Basic PowerChart Reference Guide

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Basic PowerChart Reference Guide

Prepared by IS Clinical Education At Web site: <u>https://pulse.iuhealth.org/portal/intranet/ISClinicalEd</u>

See last page for change details

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Introduction

Intended Audience This reference guide addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description.



Research Coordinators

As mentioned above, this is a reference guide that is intended for numerous audiences and for this reason does not follow the workflow of any particular venue or workplace. You must decide, in consultation with supervisors and fellow research coordinators, which sections are applicable to your field of work.

Cerner PowerChart Cerner PowerChart is an Electronic Medical Record (EMR) system. Its purpose is to provide electronic access for multiple users to enter and review patient information at the same time.

Icon Legend

The following icons will be used throughout the guide to visually assist you:

Item	Description
0	The light bulb icon displays extra information that may be helpful to learners.
	The exclamation mark icon indicates a " warning " message directed to the learner.
	The hammer icon is used on skill sheets for the " apply your skills " sections. Instructor Supported, not instructor led.

Obtain Cerner Remote Connectivity

Introduction

In order to access PowerChart, a user needs to set up a "gateway" to connect to IU Health's network. This section describes how to accomplish this task. There are many variables and this guide will not cover all possibilities, but will focus on the most common and most direct methods.

Prepare to Connect

A new user will need to contact Data Security to begin this process.	
Step	Action
1.	Submit a Research Access Request via email to <u>scanmyolar@iuhealth.org</u> .
	When approved for the new user, Data Security will
	• Create an IU Health NT ID and Password.
	• Create an Cerner Account Username and Password.
	• Email the new user the account information created.
2.	Verify the version of Citrix receiver on the computer being used.
	On a PC
	a. Click the Start menu.
	b. Click the Control Panel command.
	c. Set the View by drop-down to Small icons (top, right corner of Control Panel).
	d. Select Programs and Features.
	e. Find the Citrix Receiver.
	f. Check for the version in the Version column. The version must be 4.0.0 or at least 14.0.0
	g. Close Control Panel.
	Note: If the device being used has the incorrect version of Citrix Receiver, Contact your local Help Desk.
	On a MAC
	a. Go to the Applications folder.
	b. Right-click the Citrix Receiver application icon.
	 c. Select the Get info command. The version will be displayed and must be version 11.9 or at least 12.1 or above – you do not want 12.0
	Note: If the device being used has the incorrect version of Citrix Receiver, Contact your local Help Desk.

Connect to the
IU HealthDepending on the network connection of a workstation, there are 4 primary options
available for connecting to the IU Health network.Network

Option 1 - IU Backbone – requires no MFA

Step	Action
1.	
2.	
3.	

Option 2 - IU SSL VPN HSN – requires no MFA

Step	Action
1.	
2.	
3.	

Option 3 - IU Secure Wireless – requires MFA

Step	Action
1.	Open a browser.
2.	Navigate to at <u>https://nsgate.iuhealth.org</u> .
	The Indiana University Health login portal displays.
3.	Enter the assigned IU Health NT ID (Username) and Password.
4.	If logon fails,a. Verify correct Username and Password.b. Attempt again.
5.	If logon still fails, proceed to Option 4 - IU SSL VPN .

Connect to the
IU Health
Network
(continued)

e **Option 4 - IU SSL VPN** – requires MFA

Step	Action
1.	Connect via IU or IU Health VPN.
2.	Open a browser.
3.	Navigate to at <u>https://nsgate.iuhealth.org</u> .
	The Indiana University Health login portal displays.
4.	Enter the assigned IU Health NT ID and Password.
5.	If logon fails,
	c. Verify correct Username and Password.
	d. Attempt again.
6.	If still unable to connect, contact your local Help Desk.

Note: If a user encounters issues not covered in this process, please contact the IU Health Help Desk at (317) 962-2828 or <u>helpdesk@iuhealth.org</u>.

Access	If accessing PowerChart from a device other than a PC, documentation is available
PowerChart	on the following Web site: <u>http://docs.iuhisclinicaleducation.org/files</u> . Search
from a Device	for the "Remote Access Update-Citrix Upgrade" Clinical IS Update document.
	This document will aid in connecting to the correct Citrix Receiver for your device.
	Devices included are: MACs and MAC laptops.

Option 1: Access PowerChart via IU Health Applications From an IU Health computer system network connected workstation, it is possible to login to Cerner directly.

Step	Action
1.	IU Health ApplicationsDouble-click the IU Health Applications icon on the desktop.The IU Health Applications window displays.
2.	Double-click the IU Health Application Portal icon.
	The Citrix XenApp – Applications window displays.
3.	Click the Cerner Internal Redirect icon.
	Cerner Internal Redirect The Welcome to CernerWorks! window displays.
4.	Click the PowerChart PROD icon.
	The Cerner Millenium login screen displays.
5.	Enter a Cerner Username and Password.
6.	Click OK .
	PowerChart opens and Message Center is displayed.

Option 2: Access PowerChart via Remote Connectivity

If the workstation being used to access PowerChart is not on the IU Health System computer network, PowerChart must be accessed using NSGate, a portal into the network. There are several steps involved in using NSGate.

Submit a Research Access Request

Send a Research Access Request to <u>scanmyolar@iuhealth.org</u> (Data Security). In response, Data Security will complete the following three (3) tasks:

- Create both an IU Health NT ID and a Password.
- Create both a Cerner Account Username and a Password.
- Will send an email to the applicant containing the above mentioned accounts/accesses.

Verify the Citrix Receiver Version on the User's Computer

It is imperative that the correct Citrix Receiver version is on the computer being used to access NSGate. It will not function otherwise.

Note: If the device you are using has the incorrect version of Citrix Receiver, Contact your local Help Desk.

Verify the Citrix Receiver Version on a PC

Step	Action
1.	Click the Start button.
	The Start menu displays.
2.	Click the Control Panel command on the right side of the menu.
	The Control Panel window displays.
3.	Click the Programs link.
	Programs Uninstall a program Get programs
4.	Click the Programs and Features link.
5.	Look for the Citrix Receiver application in the Name column.
	The Citrix Receiver version on a PC must be at least 4.0.0 or 14.0.0. In the example shown, below, the version is 13.4.0.25 . This version will not work.
	Citrix Receiver (Enterprise) Citrix Systems, Inc. 4/13/2016 13.4.0.25
6.	Close the Control Panel window.

Option 2:
Access
PowerChart via
Remote
Connectivity
(continued)

Verify the Citrix Receiver Version on a MAC

Step	Action
1.	Go to the Applications folder.
2.	Right-click the Citrix Receiver application.
3.	Click the Get info button.
	The Citrix Receiver version on a MAC must 11.9 or 12.1 or above. If version 12.0 is displayed, this version will not work.

Use NSGate to Access PowerChart

Step	Action
1.	Open a browser window.
	There is an NSGate icon present on the desktop
	a. Double-click the NSGate icon.
	Or, there is no NSGate icon on the desktop
	b. Open Internet Explorer.
	c. Navigate to the <u>https://nsgate.iuhealth.org</u> Web site.
2.	Log in using an assigned IU Health User name and Password.
3.	Click the Cerner Home Remote icon.
	Details Cerner Home Remote
	The Welcome to CernerWorks! window displays. The initial loading time via Cerner Home Remote will take somewhere between 40 seconds and 2 minutes. Once loaded, it will operate at regular speeds.
4.	Click the PowerChart PROD icon.
	The Cerner Millenium login screen displays.
5.	Enter a Cerner Username and Password.
6.	Click OK .
	PowerChart opens and Message Center is displayed.

Message Center

Message CenterMessage Center is where staff communicates with each other from within the
patients' charts. Messages that are sent from one clinic staff to another, i.e. – from a
provider to an MA or from a nurse to a provider, become a part of the clinical notes
section of the patients' charts. The Messages button can be accessed from anywhere
within PowerChart.



The Inbox Summary pane contains 3 tabs: Inbox, Proxies, and Pools.

Inbox Summary		ф	
Inbox	Proxies	Pools	
	110,103	10015	

Inbox Tab

Inbox Summary		д		
Inbox	Proxies	Pools		
·	4			

The Inbox tab contains messages that are addressed to the user. It consists of 3 categories of messages: Inbox Items, Work Items, and Notifications.

Category	Contents
Inbox Items	General Messages, Orders, Results, and Documents folders containing messages specifically sent to the user.
Work Items	Reminders and Saved Documents folders containing items for follow-up by the user.
Notifications	Notify Receipts, Trash, and Sent Items folders.

Within each category are folders and sub-folders that display both pending and total messages (i.e. -2 unread messages out of 2 messages).

Click the plus sign (+) next to a category to expand and view additional folders within the category.

TINDOX Items (0)	
Work Items (0)	
Reminders	
Saved Documents	
The second secon	

Message CenterThe expansion button (plus sign), sub-folders, and item counts do not display when
there are no items present.

(continued)

there are no items present.
Inbox Items (3)



Proxies Tab

Inbox Summary 🛛 🕈		
Inbox P	roxies Pools	
Proxy: Manage		
Display:	Last 30 Days 🔻 📃	

The **Proxies** tab allows a user to access the Inbox of another user and perform any activities for which authorization has been granted.

Pools Tab

Inbox Summary 🛛 🕈		
Inbox	Proxies Pools	
Pool:	MH Neur 👻 Manage	
Display	" Last 30 Days 👻 🔜	
Filters:	All 👻	

The **Pools** tab allows multiple users who are members of the pool to have access to a shared mailbox. All pool members can view all items in the mailbox. An item in the mailbox is considered complete when any one of the pool members processes and deletes the item.

Note: Refer to your standard of practice before making changes in Message Center.

Set the MessageCheck with your supervisor before changing the Message Type Preference. The
need to change or not change this preference will depend on your role and location.

Preference

The Message Type Preference determines in which folder a newly created message is stored in the Clinical Notes section of the patient's chart.

Step	Action	
1.	Be sure the Message Center is open. a. Messages If not, click on the Messages toolbar button.	
2.	Click on the Inbox menu at the top of the window.	
3.	Click on the Manage Preferences command. <i>The Setup dialog box</i> <i>opens with the user's</i>	
	name in the title bar and the Behavior Prefs tab displayed.	
4.	Click on the Message band in the navigation pane, to the left.	
	Message Behavior Preferences display to the right.	
5.	Click on the Document Type drop- down list in the Defaults When Creating a New Message section.	
6.	Scroll to locate the correct <default message<="" th=""></default>	
7.	Select the <default folder="" for="" location="" message="" your=""></default> option.	
8.	Click on the OK button.	
	The Commit Progress notice box displays a message, "Settings saved successfully."	
9.	Click on the OK button in the bottom, right corner.	
	Now, when the user creates a new message, the As field, to the right of the Save to Chart text box, defaults to Research/Clinical Trial Records.	

Send a New Message from the Inbox

Step	Action		
1.	Click the Communicate button located within Message Center.		
	Inbox Summary Proxies Pools Display: Last 30 Days Status Pat A new message displays.		
2.	Type the first few letters of the patient's last name in the Patient field.		
3.	Click the Search button (binoculars).		
4.	Conduct a thorough search.		
5.	Select the correct patient in the top results pane.		
6.	Select the most recent encounter for the patient and your location.		
	Note: A new encounter will need to be created if there are no existing encounters for the current location. Instructions for this task are found in the next section, "Create a Phone Encounter."		
7.	Click OK.		
8.	Click in the To field.		
9.	Type <staff member="" name=""></staff> .		
10.	Enter a concise, specific message title in the Subject field.		
	Note: It is recommended to change the subject so that it reflects the specific nature of the message. This becomes the title of the message in the recipient's Inbox .		
11.	Type the needed communication in the Message field.		
12.	Click the Send button.		
13.	Click the Refresh button.		
	The sent message displays in three locations:		
	b. The recipient's Inbox		
	c. The sender's Sent folder.		
	a. Clinical Notes in the patient's chart.		

Create a Phone It is best to associate a new message with the most recent encounter for the clinic location. When no previous encounter for the clinic exists, a phone message encounter needs to be created.

Note: Appropriate routing of electronic prescriptions, outside order requisitions, and order tasks are all dependent on the clinic location associated with the encounter. If misrouted, orders and tasks may be missed and result in patient care delays.

Step	Action	
1.	Click the Communicate button.	
	The New Message window displays.	
2.	Enter the last name of the patient in the Patient field.	
3.	Click the Search button (binoculars).	
4.	Conduct a thorough search.	
5.	Select the correct patient in the top results pane.	
6.	Do NOT select an encounter (bottom, right pane).	
7.	Add EncounterClick the Add Encounter button, in the bottom, right corner of the Patient Search box:	
8.	Enter location search criteria in the Facility Name field.	
9.	Click the Search (ellipsis) button.	
10.	Select the correct Organization from the search list.	
11.	Click the OK button.	
	The Phone Message Encounter conversation opens.	
12.	Right-click on a blank grey area of the conversation.	
13.	Select the Highlight Required Fields command.	
	Required fields are now highlighted in yellow.	
14.	Complete all required and any other relevant fields.	
15.	Click the OK button.	
	The New Message window is re-displayed.	
16.	Complete and send message.	
	See the "Send a New Message from the Inbox" section on the previous page.	

Reply to a Message

Step	Action
1.	Double-click to open an inbox message.
2.	Click on the Reply button.
3.	Enter response at the top of the Message field.
4.	Click the Send button.
5.	Click the Refresh button.

View a Phone Call/Message in	Step	Action
Clinical Notes	1.	Click the Patient Chart Access drop- down arrow. When a message is selected in the Inbox, the Patient Chart Access button displays the patient's name, to the left of the Recent button. The patient's chart displays. Wallace, Liz C Ambulatory Viewpoint Dulatory Flowsheet hart Search Pregnancy Summary Newborn Summary Newborn Summary Health Maintenance Immunizations Growth Chart Results Review
	2.	Click the Clinical Notes band. Pending Labs
	3.	Double-click the Phone Call/Message folder.Medication ListWhen opening other folders, it may be necessary to open several layers of next folders to reach a specific note.Medication ListOrders Order History (Non-Meds) Nurse Review Problems and Diagnoses HistoriesMedication List
	4.	Double-click the newly added message. The message displays in the pane to the right.

Message CenterA pool allows groups dedicated to particular tasks to share an inbox and provides
one message center address to direct messages for a specific purpose or set of
purposes, regardless of which workers eventually handle those messages.

