

**SELF-GUIDED PRACTICE WORKBOOK [N36]**  
CST Transformational Learning

## **Nursing: PAC**

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## # SELF-GUIDED PRACTICE WORKBOOK

<b>Duration</b>	<b>2 hour</b>
<b>Before getting started</b>	<ul style="list-style-type: none"> <li>■ Sign the attendance roster (this will ensure you get paid to attend the session).</li> <li>■ Put your cell phones on silent mode.</li> </ul>
<b>Session Expectations</b>	<ul style="list-style-type: none"> <li>■ This is a self-paced learning session.</li> <li>■ A 15 min break time will be provided. You can take this break at any time during the session.</li> <li>■ The workbook provides a compilation of different scenarios that are applicable to your work setting.</li> <li>■ Each scenario will allow you to work through different learning activities at your own pace to ensure you are able to practice and consolidate the skills and competencies required throughout the session.</li> </ul>
<b>Key Learning Review</b>	<ul style="list-style-type: none"> <li>■ At the end of the session, you will be required to complete a Key Learning Review.</li> <li>■ This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> <li>■ Your instructor will review and assess these with you.</li> </ul>

## Using Train Domain

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

Please note:

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

## PATIENT SCENARIO

### Learning Objectives

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

- Navigate the Perioperative Tracking Board – PAC view
- Set Events
- Complete the Surgical Assessment PowerForm
- Set Event Alerts
- Set Process Alerts
- Update the Perioperative Tracking Board as required

### SCENARIO

Overall Scenario:

A 54-year-old male with an inguinal hernia meets with a General Surgeon and is scheduled for an elective right inguinal hernia repair. The patient has a medical history of seizure disorder and a surgical history of appendectomy. Following his appendectomy he had a violent episode upon emergence, which was associated with the anesthetic drugs he received.

His chart is screened by the PAC nurse and he is booked for a Nurse and Anesthesia PAC Appointment. He attends his PAC appointment and is determined fit for surgery. Surgery is scheduled three weeks from the date of the PAC appointment.

Focus of this Scenario:

It is the day of the PAC appointment. This scenario is from the perspective of the PAC nurse. The Anesthesiologist portion of PAC will be reviewed in the Anesthesiologist workbook.

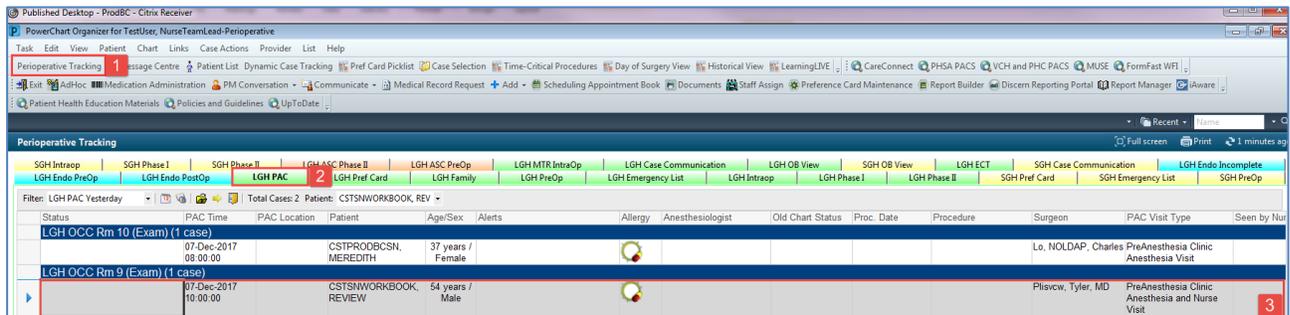
As a PAC Nurse, you will complete the following 6 activities:

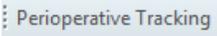
- Navigate the Tracking Board
- Display and navigate the patient chart
- Set events to update the patient's status in Perioperative Tracking
- Document in the Surgical Assessment PowerForm – including conducting the Best Possible Medication History (BPMH) and recording allergies & vital signs
- Set an event alert
- Set and review a Process Alert
- Flag the appointment as a PAC Complete

## Activity 1.1 - Navigate the Tracking Board

- 1 When you login to PowerChart it will open to **Perioperative Tracking**.

Perioperative Tracking will display various views (or tabs) depending on your area/login. Utilization of Perioperative Tracking **LGH PAC** view is recommended to access patient charts within the **LGH PAC** unit. This view acts as a slate, a communication tool, and eliminates the need to search for patients individually.



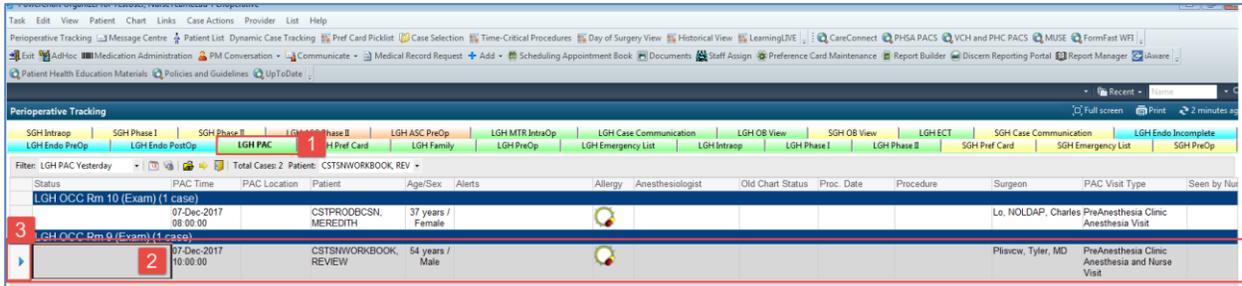
1. Any time you need to navigate back to Perioperative Tracking you can click  from the toolbar
2. Patients will display in **LGH PAC** tracking view
3. Each row within this table represents a patient. They are typically arranged by room (e.g. OR and PAC).

### Key Learning Points

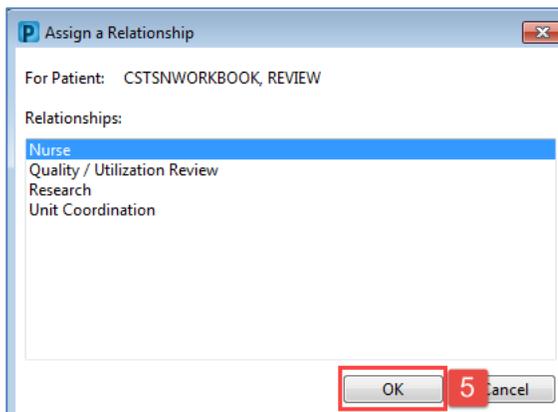
-  You can use the Perioperative Tracking within the toolbar to return to this view from any other area of PowerChart

## Activity 1.2 – Display and Navigate the Patient’s chart

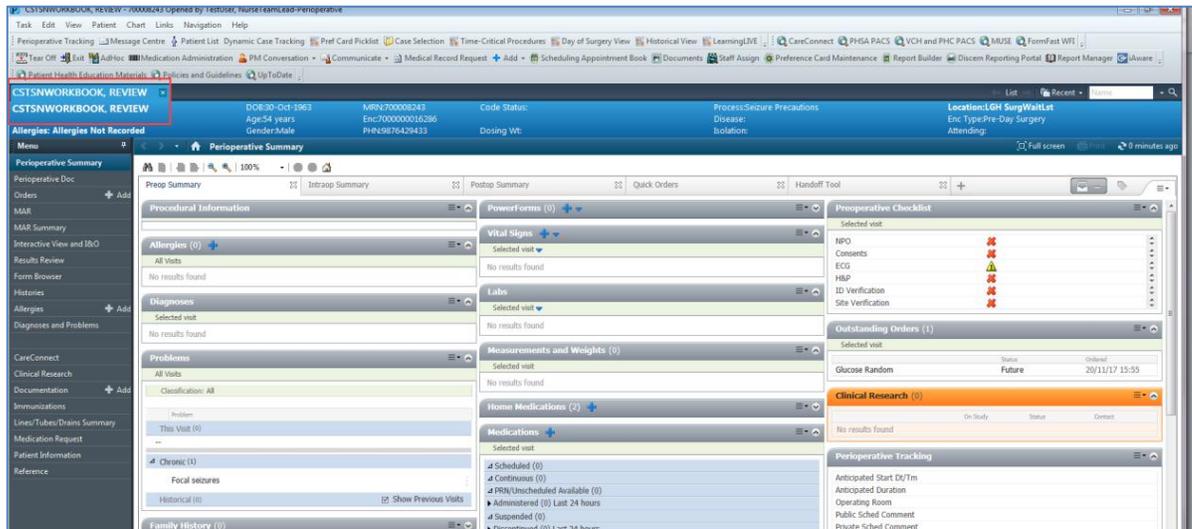
### 1 Opening the Patient’s Chart in Perioperative Tracking



