Clinical Documentation and Ordering for FirstNet Physicians







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Documenting >1 Problem	
9. Depart Process	
New Look/Functionality	
ePrescribe	
10. ED Snapshot	
11. ED Actionable MPage	
12. Infusion Billing Summary	Error! Bookmark not defined.

1. Introduction

Overview

- This reference guide was designed to help users learn the workflow process of ordering and documentation from within FirstNet. Most, but not all, of the information in this guide will be covered during your training course. Some sections have been added for reference purposes.
- This guide includes pictures of various windows to familiarize you with information placement. These are only a small sample of the windows you will use.

2. FirstNet Organizer: New Components

Tracking Board Column Changes

The following is a list of NEW columns and their content found on 1 or more view in the eTracking Lists in FirstNet.

- MD CoSign clipboard appears when orders to cosign for patient. Double click to access from tracking board
- PCP (STAR) name from registration system
- PNED MD Document management icons access PowerNote and show status
- RN Review clipboard appears when RN has new orders to review
- Medications number ordered/resulted. Mouse over for details. Magnifying glass appears when completely resulted.

Events and Icons

• The following is a sampling of the new event icons that are used on the tracking board.

lcon	lcon Name	Auto/Man	New/Change	Description
Bed Assign	Bed Ready	Either	Change	Replaces ● icon. May be manually placed when bed assignment made or will automatically fire when Bed Requested icon is completed. The O icon is manually set when bed is requested.
<u>ð</u>	Care Plan	Auto	New	Care Plan-auto fires to alert provider that a plan has been made between ED and PCP. This "plan" may include how to care for chronic issues such as pain. Currently in use at CMC and CMC-NE, plan may be reviewed by any ED.
Case Mgmt	Case Management / High Risk	Auto	Change	Replaces ${f C}$ icon. This automatically fires when the answer is "yes" to the first Domestic Violence question on the Triage PF.
1	Consult Ordered	Either	Change	Replaces 😪 icon. Auto fires if a consult order entered. May manually start.
 	Consult Paged	Auto	New	When Consult Ordered icon is manually completed, Consult Paged icon automatically fires
1	Consult Contacted	Auto	New	When Consult Paged icon is manually completed, Consult Contacted icon automatically fires
0	Contrast Needed	Either	New	Will automatically fire at CPOE live facilities, with a contrast order entered. All non-live facilites may manually place icon.
Ø	Contrast1	Auto	New	Auto fires when Contrast Needed icon is completed. Signifies patient is drinking Cup #1.
<mark>.</mark> 2	Contrast2	Auto	New	Auto fires when Contrast1 icon is completed. Signifies patient is drinking Cup #2. If 2 cups are not needed, complete this icon.
Ø	Contrast Complete	Auto	New	Auto fires when Contrast2 icon is completed.
СТ	CT Ordered	Auto	Change	Auto fires when any CT ordered. Replaces CT Requested 🎽 icon.
СТ	CT Complete	Auto	Change	Auto fires when CT completed. Replaces manually set 🌌 🛛 icon.
СТ	CT Read	Auto	Change	Auto fires when CT is resulted in FirstNet unless results are faxed (then manually complete). Replaces m 🚀 Jally set icon.
	Do Not Share Info	Auto	New (for some)	Auto fires when Triage PowerForm DTA "Is it okay to speak about all aspects of your medical care in front of people who are accompanying you?" is checked "no".
EKG	EKG Requested	Manual	Change	May manually set for EKG order. Replaces 🌉 icon.
M	Lab Ordered	Auto	New	Auto fires when lab orders are entered.
A	Lab Complete	Auto	New	Auto fires when lab orders are resulted.
LAB	Lab Overdue	Auto	New	Auto fires when lab orders are overdue (varies from facility to facility) and not received in lab.
LIFE	LifeShare	Manual	New	May set if patient is for Life Share.
MR	MRI Ordered	Auto	New	Auto fires when MRI ordered.
MR	MRI Complete	Auto	New	Auto fires when MRI complete
MR	MRI Read	Auto	New	Auto fires when MRI Read
Wal	MH Eval	Manual	New	May manually set icon when patient is awaiting a mental health evaluation
\odot	Pain Reassess	Manual	New	May manually set icon to alert nurse that pain reassessment in needed.
5	Patient Ready	Manual	New	May manually set icon when patient is ready for physician dispostition
刻	Pregnant	Auto	Change	Auto fires when Triage pregnancy status is positive or with positive pregnancy test. Replaces 🤣 icon.
Р	Psych Place	Either	Change	Will automatically fire if new DTA on Triage PowerForm is checked for Involuntary Commitment. May still be manually set for Psych patients being held for placement.

lcon	lcon Name	Auto/Man	New/Change	Description
do	Respiratory Therapy ordered	Manual	New	May be manually set when RT order is placed.
ob	Respiratory Therapy in Progress	Auto	New	Auto fires when Respiratory Therapy ordered icon is completed.
3	Respiratory Therapy Completed	Auto	New	Auto fires when Respiratory Therapy in Progress icon is completed.
*9	Review Allergies	Manual	New	May be manually set when allergies need to be reviewed.
B	Transfer 2 other facility	Auto	Change	Auto fires when Transfer documentation is documented. Replaces Xier 2 Otr Facility icon and both now have new CHS helicopter.
	Urine Ordered	Manual	Change	May manually place icon when order for urine tests. Replaces Urine Needed icor 單
	Urine in Progress	Auto	New	Auto fires when Urine Ordered icon is completed.
	Urine Complete	Auto	New	Auto fires when Urine in Progress icon is completed.
US	US Ordered	Auto	New	Auto fires when order for Ultrasound is entered.
US	US Complete	Auto	New	Auto fires when Ultrasound Ordered icon is completed.
XR	Xray Ordered	Auto	Change	Auto fires when Xray ordered. Replaces Xray Need icon Å
XR	Xray Complete	Auto	Change	Auto fires when Xray Complete. Replaces Xray Complete icon. 🏼 🎼
XR	Xray Read	Auto	New	Auto fires when CT is resulted in FirstNet unless results are faxed (then manually complete).

Description	Cerner Icon	Description	Cerner Icon
Patient has critically important orders on the chart.	-	Patient needs an x- ray.	XR
Radiologist has read the CT and report is available.	СТ	CT is completed (MD can look at film at Stentor).	СТ
Triggers dementia/wandering protocol.		Patient needs transport.	
EKG is needed.		Need Pharmacist Pharmacy Consult	R
Needs interpreter.		Fall precautions.	F
Patient is in isolation.	Ι	A sitter is needed	A
MD needs to reevaluate.		Admission orders are needed.	
Attending MD has not signed the chart.	ß	Bed Request.	
Dr. Exam	*	Bed Ready	
Consult RN Exam	0	Admit	

Description	Cerner Icon	Description	Cerner Icon
Opt Out	×	Consult	870 C
Triage	-	Registration	~

Admitting Process Icons

• Your facility may determine to utilize a series of events to manage patients being admitted such as the process defined below.

Physician places the Admit order	Admit icon placed on tracking board.	1
Consult Requested and the Orders Needed event is manually set. The event will be completed once orders received.	Orders Needed icon appears.	
Request a bed event manually set for the patient.	Bed Request Icon appears.	
ED advised that room is ready. When Bed Request event manually completed Bed Ready event automatically requested.	Bed Request Icon clears and Bed Ready Icon appears.	

Message Center – New Folders

- Message Center functionality will be expanded to include the following new folders:
 - Orders to Approve Notification of orders needing co-signature.
 - **Proposed Orders** Prescriptions called in by the Pharmacist in response to clinical inquiries that they receive.
 - Saved Documents PowerNotes in Preliminary status: they have been Saved but not Signed
 - Reminders Allows user to compose messages or designate results or documents for follow-up at a later time. Notifications can be attached any Messages, Reminders, Consults or Sent Items where notification of receipt or action is required.
 - **Consults** Consult messages are meant to communicate a request for a consult to a specific provider or providers. They are not placed by a Consult Order, but may be placed in addition, if desired.

Message Center		🕌 Print 💸 2 minutes ag
Inbox Summary 4	Orders to Approve X	٩ ۵
Inbox Proxies Pools	Select Patient 🗮 Open 💹 Message Journal 📝 Forward Only 🗽 Select Patient 🊟 Select All	
Display Last 90 Days	Create Date	Originator Name Patient Name
	2/23/2011 4:47:36 A 1 mg per 1 mL Injection IV PUSH q HYDROmorphone	TESTEP2 , ED NURSE W/ TRIAGE, ED PEDS FEVER
Priority Items (0)	2/15/2011 3:50:20 PM 02/15/11 15:49:00 EST Stat, Once, DX Chest PA and Lat	TESTEP2, ED NURSE W/ SECURITYTEST, PATIENT 3
	2/15/2011 7:21:48 A 02/15/11 7:21:00 EST Stat, Once, O DX Clavicle	TESTEP2, ED NURSE W/ BREATTHING, ED SOB DIFFIC
Inbox Items (680)	2/14/2011 10:49:06 A 02/14/11 10:48:00 EST Inpatient T Admit/Change Patient Status	TESTEP2, ED NURSE W/ FIRSTNET, BETTY
Messages (0(1))	2/14/2011 10:47:50 A 02/14/11 10:47:00 EST Stat, Once, DX Clavicle	TESTEP2, ED NURSE W/ FIRSTNET, BETTY
General Messages (0/1)	2/10/2011 12:29:49 P 02/10/11 12:28:00 EST Stat Once S Oxygen (Nsg)	SYSTEM, SYSTEM FIRSTNET, RNTRAINING
	200731 12:29:49 P 02/10/11 12:28:00 EST ED Intercranial Hemorrhage	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Orders (680/680)	2/2/3011 12:29:48 P 02/10/11 12:28:00 EST, Stat, Once, Pulse Ox Cont	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Orders to Approve (678/678)	2011 12:29:48 P 02/10/11 12:28:00 EST Stat, Once, CT Head Scan w/o Contrast	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Proposed Orders (2/2)	2/10/2011 12:29:48 P 02/10/11 12:28:00 EST Stat Daily I Urinary Catheter Care	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Documents (0/5)	7/10/2011 12:29:48 P 02/10/11 12:28:00 EST Stat Once S Urinary Catheter Insertion	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Forwarded Documents to Sign (0)	2/10/2011 12:29:48 P 02/10/11 12:28:00 EST Stat Notify Notify Provider	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Size (0/2)	2/10/2011 12:29:47 P Blood Pressure Maintain SBP less t Maintain Parameters	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
sign (0/3)	2/10/2011 12:29:47 P 200 mL, Injection, IV (INTRAVENOU niCARdipine 20 mg	SYSTEM, SYSTEM FIRSTNET, RNTRAINING
Work Items (14)	2/10/2011 12:29:47 P Continuous 02/10/11 12:28:00 EST Cardiac Monitor	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
	2/10/2011 12:29:47 P Strict 02/10/11 12:28:00 EST Stat Intake and Output	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Reminders	2/10/2011 12:29:47 P 45 Degrees 02/10/11 12:28:00 EST Elevate Head of Bed	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Consults 🔎	2/10/2011 12:29:46 P 20 mg per 4 mL Injection IV PUSH labetalol	TESTEP2 , ED NURSE W/ FIRSTNET, RNTRAINING
Documents to Dictate (0/1)	2/10/2011 12:29:46 P 0.625 mg per 0.5 mL Injection IV P enalapril	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Saved Documents (14/15)	2/10/2011 12:29:45 P Urine, 02/10/11 12:28:00 EST, Stat POC Urine Dipstick	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
	2/10/2011 12:29:45 P Blood, 02/10/11 12:28:00 EST, 02/ Basic Metabolic Panel with GFR	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Notifications	2/10/2011 12:29:45 P Blood, 02/10/11 12:28:00 EST, Stat Type and Screen	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Notify Paceinto	2/10/2011 12:29:44 P 02/10/11 12:28:00 EST Constant I NPO Diet	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Total	2/10/2011 12:29:44 P 02/10/11 12:28:00 EST Stat Once S PRN Adapter	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Irash	2/10/2011 12:29:44 P Blood, 02/10/11 12:28:00 EST, 02/ CBC without Differential	TESTEP2, ED NURSE W/ FIRSTNET, RNTRAINING
Sent Items	2/9/2011 7:52:44 AM Blood, 02/09/11 7:51:00 EST, 02/0 Lipase Level	TESTEP2, ED NURSE W/ FIRSTNET, AL
	2/9/2011 7:52:44 AM 02/09/11 7:51:00 EST Stat, Once, 0 DX Rib Unilateral 2 Views	SYSTEM, SYSTEM FIRSTNET, AL
	2/9/2011 7:50:02 AM 02/09/11 7:49:00 EST Stat, Once, 0 DX Clavicle	TESTEP2 , ED NURSE W/ FIRSTNET, AL
J	P	

