



BIG BANG '08 COMPLETE GUIDE

PHYSICIANS

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REVIEWING ORDERS

ORDERS TAB



= Suspended Order

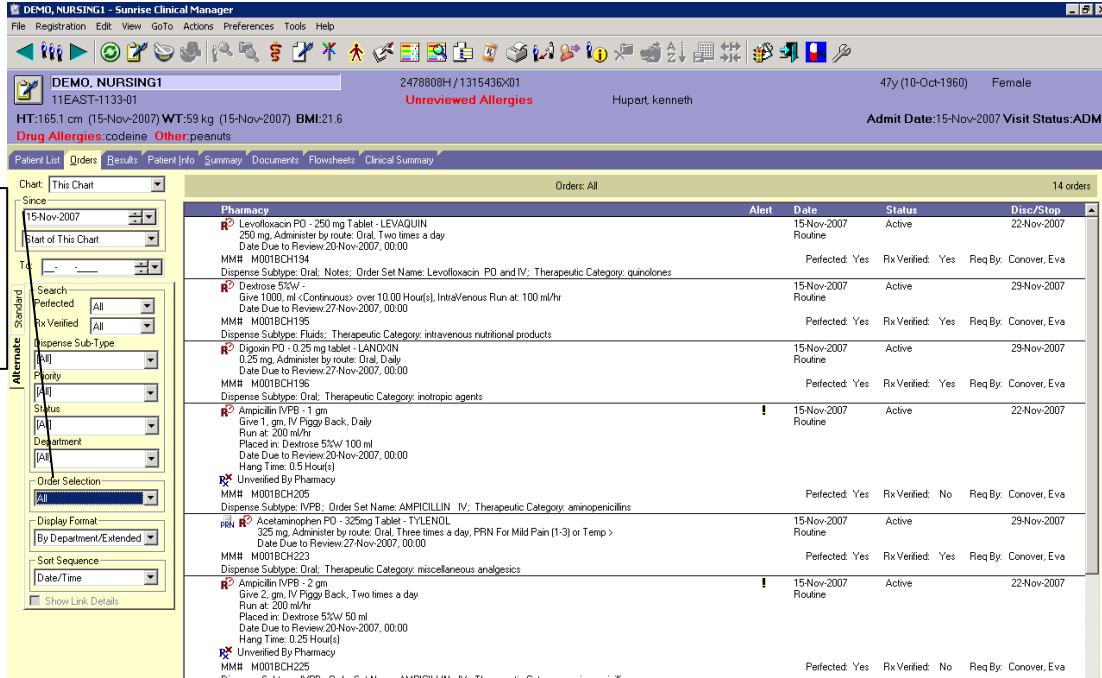


= A review on the order is required



= A review on the order is overdue


Use Department /Extended Filters



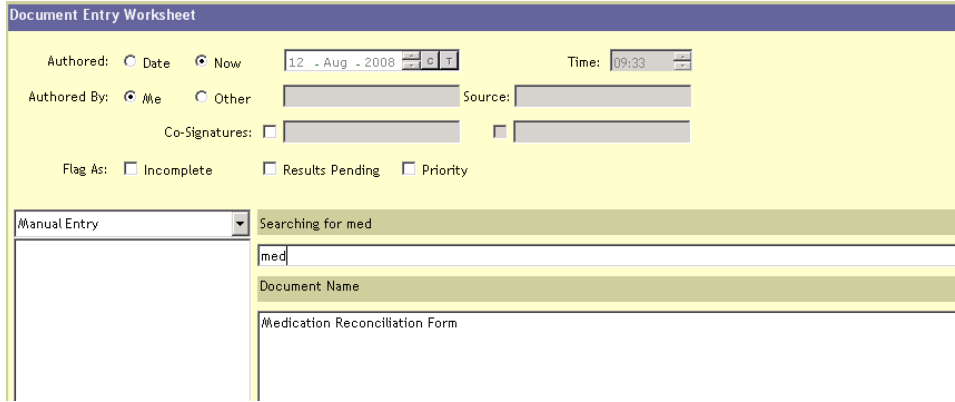
Pharmacy	Alert	Date	Status	Disc/Stop
Levofloxacin PO - 250 mg Tablet - LEVAQUIN 250 mg, Administer by route: Oral, Two times a day Date Due to Review 20-Nov-2007, 00:00 MMH M0018CH194 Dispense Subtype: Oral; Notes: Order Set Name: Levofloxacin PO and IV; Therapeutic Category: quinolones		15-Nov-2007	Active	22-Nov-2007
Dextrose 5%W - Give 1000, ml <Continuous> over 10.00 Hour(s), Initial/Venous Run at: 100 ml/hr Date Due to Review 27-Nov-2007, 00:00 MMH M0018CH195 Dispense Subtype: Fluids; Therapeutic Category: intravenous nutritional products		15-Nov-2007	Active	29-Nov-2007
Digoxin PO - 0.25 mg tablet - LANOXIN 0.25 mg, Administer by route: Oral, Daily Date Due to Review 27-Nov-2007, 00:00 MMH M0018CH196 Dispense Subtype: Oral; Therapeutic Category: inotropic agents		15-Nov-2007	Active	29-Nov-2007
Ampicillin IVPB - 1 gm Give 1, gm, IV Piggy Back, Daily Run at: 200 ml/hr Placed in: Dextrose 5%W 100 ml Date Due to Review 20-Nov-2007, 00:00 Hang Time: 0.5 Hour(s) Unverified By Pharmacy MMH M0018CH205 Dispense Subtype: IVPB; Order Set Name: AMPICILLIN IV; Therapeutic Category: aminopenicillins		15-Nov-2007	Active	22-Nov-2007
Acetaminophen PO - 325mg Tablet - TYLENOL 325 mg, Administer by route: Oral, Three times a day, PRN For Mild Pain (1-3) or Temp > Date Due to Review 27-Nov-2007, 00:00 MMH M0018CH223 Dispense Subtype: Oral; Therapeutic Category: miscellaneous analgesics		15-Nov-2007	Active	29-Nov-2007
Ampicillin IVPB - 2 gm Give 2, gm, IV Piggy Back, Two times a day Run at: 200 ml/hr Placed in: Dextrose 5%W 50 ml Date Due to Review 20-Nov-2007, 00:00 Hang Time: 0.25 Hour(s) Unverified By Pharmacy MMH M0018CH225 Dispense Subtype: IVPB; Order Set Name: AMPICILLIN IV; Therapeutic Category: aminopenicillins		15-Nov-2007	Active	22-Nov-2007

MEDICATION RECONCILIATION

Medication Reconciliation will begin in the ED. A nurse will start filling out an electronic Medication reconciliation form in SCM

Select the patient and then click on the New Document icon in your toolbar 

Type Med in the Searching for field and double click on it.



