visible to the entire care team.

Admission	23	Rounding	23	Outpatient Chart	23	Transfer/Discharge	53	Quick Orders	23	+		
	*											
Histories		Documents (1)	•						Last 50 Notes	All Visits Last 24 hour	s More 🔻	€ =-
Documents (1)		(-/						. Mu anten ant		ntan Dianlaw Dawi	idee Deserves	- to the second
Links	-							My notes only	Group by encour	Iter Display: Provi	ider Docume	intation +
Vital Signs & Measurements		Time of Service	Subject		Note Type		Author	L	ast Updated	Last Updated By		
Labs 📍		04/04/18 11:37	Consult Note		General Surge	ry Consult	Plisvcw, Tyler, ME) (3/01/18 11:43	Plisvcw, Tyler, MD		
Pathology (0)		* Displaying up to the	last 50 recent n	otes for all visits								

12

If you want to close this patient chart, click the **X** icon on the Banner Bar.



Key Learning Points

- Using **Dynamic Documentation** to prepare notes standardizes documentation practices
- Use note links listed under the **Create Note** sections to produce documents efficiently
- Only when a note is **signed and submitted** will it be visible to the rest of the care team
- Saved notes remain in a draft format and are visible only to you
- Once you sign and submit a note, further edits can be added but will appear as addenda



PATIENT SCENARIO 2 – Rounds

Learning Objectives

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

- Place Single Orders
- Place as PowerPlan in a planned State

SCENARIO

On PAD 1 you are doing your rounds on the floor for Patient. You need to review the vitals from overnight and nursing documentation. The patient states that they are having a minor flare up of their asthma but state that they do not require any medication at this time. As you round, you find out that the OR has found time for your patient's surgery. You need to order pre-op antibiotics. As it is a busy OR day you also want to place the post orders to save time.

You will complete the following activities:

- Place a single/Ad Hoc order
 - Placing a PowerPlan in a planned state



Activity 2.1 – Review Vital Signs

The next morning you are doing your rounds and you are wondering how your patient did overnight.

In PowerChart all vital signs that are charted in this encounter, regardless of source, all flow into the same table.

1

Ensure you have opened the correct patient chart. From the Rounding Tab workflow view, Select the Vitals Signs & Measurements component on the left or scroll down on the right to land on Vital Signs & Measurements.

Vital Signs & M	easureme	ents 🗸		Selected visit: Latest* Selected visit: Last 24 hours More 💌 🔠 🔟 🕫
		Today 14:10	14:09	DEC 08, 2017 09/18
Respiratory Rate	br/min	16	12	16
Sp02	75	96	98	98
Oxygen Flow Rate	L/min	3	241	-
* Displaying recent of	esuits up to 1	7 columns of information for the selected visit		
Lines/Tubes/Dr	ains (0)			Selected Visit 🏹

The time frame for the displayed data is defaulted to the Latest results. This can be with the boxes and/or the dropdown menu.

2 From Vital Signs & Measurements click the name of the results you want to graph.

Vital Signs & Me	easureme	ents 🗸			Selected visite Latest*	Selected visit 🛛 Last 24 hours More 🍸 🛛 🔠 🛄 🦉 😑
		Today 14(10	14:09	DEC 08, 2017 09186	D	
Respiratory Rate	br/min	16	12	16	kespiratory kate	
Sp02	5.	96	98	98		
Oxygen Flow Rate	t/min	3	-	-		
* Displaying recent re	ealts up to 1	7 columns of information	for the selected wait			
Lines/Tubes/Dra	ains (0)				DEC 08, 2017	DEC 17, 2017 Selected Visit

Key Learning Points

Vital Signs view aggregates vital signs from across the patient chart.

- Views based on time frames can be filtered.
- Vital Signs can be graphed for Trends.



Activity 2.2 - Placing a single order (Ad Hoc)

As you are rounding you notice that your patient is missing their pre-op antibiotic. You decide to order it as part of your rounds.

Typically, your selection of multiphase PowerPlans should capture all the orders you will require. However, there will be instances where you would like to add additional ad hoc orders or revise orders.