1. Select the **LGH PAC** view
2. Select the appropriate patient by Clicking on the row. Blue arrow  will appear
3. Double- click the Blue arrow  next to the patient’s chart to open their chart



4. If this is the first-time logging in a patient’s chart, the Assign a Relationship window will display, verify this is the correct patient. Select **Nurse** to assign relationship.  
**Note:** If this is the wrong patient, click the cancel button to return to Tracking View
5. Click **OK**

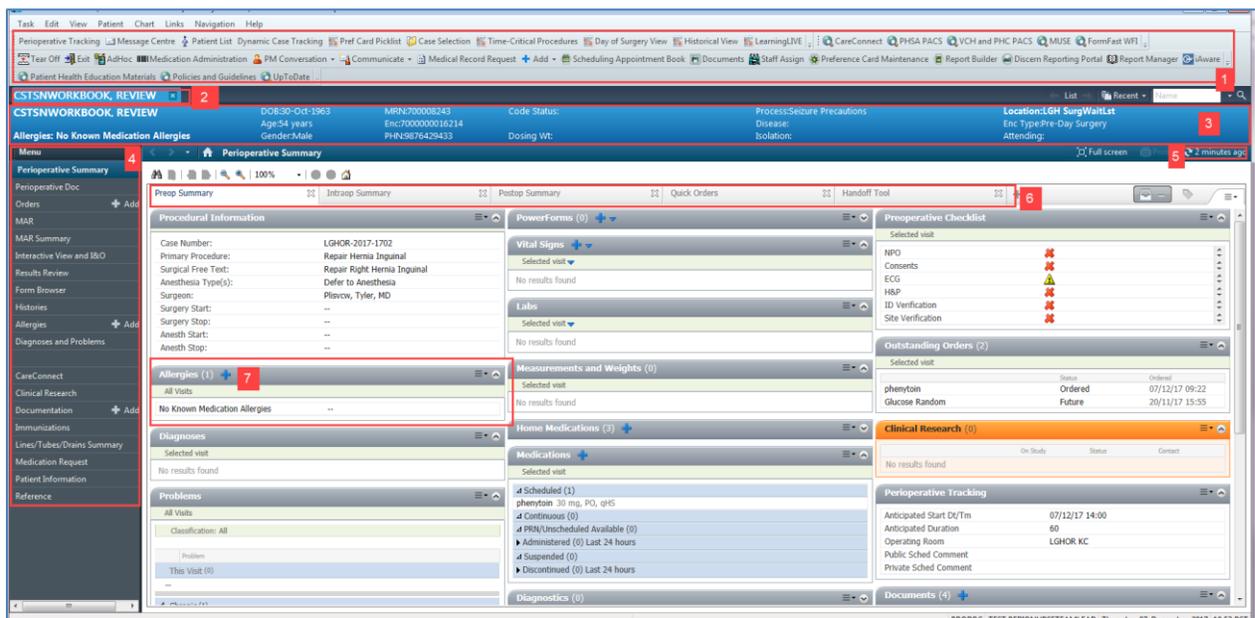


6. Perioperative Summary displays when you access a patient’s chart. Verify this is the correct patient’s chart that has opened.

2

## Navigate the Patient Chart

Upon accessing the patient’s chart you will see the **Perioperative Summary** page open. The Summary will provide views of key clinical patient information.



1. **Toolbar** - located above the patient’s chart and it contains buttons that allow you to access various tools within the Clinical Information System.

2. **Patient tab** – displays patient’s name and clicking on  will close the chart.

3. **Banner Bar**- displays patient demographics and important information that is visible to anyone accessing the patient’s chart. Information displayed includes:
  - Name
  - Allergies
  - Age, date of birth, etc.
  - Encounter type and number
  - Code status
  - Weight
  - Process, disease and isolation alerts
  - Location of patient
  - Attending Physician
4. **Menu**- on the left allows access to different sections of the patient chart. This is similar to the coloured dividers within a paper-based patient chart. Examples of sections included are Orders, Medication Administration Record (MAR) and more.
5. The **Refresh** icon  updates the patient chart with the most up to date entries when clicked. It is important refresh the chart frequently especially as other clinicians may be accessing and documenting in the patient chart simultaneously.
6. There are different tabs (e.g. Preop Summary, Intraop Summary, Postop Summary, Quick Orders, Handoff Tool, and Discharge) that can be used to learn more about the patient. Click on the different tabs to see a quick overview of the patient.
7. Each tab has different components. You can navigate to different sections of the chart by clicking on the component link(s) e.g. clicking on the Allergies link  or Add  is the same as clicking on the Allergies band in the Menu.

### Key Learning Points

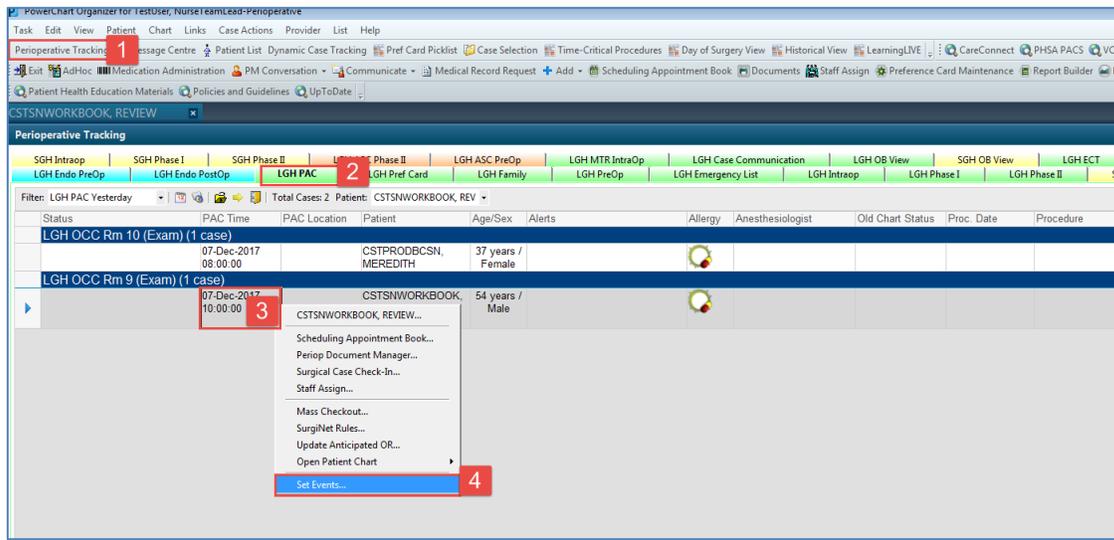
-  The blue arrow indicates that you have selected a patient in the tracking view
-  Users accessing a patient’s chart for the first time are prompted to assign the relationship with the patient e.g. Nurse
-  Always verify the correct patient’s chart has opened
-  The Perioperative Summary page provides an overview of the patient information and allows for navigation elsewhere in the chart

