

Corporate needs you to find the differences between this picture and this picture.



They're the same picture.

Cerner Crash Course

Setting Up: My Experience

The screenshot displays the MyExperience application interface. The top navigation bar includes a menu with options like Task, Edit, View, Patient, Chart, Links, Notifications, Navigation, and Help. Below this, a secondary menu lists various tools and services. The main content area is divided into two panels. The left panel, titled 'My Default Organizer View', contains a list of application components with radio buttons. The right panel, titled 'My MPages Selection', shows a list of medical specialties and workflows, also with radio buttons. Red circles highlight the 'Patient Overview' option in the left panel and the 'General Medicine Workflow' option in the right panel. A large orange number '1' is positioned between the two panels.

Task Edit View Patient Chart Links Notifications Navigation Help

Gener.: 0 Crit.: 0 Abnor.: 0

CareConnect PHSA PACS VCH and PHC PACS FormFast WFI

Exit AdHoc PM Conversation Use this Application/Chart Data Suspend Participation Depart Communicate Result Copy Related Records iAware Discern Reporting Portal Anesthesia Record Viewer Desktop Console Launcher Protocol Office Manager Patient Protocol Manager Documents

Patient Health Education Materials SHOP Guidelines and DSTs UpToDate PSLS

Message Centre Patient Overview Ambulatory Organizer Referral Management Home MyExperience Patient List Dynamic Worklist Tracking List Tracking Shell Perioperative Tracking Time-Critical Procedures Results Callback Worklist Therapeutic Note Reports Auto Text Copy Requisition Manager

MyExperience 1

Recent Home

Full screen Print 0 minutes ago

My Default Organizer View

- ☐ Message Centre
- ☒ Patient Overview
- ☐ Ambulatory Organizer
- ☐ Referral Management
- ☐ Home
- ☐ MyExperience
- ☐ Patient List
- ☐ Dynamic Worklist
- ☐ Tracking List
- ☐ Tracking Shell
- ☐ Perioperative Tracking
- ☐ Time-Critical Procedures
- ☐ Results Callback Worklist
- ☐ Therapeutic Note
- ☐ Reports
- ☐ Auto Text Copy
- ☐ Requisition Manager
- ☐ CST Cerner Help
- ☐ AMS Worklist

My MPages Selection

For Tab: Provider View
For Role: Provider

- ☐ Adolescent Medicine Workflow
- ☐ Allergy/Immunology Workflow
- ☐ Anesthesiology Workflow
- ☐ BMT Hematology Workflow
- ☐ Biochemical Genetics Workflow
- ☐ Cardiac Surgery Pediatric Workflow
- ☐ Cardiac Surgery Workflow
- ☐ Cardiology Pediatric Workflow
- ☐ Cardiology Workflow
- ☐ Critical Care Workflow
- ☐ Dentistry Pediatric Workflow
- ☐ Dentistry Workflow
- ☐ Dermatology Pediatric Workflow
- ☐ Dermatology Workflow
- ☐ Developmental Pediatrics Workflow
- ☐ Endocrinology Pediatric Workflow
- ☐ Endocrinology Workflow
- ☐ Gastroenterology Pediatric Workflow
- ☐ Gastroenterology Workflow
- ☒ General Medicine Workflow
- ☐ General Surgery Pediatric Workflow
- ☐ General Surgery Workflow
- ☐ Genetic Workflow
- ☐ Geriatric Medicine
- ☐ Hematology Oncology BMT Pediatric Workflow
- ☐ Hematology Oncology Workflow
- ☐ Hematology Workflow
- ☐ Immunology Pediatric Workflow
- ☐ Infectious Disease Pediatric Workflow

IMPORTANT FOR FINDING THE INTERNAL MEDICINE PPOs!!!!!!!!!!!!!!

Setting Up: Adding all the Lists

Task Edit View Patient Chart Links Notifications Navigation Help

Genero 0 Criti: 0 Abnor: 0

CareConnect PHSA PACS VCH and PHC PACS FormFast WFI

Exit AdHoc PM Conversation Use this Application/Chart Data Suspend Participation Depart Communicate Result Copy Related Records iAware Discern Reporting Portal Anesthesia Record Viewer Desktop Console Launcher Protocol Office Manager Patient Protocol Manager Documents

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Message Centre Patient Overview Ambulatory Organizer Referral Management Home MyExperience Patient List Dynamic Worklist Tracking List Tracking Shell Perioperative Tracking Time-Critical Procedures Results Callback Worklist Therapeutic Note Reports Auto Text Copy Requisition Manage

Patient Overview

Recent Name

Full screen Print 3 minutes

Patient Overview

List: Internal Medicine | Internal Medicine CTU ER Triage (2) v

Pat

HA Geriatric Medicine | Geriatric Medicine ACE1

DO Geriatric Medicine | Geriatric Medicine ACE2

KE Geriatric Medicine | Geriatric Medicine ACE3

DO Hematology

Infectious Disease | Infectious Disease Urban Health

Internal Medicine | Internal Medicine AIMS

Internal Medicine | Internal Medicine CTU Blue

Internal Medicine | Internal Medicine CTU Coral

Internal Medicine | Internal Medicine CTU ER Triage

Internal Medicine | Internal Medicine CTU Green

Internal Medicine | Internal Medicine CTU Orange

Internal Medicine | Internal Medicine CTU Pink

Internal Medicine | Internal Medicine CTU Purple

Internal Medicine | Internal Medicine CTU Yellow

Internal Medicine | Internal Medicine Perioperative

Nephrology

Nephrology | Nephrology Inpatient

Nephrology | Nephrology Renal Transplant

Neurology

Respirology

Rheumatology

Manage Care Team Lists

Care Team Lists

Medical Service

Internal Medicine

Internal Medicine

Internal Medicine | Internal Medicine AIMS

Internal Medicine | Internal Medicine CTU Blue

Internal Medicine | Internal Medicine CTU Coral

Internal Medicine | Internal Medicine CTU ER Triage

Internal Medicine | Internal Medicine CTU Green

Internal Medicine | Internal Medicine CTU Orange

Internal Medicine | Internal Medicine CTU Pink

Internal Medicine | Internal Medicine CTU Purple

Internal Medicine | Internal Medicine CTU Yellow

Internal Medicine | Internal Medicine Perioperative

Internal Medicine | Internal Medicine COVID 1

Internal Medicine | Internal Medicine COVID 2

Internal Medicine | Internal Medicine COVID 3

Internal Medicine | Internal Medicine COVID 4

Internal Medicine | Internal Medicine COVID 5

Internal Medicine | Internal Medicine Thrombosis Consults

Save Cancel

IM Jrs:

- Add all these IM
- Add all XC subspecialties

MSIs/Off Service:

- Add all CTU teams

Printing Lists

Task Edit View Patient Chart Links Notifications Navigation Help

Abnor: 0 Critic: 0 Gener: 0

CareConnect PHSA PACS VCH and PHC PACS FormFast WFI

Exit Ad-Hoc PM Conversation Use this Application/Chart Data Suspend Participation Depart Communicate Result Copy Related Records iAware Discern Reporting Portal Anesthesia Record Viewer Desktop Console Launcher Protocol Office Manager Patient Protocol Manager Documents

Patient Health Education Materials SHOP Guidelines and DSTs UpToDate PSLs

Message Centre Patient Overview Ambulatory Organizer Referral Management Home MyExperience Patient List Dynamic Worklist Tracking List Tracking Shell Perioperative Tracking Time-Critical Procedures Results Callback Worklist Therapeutic Note Reports Auto Test Copy Requisition Manager

Patient Overview

Recent Home 7 minutes ago

2 Patient Overview

List: Internal Medicine | Internal Medicine CTU Blue (18)

☒ Select all (18) | 18 of 18 records selected

Add Patient Establish Relationships **Print** Add to list Remove

Print Simplified Detailed (16/18)

Patient Information	Location	New Results	Diagnoses
<input checked="" type="checkbox"/>	STR-05 SPH ED Hold	New Lab/Diagnostic Results	1 - Opioid Overdose or Intoxication 2 - Aspiration Pneumonia
<input checked="" type="checkbox"/>	7034-01 SPH 7C	New Lab/Diagnostic Results	1 - Abdominal Pain NYD
<input checked="" type="checkbox"/>	7009-01 SPH 7A	New Lab/Diagnostic Results	1 - Dyspnea 2 - Congestive Heart Failure (CHF)
<input checked="" type="checkbox"/>	STR-04 SPH ED Hold	New Lab/Diagnostic Results	1 - Headache NOS
<input checked="" type="checkbox"/>	7026-03 SPH 7C	New Lab/Diagnostic Results	1 - Respiratory failure 2 - Cellulitis of right leg
<input checked="" type="checkbox"/>	7003-01 SPH 7A	New Lab/Diagnostic Results	1 - Chronic Obstructive Pulmonary Disease (COPD) 2 - Delirium (Acute)
<input checked="" type="checkbox"/>	6021-01 SPH 6B		
<input checked="" type="checkbox"/>	7030-02 SPH 7C	New Lab/Diagnostic Results	
<input checked="" type="checkbox"/>	7025-04 SPH 7B		
<input checked="" type="checkbox"/>	7038-03 SPH 7D	New Lab/Diagnostic Results	1 - Acute Kidney Injury (AKI) 2 - Hyperkalemia
<input checked="" type="checkbox"/>	7042-02 SPH 7D	New Lab/Diagnostic Results	1 - Anorexia NOS
<input checked="" type="checkbox"/>	7002-01 SPH 7A	New Lab/Diagnostic Results	1 - General Weakness NYD

Printing Lists

Task Edit View Patient Chart Links Notifications Navigation Help

Abnor: 0 Critic: 0 Gener: 0

CareConnect PHSA PACS VCH and PHC PACS FormFast WFI

Exit Ad-Hoc PM Conversation Use this Application/Chart Data Suspend Participation Depart Communicate Result Copy Related Records iAware Discern Reporting Portal Anesthesia Record Viewer Desktop Console Launcher Protocol Office Manager Patient Protocol Manager Documents

Patient Health Education Materials SHOP Guidelines and DSTs UpToDate PSLs

Message Centre Patient Overview Ambulatory Organizer Referral Management Home MyExperience Patient List Dynamic Worksheet Tracking List Tracking Shell Perioperative Tracking Time-Critical Procedures Results Callback Worksheet Therapeutic Note Reports Auto Test Copy Requisition Manager

Patient Overview

2 Patient Overview

List: Internal Medicine | Internal Medicine

Select all (18) | 18 of 18 records

Patient Information

SPH_GIMRACOFF_L1 on SPPRT090.phcnet.ca (from PC054250) in session 19

WebEx Document Loader (from PC054250) in session 19

Status: Ready ☐ Print to file

Location: SPH - Burrard Bldg 5th Floor General Internal Medicine

Comment: Auto Created Client Printer PC054250 ...

Page Range

☒ All ☐ Selection ☐ Current Page

Pages: 1

Number of copies: 1

☒ Collate

Enter either a single page number or a single page range. For example, 5-12

Print Cancel Apply

Printing Preferences

Client Settings Layout Paper/Quality

Orientation:

1 2 3 1 2 3

Advanced...

OK Cancel

1 2 3

Generally chooses the closest printer but double check the name!

1 2 3

7042-02 SPH 7D New Lab/Diagnostic Results 1 - Anorexia NOS

7002-01 SPH 7A New Lab/Diagnostic Results 1 - General Weakness NYD

Printing Lists: Resetting the list

PowerChart Organizer for Freeman, Sacoia, MD

Task Edit View Patient Chart Links Notifications Navigation Help

Abn: 0 Crit: 0 Gen: 0

CareConnect PHSA PACS VCH and PHC PACS FormFast WFI

Exit Ad-Hoc PM Conversation Use this Application/Chart Data Suspend Participation Depart Communicate Result Copy Related Records iAware Discern Reporting Portal Anesthesia Record Viewer Desktop Console Launcher Protocol Office Manager Patient Protocol Manager Documents

Patient Health Education Materials SHOP Guidelines and DSTs UpToDate PSLS

Message Centre Patient Overview Ambulatory Organizer Referral Management Home MyExperience Patient List Dynamic Worklist Tracking List Tracking Shell Perioperative Tracking Time-Critical Procedures Results Callback W

Patient Overview

100%

Patient Overview

List: Internal Medicine | Internal Medicine CTU Blue (18)

Add Patient Establish Relationships **Print**

Unclick the checks before you open a patient on the list

Patient Information	Location	New Results	Diagnoses
122 yrs M	STR-05 SPH ED Hold	New Lab/Diagnostic Results	1 - Opioid Overdose or Intoxication 2 - Aspiration Pneumonia
	7034-01 SPH 7C	New Lab/Diagnostic Results	1 - Abdominal Pain NYD
yrs M	7009-01 SPH 7A	New Lab/Diagnostic Results	1 - Dyspnea 2 - Congestive Heart Failure (CHF)
1 yrs F	STR-04 SPH ED Hold	New Lab/Diagnostic Results	1 - Headache NOS
rs M	7026-03 SPH 7C	New Lab/Diagnostic Results	1 - Respiratory failure 2 - Cellulitis of right leg
61 yrs M	7003-01 SPH 7A	New Lab/Diagnostic Results	1 - Chronic Obstructive Pulmonary Disease (COPD) 2 - Delirium (Acute)
F	6021-01 SPH 6B		
F	7030-02 SPH 7C	New Lab/Diagnostic Results	
	7025-04 SPH 7B		
M	7036-03 SPH 7D	New Lab/Diagnostic Results	1 - Acute Kidney Injury (AKI) 2 - Hyperkalemia
19 yrs F	7043-02 SPH 7D	New Lab/Diagnostic Results	1 - Anorexia NOS
M	7002-01 SPH 7A	New Lab/Diagnostic Results	1 - General Weakness NYD
ys M	7047-01 SPH 7D	New Lab/Diagnostic Results	1 - Cachexia NOS COVID-19, virus identified

ADMISSION

Finding a patient: ED list

Task

Edit

View

Patient

Chart

Links

Notifications

Patient Actions

Provider

List

Help

Message Centre

Patient Overview

Ambulatory Organizer

Referral Management

Home

MyExperience

Patient List

Dynamic Worklist

Tracking List

Tracking Shell

CareConnect

Gener.: 0

Exit

PM Conversation

Communicate

Discern Reporting Portal

Anesthesia Record Viewer

Desktop Console Launcher

Protocol Office Manager

Use this Application/Chart Data

Suspend Participation

Patient Health Education Materials

SHOP Guidelines and DSTs

UpToDate

PSLS

Recent

Name

Tracking Shell

Full screen

Print

0 minutes ago

OB BCW TACC LDR

OB BCW Perinatal

OB BCW UCC

OB BCW Recently Discharged

OB BCW Pre-Reg Newborns

OB SSH All Beds

OB SSH Maternity

OB SSH Recently Discharged

SPH CDUSE

SPH CDUNS

SPH CDUV

SPH Renal HD Unit

SPH East Van CDU

OB BCW All Beds

OB BCW Arbutus

OB BCW Cedar

OB BCW Dogwood

OB BCW Evergreen

OB BCW FIR

OB BCW Preop/OR/PACU

OB BCW Rabbit

OB SGH Recently Discharged

OB SPH LDRP

OB SPH All Beds

OB SPH Recently Discharged

OB SPH Pre-Reg Newborns

SPH Renal KCC

SPH Renal Post Transplant

SPH Renal Post Tx- Today

UPCC SE Look Up

OB LGH L&D

OB LGH Postpartum

OB LGH All Beds

OB LGH Recently Discharged

OB LGH Pre-Reg Newborns

OB SGH L&D

OB SGH All Beds

OB SGH Incomplete Discharges

UPCC NE Generic View

UPCC NE Look Up

UPCC NE Available Staff

UPCC RMD Available Staff

UPCC RMD Generic View

UPCC RMD Look Up

UPCC SE Available Staff

UPCC SE Generic View

ED SSH Available Staff

ED SSH Generic View

ED SSH Look Up

ED VGH Available Staff

ED VGH Generic View

ED VGH Look Up

ED WHC Generic View

ED WHC Look Up

ED WHC Available Staff

ED BCH Available Staff

ED BCH Generic View

ED BCH Look Up

ED LGH Generic View

ED LGH Look Up

ED LGH Available Staff

ED MSJ Generic View

ED MSJ Look Up

ED MSJ Available Staff

ED PEM Generic View

ED PEM Look Up

ED PEM Available Staff

ED SGH Generic View

ED SGH Look Up

ED SGH Available Staff

ED SPH Generic View

ED SPH Look Up

ED SPH Available Staff

Patient:

WR: 11

Total: 41

Avg LOS: 17:19

Filter: <None>

2

Bed	Code Orange	Alerts	CT, Name	Age	Allergy	Reason for Visit	Diagnosis	LOS	Disposition	Attending Physic	EDMD	MLP	RN	Events
RESUS,02		1	2	34 years		1:Seizure (2), now pos	1:Hyponatremia,	3:27						
STR,05		1	3	101 years		1:Abdominal pain (3),		2:04						
STR,07		1	3	44 years		1:local swelling (3)/red	1:Anemia microc	44:58					BC, DM	AM
STR,12		1	3	19 years		1:Abdominal pain (3),	1:Abdominal Pain	24:47					VS, Tit	AM
STR,13		1	2	35 years		1:Bizarre/paranoid beh		5:39					YSP, V	AM
STR,16		1	3	58 years		1:Respiratory distress	1:Pulmonary Ede	5:56					YSP	
ACHW,01		1	2	48 years		1:Bizarre/paranoid beh	1:Mental Health	15:34					jes	
THALL,02		1	3	28 years		1:Substance misuse/i	1:Substance Use	2:15						
RCH,02		1	3	52 years		1:Cough (3), looks unv	1:Gastroenteritis	2:56						
BAY,02		1	4	30 years		1:IV antibiotics (4) MC		5:29						
CST,01		1	4	46 years		1:IV antibiotics (4) MC	1:Cellulitis Leg	4:26						

Admission: Medical Reconciliation

WHO IS RESPONSIBLE FOR ADMISSION MED REC?

The Most Responsible Provider (MRP) is responsible.

WHEN TO COMPLETE ADMISSION MED REC?

Upon admission.

It is recommended to have Admission MedRec complete prior to entering admission orders and PowerPlans.

Admission: Medical Reconciliation

Before midnight each night the pharmacists are able to complete the medication reconciliation. Please only consult pharmacy if a patient is taking four or more medications. To consult pharmacy. Order the ED Perform Best Possible Medication History.

The screenshot shows a medical software interface with a search bar containing 'best pos'. Below the search bar, there are several icons and a 'Folder:' label. The search results are displayed in a list, with the first item, 'ED Perform Best Possible Medication History (BPMH)', highlighted by a red circle. Below this item, there is a link to 'OPHTH Octopus Blepharoplasty / Ptosis' and a note: 'Routine, Schedule as: Outpatient, Scheduling Location: Paper Referral'. At the bottom right of the interface, there is a status bar showing 'WOODS, JOHN HAYDEN - 113464810' and a 'Done' button.

Search: best pos

Advanced Options

Type: Inpatient

Folder:

Search within: All

ED Perform Best Possible Medication History (BPMH)

Post-Operative Breast Care

OPHTH Octopus Blepharoplasty / Ptosis

[OPHTH Octopus Blepharoplasty / Ptosis](#)

Routine, Schedule as: Outpatient, Scheduling Location: Paper Referral

WOODS, JOHN HAYDEN - 113464810 Done

Admission: Medical Reconciliation

2

Provider View

Results Review

Orders + Add

Medication List + Add

Documentation + Add

Documentation Filter

Allergies + Add

Appointments

Diagnoses and Problems

Histories

MAR Summary

MAR

Form Browser

Print to PDF

Patient Information

Interactive View and I&O

Lines/Tubes/Drains Summary

Newborn Record

Labour and Birth Summary

Growth Chart

Immunizations

Clinical Media

Clinical Research

Calculators

CareConnect

Oncology

Diabetes Management Workflow

Parenteral Nutrition

Transplant Flowsheet

+ Add

Document Medication by Hx | Reconciliation

Check Interactions

External Rx History

Orders

Medication List

View

Orders for Signature

Medication List

- ☐ Admit/Transfer/Discharge
- ☐ Status
- ☐ Patient Care
- ☐ Activity
- ☐ Diet/Nutrition
- ☒ Continuous Infusions
- ☒ Medications
 - ☐ Blood Products
 - ☐ Laboratory
 - ☐ Diagnostic Tests
 - ☐ Procedures
 - ☐ Respiratory
 - ☐ Allied Health
 - ☐ Consults/Referrals
 - ☐ Communication Orders
 - ☐ Supplies
 - ☐ Non Categorized

Medication History

Medication History Snapshot

Reconciliation History

Related Results

Reconciliation Status

Meds History

Admission

Discharge

Displayed: All Active Orders | All Active Medications

Show More Orders...

	Order Name	Status	Dose ...	Details
Continuous Infusions				
<input checked="" type="checkbox"/>	pantoprazole additive 40 mg [8 mg/h] + sodium chloride 0.9% (NS) continuous infusion 100 mL	Ordered	order rate: 20 mL/h, IV, order duration: 72 hour, drug form: bag, first dose: NOW, start: 07-Mar-2023 10:1...	Maintenance dose
Medications				
	metFORMIN (Act MetFORMIN 500 mg oral tablet)	Documen...	2 tab, PO, BID, drug form: tab, refill(s): 0, start: 15-Oct-2021 09:32 PDT	

Details

Admission: Medical Reconciliation

Add | **External Rx History** | **Medication History**

☐ No Known Home Medications ☐ Unable To Obtain Information ☐ Use Last Compliance

Reconciliation Status: **Meds History** | **Admission** | **Discharge**

Document Medication by Hx

Order Name	Status	Details	Last Dose Date/Time	Information Source	Compliance
Medication history has not yet been documented. Please document the medication history for this patient.					
Home Medications					
metFORMIN (Act MetFORMIN 500 mg oral tablet)		Documen... 2 tab, PO, BID, drug form: tab, refill(s): 0, start: 15-Oct-2021 ...			

- 1) External Rx History
- 2) Import

Admission: Medical Reconciliation

- 1) Click on the “recycle” icon until a green check mark displays

External Rx History

Display: Last 24 Months ☒ Show Individual Instances

Disclaimer: 

This Rx history contains prescription records provided by community pharmacies and pharmacy benefits managers (PBM's). Such Rx history may be incomplete and prescriber should not rely solely on this Rx history data to make any clinical decisions. It is the responsibility of the prescriber to validate and verify the information directly with the patient or via other appropriate means.

Order Name/Details

Last Fill

Add As



Rx history as of: 11-Apr-2023 17:20:21 PDT



Recycle icon = list is incomplete

Admission: Medical Reconciliation



DO *NOT* USE "CONVERT EXISTING SIG" FUNCTION

When importing from PharmaNet, **DO NOT** select "Convert Existing Sig"! Select the closest available order sentence or select "(None)". Dose and frequency may be modified if needed.

Order sentences for: furosemide (Mint-Furosemide)

- (None)
- Convert Existing SIG
- 1 tab, PO, BID, drug form: tab
- 1 tab, PO, qdaily, drug form: tab
- 3 tab, PO, BID, drug form: tab
- 3 tab, PO, qdaily, drug form: tab

Reset OK Cancel

Using "Convert existing sig" results in **ERRORS**
for all future Admission, Transfer, and Discharge MedRec!

Admission: Medical Reconciliation



TIP: Show Individual Instances

Rx history display: All

☐ Show individual instances of external Rx medication history.

	\$	Drug Name	Rx Medication
✓		21-Aug-2020 08:48:52 PDT	
▶ (35)		warfarin	WARFARIN SODIUM 4 MG TABLET TARO PHARM
		enoxaparin	(Reversed) ENOXAPARIN SODIUM 100 MG/ML SYRINGE SANOF
▶ (14)		HYDROmorphine	(Discontinued) HYDROMORPHONE HCL/PF 50 MG/ML VIAL ST

Click to show all dosage forms and strengths



Rx history display: All

☒ Show individual instances of external Rx medication history.

	\$	Drug Name	Rx Medication
✓		21-Aug-2020 08:48:52 PDT	
		warfarin	WARFARIN SODIUM 4 MG TABLET TARO PHARM
		warfarin	WARFARIN SODIUM 5 MG TABLET TARO PHARM
		warfarin	WARFARIN SODIUM 1 MG TABLET TARO PHARM















Admission: Medical Reconciliation

✓ Rx history as of: 07-Mar-2023 13:55:33 PST		
27-Feb-2023		
17-Feb-2023		
07-Feb-2023		
30-Jan-2023		
25-Jan-2023		
09-Jan-2023		
03-Jan-2023		
23-Dec-2022		
06-Dec-2022		
05-Dec-2022		
28-Nov-2022		
26-Nov-2022		
26-Nov-2022		

1) To document a medication, press the scroll button.

Admission: Medical Reconciliation

Document Medication by Hx

	Order Name	Status	Details
4 Home Medications			
	rosuvastatin (Sandoz Rosuvastatin 40 mg oral tablet)	Documen...	1 tab, PO, qdaily, drug form: tab, start
	clonazepam (PMS-Clonazepam-R 0.5 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	QUetiapine (Mint-QUetiapine 100 mg oral tablet)	Documen...	2 tab, PO, qHS, drug form: tab
	ticagrelor (Brilinta 90 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	diclofenac-misoprostol (Gd-Diclofenac/Misoprostol 75 mg-...	Documen...	1 tab, PO, BID, drug form: tab
	gabapentin (Jamp-Gabapentin 300 mg oral capsule)	Documen...	4 caps, PO, BID
	risperiDONE (PMS-Risperidone 2 mg oral tablet)	Documen...	2 tab, PO, BID, drug form: tab
	escitalopram (Teva-Escitalopram 20 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	metoprolol (Apo-Metoprolol tartrate 50 mg oral tablet)	Documen...	1 tab, PO, BID
	ramipril (Apo-Ramipril 2.5 mg oral capsule)	Documen...	1 cap, PO, BID, drug form: cap
	bictegravir/emtricitabine/tenofovir (Biktarvy oral tablet)	Documen...	1 tab, PO, qdaily, drug form: tab
	ASA (ASA 81 mg oral delayed release tablet)	Documen...	1 tab, PO, BID, drug form: tab-EC
	budesonide-formoterol (Symbicort Turbuhaler 200 mcg-6 mc...	Documen...	2 puff, inhalation, BID, drug form: inh

All medications in this section should reflect the medications the patient is actually taking.

If a medication that the patient is not taking is listed here, please select complete.

Admission: Medical Reconciliation

The screenshot displays a medical software interface. On the left is a dark blue sidebar menu with various options like 'Provider View', 'Results Review', 'Orders', 'Medication List', 'Documentation', 'Allergies', 'Appointments', 'Diagnoses and Problems', 'Histories', 'MAR Summary', 'MAR', 'Form Browser', 'Print to PDF', 'Patient Information', 'Interactive View and I&O', 'Lines/Tubes/Drains Summary', 'Newborn Record', 'Labour and Birth Summary', 'Growth Chart', 'Immunizations', 'Clinical Media', 'Clinical Research', 'Calculators', 'CareConnect', 'Oncology', 'Diabetes Management Workflow', and 'Parenteral Nutrition'. The main area has a top navigation bar with 'Medication List' selected. Below this, a dropdown menu is open, showing 'Admission' (highlighted with a red circle), 'Transfer', and 'Discharge'. The 'Reconciliation' dropdown is also visible. The right side of the screen shows a table of active medications. The table has columns for 'Medications', 'Order Name', 'Status', 'Dose ...', and 'Details'. Three medications are listed: enoxaparin, acetaminophen, and dimenhyDRINATE. The 'Status' for all is 'Ordered'. The 'Details' column contains specific dosing and timing information for each medication.

Menu

Provider View
Results Review
Orders
Medication List
Documentation
Allergies
Appointments
Diagnoses and Problems
Histories
MAR Summary
MAR
Form Browser
Print to PDF
Patient Information
Interactive View and I&O
Lines/Tubes/Drains Summary
Newborn Record
Labour and Birth Summary
Growth Chart
Immunizations
Clinical Media
Clinical Research
Calculators
CareConnect
Oncology
Diabetes Management Workflow
Parenteral Nutrition

Medication List

Reconciliation
Admission
Transfer
Discharge

Reconciliation Status
✓ Meds History
Admission
Discharge

Displayed: All Active Orders | All Active Medications

Medications	Order Name	Status	Dose ...	Details
✓ [icon] [icon] enoxaparin	Ordered	40 mg, subcutaneous, qPM, drug form: syringe-inj, start: 30-Oct-2022 17:00 PDT For weight 41 to 100 kg. Continue until discharge		
✓ [icon] [icon] acetaminophen	Ordered	650 mg, PO, q4h, PRN pain-mild or fever, drug form: tab, start: 30-Oct-2022 13:09 PDT Maximum acetaminophen 4g/24 h from all sources		
✓ [icon] [icon] dimenhyDRINATE (dimenhyDRINATE PR...	Ordered	dose range: 25 to 50 mg, PO, q4h, PRN nausea or vomiting, drug form: tab, start: 30-Oct-2022 13:09 PDT GRAVOL EQUIV		

1) Once all of the medications are documented,

Admission: Updating an Existing BPMH

Check the Med History status icons to confirm whether BPMH has been documented for the current encounter.



Meds History = BPMH has been documented for the current encounter

Document Medication by Hx

Order Name	Status	Details	Last Dose Date/Time	Inform
✓ Last Documented On 10-Nov-2020 09:30 PST				
Home Medications				
methadone	Documen...	50 mg. PO. adaily. "DWI". drug form: oral lia. refill/sic: 0		



Meds History = BPMH has NOT been documented on the current encounter

Document Medication by Hx

Order Name	Status	Details	Last Dose Date/Time	Information Source
ⓘ Medication history has not yet been documented. Please document the medication history for this patient encounter.				
Home Medications				
cyclobenzaprine (lev...	Prescribed	1 tab. PO TID PRN spasms order duration: 5 day drug form...		

Admission: Updating an Existing BPMH

Medications appearing in BPMH list may not be the patient's current home medications.

BPMH medications carry over from previous encounters and may be months or years out-of-date.

Please verify the information with the patient.

Outdated entries must be updated/removed if the patient is no longer taking the regimen.

DO NOT click "Document History" without verifying the information.

If the patient is not taking the medication as it appears on the BPMH list:



If it appears as a "scroll":

Select the entry, right click, "**Modify**", and make the necessary changes in each field.

To remove an entry, right click and select "**Complete**"



If it appears as a "pill bottle":

Select the entry, right click, and select "**Complete**" to remove the medication from the list.

Then, re-enter the medication by importing through PharmaNet or adding manually.

If a patient is no longer taking a medication:

If on hold temporarily with intention to restart:

Right click, Modify Compliance, in the "Status" drop down menu select "on hold", and

indicate the date/time of the last dose in the "Last Dose" field.

If stopped by a provider (with no intention to restart):

Right click, and select "**Complete**".

