SELF-GUIDED PRACTICE WORKBOOK [N63-B] CST Transformational Learning

WORKBOOK TITLE:

Nurse – Rural: OB Inpatient Add-On (Antepartum, L&D, Postpartum)



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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

Note: The Train Domain only has patients and locations for Lion's Gate Hospital. Therefore, you will be practicing using LGH locations and seeing LGH screen shots. In practice, you will use Squamish General Hospital Location lists and patient beds.

Note: In order to complete this particular workbook, you will be logging in as and OB-Nurse position. In practice, you will log in as the Nurse – Rural position, so some of the screen shots may not match exactly.



PATIENT SCENARIO 1 – Position Picker and Logging Into PowerChart

Learning Objectives

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

- Log into Position Picker to select Nurse Rural in order to care for an Obstetrics/L&D patient
- Log into PowerChart

SCENARIO

As a maternity nurse at Squamish General Hospital, you will complete the following activities:

- Log into Position Picker to select Nurse –Rural in order to care for an Obstetrics/L&D patient
- Log onto PowerChart

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Activity 1.1 – Log into Position Picker and Select the Appropriate Position

When working as a Maternity Nurse at Squamish General Hospital, you will need to log into Position Picker and make sure you are in the position of **Nurse – Rural**.

NOTE: Read the following steps for review only, do not attempt these steps in the system during this classroom experience:

1. To access position picker from Cerner Citrix Store Front, click on the Position Picker



application

😂 Cerner				APPS			VCH\lsteffler 🔻
All Categories							Q Search All Apps
4 Coding	2 Emergency	HIM	6 Maternity	1 Medical Imaging	4 Oncology	Pharmacy 8	7 Registration
Scheduling	5 Supply Chain	Surgery and Anesthesia					
DiscernReporting783	Mmodal P0783	Position Picker P0783 1	Powerchart P0783	Support Folder	User Folder		

A Cerner Logon (Position Picker) window will open

- 2. Type your assigned username and password
- 3. Click OK





- 4. A CST Cerner Position Picker window displays stating "Your current position is: 'Emergency – Nurse"
- 5. You want to switch your position because you are now working on an inpatient unit caring for a labour and delivery patient, so select *Nurse Rural*
- 6. Click **OK**



- 7. A window will display: "Your position was successfully changed to: "Nurse Rural" Please exit any open CST Cerner applications and log back in."
- 8. Click OK





You've switched your position from **Emergency – Nurse** to **Nurse – Rural** and are now ready to start your work as a maternity nurse.

Note: Always be sure you have logged out of any Cerner application including FirstNet or PowerChart when switching positions in Position Picker.

Key Learning Points

- Cerner Position Picker is the application you will use to switch positions within the CIS to reflect the change in your role throughout your shift
- Log out of any open CST Cerner application (FirstNet or PowerChart) when you switch to a different position using Cerner Position Picker
- At the start of every shift, first log into Cerner Position Picker and make sure you have selected the appropriate position
- Nurse Rural is the position you need to be in when working as a maternity nurse



Activity 1.2 – Log into PowerChart

1 Now that you have made sure you are in the correct position of Nurse – Rural, you can log into PowerChart to start caring for your patient in labour.

To log onto PowerChart, complete the following steps:

1. From the Cerner Citrix Store Front, double click on the PowerChart application.

😂 Cerner		APPS		VCH\isteffier 🔻
All Categories				Q Search All Apps
2 Emergency 14 HIM	5 Maternity Oncology	Pharmacy 8	7 Registration	4 Scheduling Supply Chain
Surgery and Anesthesia				
DiscernReporting_783	Notepad	Support Folder	User Folder	

2. A login window will open. Type in the assigned username and password and click OK



⊖ cerner Ceri	ner Millennium [.]
	Username :
	~
	Password :
	Domain :
	p0783 🗸
	OK Cancel
PowerChart	
© 2011 Cerner Corporation. All rights rese Access and use of this solution system (inclu Unauthorized use, access, reproduction, disp severe civil damages and criminal penalties.	rved. ding components thereof) require, and are governed by, license(s) from Cerner Corporation. lay or distribution of any portion of this solution or the data contained therein may result in Further information may be found in Help About.

You are now logged onto **PowerChart** in the position of **Nurse – Rural** and you can start caring for your laboring patient.

Key Learning Points

After making sure you are in the correct position for looking after a maternity patient (Nurse – Rural), you can access Power Chart from Cerner Citrix Store Front



PATIENT SCENARIO 2 – Tracking Shell Overview

Learning Objectives

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

Understand the basic functionalities of the Tracking Shell

SCENARIO

Your patient has just presented to the labour and delivery (L&D) unit. She has already been fully registered and has been placed in a bed on the L&D unit. Locate your patient on the Tracking Shell.

In this scenario, we will review the functionalities of the Tracking Shell.

As an inpatient nurse you will be completing the following activities:

- Access Tracking Shell from the tool bar
- Add a Communications alert to your patient on the Tracking Shell



Activity 2.1 – Tracking Shell Overview

As a rural inpatient nurse, when you log into PowerChart the first page that opens will be CareCompass. CareCompass is a summary page for patients that are *not* Labour and Delivery (L&D) patients.

When managing L&D patients, you will instead use **Tracking Shell** to provide an overview of patient location, status and workflow. When a patient becomes postpartum, **CareCompass** will be used to manage patient care, but **Tracking Shell** will still be used as a reference.

Tracking Shell:

1

- Will be used in place of CareCompass as a tool to organize the user's workflow for labour and delivery (L&D) patients
- Will be used as a reference for postpartum patients
- Provides users with a 'quick' overview of the patient's overall status
- Different views or tabs can be utilized each provides unique information
- The columns of the tracking shell display and sort patient information and activities related to the patient

To navigate to **Tracking Shell**:

1. Click on Tracking Shell from the Tool Bar at the top of the page.

PowerChart Organizer for TestUser, Rural-Nurse – 🗖	×
Task Edit View Patient Chart Links Patient Actions Provider List Help	
🖁 CareCompass 👫 Clinical Leader Organizer 🛓 Patient List 🖴 Multi-Patient Task List Tracking Shell 🤳 se Selection 😂 Staff Assignment 👫 LearningLIVE 🗧	
CareConnect @PHSA PACS @VCH and PHC PACS @MUSE @FormFast WFI _	
🕮 Exit 🎽 AdHoc 🎟 Medication Administration 🗟 Medical Record Request 👒 Result Copy 🖫 Related Records 🕈 Add 🔹 🗃 Documents 👼 Scheduling Appointment Book 🖨 Discern Reporting Portal 🔍 Conversation Launcher	1

Note: When you work at Squamish, you will use the SGH location views/tabs. Due to the restrictions of the train domain, you will be using Lion's Gate Hospital (LGH) locations to find your patients in this workbook.

- 2. Tracking Shell opens and will appear as below
- Notice the different tabs across the top. These tabs provide different locations and views for tracking patients. At SGH these tabs will include views such as SGH L&D, SGH OB All Beds, SGH L&D Nurses, and SGH OB Recently Discharged etc.



Tracking Shell																		(c)	(Full :	screen 🛱 Print
LGH L&D LGH C	B Postpartum LGH OB	All Be	ds LO	6H OB Re	cently Dis	charged SGH La	SGH OB	All Be	ds SG	H L8	D Nurse	es SGH	OB Red	ently Discharge	d 3					
Patient: CSTPROI	OREG, WOI 👻 Filter: <no< td=""><td>one></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></no<>	one>		-																
a / A 🕂 🖗	🛊 🗟 🗭 📾 🚳) 🖪																		
Bed S	Name	GΡ	EGA	Status	A RN	Provider	Consult	Dil	Length	Sta	ROM	Color	GBS	Epidural	To Do	Communications	NR	Lab	MAR	Comment
LDL,01M	CSTPRODREG, WORK				q	Plisvca, Rocco		10*			Sponta				+	0	2			
LDL.02M	CSTMATGOLIVE, APRIL	1*	0		0	Plisvca, Rocco		10*					υ				Ľ		2	Please DO NO
LDL,03M	CSTLABSQBB, RHIGM	1*			ei.	Plisvcl, Antonio									+	4.	đ	5/0		
LDL,04M	CSTPRODREGHIM, JA	2*			0	PITVCAD, Arche										≜ _∎ ⊕	1	3/0		
LDR1,01M	****				a	Plisvcb, Stuart,									+					
LDR2,01M	CSTLABSQBB, RHIGO				ei.	Plisvcl, Antonio							N			4	đ	7/2		DO NOT USE,
LDR3,01M	CSTMATPROD, LABOU	2* 0*	0		o	Plisvca, Rocco	Berard, Vera	10*	1.5 cm	*-1*	Sponta	Clear*	Ρ		R	🚣 🁌 🛆 👯 单 .#ai	ľ	3/0	8	Shared care
LDR4,01M	CSTONETHREE, INTER	1*	38 0/7		0	PLISVFC, Jarm	1						P			A	7	4/0	3	
LDR5,01M	CSTMATPROVIDERS,	2* 0*	0		0	Plisyca, Rocco		10*	0 cm*	-1*	Sponta	Clear*	P	Administered*		≜	1	3/0	4	Please do not
LDR6,01M	CSTMATTEST, SUSAN	1*	0		0	Plisvca, Rocco							P			à 🔿 📥 🎊	2	5/0	2	
LDR7,01M	CSTLABSQBB, IVIGMO				ai.	Plisvcl, Antonio											1	6/3		Do not dischar
LDR8,01M	CSTMAT, BETTY	1* 1*			0	Plisyca, Rocco									+	4 4	Ľ	<u> </u>		DO NOT US
LDB8.02M	CSTLARSORR, RARY				q	Plisyca, Bocco									-	«				2

 You are currently on the LGH L&D tab. All of the patients listed on this tab are L&D patients. Notice the columns listed in this view. These columns provide information specific to L&D patients.

Tra	cking Shell																		Full :	screen 👼 Print
LG	HL&D 4	DB Postpartum LGH OB All B	Beds LO	6H OB Re	cently Dis	charged SGH La	SGH OB	All Be	ds SG	H L8	D Nurse	es SGH	OB Red	ently Discharge	ed					
P	atient: CSTPRO	DREG, WOI 👻 Filter: <none></none>		-																
4	v 🗸 🛦 🕂 📝	🕯 🖾 🙀 🖓 🚔 🗎 📑																		
	Bed S	Name G F	P FGA	Status	A BN	Provider	Consult	Dil	Length	Sta	BOM	Color	GBS	Enidural	To Do	Communications	NB	Lah	MAB	Comment 4
	LDL.01M	CSTPRODREG, WORK	E OF I	otatao	9	Plisyca, Bocco	oonoun	10*	Longa	otu	Sponta	00101	CID C	Epidarai	-	0	17	Lab		
-	LDL,02M	CSTMATGOLIVE, APRIL 1*	0		o i	Plisvca, Recce		10*		_	-		υ		-	ĕ	đ		2	Please DO NOT
	LDL,03M	CSTLABSQBB, RHIGM 1*			9	Plisvcl, Antonio									+	٠.	1	5/0		
	LDL,04M	CSTPRODREGHIM, JA 2*			0	PITVCAD, Arche										4.0	Ľ	3/0		
	LDR1,01M	******			q	Plisvcb, Stuart,									+					
	LDR2,01M	CSTLABSQBB, RHIGO			ai i	Plisvcl, Antonic							N			٠	Ľ.	7/2		DO NOT USE, E
	LDR3,01M	CSTMATPROD, LABOU 2* (]* 🥝		o	Plisvca, Rocco	Berard, Vera	10*	1.5 cm	*-1*	Sponta	Clear*	Ρ		R	🔩 🤹 🛆 🛄 👄 28 at	đ	3/0	8	Shared care
	LDR4,01M	CSTONETHREE, INTEC1*	38 0/7		0	PLISVFC, Jarm							P			A. 53	Z	4/0	3	
	LDR5,01M	CSTMATPROVIDERS, 2* (]* 🕗		0	Plisvca, Rocco		10*	0 cm*	-1*	Sponta	Clear*	P	Administered*		≜_ a ()	Z	3/0	4	Please do not l
	LDR6,01M	CSTMATTEST, SUSAN 1*	0		0	Plisvca, Rocco							Ρ			à 🔿 🔩 👯	Ľ	5/0	2	
	LDR7,01M	CSTLABSQBB, IVIGMO			ei.	Plisvcl, Antonio											đ	6/3		Do not discharç
	LDR8,01M	CSTMAT, BETTY 1* 1	*		0	Plisvca, Rocco									+	L a	Ľ			DO NOT USE!!!!
	LDR8,02M	CSTLABSQBB, BABY			9	Plisvca, Rocco										۹.				

- 5. Now click on the **LGH OB All Beds** tab. This view provides a list of all patients that are in OB beds, including L&D patients, postpartum patients and newborn babies.
- 6. Notice the columns across the top of this view are different compared to the L&D tab. These columns provide different information about the patients listed.



Tracking Shell									
LGH L&D LGH OB Postpartum LGH OB All Beds	5 HOB Recently Discharged	GH L&D SGH OB All Beds SGH L&D Nurs	ses SGH OB Recently Discharged						
Patient: RHOCARECONNEC Filter: LGH OB All Be	eas 🔻								
- 🚓 🖉 🎄 🕂 🚰 ! 🛊 📾 🗭 🚳 🏟 🛅 🛅									
Bed Name Status	Age A RN	Provider To Do Communications	NR Lab MAR Comment						
301.01 M BHOCABECONNECT. AUTHUB	28 years 9	Plisycc, Trever							
303.01A CSTMAT. KAMTWO	28 years	Plisycl. Antonio + 🔕	DO NOT US						
303.01B CSTMAT. BABY GIRL	4 weeks Q	Plisyca, Rocco.							
303.01M CSTMATTEST, MOTHERONE Labour	27 years 🔍	Plisyca, Rocco. 1	7/3 5 COASTAL DEM						
305,01B CSTLABSQBB, BABY BOY	8 days 9	Plisvcl, Antonia	1 3						
305,01C CSTPRODREGHIM, CINDY	21 years 9	PITVCAA, Branc	1/0						
307,01C CSTPRODAC, TESTMEGANN	24 years 🧔	Plisvcf, Dillon, 🕇	1/0 3						
307,01M CSTPRODPET, KEVIN	37 years 🧶	TestPET, Gener	Z						
309,01A CSTPRODREG, ALCDATETEST	27 years 🍕	Plisvcg, Joshu							
309,01B CSTLABSOBB, BABY BOY	8 days 🍕	Plisvcl, Antonia	1 3						
309,01M CSTLABAUTOMATION, MFOUR	39 years 🍕	Plisvca, Rocco,	đ						
311,01A CSTPRODREG, BABY GIRL	3 months 🍕	Plisvcf, Dillon,							
311,01B CSTMAYTEST, TWELEVE MISS	41 years 🍕	Plisycc, Trevor							
311,01C CSTMATTEST, BABY GIRL A	3 months 📿	Plisvca, Rocco,	1/0 2						
311,01M CSTMAT, BLUE	32 years 🍕	Plisyca, Rocco,	đ						
315,01A MEDPROCESS, TESTFIVE	36 years 🧶	Plisvca, Rocco, 🛨 🛛 👖	13						
315,01B CSTMATTEST, MOMNOPREG	37 years 🍕	Plisvca, Rocco, 🛛 👖 🛀	Ŭ						
315,01C CSTMATTEST, BABY BOY	5 days 🍕	Plisvca, Rocco,🕇	Ŭ						
315,01M CSTMATPROVIDERS, BABY G	2 weeks 🍕	Plisvcl, Antonia							
315,02A CSTLGHDEMO, BABY GIRL	7 weeks 🍕	TestOS, Midwif 🕇							
315,02B CSTMATTEST, TAFITI	40 years 📿	Plisvcl, Antonia 🔊	2/0 seen by LN						
315,02C CSTPRODREG, BABY GIRL	4 weeks 🍕	Plisvcd, Mohan🛨							
315,02M DONOTUSE, DONOTUSE	19 years 📿	Plisvcj, Linwoo 🛛 🗢 🔩	11 DO NOT USE						
317,01A FORD-LEARN, HARRY	7 years 🧶	Plisvca, Rocco, 🕇 🔰							
317,01B CSTPRODEICA, ERICA	47 years 🧶	TestCRD, Gene🕇	7/0 12						
317,01C CSTPRODEMPI, BABY BOY Labour	3 months 🍕	Plisvcb, Stuart, 🕇							
317,01M CSTLGHDEMO, SARAH	28 years 📿	TestUser, Midw 🔷 🛃 🏤 🏡 🗍	2/0 3						
217 024 COTMOLOF DECULITIND	ac 📉	DR D	413						

Note: In Tracking Shell, you can hover over icons, double click on cells, or right click on cells to see more information.

Let's learn more about what the **columns** mean in Tracking Shell:

7. Click on the LGH L&D LGH L&D tab and notice these columns:

Bed		S	Name		G	Ρ	EGA	Status	s A	L	RN	Provider	(Consult	Dil	Length	Sta	ROM	Color
GBS	Epi	dura	I	To Do	Commu	ıni	cations	NR	Lat	D	MAR	Comment							



The table below describes what the different columns in Tracking Shell represent:

Column	Description
Bed	Room and bed number:
	M= Mom bed
	A = Baby A bed
	B = Baby B bed (if there are twins)
	C = Baby C bed (if there are multiples)
S	Status of bed – ie) assigned, available, dirty etc.
Name	Patient name
G	Gravida
Р	Parity
EGA	Estimated Gestational Age
	The green checkmark icon 🥙 in this column indicates the baby has been
	delivered. Hovering over this icon tells you the delivery date and time, as
	well as EGA at delivery.
Status	Reflects the patient's status as she moves through different stages of care
	– ie.) Ante, Ante Testing, C/S, IUFD, Labour, Main OR, OR Procedure,
	Obs,PP, Triage etc.
A	Allergies - You can hover over the icons to tell you the exact allergy status.
	You can double click on the patient's allergy icon to update or modify the allergies directly from the Tracking Shell
RN	RN assigned to patient
Provider	Attending Provider
Consult	This is a freetext field where any consulting team can be listed
Dil	Dilation of cervix
Length	Length of cervix
Sta	Station of the baby
ROM	Rupture of Membranes – ie) intact, spontaneous artificial etc.
Color	Colour of amniotic fluid
GBS	Group B Strep status – P = positive, N = negative, U = unknown
Epidural	Status of patient having an epidural (pulls from iView Labour and Delivery



	band from documenting in the Anesthesia, OB section)
To Do	Hover to discover the icons in this column which act as alerts or reminders
	for nurses to follow up appropriately.
	For example, the Red Cross Icon 🛨 indicates the OB Triage and
	Assessment PowerForm (for moms) or the Newborn Admission History
	PowerForm (for newborns) needs to be completed. The R Icon $ $ ^R indicates
	the patient is Rubella Non-Immune.
Communications	Icons in this column act as an alert or reminder for nurses to follow up
	appropriately (e.g. Diabetes, Hepatitis B Positive, Isolation, and Rh
	Negative). In tracking shell, you can hover to discover what the icons
	represent. Here are examples:
NR	Nurse Review – if there are new orders placed for the patient, a clipboard
	icon will appear in this column. Double clicking on it will open new
	orders for nurse to review.
Lab	Lab orders and results are indicated here (including blood product orders) -
	for example: 3/1 means there are 3 lab orders placed and 1 lab result
MAR	Medication Administration Record – hover over the cells in this column to
	see a summary of ordered medications. Double click on the cells in this
	column to open up the patient's MAR
Comment	This is a freetext cell. It can be used to type any informal communication
	that you need other team members to know about the patient.

Note: Many of the columns in Tracking Shell will auto-populate from documentation (or orders) that are completed elsewhere in the patient's chart, such as in iView or PowerForms. Therefore, the information visible in Tracking Shell is only as accurate as what users document within the patient's chart.

1



Activity 2.2 – Add a Communications Alert to Tracking Shell for Your Patient

Remember that other clinicians can see the Tracking Shell, so any changes made are visible to anyone who views the Tracking Shell.

Adding a **Communications alert** for a patient allows all clinicians viewing Tracking Shell to see important patient information face-up.

Let's practice adding a **No Vaginal Exam** communications alert to the Tracking Shell for your patient:

- 1. Locate the **Communications** column
- 2. Right click on the Communications cell for your patient

Trac	king She	ell																					
LGH	L&D	LGH	OB	Postpartum LGH OB A	All Be	eds LG	H OB Re	cently Dis	charged SGH L&	D SGH OB	All Be	ds SG	H L&	D Nurse	s SGH	OB Rec	ently Discharge	ed					
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	LDR6,	,01M		CSTMATTEST, SUSAN	1*	0		0	Plisyca, Rocco,							P			à 🔿 🔩 👯 💧		5/0	2	
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	LDR8,	,02M		CSTLABSQBB, BABY				q	Plisvca, Rocco,										۹.				

3. The **Events** window will open. Notice all of the possible Communications Alerts that are listed here in the Current tab.



	Events < CSTLABTMS, SIXO	NENINETWO >	×
CSTLABTMS, SIXON DOB:16-0 Age:4 mor Allergies: Allergies Not Gender:Fe	ct MRN:70000 Code Status: ithsEnc:7000000 m PHN:987651Dosing Wt:	Process: Disease: Isolation:	Location:SGH MAT; 114; Enc Type:Newborn Attending:Plisvcl, Antonio,
Modigy Anive Multiples Baby Up for Adoption HUL U Heede Botts Feeding No Prenatal Breastleeding No Vaginat Drichage No Visitors Feta/Neo Denixe OB Triage/N Hep Bositive O systocin HtV Positive Patent is Dia Isolation Poss. Sepsis	Poss Septo Shock Poss SIRS Poss SIRS Refused Dider Action Rich Registration Rich Registration Richegane Subsella Non-Immune Surgate	3	ALL EVENT TYPES Lab ADT Nuring Billing Ormanication Depart Action Registration Documentation Events To Do GBS Visitor Informe General Xiay
Request Start Complete Time Event	Type Status User	Automated	Status

Note: Some of these communication alerts, such as RH negative or Hep B positive will autopopulate Tracking Shell from documentation on the **OB Triage and Assessment** PowerForm that has been previously completed for the patient. Other communication alerts, such as Oxytocin, will auto-populate Tracking Shell from an order.