## Activity 1.3 – Update Patient's Status in Perioperative Tracking by Setting an Event

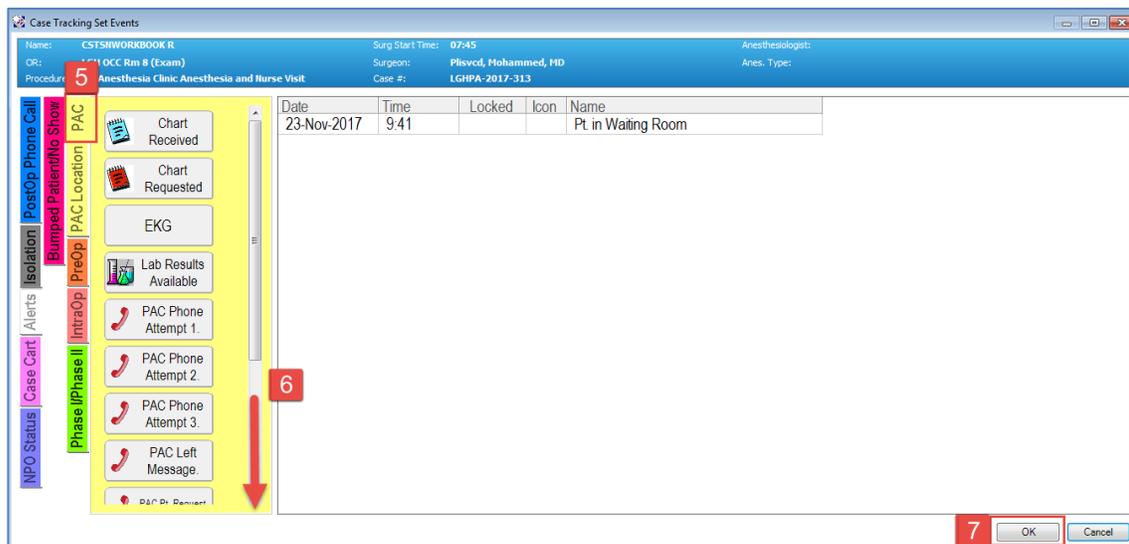
1

The advantage of Perioperative Tracking is that real time patient status changes can be immediately communicated as they occur. The functionality is referred to as **Setting an Event**.

An Event can include an Alert (e.g. Violence Alert) or a patient Status (e.g. Pt. in Waiting Room), and notifications (e.g. Seen by Nurse). To Set an Event:



1. Select **Perioperative Tracking**
2. Select the **LGH PAC** view
3. Right-click anywhere on the line with the relevant patient
4. Select **Set Events...** from the drop-down list. The **Case Tracking Set Events** window will display.

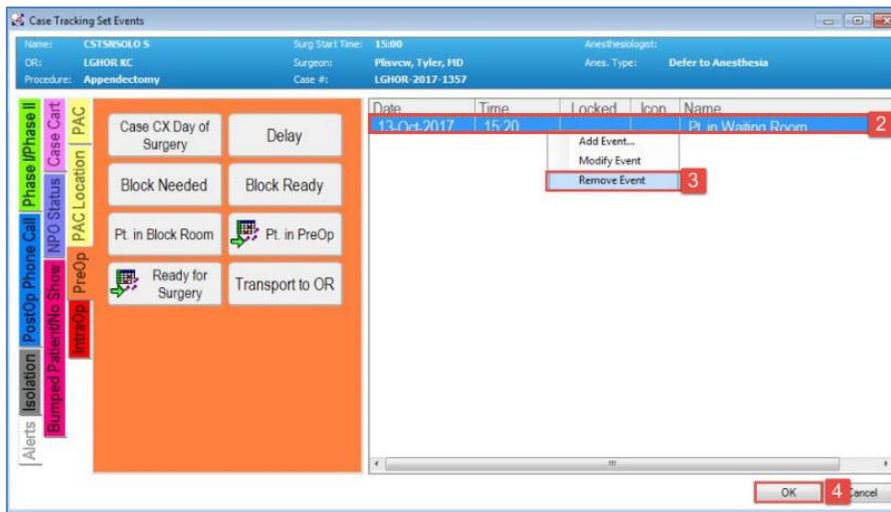


5. Click the **PAC** tab
6. Scroll down to Click **Pt. in Waiting Room** button
7. Click

Status	PAC Time	PAC Location	Patient	Age/Sex	Alerts	Allergy	Anesthesiologist	Old Chart Status	Proc. Date	Procedure	Surgeon	PAC Visit Type
LGH OCC Rm 10 (Exam) (1 case)	07-Dec-2017 08:00:00		STPRODRCNS, MEREDITH	37 years / Female							Lo, NOLDAP, Charles	PreAnesthesia Clinic Anesthesia Visit
LGH OCC Rm 9 (Exam) (1 case)	07-Dec-2017 10:00:00	Pt. in Waiting Room	CSTSNWORKBOOK, REVIEW	54 years / Male							Plisvcw, Tyler, MD	PreAnesthesia Clinic Anesthesia and Nurs Visit

8. Verify that the PAC location has been updated on Perioperative Tracking

2 Remove an Event



1. Right- click **Set Events** from the **LGH PAC** view. Case Tracking Set Events window opens.
2. Right- click on the **Pt. in Waiting Room** event
3. Click **Remove Event**
4. Click **OK**

**Key Learning Points**

- Right- click anywhere on the line with the relevant patient to set the event(s)
- Perioperative Tracking will be updated to show the patient status
- Events can be added or removed

## Activity 1.4 - Documentation of Surgical Assessment PowerForm

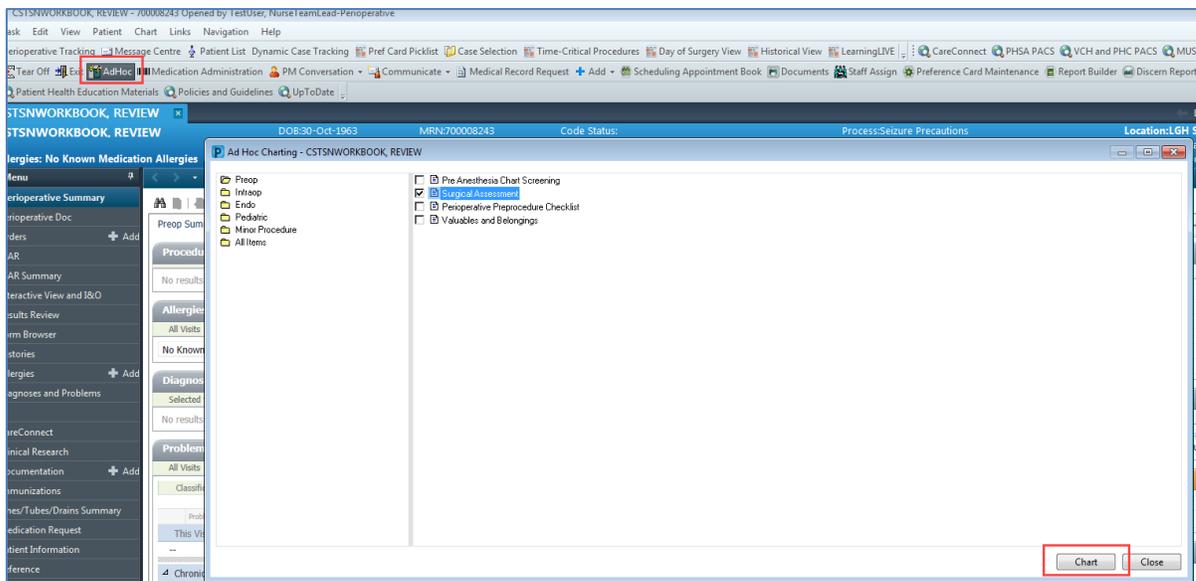
1

**PowerForms** are the electronic equivalent of paper forms currently used to document patient information. Data entered in **PowerForms** can flow between other parts of the chart including iView flowsheets, Clinical Notes, Allergy Profile, and Medication Profile, and PAC documentation will flow to PreOp documentation.

In this example we are going to document on the **Surgical Assessment PowerForm**.

To **open** and **document** on a new PowerForm:

### Opening the Surgical Assessment PowerForm



1. To open the patient's chart, double click on next to the patient's name. Alternatively, if the chart is still open, click on the patient chart tab.



2. Click the AdHoc icon from the Toolbar
  - The **AdHoc** folder is an electronic filing cabinet that allows you to find any PowerForm on an as needed basis
  - The Ad Hoc Charting Window opens
  - The PreOp folder opens by default
3. Select the Surgical Assessment PowerForm
4. Click **Chart**

2

Review the screenshot above for a general overview of PowerForm features:

1. Title of the current PowerForm you are documenting on
2. List of sections within the PowerForm for documentation
3. A red asterisk denotes sections that have required field(s)
4. Required field(s) within the PowerForm will be highlighted in yellow. You will be unable to sign a PowerForm unless all required fields are completed. An example of a required field can be found in Violence and Aggression Screening.