Send a Message The following is an example of how to send a message to a Refill Pool.

to a Pool

Step	Action		
1.	Click the Communicate button.		
	A new blank message opens.		
2.	Click the binoculars to the right of the Patient field.		
3.	Conduct a Patient Search.		
4.	Select the correct patient (top pane, right).		
5.	Select the most recent encounter for your location (bottom pane, right).		
6.	Click OK .		
	The patient's name displays in the Patient field.		
7.	Click the binoculars to the right of the To field.		
	The Address Book displays.		
8.	Click the Pool option button.		
9.	Enter the Pool name in the search field		
	Example: Scheduling Pool – the actual name of the pool must match whatever is entered in the search field to display in the results field.		
10.	Highlight the correct pool name.		
11.	Click the Add button.		
12.	Click OK .		
	The pool name displays in the To field.		
13.	Enter a concise, specific message title in the Subject field.		
14.	Enter a message in the body of the Message field.		
15.	Click the Send button.		

View PoolPool functionality allows users to share responsibility for managing results,
documents, and messages for one clinic, department or unit.

Step	Action
1.	Click the Pools tab.
2.	Click the drop-down arrow in the Pool field. <i>A list of assigned pools displays</i> . Inbox Summary Pool: Training Refile Display: Training Refile Filters: All
3.	Select the specific Clinical pool. Note: Assigning a message alerts other pool members that somebody has taken responsibility to follow-up on this message.

sign a	То	Then	
Yourself	Open and respond to a message	Double-click on the message. The message displays.	
	Assign the message	 Right-click on the message. Select Assign Item from the menu displayed. 	
		Assign Item Unassign Item	
		Open Patient Chart 🔸	
		Open Patient Chart The user's name displays in the Assigned column in the Summary Pane. Messages ×	
		Open Patient Chart ▶ The user's name displays in the Assigned column in the Summary Pane. Messages × Communicate ▼ Open Reply Reply All	
		Open Patient Chart ▶ The user's name displays in the Assigned column is the Summary Pane. Messages × Communicate ▼ Open Priority Assigned From Subject	

Step	Action
1.	Locate the message regarding Patient 3 .
2.	Right-click on the message.
3.	Click on the Assign Item command.

Unassign a

A message may be unassigned by you or by someone else.

Message

Step	Action
1.	Right-click on the message.
2.	Click on the Unassign Item option.

Introduction to
Inbox ProxyGranting proxy to another user's Inbox allows that user to have access to the folders
and functions (i.e. – signing, refusing, and forwarding messages/results) that have
been granted within the limitations of their scope of practice. (i.e. A nurse cannot
cosign orders on behalf of a physician).

The proxy Inbox has the same look and feel as one's own Inbox; however, all actions taken are on behalf of the individual for whom one is acting as proxy.

Important Notices about Using Proxy

• When signing an inbox item as a proxy, the signature states the user is signing on behalf of the individual's inbox. If an item is reviewed but needs to be left for the original user to review as well, close the notification or move to the next message without deleting.



• Any activities performed as a proxy are electronically recorded.

Set Up a Proxy

Step	Action		
1.	Click on the Proxies tab in the Inbox Summary pane within Message Center.		
2.	Click the Manage button. The Setup window displays and the Manage Proxy tab is selected.		
3.	Click the Add button in the Proxies Given by Me pane.		

Set Up a Proxy (continued)

continued	from previous page			
4.	Enter the name of the person in the User field to whom is being given proxy.			
	The User field displays the selected name(s).			
	Optional Search Tool			
	• Click the Search button (binocular icon) to search for and select the recipient's name.			
	• Multiple users with proxy at the same	h the same level of access may be granted time.		
5.	Click the down arro Additional Users lis	bw to move the current user to the st box.		
	Important: The last user by field and NOT moved to t	being added must remain in the User text he Additional Users list box.		
6. Optional Step	Continue to add additional users, if needed.	Additional Users Taylor10, Jon Taylor15, Oscar		
7.	Enter the appropriate date and time in the Begin Date field.	Begin Date 11/09/2012 🗘 🗸 1215 End Date		
8.	Enter the appropriate date and time in the End Date field.	12/09/2017		
9.	Click the Grant All button	Granted Items Messages Abnormal		
		CC Messages Critical		

Available Items Inbox Items Messages CC Messages Grant All ->> General Messages Other Consumer Messages Renewal Requests Documents General Messages eRx Routing Errors Review Renewal Requests Sign Letters to Print eRx Non-Matches <- Revoke eRx Routing Errors eRx Renewals eRx Suspect Matches eRx Non-Matches Reminders <<- Revoke All Secure Messages Saved Documents eRx Renewals Secure Non-Matches Notify Receipts eRx Suspect Matches Secure Routing E Accept & Next Cancel All Available Items are moved to the Granted Items pane. See option to grant partial privileges on next page.

Set Up a Proxy (continued)	continued	from previous page
	10. Optional Step 11.	Grant Partial Privileges • Select items from the Available Items pane. • Click the Grant button to move them to Granted Items pane. Acceptenet Click the Accept and Next button (button location illustrated on previous page). The selected name(s) display in the Proxies Given by Me pane: Configuration Behavior Prefs Manage Pools Manage Proxy F If Given Proxies Given by Me User Begin Date Howser15, Aiden 11/09/2012 12:15:00 Taylor10, Jon 11/09/2012 12:15:00 Taylor15, Oscar 11/09/2012 12:15:00
	12. 13.	Click the OK button to close the Setup window. <i>The Commit Progress window displays, stating the settings were</i> <i>successfully saved.</i> Click the OK button.

View Proxies	Once proxy authorization is granted, a user can view the proxy privileges.		
Others	Step	Action	
	1.	Click on the Proxies tab in the Inbox Summary pane.	
	2.	Click the Manage button.	
		The Setup window displays the Given pane.	
	3.	Click the Received tab in the bottom, left corner.	
	4.	Select a user's name.	
	5.	Click the Details button.	
		The Details for Received Proxy pane displays, below, where granted privileges can be viewed.	

Update Proxy Authorization

The end user can change proxy authorization details.

Step		Action	
1.	Click on the Proxies tab in the Inbox Summary pane.		
2.	Click the Manage button.		
	The Setup window displays.		
3.	Remove an authorization or p	proxy:	
	То:	Then	
	Remove an authorization from a proxy Remove all authorizations from a proxy	 a. Highlight a user's name. b. Details Click the Details button. c. Highlight the authorization in the Granted Items pane. d. <- Revoke Click the Revoke button. a. Highlight the user's name. b. Click the Details button. c. <- Revoke All Revoke All button. 	
	Remove the proxy completely	a. Highlight the user's name.b. Click the Remove button.	
	Fronties Given Provies Given b User Howser15, Al Taylor10, Jon Taylor15, Osc Details	ry Me Begin Date End Date den 11/09/2012 12:15:00 12/09/2017 12:15:00 11/09/2012 12:15:00 12/09/2017 12:15:00 ar 11/09/2012 12:15:00 12/09/2017 12:15:00 Add Rengve	
1			
4.	Click the OK button after all c	changes have been made.	

Schedule Viewer

Scheduling Viewer The Scheduling viewer is accessed through the Scheduling button on the Organizer Button Bar. The Schedule Viewer is an efficient and easy-to-use scheduling tool. It allows you to see your schedule and those of others in a daily, weekly, or monthly view. Schedule Viewer is used to perform numerous scheduling tasks, such as: • Check in appointments.

- Cancel appointments.
- No Show appointments.
- Reviewing your appointments by day, week or month.
- Reviewing appointment comments.
- Check out appointments (not utilized by all clinics).

Schedule Viewer allows users to easily customize the display, such as time intervals and displayed columns.

It can also serve as a list of patients to be seen the current day. In addition, patients' charts can be opened directly from the **Schedule Viewer**.

Scheduling					
Date:	09/21/2012			Recent Resource: Cordes	;, Timothy M
Time 9	Status	Name	Location	Duration	Description
1300 (15	Checked Out	Barber, Alice	HeartFailure MH	00:30	Follow-up
30 45	Checked In	Larson, Alex	HeartFailure MH	00:30	Follow-up
1400 15	No Show	Fields, Andrea	HeartFailure MH	01:00	New Patient - Sycnope
30 45	Confirmed	Hammond Jassiaa	Heart Eailura MH	01-00	New Patient, Suprana
15	Continued	Hanimond, Jessica	nealtrailule Min	01.00	New Patient - Sychope
45 1600					
15 30					

Viewer

Scheduling Basic demographic patient data can be also be viewed by hovering over the patient's name in the Schedule Viewer. (continued)

Time Name Appointment Type 45 0900 Test, Ashley AMB New 15 AMB New Ø 30 Jones. Sam Z 45
 1000
 Jone
 Name: Jones, Sam Z; Home phone:

 15
 3171234567; Work phone: N/A;

 30
 Jones, Sam X
 AMIB
 AMB New 45 1100 Wallace, Liz A AMB Return 15 Wallace, Liz B AMB Return 30 Wallace, Liz C AMB Return 45 Wallace, Liz D AMB Return

Once the rooming process has been completed, select the room number from the Pt: Location drop-down, which notifies the physician that the patient has been roomed and is ready to be seen.

Sch	Scheduling				
Date:	08/18/2015	A V	▼ Recent ▼ Resource:	Miller, DT MD	
Time	Name	Appointment Type	Duration	Description	PT: Location Comme
30					
45					
0900	Test, Ashley	AMB New	00:30	new	
15					
30	Wallace, Liz A	AMB New	00:30	asthma	
45					1
1000	Wallace, Liz B	AMB New	00:30	asthma	10
15					11
30	Wallace, Liz C	AMB New	00:30	asthma	13
45					14 -
1100	AND IN THE INC.	AMD D .	00.45	a	



Access Scheduling reports can be viewed and printed from the Schedule Viewer. Scheduling Step Action **Reports from** Schedule Right-click anywhere in the Schedule Viewer. 1. Viewer Appointment History View 45 Barber, Alice **Right Click** Scheduling Reports... 1600 View 15 30 Preferences 45 2. Select the Scheduling Reports command.

Step	Action	
1.	Type "Garcia" in the Resource field.	
	Dr. Garcia's name displays in the Resource field.	
2.	Click the Binoculars icon M .	
3.	Select the name of the appropriate person.	
	Find Resource	
	Mnemonic Garcia, BMH MD Garcia, DT MD Garcia, Ely J, MD Garcia, iConnect MD	
	Garcia, Implement MD Garcia, IUHP MD Garcia, SIP MD	
	OK Cancel	
4.	Click OK.	
	The selected resource's schedule displays	

ashadula of a reasource follow these stars Search for a 41. . Resource

A patient may be checked-in in Schedule Viewer, if they are not checked-in by the Check-in **Patient from** front desk. Schedule

Step	Action	
1.	Right-click on the patient's appointment.	
2.	Click on the Check In command.	
	The Check In dialog box displays.	
3.	Click the OK button.	
	The appointment turns to a green color in the Schedule Viewer.	

Continued on next page

Viewer

Open a Patient
Chart from
Schedule
ViewerPatient charts can be opened from the Schedule Viewer.Note: By selecting your patient from the Schedule Viewer, you can ensure you are selecting
the correct encounter. Once the patient turns green, it means they are checked in and ready
for documentation.StepAction

1.	Double-click on Patient's appointment.			
	Scheduling			_
	Date: 06/25/2015	×	▼ Recent ▼	Resource: Miller, DT MD
	Time Name	Appointment Type	Duration	Description
	0900 Test, Ashley	AMB New	00:30	new
	30 Jones, Sam Z		00:30	HTN
	_			
	The natient's cl	hart opens to the A	Amhulatory Vie	wnoint nage
	The patient 5 er		intotitatory , te	mpoint puge.
2.	Click the X on	the patient chart ta	ab.	
	The patient's cl	hart closes and Sc	hedule Viewer	is displayed, again.

Patient Lists

Create a Location Patient List Patient lists can be created in order to make tracking patients a much easier task.

Step	Action
1.	Patient List Click the Patient List button.
	A list of active patient lists tabs displays.
2.	Click the List Maintenance icon <i>p</i> on the Patient List toolbar.
	The Modify Patient Lists window displays.
3.	Click the New button in the lower right-hand corner.
4.	Select a Patient List Type (i.e. – Location).
	Patient List Type Select a patient list type: CareTeam Custom Location Med val Service ProWiler Group Query Relationship Scheduled
5.	Click Next.
6.	Click the \boxdot (plus sign) to the left of the Location folder on the right.
	A list of all Indiana University Health facilities display.
7.	Click the $ \mathbb{E} $ (plus sign) to the left of the facility group .
	A list of all locations within the chosen facility display.
8.	Click the plus sign \boxdot next to the facility name to expand the folder.
9.	Select the location name or clinic by clicking in the checkbox.
	Image: Services Image: Services Image: Services Image: Services

Continued on next page

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Patient Lists, Continued

Create a Location Patient List (continued)

continued from previous page		
10.	Click Finish.	
	The patient list displays in the Available List pane.	
11.	Highlight the clinic name in Available Lists.	
12.	Click the Send button .	
	The list is transferred to the Active Lists pane.	
13.	Click OK.	
	The list displays as a tab under Patient Lists.	

Patient Lists, Continued

Create a

List

Custom patient lists can be created in order to track specific patients, independent **Custom Patient** of location, encounter, etc. Each patient must be added to and removed from a custom list individually.

Step	Action	
1.	Click on the Patient List button on the View toolbar.	
2.	Click on the List Maintenance button. Patient List Image: Click on the List Maintenance The Modify Patient List dialog box displays.	
3.	Click the New button. Image: Modify Patient Lists Active lists: Available lists: Active lists: Image: CWB2E Image: MEMER Image: Comparison of the patient List Type dialog box displays (see screen shot on next page).	
Create a Custom Patient	continued	from previous page
---------------------------------------	-----------------	---
Custom Patient List (continued)	Continued 3.	Patient List Type Select a patient list type: Assignment Custom Medic Vice Provit Query Relationship Scheduled Back Next Finish Cancel
	4.	Click the Custom option.
	5.	Click the Next button.
		The Custom Patient List dialog box displays. Custom Patient List Care Teams Locations Locations Discharged Criteria Discharged Criteria Use Best Encounter Image: Transfer List Back Next
	6.	Select the Encounter Types checkbox.
	7.	Select the Emergency checkbox.
	8.	Enter a name for your list, such as "Transfer List."
	9.	Click the Finish button.

