

GUIDE FOR ORDER ENTRY AND THE CLINICAL DESKTOP CHCS S/W VERSION 4.6, BUILD 1

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Preface

This guide was developed for physicians and nurses whose time is too limited to search through volumes of documentation for help on a specific part of order entry. This guide covers most topics on two facing pages. It focuses on important features and helpful shortcuts.

This guide should not take the place of classroom training for first-time clinical users because it assumes you know the basic aspects of accessing options and navigating through CHCS. Refer to this guide when you need a refresher or to take advantage of shortcuts in a specific feature covered here.

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CHCS User Conventions

CHCS USER CONVENTIONS

General Conventions

<CR> Anywhere CHCS is *expecting* a response, has not provided a default, and you do not enter anything (except press **<Return>** or **<Enter>**), you return one level higher in the hierarchy through which you accessed the current function.

// A double slash (//) signifies a computer-provided default when you are in interactive (“scrolling”) mode. It looks like this:

```
ENTER ADMISSION DATE TIME: NOW//
```

Press **<CR>**, to accept the default.

Note: When you are in full-screen entry mode, such as when you enter the details for an outpatient prescription or a nursing order, the double slash (//) convention is not used. Instead, the cursor is positioned at the beginning of the computer-defaulted response. You may overwrite the default to change it; or press <CR> to accept it.

<Help> In most cases, you can press **<Help>** to obtain context-specific information about a specific field.

? The single question mark (?) requests brief information about the field for which you are being prompted. After the system displays this brief information, you are sometimes asked if you want the additional information available behind the double question mark (??) help.

??? Three question marks (???) invoke the Online Users Manual, which provides extensive information about the option you are using.

^ The caret, **<Shift>-<6>**, is a means to exit. It releases you from the current function without loose ends.

^ORE Whereas the caret (^) gets you OUT, the caret followed by a menu name (while in a menu option) supports a *lateral* jump to that menu function when the desired menu option is not on the current list. “ORE” is shown here, but any menu name or mnemonic to which you have access may be used.

spacebar-<CR> This extremely useful function recalls your last answer to the prompt and repeats it. This is particularly useful in the following instances:

- Select PATIENT NAME
- REQUESTING LOCATION
- Any menu option that you just did and you want to do again (e.g., flowcharts).
- Selecting the same LAB test to regraph, but for a different period
- If you select a LAB test or DRUG for information only (e.g., **?ACCUTANE**, where the question mark requests information), you can order it with **spacebar-<CR>**.

Partial Names When CHCS prompts you to select from a list of any size, you may enter as many or as few characters as you wish. If your entry is ambiguous, CHCS displays a picklist of choices that start with your entry. Enter as few letters as possible. Long entries risk misspelling and an unsuccessful search.

Ellipsis Sometimes, you must choose one of multiple choices, and several are nearly identical until the very end. Rather than entering 25 keystrokes for a unique choice or resolving a picklist, you may use an “ellipsis” to work with these similar names. Enter “AAA, BBB” where AAA is part of the first word and BBB is the beginning of any other discriminating word farther in the name.

CHCS USER CONVENTIONS

General Conventions

The following are examples of ellipses of ADMISSION TYPES:

<u>Enter</u>	<u>Response</u>
TR,USAF	TRANSFER FROM USAF HOSPITAL
TR,AR	TRANSFER FROM US ARMY HOSPITAL
TR,USN	TRANSFER FROM USN HOSP/HOSP SHIP
T,S	TRANSFER FROM USN HOSP/HOSP SHIP
N,D	NEWBORN WITH MOTHER DIRECT
N,P	NEWBORN TO PAY

Patient Lookup

You may use several methods to select patients at the SELECT PATIENT NAME prompt. The most useful features of the lookup are shown below:

Patient is JOHNSON, ROGER 20/213-38-2739 on WARD 2A. You can look him up in the following ways:

<u>Enter</u>	<u>Type of Lookup</u>
JOHNSON,RO	full last, partial first
JOHNS	partial last, no first
.JOH,RO	partial last, partial first (note dot)
JENSEN	phonetic last
.JENSEN,ROG	phonetic last, partial first (note dot)
J2739	last initial, last 4 of SSN
20 2739	FMP, last 4 of SSN
213382739	SSN
12345678	Register number
2A	Ward
spacebar	If you selected the patient before

<Do>

Press **<Do>** to file your orders and exit.

<F10>

Press **<F10>** to exit full-screen functions and abort changes.

Inpatient Divided Workcenter

Note: CHCS Versions 4.4 and later support multiple inpatient facilities. You can view all orders for a patient, but may enter or modify orders only for patients in the inpatient divisions (medical treatment facilities - MTFs) in which you are authorized to practice.

Things to remember:

- All users can display and print Patient Order Lists (POLs), regardless of the patient's location.
- You can enter new orders and modify, cancel, place on hold, reactivate, and renew orders for inpatients if you have privileges at the patient's facility. (Users acting in your behalf have the same privileges.)
- You can enter new orders and modify, cancel, place on hold, reactivate, and renew orders for all outpatients.
- You can enter an admission or transfer order only on wards within your allowable facility. The patient can only be transferred within that facility.
- You can only enter diet orders that are set up in your facility.

Order Entry

ORDER ENTRY

On the Way IN

REQUESTING LOCATION

After you have selected a patient, you are prompted for `REQUESTING LOCATION`. For inpatients, the `REQUESTING LOCATION` defaults to the patient's ward. Outpatients do not have a default `REQUESTING LOCATION`, unless the default location is defined, through User Order Entry References (through User-Specific Customization Menu (USR) or Desktop (UOP) and populated with an outpatient location.

`REQUESTING LOCATION` controls the following items:

- 1) Printed copies of laboratory and radiology results are delivered to the ward/clinic that you specify as the `REQUESTING LOCATION` when you write the order.
- 2) If you order a laboratory test `STAT`, a notification of completion prints at the ward/clinic specified as the `REQUESTING LOCATION`.
- 3) As you leave the order entry process for a given patient, the prompt to create a printed copy of the orders just entered defaults to the printer associated with the `REQUESTING LOCATION`.
- 4) For outpatients, the location you enter as the `REQUESTING LOCATION` determines the default in the next prompt for `CLINICAL SERVICE/MEPRS CODE`. For inpatients, however, the `CLINICAL SERVICE/MEPRS CODE` default is always based on the patient's clinical service.