Click on Quick Order tab on the work flow view

🖥 New Order Entry 🕂	=- 🔊
Inpatient 🗸	
Q vand	×
vancomycin	
vancomycin mg, intraperitoneal, once, drug form: inj	
vancomycin mg, IV	
vancomycin 25 mg/kg, IV, once	
vancomycin 125 mg, PO, QID, drug form: cap	-
vancomycin mg, IV, q12h	
vancomycin 125 mg, PO, QID, drug form: oral liq	_
vancomycin 250 mg, PO, QID, drug form: cap	
vancomycin 250 mg, PO, QID, drug form: oral liq	
vancomycin 500 mg, PO, QID, drug form: cap	1
vancomycin 500 mg, rectal, q6h, drug form: inj	
vancomycin 1000 mg, IV, q12h	
vancomycin mg, IV, pre-op	
vancomycin mg, IV, q8h	

2 Start entering text of the order in the search box. As you type PowerChart will populate a results box with orders that match the search string. In this case you want to place an order for Vancomycin, since the patient has a penicillin allergy. Type in "Vanc". Select the order sentence **"vancomycin (mg, iv, pre-op)**.



4 Click Modify



⁵ Click on the medication with the \bigotimes to bring up the details pane.

△ LGH ED Enc:760000000675 Admit:	2018-Jan-02 07:45 PST			
⊿ Menications				
🔲 👘 Ӿ vancomycin	Order 2018-Jan-09	14:00 mg, IV, pre-op, start: 201	8-Jan-09 14:00 PST, stop: 2	018-Jan-16 13:59 PST, Small
■ Details for Vancomycin				
📸 Details 🕞 Order Comments				
🕂 🖀 lh. 🔍 🏹				Remaining <i>I</i>
*Dose:			*Dose Unit:	mg
*Route of Administration:	~		*Frequency:	pre-op
PRN: 🔿 Yes (No No		PRN Reason:	
L			A.I. 1994 (1995)	

Orders requiring details before being completed are marked by

6 Fill in *500* in the dose field (yellow box).

Yellow boxes are order entry fields that required to be filled out.

- 7 Click Sign
- 8

After placing the order for vancomycin, you realize that the dose should have been 1000mg not 500mg. As long as an order has not been signed you can modify it in the Order Entry Field. Once the order has been signed the order you want to modify has to be cancelled. This has to be done since the barcode generated for the medication is unique.

Go to the Rounding Tab and then Order profile.

Admission	22 Rounding		3 Outpatient Chart	22	Transfer/Discharge	52	Quick Orders	88 +	🖾 1	Ф.:
Documents (0) *	Order Profile (5)								Selected vi	ist 2
Labs 🕴				E	Pending Orders (5) Gr	oup by: Clinica	Category 🖌 Show	All Active Orders		
Micro Cultures		Type Order			Start	Statua	Status Updated	Ordering Provider		
Pathology	⊿Admit/Transfer/D	ischarge (1)								
Imaging	E	🞒 Admit to	Inpatient 2018-Jan-09 13:49 PST, Adr	nit to Gener	al 09/01/18 13:49	Ordered	09/01/18 13:49	Train, Surgeon-Physician1,		
Current Medications	(Continuous Infrasi	Surgery,	Admitting provider: train, Surgeon-Phy	rsioan1, MD				MD		_
Vital Signs & Measurements		sodium of mL/h. TV	hlaride 0.9% (NS) continuous infusion	1,000 mL 1	00 02/01/18 15:24	Ordered	09/01/18 04:01	TestUser, Surgeon-		
Lines/Tubes/Drains	A Medications (3)									
Intake and Output History of Present Illness		🚯 acetamir	ophen 650 mg, PO, q4h, PRN: pain-m	ild or fever	02/01/18 15:25	Ordered	09/01/18 04:01	TestUser, Surgeon- Physician, MD		
Physical Exam		🕑 morphin	2 mg, IV, once, PRN: pain-breakthron	ugh	02/01/18 15:25	Ordered	09/01/18 04:01	TestUser, Surgeon- Physician, MD		
Order Profile (5) Active Issues		🕑 vancomy	dn 500 mg = 0.05 each, 100 mL/h, IV	, pre-op	09/01/18 14:00	Ordered	09/01/18 14:02	Train, Surgeon-Physician1, MD		
Assessment and Plan										

Click on the vancomycin order.