***Note:** if the previous medication entry is incomplete (i.e. missing dose/route/frequency fields), you will need to fill in the missing fields before the system will allow you to "Complete" the order

Admission Order: CTU Admit from ED

1

The screenshot displays a medical software interface with a left-hand navigation menu and a main workspace. The navigation menu on the left includes sections like 'Provider View', 'Results Review', 'Orders', 'Medication List', 'Documentation', 'Allergies', 'Appointments', 'Diagnoses and Problems', 'Histories', 'MAR Summary', 'MAR', 'Form Browser', 'Print to PDF', 'Patient Information', 'Interactive View and I&O', 'Lines/Tubes/Drains Summary', 'Newborn Record', 'Labour and Birth Summary', 'Growth Chart', 'Immunizations', 'Clinical Media', 'Clinical Research', 'Calculators', 'CareConnect', 'Oncology', 'Diabetes Management Workflow', 'Parenteral Nutrition', and 'Transplant Flowsheet'. The main workspace at the top has tabs for 'Admission', 'Rounding', 'Transfer/Discharge', 'Inpatient Quick Orders', and 'Rounding Quick Orders'. The 'Inpatient Quick Orders' tab is active. Below the tabs, there are several panels: 'PowerPlans' (purple), 'Medications' (blue), 'Labs' (blue), 'Imaging and Diagnostics' (grey), and 'New Order Entry' (green). The 'New Order Entry' panel is expanded, showing a 'Patient Care' section with a list of actions. The 'Admission' tab is selected, and the 'Admit to Inpatient' option is highlighted. The 'Labs' panel shows a list of tests, including 'COVID-19 Virus (2019nCoV) NAT' and 'Bloodwork Routine'. The 'Medications' panel shows a list of drugs, including 'Analgesics', 'Anticoagulants', 'Antiemetics', 'Antihypertensives', 'Antimicrobials', 'Antipilelets', 'Arrhythmias', 'Beta Blockers', 'Bronchodilators', 'Corticosteroids', 'Diuretics', 'Electrolyte Management', 'Gastrointestinal Agents', 'Glycemic Control', 'Sedatives', 'Side Effects', and 'TV Fluids'. The 'Imaging and Diagnostics' panel shows a list of tests, including 'ECG', 'Echocardiogram', 'XR', 'CT', 'US', 'MR', 'IR', 'NM', and 'Cardiac Diagnostics'. The 'New Order Entry' panel shows a list of actions, including 'Admit to Inpatient', 'Admit to Family Practice', 'Admit to General Internal Medicine', 'Admit to Hospitalist Medicine', 'ED Perform Best Possible Medication History (BPMH) T:N', 'Change Attending to', 'Change Medical Service to', 'Bed Transfer Request', 'Discharge Patient', 'Discharge to External Site', 'Patient Deceased', 'Nurse May Pronounce Death', 'Code Status', 'General Communication', 'Activity', 'Diet', 'Vitals', 'Lines/Tubes/Drains', and 'Respiratory Therapy'. The 'BC Cancer Referrals/Outpatient' panel shows a list of actions, including 'Accept Referral', 'Reject Referral', 'Referral Information Request', 'Referral to Clinic Not Using CST Cerner', and 'Vancouver Centre'.

2

3

Steps: 1. Provider view, 2. Quick orders and 3. Admit to Inpatient (General Internal Medicine)

Admission PPO

Menu

Provider View 1

Results Review

Orders + Add

Medication List + Add

Documentation + Add

Allergies + Add

Appointments

Diagnoses and Problems

Histories

MAR Summary

MAR

Form Browser

Print to PDF

Patient Information

Provider View

100%

Rounding

Inpatient Quick Or... 2

Admission

Transfer/Discharge

Rural Quick Orders

Stable 5

PowerPlans

Additions

Admission

Admit to Inpatient Admit to Family Practice

Admit to Inpatient Admit to General Internal Medicine

Admit to Inpatient Admit to Hospitalist Medicine 3

MED General Medicine Admission MED General Medicine Admission

GER Frail Elderly Admission GER Frail Elderly Admission

MED COVID-19 Admission MED COVID-19 Admission

Medications

Analgesics

Anticoagulants

Antiemetics

Antihypertensives

amLODIPine

ramipril

candesartan

hydroCHLORothiazide 25 mg, PO, qdaily, drug form: tab

spironolactone 25 mg, PO, qdaily, drug form: tab

capTOPril 12.5 mg, sublingual, q30min, PRN hypertension, drug form: tab

Imaging and Diagnostics

ECG

Echocardiogram

IR

RESP Thoracentesis (Multiphase) RESP Thoracentesis (Multiphase)

ADULT/PED MI Aspiration (US/Rf/CT) Imaging Guided Inpatient

Labs

COVID-19 Virus (2019nCoV) NAT Nasopharyngeal Swab, Routine, Collection: T:N, Hospital, once

COVID-19 Virus (2019nCoV) NAT Tracheal Aspiration, Routine, Collection: T:N, Hospital, once

Bloodwork Routine

Bloodwork AM (1day added if ordered after 23:59)

Bloodwork AM x 3 Days

Bloodwork STAT

Bloodwork Unit Collect

Bloodwork Urgent

Best place to find the right order for IR procedures!

Admission Order: CTU Admit from ICU

1

The screenshot displays a medical software interface with a sidebar on the left containing various menu items. The main area is divided into several panels. The top panel shows a navigation bar with tabs for 'Admission', 'Rounding', 'Transfer/Discharge', 'Inpatient Quick Orders', and 'Outpatient Quick Orders'. The 'Inpatient Quick Orders' tab is selected. Below the navigation bar, there are several panels: 'PowerPlans', 'Medications', 'Labs', 'Imaging and Diagnostics', and 'New Order Entry'. The 'New Order Entry' panel is further divided into 'Consults' and 'Patient Care'. The 'Patient Care' section contains a list of options, including 'Admit to Inpatient', 'Admit to Family Practice', 'Admit to Inpatient', 'Admit to General Internal Medicine', 'Admit to Inpatient', 'Admit to Hospitalist Medicine', 'ED Perform Best Possible Medication History (BPMH) T:N', 'Change Attending to', 'Change Medical Service to', 'Bed Transfer Request', 'Discharge Patient', 'Discharge to External Site', 'Patient Deceased', 'Nurse May Pronounce Death', 'Code Status', 'General Communication', 'Activity', 'Diet', 'Vitals', 'Lines/Tubes/Drains', and 'Respiratory Therapy'. The 'Bed Transfer Request' option is highlighted with a red circle. The number '3' is placed next to this option.

Provider View

Results Review

Orders + Add

Medication List + Add

Documentation + Add

Documentation Filter

Allergies + Add

Appointments

Diagnoses and Problems

Histories

MAR Summary

MAR

Form Browser

Print to PDF

Patient Information

Interactive View and I&O

Lines/Tubes/Drains Summary

Newborn Record

Labour and Birth Summary

Growth Chart

Immunizations

Clinical Media

Clinical Research

Calculators

CareConnect

Oncology

Diabetes Management Workflow

Parenteral Nutrition

Transplant Flowsheet

Admission

Rounding

Transfer/Discharge

Inpatient Quick Orders

Outpatient Quick Orders

Inpatient

Discharge

All

PowerPlans

- Additions
- Admission
- Allergy/Immunology
- Management
- BCMHA
- Cardiology
- Endocrinology
- Gastrointestinal
- Geriatric Medicine
- Hematology
- Hyperbaric Medicine
- Infectious Diseases
- Mental Health Act
- Nephrology
- Neurology
- Physical Medicine & Rehab
- Parental Nutrition
- Respirology

Frequent Conditions

- Abdominal Pain
- Altered Mental Status
- Chest Pain
- COPD
- DKA/HHS
- Dyspnea
- End of Life Care
- GI Bleed

Medications

- Analgesics
- Anticoagulants
- Antiemetics
- Antihypertensives
- Antimicrobials
- Antiplatelets
- Arrhythmias
- Beta Blockers
- Bronchodilators
- Corticosteroids
- Diuretics
- Electrolyte Management
- Gastrointestinal Agents
- Glycemic Control
- Sedatives
- Side Effects
- IV Fluids

Labs

COVID-19 Virus (2019nCoV) NAT Nasopharyngeal Swab, Routine, Collection: T:N, Hospital, once

COVID-19 Virus (2019nCoV) NAT Tracheal Aspirate, Routine, Collection: T:N, Hospital, once

- Bloodwork Routine
- Bloodwork AM (1day added if ordered after 23:59)
- Bloodwork AM x 3 Days
- Bloodwork STAT
- Bloodwork Unit Collect
- Bloodwork Urgent
- Microbiology
- Stool Studies
- Urine Studies
- Fluid Analysis
- Blood Products / Transfusion
- Mental Health

HIV

- HIV
- Coinfections
- STIs
- Opportunistic Infections
- Lumbar Puncture
- Misc

Imaging and Diagnostics

- ECG
- Echocardiogram
- XR
- CT
- US
- MR
- IR
- NM
- Cardiac Diagnostics

New Order Entry

Consults

Patient Care

- Patient Disposition
- Admit to Inpatient
- Admit to Family Practice
- Admit to Inpatient
- Admit to General Internal Medicine
- Admit to Inpatient
- Admit to Hospitalist Medicine
- ED Perform Best Possible Medication History (BPMH) T:N
- Change Attending to
- Change Medical Service to
- Bed Transfer Request
- Discharge Patient
- Discharge to External Site
- Patient Deceased
- Nurse May Pronounce Death
- Code Status
- General Communication
- Activity
- Diet
- Vitals
- Lines/Tubes/Drains
- Respiratory Therapy

BC Cancer Referrals/Outpatient

- Accept Referral
- Reject Referral
- Referral Information Request
- Referral to Clinic Not Using CST Cerner
- Vancouver Centre

Steps: 1. Provider view, 2. Quick orders and 3. Bed Transfer Request

Admission Order: CTU Admit from ICU

Details for Bed Transfer Request

Details Order Comments

+ ⓘ ⏏ ⏴ ⏵

*Requested Start Date/Time: 07-Mar-2023 1047 PST Medical Service: New Attending Provider: Telemetry: Yes No

New Attending Provider Accepted: Yes No

Bed Type:

Special Instructions:

This order ensures the MRP is not changed until the patient is physically out of ICU!

Writing a Note: Admission

There are three note options you can choose from:

- 1) Preformed templates
- 2) Freetext notes (no template)
- 3) Create your own template

Writing a Note: Admission

The screenshot shows a medical software interface for writing a note. The interface includes a left sidebar menu, a top navigation bar, and a main content area. Red circles highlight the 'Add' button, the 'Documentation' menu item, the 'New Note' dialog, the 'General Internal Medicine Admission Note' template, and the 'Admission H & P - Freetext' title.

Menu

- Provider View
- Results Review
- Orders + Add
- Medication¹list + Add
- Documentation** + Add
- Allergies + Add
- Appointments
- Diagnoses and Problems
- Histories
- MAR Summary
- MAR
- Form Browser
- Print to PDF
- Patient Information
- Interactive View and I&O
- Lines/Tubes/Drains Summary
- Newborn Record

Documentation

New Note X List

Note Type List Filter: All

*Type: General Internal Medicine Admission Note

Title: Admission H & P - Freetext

*Date: 30-Oct-2022 1036 PDT

*Author: Choi, Jung-In, MD

Note Templates

Name	Description
Admission H & P	Admission History & Physical Note Template
Admission H & P - Freetext	Admission History & Physical Freetext Template
Consult Note	Consult Note Template
Consult Note - Freetext	Consult Freetext Template
Discharge Summary	Discharge Summary
ICU Daily Progress Note	ICU Daily Progress Note Template
Outpatient Clinic Note - Freetext	Outpatient Clinic Freetext Template
Progress Note - Freetext	Daily Progress Freetext Template

OK Cancel

For each of the note options, 1) Go to Documentation, 2) Add a new note.

Admission H and P is the most common preformed template used. To write a note from scratch, or create your own template choose the freetext note.

Writing a Note: Freenote Consult Template

The screenshot displays the Freenote Consult Template interface. On the left is a dark blue sidebar menu with various clinical categories, each with a '+ Add' button. The main area has a top toolbar with icons for adding, saving, and editing, along with a font dropdown set to 'Tahoma' and a size dropdown set to '11'. Below the toolbar is a large text area where the text '„CTU_Ad' is entered. A blue tooltip box appears below the text, displaying '„CTU_Admission ' with a small 'x' icon. At the bottom of the interface, a status bar shows 'Note Details: General Internal Medicine Admission Note, Freiman, Sabina, MD, 15-Jul-2022 09:35 PDT, Admission H & P - Freetext' and four buttons: 'Sign/Submit', 'Save', 'Save & Close', and 'Cancel'.

Menu

- Provider View
- Results Review
- Orders + Add
- Medication List + Add
- Documentation + Add
- Allergies + Add
- Appointments
- Diagnoses and Problems
- Histories
- MAR Summary
- MAR
- Form Browser
- Print to PDF
- Patient Information
- Interactive View and I&O
- Lines/Tubes/Drains Summary
- Newborn Record
- Labour and Birth Summary
- Growth Chart
- Immunizations
- Clinical Media
- Clinical Research
- Calculators
- CareConnect
- Oncology
- Diabetes Management Workflow
- Parenteral Nutrition

Documentation

Full screen 0 minutes ago

Admission H & P - Freetext List

Tahoma 11

„CTU_Ad

„CTU_Admission

Note Details: General Internal Medicine Admission Note, Freiman, Sabina, MD, 15-Jul-2022 09:35 PDT, Admission H & P - Freetext

Sign/Submit Save Save & Close Cancel

Case Sensitive „CTU_Admission pulls a template that's easier to edit and re-organize.

Writing a Note: Freenote Consult Template

Menu

- Provider View
- Results Review
- Orders + Add
- Medication List + Add
- Documentation + Add
- Allergies + Add
- Appointments
- Diagnoses and Problems
- Histories
- MAR Summary
- MAR
- Form Browser
- Print to PDF
- Patient Information
- Interactive View and I&O
- Lines/Tubes/Drains Summary
- Newborn Record
- Labour and Birth Summary
- Growth Chart
- Immunizations
- Clinical Media
- Clinical Research
- Calculators
- CareConnect
- Oncology
- Diabetes Management Workflow
- Parenteral Nutrition

Documentation

+ Add [Icons]

Admission H & P - Freetext X List

Tahoma 11 [Icons] B I U S A [Icons]

Vitals & Measurements
T: 36.8 °C (Oral) **T:** 36.8 °C (Temporal Artery) **TMIN:** 36.2 °C (Temporal Artery) **TMAX:** 36.8 °C (Temporal Artery) **HR:** 73 bpm (Peripheral) **RR:** 18 br/min **BP:** 100/65 mmHg **WT:** 89.5 kg (Measured) **WT:** 90.4 kg (Dosing) **SpO2:** 97 %

„mh_vitals24hours

MOST RECENT WITHIN LAST 24 HOURS:

HEMATOLOGY	CHEMISTRY
WBC Count: 14.6 x10 ⁹ /L High	pH Venous: 7.36
RBC Count: 4.03 x10 ¹² /L	pCO2 Venous: 52 mmHg High
Hemoglobin: 126 g/L	pO2 Venous: Unable to report due to collection tube type, mmHg
Hematocrit: 0.39	HCO3 Venous: 29 mmol/L
MCV: 97 fL	Base Excess Venous: 3 mmol/L
MCH: 31 pg	Oxyhemoglobin Fraction Venous: 0.72
RDW-CV: 14.2 %	Sodium: 139 mmol/L
Platelet Count: 338 x10 ⁹ /L	Potassium: 3.8 mmol/L
MPV: 11.2 fL	Chloride: 98 mmol/L Low
Eosinophils: <0.1 x10 ⁹ /L	Glucose Random: 8.9 mmol/L
Basophils: <0.1 x10 ⁹ /L	Lactate: 2.2 mmol/L
INR: 1.3 High	Urea: 21.5 mmol/L High
APTT: 32 second	Creatinine: 183 umol/L High

„all_labs24hours

XR Chest
 14/07/22 17:04:14
 EXAM TYPE:
 XR Chest

„all_imaging48

HISTORY:
 Note Details: Abdominal Paracentesis Procedure Note, Freiman, Sabina, MD, 15-Jul-2022 09:39 PDT, Admission H & P - Freetext

[Sign/Submit] [Save] [Save & Close] [Cancel]

Case Sensitive „mh_vitals24hours „all_labs24hours and „all_imaging48 pulls in all the vitals, labs and imaging completed in the last 24-48 hours.