When you are writing orders for a patient being admitted from a clinic or the emergency room (ER) you should consider whether you want the results to go to the ward (not the clinic) and whether the admission orders and the `STAT-done` notifications should be printed at the ward (not the clinic). You can always, of course, enter the clinic as the `REQUESTING LOCATION` for results delivery and specify the ward printer separately (if you know its name) for printing the orders themselves as you leave the order entry process. The easiest procedure, however, is to specify the ward as the `REQUESTING LOCATION` for admission orders.

CLINICAL SERVICE/UCA (MEPRS) CODE

The `MEPRS CODE` is tied to every order posted during an encounter. If you enter an inpatient location for an inpatient, the system defaults to the patient's current location. If you accept that default, you are not prompted for the `MEPRS CODE` (this is set up in the Hospital Location file).

If an outpatient location is selected that has a `MEPRS CODE` set up in the file, you are not prompted for the `MEPRS CODE`.

If you enter "File Area" as a location type at the requesting location, you are prevented from entering an "E"-level `MEPRS CODE`. A message instructs you to enter a valid `MEPRS CODE` that does not lead with "E."

If the fields are left blank in the file, you are prompted for the `MEPRS CODE` during an order session; for example, clinics that support many services.

WHEN YOU'RE READY TO QUIT

Instead of each order going directly to the ancillary department after you file it, the orders are held for you to review and edit if you wish. The orders display on the Patient Order List (POL) like the example below: You can choose how you want your POL to display.

```
1   NRS  BLANKETS-HYPERTHERMIA at 0700-1500-2300 QD
      Starting 13 Jan 1992@0700
      ~PRE-ACTIVE . . . . . JSB 13 JAN@0600
```

When you **QUIT** the order entry session, your orders are activated and sent to the ancillaries in a batch. One advantage of batching is that no label is printed in the pharmacy until you **QUIT**. Therefore, you can edit or even cancel the RX without the pharmacy being aware of it. You may modify, cancel, or execute any of the other actions on **ALL** your orders by "Displaying the Patient Order List" (**DPOL**) to bring up all the orders.

AFTER YOU QUIT

After you **QUIT** order entry for a patient, you *may or may not* be asked the following, depending on how your site has been set up:

```
PRINT ORDER GROUP? YES//
```

This question allows you to decline generating a printed copy of all orders you entered. If a medical treatment facility (MTF) wants to ensure that all orders are printed, it can suppress this question. If your MTF has suppressed the **PRINT** question or if you accept the **YES** default, you are prompted for the print device:

```
DEVICE: BONES//
```

The **DEVICE** prompt should *always* suggest a default printer; this is the printer associated with **REQUESTING LOCATION** that you specified when you accessed order entry for this patient. The name of the printer should be a mnemonic that is obviously associated with that **REQUESTING LOCATION** as the above example is with Orthopedics. If the default printer is not displayed, or if it is ambiguous, notify your system manager.

You have three choices at this **DEVICE** prompt:

- 1) Accept the default.
- 2) Enter the name of another printer.

Remember, you can enter two question marks (??) for a picklist of all devices at your MTF.

- 3) Enter **HOME** to display the entries on your terminal screen.

If **PRINT** does not work (printer jams), you have three other options for printing orders:

- 1) Use the **PRINT ACTION** in **ORE** (order entry).
- 2) Use **RVO** (review orders) and specify a date/time range.
- 3) Access the **Browse ACTION**, select orders, and print from there.

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New Orders

NEW ORDERS

Macros

MACRO CONVENTIONS

Macros are strings of characters that instruct the system to allow you to bypass certain prompts. Basically, you enter a series of responses to select prompts and separate them with a special character without having to see the prompts. You always enter macros at the `ACTION` prompt whether you are in *Desktop* or in the order entry module. You are responsible for maintaining your macros. For example, if Pharmacy inactivated a medication that you had been able to use, you would need to update your macros.

You must know the following three characters:

- | | |
|---------------|--|
| semicolon (;) | Use instead of a <CR>. |
| dot (.) | Stop the order processing and do not resume until you enter a semicolon. |
| space | Repeat the last selection. |

The system may pause in processing a macro for the following reasons:

- Multiple choices result in a picklist.
- You instructed it to pause by using the dot.
- The system cannot interpret a command, such as a typo.

A semicolon (;) resumes the processing if appropriate.

```
MACRO> ;MED;TYNYL;;RAD;KUB
TYNYL
== ?? ...HOLDING MACRO... Enter ';' to Resume or '^' to Abort
Select INPATIENT MEDICATION:
```

Note that the processing has stopped because `TYNYL` is not recognized. Now you may either enter the correct name of the medication, or bypass the prompt and continue to process the `KUB` order.

Try these examples. When you get them to work, you should be fully able to use macros for most of your order entry.

- **RX by Macro**

semicolon starts the macro, followed by order type ~~rx~~ and another semicolon
comma followed by your SIG
comma followed by space to accept the pharmacy's default SIG

```
ACTION: ;RX;ASA;VAL5, T1 Q6H PRN #30;TCN, ;KCL;;;
          ↑      ↑
        Aspirin Valium
          ↑      ↑
        Tetracycline Potassium
```

OE-00873

NEW ORDERS Macros

STORING MACROS

You can name and store macros as though they were personal order sets. Try the beginner's technique below. Do not use the advanced techniques until you need more flexibility in creating and editing macros.

BEGINNER'S TECHNIQUE — All You Need to Know

Once you have used a macro to enter orders for a patient, you can store that macro for later recall.

To STORE the macro you just used:

```
ACTION: ]ROUTINE LABS
```

To USE the macro again:

```
ACTION: [ROUTINE LABS
```

Remember: You only need to type a backward bracket (]) ONCE to store a macro. After that, when you USE the macro, you type a left or "normal" ([) bracket.