Document Entry Worksheet

Authored: Date Now 12 - Aug - 2008 Time: 09:33

Authored By: Me Other Source: _____

Co-Signatures: _____ _____


Flag As: Incomplete Results Pending Priority

Manual Entry Searching for med

med


Document Name

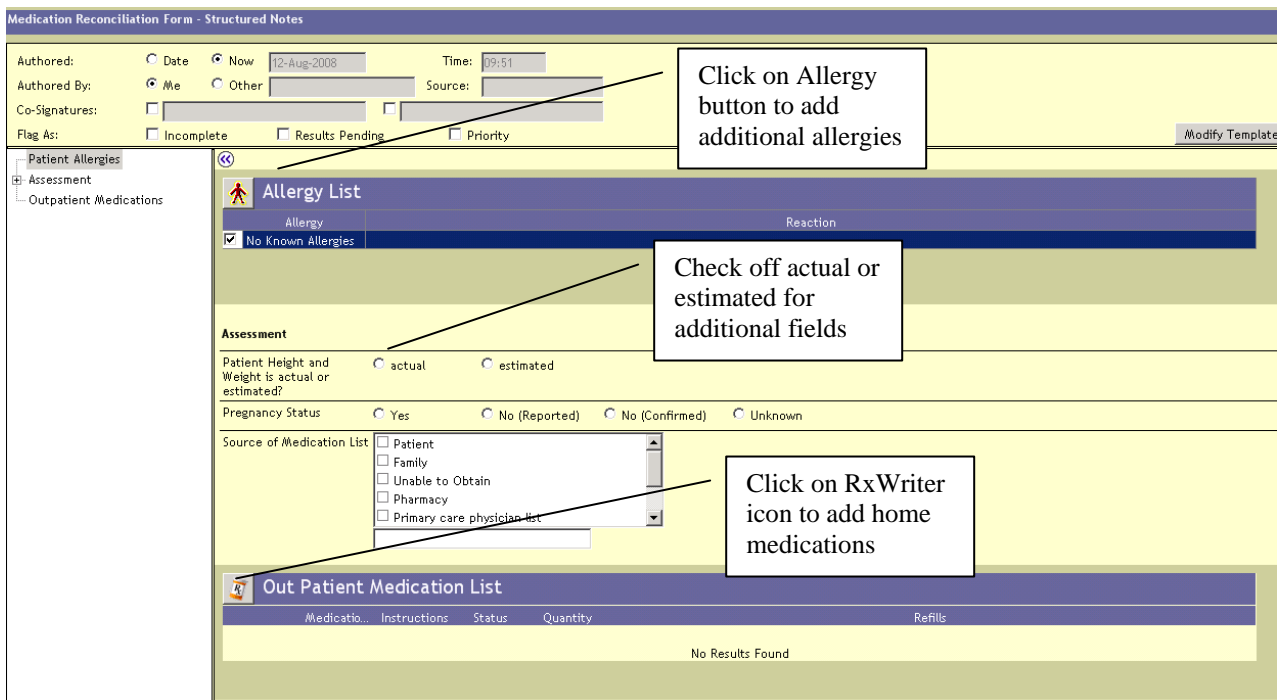
Medication Reconciliation Form

Allergies: If you need to add additional allergies, click on the Allergy button  (same as the icon in the toolbar)

Patient HT&WT: If you fill out **actual** it will populate the patient header. If you fill out estimated it will document on note but not override header.

Pregnancy and Lactation: will only show for females age 10 and over.

Home Medications (Outpatient Medication List):  Will be entered in RxWriter by clicking on the Add HX button. (if patient isn't on any meds choose the check box, patient takes no medications)



Medication Reconciliation Form - Structured Notes

Authored: Date Now 12-Aug-2008 Time: 09:51

Authored By: Me Other Source: _____

Co-Signatures: _____ _____

Flag As: Incomplete Results Pending Priority

Click on Allergy button to add additional allergies

Modify Template

Assessment

Outpatient Medications

Allergy List

Allergy	Reaction
<input checked="" type="checkbox"/> No Known Allergies	

Check off actual or estimated for additional fields

Assessment

Patient Height and Weight is actual or estimated? actual estimated

Pregnancy Status Yes No (Reported) No (Confirmed) Unknown


Source of Medication List

- Patient
- Family
- Unable to Obtain
- Pharmacy
- Primary care physician list

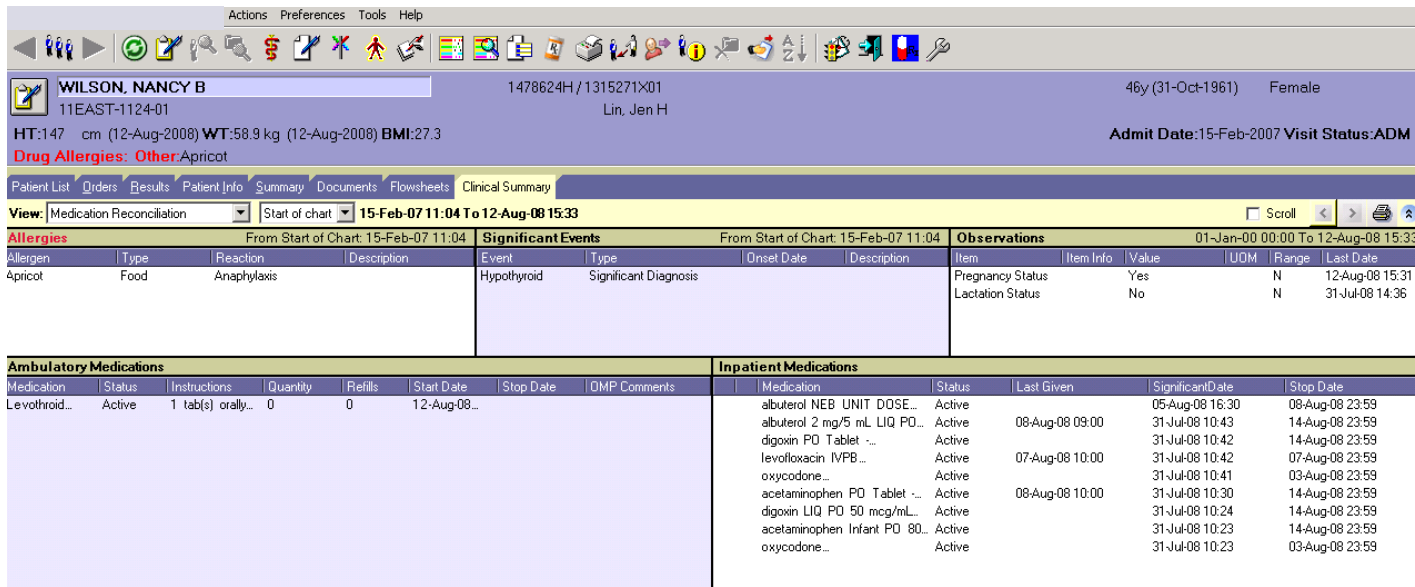
Click on RxWriter icon to add home medications

Out Patient Medication List

Medicatio...	Instructions	Status	Quantity	Refills
No Results Found				

Everything the nurse enters on the Medication Reconciliation note, will populate on the Clinical Summary Tab—Medication Reconciliation View (may need to refresh screen )

Clinical Summary tab- choose view Medication Reconciliation



WILSON, NANCY B 1478624H / 1315271X01 46y (31-Oct-1961) Female
 11EAST-1124-01 Lin, Jen H
 HT:147 cm (12-Aug-2008) WT:58.9 kg (12-Aug-2008) BMI:27.3 Admit Date:15-Feb-2007 Visit Status:ADM
 Drug Allergies: Other:Apricot

View: Medication Reconciliation Start of chart 15-Feb-07 11:04 To 12-Aug-08 15:33

Allergies			Significant Events			Observations				
Allergen	Type	Reaction	Event	Type	Onset Date	Item	Value	UOM	Range	Last Date
Apricot	Food	Anaphylaxis	Hypothyroid	Significant Diagnosis		Pregnancy Status	Yes		N	12-Aug-08 15:31
						Lactation Status	No		N	31-Jul-08 14:36

Ambulatory Medications							Inpatient Medications				
Medication	Status	Instructions	Quantity	Refills	Start Date	Stop Date	Medication	Status	Last Given	Significant Date	Stop Date
Levothroid...	Active	1 tab(s) orally...	0	0	12-Aug-08...		albuterol NEB UNIT DOSE...	Active		05-Aug-08 16:30	08-Aug-08 23:59
							albuterol 2 mg/5 mL LIQ PO...	Active	08-Aug-08 09:00	31-Jul-08 10:43	14-Aug-08 23:59
							digoxin PO Tablet ...	Active		31-Jul-08 10:42	14-Aug-08 23:59
							levofloxacin IVPB...	Active	07-Aug-08 10:00	31-Jul-08 10:42	07-Aug-08 23:59
							oxycodone...	Active		31-Jul-08 10:41	03-Aug-08 23:59
							acetaminophen PO Tablet ...	Active	08-Aug-08 10:00	31-Jul-08 10:30	14-Aug-08 23:59
							digoxin LIQ PO 50 mcg/mL...	Active		31-Jul-08 10:24	14-Aug-08 23:59
							acetaminophen Infant PO 80...	Active		31-Jul-08 10:23	14-Aug-08 23:59
							oxycodone...	Active		31-Jul-08 10:23	03-Aug-08 23:59

Documents Tab- Double-click on the form to view



Drug Allergies: Other:

Patient List Orders Results Patient Info Summary Documents Flowsheets Clinical Summary

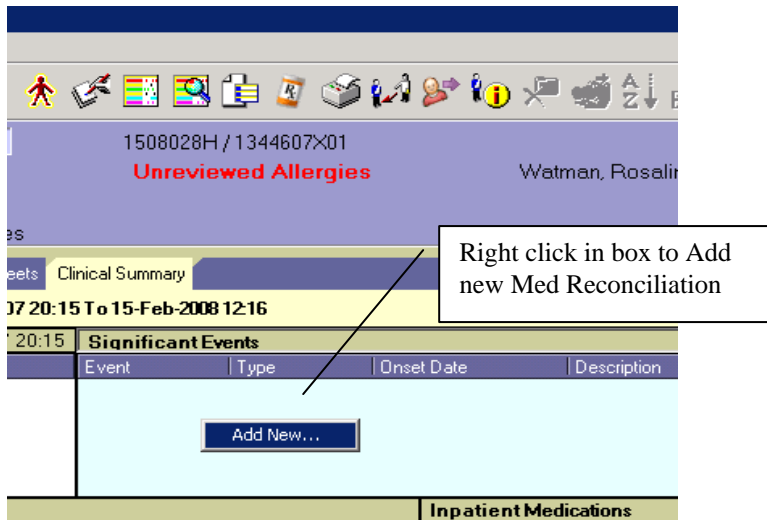
Chart This Chart Since 01 - Aug - 2008 To Today All documents shown. Prev Range Next Range Document Selection