					1
	Pene	ding Orders (5) Group by: Clin	ical Category 🔽 Sho	w: All Active Orders	
Туре	Order	Start			
Admit/Transfer/Discharge (1)					Cancel/DC Cle
•	Admit to Inpatient 2018-Jan-09 13:49 PST, Admit to General Surgery, Admitting provider: Train, Surgeon-Physician1, MD	09/01/18 13:49	vancomycin 500 mg = 0.05 each, 3		
Continuous Infusions (1)			mL/h, IV, pre-op		
•	sodium chloride 0.9% (NS) continuous infusion 1,000 mL $$ 100 mL/h, IV	02/01/18 15:24	Dose	Route	Frequency
Medications (3)			500 mg + 100 mL	IV	pre-op
. 🧇 🚯	acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	02/01/18 15:25			
- B	morphine 2 mg, IV, once, PRN: pain-breakthrough	02/01/18 15:25	Туре	Status	Last Updated
- A	vancomycin 500 mg = 0.05 each, 100 ml /h, IV, pre-op	09/01/18 14:00	Inpatient	Ordered	09/01/18 14:02

Click on Cancel/DC.



11 Finally click **Sign** button.

12 Enter an order for Vancomycin 1000 mg IV pre-op using the steps above.

Key Learning Points

- The recommended practice to access orders from the Quick Orders tab or from the workflow view.
- Ad hoc/Single Order that have been signed and require changes should be cancelled and new order should be made.



Activity 2.3 – Placing a PowerPlan in a Planned State

During rounds, you want to place your Patient's post-op orders in a planned state since it is a busy day. This is done by ordering the "Gensurg General – Post operative (Multiphase)" and placing it in the planned state.

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

When you **Sign** a PowerPlan that is **not** initiated, it remains in a planned stage, allowing to prepare orders for a future activation as needed by authorized individuals e.g. RN's.

Another use of PowerPlans that are not intitiated are Pre-op orders that are placed in your office or clinic, that will be intitiated by a RN in the admission process.

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

Al ■ D ■ = = = 00% - 00% - 0 ● 0 Atmosf Period Page T2 Remotes	11 Outpainer Over 11 TransferDeds	ana II Quick Orders	11 Enderson Weiden 11 +	
Venue: Inpatient +				
Medications	E* A Labo	Imaging and Diagnostics	New Order Listry	
Andpress Andpress Arcsopalate Accouption Account of the Acco	Blochwith Routine Blochwith Mill (dam) added if ordered after 23-59) Blochwith XHX (dam) Plank Analysis Microhology Sociol Studies	+ 605 • Educatiogram > 30, > 67 > 105 > 104	Consults Promotificans Manazon Professionen	=·0 0
Bowel Protocol Boccupta Hanagement Gyconic Centrol Solyconic Centrol	Utrer Datter Bood Products / Transhason	HE B Plantescopy	Cocharge Patient Care	=• *
P If Park			Publind Deparktion Cale State Color State Conversion Analyty Analyty Source Default Default Default Source Source Source Novemb Care	

Categories and folders can be collapsed or expanded by clicking the expansion arrows and M



1

NOTE: Order availability and lay out on the quick order page are based on the user's position and/or specialty.



2 Placing a PowerPlan

- 1. In the **Quick Orders** tab, expand the Post-Operative folder.
- 2. Select the **Gensurg General Post operative (Multiphase)**. PowerPlans are marked by the **>** icon.

23	+		樳 1	
PowerPlans				=- 📀
Admission				
File Operative				
⊿ Post-Operative	9			
🔰 GENSURG (General - Post Opera	tive (Multipha	se) (Validate	d)
GENSURG G	ieneral - Post Operative	(Multiphase) (Va	idated)	
5 GENSURG S	ame Day Discharge - Po	st Operative (Va	lidated) GENSI	JRG Same
Day Discharge	- Post Operative (Validated)		

- 3. Click on the **Orders for Signature** icon
- 4. Click Modify:
- 5. The PowerPlan window will display.

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

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

Modifying A PowerPlan

3

 Click the corresponding box to select or deselect individual orders from the PowerPlan. Some orders are already pre-selected for efficiency but you can click the box to deselect, if necessary.

Click toolbar icons to flex the display of the PowerPlan to facilitate easier review.

As this is a **Multiphase PowerPlan**, first click on **Surgeon Post Operative (Floor)** to locate the Code Status.