Step	Action		
1.	Right-click on a patient's record.		
	seizure 47 years Male 00000000	0.1 Days Eme	
	e Display Priority + s Female 00000000	0.1 Days Emi	
	Female 00000000	0.0 Days Eme	
	Patient Snapshot Female 00000000	0.0 Days Eme	
	Right Click mation Male 00000000	0.2 Days Emd	
	Female 00000000	0.2 Days Pat	
	Visit List Female 00000000	0.1 Days Em	
	d Inactivate Relationship Female 00000000	1.0 Days Emc	
	er Add Allew Sticky Notes Female 00000000	0.1 Days Eme	
	ar Male 00000000	0.1 Days Emg	
	re Sort Male 00000000	0.0 Days Em	
	n Hide 00000000	0.0 Days Em-	
	EY Customize Columns	0.2 Days Em	
	no Male 00000000	0.2 Days Eme	
	Add to a Patient List Transfer List	Emi	
	E Copy Ctrl+C Transfer List 2	Eme	
	Paste Ctrl+V	Em	
	ty Femal 20000	0.1 Days Em	
	Copen Patient Chart Female 0000000	0.1 Days Eme	
	The second	0.2 Days Em	
1	Hover over the Add to Patient List option		
1.			
2.	Click on the name of the list to which to copy	the patient.	
	The nations according added to and displaying of	a the oustom list	
1. 2.	Hover over the Add to Patient List option.Click on the name of the list to which to copyThe patient record is added to and displays on	the pa	

Each patient will remain, indefinitely on a custom list until thare are manually removed from the list.

Patient to a Custom List

Remove a

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Step	Action
1.	Right-click on a patient's record.
2.	Select the Remove command.
	The patient record falls off the custom list.

Proxy a Cerner Patient List

Step	Action
1.	Login to PowerChart.
2.	Patient List Click the Patient List button on the PowerChart View toolbar.
3.	Select the patient list tab to be proxied. TH3N, TH3S, THPOC Pediatrics MMP East IUH Ball Mem Hosp Pediatrics MMP East - Outpatient - Onl lay patients that have been admitte Admitted Name Visit Reason MRN DOB Age Sex Attending Physician Primary Care
4.	Click the Properties button. <i>The Customize Patient List Properties dialog box displays.</i>
6	Click the Proxy tab.
6	Click the New button.
7	Click the Provider option button. To: To: To: To: To: To: To: To:
8	Click the Search button (binoculars).
9.	Search for and select the correct user.
10.	Click the OK button.

Continued on next page

Proxy a Cerner Patient List (continued)	continued from previous page			
	9.	Click the Access drop-down list.	Access: Full Access	
	10.	Select the Read option.	Maintain Read	
	11.	Set the date and time to begin proxy in the From date and time fields.	From: 02/17/2015 V 0800 EST	
	12.	Set the date and time to end proxy in the To date and time fields.	02/19/2015 T T T T EST	
	13.	Click the Apply button.		
	14.	Click the OK button.		

Use a Proxied Patient List

Step	Action
1.	Login to PowerChart.
2.	Click the List Maintenance button.
	The Modify Patient List dialog box displays.
3	Select the proxied list from the Available Lists pane on the left.
	P Modify Patient Lists
	Available lists: Pediatrics MMP Fast (L. VPHVXH)
4	Click on the Move button (small right-pointing arrow) between the panes.
	P Modify Patient Lists
	Available lists: Pediatrics MMP East (L. VPHVXH) New OK Cancel
6	Click the OK button. The proxied list, and its patients, displays as a tab on the Patient List page.

Inactivate a List

Step	Action
1.	Click the List Maintenance icon 2.
2.	Highlight the list name in the Active lists pane.
3.	Click the Remove button . The selected list displays in the Available lists pane.
4.	Click OK . The list is removed from Patient Lists.

Delete a List

Step	Action
1.	Click the List Maintenance icon 🤌.
1.	Right-click on the list name in the Available lists pane.
2.	Select Delete Patient List.
	Availabe Right Click UH Hospital Out Mark DC Delete Patient List
3.	Click Yes.
4.	Click OK to close the Modify Patient List window.

Tips and Tricks



Patients are automatically discharged at midnight on the day patients are seen in an outpatient clinic.

Series (recurring) patients display in your **Patient Location** list for up to 90 days.

Open a Patient's Chart

Overview

There are numerous methods to use to open a patient's chart (see previous section, "Open a Patient Chart from Schedule Viewer").

In many windows, it is possible to rightclick on a patient's name and use the Open Patient's Chart command. Two

uling Database To	ools 📳 Report Builde	r	11 11
List	Recent 👻	Name	- Q
Recent d	rop-down list	nt Patient Sear	ch field

common methods are listed, below, both of which can be accomplished from the Message Center or from another patient's chart.

Step	Action
1.	Click in the Patient Search field.
2.	Enter Patient's LastName, FirstName.
3.	Press Enter on the keyboard.
	The Patient Search dialog box displays.
4.	Select your Patient .
5.	Select the appropriate encounter.
6.	Click OK.
	The patient's chart opens to the Ambulatory Viewpoint page.
7.	Click the X on the patient chart tab.
	Step 1. 2. 3. 4. 5. 6. 7.

Open a Patient Chart Using Recent Dropdown List

Step	Action
1.	Click on the Recent drop-down list.
	The last 9 charts opened are listed, most recent at the top.
2.	Click the Patient's name.
	The chart opens to the default section of the chart.

Chart Search

Overview	Chart Search is a search engine within Cerner that allows users to search for
	patient data within a patient's medical record. It will provide near instantaneous
	search for words, phrases, and clinical concepts found in the patient medical record.
	It can intelligently match and rank documents so that the most important and useful
	documents will move to the top of the result list, reducing the time it takes to locate
	key pieces of clinical data.

InformationChart Search offers users the ability to search for the following types of
information:

- Text Documents (not including scanned documents)
 - Clinical Notes
 - Diagnostic Reports
 - Pathology Reports
 - Radiology Reports
- Discrete Data Measurements, such as:
 - o Vital Signs
 - Body Measurements
 - o Labs

2.8 months ago 5.5 months ago 8.7 months ago 8.8 months ago	Gabapentin Lvl Gabapentin Lvl Gabapentin Lvl	10.7 mcg/mL 10.5 mcg/mL 9.3 mcg/mL
5.5 months ago 8.7 months ago 8.8 months ago	Gabapentin Lvl Gabapentin Lvl	10.5 mcg/mL 9.3 mcg/mL
8.7 months ago 8.8 months ago	Gabapentin Lvl	9.3 mca/mL
8.8 months ago		
	Gabapentin Lvl	2.3 mcg/mL
11.9 months ago 🕧	Gabapentin Lvl	6.8 mcg/mL
1.2 years ago	Gabapentin Lvl	6.4 mcg/mL
1.5 years ago	Gabapentin Lvl	3.9 mcg/mL
1.6 years ago	Gabapentin Lvl	4.7 mcg/mL
1.7 years ago	Gabapentin Lvl	3.8 mcg/mL
1.8 years ago	Phenytoin Level Total	4.4 mcg/mL
Progress Note-Phys He is currently on Neu normal and he is due f	ician: "Diabetes mar irontin 900 mg t.i.d. H or a followup visit N	nagement" Kolr is ophthalmology MEDICATIONS: GIV
7.8 years and May 12, 2	002 4:58:00 PM CDT Hi	obland Clinic

anticonvulsants x

Items Not Included in Chart Search Chart Search does NOT include the following:

- \circ Orders
- \circ Problems
- o Procedures
- o Allergies
- Lab panels (currently must search for individual components)

Note: Depending on your search criteria, data may not return for all searches. If you are expecting a return when a certain term/phrase is entered, but nothing returns, use the **Give Feedback** button to communicate with Cerner engineering.

Perform a Word or	Step		Action
Concept Search	1.	Click the Chart Se chart.	arch band in the Table of Contents in the patient's
		The Chart Search	screen displays.
		Xyztest, Norma X Yztest, Norma Code Stal Preferred Name: DOB:01/0 Allergies: Grass, Levaquin Le Wt. For O Pop Health Services Available:No Menu - All V Bed Control SnapShot Blood Bank Cardiac VAD Template Chart Search Chart Summary Clinical Notes 2 Year Physician Notes SEN, NN, Critical Labs Dictation View Discharge Instructions Drug Levels ED Patient Summary	List Image: Control of the second of the
	2.	Enter a word or phrase in the Search field.	diabetes diabetes : * diabetes mellitus and related concepts (prototype) diabetes insipidus diabetes insipidus - pituitary: neurohypophyseal diabetes insipidus diabetes insipidus secondary to vasopressin deficiency: neurohypophyseal diabetes insipidus diabetes management plan given
		Note: Chart Search	diabetes mellitus diabetes mellitus - adult onset: diabetes mellitus type 2 diabetes mellitus arising in pregnancy: gestational diabetes
		automatically offers helpful words and	diabetes mellitus insulin-glucose infusion in acute myocardial infarction diabetes mellitus screening diabetes mellitus type I: diabetes mellitus type 1
		phrases when the user begins typing; this is referred to as	diabetes mellitus type II: diabetes mellitus type 2 diabetes mellitus with ketoacidosis: diabetic ketoacidosis diabetes mellitus with neuropathy: diabetic neuropathy diabetes mellitus, adult onset, with hyperosmolar coma diabetes mellitus, brittle
		Search Assist.	diabetes mellitus, disorder associated with: diabetic complication
		Results displayed above	diabetes mellitus, disorder associated with type 2
		the line search	Search for items containing "diabetes" Search for items NOT containing "diabetes"
		for concepts. The quotation mar	ks around a word designate a word search.

Perform a Word or	continue	d from previous page
Concept Search (continued)	3.	Select a concept from the list displayed or click the Search button or press Enter on the keyboard.A list of matching results displays.
		diabetes × × Cerner's Chart Search provides a delayed index to a subset of the patient's medical record, Learn more. Search Matches L = 18 of 181
		Matches 1 = 10 01 101 Search again using: "diabetes." Looking for Results for diabetes." Search again using: "diabetes." Solution for Results for diabetes." Solution for Result for Result for Result for Result for Result for Results for Results for Result
		insulin pen 12/20/2010 10:16 insulin lispro 2 Units Units HgbA1C 17.3% BG fairly controlled and suspect insulin requirements decreasing with improved insulin sensitivity/resolving glucotoxicity. 6.8 months ago Dec 20, 2010 12:50 PM EST UL Health Methodis Hespital Endo/Diabetes Staff Progress Note: "diabetes" 06/25/2011 5:45 insulin regular 73 Units Units 06/25/2011 4:00 insulin regular 5 Units/hr Units 06/24/2011 5:19 insulin regular 4 Units/hr Units 06/24/2011 6:00 insulin regular 2 Units/hr Units 06/24/2011 5:00 insulin regular 4 VDits/hr Units 06/24/2011 5:45 insulin regular 33 Units Units 20.1 days ago Jun 25, 2011 12:27 PM EDT IU Health Methodis Hespital

Filter Results Patient Chart Search returns a prioritized list of results that contain the word or concept searched for. At this point, the user can choose how view the results by using the filtering option located on the left of the screen. Search results can be filtered by:

- Documents displays both text documents and discrete measurements beginning with the most recent.
- Results displays only discrete measurements such as labs and vital signs beginning the most recent.

Displayed results can also be sorted by a timeframe (i.e. – Past 24 hours) or by relevance.

Click the black arrow $\overline{\bullet}$ next to the header to collapse or expand the section.

Click the **Filter this search** arrow to display additional filtering options for the current search. These options include:

- All document types
- All authors
- All locations
- All drug classes
- All drugs

Filter this search: ▼

All document types
Critical Care Resident
Progress Note (5)
Primary Care MD
Progress Notes (5)
Internal Med Staff
Progress Note (4)
Endo/Diabetes MD
Progress Notes (2)
...many more

View Patient Chart Search Results

The prioritized list of results includes an excerpt from the document and additional details, such as the number of years since the original document was created, the date/time of the original document, and the location where the original document was created.

Step	Action
1.	Click on the title of the document.
	diabetes × × Cerner's Chart Search provides a delayed index to a subset of the patient's medical record. Learn more. Matches 1 - 10 of 52 Looking for <u>Results for diabetes</u> ? 6.0 months ago Non-Insulin Dependent Diabetes Yes 9.2 months ago Critic + + + + + + + + + + + + + + + + + + +
	Click Here Click Here Endo/Diabetes MD Progress Notes: "Diabetes, Type 1" Quality measures Diabetes Mellings Assessment: most recent blood pressure less than 140/80 mmHg. 1.3 years ago Mar 8, 2010 11:26 AM EST Ferry 2600 Pediatrics APC - IU Health Arnett Physicians Primary Care MD Progress Notes: "Progress Note, Diabetes, Type 2 *" Impression and Plan Diagnosis Type 2 diabetes (ICD9 250.00). 22.2 days ago Jun 21, 2011 9:18 AM EDT IU Health Methodist Hospital Endo/Diabetes MD Progress Notes: "Diabetes, Type 2 *" Patient: Powernote M, Template Builk Age: 110 years Sex: Female D 01/01/1900 Associated Diagnoses: None Author: Histories Family History: . No family his have been selected or recorded. 1.3 years ago Mar 8, 2010 11:54 AM EST Ferry 2600 Pediatrics APC - IU Health Arnett Physicians
	The document window displays.
	Patient Demographics Attending: Med Service: Hospitalist Code Status: Full Code Status12/15/10 11:47:00, Disease Alerts: MRSA LOS: 5.0 Days
	History of Present Illness This is a 39 y/o wf who was admitted 5-days ago by We have been kindly asked by her service to manage this patient's diabetes for the duration of this hospitalization. Upon interview of the patient at her bedside, she states that she has been an insulin dependent diabetic for the past 12-years. She states she never misses a dose of her insulin which she takes Lantus 30 units daily but offers her sugars are very labile. She used to take her sugars three times per day but now only twice per day and they ave been running in the 200's-300's. She does not follow a specific diet "I eat pretty much what I want to." She denies experiencing any complications that would be associated with diabetes (i.e., diabetic retinemently, poweroathy, She used Lantus for wish hut is interested in using an This cached view was extracted from an original document which was posted to the medical roord at Dec 20, 2101 214 SPM EST. The cached view may not annear
	exactly like the original. Learn more.
	Note: This view shows unformatted text that was extracted from the original document in the patient's medical record so it may not display exactly as the original.
2.	CLOSE X Click the CLOSE button in the lower right-hand corner of the screen to return to the Chart Search main page.

To view a specific result, follow these steps:

FeedbackThe Give Feedback link allows users to give feedback in context to a search just
performed.



The feedback is routed to the engineering team. If you do not see a result displayed that you expected, click the **Give Feedback** link. The **Semantic Search Feedback** window displays. Enter your feedback and click the **Submit Feedback** button.

Semantic Search Feedback	
Search was for: diabetes	
Feedback:	
term did not return polyuria	~
	~
Contact information (optional):	
Dr. XYZ (111)111-1111 or XYZ@iuhealth.org	~
	~
Cancel Submit Fee	dback

Once submitted, the engineering team will consider this for future build.

Disclaimers Cerner has continued efforts to improve and enhance **Chart Search** features. At this time, **Chart Search** does not include:

- Orders
- Problems
- Procedure
- Allergies

However, documents often contain everything so much of this data is still available in a search. However, it displays as it is documented, not as it recorded in the patient's chart.