- 4. Under the Current tab, Click No Vaginal Exam
 - Selecting this makes the alert drop down to the lower field in this window
- 5. Click OK

		Events < CSTLABTMS	S, SIXONENINETWO >		X
CSTLABTMS, SIXOI Allergies: Allergies No	N DOB:16-Oct Age:4 month ht Gender:Fem	. MRN:70000 Code Status: sEnc:7000000 . PHN:987651Dosing Wt:	Process: Disease: Isolation:	Location:S Enc Type:N Attending:P	GH MAT; 114; ewborn lisvcl, Antonio,
Current Modify Arrive Baby Up for Adoption Bottle Feeding Discharge Fetal/Neo Demise Hep B positive HIV Positive Isolation	Multiples NICU Needed No Prenatal Car No Vaginal Exar No Visitors OB Triage/New Oxytocin Patient is Diabel Poss. Sepsis	Poss. Septic Shock Poss. SIRS Refused Order Action Registration RH negative Surrogate		ALL EVENT TYPES ADT Billing Communication Depart Action Documentation Events GBS General	Lab Nursing Orders Physician Registration Tech To Do Visitor Informe Xray
Time 21-Feb-2018 15:07:15	Event No Vaginal Exam	Tupe Status Communication Request	User TestUser, Rural-Nurse 4	Order Status	
				OK 5 Apply	Close



The **No Vaginal Exam** icon ¹/₂ is now visible in the Communications column for your patient. All clinicians viewing Tracking Shell will now be able to see that your patient should have no vaginal exams.

6. Now anyone viewing Tracking Shell can hover over this icon and immediately know that this patient should have No Vaginal Exams.

Trac	king Shell																				[0]	Full s
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Pa	tient: CSTP	RODI	LAB, PAT 🔻 Filter: <no< td=""><td>one></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></no<>	one>		•																
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	Bed	S	Name	GΡ	EGA	Status	A	RN	Provider	Consult	t Dil	Length	Sta	ROM	Color	GBS	Epidural	To Do	Communications	NR	Lab	MAR
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	AC,07																					
	CR1,01M																					
	CR2,01M																					

Let's say you accidently added the wrong Communications alert. You can remove the icon by completing the following steps:

- 7. Right click on the **Communications** column cell for your patient. The **Events** window will open.
- 8. Under the **Status** field for the No Vaginal Exam event, click the drop down arrow and select **Cancel**
- 9. Click OK

Task Edit View P	Patient Chart Lin	ks Patient Actions	Provider List He	lp					
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🚽 Exit 🎦 AdHoc 🎟	Medication Admin	CSTLABTMS, SIXO	N DOB:16-Oct MRI Age:4 monthsEnc:	N:70000 Code Status: :7000000	Process: Disease:	Location:S Enc Type:N	GH MAT; 114; ewborn	Jook 🗃 Discern Reporting	Portal Conversation Lau
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Bed S	Name	Isolation	E Poss. Septic Shock			Ceneral 📰	Xray Xray	Do Communications NR	Lab MAR Comment
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115,02M	TEST, WH RULES	Time	Event Tupe	Status	User	Order Status		è ≜ Q∧ <u>B</u>	4
116,01M	CSTPRODLAB, PA	21-Feb-2018 15:37:36	No Vaginal Exam Com	nunication Cancel 🖵	TestUser, Rural-Nurse			Right	nt Click
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118,01M				Cancel Ö					
AC.07									
CR1,01M									
CR2,01M									
						OK 9 Apply	Close		



The **No Vaginal Exam** icon ^{The} has now been removed from the Communications column for your patient.

Key Learning Points

- Tracking Shell provides an overview of L&D patients including; location, status and workflow
- Different location tabs on Tracking Shell provide different patient lists and different patient information
- The accuracy of the information seen in Tracking Shell is only as accurate as clinician's documentation in other parts of the patient's chart
- Information previously documented in the **OB Triage and Assessment** PowerForm will autopopulate some alert icons on the Tracking Shell
- Some Communication alerts can be added or removed directly from the Communications column in Tracking Shell



PATIENT SCENARIO 3 – OB Triage and Assessment PowerForm

Learning Objectives

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

Document on the OB Triage and Assessment PowerForm from Tracking Shell

SCENARIO

Your patient has arrived for a labour assessment. You need to document your assessment on your patient.

In this scenario, we will review PowerForm documentation.

As a rural inpatient OB nurse you will be completing the following activity:

Opening and Documenting on the OB Triage and Assessment PowerForm from Tracking Shell



Activity 3.1 –Documenting on the OB Triage and Assessment PowerForm

PowerForms are the electronic equivalent of paper forms currently used to chart patient information. The **OB Triage and Assessment** PowerForm is the electronic documentation in the CIS that will be replacing the BC Perinatal Triage and Assessment Record.

It is important to document and complete the **OB Triage and Assessment** PowerForm as accurately as possible. This is because a lot of this documentation will automatically flow to other areas of the patient's chart including:

- Provider documentation
- Tracking Shell
- Pregnancy Overview component on the Women's Health Summary page
- Neonate Overview component on the Women's Health Summary page in the baby's chart

Let's practice documenting on the OB Triage and Assessment PowerForm:

- 1. Locate your patient on the Tracking Shell.
- Hover over the Red Cross icon + under the To Do column of your patient's name. (Hovering over this + icon displays an OB Triage/Newborn message. This means that for a mother, the OB Triage and Assessment PowerForm needs to be completed on your patient)

Tracking Shell																			
LGH L&D LGH OB Post	partum LGH OB All	Beds	LGH OE	Recently Di	scharged SGH L&	ND SGH OB	All Be	ds SG	H L&	D Nurse	s SGH	OB Rec	ently Discharge	d					
Patient: CSTLABSQBB, IV	/IGI 👻 Filter: <non< td=""><td>e></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></non<>	e>	-																
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LDL,04M CS7	TPRODREGHIM, JA 2 [.]	*		Q	PITVCAD, Arche									- 4-	240	Z.	3/0		
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Note: When looking after newborn patients, the **†** icon in the **To Do** column still says OB Triage/Newborn, indicating that the **Newborn Admission History** PowerForm needs to be completed. This PowerForm needs to be completed for all newborns once during the initial postpartum period.



Now you need to open and document on the OB Triage and Assessment PowerForm. To do this:

- 1. Click on your patient's name on Tracking Shell to highlight your patient
- 2. Then click the Red Cross icon + in the **Icon Toolbar** (not in the To Do column)
- 3. Select **OB Triage and Assessment**

Tracking Shell																		
LGH L&D LGH	H OB Postpartum LGH OB All B	eds LGH OB R	ecently Dis	charged SGH La	SGH OB	All Be	ds SG	6H L8	D Nurse	s SGH	OB Rec	ently Discharge	ed					
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LDL,02M	CSTMATGOLIVE, APRIL 1*	2	Q	Plisvca, Rocco		10*					U				Z		2	Please DO NO1
LDL,03M	CSTLABSQBB, RHIGM 1*		q	Plisvcl, Antonic									+	٠.	Z	5/0		
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LDR4,01M	CSTONETHREE, INTEL1*	0	Q	PLISVFC, Jarmi		10*	0 cm*	-2*	Sponta	Clear*	P	Administered*		🖦 🔐 ()	đ	8/5	5	
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LDR8,02M	CSTLABSQBB, BABY		ei 🛛	Plisyca, Rocco										۹.				

Note: You may be asked to establish a relationship with your patient because this the first time you've entered their chart. Select **Nurse**.

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4. The **OB Triage and Assessment** PowerForm opens.

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OB Subjective Data	Subjective						*
General Info	Subjective						
★ ID Risk Screen	Chief Complaint	Reason for Visit				E-t-1 Management	
Obstetrical History						Fetal Movement	
Antepartum Risk Factors		Antenatal testing				O Present	
Problem History		Decreased fetal mo	vement			O Decreased	
Allergy		Suspected rupture	of membranes				
Weight History		Preterm labour Vaginal bleeding					
Prenatal Investigations and Results		Postpartum					Ξ
Medication History		Induction					
Procedure History		Hypertension	rr i				
Anesthesia/Sedation		🔲 Pain					
Social History		□ Infection symptoms				Primary OB Provider	
Birth Plan/Requests							
* Violence and Aggression Screening							
Morse Fall Risk							
Psychosocial	Last Fetal Movement Date/Time		Labour Onset, Date	/Time		Last Fluid Intake	
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	Leaking Leaking Fluid Fluid Onset Date/T	ime	Color/Description of Fluid	Bleeding	Bleeding Amount		
	•						In Progress
							an rogicis

Note: Remember that in practice, this form needs to be completed as accurately and as detailed as possible.

For this scenario, you will only document the following sections:

- 1. **OB Subjective Data** section:
 - **Reason for Visit** = *Labour check*
 - Labour Onset, Date/Time = Today/0600

(Note: only fill this field in if patient is in active labour OR starting oxytocin induction)

*The Labour Onset, Date/Time field documentation will activate the Partogram. This will be covered later in this workbook.

- 2. *ID Risk Screen section (* indicates mandatory field):
 - Select *None* or *No* for all fields



3. Pregnancy Risk Factors section:

• Pregnancy Risk Factors, Current Pregnancy = *Group B Streptococcus*

*This flows to provider note, tracking shell and pregnancy overview.

4. Prenatal Investigations and Results section:

- Blood Type = *A positive*
- Antibody Screen = *Negative*

*This flows to provider note, tracking shell and pregnancy overview. On the right hand side of the PowerForm, you will see any previously documented labs transcribed by the unit clerk from the **BC Antenatal Record Part 3, Section 13**. Review and update or modify the information as needed.

- 5. *Violence and Aggression Screening section (* indicates mandatory field):
 - Click- No risk assessed at this time
- 6. Click the green checkmark 🚩 to sign your documentation

Note: Using the Save Form ■ icon is discouraged because no other user will be able to view your documentation until it is signed using the **Sign** icon ✓.

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08 Subjective Data	Prenatal Investig	ations and Results	
Seneral Info			
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verpartum Risk Factors	9	Sal C Mar 20 weeks	Blood Type, Transcribed A negative
hoblem Haboy		O genere than 20 weeks O None	Group B Strep, Transcribed, Negative
(mgr			Hepatits B, Transcribed, Negative
Neight History			Gestational Diabetes Screen, Transcribed Negative
Nenatal Investigations and Fe	atal Records Available	Blood Type	Transcribed Rhogam Given: No
Redication Hatory	C Ym	C Arestelan C Boostine	Periogote, la minese, nanonet 120 gt
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Norse Fall Rok	Prenatal Genetic Screen Type	Prenatal Genetic Screen Result	
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	□ PS □ 09w		



12. Intended	place of hi	/th		Alternate place o	/ birth (Hospital)		
13. Investiga ABO grou	tions/Res P	alt Rh tactor	Rubella stre	on indicated	Prenatal Genetic Screening Type	Result	
Antibody titre	(CC/MM/Y	vm Results	5.1.5.	-	Gest. diabetes screen (24-28	wks)	
2			HIV test done	Ves 1 No	(20/100/1111)	Measure	
Rhig given (D 7	DVIMM/1999	0	(00/100/1111)	Negative Positive	G8S screen (35-37 wks) Yes No gov/www.comm	Assult	Plant families
2 Hemoslohan			Partner/house	sholid contact	Copy to hospital		15. Potential or Actual Concerns:
tat	3rd		Other tests (e.g. f	Hep C, TSH,	Edinburgh Postnatal Depressio (28-32 weeks)	on Scale	Pregnancy
Urine C & S r	esuit		Varicella)		Follow-up	Score	Labour Breastleeding
14. Age	Pre-pregr	runt weight (KG)	Height (OM)	LMP (conserving)	Confirmed EDD -po	/MM/10000	Postpartum Newborn

You will return to the Tracking Shell. Note that the Red Cross icon + under the To Do column in your patient's row is no longer present, signaling that the OB Triage and Assessment PowerForm has been completed on your patient.

Key Learning Points

- PowerForms are the electronic equivalent of paper forms currently used to chart patient information.
- When the Red Cross icon + under the To Do column in your patient's row is no longer present, it indicates that the OB Triage and Assessment PowerForm has been completed on your patient.



PATIENT SCENARIO 4 – Women's Health Overview Summary Page and How to Add a Pregnancy

Learning Objectives

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

Navigate to the Women's Health Overview Summary Page in the patient's chart
 Add a Pregnancy to the patient's chart

SCENARIO

As a rural inpatient OB nurse, you will be completing the following activities:

Navigate to the Women's Health Overview Summary Page

Add a Pregnancy

Review the different tabs and information on the Women's Health Overview page



Activity 4.1 – Navigate to the Women's Health Overview Summary Page

You will now be entering your patient's chart from Tracking Shell.

There are a couple of ways you can enter your patient's chart:

- By double clicking on the blue forward arrow in the far left column next to patient OR
- Right click on patient's name and select Open Patient's Chart.

You will open your patient's chart from Tracking Shell by following these steps:

- 1. Right click on your patient's name
- 2. Select Open Patient Chart
- 3. Select Women's Health Overview

Note: Selecting any item listed from the Open Patient Chart list will navigate you directly to that page inside the patient's chart.

Tracking Shell															(D) Full screen	🖨 Print	O minutes ag
SGH L&D SGH OB All Bee	ds SGH L&D Nurses S	GH OB Recently Discharge	ed														
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Bed S	Name	G P EGA Status	0.00	Dil	Length	Sta ROM	Color	GBS	Epidural	To Do	Communications	NR L	ab MAF	Comment			
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115,01M 115,02M	TEST WHI DUILES	Open Patient Chart	Orders					P		P	34.6 A IN						
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116,01M	CSTPRODLAB, PA	Page Logation .	MAR							+	T 1 T	3	1/1 3				
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AC,06		Pre-arrive Patient	Perulte Periew														
AC,07		Attach Pre-Arrival	Results Review														
CR1,01M			Documentation														
CH2,01M		Add Order	Notes														
		Set Events	Medication Request														
		Set Privacy	Histories														
		Patient Education	Allergies														
		Discharge Process	Diagnoses and Problems														
		Discharge Process	Perioperative Doc														
		Print Assessment															
		Combine	CareConnect														
		Snapshot	Clinical Research														
		Reactivate Patient	Form Browser														
	_	nooennoren obern	Growth Chart														
			Immunizations														
			Lines/Tubes/Drains Summany														
			Mediantian List														
			Medication List														
			Newborn Liaison														
			Patient Information														
			Postpartum Liaison														
			Pregnancy Summary Report														

The **Women's Health Overview** summary page will open. This summary page is similar to the **Patient Summary** page that was covered in Activity 4.2 in the Rural Nurse workbook. The **Women's Health Overview** page provides access and views of key clinical patient information specifically for **OB patients** or **Newborns**.

1. If you are ever lost and need to return to this page, click on **Women's Health Overview** from the **Menu.**



🖁 👫 CareCompass 👫 Clinical Leader	Organizer Patient List 🚨 Multi	Patient Task List Trac	king Shell 💯 Case Selection 📽 St	aff Assignment 🎬 LearningLIVE 📮				
CareConnect 🔍 PHSA PACS 🎕 V	/CH and PHC PACS 🕄 MUSE 🖏 Fo	ormFast WFI 🝦						
🔀 Tear Off 🕮 Exit 🏙 AdHoc 🎟 Me	edication Administration 🗎 Medio	al Record Request 👒	Result Copy 틿 Related Records	🕇 Add 🝷 🖻 Documents 🛎 Schedulir	ng Appointment Book 🗃 Dis	cern Reporting Porta	al Conver	sation Launcher 🍹
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Allergies: Peanuts, Tape	Gender:Male	PHN:9878031741	Dosing Wt:75 kg	Isolation:		Attending:Plisvcb, Stu	art, MD	
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Interactive View and I&O								
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Notes 🕂 Add								
Medication Request								

Key Learning Points

- The Women's Health Overview is a summary page of key clinical patient information
- The Women's Health Overview can be found in the Menu



Activity 4.2 – Adding a Pregnancy

You notice that your patient's chart does not yet have a pregnancy added so you will need to add a pregnancy.

Note: You need to add a pregnancy in order to activate and view components in the **Women's Health Overview** page, as well as populate the Gravida, Parity, and Estimated Gestational Age columns in **Tracking Shell**.

1. From the Triage/Ante/Labour tab of the Women's Health Overview page, click the Blue

Menu		4		> - 1	Women's	Health Overview								
Women's Health Over	view	4	A		🔍 🔍 100)% 🗸 🎯 🛑 🚮								
Interactive View and I&O			1	Triage/A	nte/La 1	Partogram	53	OB Ouick Orders	Postpartum	53	Neonate Workfl	23	Discharge	x
Single Patient Task List													-	
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Orders	🖶 Add			The p	atient does not	have an active pregnanc	y. Ad	ld a pregnancy or Reopen la	st active pregnancy.					
Results Review														
Notes	🕂 Add													

Cross icon 🕈 beside Add Pregnancy.

- 2. The Add Pregnancy window opens.
- 3. In the **Onset: Date** field, choose a date about 10 months ago.

Note: In real life, you would enter the LMP date from the BC Antenatal Record Part 1, Section 4.

- 4. In the **Onset Date** field, select "Use as LMP Date"
- 5. Ensure the **Number of Gestations = Number of Baby Labels** is correct

Note: This field is defaulted to 1 = Baby A for singletons; for multiples gestations, select the appropriate number of babies.

6. Click OK



Responsible provider TestMAT, Nurse-OB3 Confirmation	Onset: Date 11-Dec-2017 Confirmed date	3	Onset Date Use as ART Date Use as LMP Date	Comments
Number of Gestations = Number of B 1 = Baby A 2 = Baby A 3 = Baby A to Baby B 3 = Baby A to Baby C 4 = Baby A to Baby D 5 = Baby A to Baby E 6 = Baby A to Baby F 7 = Baby A to Baby F 7 = Baby A to Baby G Unknown	Saby Labels Label(s) once created must be modified in	I I-view	 Urine hCG Serum hCG Ultrasound Progesterone Home pregnancy te Clinical pregnancy t 	st est
Add EDD Maintenance Method Last Menstrual Period Confirmation Confirmed EDD 17-Sep-2018 Show Additional Details	Date of Method 11-Dec-2017	Descripti Norm Abno Date I Date I Date I Other	ion al Amount/Duration rmal Amount/Duration Approximate Definite Jnknown	Comments
				OK 6

You will return to the Triage/Ante/Labour Page with the Pregnancy Overview populated.

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A 100%									
< Triage/Ante/La X Re	eferral Triage 🛛 🕅 Pos	tpartum 🛛	Partogram 🕅	Neonate Workf 🛛 🕅	Handoff Tool S	3 Discharge	≅ > +	-	• E
Pregnancy Overview	Pregnancy Over	view							∂ =-
Prenatal Visits Delivery Summary	Current Pregnancy	Contact Info	Demographics			Cancel Pr	regnancy Close Pre	gnancy Modify Preg	nancy
EDD Maintenance (1) Pregnancy Risk Factors (3) Histories Active Issues Fetal Monitoring Vital Signs Labs	EDD EGA Gravida/Parity Multiple Fetuses Feeding Plan	15/02/18 (Authoritative) Delivered G2,P0(0,0,1,0) No, Singleton Breastfeeding with supplementation	Current Weight Pre-Preg Weight Height BMI	85kg 65kg 	Blood Type Rupture of Membrane Blood Type, Transcribed Transcribed Antibody Screen	 [Baby A] Delivered A negative Negative	Epidur Administration Stat Anesthesia Type (ral Administered us Epidural	
Microbiology C & S Microbiology Other Transfusion History Pathology Documents	Prenatal Visits								₽ =-
Intake and Output Order Profile	Delivery Summa	ary (1)							∂ =-
New Order Entry	Anesthesia:	Episiotomy/Lacer	ation:/						
Pregnancy To Do's &	Baby	Delivery Date/Time	Delive	ry Type		Gender E0	GA at Delivery Ne	eonate Outcome	
Notes	Baby A	06/02/18 08:19	Vagir	nal		Female 3	8w 5d Li	ve birth	
Medications	1								>

7. To modify the Expected Delivery Date (EDD), scroll or click to the **EDD Maintenance** component on the page



8. Click on **Modify EDD** (highlighted in blue).

< Triage/Ante/La 🕅 R	eferral Triage 🛛 🕄 Postpartum	🛛 Partogram 🕅	Neonate Workf 🔀 Handoff	Tool 🛛 Discharge	× > +	- V =-
Pregnancy Overview	EDD Maintenance (1)	• 7				∂ ≡-
Delivery Summary	EDD	EDD Method	Ultraso	und EGA	Documented By	Comment
EDD Maintenance (1) 7	✓ 15/02/2018 Modify EDD	8 Ultrasound (20/07/2017)	10 We	eks	TestMAT, Nurse-OB1	
Pregnancy Risk Factors (3)						
Histories	Pregnancy Risk Factors	(3) 🕇				Last 288 days for all visits $\left oldsymbol{\mathcal{Z}} ight \equiv$ -
Active Issues						
Fetal Monitoring	Risk Factor	Added	By	Dai	te Added	7
Vital Signs	TUCP	Testr	IAT, NUISE-OBI	05	February, 2018	
Labs	Group B Streptococcus	Test	IAT, Nurse-OB1	05	February, 2018	
Microbiology C & S			,			
Microbiology Other						
Transfusion History	Histories					All Visits 🥰 = *
Pathology	Problems (5)	Procedure (1)	Family (0)	Social	(2) Pregnancy	(1)
Documents						Q
Intake and Output						
Order Profile	Name	*	Classifica	tion		
New Order Entry	△ Chronic Problems (1)					
Pregnancy To Do's &	Acid reflux		Medical			
Notes	Resolved Problems (4)					

9. The EDD Maintenance window will open.

10. In the **Method** section, select *Ultrasound* from the dropdown list.

Note: The Date of Method and EGA by Ultrasound fields will become mandatory fields (highlighted in yellow).

11. In the **Date of Method** field, select a date about 6 months ago.

Note: In practice, you would enter the 1st Ultra Sound date from the BC Antenatal Record (Section 4).

12. In the EGA by Ultrasound field, document 8 weeks.

Note: In practice, you would enter the Gestational Age by Ultra Sound from the BC Antenatal Record (Section 4).

- 13. The EDD and Current EGA will auto-calculate. Adjust the EDD as needed in the EDD field.
- 14. Click **OK**
- 15. The Pregnancy Overview will now show the updated EDD and EGA.



EDD Maintenance								
Confirmation	Status	EDD	EGA on Method Date	Method	Date of Method	Description		
Contirmed Authoritative 17-Sep-2018 PDT		0 0/7 weeks	Last Menstrual Per	11-Dec-2017 PST	4			
Modify EDD Maintenance								
Method Ultrasound	10 Date of Meth 11-May-2017	nod	1 Crown rump length	Comments				
Confirmation	▼ Final	Initial	Biparietal diameter					
EDD 21-Dec-2017 1	3 EGA by Ultra 8 week Current EGA 38 week	sound days 12 4 days 13	cm Head circumference cm					
					Delete	OK Cancel		

Note: You will only need to add a pregnancy once for a patient. For the majority of patients, this Add Pregnancy and EDD Maintenance step will already be completed as part of the pre-registration process by the unit clerk or registration clerk.