Writing a Note: Create Your Own Consult Template

Menu

Provider View

Results Review

Orders + Add

Medication¹ist + Add

Documentation + Add

Allergies + Add

Appointments

Diagnoses and Problems

Histories

MAR Summary

MAR

Form Browser

Print to PDF

Patient Information

Interactive View and I&O

Lines/Tubes/Drains Summary

Newborn Record

2

Documentation

Full screen

Print

0 minutes ago

+ Add

Grid

Table

Form

New Note

List

Note Type List Filter:

All

Type:

General Internal Medicine Admission Note

Title:

Admission H & P - Freetext

Date:

30-Oct-2022

1036

PDT

Author:

Choi, Jung-In, MD

All (121)

Favorites (9)

Search

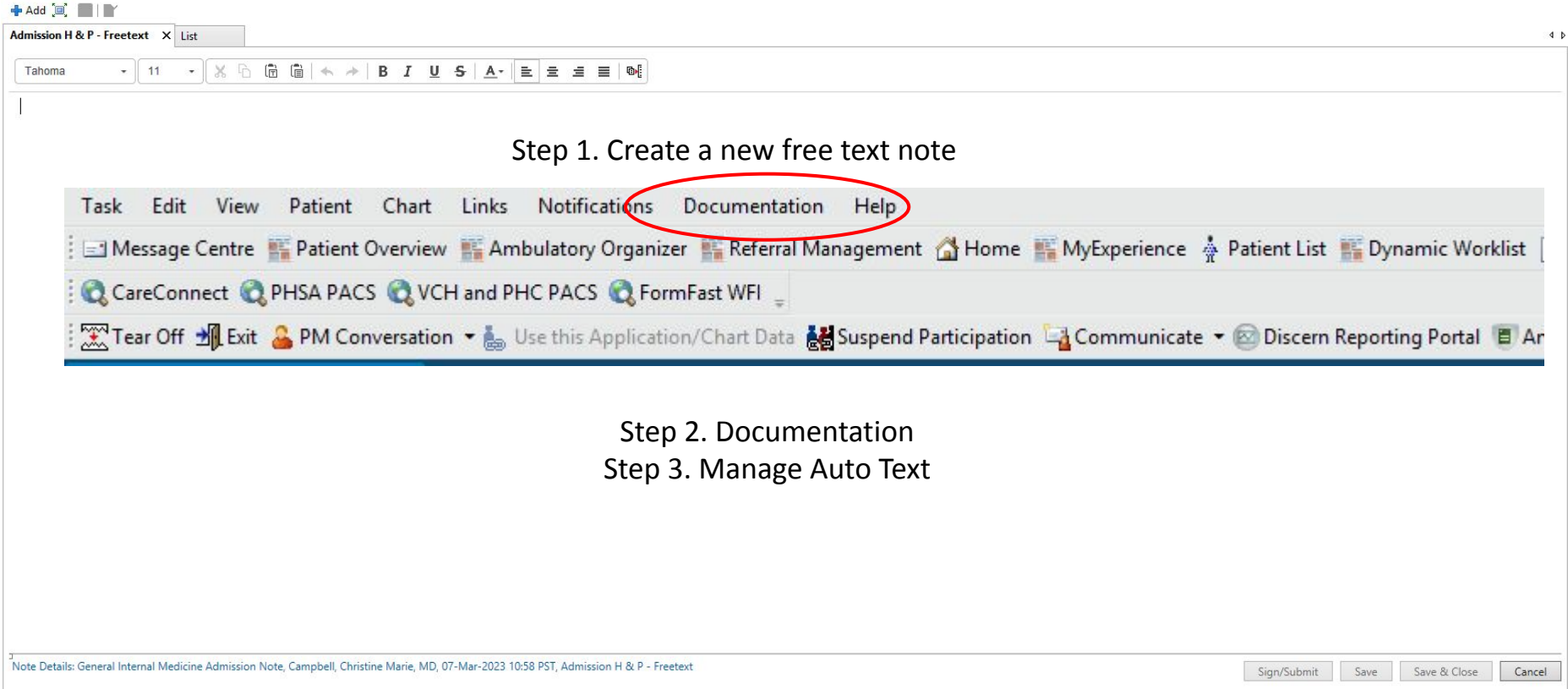
Note Templates

★	Name	Description
★	Admission H & P	Admission History & Physical Note Template
★	Admission H & P - Freetext	Admission History & Physical Freetext Template
★	Consult Note	Consult Note Template
★	Consult Note - Freetext	Consult Freetext Template
★	Discharge Summary	Discharge Summary
★	ICU Daily Progress Note	ICU Daily Progress Note Template
★	Outpatient Clinic Note - Freetext	Outpatient Clinic Freetext Template
★	Progress Note - Freetext	Daily Progress Freetext Template

OK

Cancel

Writing a Note: Create Your Own Consult Template



Writing a Note: Create Your Own Consult Template

Show Auto Text Notifications

My Phrases | Public Phrases

+

Abbreviation	Description
.TinaConsult	Consult template

Previous
1
Next

Edit...
Duplicate...
Delete

Abbreviation	Description
.TinaConsult	Consult template

Auto Text Phrase

Date of Consultation
 [Current Date and Time]

Reason for Referral

Referred by:
Triage complaint: [Chief Complaint]

Past Medical History
 [Past Medical History 2012]

Surgical and Procedure History
 [Procedure History 2012]

Medications
 [* Medication List]
 [Rx - Hx Medications 2012]

Allergies
 [Allergies 2012]

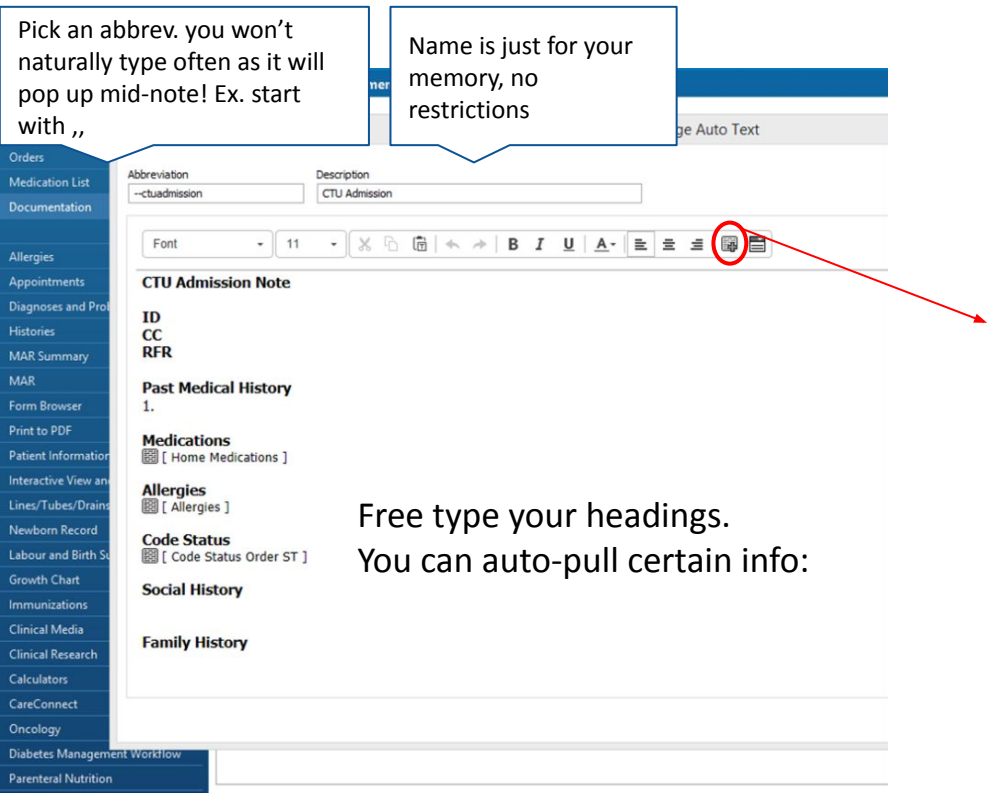
Social History
 [Social History 2012]

Writing a Note: Create Your Own Consult Template

Pick an abbrev. you won't naturally type often as it will pop up mid-note! Ex. start with „

Name is just for your memory, no restrictions

Free type your headings.
You can auto-pull certain info:



Tip: this tab opens tokens, which will automatically populate in your notes.

Diabetes Bundle	Smart Template
Diabetes Labs	Smart Template
Diabetes Self-History	Smart Template
Gestational Diabetes Mellitus	Smart Template
Pediatric Pharmacy Diabetes	Text Template
Pre-Diabetes	Smart Template
ST - OB Gestational Diabetes S...	Smart Template

Writing a Note: Create Your Own Consult Template

My Phrases

Public Phrases

+

endo

x

Abbreviation	Description
„endo_ddp_conventional	Endocrinology - Diabetes Day Program - Con...
„endo_ddp_mdi	Endocrinology - Diabetes Day Program - Mul...
„endo_diabetes_mellitus_new	Endocrinology - Diabetes Mellitus New
„endo_diabetes_progressnote	Endocrinology - Diabetes Progress Note
„endo_fam_hx	Endocrinology - Family History
„endo_pe_f	Endocrinology - Female Physical Exam
„endo_pe_m	Endocrinology - Male Physical Exam
„endo_progressnote	Endocrinology - Progress Note
„endo_ROS	Endocrinology - Review of Systems
„gi_endo_us	Endoscopic Ultrasound
„onc_low_risk_endometrial_...	Low Risk Endometrial Letter
„ps_mtr_tendon_repair	Plastic Surgery MTR Tendon Repair

Previous

1

Next

Edit...

Duplicate...

Delete

Abbreviation	Description
„endo_ddp_conventional	Endocrinology - Diabetes Day Pr

Auto Text Phrase

Patient Name: [Patient Full Name]

Date of admission to DDP: _____
Date of discharge from DDP: _____

History: [Patient First Name] is a [Patient Age]
[Patient Gender (Male/Female)] who presents to the Diabetes D

Physical Examination:
[PE Document Component 2013]

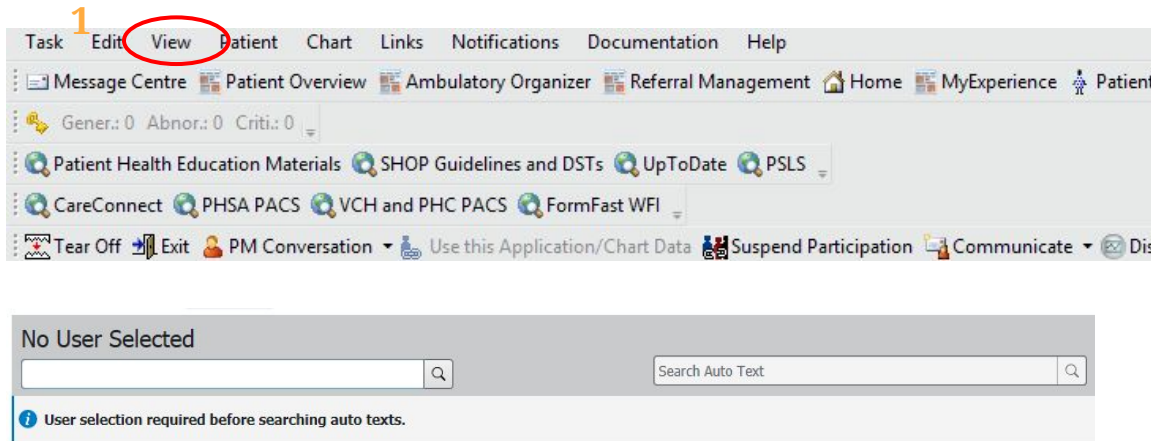
Labs:
[Labs Categorized Last 7 Days - All Enc]

Family History:
[Family History 2012]

This patient and their family spent _ days with the Diabetes Nurse Ec
Diabetes Dietitian for diabetes teaching. By the time of discharge, the

Tip: there is also a lot of public phrases available, it is worth searching through!

Writing a Note: Using a Colleagues Template



- 1) View
- 2) Auto Text Copy
- 3) Enter colleagues name that you would like to take the template from
- 4) Search Campbell, Christine to get the medlist token „medlist

Writing a Note: Submitting

Sign/Submit Note

*Type: General Internal Medicine Admission Note
Note Type List Filter: All

*Author: Freiman, Sabina, MD
Title: CTU Admission Note
Date: 15-Jul-2022 1020 PDT

Forward Options

Favorites Recent Relationships

Contacts

Star	Default	Name
★	✓	Fellow - Clinical Care - Resident
★	✓	Alkandari, Dalal A A, MD Resident - Clinical Care - Resident
★	✓	Anderson, Lindsay Rae, MD Consulting Provider - Physician - Orth...
★	✓	Bao, Jing Ye, MD Resident - Clinical Care - Resident
★	✓	Barbic, David, MD ED Provider - Physician - Emergency
★	✓	Beaulieu, Monica Carol, MD Consulting Provider - Physician - Nep...
★	✓	Belmonte, John Kenneth Pacifico Infection Control - Infection Control P...
★	✓	Besir, Mirjana, RN Unit Coordination - Nurse - Supervisor
★	✓	Lifetime
★	✓	Robinson, Lisa Joanne, MD Primary Care Physician - External - Pr...

Recipients

Star	Default	Name	Comment	Sign	Review/CC
------	---------	------	---------	------	-----------

Select at least one Recipient as a signer before you Submit.

Submit Cancel

Sign/Submit Save Save & Close Cancel

Scroll to the bottom of Relationships to find their Family Physician, and relevant subspecialists. CC them on new consults and DC summaries.

SAVE = no one can see the note but you.

SUBMIT = note is published. **Admission notes and consults can still be edited after being submitted (Until your staff signs off on the note).

Submit new consults overnight so other staff are aware what is going on with the patient. PROGRESS NOTES will be final for Residents so I suggest SAVEing those.

Admission: Goals of care discussions!

Very nice way to do GOC documentation so that people can find it **easily** without skimming every consult note!!

1. Provider view

2. Admission or Rounding tab

3. This guy right here

4. Hit the dropdown and select GOC discussion

The screenshot shows the EHR interface with the following elements:

- Left Sidebar:** Contains navigation links. 'Provider View' is highlighted with a red box and labeled '1. Provider view'. Below it, 'Advance Care Planning and Goals of Care' is highlighted with a red box and labeled '3. This guy right here'.
- Top Tabs:** 'Rounding' and 'Admission' are highlighted with red boxes and labeled '2. Admission or Rounding tab'.
- Main Content Area:** Titled 'Advance Care Planning and Goals of Care'. It contains several sections: 'Advance Care Plan Documentation (0)', 'Resuscitation Status Order (1)', 'Goals of Care (0)', 'Advance Care Planning Scanned (check chartlet for additional documents) (0)', 'MAiD (Medical Assistance in Dying) Documentation (0)', 'Goals of Care Scanned (check chartlet for additional documents) (0)', and 'Oncology/Heme Oncology Non-curative Intent (0)'. Each section shows 'No results found'.
- Right Sidebar:** A dropdown menu is open, showing options: 'Advance Care Planning and Pall Benefits', 'Goals of Care Discussion', 'Adult Oncology/Heme Oncology Non-Curative Intent', and 'MAiD Response Checklist'. This is labeled '4. Hit the dropdown and select GOC discussion'.