Lab panels (i.e. - CBC, BMP) are not searchable. Only individual results are searchable. For a comprehensive look at lab panels, refer to the **Results Review** band in the patient's chart.

Again, when you come across things that you expect to see but don't, use the **Give Feedback** link to let engineering know.

Key Features

s Chart Search uses the following key features to quickly perform searches:

• Word Search – allows users to find information based on the presence of a specific word. Words can be clinical or non-clinical.



- **Concept search** allows users to find information based on the clinical concepts that occur in the record. Mapping is based on SNOMED nomenclature. It searches for concepts in the document body and title, including symptoms, diseases, medications and common procedures.
 - For example, a concept search for rash will return any results associated with the term and find documents containing the medical term "skin eruption".

Search for	Concept	Matches	
"rash"	eruption of skin	"skin eruption" "rash" "exanthem"	

• Smart ranking - brings the most relevant search matches to the top of the list of search results.

diabetes × Search		
Cerner's Chart Search provides a delayed index to a subset of the patient's medical record. Learn more. Matches 1 - 10 of 52 Looking for Results for diabetes ? 6.0 months ago Non-Insulin Dependent Diabetes Yes 9.2 months ago Critical Glucose Communicated High		
<u>GI-Gen MD Progress Notes: "Quality Measures"</u> Diabetes Mellitus with Hyperosmolarity, Type I [juvenile Type], Not Stated as Uncontrolled / ICD-9-CM 250.21 / Confirmed Review / Management Quality Measures Diabetes Mellitus Assessment: most recent blood pressure less than 140/80 mmHg. 22.2 hours ago Jul 12, 2011 3:42 PM EDT Ferry 2600 Pediatrics APC - IU Health Arnett Physicians		
<u>Cardiol-Gen Fellow Progress Note: "Progress Note"</u> Respiratory: Shortness of breath, Cough, Sputum production, Hemoptysis, Wheezing, Cyanosis , Apnea Endocrine: No polyuria , No heat intolerance. Musculoskeletal: No back pain, No joint pain, No muscle pain, No claudication. 12.0 days ago Jul 1, 2011 2:44 PM EDT IV Health Methodist Hospital		
Primary Care MD Progress Notes: "Progress Note, Diabetes, Type 2 *" Impression and Plan Diagnosis Type 2 diabetes (ICD9 250.00). 22.2 days ago Jun 21, 2011 9:18 AM EDT IU Health Methodist Hospital		
Big Radiol-Intvn Staff Initial Consult: "IR Pre-Procedure Note" Diabetes Mellitus with Hyperosmolarity, Type I [juvenile Type], Not Stated as Uncontrolled / ICD-9-CM 250.21 / Confirmed 23.1 days ago Jun 20, 2011 10:49 AM EDT IU Health Methodist Hospital		

View Orders



Section	Explanation
Tabs	 Orders – Screen from which you enter orders in PowerChart. Medication List – List of medications and continuous infusions ordered for this patient. Document In Plan – Where nurses evaluate the patient goals.
Order Filters	Displayed – The recommended order filter is Inpatient Preferred . Click the drop-down arrow to select from the list.
View Pane	The View Pane on the left displays a list of PowerPlans and Order Categories. The categories with orders have a checkbox next to them and correspond to the headings in the Orders Profile on the right. When there are orders present in a category, its checkbox is checked. Click an order category to go directly to that section. If a patient has a large number of orders, you may want to hide order categories from view that don't pertain to you or your department. Deselect the checkmark to the left of the order category. This does not remove the orders from the category, but only temporarily hides them.
Order Profile	The Order Profile on the right side of the screen displays the patient's existing orders, the status of the order and some detail information.

View Orders, Continued

Order/Order Review Icons

lcon	Name	Description
+ Add +	Add Order	Initiates the order entry process.
Jocument Medica	Document Medication by Hx	Enter prescriptions or medications patient is currently taking at home.
2	Pharmacy verification	Medication has not been verified by a pharmacist.
***	Caduceus	Physician needs to co-sign the order.
60	Nurse Review	Indicates an order that has not been reviewed by a nurse.
6 6)	Stat Order	Indicates a Stat order that requires a nurse review.
	Inpatient/ Outpatient	Identifies inpatient/outpatient orders on the Add Orders dialog box.
	Prescription	Identifies a prescription order on the Add Orders dialog box.
Q	Reference Text	Displays to the left of an order and indicates that additional data, such as age-specific information and test preps, is available.
K	Checkmark	Located to the left of an order, the checkmark indicates that the order has been signed and is active.
	PowerPlan	Indicates orders that are grouped together - two or more orders grouped together for ease in ordering.
8	Additional Details	One or more details must be completed.
8	Additional Details (Highlighted)	Same icon as above but displays differently when the order is highlighted.
\$	Next detail	Takes you to the next detail whether it's required or not.
Ŷ	Previous detail	Takes you to the previous detail whether it's required or not.
₽	Next req'd field	Takes you to the next required field that is missing data.
*	Next order	Takes you to the next order. This button is enabled if you have more than one order with required fields.

View Orders, Continued

CommunicationThese following Communication Types are available to those placing orders and
are an indication of the origination of an order:

- 1. Written: Orders written on paper order sheets (i.e. Downtime orders). *This is also the communication type that is associated with orders entered directly by the provider via CPOE.*
- 2. **RVVO**: Repeat Verify Verbal Order. These orders will automatically route to the provider for co-signature. The dictation number should always be used for verbal orders to ensure they are routed to the correct provider. Verbal orders should only be used in urgent/emergent situations, as was the process prior to CPOE.
- 3. **RVTO**: Repeat Verify Telephone Order. These orders will automatically route to the provider for co-signature. The dictation number should always be used for telephone orders to ensure they are routed to the correct provider. The provider should stay on the phone as you enter the verbal telephone order into Cerner in order to address any alerts which may display during the order entry process.

Note: Order Communication Types "4" and "5," below, refer to IU Health clinical policies.

- 4. **Protocol Sign Req'd:** Used when approved protocol orders require the provider's co-signature (**medications, IV Fluids, labs, and/or tests, including radiology orders**), e.g., Skin and Wound Care Protocol, *if medication(s) are added*.
- Protocol: Orders that have been approved and do NOT contain medications, IV Fluids, labs, and/or tests, e.g., Skin and Wound Care Protocol, *if no medications are included*. These do NOT route to the provider for cosignature.
- 6. **CPOE Initiate:** Used when the nurse **initiates a PowerPlan from a planned state**. Because the provider signed these orders when placing them in a planned state, they **do NOT route to the provider for co-signature**. If there is a question, or if the nurse encounters warnings when initiating the orders, the nurse should validate with the provider which orders are appropriate.
- 7. **Unit Routine:** Used to cancel/reorder existing orders to reschedule them to meet unit routines. Also used to discontinue phases of Multiphase PowerPlans. These do NOT route to the provider for co-signature.

Document Medications by History

Document Medications by History

Step	Action
1.	Click the Medication List band.
2.	Click the Document Medication by Hx button.
3.	Click the Add button.
	Add Medication History No Known Home M Document Medication by Hx
	The Add Order window displays.
	Note: If the patient has no known medications, you will click the checkbox for No Known Home Medications
	Medication History Io Known Home Medications Unable To Obtain Information Use Last Compliance
4.	Type "multivitamin" in the Search field.
5.	Select the multivitamin .
	The Order Sentences window displays.
б.	Select 1 Tablet, Orally, Daily.
7.	Click OK.
8.	Click Done.
9.	Complete the Details , Order Comments , and Compliance tabs with any required information.
	E Details for multivitamin Image: Details Image: Despinois Image: Despinois Image: Despinois Image: Despinois Image: Despinois Image: Despinois Refil Dose Route of Adminit Frequency Dose Route of Adminit Frequency Date: Image: Despinois Image: Des
10.	Uncheck the Leave Med History Incomplete – Finish Later box.
	Leave Med History Incomplete - Finish Later Document History Cancel
	Unchecking this box will trigger the Status icon for Meds History (as viewed from the Medication List and Orders page) to update from a blue circle with an exclamation point to a green checkmark. This is the only visual indicator to the provider that the med list is updated and ready for reconciliation.
	Status Meds History Adm. Meds Rec Outpt. Meds Rec

Document Medications by History (continued)

continued from previous page...

11. Click the **Document History** button.

The historical medication is saved to the patient's Active Documented Medications by Hx list.

List a Study Drug in Cerner

An example of a medication by history could be a study drug. A drug that a patient is taking, but has not be prescribed within the electronic medical record. Having it documented provides transparency for other clinicians involved in the patient's care.



List a Study Drug in Cornor	continued	l from previous page
(continued)	7.	Click the Done button.
		The selected study medication is selected and displays in the Medication List pane and the Details pane, below presents fields which are required.
	Study Med	r Mea
	■ Details for St ■ Details	udy Medication (Study Drug XXX/Placebo)
	Dose	Route of Administration Frequency Duration
	1	Orally BID 3 Weeks 🕂 🖀 🕼 🐺
	C	Pescription: Study Drug XXXVPIacebo IRB#: 1234567890
		PRN: Type Of Therapy: C Acute
	Dispens	e Quantity:
	Dispense Qu	antity Unit: Special Instructions:
	Requested Start	Date/Time: 4/12/2015 V 1227 V Date/Time: 4/14/1444 V V
	0 Missing Required [Decument History Cancel
	8.	Complete the Details section by adding:
		• Dose
		Route of Administration
		• Frequency
		 Description (if blinded randomized study drug, enter "Name of study drug/Placebo")
		• IRB #
		• Special instructions or order comments may be added here, if necessary.
	9	Click the Document History button.

Modify Historical Medications

Modifying medications allows clinicians to modify historical medications that have been entered into the system instead of having to **Cancel/DC** the medication and begin the process again. **Modify** allows you to correct a historical medication entry or add details to the medication.

Step	Action
1.	Click the Document Medication by Hx button.
	The Document Medication by Hx window is displayed.
2.	Right-click on the medication you need to update.
3.	Select Modify from the menu.
4.	Update the Details , Order Comments and Compliance tabs as needed.
	PRN: Indication: Indication: Indication: See Instructions es Y Y Y
5.	Click the Document History button. <i>The historical med is saved to the patient's Active Documented</i>
	Medications list.

Cancel / Discontinue an Historical Medication

- **Complete**: Acute medications (antibiotics, prednisone tapers, etc.) that were prescribed for a short duration, and have exceeded the end date. Complete should also be used to remove duplicate historical medications
- **Cancel/DC**: Prescriptions that the patient states they are no longer taking because a provider told them to stop taking.
- **DOCUMENT COMPLIANCE: Not Taking**: Prescriptions that the patient is not taking, for any reason other than specific instruction from a provider.

Step	Action				
1.	Click the Document Medication by Hx button.				
	Document Medication by Hx				
	The Document Medication by Hx window displays.				
2.	Right-click on the multivitamin.				
3.	Select Cancel/DC.				
	When cancelling or discontinuing historical meds, the Ordering <i>Physician window does not display.</i>				
4.	Click OK.				
	A strikethrough line displays through the medication.				
	Home Medications				
	acetaminophen Discontinue 05/16/2014-13:18				
5.	Click the Document History button.				
	The historical med is saved to the Inactive Medication list.				

Complete aUse Complete for medications that are supposed to be taken for a finite amount of
time (i.e. antibiotics).

Step	Action			
1.	Right-click the antibiotic on the medication list.			
2.	Select Complete from the menu.			
	\$ \$ Status B Medications Status			
	amoxicilli CLAVIII AMATE (Au Ordered predniSOL Renew Image: Complete			
3.	Click the Sign button.			

Add/Modify Compliance can also be added or modified per the Add/Modify Compliance option.

Step	Action				
1.	Click the Document Medication by Hx button.				
2.	Right-click on the medication to be modified.				
3.	Select Add/Modify Compliance. The Compliance tab displays below.				
4.	Make the necessary additions or changes.				
5.	Type a comment regarding the modification in the Comment box. Image: Details Image: Compliance Status Image: Status I				
6.	Click the Document History button when finished. The Compliance Status is updated on the Medication List. Active Documented Medications by Hx Still taking, not as prescribed Patient does not take BID 10 Still taking, as prescribed 10				

Ambulatory Viewpoint

Overview The Ambulatory Viewpoint page can be used as a basic navigational tool and accessed through the PowerChart menu. There are three tabs across the top of the page; AMB Summary, AMB Custom, and Future Orders.

< 🔹 🛨 🔒 Ambulatory Viewpoint				
	🔍 🔍 100%	- • • 🗳		
AMB Summary	AMB Custom	Future Orders		

AMB SummaryThe Ambulatory Summary tab provides a snapshot summary of the patient's record.TabIt allows clinicians to take action, such as add orders, problems, diagnoses and
medical histories directly from this view.

The Ambulatory Summary tab is divided into 3 columns. Each column contains components to access and document patient data. User-based customization is available allowing the user to rearrange components on the page and to define the default expand/collapse behavior for each component.

Each component header (i.e. – **Vitals and Measurements**) is a hyperlink that launches the user to the appropriate section in the patient chart. The user can hover over any of the headers to see, in a tooltip, where clicking on that header will take them in the patient's chart.

Vitals and Measurements takes the user to **RESULTS REVIEW**.

<u>Vitals and Measurements</u> 🕂 🔻						
Last 1 ye Go to Vital	Last 1 X Go to Vital Signs tab					
	Today	Prev	rious			
BP	134/71	120/60	121/61			
	11/29/12	10/31/12	10/31/12			
HR	70	60	60			
	11/29/12	10/31/12	10/24/12			
Temp	37.5	37	37			
	11/29/12	10/31/12	10/24/12			



Ambulatory Viewpoint, Continued

Problems and
DiagnosesThe Problems and Diagnoses component is an enhanced version of the Problems
and Diagnoses band and displays the following three categories:ComponentDiagnosis This Visit – the problem being addressed at the current visit (i.e.

- **Diagnosis This Visit** the problem being addressed at the current visit (i.e. pain)
- Active Problems the patient's active problem list (i.e. chronic conditions such as diabetes)
- **Resolved Problems** the patient's Past Medical History (i.e. a kidney stone)

Note: Diagnosis is to be entered by the Provider.

To display the Problems and Diagnoses section In Ambulatory Viewpoint:

Step	Action				
1.	Click the Expand arrow on the right side of the band.				
	Problems and Diagnoses				
	All Visits				
	Classification: All				
	Add new as: Diagnosis This Visit				
	Q				
	Problem				
	Diagnosis This Visit (0)				
	△ Active Problems (3)				
	DM I (iuvenile) uncontrolled				
	hyperten				
	Desumenta NOC				
	 Resolved Problems(85) Show Previous Visits 				

Ambulatory Viewpoint, Continued

Medication ListThe Medication List component displays the patient's current medications. ItComponentallows users to Renew, Cancel/DC, and Complete prescriptions from theAmbulatory Summary view.Ambulatory Summary view.