01-Aug-2008 14:41 Medication Reconciliation Form Abbatepaolo, Darlene (IT)

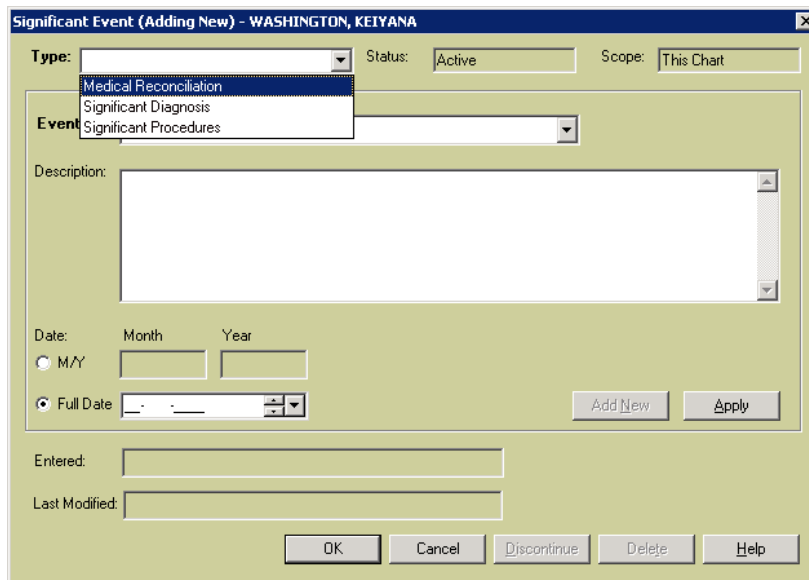
Physicians will should review home meds tile and begin ordering inpatient meds. You will no longer have to circle, continue or stop.

Placing an order for the medication is understood that you are continuing medication upon admission.

When reconciliation is complete physician will add a significant event to document medication reconciliation. Right click in the Significant Event box (in the clinical summary tab) to do this.



Select Type: Medical Reconciliation, Choose Event (Admission) and fill in necessary fields.



To Edit an Significant Event go to the Patient info tab, double click on the Event you wish to edit and choose Discontinue.

The screenshot shows the Sunrise Clinical Manager interface for patient FERNANDEZ, LUIS MARIO. The patient's information includes: 146371S / 3784276X0611061308, 3y (09-Jan-2005), Male, Admit Date: 06-Nov-2000, Visit Status: ADM. The 'Significant Events' tab is selected, showing a table with the following data:

Type	Event	Date	Scope	Status	Entered Date
Significant Diagnosis	Hashimotos Thyroiditis	May 2001	General	Active	30Jan-2008 11:...

The 'Significant Event Details' dialog box is open, showing the following fields:

- Type: Significant Diagnosis
- Status: Active
- Scope: General
- Event: Hashimotos Thyroiditis
- Description: (Empty text area)
- Date: M/Y (checked), May 2001
- Entered: Abbatepaolo, Darlene (IT) 30Jan-2008 11:14
- Last Modified: Abbatepaolo, Darlene (IT) 30Jan-2008 11:14

The 'Discontinue' button in the dialog box is highlighted with a red circle.

TRANSFERS

Physician places a Transfer Service Request order. This notifies patient access that the patient needs a transfer in Eagle.

Once the patient is in the new location the accepting Attending will:

1. Place a SATC order (updates Service, Attending, and Team)
2. Review Clinical Summary Tab (medication reconciliation view)
 - a. Look at home meds and inpatient meds
3. Discontinue/Cancel any active orders or Discontinue/Recorder active orders
4. From the Clinical Summary tab add a significant event- Medication Reconciliation upon transfer

Please note: Nurse will continue using Transfer paperwork.

SATC Order:

The screenshot shows a web-based form titled "Service/Attending/Team Confirmation - SANTAMARIA, ARMANDO". The form includes the following fields and options:

- Order: Service/Attending/Team Confirmation
- Requested By: Abbatepaolo, Darlene
- Messages: (empty)
- Priority: Today (dropdown menu)
- SELECT ATTENDING FROM ONE OF THE LISTS BELOW. (instruction)
- Attending Last name: A-L (dropdown menu with a red asterisk)
- Attending Last name: M-Z (dropdown menu with a red asterisk)
- Team: (dropdown menu)
- Service: ORTHOPEDICS

Significant Event – Medication Reconciliation – Transfer

The screenshot shows the "Clinical Summary" tab for patient SANTAMARIA, ARMANDO, dated 5 To 12-Aug-08 12:31. A table of "Significant Events" is visible, with one entry for "Transfer" under "Medication Reconciliation". A dialog box titled "Significant Event (Adding New) - SANTAMARIA, ARMANDO" is open, showing the following details:

- Type: Medication Reconciliation (dropdown)
- Status: Active (text)
- Scope: This Chart (text)
- Event: Transfer (dropdown)
- Description: (empty text area)
- Date: (Month and Year dropdowns)
- Radio buttons for M/Y (Month/Year) and Y/M (Year/Month) are present.

Please add the column TEAM to your patient list so you can view all patients based on team assigned.

(CAN ALSO VIEW TEAM IN PATIENT INFO TAB UNDER COMMENTS)

nts Flowsheets Clinical Summary

Select All Patients 81 Visit(s) Save Selected Patients...

Patient ID / Visit Number	Provider	Team	Flag New	New Results	Ne Ord
2478850H/3774083X0802...	Hupart, Kenneth H				
2478971H/1315600X01	Bagdonas, Richard A		<input checked="" type="checkbox"/>		
1371053H/1307710X02	Mango, Thomas	Medicine - Blue	<input checked="" type="checkbox"/>		
1478686H/1315312X01	Ahmed, Shadab	Medicine - Green	<input checked="" type="checkbox"/>		
1469314H/1315395X01	Gonzalez, Edwin	Medicine - Blue	<input checked="" type="checkbox"/>		

DISCHARGE

1. 24 hour Discharge Order which will notify patient access and case management to begin preparing for discharge- placed by physician. (this will appear on Nurses Tasklist)

24hr Discharge Notification - KHAYKIN, DORA

Order: 24hr Discharge Notification Order ID: 001BDF163
Requested By: Abbatepaolo, Darlene Template Name:
Messages:

Discharge Patient to:

Schedule the following appointments:

NHCC Follow Up Clinics: Schedule within:

NHCC Follow Up clinics: Schedule within:

NHCC Follow Up Clinics: Schedule within:

Schedule the following diagnostic tests as outpatient: Any appointment request over 3 months, instruct patient to call 572-6262

1. Requested Test Schedule within:

2. Requested Test Schedule within:

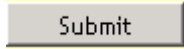
3. Requested test Schedule within:

2. Discharge Summary- Electronic will replace the paper version and is all free text

Note: Medical Records will run a Discharge Summary Report that will pull in all of the remaining information that is currently filled out on paper (lab results, Meds, Diet, activity).

3. Discharge paperwork- replaces the physician discharge order sheet and replaces nursing Interdisciplinary patient education sheet.

Every observation section must be completed. Click Submit at the bottom of the screen



when finished.

Nurse completes the final section on the bottom of the discharge paperwork. When ready for Discharge, nurse will go over education with patient and print report to give to patient.

Must all be completed

Diagnosis specific. Must be completed if treated for any of these three.

EDIT OR APPEND A DOCUMENT

Go to the Documents Tab, click on the note and then right click and choose Edit Document or Append Document.

The screenshot shows the ECLIPSYS interface with the 'Documents' tab selected. The top navigation bar includes 'Patient List', 'Orders', 'Results', 'Patient Info', 'Summary', 'Documents', 'Flowsheets', and 'Clinical Summary'. The main area displays a list of documents for the date 19-Mar-2008. A right-click context menu is open over the document entry '11:39 Pediatric Initial Patient Evaluation peddoc2 (Physician) [Signed: 19-Mar-2008 09:33] [Last Update: 19-Mar-2008 09:33] INCOMPLETE'. The menu options include 'View Document Details', 'View New Documents', 'View Corrections', 'View Media', 'View Order', 'Status History', 'Forward Document', 'Document Info', 'Annotation History', 'Print Selected Documents', 'Document Entry', 'Edit Document', 'Unfinalize Document', 'Append Document', 'Cancel Document', 'Sign Document', 'Summary View', 'SHM View', and 'Letters View'. The 'Edit Document' and 'Append Document' options are highlighted with a blue box.