Now that a pregnancy has been added, you will be able to view all the different pages and components from the **Women's Health Overview**. Continue to the next activity to explore and review the Women's Health Overview.

Note: Most patients will already be pre-registered in the system. The pre-registration process includes:

- 1. Pre-registering a patient and creating a "Pre-Outpatient in a Bed" encounter (completed by main registration clerk when he/she receives patient's registration forms).
- 2. Attaching the BC Antenatal Record Part 1 and 2 forms to the system (completed by unit clerk)
- 3. Adding a pregnancy and modifying the EDD (completed by unit clerk)
- 4. Transcribing information from the BC Antenatal Record Part 1 and 2 to the Antenatal Record



PowerForm (completed by unit clerk)

- a. Obstetrical History (Section 3)
- b. Prenatal Investigations and Results (Section 13)
- c. Weight History (Pre-pregnant Weight and Height) (Section 14)

Note: This "Pre-Outpatient in a Bed" encounter is to be used when the patient presents in labour. If this "Pre-Outpatient in a Bed" encounter is used and the patient is discharged home (for example, in early labour), then another "Pre-Outpatient in a Bed" encounter will need to be created for use when the patient returns for subsequent labour assessments.



- A pregnancy needs to be added to activate and view the different components of the Women's Health Overview page.
- When a pregnancy has been added, some of this information will populate columns on the Tracking Shell
- Most labour and delivery patients will already be pre-registered in the CIS with a pre-outpatient in a bed encounter type.
- EDD and EGA can be modified from the EDD Maintenance component in the Women's Health Overview page



Activity 4.3 – Review of the Women's Health Overview Page

1 Now that you have added a pregnancy to the patient's chart, you will be able to see a summary of key clinical patient information on the **Women's Health Overview** summary page.

- 1. There are different tabs across the top of the page including **Triage/Ante/Labour**, **Partogram**, **Postpartum**, **Neonate Workflow**, **Discharge and OB Quick Orders** etc.
- 2. There are more views that can be accessed by clicking on the + to the right of the tabs
- 3. You will be able to select any view from this list as well.

Note: OB quick orders, Handoff Tool and Discharge views can be found here

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		^
	Select a View	
	Discharge	
	Handoff Tool	
	Neonate Workflow	
	OB Quick Orders	
	Partogram	
	Postpartum	
	Referral Triage	
	Triage/Ante/Labour	~

- Click on the different tabs
- Review the information/components that can be found on each tab
- 4. Each tab has different components of information. You can use the scroll bar on the right hand side to look at all the components on each tab/page.
- 5. A list of the components can be seen on the left hand side. You can click on any item in this list and it will bring you to that component instead of using the scroll bar.
- 6. The **OB Quick Orders** tab can be used to place orders for the patient. This feature will be covered later on in the workbook.



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Triage/Ante/La 🔀 Partogra	m 🛛 Postpartum	Neonate Workfl	🔀 Discharge 🕅	OB Quick Orders 6	Handoff Tool 🛛 🖓 🕂	🕞 — 🔖 🖉 =-			
Pregnancy Overview	Brognangy Overview								
Prenatal Visits	Pregnancy Overview	/							
Delivery Summary					Cancel Pregnancy Close	e Pregnancy Modify Pregnancy			
EDD Maintenance (1)	Current Pregnancy	Contact Info Demographics							
Pregnancy Risk Factors (15)	50	19/02/17 (Authoritativa)	Current Weight		pland Trees	4			
Histories	ED	A 88 Weeks, 4 Days	Dre-Dreg Weight	 60ka	Blood Type Runture of Membrane	 [Baby A] Delivered			
Active Issues	Gravida/Pari	y G2,P1(1,0,0,1)	Height		Blood Type, Transcribed	A negative			
Fetal Monitoring	Multiple Fetuse	s Yes, Triplets	BMI		Transcribed Antibody Screen	RhD			
Vital Signs	Feeding Pla	n							
Labs									
Microbiology C & S									
Microbiology Other	Prenatal Visits 🚽								
Transfusion History	No results found								
Pathology									
Documents									
Intake and Output	Delivery Summary (3)				i2 =-			
Order Profile	Anesthesia:	pisiotomy/Laceration:/							
New Order Entry	Baby Delive	y Date/Time	Delivery Type	G	ender EGA at Deliver	y Neonate Outcome			
New Order Endy	Baby A 17/0	/17 15:20	Vaginal	F	emale 36w 4d	Live birth			
Notes 5	D-1	47.00.00	N	-		V to a brate			

Note: Remember that as an Inpatient Rural Nurse, you will also have a Patient Summary page. You will use this summary page when looking after a non-maternity patients.

Key Learning Points

- The Women's Health Overview page is a summary page for key patient clinical information
- The Women's Health Overview page is used for OB patients and Newborns
- Clicking on the different tabs across the top allows the user to see different views of information
- You may have to customize what views you can see by clicking on the
- Orders for the patient can be entered from the OB Quick Orders tab


PATIENT SCENARIO 5 – Documenting on OB patients in Interactive View and I&O

Learning Objectives

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

Navigate to iView and I&O
 Document in OB specific bands in iView

SCENARIO

In this scenario, you will be charting on your L&D patient.

As a rural inpatient OB nurse you will be completing the following activities:

- Navigate to Interactive View and I&O (iView)
 - Document OB specific assessments in iView



Activity 5.1 – Documenting OB Assessments in Interactive View and I&O

As you learned in Scenario 8 in the Nurse – Rural workbook, iView is where nurses complete most of their documentation including vital signs and head to toe assessments. You've previously learned how to document on non-maternity patients in iView.

In this activity you will learn how to document OB assessments, specifically your FHR Monitoring and Cervical Exam assessments.

- 1. Navigate to iView by clicking on Interactive View and I&O from the menu
- 2. Click on the **OB Triage** band and the FHR Monitoring section is automatically available for documentation
- 3. Click Refresh to ensure that previously documented data pulls through so that you are viewing the most up to date information.
- 4. Double-click the **blue box** next to the name of the section to document in several cells. You can move through the cells by pressing the **Enter** key.
- 5. Document the following data in the FHR Monitoring Section:
 - Monitoring Method = Intermittent Auscultation
 - **FHR** = 130
 - **FHR Rhythm** = Regular





- 6. Now click on the Cervical Exam Section in the same OB Triage Band
- 7. Double-click the **blue box** next to the name of the section to document in several cells. Again, use the **Enter** key on the keyboard to move through the cells. Document the following:
 - **Cervix Dilation** = 6cm
 - **Cervical Length** = 1.0 cm
 - Fetal Station = -1
 - **Cervical Consistency** = Soft
 - **Cervical Position** = Anterior
 - **Fetal Position** = OA- Occiput Anterior

The Calculator icon \blacksquare is an auto-calculation based on data entered. Note that the **Bishop's Score** auto-calculates = 11.

8. Sign 🚩 your documentation.

< 🗧 🛧 Interactive View and I&O		[므] Full screen	Print	2 11 minutes ago
🛰 🚍 💷 🖓 🖌 8 🔋 🖿 🖬 🎘 🛪				
KAdult Quick View	I ast 24 Hours		F	
X Adult Systems Assessment				
Adult Lines - Devices	Find Item	⊖ And	Or	
Adult Education				
Second Product Administration				
VIntake And Output	13-Feb-2018			^
Advanced Graphing	Conical From			
Restraint and Seclusion	Cervical Exam			
Procedural Sedation	Cervical Length 1.0 cm			
OR Triage	Fetal Station -1			
EHR Monitoring	Im Fetal Station -1			
Fetal Monitoring Apportations	Cervical Consistency Soft			
Contraction Information	Cervical Position Anterior			
VITAL SIGNS	III III			
Cervical Exam	Presenting Part			
Membrane Status Information	Pretai Position OA- Occip			
Obstetrical Bleeding	Presenting Part Applied to Cervix			
Comfort Measures	Conductor of Counter C			
OB Subjective Data	Grades of Caput Succediment			
Measurements	Vaginal Exam Performed by			
Provider Notification	Starila Shari Kam Kam Barformad By			
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X Antenatal Testing				
🗙 Labour and Delivery				
X Newborn Delivery Data				
CB Recovery and Postpartum				
🔨 OB Special Assessment				
🔨 OB Systems Assessment				
Pediatric Systems Assessment				~

Note: The Labor Onset Date/Time that you previously entered in the OB Triage and Assessment PowerForm auto-populates here. Documentation of Labour Onset Date/Time will activate the **Partogram** (more about the Partogram later).



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∠ Cervical Exam		
🐼 Cervix Dilation	cm	
Cervical Length		
Fetal Station		
Fetal Station Calculation		
Cervical Consistency		
Cervical Position		
🔜 Bishop's Score		
Presenting Part		
Fetal Position		
Presenting Part Applied to Cervix		
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Grades of Caput Succedaneum		
Vaginal Exam Performed By		
Labour Onset, Date/Time		13-Feb-20
Sterile Speculum Exam Performed By		

You have successfully documented the FHR Monitoring and Cervical Exam for your patient!

Note: **FetaLink** is a fetal and maternal monitoring system that interacts with PowerChart. When a FetaLink compatible machine is used, **Vital Signs** and **Fetal Annotations** (comments you make to the electronic fetal heart tracing in FetaLink) can auto-populate sections in iView. You will learn more about FetaLink functionality in another workshop.

9. Now is a good opportunity to click through the rest of the OB bands in iView to familiarize yourself with where you will be documenting the rest of your OB assessments.

Notice these other bands as well:

- Antepartum
- Antenatal
- Labour and Delivery
- Newborn Delivery Data

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FHR Monitoring	A	FHR Rhythm Regular	
Fetal Monitoring Annotations		Accelerations	
Contraction Information		Deceleration	
VITAL SIGNS		Fetal Activity	
 Cervical Exam 		Fetal Presentation	
Membrane Status Information		⊿ Baby B	
Obstetrical Bleeding		Monitoring Method	
Comfort Measures		Accelerations	
OB Subjective Data		Deceleration	
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OR Receivery and Restractum			
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CD Operations to season and	g		
CB Systems Assessment	9		



Note: You may see a few areas in iView where you could document the same information. For example, you can document VITAL SIGNS under the OB Triage band or under the Adult Quick View band. When caring for an OB patient, it is preferable to use the maternity-specific sections but should vital signs happen to be documented under Adult Quick View, the data will carry over to the OB sections.

The first set of vital signs must always be documented in OB Triage before documenting in the Antepartum, Labour and Delivery, etc sections.

Key Learning Points

- When looking after OB patients and Newborns you will document your assessments in the specific OB bands in iView
- Clicking into each band will allow you to learn which assessments are documented where.
 - Always sign 🖌 your documentation so that it becomes a part of the patient's legal chart.
- If there are duplicate sections in iView, the documented information will flow to all duplicated sections.



PATIENT SCENARIO 6 – Partogram

Learning Objectives

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

Access the partogram to view necessary labour information.

SCENARIO

In this scenario, we will access the Partogram from the Women's Health Overview.

As an inpatient nurse you will be completing the following activities:

- Locate the Partogram Overview
- Locate the Partogram FHR
- Locate the Partogram Labour Graph



Activity 6.1 – Viewing the Partogram

The **Partogram** is a graphical, view-only display of data that has been charted on a labouring patient. It provides an overview of useful information such as the current oxytocin rate and/or the current epidural rate. You can also view a graphical display of fetal heart rates as well as the labour curve graph.

The **Partogram** can be accessed from the Partogram tab in the **Women's Health Overview** page.

Note: If not already done, you will be prompted to document the labour onset date and time (the first stage of labour) before you can view the Partogram. If you are commencing oxytocin and the patient has not yet entered the first stage of labour, document the oxytocin start date and time in the Labour Onset, Date/Time field to populate the Partogram. You will need to update the Labor Onset, Date/Time field once you can confirm the date/time of the patient's first stage of labour since this is used for the **Stages of Labour** auto calculation.

Explore the Partogram:

- 1. Navigate to the Women's Health Overview from the Menu
- 2. Click on the **Partogram** tab.

Note: If the Partogram tab is not in view, click on the sign. A list of Views will populate. Select Partogram.

3. The Partogram page opens. Various components of the Partogram are listed to the left, including Overview, Fetal Heart Rate, Labour Curve, Contractions, and Maternal Labour Assessments etc.



Menu		4	< > - 🏦 Women's Health	Overview									(III) Full scre	en 📾 Print	€ 6 minutes ago
Patient Summary		^		10.0.4											
Women's Health	Overview 1		An	- U U Q											
Orders	+ Add		Triage/Ante/La 🔀 Partogram	n 2 Postparti	ım	S3 Neor	nate Workfl	🔀 Discharge	S	3 OB Quid	k Orders	X New View	8 +	-	■ 🗣 🔳 = •
Single Patient Task	: List														
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Documentation	🛨 Add		Maternal Labour Assessments	Baby Rupture of M	lembrane		Oxytocin					Epidural	+	Epidural Start	3
Notes	+ Add		Fetal Assessments				- 1		* Start	 Increase Decrease 		1		Epidural Discon	Aposthosia
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Histories			Maternal Vital Signs												
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Diagnoses and Pro	blems			Fetal Heart Rate								1 Hour 4 Hour	s 8 Hours 1	2 Hours 24 H	ours 🤐 🖃
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Form Browser				A Baseline	180					_	_		_		
Growth Chart	<u> </u>				170										
Immunizations					150										\sim
Lines/Tubes/Drains	s Summ	\sim													

4. Click on the Fetal Heart Rate component. Note that the FHR you documented in iView populates here. When multiple FHRs are documented in iView, the results will display here in a graphical format. If updated information is not appearing as expected, click

refresh ² 19 minutes ago in the upper right corner of the screen to populate the information.

Triage/Ante/La 23 Pos	tpartum 🕅	Neonate Workfl	X Partogram S	🛛 Discharge 🕅 🎗	Handoff Tool	Referral Triage 🛛 🔀	> +	
Dverview	Fetal Heart Ra	ate				1 Hour 4 Ho	ours 8 Hours 12 Hours 24	Hours $\left \mathcal{Z} \right =$
etal Heart Kate 4 .abour Curve Contractions	n Baby A	210 Today D	EC 11, 2017 06:00	08:00	10:00	12:00	14:00	Þ
laternal Labour Assessments	● FHR	200						
tal Assessments tternal Physical Assessment aternal Vital Signs	Baseline	180 170 160 150 140 130 120 110 100 90 80 70					•	

Note: The Partogram only displays iView documented FHRs; it is not a display of real time electronic fetal heart rate tracings. To view real time FHR tracings, you will need to access the **FetaLink** application. This will be covered in another learning session.

5. Now click on the Labour Curve component. The cervical exam you documented in iView populates here.



< 🖂 🔹 者 🛛 Women's Health	n Overview						:	🗆 Full screen 🛛 👼 Print	₽ 2 minutes
🐴 🗎 🖶 🗎 🔍 🔍 100%	- • • 🗳								
Triage/Ante/Labour 🔀 Pos	tpartum 🔉 Neonat	e Workflow 🛛 🕅 Pa	rtogram 🔀	Discharge 🔀	Handoff Tool 🛛 🖓	Referral Triage 🛛	OB Quick Orders 🛛 🕄 🕂		
Overview		70							
Fetal Heart Rate		60	1						
Labour Curve 5	Labour Cursia						1 Haure 4 Haure 9 Hau	12 Hours 24 Hours	
Contractions	Labour Curve						I Hour H Hours a Hou	is 12 Hours 24 Hours	
Maternal Labour Assessments		Today DEC 11, 2017	10:00	12:00	14:00	16:0	0 18:00		•
Fetal Assessments	Cervix Dilation								
Maternal Physical Assessment	Fetal Station				(\mathbf{x})				
Maternal Vital Signs		10			W				1 -5
	Fetal Position	9				11			4
	Alert/Action:								
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		7							2
		6					11		1
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		2							- +3
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	L								

Note: You cannot chart directly on the Partogram; it is view only. The more information you document in iView, the more data will populate on the Partogram.

Key Learning Points

- The Partogram is accessible from the Women's Health Overview page.
- It provides as summary of pertinent clinical information such as the FHR and the labour curve graph.



PATIENT SCENARIO 7 – OB Quick Orders

Learning Objectives

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

- Navigate to OB quick orders
- Place an order from OB quick orders
- Initiate an order

SCENARIO

As a rural nurse caring for OB patients, you will need to place OB specific orders on your patient in certain situations. To do so you will complete the following activities:

- Navigate to OB Quick Orders
- Place an order from OB Quick Orders
- Initiate an Order



Activity 7.1 – Overview of the OB Quick Orders Page

The **OB Quick Orders** page features the most commonly used orders in obstetrics. You can order **Powerplans** (the equivalent to preprinted orders) as well as stand-alone orders (for example, vital signs q4h). Orders are categorized into different colour-coded sections, for example, **OB PowerPlans, OB Medications, OB Labs** and **OB Patient Care** etc.

Explore the **OB Quick Orders** Page:

- 1. Navigate to the Women's Health Overview from the Menu
- 2. Click on the **OB Quick Orders** tab.

Note: If the OB Quick Orders tab is not in view, click on the sign. A list of Views will populate. Select OB Quick Orders.

- The OB Quick Orders Page opens. Different orders are categorized into different sections.
 You can click on the arrow to the left of any order type to expand a list of related orders.
- 4. Click on the arrow beside **Analgesics** in the OB Medications section. A list of the most commonly used OB analgesics will open.

RYDER, RAPUNZEL	DOB:14-Feb-1978 MRN: Age:40 years Enc:70	00002017 Code Status: 00000016604	Process: Disease:	Location:SGH MAT; 116; 02M Enc Type:Outpatient in a Bed
Allergies: penicillin	Gender:Female PHN:9	376747707 Dosing Wt:	Isolation:	Attending:Plisvcl, Antonio, MD
Menu	📱 < 🕞 🔹 🛧 🖌 Women's Health Ove	view		🖾 Full screen 👼 Print 🕹 3 hours 8 minutes ago
Patient Summary				
Women's Health Overview				
Orders 🕂 Add	Triage/Ante/La 23 Partogram	23 Postpartum 23 Neonate V	Norkfl 23 Discharge 23 OB Quick Orders 2	New View 🛛 🕇 🛛 🕞 🗕 🔍 🚍 🗸
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Interactive View and I&O	Admit to Inpatient Admit to Obstetrics	4 Analoesics	Blood Products / Transfusion	Consulta En O
Results Review	3 Antepartum	acetaminophen	Bloodwork Routine CT	consults =• •
Documentation 🕂 Add	▶ Intrapartum	acetaminophen 975 mg, PO, q6h, PRN pain,	Bloodwork AM (1day added if ordered ECG	Well Newborn =• 😔
Notes 🕂 Add	▶ Postpartum	drug form: tab acetaminophen PRN range dose dose range:	after 23:59)	
Medication Request		325 to 650 mg, PO, q4h, PRN pain, drug form: tab	Bloodwork Recurning IN Bloodwork CTAT MR	OB Patient Care ≡• ⊙
Histories	Conditions	fentanyl 0.5 mcg/kg, IV, q10min, PRN pain, drug	Routine Prenatal Labs	Patient Disposition
Allergies 🕂 Add	Antonactium Llomorthago	form: inj fentanyi 1 mca/ka TV, a10min PRN pain dava	Bacteriology US	► Code Status
Diagnoses and Problems	Postpartum Hemorrhage	form: inj	Pathology and Cytology XR	General Communication
Perioperative Doc	Postpartum Fever	HYDROmorphone	Stool Studies	► Activity
	Preterm Labour	HYDROmorphone PRN range dose dose	Urine Studies	► Diet
CareConnect	Preterm Premature Rupture of	range: 2 to 4 mg, PO, q4n, PRN pain, drug form: tab	 Virology and Parasites 	Vitals
Clinical Desearch	Membranes	ibuprofen 400 mg, PO, q4h, PRN pain-mild, drug	Swabs	Lines/Tubes/Drams Mound Care
	 Gestational Diabetes 	form: tab		Fetal Surveillance
Form Browser	Intrauterine Growth Restriction	morphine 10 mg, IM, once, PRN pain, drug form:		P Tetar Survembride
Growth Chart	Hypertension	morphine 15 mg IM open PRN pain drug forms		Outpatient Orders =• 🔿
Immunizations	Chart Dain	inj		
Lines/Tubes/Drains Summ	Chestness of Broath	naproxen 500 mg, PO, BID, order duration:		► Labs
Medication List 🕂 Add	Fetal Demise and/or loss greater than 13	hour, drug form: tab		► Imaging
Newborn Liaison	V	Antacids		► Cardiac

P0783 TEST NURSERURAL Wednesday 14-February-2018 15:03 PST

Now is a good opportunity to review the different order categories, expand the order types and see the related orders that are available on the OB Quick Orders page. These orders are pre-populated with the most common order sentences for OB patients.



Activity 7.2 – Place an OB Quick Order

1 Your patient is in active labour. You have called the OB Provider and the decision has been made to admit the patient. Your patient's current encounter type is Outpatient in a Bed; this encounter type is used for all OB patient assessments (Note that for scheduled outpatient activities such as NSTs or Iron Sucrose Infusions, the encounter type will be Outpatient OB).

You will need to place an order to admit her as an Inpatient. Let's practice placing an order from the **OB Quick Orders** Page.

Note: Verbal and phone orders that nurses enter in the CIS will be automatically routed to the ordering provider for co-signature

- 1. If not already done, open the **OB Quick Orders** Page from the **Women's Health Overview**.
- 2. Click on the Admit to Inpatient order under the OB PowerPlans section.
- 3. Click the **Orders for Signature** icon (Green Orders Tray) . This tray acts like an orders "shopping cart" and is updated when you select different orders from the OB Quick Orders Page.