Orders Medication List Document In Plan			
	K	🔹 🕼 🏀 🚫 🕂 Add to Phase - 🛕 Check Alerts 🛄 Comments Start: Now 🛄 Duration: N	lone
View		Status Dose	Details
GENSLIRG General - Port Operative (Multiphace) (/alidated)	î	GENSURG General - Post Operative (Multiphase) (Validated), Surgeon Post Operative (Floor) (Plann	ed Pending)
- Surgeon Immediate Post Operative (Planned Pending)		⊿ Admit/Transfer/Discharge	
Surgeon Post Operative (Floor) (Planned Pending)		Inpatient Nurse to initiate the Surgeon Post Operative (Floor) phase of this plan	
AINES PRE Operative (Day of Surgery) (Validated) (Planned) GENSURG General - Pre Operative (Day of Surgery) (Validated) (Plan		Z Status	Select an order centence
		∠ Patient Care	Jelect an order sentence
- GENSURG General Surgery Admission (prototype) (Initiated)		Vital Signs	Routine



NOTE: All phases of Multiphase PowerPlans open by default; therefore, all orders from all phases are immediately visible. You can toggle between phases to easily locate your orders based on phases. You can view a single phase by clicking on the navigator pane (view) as per the screenshot above.



Code Status order is pre-selected but the order sentence for the appropriate option needs to be chosen.

Click To select one of the options.



NOTE: The **S** icon next to the order indicates missing details. This is a standard icon across the entire PowerChart.

2. Continue adding the following orders to the Power Plan:

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

- In and Out Catheterization
- Remove Staples
- Sodium chloride 0.9% at 100ml/h
- Ciprofloxacin 400 mg iv
- General Diet



4

NOTE: You can select details provided by the order sentence or change details manually in the details view.

Adding Additional Module(s)

1. Scroll down to locate Gen Surg Modules to add the Bowel Protocol (Module)

⊿	Medications
	🎭 Venous Thromboembolism (VTE) Prophylaxis (Modul
	Traulin Subsutaneous for Patients who are Esting or N
	🔚 Bowel Protocol (Module) (Validated)
⊿	Laboratory

Select the following:

• Glycerin

0	N. C.	Conjuneat	Status	Q408	L-Eats
1015	185 Cen	oral - Pest Operative (Multiphase) (Validated)	Surgeon Part Operat	ive Official, Bo	over Protocol (Module) (Validated) (Planned Peneline)
a 55	station				
	- 0	If patient has GPR less than 30 mL/min-use Box	ed Protocol Renal		
	. 0	This is a general bowel pictocol (General Medi-	cire). It does not includ	le specialized (sewel protocols such as elderly care, labour and delivery, palliative care, and spine patient
	- 0	CONTRAINDICATIONS: Complete bowel obsta	uction, diawhea, colest	erry, Recistorn	y, shert bowel syndrome
	- 3	Do NOT give SUPPOSITORIES or INEMA # Led	kennia / EMIT petient or	I panaytoper	ic or neutroperin.
2	127	frutter			30 mL P0, 80
	1.75				Do not use if eGFRLESS than 30 mL/min. Hold if patient has diamhea.
	. 9	Dey1			
		Select polyethylene glycel 3350 (preferred) CR	lactulose		
7	2	polyethylene glycol 3350 (PEG 3350 17 g powd	w)		17 g. PO, iplaiy. PRN continuin, drug farm powdar
					(Bowel Protocol Day 1) -Mai in 250 mL of water
	23	lacturous flacturous 18 g/15 mL craf liq)			13 g. PO, qdaily. PRN constigation, drug form: oral liq
-	-				(Bowel Piddechi Day Ei
		acturese facturese 16 g/15 mil criel bg)			23 g. PD, gdavy PPN combation, drug form: draft in
	- 10	No. 7 December 1 No. 7 Second and			(Bends - appropriate and a price of the pric
	- 2	Day 2 (continue Day 3 treatment)			
	- 2	Select senacodes ipreferred. OR magnesium h	Aquestige with carcela		
<u>.</u>	La.	sennasioes			12 mg, Pul, GMJ, Patri Condigation, drug formi tale If no bowel increment efter 40 hours. Please continue day 1 treatment (Dowel Pictocol Day 2)
7		sennosides			24 mg, PO, qHd, PRN constipation, drug form: tab
	18	Calant assessment on the danside AUD cancers Toron			It no bowe movement after to hours. Here continue day 2 trailment (seviel Preferent Day 2)
÷	4.12	supporting highwords (stangering highwords)	12.015		24 a IO all5 MN consistence doubters and to
	- m	will deal Eq)			If no base interviewe when its hours. Gow with cancers. Do not use if eGP2 below 21 mL/mm. Plants continue day 1 treatment (Bowel Prot.
	10.07	Casciaria			15 rel. PO. eE-5. PRN construction, drug frame and lia
					If no house movement after 48 hour. One with magnetium hydroxide (MILK of MAGNISA) (CON), Do not use # eER below (0 mL/min, Pie
		Day 3 (continue Day 1 and Day 2 treatment)			
χ.	- 17	NeaCCEVI.			13 mg, weta, gdaily, 200 constgation, drug form capp
-					If no bowel movement after 72 hours. Please continue day 1 and day 2 treatment. (Bowel Protocol Day 1 step 1)
5	27	glucerin (glycesn adult supp)			1 suppository, rectal, edaily, PRE constigation, drug form: supp
	-				Bino bowel movement when 72 hours. Please continue day 1 and day 2 instituent (Bowel Protocol Day 3 step 1)
2	27	sodium biphosphate-sodium phosphale (phos	uphates .		139 mL, rectal, gdaily, PRN constipation, drug form enema
÷	-	(FLEET) 230 mL enemal			If no response to bisecody! ANE/OS glycerin supportery in 1 hour and if not giving MERO(AX. Do not use if eGRE below 20 millionin. Pleas
2		sodium situate-sodiital (VICECLAX everya)			Sind, rectal, splaity. PDI constigation, shug form evena
					If no response to these only inductors grycerin supportery in 1 hour and if not giving REET DNEWA. Do not use if eGPP below 10 mL/min. Ple