MEDICATION RECONCILIATION AT DISCHARGE:

In the new discharge paperwork, the MD should update RxWriter with new meds for home. **Note:** Discontinue any meds you want the patient to stop taking.

The screenshot shows the ECLIPSYS interface with the 'Significant Events' tab selected. The top navigation bar includes 'Clinical Summary', 'Orders', 'Results', 'Patient Info', 'Summary', 'Documents', 'Flowsheets', and 'Clinical Summary'. The main area displays a list of significant events for the date 12-Aug-2008. A new event is being added, with the following details: Type: Medical Reconciliation, Status: Active, Scope: This Chart, Event: Discharge, and Description: (empty text area).

ENTERING MEDICATION ORDERS

PLEASE NOTE:

The orders placed by the care provider will be automatically populated in the nurses' work list to be documented. Task schedules are defined by the type of frequency selected by the prescriber. Medication schedule times are set in the system according to NUMC's Medication Administration Policy, i.e. every six hours equals 12 am, 6 am, 12 pm, 6 pm, daily equals 10 am.

For typical orders with fixed schedule, select the appropriate frequency such as every six hours, daily, two times a day etc.

Please pay attention to these frequency types:

Multiple – allows user to order items with multiple frequencies in the same order. For example, vitals signs every 15 minutes X 1 hour, then every 30 minutes X 4 hours, then every 4 hours X 8 hours etc.

User schedule- allows user to place an order to be done at particular times instead of the system defaulted times. For example, Librium 5mg PO at 8 am, 12 pm, 4 pm, 8 pm.

Standing order- Used for one time standing orders that do not require a frequency, For example, bed rest, activity as tolerated etc.

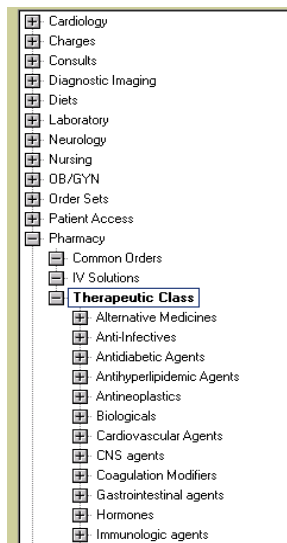
For PRN orders without a frequency, such as "suction PRN", select **continuous** as frequency **AND** check off the PRN box which will allow the nurse to document against the task as many times as needed.

How to:

You enter medication orders the same as you would any order. You can find medication orders either through the Start of Browse, under Pharmacy, Pharmacy ED or manually type in the name of the medication.

In the Order Browse, medication orders are located under Pharmacy and are categorized according to therapeutic class.

Start of Browse



Or Manual Entry type the name of the medication class you wish to order.

IV fluids example

Additive to an IV Fluid

- After selecting the solution click on the box for the additive. Start typing in the additive to pull up a list.
- Select the additive and add it to enter the dose. Click Ok and then enter the Rate.

IV Piggy back example

methylodopate IVPB - MURPHY, FRANK J

Order: methylodopate IVPB Order ID: 001GRH633
 Requested By: Abbatepaolo, Darlene Template Name: methylodopate IVPB 50 mg/mL
 Messages:

Start Date: 04-Aug-2008 Priority: Routine Complete Drug Name: 50 mg/mL IVPB Drug Name Synonym: METHYLDOPA IVPB Review Date: Review Time:

Dose: * Unit of Measure: mg Form Code: Solution

Height (inches): Height (cm): Weight (lb): Weight (kg): BSA:

Relevant Results:

Calculation Info:

Route: IV Piggy Back Route Modifier: Frequency: *

Base Solution: dextrose 5%W 100 ml

Rate of Administration (ml/hr): 200 ml/hr KVO Hang Time: 30 Hang Time Units: min

Nurse Instructions:

Stop After (Duration): Stop Date: 11-Aug-2008 Stop Time:

Additives:

Patients Own Medication(s): Nurse to Schedule:

Note to Pharmacy:

Pharmacy Information:

Dosing options

- Sequential Dosing- Used for orders such as tapering medications which use same frequency but different dose and different duration.
 For example, Prednisone 20 mg PO daily X 3 days; 10 mg PO daily X 2 days; 5 mg PO daily X 1 day.
- Concurrent Dosing- Used for orders with different doses and different frequencies.
 For example, Risperidone 1 mg PO every morning; 2 mg PO every evening.
- Stat & Then- Must be placed as two separate orders. Place the STAT order first, then place a second order with priority as Time Critical and enter time that is a safe interval from the STAT dose.

Regular Calculated Dose - CLINICTEST, ONE

prednisONE PO - CLINICTEST, ONE

Order: prednisONE PO Order ID: 0018CN815
 Requested By: Abbatepaolo, Darlene Template Name: prednisONE PO 20 mg Tablet
 Messages:

Start Date: Priority: Routine Complete Drug Name: Drug Name Synonym: ORASONE PO Review Date: Review Time:

Dose: MM Sequential Dose Unit of Measure: Dose High: Form: Tablet

Dose	Unit of Measure	Frequency	Stop After
First 20	mg	*	
Last *	*	*	

Height (inches): 59.8 Height (cm): 152 Weight (lb): 100 Weight (kg): 45.4 BSA: 1.38

Relevant Results:

Calculation Info:

Route: Oral Route Modifier: Frequency:

PRN: PRN Reason:

Stop After (Duration): Stop Date: Stop Time:

Patients Own Medication(s): Patient May Self Administer: Nurse to Schedule: Use Waking Hour Only:

Nurse Instructions:

Note to pharmacy:

Sliding Scale

- Click on the variable dose button to the right of the box for variable dose
- Standard sliding scale ranges are defaulted. Adjust ranges as necessary. Type in units.
- If you have extra lines when finished you MUST delete the blank lines before clicking OK
- Dose low Dose high fields- enter dosing information for anything outside the sliding scale. Both have defaulted text but can be edited.

The screenshot displays the 'insulin R Sliding Scale - DEMO, PEDS1' application window. At the top, the order is identified as 'insulin R Sliding Scale' with Order ID '001BCN732'. The 'Variable Dose (H)' section shows a list of 'Glucose POC fingerstick' entries. The 'Dose High' section is set for 'Subcutaneous' route, 'Injection' modifier, and 'Before Meals' frequency. The 'Variable Dosage' dialog box is open, showing a table with the following data:

Condition	From	To	Dose/Instructions	UDM
Glucose POC fingerstick				unit(s)
Glucose POC fingerstick				unit(s)
Glucose POC fingerstick				unit(s)
Glucose POC fingerstick				unit(s)
Glucose POC fingerstick >				unit(s)

TPN Order

- The form will calculate calories (forwards not backwards)
- Once you put in the total volume, it will calculate the IV Rate
- If you enter one field or the other it will populate either field
- Go to TPN ingredients to enter the electrolyte doses. You can select only what you need.

Parenteral Nutrition Adult - MURPHY, FRANK J

Order: Parenteral Nutrition Adult Order ID: 001GRH636
 Requested By: Abbatepaolo, Darlene Template Name: Parenteral Nutrition Adult
 Messages: MUST BE RECEIVED IN PHARMACY BY 01:00 PM

Dry Weight: [] Parenteral Nutrition Order Type: [] Start Date: 04-Aug-2008 Stop Date: 05-Aug-2008
 Total Volume: [] ml IV Rate: * [] ml/hr Lab Results: [] Route: IntraVenous
 Amino Acid Amount (%): [] Amino Acids g/day: [] Amino Acids: Standard Requested Time: Routine
 Dextrose (%): [] Dextrose g/day: [] Is patient on Propophol: [] if YES, consider calories (1.1 kcal/ml) and grams of fat (10g/100ml) provided

Click Here to Calculate Total Kcal: []

ELECTROLYTES

CPN/PPN Ingredients per day
 amino acids (Adult Standard TPN Soln) 0 gm
 dextrose 70% in Water (for TPN) 0 gm
 sodium chloride (TPN additive) 0 meq
 sodium acetate (TPN additive) 0 meq
 sodium phosphate (TPN additive) 0 meq
 potassium chloride (TPN additive) 0 meq
 potassium acetate (TPN additive) 0 meq
 potassium phosphate (TPN additive) 0 meq
 calcium gluconate (TPN additive) 0 meq
 magnesium sulfate (TPN additive) 0 meq