Note: You can place more than one quick order at a time. Let's say you place 4 orders, you will see this number reflected in the green orders tray

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✓ Partogram	. X Postpartum X Neonate W	lork 🔀 Discharge 🔀 Referra	al Triage 🔀 Handoff Tool 🔀 >	+			
Venue: Ambulatory - In Office (Meds in Office)	Ψ.						
OB PowerPlans 🔤 🗸 🔕	OB Medications ≡• ⊗	OB Labs = - 🗞	OB Imaging and =• 🔊 Diagnostics	New Order Entry 🕂 📃 😒			
Admit to Inpatient Admit to Obstetrics	► Analgesics	Blood Products / Transfusion		Consults =• 🔾			
▶ Antepartum 2	Antacids	Bloodwork Routine	► CI				
Postpartum	Anticoagulants	Bloodwork AM (1 day added if ordered	► ECG	OB Patient Care ≡• ♠			
 Intrapartum 	Antiemetics (PRN)	after 23:59)	Echocardiogram				
	Antihypertensives	Bloodwork Recurring	▶ IR	Patient Disposition			
OB Frequent =• 🔿	Antimicrobials	Bloodwork STAT	▶ MR	Code Status			
Conditions	Bowel Protocol	Microbiology	► NM	 General Communication 			
Antenartum Hemorrhage	Electrolyte Management	Pathology and Cytology	▶ US	 Activity 			
Dostnartum Hemorrhage	Glycemic Control	Stool Studies	► XR	▶ Diet			
Postpartum Fever	⊿ TV Fluids	Urine Studies		 Vitals 			
Prospancial reven	No Favorites Found	Virology and Parasites		⊿ Lines/Tubes/Drains			
Preterm Labour	Sedatives	Swabs		Insert Peripheral IV Catheter			
Membranes	 Vitamins and Supplements 			Insert Saline Lock			
Gestational Diabetes				Insert Urinary Catheter			
Intrauterine Growth Restriction				Remove Peripheral IV Catheter			
Inductine Growar Restriction				Remove Urinary Catheter			
 hypertension 				Remove Surgical Drain			
 Hyperemesis 				Remove Hemovac Drain(s)			
Chest Pain				Wound Care			

4. The **Orders for Signature** window will open. It will list all the orders you have placed in your "shopping cart". Click Sign.



Orders for Signature (1)	×
Admit/Transfer/Discharge	
Admit to Inpatient (Admit to Obstetrics)	
	4 Sign Save Modify Cancel

- 5. The Ordering Physician window will open. Document:
 - Physician Name = xxx (Plisvca, Rocco)
 - Communication Type = Phone
 - Click **OK**

Remember that fields highlighted in yellow are mandatory.

P	Ordering Physician ×
*Physicia	an name
Plisvca, Ro	cco, MD
*Order D	Date/Time
23-Feb-201	B • • • 1243 • PST
*Commu	inication type
Phone Verbal No Cosig Cosigna Paper/Fa Electron	gnature Required ture Required ax ic
	OK Cancel

A Discern window will appear asking to select a valid Admitting Physician (in practice please type in the correct obstetrics provider).

- 6. In the Admitting Physician field enter Pliscva, Rocco
- 7. Click Submit



	Discern: HRCM, SCENARIO-FIFTYFOUR (1 of 1)	
0, 3 M		
	Physician selected is not a valid Admitting Physician for this facility	
	Select Admitting Physician for the SGH Squamish Facility	
		Cancel Submit
	Admitting Physician: Q Plisvca, Rocco, MD 6	7
	Select Me	
		>

You will return to the **OB Quick Orders** Page.

Refresh vour screen. Your patient's Encounter will now be updated from Outpatient in a Bed to Inpatient in the Banner Bar.

List	Recer	nt 👻 Name	- Q				
Location:L	GH LD; LD	R5; 01M					
Enc Type:In	Enc Type:Inpatient						
Attending:T							
[D]	Full screen	(and print)	€ 0 minutes ago				

1



Activity 7.3 – Place an Order via Add Order

Some orders do not require a cosignature by physician. Let's practice placing an order that does not need to be routed to a physician for cosignature.

- 1. Navigate back to the **OB Quick Orders** page.
- 2. Click the **blue plus sign** of the **New Order Entry** button at the top right hand corner. (The text is also clickable but takes you to the list of current orders.)

< 🔹 🛉 Women's Health Overvi	2W					[0] Full screen	🛑 Print 🔍	🎽 ag
Image/Ante/L Image/Ante/L Partogram Venue: Inpatient Image/Ante/L Image/Ante/L	CB Quick Ord 8	Postpartum 🔀	Neonate Work 🕄 Disch	arge 🕄 Referral Triage	× +			=-
OB PowerPlans = - 🔊	OB Medications	≡• 🔊 OB Labs	≡•⊘	OB Imaging and Diagnostics	=• 🚯 🛛 Ne	w Order Entry 🕂	≡∙	●
Admit to Inpatient Admit to Obstetrics Antepartum	Analgesics Antacids	 Blood Prod Bloodwork 	ucts / Transfusion Routine	▶ст	2	nsults	==-	•
Postpartum Intrapartum	Anticoagulants Antiemetics (PRN)	Bloodwork after 23:59	AM (1 day added if ordered	 ECG Echocardiogram 	ОВ	Patient Care	≣∙	•
OB Frequent ≡• .	Antihypertensives Antimicrobials	 Bloodwork Bloodwork 	Recurring STAT	► IR ► MR	► Pa ► Co	atient Disposition ode Status		
Antepartum Hemorrhage	Bowel Protocol Electrolyte Management	 Microbiolog Pathology 	ly and Cytology	► NM ► US	► Gi ► Ac	eneral Communication ctivity		
Postpartum Hemorrhage Postpartum Fever	Glycemic Control IV Fluids	 Stool Studi Urine Studi 	es es	►XR	► Di ► Vi	iet itals		
Preterm Labour Preterm Premature Rupture of	 Sedatives Vitamins and Supplements 	 Virology ar Swabs 	d Parasites		► Li ► W	nes/Tubes/Drains /ound Care		
Membranes Gestational Diabetes Laterative County Restriction					• Fe		=.	
Indauterine Growdi Restriction								

3. The Add Orders Page will open.

P	RYDER, RAPUNZEI	- Add Order	_ 🗆 🗡
RYDER, RAPUNZEL	DOB:14-Feb-1978 MRN:700002017 Code Status: Age:40 years Enc:7000000016	Process: Disease:	Location:SGH MAT; 116; 02M Enc Type:Outpatient in a Bed
Allergies: penicillin	Gender:Female PHN:9876747707 Dosing Wt:	Isolation:	Attending:Plisvcl, Antonio, MD
Allergies: penticillin Search: Cardiology Orders Critical Care Orders Dematology Orders General Medicine Orders General Medicine Orders Infectious Disease Orders Mental Health Orders Neurology Orders Neurology Orders Orders Orders Order Meurosurgey Orders Order O	Gender:Female PHN:9876747707 Dosing Wt: Advanced Options Type: Type: Inpatient Folder: Nursing Orders Search within: General Surgery Orders Orders Urology Orders Intraoperative	Isolation:	Attending:Plisvcl, Antonio, MD
Physical Medicine Rehab Ord	ers		
Rheumatology Orders			
		RYD	ER, RAPUNZEL - 700002017

4. Type saline lock into the search window and a list of choices will display.



5. Select **Saline Lock Peripheral IV** with order sentence of (*when tolerating oral fluids well*). Order sentences help to pre-fill order details.

CSTLEARNING, DEMOALPHA	······	- • •
CSTLEARNING, DEMOA DOB:01-Jan-19MRN:7000082 Code St	atus: Process:	Location:LGH 6E; 624; 02
Age:80 years Enc:700000001	Disease:	Enc Type:Inpatient
Allergies: Bees/Stinging InseGender:Male PHN:98764698Dosing	Wt: Isolation:	Attending:Plisvca, Rocco, MD
Search: salind 🔍 Advanced Options 👻 Type: 🤀 Inc	patient 👻	
A Saline Lock IV	_	
Saline Lock IV (When tolerating oral fluids well)	•	
Cer 5 Lock Peripheral IV Crit 5 Lock Peripheral IV (When tolerating oral fluids well) Der Saline Lock PIV (When tolerating oral fluids well) Gas Saline Suppression Test Ger Agitated saline bubbles [contrast media] Ger Agitated saline bubbles [contrast media] Insert Saline Lock Net Adosterone Post Saline Suppression Ora EC Echo w/ Contrast Saline Ort EC Echo w/ Contrast Saline Ort EC Echo w/ Contrast Saline Pediatric and Newborn Orders Physical Medicine Rehab Orders Physical Medicine Rehab Orders	Respirology Orders Reumatology Orders General Surgery Orders Urology Orders OB Orders OB Orders	5
<		ь

- 6. The Ordering Physician window opens.
- 7. Type in the name of the patient's Attending Physician
- 8. Select No Cosignature Required and click OK.

P Ordering Physician
6
Order
Proposal
*Physician name
Plisvca, Rocco, MD
7 Date/Time
*Communication type
Phone Verbal Proposed
No Cosignature Required
Bignature Required Fr/Fax Electronic
8 OK Cancel

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

CSTLEARNING, DEMOALPHA - 70000	8 9 Done



10. The order is now ready for your review and signature. Notice that the **Special instructions** box is pre-filled with **When tolerating oral fluids well**. Click **Sign**.

A Coder Name Status Start Details	
△ LGH 6E: 624: 02 Enc;700000015055 Admit: 17-Nov-2017 13:58 PST	
4 Patient Care	
📃 🤁 Saline Lock Peripheral Order 21-Nov-2017 10:27 21-Nov-2017 10:27 PST, When tolerating or	al fluids well
- subtra Saline Look Perinheral IV (Saline Look IV)	
Details III Order Comments	
*Requested Start Date/Time: 11/21/2017	Special instructions: When tolerating oral fluids well
	10
O Marine Duration Datable Content for Content on D. Content For Name Database	
Unissing Required Decails Unders For Cosgnarure Unders For Nuise Review	Sign



The order has been placed and you will be brought back to the OB Quick Orders page.



Activity 7.4 – Initiate a PowerPlan

A **PowerPlan** in the Clinical Information System is the equivalent to preprinted orders (PPOs) in current state. An example of a **PowerPlan** is the **OB Labour and Delivery Admission (Multiphase) Powerplan**.

Powerplans can be in different statuses:

- **Planned** Orders that have been signed but not initiated. This means that the orders cannot yet be carried out but they are prepared in advance for future activation
- Initiated Orders that have been activated and signed. This means that the orders can now be carried out
- Discontinued Orders that have been discontinued and can no longer be carried out

A **Multi-phase PowerPlan** is one that has multiple phases to it. For example when a patient moves from pre-op to intra-op to post-op. Or, in this scenario when a woman is in labour and needs to be admitted, delivers the baby and then becomes a postpartum patient.

Let's say that the OB Provider has placed the **OB Labour and Delivery Admission (Multi-phase) PowerPlan** in a **planned** state.

You will need to **initiate** the PowerPlan in order to act on the (planned) orders. Because this is a Multi-phase PowerPlan, you will need to initiate (as well as discontinue) the different phases separately.

- 1. Click on the **Orders** band from the Menu.
- 2. Locate the **OB Labour and Delivery Admission (Multiphase) PowerPlan** in the Navigator (View). The Admission phase and Continued Lab Work phase are both in planned statuses.

Note: A **Postpartum PowerPlan** in a planned state can be placed by the provider for after the baby is delivered. Post-delivery, as the patient becomes a postpartum patient, the nurse will **discontinue** the **Admission phase** of the **OB Labour and Delivery Admission PowerPlan**, and **initiate** the **PostPartum PowerPlan**.

Note: The **Continued Lab Work** phase of the **OB Labour and Delivery Admission PowerPlan** does not get discontinued during the postpartum phase, as this bloodwork needs to continue throughout the patient's journey.



Menu 🕈	< > 🔹 🏦 Orders		🗇 Full screen 👘 Print 🚓 36 minutes ag
Women's Health Overview	+ Add @ Document Medication by Hx Reconciliation -	Check Interactions	Reconciliation Status
Interactive View and I&O			Meds History (9 Admission (9 Discharge
Single Patient Task List	Orders Medication List Document In Plan		
MAR		1 S 🔊 📩 Add to Phara - 🛕 Chark Alaste 🔟 Commente Start: Now 📃 Duration: None	
MAR Summan/	View		
	Unders for Signature	Status Dose Details	
Orders 1 🕇 Add	Plans	OB Labour and Delivery Admission (Multiphase), Admission (Planned)	
Results Review	-Document In Plan	4 Admit/Transfer/Discharge	E
Notes 🕂 Add	Medical OP Labour and Delivery Admission (Multiphase)	Verify that an 'Admit to' Order has been entered prior to completing the powerplan	
Documentation 🖬 Add	Admission (Planned)	For Rh negative / unknown patients, the RhIG eligibility orders will be automatically selected	
	Continued Lab Work (Planned)	∠ Status	
Allergies 🕈 Add	OB Postpartum Vaginal Delivery (Prototype) (Initiat	Code status Attempt CPR, Full	Code
Diagnoses and Problems	TM Rh Immune Globulin (RhIG / WinRho) (Module	D D Weight On admission	
CareConnect	OB Induction or Augmentation of Labour with Oxyt	Height On admission	
5 0	OB Postpartum Vaginal Delivery (Prototype) (Initiat	Fetal Health Surveillance Initiate as per prot	tocol
Form Browser	OB Induction or Augmentation of Labour with Oxyt	Lines/Tubes/Drains	
Perioperative Doc	TM Rh Immune Globulin (RhIG / WinRho) (Module)	🔲 🕅 Insert Peripheral IV Catheter Unless already in p	place
	Suggested Plans (0)	⊿ Activity	
Con Constitution	Orders	Activity as Tolerated Encourage mobili Activity as Tolerated	zation
Care Coordination	- Admit/Transfer/Discharge	∠ Diet/Nutrition	
Clinical Research	- Status	General Diet T-N	
Growth Chart	V Patient Care	C Clear Fluid Diet T:N	
Hictories		🗖 💀 🕅 NPO 💌 Except for Sips of	Water
ristones			
Immunizations	Related Results	T Details	

3. Right click on the Admission (Planned) phase and select Initiate from the drop down list.





4. The **Ordering Physician Window** opens with the provider name automatically prepopulated. Select No Cosignature required and click OK.

P Ordering Physician
*Physician name
TestMAT, OBGYN-Physician, MD
*Order Date/Time
11-Dec-2017 🔺 💌 1611 🚔 PST
*Communication type
Phone
No Cosignature Required 4
Cosignature Required Paper/Fax Electronic
OK 4 ancel

Note: A planned PowerPlan has already been signed by the provider and therefore 'No Cosignature Required' can be selected when initiating it.

5. The Admission phase will now be updated with the status as Initiated Pending.

 Add Pocument Medication by Hx Reconciliation ▼ Orders Medication List Document In Plan View Orders for Signature Plans Document In Plan Medical OB Labour and Delivery Admission (Multiphase) Stadmission (Initiated Pending) OB Postpartum Vaginal Delivery (Prototype) (Initiat TM Rh Immune Globulin (RhIG / WinRho) (Module OB Induction or Augmentation of Labour with Oxyt OB Induction or Augmentation of Labour with Oxyt TM Rh Immune Globulin (RhIG / WinRho) (Module) Suggested Plans (0) Orders Orders Admit/Transfer/Discharge Status Patient Care Related Results 	< > - A Orders						
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6. Click Orders for Signature from the Orders Profile.

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- Document In Plan	⊿ Admit/Transfer/Discharge
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- Suggested Plans (0)	The second secon
Orders	Height/Length On admission
Admit/Transfer/Discharge	Fetal Health Surveillance Order 12-Dec-2017 09:39 PST, Initiate as per protocol
- Status	Lines/Tubes/Drains
- Patient Care	🔽 🔽 Inset Peripheral IV Catheter Unless already in place
Activity	4 Activity
Diet/Nutrition	💱 📝 Activity as Tolerated Order 12-Dec-2017 09-39 PST, Encourage mobilization
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Communication Orders	4 Medications
Supplies	Antimicrobials
Non Categorized	👰 Group B Strep Prophylaxis
Medication History	🞇 😲 Order if Group B Strep positive (positive culture, Group B Strep bacteriuria in current pregnancy, prior neonate with Group B Strep disease)
Medication History Snapshot	If Group B Strep status unknown, order only if risk factors present (less than 37 weeks of gestation, membrane rupture 18 hours or more, fever, prior neonate with Group B Strep disease)
Keconciliation History	L 🧶 🖉 penicillin G sodium S million unit, 1%, once
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	Administrative of the second s
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	🖸 🏟 💆 ceFAZolin 2,000 mg, IV, once
	If ruptured membranes or in active labour
	□ +8 hr 🏟 🔽 ceFAZolin 1,000 mg. IV, q8h
	Administer until delivery
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- 7. The Orders Profile will update and display only the selected orders.
- 8. Click Sign and then click refresh <a> 19 minutes ago



9. The Admission phase status will be updated to Initiated.





Repeat Steps 3 - 9 to initiate the Continued Lab Work (Planned) phase.

Note: When the OB Admission phase is completed, it will need to be discontinued and an OB Postpartum PowerPlan will need to be initiated. The Continued Lab Work phase should not be discontinued as it applies to the patient even in the postpartum period.

Key Learning Points

- Although the OB Quick Orders Page contains the majority of orders you will need for an obstetrical patient, you can also search for an add an order using the Add Order function.
- Orders in a PowerPlan that is in a planned state cannot be carried out
- A PowerPlan needs to be initiated in order to act on the orders
- Multi-phase PowerPlans that are in a planned state will need the different phases to be initiated (as well as discontinued) at the appropriate times.



PATIENT SCENARIO 8 – Single Patient Task List

Learning Objectives

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

Access the Single Patient Task List

SCENARIO

In this scenario, we will review the Single Patient Task List.

As an Rural inpatient OB nurse you will be completing the following activities:

Review the Single Patient Task List

Complete a Task



Activity 8.1 – Review Single Patient Task List and Complete a Task

The **Single Patient Task List** displays the list of tasks associated to the patient from within the patient's chart. You can access the Single Patient Task List from the Menu (within each patient's chart) throughout your shift to view pending tasks and mark them as completed when done.

Let's say you just inserted a peripheral IV for your patient. Now you need to complete the **Insert Periperhal IV Catheter** task from the Single Patient Task List.

- 1. Select Single Patient Task List from the Menu
- 2. Right click Insert Peripheral IV Catheter task
- 3. Select Chart Done

1

Menu	1	4	<	>	• 1	🕈 Single	Patient Task	List					[0] Full screen
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Interactive View and I&O)	I.	_	_	_							Г	Chart Done
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Orders	🕂 Add					Task Status	Scheduled D	ate and Time	Task Descri	ption	Order Details		Chart Details / Modify
Results Review		=	3	8 🙂		Overdue	04-Dec-2017	16:20 PST	Med Respo	nse	650 mg, PO, q4h, PRN pain, drug form: tab, start: 04-Dec-2017 15:12 PST Self Medication Program - keep medications at bedside for patient to self-a		Unchart
Notes	🛨 Add		3	<mark>સું</mark> જ	•	Overdue	08-Dec-2017	16:55 PST	Insert Urina	ry Cathete	r 08-Dec-2017 16:55 PST, Indwelling, If patient unable to void x 3, insert cathe		Ad Hoc Charting
Documentation	🕂 Add	I.				Pending	11-Dec-2017	09:39 PST	Insert Perip	heral IV Ca	tl ¹¹⁻¹ 2 17 09:39 PST		Reschedule This Task
Allergies	🕂 Add	I.											Print +
Diagnoses and Problem	;	I.											Order Info
CareConnect		1											Order Comment
Form Browser													Create Admin Note
Perioperative Doc													Reference Manual
													Task Info
Care Coordination													Patient Snapshot
Clinical Research													Select All
Growth Chart													Deselect All
Listorias		- 1											

4. Confirm the date/time that the task was completed and Click the **OK** button in the popwindow that displays (make sure this time is aligned with when the IV was inserted and when you documented this insertion in iView).

Insert Peripheral IV Catheter (Chart Done) - RYDER, RAPUNZEL						
Date/Time:	15-Feb-2018 🔹 👻 1603 🔹 PST					
Performed by:	TestUser, Rural-Nurse					
	OK 4 Cancel					

5. The task will now be marked as complete. When the page is refreshed the task will no longer appear on the task list.



< 🚿 - 🦂 Single Patient Task List	🕮 Full screen 🛛 📾 Print 🛛 🕹 52 minutes ago
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(no time frame defined)	
Scheduled Patient Care Nurse Collect Respiratory Therapy Unit Clerk	
Task retrieval completed	
Task Status Scheduled Date and Time Task Description Order Details Complete 15-Feb-2018 16:02 PST Insert Peripheral IV Catheter 15-Feb-2018 16:02 PST Insert Peripheral IV Catheter 15-Feb-2018 5 5 15:Feb-2018 16:02 PST Insert Peripheral IV Catheter	

Congratulations you have just completed a task on the Single Patient Task List!

Key Learning Points

The Single Patient Task List displays the list of tasks associated to the patient from within the patient's chart.



PATIENT SCENARIO 9 - Scheduling an OB Anesthesia/Epidural Appointment

Learning Objectives

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

Schedule an OB Anesthesia /Epidural appointment.

In this scenario, we will use the scheduling appointment book to schedule an OB Anesthesia/ Epidural appointment.

As an inpatient nurse you will be completing the following activities:

Use the scheduling appointment book to schedule an OB Anesthesia/ Epidural appointment



Activity 9.1 – Scheduling an OB Anesthesia/Epidural Appointment

All admitted patients in labour will need to be scheduled for an OB Anesthesia/Epidural appointment, regardless if they need one or not. This is to notify the OR and Anesthesia that there is a woman in labour who may possibly need surgical services.

Scheduling the patient for an anesthesia/epidural appointment allows Anesthesia to find the patient on their patient list.

Let's practice how to schedule an OB Anesthesia/Epidural appointment:

Once in the patient's chart, select the **Scheduling Appointment Book** button from the Toolbar.

```
Tracking Shell 🔄 Message Centre 🐩 CareCompass 🎍 Patient List 🔐 Multi-Patient Task List 😰 Care Selection 📰 Schedule 🎬 Learning LIVE 🖕

🖓 Patient Health Education Materials 🖓 Policies and Guidelines 🌒 UpToDate 🚽 🛱 Care Connect 🖏 PHSA PACS 🦓 VCH and PHC PACS 🆓 MUlti-

📲 Exit 🙀 Result Copy 🎽 AdHoc 💷 Medication Administration 🔩 communicate • 🗑 Documents 🗮 Tear Off 🗿 Medical Record Request + Add • 🍯 Scheduling Appointment Book 📦 Conversation Launcher 🖨 Discem Reporting Portal 🖏 Related Records 🍣 PM Conversation - 🖉
```

The Scheduling Appointment Book (also called SchAppt Book) launches and opens to the main page. Your patient's name auto-populates in the **Person name** field in the **Appointment** tab. Complete required fields:

- 1. Appointment location = LGH Main OR.
- 2. Appointment type = OB Anesthesia
- 3. Anesthesiologist = xxx [Lo, Charles]
- 4. Click on the **Move** button.

8		Scheduling: Scheduling Appoint	ment Book	- 0 ×
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Name: RYDER, RAPUNZ	ZEL	BC PHN: 9876747707	Gender: Female	Person Comments:
Preferred Name:	MRN: 700002017	D08: 14-Feb-1978	Language:	Location:
Disease Alert: None	Process Alert: None	Age: 40 Years	Interpreter Required:	Preferred Phone: (604) 555-5555
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5. The Appointment Attributes window opens.

