SELF-GUIDED PRACTICE WORKBOOK [N31] CST Transformational Learning

WORKBOOK TITLE: Provider: Anesthesia (Workbook #1)





Last update: April 10, 2018 (v2)



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F SELF-GUIDED PRACTICE WORKBOOK

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



Using Train Domain

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

Please note:

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



PATIENT SCENARIO 1 – Pre-Operative Patient (Pre-Op)

Learning Objectives

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

- Access a patient's chart and review patient care information
- Place and manage admission orders
- Complete patient admission and medication reconciliation
- Document patient care

SCENARIO

A 54 year old male patient has an inguinal hernia. He meets with a General Surgeon and is scheduled for an elective right inguinal hernia repair. He is booked for a Nurse and Anesthesia PAC Appointment. He attends his PAC appointment and is determined fit for surgery.



NOTE: This workbook will only address pre-operative and post-operative aspects of the chart. SA Anesthesia (Workbook #2) will address the intra-operative documentation for Anesthesiologists.

As an Anesthesiologist you will complete the following 7 activities:

- Perioperative Tracking and Review the Patient Chart
- Review Allergies
- Review Best Possible Medication History (BPMH)
- Place an Anesthesia pre-operative PowerPlan
- Update Anesthesiologist Workflow for problems, active issues and indications for procedures
- Completing an Anesthesia Consult Quick Chart
- Completing an Anesthesia Consult Note



Activity 1.1 – Perioperative Tracking and Reviewing the Patient Chart

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Access Patient Chart

Accessing patient chart using the patient list through Perioperative Tracking tool is the recommended way to access patient charts. This ensures that the correct encounter is chosen for the patient. Perioperative Tracking is the equivalent of a slate with real-time updates on current status.

To access the Perioperative Tracking view:

- 1. Click on the Perioperative Tracking located in the toolbar.
- 2. Click on the LGH PAC view.
- 3. Click on the **blue arrow** beside Patient A to access the patient chart.

P PowerChart Organizer for Test, Surgery	
Task Edit View Patient Chart Links Notifications CaseActions Desvider List Help	
🖞 📶 Home 🖃 Message Centre 🎇 Patient Overview Perioperative Tracking 0 🚹 Case Tracking Shell 🖕 Patient List 🎇 MyExperience 🎇 LearningLIVE 🞇 Dynamic Worklist 🚽 👰 PACS 🚽 🎭 Abnor: 0 Critilia 0 Proposition Proposit	
🛱 Suspend 📲 Eiit 🔗 Message Sender 🔄 Communicate + 🛧 Add + 🗒 Documents 🖀 Report Builder 📾 Discern Reporting Portal 💽 Jävere	
- 🌾 Recent -	lame • Q
Perioperative Tracking 2	int 🏾 🎅 0 minutes ago
SGH Provider SGH Emergency List, LGH Provider LGH Emergency List IGH PAC LGH Endo Provider	
Filter: LGH PAC Today 🔹 📗 🐘 🕵 🤟 Total Ceses: 1 Patient: CSTPRODBCSN TRAVIS -	
PAC Time PAC Location Patient Age/Sex Allergy Anesthesiologist Oid Chart Status Proc. Date Procedure Surgeon PAC Visit Type Status	Alerts
LGH OCC Rm 10 (Exam) (1 case)	
2017.Aug.22 CSTPRODBCSN, 30 years / 0.00.00 TRAVIS Male PreAnesthesia Clinic INCLUDE THESE CMMIENTS Visit	
Click blue arrow to access patient chart	

- 4. You will need to establish a relationship with your patient in order to view patient chart
 - Select Anesthesiologist
 - Click OK





NOTE: If you established a relationship with your patient prior to this event, you will view patient chart directly and will not be asked to establish a relationship.



2 Revi

Review of Patient Chart

The patient's chart opens to the **Provider View** which is your current default screen when accessing a patient's chart. It is organized into several tabs. Each tab is designed to support a specific workflow.

Click each tab to open this view.

🔍 🕘 🔸 🏦 Provider View							🖉 full screen 💿 👘 📀 0 minute
A B B A A 100% . 0 8 0							
Anesthesia Summary 21 Anesthesiologist Workflow	12 Quick Orders	22 Rounding		22 Pain Service Work	fow .21	+	
Procedural Information		Allergies (2) 🍁			8. O	Documents (0) 🗰	- O
Cost Number		Al Veta				Last 6 months for all visits 🖝	
Denov 2018-80 Primary Procedure: Repair Hernia Inquinal		penicilin				No results finant	
Surgical Free Text: Repair Hemia Inguinal - Right	Peanuts						
Anesthesia Type(s): Defer to Anesthesia		Contraction of the local division of the loc			-	Amenthenia Records (0)	
Surgeon: Plavow, Tyler, MD		Vital signs				effected Bernards (0)	
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Anesth Start: -			(Long)		náca) atus		to Sully Bana Dreat
Anesth Stop:		HR	T 115	-	-	No results found	
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Perioperative Tracking	E • O	Respiratory Rate	\$25	-	-	New Order Endy	-10
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Anticipated Duration 87		SpO2	94		-		
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Home Medications (3)	<u>a</u> •⊙	Labs			E* 4	All Visits	
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			Lt bee	28 hpc		Party Police	
Medications	□ • ⊗	Creatoraise	60	*16		This yes it.	
Solution with			2194	20.04		-	
# Scheduled (0)		Preoperative Checklist			2.0	Active INC	F Record "No Chronic Problems"
# Continuous (0)		and the second se				No results to display	
4 PRN/Unscheduled Available (0)		Lines, Tubes, and Drains (0)			=• ♥	Removed #1	💬 Show Previous Visits
 Administered (0) Last 24 bours 	i i i i i i i i i i i i i i i i i i i						
							TRAINI TRAIN MDANI Tuesday 2018-January-23 10:5
IPPHYONE, JANE							List Recent - Name - 9
	1041 MRNI-	700009555 Codo Statu			Brococci		Locational GH 25: 220: 01
IPPHYONE, JANE DOB:12-Apr-	1941 MRN:	Code Statu			Process:		Location: LGH 2E; 230; 01
Age:/6 years	Enc:/0	0000015904	- and the second		Disease:		enc rypernpatient
Allergies: Peanuts, penicillin Gender:Fema	ale PHN:9	876418559 Dosing Wt:	70 kg		Isolation:		Attending:TestUser, Emergency-Physician,
🗧 🔷 🔹 🏫 Provider View							🗇 Full screen 🛛 💼 Print 🛛 🗞 2 minutes ag

The **Banner Bar** located at the top of the screen displays demographic data, alerts, information about patient's location, and current encounter.

Click the **Refresh** icon **to** ensure that your display is up-to-date. A timer shows how long ago the information on your screen was last updated.

REMEMBER: <u>Refresh frequently!</u>

Open the Anesthesiologist Workflow tab to start.



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Save
and some the second second
I Patient Stated 👻 All Visits 🕊 = -

On the left side of the screen there is a list of components representing workflow steps specific for your specialty. Click the component or use the scroll bar to display the content of patient's chart.

esia Summary	X Anesthesiologist Workflow X Anesthesia Orders	🛛 Pain Service Workflow 🔀 Ele	ectroconvulsive Therapy 🛛 🗧 🕂	
	Procedural Information			6
of Systems 5 5	Primary Procedure Primary Procedure: PreAnesthesia Clinic Anesthesia and Nurse Visit			
Medications	Consent Procedure Description: Primary Surgeon: Dave, Mala Scheduled Procedure: appendectomy - INCLUDE THESE COMMENTS Secondary Descedure() (0)			
gns ve/Physical Exam	Indiation for Drocedure			Colorted virit
g and Cardiac esia Evaluation Quick				Selected visit
	Active Issues		Classification: Medical and F	Patient Stated 👻 All Visits 2
ry and Plan	No Chronic problems documented. Document No Chronic Problems or add a p	roblem		
lote siology Evaluation		Add new as: This Visit 👻	Q Problem name	
esthesia Note	No results found			



NOTE: Components listed in each view are designed to meet the needs of each workflow.

Each component has a heading. Place the cursor over the heading. This icon the means it is a link. Click this heading to open a comprehensive window with more options.



Key Learning Points

- Workflow views include specific components that are designed to meet the needs of each workflow
- Anesthesiologist Summary provides an overall review of the patient's chart
- Anesthesiologist workflow allows you to review and document in the patient chart
- **REMEMBER** to click the **Refresh** icon *colored often to ensure that your display is up-to-date.*



Activity 1.2 Review Allergies

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

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



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



NOTE: If not contraindication is present, this screen will not appear.

 Decision 	Support: LEARNTEST, PHYS - 700006586			
The new on	der has created the following alerts:			
amoxici	llin 😡			
Tease com	plete the (1) required override reasons to	o continue placing this order.		
X Aller	iy (1)	12 - 1632 		
Severity	Substance		Reaction Type	
	penicillin			
Size Colum	ans to Window	@ App	ly to all interactions	Override Reason:
		© App	ly only to required interactions	
		1.		

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

Pharmacokinetic monitoring in place Therapeutically indicated <two here="" resources="" ther=""></two>
--

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





In this activity you will:

- Add a new allergy
- Modify the existing allergy record

1

In order for the pharmacy to dispense a medication, the allergy record must be reviewed for the current encounter. Click the **Allergies** heading to add a new allergy.