ADVANCED TECHNIQUE

In the beginner's technique, you use a macro on a patient, decide you like it, then name and store it. With the advanced technique, you create and name the macro in one pass:

```
ACTION: ]ROUTINE LABS[ ;LAB;CBC;UA;RPR;8CHEM;;;
```



Left or "normal" ([) bracket marks the beginning of macro to be stored.

Backward bracket only used when you store the macro.

OE-00875

You have now stored a macro to order four lab tests under the name ROUTINE LABS. To USE the macro, type a left bracket ([):

```
ACTION: [ROUTINE LABS
```

FINDING OUT WHAT YOU HAVE

To VIEW your macros, type a left bracket and question mark:

```
ACTION: [?
```

RECALLING MACROS

To recall and use a macro, type a left bracket (⌈) and the name of your macro.

ACTION: [BOWEL PREP

This recalls all orders stored under the name BOWEL PREP.

To recall the last macro you used even if you did not name it, type a left bracket (⌈) with a space.

ACTION: [<space>

This recalls the last macro you used.

To display a picklist if you do not remember the name of the macro you want to use, type a left bracket (⌈) with a question mark.

ACTION: [?

Answer with MACRO COMMAND NAME

Choose from:

ROUTINE LABS	(ORDER)	;LAB;CBC;UA;RPR;8CHEM;;;
ORTHO	(ORDER)	;ANC;EKG;;SET;ORTHO ADMIT;;;

NEW ORDERS ADT - Admission

ADMISSION ORDERS

ADMISSION	TURNER, MICHELLE	20/100-20-6000	A03
=====			
REQUESTED WARD	: 8B	CURRENT CENSUS:	29
ADMISSION DATE/TIME	: NOW	<i>Default</i>	
ADMITTING SERVICE/MEPRS	: AAAA	<i>Enter Clinical Service or MEPRS code</i>	
ATTENDING PHYSICIAN	: JONES, DAVID	<i>Defaults</i>	
DIAGNOSIS (FREE TEXT)	: LOWER ABDOMINAL PAIN		
ADMISSION COMMENT	:		
TRANSPORTATION REQUIRED	:		
TYPE OF ADMISSION	: DIRECT TO MILITARY HOSPITAL FROM ER		

OE-00876

What to Enter:

- REQUESTED WARD is the name of the ward to which the patient is admitted.
- Enter the ADMITTING SERVICE/MEPRS code for the patient, which should be the patient's clinical service.
- The ADMISSION DATE/TIME field defaults to NOW but may be changed to a past date, or to a future date making it a PRE-ADMISSION.

You may enter the date and time in a number of ways:

<u>Enter</u>	<u>Translation</u>
N(ow)	The current date/time is appended
T(oday)	Today's date with no time specified
T+1	Today + one day (tomorrow's date)
T+1@1200	Tomorrow at a specific time (1200)
T-1	Yesterday

- The ATTENDING PHYSICIAN field defaults to you, but you can change this if you are not the attending physician.
- TYPE OF ADMISSION defaults to "DIRECT TO MILITARY HOSPITAL FROM ER"; however, you may select another TYPE OF ADMISSION using one of the following methods:

<u>Enter</u>	<u>Response</u>	<u>Translation</u>
DIRECT	DIRECT ADMISSION (picklist)	Partial entry
L	LIVE BIRTH IN HOSPITAL	Unique entry from coded list
D, THAN ER	DIRECT TO MILITARY HOSPITAL FROM OTHER THAN ER	Ellipsis

Things to Remember:

- Enter two question marks (??) at the TYPE OF ADMISSION prompt to display a picklist of admission types.
- Use a comma (,) to separate pieces and minimize the number of keystrokes. This forces the system to do a dual character string search for the “type of admission.”
- You can also use a quick reference code. The code is MTF-specific and 1 to 3 characters. Consult your Patient Administration (PAD) office for the quick reference codes or enter two question marks (??) at the TYPE OF ADMISSION prompt.
- Admission orders may only be written on the OUTPATIENT page. Once the admission order is written, a new page is created for additional orders to be entered. Enter the orders on the WARD page.
- You can choose to activate the admission at the time of order entry (if the patient is already on the ward), or the nursing staff can activate it later. Activation of the admission forwards the inpatient orders and diet order to the respective ancillary departments.
- Orders that are entered on an ADMISSION page that have NOT yet been activated are held and labeled as FUTURE.
- If an admission order is canceled, all pages are erased except the OUTPATIENT page. (Uncancelable orders are put on the OUTPT page.)
- Once you enter the needed information for the first three fields and you do not wish to change any of the following defaults, use <Next Screen> to file. (Save keystrokes.)
- Admission orders may not be entered on an AMBULATORY PROCEDURE VISIT (APV) page.

NEW ORDERS ADT - Admission

COMPLETING AN ADMISSION DURING ORDER ENTRY

You may activate a current admission after writing the order, or it may be activated later, such as when the patient arrives on the ward. Use the **ACT** action as shown:

```
ACTION:  ACT ACTIVATE ADT

ADMISSION~DIRECT TO MILITARY HOSPITAL FROM OTHER THAN ER
on 10 Feb 1992@1300 to SURGERY WARD
ACTIVATE THIS ORDER?  Y//
```

OE-00877

Enter **<CR>** to accept the default. The following screen displays:

```
ADMISSION DATE: 07 Mar 1992@1328      ADMISSION ACTIVATION
=====
ORDER: 920307-00063      TURNER, MICHELLE  20/100-20-6000
=====
ADMISSION DATE/TIME      : 10 Feb 1992@1300
WARD                     : 4B
ROOM-BED                 : ←
MEPRS/SERVICE            : AAAA (INTERNAL MEDICINE)
ATTENDING PHYSICIAN      : JONES, DAVID
ADMISSION COMMENT        :
TRANSPORTATION REQUIRED   : NO
TYPE OF ADMISSION        : DIRECT TO MILITARY MTF FROM OTHER
                          THAN ER
```

*Can be filled in
by nursing staff
when patient
arrives on
ward.*

OE-00878

The system displays the previously entered information. You can now edit this information if you wish.