Creating GOC documentation this way will allow you to find it in this Advance Care Planning and GOC space, generates a Document in the Documentation tab, and will auto-populate in the Discharge Summary

(We should all start doing this)



*Performed on: 20-Sep-2023 0942 PDT

By: Monaghan, Alexander Walter, MD

Goals of Care Discharge

Goals of Care Discussion

Goals of Care Discussion Date and Time:

XX.XXX.XXXX

The Patient's Ability to Participate in Goals of Care:

- ☐ Is able to express goals of care at this time
- ☐ Is NOT currently able to express goals of care (seek SDM)

Details of Inability to Participate in Discussion:

--

Decision Maker Involved in Development of Goals of Care:

- ☐ None ☐ Other:
☐ Parent/Guardian
☐ Patient
☐ Representative
☐ SDM

**Name of Decision
Maker Involved:**

--	--

Goals of Care Discussion Details:

Segoe UI 9 

Include:

- * Patient and family awareness of current situation or condition and prognosis.
- * Patient values, wishes or hopes.
- * Patient's fears or things they wish to avoid.
- * If patient is unable to participate in discussion, confirm with Substitute Decision Maker that they are representing the patient's wishes.
- * Patient priorities or trade-offs for chance of extended life

Sign up for your patients overnight!

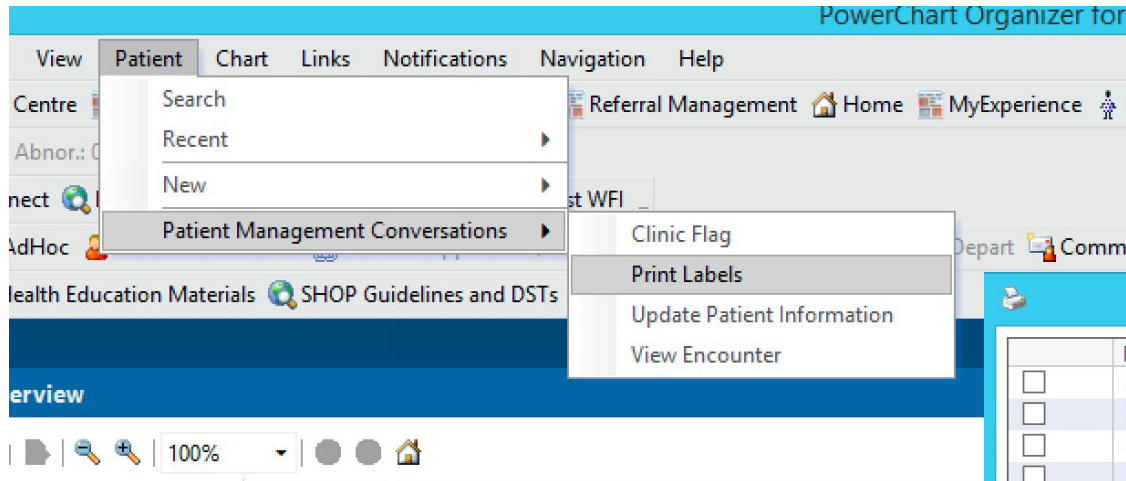
You need to do this for every patient you see overnight so you can be reached directly for patient care issues!!!

The screenshot displays the EHR interface with several red boxes and numbers indicating the steps to sign up for overnight patient care:

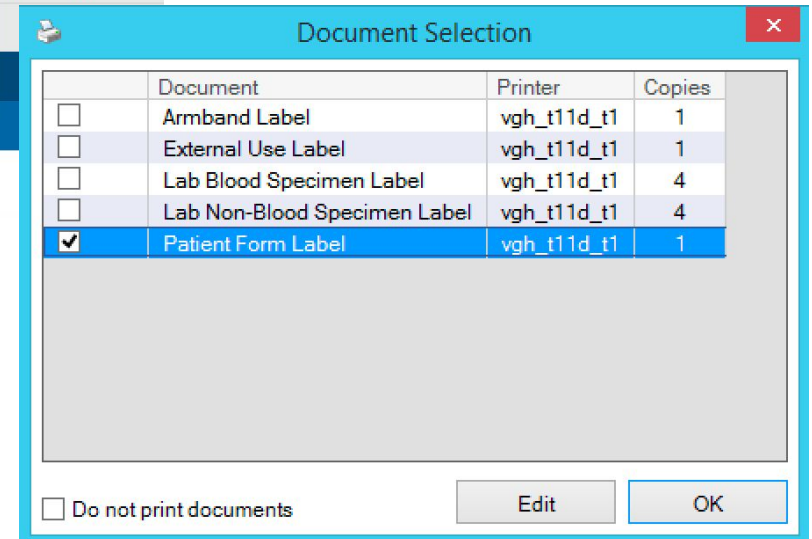
- 1.** In the left-hand menu, the **Provider View** option is highlighted.
- 2.** In the top navigation bar, the **Rounding** tab is selected.
- 3.** In the left-hand menu, the **Team Communication (Discoverable)** option is highlighted.
- 4.** In the **Team Communication (Discoverable)** window, the **Actions** section contains a text box with the message: "Please contact Alex Monaghan R3 (250) 575-3311 for overnight issues until September 23 0800." Below this text box, the checkbox **Available to all** is checked.

The interface also shows the **Care Team** as **Internal Medicine | Internal Medicine CTU ER Triage (VGH Van General)** and the **Situational Awareness & Planning** section with a comment input field.

Some of your staff still want stickers



Will be sent to nearest label printer
:)



ROUNDING

Writing a Note

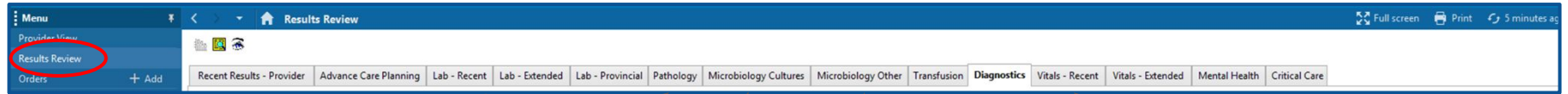
2

The screenshot shows a medical software interface for writing a note. The left sidebar contains a menu with various options, including 'Documentation' which is highlighted with a red circle and a yellow '1'. The top navigation bar shows 'Documentation' and 'Add' buttons, with 'Add' circled in red. The main content area displays a 'New Note' form with fields for 'Note Type List Filter', 'Type', 'Title', 'Date', and 'Author'. The 'Type' dropdown is set to 'Internal Medicine Progress Note' and the 'Title' field contains 'CTU Purple Progress Note', both circled in red. Below the form is a table of 'Note Templates'.

Name	Description
Admission H & P	Admission History & Physical Note Template
Admission H & P - Freetext	Admission History & Physical Freetext Template
Discharge Summary	Discharge Summary
Patient Discharge Handout	Patient Discharge Handout
Progress Note - Freetext	Daily Progress Freetext Template
SOAP Note	SOAP Note Template

Freetext = blank note, you can use your own template.
Preformed templates are generally hard to edit.

Results Review



Labs

Biopsy

Bacterial
Cultures

Viral/Misc
Micro

Imaging

Vitals

Results Review: viewing imaging

Allows you to pull up the image itself

Full screen
Print
12 minutes

Menu

- Provider View
- Results Review
- Orders + Add
- Medication List + Add
- Documentation + Add
- Allergies + Add
- Appointments
- Diagnoses and Problems
- Histories
- MAR Summary
- MAR
- Form Browser
- Print to PDF
- Patient Information
- Interactive View and I/O
- Lines/Tubes/Drains Summary
- Newborn Record
- Labour and Birth Summary
- Growth Chart
- Immunizations
- Clinical Media
- Clinical Research
- Calculators
- CareConnect
- Oncology
- Diabetes Management Workflow
- Parenteral Nutrition

Respiratory | **Diagnostics** | Vitals - Recent | Vitals - Extended | Mental Health | Critical Care

2023 09:39 PDT (Clinical Range)							
2021 14:14 PDT	13-Aug-2021 11:15 PDT	13-Aug-2021 10:20 PDT	02-Dec-2019 13:39 PST	02-Dec-2019 12:25 PST	24-Nov-2019 09:24 PST	22-Nov-2019 09:24 PST	
				Electrocardiogram 12...			
					Holter Monitor Test		
							CARD
				XR Chest *			
			MG Mammogram Diag...				
			MG Tomosynthesis Lef...				
			MG Tomosynthesis Rig...				
opsy Breast Core ...							
st Clip Placeme...	US Breast and/or Axill...						

* Final Report *

Reason For Exam
dyspnea

Report
EXAM TYPE:
XR Chest

HISTORY:
dyspnea.

COMPARISON:
December 2nd, 2019

FINDINGS:
There is mild hyperinflation. There is chronic basal change and blunting of the right costophrenic angle. No new focal airspace disease is evident.
Cardiac size is stable.
No acute osseous abnormality is seen.

Signature Line
***** Final *****

Dictated DT/TM: 14-JUL-2022 17:19

Signed by: Dr.Quiney, Brendan, MD
Signed (Electronic Signature): 14-JUL-2022 17:19

Image available for viewing - Accession:102-XR-22-0035354
This document has an image

Result type: XR Chest
Result date: Thursday, 14-July-2022 17:04 PDT
Result status: Auth (Verified)
Result title: XR Chest

Results Review: Assessments Flowsheet

This view will allow you to see nursing assessments (CIWA, PVRs, etc)

****Change it back to New Diagnostic and Lab Results View when you're done!**

Recent Results - Provider

Advance Care Planning Lab - Recent Lab - Extended Lab - Provincial Pathology Microbiology Cultures Microbiology Other Transfusion Diagnostics Vitals - Recent Vitals - Extended

Flowsheet: **Assessments View** Level: Assessments View Table Group List

New Results (Never Reviewed)

Showing results from (22-Jan-2019 - 06-Jul-2023) Show more results

Navigator

- VITAL SIGNS
 - SBP/DBP Cuff
 - Oxygenation
 - Glucose POCT Whole Blood
- PAIN ASSESSMENT
 - Measurements
- RESPIRATORY
 - Measurements/Assessment
- GI Ostomy
 - Bladder Scan/Postvoid Residual
 - Bladder Instillation Procedure
- INTEGUMENTARY
 - Incision/Wound/Skin/Pin Site

Assessments View

	06-Jul-2023 14:56 PDT	30-Apr-2021 12:50 PDT	30-Apr-2021 12:51 PDT	21-Jan-2021 20:06 PST
Bladder Scan/Postvoid Residual				
Voided Within 15 Minutes Prior to Scan	Yes			
Post Void Bladder Volume	200			
INTEGUMENTARY				
Mucous Membrane Location				
Incision/Wound/Skin/Pin Site (#1 Foot Left Dorsal)				
Activity				
Goal of Care				
Type/Etiology				
Dressing Type				
Cleansing				
Environmental Safety Management				
Environmental Safety Implemented				Yes
Violence and Aggression Screening				
Violence Risk Screen Evaluation		Process alert indicated	Process alert indicated	
Violence Risk Screen Action		Activate alert	Activate alert	

MAR: Medication Administration

Menu

- Provider View
- Results Review
- Orders + Add
- Medication List + Add
- Documentation + Add
- Allergies + Add
- Appointments
- Diagnoses and Problems
- History
- MAR Summary**
- MAR
- Form Browser
- Print to PDF
- Patient Information
- Interactive View and I&O
- Lines/Tubes/Drains Summary
- Newborn Record
- Labour and Birth Summary
- Growth Chart
- Immunizations
- Clinical Media
- Clinical Research
- Calculators
- CareConnect
- Oncology
- Diabetes Management Workflow
- Parenteral Nutrition

MAR Summary

All Orders with Active Tasks in Tir ... Friday, 08-July-2022 0000 - Friday, 15-July-2022 2359 PDT

☒ Show All Rate Change Documentation

Time View	15-Jul-2022 0000 - 2359	14-Jul-2022 0000 - 2359	13-Jul-2022 0000 - 2359	12-Jul-2022 0000 - 2359	11-Jul-2022 0000 - 2359	10-Jul-2022 0000 - 2359
Food, drug form: inj, start: 13-Jun-2022 12:00 PDT	GLU Result POC: 5.6 mmol/L	4 unit @1255	(a) GLU Result POC: 9.3 mmol/L ...	2 unit @1235	(a) GLU Result POC: 6.6 mmol/L ...	GLU Result POC Value: Numeric
	@1200	GLU Result POC Value: Numeric	Not Given: Not appropriate at this time @1144	GLU Result POC Value: Numeric	Not Given: Not appropriate at this time @1243	GLU Result POC Value: Numeric
	@1700	↑ (a) GLU Result POC: 12.8 mmol/L ...	GLU Result POC Value: Numeric	2 unit @1745	GLU Result POC: 7.8 mmol/L	2 unit @1855
		Not Given: Other @1709	(a) GLU Result POC: 8 mmol/L ...	GLU Result POC Value: Numeric	GLU Result POC Value: Numeric	GLU Result POC Value: Numeric
		GLU Result POC Value: Numeric	Not Given: Not appropriate at this time @1800	(a) GLU Result POC: 9.5	GLU Result POC Value: Numeric	Not Done: Not Appropriate at this Time @1700
		(a) GLU Result POC: 5.6 mmol/L ...	GLU Result POC Value: Numeric		GLU Result POC Value: Numeric	Not Done: Not Appropriate at this Time @1700
			(a) GLU Result POC: 7 mmol/L ...		(a) GLU Result POC: 6.7 mmol/L ...	
lanthanum carbonate (lanthanum chewable) 500 mg, PO, TID with food, drug form: tab-chew, start: 08-Jun-2022 12:00 PDT	500 mg @0758	500 mg @0824	500 mg @0808	500 mg @0848	500 mg @0841	500 mg @0858
	@1200	500 mg @1153	500 mg @1215	500 mg @1235	500 mg @1231	500 mg @1251
	@1700	500 mg @1707	500 mg @1800	500 mg @1745	500 mg @1736	500 mg @1706
linagliptin 5 mg, PO, qdaily, drug form: tab, start: 12-Jun-2022 12:43 PDT	5 mg @0758	5 mg @0824	5 mg @0808	5 mg @0848	5 mg @0841	5 mg @0858
loxapine 2.5 mg, PO, qdaily with supper, drug form: tab, start: 27-Jun-2022 17:55 PDT	@1700	2.5 mg @1707	2.5 mg @1800	2.5 mg @1745	2.5 mg @1736	2.5 mg @1706
loxapine 7.5 mg, PO, qHS, drug form: tab, start: 04-Jul-2022 21:00 PDT			7.5 mg @2128	7.5 mg @2157	7.5 mg @2114	7.5 mg @2247

insulin lispro: 2 unit subcutaneous
Documented Date/Time: 12-Jul-2022 1235 PDT
Performed By: Serias, Ailene Rose, RN

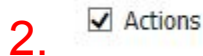
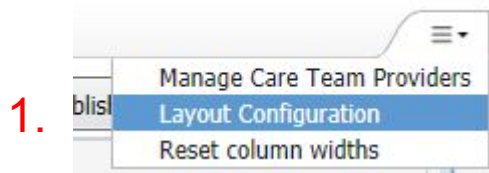
Details

Allows you to view scheduled, PRN, discontinued meds, and fluids that have been given.

Grey = discontinued. Red/orange box = scheduled med not given.