PHY-Six, Jane	DOB:1942 Fel	5-07 MRN:760001105	Code Status:		Process:		_	Location	LGH ZE: 2	22; 01
ergies: penicillin, Peanuts	Gender:Fema	le PHN:10760001105	Dosing Wt:70 kg		Isolation:			Attending	inpatient Train, Gen	eralMedicine-Phy
< 🔷 🔹 👘 Provider View								(D) Full screen	m Print	21 hours 5 mi
🗛 🗎 🗟 🗈 🔍 🔍 100%	- 0 0 4									
Admission	22 Rounding	3	S Transfer/Discharge	6	23 Quick Order	3	11	+	6	- •
Advance Care Planning and Goals of Care	Allergies (2)	+								All Visits $ \mathfrak{F} $
Chief Complaint								9	Add allergy	
Histories	Substance	Reactions	Category	Status	Severity *	Reaction Type	Source	Comm	ents	
Allergies (2)	penicilin	Rash	Drug	Active	Severe	Allergy	Patient			
Visits (1)	Peanuts	-	Food	Active	Moderate					
Documents (1)						Recon	ciliation Statu	s: Incomplete	Complet	e Reconciliation

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

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

IP-	PHY-	Six, Jane 🛛 🛛									🔶 List 🗉
IP-	РНҮ-	Six, Jane	DOB:1942-Feb-07	7 MRN:7600011	105 Code :			Process:			Locat
Alle	rgies:	penicillin, Peanuts	Gender:Female	PHN:1076000	1105 Dosing	Wt:70 kg		Isolation:			Atten
Me	0	🔹 🚹 Allergies									(c)
5		ark All as Reviewed	llergies ONO P	Known Medication All	lergies 🔗 Re	verse Allergy Check	Display	All	4		
	D/A	Substance	Category	Reactions Ser	verity Type	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed
		Peanuts	Food	Me	oderate			Active	2018-Jan		2018-Jan-28 1
	~	penicillin 1	Drug	Rash Se	vere Allergy	r		Active	2018-Jan	Patient	2018-Jan-28 1



3 You can enter new allergy below the allergies list.

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

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

IP-PHY-Six, Jane 🛛					← List → 🌾 Recent 🗸 Name 🔹 🤉
IP-PHY-Six, Jane D A Allergies: penicillin, Peanuts G	0OB:1942-Feb-07 MF .ge:76 years End Gender:Female PHI	RN:760001105 Cod c:7600000001105 IN:10760001105 Dos	le Status: ing Wt:70 kg	Process: Disease: Isolation:	Location:LGH 2E; 222; 01 Enc Type:Inpatient Attending:Train, GeneralMedicine-Physician
🕈 < 🔹 🕇 Allergies					🗇 Full screen 🛛 👼 Print 💸 15 minutes ago
D/A Substance Peanuts	Category Reactions Food	Severity Type Moderate	Comments Est. Onset F	Active 2018-Jan	Reviewed Revi Interaction 2018-Jan-28 13 Test
Type Allergy An advers Substance morph Fice text Reactor(s): Add Free Text	se reaction to a drug or substa *Severity (not entered)	ance which is due to an immu Info source (not entered)	nological response.		Add Comment
	At: <not entered=""></not>	Onset <not entered=""> mmm_rem_rem *Category Drug</not>	Status Reason: Active -		OK OK & Add New Cancel

NOTE: If a substance that the patient is allergic to can't be found in the substance search, a free-text allergy must be entered. Only pharmacists can enter free-text allergies. To request that a pharmacist document this free-text allergy, please submit a consult to pharmacy be ordering "IP Consult to Pharmacy – Determine Allergy History" in the details section indicate the substance that must be entered as free-text.

1. Select morphine from the list displayed.

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

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



Substance Search				×				
*Search: morph		Starts with	▼ Within: Te	erminology 👻				
Search by Nam	ie		Search by Code					
Terminology: Allergy, Multum Alli Terminology Axis: <all ax<="" td="" terminology=""> </all>								
Categories								
Term A			Terminology					
<no categories="" found:<="" matching="" th=""><th>,</th><th></th><th></th><th></th></no>	,							
Term A	Code	Terminology	Terminology Axis	<u></u>				
morphine	100308	Multum Drug	Generic Name					
morphine 24 hour extended rel	d00308	Multum Drug	Generic Name					
Marchine Extended release	400300	Multum Drug	Generic Name					
Morphine Extra Forte	400300	Multum Drug	Generic Name					
Morphine HP	400308	Multum Drug	Generic Name					
Morphine IB	400308	Multum Drug	Generic Name	=				
morphine liposomal	d05295	Multum Drug	Generic Name					
Morphine LP Epidural	d00308	Multum Drug	Generic Name					
Morphine SR	d00308	Multum Drug	Generic Name					
Morphine Sulfate	d00308	Multum Drug	Generic Name					
Morphine Sulfate SDZ	d00308	Multum Drug	Generic Name					
Morphine Sulfate SR	d00308	Multum Drug	Generic Name					
morphine-naltrexone	d07472	Multum Drug	Generic Name	-				
Hembles	100000	Michael Dava	Canada Mama					
Add to Favorites			2 ок	Cancel				

5 Fill the mandatory boxes and add other appropriate options:

Do you remember how to spot mandatory boxes?

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

< > -	Allergies										(D) Ful	l screen	Print	27 minutes a
D/A Subst	tance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed	Revi	Interaction	
Pear	nuts	Food		Moderate				Active	2018-Jan		2018-Jan-28 13	Test		
🗸 peni	cillin	Drug	Rash	Severe	Allergy			Active	2018-Jan	Patient	2018-Jan-28 13	Test		
Type * Substan morphine Reaction(s	Allergy An adverse Ce Friee text	*Severity	drug or substance	e which is due to a nfo source	n immunolo	ogical response. Comments							<u>م</u>	dd Comment
Bash	Add Free Te	Moderate At: <not en<="" td=""><td>tered> (</td><td>Family Dnset: Year</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></not>	tered> (Family Dnset: Year	•									
				2017										
		75 Y	ears 🔻	2017										



- 6 Check if morphine allergy is added to the patient's record.
 - 1. The green checkmark indicates drug allergies.
 - 2. Click the \mathbf{M} icon to return to the **Provider View**.

IP-	PHY-	Six, Jane 🛛 🛛										$\leftarrow List \Rightarrow$	🖀 Recen	t 👻 Name
IP-	РНҮ-	Six, Jane	DOB:1942-Feb-0 Age:76 years	7 MRN:760 Enc:76000	001105 000001105	Code Status			Process: Disease:			Location Enc Type	:LGH 2E; Inpatient	222; 01
All	ergies:	penicillin, Peanuts	Gender:Female	PHN:1076	0001105	Dosing Wt:7	0 kg		Isolation:			Attending	j:Train, G	eneralMedici
×.	< ک	🔹 者 💋 ies										(D) Ful	screen	🛱 Print 🦂
Ē	Mi	ark All as Reviewed	llergies 🛛 🖓 No	Known Medicatic	n Allergies	🔗 Reverse A	llergy Check	Display	All 🔻					
	D/A	Substance	Category	Reactions	Severity	Туре	Comments	Est. Onset	Reaction Status	Updated By	Source	Reviewed	Revi	Interaction
	~	morphine	Drug	Rash	Moderate	Allergy		2017	Active	2018-Feb	Family	2018-Feb-27 1	Train	
		Peanuts	Food		Moderate				Active	2018-Jan		2018-Feb-27 1	Train	
	\checkmark	penicillin	Drug	Rash	Severe	Allergy			Active	2018-Jan	Patient	2018-Feb-27 1	Train	



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

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

I	-PHY-Six, Jane 🛛 🛛											👫 Recent 👻	Name	
IF	P-PHY-Six, Jane	D0 Ag	08:1942-Feb- Je:76 years	07 MRN:760001105 Enc:7600000001105				Process: Disease:			Locatio Enc Typ	n:LGH 2E; 222 e:Inpatient	; 01	
A	lergies: penicillin, Peanuts	G	ender:Female	PHN:10760001105	Dosin	ng Wt:70 kg		Isolation:			Attendir	ng:Train, Gener	alMedic	ine-Physic
Me	< 🔸 🝷 者 Provider View										[I] Full screen	💼 Print 🖌	e1 1	55 minut
5	👫 📄 🖷 📄 🔍 🍕 100%	- 😋	• 🗳											
	Admission	23	Rounding	×	Tran	sfer/Discharge	Σ	3 Quick Orders		23	+		-	
	Advance Care Planning and Goals of Care	Alle	rgies ₍₂₎ 🚽	•									2	∂ =-
	Chief Complaint										9	2	-	
	Histories	Subs	tance	Reactions		Category	Status	Severity	Reaction Type	Source	Com	nments		
	Allergies (2)	pe	nicillin	Rash		Drug	Active	Severe	Allergy	Patient				
	Visits (1)	Pe	anuts			Food	Active	Moderate						

Key Learning Points Patient allergies and interactions are monitored by the CIS Allergy record needs to be reviewed for each encounter on admission A review of allergies is complete when Mark All as Reviewed is selected



Activity 1.3 – Review Best Possible Medication History (BPMH)

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

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

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

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



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

In this scenario, the PAC Nurse has already documented the patient's home medications. You learn from the patient that she forgot to mention her Gliclazide and Salbutamol inhaler and will update the information.



In this activity you will: Review and update the BPMH



Ensure you are in the Anesthesiologist Workflow tab:

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



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

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

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



NOTE: Do not click +Add when adding a home medication. Remember to use **Document Medication by Hx**.

E	✓ ★ Medication List							[ㅁ] Full screen (편
enu	+ Add @ Document Medication by Hx Orders Medication List Document In Plan	>	Check	Interacti	ons			Reconciliation Status Meds History
	View	Dis	played:	All Active	Orders All Active Medica	tions		
	Orders for Signature		S	8	Order Name	Status	Dose	Details
	Admit/Transfer/Discharge	⊿	Contin	uous în	usions			
	Status		\checkmark	1 🗈	odium chloride 0.9%	Ordered		order rate: 100 mL/h, IV, drug form: bag, first dose: NOW, start: 29-Jan-2018 15:31 PST, b
	Patient Care	⊿	Medic	ations				
	Activity		✓	0	azithromycin	Ordered		500 mg, IV, g24h, order duration: 3 day, first dose: NOW, start: 29-Jan-2018 15:31 PST, sto
	- Diet/Nutrition			1 🗟 🛃	tefTRIAXone	Ordered		2,000 mg, IV, q24h, order duration: 5 day, first dose: NOW, start: 29-Jan-2018 15:31 PST, s Then reassess
	- Continuous Infusions		~	i 🕞 🖬	pratropium ipratropium 20 mcg/	Ordered		120 mcg = 6 puff, inhalation, q1h, order duration: 3 doses/times, drug form: inhaler, first Give with spacer
	- Blood Products		V	i 🕞 📴	cetaminophen	Ordered		320 mg, PO, q4h, PRN fever, drug form: oral liq, start: 29-Jan-2018 15:31 PST
	Capitatory Diagnostic Tests Procedures		V	i 👦 🖬	albutamol (salbutamol 100 mcg/puff inhaler)	Ordered		600 mcg = 6 puff, inhalation, q20min, PRN shortness of breath or wheezing, drug form: Give with spacer