- Orders to Approve
 - Orders to approve: Orders requiring physician co-signature: verbal/protocol orders from RNs or mid-level provider orders
 - Order folders appear under Inbox Items> Orders as they are populated.
 - Highlight the folder in the InBox tab.
 - Double click on the line for co-signature

Message Center						e Prir	nt ≷ 10 minutes ago
Inbox Summary 4	Orders to Approve X						4 ۵
Inbox Proxies Pools	Communicate 🔹 📴 Open 🗯 M	lessage Journal 📝 Forward Only 🖕 Select P	atient 📖 Select All				
Display Last 90 Days	Patient Name	Originator Name	Order Name	Details	Order Comment	Create Date 🛛 🗸	Status
	FIRSTNET, EDRNMRPEP2TEST	TESTEP2, ED NURSE W/DOC MRP EP2	DX Abdomen 1	12/09/10 23:04		12/9/2010 11:0	Pending
Priority Items (0)	FIRSTNET, EDRNMRPEP2TEST	TESTEP2 , ED NURSE W/DOC MRP EP2	Culture, Urine	12/09/10 23:		12/9/2010 11	Pending
	FIRSTNET, EDRNMRPEP2TEST	TESTEP2, ED NURSE W/DOC MRP EP2	CBC Without	Blood, 12/09/		12/9/2010 11	Pending
Inbox Items (9)	FIRSTNET, PED WEIGHT	TESTEP2, ED NURSE W/DOC EP2	acetaminophen	205 mg per Li		12/9/2010 9:	Pending
Messages	FIRSTNET, PEDS	TESTEP2 , ED NURSE W/DOC EP2	ibuprofen	125 mg per S		12/9/2010 9:	Pending
E Orders (0/10)	FIRSTNET, P90	TESTEP2, ED PHYSICIAN EP2	cefazolin	1 gm per Inje		12/8/2010 9:	Pending
C Orders (9/10)	FIRSTNET, PNEDDAWANA	TESTEP2, ED NURSE W/DOC EP2	acetaminoph	1 tablet, Tabl		12/8/2010 12	Pending
Orders to Approve (8/9)	FIRSTNET, PNEDDAWANA	TESTEP2, ED NURSE W/DOC EP2	acetaminoph	1 tablet, Tabl		12/8/2010 12	Pending
Proposed Orders (1/1)	FIRSTNET, ENGINE	TESTEP2, PHARMACIST EP2	acetaminoph	1 tablet, Capl		12/6/2010 12	Pending
Documents (0/1)							

Details can be seen by clicking on the history or Additional Info tab, if needed.

Orders to Approve × Cosign Orders: I	FIRSTNET, EDRNMRPEP2TES	я х			4 Þ
📝 Forward Only 🛼 Select Patient 👍	•				
FIRSTNET, EDRNMRPEF	P2TEST Age:8 DOB:	0 years 10/20/1950	Gender:Female	EMR:3215981231 FN#:1598032118	LOC:EECC Emergency [12/9/2010 10:0
Original order entered by TESTEP2 , ED NURS CPDE VERBAL order by TESTEP2 , ED PHYS Radiology Department DX Abdomen 1 View	SE W/DOC MRP EP2 on 12/9/ ICIAN EP2	2010 at 10:59 PM EST.			
Comments History Additional Info					1
MOrder 12/9/2010 11:06 PM EST	Order 12/9/2010 1 Entered by TESTEP2 , ED N CPOE VERBAL order by TES Status Order Status Department Status Details Requested Start Date/Time Priority	1:06 PM EST URSE W/DDC MRP EP2 TEP2, ED PHYSICIAN E Ordered 12/9/2010 11:0 Stat	2 on 12/9/2010 at 10:59 PM ES P2 	т.	
Action Pane					ą
Approve (No dose range) Comments: (Limit 120):	C Refuse	Reason	•		
				Ne <u>s</u> t	OK & Next

- If approved, click OK & Next (or the Enter key) to continue reviewing orders.
- To refuse the order, click on Refuse, choosing a reason. Click OK & Next to continue reviewing orders.

Reason	•
	▲
	Did not order the result(s)
	Do not follow this patient
	Not my patient
	Report in office records
	Report re-dictated
	Already done/handwritten
	Report does not belong to this patient 💌

- The refused order is automatically sent to the refused orders queue, managed by HIM
- Proposed Orders
 - Proposed orders are prescriptions proposed by, a clinician, in response to clinical inquiries that they receive.

- Proposed orders are in a pending status until action performed.
 - Physician should speak with the clinician when refusing proposed orders.

Ressage Center				di Frint 📚 1 minutes ia	(H
Inbox Summary 0	Inspected Orders × Order Proposal FIRSTPET, POWERPLANDAWANA ×			4	Þ
Indress Provies Paols	Korward Only 😨 🕭				1
Noplay Last 90 Days *	FIRSTNET, POWERPLANDAWANA Age34years	Gender Male	EMR-0000342134	LOCEEOC	
Priority Items (II)	CORRECTO CORRECTO		110-2412341225	Emergency (r.c.) sectors	
- Inbox Rems (17)	** On hold pending signature **			8	- -
Messages (I/I)	Proposed New Prescription: alloparinol (alloparinol 300 mg eral tablet)			0	0
General Messages (3(1)	Connector				Δ
0 Orders (16/17)					<u> </u>
Orders to Approve (34(54) Instantal Author (317)	Proposed By: 1ESTEP2 . PrivPani/CST EP2				-
Decuments (1/1)	Co Not Send called to shamatu Rul III				
Work Rems (11)					L.
Reminders (3/1)					
Documents to Dictate (2)%)	On hold pending signature Pressing Key Provide Colorsia 100 as and table1			<u> </u>	
Paper Based Documents (6/8)	Details: 100 mg per 1 tablet, 0FAL, BD (2 meg a dav), 60 tablet Refit (2)				
Seved Documents (3P0	Connerts	-		Δ	
Notifications					
Nottify Receipts	Proposed By: 1651072, Phi/Phi/CS1072		2 prescription	proposal order	S
Trash	Do Not Send, called to pharmacy (Rx)		- preseription	proposal oraci	Č
Sent Zens			placed in one of	conversation	
		L	-		
			201-0-0	Handhad - Mittana Handhad	
			@ faject.	All and Next	

- The Provider can either Accept, Modify or Reject the Proposal by clicking on the appropriate symbol to the right of the Proposal and then clicking on Sign.
- Saved Documents– PowerNotes in process
 - The display default is **90** days. Click the down arrow and select **Load All** to expand the window for documents older than 90 days.
 - Contents noted by (#) to the right of the folder name.
 - Opening a PowerNote from the Message Center gives a slightly different appearance and functionality than opening in a patient's chart. Depending on remaining amount of documentation to be done on the PowerNote, it is beneficial to open a PowerNote from the patient's chart.
- Reminders Users may set timed notification feature on a message to either themselves or other users from within the Message Center,
- Consults User receives response to consult messages sent via communication functionality. You also receive consult messages sent with the "include me" functionality

Results MPage

• To Access the Results MPage click on the button in the top toolbar of the Organizer window.



- Results MPage shows the patients that were seen in the facility where the computer is located
 - For auditing purposes, if a provider does not have a relationship with a patient on the list, a temporary relationship is assigned.
 - If a provider already has a valid relationship, the provider keeps that relationship.
- The first time viewing a new patient: Microbiology results will be listed first, followed by labs.
- Microbiology results are all hyperlinks, they are displayed in Green and underlined.
- The lab results contain a hover over (shown below) and are colored in the same way as the Inpatient Summary;: abnormal high or low results are in blue and critical high or low vales are in red.
- Results that are bolded indicate that no action has been taken on these results. The first time a patient is viewed, all results will be in bold font.