- Once you have made your selections for this module, do not sign yet. You need to return to the main PowerPlan by selecting Return Gensurg General – Post operative (Multiphase) to sign off the entire PowerPlan.
- Now, all your orders are selected and you are ready to sign off. Remember to use to see what has been selected so far and to merge your plan with other current orders. This will help to identify any duplication.
- 4. There is the option of Initiate, Sign or Cancel
 - Initiate: Activates the orders for example pharmacy would receive the order to dispense the ordered medications. For planned stated orders the provider would not click this.
 - Sign: Same as your signature on paper orders. Needed regardless if planned or not
 - Cancel: no orders will be placed and actioned
- 5. Click Sign. The orders are now in a planned state
- After clicking Sign there will be a discern alerts that will appear.



5

Click: Replace existing Code Status order.

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







PATIENT SCENARIO 3 – Post Operative

Learning Objectives

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

- Initiate Planned Orders
- Document with Auto Text

SCENARIO

Your patient has just had their operation. There were no Intra-op complications and you are expecting a normal, uneventful recovery. You are in the PACU with the patient.

You will complete the following activities:

- Initiating Orders from a Planned State
- Complete an Operative Report with Auto Text



Activity 3.1 – Initiate Orders from a Planned State

As stated in the previous scenario, any PowerPlans that are in a planned state cannot be actioned by the system or other healthcare providers. For example, pharmacy would not dispense a medication until the PowerPlan is initiated. Initiating the PowerPlan allows the order to flow downstream to appropriate departments and staff. In this example the provider will initiate the PowerPlan, however this would typically be done by the PACU RN. For purposes of training we will initiate the PowerPlan.

1

From the **Rounding** page scroll down to the order Profile and click the Header **Order Profile**. Alternatively, you can click on the **Order Profile** on the left-hand side menu. Then click on the **Order Profile** header.

Order Profile (13)		
	Type	Order
⊿ Status (1)		
	@	Code Status 07-Dec-2017 15:06 PS status: Attempt CPR, Full Code, Dur
⊿ Patient Care (2)		
	a.	Manifest Tabalus and Output, 07 Days