Note: The **Medication List** component is only for renewing, canceling, or completing medications. Reminder: This training addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description.

Review Medications

Medication List (5) 📥	≡• ∾
All Visits	
Rx: amoxicillin 500 mg oral tablet 500 mg, 1 Tablet, Orally, BID, 1 Tablet	
Rx: cePHALexin monohydrate 500 mg oral capsule 500 mg, 1 Capsule, Orally, BID, 1 Capsule	
Hx: multivitamin Vitamin A and D oral capsule 1 Capsule, Orally, Daily	
Rx: oxybutynin 10 mg/24 hr oral tablet, extended release 10 mg, 1 Tablet, Orally, Daily, 30 Tablet	
Rx: Tylenol with Codeine #3 oral tablet 1 Tablet, Orally, Q4H, 1 Tablet, PRN: for pain	
Renew Cancel/DC Complete	
Routing: None Defined	Sign

Chart Search Functionality

Chart Search functionality displays at the top of the **Ambulatory Summary** view. It functions the same way as using the **Chart Search** band in the Table of Contents.

Chart Search	
	×
Search	
08/13	

Type your search term in the Search field. Matching items display as you type.

Ambulatory Viewpoint, Continued

AMB Custom Tab
 The Ambulatory Custom tab allows users to customize the following components:
 Allergies
 Patient Information

- Pregnancy History
- Procedure History.

Future OrdersFuture lab order functionality enables providers and support staff to enter
departmental lab orders with a future date or timeframe for activation at a future
office visit or IU Health Outreach Lab.

After future orders have been placed, the future orders tab is where these orders are shown, activated, or cancelled/DC'd.

1								R	
AMB Summary	AMB Custom	Future Orders							۹ 👘
Future Orders									≡• ⊘
Look back (Overdu	Je): 1 Weeks 💙	Look forward (Upc	oming): 1 Weeks 🔽 Pro	vider: All Providers	~	Ordering Location:	All Locations 🔽		
Laboratory (3)	Radiology (0)	All (3)							
Order	Grace Period	Order Date	Provider	Ordering Location	Details				
Overdue (0)									
⊿ Due (2)									
Hemoglobin	03/11/2015 03/15/2015	- 03/13/2015	HOWSER01, CANDACE		Blood, Routine +/- 2 Days, Or	e, Results Needed: Ro der for future visit	outine, ONCE, *Est.	. 03/13/15	
AST	03/13/2015 04/17/2015	- 03/13/2015	HOWSER01, CANDACE		Blood, Routine due within 5 V	e, Results Needed: Ro Veeks, Order for futu	outine, ONCE, *Est. Ire visit	. 03/13/15	5
△ Upcoming (1)									
Hemoglobin	03/18/2015 03/22/2015	- 03/13/2015	HOWSER01, CANDACE		Blood, Routine +/- 2 Days, Or	e, Results Needed: Ro der for future visit	outine, ONCE, *Est.	. 03/20/15	<i>;</i>
						ᄙ Refresh	Activate	Cancel/	DC

Note: This reference guide addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description

Ambulatory Flowsheet

Overview

Ambulatory Flowsheet is a view-only comprehensive overview of the patient's care. You will see items such as Vital Signs, Body Measurements, labs, and data from AdHoc forms.

Menu - All 🛛 🔻	👎 < 🔹 🕇 Ambulat	tory Flowsheet		
Ambulatory Flowsheet	1 in 10			
Ambulatory Viewpoint				
Bed Control SnapShot	Flowsheet: Ambulatory Flow	wsheet 🔻 Level: A	Ambulatory Flowsheet	✓ More
Blood Bank			4714 20444247 22	
Cardiac VAD Template			17 May 2014 13:47 - 22	2014 13:47 (Clinical
Chart Search	Navigator	Ambulatory Flowsheet	05/21/14 13:48	05/21/14 13:47
ci	Body Measurements	Body Measurements		
Chart Summary		Height		165 cm
Clinical Notes	Vital Signs	Calculated Height		65 Inches
	Blood Pressure #1	Weight		65.3 kg
SEN, NN, Critical Labs	E Den en dent Hebite	Calculated Weight		143.7 lb
Dictation View	Dependent Habits	Weight Method		Actual - Standing
Diaskana Instructions	Clinic Visit Screening	BSAM2		1.73 m2
Discharge Instructions			24.0	24 Kg/m2
)rug Levels		Ideal Body Weight	24.0	61 /1 ka
D Datient Summany		Vital Signs		01.41 Kg
		Temperature Cel	36.7 DegC	
Partners		Temperature Far Calculated	98.1 DegF	
orms		Temperature Method	Axillary	
onns		Patient Condition	Appropriate, Calm	
irowth Chart		Heart Rate	80 bpm	
ealth Maintenance		Heart Rate Method	Auscultation	
		Respiratory Rate	16 br/min	
listories		Respiratory Rate Method	Observation	
/0 / I-Elowsheet		SpO2	99 %	
		O2 Delivery Device	Room air	
CU Dash mock		Blood Pressure #1		
CU Dashboard		Systolic Blood Pressure #1	100 mmHg	
		Diastolic Blood Pressure #1	L 53 mmHg	
DPOC		BP #1 Location	Arm Upper Left	
mmunizations		Dependent Habits	Arm, Opper Left	
		Alcobol Use		Denies
inpatient Summary		Tobacco Use		Never Smoker
Insurance Summary		Clinic Visit Screening		and the second second
		Pain Score	0	

Results Review

 Open the
Results Review
Section
 The Results Review section contains data that is populated from multiple sections
of the patient's chart.

 Section
 Step

Step	Action		
1.	Open the patient's chart.		
2.	Click the Results Review band.		
	The Results Review section displays with the Lab Results tab open.		

Menu - All 🔻 🕂	< 🔹 🔸 🛉 Results Review	[□] Full screen 💼 Print ح 0 minutes ago es ago
Results Review		
Pregnancy Summary	Clinical Assessments Psychosocial Patient Education Wound Care OB Flowsheet Advance	Directive Neonatal
Neonate Summary	Lab Results Vital Signs Significant Events Results Neurophysiology Radiology Pathology	Diagnostics Glucose Data Respiratory Care
Prenatal Summary Report	Flowsheet: Lab/POC Results Flowsheet	▼
Alerts		
Allergies 🕂 Add		Clinical Range) 🔹 🔹
Ambulatory Flowsheet	Navigator Showing results from (04/30/16 - 06/06/16) Show more results	
Ambulatory Viewpoint	Blood Gases	
	Molecular Diagnostic Tests Blood Gases	2:59 ED1
	pH Bld Arterial ON *C <7.00	
Blood Bank	PCO2 Bld Arterial QN * C 19 mm	ig
Cardiac VAD Template	PO2 Bld Arterial QN H 170 mmH	g
	Base Excess Bld Arterial incalculable	mmol/L
Chart Search	Bicarb Bld Arterial Calc incalculable	mmol/L
Chart Summary	O2 Sat Bld Arterial Calc H 100 %	
	Patient Temperature 37.0 DegC	
Clinical Notes	Molecular Diagnostic Tests	
72 Hr Clinical Notes	MRSA PCR * A Positive	
	MIDDA PUK A POSITIVE	
2 Year Physician Notes		

How to Interpret Font Color of Results	 Each result displays in one of two formats: Black text = Non-critical results Red text = Critical, High/Low and Abnormal results. 					
Available Results to View	Results can come from charted data, completed forms, even feeds from other systems. The following are examples of information that can be found in Results Review :					
	• Vital Signs					
	Admission History Flowsheet					
	Perioperative Flowsheet					
	Anesthesia Flowsheet					
	Ote: To view the most up-to-the-minute information, click the Refresh button frequently.					

Use Results Review Tabs (Filters) Each tab acts as a filter and displays only that specific type of clinical result – i.e., the Lab Results tab only displays lab results.

Image: Note: State in the image: St	< 🔸 🕘 🛉 🔒 Results Re	view		[0]	Full screen	Print	€ 0 minutes ago
Clinical Assessments Psychosocial Patient Education Wound Care OB Flowsheet Advance Directive Neonatal Lab Results Vital Signs Significant Events Results Neurophysiology Radiology Pathology Diagnostics Glucose Data Respiratory Care Flowsheet: Lab/POC Results Flowsheet (a) March 26, 2016 14:42 EDT - October 26, 2016 14:42 EDT (Clinical Range) (a) Image: Clinical Range Image: Clinical Range Navigator Showing results from (04/30/16 - 06/06/16) Show more results Image: Clinical Range Image: Clinical Range <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							
Flowsheet: Lab/POC Results Flowsheet Table Group List March 26, 2016 14:42 EDT - October 26, 2016 14:42 EDT (Clinical Range) March 26, 2016 14:42 EDT - October 26, 2016 14:42 EDT (Clinical Range) Showing results from (04/30/16 - 06/06/16) Show more results Lab/POC Results Flowsheet 06/06/16 17:42 EDT 04/30/16 02:59 EDT Blood Gases PH Bid Arterial QN C < 7.00 PCO2 Bid Arterial QN C < 19 mmHg Base Excess Bid Arterial Incalculable mmol/L Bicarb Bid Arterial Calc Patient Temperature 37.0 DegC Molecular Diagnostic Tests MissA PCR A Positive 	Clinical Assessments Psychoso Lab Results Vital Signs Signi	ocial Patient Education Wound C ficant Events Results Neurophys	Care OB Flowsheet	Advance Directive Pathology Diagnostic	Neonatal cs Glucos	e Data	Respiratory Care
Navigator Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Show more results Image: Showing results from (04/30/16 - 06/06/16) Showing results from (04/30/16 - 02/30 = 04/30/16 - 02/3	Flowsheet: Lab/POC Results Flow	sheet 🔹 🛄 Level: Lab March 26, 2016 14:42 EDT	/POC Results Flowshee - October 26, 2016 3	t 🔹 👻 🖲 Table 14:42 EDT (Clinical Ran	🔿 Group ge)) List	4 1
Lab/POC Results Flowsheet 06/06/16 17:42 EDT 04/30/16 02:59 EDT Blood Gases C C P HBId Arterial QN * C < 7.00	Navigator Blood Gases	Showing results from (04/30/16 - 06/0	6/16) Show more res	ults			
Blood Gases PH Bid Arterial QN *C < 7.00	Mala a das Dis assertis Tasta	Lab/POC Results Flowsheet					
PH Bid Arterial QN * C < 27.00	Molecular Diagnostic Tests	Blood Gases					
PCO2 Bld Arterial QN * C 19 mmHg PO2 Bld Arterial QN H 170 mmHg Base Excess Bld Arterial incalculable mmol/L Bicarb Bld Arterial Calc incalculable mmol/L O2 Sat Bld Arterial Calc H 100 % Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR MSSA PCR A Positive		pH Bld Arterial QN		* C <7.00			
PO2 Bid Arterial QN H 170 mmHg Base Excess Bid Arterial incalculable mmol/L Bicarb Bid Arterial Calc incalculable mmol/L Q2 Sat Bid Arterial Calc H 100 % Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR MRSA PCR * A Positive		PCO2 Bld Arterial QN		* C 19 mmHg			
Base Excess Bid Arterial incalculable mmol/L Bicarb Bid Arterial Calc incalculable mmol/L ○ 2 Sat Bid Arterial Calc H 100 % ○ Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR * A Positive MSSA PCR A Positive		PO2 Bld Arterial QN		H 170 mmHg			
Bicarb Bild Arterial Calc incalculable mmol/L O 2 Sat Bild Arterial Calc H 100 % Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR MRSA PCR * A Positive MSSA PCR A Positive		Base Excess Bld Arterial		incalculable mmol/L			
O2 Sat Bid Arterial Calc H 100 % Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR MRSA PCR * A Positive MSSA PCR A Positive		Bicarb Bld Arterial Calc		incalculable mmol/L			
Patient Temperature 37.0 DegC Molecular Diagnostic Tests MRSA PCR * A Positive MSSA PCR A Positive		O2 Sat Bld Arterial Calc		H 100 %			
Molecular Diagnostic Tests MRSA PCR * A Positive MSSA PCR A Positive		Patient Temperature		37.0 DegC			
MRSA PCR ** A Positive MSSA PCR A Positive		Molecular Diagnostic Tests					
MSSA PCR A Positive		MRSA PCR	* A Positive				
		MSSA PCR	A Positive				
		L					

Flowsheet Type Specialty filters allow the user to quickly reduce the results being viewed to only those for a particular discipline – i.e., Anesthesia or Diabetic Clinic Flowsheet.

Step	Action
1.	Click the Flowsheet field drop-down arrow.
2.	Select a specialty filter. The results are reduced to those returned for that specialty.

Flowsheet:	Lab/POC Results Flowsheet	🔄 … Level
_	Lab/POC Results Flowsheet	A
•	MOB Working View	
	MRP Documents	
Navigato	Multiple Myeloma Oncology Flowsheet	1 1
mangato	Neonatology Flowsheet	m (12/15/1:
🔽 Hemog	Neurophysiology	
- Plead (Newborn Brief Discharge Summary	Results F
	Newborn Screening Assessment	elets-WBC
📼 Urinaly	Newborn Screening Results	
	Nutrition Prescription Suggestions	
👿 Blood B	Nutrition Services Flowsheet	IN
	Nutrition Services Detailed	LONI
Molecu	OB Flowsheet	al QIN
	OB PowerNote Flowsheet	QN
	OB/GYN Counts	erial
	OP HD Run Record	alc
	OP Home Dialysis Clinic	ial Calc
	Oncology Flowsheet	Eutire
	Patient Education Flowsheet	TUTC
	IQ Health Patient Viewable Results	
	Pediatric Growth Chart	
	Peds Flowsheet	
	Preoperative Anesthesia	1
	Perioperative Flowsheet	
	Pharmacy Flowsheet	
	Physician Notes	
	PICU Flowsheet	
	Postoperative Note	
	PowerNote Specialty Flowsheet	
	Procedural Documentation	-
	Nitrite	_
	Urobilinogen	

Level Filters

Level filters allow the to reduce the results to those for a particular discipline.

Lab Results	Vital Signs	Significant Events	Results	Neuro	physiology	Radiology	Pathology	Diagnost
Flowsheet:	Lab/POC Resu	lts Flowsheet	•	Level:	Lab/POC Re	sults Flowshee	et e	🔹 💿 Table
Navigator		Showing rest	lts from (12	0/15/15 -	Hematology Chemistry St Urinalysis Stu Transfusion	suits nowsnee Studies udies Services	ct.	E
Hemogra	am-Platelets-W	BC Diffe Lat Hemogram	/POC Res	ults Flov	Molecular Dia vsheet fferential	agnostics Stud	ies 6 17:42 EDT	04/30/16 0
	allers, and de	and the second second	t.Sover-t		A.A.	and the second	المصيد ريات	Acres 1

Step	Action
1.	Click the Level field drop-down arrow.
2.	Select a specialty filter.
	The results are reduced to those returned for that specialty.