**Note:** You cannot finalize a PowerForm unless all mandatory fields within a section have been completed.

3 Completing the General Information Section

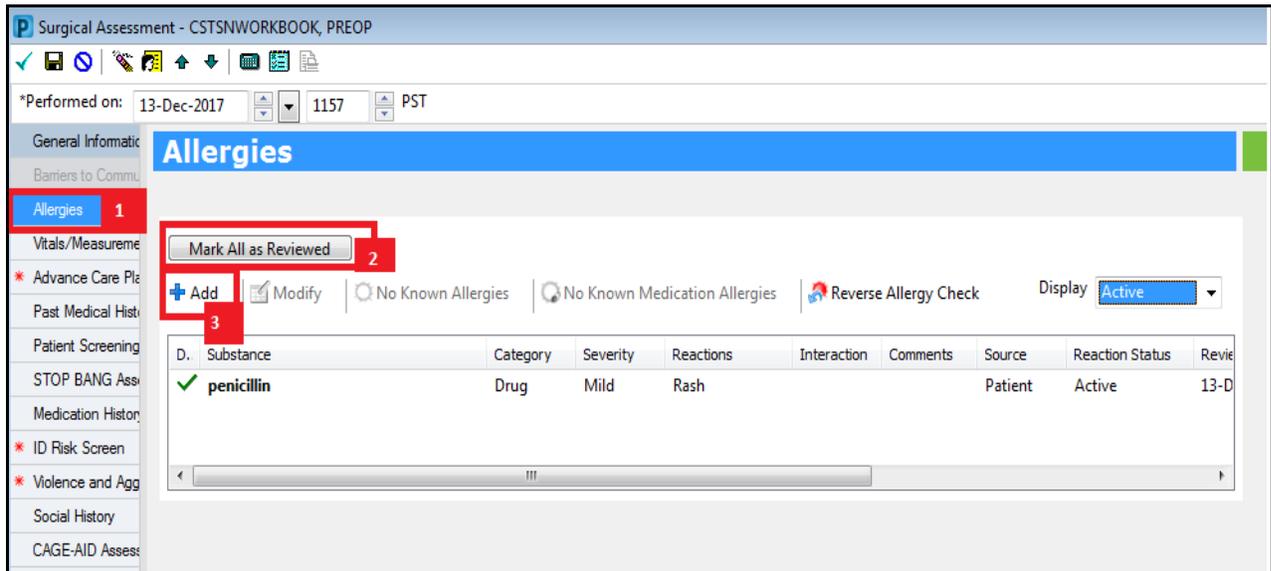
Within the **General Information** section, enter the required information within this section:

- **Information Given By** = *Family*
- **Surgery/Procedure Date/Location Reviewed** = *Procedure, Procedure Date/Time, Location*
- **Discharge Contact Name** = *Mary*
- **Discharge Contact Phone(s)** = *604-123-4567*
- **Barriers to Communication** = *No*
- **Discharge Contact Relationship** = *Parent*

**Note:**

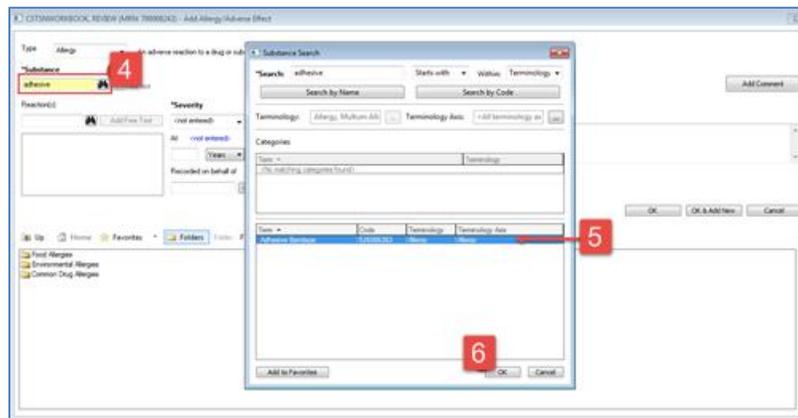
- For metrics that contain circle (radio) buttons to select an option, you may only select one of the options
- For metrics that contain square check boxes (e.g. Preferred Language), you may select one or more options
- If there is a blank box, it indicates a free text box where you may type any text

4 Completing the Allergies Section

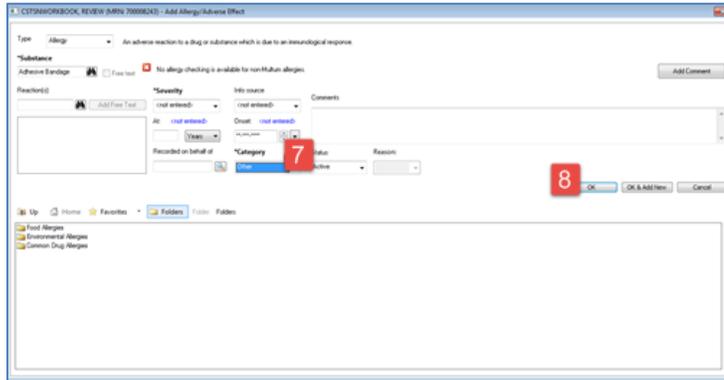


The patient currently has an allergy to Penicillin recorded. Review allergy with patient and update as necessary. The patient states they are also allergic to adhesive bandages.

1. Click on **Allergies** section
2. Select **Mark All as Reviewed** to verify the Penicillin allergy.
3. To document the adhesive allergy, click the **Add** . The Add Allergy/Adverse Event window displays.



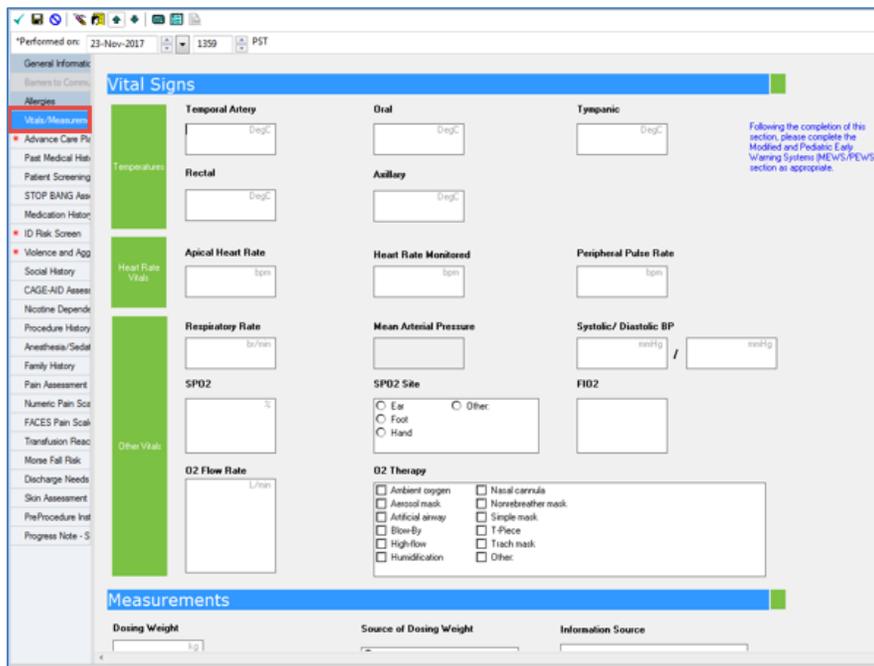
4. Enter **Adhesive** in the Substance field and click the **search**  icon
5. The Substance Search window opens. Select **Adhesive Bandage**
6. Click **OK**. Add Allergy/Adverse Window is shown.



7. Select **Other** in the **Category** drop-down
8. Click **OK**. The Allergy window will reappear. The Adhesive Bandage is now added as an allergy.