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

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

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

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

P-PHY-Six, Jane	DOB:1942 MRN:7600 Code Status:		Location:LGH 2E; 222;	tion:LGH 2E; 222; 01
	Age:76 yearsEnc:760000	Disease:	Enc Type:Inpatient	ype:Inpatient
Allergies: penicillin, P	ender:Fe PHN:10760 Dosing Wt:70 kg	Isolation:	Attending:Train, General	ding:Train, GeneralMedi
Search: salbu inh 100	U a Type: 🖓 Document Medication by Hx	-		us Admission () Discharg
salbutamol 100	mcg/puff inhaler		2	
salbutamol 100	mcg/puff inhaler (1 puff, inhalation, once, PRN as nee	eded, drug form: inhaler,	dispense qty: 1 inh)	Constine C
Cor salbutamol 100	mcg/puff inhaler (1 puff, inhalation, q1h, PRN shortn	ess of breath, order dura	ion: 30 day, drug form:	on source Complian C
Cor salbutamol 100	mcg/puff inhaler (1 puff, inhalation, q4h while awake,	, order duration: 30 day,	drug form: inhaler, disp	
Cor salbutamol 100	mcg/puff inhaler (1 puff, inhalation, q4h, PRN shortn	ess of breath, order durat	ion: 30 day, drug form:	
salbutamol 100	mcg/puff inhaler (1 puff, inhalation, QID, drug form: i	inhaler, dispense qty: 1 ir	ih)	
salbutamol 100	mcg/puff inhaler (1 puff, inhalation, QID, order durati	ion: 30 day, drug form: ir	haler, dispense qty: 1 i	Taking as
salbutamol 100	mcg/puff inhaler (1 puff, inhalation, QID, PRN shortne	ess of breath, order dura	ion: 30 day, drug form:	Taking as
salbutamol 100	mcg/puff inhaler (2 puff, inhalation, once, PRN as nee	eded, drug form: inhaler,	dispense qty: 1 inh)	
salbutamol 100	mcg/puff inhaler (2 puff, inhalation, q4h, PRN shortn	ess of breath or wheezing	g, order duration: 30 da	
salbutamol 100	mcg/puff inhaler (2 puff, inhalation, QID, drug form: i	inhaler, dispense qty: 1 ir	ih)	
salbutamol CFC	C free 100 mcg/inh inhalation aerosol			
salbutamol CFC	C free 100 mcg/inh inhalation aerosol (1 puff, inhalatio	n, QID, PRN as needed fo	or shortness of breath o	
salbutamol CFG	free 100 mcg/inh inhalation aerosol (2 puff, inhalatio	n, QID, PRN as needed fo	or shortness of breath o Done	
Novo-Salbutan	nol HFA 100 mcg/inh inhalation aerosol			
"Enter" to Searc	h			
٠	m			
T Details				
0 Missing Required Del	tails			



1. Select the order to display its details.

- 2. It is very important to know if the patient is compliant with prescription. To add this information, click on the **Compliance** tab.
- 3. Document the following in the **Compliance** tab:
 - Status = Taking as prescribed
 - Information source = Patient
 - Last dose date/time= Yesterday at 0900, use calendar to enter date in a proper format
- 4. Click **Details** to collapse or expand details for the selected order.
- 5. Click **Document History** to complete the process.

+	Add	Medication History	ns 🗌 Unable	To Obtain Information	Use Last Compliance	Reconci V Med	liation Status s History Admissio	n 🕒 Discharge
M	Docu	ment Medication by Hx						
	[Proder Name Status	Details			Last Dose Date/Time	Information Source	Complian Cor
			🗸 🗸	t Documented On 2018	B-Jan-28 13:27 PST (TestUs	ser, Nurse-Emergency)		
	⊿⊦	Iome Medications						
	0	🗣 non-formulary medic Docur	nen ginseng, r	efill(s): 0, start: 28-Jan-20	018 13:26 PST			
	<	🖉 multivitamin (Centru Docur	nen 1 tab, PO,	qdaily, drug form: tab, o	dispense qty: 30 tab, refill(
		metFORMIN (metFOR Docur	nen 1 tab, PO,	BID, drug form: tab, refi	II(s): 0, start: 28-Jan-2018 1	2018-Jan-27 09:00 PST	Patient	Taking as
		🦨 lisinopril (lisinopril 10 Docur	nen 1 tab, PO,	qdaily, drug form: tab, o	dispense qty: 30 tab, refill(2018-Jan-27 09:00 PST	Patient	Taking as
	T F	Pending Home Medications						
		🦨 salbutamol (salbutam Docur	nent 1 puff, inł	nalation, once, PRN as ne	eeded, drug form: inhaler,	2018-Feb-26 08:00 PST	Patient	Taking as
		4						4
	▼ D	etails for Salbutamol (S a Details) 🗊 Order Com 2 🔗	albutamol ^{Compliance}	100 mcg/puff	inhaler)			
	2	us		Information source		Last dose date/ti	me	
	2	ting as prescribed	•	Patient			1008	
	Cor	nment						
								*
	0 Mi	ssing Required Details					Document History	Cancel

6

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

< 🔹 🛉 Medication List							
🕂 Add 🎝 Document Medication by Hx Reconciliation 🕇	🔈	Check Int	teractio	ons			
Orders Medication List Document In Plan							
l l							
View	Dis	splayed: All	Active	Orders All Active Medications			
Orders for Signature		N	Ÿ	Order Name	Status	Dose Adjustment	Details
Admit/Transfer/Discharge	⊿	Continue	ous Inf	usions			
- Status	1	Medicat	ions	sodium chloride 0.9% (NS) continuous infusion	Ordered		order rate: 100 mL/h, IV,
Patient Care			(OIL)	salbutamol (salbutamol 100 mcg/puff inhaler)	Documented		1 puff, inhalation, once,
			ेल 🛃	azithromycin	Ordered		500 mg, IV, q24h, order
Continuous Infusions) 🔁	cefTRIAXone	Ordered		2,000 mg, IV, q24h, orde Then reassess
- Medications		\checkmark	ء	ipratropium (ipratropium 20 mcg/puff inhaler)	Ordered		120 mcg = 6 puff, inhala Give with spacer
Laboratory			-	acetaminonhen	Ordered		220 ma DO allh DRN fr



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

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

- No Known Home Medications
- Unable to Obtain Information
- You can also select the medication and click **Use Last Compliance** this will copy the past medication record as a current entry

+	Add Docur	Medication History No Known Home Medications Unab Medication by Hy	le To Obtain Information 🛛 Use Las	t Compliance	Reconc Med	ciliation Status ds History ()Admission ()Discharge
		Order Name	Status	Details 🔻		
		Mar In 19			✓ Last Documented On 2018	8-Feb-20 15:00 PST (TestPET, GeneralM
	 	alicI AZide (Act Gliclazide MR 30 mg oral ta	Documented	refill(s): 0_start: 2	0-Feb-2018 14:58 PST	
		non-formulary medication (Ginseng)	Documented	Ginseng, refill(s)	0, start: 2017-Dec-29 10:19 PST	
	4	multivitamin with minerals (Centrum 8285	Documented	1, PO, q24h, tab,	refill(s): 0, start: 2017-Dec-29 10:19 PST	
	4	🕈 lisinopril (lisinopril 10 mg oral tablet)	Documented	1 tab, PO, qdaily	drug form: tab, dispense qty: 30 tab, refill(s): 0, start	t: 2017-Dec-29 10:16 PST
		metFORMIN (Act MetFORMIN 500 mg oral	Documented	1 tab, PO, BID, w	ith meals, drug form: tab, refill(s): 0, start: 2017-Dec-2	-29 10:19 PST
		salbutamol (salbutamol 200 mcg inhaler)	Documented	1 puff, inhalation	, once, PRN as needed, drug form: powder, refill(s): (0, start: 20-Feb-2018 14:59 PST

8 Providers will occasionally update the home medications because there will be Pharmacy Techs but this is very important for patient safety.

For your practice, add *gliclazide 40 mg PO qdaily*. Ensure that you add this medication using **Document Medication by Hx** type of entry.



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

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

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

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

Allergies: No Known Allergies	Age:53 year: Gender:Fem	rs Enc:700000016941 male PHN:9735353759	Dosing Wt:	Disea Isolat
🕂 Add 🔀 External Rx History -	Medication History	Unable To Obtain Information	Use Last Compliance	
Document Medication by Hx				
Order Name 🔺	Status	s Details		La