ELECTROLYTES DOSING GUIDELINES

Sodium: 45 to 145 mEq/day (average 77 mEq/L)
 Potassium: 60 to 120 mEq/day (average 90 mEq)
 Phosphate: 20 to 40 mmol/day (~30-60 mEq/day) (average 45 mEq)
 Calcium: 10 to 20 mEq/day (average 15)
 Magnesium: 10 to 30 mEq/day (average 20)

The total of Calcium & Phosphate not to exceed 45 mEq/L or 90 mEq in a 2 Liter bag

Note to Nurse: [] Note to Pharmacy: []

Titrating Drips

- Enter the starting rate, auto calculates the rate of administration
- Enter yes/no for titration
- You must then free text the titration instructions for the nurse

JVPB Calculated Dose - EDWARDS, THERESA

DOBUTamine DRIP Customized - EDWARDS, THERESA

Order: DOBUTamine DRIP Customized Order ID: 001BCN933
 Requested By: Abbatepaolo, Darlene Template Name: DOBUTamine DRIP Customized Solution
 Messages: Cardiac Decompression: IV Infusion: 2.5 - 20 mcg/kg/min; max: 40mcg/kg/min

Start Date: 26-Feb-2008 Priority: Routine Complete Drug Name: Drug Name Synonym: DOBUTREX DRIP Drip Concentration (mg/ml) or (units/ml): [] Review Date: [] Review Time: []

Dose: * [] Dose High: [] Unit of Measure: mg Form Code: Solution

Height (inches): 59.8 Height (cm): 152 Weight (lb): 150 Weight (kg): 68 BSA: 1.85

Calculation Info

Route: IntraVenous Infusion Route Modifier: [] Frequency: <Continuous> Is titration of Dose/Rate required? Yes

Base Solution: * []

Drip Rate Value: * [] Drip Rate Units: [] Rate of Administration (ml/hr): * [] Hang Time: * [] Hang Time Units: []

PRN PRN Reason Text: []

Stop After (Duration): [] Stop Date: 27-Feb-2008 Stop Time: []

Additives: [] Patients Own Medication(s): Nurse to Schedule:

Sunrise Clinical Manager

Please specify titration requirements in the Nurse Instructions field

OK

PRN Order (Pain Scale)

- Click on the Variable Dose to enter the dosing information. The standard pain scale is defaulted.
- Always check off the PRN check box and enter the PRN Reason

- Enter the Frequency

morPHINE sulfate INJ PainScale(Class II) - UNIT, TEST3

Order: morPHINE sulfate INJ PainScale(Class II) Order ID: 001GRH638
 Requested By: Abbatepaolo, Darlene Template Name: morPHINE sulfate INJ PainScale(Class II) 10 mg/mL Solution
 Messages:

Start Date: 04-Aug-2008 Priority: Routine Complete Drug Name: 10 mg/mL Solution Drug Name Synonym: Review Date: Review Time:

Variable Dose:
 mg if Pain Scale (Mild) 1 - 3
 mg if Pain Scale (Moderate) 4 - 6
 mg if Pain Scale (Severe) 7 - 10
 mg if Pain Scale (Unbearable) > 10

Height (inches): 70 Height (cm): 177.8 Weight (lb): 100 Weight (kg): 45.4 BSA: 1.55

PRN: PRN Reason: Frequency: *

Route: * Route Modifier: Stop After (Duration): Stop Date: 07-Aug-2008 Stop Time:

Relevant Results:
 Nurse Instructions:
 Pharmacy:
 Information:

Variable Dosage

Condition	From	To	Dose/Instructions	UDM
Pain Scale (Mild)	1	3		mg
Pain Scale (Moderate)	4	6		mg
Pain Scale (Severe)	7	10		mg
Pain Scale (Unbearable) >	10			mg

OK Cancel Add Delete Help

OTHER ANCILLARY ORDERS:

ADMIT ORDER

Admit Order - SANTAMARIA, ARMANDO

Order: Admit Order Order ID: 001GRJ048
 Requested By: Abbatepaolo, Darlene Template Name:
 Messages: You MUST check and enter an admitting diagnosis in order to complete this Admit Order. If you have not, please go back and complete.

Admission Date: 12-Aug-2008
 Admission Time: * : *
 Priority: Today
 Admitting Service: *
 Location:
 Accepting Attending: *
 Category: *
 Isolation Required: *
 Isolation Type:
 Private Admission: *
 Private Physician:
 Special Instructions:
 Admit Diagnosis: 805.4 FX LUMBAR VERTEBRA-CLOSE

CALCULATED DOSE

If you want to calculate the dose amount based on height, weight, or BSA you would select this option in the order form.

Selecting the **Per Dose requirement** will take the total daily amount requested and divide it by the frequency. Selecting the **Daily dose requirement** will calculate the dose and multiply by the frequency.

You must fill out the **Requested amount per dose**, the **UOM**, and the “**per**” field to get newly calculated ordered amount.

Dose Calculation For: Ampicillin IVPB

Height / Weight / BSA						Calculated Weights	
Ht(in):	Ht(cm):	Wt(lb):	Wt(kg):	BSA:	BMI:	Ideal:	Adjusted:
68	172.7	200	90.7	2.04	30.4	68.38 kg	73.97 kg
03-Dec-2007 12:33		03-Dec-2007 12:33		Please see tool tip for calculation formulas.			

Actual Creatinine Clearance

Type: Actual Estimated

Serum Creat: mg/dL umol/L

Creat Clear (Actual) mL/min

Calculate Ordered Amount per Dose...

Based On: Per Dose requirement: Daily Dose requirement:

Requested amount per dose: UOM: per: per DOSE

Actual amount per dose: Route:

Ordered Amount Per Dose: gm

Override Reason:

Calculate Total Daily Dose...

Frequency: Total Daily Dose: gm

Calc Info:

NEW SYSTEM ALERTS

Alert messages may warn you of possible problems, or notify you of new information. For example, Drug to Drug Interaction, Drug to Food Interaction and Duplicate orders. **MAKE SURE YOU READ ALL ALERT MESSAGES!**

You must click proceed to continue with the order. If there is more than one alert, you must click next to proceed.

Acknowledged	View	Alert	Priority	Type	Comment	Scope
✓	✓	Drug Interaction	HIGH	WARNING		Chart
✓	✓	Duplicate Order	LOW	WARNING		Chart
✓	✓	Therapeutic Medication Dupl	LOW	WARNING		Chart

Alert: Therapeutic Medication Duplicate Order

Message: The current order:
Warfarin PO
May be a Therapeutic Medication Duplicate with the following order(s):
Warfarin PO
Start Date: 05-Dec-2007 14:07
Status: Unsubmitted
Aspirin PO
Start Date: 05-Dec-2007 14:08
Status: Unsubmitted

Acknowledgement Comment:

Acknowledge when seen Unacknowledge << Previous Alert 3 of 3 Next >>

Acknowledge all on Proceed

To view suggested actions for the Warfarin PO order click View Actions.
To continue with the Warfarin PO order unchanged click Proceed.
To return to the Warfarin PO order and discard alerts click Go Back.

View Actions...
Proceed
Go Back
Help

Scroll down through the Message to be sure you have read all alerts.

Next and proceed

MAKE SURE YOU ACKNOWLEDGE ALL MESSAGES BEFORE PROCEEDING!

Additional ancillary orders:

RESPIRATORY THERAPY

Select the order which will then open the order form. Each order has specific fields to complete.

The screenshot shows a software window titled "Resp Order Set - DEMO, PEDS1". The main area is divided into two sections: "ORDERS" and "-VENT".