Nursing requests in “Actions”

- **Must be checked periodically (at least 1-2x daily)**
 - Nursing documents non-urgent questions/issues here to avoid interrupting our rounds/teaching - it is our end of the deal to review these!
- These items can be viewed in Patient Overview under your team's list - “Actions”
 - Also can be accessed in Provider View > Team Communication
- If you can't see this column in Patient Overview:



Actions
CTU: reassess need for q4h vitals CTU: Pt's dtr will come to visit on Dec 14 in the afternoo...
CTU: CAMU would like to know if patient will have follow...
Can we please have another route option for Hydromorp... CTU: Please asses if patient's oxygen goal has to be a... 1
Attention Pharmacy: Pt takes Ar-Modafinal at home. Wife...
CTU: patient stated he is not getting some medications t...

The screenshot displays the Epic MyChart patient portal interface. On the left, a vertical navigation menu lists various healthcare services. The 'Orders' option is highlighted with a red circle, and a red number '1' is placed next to it. Above 'Orders' in the menu is the 'Add' button, also circled in red. The main content area shows the 'Orders' tab selected, displaying a list of medical orders. The first order is 'NEPH Hemodialysis Vaccin', followed by 'Influenza and Pneumoco', 'Hepatitis B Vaccine (Plan', 'ANES/SURG Transferr Pain', 'ANES Respiratory Depre', 'ORTHO Elderly Post Oper', 'Surgeon Immediate Pos', 'Surgeon Post Operative', 'Bowel Protocol (Modu', 'Bowel Protocol - Renal (M', 'Insulin Subcutaneous for', 'Acute Coronary Syndrome', and 'Heparin Infusion Low P'. A red circle highlights the 'Add' button in the top navigation bar.

Search: hydromorphone [X] **Advanced Options** **Type:** Inpatient

HYDRomorphone

HYDRomorphone (mg, IV, q1h, PRN pain, drug form: inj)

HYDRomorphone (mg, IV, q4h, drug form: inj)

HYDRomorphone (mg, IV, q4h, PRN pain, drug form: inj)

HYDRomorphone (mg, PO, q1h, PRN pain, drug form: tab)

HYDRomorphone (mg, PO, q4h, drug form: tab)

HYDRomorphone (mg, PO, q4h, PRN pain, drug form: tab)

HYDRomorphone (mg, PO, q4h, PRN pain-breakthrough, drug form: tab)

HYDRomorphone (mg, rectal, drug form: supp)

HYDRomorphone (mg, rectal, q4h, PRN pain-severe, drug form: supp)

HYDRomorphone (mg, subcutaneous, q15min, PRN other, drug form: inj)

HYDRomorphone (mg, subcutaneous, q1h, PRN pain, drug form: inj)

HYDRomorphone (mg, subcutaneous, q4h, drug form: inj)

HYDRomorphone (mg, subcutaneous, q4h, PRN pain-breakthrough, drug form: inj)

HYDRomorphone (0.1 mg, IV, PRN pain-breakthrough, drug form: inj)

Enter to Search

HYDRomorphone (mg, rectal, drug form: supp) [Greater Than or Equal To 17 y...]

HYDRomorphone (mg, rectal, q4h, PRN pain-severe, drug form: supp) [Greater Than or Equa...]

HYDRomorphone (mg, subcutaneous, q15min, PRN other (see comment), drug form: inj) [...]

HYDRomorphone (mg, subcutaneous, q1h, PRN pain, drug form: inj) [Greater Than or Equa...]

HYDRomorphone (mg, subcutaneous, q4h, drug form: inj) [Greater Than or Equal To 17 year]

HYDRomorphone (mg, subcutaneous, q4h, PRN pain-breakthrough, drug form: inj) [Great...

HYDRomorphone (0.1 mg, IV, PRN pain-breakthrough, drug form: inj) [Greater Than or Equi...]

HYDRomorphone (0.5 mg, IV, q4h, PRN pain, drug form: inj) [Greater Than or Equal To 12 y...]

Filtered Order Sentences

pain, drug form: tab [Greater Than or Equal To 12 y...]

s, q4h, PRN pain, drug form: inj [Greater Than or E...]

in, drug form: inj [Greater Than or Equal To 17 year]

Equal To 12 y...

er Than or Eq...

17 year]

or Equal To 17...

tinuous infusion (0.1 mg/mL) in NS

tinuous infusion (2 mg/mL) in NS standard

HYDRomorphone continuous infusion (10 mg/ml) in NS

HYDRomorphone continuous infusion (50 mg/ml) undiluted

HYDRomorphone long acting

HYDRomorphone long acting

3 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 17...

HYDRomorphone long acting

4.5 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To ...]

HYDRomorphone long acting

6 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 17...

HYDRomorphone long acting

9 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 17...

HYDRomorphone long acting

12 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 1...

HYDRomorphone long acting

18 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 1...

HYDRomorphone long acting

24 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 1...

HYDRomorphone long acting

30 mg, PO, BID, drug form: cap-long acting [Greater Than or Equal To 1...

HYDRomorphone PED continuous infusion (40 mcg/mL) below 6 kg in N...

HYDRomorphone PED continuous infusion (80 mcg/mL) 6 to 30 kg in N...

HYDRomorphone PED continuous infusion (200 mcg/mL) 30 kg and ab...

HYDRomorphone PED titratable infusion (40 mcg/mL) below 6 kg in NS...

HYDRomorphone PED titratable infusion (80 mcg/mL) 6 to 30 kg in NS ...

HYDRomorphone PED titratable infusion (200 mcg/mL) 30 kg and abov...

HYDRomorphone PRN range dose

HYDRomorphone PRN range dose

dose range: 0.1 to 0.5 mg, IV, q1h, PRN pain, drug form: inj [Greater Tha...

HYDRomorphone PRN range dose

dose range: 0.1 to 0.5 mg, IV, q4h, PRN pain, drug form: inj [Greater Tha...

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, IV, q1h, PRN pain, drug form: inj [Greater Than ...]

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, IV, q4h, PRN pain, drug form: inj [Greater Than ...]

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, PO, q1h, PRN pain, drug form: tab [Greater Tha...

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, PO, q4h, PRN pain, drug form: tab [Greater Tha...

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, subcutaneous, q1h, PRN pain, drug form: inj [G...

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, subcutaneous, q4h, PRN pain, drug form: inj [G...

HYDRomorphone PRN range dose

dose range: 1 to 2 mg, PO, q4h, PRN pain, drug form: tab [Greater Than ...]

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, PO, q1h, PRN pain, drug form: oral liq [Greater ...]

HYDRomorphone PRN range dose

dose range: 0.5 to 1 mg, PO, q4h, PRN pain, drug form: oral liq [Greater Than ...]

HYDRomorphone PRN range dose

dose range: 1 to 2 mg, PO, q4h, PRN pain, drug form: oral liq [Greater Than ...]

HYDRomorphone subcutaneous continuous

HYDRomorphone subcutaneous continuous

HYDRomorphone subcutaneous continuous

HYDRomorphone subcutaneous continuous

HYDRomorphone subcutaneous titratable ir

HYDRomorphone subcutaneous titratable ir

HYDRomorphone subcutaneous titratable ir

HYDRomorphone titratable infusion (2 mg/

HYDRomorphone titratable infusion (10 mg,

HYDRomorphone titratable infusion (50 mg,

SUS Injectable Opioid Agonist Treatment

SUS Perinatal Injectable Opioid Agonist T

Done




MSI orders will appear on nursing MAR
> ONLY order if discussed with staff/resident

Orders: Medication Timing (request from our nursing colleagues)

Look before ordering!!!

▼ Details for **amLODIPine**

[Details](#) [Order Comments](#)

[Review Schedule](#) Remaining Administrations: (Unknown) Stop: (Unknown)

*Dose:	Start Date/Time (First Administration):	*Dose Unit:	mg
*Route of Administration:	04-Dec-2023 1030 PST	*Frequency:	qdaily
PRN:	Next administration:	PRN Reason:	
Duration:	05-Dec-2023 0800 PST <input type="checkbox"/> Skip administration	Duration Unit:	
Administer over:	Following administration:	Administer over Unit:	
Drug Form:	06-Dec-2023 0800 PST	First Dose Priority:	
*Start Date/Time:	04-Dec-2023 10:30 PST	Stop Date/Time:	**_**_**_** PST
Use Patient Supply:	<input type="radio"/> Yes <input checked="" type="radio"/> No	BC Cancer Protocol Code:	
Stop type:		Rx Considerations:	

The default first administration/start time is **unpredictable**. Sometimes it's right now, sometimes it's in the morning - **so we need to check before ordering!** (eg do you intend for them to get all their morning meds now at 2am?)



Cerner even gives you a ! to remind you to review, but many learners click through it to make the red go away and the default timing is ordered

Orders: Labs

1

Search: liver panel

Advanced Options

Type: Inpatient

Enter to Search

Pediatric Adolescent Medicine Orders

Allergy Immunology Orders

Anesthesia Orders

BMT Hematologist Orders

Cardiac Surgery Orders

Cardiology Orders

Critical Care Orders

Critical Care Outreach Team Quick Orders

Dentistry Orders

Dermatology Orders

Endocrinology Orders

Gastroenterology Orders

General Medicine Orders

General Surgery Orders

Geriatric Orders

Hematology Orders

Infectious Disease Orders

Long Term Care Orders

Mental Health Orders

MMF Orders

Nephrology Orders

Neurology Orders

Neurosurgery Orders

NICU Orders

OB/GYN Orders

OMFS Orders

Oncology Orders

Ophthalmology Orders

Orthopedic Orders

Otolaryngology Orders

Palliative Care Orders

Pediatric Allergy Immunology Orders

Pediatric and Newborn Orders

Biochemical Diseases Orders

Done

2

Patient Care

Activity

Diet/Nutrition

Continuous Infusions

Medications

Blood Products

Laboratory

Diagnostic Tests

Procedures

Related Results

Formulary Details

3

Order Name

Status

Start

Details

1032; 02 Enc:2000003878430 Admit: 08-Jun-2022 00:44 PDT

CBC and Differential

Order

16-Jul-2022 03:30 ...

Blood, AM Draw, Collection: 16-Jul-2022 03:30 PDT, qdaily for 3 day

Electrolytes, Urea...

Order

15-Jul-2022 10:07 ...

Blood, Routine, Collection: 15-Jul-2022 10:07 PDT, once

CBC and Differential

Order Comments

*Specimen Type: Blood

Unit collect: Yes No

*Collection Date/Time: 16-Jul-2022 0330 PDT

*Duration: 3

Collection Instructions:

CC Provider 2 (Outpatient Only):

Order for future visit: Yes No

Lab Requisition Note (No Lab Orders):

*Collection Priority: AM Draw

Collected: Yes No

*Frequency: qdaily

*Duration unit: day

CC Provider 1 (Outpatient Only): Robinson, Lisa Joanne, MD

CC Provider 3 (Outpatient Only):

0 Missing Required Details

Orders For Cosignature

Orders For Nurse Review

Sign

If you choose “qdaily” frequency while multiple labs are selected, you will have to open each lab individually to enter “3” and “day”

Orders: What the timing means

PRIORITY	WHEN WILL IT BE COLLECTED?	NOTES
STAT	Within 15 minutes	Can only be ordered ONCE
TIMED	Within 15 minutes of requested time	For <i>time critical</i> tests only. Orders must be placed at least 1 hour prior to desired collection time.
URGENT	Wards: Within 60 minutes of requested time ED: Collected ASAP	For inpatients, Urgent orders can be placed for “later” (ex. 2pm) and will be collected within one hour of the requested time. Should also be used for repeating hourly orders (ex. q4h).
ROUTINE	Order placed before 1pm : Collected same day Order placed after 1pm : On next morning rounds	After 1pm : If an order cannot wait until the next morning, use Urgent.
AMDRAW	Morning rounds of next day .	Check date if ordering past midnight!

Orders: Other important orders

ORDER	MEANING	NOTES
Discharge Patient	Patient can be discharged.	Can order the night before with Special Instructions (ex. "If potassium <4.5", "if OT clears").
LAB - Next AM Early Discharge Alert	Lab will collect labs priority in the am to get them discharged.	Don't use this on the same patient daily, they'll catch on to you...
MED General Medicine Admission	The CTU admission PowerPlan.	Includes all generic things you need to order a patient!
IR Procedures	IR _____ MI Biopsy	Can be VERY confusing - low threshold to call rads and ask what they want us to enter.

Orders: Cytology

Code Status:

Dosing Wt:63 kg

External Rx History ▾

Displayed: All Active Orders | All Inactive Orders | All Orders (All Statuses)

	Order Name	Status	Dose ...	Details
Laboratory				
<input type="checkbox"/>	CBC (CBC - Or...	Completed		Blood, S
<input type="checkbox"/>	Differential (CBC Completed and Differential)	Completed		Blood, S Within 7
<input type="checkbox"/>	INR and PTT Pa...	Completed		Blood, S
<input type="checkbox"/>	Path, Hem, Cyt...	InProcess (Received)		Request
<input type="checkbox"/>	Path, Hem, Cyt...	InProcess (Received)		Request
<input type="checkbox"/>	Path, Hem, Cyt...	InProcess (Received)		Request
<input type="checkbox"/>	Path, Hem, Cyt...	InProcess (Received)		Request
<input type="checkbox"/>	Pathology Non...	Order		Routine,
<input type="checkbox"/>	Pathology Non...	Completed		Routine,
<input type="checkbox"/>	Pathology Surg...	Completed		Routine, Collected, AP specimen, Requested: 07-Jul-2020 10:49 ...
Diagnostic Tests				
<input type="checkbox"/>	CT Abdomen P...	Future (On Hold)		06-Jul-2020, Routine, Reason: presumed lung ca staging investig... Apperley, Scott, MD
<input type="checkbox"/>	CT Head w/ Co...	Future (On Hold)		06-Jul-2020, Routine, Reason: presumed lung ca staging investig... Apperley, Scott, MD

- Renew
- Modify
- Copy
- Cancel and Reorder
- Suspend
- Activate
- Complete
- Cancel/Discontinue
- Void
- Reschedule Task Times...
- Add/Modify Compliance
- Order Information...
- Comments...
- Results...
- Reference Information...
- Print
 - Reprint Order Sheet...
 - Reprint Requisition...
 - Reprint Consent Form...
- Advanced Filters...
- Customize View...
- ☒ Disable Order Information Hyperlink

Location: Enc Type: Attending

Ordering Physician: Apperley, Scott, MD

Order Albumin

+

Add to Phase

Check Alerts

Comments

Start:











Now

...

Duration:

None

...

	Component	Status	Dose ...	Details
TM Albumin Transfusion (Module) (Initiated Pending)				
Medications				
<input checked="" type="checkbox"/>	 sodium chloride 0.9% (sodium chloride 0.9% (NS) bolus)			50 mL, IV, as directed, PRN other (see comment), order duration: 1 doses or times, drug form: bag PRN Reason: routine line flush following the completion of blood product transfusion
Blood Products				
	 CONTRAINDICATIONS: 1. Consider crystalloids and/or non-protein colloids (i.e. starch volume expanders) initially for hypovolemia, non-hemorrhagic shock and cerebral ischemia 2. 5% albumin should be used rather than 25% albumin except in circumstances where the avoidance of vascular volume overload is of paramount importance			
	 ORDERING INSTRUCTIONS: 1. ORDER IN BOTTLES PER DOSE, not mL 2. Quantity of Bottles per dose field indicates number of bottles administered at one time, not total number of bottles			
	 5% Albumin: 50 and 500 mL bottle not available at all sites			
	 Blood Product Fact Sheet 5% Albumin			
<input checked="" type="checkbox"/>	 Administer - Albumin Transfusion			Routine, 5% - 250 mL, Qty of Bottles Per Dose: 1, IV, once, T;N Informed consent must be present on patient record
	<div>Modify</div>			
	 25% Albumin: 50 mL bottle not available at all sites			
	 Blood Product Fact Sheet 25% Albumin			
<input type="checkbox"/>	 Administer - Albumin Transfusion			25% - 100 mL, Qty of Bottles Per Dose: 1, IV, once, T;N Informed consent must be present on patient record
<input checked="" type="checkbox"/>	 Communication Order			If the patient exhibits signs or symptoms of a Transfusion Reaction, Print Transfusion Reaction Form from FormFast and follow you...