Pos	erChart Organizer for CERNER , SUPPORT					
<u>I</u> ask	Edit Yew Estient Chart Links Navigation Help					
i 🖕 Pi	kient List 📓 Home 🗈 Patient Access List 🚔 Shift Assignment 🗃	Multi-Patient Task List 🚯 Tracking List 📑 I	Message Center 📄 CCAT	🖺 Moro Calback 🖉 🕄 Moronedex 🕲 AHEC Digital	Lbrary 🛱 Phonebook (Carolinas)	
1 22 14	er Off 🕾 Attach 🎿 Ext. 🚽 Charges 🗐 Calculator 🖉 Messag	e Sender 🕅 Adrics 🛁 Communicate - 🛞	Explorer Menu 💩 Encour	ter Location History Vewer 2 New Sticks Note 2 New	Sticky Natures A PM Conversation -	
						Contract of Name
In succession	- 0. m - 1					Contract of the second
Mice	o Caliback					Come 20
25	हे 🖓 🕼 🔍 🔍 150% 💦 - 🙂 📾 🙆					
	0.1.1.1.1.1			Results Follow-up		
NOP	Patient Into	Allergies	Medications	Urder		Caliback
· ·	DOB: 10/20/1951	shellish		Cuture, bact (of t bood and onne)	· · · · · · · · · · · · · · · · · · ·	Colorad L
	Home Phone: (104) 666-6894	Pearuts		Act Parcial Informograpion Time	 Act, Part, Hermologiastic Time Lame Ab Inf, 348, CSI 	Subme
	Work Phone:			Chose (Con)	+ CSF-P93 Ab, 1gG	Follow-up Form Link
	MBN: 0000315891				 CSF-P66 Ab, 1gG 	town op for it can
	DC Diagnosis:				 CR 458.4b 1o5 	
	PCP:				 CSE-P45 Ab, IgG CSE-P41 Ab, InG 	
	PCP Phone:				 CSF-P39 Ab, 1gG 	
					 CSF-P30 Ab, 1gG 	
					 CSF-P28 Ab, 1gG CSF-P28 Ab, 1gG 	 Wound Culture
					 CSF-P23 Ab, 195 CSF-P18 Ab, 1o6 	
					 CSF-Lyme IgG Western Blot Interp. 	 Act. Part. Thromboplastin Time
					 Lyme Ab IgM, W0, CSF 	a lower th loc will con
					 CSF-P41 Ab, 1gM CSF-P31 Ab, 1gM 	 Lyme Ab IgG, wu, CSF
					 CSF-P23 Ab. 1gH CSF-P23 Ab. 1gH 	 CSE-P93 Ab. 1oG
					 CSF-Lyme IgM Western Blot Interp. 	
				Herpes Type 1 and 2 Ab CSF	 HSV 1 1gM, IFA-CSF 	 CSF-P66 Ab, 1gG
					 HSV 1 2 Ab Screen IgG CSF 	 CSE-PSB Ab. 1oC
				Total Protein, Cerebrospinal Fluid	 Total Protein, CSF 	
						 CSE-P45 Ab, 1gG
						 CSE-P41 Ab. LoC.
						• CH + 41 Pay 190
						 CSF-P39 Ab, 1gG
						- CCC 000 Ab 1-C
101						

- Clicking on a Microbiology result will take you to the Microbiology Viewer.
- The Microbiology tab displays all Micro results. Not only the result that was clicked on.

NET MPAGE RESULTS	Age 13 years	Case Products	Los MEND Account # MERINA	"Abrepts"
O - 3 Michieles Your				4 21000 W
Intel Contract Contraction				
- 1				
de linitelation	-			
are Shorts Saboras B	33	Report France		Property A Learning 1 & sector.
total and the second	Insettler Lourse	I Ites	Lucambedra	Sarathik In (*arist June
A REAL PROPERTY AND ADDRESS OF		Council		
and Addison				
allow fullballes within Last 72 froms				
TT · 11	1, 1, 1	· c	1 (1 (1 1	
Hovering over a lab	result displays	information a	about that lab:	
			Cal	back
a bitment Caltures				
			E	No
a Art Part Thrombordent	tio Time			No
Act. Part. Thromboplast	tin Time		1	No
Act. Part. Thromboplast Lyme Ab IgG, W8, CSF CSL-P81 Ab IsG	tin Time		1	No Jubmit
Act. Part. Thromboplast Lyme Ab 1gG, WB, CSF CSF-P93 Ab, 1gG CSF-P93 Ab, 1gG	tin Time		۲ : تو	No Submit
Act. Part. Thromboplast Lyme Ab IgG, WB, CSF CSF-P90 Ab, IgG CSF-P66 Ab, IgG CSF-P58 Ab, IgG	tin Time		E E	No Submit
Act. Part. Thromboplast Lyme Ab 1gG, WB, CSF CSF-P90 Ab, 1gG CSF-P66 Ab, 1gG CSF-P58 Ab, 1gG CSF-P58 Ab, 1gG	5in Time		E C	No Submit
Act. Part. Thromboplant Lyme Ab 1gG, WB, CSF CSF-P10 Ab, 1gG CSF-P50 Ab, 1gG CSF-P50 Ab, 1gG CSF-P45 Ab, 1gG CSF-P41 Ab, 1gG	5in Time		Ed	No Submit
Act. Part. Thromboplant Lyme Ab 1gG, WB, CSF CSF-P90 Ab, 1gG CSF-P66 Ab, 1gG CSF-P58 Ab, 1gG CSF-P45 Ab, 1gG CSF-P41 Ab, 1gG CSF-P41 Ab, 1gG	5in Time		1 1 1	No Submit
 Act. Part. Thromboplant Lyme Ab 1gG, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P50 Ab, 1gG CSF-P45 Ab, 1gG CSF-P41 Ab, 1gG CSF-P39 Ab, 1gG CSF-P39 Ab, 1gG CSF-P30 Ab, 1gG 	5in Time			No Submit
 Act. Part. Thromboplant Lyme Ab 1gG, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P50 Ab, 1gG CSF-P45 Ab, 1gG CSF-P41 Ab, 1gG CSF-P39 Ab, 1gG CSF-P30 Ab, 1gG CSF-P30 Ab, 1gG CSF-P30 Ab, 1gG 	5in Time		[] []	No Submit
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 Act. Part. Thromboplant Lyme Ab 1gC, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P66 Ab, 1gG CSF-P50 Ab, 1gG CSF-P45 Ab, 1gG CSF-P39 Ab, 1gG CSF-P30 Ab, 1gG 	Biot Interp.			No Submit
 Act. Part. Thromboplant Lyme Ab 1gC, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P66 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P39 Ab, 1gG CSF-P30 Ab, 1gG 	Biot Interp.			No Submit
Act. Part. Thromboplant Lyme Ab 1gC, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P58 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P39 Ab, 1gG CSF-Lyme 1gG Western Lym CSF- Result CSF-	Biot Interp. tem Biot Interp. NO	NREACTIVE		No Submit
Act. Part. Thromboplant Lyme Ab 1gC, WB, CSF CSF-P10 Ab, 1gG CSF-P66 Ab, 1gG CSF-P58 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P45 Ab, 1gG CSF-P39 Ab, 1gG CSF-Lyme 1gG Western Lym CSF Result CSF-Result CSF-Result	tin Time Blot Interp. tern Blot Interp. NO	NREACTIVE		No Submit
Act. Part. Thromboplant Lyme Ab 1gC, WB, CSF CSF-P10 Ab, 1gG CSF-P10 Ab, 1gG CSF-P50 Ab, 1gG CSF-P10 Ab, 1gG CSF-P10 Ab, 1gG CSF-P10 Ab, 1gG CSF-P20 Ab, 1gB CSF-P20	Biot Interp. tern Biot Interp. NO	NREACTIVE		No Submit
 Act. Part. Thromboplant Lyme Ab IgC, WB, CSF CSF-P30 Ab, IgG CSF-P58 Ab, IgG CSF-P45 Ab, IgG CSF-P45 Ab, IgG CSF-P45 Ab, IgG CSF-P39 Ab, IgG CSF-P30 Ab, IgG <li< td=""><td>Biot Interp. tern Biot Interp. NO</td><td>NREACTIVE</td><td></td><td>No Submit</td></li<>	Biot Interp. tern Biot Interp. NO	NREACTIVE		No Submit

Interacting with the MPage

- Upon viewing a patient, 2 options are available.
 - If **no action** is required then the "No" button can be pressed on the Micro Callback screen.
 - Pressing "Submit" saves all checks and the selected patient(s) will fall off the MPage.

NOTE: if more than 1 patient has "No" selected and any submit button is pressed, then all selected patients will fall off the MPage.

- o If an action is required then the "Follow-Up Form Link" is pressed.
 - The "Patient Results Follow-Up PowerForm" will open.

• See the next section for instructions on how to fill out the PowerForm.

🥫 ED Post DO	C Follow Up Form - CTWYXDOX, ROYRTO	
✓ ■ ◎ ※ i Performed on: □	73 全 ◆	
Post Discharge F	Po	st Discharge Results Follow-up
	Reason for Follow-up	
	Follow-up Status In Process O No Callback Required Complete Patient Contacted	Plan of Action No further action required Physician consultation required Return to Emergency Department for Evaluation Utility to evaluation
	Antibiotic Change antibiotic ① Other: Continue antibiotic Start new antibiotic	Discussed with Provider
	Contact Details	Comments/Patient Conversation
	Attempt #1	

- Follow-up status field.
 - 3 responses.
 - "No Callback Required"
 - Similar to pressing "No" and submit on the MPage itself
 - Means that none of the results warrant calling a patient the patient will drop off the MPage.
 - "Complete Patient Contacted".
 - Also causes a patient to fall off the MPage
 - Indicates a patient was informed about any noteworthy results.
 - "In Process"
 - Patient was unable to be contacted and another attempt will be made.
 - Patient remains on the MPage.
 - Next time the patient is viewed the "No" button will be dithered out and unclickable.

In Process Status

- After an "In Process" has been selected, for a result the user cannot select "No" and Submit. The PowerForm must then be opened and documented.
- The results are no longer in bold since they had been previously seen.
- The patient will continue to appear on the MPage until the PowerForm is submitted as either "No Callback Required" or "Complete - Patient Contacted" at which point the patient will fall off the MPage.

Multiple results for same patient

- IF the patient has a previous call back result on the Micro Callback screen and a new result is added, regardless of the previous callback status, the new results are documented in bold on the MPage.
 - In addition, if the patients' previous status is "In Process" then, as before, the "No" button is dithered (shown previously).
 - If the patients' previous status was "No Callback Required" or "Complete Patient Contacted" the patient will again appear on the MPage
 - An option of "No" and submit is permitted
 - Or a PowerForm can be documented and the process begins anew.
 - A patient with new results will always appear on the MPage, regardless of previous status.