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

 Add _ Literate Veters: Medication Harry December Medication: Under Young Control Literation: December Medication: December Medicatio	ORPHANING, CHOIR D08/04-Jun-1564 MRN/70000002 Age:53 years Enc:7000000016/// Enc:7000000016// Allergies: No Known Allergies Gender/Female FH-92/3533759	Code Status: It Dosing Wt:		Process: Disease: Isolation:		Location:LGH 68: 622: 03 Enc Type:hpatient Attending:Plevcb, Stuart, MD
Internal Rule Control	+ Add D. External Rx Histery - Medication History	Use Last Compliance		Processed Medication Incides		Reconciliation Status Medis History Admission Discharg
Display: Let Month 	*** External Rx History					
The bit holesy containing precision rescription means of bit bit holesy data for hank and y dat	Display: Last 6 Months v Show Individual Instances	Disclaimer.	0	199 Older Name/Details	Last Doce Date	 Information source Last Decomposited On 00, Mar. 2018 10:48 PST (Ablance Mindood)
Order Name Details Lat Fill * Add Au *	This Is history contains prescription records provided by community pharmacies and pharmacy benefits may be incomplete and personner whole (not eve) solely on this for history data to make any clinical decis prescriber to validate and verify the information directly with the patient or via other appropriate means.	managers (PBM's). Such Rx histo ions. It is the responsibility of the	NY .	4 Home Medications (a) cephaLD(in (Keflex 125 mg/5 mL oral liquid) 5 mL PQ, BID, 0 Refill(s)	01-Feb-2018 08:00 PST	Patient
 	Order Neme/Details	Last Fill * Add As		 colchione (colchicine 0.6 mg oral tablet) T tab. PO, once: 0.8e68(4) 		
Image: Construction of Additional Additional and the state of Additional Additional and the state of Additional Additionad Additional Additional Additional Additional	✓ Rx history as of: 15-Mar 2018 15:19:49 POT		1	colchicine (colchicine 0.6 mg oral tablet) 0.5 tob, PO, ance, 30 tob, 0.Refill(s)	31-Jan-2018 16:00 PST	Patient
• (a) • (chomphene Citrarte Soms Tablett UNKONOWN Heis table description posteriols page 24 and 20 and 25 mg out again (agained) Private 20 and 200 and 20 and	(4) COLCHONE 0.4 MG TABLET ABBOTT LABS THIS IS THE DRECTIONS FOR A PRESCRIPTION DISPENSE AND THEY ARE EXACTLY 80 BYTES	02-Jan-2018 😨 📴		ethosusimide (Zarontin 250 mg oral capsule) 250 mg, PO, BID		
+ (4) © AACH SOMS TABLET ABBOTT LABS THE STHE DESCRIPTION DEPRODATION TORPORTAND THEY ARE EXACTLY ID BYTS THE STHE DESCRIPTION TORPORTAND THEY ARE EXACTLY ID BYTS OLAN-2018 © Jan-2018 © + (4) ENTHERMINE ENTERTION TORPORTAND THEY ARE EXACTLY ID BYTS OLAN-2018 © © Jan-2018 © + (4) ENTHERMINE ENTERTION TORPORTAND THEY ARE EXACTLY ID BYTS OLAN-2018 © © © + (4) ENTHERMINE ENTERTION TORPORTAND THEY ARE EXACTLY ID BYTS OLAN-2018 ©	(4) CLOMPHENE CITRATE SO MG TABLET UNKNOWN THES IS THE DIRECTIONS FOR A PRESCRIPTION DISPERSE AND THEY ARE EXACTLY IN DIFES	02-Jan-2018		ethosuximide (Zarontin 250 mg oral capsule) 250 mg, PO, gdoly ethosuximide (Zarontin 250 mg oral capsule)		Patient
 (4) B MOTHERDAMICALETHOLSUCCANATE 200 MG TABLOHEW ABBOTT LABS UC-UN-2015 UC-U	(4) IN NACIN SOMG TABLET ABBOTT LABS THIS IS THE DIRECTIONS FOR A PRESCRIPTION DISPENSE AND THEY ARE EXACTLY ID BYTES	02-Jan-2018		2 cop. PO, gdoly a met ORMN 250 mg, PO, TID with food		
• (B) © CARRACHOL 13:S: EROPS ALCON CANADA 00-dm-2018 20-dm-2018	► (4) GENTHROMYCIN ETHYLSUCCINATE 200 MG TAB CHEW ABBOTT LABS THIS IS THE DIRECTIONS FOR A PRESCRIPTION DIRECTOR AND THEY ARE EXACTLY RESITES	02-Jan-2018		metFORMN S00 mg, PO, BD with food, for 30 day, 60 tab, 0 an incin		
 	(8) CARRACHOL 1.5 % DROPS ALCON CANADA THES IS THE DIRECTIONS FOR A PRESCRIPTION DISPENSE AND THEY ARE EXACTLY 80 BYTES	02-Jan-2018		50 mg, PO, BID Cher Prescription Tools, PO, BID, THS IS THE DIRECTIONS FOR A		Parent
(4) (4) HALOPERDOL 21MS TABLET MCHELPHARMC Tops PO 2610/ Tops PO 2	(4) (a) HALOPERDOL 1 MS TABLET MICHEL PHARM C THES IS THE DIRECTIONS FOR A RESCRIPTION DISPENSE AND THEY ARE EXACTLY 20 BYTE	02-Jan-2018		Other Prescription (Amobarbital) Amobarbital amioni (ramioni 5 ma oral cassule)		Patient
(4) (4) HALOPERDOL SIME TABLET MCHELPHARM C (5) HALOPERDOL SIME TABLET MCHEL PHARM C (6) HER THE RECORD ON DOMINANT AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON DOMINANT AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES (7) HER THE RECORD ON TO PREVE AND THEY ARE DOUCTLY BO EVES	(4) HALOPERDOL 2 MS TABLET MICHEL PHARM C THES IS THE DREICTIONS FOR A PRESCRIPTION DISPENSE AND THEY ARE EXACTLY (8) BYTES	02-Jan-2018		1 cop, PO, gdoily vitamin A (vitamin A 25,000 units oral capcule) vitamin A (vitamin A 25,000 units oral capcule)		
(4) © FERROUS SULFATE 150(0)/S SYRUP - MEAD X0HOSON DELS THE ORICLOPER FOR A PERCENTION DOPENDE AND THEY ARE EXACTLY ID BYTES (4) © CHLOROTRIANEEME 12 MG CARPACE UNKNOWN (5)-Inn-2018 (2) (7) = FERROUS SULFATE 150(0)/GRAID EXACTLY IN BYTES (2) (7) = FERROUS SULFATE 150(0)/GRAID EXACTLY IN BYTES (7) = FERROUS SULFATE 150(0)/GRAID	(4) HALOPERDOL 5 MG TABLET MICHEL PHARM C THES IS THE DIRECTIONS FOR A PRESCRIPTION DISPOSE AND THEY ARE EXACTLY IS EVITE	02-ten-2018 🔐		warfarin (Cournadin 5 mg oral tablet) 1 kdk. PO, gularly: 30 kdk. 8 RefetCu		
K0 CH-CROTRIANSINE 12:MG CAPSUE UNKNOWN CAPSUE	(4) FERROUS SULFATE 150(20)/S SVRUP MEAD JOHNSON THES IS THE DIRECTIONS FOR A RESIDENTION DISPENSE AND THEY ARE EXACTLY ID EVTED	02-Jan-2018				
▶ (4) 😳 FERROUS SULFATE ISMG/USAL DROPS MEAD JOHRSON	(4) CHLOROTRIANSENE 12 MG CAPSULE UNKNOWN THELIS THE DIRECTIONS FOR A PRESCRIPTION DIRECTOR AND THEY ARE EXECUTIVE INTER	02-Jan-2018				
	► (4) 😏 FERROUS SULFATE 15MG/0.6ML DROPS MEAD JOHNSON		¥	c		
	O Missing Required Details				[]Len-i M	ed History Incomplete - Frish Later Document History

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

ORPHANING, CHOIR Allergies: No Known Allergies	DOBD4-Jun-1964 Age:53 years Gender:Female	MR92700000032 Enc:7000000016941 PH/N:9735353759	Code Status Dosing Wt:		Process Disease Isolation				Location: LGH 6E: 622: 03 Enc Type:Inputient Attending:Pisycb, Stuart, MD
Add Beternal Rx History Medication History Issternal Rx History Display: Last 6 Months Show Indi	wy ome Medications 👘 Unabl vidual Instances	e To Obtain Information 🛛	Use Last Compliance	×	Occurrent Medication by Hx		1	Last Dose Date	Reconcilution Status Meds History Admission O Discher Information Source
This Ra history contains prescription records prov may be incomplete and prescriber should not rely prescriber to validate and verify the information of Order Name/Details	ided by community pharmac soliely on this Rc history data frectly with the patient or via	es and pharmacy benefits ma to make any clinical decision other appropriate means.	regers (PBM's). Such Ra history It is the responsibility of the Last Fill * Add As		4 Home Medications 4 cephaLEXin (Kellex 125 mg 5 ml, PO, BD, 0 Refill() 4 colchicine (colchicine 0.6 m 1 tab, PO, once, 0 Refill(s)	/5 mL oral lin	quid) ()	01-Feb-2018 08:00 PST	Jast Documented On 09-Mar 2018 10:48 PST (Ablace, Middee Patient,
Rx bistory as of: 15-Mar-2018 15:19:49 PD (4) COLCHEONE 0.6 MG TABLET ABBO THE IS THE OPECTIONS FOR A FEE	T DTT LABS CRIPTION DEPENSE AND TH	EV ÅRE EXACTLY 10 BYTES	(2-3an-2018 👔 🖪		 colchicine (colchicine 0.6 r 0.5 tob, PO, once, 30 tob, 0 ethosusimide (Zerontin 250 250 mg, PO, BID ethosusimide (Zerontin 250 	ng oral table Refil(s) 0 mg oral cap 0 mg oral cap	() psule) psule)	31-Jan-2018 16:00 PST	Patient Patient
(4) Q CLOMPHENE CITRATE SO MG TABLE THELES THE DRECTORY FOR A FRES (4) Q NACIN SO NG TABLET ABSOTT THESE THE OBSCIENCE FOR A FRES	ET UNKNOWN CRETCH DEPUTE AND TH US CRETCH DEPUTE AND TH	CYAFEE Allergies: No Kr	ORPH , DOB:04-J. MRN:700. C Age:33 y Enc:7000 o Gender:F. PH0:073 D	aning W	HOII - Add Onler un: Process Doease t: Isolation	Location: Enc Type: Attending	LGH 6E: Xpatient (Heiveb, SL.		
(i) CARBACHOL 1.5 % DROPS ALCON (ii) CARBACHOL 1.5 % DROPS ALCON (iii) CARBACHOL 1.5 % DROPS ALCON (iiii) CARBACHOL	CRIMON DEPENDE AND TH I CANADA CRIPTION DEPENDE AND TH IBL PHARM C	EVANEE Seach niscin Bi niscin EVANEE Constant Const	Ging, PO, BD, ceder Austron of ing, PO, BD, ceder Austron of ing, PO, glash, order duration 20 mg, PO, glash, order durati	Doew	ment Medication by Hx v				Parent Patient
HIS IS THE ORECTIONS FOR A FRES (4) (4) HALOPERIDOL 2 MS TABLET MCN THIS IS THE ORECTIONS FOR A FRES (4) (4) HALOPERIDOL S MG TABLET MCN	CRIPTION DRIPTING AND TH EIL PHARM C CRIPTION DRIPTING AND TH EIL PHARM C	CY ARE C. Nacion G Nacion S Nacion S Nacion S Nacion S	50 mg, PO, qibirly, önder durati 00 mg, PO, BD, onder duration 1 mg oral tablet 1 mg oral tablet (1 tab, PO, qda mg oral tablet (1 tab, PO, qda	ion: 30 da x 30 day; i ily; drug 1 ily; drug 1	y, divig formi tab, diopense qty: 30 t drug formi tab, diopense qty: 60 tab tormi tab, diopense qty: 30 tab) ormi tab, diopense qty: 30 tab)	ah)			
(4) (a) FERROUS SULFATE 150(20) FOR A FRES (4) (b) FERROUS SULFATE 150(20)/S SYRUP THIS S THE OMECTIONS FOR A FRES (4) (4) CHLOROTRIANISENE 12 MS CAPSU? THIS IS THE OMECTION FOR A FRES	MEAD JOHNSON CRIPTION DISPERSE AND TH CRIPTION DISPERSE AND TH LE UNKNOWN	TY ARE E THEORY IN TY ARE E THEORY I TY ARE E THEORY I THEORY I	00 mg coal tablet (1 tab; PO, 110 00 mg coal tablet (1 tab; PO, 110 00 mg coal tablet (1 tab; PO, 110 00 mg/mL injectable solution 00 mg coal tablet 00 mg coal tablet	D, drug fo D, drug fo elease	mu tali, dispense uty: 90 tali) mu tali, dispense uty: 270 tali)				
(4) FERROUS SULFATE 15MG/0.6ML DB Solution	OPS MEAD JOHNSON	Teter 1	s Search			9092	Done	_	
0 Missing Required Defety								Leve	ed History Incomplete - Finish Later Document History Done



Key Learning Points

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



Activity 1.4 – Placing an Anesthesia pre-operative PowerPlan

1

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

- You can select and deselect individual orders from the PowerPlan list
- You can add orders that are not listed in the PowerPlan
- You can add other modules (orders sets) that are a listed in a PowerPlan

WARNING: A PowerPlan that is **Initiated** becomes active immediately and its orders create respective tasks and actions for other care team members. A PowerPlan that is **not** initiated remains in a planned stage allowing to prepare orders for a future activation as needed. This is useful for surgical scenarios and for future prodedures. If you want some thing to <u>happen now</u>, **Initiate and sign it (2 step process)**. If you want an order <u>to happen later</u>, **Sign**.

The best option for placing PowerPlans and orders is via the Quick Orders tab. This view is a onestop shop for common orders and PowerPlans organized in separate categories.