5

Completing Vitals/Measurements/MEWS/PEWS Section



Click **Vital/ Measurements/ MEWS/ PEWS**

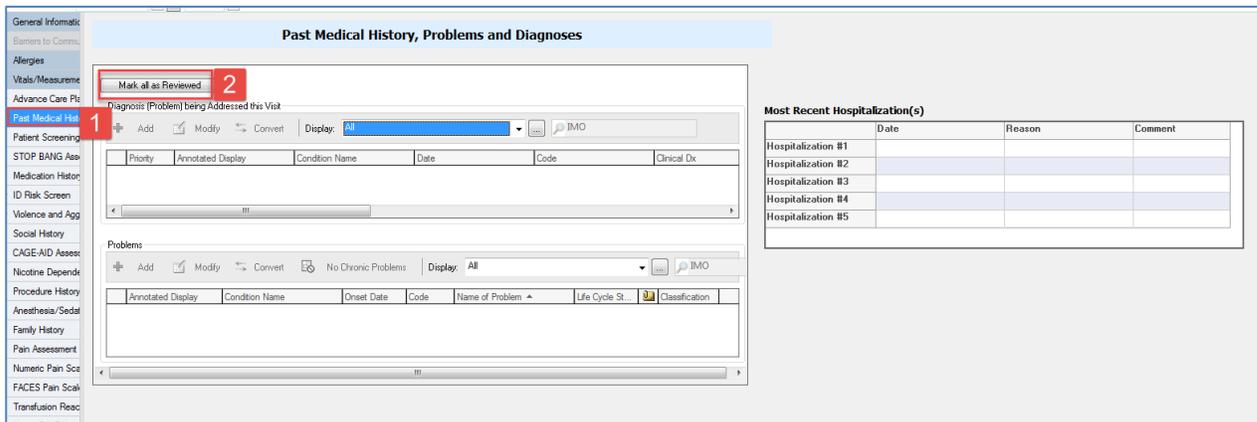
Data entry details for Vital/ Measurements/ Signs and Measurements:

- **Temperature Axillary = 36.5**
- **Peripheral Pulse Rate = 75**
- **Systolic/Diastolic BP = 120/80**
- **SpO2 = 100**
- **Respiratory Rate = 20**
- **Dosing Weight = 65kg**
- **\*Weight Measured = 65kg**

- **Source of Admit Weight = Measured**
- **\*Height/Length Measured = 170 cm**
- Body Mass Index Measured (BMI) is autocalculated from entry of \*Weight Measured and \*Height/Length Measured
- **AVPU = Alert and responsive**
- MEWS Total Score is autocalculated = 2
- **Situational Awareness Factors =** click on the Column Header for No to mark all as No

\*As data collected here is not likely to remain constant by the time this patient arrives in SDCC on the day of the procedure, this data will not pull forward into other sections of the chart.

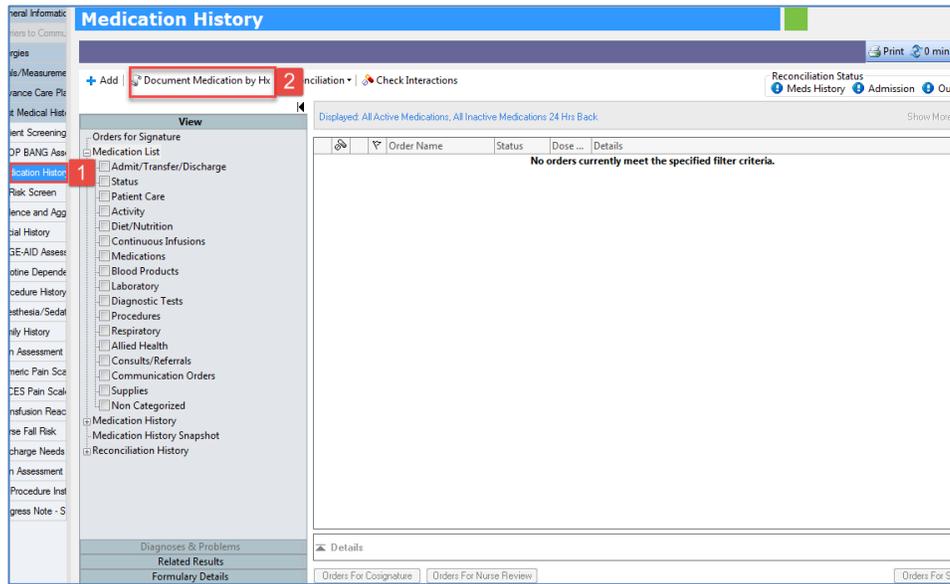
**6** Completing the Past Medical History, Problems, Diagnosis Section



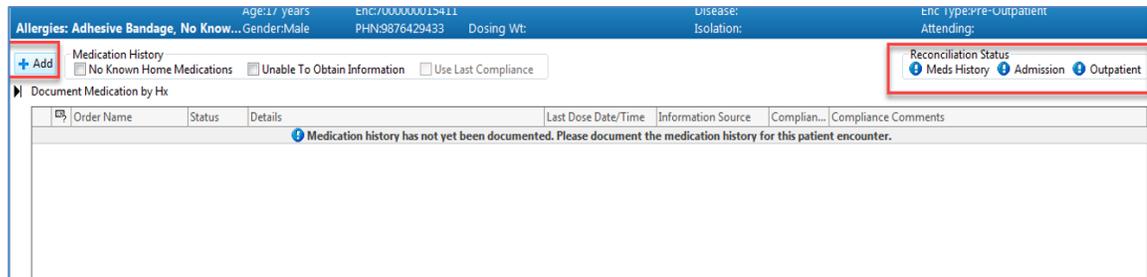
1. Click the **Past Medical History, Problems, Diagnosis** section to review existing information from previous visits. If a Problem or Diagnosis has been entered previously by a Provider this section will already be populated.

In this case Select  icon.

7 Completing the Medication History Section

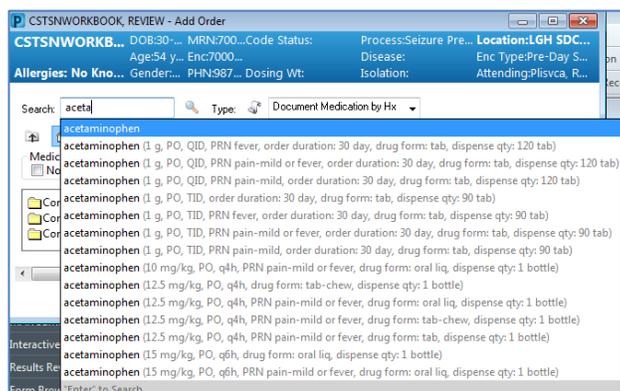


1. Click **Medication History** section
2. Click **Document Medication by Hx** from the tool bar (this step is equivalent to doing the Best Possible Medication History – BPMH)

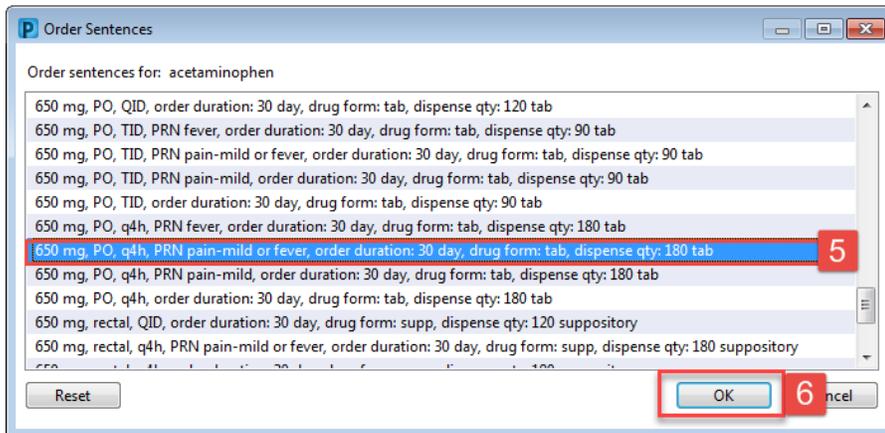


**Note:** the Reconciliation status for **Meds History** shows as incomplete

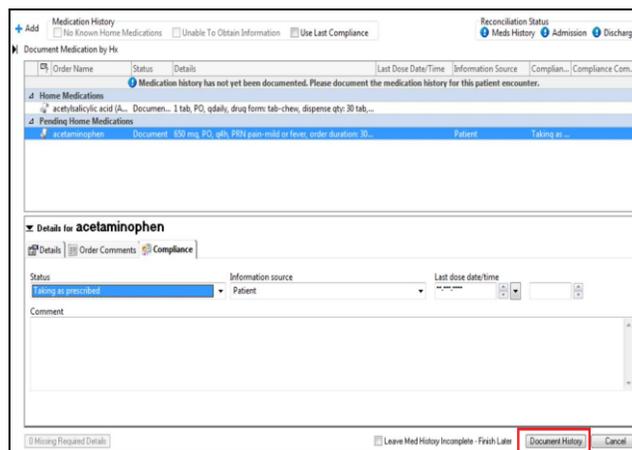
3. Click **+ Add**.
  - The Add Order window will display.