Iask Edit y Patient List Tear Off (2) Millero Calibia Millero Calibia	upannin (Control y Josef)	ktiet 🛐 Tracking Liet i Ioc 🏭 Communicate =	3 Message Center 📄 CCAT 🕲 Explorer Menu 🖨 Encount	등 Hono Cathaok 👷 🔍 Monomoder: 🕄 Artic Dapital Library 🕲 er Lacation History Weerer '볼 (Jew 2004) Tatos 🖼 Ferre 2004 Note	(Posiboli (Cardina) y a 🖁 Mi Carrenston + y	Secur + farre Secur + farre
				Results Follow-up		
Nor Pat	ient Info	Allergies	Medications	Order		Callback
1 CIR DOI Hot We MR FIN DC	11975_1-99662 BESULTS to 102021795 te PRome: (1091666-6094 # Remen: te 00003159921 00035-99521 Nagnosts:	Latex shallfish Peonuts		Culture, Bast (0/11 Blood and Unne) Act Partal Thronboplastin Time Lynne (CSP)	<u>Vitrard Cuburs</u> A.C. Fact, Threehoodpalatio Time Lyme do byte, WB, CSP CSP-M03 Au, Japis CSP-M03 Au, Japis CSP-M03 Au, Japis CSP-M03 Au, Japis	Submit Follow-up.Form.Link
PO	Pener				 CPF+143, 3p3 CPF+143, 3p3 CPF+143, 3p3 CPF+254, 3p5 CPF+254, 3p5 CPF+274, 3p5, 3p5 CPF+274, 3p6, 3p5 CPF+274, 3p6, 3p6 CPF+274, 3p6, 3p6 CPF+274, 3p6, 3p6 CPF+274, 3p6, 3p7 	
				Herpes Type 1 and 2 Ab CSF	HSV 1 IgA, IFA-CSF HSV 1 2 Ab Screen IgS CSF	

Post Discharge Results Follow-up

- Physicians and Nurses will use the Post Discharge Results Follow-up PowerForm for documenting actions on results that are finalized after the patient leaves the ED.
- The form is accessed by clicking on the Follow-Up Form link from the Micro Callback MPage window.
- When the section is opened, the required fields will be highlighted in yellow. There are no required fields in this PowerForm.
- To add additional comments in a field use "**Other**" option which opens a box for the user to free text information.
- You can also right-click on any selection in a field and **select** Comment.
- When the appropriate sections on your form are completed, click on the "Sign

Form" icon located in the upper left hand corner.

• This will return you to the *FirstNet* patient tracking board.

× Post Discharge F		Post Discharge Results Follow-up	
	Reason for Follo w -up		
	Follow-up Status In Process No Cabbok Required Complete Patient Contacted Antibiotic Change arbitotic Stat new arbitotic Stat new arbitotic Stat new arbitotic Stat preventibiotic Stat preventibiotic	Plan of Action Plan of Action No further action required Physician consultation required Val for sensitivities of culture Discussed with Provider	
	Contact Details	Comments/Patient Conversation	Ī

Multi Select vs. Single Select Fields

- In FirstNet you have the ability to select multiple answers in a field.
 - Picture A is an example of a multi-select field. There are square check boxes next to each option; clicking an option will place a check in the box.
 - Picture B is an example of a single-select. The round circles, called radio buttons, only allow you to choose one answer per question.



Contact Details	:
No answer	Certified letter sent
Attempt #2	
Attempt #3	
]	

Picture B: Single-select

Follow-up Status

- O In Process
- O No Callback Required
- Complete-Patient Contacted

Modifying a Form

- To modify a form that was started on a patient, do the following:
 - Open the patient's chart by clicking on the patient name on the toolbar.



You can also right-click on the patient name in the Tracking list to go to a specific section of the patient's chart.

	Ľi	FIRSTNET, SUICIDE	-0	1:09	FIRSTNET, SUICIDI
	1			:58	FIRSTNET, AA
2	N	<u>E</u> dit Bed		:51	FIRSTNET, CHAD
	Ν	Base Location	►	:49	FIRSTNET, DELTA
	N	Add Order		:47	FIRSTNET, EVENT
		Depart Process Patient Summary Rep <u>o</u> rt			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Open Patient Chart	•	0	rders [
	۱ ر	Action	•	Tr M/	iage Summary AR
		Request Start Complete))	M/ Ele	AR Summary owsheets inical Documents
		Set Events	-	Me De	edication Profile
		Assign Provi <u>d</u> er Una <u>s</u> sign Provider		Pa	atient Information
		Reactivate Selected Patient		Di	agnosis and Problems
				Re	eference Text
				Fo	orm Browser
				Fle	owsheet

- Click on the **Form Browser** Menu item.
- Right-click on the PowerForm to be modified
- Click Modify from the drop down to open the form.



- The Triage form opens to allow you to add/change/delete any information previously recorded.
- Sign the form when completed and this will now assign your name to any information that you have modified.
- The Triage form now states that it has been modified and may state that it has been completed by "Multiple Contributors" if you had modified another person's form.

Charting in Error

- To unchart a form due to charting on the wrong patient, do the following
 - Open the patient's chart (PowerChart) by double-clicking on the patient row on the arrow.
 - Click on the Form Browser Menu item.
 - Right-click on the ED Triage form that was previously charted (the nurse's name that signed that triage form will appear to the right.

Date Date	<u> </u>				
All Forms					
🖻 🖻 Tuesday, June 17,	2008 EDT				
- IE 8:34 EDT ED Tria	ge (Modified) - Mul ti (lonkribukorel Misuu	1		
E 8:16 EDT ED Tria	je (Auth (Verified)	Mow	ANN		
🖃 🔽 Thursday, June 12	, 2008 EDT	Wall w	1		
16:29 EDT ED Trie	age (Auth (Verifie	Unchart			
16:11 EDT ED Tria	age (Auth (Verified	PTIL			
🖃 💋 Luesday, June 03,	2008 ED f	History			
21:06 EDT ED Th	ige (Auth (Verified	Change Date/Time			
🗆 📴 13:46 EUT EU Tria	ige (Auth (Verified))	- MURRILL, CHRISTIEL	RN		
E IE 15:04 EDT ED TH	ZUUG ED I	MULTING DERECCA			
13:24 EDT ED TR	sge (Auch (Verified))	DESEAD NATHAN			
12:10 EDT ED TH	ige (Autil (Venilleu))	OCOCAR, NATHAN			
	ige (in ciror) - Dese	AR, NATION			

• Click Unchart – this will open a Comments box where you will need to explain why you are "uncharting" on this patient. Ex: Wrong Patient

TNET, SUNSHINE			×
- 0834	🗧 EDT	By: MURRILL	, CHRISTIE L RN
will change the s	tatus of all the	e results associated	l with this form to
	FINET, SUNSHINE	FTNET, SUNSHINE	STNET, SUNSHINE

Click the check box 🗹 to sign the form.

You will notice a red line through the form and (In Error) noted



4. PowerOrders

Orders Profile

• From within the patient's chart the Orders Profile window contains all orders placed on the patient's chart.



- Information appearing on the Orders Profile includes:
 - Clinical category (i.e., Diet, Radiology, Patient Care)
 - Order name
 - Order status (i.e., Ordered, Ordered (Dispatched), Canceled, Completed, etc.)
 - Order details (i.e., start date/time, frequency, duration, etc.)
 - Order comments (i.e., additional instructions regarding the patient order)
 - Special Instructions (free text to add specificity not outlined in the order details fields)

5. Order Entry

Order Entry

- If PowerOrders are entered from within a PowerNote they are automatically included in the PowerNote:
 - In the 'Medical Decision Making' paragraph, click on 'Launch Orders'. Orders window will appear.
 - Click 'Add' button. 'Add Order' window will open.



• Click on desired order in lower portion of window. Font will turn blue in chosen order.

NOTE: A list of orders from the Order Catalog is available in the Help Menu from the Orders window in FirstNet.

Entering the Order Details

- Order sentences have been created for most orders that will preclude needing to enter many of the order details.
 - **Required** order details labels are noted in **bold** type.
 - When the order is clicked on, order details may automatically populate the order. Patients with a location of Emergency will default to STAT, ONCE and/or Nurse Collect. If there are more than 1 choice for ED patients, a window presenting these choices will appear. Choose the order sentence that is closest to the desired detail. If changes are desired, the procedure below should be followed.
 - If a detail is empty and it is mandatory a blue circle icon will appear next to the order on the Orders for Signature window. The order detail is also highlighted **yellow**. (E.g. Reason for exam)
 - To fill in the needed information, highlight **detail** and enter the appropriate detail value by selecting it from the list or by typing it in as free-text in the Detail Values window. The selected value will appear in parentheses beside the order detail.

• The **Missing Required Details** button, which appears below the order details screen, indicates how many required details are missing. Click this button to go directly to each missing required detail.

			Remainir	g Administrations:	0 Stop: 12/11/2010 9:35:00
*Dose:	🔶 5,000,000 units	~	Drug Form:	Injection	~
Route of administration:		V V	*Frequency:	📓 Once	~
PBN:		~	Pharmacy order priority:	Routine	~
*Requested start date and time:	12/11/2010 9:35 AM EST	~	Duration:		~
Stop date and time:	12/11/2010 🚽 🚽 0935	EST	Special Instructions:		
Special Instructions (2):					

Order Detail Fields

- The order detail fields will vary by order.
- All details should be reviewed for accuracy and can be changed by clicking on the pull-down menu arrow to the right of the field.
- For patients in the Emergency Department, the order default will appear as:
 - Requested start date and time: current date and time
 - Frequency: Once
 - Priority: STAT or Routine depending on the order catalog
 - Nurse Collect: Yes
 - Reason for Exam: blank but mandatory
 - Transport Mode: Stretcher

Pharmacy Orders

- For pharmacy orders there are additional considerations
 - No medication orders may be placed until the patient's allergy is recorded.
 - Drugs must be ordered with a dose identified
 - Drugs with normalized doses will have the dosage calculator functionality available
 - Click on by to engage the dosage calculator
 - The normalized dose will appear in the target dose window.
 - The patient's weight for this visit will appear in the "Actual Weight" field.

- If adjustments are needed to the weight to be used for dose calculations they should be made in the "Adjusted weight" field.
- Adjustments (rounding) to the "Final Dose" field can be made based on clinical conditions and product to be used

Dosage Calculat	or Tylenol				×
Dose Values 1) Target dose: 2) Calculated dose: 3) Reduced dose: 4) Final dose: 6) Rounding rule: 7) Adjust Reason:	115 69.735 69.735 69.735 69.735 No rounding	mg/kg <u></u> mg mg 100 <u></u> mg 15 v	mg/kg	Dose Forms: Tylenol acetaminophen 120 mg Suppository acetaminophen 325 mg Tablet acetaminophen 325 mg Tablet acetaminophen 520 mg Suppository acetaminophen 80 mg Chewable Tab acetaminophen 80 mg/0.8 mL susp UD 0.8ml	
Reference Data					
Date of birth:	10/01/2010	(2 Months)			
<u>G</u> ender:	Male 💽				
<u>H</u> eight:	57.15	cm	Source:	12/9/2010 11:40 AM 57.15 cm 💽	
Actual <u>w</u> eight:	4.649	kg	Source:	12/9/2010 11:40 AM 4.649 kg 🔹	
Adjusted weight:	4.649	kg	Adjustment:	Actual (no adjustment)	
Ser <u>u</u> m creatinine:		mg/dL	Source:	Manually entered	
CrCl (est.):		mL/min	Algorithm:	Missing data	
Body surface area:	0.27	m2	Algorithm:	Mosteller	
Last Dose Calculatio)ri				
<u>F</u> ormulae				Apply Dose Cancel	

NOTE: Pediatric patients cannot have Medications orders placed prior to weight being entered on the current visit.