Under each category, there are folders. For example, under the medication category is the analgesics folder which contains individual orders for analgesic medications such as acetaminophen. Orders may allow you to add additional details regarding dose, frequency, route, etc., or may have these details predetermined for ease of ordering as an order sentence. Categories and folders can be collapsed or expanded by clicking the expansion arrows and

The name of the PowerPlan is listed on the left with the phases of the plan directly under. On the right side of the window is the name of the phase of the plan curretly displaying with the details of the phase listed underneath.

ers Medication List Document In Plan		
View	4 % O + Add to Phase+ Gromments Start Now Duration: None	
Orders for Signature	de 🕈 Component Status Dose	Details
tens .	ANES Pre Anesthesia Clinic (prototype) (Planned Pending)	
Document In Plan	A Admit/Tonsfer/Discharge	
Vedical	Restricted to Department of Anesthesiology	
ANES Pre Anesthesia Clinic (orototype) (Planned Fending)	Pre Anesthesia Nurse to initiate the PAC (Pre Anesthesia Chric) plan	
GENSURG General - Pre Operative (Day of Surgery) (Validated) (Planned)	4 Det/Nutrition	
ggested Plans (0)	Preoperative NPO Education	Instruct patient to have nothing by mouth after midnight. Drink 2 gasses (200 mL or 10 ounce) of clear juice (e.g. apple juice) on evening prior to surgery If URAS protocol: Instruct patient to drink 1 glass of clear juice 1 hour prior to hospital arrival
es.	Preoperative NPO Education	NPO for solids at midnight prior to surgery. Clear fluids (water, clear juices) up to 2 hours prior to arrival at hospital
Admit/Transfer/Discharge	A Laboratory	
Status	Hematology	
Potient Core	Differential (CBC and Differential)	Blood, Routine, Collection T,N, once
Activity	TT9 TT	Bood, Routine, Collection T,N, once
Diet/Nutrition		Bood, Routine, Collection T.N. once
Contineous Infestions	Otemistry	
Medications	🗌 🕼 🖉 Basic Metabolic Panel (Lytes, Urea, Creat, Gluc)	Bood, Routine, Collection T.N. once
Blood Freducts	Liver Panel (Bilinubin, ALP, AB, ALT, 247)	Bood, Routine, Cellection T.H. once
Laboratory	C V Artenal Blood Gas	Whole Blood, Routine, Collection: F.N. once
Dispositic Tests	L Matnuretic Peptide 8 Prohomone	Bood, Routine, Collection T2N, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test Manual
Procedures	Troponin I Cardiac	Bood, Routine, Collection T.N. once
Respiratory	🖂 🛛 🕼 Group and Screen	Boad, Routine, Collection 7,94, once
Adved Preads	d Disphostic Tests	
Consults/Referals	🖸 🚺 XR Ovest	Routine
Communication Orders	🖸 🚺 XR Spine Cenical	Routine, Reason: Rheumatoid Arthritis, Special Instructions: Flexion and extension view
Supplies	EC Echocardiogram	Routine
Non Categorized	Electrocardiogram 12 Lead	Routine, Reason: Pre-operative evaluation
Scatton History Gacian History Snapshot conciliation History		
Diagninges & Problems	₩ Details	
Related Results		
Valance Vewer	[Unders how Compositure [Unders how Transe mercines] [Save as My Favorite.]	Sgr Sgr D

This is an example of how what a PowerPlan looks like.



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

1. The toolbar provides you with tools, for example:

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

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

IP-PHY-Six, Jane DOB:194	-Feb-07 MRN:760001105 Cod	e Status: Pro	cess:	Location:LGH 2E; 222; 01
Age:/oj	ars Enc:/600000001105	ng Wt:70 kg Isol	ease: lation:	Attending:Train GeneralMedicine-Phy
Add Document Medication by Hx Recon Orders Medication List Document In Plan	Check Interactions		4	Attending fram, Generalivediche Aly Reconciliation Status Meds History V Admission 3 Dischar
15	🐗 🐄 🛇 🕂 Add to Phase - 🔬	Check Alerts 🛄 Comments Start: No	w Duration: None	
View	Component	Sta	atus Dose Details	
HED General Medicine Admission (Valida	MED General Medicine Admission	(Validated) (Planned Pending)		
Venous Thromboembolism (VTE) Prophyla	△ Admit/Transfer/Discharge			
ED Pneumonia (Validated) (Initiated)	Verify that an 'A	dmit to Order has been entered prior to co	mpleting the powerplan	
ED IV Fluids (Module) (Validated) (Initiate	Consider Alleray	/ Form		
- Suggested Plans (0)	Consider Medic	ation Reconciliation		
Orders	🔽 🛛 🖉 🗭 Code Status		 Select a 	n order sentence
Admit/Transfer/Discharge	🗹 🕜 💆 Weight		💌 On admi	ssion, standing weight is preferred
Status	🗹 🕜 💆 Vital Signs		Once bas	seline
Patient Care	🗖 🛛 💆 Neurovital Sign	5	 q8h	
Activity	🗹 🛛 🖉 🖉 Pulse Oximetry		💌 q8h, with	vital signs
Diet/Nutrition	🔲 😔 💆 Oximetry - Con	tinuous	T;N	
Continuous Infusions	🗌 🗖 Cardiac Monito	ring	Monitor	at all times



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

Click the $\frac{1}{2}$ button to review what orders have been selected by default in this PowerPlan. Click again to return to the full list.

IP-PHY-Six, Jane	DOB:1942-Feb-07 Age:76 years	MRN:760001105 Code Status: Enc:760000001105
Allergies: morphine, Peanuts, penic.	Gender:Female	PHN:10760001105 Dosing Wt:70 kg
+ Add Tocument Medication by Ho Orders Medication List Document In P	a Reconciliation • a	Sheck Interactions
View	K ∢ ₹	🖞 🗣 Add to Phase 🗸 🛆 Check Alerts 🛄 Comments 🛛 Start:
	<u> </u>	Component
MED General Medicine Admission	(Validated MED G △ Ad	eneral Medicine Admission (Validated) (Planned Pending) mit/Transfer/Discharge



There may be surgical orders already placed by the Surgeon. You may review their orders prior to placing Anesthesia orders.

Pre-Operative PowerPlans placed at the time of the PAC will be initiated by nursing staff when appropriate.

To review surgical orders:

1. Open the Menu on the left side of the screen

Me	Menu		-12
2	Provider View		
	Intensivist Workflow		
	Perioperative Summary		
	Results Review		
	Orders	+	Add
	Medication List	+	Add

2. Click on Orders.

The orders profile will open and displays all active and planned PowerPlans.

Menu		< > • 📅 Orders	(c) Full screen 💮 Print.	1 minutes ago
inesthesia Workflow ntensivist Workflow 'erioperative Summary		Add @ ² Document Medication by Hx Reconciliation • d Orders [Medication List] Document In Plan]	Recordinations Reference (Selections) → Media History 🖗 Admini	ision 😗 Discharge
		K	al 🔞 🛇 + Add to Phase - Comments Start: 2017-Aug-23 09:40 PDT Stop: None	
Orders	+ Add	View	Status Dose Details	
Aedication List	+ Add	Orders for Signature	SURG General Pre Operative (Multiphase) (prototype), Pre-Anesthesia Clinic (PAC) (Initiated)	
a cumentation	- 144	Document In Plan	Last updated on: 2017-Aug-23 09:41 PDT by: Test, Surgery	
		Medical	Alertis last checked on 2017-Aug-01 14:15 PDI by: Test, Pet, MD d domit Granter Directorum	
		SURG General Post Operative (Multiphase) (prototype)	Control of the c	
llergies	+ Add	Post Operative (Planned)	d Medications	
liagnoses and Problems		Pain and Symptom Management (Planned)	Patients receiving anticoagulation/antiplatelet agents to be assessed by anaesthesiologist or surgeon for discontinuation and/or heparin bridging as nec	cessary
fistories		SURG General Pre Operative (Multiphase) (prototype	A Laboratory	
AAR Summary		Pre-Anesthesia Clinic (PAC) (Initiated)		
		Days Prior To Surgery (Planned)	⊿ Consults/Referrals	
лак 		PRE Operative (Day of Surgery) (Planned)	Consider consultation with Anesthesiology	
orm Browser		- Suggested Plans (0)	Consider consultation with General Internal Medicine	
		Orders		
		Status		
ines/Tubes/Drains Summ	vien	Patient Care		
wouth Chart		Activity		
		- Diet/Nutrition		
mmunizations		Continuous Infusions		
Iinical Research		Medications		
		4 III F		
		Related Results	A Details	
		Formulary Details		
		Variance Viewer	Urders Fot Cosignature Urders For Nurse Review Save as My Favorite	Iden For Signature

5 You are now ready to place and initiate the PAC PowerPlan. Then place the pre-operative orders in a planned state for the patient.

Navigate to the Quick Orders view.

Place the following PAC and pre-operative PowerPlans:

1. Click on to go home

2. Click on Quick Orders and locate the PowerPlan section

Quick Orders	X
--------------	---

3. Click on ANES Pre Anesthesia Clinic



Frequent Conditions	≡•⊗	Medications	=	Labs	• •	tmaging	=•0	New Order Entry	0
Abdominal Pain		Analpescs		Bloodwork in Monling		► X2.		Patient Care	=• •
Attered Mental Status		Anturythmics/Beta Blockers		Bloodwork Routine		≯ a		 Code Statue 	
Cheg Pain		Antocoaguants		BODDADTK STAT		• ELD		A Article	
• Doubled		Active setucions		Bood Productly Hammander		• Ecocarologram		Lines/Tubes/Drains	
 Opping 		Activity and the		- Contractory		5.45 1.16		Bestistery Therapy	
 In these Manuf Enhance 		Actimicioalis		More Outreas		- m.		Scenth Therapy	
Genericalamia		Contractorode		Chuil Chuidean		115	97 17	Hemodynamic Goals	
Constant		 Desetors 		 Cardou do 		1.22		Patient Disposition	
 Stroka/TIA 		Gertralde Management		Other Charles				Dist	
P Shi one ran		GI Prohytasis/Bieeding		CONTRACTOR STREET				► vitals.	
		Givennic Control						Les-	
		IV Fluids						PowerPlans	I
		Sectations						Carlos Anna Anna Anna	
		Vasopressons/Inotropes						AMES Dis Enerthesia Clinic (nerthe	week and the American
								Clinic (productions)	the second second second second
								Preoperative	
								Postoporative	
								Regional and Pain Service	
								Maternity	
								Pediatric	
								Percoperative Medicine	
								Chronic Pain	
								Admission	
								Blood Products/Transfusion	

4. Click the Orders for Signature icon review selected order and click Modify.

Orders for Signature (1)	11
PowerPlans Reaction State Clinic (prototype) (ANES Pre Anesthesia Clinic (prototype))	
	Sign Save Modify Cancel