4. Type in acetaminophen and hit Enter on your keyboard to search. Select **acetaminophen**.
  - The Order Sentences window will display.



5. Select **acetaminophen 650mg, PO, q4h**
6. Click **OK**
7. Click **Done**



8. Review details for the documented medication
9. Click the **Compliance** tab within the Medication details
10. Update **Status**, **Information Source**, and **Document Last Dose Date/Time** as required
11. Click **Document History**



**Note:** the Reconciliation Status changes to a Green checkmark.

8 Completing the Advance Care Planning Section

Click **Advance Care Planning** section. Enter details:

- **Advance Care Plan = No**

9 Completing the ID Risk Screen section

Click on **ID Risk Screen** section. Enter details:

- **Do you have any risk factors for AROs= None**
- **Have you or a household member traveled outside of Canada within the last 30 days? = No**
- **Risk Factors and Symptoms:** Click on the **column header for No** to mark all as *No*.

**Note:** You can individually select Yes / No for each of the risk factors.

10

### Completing the Violence and Aggression Screening section

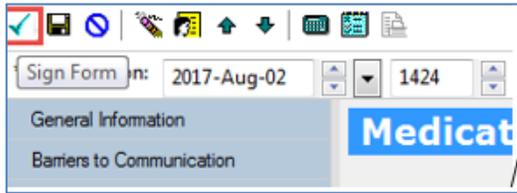
Click on **Violence and Aggression Screening** section. Enter details:

- **Violence and Aggression Screening = No risk assessed at this time**

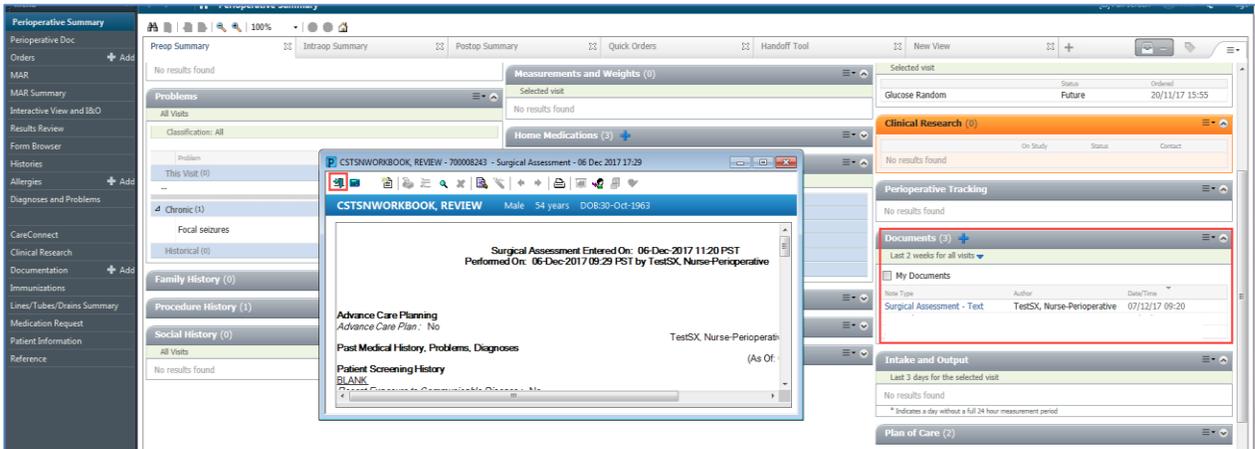
**Note:** As you complete the mandatory areas, you will see that the Yellow field turn White, to indicate their completion.

11

Finalizing the Surgical Assessment PowerForm



1. Click the  in the top left corner of the Surgical Assessment PowerForm.
  - The PowerForm is now finalized.



2. The document can be viewed clicking on the **Surgical Assessment – Text** link in the Documents component of the Perioperative Summary.
3. Click **Exit** to close

 Key Learning Points

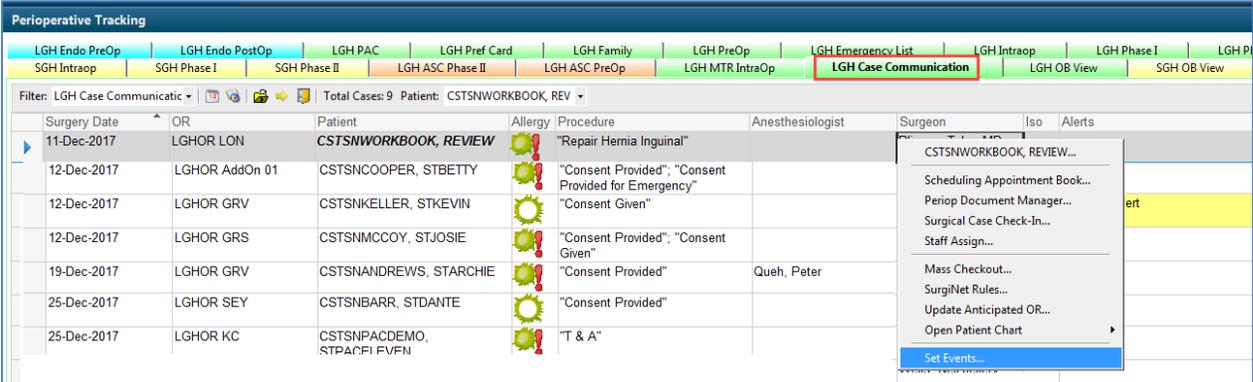
-  The red asterisk next to Advance Care Planning, ID Risk Screen and Violence and Aggression Screening indicates that there are mandatory components in these forms that are required to be completed. These sections are highlighted in yellow.
-  PowerForms may be broken up into several sections. Section headings are displayed to the left side of PowerForm.
-  The system will not allow the record to be finalized until mandatory fields are completed.
-  Always Sign the PowerForm using green checkmark  to finalize the Surgical Assessment chart and make it available to other users to see it in the chart.

## Activity 1.5 - Setting Alerts within Perioperative Tracking

- 1 The advantage of Perioperative Tracking is that real time patient Alerts can be immediately communicated as they occur. The functionality is referred to as **Setting an Event**. Alerts are a type of Event – refer to Activity 1.3 for a review.

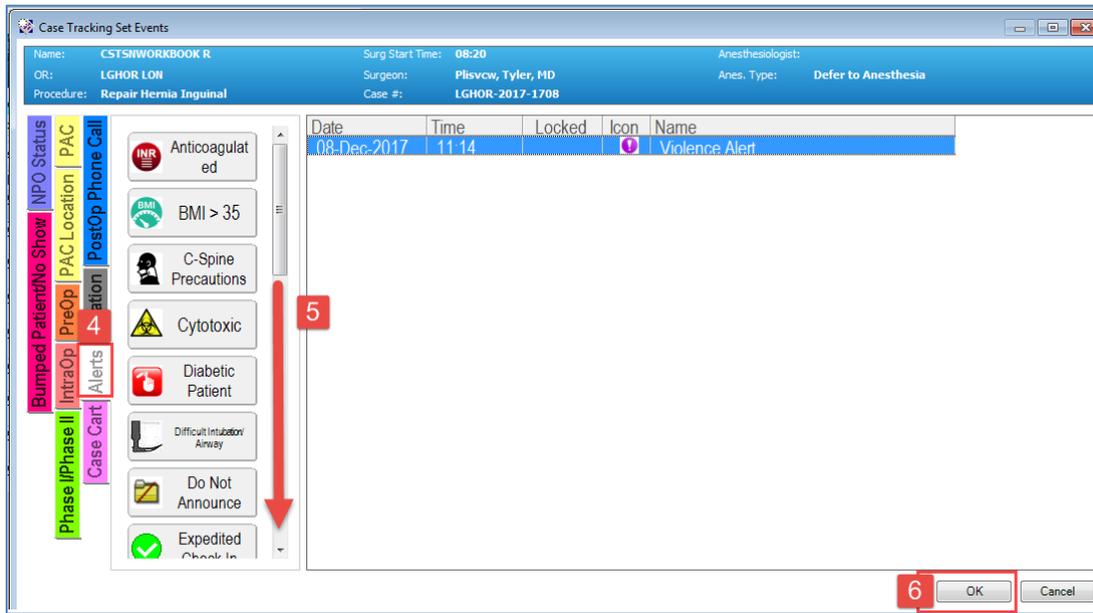
The **LGH Case Communication** view displays all patient charts that have a confirmed surgical appointment that is between tomorrow and 30 days. To ensure the alert is seen on the patient’s upcoming day of surgery the alert must be entered on the patient’s surgical appointment directly. The patient’s upcoming surgical appointments only appear in the **LGH Case Communication** view as opposed to the **LGH PAC** view.