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				ОК	Cancel	5

- 6. Double click on **Labour Epidural** in Optional tab (the blank field on the right will now be populated).
- 7. Click **OK**.

B	App	pointment Attrik	outes		?	×
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The scheduling item now appears in the Work in Progress box (located beside the "Move" button).



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Name: RYDER, R#	PUNZEL	BC PHN: 9876747707	Gender: Female	Person Comments:
Preferred Name:	MRN: 700002017	DOB: 14-Feb-1978	Language:	Location:
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- 8. Click to highlight the LGH OB Anesthesia in the Work in progress box
- 9. Then click on the **Schedule** button

Work in progress:	
RYDER, RAPUNZEL	Schedule
🖶 🥸 OB Anesthesia	Con <u>fi</u> m 9
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🗄 📲 I GH Main OR	Recur
LGH OB Anesthesia	Suggest
- Section Technologies Patient	
Anesthesiologist	Request
	Insert

The Schedule – OB Anesthesia window opens:

- 10. In the **Time** field, select a time 30 minutes from now. Be sure the correct time period is selected from the **Default Slot** drop-down menu.
- 11. Click **OK**

Note: It does not matter what time you choose; you are only placing the patient on the list so that if the patient does need to go to the OR, anesthesia will be aware.



Schedule - C	B Anesthesia	? ×
Resource:		
LGH LD Epidural Request 01		~
Default slot:		
SN OB Anesthesia (00:00 - 00:00)		~
Time: 1030 • 10 Duration:		
Hour(s) 10 Minutes	Day	
Distinguish setup and cleanup durations		
Apply Duration Change to Order	ОК	11 Cancel

The **Schedule – OB Anesthesia** window closes and **Scheduling Appointment Book** is now displayed.

- 12. Click **Confirm**. The Confirm window opens with a summary of the appointment details.
- 13. Click **OK**.

Note: Bright yellow highlighted appointments mean the appointment is booked.

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11:00								

The Confirmation window closes and returns to a blank Scheduling Appointment Book.

14. Click on the exit (door) icon icon to close out of the **Scheduling Appointment Book**. The patients chart will now be displayed again.



The patient has now been tentatively scheduled for an anesthesia/epidural appointment.

Anesthesia will now be able to see the patient on their patient list, notifying them that their services might be needed.

Note: If you click back on the Scheduling Appointment Book button, a confirmation window will open stating that a future OB Anesthesia appointment at LGH Main OR has been booked.

Ð	ł	Future Requests	/Appointme	ents for	CSTLABS	QBB, R	HIGMOM	мү ?	х
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-	Confirmed	OB Anesthesia	LGH Main OR	23-Feb-2	018 - 15:30	23-Feb-2	018 - 15:40	TestMAT, Nu	rse-OB1
<									>
	Select	Unselect					ОК	Car	icel

Key Learning Points

Every admitted woman in labour will get a scheduled OB Anesthesia/ Epidural appointment, just in case they need it.

The OB Anesthesia / Epidural appointment is scheduled through the Scheduling Appointment Book.



PATIENT SCENARIO 10 – Delivery Documentation & Newborn Quick Registration

Learning Objectives

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

Document delivery data in iView.

Quick register a newborn to create a chart and populate the patient on the Tracking Shell.

SCENARIO

In this scenario, you will use the WH Quick Registration to Quick Register a patient.

As an inpatient nurse you will be completing the following activities:

- Document delivery data in iView.
- Quick Register a newborn



Activity 10.1 – Document Delivery Information (iView)

- For the purposes of this classroom exercise, you will only be documenting in a few fields in iView. In real practice, it is important to make documentation as complete as possible since iView documentation flows to the Provider's Documentation as well as to the Labour and Birth Summary Record, the Newborn Record and Tracking Shell.
 - 1. Navigate to Interactive View and I&O from the menu.
 - 2. Click on the Labour and Delivery iView band.
 - 3. Scroll down to and click on the **Delivery Information** section. This is where you will document your delivery data. Document the following for Baby A:
 - Labour Onset Methods = Spontaneous
 - Delivery Type = Vaginal
 - Date, Time of birth: *Today/0800*
 - 4. Click the green check mark to sign your documentation.



- 5. Now navigate to the Newborn Delivery Data iView band.
- 6. Click on the Newborn Delivery Data section and document the following for Baby A:
 - Heart Rate Apgar 1 Minute = Greater than 100 beats per minute
 - Respirations Apgar 1 Minute = Good, strong cry
 - Muscle Tone Apgar 1 Minute = Active motion
 - Reflex Irritability Apgar 1 Minute = Cry or active withdrawal
 - Color Apgar 1 Minute = Body pink, extremities blue
 - Apgar score 1 Minute (autocalculation) = 9



< 🔹 📩 🏦 Interactive View and I&O		
**• 🗖 🖬 🚓 🖌 🗭 🦉 🌆 🔀 🍋 🗙		
🗙 OB Triage	4	Last 24 Hours
≪ Antepartum		
Antenatal Testing	Find Item Critical High Low Abnormal	🔲 Unauth 🛛 🔲 Flag
Labour and Delivery	Regult Commente Flag Date	Performed P
Newborn Delivery Data 5	W 3/2	
Newborn Delivery Data		11-Dec-2017
Newborn Exam 6	A Newborn Delivery Data	*tg 17:24 PSI
Provider Notification	⊿ Baby A	
	Heart Rate Apgar 1 Minute	Greater tha
	Respirations Apgar 1 Minute	Good, stro
	Muscle Tone Apgar 1 Minute	Active motion
	Reflex Irritability Apgar 1 Minute	Cry or activ
	Color Apgar 1 Minute	Body pink,
	Apgar Score 1 Minute	9
	Heart Rate Apgar 5 Minute	Greater tha
	Respirations Apgar 5 Minute	Good, stro
	Muscle Tone Apgar 5 Minute	Active motion
	Reflex Irritability Apgar 5 Minute	Cry or activ
	Color Apgar 5 Minute	Body pink,
	Apgar Score 5 Minute	9
	Apgars Assigned By	6
CB Recovery and Postpartum	Resuscitation at birth	
🗙 OB Special Assessment	Suction Amount	mL
	Spontaneous Respirations Unset	
OB Education	Transferred Tex	
W CD Landaum	Indisterieu io:	I

- 7. Now click on the Initial Newborn Exam section and document the following:
 - Gender = *Female*
 - Birth Weight (g) = 3200
- 8. Click the Green Check Mark to sign your documentation.

< 🔹 🔹 👫 Interactive View and I&O								
**** 🔜 📾 🚧 🔽 🚺 👔 🖾 🖄 🗮								
🗙 OB Triage							Last 24 Hou	ırs
🗙 Antepartum								
🔨 Antenatal Testing	Find	i Item 👻 🔲 🕻	ritical	🔳 High	Low	Abnormal	📃 Unauth	🔲 Flag
🗙 Labour and Delivery	Rae	dt		Commer	nte Els	na Date		Performed B
Vewborn Delivery Data	i n 19	-						11-Dec
Newborn Exam 7 Provider Notification		Newborn Exam					e	* <u>0</u> 17:27 PSI
		⊿ Baby A						-
		Gender ID Band Number						Female
		ID Band Verified By						
		Security Tag Applied						Hours Ith Flag Parformad D 11-Dec 11-Dec 11:727 PST Female
		Security Tag Number						
		Security Tag Verified By	/					
		🚯 Neonate Outcome						
		Birth Order						
		Multiple Gestation Des	cription	1				
		Risk Factors						
	<u> </u>	Neonate Complication:	S					
		Birth Weight (g)					0	8 200
✓ OB Recovery and Postpartum		Dith Weight					lee	0,200

Your patient has delivered a baby girl vaginally with APGARs of 9 and weight= 3200g!

Note: The Delivery Information/Newborn Delivery Data/Initial Newborn Exam sections are shared iView sections with OB Providers. Some fields will be completed by nurses and some fields will be completed by providers.



Note: The newborn delivery documentation including gender, APGARs, weight, length, and head circumference are documented in the *mom's* chart and then result copied into the newborn's chart (you will learn more about Result Copy later).

Note: For a multiples birth, you will need to document delivery information and newborn delivery data for Baby A and Baby B (etc.) separately.

Key Learning Points

- Newborn delivery data can be documented in iView by providers and nurses
- Newborn delivery data is documented in the mom's chart and then result copied into the newborn's chart



Activity 10.2 – Quick Registering the Newborn

Once a baby is born, it is necessary to register the baby into the CIS. The first step is to Quick Register the Newborn, which is what you will do as a nurse. The registration clerk will be responsible for doing Full Registration in the CIS (this can be done after Quick Registration).

Completing **Newborn Quick Reg** (Registration) will create an electronic chart for the baby. Orders cannot be placed for the newborn (since the chart does not exist yet) if the newborn quick registration has not been completed.

The newborn must be quick registered prior to transferring mom and baby to the postpartum unit.

Let's practice completing the Newborn Quick Registration:

1. Click on the **Conversation Launcher** Conversation Launcher on the Toolbar.

Note: If unable to see this on your tool bar, click the down arrow on the far right of the toolbar to see more options.

2. The **Person Mgmt: Conversation Launcher** window opens. Double click on the **Newborn Quick Reg** icon

	N 4DN 1/700007	1401		- Chat		c.d.			
Person Mgr	mt: Conversati	on Launcher	2						<u> </u>
<u> </u>	X	× ≣	×	×	×	4	<u>600</u>	2	
ed Transfer	Cancel Discharge	Cancel Encounter	Cancel Pending	Cancel Pendi	Cancel Transfer	Discharge Encounter	Facility Transfer	Leave of Absence	
4	1	-√.	2	0	ŵ	*=		ŵ	25
Modify Discharge	Newborn	Pending	Pending Facilit	Pending	Pre-Register	Print Specimen	Process Alert	Referral Management	
		2 Scharge						management	ers (40)
Register	Negister	egister	Stillborn	Update Patient	View	🔽 View Person	😗 WH Quick		_
Outpatient	Patient To	Phone		Information	Encounter		Reg		

3. The **Encounter Search** window opens. Type in the patient's (mother's) Encounter number (located in the Banner bar) in the "Encounter #" field. Note: You can also search using three patient identifiers; first name, last name and DOB.


- 4. Click on the Search button.
- 5. Your patient's name will populate on the right. Verify the details to ensure you have the correct patient.
- 6. Click on the correct Inpatient Encounter type
- 7. Click on the **OK** button

l:27-Nov-2000 :17 years der:Female	MRN:70000843 Enc:700000001 PHN:987642406	1 5645 <mark>3</mark> 51	Code Status:Atto Dosing Wt:	empt CPR, Full	Code			Proce: Diseas Isolati	ss: se: on:	
Ith Overview										
Structure Search	3									
BC PHN:		VIP Deceased	Alerts BC PHN	MRN	Name	DOB	Age	Ge	ender A	vddress A
MBN:		~	307042400	1 700000431	MATTEST, IC	.0N3 2/1N0V	2000 171	eais re		5
Last Name:										
First Name:										
DOB: xx_xxxx_xxxx										
Gender:										
Postal/Zip Code:		•								4
Any Phone Number:		Facility	Encounter #	Visit #	Enc Type	Med Service	Unit/Clinic	Room	Bed E	st Arrival Date
Encounter #: 700000015645 Visit #:	3	LGH Lions Gate	 7000000015645 	700000015645	i Inpatient	Obstetrics	LGH LD	LDR5	01M	6
Historical MRN:										
Search 4										
		•		III						Þ
						ОК	7	Cancel		Preview

- 8. The External MPI (EMPI) window opens with a **Newborn Request PHN**. Enter the following information:
 - Sex = Female
 - Baby last name = autopopulates with the mother's last name
 - Baby first name = autopopulates with Baby Girl (based on selection from Sex field)
 - Date of birth = Today's Date
 - Birth time = *0800*
- 9. Click Submit



External MPI	
Newborn Request PHN	
Mother's name: MATTEST, ICONS Mother's PHN: 9876424061	
<pre>* Sex: Female * Baby last name: MATTEST * Baby Girl * Date of birth: * Birth time: 12/12/2017 * 00:11 * (MM/DD/YYYY)</pre>	 ✓ Use mother's last name Multiple births Set letter for multiple births. Must be blank for single birth.
Baby 1	Submit 9

Note: For multiple births, you must check off the Multiple births box and select a letter corresponding to the Baby's birth order. This field must be left blank for singletons.

* Baby first name:	Multiple births
Baby Girl A	 Set letter for multiple births. Must be blank for single birth.
* Date of birth: * Birth time:	A
12 / 07 / 2017 🔹 12 : 10 🗘	В
(MM/DD/YYYY)	C
	D
	E

A Newborn Quick Reg: Newborn 1 of 1 window will pop up. Fill in all the following fields:

- 10. **First Name**: for the purposes of this classroom workbook, re-name Baby Girl to a unique first name
- 11. Multiple Birth: No
- 12. Unit/Clinic: LGH Labour and Delivery
- 13. Click Bed Availability



10				Newborn Quick R	eg: Newborn 1 of 1				- 8 ×
🐵 🗙 The PHN Request of	was successful								
Medical Record Number: 700020913	Encounter Number:	Gender: Female V	Last Name: RYDER	First Name: BABY GIRL	Middle Name: 10	Date of Birth: 16-Feb-2018	Bith Time:	Age:	BC PHN: 9876296196
Multiple Birth?: No 1	Bith Order:	Adoption/Surrogacy?:			_				
Mother's Information Medical Record Number: 700002017	Last Name: RYDER	First Name: BAPUNZEL	Middle Name:	Date of Bith: 14-Feb-1978					
Newborn Encounter Info Encounter Type: Newborn	Medical Service:	Reason for Visit							
Location Building:	Unit/Clinic:		Room:	Bed					
GH Squamish Care Providers Admitting Provider:	Attending Provider	2 Bed Availability 13 Primary Care Provider (PCP):	116 🗸	02B 🗸					
Plisvca, Rocco, MD	Plisvca, Rocco, MD	Plisvel, Antonio, MD							
Registration Date: 16-Feb-2018	Registration Time: 13:22	Patient Admit Date:	Patient Admit Time: 13:22	Newborn Quick Reg User Nar TestUser, Rural-Nurse	ne:				
Comment:									<u> </u>
									*
									OK Cancel

A Bed Availability window will open.

- 14. Search for the room that the mother is admitted into. She will be in a **M** bed.
- 15. Select an available baby bed (not assigned or dirty) that corresponds with the mother's room number. For a singleton this should be **A** bed.

Note: Choose Bed A for Baby A. (If there are multiples, you would choose Bed B for Baby B and Bed C for baby C). For example is Mother is in Room 116 Bed02**M**, choose room 116 Bed02**A** for Baby A.

ß				Bed A	vailabili	ty				_ □		×
Facility: SG Building: SC	Ba	by A 1	5									
Room	Bed	Nurse Unit	Isolation	Person		Bed Status	In	Out	Gender	MRN	En	^
📺 116	02B	SGH MAT				Available						
📥 116	020	SGH MAT				Available						
116	02	SGH MAT		RYDER, RAPUNZEL		Assigned			Female	700002017	70	
🔤 117	01A	SGH MAT				Dirty						
📺 117	01B	SGH MAT				Available						
📥 117	01C	SGH MAT		-	-	Assigned					70	
📥 117	01M	SGH MAT		MATERNITY, DEMO		Available			Female	700009081	70	
<u>118</u>	01	SGH MAT				Available						
📥 118	01L	SGH MAT				Available						
<u>118</u>	01C	GH MAT				Available						
📥 118	01M	SL MAT				Available						
🚘 CR1	01/	Mom				Assigned						\sim
<		WOTT	14								>	
	_								ОК	16 Can	cel	



- 16. Click OK
- 17. Admitting Provider: Plisvca, Rocco.
- 18. Attending Provider: Plisvca, Rocco.
- 19. Click **OK**

'9				Newborn Quick R	eg: Newborn 1 of	1				- 8 ×
The PHN Request wa	s successful.									
Medical Record Number: 700020913	Encounter Number:	Gender: Female v	Last Name: RYDER	First Name: BABY GIRL	Middle Name:	Date of Birth: 16-Feb-2018	* v	Birth Time: 13.22	Age:	BC PHN: 9876296196
Multiple Birth?: No	Birth Order:	Adoption/Surrogacy?:								
Mother's Information Medical Record Number: 700002017	Last Name: BYDEB	First Name: RAPUNZEL	Middle Name:	Date of Birth:						
Newborn Encounter Info Encounter Type:	Medical Service:	Reason for Visit:								
Location Viewborn	Newborn	VEWBUHN	Boom	Bed						
SGH Squamish Care Providers	SGH MAT	✓ Bed Availability	116	v 02B v						
Admitting Provider: Plisvca, Rocco, MD 17	Attending Provider: Plisvca, Rocco, MD	Primary Care Provider (PCP): Plisvol, Antonio, MD								
Account Data Registration Date: 16-Feb-2018	Registration Time:	Patient Admit Date:	Patient Admit Time: 13:22	Newborn Quick Reg User Nam TestUser, Rural-Nurse	e:					
Comment:										Ĵ
										OK 19 Cancel

20. The Document Selection window opens. This window provides options to print Armband labels, Lab Blood Specimen Labels, and Lab Non-Blood Specimen Label. In practice, you would click OK to print the documents. However in class, because you are not synced with a printer, please select **Do not print documents** and click **OK**.

Document	Printer	Co	pies	
😿 Newborn Armband Label	590_1stfl_t9		1	
	· · · ·			

The baby has now been quick registered!



To see the baby on the **Tracking Shell**, click on the Tracking Shell button on the Toolbar. Select the **LGH OB All Beds** location tab (remember that only the OB All Beds tab shows baby beds).

Refresh The screen. Your baby should appear on the Tracking Shell in the bed that you placed them in.

Tracking Shell	Message Centre 🎬 CareCompass 🛔	Patient List	Multi-Patier	nt Task List	Case Selection	Schedule 🎬 Le	arningLI	/E
AdHo	: IIIII Medication Administration 🕌 Co	mmunicate •	Medical P	Record Requ	est 🙀 Result Copy	Related Record	is 🕂 Ad	ld • 🖀 Scheduling Ap
Q Patient Health	Education Materials 📿 Policies and Gu	idelines 风 L	JpToDate 🝦					
Tracking Shell	5 m							
	OB Postpartum	GH OB Recent	ly Discharged	SGH L&D	SGH OB All Beds	SGH L&D Nurses	I SGH C	B Recently Discharged
			, o o consigna				1	
Patient: CSTPR	ODEMPI, MICHAE - HITER: LGH OB AI	Beds						
# / A +	🕐 🕴 📾 👿 📾 🙆 🕮 📗							
Bed	Name	Status	Age	A	RN	Provider	To Do	Communications
317,01M	COLLINS, MARIA		58 years	01	1200000	Plisvca, Rocco	+	
317,02A	CSTMPAGE, RESULTLAB		25 years	0		Plisvca, Rocco		
317,02B	CSTPRODREG, BABY GIRL		2 weeks	a:		Plisvcc, Trevor	+	
317,02C	CSTPRODOSSYSTEM, GRACE		19 years	0		Plisvca, Rocco	+	
317,02M	CSTMAT, HALLOW	Labour	36 years	0	Lora Liu	Plisvca, Rocco	+	
319,01A	CSTMAT, RHUNAVAILABLETH		37 years	al.		Plisvcl, Antonio	+	
319,01B	CSTPRODREGHIM, BABY BO	5	3 weeks	61		TestCST, Cardi	+	
319,01M	CSTPRODMED, TEST-MELVIN	1	29 years	0		Plisvcn, Herb,	+	
321,01A	CSTMAT, HDNSCENARIOTHRI	£	38 years	oj.		Plisvcl, Antonio	+	1
321,01B	CSTMAT, BABY BOY		5 weeks	9		Plisvcl, Antonio	+	
321,01M	TAYLOR-LEARN, LEIA		31 years	0		Plisvca, Rocco		
323,01A	CSTMATTEST, BABY GIRL B		5 weeks	9		Plisvca, Rocco	1.0	
323,01B	CSTPRODMED, TEST-ECHO		31 years	0		Plisvca, Rocco	+	
323,01C	CSTPRODEMPI, BABY GIRL A	1	2 years	91		Plisvca, Rocco	+	
323,01M	CSTTWENTYONE, KAREN		28 years	0		Plisvcu, Jese,		
325,01A	CSTPRODEMPI, BABY GIRL C	16	3 years	01		Plisvca, Rocco	+	
> 325.01B	CSTPRODEMPL MICHAEL JOH	4	99 years	9	1	Plisvca, Rocco	+	-
325,01B	MATTEST, BABY GIRL	12	28 hours	9		Plisvca, Rocco	+	1.00

Note: After a baby has been quick registered, the OB unit clerk or Registration Clerk needs to be notified to perform a full registration on the baby.

Key Learning Points

- Newborns need to Quick Registered in order to create an electronic chart for the baby (separate to the mother's chart)
- Newborn Quick Registration can be completed through the Conversation Launcher.
- Mothers are placed in beds with the letter M. Baby A should be placed in the corresponding room as the mother in a bed with the letter A. Baby B will be placed in a bed with the letter B and so on.
 - Newborn Quick Registration is required prior to the baby being transferred to a different unit.



PATIENT SCENARIO 11 – Result Copy, Related Records, Transfer

Learning Objectives

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

- Result Copy from the mother's chart to the baby's chart.
- Access related records
- Transfer mother and baby from Labour & Delivery to Postpartum

SCENARIO

In this scenario, we will learn how to result copy from the mother's chart to the baby's chart. We will learn of when to use the result copy function.