Select the following orders using the checkboxes beside each individual order

- Preop NPO Education (NPO for solids at midnight prior to surgery)
- Differential (CBC and differential)
- Basic metabolic panel
- Group and Screen
- XR Chest
- Electrocardiogram 12 lead
- 1. XR Chest order will have a *indicating there are missing required details*
- 2. Right click on the order and click the Modify button



4	💱 🗞 🛧 Add to Phase 🗸 Check Alerts 🛄 Comments Start: Now 🛄 Duration:	None
	🔊 🏹 Component Status Dose	Details
AN	ES Pre Anesthesia Clinic (prototype) (Planned Pending)	
⊿	Admit/Transfer/Discharge	
	Restricted to Department of Anesthesiology	
	🏈 Pre Anesthesia Nurse to initate the PAC (Pre Anesthesia Clinic) plan	
Δ	Diet/Nutrition	
	Preoperative NPO Education	Instruct patient to have nothing by mouth after midnight. Drink 2 glasses (500 m If ERAS protocol: Instruct patient to drink 1 glass of clear juice 1 hour prior to ho
	Preoperative NPO Education	NPO for solids at midnight prior to surgery. Clear fluids (water, clear juices) up t
⊿	Laboratory	
	Hematology	E
	🕎 Differential (CBC and Differential)	Blood, Routine, Collection: T;N, once
	TT 🕅	Blood, Routine, Collection: T;N, once
	🖄 INR	Blood, Routine, Collection: T;N, once
	Chemistry	
	📱 🕎 Basic Metabolic Panel (Lytes, Urea, Creat, Gluc)	Blood, Routine, Collection: T;N, once
	📱 🕎 Liver Panel (Bilirubin, ALP, Alb, ALT, INR)	Blood, Routine, Collection: T;N, once
	📱 🕎 Arterial Blood Gas	Whole Blood, Routine, Collection: T;N, once
	Natriuretic Peptide B Prohormone	Blood, Routine, Collection: T;N, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory T
	🔀 Troponin I Cardiac	Blood, Routine, Collection: T;N, once
	📱 📝 Group and Screen	Blood, Routine, Collection: T;N, once
⊿	Diagnostic Tests	
	😣 📝 XR Chest	Routine
	XR Spine Cervic Modify	Routine, Reason: Rheumatoid Arthritis, Special Instructions: Flexion and extensio

- 3. Complete missing required details indicated by a bold title or yellow field.
- 4. Complete the missing reason for exam
 - Preoperative Assessment

ፋ 💱 🚫 🕂 Add to Phase 🗸 🛕 Check Alerts ⊍ Comments	Start: Now	Duration: Nor	ie		
Some and the component the com	Status	Dose De	tails		*
Chemistry					
🗹 🖪 🕎 Basic Metabolic Panel (Lytes, Urea, Creat, Gluc)		Blo	od, Routine, Collection: T;N, or	nce	
Liver Panel (Bilirubin, ALP, Alb, ALT, INR)		Blo	od, Routine, Collection: T;N, or	nce	
🗖 🖬 💆 Arterial Blood Gas		W	ole Blood, Routine, Collection:	T;N, once	
Natriuretic Peptide B Prohormone		Blo	ood, Routine, Collection: T;N, or ECIAL COLLECTION REQUIREM	nce ENTS: Please refer to specific site Laboratory T	
Troponin I Cardiac		Blo	od, Routine, Collection: T;N, or	nce	=
🔽 😼 🔂 Group and Screen		Blo	od, Routine, Collection: T;N, or	nce	
⊿ Diagnostic Tests					
🗹 🙁 🖾 XR Chest		▼ T;	I, Routine		-
VR Spine Cenvical		Ro	utine Reacon Rheumatoid Arth	vitic Special Instructions: Elevion and extensio	
Details III Order Comments Offset Details					
🛨 🖀 lh. 👂 🗵					
Requested Start Date/Time:	PST		*Priority:	Routine	-
*Reason for Exam: Preop Assessment		Special Ins	tructions / Notes to Scheduler:		E
Provider Callback Number:					1
Pregnant: Yes No			Transport Mode:	~	
Special Handling	*		If Dortable specify reason		*



7 For this scenario you want to add an INR and PTT order.

To add ad hoc medications:

1. Click Add to Phase and click Add Order



2. Type the name of test: INR



- 3. Click on "INR and PTT Panel"
- 4. Click Done
- 5. Ensure the order particulars are correct. In this case there is nothing to add.
- 6. Once all appropriate orders have been entered click 🐺 Initiate
 - Typically, the PAC nurse will initiate the PowerPlan. This is workflow dependent.
- 7. Click Orders for Signature
- 8. Click Sign
- 9. Click Done

Orders For Signature	Done
----------------------	------



WARNING: Signing a PowerPlan places the orders in a planned state (not active). Orders will not be active until they are initiated. This is the equivalent of writing orders in the patient chart ahead of time and having them executed at the appropriate time.



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



Activity 1.5 – Update Anesthesiologist Workflow for problems, active issues and indications for procedures

Certain components such as Indications for Procedure are called free text components.You can type or dictate directly into them. Front end speech recognition (FESR) software captures your dictation directly into PowerChart.

They serve as a temporary note pad where you may enter your notes without leaving the Anesthesia Workflow. Information entered here is saved until you are ready to create a formal Admission note. With one click, this information will be transferred into the note. Until then, any information captured will only be visible to you.

Indications for Procedure

1

Additional sections to be noted which are completed in the same way:

- Review of systems
- Physical exam
- Summary and plan

To complete **Indications for Procedure**, simply type in the free text box or utilize Front End Speech Recognition (FESR).

- 1. Select Provider View and Click on Anesthesiologist Workflow
- 2. Click on Indications for Procedure and type within the free text box
- 3. Type, "Patient has presented with an inguinal hernia."
- 4. Click Save

Anesthesiologist 🕅	Quick Orde	ers 🛛	Anesthesia Sum	S3 Ro	ounding	Pain Service Wo	23	Electroconvulsiv	N	Discharge	X	- +	- • • -
Advance Care Planning and Goals of Care	-	Indication	for Procedure										Selected visit $\left \mathcal{X} \right \equiv$
Informal Team Communication		Tahoma	• 9 • 4 1	👔 B	I Z U A								
Procedural Information Indication for Procedure	-	Patient ha	s presented with an ing	guinal herr	nia.								
Active Issues Anesthetic Problem List	Е												Save

Active Issues is the next component on the tab. It is identical to the component we used to add an admitting diagnosis.

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

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

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



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

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

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

< 🔹 🝷 者 🛛 Provider Vi	iew								[0] Full screen	🖨 Print	æ 42 minut∉
A 1 10	%	- 😋 🛑 🟠									
Admission			23	Transfer/Discharge	23	Quick Orders		× +			
Micro Cultures Pathology	^	Active Issues						Classification	: Medical and Patient Stated	All Vis	sits ∂ ≡-
Imaging (1) Home Medications (6)						Add new as: This Visi	t 🔻 🔍 Probl	em name			
Current Medications		Name				Classification	A	ctions	-		
Order Profile (31)		1 🔻 Pneumonia				Medical		This Visit	Chronic 2		
History of Present Illness		Diabetes				Medical		This Visit	Chronic Resolve		
Physical Exam		Hypertension				Medical	(This Visit	Chronic Resolve		
Active Issues		Tobacco use				Medical	[This Visit	Chronic Resolve		
Assessment And Plan											

The diagnoses and problems recorded in the Active Issues component as chronic will carry over from visit to visit, which builds a comprehensive summary of the patient's health record. Keeping a patient's problems and diagnosis up-to-date is important.

Anesthesiologist Workflow	23	Anesthesia Orders	Anesthesia Summary	×	Pain Service Workflow	23	Electroconvulsive Therapy	23	+	-	•	/ ≡•
Procedural Information Indication for Procedure	Î	Active Issues					Classifica	tion: Me	edical an	nd Patient Stated 🔻	All Visits 🏾 🤁	! ≡-
Active Issues		No Chronic problems documents	nented. Document No Chroni	c Problems	or add a problem				_			=
Anesthetic Problem List Documents (8) Anesthesia Records Links Visits Review of Systems	11	Name 1 · Seizure 3	t			Add new as Aphasic se Seizure (7 Seizures (Seizure, a Seizure in Seizure in	This Visit ~ Q seizul izure (R56.9) 80.39, R56.9) phasic (R56.9) phasic (R56.9) infant (R56.9) 2		D -		(8
Allergies Current Medications Home Medications (0) Vital Signs Physical Exam	÷	Font • Size • of	® ® B Z U A	• 2 1	: = = •()	FH: seizur FH: seizu Focal seizu Local seizu	es (V19.8, Z84.89) rres (V19.8, Z84.89) ire (780.39, R56.9) ire (780.39, R56.9)					

To update the Anesthesia Problem List:

- 1. Ensure the new Active Issue will be added as "This Visit and Chronic". If it is not, click the downward arrow beside the word and select **This Visit and Chronic**.
 - Type "seizure" in the box beside.
- 2. A window will appear displaying the closest matches available within the system. Along with the name of the issue, the ICD-9 and ICD-10 codes are also displayed.
 - Select Seizure (780.39, R56.9).
- 3. Once you have selected an active issue within the Active Issues Control for "This Visit and Chronic", notice it will automatically appear in the Active Issues box.



- 4. If the Active Issue for "This Visit and Chronic" appears in the Active Issues box, it will simultaneously appear in the Anesthetic Problem List box as well.
 - Click within the box below the issue and type: Patient has a history of seizures.
 - Click **Save.** This is required for dynamic documentation.
 - i. Clicking Save is optional as there is a delayed auto-save that occurs 30 seconds later

						, L, Normai View	
A 🗎 🖓 🖿 📥 🔍 🔍 100%							
Anesthesiologist 🕄 Quick Or	rders 23 Pain Service Wor 23	Electroconvulsiv	Discharge 💱	Rounding 23	Anesthesia Sum	× +	
Informal Team	Active Issues				Classification	n: Medical and Patient State	ed ↓ All Visits 관 =-
Procedural Information	No Chronic problems documented. Doc	ument No Chronic Problems	or add a problem				
Indication for Procedure Active Issues				Add new as: This Visit 👻	Q Problem name		
Anesthetic Problem List	Name			Classification	Actions		
Documents (0)	1 - Seizure			Medical	This Visit	Chronic	
Anesthesia Records Links	Anesthetic Problem List						Selected visit
Visits Review of Systems	[Tahoma +] 9 +] 🐳 🕮 📾	B / U A _t . ≣ ≋	jø e k				
Allergies	1. Seizure						
Home Medications (0)	Patient has a history of seizures.						
Current Medications							
Vital Signs & Measurements							
Physical Exam							
Labs							Save

You can also update problems right in this workflow view:

Name	D
1 -	Pneumonia
	COPD without exacerbation
	Arthma
2	ASUIIIIa

Actions		
This Visit	Chronic	
This Visit	Chronic	Resolve

- These visit diagnoses are numbered as primary, secondary, tertiary, etc. You can easily rearrange this order by clicking the digit and selecting a different number.
- You can change any This Visit diagnosis to a Chronic problem or both by clicking the appropriate buttons.
- You can also click **Resolve** to move a problem to the historical section.