To set an alert:



Surgery Date	OR	Patient	Allergy	Procedure	Anesthesiologist	Surgeon	Iso	Alerts
11-Dec-2017	LGHOR LON	CSTSNWORKBOOK, REVIEW		"Repair Hernia Inguinal"				
12-Dec-2017	LGHOR AddOn 01	CSTSNCOOPER, STBETTY		"Consent Provided"; "Consent Provided for Emergency"				Alert
12-Dec-2017	LGHOR GRV	CSTSNKELLER, STKEVIN		"Consent Given"				
12-Dec-2017	LGHOR GRS	CSTSNMCCOY, STJOSIE		"Consent Provided"; "Consent Given"				
19-Dec-2017	LGHOR GRV	CSTSNANDREWS, STARCHIE		"Consent Provided"	Queh, Peter			
25-Dec-2017	LGHOR SEY	CSTSNBARR, STDANTE		"Consent Provided"				
25-Dec-2017	LGHOR KC	CSTSNPACDEMO, STPACFI FVFN		"T & A"				

1. Select 
2. Select the **LGH Case Communication** view. Review any Alerts that are present.
3. Select **Set Events** from the drop- down list. (The Case Tracking Set Events window will display.)



4. Click the white Alerts tab
5. Scroll down to click **Violence Alert**
6. Click **OK**



7. Verify that the patient's Alert has been updated on Perioperative Tracking.
8. As our patient does not need this Alert, remove the alert – see Activity 1.3 step 2.

### Key Learning Points

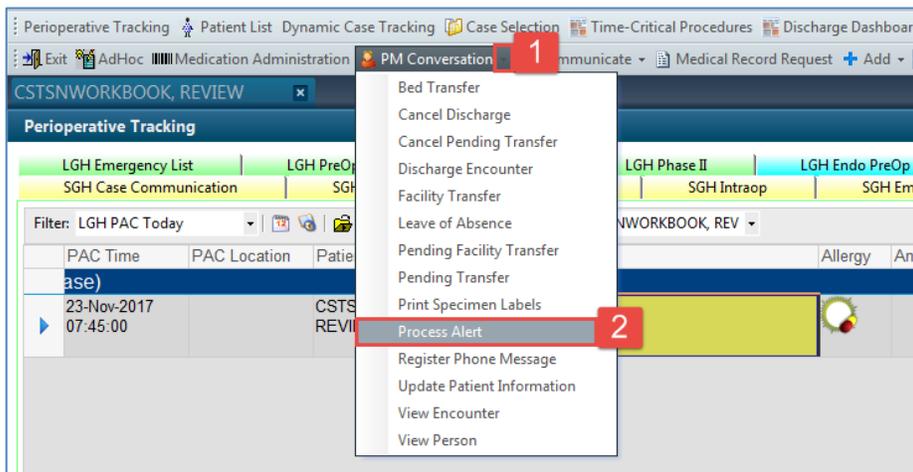
- The **LGH Case Communication** view displays all patient charts that have a confirmed surgical appointment that is between tomorrow and 30 days
- Right-click anywhere on the line with the relevant patient to set the event(s)
- Perioperative Tracking will be modified to show the Alert entered

## Activity 1.6 – Setting Process Alerts from PM Conversation

Patient Management Conversation (PM Conversation) provides access to manage alerts, patient location, encounter information and demographics.

- 1 Within the system, process alerts highlight specific concerns about a patient. These alerts display on the banner bar and can be activated by any clinician including nurses.

Since the patient has a history of seizures, a process alert should be added to the patient’s chart.

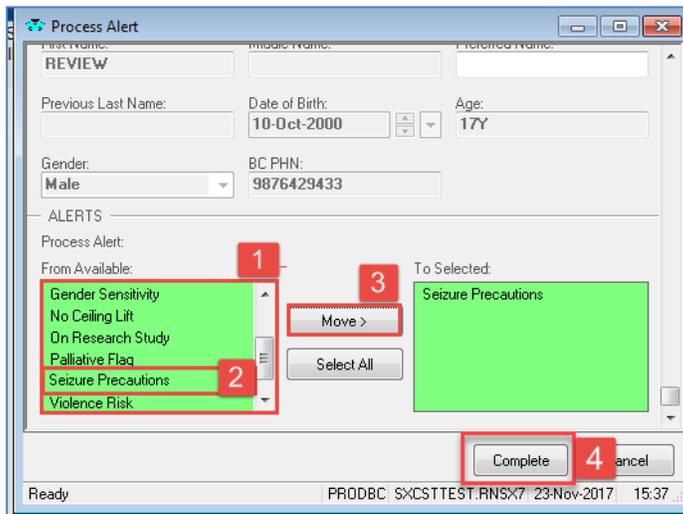


1. Click the drop-down arrow to right of **PM Conversation**  in the toolbar.
2. Select **Process Alert** from the drop-down menu. The **Organization** window will display.



1. In the Facility Name field, type = *LGH Lions Gate* and press **Enter** on your keyboard
2. Select **LGH Lions Gate Hospital**
3. Click **OK**. The Process Alert window displays.

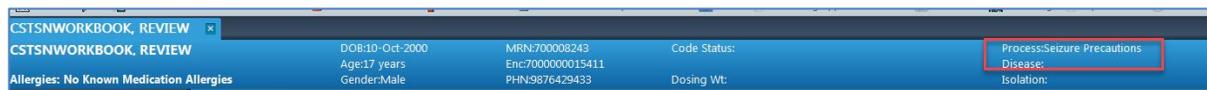
2 To activate the seizure precautions process alert on the patient’s chart:



1. Click into the empty **Process Alert** box. A list of alerts that can be applied to the patient will display. (This box will be empty until you click into it).
2. Select **Seizure Precautions**
3. Click **Move**  The alert will now display within the **To Selected** box
4. Click **Complete**

**Note:** Multiple alerts can be activated at once. Alerts can be removed using the same process. Site policies and practices should be followed with regards to adding and removing flags and alerts.

- 3 1. Click **Refresh**  to update the chart
2. Once complete, the process alert will appear within the banner bar of the chart where it is visible to all those who access the patient’s chart.



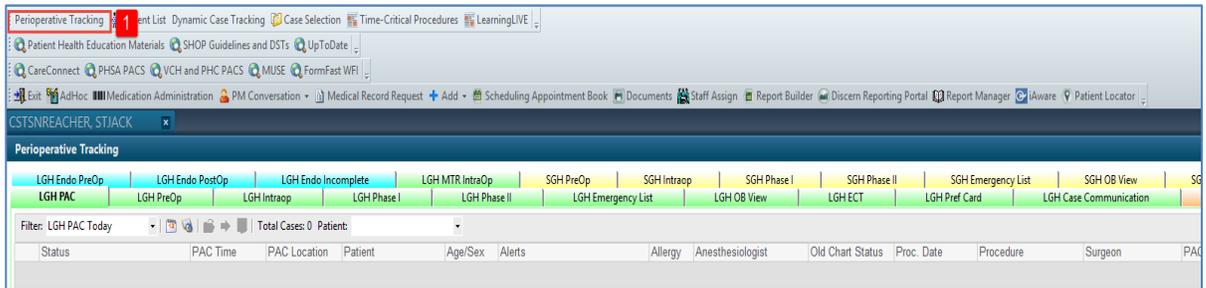
**Key Learning Points**

- Process Alerts are important in alerting staff members to specific concerns related to the patient
- Use refresh after adding an alert to confirm it has been added to the patient’s banner bar