Note: You cannot activate the order from the PRE-ADMISSION page. Use the OUTPATIENT page or the WARD page.

NEW ORDERS ADT - Pre-Admission

PRE-ADMISSION

Pre-admission orders are carried out before the patient is admitted (e.g., LAB or RAD orders). A future admission order **MUST** be written on the OUTPATIENT page before pre-admission orders can be entered.

```
TURNER, MICHELLE      Age:  24      20/100-20-6000      OUTPAT POL
-----
1 ADT  ADMISSION~DIRECT TO MILITARY HOSPITAL FROM
      OTHER THAN ER on 13 Jan 1992@1200 TO 6B . . DSJ 12JAN@1723
-----
[ *OUTPAT* ]          6B
ACTION:  PREA
        Turner is an outpatient and you are working on the OUTPATIENT page.
```

OE-00880

After the admission order has been written, enter **PREA** at the ACTION prompt.

```
TURNER, MICHELLE      Age:  24      20/100-20-6000      PREADM POL
-----
1 ADT  ADMISSION~DIRECT TO MILITARY HOSPITAL FROM
      OTHER THAN ER on 13 Jan 1992@1200 TO 6B . .DSJ 12JAN@1723
2 LAB  CBC & DIFF~SEND PATIENT TO LAB~BLOOD~MARB/RED
      on 12 Jan 1992@1724 . . . . .DSJ 12JAN@1724
3 RAD  CHEST, PA/LAT~MAIN RAD~AM on 12 Jan
      1992. . . . .DSJ 12JAN@1724
-----
*OUTPAT* [ PREADM ] 6B
          ↑      ↑
          |      |
          |      | highlight indicates which page is being displayed
          |      |
          |      | asterisk indicates patient's current location
```

OE-00881

The patient is still an outpatient, as indicated by the asterisks. You are looking at the PRE-ADMISSION page, as indicated by the highlight.

Press <**F11**> to display ALL inpatient orders for an episode.

How It Works:

The PRE-ADMISSION page is always between the OUTPATIENT page and the admitting WARD page.

Note: Once the admission has been activated, you cannot write pre-admission orders – the orders go onto the WARD page.

- When the admission order is activated, any unresulted orders display on both the PRE-ADMISSION page and the WARD page. Once resulted, they are removed from the active POL.

```

TURNER, MICHELLE      Age: 24      20/100-20-6000      6B POL
-----
1 ADT  ADMISSION~DIRECT TO MILITARY HOSPITAL FROM
      OTHER THAN ER on 13 Jan 1992@1200
      ~COMPLETED. . . . . DSJ 12JAN@1723
2 LAB  CBC & DIFF~SEND PATIENT TO LAB~BLOOD~MARB/RED
      on 12 Jan 1992@1724
      [From PREADM] . . . . . DSJ 12JAN@1724
3 RAD  CHEST, PA/LAT~MAIN RAD~AM on 12 Jan
      1992
      [From PREADM] . . . . . DSJ 12JAN@1724
-----
OUTPAT | PREADM      [*6B*]
      Pending results from PRE-ADMISSION page and carried over to
      WARD page on admission
  
```

OE-00882

The 6B page is shown. The admission has been completed and the patient is on 6B, as indicated by the asterisks.

- Use the right-arrow and left-arrow keys at the ACTION prompt to move from page to page; e.g., **left-arrow key- <CR>** to display the PREADM page.
- If you cancel the admission, the PRE-ADMISSION and the WARD pages are deleted and any nonmodifiable orders are moved to the OUTPATIENT page.
- *TIP: Use the Expand/Compress action x to shorten orders to one line and see more on the screen.*

Remember: The asterisks indicate where the patient is in the system and the highlight shows the page being displayed.

NEW ORDERS ADT - Transfer

INTERWARD TRANSFER

Enter **T** at the ADT Procedure prompt to select the Interward Transfer.

```

INTERWARD TRANSFER          TURNER, MICHELLE          20/401-86-2259
=====
REQUESTED WARD              : 4C                      CURRENT CENSUS:
TRANSFER DATE/TIME         : NOW
TRANSFER SERVICE/MEPRS     : AAHA (INTERNAL MEDICINE) ← Defaults
RECEIVING ATTENDING PHYSICIAN : JONES, DAVID ← Defaults
TRANSFER COMMENT           :
TRANSPORTATION REQUIRED      :
-----
                Don't overlook these prompts.
                ↓
Help = HELP      Exit = F10      File/Exit = DO
  
```

OE-00883

How Interward Transfer Works:

- The REQUESTED WARD **must** be entered.
- TRANSFER DATE/TIME is optional. You may enter a precise date/time, NO date/time, or a date/time that is dependent on a prior ADT order; e.g., ADT+1 where ADT is the current date/time at activation that the order is being entered plus 1 day.
- TRANSFER SERVICE defaults to the patient's service code. You may change.
- The RECEIVING ATTENDING PHYSICIAN defaults to you but may be changed.
- BEFORE activation of transfer order, you can copy any orders, except ADT, that you want to remain active on the receiving ward by using the Scratch Pad. *See insert for quick guide to the Scratch Pad.*
- A new page is created when a transfer order is written. Write several transfer orders on different pages to be activated as desired, but only ONE transfer order can be written on a page.

USING THE SCRATCH PAD . . .