- Non-searchable/Non-formulary drugs/IV solutions must be ordered with a TNF order.
 - Non-formulary orders cannot be checked for interactions with other drugs/orders.
 - Non-formulary orders may be best processed after discussion with the pharmacist or ordering a **pharmacy consult**.
 - All fields are mandatory and must be filled in appropriately with free text used for the drug name.

🕂 🔂 Details 🕼	Order Comments					
🕈 🖀 III. 🔍	×		Remaining Administrations: (Un	known) Stop	: 12/25/2010 10:2	21:00 4
*Drug name:			*Dose:			~
Drug Form:		~	*Route of administration:			~
*Frequency:		¥	PBN:			~
Pharmacy order priority:	Routine	~	*Requested start date and time:	12/11/2010 1	0:22 AM EST	~
Duration:	14 day(s)	~	Stop date and time:	12/25/2010	÷ 🗸 1021	•
Special Instructions:			Special Instructions (2):			
			Pharmacy Owe Quantity:			

Order Entry Pharmacy Orders

- If a Physician orders a med that is substituted at facility. (substitutions may vary by facility)
- Pharmacist will discontinue order.
- Pharmacist will enter appropriate sub med per P&T, place order comments to detail the reason for the substitution and change communication type to 'Protocol'.
- Order does not route back to physician since covered by P&T policy
- ** Substitutions may vary by facility **

Xxx Pharmacy Consult Process

 Physician will select pharmacy consult on 90% order form (section 18-10)

R,

- Pharmacy consult 'Rx' Icon will fire to tracking board.
- Call should then be placed to Facility Pharmacist to discuss needs.
- Pharmacy will enter order in PharmNet, change communication type to 'CPOE VERBAL' which will route order for physician co-signature.

NOTE: At CMC-NE: Physician will phone pharmacy for consults during hours pharmacy is not available in ED. When the ED Pharmacist is available the pharmacist will be monitoring the tracking board and respond to the Icon.

Placing an IV Order

- Search for the orderable just as for all other orders by typing in the find window.
- The Detail tab defaults open. Any mandatory fields will need to be satisfied.

😭 Details 🔰 Cor	ntinuous De	etails 🛛 🕕 Order Co	omments 🔪							
+ 1 II.										
*Drug Form:	IV Bag		~		Route of administration:	IV (INTRAVEN	10US)	~		
PBN:	C Yes	C No			PRN reason:			~		
Pharmacy order priority:	Routine		~		"Requested start date and time:	12/11/2010	÷ 🗸 0951	- ÷ E	ST	
Duration:	14				Duration unit:	day(s)		~		
Stop date and time:	12/25/20	10 🕂 🗸 0950	EST		Special Instructions:					
Special Instructions (2):										
Pharmacy Owe Quantity:					Workflow Sequence:			~		

- In addition, on IVs there is a Continuous Details tab with the bag volume, rate or infuse over field may all be edited.
 - Click in the numbers on the field (prior to the unit) to change/add these values.

■ Details for Dextrose 5% with 0.45% NaCl 1000 mL											
Petails Continuous Details Order Comments											
	/	/									
Base Solution	Bag Volume	Rite	Infuse Over								
🛗 Dextrose 5% with 0.45% NaCl	1000 mL	🔂 100 mL/hr	10 hr(s)								
Additive	Additive Dose	Occurrence									
1		00									
Total Bag Volume	1000 mL										

- Orders can be added via several methods:
 - Search from the 'Find' window
 - Click on pre-built orders in folders window
 - Click on yellow star to navigate to favorites folder
 - Click on a PowerPlan (pre-built group of orders related to a condition/problem/disease)
 - Using the ED 90% Orders Form window. (Orders added via this method will NOT appear within the PowerNote automatically. They will have to be added manually.)

Order E

Signing the Order

- The order is ready to be signed after all required order details have been entered.
 - After addressing the appropriate order details, click to sign the order(s).
 Sign
 - Click to **refresh*** the screen.
 - The order displays on the Orders Profile, under the appropriate Clinical Category, with an **Ordered** status.

NOTE: Mandatory fields vary by order. All must be satisfied either with menu choices or free text as appropriate. Most orders used by ED providers will have order sentences built for ONCE, STAT, and Nurse Collect as appropriate.

Order Actions & Status

NOTE: Order actions must be changed from within PowerNote to update the note. Click 'Launch Orders' term.

Order Actions – Meaning

- **Modify** detail(s) required changing but the order is correct
- **Complete** The order has been carried out to its conclusion.
- **Cancel/DC** order is in a status that is able to be cancelled and the user desires this order to not occur
- **Delete** order was placed on the wrong patient or the order was placed in error

Common Order Statuses

- **Order** The order has been entered but not yet signed.
- **Processing** The order has been entered and signed, but the screen has not yet been refreshed.
- **Ordered** The order has been entered and signed and the screen refreshed.
- **Pending Complete** Future instances of an initial order are still active pending task completion or resulting, or the stop date/time has not yet occurred.
- **Completed** The order has been carried out to its conclusion.
- **Discontinued** The order is no longer active because it was discontinued after the scheduled start date/time and at least one occurrence.
- **Canceled** The order is no longer active because it was canceled before the scheduled start date/time and before any instances occurred.

Radiology Order Statuses

• **Ordered** – The order has been entered and signed and the screen refreshed.

- **Ordered** (Exam Ordered) The order has been entered by Radiology through another system (such as Imagecast).
- Pending Complete (Exam Completed) A preliminary Radiology exam has been performed and a Preliminary Report is available for review. Order cannot be modified.
- **Completed** The order has been carried out to its conclusion.
- Voided Order (Deleted) A Radiology exam was completed in the radiology system (i.e., Imagecast), but the order entered was incorrect. To correct this, the order is "voided" by the Radiology department and a new order for the actual exam performed is created in Imagecast.

Lab Order Statuses

- **Ordered (Dispatched)** The order has been entered and signed and the screen has been refreshed.
- Ordered (In-Lab) The Lab has received the order. Order cannot be modified.
 - **Blood Bank/Transfused Products**: An **Ordered (In-Lab)** status indicates the blood has been allocated and is ready for pick.
- **Ordered** (**Preliminary**) Preliminary or partial results have been issued.
- **Completed** The order has been carried out to its conclusion.

Reference Text / Preps and Special Instructions

- When an order is entered for a Radiology or Lab procedure that requires the patient to receive special preparation in advance, a list of **Preps and Special Instructions** (or **Reference Text**) will automatically display.
- Orders that contain Preps and Special Instructions will display with a beside them in the order catalog search results.

Orders with Reference Text / Preps and Special Instructions



Preps and Special Instructions should be printed, labeled, and placed on the patient's chart; the instructions must be reviewed <u>carefully</u> as it often contains orders that will need to be entered.

Procedure

1. To **print**, *right click* anywhere in the instruction area and click **Print**.

	Reference
	DV Galbladder (Galbladder Seriee)
	C CareElan information C Chart quite C Nuce prevation C Patient education
	Preps and Special Instructions
	 No food after supper; may have water Give 1 Telepaque tab every 5 minutes x6 doses at 1800 Do not give any laxatives NPO after midnight (May take cardiac and anti-hypertensive meds with sip of water) Saline enema if necessary in AM day of exam Hold nourishments until notified Nursing to notify dietary when to resume patient diet Estimated procedure time 30 mins
;	2. Click OK then click Done
:	3. Enter the appropriate order details.
4	Click Sign to sign the order.
5	• Click 211 minutes ago to refresh the screen.
(5. If necessary, enter any additional orders needed to ensure the pro-
view Preps	and Special Instructions on an order: cedure
	1. Hover the mouse over the 🗔 icon beside the order.
	Viewing Reference Text
	Viewing Reference Text Image: Constraint of the series Ordered 11/05/07 17:28:00 EST (DX Gallbladder) dx gallbladder for cholecy
	 Viewing Reference Text Control Control Contr
	 Viewing Reference Text ✓ ③ DX Galbladder • 7138 (Galbladder Series) Ordered 11/05/07 17:28:00 EST dx galbladder) A pop up window will display with a notification to "Click to se Reference Text Information". Click on this notification message ○ X Galbladder • 7138 (Galbladder Series) (DX Galbladder) ○ X Galbladder • 7138 (Galbladder Series) (DX Galbladder) ○ Click to see the Reference Text Information.
	 Viewing Reference Text Salbladder - 7138 (Galbladder Series) Ordered 11/05/07 17:28:00 EST dx galbladder for cholecy. A pop up window will display with a notification to "Click to se Reference Text Information". Click on this notification message DX Galbladder - 7138 (Galbladder Series) (DX Galbladder) DX Galbladder - 7138 (Galbladder Series) (DX Galbladder) DX Galbladder - 7138 (Galbladder Series) (DX Galbladder) The Reference Text (Preps and Special Instructions) window w display, and can be printed by <i>right clicking</i> and selecting Print

Care Sets

• A **Care Set** (like a panel order) is a predefined group of orders that are routinely prescribed together, which can be entered under one orderable name.

Procedure

 Search for and select the desired Care Set order from the order catalog. Care Sets are identified by a icon (as shown below).

Bestrictive Intervention/Non Violent/Non Self Destructive

2. The **Care Set** window displays with a list of all orders included in the set. Highlight each orderable and enter all required order details.

Care Set Components

🔲 Careset - Restrictive Ir	tervention/Non Violent/Non Self Destructive	
8		
Component		Order Details
Restrictive Intervention	a/Init/Non Violent/ Non SD	11/7/2007 10:56 EST 4 Side Rails Lap Belt
Restrictive Intervention	n/Doc/Non Violent/Non SD	
	Details for riestrictive Intervention/Init/Non Violent/ Non SD	
	Restrictive Intervention Device [4 Side Rails Lap Belt] Reason for Restraint	Arkle Locking/Viryl/Velcro L Arkle Soft B Arkle Soft B

Restrictive Intervention orders will allow the selection of multiple detail values for "Restrictive Intervention Device".

- **3.** Once the order details are entered, click the OK to return to the **Add Order** window.
- 4. Click Done to return to the **Orders Profile**.
- Each orderable in the Care Set will display individually on the Orders Profile under the appropriate Clinical Category.

Care Set Order Display



Order Entry Care Sets

Duplicate Orders

- When attempting to enter an order that already exists, a Duplicate Order Alert will display with a list of the duplicate orders (most recent first) and options for addressing them.
 - **Order Anyway** is used if both orders need to be active (i.e., a 2nd order is entered for a follow-up exam at a future date and/or time).
 - **Remove** deletes (or cancels/discontinues if already active) the selected order.
 - **Modify** allows the details for the selected order to be viewed and changed.

Procedure

1.