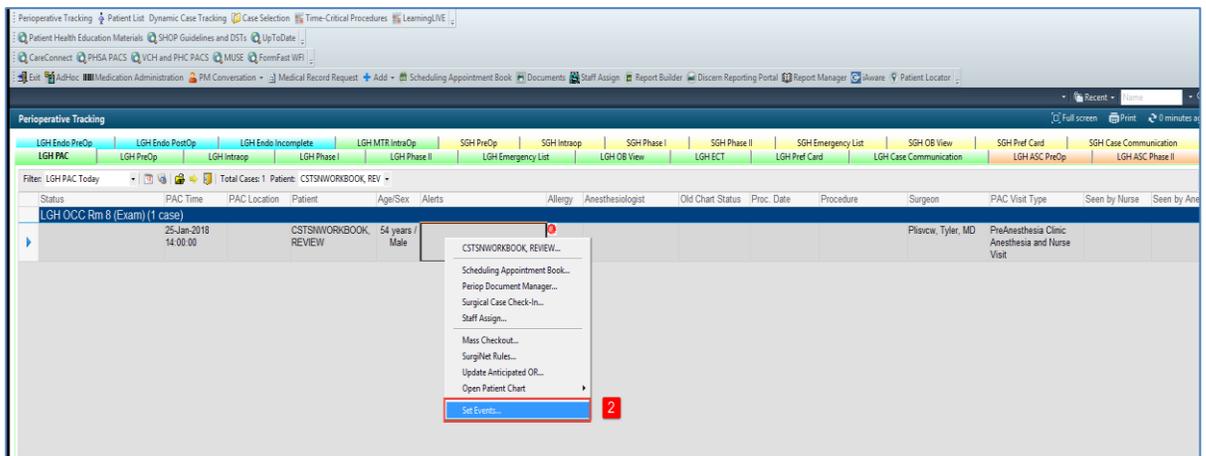
## Activity 1.7 – Flag the appointment as a PAC Complete

1

1. Select Perioperative Tracking and locate your patient.



2. Right click **Set Events** and the Case Tracking Set Events window will display.



3. Click the **PAC** tab if not already selected

## Activity 1.7 – Flag the appointment as a PAC Complete

The screenshot displays a clinical workflow software interface. At the top, a blue header bar contains patient and procedure information:

- Name: CTSNWORKBOOK R
- OR: LGH OCC Rm 8 (Exam)
- Procedure: PreAnesthesia Clinic Anesthesia and Nurse Visit
- Surg Start Time: 14:00
- Surgeon: Plisvcw, Tyler, MD
- Case #: LGHPA-2018-19

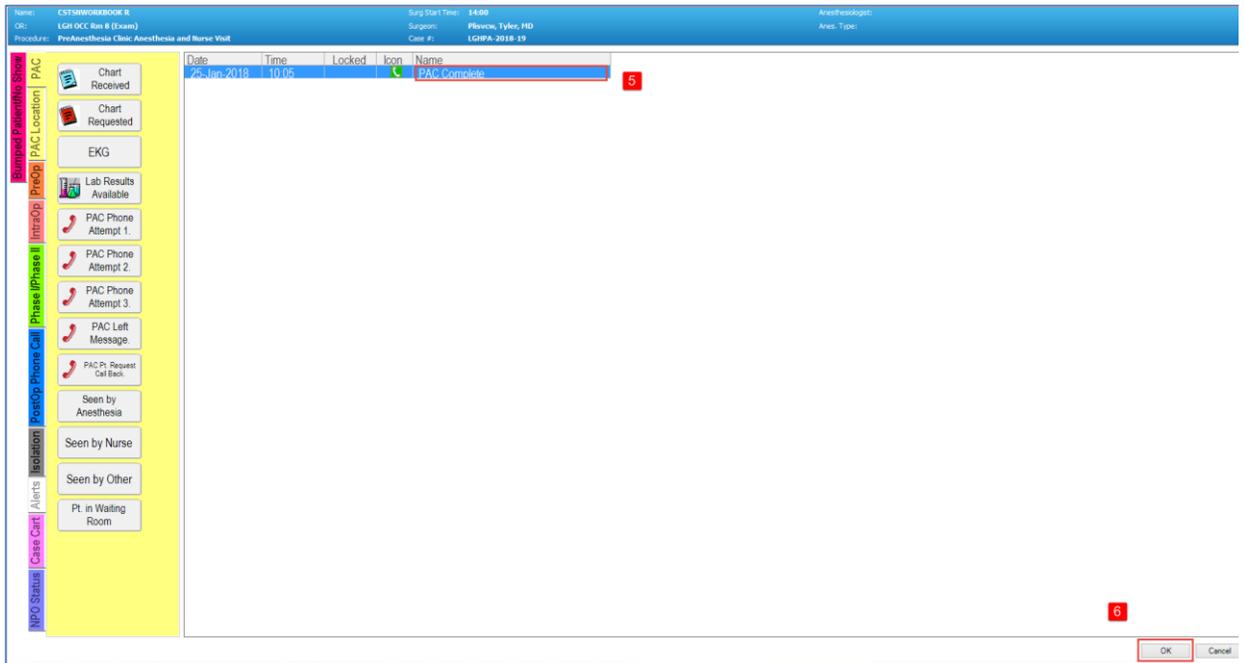
Below the header is a vertical sidebar with various action categories and buttons:

- Blumped Patient/No Show** (red)
- PAC Location** (orange) with a red '3' in a circle next to it. Below this are buttons for 'Chart Received', 'Chart Requested', and 'EKG'.
- PreOp** (green) with a button for 'Lab Results Available'.
- IntraOp** (red) with buttons for 'PAC Phone Attempt 1.', 'PAC Phone Attempt 2.', and 'PAC Phone Attempt 3.'.
- Phase I/Phase II** (green) with a button for 'PAC Left Message'.
- PostOp Phone Call** (blue) with a button for 'PAC Pt. Request Call Back'.
- Isolation** (grey) with a button for 'PAC Complete' (highlighted with a red box and a red '4' in a circle).
- Alerts** (purple) with buttons for 'Seen by Anesthesia', 'Seen by Nurse', and 'Seen by Other'.
- Case Cart** (pink) with a button for 'Pt. in Waiting Room'.
- NPO Status** (blue)

To the right of the sidebar is a table with the following columns: Date, Time, Locked, Icon, and Name. The table is currently empty.

4. Scroll down to Click **PAC Complete** button.
5. Verify that **PAC Complete** event is now displayed on the right

# Activity 1.7 – Flag the appointment as a PAC Complete



6. Click OK
7. Verify that the PAC location has been updated on Perioperative Tracking.

Perioperative Tracking										
LGH Endo PreOp	LGH Endo PostOp	LGH Endo Incomplete	LGH MTR IntraOp	SGH PreOp	SGH Intraop	SGH Phase I	SGH Phase II	SGH Emergency List	SGH OB View	SGH Pref Card
LGH PAC	LGH PreOp	LGH Intraop	LGH Phase I	LGH Phase II	LGH Emergency List	LGH OB View	LGH ECT	LGH Pref Card	LGH Case Communication	LGH ASC PreOp
Filter: <None> Total Cases: 5 Patient: CSTSNWORKBOOK, REV										
Status: PAC Time PAC Location Patient Age/Sex Alerts Allergy Anesthesiologist Old Chart Status Proc. Date Procedure Surgeon PAC Visit Type										
LGH OCC Rm 8 (Exam) (1 case)										
	PAC Complete	25-Jan-2018 14:00:00	CSTSNWORKBOOK, REVIEW	54 years / Male						Plisvca, Tyler, MD PreAnesthesia Clinic Anesthesia and Nurse Visit
	LGHOR AddOn 01 (1 case)	25-Jan-2018 11:00:00	CSTSNABDI, REGHAJI	21 years / Female						Plisvcd, Mohammed, MD "APPENDICITIS"
	LGHOR GRV (1 case)	25-Jan-2018 13:00:00	CSTSNMUMI, STHBB	29 years / Female						Plisvca, Tyler, MD "right inguinal hernia repair"
	LGHOR KC (2 cases)		CSTSNMUMI, STHBB		29 years / Female				Plisvca, Rocco, MD "repair hernia inguinal"	
		25-Jan-2018 09:45:00	CSTSNMUMI, STHBB	29 years / Female						Lo, NOLDAP, Patrina "repair hernia inguinal"
		25-Jan-2018 12:45:00	CSTSNMUMI, STHBB	29 years / Female						Lo, NOLDAP, Patrina "repair hernia inguinal"

## Key Learning Points

- Right- click anywhere on the line with the relevant patient to set the event(s)
- Perioperative Tracking will be updated to show the patient status as PAC Complete

## End of Workbook

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