Display Options Results can be displayed in a Table, Group, or List format, based upon a user's preference. The default view is Table, which displays a separate column for the set of results from each lab draw.

Clinica	al Assess	ments	Psychos	sychosocial F		Education	Wound Ca	re (OB Flowsheet	Advance [Directive	Neonatal		
Lab Re	esults	Vital Sign	s Sign	ificant B	Events	Results	Neurophysic	logy	Radiology	Pathology	Diagnos	tics Gluo	ose Data	Resp
Flows	Flowsheet: Lab/POC Results Flowsheet Level: Lab/POC Results Flowsheet - Table - Group List													
••					Marc	h 26, 2016	14:42 EDT -	Octol	oer 26, 2016 1	L4:42 EDT (O	linical Ra	nge)		
Navigator Showing results from (04/30/16 - 06/06/16) Show more results														
	Melandan Diagnactic Tasta			L	ab/POC	Results Fl	owsheet	06/06	/16 17:42 EDT	04/30/16 02	:59 EDT			
	Molecular Diagnostic rests			Bloo	d Gases									- 1
				P	H Bld Arte	erial QN				*C <7.00				- 4
			and a set	, L.P	CO2 Bld A	Arterial QN	-			* C 19 mmHc		Arres	المري الملاقة	л.)

Step	Action
1.	Click the Group option button.
	The lab results display in a Group format with the set of results from each lab draw grouped together.
2.	Click the List option button.
	The lab results display in a List format, displaying all labe results in a vertical column, the most recent at the top.
3.	Click the Table option button.
	The lab results display in the default Table format.

Expand Search	On the Results Review band, the Clinical Range Information Bar defaults to the
Criteria on the	last 100 results (every piece of data, such as pulse, counts as a result). Therefore,
Information	all results may not be displayed, depending on how numerous a patient's results are.
Bar	The Search Criteria, as displayed on the Clinical Range Information Bar, can be
	modified to look as far back as needed.

When setting search criteria, four (4) types are available:

- 1. Clinical Range
- 2. Posting Range
- 3. Result Count
- 4. Admission Date to Current Date

Step	Action
1.	Right-click on the Clinical Range Information Bar.
29 March	2014 14:22 - 03 April 2014 14:22 Right-Click Change Search Criteria
owsheet erential	04/01/2014 10:48 04/01/2014 8:20 Set to Today
2.	Select the Change Search Criteria command.
	The Search Criteria dialog box displays.
3.	Select a Result Lookup type.
4.	Modify the remaining criteria in order to return the results.
5.	Click the OK button.

Quickly Modify the Displayed Search Criteria

The search criteria range can also be quickly modified, using the expansion arrows on the left and right sides of the Clinical Range Bar:



Step	Action
1.	Click on the left and right arrows to shorten and expand the displayed type of search criteria.

Use the Navigator The Navigator provides quick access to the categories of available results. Check or uncheck the boxes to the left of each category to hide or view the category.

Step	Action						
1.	Click a category near the bottom of the Navigator. The results pane to the right, scrolls to the section clicked. Lab Results Vital Signs Significant Events Results Neurophysiology Radiology F Flowsheet: Lab/POC Results Flowsheet						
2.	Click the category check box to the left of the same category. <i>The results category is hidden.</i>						
3.	Click the same category check box a second time. <i>The results category is re-displayed.</i>						
4.	Click the the category at the top of the Navigator pane. The results pane to the right, scrolls to the top category.						

Pane

The Results Displays the results based on the tab, flowsheet and category selected.





Step	Action
1.	Right-click on a result.
2.	Select the View Details command.
	Result Status - Auth (Verified)
	Micro Reports Susceptibilities Specimen Action List Final - August 14, 2016 10:19 EDT - 1+ (few) 10:19 EDT - Staphylococcus aureus (MRSA) 10
	Pre - August 13, 2016 08:00 EDT - 1+ (few) Staphylococcus aureus (MRSA)
	GS - August 10, 2016 21:47 EDT - No organisms seen.
	17118712728 Print Close
	The Result Details window displays.
3.	Click the Close button.
Results Review, Continued

Print Results Results may be printed from any of the Results Review flowsheets, utilizing either of the following two (2) options:

- Print an entire flowsheet
- Print a selected section of a flowsheet

Print an Entire Flowsheet

Step	Action	
1.	Select the tab with the results to print.	
2.	Click the Print button at the top, right of the Results Review window.	
3.	Verify the appropriate printer.	
4.	Click the OK button.	

Print Specific Results

Step	Action
1.	Select the tab with the results to print.
2.	 Select the specific results, using one of these methods: a. Click and Drag b. Ctrl + Click c. Click + Shift + Click
3.	Click the Print button at the top, right of the Results Review window.
4.	Verify the appropriate printer.
5.	Click the OK button.

Results Review, Continued

Graph Results Numeric results may be displayed as a graph to quickly identify trends. These graphed results may also be printed.

Step	Action	
1.	Select the tab with the results to be graphed.	
2.	Select the checkboxes to the left of any results to be graphed.	
	Multiple checkboxes may be selected for one graph.	
3.	Click the Graph icon in the top, left of the Results Review window.	
	The Flowsheet Graph displays the selected result(s) in graph format.	
4.	Optional Step 4 for Multiple Results Charted	
	Click the Combine button.	
	Multiple results are displayed on one grid, rather than two or more.	
5.	Optional Step 5 for Multiple Results Charted	
	Click the Split button.	
	Multiple results are split into individual graphs.	
6.	Click the Close button.	

Health Maintenance

Overview The Health Maintenance band provides a snapshot of generally recommended screening procedures and immunizations to maintain health and detect common problems for a healthy adult. The recommendations are specific to male or female and are based on age and sex. In addition, whenever a problem or diagnosis is documented in PowerChart, applicable expectations display on the Health Maintenance band. Expectations can also be manually added.

Note: IU Health's recommended Healthy Adult screenings and immunization schedules are based on recommendations from the U.S. Preventative Services Task Force (USPSTF).

The **Health Maintenance** band is divided into two sections:



Part	Function
a Pending	Displays tests, procedures, and immunizations recommended for the patient starting from the current date to 10 years into the future. From this section, the user can satisfy a Pending Expectation by clicking on the appropriate Satisfier .
Expectations	Note: The display default is set to Show satisfiers and to sort by Status .
b Recently	Displays Expectations that have been completed and documented in the last 2 years.
Satisfied Expectations	Note: The last 2 years of Satisfied Expectations also pulls into PowerNote .

Health Maintenance, Continued

Health Maintenance Reference Text	Reference t accessed by	ext is available for Health Maintenance schedules. Reference text is highlighting and right-clicking on a schedule.
Kererence Text	Step	Action
	1.	Click on the appropriate schedule (i.e. – Tetanus) to highlight it.
	2.	Right-click the highlighted schedule.
	3.	Select View Expectation Reference Text from the menu displayed.
		Health Maintenance Pending Expectations Add Pert Right Click Add Cancel Permanently Tetanus/Td Add Joint Click Add Due 06/26/2012 Variable Cancel Permanently Tetanus/Td Add Joint Click Add Due 06/26/2012 Q 10 yr Satisfy All Steps Joint Steps
		Pheumococccai You need 1–2 doses if you smoke cigarettes or if you have certain chronic medical conditions.* You need 1 dose at age 65 (or older) if you've never been vaccinated. Tetranue Tetranue Image: State and State
		Be sure to get a 1-time dose of "Tdap" vaccine (the adult whooping cough vaccine) if you are younger than age 65 years, are 65+ and have contact with an infant, are a healthcare worker, are pregnant, or simply want to be protected (whooping cough) (Td, Tdap) Be sure to get a 1-time dose of "Tdap" vaccine (the adult whooping cough vaccine) if you are younger than age 65 years, are 65+ and have contact with an infant, are a healthcare worker, are pregnant, or simply want to be protected from whooping cough. After that, you need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 teanus- and diphtheria-containing shots sometime in your life or have a deep or dirty wound.
		Zoster (shingles) If you are age 60 years or older, you should get this vaccine now.
		http://www.immunize.org/catq.d/p4030.pdf
	4.	Click the OK button to close the Decision Support window.

Clinical Notes

Overview Clinical Notes are used for reviewing scanned documents and Progress Notes. Documents currently stored in Clinical Notes for viewing include:

- Registration Documents
- Consent Forms
- Progress Notes



	Part	Function
a	Clinical Notes Toolbar	Allows users to Add , Modify , or In Error a Clinical Note .
b	Search Criteria Bar	Allows the user to select a different time frame for which to view documents/notes.
C	Navigation Pane	Provides a view of documents/notes contained within folders for a patient encounter.
d	Results Pane	Displays a selected document/note.
e	Sort Options	Allows users to sort all documents/notes by the selected criteria
f	Details	Displays the activities that have occurred during a document/note's lifecycle.

Sort Options

e

Clinical Notes are stored in folders displayed in the Navigator Pane. Users can sort available documents by using the sort options in the bottom left-hand corner of the screen (see figure above, letter "e").

The options include:

- By type
- By status
- By date
- Performed by

Change SearchSearch criteria filters can be changed if a document/note needing to be viewed is not
displaying in the Navigator Pane.

b





View a Clinical	Step	Action
itote	1.	Click the Clinical Notes band in the Table of Contents .
		A list of all available folders display based on the search criteria filter.
	2.	Double-click the applicable folder 🗅 icon.
		<i>The folder opens to displays it's contents – clinical note documents or more folders.</i>
		In the example, below, in order to open the highlighted note, it was necessary to open
		a. First, the Clinic/Office Records (Peds & Adult) folder.
		b. Then Family Medicine folder.
		c. And finally, Family Med MD Progress Notes folder to access the clinical note in the last folder.
		< 🖂 🕂 Clinical Notes
		🎽 🍐 🍻 🗮 🔍 🗶 🗟 📉 🖴 🖉 🗣 🔹 🌒
		 Advance Directives/Code Status/POST Clinic/Office Records (Peds & Adult)
		Note: If No Results Found displays in the document tree, change the search criteria via the blue Search Criteria Bar .
	3.	Double-click each successive sub-folder icon until the clinical notes being searched for are listed beneath the opened folder.
	4.	Double-click the clinical note.
		The note displays in the Results Pane to the right (letter "d" - d, diagram in Clinical Notes, Overview, above).

Set DocumentIt is most often beneficial to set a specific type of document as the default clinical
note. The type of note selected, when creating a new clinical note, determines in
which folder the new note is stored in the Clinical Notes page on the patient's chart.

In the following example, the guide illustrates how to set Research/Clinical Trial Records as the default document type.

Step	Action		
1.	Open a patient's chart.		
2.	Click on the Clinical Notes band.		
	The Clinical Notes page displays, to the right.		
3.	Click on the Documents menu at the top of the window.		
4.	Click on the Options command.		
	The Clinical Note Options dialog box displays.		
5.	Scroll to locate the Research/Clinical Trial Records option in the All Available Document Types list (<i>screen shot, next step, next page</i>).		



Add a ClinicalClinical Notes can be used for documenting letters to patients or for notes that are
not facilitated by a form, procedure, or other notes.

Note: Be sure to select the correct document type. The document type selected determines where the note is saved and stored.

Step	Action		
1.	Click the Add icon 🗎 located in the Clinical Notes toolbar. <i>The Add Document window displays.</i>		
2.	 Designate the note Type to be used: a. Accept Default Document Type (<i>see above section</i>). i. Skip to step 3. b. Select a different Type: i. Click the drop-down arrow in the Type field. ii. Select the appropriate note type from the list displayed. *Type: OP-Primary Care Forms OP-Primary Care MD H&P/Initial Consult OP-Primary Care MD Progress Notes OP-Primary Care Office Procedures OP-Primary Care Ottside Notes OP-Primary Care Phone Notes 		
3.	Verify the author's name is the person who is signed into PowerChart .		
4.	Change the author's name, if needed.		
Optional 5.	Search for and select the appropriate physician's name if the scanned document needs to route to the provider's Inbox to be reviewed and signed.		
6.	Enter definitive, succint subject for the note in the Subject field.		
7.	Type the note detail in the white free text area.		
8.	Click Sign . <i>The View New Document window displays.</i>		
Optional 9.	Select the checkbox next to " Remember my selection and do not display this message again " to automate that all new notes display upon signing		
10.	Click Yes.		
	The new note displays in the Result Pane, to the right.		

Request Review
of Treating
ProviderAny clinical note can be forwarded to other clinicians for review and signature. For
example, upon completion of a clinical research enrollment a note can be forwarded
to the treating physician to inform them of the patient's enrollment and to the
principal investigator for study oversight.

Step	Action		
1.	Start a new clinical note.		
2.	Enter a definitive, concise Subject .		
	Add Document: Xyztest, Norma - 73620409		
	 *Type: Research/Clinical Trial Records *Date: 08/24/2016 1226 EDT Status: In Pros Subject: Enrollment in Clinical Study Associated Providers: Modify Arial 10 (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (9) <li< th=""></li<>		
3.	Click the Modify button.		
	The Associated Providers dialog box displays (see screen shot, next page).		

Request Review	continued from previous page		
Provider	Event	The Associated Providers dialog box displays.	
(continued)		P Associated Providers	
		Provider Request Type Request Status Business Address Comment Test, Reviewer Review ending Not Found Doctor, MD Sign ending Not Found	
		Remove Provider QK	
	4.	Click the Search button (small blue magnifying glass) in the Provider column.	
		The Provider Selection dialog box displays.	
	5.	Search for the Reviewer .	
		The Provider Selection dialog box displays.	
	6.	Select the reviewer .	
	7.	Click the OK button.	
		The Provider Selection dialog box closes.	
	8.	Click the Search button a second time.	
	9.	Search for the Provider .	
	10.	Select the provider to sign the note.	
	11.	Click the OK button.	
		The Provider Selection dialog box closes.	
	12.	Click the OK button.	
		The searched for reviewer and provider's names display next to the Associated Providers label (see screen shot, next page).	

Request Review	continued from previous page		
Provider (continued)	Event	The searched for reviewer and provider's names display next to the Associated Providers label.	
		P Add Document: Test, Bert - 72423820	
		 *Type: OP-Family Med MD Progress Notes ▼ *Date: 09/23/2016 ▼ 1244 ♥ EDT Status: In Progress Subject: Associated Providers: Test, Reviewer, - Review; Doctor, MD - Sign Modify Arial ▼ 10 ▼ 10 ♥ 	
	13.	Complete the clinical note.	
	14.	Click the Sign button.	
		The associated provider receives an inbox message to review the clinical note.	