View	A Start Check Alerts Comments Start	Nos Durstion None a
Orders for Signature	· Component	Status Dose Details
and 111 and 111	GENSURG General - Post Operative (Multiphase) (Validated), Surgeon	Post Operative (Floor) (Planned)
Medical	Last updated on: 08-Dec-2017 10:15 PST by: TestSX, Surgeon-Physician, MD	
GENGIRG General - Boot Orsenting (Multichard) (Validated)	Alerts last checked on OII-Dec-2017 10:35 PST by: TestSX, Surgeon-Physician, MD	
Suman Immediate Dort County (Renned)	a Admit/Transfer/Discharge	
formers Best Ormation (Deck) (Bismand)	Optimize to initiate the Surgeon Post Operative (Figure 1)	por) phase of this plan
CTRETER Count Back County (Families)	a Status	
Construction Construction (Construction Construction)	Code Status	Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code
Surgeon Port Operative (Floor) (Parned)	D Patient Cale	
	Vital signs	Kouthe
Ochsonic General Surgery Admission (prototype) Unitatien	Received a start of the start o	For a new rever greater than 30.5 useg.
(gested Plans (0)	Preumena Education	andate A. Outor protocol as per quideline, il applicable
ien	Monito artaice and Output	Notice Notice
_Admit/Tanster/Discharge	4 Dist Budgeton	a drift dopper in real claim do recta cuto consecutive modes
Statin		Constant from Manifest General
Patient Care	C and Clear Bud Diet	Advance to results that
Activity	C	Advance to recode that
Diet/Nutrition	C SR C General Dist	7.64
Continuous Infusions	- G Disbetic Diet	TN
Medications	P Consult to Dietitian Adult	reason: assess need for oral supplements
Blood Products	d Medications	
Laboratory	Venous Thromboembolism (VTE) Prophylaxis (Modul	
Diagnostic Tests	Insulin Subcutaneous for Patients who are Eating or N	
Procedures	Bowel Protocol (Module) (Validated)	
Respiratory	A Laboratrov	
Alliad MaxWh Related Results	* Details	
Formulary Details		
Variance Viewer	Defen For Construction Save as My Favorite	O Index For Sec.

2 An individual order within a planned PowerPlan can be modified easily at any time before clicking the **Initiate** button. After a PowerPlan is initiated and a change to an order is required, the incorrect order must be canceled and the correct order placed anew.


³ For patient, select the **Surgeon Immediate Post-Operative (Planned)** in the view pane.

Orders Medication List Document In Plan				
View	📕 🐗 🖁 🏀 🚫 🕂 Add to Phase 🗸 🛕 Check Alerts 🛄 Comments Start: Now 📖 Duration: None 📖			
Orders for Signature	🔊 🕅 Component Status Dose Details			
Plans	GENSURG General - Post Operative (Multiphase) (Validated), Surgeon Immediate Post Operative (Planned) Last updated on: 13-Dec-2017 14:11 PST by: TestSX, Surgeon-Physician, MD			
GENSURG General - Post Operative (Multiphase) (Validated)	Operative (Multiphase) (Validated) 4 Admit/Transfer/Discharge 5 PACU Nurse to initiate the Surgeon Immediate Post Operative phase of this plan			
Surgeon Post Operative (Floor) (Planned)	Patient Care Patient Care Patient Care T;N T;N			
ANES Post Anesthesia Care Unit (PACU) (prototype) (Initiated)	Lines/Tubes/Drains			
ANES Respiratory Depression (Module) (validated) (Initiated)	🗖 📅 Remove Urinary Catheter 📃 In PACU upon arriva			

Click the Initiate 😥 Initiate button then the Orders for Signature Orders For Signature



The view pane will show that the PowerPlan is now initiated.

Note: This PowerPlan contains two phases in one order set. The order that was just initiated is for the PACU portion.





Activity 3.2 – Complete a Gen Surg Operative Note with Autotext

Similar to the Admission tab, the Rounding tab also provides one click access to the most relevant note type. You already know how to remove sections or edit text. Now let's learn how to avoid entering repetitive information by using the auto text feature, which is available to all notes.

1

From the list under **Create Note**, select **Gen Surg Operative Note** which will pull existing relevant information from the patient's chart.

Admission		8 Rounding		S Out	tpatient Chart
Labs	*				
Micro Cultures		Informal Team	Commur	nication	
Pathology		Add anno addan			
lmaging		Add new action			
Current Medications					
Vital Signs & Measurements		No actions documente All Teams	ed		
Lines/Tubes/Drains					
Intake and Output		1 Bahawaa			
History of Present Illness		Histories			
Physical Exam		Medical History	(1)	Surgical History	(0)
Order Profile				0	
Active Issues		Name			-
Assessment and Plan	Ε		(1)		
New Order Entry		Astrima	nc (0)		
Blood Product Availability		V Resolved Problem	15 (0)		
Create Note					
Gen Surg Procedure Note					
Gen Surg Progress Note		Documents (0)	+		
Gen Surg Operative Note					
Select Other Note	-	No results found			

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

opeemen
Estim "med_pe_complete *
"med_pe_short *
"med_ros_complete *
Clinic "med_ros_short *
,,med
Day and any



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

Clinical Preamble

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

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

Click Sign/Submit

4



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



End Book One

You have reached the end of book one.