Key Learning Points

- The Active Issues identified under "This Visit and Chronic" will automatically feed into the Anesthetic Problem List.
- Indications for Procedures is completed by free text.
- Remember to save each component after documenting.



Activity 1.6 – Completing an Anesthesia Consult Quick Chart

The **Anesthesia Consult Quick Chart** is a quick way to document some of the elements of the assessment and plan and is found within Anesthesiologist Workflow.

👫 📄 📥 🔍 🔍 100%		
Anesthesiologist 🔀 Quick	ders 🛱 Anesthesia Sum 🛱 Rounding 🛱 Pain Service Wo 🛱 Electrocomvulsiv 🛱 Discharge 🛱 🕂 💽 🕞 🔍 📻	-
Allergies Current Medications Home Medications	Anesthesia Consult Quick Chart ② = - ✓ Airway (Age ≥ 1 Days, Female) ■	*
Vital Signs	Airway Considerations Mallampati Class Scores Airway Assessment	
Physical Exam		
Labs	Normal Dentition Beard	
Imaging and Cardiac	Normal ROM Retrognathic	
Anesthesia Consult Quick	P P (King and Anticipation anticipation anticipation anticipation anticipation anticipation	
New Order Entry	Edentulous Expected Difficult.	
Summary and Plan	Petra Decrease NOM Expected Unicut.	
Blood Product Availability	Prominent Dentili	=
Crashe Natio	R CSpine Precautio Lung Isolation Re	_
Anorthosia Concult	Short TMD Full Stomach	
Anesulesia Consult	STOP Other: CHADS2 CHADS2 CHADS2	
Limited Anestnesia Consult		
Post Anesthesia Note	A particular Element Discussed (Jap > 1 Days, Female)	
Medication Recommendation	Alesaletic Lienienis Discussed (Age 2 1 Days, Feinale)	
Select Other Note	Anesthetic Options Discussed Anesthesia Risks Discussed Invasive/Special Monitors and Access	
		~

=

NOTE: Sections with a , e.g. Airway Considerations, indicate ability to multiselect. Sections with a , e.g. Mallampati Class Score, indicate you can only select one answer.

To complete this documentation click on the boxes to reveal a drop down list and select the appropriate data to capture:

- 1. Airway Considerations= Normal Dentition, Normal ROM
- 2. Mallampati Class Scores= Class I
- 3. Airway Assessment= Reassuring
- 4. Click Sign

After completion of the Anesthesia Consult Quick Chart and after it has been signed. The data will also be published into the **Pre Anesthesia Evaluation** band within **Interactive View and I & O** (iView).

After data has been documented within the Anesthesia Consult Quick Chart, if changes are required, updates should be completed within iView.



2 Introduction to Interactive View and I & O (iView)



Interactive View (iView) is located under the Menu. This is the equivalent of the paper flowsheets that is used in your department. iView is organized in to Bands and Sections. Bands consists of the overall sections (i.e. Band – Pre Anesthesia Evaluation, Sections – Preanesthesia Airway Assessment, PeriAnesthesia Issues and Preanesthesia Assessment and Plan).

Not all bands are front facing. The typical bands required for each area of practice will appear. In the event a siatuation arises where additional bands are required, it can be added at any time. Please refer to the Quick Reference Guide on how to add bands.

- 1. licon indicates this is a band.
- 2. When a band is opened, the sections within the band will appear.
- 3. When a section is opened, the details within the section will appear in this window on the right.





The Preanesthesia Evaluation iView Band contains 3 Sections:

- Preanesthesia Airway Assessment
- PeriAnesthesia Issues
- Preanesthesia Assessment and Plan

Please take some time to review the metrics available from these 3 sections.

< 🚿 🔹 👫 Interactive View and I&O		
🗙 Preanesthesia Evaluation 🦯 🔤	Last 24 Hours	
Preanesthesia Airway Assessment PeriAnesthesia Issues Preanesthesia Assessment and Plan	Find Item Critical High Low Abnormal Unauth	🗖 Flag
	nu 民 <u>就</u>	02-Nov-2017 15:56 PDT
	A SA Score Optimization Proposed/Discussed Emergency Anesthesia Case Surgical Location Anesthesia Risks Discussed Regional Anesthetic Technique Discussed Invasive/Special Monitors and Access Positioning Discussed Proposed Post-Operative Disposition Click within this column to complete the iView metric	ASA Score X 1 2 3 4 5 6 E
🗙 Acute Pain Service		
Second Product Administration		
🗙 Intake And Output		
X Advanced Graphing		

Basic ways to complete iView documentation:

- Click on the sections to populate the screen on the right.
- Double click the cell under the appropriate time and header column to open up all documentation for that section. Above screenshot shows an example would be the cell to the right of Preanesthesia Assessment and Plan and directly under the current time.
- Free text numbers (as displayed below)



000	2018-	Jan-23	
₹ 🖌	14:31 PST	11:13 PST	
⊿ Preanesthesia Airwa			
Airway Considerations		Normal De	
Mallampati Score		Class I	
Airway Assessment		Reassuring	
Other Airway Notes			
⊿ PeriAnesthesia Issues			
Peri-Anesthesia Issues			
STOP BANG		STOP BANG	
STOP BANG Total Sc		🖌 Snoring,	Loud
Timed Up a second		✓ Tiredness	/Daytime Sleepiness
Edmonton Frailty Sc		Observed	Apnea
Modified Frailty Index		Pressure:	Hypertension
CHADS2		Body Mas	s Index (BMI) > 35
CHADS2 Total Score		Age older	than 50 years
EuroSCORE		Neck Circ	umference > 17" (male) or 16" (femal
Society of Thoracic S		🗌 Gender =	Male
Revised Cardiac Risk			
Revised Cardiac Risk			
NSQIP Surgical Ri %			
SMMSE Score			
⊿ Preanesthesia Asses			
ASA Score			
Optimization Propos			
Emergency Anesthes			

Under STOP BANG select Snoring, Loud and Tiredness/Daytime Sleepiness

Under Other Airway Notes Free text box (as displayed below), enter Poor Dentition



When done click the sign icon

4

The **Summary and Plan** component allows for free text documentation of the Anesthesiologist's assessment and plan.

To complete a Summary and Plan:

- 1. Navigate from iView back to the Anesthesiologist Workflow. Click the home icon.
- 2. Click within the free text box.
 - Type "The patient has been advised to stop all medications the night before."
- 3. Click Save



	Anesthesia	Workflow	otato Dosing WEYO kg Isolation:	(C) Normal view 👘 🔷 37 m	inutes ago
PA 1	🛢 🖓 🌇 🔍 🔍 1001	~ - • • △			_
Anes	thesia Summary 23	Anesthesiologist Wor 21	Pain Service Worldlow 22 Anesthesia Orders	11 + 1 > 4	/ =-
	Preanesthesia Eva	aluation Quick Chart		2	
	 Airway (Age ≥ 1 	Days, Female)			
	Airway Considerations		Mallampati Class Scores	Airway Assessment	
	Normal Dentition, Norr	mal ROM, Adequate Mouth Op	Class I	Reassuring	
	Other Airway Notes				
	 Peri-Operative C 	considerations (Age ≥ 1 Day	i, Female)		
	Cognitive dysfunction				
	- Anesthetic Optio	ins Discussed (Age ≥ 1 Days	, Female)		
	Anesthetic Options Disc	cussed	Anesthesia Risks Discussed	Regional Anesthesia Technique	
	General, Regional		Sore throat, Damage to teeth, dental work, lips, Na usea and/or vomiting, Allergic reaction	Trunk Block	
	 Assessment and 	Plan (Age ≥ 1 Days, Female	.)		
	ASA Score		Invasive/Special Monitors and Access	Planned PostOp Pain Considerations	
	3			per surgical service	
	Planned Post-Operative Surgical Day Care	Disposition			
					100
>				L sign C sancar	14.1
2.	Summary and Pla	n		Selected visit	_
	(m-E)				
	In summary STORM	CETEMBORTOR IS NO ATA SCI	an 1		1.0
	The well consistence opening	consistence of a second and a second se	minimize the effects of advectal comparison. The is to up	antique has DOAVB and Evolutionid and service	
	medication as curren	tly indicated.	s manufacte the energy of auteman suppression. Site is to co	Active for COAVY and Synchrons and secure	
	Given the use of DDA	AVP and concerns around electro	lyte balance and fluid status, I have ordered preoperative	blood work to include a CBC, electrolytes and	
	coagulation profile.	I do not think that she requires a	ny other investigations at this time.		
	perioperative care. 1	The patient understands that the	of anesthesia as listed above. Questions were solicited an final decision regarding anesthetic technique will be made	d answered with regards to the anesthesia and by the attending anesthesiologist on the day of	10
	surgery.				
	with regards to perio	operative optimization, the patier	t has been advised to take all their usual medications _+.		
	Thank you for involvi	ing us in the preoperative manag	ement of this patient.		
	Last Saved: 29/06/17 1	4:02		Save	

Above is an example of a completed form.

Key Learning Points

- Anesthesia Consult Quick Chart data will also be pulled into the Pre Anesthesia Evaluation band within iView. Any edits required after saving in the Anesthesia Consult Quick Chart will need to be completed in iView.
- The Summary and Plan component can be completed from the free text box.



Activity 1.7 – Completing an Anesthesia Consult Note

PowerChart uses **Dynamic Documentation** to pull all existing and relevant information into a comprehensive document, using a standard template.

Dynamic Documentation can save you time by allowing you to populate your documentation with items you have reviewed and entered in the Anesthesiologist Workflow tab. This is why <u>it is more efficient to create the note as the last step of the assessment.</u> You can also add new information by typing or dictating.

Other workflows such as Pain Service, Rounding, and Discharge have the Create Note section. Clicking on these items displays the relevant note types represented by links to make documentation easier. With one click on the desired note type link, PowerChart generates a charting note.

You would like to complete a consult note after seeing the patient in PAC.

In the event the patient is not seen in PAC, this note can also be used in Preop as well.

To access the Anesthesia Consult Note template: Ensure you are on the Anesthesiologist Workflow tab and scroll to the bottom of the list of components.