Create AutoAuto Text is a time-saving feature. It allows the user to set up key words or phrases
that can easily be accessed to quickly populate a note being created.

Step	Action				
1.	Add a new Clinical Note.				
2.	Type the text to be saved as Auto Text in the body of the note.				
3.	Highlight the entered text.				
4.	Right-click the highlighted text.				
5.	Select Save as Auto Text from the menu. Add Document: O'neal, Nikki - 41001608 *Type: OP-Primary Care Letters *Author *Date: 09/27/2012 * 1244 * Status: Subject: Lab Results Arial Right Click * * * * We have tried to reach you by terr Hide Toolbar Import Export Save As Auto Text				
6.	The Manage Auto Text window displays with the typed text under Details in the Abbreviation replaced by field. Type a name for the auto text beginning with a period. (i.e. – .results) in the Abbreviation field.				
	Description: Abbreviation replaced by: Details Type We have tried to reach you by telephone to inform you of your recent lab results. Formatted Text Save Discard Close Note: Enter a Description for more clarification when inserting Auto Text.				
7.	Click the Save button.				
8.	Click the Close button when finished.				

Insert AutoOnce Auto Text has been created, it can easily be accessed and inserted for quicker
documentation of Clinical Notes, PowerNotes, and Messages.

Step	Action
1.	Place the cursor in the location to insert the Auto Text.
2.	Type a period, ("•").
	The Auto Text abbreviation list displays.
	Note: Users can also right-click and select Insert Auto Text.
3.	Double-click on the appropriate abbreviation.
	Note: This same list of auto text is also available in PowerNotes and Message Center .

Modify aOnce a Clinical Note has been created, it can be modified to add additional
information.

Step	Action						
1.	Open the Clinical Note to be modified.						
2.	Right-click on the note text.						
	Add Ctrl+N Clinical Notes Add Clinical Notes Add Clinical Notes Add Clinical Notes Add Clinical Notes Ctrl+N PowerNote Scan/Import Scan/Import Scaner Properties Clinic/Office Records (Peds & Primary Care Primary Care Image: Clinic/Office Records (Peds & Primary Care Primary Care Primary Care Phone N Primary C						
3.	Select Modify.						
4.	Enter the additional note below the "Insert Addendum Here" instructions. Modify Document: Barber, Jack - 41001245 *Type: OP-Primary Care Letters *A *Date: 10/05/2012 * 1129 * Sta Subject: Lab Results Arial • 10 • * * • • • Thank you, Jon Taylor, RN *Insert Addendum Here:						
5.	Highlight any original text to be removed.						
6.	Click the Strike through button on the toolbar.						
7.	Click Sign when finished.						

Mark a Clinical Clinical notes entered in error (i.e. – on the wrong patient) can be uncharted.

Step	Action							
1.	Open the Clinical Note to be uncharted.							
2.	Right-click on the body of the note.							
3.	Select In Error.							
	Clinical NotesAddCtrl+NClinical NotesAddCtrl+NPowerNoteScan/ImportScanner PropertiesdocFilter In Error DocumentsLetPrimary CareDocumePrimary CareDocumeSubmitSignPerformReviewIn ErrorIn ErrorDear JacCorrectThe Result Uncharting window displays.Note: Rather than right-click and clicking In Error, the user may simply click the red 🗶 on the Clinical Notes toolbar.							
4.	Type a reason for uncharting the note in the Comments field.							
	Wrong patient							

Mark a Clinical Note In Error	continued	l from previous page			
(continued)	5.	Click OK when done.			
		The open note displays *In Error Report* and a Result Comment at the top of the note.			
		Last 999 Documents : 2 out of 2 documents are accessible. (Docum			
		Document Type: OP-Primary Care Letters Document Subject: Lab Results Performed By: Taylor10, Jon on 05 October 2012 11:34 Encounter Info: 000262176985, IUH Methodist Hosp, Outpatient, 05/03/2012 -			
		* In Error Report *			
		Result Comment by Taylor10, Jon on 05 October 2012 15:14 Wrong patient			
	Dear Jack,				
		Note: The uncharted note displays a red icon with an X on it in the Navigator Pane when the filter "Filter In Error Documents" is not selected.			

Scan Documents into Clinical Notes

Paper documents obtained during the clinic visit or documents received from non-IU Health facilities may be scanned into PowerChart from the Clinical Notes band. At the end of this process the user will be given the option to forward this note to another for review.

Step	Action						
1.	Click the Scan icon \leq in the Clinical Notes toolbar.						
	The Add Document window displays.						
2.	Click the drop-down arrow in the Type field.						
	A list of note types displays.						
3.	Select the appropriate note type (i.e. – Outside Pathology).						
	P Add Document: Barber, Jack - 4100124						
	*Type:						
	*Date: OP-Primary Care Forms OP-Primary Care Letters Subject: OP-Primary Care MD H&P/Initial Consult OP-Primary Care Nursing/Ancillary Notes OP-Primary Care Office Procedures Image: Comparison of the procedures of the procedures of the pathology outside Radiology						
4.	Verify the author's name is the person who is signed into PowerChart.						
	Note: Select the appropriate physician's name if the scanned document needs to be signed by a provider.						
5.	Enter the original date of the document being scanned in the Date field.						
	Note: The date may be outside the parameters of the selected encounter's date of service. A future date cannot be selected.						

Scan Documents into	continued	l from previous page					
Clinical Notes	6.	Type a brief title in the Subject field.					
(continued)		P Add Document: Barber, Jack - 41001245					
		*Type: Outside Pathology *Author: Taylor10, Jon					
		*Date: 08/14/2012 🗘 🔽 1526 🗘 Status: In Progress					
		Subject: Left Leg Mole Biopsy Report					
		Note: It is particularly important to give each document a definitive Subject when scanning documents. The Subject displays when using the "hover" feature in Clinical Notes , which facilitates document searching in the future.					
		 Interdisciplinary/Nursing Notes Clinic/Office Records (Peds & Adult) Primary Care Primary Care Letters 10/05/2012 15:43 Taylor10, Jon - "Back to Work Letter" Radiology Reports 					
	7.	Load the document into the appropriate scanner.					
	8.	Click the Scan button located in the lower right-hand corner.					
		The document displays in the Add Document window.					
	9.	erify the scanned document displays correctly.					
		Note: Click the Cancel button if the document needs to be rescanned.					
	10.	Click the Sign button when finished.					
		The View New Document window displays.					
		P View New Document					
		View newly created document now?					
		Remember my selection and do not display this <u>Y</u> es <u>No</u>					
	11.	Make the decision to view or not to view the scanned document.					
		 Click Yes to "View the newly created document now". Click No to close the window. 					
		• Click into to close the willdow.					

Options for Viewing Scanned Documents When viewing scanned documents, use the document control options at the **bottom of the screen** to move from page to page, zoom in and out, or rotate the document as necessary.

🍳 🤍 📴 - 🕐 🖒 🗁 🎥 🎶 🎶 🗞 🕵 🗔 - 🚰 🖻 🥱 🧇 1 of 3 候 🔶 🔷 Page

Histories

Overview The **Histories** band is a single area to document and review the following patient historical data:

- Pregnancy < > A Histories
- Past Medical
- Procedure
- Family
- Social History

regnancy	Past Medical	Procedure	Eamily	Social History	
regnancy	Faschieultar	Flocedure	1 anniy	Dociar History	
I	A				
	Histories				
ast Medical	Procedure F	amily Social	History	Pregnancy	
	as Douiswood				
Mark all	as nevieweu				
Mark all	as nevieweu				
Past Medic	as nevieweu				
Past Medic	as nevieweu				
Past Medic	al Modify	Display:	All		
Past Medic	as nevieweu al d 🗹 Modify	Display:	All		
Past Medic	as nevieweu al d 🗹 Modify	Display:	All		

Note: Information entered in the **Histories** section of the chart can be autopopulated in a **PowerNote** when selected. See the **PowerNote** section of this guide for specific instructions.

I/O / I-Flowsheet

Overview

The I/O / I-Flowsheet (I-Flowsheet) facilitates clinical documentation. Clinicians use the I-Flowsheet to document patient related clinical data such as head to toe assessments, vital signs, safety measures, intake/output, etc. The window is divided into several sections.

< 🔹 🕂 🛉 I/O / I-Flowsheet							
*** 🖃 💷 🔐 🖌 🖌 🐴							
Vitals and Pain			9—		Last 1	2 Hours	
Routine Care		Find Item	Critical	- Uich		Abnorm	-l 🗆 lln-
Thysical Assessment		+ ma item	Critical	i nign	LOW	Abhorm	
Neurological	<u>^</u>	Result		Comme	nts Fla	ag Date	
Neurological Detailed	Neurological Detailed						
NIH Stroke Scale							
Abnormal Involuntary Movements		X.					
Musculoskeletal			7.00	E-00	2:00	1.00	22:00
Joint			7:00	5:00	5:00	1:00	25:00
Musculoskeletal Abnormality							
Respiratory		Neurological d Li					
Nursing Suction/IS	- 1	Neurological ms					
Trach Decumentation	-	Level of Consciousness					
Additional Annual		Characteristics of Speech					
Aruncial Airway		Orientation					

Section	Defintion / Function			
	I/O / I-Flowsheet Tool Bar			
	Contains icons used in working with the I/O / I-Flowsheet. For example: the green checkmark is used to sign documentation and the cancel icon is used to cancel unsigned documentation.			
R	Documentation Bands/Navigator			
	Keep I/O / I-Flowsheet organized into documentation categories such as Vitals, intake and output, patient education, etc.			
	Information Bar			
	Indicates current time view. The timeframe can be changed by right- clicking on the information and changing the time parameters.			
	Documentation Sections			
	Within each Documentation Band, there are multiple sections to further organize documentation on the I/O / I-Flowsheet. Charting patient information is done a section at a time; i.e. vital signs.			
E	Time Frame Columns			
	The default view on the I/O / I-Flowsheet is hourly. The most recent time is on the left going in reverse chronological order.			

The MAR (electronic Medication Administration Record)

Introduction

MAR stands for Medication Administration Record and is considered the "source of truth" for all medications. Sometimes the MAR is referred to as the "eMAR," the electronic Medication Administration Record.

Step	Action
1.	Notice that the MAR defaults to the Time View .
	The eMAR is a 24-hour medication view. It defaults to the Time View in the navigation pane on the left. This provides time-based columns to view medications for a patient.
2.	Click the Route View button, at the bottom of the navigation pane.
	View changes to reflect Route View.
3.	Click the Therapeutic Class View button.
	View changes to reflect Therapeutic Class View. Can view Beta Blockers from this view.
4.	Click the Plan View button.
	This will display meds within each plan.
5.	Click back on the Time View button.

eMAR PageThe first column lists the Medication Orders. Under each medication are the
details of the order for that administration. If you see an ellipsis (3 dots) at the end
of the details that means there are more details to be seen. You can hover over the
details section to see all details.

Since the MAR is a 24-hour medication sheet, **task boxes are seen for whenever a dose is due**. For example, the Cefazolin is ordered Q8H, so there is a task box for 0600, 1400, etc.

If a task box is red it means the medication is overdue. A medication is considered late if it is 61 minutes past due. Blue task boxes are current or future doses.

Scheduled medications have a blue background and tasks remain in the time column for when they are due, until they are actually charted against. After being charted, they move to a column for the time they were actually administered.

The MAR (electronic Medication Administration Record), Continued

eMAR Page Details (continued) Unscheduled, PRN, and Continuous Infusions are not timed, so those task boxes float along the current time column – which is the yellow column. When a Scheduled Medication is charted, the task box disappears and an administration result appears. For Unscheduled, PRN, and Continuous Infusions the task box does not disappear, but the words "Last given" and the date and time it was given appears.

Continuous Infusions are displayed on a blue background, just like Scheduled Medications.

PRN medications are displayed on a green background. Users can either scroll to

the PRN meds in the Medication List or click the green PRN button in the navigation pane.

Note: The Task Box for a PRN remains, allowing for more doses, as appropriate.

Discontinued medications

display with a gray background. This is where information on previously ordered medications

Medications	04/13/2010 9:00	04/13/2010 12:54	04
furosemide			
<u>b</u> 60 ⁶ 6			
haloperidol (Haldol)		STAT	
5 mg, IV Push, Injection, ONCE, STAT, 04/13/10		3101	- 35
12:54:00, 04/13/10 12:54:00			
haloperidol			
🔁 6°			्य
pharmacy taper (predniSONE taper) 04/13/10 13:00:00, Communication order only;			
pharmacy to take appropriate action. 20 mg Orally Q6hrs x 8 doses 10 mg Orally Q6hr			3
pharmacy taper			- 1
<u>ề</u> 60°			
vancomycin 1,000 mg, IVPB, Q12H, 04/06/10 13:00:00 Target Dose: vancomycin 15 mg/kg_04/06/201			Ś

that have been discontinued is listed. And don't forget that one-time orders are discontinued as soon as they are given so they appear in the gray area, as well.

Unscheduled medications display with an orange background.

STAT Medication Orders

If the provider orders a medication order with a priority of **STAT**, the medication task box is red with "**STAT**" displayed in the task box. **STAT** orders are always **ONCE** orders. If there is a continued need for the medication, a separate order must be entered.

Pregnancy Summary

Overview The Pregnancy Summary band provides a quick overview of information relevant to pregnancy. It captures and displays data from the diagnosis of pregnancy through the postpartum period for the patient's current and previous pregnancies.

IMPORTANT: Users will only be able to see the start and end date of the pregnancy. The onset date is the beginning of their pregnancy starting at their last menstrual period (LMP) and ending two weeks post-delivery. Anything that happens with the patient during the 9 months they are pregnant will show up on the Pregnancy Summary. Anything before the onset date does not show up on the Pregnancy Summary.



Pregnancy Summary, Continued

Navigate the Pregnancy Summary Section All sections on the Pregnancy Summary screen link to other tabs. Hover the mouse over the section titles to view the tabs they link to when clicked.

Section	Description		
Pregnancy Overview and Contact Info	Current Pregnancy tab: Displays current pregnancy information, such as EDD, EGA, Gravida/Para, as well as age, race, and body measurements. Allows the user to cancel, close and modify the pregnancy from the Update Pregnancy drop- down box. Contact Info tab: Displays the patient's address, emergency contact, and primary physician information.		
Ambulatory Flowsheet	The Ambulatory Flowsheet section displays data (i.e. – Weeks Gestation, Fundal Height) that is specific to the Ambulatory clinic's workflow.		
Inpatient Flowsheet	The physician customizes date points the physician wants to see. The Inpatient Flowsheet link launches to the Task View section on the I/O / I-Flowsheet band.		
Results Timeline	An interactive timeline that displays data by trimester. Color bars display when there is activity related to patient Visits , Labs , and Ultrasounds . Results Timeline is hyperlinked to Results Review .		
EDD Maintenance	Displays the initial and final EDD/EGA. Also allows the user to add an EDD/EGA by LMP from here.		
Fetal Monitoring	Launches to historical strips.		
Genetic Screening	Displays the patient's genetic history. This information is collected from the mother's family history. The link launches history controls.		
Home Medications	Displays home medications that have been documented on the patient. The Home Medications link launches to the Medication List band to document new or update current home medications.		
Medications	Displays scheduled, continuous and PRN medications that have been ordered for the patient. It also displays administered, suspended, and discontinued medications. The Medications link launches to the MAR band.		