ATTENTION. (IMPORTANT)

The Scratch Pad allows you to copy orders from one WARD page to another WITHOUT reentering the orders. Use the Scratch Pad to carry those orders that you want to remain active over to the receiving ward with a minimum of keystrokes. **YOU MUST DO THIS BEFORE ACTIVATION OF THE TRANSFER.**

- 1) Enter TSP (To Scratch Pad) at the ACTION prompt of the losing ward and press <Select> to pick specific orders OR press <F11> to pick all orders displayed.
- 2) Use the right-arrow key to select the receiving ward page. Enter FSP (From Scratch Pad) to copy ALL orders on the Scratch Pad to the new page OR enter SSP (Selective Scratch Pad) to select SPECIFIC orders only.
- 3) Press <F14> or use the DSP (Display Scratch Pad) action at ACTION to view orders on your Scratch Pad and do certain actions:
 - If Scratch Pad is empty, add new orders.
 - Browse, delete selected orders, modify orders, add new orders, or clear the Scratch Pad of all orders within the DISPLAY action.
- 4) Use CSP (Clear Scratch Pad) to delete all orders

Note: The Scratch Pad does not clear automatically. Orders remain for use, but are not patient specific. (See page 22 for more information on the Scratch Pad)

- The transfer order displays on BOTH the receiving and the losing ward and can be activated from either page. Use the **act** action.

Losing Ward Page

```

TURNER, MICHELLE  Age:66  20/401-
-----
1 ADT INTERWARD TRANSFER TO 4C
  on 24 Jan 1992@1836 . . .
2 NRS VITAL SIGNS (BP,T,P,R)
  at 0600-1200-1800-2200 QD
  for 15 days Starting on 11
  Jan 1992@1200 . . . .
-----
OUTPUT      [*7B*]      4C
  
```

Gaining Ward Page

```

TURNER, MICHELLE  Age:66  20/401-
-----
1 ADT INTERWARD TRANSFER FROM 7B
  on 24 Jan 1992@1836
  ~ [FUTURE] . . . . .
2 NRS VITAL SIGNS (BP,T,P,R)
  at 0600-1200-1800-2200 QD
  for 15 days Starting on ADT
  ~ [FUTURE]
-----
OUTPUT      *7B*      [4C]
  
```

OE-00884

- Orders repeat the original duration when copied unless you change the duration.
- Insert a new transfer order for an instance when a patient needs to be diverted to another ward (e.g., RR to ward but goes to ICU unexpectedly) by placing a transfer order on a page with an existing transfer order. You are prompted as shown:

```

Select ADT PROCEDURE:  T  INTERWARD TRANSFER
                      OK? YES// <CR> (YES)

There is an existing ADT order. Do you want to continue? NO//Y (YES)

Do you want to insert a new page or cancel/replace existing ADT
order? (I/C) I//
  
```

OE-00885

<CR> inserts another page without disturbing orders on FUTURE pages.

- The system prompts you to print the orders.

ADMINISTRATIVE TRANSFER

Sometimes a patient needs to be transferred “administratively” for nonclinical reasons; e.g. to make room for another patient. In such circumstances, you would want orders to stay intact and to transfer with the patient automatically.

The **ATR** (Administrative Transfer) option on the ADT Menu is locked with a security key accessible only to authorized users. You are prompted:

Select ward to transfer patient// **Ward name**

NEW ORDERS ADT - Transfer

The following screen displays:

```

                                CLINICAL ADMINSTRATIVE
TRANSFER
=====
ORDER: 900815-00204             TURNER, MICHELLE             20/100-20-6000
=====
TRANSFER FROM      : 7B
TRANSFER TO       : 4B ←----- Defaults to ward entered earlier
TO ROOM-BED      :    ←----- May be left blank
TRANSFER DATE/TIME: 18 Mar 1992@0800 ←----- Defaults to now

```

OE-00886

MORE ON THE SCRATCH PAD . . .

```

ACTION: F14 (to display/manipulate orders on your Scratch Pad)
=====
SCRATCH PAD
[e-edit required]
1 NRS DIAGNOSIS/CONDITION - MEDICAL at 0700-1500-2300- for 10 days
2 NRS BED REST at 0700-1500-2300 QD for 10 days
3 NRS VITAL SIGNS (BP,T,P,R) at 0600-1200-1800-2200 QD for 10 days
4 RAD e-CHEST, PA/LAT
5 IVF DEXTROSE--INJ 5% SOLN 1000ML *INCOMPLETE*
6 DTS REGULAR DIET

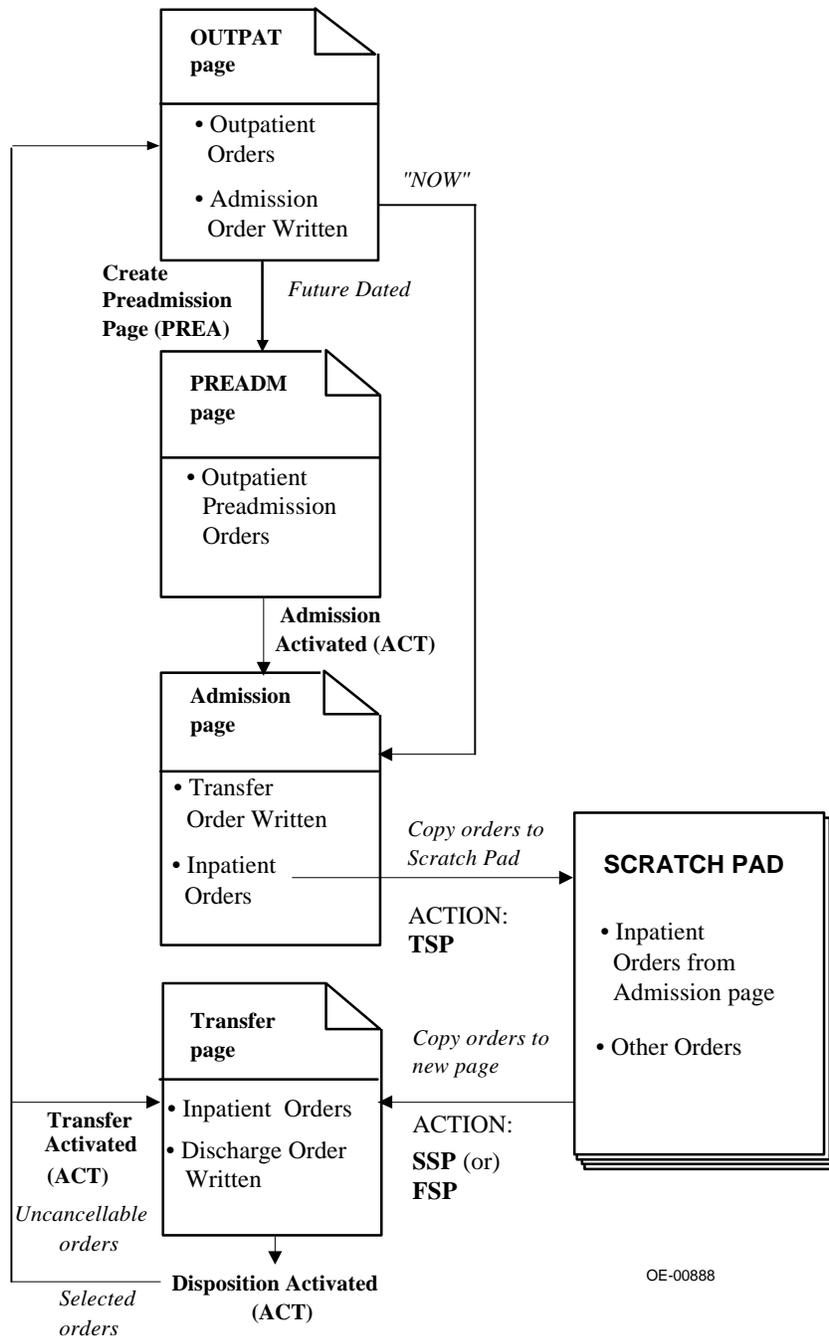
Choose from:
  BROWSE      BR
  CLEAR (SP)  CL
  DELETE (SP) DEL
  MODIFY (SP) MOD
  NEW (SP)    NW
  QUIT        QT
=====