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Physical Exam	Hydrocelectomy	Queh, Peter	15/09/2017 13:13	Finalized				~
Labs	Tonsillectomy and Adenoidectomy	Baggoo, Alan Kieth	13/09/2017 15:33	Suspended				
Transies and Condina	Cholecystectomy Laparoscopic	Queh, Peter	06/09/2017 15:53	Finalized				
Imaging and Cardiac	Tonsillectomy and Adenoidectomy	Baggoo, Alan Kieth	12/06/2017 08:43	Suspended				
Anesthesia Consult Quick Chart								
New Order Entry	Links						æ	=- E
Summary and Plan	⊿PharmaNet (1)							
Create Note	PharmaNet							
Limited Anesthesia Consult	⊿ CareConnect (1)							
Anesthesia Consult	CareConnect							_
Post Anesthesia Note								
Medication Recommendation	Visits (0)						All Visits ଅ	=-
Select Other Note	No results found							

1. Click Anesthesia Consult.

There are 4 means of data entry into a note template:

- 1. Dictate as current state with Front End Speech Recognition (FESR).
- 2. Pulls from documentation within the Anesthesiologist Workflow. This should significantly reduce any additional manual typing.
- 3. Create/utilize Auto Text.
 - The programmed auto text entry populates in the box which can be modified by editing the text or left as is if appropriate. Auto text entries are shared across the organization helping to adhere to agreed standards. You can also create your own auto text entries. You will learn how to create auto text entries in a more personalized learning session.
- 4. Manual typing.



For all templates, generally the left side contains headings to the metrics that are required to be completed. Whereas the right side are the metrics that will auto-populate based on other documents within the system (i.e. labs).

To complete the Consult note:

- 1. Type in the free text box to complete the Review of Systems.
 - "AnesRos and double click on the selection: The auto text will appear
- 2. Update the auto text to capture the seizure history
 - Click by CNS
 - Update to "Previous seizures".
- 3. Once you have completed the Consult note, click **Sign/Submit**.

When completing your documentation, the options available to you are:

- **Sign/Submit:** This option indicates that you have completed your documentation and are ready to have this posted and viewable within the patient chart. If you require an addendum, it is still possible.
- Save: This option denotes that you have not completed your charting, yet do not want to lose the work you have completed to this point. The note cannot be viewed by others when it has been saved but not signed.
- Save and Close: This option is similar to the previous one of "Save". The difference is that it will also close the window and you have to re-open it to continue developing the note. Your note is saved as a "Preliminary Report". In this draft format, it is visible to other care team members and information is already shared however might not be enough to support decisions sufficiently.
- **Cancel:** Nothing will be saved or be retrievable.

WARNING: Ensure that the date indicates a date of service, not the date the note is created. This is to maintain correct dates for reporting purposes.

Type:	Note Type List Filter:					
Anesthesiology Consult	Position	~				
Author:	Title:		"Date:			
Train, Anesthesiologist-Physician1, MD	Anesthesia Consult		2018-Jan-23	1448	PST	
§ Forward Options 🛛 🖂 Create provider letter						
Favorites Recent Relationships Q Provide	r Nome					
Contacts	Recipients					
Cefault Name	Cefault Name	Comm	ierit.		Sign	Review/CC

Here you can send copies of the report to other health care providers.

This will be covered at a later date.



For now click Sign

Key Learning Points

- There are 4 options on how to complete the documentation within a Note: FESR, auto-populating from the Anesthesiologist Workflow, Auto text or manual typing.
- Ensure that the date indicates a date of service, not the date the note is created.
 - This is to maintain correct dates for reporting purposes.
- Saved documents cannot be viewed by other professionals
 - Signing a document published it to the patient's chart



FATIENT SCENARIO 2 – Elective Post-Op Patient (Post-Op)

Learning Objectives

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

- Update patient information
- Modify current orders
- Manage documents and create a progress note

SCENARIO

A 54 year old male patient has a inguinal hernia. He meets with a General Surgeon and is scheduled for an elective right inguinal hernia repair. He has finished his surgery and is now in the Post-operative phase.



NOTE: This workbook will only address Pre-Operative and Post-Operative aspects of the chart. SA Anesthesia (Package 2) will address the Intra-Operative documentation for Anesthesiologists.

As an Anesthesiologist you will complete the following 2 activities:

Place and review post-operative PowerPlan

Inclusion of an addendum



Activity 2.1 – Place and Review Post-Operative Powerplans

As the steps for placing a Post-Operative PowerPlan is similar to Scenario 1, Activity 5, this activity will consist of a review of the Post-Operative PowerPlans.

Place the following Post-Operative PowerPlans:

- 1. Click on to go home (if not already there)
- 2. Click on Quick Orders and locate the PowerPlan section
- 3. Click on ANES Post Anesthesia Care Unit (PACU)

	11.9	Medications	 Labs	Imaging	New Order Entry
mnal Par		Analgesci	Bloodwork in Moning	► 101.	Patient Care III
ed Mental Status		 Antianythenics/Beta Riccians 	Hosdwork Routine) CT	
z Hain		 Anticoagulants 	Bloodwork 51A1	 EC0 	Code Status
HHS		Antiemetics	Blood Products/Transfusion	 Rehocardiogram 	 Adivity
nea		Accitypertensines	 Chemistry 	► IK.	Lines/Tubes/Drains
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					ANES Post Operative Daycare (prototype) Avec Poer Over
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					(Prototype) AMS1-Record / Vendary / Fruntue Post Operative
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					(PROJEC) (VBRGEDD) AREI Aghition and Delivary Mathukana Compiling Michigh (Validated)
					Uperative (Mozule) (weighted)
					 Regional and Pain Service

- 4. Click the **Orders for Signature** icon **I** to review selected order
- 5. Click Modify.

Orders for Signature (1)	X
PowerPlans	
🔀 ANES Post Anesthesia Care Unit (PACU) (prototype) (ANES Post Anesthesia Care Unit (PACU) (prototype))	
	Sign Save Modify Cancel



- 1. Select the following orders using the checkboxes beside each individual order
 - Vitals Signs (defaulted)
 - Sedation Assessment (defaulted)
 - Sodium Chloride 0.9% (75mL/h)
 - Acetaminophen 650 mg, PO, q4h, PRN
 - 2. Deselect the following order
 - ANES Respiratory Despression (Module)

< % 0	🕽 🕂 Add to	Phase 🕶 🛕 Check Alerts 🛄 Comments Start: No	w	Duration: N	one	
0fl	fset 🕅	Component	Status	Dose .		Details
7		Vital Signs As per policy			As per policy	
7		Sedation Assessment As per policy			As per policy	
⊿ Contin	uous Infusion	15				
7		sodium chloride 0.9% (sodium chloride 0.9% (NS) con			•	order rate: 75 mL/h, IV, drug form: bag
		plasmalyte (plasmalyte continuous infusion)			•	order rate: 75 mL/h, IV, drug form: bag
		dextrose 5%-sodium chloride 0.45% (dextrose 5%-sod			•	order rate: 75 mL/h, IV, drug form: bag
⊿ Medica	ations					
	())	Pre-operative medications for chronic pain should be	re-ordered	and / or equiv	alent o	opioid conversion ordered
Analge	sics: Opioids					
	🔮	IV Opioids				
		fentanyl (fentanyl PRN range dose)		•	dose range: 12.5 to 25 mcg, IV, q5min, PRN pain, drug form: Maximum dose: 150 mcg/h	
		morphine (morphine PRN range dose)			•	dose range: 1 to 2 mg, IV, q10min, PRN pain, drug form: inj Maximum dose: 10 mg/h
	Ø	HYDROmorphone (HYDROmorphone PRN range dose)		•	dose range: 0.1 to 0.2 mg, IV, q5min, PRN pain, drug form: inj Maximum dose: 2 mg/h. DILAUDID EQUIV	
	<u>(</u>)	PO Opioids				
1	Ż	morphine (morphine PRN range dose)			-	dose range: 2.5 to 5 mg, PO, q3h, PRN pain, drug form: tab
	Ø	HYDROmorphone (HYDROmorphone PRN range dose)		•	dose range: 0.5 to 1 mg, PO, q3h, PRN pain, drug form: tab DILAUDID EQUIV	
		oxyCODONE (oxyCODONE PRN range dose)			-	dose range: 2.5 to 5 mg, PO, q3h, PRN pain, drug form: tab
Analge	sics					
☑	Ø	acetaminophen			-	650 mg, PO, q4h, PRN pain, drug form: tab Maximum acetaminophen 4g/24 h from all sources

=

NOTE: Modules will be reviewed within another resource.

- 3. Click Sign
- 4. Click Done

Key Learning Points

- PowerPlans can be accessed from Quick Orders with in Provider View
 - Multiple PowerPlans can be placed at the same time.



Activity 2.2 – Inclusion of an Addendum



When reviewing the patient's documentation, you noticed that the admission note created by your resident requires a correction.

Inertheria Summary	22 Anesthesiologist Workflow	11 Quark Orders	11 Rounding	II Pain Service Workflow	耳 +	
ctive Issues	Documents (1) +					Last 50 Notes Al Vots Last 24 hours More • 2
connects (1)					II My notes only	Croup by encounter Display: Provider Documentation -
nesthesia Records	Tene of Service	Subject	Note Type	Author	Last Updated	Let Updated By
rks 👘	23/01/18 14:41	Anesthesia Consult	Anesthesiology Consult	Train, Anesthesiologist-Physician1, 1	40 23/01/18 14:46	Train, Anesthesiologist-Physician1, MD
Rs (1)	* Shiphening up to the Lest \$5 men	re remaining all youth-				
eview of Systems.						

1. Select the note from the Documents component

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" Displaying up to the last st	Encont notics for all vests	Anesthesia Consult Train, Anesthesiologist Physician I, MD	Anesthesiology Consult (Austh (Verified)) Last Updated: 22/01/18 14:46	
Anesthesia Records (0)	Anesthetic Problem List	Past Medical History	
No results found		1. Seizure patient	No chronic problems Historical	
		Physical Exam	No nistorical problems	

2. Click Open Document

Time of Service	Subject		Down Burgmant Dist		
23/01/18 14:41	Anesthesia Consult		Contractions		
" Doptaving up to the last 3	\$0, recent notes for all vests	Anesthesia Consult Train, Anesthesiologist-Physician1, MD	Anesthesiology Consult (Auth (Verified)) Last Updated: 23/01/18 14-96		
Anesthesia Records	(0)	Anesthetic Problem List	Past Medical History		
No results found		1. Seizure patient	No chronic problems Historical No historical problems		
		Physical Exam			

3. Click ^I Modify icon on the toolbar.

The document opens with the Insert Addendum Here field activated.

Type "Patient had a seizure last week."

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Click Sign



The altered document will display with the red annotation at the top indicating it includes an addendum. The addendum includes an electronic signature.

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	* Final Report * Document Contains Addenda
ED Supervision/Handoff Note	
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Diagnostic Results No gualifying data available.	
Signature Line	
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Addendum by Test, Pet, MD on 2017-August-10 12:09 PC Inset the additional information here.)T (Verified)
Signature Line	
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Key Learning Points

Once documents are signed, revisions can only be done by adding addendum.



b End Book One

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