Pregnancy Summary, Continued

Navigate the Pregnancy Summary Section (continued)

Continued from previous page				
Documents	Displays any type of note outside of OB notes (i.e nursing notes, progress notes, physician notes, etc). Click on the Date/Time hyperlink next to a note to display the note. The Documents link launches to the Clinical Notes band.			
Birth Plan	Displays birth plan information documented on the Birth Request PowerForm. The Add button launches the Birth Request PowerForm.			
Pregnancy History	Displays previous pregnancy information. The Pregnancy History link launches to the Pregnancy tab on the Histories band.			
Problems	Displays problems documented on the patient. The Problems link launches to the Problems and Diagnosis band.			
Past Medical History	Displays past medical history documented on the patient. The Past Medical History link launches to the Histories band. Click the Past Medical tab to access and/or enter past medical information.			
Procedure History	Displays the procedure history documented on the patient. The Procedure History link launches to the Histories band. Click the Procedure tab to access and/or enter information.			
Social History	Displays the social history (i.e. – alcohol, substance, and tobacco usage) documented on the patient. The Social History link launches to the Histories band. Click the Social History tab to access and/or enter information.			
Diagnostics	Displays any diagnostic test or procedures results performed on the patient. The Diagnostic link launches to the Result Review band. Click the Diagnostics tab to view additional information.			
Labs	Displays lab results performed on the patient. The Lab link launches to the Result Review band to view additional information. Click the Lab Result tab, if necessary, to view additional information.			
Microbiology	Displays microbiology results performed on the patient. The Microbiology link launches to the Result Review band to view additional information.			
Pathology	Displays pathology results performed on the patient. The Pathology link launches to the Result Review band to view additional information. Click the Pathology tab to view additional information.			

Significant Events

Complete a Significant Events Form

Step	Action				
1.	MadHoc Click the AdHoc button in the PowerChart toolbar.				
2.	Select the checkbox for Significant Events and then.				
	P Ad Hoc Charting - Brown, Betty M				
	Ambulatory CN - MIS & Perinatal Clin 0 B Clinic Visit Record 0 B Transcribed Labs All Items 0 B Clinic Visit Record 0 B Transcribed Labs All Items 0 Admission History Adult 0 Patient/Family Education Admission History Adult 0 Patient/Family Education Admission History Infant/Peds 0 Pain Assessment Admission Adm B Admission History Infant/Peds 0 Pain Assessment Ongoing Adm B Admission History Infant/Peds 0 Pain Assessment Ongoing Adm B Admission History Infant/Peds 0 Pain Assessment Ongoing Adm B Admission History Infant/Peds 0 Pain Assessment Ongoing Adm B Admission Ristory Infant/Peds 0 Pain Assessment Ongoing Adm B Admission Ristory Infant/Peds 0 Pain Assessment Ongoing Adm B Haring Screening 0 Post Procedure Admission History Adm B Infusion/Pydration 0 Radiation Therapy - New Adm B Nicoin Screening 0 Significant Events B Bariattic Measurements 0 BCH Interventional Pain B Bariattic Measurements Pharmacy 0 BMH Bariattic Clinic D D Body Measurements Pharmacy 0 BMH Family Practice Clinic D D Body Measurements Pharmacy 0 BMH Pain Management B Henr/Onc Vist Screening 0 BMH Pain Management B Henr/Onc Vist Screening 0 BMH Pain Management B OB Bialard Score 0 BMH Pain Management				
2					
3.	Click the Chart button.				
4.	Fur out any necessary neurons.				
5.	Click the Sign (green checkmark).				

Charge Forms

Access aThese instructions are for a Hospital facility Charge Form and not all clinics will
utilize Cerner to input charges.

Step	Action				
1.	Click the Ad Hoc toolbar button.				
	A screen displays asking for Charge Details.				
2.	Click the Ambulatory folder.				
	Available Charge Forms display.				
3.	Click the check box for the correct charge form.				
	Ad Hoc Charting - Clooney				
	 Ambulatory CN - MIS & Perinatal Clinic All Items All Items 	 Clinic Visit Record D 00 Clinic Visit Record M decision List Review A drinision Histoy Adult A Admission Histoy Adult A Admission Histoy Adult A Admission Histoy Adult A MB Cath In/Uut A MB Cath In/Uut A MB Cath In/Uut A MB Cath In/Uut A MB Passion Screening MC Part Part Part Part Part Part Part Part	BHH Family Practice Clinic BHH Medicine Clinic BHH Oncology Chemotherapy Infusion BHH Pain Management BHH Pain Management BHH Pain Management BHH Pain Management BHH Poinshal Center BHH Vound Healing Center BHH Vound Healing Center BHH Wound Healing Center BHH Wound Healing Center HIJSC Multi Cancer Center MH Adult Ambulatory MH Maternal Fetal Medicine MH Best Clinic MH Hem/Onc MH Transplant Svc Adult Transplant Svc MH/SH Vascukar Diagnostic Center R Ri Dailysis R RI Chait R RI Max Diagnostic Center R RI Dailysis R RI MAR Ri Chait R RI Max Diagnostic Center R RI Dailysis R RI Neur Clinic R RI Max Diagnostic Center R RI Dailysis R RI NeurOnc R RI Payschaty R RI Molify Lab R RI Max Diagnostic Center R RI Dailysis R RI Max Diagnostic Center R RI Dailysis R RI NeurOnc R RI Payschaty R RI Molify Lab R RI Max Diagnostic Center R RI Dailysis R RI Max Diagnostic Center R RI Dailysis R RI NeurOnc R RI Payschaty R RI Max Diagnostic Center R RI Dailysis R RI NeurOnc R RI Payschaty R RI Max Diagnostic Center R RI Dailysis R RI RI MAX R RI MAX R RI MAXA R RI MAXA	RI Pain RI Psychiaty RI Psychiaty RI Viology P RI Urology D RI Surgery B RI Tomolay D HI MT Clinic D UH BMT Chrinic D UH BMT Contolidy D UH Concolidy D UH Concer Pavilion D UH Concerter D UH Noc D UH Neurology D UH Ophthalmology D UH Ophthalmology D UH Ophthalmology D UH PaviCal Diagnosis D UH Psychiaty D UH Stragery Outpalent Offices D UH Vacular Diagnostic Center D UH Vacular Diagnostic Center D UH Vascular Networks Involution D UH Vascular Networks Involution Vagal Nerve Stimulator	
4.	Click OK.				
	Note: Rev Cycle will provide detailed training on entering charges.				

Use the Tracking Shell

Access the **Tracking Shell**

The Tracking Shell provides a high-level overview of current patients. The view on the Tracking Shell will be dependent on the location of the Cerner user, whether they are using an IU or IUH computer.

Step	Action			
1.	Click the Tracking Shell button on the View toolbar.			
	The Tracking Shell displays. The view is location specific and will not include all the locations displayed here.			

View One or

Use the Filter to It is possible to select just one (1) unit and to add a second unit.

Two Units

Step	Action				
1.	Click the Filter drop-down arrow.				
2.	Select the unit to view.				
	The view is changed to reflect the new location.				
	Note: The number of patients and the average LOS (Length of Stay) is displayed next to the Filter drop-down window.				
3.	Click the Filter drop-down arrow at second time.				
4.	Select the second unit.				
	The patients on the second unit are added to the list and display at the bottom of the window.				

View All **Patients**

Step	Action		
1.	Click the Filter drop-down arrow.		
2.	Select the All Patients option.		
	All patients are now displayed.		

Use the Tracking Shell, Continued

Sort by Column The Tracking Shell can be sorted by any column header displayed.

Step	Action		
1.	Click any header in the Tracking Shell window.		
	The Tracking Shell is sorted by that column.		
2.	Click a second header in the Tracking Shell window.		
	The Tracking Shell is now sorted by that second column.		

HoveringThe information that displays will vary based on the column and icon being hoveredCapabilitiesover with the mouse pointer.

For example, some event icons will display the:

- Event name
- Status
- When it was requested
- Who initiated the action

Other columns, such as Lab and Rad columns will display the:

- Orders associated with that column and the
- Departmental status of the orders

Step	Action	
1.	Hover over an LOS entry.	
	A pop-up displays the Arrival date and time.	

Use the Tracking Shell, Continued

Check-in as a Upon logging in for the first time at each shift, you will be asked to check-in as a provider.

Note: In PROD you will only need to add your display name and choose your color selection once. The system will default to your choices in future logins.

Step	Action			
1.	Click the Yes button on the Available Provider Check-In confirmation box.			
	Provider Check-in dialogue box displays.			
2.	For Display Name, delete the initials and type your own initials.			
3.	In the Provider Role drop-down, select Nurse.			
4.	In the Default Relationship drop-down, select Registered Nurse.			
5.	Click the checkbox for Associated Provider Color.			
	Color window displays.			
6.	Select any color .			
7.	Click the OK button.			
	Provider check-in window re-displays.			
8.	Click the OK button.			
	Tracking List displays to the appropriate tab.			

ED Patient Summary

Overview

This is a view only page that pulls patient information from:

- Registration.
- Quick Triage Form.
- Past Medical History.
- ED Special Charting Form.

Menu	4	🔇 🔿 🔹 📅 ED Patient Summary			(D) Full screen 🔅 Print 💸 0 minutes ap
Results Review	<u>^</u>				
Growth Chart		8	16	D Clinical Notes (Current Encount	eri.
Alerts		Age: 7 Vrs Sex: Male Adm.Date/Time: 10/13/14 21:28:00 ED LOS: 0 days 00:02:00 Isolation: Code Status: VIP Status:	1	****NO ED NOTES FOUND****	
Alergies	+ A55	Phild Complete Assist	1		
Blood Bank		Mode of Arrival: Transfer of Care:			
Chart Summary		Tetanus: Immunizations;			
Cirical Notes		Height Weight:			
ED Patient Summary		Interdier 105 desenses frankrig Undelse Lideriche 105 ferrerer, frankrig Undelse	1		
ED Physician Summary		Amending Mills Emergency Services, Medicine Admitting Mills Emergency Services, Medicine MED SVC: X OP-Emergency PCP: UnknownMD, Physician	l		
Flowsheet		Medications Reviewed and Updated For This Visit: NO	1		
Forms		Medications	Į.		
10/LExubert		Pentacel (Pentacel Vaccine KX (Outpatient Only))	I٢	Brockerk, 1sh BOC Bas in Engl	and Direct
app / ar toma new	_	acetaminopheni (ryeniv) acetaminophenidextromethorphan/PE (Tylenol Children's Plus Cold & Couph)	H	novaneet: Lab/POC Results nove	seec • in teve:
Innunizations	1	cyanocobalamin (Vitamin B12 100 mCg oral tablet)	l b	4 16 August 2015	10:46 - 18 August 2015 10:46 (Clinical Range)
MAR		Buprofen (buprofen 800 mg oral tablet)	UP.		
MID Commercia		Influenza virus vaccine, inactivated (influenza virus vaccine, inactivated quadrivatent intramuscular	H.	Navigator 🔲	(August 1)
rows summary	_	suspension)	11		Show more results
Medication List		influenza virus vaccine, live (influenza virus vaccine, live, quadrivalent- (FluMat))	H		
Man		levothyroxine (Synthroid 0.025 mg (25 mCg) oral tablet)	H.		
	_	morphine (morphine 100 mg/12 hours oral tablet, extended release)	H		
Nurse Review		prednoune: (prednoune: 2.5 mg orarisolet)	H.		
Orders	+ A4	Interventi (onavan oso ing ona tablet) Interventi (onavan oso ing ona tablet)	H.		
		Manus/do/theria/bertusala, acel (Tdao (Tdao))	H.		
Overview	_		H.		
Patient Information		Allergies: Banana,codeine,inhalation anesthetics	ľ		
PowerNote	+ A35	Past Medical History,	Ľ		
Safe Handoff		Cardiovascular Health History: Atrial Septal Defect - Other: Reviewed this encounter	Ľ		No Results Found
Surgery Meds/Fluids		Genetic Disorder Health History: Cystic Fibrosis; Down Syndrome - Other: Reviewed this encounter	Ľ		
Task List	- C	Genitourinary Health History: Buried Penis; Continous Ambulatory Pertoneal Dialysis	Ľ		
ED Summary		Uther, Reviewed and patient a not currently undergoing dialysis to cate.	U!		
Problems and Diagnoses		Past Surgeries: Hysterectomy, Appendectomy, Cesarean Section, Cholecystectomy, T & A, Hysterectomy			
Histories		Past Social History;			
Plan of Care Summary		Social History, Alcohol Assessmentalcohol concerns: No. Drink and drive?: Yes.			
		Informe Environment Assessmentstuation: Parents Divorced, Lives with Alone.	11		

Clinical Research Identification and Information

Clinical Research Section If a patient is enrolled in a Clinical Research study, a notification will appear on the Patient Demographics Bar, on the bottom, right side, as shown below.




This page provides information regarding each update made to this guide. Contact the most recent author with any questions, comments, or corrections.

Update	Date	Author(s)	Design Team	Comments
1.0.0	11-24-2015	Christie Prosser	Ronica Pate	Created for Research. Material originated from Ambulatory Clinical Support Guide
1.0.1	05-25-16	Jon Barber	Beverly Hagler	Inserted How to Proxy and Use Patient Lists, pages 53-55.
1.1.0	08-17-16	Jon Barber	Beverly Hagler	Changes submitted by Susan Straka and Deb Broach
1.1.1	08-26-16	Beverly Hagler, Rita Kenney, Christie Prosser, Cheryl Yacone, Jon Barber	Jon Barber	Changes agreed upon by Rita Kenney, Cheryl Yacone and Jon Barber in an effort to address the needs of researchers and maintain the guide as a generic PowerChart guide.
1.1.2	08-31-16	Cheryl Yacone, Jon Barber	Jon Barber	Provided additional changes based on Rita Kenney's input.
1.1.3	10-07-16	Deb Broach, Susan Straka, Jon Barber	Jon Barber	Final edits from MFA, IU Health network connection meeting and other updates.
1.1.4	12-06-16	Panel for network connections	Jon Barber	Modified Connect to the IU Health Network section.
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