1. Click to highlight the appropriate **order**; then click the desired option.

📒 **D uplicate	Order Alert**				
	Orderable			Order Detail:	\$
📃 🔔 DX Galbi	adder - 7138 (Gallbladder Series)		11/7/2007 11:3	36 EST Routine,	Once, Reason: c
DX Gallbl	adder - 7138 (Gallbladder Series) (DX Gal	11/07/07 11:35	5:00 EST Routin	e, Once, 11/07/0
	Order Anyway Remove		Cancel/DC	Modify	
ick Sign	to sign the orders	to ac	tive status	Modify	_

2. Click to refresh the screen.

Ordering from the 90% MPage

- Orders that are frequently used have been placed on this mPage for easy access.
- Orders will be placed with a pre-defined sentence that is editable from the Orders window before signing.
- Hover over the order to view the order details of the attached sentence.
- If previous order has been placed on this visit, a bold number will appear to the right of the order. i.e. 1
- Click on desired orders with a left click to place attached details. This places a green checkmark in the box.
- Click on desired orders with a right click to change attached details or add information. This places an orange checkmark in the box.
- If no more orders need to be placed, click Submit.
- If placing more orders at this time, click on Submit w/ Additions.

Labs	0.0.0		A.		3 Pret & 0
Pitta Order Gestrates Basis PTT Pitta PTT Fattana 14 feet mutue Order Gestrates 14 feet mutue Order Feet mutue <	Comparing Technology Response Comparing Technology Developing Technology Developing Technology Developing Technology Comparing Technology Developing Technology Developing Technology Developing Technology Comparing Technology Developing Technology Developing Technology Developing Technology Developing Technol	Peter Peter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pertable X-Rays Deal Xiang Disce Boxeey Hand Disce Boxe	Cf State CT Head The main CT Bead Provide CT Creat Press CT Bead Press Press Dimes Press Dimes Press Dimes Press Dimes Press Dimes Press Dimes Dimes Dimes Dimes	Bit X - Seys (default blant Y) Clarkie Photology Display Photology Stronger L R L Res L R L R Brouger L R L R L Res L R L R L Head L R L R L Howsmin L R L R L West L R L R L Head L R L R L Vest L R L R L Openanticle R L R L
90% Order F	90% Orders	Form mPage v Green check sentence Orange check order senter	vith roll-ove <mark>kmark</mark> – left <mark>ckmark</mark> – rig ace	er details appea t click- using at ght click- chang	ring tached order ging attached
90% Order Fo	orm	Both CI been pla	3C with Dif aced on this	f and CBC w/o patient during	Diff have this visit.
	0.1	ons	Clear	From	

Ordering from the 90% MPage

Decision Support Notice

• When there is a possible drug or allergy interaction the Decision Support window appears.

ibuprofe	en (Ma	H: trin 60) ma ore	al tablet)				TEST, MD TRAI 0001259876	IING
Show	-		-					Drug Reference Education Leaflet Reference	
Status	Type	Severity	Overrid	aroin	Na	ame		bupu en (Motrin 600 mg oral tablet)	
Ordered	0	0	Er.	aspirin 81 mg oral tablet 1 tal nonsteroidal anti-inflammator	blet, ORAL, Dai) ies	, 90 tablet, 0 Refi	l(s)	ibuprofen (Motrin 600 mg oral tablet)	
								Phomacology, Warnings, Pregnancy, Lactation, Side Effects, IV Compatibility, Dosage, Addition Dosage	mal
								Pharmacology (Top)	
								Pharmacology	
								Ibuprofen, a propionic acid derivative, is a nonsteroidal anti-inflammatory agent. The pharmacol- activity of ibuprofen includes anti-inflammatory, analgesic, and antipyretic effects.	ogic
								The mechanism of action of ibuprofen probably involves the inhibition of cyclooxygenase, thereb inhibiting prostaglandin synthesis. It inhibits the migration, adherence, swelling, and aggregation on neutrophils.	ıy of
								Ibuprofen is approved by the FDA for use in the treatment of mild to moderate pain alone or as adjunct to opioid analgesics, fever, dysmenorthea, otscoarthritis, theumatoid arthritis, and to tok- tionically significant patent ductus atterious (PDA) in premanare inflative weighing between 500 1500 g, who are no more than 32 weeks gertational age when usual medical management (e.g.,	an e a and fluid
Previous 0)verride F	leason:			Free Text			resultation, durentes, respiratory support, etc.) is methecuve.	
Current Ov	verride Re	ason	Warning a	ddressed 🗾	🦳 Apply To All			While not FDA approved indications, ibuprofen may be useful in cystic fibrosis, gout, Ankylosing Soondvlitis, and acute migraine headache.	6
Substan Reactio Severit	nce: on Clas	s:	Disagree Not applic Deferring t Defer to pr Dosing Ve	with recommendation able to other priorities imary physician infed by MD sted		Source:		Pharmacokinetics The bioavailability of ibuprofen is greater than 80% in patients with normal renal and hepatic function. Back along a large (Coreg) of 15 to 10 pacient accurate 1 to 2 hour (Turn)	
	÷.		n new and					reaction. Feas plasma levels (Chiak) of 15 to 20 mcg/mL occur in 1 to 2 hours (1max).	

- To continue you select an appropriate Override Reason. If there is more than one drug listed in the interaction pane, AND the same reason pertains to all drugs, checkmark 'Apply to All' next to the reason drop-down menu.
- If a different reason applies to one of multiple alerts, highlight the single alert row, and choose the reason.
- Click OK when all alerts addressed.
- There are 3 types of Multum screening—
 - Drug Allergy 🖪
 - Drug-Drug Interaction D
 - Drug Duplication 2

7. PowerPlans

Information

- A PowerPlan is a predefined group of orders that are routinely prescribed together, which can be entered under one orderable name. Once placed, they remain linked via the PowerPlan name. They may have a Zynx link to Evidence Based practice to guide use.
- Highlight each orderable and enter any required order details that remain unsatisfied.
- Once initiated each orderable in the PowerPlan will display individually on the **Orders Profile** under the appropriate **Clinical Category**.
- PowerPlans can be in 1 of 4 statuses on a patient's chart:
 - **Planned Pending** chosen from the orderable search, but not yet signed, nor initiated
 - **Planned** signed and therefore attached to the chart, but not yet available to be acted upon
 - **Initiated** signed AND Initiated; orders are in ordered status and available to be acted upon
 - **Discontinued** PowerPlan was discontinued, therefore all orders are either discontinued or in progress.
- PowerPlan statuses are seen in the View column to the left of the orders in the Orders window.

Quick Orders						
🕂 Add 🛛 🖨 Document Medication by Hx	ck Inte	eractions				
View]∢	😵 Initial	te 🛇	🕂 Add to Phase 🔻	Start: Now Durati	on: None
- Orders for Signature	h 1	8 8		Component		Status Det
	ED a	Acute M	I/STE	MI (Planned Pendir	ng)	
⊟-Medical		Patient St	atus			
			3	Activate CODE STEM 877-492-9680	I per protocol. Contact CMC Ph	ysician Connection Line (PC
ED Headache (Initiated)		1	<u> </u>	Consider a clinical ass	essment to estimate the risk of r	nortality
B-Orders		3	- 🍝	GRACE ACS Risk Mo	del Calculator	
Patient Status Ondition/Precaution Vital Signs Activity		8	<u> </u>	Perform primary PCI for or less from hospital an after symptom onset w use of a facilitated app patients with 1- or 2-ver	r a specific subset of patients; v rival, and the use of coronary ar ithout persistent symptoms, the roach over standard PCI; avoic sssel disease more than 24 hour	when primary PCI is performe tery stenting is preferred ove evidence is inconclusive; foi I the routine use of PCI of a 's after STEMI
- 🗹 Patient Care	Β	Patient Ca	ire _			
- 🔲 Diet			2	Cardiac Monitor		Cor
Medications			2	Pulse Ox Cont Adult (F	Pulse Oximetry Continuous)	Not

PowerPlans Information

Initiating PowerPlans

- PowerPlans can be planned by one provider and signed into active status by another provider. While this workflow may be rarely used in the ED as the provider is readily available at the time of care initiation, all ED Clinicians should be aware of this possibility.
 - Click on all desired orders. Add/change any mandatory/desired details.
 - The first provider clicks on Orders For Signature to move the PowerPlan to a Planned status.
 - The second provider clicks on Initiate to move the PowerPlan to an Initiated status.
- PowerPlans can also be signed and initiated by one provider. First click the Orders for signature button and then click on the initiate button. The orders in the PowerPlan will change to ordered status; the PowerPlan in Initiated status.

NOTE: All ED PowerPlans are currently built to be signed in 1 step by 1 Provider. ED PowerPlans currently are Planned and Initiated by clicking on Sign.

Add to Phase

- If a PowerPlan does not have a desired order in it a provider can click on 'Add to Phase'.
 - Search for the order(s) just as you would in the 'regular' search order window.
 - Orders added by this method can be discontinued at one time by the method in the discontinuing PowerPlans section below.

PowerPlan Favorites/Customization

- PowerPlans can be altered to support your practice while utilizing best practice and evidence-based links.
 - Order sentences defaults can be changed
 - Orders can be selected or unselected.
 - Order Comments can be added.
 - Orders can be added via the Add to Phase functionality above.
- PowerPlan Favorites can be saved to favorites both before and after placing on a patient's chart.
 - Searching for a PowerPlan and customizing can be completed and saved to 'My Favorite Plan' without ever signing it to a patients chart.

- While click on an order in the PowerPlan or clicked on the PowerPlan name in the left-hand navigation section, click the Add to My Favorite Plans button in the bottom left-hand of the Orders window.
- When a PowerPlan's content is updated you will receive notification that your PowerPlan needs to be updated.

Discontinuing PowerPlans

- To Cancel/DC all orders in either a "Planned" or "Initiated" PowerPlan, the PowerPlan itself can be discontinued. Right click on the PowerPlan name in the view window and choose Discontinue.
- Planned Pending PowerPlans can only be "Removed" not discontinued.



NOTE: Planned status PowerPlans can also be **Voided** if placed incorrectly on a patient's chart.

Adding a PowerNote

- Documentation completed via a PowerNote will satisfy the correlating Depart Process action. (See Depart Process section.)
- Click on Doc Viewer/PowerNote window in the patient chart.
- Review documents as desired.
- Click on Add button.
- Choose Type of 'ED Physician Documentation' if Physician/MLP in back
- Choose Type of 'ED Triage' if Physician in Triage
- Click on Encounter Pathway tab and find appropriate PowerNote for documentation of patient's problem.