ORDERS:

- BIPAP / CPAP
- Incentive Spirometry
- IPPB
- Oxygen Therapy
- He/ O2
- Sputum Induction
- Vital Capacity

-VENT:

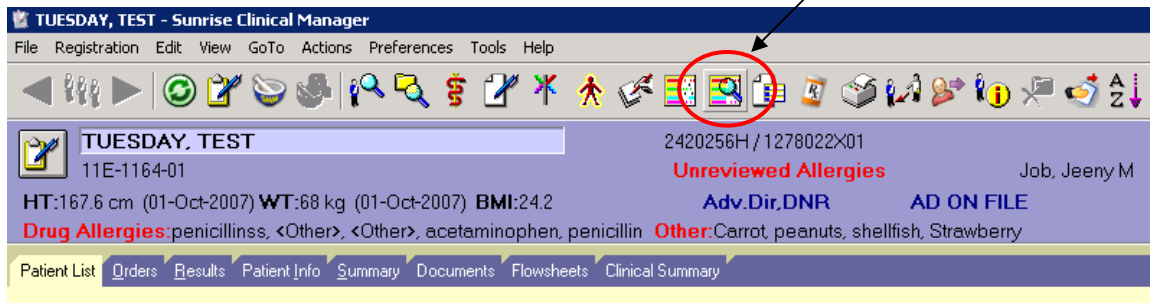
- Cont. Mech Ventilator
- High Frequency Vent
- Hyperbaric Ventilator
- Vent-Initial

TREATMENT:

ORDER	FORM	DOSE	UOM	ROUTE	MOD.	FREQ.	PRN?	PRN REASON	NURSING INSTR.	NOTE TO PHARM.
UNIT DOSE - 2 item(s)										
<input type="checkbox"/> albuterol NEB	3 ml 0.083% UNIT DOSE	3	ml	Inhalation		Nebuli...	<input type="checkbox"/>			
<input type="checkbox"/> acetylcysteine 10% ...	10% SOLN			Inhalation		Nebuli...	<input type="checkbox"/>			
MDI - 2 item(s)										
<input type="checkbox"/> albuterol INHAL	17 g Inhaler MDI	1	Puff(s)	Inhalation			<input type="checkbox"/>			
<input type="checkbox"/> albuterol-ipratropium INHAL	90 mcg - 18 mcg/inh...	1	Puff(s)	Inhalation			<input type="checkbox"/>			
OTHER - 3 item(s)										
<input type="checkbox"/> epinephrine racemic INHAL	Inhalation Solution	1	Inhalati...	Inhalation			<input type="checkbox"/>			
<input type="checkbox"/> gentamicin INJ	40 mg/ml INHALATION...		mg	Inhalation			<input type="checkbox"/>			
<input type="checkbox"/> tobramycin INJ	40 mg/ml INHALATION...		mg	Inhalation			<input type="checkbox"/>			

VIEWING TASKS USING THE TASK VIEWER

Select your patient and then click on the Taskviewer button in the toolbar of SCM





Tasklist layout

The worklist is called All Tasks and it is separated by department. You can see tasks for EMAR, Nursing interventions, Respiratory etc.

Task Start	Task Description	13Aug08				14Aug08								
		0:00	4:00	8:00	12:00	16:00	20:00	0:00	4:00	8:00	12:00	16:00	20:00	
Medications														
31-Jul-08 16:22	* metoclopramide LIQ PO 5 mg/5 mL Syrup - REGLAN LIQ PO Give: 5 mg Via Tube Every 12 hours PRN For Nausea													
31-Jul-08 16:25	* diphenhydramine 120 mL PO 12.5 mg/5 mL LIQ 120 mL - BENADRYL LIQ 120mL Give: 25 mg Via Tube Every 8 hours PRN For Anxiety													
31-Jul-08 16:25	* famotidine LIQ PO 40 mg/5 mL Liquid - PEPCID LIQ PO Give: 40 mg Via Tube Every 4 hours													
04-Aug-08 16:54	* sodium chloride 0.9% IVPB 100 mL Administer 100 ml <Continuous> over 1 Hour(s) Additives: potassium chloride (as additive only) 10 meq IV Piggy Back Run at: 100 ml/hr		✓											
05-Aug-08 09:50	* ^{Rx} acetaminophen PO Tablet - TYLENOL Give: 650 mg Oral Every 4 hours PRN For Mild Pain (1-3) or Temp > (Medication location: 11 FLOOR)		✓											
Nursing														
14-Jul-08 15:46	* Bedrest Standing Order													
14-Jul-08 15:46	* Vital Signs: ALL (T/P/R/BP) Standing Order													
14-Jul-08 15:50	* Sequential Compression Device Bilateral Lower Extremities Every Shift													
14-Jul-08 15:52	* Intake and Output <Continuous>													
14-Jul-08 16:16	* Ice Chips <Continuous>													
15-Jul-08 10:20	* Ambulate As Tolerated Standing Order if tolerates regular diet													

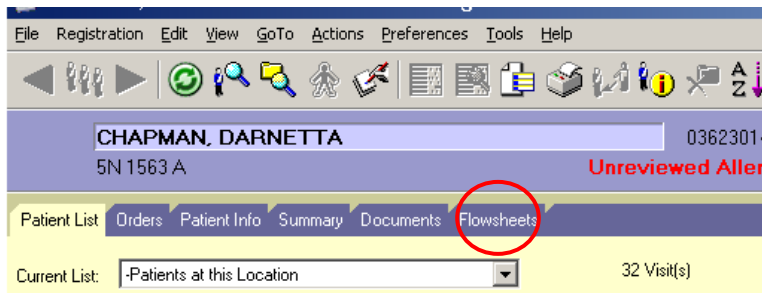
Task Icon definitions:

1. Marked as done-  drug administered/task completed
2. Marked as not done-  drug not administered/task not completed

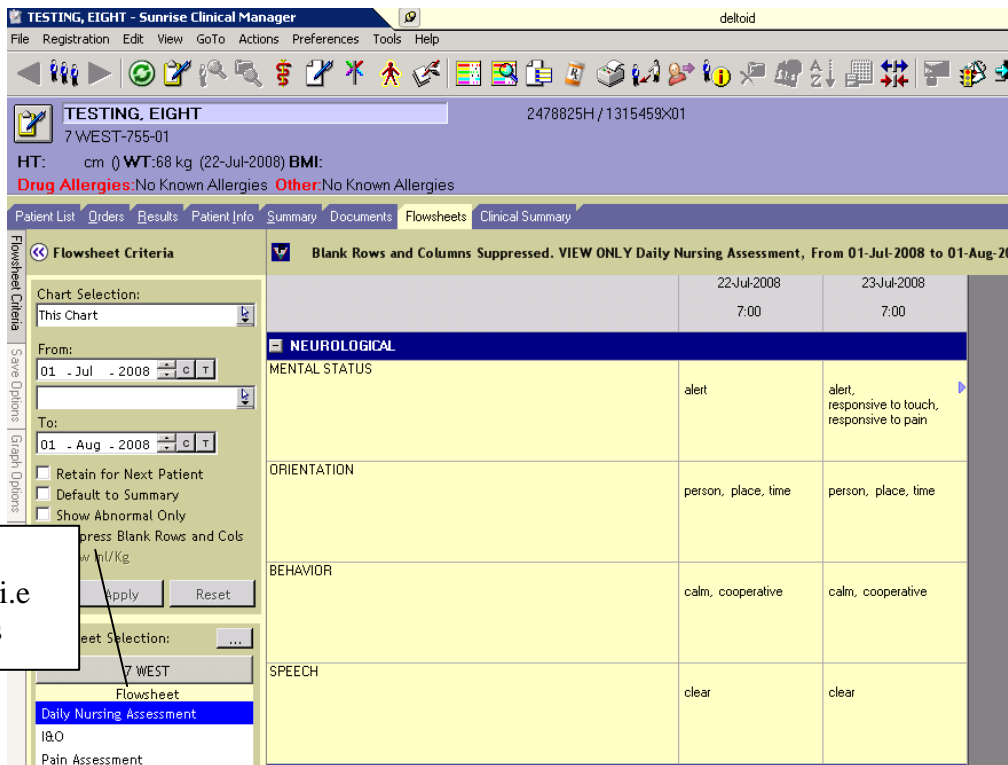
VIEWING FLOWSHEETS

Flowsheets available are: Nursing Daily Assessment, Pain, Vital Signs, I/O, Critical Care, Interdisciplinary Progress Note, and Respiratory Care Evaluation Form.