As a rural inpatient OB nurse you will be completing the following activities:

- Result copy from the mother's chart to the newborn's chart, prior to transfer.
- Access related records

Result copy from the mom's chart to the newborn's chart must be done at the following times (at minimum):

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



Activity 11.1 – Result Copy

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

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

Note: for multiples, ensure the **Association Type** field under the Copy Data From box is referring to the correct Baby.

is ricip			
ient Task List 🎁	Case Selection 🏢 Schedule 📲 Le	arningLIVE 🝦 👯 Patient Health Education Materials 🔍 Polic	cies and Guidelines 🔍 UpToDate 🝦 🤅 🕄 CareConnect 🕄 PHSA PAC
🔹 🖹 Medical Re	cord Request 🚟 Result Copy 🗾	lated Records 🕂 Add 👻 🖺 Scheduling Appointment Book 👔	🕤 Documents 🕥 Conversation Launcher 🍙 Discern Reporting Portal
v-2000	MRN:700008431	Code Status:Attempt CPR, Full Code	Process:
	Enc:700000015645		Disease:
nale	PHN:9876424061	Dosing Wt:	Isolation:
1&0			
🙀 Result Cop	oy Wizard 2		
		C	
- Copy Data P	ATTEST ICONS	Copy Data To	DOP: 01 D-= 2017.00.26
Name: IVIA	009421	Name: MATTEST, BABY BOY	DOB: 01-Dec-2017 09:26
ETNI: 7000	000451	ETN, 700000345	
Associatio	pp: Baby A	Admit Date/Time: 01-Dec-2017.09:26	
Associatio		Discharge Date/Time:	
	-		2
Select Associa	ation Type		
Baby A 👻			
Select Targe	et Record		
A L			
- Available L	Linked Records		
Name	MRN Birth Date/Time		
MATTEST	700008543 01-Dec-2017 09:26		

3. Select Next.

4. Any information that is highlighted green is newly documented information that will be copied over to the baby's chart. Select **Next**.



🚟 Result Copy Wizard			
Copy Data From Name: MATTEST, ICON MRN: 70008431 FIN: 70000015645 Association: Baby A	s Ka	Copy Data To Name: MATTEST, BABY GIRL MRN: 700008856 FIN: 70000016518 Admit Date/Time: 11-Dec-2017 08:00 Discharge Date/Time:	DOB: 11-Dec-2017 08:00
•	Tuesday, 28	- 3-February-2017 00:00 PST - Tuesday, 12-Decemb	er-2017 23:59 PST 🛛
Categories Maternal Information Delivery Information Newborn Delivery D Initial Newborn Exam Maternal Education Maternal Labs Neonatal Bereaveme All Modified Results	Maternal Information Risk Factors, Antepartum Curren Infant Feeding Plan Non-Exclusive Breastfeeding Rei Dang Fe at Delivery Para Premature Para Abortions Gravida Prenatal Care Primary OB Provider Para (number of live births) Delivery Information Anesthesia Type OB ROM Type: T	at Preg Abruption, Age mother conceived under 1	19, AMA (>35), Alcohol use during pregnancy, Antepartum hemorrhag 4

5. Information that will be copied over will show up once more; verify it is accurate and click **Copy Data**

Conv Data From	Conv Data To	
Name MATTEST ICONS	Name MATTEST RADY CIDI	DOP. 11 Dec. 2017 09:00
Name: MATTEST, ICONS	Name: WATTEST, BABY GIRE	DOB: 11-DEC-2017 08:00
MRN: 700008431	MRN: /00008856	
FIN: 700000015645	FIN: 700000016518	
Association: Baby A	Admit Date/Time: 11-Dec-2017 08:00	
	Discharge Date/Time:	
	Tuesday, 28-February-2017 00:00 PST - Tuesday, 12-Decemb	per-2017 23-59 PST
Naternal Information		
Naternal Information Risk Factors in Utero Maternal	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Aaternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Maternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Maternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Abortions Maternal Para Abortions Maternal Gravida	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Gravida Velivery Information	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Gravida Pelivery Information Maternal ROM Date, Time	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions Maternal Gravida Delivery Information Maternal ROM Date, Time Maternal ROM Date, Time Maternal Rom Dite Fluid Color Delivery Den Shith	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Fremature Maternal Para Abortions Maternal Gravida Pelivery Information Maternal Amniotic Fluid Color Delivery Type, Bitth	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions Maternal Gravida Delivery Information Maternal ROM Date, Time Maternal Amniotic Fluid Color Delivery Dye, Birth Maternal Delivery Complications	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions Maternal Gravida Delivery Information Maternal ROM Date, Time Maternal ROM Date, Time Maternal ROM Date, Time Maternal Rom Date, Time Maternal Lelivery Complications Maternal Lelivery Complications Maternal Labor Onset Methods	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Abortions Maternal Gravida Velivery Information Maternal Administic Fluid Color Delivery Type, Birth Maternal Amniotic Fluid Colors Delivery Type, Birth Maternal Labor Onset Methods Maternal Labor Onset Methods Maternal Labor Onset Methods	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno
Atternal Information Risk Factors in Utero Maternal Maternal Infant Feeding Choice D-Mother's Age at Delivery Maternal Para Full Term Maternal Para Premature Maternal Para Abortions Maternal Para Abortions Maternal Gravida elivery Information Maternal ROM Date, Time Maternal ROM Date, Time Maternal ROM Date, Time Maternal Abor Onset Maternal Maternal Delivery Complications Maternal Labor Onset Methods Maternal Labor Onset Methods Maternal Labor Onset Methods	Abruption, Age mother conceived under 19, AMA (>35), Alcohol use duri	ng pregnancy, Antepartum hemorrhage, Assisted reproductive techno

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



Note: Result Copy can be done at any time during nursing documentation, however, at a minimum, it should **always** be done at the following times in order for appropriate information to be viewable in the newborn chart (and therefore facilitate appropriate care):

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

Now that you have created an electronic chart for the baby (via Newborn Quick Reg) and you have performed result copy to copy pertinent delivery information from the mom's chart to the baby's chart, you can document on the baby.

Note: Shortly after a baby is born, the nurse needs to complete the Newborn Admission History PowerForm.

Key Learning Points

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

Result copy must be performed at the follow 3 times (at minimum):

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



Activity 11.2 – Related Records

1

The **Related Records** function acts as a link and can be used to find and open a chart of a related patient. For example, if you are in a mom's chart and you wish to quickly find and open her baby's chart, you can use the Related Records function.

Let's practice using **Related Records** to open a baby's chart:

1. From the mom's chart, click on the **Related Records** ^[] from the Toolbar.

Note: If unable to see this on your tool bar, click the down arrow on the far right of the toolbar to see more options.

Task Edit View Patient Chart Links Navigation Help
📓 CareCompass 📓 Clinical Leader Organizer 🎍 Patient List 🚔 Multi-Patient Task List Tracking Shell 🤪 Case Selection 🛤 Staff Assignment 📓 Learning LIVE
CareConnect @PHSA PACS @VCH and PHC PACS @MUSE @FormFast WFI
🕱 Tear Off 📲 Exit 🔞 AdHoc 🛲 Medication Administration 🗈 Medical Record Request 🛸 Result Copy 💁 Related Records 🕂 Add 🔹 🖻 Documents 🎕 Scheduling Appointment Book 🖨 Discern Reporting Portal 🚇 Conversation Launcher
QPatient Health Education Materials QCSHOP Guidelines and DSTs QUpToDate 1

2. If this is your first time accessing the newborns chart, you will first be prompted to establish a relationship to the baby. Select Nurse. Click **OK**

P Assign a Relationship	— ×
For Patient: MATTEST, BABY GIRL	
Relationships:	
Chart Review Employed Student Nurse	
Nurse Quality / Utilization Review	
Research Secondary Nurse	2
Student Nurse	
Unit Coordination	
OK Cano	:el

3. The Encounter Selection window will open. Select the correct encounter (note that because the newborn only has one encounter, it will already be selected). Click on the X

icon et al to close the window.



P Encounter Selection	3				3
Encounter Type	Location	Admit Date	Discharge Date	Encounter #	3
Newborn	LGH LD LDR5 01A	01-Dec-2017 09:26 PST		700000015882	
•		III			Þ.

4. The baby's chart will open to the **Patient Summary** page.

🌃 CareCompass 📲 C	linical Leader Org	anizer Patient List 🚨 Multi	i-Patient Task List Tra	cking Shell 🖗 Case Selection	📽 Staff Assignment 🌃 Learn	ingLIVE 🝦		
🕄 CareConnect 🕄 PH	ISA PACS 🕄 VCH	and PHC PACS 🕄 MUSE 🕄 F	ormFast WFI					
🎞 Tear Off ᆀ Exit 🍟	AdHoc IIIMedic	ation Administration 🗎 Medi	cal Record Request	Result Copy 🛄 Related Rec	ords 🕂 Add 👻 🖻 Documents	Scheduling Appointment	Book 📾 Discern Reporting Port	al Conversation Launcher
Realth Edu	- cation Materials (SHOP Guidelines and DSTs	QUpToDate					
RYDER, RAPUNZEL	RYDER, BA	BY A 🛛					🔶 List → 🛍 F	Recent • Name • Q
RYDER, BABY A		DOB:22-Feb-2017	MRN:700002103	Code Status:	Proces	55:	Location:LGH LD; L	.DR4; 01A
Illergies: Allergies Not I	Recorded	Age:11 months Gender:Female	Enc:700000003305 PHN:	Dosing Wt:	Diseas	ie: on:	Enc Type:Newborn Attending:	
Menu	4	< > - 🌴 Patient Sum	marv				D'Full screen	Print 21 minutes and
Patient Summary	4 ^							
Women's Health Over	view	A 1009	6 ▼ ● ● ☆					
Orders	Add	Handoff Tool 2	Summary	23 Assessment	23 Discharge	23 Quick Orders	²³ +	🖃 🚽 🔍 🔍 🔳 🖬
Single Patient Task Lis	t	To formal Taxan						
MAR		Communication	Informal Tear	m Communication				∂ ≡- ^
MAR Summary		Active Issues	Add new action			Add new comment		
nteractive View and R	&O	Allergies (0)						
Results Review		Vital Signs and	No actions docum	ented		No commonte documented		
Documentation •	Add	Measurements	All Teams	uncu		All Teams		
Notes •	Add	Documents	All Teams			All rooms		
Medication Request		Transfer/Transport/Accompa						
Histories		Assessments	Active Issues				Classification: Medical and Patient St	ated 👻 🛛 All Visits 🛛 🏖 📄 ==
Allergies	Add	Lines/Tubes/Drains						
Diagnoses and Proble	ms	Intake and Output				Add new as: This Visit 👻	9	
Perioperative Doc		Labs	No results found					
		Pathology						
		Microbiology C & S						
		Microbiology Other	Allergies (0)	<u> </u>				All Visits 2 =-
Growth Chart		Transfusion History						
		Diagnostics	Allergies no	t recorded. Add an allergy.				
lines/Tubes/Drains Su								•
mesi nubesi brailis su							0783 TEST NURSERURAL Friday	v 16-February-2018 16:18 PST

5. Click on the **Women's Health Overview** from the menu and the **Neonate Overview** tab will be defaulted open.



RYDER, BABY A		DOB:22-Feb-2017	MRN:700002103 Code	e Status:	Process:		Location:LGF	LD; LDR4; 01A	
Allergies: Allergies No	ot Recorded	Gender:Female	PHN: Dosi	ng Wt:	Isolation:		Attending:	born	
Menu	4	< > 🖌 🏦 Women's Hea	Ith Overview				(¤) Full s	creen 🝙 Print	€ 0 minutes ago
Patient Summary	^		1						
Women's Health C	overview 5	A 100%							
Orders	+ Add	Triage/Ante/Labour 🔀 P	artogram 🛛 Postpa	artum 🛛 🕅 🕅	leonate Workflow 🛛 Discha	arge 🛛 🖓 OB Qi	uick Orders 🛛 🕄 🕂		
Single Patient Task	List				5				
MAR		Neonate Overview	Neonate Overview						2 =· ^
MAR Summary		Vital Signs & Measurements	Days of Life: 359 GA at Bir	th: PMA: Age: 86	623 hrs				
Interactive View and	11&0	Neonate Weights and Measurements	Delivery Summary	optact Info					
Results Review		Infant Feeding (0)		ontact 1110					
Documentation	+ Add	Current Medications	Birth Date/Time	22/02/2017 09:20	Birth Weight	2 kg	Maternal Antepartum Steroids	None	
Notes	+ Add	Active Teches	Sex	Female	Birth Length	48 cm	Maternal Transcribed Blood	A negative	
Medication Request	t	Pillinihin Nomogram 25	EGA by Ballard		Birth Temperature	37.8 DegC	I ype Maternal Transcribed GPS	Docitivo	
Histories		Weeks and Greater	Apgar 1 min	10	Birth Apical Pulse	1/0 ppm	Maternal Transcribed	Positive	
Allergies	+ Add	Labs	Apgar 3 min		Birth Head Circumference	34 cm	Hepatitis B		
Diagnoses and Prob	olems	Microbiology C & S	Delivery Type, Birth	Vaginal	Newborn Intake	Breastfeeding	Maternal Transcribed HSV	Negative	
Perioperative Doc		Microbiology Other			Neonate Complications	Infection, suspected or	Maternal Transcribed Rubella	Immune	
		Transfusion History				proven, Size, small for			
CareConnect		Pathology			Risk Factors, Fetus	Hepatitis B carrier, Inadequate			
Clinical Research		Tranfusion History				GBS prophylaxis,Maternal			
Form Browser		New Order Entry				chorioamnionitis,Multiple			
Growth Chart		Order Profile				gestation			
Immunizations		Task Timeline	1						
Lines/Tubes/Drains	Summ	Task Timeline							•
Emes/Tubes/Drams	Julilia					p	0783 TEST NURSERURAL	Friday 16-Febru	ary-2018 16:20 PST

Key Learning Points

The Related Records function can be used to find and open a chart of a related patient (ie. Use related records to open baby's chart from mom's chart).



Activity 11.3 – Bed Transfer

The mother and the baby will need to be transferred from Labour & Delivery (L&D) bed to a Postpartum bed within the system. This can be done by a nurse or unit clerk.

To perform a bed transfer:

- 1. Navigate to the Tracking Shell from the toolbar, and click the LGH L&D tab
- 2. Click to highlight your patient to be transferred
- 3. Click on the **Conversation Launcher** (rocketship) icon⁴ in tracking shell and select **Bed Transfer**

Tracking Shell	essage Centre 🌃 CareComp	ass 🛉 Pa	atient List	🚨 Multi-	Patient Task List	📁 Case Select	ion 🛙	Schedu	ule	🖌 Learni	ngLIVE	C P	atient Health Ec	lucatio	n Materials 🔍 SH	OP G	uideli	nes ar
CareConnect Q P	HSA PACS 🕄 VCH and PHC	PACS 🔇	MUSE 🤇	FormFas	t WFI 🖕													
📲 Exit 🛸 Result Cop	y Medication	Adminis	tration 💪	Commun	nicate - 🖻 Docum	nents 🗎 Medi	cal Re	cord Re	que	st 🕂 Ad	d 🕶 🛱 Sc	heduli	ng Appointmen	t Book	Conversation L	auno	her 🤅	Disc
RYDER, RAPUNZEL	×												CST	MATPR	OD. LABOURBIRT	HSU	MMA	RY -
LGH L&D LGH OB Patient: CSTMATPR	B Postpartum │LGH OB All B ROD, LAE ▼│Filter: <none> I 緊 図 論 ◎ ▲ I III =</none>	eds LG	GH OB Rec	cently Disc	harged SGH L&	kD SGH OB	All Be	ds SGI	H L&	D Nurse	s SGH	OB Rec	ently Discharge	d				
B(Bed Tra	ansfer 3 G F	EGA	Status	A RN	Provider	Consult	Dil	Length	Sta	ROM	Color	GBS	Epidural	To Do	Communications	NR	Lab	MAR
LI Discha	rge Encounter			ai	Plisvca, Rocco,		10*			Sponta				+	0	Ľ		
LDL,U2M	CSTMATGOLIVE, APRIL 1*	0		Q	Plisvca, Rocco,		10*					U			۲	2		2
LDL,03M	CSTLABSQBB, RHIGM 1*			ai	Plisvcl, Antonia									÷	L	2	5/0	
LDL,04M	CSTPRODREGHIM, JA 2*			Q	PITVCAD, Arche										🔩 🥶	2	3/0	
LDR1,01M	**************************************	33 2/7		Q	TestMAT, OBG							N		+		Z		
LDR2,01M	CSTLABSQBB, RHIGO			q	Plisvcl, Antonia							N			A.	đ	7/2	
LDR3,01M	CSTMATPROD, LABOU 2	* 🥝		0	Plisvca, Rocco,	Berard, Vera	10*	1.5 cm*	-1*	Sponta	Clear*	P		R	ku ≬ ∆ ∰ ● ⊘vî	đ	3/0	8
LDR4,01M 🕰																		
LDR5,01M	CSTMATPROVIDERS, 2* 0	* 🥝		Q	Plisvca, Rocco,		10*	0 cm*	-1*	Sponta	Clear*	Р	Administered*		🛀 🕴 🖕	Z	3/0	4
LDR6,01M	CSTMATTEST, SUSAN 1*	0		Q	Plisvca, Rocco,							P			💩 🗢 🚣 👬	ľ	5/0	2
LDR7,01M	CSTLABSQBB, IVIGMO			ai	Plisvcl, Antonia											ľ	6/3	
LDR8,01M	CSTMAT, BETTY 1* 1	*		٥	Plisvca, Rocco,									+	٠.	Ľ		
LDR8.02M	CSTLABSQBB. BABY			aj	Plisvca. Rocco.										۹.			

The Bed Transfer Window will open:

- 4. Complete all the yellow required field:
 - Unit/Clinic = *LGH 3W*
 - Accomodation = *Not Applicable*
 - Transfer Date = *T* (for today)
 - Transfer Time = *N* (for now)
- 5. Click on the **Bed Availability** button
 - All available beds will show as empty. Ensure you select an available "M" bed for the mother (and a corresponding available "A" bed for Baby A as you will have to perform bed transfer on the newborn after).



6. After you have completed all the yellow required fields, click on the **Complete** button.

#				Bed 1	ransfer			_ 🗇 🗡
Medical Record Number: 700021086	Encounter Number: 7000000201666	Ful Name: CSTMATPROD, LABOUR	Date of Bith: 01-Jun-1990 🔹 🗸	Age: 27Y	Gender: Female	BC PHN: 9876291996		
Current Encounter Information Encounter Type: Inpatient	Medical Service: Obstetrics							
Current Location Data Facility: LGH Lions Gate New Encounter Information	Building: LGH Lions Gate	Unit/Clinic: LGH LD	Room LDR3	Bed: 01M	Accommodation: Ward	Accommodation Reason:	Patient Accom Requested:	
Encounter Type: Inpatient	Medical Service: Obstetrics							
Building:	Unit/Clinic:	Bed Availability	Room: 3WL V	Bed: 03M v	Accommodation: Ward 4	Accommodation Reason:		
Current Physician Information Attending Provider: Plisvca, Rocco, MD	Admitting Provider: Plisvca, Rocco, MD]						
Transfer Date: 21-Feb-2018	Transfer Time: 18:22 4	Bed Transfer User Name: TestMAT, Nurse-OB1						
								Complete 6 Cancel

7. Refresh <a> 19 minutes ago the screen. Your patient should now appear in the new bed on the Tracking Shell.

Note: Ensure you are in the appropriate tab on the Tracking Shell to see your patient.

8. Repeat Steps 1 to 6 to transfer the newborn. Note: Be sure to transfer newborn into the same room as the mother, in a "A" bed.

The mother and newborn are now transferred!



- Mother and baby charts must be transferred from Labour & Delivery to Postpartum unit
- Steps must be repeated for both mom and baby charts
- Ensure baby is transferred to the same room as the mother



PATIENT SCENARIO 12 – Create Patient Lists to Manage Post-Partum Patients and Newborns

Learning Objectives

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

Set up a location patient list
 Create a custom patient list

SCENARIO

Now that your patient has delivered, mom and baby will be transferred to the postpartum unit. You will now use CareCompass to manage your workflow and tasks for these patients in the CIS (rather than Tracking Shell), but first you need to set up your patient lists.

As a rural inpatient nurse looking after postpartum patients, you will be completing the following activities:

Set up a location patient list

Create a custom patient list



Activity 12.1 – Set Up a Location Patient List

- 1 Once mom and baby are transferred to the postpartum unit, you will create a **Location List** that will consist of all the patients assigned to that unit. Once you have created your list in the system, it will remain on your account without the need to recreate it each shift.
 - 1. Select the **Patient List** icon I Patient List from the **Toolbar** at the top of the screen.
 - 2. The screen may be blank. To create a location list, click the **List Maintenance** icon $\mathbb{P}^{\mathbb{P}}$.
 - 3. Click the New button in the bottom right corner of the Modify Patient Lists window.

PowerChard Organizer for TestCD, CU-Nurse Task Edit View Patient Chart Links Patient List Help CareComposes ************************************								
	D Modify Patient Lists Available lists:	Active lists						
		(a) (a)	(† (†					
		New 3	OK Cancel					

- 4. From the **Patient List Type** window select **Location**
- 5. Click the **Next** button in the bottom right corner.



Pa	Patient List Type	×	
d	Select a patient list type:		Γ.
50	Assignment Assignment (Ancillary) CareTeam Custom Medicol Schue Provider Group Query Relationship Scheduled		6
	Back Next Finish Canc		el
-	5		

In the Location Patient List window, open the Locations folder by clicking the Plus Sign
 Locations
 A location tree will be displayed.

Ţ	Location Patient List	×	F
>;t	■ Iocations ■ Medical Services ■ Encounter Types ■ Care Teams ■ Care Teams ■ Care Teams ■ Time Criteria ■ Discharged Criteria ■ Care Teams ■ Discharged Criteria ■ Care Teams ■ Care Te	×	
	Enter a name for the list: (Limited to 50 characters)		
-	Back Next Hinish Cance	e	-

- 7. In this activity, use LGH Lions Gate Hospital as a selected location. Expand the location by clicking the **Plus Sign:** IGH Lions Gate Hospital
- 8. Then, click the next Plus Sign: LGH Lions Gate Hospital
- 9. For your practice, select LGH 3 West by checking the box next to the unit



Note: Patient Lists need a name to differentiate them. Location lists are automatically named by the Location.

10. Click the **Finish** button **Finish** in the bottom right corner.

	Location Patient List	X
*Locations [LGH 3 We Medical Services Encounter Types Care Teams Relationships Time Criteria Discharged Criteria Admission Criteria	CGH Lions Gate Hospital 7 CGH Lions Gate Hospital 8 CGH 2 East CGH 2 East CGH 2 E Cardiac Care CGH 3 East CGH 3 Pediatric Observation CGH 3 West CGH 4 East CGH 4 West CGH 4 West CGH 5 East CGH 6 East CGH 6 East	^ >
Enter a name for the list: (L LGH 3 West 9	imited to 50 characters) Back Next Finish	Cancel

- 11. In the Modify Patient Lists window select a location or a unit.
- 12. Click the **Blue Arrow** icon icon to move the selected location or unit to the **Active List** on the right side.
- 13. Click the **OK** button in the bottom right corner to return to **Patient List** page. Your Location list should now appear.

P	Modify Patient Lists	x
Available lists: LGH 3 West 11	Active lists:	



Activity 12.2 – Create a Custom Patient List

1 Next, create a **Custom List** that will contain only the patients that you are caring for, in this case your mother and baby patients.