Doc Viewer/PowerNote
💠 Add 🔍 📰 🖹 🏔 Forward 👼 🗣 🦌 🗉 🗣 🍇 🗡 Dictate 🥩 🖬 🚔 Find Term 🖼 Required 🖬 🕕
New Note X List
· · · · · · · · · · · · · · · · · · ·
▶ ► Hide Note Details
*Type : ■ *Date : 04/05/2011 ■ ● 0945 ● EDT
ED Physician Documentation
Encounter Pathway Existing Precompleted Catalog Recent Favorites Reason For Visit
Search: Add to Equation
Restrict display by: Associated Diagnosis Note Type
Restrict display by: Associated Diagnosis Note Type Name
Restrict display by: Associated Diagnosis Note Type Name Abdominal Pain "ED Abdominal Pain "ED
Name Associated Diagnosis Note Type Addominal Pain "ED Abdominal Pain "ED Abdominal Pain Pregnancy "ED Abdominal Pain Pregnancy "ED
Name Associated Diagnosis Note Type Name Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED
Name Description Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain Pregnancy "ED Abdominal Pain Pregnancy "ED Abnormal Lab Test "ED Abnormal Lab Test "ED Abscess "ED Abscess "ED Abscess "ED Added um "ED
Name Description Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain Pregnancy "ED Abdominal Pain Pregnancy "ED Abnormal Lab Test "ED Abnormal Lab Test "ED Abscess "ED Abscess "ED Addendum "ED Addendum "ED Addendum "ED Addendum "ED
Name Associated Diagnosis Note Type Name Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abnormal Lab Test "ED Abnormal Lab Test "ED Abdendum "ED Abdendum "ED Addendum "ED Addendum "ED Addendum "ED Addendum "ED Acohol Intoxication "ED Alcohol Intoxication "ED Alcohol Proug Withdrawal "ED Alcohol Proug Withdrawal "ED
Name Associated Diagnosis Note Type Name Associated Diagnosis Note Type Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain "ED Abnormal Lab Test "ED Abnormal Lab Test "ED Abscess "ED Abscess "ED Acohol Intoxication "ED Adoehum "ED Alcohol Intoxication "ED Alcohol Untoxication "ED Alcohol Purg Withdrawal "ED Alcohol Ung Withdrawal "ED Allergic Reaction "ED Allergic Reaction "ED
Name Description Abdominal Pain "ED Abdominal Pain "ED Abdominal Pain Pregnancy "ED Abdominal Pain "ED Abnormal Lab Test "ED Abnormal Lab Test "ED Addendum "ED Abdominal Pain "ED Addendum "ED Abscess "ED Addendum "ED Addendum "ED Addendum "ED Addendum "ED Alcohol Intoxication "ED Alcohol Intoxication "ED Alcohol Drug Withdrawal "ED Alcohol Prog Withdrawal "ED Allergic Reaction "ED Allergic Meaction "ED Altered Mental Status "ED Altered Mental Status "ED

Auto-population

• Open Note Progress window will appear. When Retrieving auto-population data step is complete an Auto Populate Document window will open. Checkmark all data appropriate to include for this patient's visit. Whole sections can be added with the top non-indented checkbox. The checkmarks will default from user's last choices.

0 9	her Complaint from Nursing Triage Note
2 4	Bergy profile: No allergies have been recorded.
	clude med profile LDRadE/Pam JAirvan), 1 mg, IM (INTRAMUSCULAR); Once dependydAMMP, [Breadyl]; 50 mg, IM (INTRAMUSCULAR); Once haliperidal (haloperidal 1 mg onal tablet), 1 mg, 1 tablet, ORAL, TID (2 times a day); 24 tablet actraminghem HYDROcodore (acetaminophem hydrocodore 250 mg 10 mg oral tablet), 1 tablet, ORAL, Daly, 30 tablet adutorial (abuerd) of 55 inhalation onlikion); 0.025; mg, 0.5 mg, 1044, 1141, 104, 40; 60 ml, hydrochtoorthiacide taircegil (hydrochtaorthiacide taircegil 1 25 mg 10 mg oral tablet); 1 tablet, ORAL, Daly amolicilin (amolicilin 250 mg, 0.04L, Diroc cycloberozenie (Reevel); 10 mg, 0.04L, Diroc cycloberozenie (Reevel); 10 mg, 0.04L, Diroc cycloberozenie (Reevel); 10 mg oral tablet); 10 mg, 1 tablet, 0.04L, TID (3 times a day); 30 tablet, PRN: for sparse clude (Immunization)
	clude VS from flowsheet
n *	c/wt from flowsheet

- If you desire to bypass the auto-population window, each PowerNote must be open and YOUR desired inclusions checkmarked.
 - To stop the window from appearing, click on Add. From that page you can click on View and Customize.
 - On the Customize window click on the 'More' tab.
 - Checkmark Hide Auto-Population window on opening note.
 - o Click OK
- As new Nursing documentation becomes available using the History functionality will pull in the following sections:
 - o Social History
 - o Medical History
 - o Family History
 - Current code of functionality enables the viewing of nursing documentation in the Document or Document Viewer windows, but does not pull it in to the PowerNote.

PowerNote Structure & Navigation

- Any paragraph having populated data will now have a checkmark in the navigational column of the PowerNote window.
- Navigate to desired paragraph by clicking on it in the Navigation column.
- Choices are built in a paragraph format, utilizing sentence structure with term choices in each sentence.
- To see the <u>text</u> format, click on the toggle icon in the upper right-hand corner of

note

the note. Paragraphs can be seen in text separately by clicking on <Hide Structure>.

PowerNote Structured Documentation PowerNote Structure & Navigation



the right of the sentence name.

Risk factors >>

None / DM / Recent antibiotic use / Infectious exposure / Recent travel / Previous colitis / Contaminated food - water / Crohn's disease / Other

- Free text can be typed using multiple methods
 - In 'Other' field
 - User customization of functionality in 'Other' fields is available and required.
 - o Editor
 - Text box

📑 What B	ox Customization		X
The What ©	box has different keyboard navig As an Editor: ENTER inserts a new line. CTRL+ENTER closes the Wha TAB inserts a tab. CTRL+TAB moves the focus a As a Text Box: ENTER closes the What box a CTRL+ENTER inserts a new lin TAB moves the focus around t CTRL+TAB inserts a tab. ot display this message again	ation capabilities. Select at box and saves its con around the What box cor and saves its contents to ne. the What box controls.	thow you want the What box to behave. tents to the note. htrois the note.
As commenAnywhere a	ts on selected terms s desired by clicking	(right click to g on < <mark>Use Fre</mark>	add parenthetical comment) ee Text>
istory of Present Illness < Hide Struct Diarrhea	ure> <usefreetext></usefreetext>		Text added in 'Other' field
resents with Diarrhea / /	bodominal cramping / Other		
nset Just PTA / over the co / Other	=== mins ago / === hours ago / === da urse of 5 days with acute worsening ov	nys ago / === weeks ago / D verlast 12 hours)	ate=== / Abrupt / Gradual / Chronic / Unknown / <mark>Gradual</mark>
Constant / D/ Enjaged	mproving / Resolved+ / (Worsening (or s+ (Eluctuating inter-sity (Unknown ()	ver the last 12 hours	
<u>,</u> , c _r , c	Те	erm parenthetic	cal text - right click on term
Repeat a sentend document. Exan consults.	ce – Used when a se nples: right and lef	entence may be it, multiple rad	e needed more than once in the iology results or multiple
 Appropriate Click Repeat 	terms identify (repo t.	eat) in the stru	cture; right click on term.
CT (repeat)	Time reported=== / C interp(flowsheet) / Of	Chest / Abdomen ther	/ Pelvis / Location:===
A ladomina l/KUB X-ray (repeat) >>	WNL / Nonspecific b / Other	owel gas pattern	/Mass / Free air / S
Radiology results (repea	Time reported === / radiology report / No	X-ray / CT / US acute disease pro	/ MRI / ECHO / Body cess / No change from p
nserting a Ma	acro		
When decument	tion is similar for	montionta	presentations and/or you use

- When documentation is similar for many patients' presentations and/or you use the same free text often, macros can be helpful.
 - Macros are seen as **M** in the structured documentation.
 - Macros can be at paragraph, sentence or term level. (Where is the M?)

- Click on the M to see choices of macros, pertinent to placement.
- Click choice. PowerNote populates with all components of macro.

Review of Systems N	M <hde structure=""> <use free="" text=""></use></hde>	1
Constitutional >>	Neg except HPI / Fever / Chills / Sweats / Weakness / Fatigue / Decreased activity / Other	
Skin >>	Negexcept HPI / Jaundice / Kash M (Printhine / Abrations / Breakdown / Burns / Dryness / Petechiae / Lesi pap/NR	on / Other
Eye >>	Negexcept HPI / Recent vision probl	ther
	Neg except HPI / Ear pain / Sore throat / Nasal congestion / Sinus pain / Other	
		1

NOTE: macro changes may be off of the screen. BE CAREFUL to review all changes prior to signing note!

Creating a Macro

- 1. Document desired macro content
- 2. Right click on paragraph, sentence, or term
- 3. Click on "Save Macro As'



4. Save As... box will appear. Title will be paragraph, sentence or term right clicked. This is also noted below Title box.



- 5. Change title to desired identifier.
- 6. Click on Create New button.

	ar at ueshe		or future use.	
Title: NL ROSx4		5.		
Review of Systems				
 Include shared My macros on 	l macros y		Delete	
Name	A Shared	Last changed	by Last change	_
		6.		
Create as shares		6.		Þ

Inserting a Drawing

- As appropriate, drawings can be inserted into the body of the document.
- 1. Click on the term Draw-Image
- 2. Click on file icon and scroll to right to identify desired drawing.
- 3. Tools work similar to Paint. Draw if desired.
- 4. Image Title can be changed if title desired to replace 'Draw-Image' term in sentence.



Inserting Allergies, Problems & Diagnosis, Med List, etc.

- Click on terms indicating desired inclusion, i.e. Include Medication List, Include allergy profile, launch Orders, Lab results, All Results, etc.
 - Using terms to document in these sections will satisfy the corresponding Depart Actions in the Depart Process. (See Depart Process.)
- Activated control will open.
- Edits to content are allowed before inclusion into PowerNote. I.e. Add, Delete, Modify (Placing/editing Allergies and Orders will be covered in a later section.)
- Updates made after inclusion will NOT be updated automatically into the PowerNote. Manual updates are necessary. To manually update, open control and click on refresh button.
 Il minutes ago.
 Then click on Select All and then Include Selected and the PowerNote will update with the updated information
 - from these components.
- Partial selection of Results is allowed by highlighting desired inclusion(s).
- Detailed allergy and adverse reaction information is accessible from the Allergies sentence in the Health Status paragraph. New allergy information can be added as necessary and interaction checking (reverse allergy check) can also be performed.
- Allergies can be marked as reviewed and that documented in the PowerNote.