Click on the Flowsheets Tab



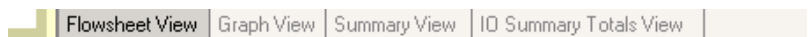
Select the appropriate Flowsheet from the bottom of the control panel. Use Filter on left to change date range. Check off the box Suppress Blank Row and Cols to see only valued cells. Click Apply to update the view



Select Flowsheet i.e Vital Signs

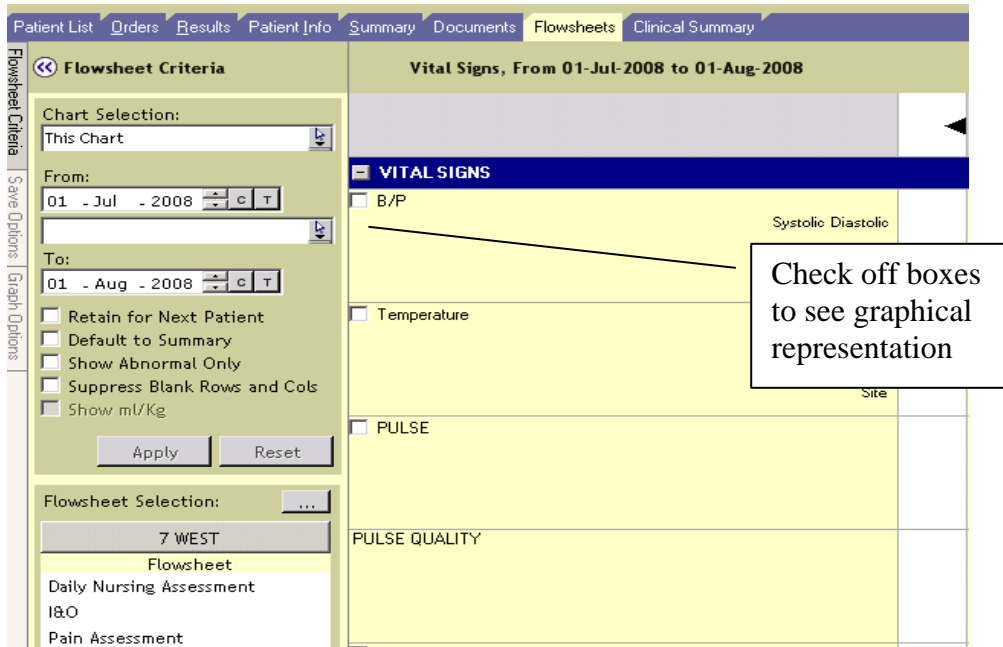
Alternate tab views at the bottom of the screen.

Revised 2/26/08 DAs



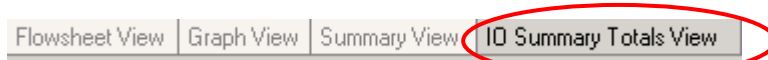
You can click on the tabs at the bottom to see this data in a different view. *Please note in order to see the data plotted in the other tabs you must put a check next to the observation.*

If you want to see the graphical representation, check off the boxes and click on graph view at the bottom of the screen.



I/O Flowsheet Summary View

Click on the I/O Summary totals View when in the I/O flowsheet to see totals.



TESTING, REHAB 24789704/1315598-01 53y (01-Jan-1955) Male
 REHAB-550-04 Pobre, Thomas E
 HT: cm 0 WT:73.7 kg (16-Jul-2008) BMI:
 Drug Allergies: penicillin Other: shellfish Admit Date:14-Jul-2008 Visit Status:ADM

I/O, From 01-Jul-2008 to 01-Aug-2008


		15-Jul-2008 7:00 Daily	15-Jul-2008 19:00 Shift	16-Jul-2008 7:00 Daily	16-Jul-2008 19:00 Shift	17-Jul-2008 7:00 Daily	01-Aug-2008 7:00 Shift	01-Aug-2008 19:00 Daily	02-Aug-2008 7:00 Daily
Grand Totals		In: 240	Out: 200	In: 200	Out: 1295	In: 1295	Out: 700	In: 700	Out: 700
		Net: -260	200	200	1000	1000	600	600	600
		Cum24Hr: -260	200	200	295	295	100	100	100
Blood		In: 250	Out: 250	In: 250	Out: 250	In: 250	Out: 250	In: 250	Out: 250
IV Fluids		In: 200	Out: 200	In: 1000	Out: 1000	In: 1000	Out: 300	In: 300	Out: 300
		Net: 200	200	1000	1000	1000	300	300	300
Oral		In: 240	Out: 240	In: 240	Out: 240	In: 240	Out: 240	In: 240	Out: 240
Tube Feeding		In: 45	Out: 45	In: 45	Out: 45	In: 45	Out: 400	In: 400	Out: 400
		Net: 45	45	45	45	45	400	400	400
Urine		In: 500	Out: 500	In: 1000	Out: 1000	In: 1000	Out: 600	In: 600	Out: 600
		Net: 500	500	1000	1000	1000	600	600	600

USING SIGNATURE MANAGER



You will need to Sign off on Verbal Readback orders as well as documents such as H&Ps, Discharge Summary etc.

Please note: You will need to add the To sign column to your patient list. Click View in the Menu bar, column selection, select "To sign", click add and then OK.

TO ACCESS THE SIGNATURE MANAGER

TOOLBAR:
The SIGNATURE MANAGER ICON  will display items that require your signature

PATIENT LIST COLUMN: TO SIGN Column

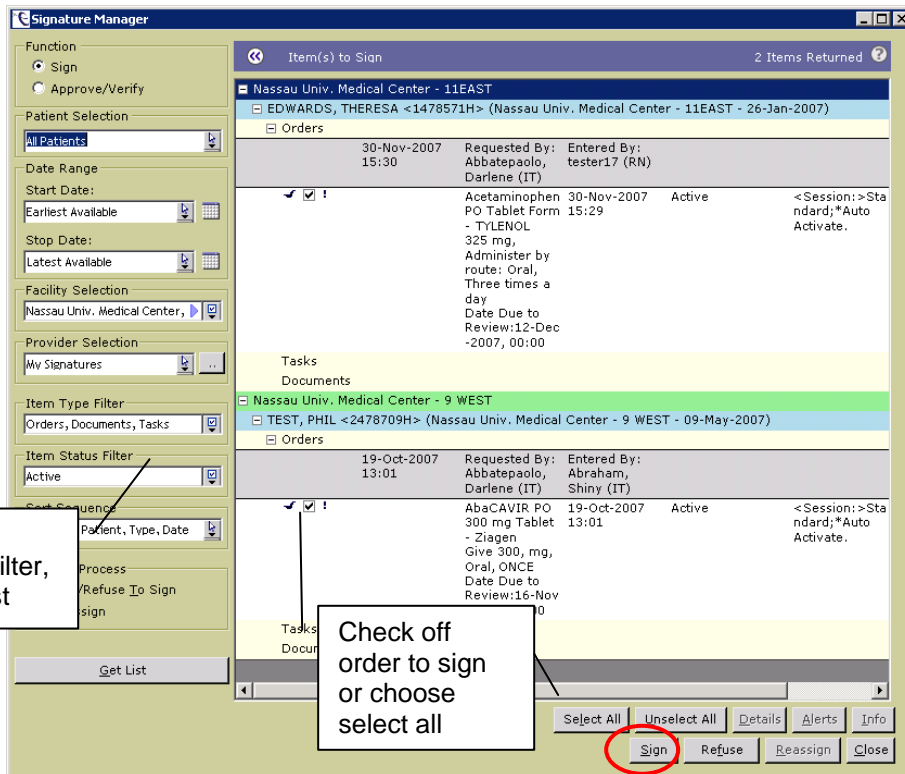
	GREEN FLAG- list of all items that requires a signature
	RED FLAG- requires your signature

Signature Manager Screen

You can also use the Signature Manger icon in the toolbar.

You can use the **provider selection** filter to narrow to orders that require your signature. If you use filters you must check the Get List button at the bottom of the filtering section.

You can select the orders to sign by checking off each one or choosing the select all option. Click the Sign button at the bottom of the screen to complete.



Function
● Sign
○ Approve/Verify

Patient Selection
All Patients

Date Range
Start Date: Earliest Available
Stop Date: Latest Available

Facility Selection
Nassau Univ. Medical Center

Provider Selection
My Signatures

Item Type Filter
Orders, Documents, Tasks

Item Status Filter
Active

Get List

Item(s) to Sign 2 Items Returned

Nassau Univ. Medical Center - 11EAST					
EDWARDS, THERESA <1478571H> (Nassau Univ. Medical Center - 11EAST - 26-Jan-2007)					
Orders					
<input checked="" type="checkbox"/>	30-Nov-2007 15:30	Requested By: Abbatepaolo, Darlene (IT)	Entered By: tester17 (RN)		
<input checked="" type="checkbox"/>		Acetaminophen PO Tablet Form - TYLENOL 325 mg, Administer by route: Oral, Three times a day	30-Nov-2007 15:29	Active	<Session:>Standard;*Auto Activate.
Date Due to Review:12-Dec -2007, 00:00					
Tasks Documents					
Nassau Univ. Medical Center - 9 WEST					
TEST, PHIL <2478709H> (Nassau Univ. Medical Center - 9 WEST - 09-May-2007)					
Orders					
<input checked="" type="checkbox"/>	19-Oct-2007 13:01	Requested By: Abbatepaolo, Darlene (IT)	Entered By: Abraham, Shiny (IT)		
<input checked="" type="checkbox"/>		AbaCAVIR PO 300 mg Tablet - Ziagen Give 300, mg, Oral, ONCE	19-Oct-2007 13:01	Active	<Session:>Standard;*Auto Activate.
Date Due to Review:16-Nov -2007, 00:00					
Tasks Documents					

Select All Unselect All Details Alerts Info

Sign Refuse Reassign Close

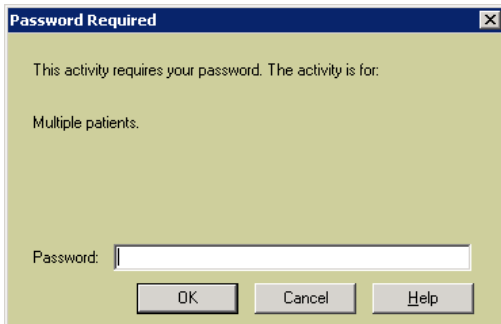
Provider Selection Filter, click Get List

Check off order to sign or choose select all



Check mark definitions

✓	Black check mark indicate the items assigned to you.
✓	Blue check mark indicate items you can sign for.
✓	Red check mark indicate items you have processed. The check marks stay red until you click Get List to refresh the display of items in Signature Manager.