```

OE-00887

- 5) The Scratch Pad works much the same as Order Sets. You are prompted for any required but missing data. Note the IVF order above. The required `DURATION` is missing; so each time you use this order, the system prompts you for the `DURATION`. You may modify the order and add the duration.
- 6) Some MED and all IV orders may be designated as `CONTINUABLE` by your facility. This means that the same start date/time carries over to the receiving ward for a particular patient instead of a new start date/time. This is especially useful for a course of antibiotics. The system prompts you to clarify, in case you wish to start over.
- 7) An order, such as Radiology, requires "editing" of the `CLINICAL IMPRESSION` field in order to be applied to a specific patient. Edited orders are marked with an "e," as shown above.

USING THE SCRATCH PAD . . .



**SCRATCH PAD
ACTIONS**

TSP COPY TO SCRATCH PAD

Allows you to copy selected orders from the losing ward page to your Scratch Pad.

FSP COPY FROM SCRATCH PAD

Allows you to transfer ALL orders from the Scratch Pad to the receiving ward on the POL.

SSP COPY FROM SCRATCH PAD (Select)

Allows you to transfer SELECTED orders from the Scratch Pad to the receiving ward on the POL.

CSP CLEAR SCRATCH PAD

Allows you to empty your Scratch Pad of existing orders.

DSP or <F14> DISPLAY SCRATCH PAD

Allows you to display and manipulate your orders on the Scratch Pad.

Remember: Use left-arrow and right-arrow keys and <CR> to move from page to page.

OE-00888

NEW ORDERS ADT - Transfer to Absence

TRANSFER TO ABSENCE STATUS (Con Leave)

Enter **AB** for ADT procedure:

```

ABSENCE TRANSFER      TURNER, MICHELLE    20/100-20-6000    AO3
=====
TYPE OF ABSENCE       :  CONVALESCENT LEAVE
TRANSFER DATE/TIME   :  N(OW)
CURRENT WARD          :  4B                CURRENT CENSUS: 23
DURATION/RETURN DATE/TIME :  30 ←————— You may
RESERVE BED           :                   use <Next
TRANSFER COMMENT      :                   Screen> or
TRANSPORTATION REQUIRED :                   <Do> here.
  
```

OE-00889

Note: If you have <Do>, press it to file and exit the order without further editing.

You may select a specific TYPE OF ABSENCE using one of the following:

<u>Enter</u>	<u>Response</u>	<u>Translation</u>
T	TEMPORARY DUTY/SPECIAL DUTY	Unique entry from coded list
SE	SUBSISTING ELSEWHERE/OUT	Synonym
C, L	CONVALESCENT LEAVE	Ellipsis
ABSENT	ABSENT (picklist)	Partial entry

What to Enter:

- TRANSFER DATE/TIME: You can enter a specific date and/or time, press **<CR>**, which the system interprets as the current date/time, enter a relative date (i.e., ADT+1), or enter a past date.
- CURRENT WARD: The system displays the current page. (You cannot change.)
- DURATION/RETURN DATE/TIME: Enter the number of days for the patient to be on ABSENCE STATUS or a date/time for his return.
- RESERVE BED: Enter **y(es)** to reserve the bed. No entry means that the bed is not reserved.
- TRANSFER COMMENT: Enter any comment or instructions pertinent to this order if desired. This displays on the POL.
- At order entry time, you may use **<Next Screen>** after entering the DURATION field.

HANDLING ORDERS . . .

Some orders, such as pending appointments and outpatient prescriptions, are automatically preselected by the system to remain active; however, you may deselect them so that they go into suspense.

```

TURNER, MICHELLE      Age: 66      20/100-20-6000      SELECTION SCREEN
=====
**SELECT ORDERS TO REMAIN ACTIVE AFTER CONVALESCENT LEAVE ACTIVATION**
-----
1 NRS  VITAL SIGNS (BP,T,P,R) at 0600-1200-1800-2200
      QD for 15 days Starting on 11 Jan 1992@1200 . . .DSJ 11JAN@1500
2*RX  TYLENOL--PO 325MG TAB~T2 TAB PO Q4-6H F30
      on 19 Jan 1992@2102
      ~[DRUG WARNING] . . . . .DSJ 19JAN@2100
-----
OUTPAT  2A  [*4B*]

Please remember to enter any prescriptions that will be needed while
on pass . . . .
    
```

Enter RXs quickly using SIGS and MACROS.