Order Albumin

Start: Duration:

Component	Status	Dose ...	Details
Blood Products			
CONTRAINDICATIONS: 1. Consider crystalloids and/or non-protein colloids (i.e. starch volume expanders) initially for hypovolemia, non-hemorrhagic shock and cerebral ischemia 2. 5% albumin should be used rather than 25% albumin except in circumstances where the avoidance of vascular volume overload is of paramount importance			
ORDERING INSTRUCTIONS: 1. ORDER IN BOTTLES PER DOSE, not mL 2. Quantity of Bottles per dose field indicates number of bottles administered at one time, not total number of bottles			
5% Albumin: 50 and 500 mL bottle not available at all sites			
Blood Product Fact Sheet 5% Albumin			
<input checked="" type="checkbox"/> Administer - Albumin Transfusion			Routine, 5% - 250 mL, Qty of Bottles Per Dose: 1, IV, Administer each over: 90 - 120 Minutes, q8h interval, for 3, doses... Informed consent must be present on patient record
25% Albumin: 50 mL bottle not available at all sites			

Details for Administer - Albumin Transfusion

Details Order Comments Offset Details

*Priority: <input type="text" value="Routine"/>	*Product Type: <input type="text" value="5% - 250 mL"/>
*Quantity of Bottles Per Dose: <input type="text" value="1"/>	*Route of Administration: <input type="text" value="IV"/>
*Administer each over: <input type="text" value="90 - 120 Minutes"/>	*Frequency: <input type="text" value="q8h interval"/>
Duration: <input type="text" value="3"/>	Duration Unit: <input type="text" value="doses or times"/>
*Indications: <input type="text" value="Hypotension on Hemodialysis"/>	Indication Comments: <input type="text"/>
Start Date/Time: <input type="text" value="19-Nov-2022"/> <input type="text" value="1800"/> <input type="text" value="PST"/>	Instructions to Nurse: <input type="text"/>
Instructions to Lab: <input type="text"/>	Order for future visit: <input type="radio"/> Yes <input checked="" type="radio"/> No

ALWAYS order as doses. Do NOT order for hours.
*Indicate when to give first dose

CareConnect: Access to province-wide data

Menu

Provider View

Results Review

Orders + Add

Medication List + Add

Documentation + Add

Allergies + Add

Appointments

Diagnoses and Problems

Histories

MAR Summary

MAR

Form Browser

Print to PDF

Patient Information

Interactive View and I&O

Lines/Tubes/Drains Summary

Newborn Record

Labour and Birth Summary

Growth Chart

Immunizations

Clinical Media

Clinical Research

Calculators

CareConnect

Oncology

Diabetes Management Workflow

Parenteral Nutrition

CareConnect

ENCOUNTERS LABS IMAGING DOCUMENTS COMMUNITY IMMUNIZATIONS REG. INFO ALERTS & ALLERGIES

LABS

Display: ☐ Standard Filter: By Date Range / # of Records
☐ With Secondary Filters (based on PLIS results as of 2022 JUL 15 10:24)
☒ Cumulative

Filter By: All

Then By: Most Common Labs

☐ (Select All)

☐ Hematology

- ☐ WBC
- ☒ Hemoglobin
- ☐ Hematocrit
- ☐ RBC
- ☐ Reticulocytes
- ☐ Platelets

☐ Chemistry

- ☐ Sodium
- ☐ Potassium
- ☐ Chloride
- ☐ Urea
- ☒ Creatinine
- ☐ eGFR
- ☐ Glucose, Fasting
- ☐ Glucose, Random
- ☒ Hemoglobin A1C

☐ Coagulation

- ☐ INR

☐ Liver

- ☐ Bilirubin, Total
- ☐ Bilirubin, Conjugated
- ☐ Bilirubin, Unconjugated
- ☐ Alanine Aminotransferase
- ☐ Aspartate Aminotransferase
- ☐ Gamma Glutamyl Transferase
- ☐ Alkaline Phosphatase

☐ Lipids

- ☐ Cholesterol
- ☐ Cholesterol in HDL
- ☐ Cholesterol In LDL
- ☐ Cholesterol Non HDL
- ☐ Triglyceride

Apply Filters

Results for all dates, selected most common labs

☒ Grouped

COLLECTION DATE	TEST NAME	TEST RESULT	RESULTS FLAG	REFERENCE RANGE
-----------------	-----------	-------------	--------------	-----------------

Standard Filter = chronological.
Secondary Filter = search all by test type, have to open each test individually for result.
Cumulative = clearly shows trend of every result of a lab type; only available for these ones.

ICU TRANSFER

ICU Transfer

Once you assess the patient + confirmed there is a ward bed for them + and feel they are suitable for transfer:

ORDER: Bed Transfer Request

Also let the bedside nurse know that the patient is appropriate for CTU

Transfer Reconciliation

1

2

Reconciliation

Admission

Transfer

Discharge

Orders Medication List

View

Orders for Signature

Plans

Medical

MED General Medicine Admission (Initiated)

ICU HAU Admission (Initiated)

Venous Thromboembolism (VTE) Prophylaxis - Medicine (Module)

ICU/HAU Electrolyte Replacement (Module) (Completed)

ICU Standard Bowel Protocol (Module) (Completed)

GYN Gynecology Admission (Initiated)

Laboratory

Hepatitis Suspected Chronic BCCDC (Initiated)

Suggested Plans (0)

Orders

Admit/Transfer/Discharge

Status

Patient Care

Activity

Diet/Nutrition

Continuous Infusions

Medications

Blood Products

Laboratory

Diagnostic Tests

Procedures

Respiratory

Allied Health

Consults/Referrals

Communication Orders

Supplies

Non Categorized

Medication History

Related Results

Formulary Details

Reconciliation Status

✓ Meds History ✓ Admission 1 Discharge

Displayed: All Active Orders | All Inactive Orders | All Active Orders

Show More Orders...

	Order Name	Status	Dose ...	Details
Admit/Transfer/Discharge				
Admit to Inpatient	Ordered	11-Nov-2022 13:39 PST, Admit to Gynecology, Admitting provider: Tigert, Melissa Susan, MD		
Status				
Code Status	Ordered	11-Nov-2022 13:44 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code		
Patient Care				
Vital Signs	Ordered	15-Nov-2022 02:44 PST, q12h		
IPAC ICU ARO Swab Protocol	Ordered	12-Nov-2022 01:40 PST		This order is part of a powerplan and will trigger automatic ARO swab culture orders as per site specific guidelines.
Activity				
Activity as Tolerated	Ordered	11-Nov-2022 13:44 PST		
Diet/Nutrition				
Adjust Diet as Tolerat...	Ordered	20-Nov-2022 08:30 PST, Start: General Diet, RN to place starting diet order. RN/RD to place subsequent diet order to communicate with kitchen., 20-Nov-2022 08:30 P...		
Additional Diet Infor...	Ordered	19-Nov-2022 09:57 PST, please send late breakfast tray with no oatmeal, pt request fruit shake (boost fruit beverage?) pt requesting NO oatmeal with breakfast pls. ...		
Additional Diet Infor...	Ordered	17-Nov-2022 09:24 PST, No coffee, tea TID, No OJ.cranberry juice. ONLY apple juice.		
Oral Nutrition Supple...	Ordered	16-Nov-2022 10:05 PST, Boost Fruit Beverage, Breakfast Lunch Dinner, 120 mL		
Additional Diet Infor...	Ordered	16-Nov-2022 10:03 PST, - Low lactose - lactaid milk TID - vanilla yogurt TID - dislike: cream soups		
Full Fluid Diet	Ordered	16-Nov-2022 10:03 PST, Other (please specify), Low Lactose		
Medications				
potassium chloride	Ordered	40 mmol, PO, BID, drug form: tab, start: 19-Nov-2022 09:01 PST, stop: 21-Nov-2022 08:30 PST		20 mmol = 1500 mg
enoxaparin	Ordered	40 mg, subcutaneous, BID, drug form: syringe-inj, start: 18-Nov-2022 21:00 PST		
ondansetron	Ordered	4 mg, IV, q6h, PRN nausea or vomiting, drug form: inj, start: 18-Nov-2022 15:10 PST		
HYDROMORPHONE (HYDROMORPHONE P...	Ordered	dose range: 2.5 to 5 mg, subcutaneous, q4h, PRN pain, drug form: inj, start: 18-Nov-2022 13:38 PST		DILAUDID EQUIV
amoxicillin-clavulanate (amoxicillin-clavulana...	Ordered	875 mg, PO, BID, drug form: tab, start: 17-Nov-2022 14:53 PST, stop: 21-Nov-2022 07:59 PST		Dose based on amoxicillin
HYDROMORPHONE (HYDROMORPHONE P...	Ordered	dose range: 4 to 6 mg, PO, q4h, PRN pain, drug form: tab, start: 17-Nov-2022 14:51 PST		DILAUDID EQUIV
methotrimeprazine	Ordered	25 mg, PO, qHS, PRN insomnia, drug form: tab, start: 17-Nov-2022 12:02 PST		

Details

Orders For Cosignature

Orders For Nurse Review

Orders For Signature

Transfer Reconciliation

+ Add Manage Plans Transfer To: (None)

Reconciliation Status
☒ Meds History ☒ Admission ☒ Discharge

Orders Prior to Reconciliation

Orders After Reconciliation

Order Name/Details	Status			Order Name/Details	Status
Medications					
acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	Ordered			acetaminophen 650 mg, PO, q4h, PRN: pain-mild or fever	Ordered
amoxicillin-clavulanate (amoxicillin-clavulanate 875 mg-125 mg tab (dosed as amoxicillin)) 875 mg = 1 tab, PO, BID	Ordered			amoxicillin-clavulanate (amoxicillin-clavulanate 875 mg-125 mg tab (dosed as amoxicillin)) 875 mg = 1 tab, PO, BID	Ordered
capsaicin topical (capsaicin 0.025% cream) 1 application, topical, TID	Ordered			capsaicin topical (capsaicin 0.025% cream) 1 application, topical, TID	Ordered
enoxaparin 40 mg, subcutaneous, BID	Ordered			enoxaparin 40 mg, subcutaneous, BID	Ordered
HYDROMORPHONE (HYDROMORPHONE PRN range dose) 5 mg, subcutaneous, q4h, PRN: pain	Ordered			HYDROMORPHONE (HYDROMORPHONE PRN range dose) 5 mg, subcutaneous, q4h, PRN: pain	Ordered
HYDROMORPHONE (HYDROMORPHONE PRN range dose) 6 mg, PO, q4h, PRN: pain	Ordered			HYDROMORPHONE (HYDROMORPHONE PRN range dose) 6 mg, PO, q4h, PRN: pain	Ordered
hyoscine (scopolamine) (hyoscine BUTYLBromide (BUSCOPAN EQUIV)) 20 mg, IV, QID, PRN: spasm	Ordered			hyoscine (scopolamine) (hyoscine BUTYLBromide (BUSCOPAN EQUIV)) 20 mg, IV, QID, PRN: spasm	Ordered
methotrimeprazine 25 mg, PO, qHS, PRN: insomnia	Ordered			methotrimeprazine 25 mg, PO, qHS, PRN: insomnia	Ordered
ondansetron 4 mg, IV, q6h, PRN: nausea or vomiting	Ordered			ondansetron 4 mg, IV, q6h, PRN: nausea or vomiting	Ordered
polyethylene glycol 3350 (PEG 3350 powder) 17 g = 1 package, PO, qdaily, PRN: congestion	Ordered			polyethylene glycol 3350 (PEG 3350 powder) 17 g = 1 package, PO, qdaily, PRN: congestion	Ordered
potassium chloride 40 mmol, PO, BID	Ordered			potassium chloride 40 mmol, PO, BID	Ordered
Status		<input checked="" type="checkbox"/> ALL	<input type="checkbox"/> ALL		
Code Status 11-Nov-2022 13:44 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code	Ordered			Code Status 11-Nov-2022 13:44 PST, Attempt CPR, Full Code, Perioperative status: Attempt CPR, Full Code, During chemotherapy: Attempt CPR, Full Code	Ordered
Patient Care		<input checked="" type="checkbox"/> ALL	<input type="checkbox"/> ALL		
Vital Signs 15-Nov-2022 02:44 PST, q12h	Ordered			Vital Signs 15-Nov-2022 02:44 PST, q12h	Ordered

Details

0 Missing Required Details All Required Orders Reconciled

Reconcile and

Plan

Sign

Cancel

ICU should plan the transfer order
 > Review if correct
 > Sign if accepting transfer

Creating Medicine Powerplan

Merge view: merge existing/duplicated orders from previous ICU powerplan

Reconciliation Status
✓ Meds History ✓ Admission ⓘ Discharge

Orders Medication List

View

Orders for Signature

Plans

Medical

MED General Medicine Admission (Initiated)

ICU HAU Admission (Initiated)

Venous Thromboembolism (VTE) Prophylaxis - Medicine (Module)

ICU/HAU Electrolyte Replacement (Module) (Completed)

ICU Standard Bowel Protocol (Module) (Completed)

GYN Gynecology Admission (Initiated)

Laboratory

Hepatitis Suspected Chronic BCCDC (Initiated)

Suggested Plans (0)

Orders

Admit/Transfer/Discharge

Status

Patient Care

Activity

Diet/Nutrition

Continuous Infusions

Medications

Blood Products

Laboratory

Diagnostic Tests

Procedures

Respiratory

Allied Health

Consults/Referrals

Communication Orders

Supplies

Non Categorized

Medication History

Related Results

Formulary Details

Orders For Cosignature Orders For Nurse Review Save as My Favorite Orders For Signature

Verify that an 'Admit to' Order has been entered prior to completing the powerplan (NOT required for direct admit patients)

Patient Care

Consider Allergy Form

Consider Medication Reconciliation

Weight Discontinued 15-Nov-2022 02:44 PST, qweek, standing weight is preferred

Vital Signs Ordered 15-Nov-2022 02:44 PST, q12h

Pulse Oximetry Discontinued 15-Nov-2022 02:44 PST, q12h

Lines/Tubes/Drains

Urinary Catheter: Document indication. Refer to organization's CAUTI guidelines

Activity

Activity as Tolerated Discontinued 15-Nov-2022 02:44 PST

Diet/Nutrition

Review the most current diet order for therapeutic requirements, food texture and fluid thickness. Add anything to be carried forward to the new Diet Order

Dietitian Adult Consult Completed 15-Nov-2022 02:44 PST, Reason for Consult: Diet Order (Therapeutic), Review diet, diet as per dietitian. May advance or ...