Copy a PowerNote Forward

- Workflow or situation may dictate a need/opportunity to utilize information from a previous PowerNote. To include all or part of a note in a current note the user will need to click on Add from the PowerNote window.
- Click on the Existing tab.
- Highlight the note you wish to include in your documentation.
- Checkmark Copy to new note.
- Click OK

Encounter Pathway E	xisting Precompleted Cata	og <u>R</u> ecent J	Eavorites	Reason For Visit					
Patient name: FI	RSTNET, TRIAGE TEST								
Encounter ID: 11	10568301.000000		Copy to net	w note					
 Current encour 	nter	Π.	Insigned n	iotes only		Ma <u>k</u> e (Correction		
C All encounters		🗆 N	ly notes o	nly		D	elete		
Perform/Service Date	e/ ∇ Author		Status	Title	Encounter path	way	In use by	In use since	Diagnosis
3/31/2011 1:44:00 P	MEDT TESTEP2, ED ML	PEP2 NP	Signed	Chest Pain *ED	Chest Pain *ED				None
2/26/2011 4:51:00 P	MIEST TESTEP2, ED PH	YSICIAN EP2	Active	Chest Pain *ED	Chest Pain *ED				None
2/20/2011 2:41:00 P	MIEST TESTEP2, ED ML	PEP2 NP	Signed	Ankle pain-swelling	Ankle-Foot-Toe	Pain *ED			None

- Auto-populate window will open and pull in current qualifying content. Select or deselect as desired.
- PowerNote will open with documentation in structured format from copied note. Review content and edit according to desired documentation. User is responsible for all content in their note. Continue documentation as usual and save/sign PowerNote as needed.

Save/Sign a PowerNote

- PowerNotes should be saved before user navigates away or if interrupted. Click on 'Save' or 'Save & Close'.
- The Save Note window appears. Ensure that the Type is chosen correctly; it cannot be reselected. If desired, the title may be edited. Time and Date default to opening of PowerNote. Click 'OK'.
- When all the desired information has been included click on the 'Sign' button. The document is now in Final Status.

Forwarding a PowerNote

- Obtaining a cosignature is accomplished by forwarding utilizing the Request Endorsement functionality in PNED.
- Requests for endorsement

PowerNote Structured Documentation Copy a PowerNote Forward

- Sends the document to the identified Provider's Message Center in the Documents folder
- Is available to all Providers
- Is required for the Mid Level Provider and Resident. It appears yellow and stops the user from signing until a name is put in.
- Past entry should be retained until changed.



- Click on the yellow area below the Endorser column.
- Type in provider's last name in the provider search window. As with all provider search window, if you type until unique name, it will fill in automatically. Until then, Multiple will appear. Click for to show choices.



• Sign should be your default if co-signature is required. Review should be used if only forwarding for interest or informational.



Modify/Correct a PowerNote

- Once signed to Final a PowerNote may be edited by either modifying or correcting it.
- From the Doc Viewer/PowerNote tab, double click on the document.
- Choose either
 - Modify Document

• Edits are made only in an addendum using free text.

Correct Document

 Edits are made within the body of the PowerNote using structured documentation functionality

Precompleted PowerNotes

Using a Precompleted PowerNote

- For some diagnoses, documentation is similar in > 1 paragraph of a PowerNote. A pre-completed PowerNote can be created to capture these similarities to begin the documentation on a PowerNote. After opening a Pre-completed PowerNote, edits to the pre-completed choices should be done, if needed, to ensure accuracy.
- 1. From Doc Viewer/PowerNote, click button
- 2. Open Pre-completed tab.
- 3. Double click on desired pre-completed note to open.



PowerNote Structured Documentation Precompleted PowerNotes

Creating a Precompleted PowerNote

- Complete desired common documentation.
- Click on 'Documentation' menu
- Click on 'Save as Precompleted Note...'

Doc	umentation Te	erm	Tools	Help						
	Add			Ctrl+N						
	Insert Encount	thway								
	Insert Precompleted Note									
	Insert RFV	Insert RFV								
	Sign		Ctrl+G							
	Submit for Tran	nscrip	tion	Ctrl+M						
	Save			Ctrl+S						
	Save as Precor	nplete	ed Note.							
	Close Note									
	Recover Deleted Notes									

Documenting >1 Problem

- Open appropriate PowerNote for first problem/diagnosis.
- Click on Documentation menu and Insert either a second Encounter Pathway or a Precompleted Note. The PowerNotes will combine to add missing sentences to the original PowerNote to allow structured documentation of both (or more) problems.



NOTE: the components of Orders, Medication List, Prescriptions, Diagnosis, Patient Education and Follow-Up can be completed from within the PowerNote as a part of the ED Physician's workflow for inclusion into the Final ED document.

9. Depart Process

New Look/Functionality

- If satisfied via PowerNote, then the depart process in FirstNet with entering the diagnosis, and if being discharged, the patient education, prescriptions and followup actions display a blue checkmark will already appear in the left hand column of the depart process window.
- If action row remains yellow, it will need to be addressed. The provider can address from the Depart Process by clicking on the appropriate action icon and completing the required information.

button to the right of the action. This will open up the action. Click the

- Windows that open contain the same functionality as before enhanced • FirstNet view.
- During the depart process, some choices will appear in the depart process • window for ease of viewing.

. **DISCHARGE**	s Sec.
PNED	s des
Diagnosis	S.
ED Full Med List Requirements	s nor
Prescriptions	
🗸 🖃 Patient Education	s des
ANGINA, Stable	3
CHEST PAIN, Pericarditis	3
Follow-up	Som.
Discharge/Transfer	
ED Work / School Release	sin.
	s Sec.
ADMIT	s Sec.
Diagnosis	she .
Admit Orders (link to orders page)	s de la
	s de
NURSING	s Sec.
Full Med List	s Sec.
ED Triage-Primary	n.
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Admit Patient	s in
Depart Patient	

External Rx History

- External Rx History is available through the Med List.
 - When selected it pulls in the last 12 months of participating pharmacy prescription history for the patient.

Medication List						
🕂 Add 🔍 Document Medication by Hx	: Reconciliation 🔹 🚴 Check Interactions 📘	eExternal Rx History	R× Plans (0): In Process			
Orders Medication List						1-1-1
	External Rx History					
📕 Di	DISCLAIMER: 🐟					
View	This Bx history contains prescription	records provided by c	ommunity pharmacies	and pharmacy benefit	s managers (PBM's). Such	Bx
- Orders for Signature	history may be incomplete and presc	riber should not rely so	lely on this Rx history	data to make any clin	nical decisions. It is the	
B-Medication List	responsibility of the prescriber to val	idate and verify the inf	ormation directly with	the patient or via othe	er appropriate means.	
- Patient Status						
- Condition/Precaution	Rx history display: Last 12 Months 🔻 🔗	The external Hx medication been initiated, please color	in history retrieval from third	d party vendors has not	Show individual instance: outcomed Bu mediantian hit	tos
- U Vital Signs		been muateu, piease sele	ct refresh to midate retrieva	di.	external hx medication hi	story.
- 🔲 Activity	\$ Drug Name	Bx Medication	Last Fill ⊽	Quantity	SIG	
- Datient Care		No Me	dications to Display			_
🔟 Diet		NO M	acatona to prepidy			_
Medications						
- 🔲 IV Solutions						
- 🔲 Laboratory						
- 🔲 Radiology						
- 🔲 Diagnostic Tests						
🔟 Special						
- 🔲 Consults						
Therany Departments						

ePrescribe

- When placing a prescription the ability to place prescription electronically is available.
- With the prescription open, click in the Send To: field.
- If the patient has a preferred pharmacy it will appear here with mouse over contact information.

			_
		Send To: CVS Pharmacy # 2559 (10515 MALLARD CREEK ROAD) 👻	
	CVS Pharmacy # 2559 - 2559 >	✓ CV5 Pharmacy # 2559 (10515 MALLARD CREEK ROAD)	
	10515 MALLARD CREEK ROAD CHARLOTTE, NC 28262	CutePDF Writer (from VC53335) in session 1 CHS 801 color (from VC53335) in session 1	
	Tel: (704) 547-8916	CHS 801 SM NEXT SUITE 4000 (from VCS3335) in session 1 More Printers	
	Fax: (704) 547-1168	Do Not Send: other reason (Rx)	
	Samples:	Do Not Send: Activate Med (Rx) Do Not Send: called to pharmacy (Rx)	
	PRN:	More "Do Not Send" Reasons	
Ту	pe Of Therapy: 💿 Acute	Other	

• If there is no preferred pharmacy for the patient, then the pull-down menu of the Send To: field, will give a choice of Pharmacy.

Send To:
Find pharmacy
CHS 801 color CHS 801 SM NEX

Click on Find pharmacy... The Prescription Routing window will open.

Prescription Routi	ng			
*Send to: Pharmac Apply to: C Selected All Pend C All Pend	y • d Pending f ling Prescrip	Prescription otions	(s) Prescriptions	
Patient Preferred	Search			
Pharmacy Name [cvs Address [City [State [State [28262 [Search		armacy Nar § Pharmacy § Pharmacy	he # 2559 # 7560	Address 10515 MALLARD C 2806 W SUGAR CF

- Type in pharmacy name and enough information to limit your search to 50.
- Right click on desired pharmacy and click on Add

Pharmacy Name	Addr
CVS PHARMACY # 0681	2103
CVS PHARMACY # 1632	9628
CVS PHARMACY # 1643	2002
CVS PHARMAC Add	1671
CVS Pharmacy #	6300

Pharmacy will now appear and remain on the patient as a preferred pharmacy.

10. ED Snapshot

- ED Snapshot is a real time report that gets updated with the patients visit activity.
- Information from Triage documentation, Physician documentation, Orders and Results will populate this report.

ED S	napshot						👍 Print 🛷 1 minutes ag
M i) 🔒 💽 🍣 🤻 150%						
			' Carolii	nas Medic	al Center N	orthEast	Page: 1 of 3
	Patient:	FIRSTNET,	RADPAGE		DOB:	12/09/1952	
	MRN #:	4455667788			Age/Gender	58 Years / Male	
	DOS:	02/28/2011			Acct #:	09879-87765	
	Private Phys:				ED Phys:	TESTEV, EDPHY	SICIANEV EV
	Chief Compla	int:	ED Triage- Performed On	Primary ' Primary Enter : 3/2/2011 4:2	Triage Report ed On: 3/2/2011 4 6 PM EST by STI	t 4:27 PM EST BBARD , PAUL D	
	A a		🔍 150%	•			٠.

- It is usually more than one page. Number of pages are noted in the upper right hand window.
- Click in the toolbar in the upper left-hand portion of the window to navigate to the next page.
- Use Use to navigate to a specific page.

11. ED Actionable MPage

- ED Actionable MPage displays key patient data from chart
- Hyperlinks, blue underlined text, are available. Click to view additional information.
- Mouse hover-over functionality available to reveal more information in several areas of MPage.
- + expands section; -- Collapses section
- *Add allows additions directly from mPage. Ex: Allergies

enu	P ED actionable mPage					
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