*preselected
for you* →

*Orders are
flagged if a
warning
was
overridden.* →

OE-00890

- Browse through orders on that ward quickly using <PF1> + the **up-arrow** or **down-arrow** key and use <Select> to mark specific orders or <F11> to mark ALL orders on the screen.
- All orders NOT selected are placed on HOLD.
- The “*” to the left of the order type denotes those orders selected to remain active.

NEW ORDERS ADT - Transfer Absence Activation

ACTIVATING THE ABSENCE ORDER

You can activate the "Transfer to Absence" order when the order is entered, or at a future time, using the Action **AB** (Transfer Absence Activation). You can change the entries or use **<Do>** to file.

```

                                                    ABSENCE ACTIVATION
=====
ORDER: 910121-00127          TURNER,MICHELLE  20/100-20-6000
=====
ABSENCE START DATE/TIME      : 26 Jan 1992@1430
ANTICIPATED RETURN DATE/TIME : 25 Feb 1992@1430
RESERVE BED                  : NO
ABSENCE FACILITY             :
TRANSFER COMMENT             :
```

OE-00891

NEW ORDERS
ADT - Transfer Absence Activation

Things to Remember:

- Activation of this order can be done from the patient's current location only.
- Date/time are BOTH required on activation.
- Further orders may still be written UNTIL the ABSENCE TRANSFER is activated. (You would then be prompted again to select those new orders to remain active after transfer activation.)
- On activation of transfer-to-absence order, all FUTURE pages are canceled. You are reminded of this:

Existing Interward Transfer order will be cancelled,
along with all orders on subsequent page(s).
Do you want to proceed? NO//

- Orders are placed on HOLD until the patient is brought back from ABSENCE STATUS.

```
TURNER, MICHELLE  Age:66    20/100-20-6000           4B POL
-----
1 ADT  ABSENCE TRANSFER~CONVALESCENT LEAVE
      Starting on 26 Jan 1992@1435. . . . .DSJ  26JAN@1436
2 NRS  VITAL SIGNS (BP,T,P,R) @ 0600-1200-1800
      -2200 QD for 10 days Starting on 19 Jan
      1992@1500
+      ~[On Hold until 25 Feb] . . . . .DSJ  17JAN@1230
-----ON CONVALESCENT LEAVE--
OUTPAT  2A    [*4B*]
```

OE-00892

NEW ORDERS ADT - Return from Absence

RETURNING FROM ABSENCE STATUS

Enter **AB** at the action prompt to initiate the return from Absence Status. You see:

```
TRANSFER: 19 Feb 1992@0800                                RETURN FROM ABSENCE
=====
ORDER: 9120219-00028                                TURNER, MICHELLE 20/100-20-6000
=====
ABSENCE START DATE/TIME : 19 Feb 1992@0800
RETURN DATE/TIME       : 18 Mar 1992@0800 ← You may
TO                     : 4C                               change these
ROOM-BED               : 456-F ← two fields.
```

OE-00893

The `ABSENCE START DATE/TIME` and the `TO` field are for display only. The `RETURN DATE/TIME` defaults to the current date/time but you can change to a past time that is, of course, after the absence `START DATE/TIME`.

Then a selection screen displays from which you can select orders to be reactivated. **DO NOT GO TOO FAST** – you are shown the screen immediately after activating the return from absence.

```
TURNER, MICHELLE      Age:66      20/100-20-6000  REACTIVATE ORDERS
-----
1 NRS  DIAGNOSIS/CONDITION - MEDICAL at 0700-1500
      -2300 QD for 10 days Starting on 11 Feb
      1992@2300
      ~[On Hold until 21 Mar 1992@0815] . . . DSJ  11FEB@1450
2 NRS  VITAL SIGNS (BP,T,P,R) at 0600-1200-1800
      -2200 QD for 10 days Starting on 11 Feb
      1992@1800
      ~[On Hold until 21 Mar 1992@0815]. . . DSJ  11FEB@1450
```

OE-00894

NEW ORDERS ADT - Return from Absence

Select those orders that you want reactivated again using <F11> for ALL orders that you can see, or <Select> for individual ones. You are prompted for a “reactivation comment” which can be left blank and if you want to modify orders:

Reactivation COMMENT:

Do you want to modify any of the selected orders? No//

Saying **Y(es)** to the question means that each order displays and you are prompted to edit each one. A **N(o)** enters orders quickly much like order sets.

```
1 NRS  DIAGNOSIS/CONDITION - MEDICAL at 0700-1500
      -2300 QD for 10 days Starting on 11 Feb
      1992@2300
      ~[On Hold until 21 Mar 1992@0815]. . DSJ  11FEB@1430
```

```
Start Date/Time:  19 Feb 1992@1500
Edit?  NO//
```

OE-00895

NEW ORDERS ADT - Transfer (Ward Absence)

WARD ABSENCE ORDERS . . .AS SIMPLE AS “ADT” AND “P8”

WARD ABSENCE orders are also ADT orders. At the “Select ADT Procedure” prompt, you can enter either **P** or **P** with a number from 1-23 to denote the duration in hours of the WARD ABSENCE, i.e., P2, P4, P8, etc. Ward Absence is a day pass.

In the example below the user entered **P8** in which case the duration defaulted to 8 hours:

```

WARD ABSENCE  8 HOURS      TURNER ,MICHELLE      20/100-20-6000
=====
START DATE/TIME          : 02 FEB 1992@1800
CURRENT WARD             : 2B                CURRENT CENSUS :
DURATION / RETURN DATE/TIME : 8 HOURS
WARD ABSENCE COMMENT     :

MULTIPLE?                : NO                If the order is to be multiple, enter the
ORDER EXPIRATION DATE/TIME ←:                date that it should expire (i.e., T+3W).
  
```

OE-00896

What to Enter:

START DATE/TIME defaults to NOW. You can accept the default, enter a relative date and/or time, enter a future date and/or time, enter a past time, or NO time. However, when the order is activated, the date/time is required.

Note: Ward Absences cannot extend beyond 2359 on the date the absence begins.