Note: you can also add patients that you will be covering for during your partner's break.

- 1. To create a Custom List, click the List Maintenance icon
- 2. Click the **New** button in the bottom right corner of the **Modify Patient Lists** window
- 3. Select Custom from the Patient List Type window
- 4. Click the Next button

Patie	nt List									
₽₫	1 344 @ 0	1 🗈 🗣 🛍 💷 🛃 🚨								
LGH 2	LGH 2 East									
All Pa	All Patients - LGH2 East									
	Name							r Visit	Primary Care Physician	Visitor Status
0	CSTLABAUTOMATION, TS	Available lists:			Active lists:			n testing	Plisvca, Rocco, MD	
2	CSTPRODMED, LAB-HIGH				LGH 2 East			tis	TestCST, GeneralMedicine-	Physician1 ORD, MD
	CSTLABAUTOMATION, TS							n testing	Plisvca, Rocco, MD	
	CSTDEMOALEXANDER, D									
Ü	SEXSMITH-LEARN, NATAL							y Acquired Pnuem	onia Plisvco, Wesley, MD	
	CST-TTT, ISLA							oplasty Shoulder	Plisvey, Charise, NP	
	CST-TTT, TOBIAS							oplasty Shoulder	Plisvoy, Charise, NP	
	CST-TTT, KIMBERLY			10			(A)	pplasty Shoulder	Plisvoy, Charise, NP	
	CSTPRODOS, ORDERSFIV					F	atient List Type			
	CSTPRODONC, KRISTINE			40		IF.	,,			
Ū	CSTONCPHARM, STTWO						Select a patient list type:			
	CSTDEVONC, TESTONE						Arriggment			
	CSTPRODCD, EMILY CERN						Assignment (Ancillary)			
-	CSTLABAUTOMATION, IS					Π.	CareTeam			
U	CSI-III, KUIH					11	Custom 2			
	CSTPRODREG, OUTPATIE					11	Location			
3	CSTADIJAMITHREE, ADTO						Medical Service			
님 片	CSTPRODMED, JAMEE						Provider Group			
	CSTREODREG SELERAVITY						Relationship			
1 m	RROWN JEARN HENRY				New		Scheduled			
	CSTPRODREGINTER HOR					1				
	CSTPRODMED LAR,NORM	at	700004178 7000000006054 21	vears 01	Jap.1995	4				
1 m	CSTPRODML SITSINGO		700006576 7000000015568 41	years 30	Jan-1976 27-Nov-2017 13:13 PST Plisych.	ŝ				
1	CSTCARDDEMO, BOB DO N	4OT USE	700008100 7000000015206 70	years 01	-May-1947 20-Nov-2017 17:30 PST Plisvel, E					
0	CSTSYNGOTEST, FRANK		700007388 7000000013043 57	years 11	-Feb-1960 02-Nov-2017 14:27 PDT Plisvce, I	Ń.				
_	CSTAMBTEST, JAMIE		700006640 700000012738 25	years 28	-Feb-1992 26-Oct-2017 13:56 PDT Plisvca, I	R				
	CSTPRODREGHIM, FRANK		700004995 700000008263 37	years 11	-Nov-1980					
	CSTPRODREG, OUTPATIENT	CHARGING	700002490 7000000004418 27	years 10	I-May-1990	Π.				
	CSTPRODREG, OUTTOOUT		700001856 7000000004416 27	years 01	-Jan-1990	1				
	CSTONCPHARM, STONE		700001147 7000000001602 38	years 27	-Nov-1979 08-Nov-2016 14:32 PST	1				
	JONES-LEARN, JULIO		700008148 700000013604 71	years 25	-Aug-1946 16-Nov-2017 09:42 PST Plisvca, I	P			Dark Med	Doots Canad
1	MCCOY-LEARN, SHAUNA		700008073 700000013496 59	59 years 17-Feb-1958 14-Nov-2017 13:03 PST Plisuca, R					Deck Next	Cancel
	CSTPRODREG, PREWORK		700003725 700000005160 27	years 10	I-May-1990					
	CSTPRODHIM, STESTSIX		700007350 7000000015682 17	years 01	-Oct-2000 29-Nov-2017 08:25 PST Plisvca, I	Roce	:o, MD test		Plisvch, Max MD	
- - - -	CSTRRODMED TEST.SIERRA	1	700008220 700000001 5083 30	wears 17	Nov.1987 18.Nov.2017 72-47 PST Picera I	Rore	n MD tect cur	MANY .	Risura Rocco MD	-

- 5. **The Custom Patient List** window opens. In the **Enter a name for the list:** Type *YourName_Custom* (i.e. John_Custom)
- 6. Click the **Finish** button

	Custom Patient List	*	FFE
15 15 15 15 15	Enter a name for the list: (Limited to 50 characters) JohnDoe_Custom List Back Next Finish 6		



- 7. In the Modify Patient Lists window select your Custom List (i.e. YourName_Custom)
- 8. Click the **Blue Arrow** icon 🖻 to move your **Custom List** to the **Active List** on the right side
- 9. Click the **OK** button

P Modify Patient Lists	· · · · · · · · · · · · · · · · · · ·	×
Available lists: JohnDoe_Custom List 7	Active lists: LGH 2 East	
	8	
		2
	New OK [9	el

10. You will now see a tab for your Custom List

Patier	Patient List													
∥ ☞ ≫ 蘂 符 符 ● 図 ■ ■ ■ ■ ④ ■ ■ ◎														
SGH Medical Surgery JohnDoe_Custom List 10 All Patients - SGH Medical Surgery														
1	Patient Name	Location	MRN	Encounter #	Age	DOB	Gender							
1	CSTRHOREG, WINRECSADT	SGH MS 106 02	700020889	700000201397	30 years	03-Mar-1987	Female							
2	TESTSQBB, MICHAEL	SGH MS 108 01	700002627	700000004242	77 years	31-Dec-1940	Male							
	CSTHRCM, TWENTY	SGH MS 109 01	700009019	700000016839	34 years	18-Jan-1984	Female							
2	CSTCD, TESTAB	SGH MS 103 02	700000734	700000201003	83 years	13-Oct-1934	Female							
	CSTPRODREG, SHANNON	SGH MS MSL 02	700002491	700000007018	32 years	30-May-1985	Female							
2	CSTLABSQ, TESTSIX	SGH MS MSL 03	700020206	700000200335	63 years	23-Jan-1955	Unknown							
	CSTHARDING, JAMES	SGH MS 114 01	700008753	700000016359	22 years	08-Sep-1995	Male							



- 2 At the beginning of each shift or assignment change (or when your L&D patient becomes postpartum), you will need to add your patients to your custom list from your location list.
 - 1. From the **Patient List** window, make sure your location list tab is displayed (i.e. LGH 3 West). Find your assigned patient's name in the location list.
 - 2. Right click on your assigned patient's name (mother) and select Add to a Patient List
 - 3. Select YourName_Custom List



CSTLABAUTOMATION TS	WAYNE	700004608 7000000015122 83 years 18-May-1934 20-Nov-2017				
CST-TTT, RUTH		700007367 7000000013478 71 years 10-Jan-1946 14-Nov-2017				
CSTPRODREG,	Patient Snapshot	2446 7000000004417 27 years 10-May-1990				
	Provider Information	5839 7000000015274 61 years 21-Apr-1956				
CSTPRODMED, JAMIE	Provider Information	034 700000013404 25 years 28-Sep-1992 10-Nov-2017				
LEE-LEARN, PETER	Visit List	7942 7000000013205 67 years 17-Mar-1950 07-Nov-2017				
CSTPRODREG, SELFPAYT	Inactivate Relationship	3287 7000000004955 27 years 10-May-1990				
BROWN-LEARN, HENRY	A LINE CELLAL	5026 7000000012702 50 years 20-Aug-1967 26-Oct-201				
CSTPRODREGINTER, HOP	Add/View Sticky Notes	3882 700000006995 36 years 14-Jun-1981				
CSTPRODMED, LAB-NOR	Sort	1178 700000006054 21 years 01-Jan-1996				
CSTPRODMI, SITSYNGO	Hida	576 700000015568 41 years 30-Jan-1976 27-Nov-26				
CSTCARDDEMO, BOB DO	Filde	\$100 7000000015206 70 years 01-May-1947 20-Nov-2017				
CSTSYNGOTEST, FRANK	Customize Columns	7388 700000013043 57 years 11-Feb-1960 02-Nov-2017				
CSTAMBTEST, JAMIE	Add to a Patient List	IohnDoe Custom List				
CSTPRODREGHIM, FRAN	Come C O	1995 700000000205 57 years 1 3 080				
CSTPRODREG, OUTPATIE	Copy CI Z	2400 7000000004418 27 years 10 mm 290				
CSTPRODREG, OUTTOOL	Paste Culto	.856 7000000004416 27 years 01-Jan-1990				
CSTONCPHARM, STONE	New Perults	147 700000001602 38 years 27-Nov-1979 08-Nov-2016				
JONES-LEARN, JULIO	New Results	3148 700000013604 71 years 29-Aug-1946 16-Nov-2017				
MCCOY-LEARN, SHAUNA	Open Patient Chart	> 3073 700000013496 59 years 17-Feb-1958 14-Nov-2017				
CSTPRODREG PREWORK		700003725 700000005160 27 years 10-May-1990				

Note: Repeat steps 1-3 for your newborn patient as well.

- 4. Return to Patient List window. Select YourName_Custom tab.
- 5. Click the **Refresh** icon red to update the **Patient List** window.
- 6. Now your patient will appear in your Custom List.

Patient List	Di ful screen @Print C minutes ago
	5
LGH2Ear Rehabue Conton List	
Casation Name MRN Encounter Age 008 Admitted Admitting Physician Research for Visit Primary Care Physician Visitor Status	
Construction Const	

Note: You can remove a patient from your custom list by highlighting the patient and clicking the **Remove Patient** icon **.



- You can create a Custom List that will consist of only patients that you are caring for on your shift
- Add patients to your Custom List from a Location List this helps to ensure you have the correct patient and the correct patient encounter
- When you are no longer caring for a patient on your custom list, you can remove the patient using the Remove Patient icon



PATIENT SCENARIO 13 – Navigate to CareCompass to manage PostPartum Patients and Newborns

Learning Objectives

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

Navigate to Care Compass Review tasks and complete tasks from CareCompass

SCENARIO

Now that your patient has delivered, and mom and baby have been transferred to the postpartum unit, you will use CareCompass to manage your workflow and tasks for these patients in the CIS (rather than Tracking Shell),

As a rural inpatient nurse looking after postpartum patients, you will be completing the following activities:

Navigate to CareCompass

Review and complete tasks from CareCompass

1

2



Activity 13.1 – Navigate to CareCompass

As you learned in the Nurse- Rural Workbook, the page you land on when you log into PowerChart in the Nurse– Rural position is **CareCompass. CareCompass** is an interdisciplinary summary workflow that guides you, as a clinician, to organize, plan and prioritize care for your patients. CareCompass displays important details such as allergies, planned physician order sets, plans of care, resuscitation status, reason for visit, and more.

When you have multiple patients assigned to you (including postpartum moms and newborns), you will use **CareCompass** to support your workflow and orders, labs and tasks for your patients.

Note: It is recommended that you still refer back to Tracking Shell at least once a shift for these postpartum and newborn patients to see icons related to their care.

- 1. Navigate back to **CareCompass** by clicking on the **CareCompass** in the Toolbar.
- PowerChart Organizer for TestCD, ICU-Nurse Task Edit View Patient Chart Links Navigation Help CareCompass 1 cal Leader Organizer 🎄 Patient List 🚨 Multi-Patient Task List 🎬 Discharge Dashboard 🎎 Staff Assignment 🎬 LearningLIVE 🚽 🗄 😋 LEXIT AdHoc edication Administration 🔒 PM Conversation 👻 🗎 Medical Record Request 🕂 Add 👻 📻 Documents 🖆 Scheduling Appointment B 🔇 Patient Health Education Materials 🕄 Policies and Guidelines 🕄 UpToDate CareCompass 👫 📄 | 🖣 📄 | 🔍 🔍 | 100% - 🕘 🛑 🏠 Patient L ist 🗸 List Maintenance 🕂 Add Patient 😵 Establish Relationships LGH 2 East Care Team CST-TTT RUTH 2EL -71vrs | F | --No Relationship Exists
- 2. Select YourName_Custom from the Patient List dropdown.

3. Click the **Refresh** icon . Your selected patients (mom and newborn) are now visible on your custom list.



🛯 🌃 CareCompas	ss 🌃 Clinical Leader Organizer 🎍 Pati	ent List 🚨 Multi-	Patient Task List Trac	king Shell 📁 Cas	e Selection 🚨 Staff A	ssignment 🌃 L	earningLIVE 📮					
CareConnect	t 🔍 PHSA PACS 🔍 VCH and PHC PAC	S 🔍 MUSE 🔍 Fo	rmFast WFI 🝦									
🗐 Exit 🎽 AdHo	oc 🎟 Medication Administration 🗎 M	ledical Record Re	equest 🖏 Result Copy	🗓 Related Reco	rds 🕂 Add - 🖻 Doc	uments 🗎 Sche	duling Appointment E	Book 🗃 Disce	rn Reporting Portal 🥥	Conversation Lau	ncher	
🔍 Patient Heal	Ith Education Materials 🕄 SHOP Guide	elines and DSTs 🤇	🕽 UpToDate 🝦									
								🖺 Rec	cent - Name	, Q		
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	🔍 🔍 100% 🗸 📄 🖨 🖓											
Patient List Joh	nDoe_Custom List 🗸 💥 List Maintenance	e + Add Patient	🔹 Establish Relationsh	nips							🥹 7 🕹	
Lenter	Patient		Val		Core Team		Activities		Plan of Care			
321 - 01M	CSTMATTEST, BERYL 40yrs F Attempt CPR, Full Code No Known Allergies	9	PREGNANCY LOS: 4w 4d		Plisvca, Rocco, MD Business (322)366-4896		= 2 PRN/Co	ntinuous	OB Postpartur OB Labour and I TM Hepatitis B I TM Rh Immune	m Vaginal Deliver Delivery Admission (I mmune Globulin IM Globulin (RhIG / Wir	y (Validated) Multiphase) (Vali (HbIG) (Module nRho) (Module)	^
331 - 01C	CSTPRODEMPI, BABY GIRL 3m F No Known Allergies		NEWBORN LOS: 3m		Plisvcb, Stuart, MD Business (261)173-2664		0		Add Plans		3	
1												
Activity Timeline	15:00 16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	02:00	•

The patients that you have moved onto your Custom List are displayed in CareCompass.

Key Learning Points

- You will use **CareCompass** to support your workflow and orders, labs and tasks for your patients.
- It is recommended that you still refer back to Tracking Shell at least once a shift for these postpartum and newborn patients to see icons related to their care.

1



Activity 13.2 – Completing Tasks from CareCompass

An overview of CareCompass was covered in the Rural Nurse workbook. Here, we will review how to see information about your mother and newborn patients on CareCompass, and how to complete tasks.

The task that needs to be complete for the newborn is the **Newborn Admission History** PowerForm.

Open the task list for your baby patient by completing the following steps:

- 1. Click the grey forward arrow to the right of your baby patient's name to open the single patient task list
- 2. Notice the different task type tabs including: Scheduled/Unscheduled, PRN/Continuous, Plans of Care, Patient Information

🗄 🌃 CareCompass 🌃 Clinical Leader Organizer 🎍 Patient List 🚨 Multi-Pa	tient Task List Tracking Shell 🖗 Case Selection 🗯 Staff Assignment 🎬 LearningLIVE 🖕										
CareConnect Q PHSA PACS Q VCH and PHC PACS Q MUSE Q Form	scareConnect @PHSA PACS @VCH and PHC PACS @MUSE @FormFast WFI =										
🗐 Exit 🎬 AdHoc 🎟 Medication Administration 🗈 Medical Record Requ	uest 🕷 Result Copy 🎩 Related Records 🕂 Add 🗸 🗊 Documents 🕮 Scheduling Appointment Book 👄	Discern Reporting Portal 🔍 Conversation La	auncher								
🕄 🕰 Patient Health Education Materials 💐 SHOP Guidelines and DSTs 💐	UpToDate 🛫										
CSTLABSQBB, RHIGMOMMY		CSTLABSQBB, BABY GIRL 🔹 🎢 Recent 🔹	Name 🗸 🤉								
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🏔 🕽 🖶 🔍 🔍 100% 🛛 🖌 🖨											
Patient List: JohnDoe_Custom List 🗸 💥 List Maintenance 💠 Add Patient	🕵 Establish Relationships		0 0								
Location Patient	CSTLABSQBB, BABY GIRL Age: 11d Sex: F DOB: 02/15/20	018 MRN: 700020887 Encounte	r#: 🛞								
3WL - 02A CSTLABSQBB, BABY GIRL 11d F - (No Allergies Recorded (Scheduled/Unscheduled PRN/Continuous Plans of Care Patient Information 2										
3WL - 03M CSTLABSOBB, RHIGMOMMY 32yrs F Attempt CPR, Ful Code No Known Allergies -	Current Admission History Newborn 23-Feb-2018 1146 PST, Stop: 23-Feb-2018 1146 PST		^								
	Comment: Under entered secondary to impatient admission. Unscheduled (No Activities) 1300 (No Activities) Interdisciplinary (No Activities)										
Activity Timeline											
			~								
		Done Not I	Done Document								
Overdue 10:00 11:00 12:00											

- 3. In the Scheduled/Unscheduled tab, click to highlight the Admission History Newborn task
- 4. Click **Document**



🗄 🌃 CareCompass 👫 Clinical	🕷 CareCompass 🜇 Clinical Leader Organizer 🦹 Patient List 🖴 Multi-Patient Task List Tracking Shell 🥲 Case Selection 🛤 Staff Assignment 🌃 LearningLIVE 🖕											
CareConnect 🕄 PHSA PA	CareConnect @PHSA PACS @VCH and PHC PACS @MUSE @FormFast WFI											
Exit MadHoc 🎟 Medica	🖟 Exit 🎬 AdHoc 🞟 Medication Administration 🗟 Medical Record Request 🖏 Result Copy 😓 Related Records 🛨 Add 🛛 📆 Documents 🖷 Scheduling Appointment Book 🔗 Discern Reporting Portal 🔍 Conversation Launcher											
QPatient Health Education Materials 🕄 SHOP Guidelines and DSTs 🕲 UpToDate												
CSTLABSQBB, RHIGMOMMY	×		CSTLABSQBB, BABY GIRL 👻	🛍 Recent 👻 Nam	ne - Q							
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Patient List: JohnDoe_Custom	List 🗸 💥 List Maintenance 🚦	Add Patient	🔮 Establish Relationships	+	0 0							
Location Patient			CSTLABSQBB, BABY GIRL Age: 11d Sex: F DOB: 02/15/2018 MRN: 700020887	Encounter #:	8							
3WL - 02A CSTLAB: 11d F	SQBB, BABY GIRL	4	Scheduled/Unscheduled PRN/Continuous Plans of Care Patient Information	/00000201001								
No Alle	ergies Recorded -											
3WL - 03M CSTLAB	SQBB, RHIGMOMMY											
32yrs No Kno	32yrs F Attempt CPR, Full Code		Current		<u> </u>							
			Admission History Newborn 23-Feb-2018 11:46 PST, Stop: 23-Feb-2018 11:46 PST Comment: Order entered secondary to inpatient admission.									
			Unscheduled (No Activities)									
			11:00 (No Activities) Interdiscipilinary (No Activities)									
Activity Timeline												
					×							
				Done Not Done	Document 4							
0	11.00	12.00										

The patient's chart will open directly to the appropriate documentation section, in this case, the **Newborn Admission History** PowerForm.

Note: In practice, this form needs to be completed as detailed and thoroughly as possible. For the purposes of this classroom, you will only complete a small portion of the form. Document using the following data:

- 5. In the General Info tab/section:
 - Location of Birth = *Hospital*
 - Accompanied By = *Mother*





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Performed on	26-Eeb-2018		PST			
General Info	20100-2010	· · · · · · · · ·				
Birth History	General I	nformation				
Family History	Location of Birth	Reason for T	ransfer	Mode of Arrival on	Day of Life on	Mode of Transfer
Social History					Iranster	
	Hospital	O High level of O Growth or dia	care required	C Darried	Udy	Air ambulance Ground ambulance
	O Other	Medical or di	annostic services	O Crib		Private vehicle
	C Other	O Surgical ana:	somosis	O Isolette		Special Needs Transport
		O Other		O Wagon		O Other:
	_			O Other:		
	5					
	Accompanied By				Security Tag Applied	ID Band Number
	None None	Foster father	Ministry worker	Stepmother	□ N/A	
	Mother	Friend	Sibling	Step sibling	🗆 Yes	
	Father	Grandfather	Spouse	Security	🗖 No	
	Foster mother	Grandmother	Stepfather	Other:	C Other:	
	<			5		
	ID Band Recipient	#1 Relationship to	Baby		Name of ID Band Re	ecipient #1
	O Biological father	O Co-Parent	O Legal guardian	O Other:		
	O Biological mother	O Friend	O Sibling			
	O Adoptive father	O Grandfather	O Surrogate father	r		
	O Adoptive mother	O Grandmother	O Surrogate mothe	er		
	<			>		
	ID Band Recipient	#2 Relationship to	Baby		Name of ID Band	ID Band Destroyed
					Recipient #2	
	O Biological father	O Co-Parent	🔿 Legal guardian	O Other:		☐ #1
	O Biological mother	O Friend	O Sibling			☐ #2
	O Adoptive father	O Grandfather	O Surrogate father	r i i i i i i i i i i i i i i i i i i i		
	O Adoptive mother	O Grandmother	O Surrogate mother	er		
	<			>		

- 6. In the Birth History tab/section:
 - EGA at Birth = autopopulates from mothers chart
 - Gestational Age At Birth = need to manually transcribe based on EGA field

Scroll down and enter:

- Delivery Type = Vaginal
- 7. Click the green checkmark \checkmark to sign your documentation.