Once you have clicked Sign button you will be required to put in your password.



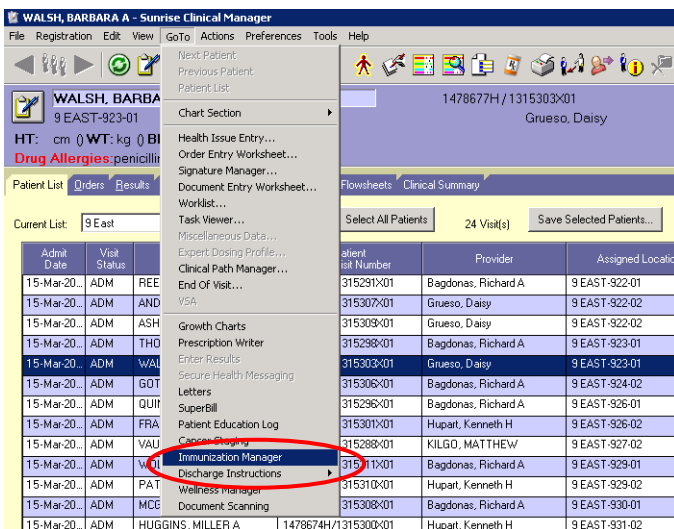
A dialog box titled "Password Required" with a close button (X) in the top right corner. The text inside reads: "This activity requires your password. The activity is for: Multiple patients." Below this is a text input field labeled "Password:". At the bottom are three buttons: "OK", "Cancel", and "Help".

The check mark next to the order will then change to processed.  

Then click close.

IMMUNIZATION MANAGER

Click on Go To in the menu bar and select the **Immunization Manager**.

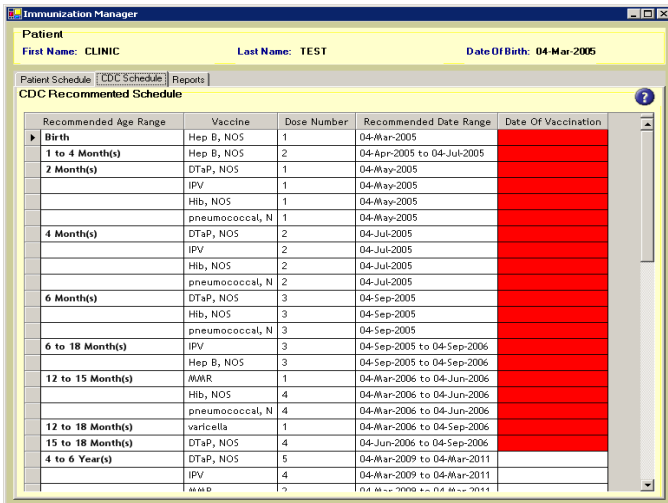
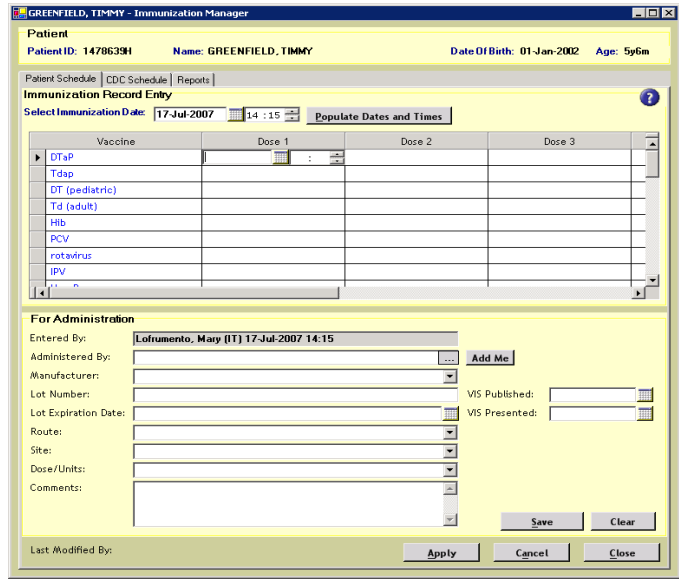


The screenshot shows the Sunrise Clinical Manager interface for patient WALSH, BARBARA A. The "Go To" menu is open, and "Immunization Manager" is highlighted with a red circle. Below the menu, a table displays a list of immunization orders.

Admit Date	Visit Status	Admit Location	Patient ID Number	Provider	Assigned Location
15-Mar-20...	ADM	REE	315291X01	Bagdonas, Richard A	9 EAST-922-01
15-Mar-20...	ADM	AND	315307X01	Grueso, Daisy	9 EAST-922-02
15-Mar-20...	ADM	ASH	315309X01	Grueso, Daisy	9 EAST-922-02
15-Mar-20...	ADM	THO	315298X01	Bagdonas, Richard A	9 EAST-923-01
15-Mar-20...	ADM	VAL	315303X01	Grueso, Daisy	9 EAST-923-01
15-Mar-20...	ADM	GOT	315306X01	Bagdonas, Richard A	9 EAST-924-02
15-Mar-20...	ADM	QUII	315296X01	Bagdonas, Richard A	9 EAST-926-01
15-Mar-20...	ADM	FRA	315301X01	Hupart, Kenneth H	9 EAST-926-02
15-Mar-20...	ADM	VAL	315288X01	KILGO, MATTHEW	9 EAST-927-02
15-Mar-20...	ADM	VAL	315311X01	Bagdonas, Richard A	9 EAST-929-01
15-Mar-20...	ADM	PAT	315310X01	Hupart, Kenneth H	9 EAST-929-02
15-Mar-20...	ADM	MCC	315308X01	Bagdonas, Richard A	9 EAST-930-01
15-Mar-20...	ADM	HUGGINS, MILLER A	1478674H/1315300X01	Hupart, Kenneth H	9 EAST-931-02

Here you can view the CDC Schedule or a report of the immunizations. Click on either the CDC Schedule tab or the Reports tab.

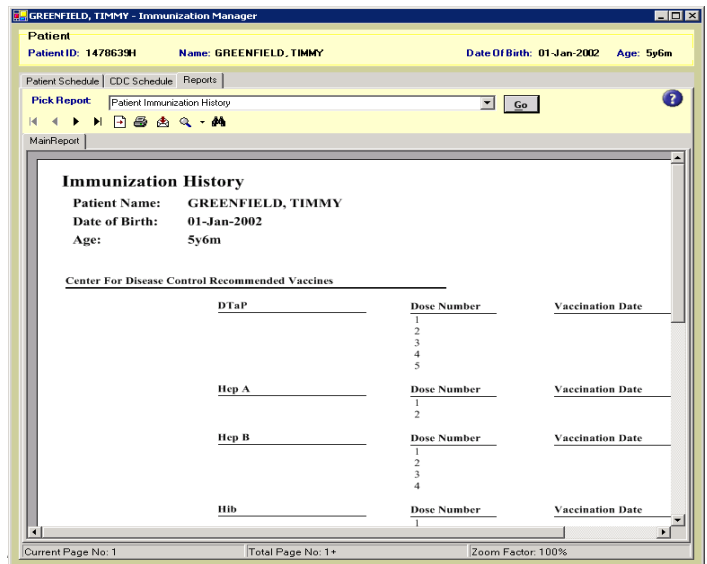
Patient Schedule Tab: This shows all vaccines documented



CDC Schedule: THIS IS FOR PEDIATRICS ONLY

CDC recommended vaccines and date range based on the patients age. **Red= Vaccinations are overdue!**

Reports: There are several reports that clinicians can view. These can also be printed. Patient Immunization History shows all documented vaccines.



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