Continuous Infusions

Maintenance Fluids

Continuous fluids should only be for 24 hours and reassess in AM

Medications

Analgesics

acetaminophen Ordered 650 mg, PO, q4h, PRN pain-mild or fever, drug form: tab, start: 15-Nov-2022 02:44 PST
Maximum acetaminophen 4g/24 h from all sources

Antiemetics

dimenhyDRINATE - Use with caution in patients with delirium and dementia

dimenhyDRINATE (dimenhyDRINATE PRN range dose) Discontinued dose range: 25 to 50 mg, PO, q4h, PRN nausea or vomiting, drug form: tab, start: 15-Nov-2022 02:44 PST
GRAVOL EQUIV

dimenhyDRINATE (dimenhyDRINATE PRN range dose) Discontinued dose range: 25 to 50 mg, IV, q4h, PRN nausea or vomiting, drug form: inj, start: 15-Nov-2022 02:44 PST
GRAVOL EQUIV

Removing ICU Powerplan

[+ Add](#) | [Document Medication by Hx](#) | [Reconciliation](#) | [Check Interactions](#) | [External Rx History](#)

Reconciliation Status
 Meds History Admission Discharge

Orders Medication List

View

Orders for Signature

Plans

Medical

- MED General Medicine Admission (Initiated) 1
- ICU HAU Admission (Initiated)
 - Venous Thromboembolism
 - ICU/HAU Electrolyte Replacement
 - ICU Standard Bowel Protocol
 - GYN Gynecology Admission (Initiated)
- Laboratory
- Hepatitis Suspected Chronic

Suggested Plans (0)

Orders

- ☒ Admit/Transfer/Discharge
- ☒ Status
- ☒ Patient Care
- ☒ Activity
- ☒ Diet/Nutrition
- ☐ Continuous Infusions
- ☒ Medications
- ☐ Blood Products
- ☒ Laboratory
- ☒ Diagnostic Tests
- ☐ Procedures
- ☒ Respiratory
- ☒ Allied Health
- ☒ Consults/Referrals
- ☒ Communication Orders
- ☐ Supplies
- ☐ Non Categorized

Medication History

Component	Status	Dose ...	Details
ICU HAU Admission (Initiated)			
Last updated on: 12-Nov-2022 01:41 PST by: Black, Anna, MD			
Admit/Transfer/Discharge			
Verify that an 'Admit to' Order has been entered prior to completing the powerplan (NOT required for direct admit patients)			
Patient Care			
Ensure Allergies Documented			
Ensure Medication Reconciliation Completed			
<input type="checkbox"/> Critical Care Goals	Discontinued		12-Nov-2022 01:40 PST, MAP greater than 60, SpO2 goal: greater than 92%
<input type="checkbox"/> Weight	Completed		12-Nov-2022 01:40 PST, once, Stop: 12-Nov-2022 01:40 PST, On admission
<input type="checkbox"/> Height/Length	Discontinued		12-Nov-2022 01:40 PST, once, Stop: 12-Nov-2022 01:40 PST, On admission
<input type="checkbox"/> Vital Signs	Discontinued		12-Nov-2022 01:40 PST, q1h, for 12 hours, then q2h
<input type="checkbox"/> Temperature	Discontinued		12-Nov-2022 01:40 PST, q4h
<input type="checkbox"/> Conditional Order - Ongoing	Discontinued		12-Nov-2022 01:40 PST, If/when temperature greater than 38.5 DegC and not completed in past 24 hours, then RN to ord...
<input type="checkbox"/> Oximetry - Continuous	Discontinued		12-Nov-2022 01:40 PST
<input type="checkbox"/> Cardiorespiratory Monitoring	Discontinued		12-Nov-2022 01:40 PST, Monitor at all times
<input type="checkbox"/> Monitor Urine Output	Discontinued		12-Nov-2022 01:40 PST, Stop: 12-Nov-2022 01:40 PST, q1h, for 12 hour, then q2h
<input type="checkbox"/> Monitor Intake and Output (Fluid Balance)	Discontinued		12-Nov-2022 01:40 PST, q12h
<input type="checkbox"/> Pain Assessment	Discontinued		12-Nov-2022 01:40 PST, q4h, if patient expresses pain, use Numeric Rating Scale (goal less than 4). If patient exhibits sign...
<input checked="" type="checkbox"/> IPAC ICU ARO Swab Protocol	Ordered		12-Nov-2022 01:40 PST This order is part of a powerplan and will trigger automatic ARO swab culture orders as per site specific guidelines.
Lines/Tubes/Drains			
<input type="checkbox"/> Insert Peripheral IV (Intravenous) Catheter	Completed		12-Nov-2022 01:40 PST, Insert 2 large bore IV's unless already in place
Contraindications to nasal insertion include facial, basal skull, or neck trauma. Order X-ray post tube placement to confirm position, if required			
<input type="checkbox"/> Insert Urinary Catheter	Completed		12-Nov-2022 01:40 PST, Indwelling. Daily assessment for need of catheter
Activity			
<input type="checkbox"/> ICU Early Mobilization Goal	Discontinued		12-Nov-2022 01:40 PST, Stages 3 to 6
Diet/Nutrition			
Review the most current diet order for therapeutic requirements, food texture and fluid thickness. Add anything to be carried forward to the new Diet Order			
<input type="checkbox"/> NPO	Discontinued		12-Nov-2022 01:40 PST, Except for Medications
Refer to your organization's enteral nutritional guidelines and policies			

Removing ICU Powerplan

+

 Add

Document Medication by Hx

Reconciliation ▾

Check Interactions

External Rx History ▾

Orders

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Orders for Signature

Plans

Medical

MED General Medicine Admission (Initiated)

ICU HAU Admission (Initiated)

Venous Thromboembolism

ICU/HAU Electrolyte Replace

ICU Standard Bowel Protocol

GYN Gynecology Admission

Laboratory

Hepatitis Suspected Chronic

Suggested Plans (0)

Orders

☒ Admit/Transfer/Discharge

☒ Status

☒ Patient Care

☒ Activity

☒ Diet/Nutrition

☐ Continuous Infusions

☒ Medications

☐ Blood Products

☒ Laboratory

☒ Diagnostic Tests

☐ Procedures

☒ Respiratory

☒ Allied Health

☒ Consults/Referrals

☒ Communication Orders

☐ Supplies

☐ Non Categorized

Medication History

Related Results

Formulary Details

Discontinue

Plan Information...

Add Comment

Save as My Favorite

Discontinue - ICU HAU Admission

Key...	Component	Status	Order Details
Patient Care	IPAC ICU ARO Swab Protocol	Ordered	12-Nov-2022 01:40 PST This order is part of a powerplan and will trigger automatic ARO swab culture orders as per site specific guidelines.

OK

Cancel

Reconciliation Status

✓

 Meds History

✓

 Admission

!

 Discharge

2 goal: greater than 92%

01:40 PST, On admission

01:40 PST, On admission

n

ter than 38.5 DegC and not completed in past 24 hours, then RN to ord...

ST, q1h, for 12 hour, then q2h

ain, use Numeric Rating Scale (goal less than 4). If patient exhibits sign...

automatic ARO swab culture orders as per site specific guidelines.

ess already in place

quired

ent for need of catheter

he new Diet Order

Orders For Cosignature

Orders For Nurse Review

Save as My Favorite

Orders For Signature

DISCHARGE

Discharge: Med Reconciliation

Menu

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Labour and Birth Summary

Growth Chart

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Clinical Media

Clinical Research

Calculators

CareConnect

Oncology

Diabetes Management Workflow

Parenteral Nutrition

Medication List

+ Add

+ Document Medication by text

Reconciliation

+ Check Interactions

+ External Rx History

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Diet/Nutrition

Continuous Infusions

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Procedures

Respiratory

Allied Health

Consults/Referrals

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Supplies

Non Categorized

Medication History

Medication History Snapshot

Reconciliation History

Reconciliation Status

✓ Meds History

Admission

Discharge

Displayed: All Active Orders | All Active Medications


















Show More Orders...

		Order Name	Status	Dose ...	Details
Medications					
✓		enoxaparin	Ordered	40 mg, subcutaneous, qPM, drug form: syringe-inj, start: 30-Oct-2022 17:00 PDT	For weight 41 to 100 kg. Continue until discharge
✓		acetaminophen	Ordered	650 mg, PO, q4h, PRN pain-mild or fever, drug form: tab, start: 30-Oct-2022 13:09 PDT	Maximum acetaminophen 4g/24 h from all sources
✓		dimenhyDRINATE (dimenhyDRINATE PR...	Ordered	dose range: 25 to 50 mg, PO, q4h, PRN nausea or vomiting, drug form: tab, start: 30-Oct-2022 13:09 PDT	GRAVOL EQUIV

1

2

Discharge: Med Reconciliation

Order Name/Details		Status					
Home Medications							
	bictegravir/emtricitabine/tenofovir (Biktarvy oral tablet) 1 tab, PO, qdaily	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	diclofenac-misOPROstol (Gd-Diclofenac/Misoprostol 75 mg-200 mcg oral tablet) 1 tab, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	gabapentin (Jamp-Gabapentin 300 mg oral capsule) 4 caps, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	ramipril (Apo-Ramipril 2.5 mg oral capsule) 1 cap, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	rosuvastatin (Sandoz Rosuvastatin 40 mg oral tablet) 1 tab, PO, qdaily -Unable to obtain information	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Continued Home Medications							
	ASA (ASA 81 mg oral delayed release tablet) 1 tab, PO, BID -Taking, not as prescribed	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	ASA 81 mg, PO, qHS	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	budesonide-formoterol (Symbicort Turbuhaler 200 mcg-6 mcg/inh inhalation powder) 2 puff, inhalation, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	budesonide-formoterol (SYMBICORT Turbuhaler 200 mcg-6 mcg/puff inhaler) 1 puff, inhalation, BID	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	clonazepam (PMS-Clonazepam-R 0.5 mg oral tablet) 1 tab, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	clonazepam 0.375 mg, PO, qHS, PRN: sleep	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	escitalopram (Teva-Escitalopram 20 mg oral tablet) 1 tab, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	escitalopram 20 mg, PO, qdaily	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	metoprolol (Apo-Metoprolol tartrate 50 mg oral tablet) 1 tab, PO, BID	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	metoprolol 50 mg, PO, BID	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	QUetiapine (Mint-QUetiapine 100 mg oral tablet) 2 tab, PO, qHS	Documented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	QUetiapine 6.25 mg, PO, qHS	Ordered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		



Continue: used for medications the patient was taking before they came into hospital. Note if you select this option the medication will not show up on the patients discharge prescription. You must hand write on the prescription to continue this medication.

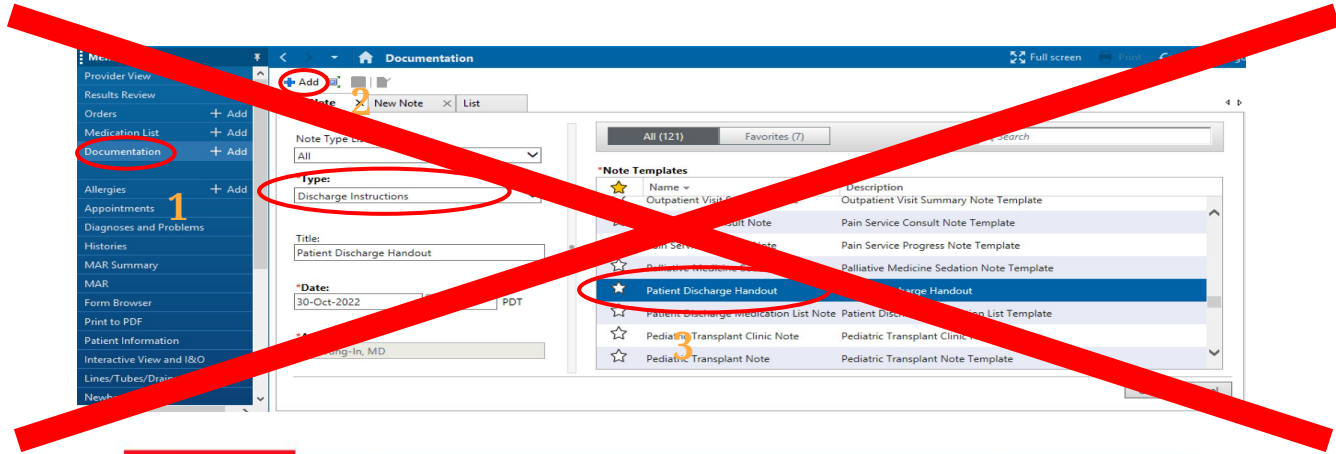


Prescribe: if you select this option the medication will show up on the discharge prescription.

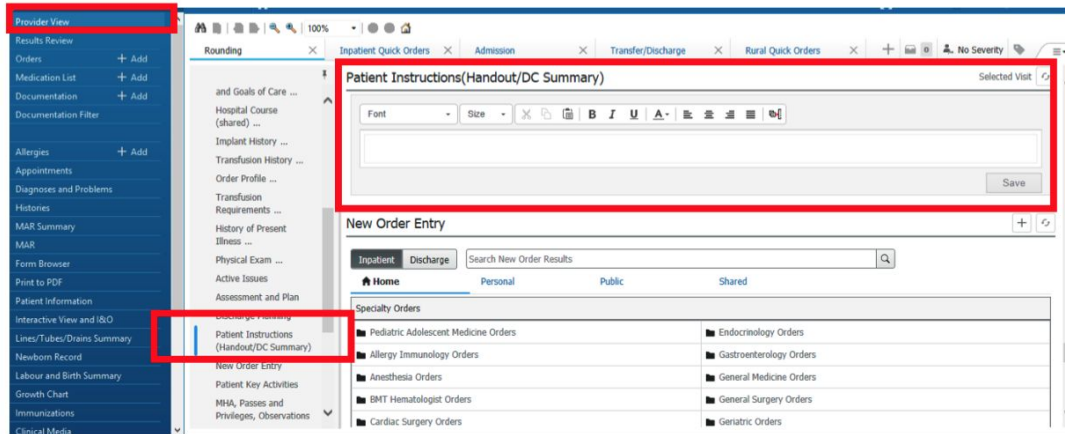


Stop: if you select this option the medication will not show up on the discharge prescription. If you want the patient to stop a home medication, you must hand write stop on their discharge prescription.

Discharge: Patient Handout



Pre-Block 7: Create PDH note and fill out the fields yourself



Current: Fill the Patient Instructions field in Provider View and that's it (RN generates note at discharge)

Include description of diagnosis, instructions, reasons to return to ER/change routine (eg Lasix titration if gaining weight)

Discharge: Discharge Order

Search:

Advanced Options Type: Inpatient

Search within:

Discharge Activity Restrictions

Discharge Bathing Education

Discharge Drain Care Education

Discharge Ice Therapy Education

Discharge Patient

Discharge Patient Instructions

Discharge Planning Education

Discharge Positioning Education

Discharge Support and Compress Education

Discharge Surgical Wound Education

Discharge to External Site

Newborn Discharge Checklist

PED Newborn Discharge

Home Oxygen on Discharge - Bedside

Notify Treating Provider Discharge Ready

"Enter" to Search

gynecology Orders

ive Care Orders

ic Allergy Immunology Orders

ic and Newborn Orders

emical Diseases Orders

ic Cardiac Surgery Orders

ic Cardiology Orders

ic CTU Orders

ic Dermatology Orders

ic Endocrinology Orders

ic Gastroenterology Orders

ic Hematology/Oncology/B...

ic ICU Orders

ic Infectious Disease Orders

ic Mental Health Orders

Pediatric Nephrology Orders

Pediatric Neurology Orders

Podiatry Orders

Radiation Oncology Orders

Respirology Orders

Rheumatology Orders

Rural Medicine Orders

Trauma Adults Orders

Trauma Peds Orders

Urology Orders

Vascular Orders

Ped

All

Ang

BM

Car

Car

Crit

Crit

Der

Der

End

Gas

Ger

Ger

Ger

Hematology Orders

Infectious Disease Orders

Long

Ment

MFM

Neph

Neur

Neur

NICU

OB/GYN Orders

OMFS Orders

Oncology Orders

Ophthalmology Orders

Orthopedic Orders

Pediatric Rheumatology Orders

Pediatric Surgery Orders

Pediatric Urology Orders

Physical Medicine Rehab Orders

Plastic Surgery Orders

Write in "specific instructions"

- RN to give Rx in chartlet and print patient handout

Can write a criteria-led discharge eg "discharge after CPAS seen to provide methadone script" so you can move on with your day and avoid getting called back for the discharge order

Discharge Criteria:

Special Instructions:

<No Items>