P			Newborn Admis	sion History - CSTLABSQBB, BA	ABY GIRL			
70 %	<mark>71 + +</mark> 📾 🖾 🗎							
*Performed on	: 26-Feb-2018 🔶 🗸 1215							
General Info Birth History	Birth History		1					
Family History Social History	EGA at Birth 34W 2D Auto-bobulates from mom Medications Taken by Mother V Maternal Antepartum Steroids None Betamethasone, complete dose Dexamethasone, complete dose Dexamethasone, complete dose	EGA at Birth is result copied from the maternal chart, this value will need to be transcribed into the Gestational Age at Birth control to calculate the PMA. 'I's chart 6 Vhile Pregnant Received Dexamethasone, partial dose	Gestational Age At Bir Method Comment	Bestational Age At Birth 34 week 2 day Need to manual input Method 6 •				
	Maternal Intrapartum Antibioti	cs Given		Mother/Baby Communicable Exposure (Prior to Delivery)	Disease			
	None before delivery Prior to delivery, less than 4 hours Prior to delivery, greater than 4 hours, Prior to delivery, greater than 4 hours, 2	dose 2 doses or more		Yes No Con Chickenpox Hepatitis A Hepatitis B Hepatitis C HIV Measles Mumos Tuberculosis Other	iment			
	Maternal Pregnancy Risk Factor	s						
	∏ None ≪	☐ Interpersonal violence	☐ Previ	ous infant death	124			

You will be returned to CareCompass. Notice that the Admission History Newborn task has been completed and no longer appears on the baby's task list.

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Ratient Heal	Ith Education Materials 🕄 SHOP Guideli	nes and DSTs 🕄	UpToDate _						
CSTLABSOBB, R	RHIGMOMMY					CSTI 4	BSOBB, BABY GIRI	• CRecent • Nam	ie • Q
CareCompass							. Full screen	同Print २1 hours	48 minutes ago
	🔍 🔍 100% 🛛 🗸 🖌								
Patient List: Joh	hnDoe_Custom List 🗸 💥 List Maintenance	🕂 Add Patient	💰 Establish Relationships						🖗 0 🛛 🕹
▲ Location	Patient		CSTLABSQBB, BABY GIRL	Age: 11d	Sex: F	DOB: 02/15/2018	MRN: 700020887	Encounter #:	0
3WL - 02A	CSTLABSQBB, BABY GIRL 11d F No Allergies Recorded		Scheduled/Unscheduled PRN/Conti	inuous Plans of Care	Patient Information			700000201351	
3WL - 03M	CSTLABSQBB, RHIGMOMMY 32yrs F Attempt CPR, Full Code No Known Allergies -		Current (No Activities) Unscheduled (No Activities) 13:00 (No Activities)	4 Hours 1	2 Hours				^
			Interdisciplinary (No Activities)						
Activity Timeline		-							~
Quardua	12:00 12:00	14:00						Done Not Done	Document



Key Learning Points

- CareCompass provides a quick overview of patient information
- Tasks for postpartum patients and newborns will be found on CareCompass task lists. They can be completed through CareCompass.
- It is encouraged to check task lists frequently throughout your shift.



PATIENT SCENARIO 14 – Self Administered Medications (SAM)

Learning Objectives

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

Access the Maternity Self- Medication Record from FormFast.

SCENARIO

In this scenario, you will print the Maternity Self-Medication Record form for the mother to document when she is self-administering any medications.

As an inpatient nurse you will be completing the following activities:

Access the Maternity Self – Medication Record from FormFast.



Activity 14.1 – SAM

1

The underlying concept of self-administered medications (SAMs) remains the same – you will provide a physical form for the mother to document when she is taking her medications.

1. From CareCompass, open the mom's chart by clicking on the patient's name

🐒 CareCompass 🜇 Clinical Leader Organizer 🛉 Patient List 🐸 Multi-Patient Task List Tracking Shell 🥲 Case Selection 🖏 Staff Assignment 腦 Learning LIVE 💡													
CareConnect	CareConnect CaPHSA PACS CaVCH and PHC PACS CAULUSE CaFormFast WFI :												
#Exit MAdHoc =Medication Administration 🗋 Medical Record Request 🙀 Result Copy 🗟 Related Records 🛧 Add - 🖹 Documents 🛱 Scheduling Appointment Book 🗟 Discem Reporting Portal 🗟 Conversation Launcher 🖗 Patient Locator 🛔 PM Conversation -													
Q Patient Health Education Materials @ SHOP Guidelines and DSTs @ UPToDate _													
CSTPRODEMPL BABY GIRL CSTMATTEST, BERYL CSTLABSQBB, RHIGMOMMY C													
CareCompass					💭 Full screen 🖨 Print 📢	1 minutes ag							
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Patient List: Joh	nDoe_Custom List 🗸 🔀 List Maintenance 🛛 💠 Add Patient 💰 Establish R	elationships				0 🥹							
Location	Patient	Valt	Care Team	Activities	Plan of Care								
331 - 01C	CSTPRODEMPI, BABY GIRL	NEWBORN	Playch, Stuart, MD		Add Plans	~							
	3m F No Known Allergies	LOS: am	Busiless (201)1/3-2004	0									
3WL - 03M	CSTLABSOBB, RHIGMOMMY	test	Playof, Dillon, MD		OB Labour and Delivery Admission (Multiphase) (Validate	d)							
	32yrs F Attempt CPR, Full Code	LOS: 8d	Business (634)393-4343	- 8	OB Labour and Delivery Admission (Multiphase) (Validate	d)							
	No known Allergies			PRN/Continuous	TM Hepatitis B Immune Globulin IM (HbIG) (Module) (Va TM Rh Immune Globulin (RhIG / WinRho) (Module) (Val	dated)							

To access the SAM form, you need to click on the FormFast ^Q FormFast WFI button on the tool bar.



Type in "*Medications*" in the search bar on the top left corner. Select "Maternity Self- Medication Record".

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WED FormImprint"				Print Refresh	Settings Favor	- No Lo	ocations	· · ·	Angel Leung Sign OL	• 🕞
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medications Q	Drag a column header here to group by that column									
Favorites		Last Name	First Name	MiddleName	PreferredName	Birth Date	Gender	Medical Record Number	Encounter Number	Encounter I
Jobs Medication Documentation	Clear	Search	Search.	Search	Search	Search	Sear	Search	70000001561	Search
Medications Administration Record		PITFIVESMITH	JANA			15-Jan-1980	F	700008415	700000015616	96970795
Blood Glucose Record For Insulin Adjustment	Records Last Refreshed: 9:05:03 AM									
Clozapine Nursing Initiation Monitoring Record Drug Dore and Interval										
Insulin Pump Log										
Manual Medication Administration Record MAR Insert Sheet										
Medication Administration Record										
Medication and Treatment Record Evergreen Medication Record for Use of Contingency Meds										
Patient Evaluation Form IV Glucagon										
Travitari										
FORMFAST										
	<									>

Review the name to ensure it is the right patient and click Print.



Job Preview										Ж	
Yrevious > Next Print Done Zoom: 100	•										
										^	
Vancouver	Vancouver					Place Patient Label Here					
CoastalHealth	PITFIV	PITFIVESMITH, JANA									
Promoting wellness. Ensuring care.					1	Inpatient					
LGH Lions Gate Hospital	LGH Lions Gate Hospital				814	DOB: 15-Ja	an-1980	F			
			MRN: 7	00008415	5 1	Encounter#	: 700000	0015616			
1406	1406 RECOR									-	
Nursing to cross out medications that are n	ot ordered.										
Patient received Maternity Self-Medicate medications and tracking record?	Patient received Maternity Self-Medicaton Program pamphlet and instructions involving self-administered medications and tracking record?										
MEDICATIONS AND DIRECTIONS	FIONS Date:		:	Date:		Date:		Date:			
	Time D	Dose Tim	e Dose	Time	Dose	Time	Dose	Time	Dose	~	

At the end of every shift, best practice is to back enter the medications that your patient has taken during your shift.

- 1. Select MAR section from Menu column and scroll to PRN medications.
- 2. Click on the cell with Not previously given beside ibuprofen (ensure it is the **ibuprofen self med program**) 400 mg, PO q4h, PRN pain.

Menu P	< > 🕣 🏦 MAR	
Women's Health Overview 🔶	*16 60 🗎	
Interactive View and I&O		
Single Patient Task List	All Medications (System)	Sunday, 1
MAR 1	Show All Rate Change Docu Medications 11-Dec-2017 11-Dec-2017 11-Dec-2017 16:59 PST 16:59 PST	10-Dec-2017 21:00 PST
MAR Summary	Time View Scheduled	
Orders 🕂 Add	Scheduled 200 mg	200 mg Not previously
Results Review	Unscheduled 200 mg, PO, qHS, drug form: given	given
Notes 🕂 Ado	PRN 1 PDT PDT	
Documentation 🕂 Add	Continuous Infusions docusate	
Allergies 🕂 Ado	Future PRN PRN Formation Formation	
Diagnoses and Problems	Discontinued Scheduled acetaminophen (acetaminop Not previously	
CareConnect	Discontinued Unscheduled 650 mg, PO, q4h, PRN pain, given drug form: tab, start:	
Form Browser	Discontinued PRN 31-Oct-2017 10:34 PDT Self Medication Program - ke	
	Discontinued Continuous Infus acetaminophen	
Perioperative Doc	Temperature Axillary	
	Iemperature Oral Numeric Pain Score (0.10)	
Care Coordination	PRN 400 mg	
Clinical Research	ibuprofen (ibuprofen self m Not previously 400 mg, PO, q4h, PRN pain, given	
Growth Chart	drug form: tab, start: 31-Oct-2017 10:34 PDT 2	
Histories	Self Medication Program - ke	
	Therapeutic Class View Temperature Avillance	
Immunizations	Route View Temperature Oral	
Lines/Tubes/Drains Summary	Plan View	
	Taper View	

3. A Charting for: Your Patient's Name window will open with the medication name



(ibuprofen) listed at the top. In the Performed Date/Time: field, back enter the patient's first dose taken on your shift. Enter = T/0500

- 4. In the Performed by: field, type = *Self* and the field will autopopulate with **Self-Administered**.
- 5. Click Sign 🖌 .

Charting for: MATTEST, IG 5	CONS								
්ෂණ්ර ්රී <mark>මා</mark> ibuprofen 400 mg, PO, q4h, PRN pain, Self Medication Program - k	, drug form: tab, start: 08-Dec-2017 16:55 PST keep medications at bedside for patient to self-admini								
*Performed date / time :	11-Dec-2017 💌 1638 🚔 PST 3								
*Performed by :	Belf-Administered, Self-Administered								
Witnessed by :									
Medication not given wit	thin the last 5 days.								
Temperature Axillary:	Temperature Axillary: DegC Acknowledge Temperature Axillary No Result found in previous 60 minutes. Trend								
Acknowledge Tempe	erature Oral No Result found in previous 60 minutes. <u>Trend</u>								
*ibuprofen: 400	mg 🗸 Volume: 0 ml								
Diluent : <none></none>	▼ ml								
*Route: PO	▼ Site:								
Reason : pain	-								
Total Volume : 0	Infused Over : 0								
← 11-Dec-2017 11-Dec- 1500 PST 1600 P	2017 11-Dec-2017 11-Dec-2017 11-Dec-2017 11-Dec-2017 ST 1700 PST 1800 PST 1900 PST 2000 PST								

6. The Medication Administration Follow Up PowerForm will open. Select Yes in the Medication Effectiveness field. Sign ✓.



P Medication Adr	ninistration Follow Up - MATTEST, ICONS								
🖌 🖬 🧕 🕅									
*Performed on:	11-Dec-2017 1100 PST								
Medication Effect	Intervention Info:								
Vital Signs/Respir	ibuprofen								
Sedation Scales	Performed by Self-Administered, Self-Administered on 11-Dec-2017 10:00:00 PST								
NCI Nausea and '	ibuprofen,400mg								
	PO,pain								
	Medication Effectiveness Evaluation								
	Medication effectiveness should be assessed for all medications administered								
	Medication Effective								
	Yes O No O Other:								
	6								
	When assessing medication effectiveness the appropriate scale must be used. Evaluation must include patient's self report where possible.								
	When assessing pain, utilize appropriate pain scale and document pain response in Interactive View.								

- 7. Medication will display on MAR.
- 8. Repeat for subsequent self-administered medications.

Note: once the mom has completed the form/ has been discharged, you need to place the form into the patient's chartlet so the unit clerk can scan the document into the patient's chart in PowerChart.

Key Learning Points

- The Maternity Self Medication Record needs to be printed from FormFast to be given to the mother to document her medications.
- Best practice indicates nurses should back enter the information on the form into PowerChart at the end of each shift.



PATIENT SCENARIO 14 – Neonate Workflow

Learning Objectives

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

- Navigate to and understand functionality for the Neonate Workflow
 - Access and document on the Newborn Discharge Checklist

SCENARIO

In this scenario, you will be accessing the Neonate Workflow

As a rural inpatient OB nurse you will be completing the following activities:

- Navigate to the Task Timeline in the Neonate Workflow tab of Women's Health Overview
- Document the car seat check being completed in the Newborn Discharge Checklist

1



Activity 14.1 – Neonate Workflow

The Neonate Workflow can be found by accessing the Women's Health Overview summary page from the Menu. The Neonate Workflow provides a summary of the newborn baby including vital signs, weights and measurements, infant feeding, current medications, and lab results etc. This summary page pulls information in from other parts of the chart including iView and PowerForm documentation and results review.

The Neonate Workflow also helps support nurses in caring for the newborn. The Task Timeline component outlines a list of tasks that need to be completed for the newborn prior to discharge.

To Navigate to the Neonate Workflow:

- 1. Open the baby's chart
- 2. Click on Women's Health Overview summary page from the Menu
- 3. Click on the Neonate Workflow tab
- 4. From the list of components on the left, click to highlight the **Task Timeline** component (or you can use the scroll bar on the right to scroll down the page)

CSTLABSQBB, BABY GIRL		DOB:15-Feb-2018	MRN:700020887 Code Status: Process: Exercition0000001201				Location:LGH 3W; 3WL; 02A						
Alleraies: Alleraies I	Not Recorded		Age:10 days Gender:Female	Enc:/000000201391 PHN:9876296877	Dosing Wt:		Disease: Isolation:	Enc Type:Ne Attending:Pli	vborn svca Rocco MD				
Menu		4	< 🖂 - 🔒 Women's Healt	th Overview	boomy to			(C) Full s	creen 📾 Print	€ 17 minute	s ago		
Patient Summary		^		1.0.0.0									
Women's Health	Overview 2		A 🗎 🖌 🛋 🕨 🔍 🔍 🕺 100%	▼ ● ● 🏠									
Orders	🕈 Add		Triage/Ante/La 🔀 Partogra	am 🛛 🕄 Postp	artum 🛛 🕄 Neona	ite Workfl 🔀 Discharge	OB Quick Orders	🛿 Handoff Tool 🖾 🕂			≡•		
Single Patient Tasl						3							
MAR			Neonate Overview	Task Timeline						∂ ≡-	\sim		
MAR Summary			Vital Signs & Measurements	Date of birth: Fe	b 23, 2018 08:00								
Interactive View an	nd I&O		Measurements	Task	,	Result				20			
Results Review			Infant Feeding (0)	Pending						25			
Documentation	+ Add		Current Medications	Newborn ID Band	Check			Newborn ID Band Check					
Notes	+ Add		Active Issues	Newborn Hearing	Screening Overall Result			Pending					
Medication Request		Newborn Screenin	g Date, Time Drawn										
Histories			Weeks and Greater	Bilirubin Check									
Allorgios	≜ ∆dd		Labs	Newborn Cardiac	Screen Result	-							
Allergies	- Auu		Microbiology C.R.C. (a)	Newborn Car Seat	: Check								
Diagnoses and Pro	oblems		Microbiology C & S (0)	Newborn Hepatitis	B Vaccine	-		No Res	its Found				
Perioperative Doc			Microbiology Other	Newborn Head Ult	rasound			10 1000	CO T OUND				
			Transfusion History	Maternal Drug Exp	oosure Test								
CareConnect			Pathology	Retinopathy of Pre	ematurity (ROP)								
Clinical Research			New Order Entry	Weight Discharge									
			Code Defile	Hepatitis B Immur	ne Globulin (HBIg)								
Form Browser			Order Profile	Completed									
Growth Chart			Task Timeline 4	No results found									
Immunizations			Documents (0)								\sim		
Lines/Tubes/Drain	c Cumm	\sim									_		

Notice the list of **Pending** tasks under the **Task Timeline**. Before the newborn is discharged, all of these tasks should be under the **Completed** section:




Task Timeline						
Date of birth: Feb 23, 2018 08:00						
Task	Result					
Pending						
Newborn ID Band Check						
Newborn Hearing Screening Overall Result						
Newborn Screening Date, Time Drawn						
Bilirubin Check						
Newborn Cardiac Screen Result						
Newborn Car Seat Check						
Newborn Hepatitis B Vaccine						
Newborn Head Ultrasound						
Maternal Drug Exposure Test						
Retinopathy of Prematurity (ROP)						
Weight Discharge						
Hepatitis B Immune Globulin (HBIg)						
Completed						
No results found						

Documentation in iView and PowerForms will move these tasks automatically from the pending section to the completed section.

Let's try it!

- 2 The next steps will show you how to document the **Car Seat Check** in the **Newborn Discharge Checklist** section in **iView**. Documenting in this in iView will move the task from **Pending** to **Completed** on the **Neonate Workflow** page.
 - 1. Select Interactive View and I&O from the Menu.

Note: Since you are in a Newborn's chart, you will see different iView bands than you would see for an adult patient.

- 2. Click on the **Newborn Neonate Education** band
- 3. Select the Newborn Discharge Checklist section.
- 4. Double click on the cell next to **Car Seat Check** under the appropriate time column, and select **Done**.
- 5. Click the green check mark \checkmark to sign the documentation.

PATIENT SCENARIO 14 – Neonate Workflow



CSTLABSQBB, BA	BY GIRL		DOB:15-Feb-2018	MRN:700020887	Code Status:			Process:			Location:LGH 3W; 3	WL; 02A	
Allergies: Allergies N	Not Recorded		Gender:Female	PHN:9876296877	Dosing Wt:			Isolation:			Attending:Plisvca, Ro	cco, MD	
Menu		ņ	< 🕞 🔸 👫 Interactive Vi	ew and I&O							🗇 Full screen	🖨 Print	€ 0 minutes a
Patient Summary		^	- E C A 🖌 🖌 5 8 1 1 1	l fa x									
Women's Health O	verview												
Orders	+ Add		X Newborn Quick View					Last 72 Ho	urs			Þ	
Single Patient Task	list		🗙 Newborn Systems Assessmen	t									
MAR			Vewborn Lines - Devices - Proc	cedures	Find Item	 Critical 	🗆 High 🛛	Low Abnor	nal 🗌 Unauth	Flag	And	Or	
MAR Summany			Newborn-Neonate Education	2									
WAR Summary			General Newborn-Neonate Edu	acation	<u>ب</u>			26-Feb-2018					
Interactive View	and 180		Newborn Care		A Newborn Dircharge	Chacklist		13:21 PST					
Results Review			Medication Newborn-Neonate	Education	Hepatitis B Varcine	LITCORING							
Documentation	+ Add		Nutrition Newborn-Neonate Ed	ucation	Hepatitis B Immune G	lobulin (HBlg)							
Documentation	-		Skin and Wounds Education		Birth Registration Pa	nphlet							
Notes	Add		Newborn Metabolic Screening		Car Seat Check			Done 4					
Medication Reque			Discharge Planning Education		Immunizations Given								
Llistories			Newborn Discharge	_	Bilirubin Check								
mistories			Newborn Discharge Checklist	3	ID Band Check	ound							
Allergies	+ Add			_	Maternal Drug Expos	ure Test							
Diagnoses and Pro	blems				Retinopathy of Prema	turity (ROP)							
Perioperative Doc			Yediatric Quick View										
			YPediatric Systems Assessment										
CC+			Vediatric Lines - Devices										
CareConnect			Yediatric Education										
Clinical Research			Slood Product Administration										
Form Browser			🗙 Intake And Output										
Growth Chart			X Advanced Graphing										
Immunizations			Restraint and Seclusion										
initianizations			Yerocedural Sedation										

Now you go back to the Neonate Workflow:

- 6. Click on **Women's Health Overview** from the Menu and make sure you are on the **Neonate Workflow** tab/page
- 7. Click refresh 2³ minutes ago
- 8. Scroll down to the Task Timeline component
- 9. Notice the Newborn Car Seat Check is now Completed

CSTLABSQBB, BABY GIRL	DOB:15-Feb-2018 M Age:11 days Ei	IRN:700020887 Code Status: hc:7000000201391	Process: Disease:	Location:LGH 3W; 3WL; 02A Enc Type:Newborn
Allergies: Allergies Not Recorded	Gender:Female Pl	IN:9876296877 Dosing Wt:	Isolation:	Attending:Plisvca, Rocco, MD
Menu 🕂	🕻 🔿 👻 者 🛛 Women's Health	Overview		🖽 Full screen 🛛 📾 Print 🛛 🕏 0 minutes ago
Patient Summary		1004		7
Women's Health Overview 6	ma 🔳 🖷 🖿 🔨 🔨 100%	- UU @		
Orders + Add	Triage/Ante/La S3 Partogram	23 Postpartum 23 Neonate Work	fl 23 6 scharge 23 OB Quick Orders 23	Handoff Tool 🛛 +
Single Patient Task List				
MAR	Neonate Overview	Task Timeline		∂ =^
MAR Summary	Vital Signs & Measurements	Date of birth: Feb 23, 2018 08:00		
Interactive View and I&O	Measurements	Task	Result	
Results Review	Infant Feeding (0)	Pending		
Documentation 🕂 Add	Current Medications	Newborn ID Band Check		
Notes 🛨 Add	Active Tesues	Newborn Hearing Screening Overall Result		
Medication Request	Pille Lie New Arts	Newborn Screening Date, Time Drawn	-	
Histories	Billirubin Nomogram 35 Weeks and Greater	Bilirubin Check	-	
	Labo	Newborn Cardiac Screen Result		
Allergies - Add	Labs	Newborn Hepatitis B Vaccine	-	
Diagnoses and Problems	Microbiology C & S	Newborn Head Ultrasound	-	
Perioperative Doc	Microbiology Other	Maternal Drug Exposure Test	-	
	Transfusion History	Retinopathy of Prematurity (ROP)		
CareConnect	Pathology	Weight Discharge		
Clinical Research	New Order Entry	Hepatitis B Immune Globulin (HBIg)	-	
	New order Endy	Completed		
Pormi Browser	Order Profile	Newborn Car Seat Check	Completed	9
Growth Chart	Task Timeline 8			
Immunizations	Documents (0)	D		

You will know that you have completed all of the necessary discharge documentation on your newborn patient when all of the tasks display under the Completed section in the Task Timeline component.



Note: Even if a nurse documents "N/A" for these items, it will move the task to Completed.

Key Learning Points

- The Neonate Workflow page in the Women's Health Overview provides a summary of key patient information, as well as supports the nurse in the care of the newborn
- The Task Timeline lists Pending Tasks that need to be completed for the newborn prior to discharge
- Documenting in the appropriate sections in iView and PowerForms will move tasks to the Completed section of the Task Timeline component.



b End Book One

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