- CURRENT WARD and CURRENT CENSUS display the patient’s location and census of the ward. You cannot change.
- DURATION/RETURN DATE/TIME displays the duration of the WARD ABSENCE if known. Enter the duration as part of the order; i.e., P8 or do it here.
- WARD ABSENCE COMMENT allows you to enter any instructions regarding the order.
- If you wish to order multiple Ward Absences, i.e., Ward Absence every weekend, change NO to **YES** at the MULTIPLE field. (This means that the order can be used more than one time to send a patient on Ward Absence and bring him back.)
- ORDER EXPIRATION DATE/TIME is determined from the duration that you enter. This is used if you make the order multiple.

```

TURNER ,MICHELLE      Age:66      20/100-20-6000      2B POL
=====
1 ADT  WARD ABSENCE~ON WARD ABSENCE 8 HOURS
      Starting on 02 Feb 1992@1200
      ~Returning on 02 Feb 1992@2000 . . . . . DSJ  02FEB@1800
2 NRS  VITAL SIGNS (BP,T,P,R) at 0600-1200-1800
      -2200 QD for 15 days Starting on 31 Jan
      1992 @1200 . . . . . DSJ  31JAN@1200

-----ON WARD ABSENCE-----
      OUTPAT      [ *2B* ]
  
```

OE-00897

Things to Remember:

- All orders remain active
- You can enter multiple WARD ABSENCE orders on a page. Upon activation, you are prompted to select one.
- WARD ABSENCE orders are activated the same way as transfer orders by entering **AB** at the ACTION prompt. This includes sending a patient on WARD ABSENCE and returning him from WARD ABSENCE.
- Transfer orders are not supported from an APV page.

The WARD ABSENCE activation screen looks like this:

```

                                     RETURN FROM WARD ABSENCE
=====
ORDER: 910219-00391                TURNER, MICHELLE 20/100-20-6000
=====
WARD ABSENCE START DATE/TIME      : 2 Feb 1992@0800
RETURN DATE/TIME                   : 2 Feb 1992@1600
TO                                  : 4C
ROOM-BED                           : 458-2

```

OE-00898

You may change these.

The RETURN DATE/TIME defaults to the current date/time but can be changed. The ROOM-BED defaults to the patient's current room-bed, but you can change this too.

NOTE: You can only modify a multiple Ward Absence order to a "single ward absence" order:

If this order is modified, it will no longer be "MULTIPLE" and will be completed upon patient's return. Change from Multiple Ward Absence? YES//

NEW ORDERS ADT - Disposition

DISPOSITION ORDERS

```

DISPOSITION          TURNER, MICHELLE          20/100-20-6000
=====
TYPE OF DISPOSITION   :  DISCHARGED HOME
DISPOSITION DATE/TIME :  20 FEB 1992@0745   CURRENT CENSUS: 21
D/C ATTENDING PHYSICIAN :  JONES, DAVID
DISPOSITION COMMENT   :
TRANSPORTATION REQUIRED :
    
```

Press <Next
Screen> or
<Do> here
if you have
no changes.

OE-00899

What to Enter:

- The system defaults TYPE OF DISCHARGE to DISCHARGED HOME. You may select a specific discharge type using one of these methods:

<u>Enter</u>	<u>Response</u>	<u>Translation</u>
R	RETURNED TO DUTY	direct hit by unique entry
D, S	DIED DURING INPATIENT STAY	ellipsis
DI	DISCHARGED (picklist)	partial entry

- The DISPOSITION DATE/TIME field defaults to the current date/time but may be changed for a future or past date and/or time.
- The ATTENDING PHYSICIAN at the time of discharge defaults to you, but may change as well.
- Once the order is filed, you are prompted to select those orders to be retained (not canceled) at the time of Discharge. Some orders such as pending appointments and outpatient prescriptions are automatically selected by the system, however the provider may deselect them indicating that indeed they are to be canceled at time of discharge. There may be more than one screen full of orders. Use <Next Screen> to view more pages.
- To activate the discharge order at any time, enter the action **ACT** (Activate ADT). The following screen displays:

```

                                     DISPOSITION ACTIVATION
=====
ORDER: 910220-00001          TURNER, MICHELLE 20/100-20-6000
=====
DISPOSITION DATE/TIME       :  20 Feb 1992@0745
TYPE OF DISPOSITION         :  DISCHARGED HOME
DISPOSITIONING PHYSICIAN    :  JONES, DAVID
DISPOSITION COMMENT         :
TRANSPORTATION REQUIRED      :
    
```

OE-00900

Press <CR> to accept the disposition date/time. The rest of the information is uneditable and with one more <CR>, you have activated the disposition.

Things to Remember:

- Enter two question marks (??) at the disposition type to display a list of DISCHARGE TYPES. *Hint: Press <Help> to obtain context-specific information.*
- Enter three question marks (???) at any prompt to invoke the Online Users Manual help.
- You may also use a quick reference code. The code is MTF-specific and 1 to 3 characters. Consult your PAD office for the quick reference codes or enter two question marks (??) at the DISCHARGE TYPE prompt.
- A discharge order may only be written on an inpatient page.
- The UNSELECTED ORDERS are CANCELED at time of discharge. Some orders such as NRS are automatically discontinued at discharge.
- The SELECTED orders remain ACTIVE beyond discharge.
- The system moves uncancelable orders, such as pending LABs or RADs, to the outpatient page when the discharge is activated:

```

TURNER, MICHELLE      Age: 66      20/100-20/6000  OUTPAT POL
-----
1 LAB  GLUCOSE~SEND PATIENT TO LAB~BLOOD~MARB/RED
      on 12 Jan 1992@1730
      [From 6B] . . . . . DSJ 12JAN@1730
  
```

*Uncancellable
LAB order now
on OUTPAT
page*

OE-00901

- An APV page does not support disposition orders. Use the APV Minutes of Service Enter/Edit (MAPV) secondary option for routine APV patient dispositions. Through the Order Entry (ORE) option, use the Emergency Disposition of the APU (EDA) action for emergency APV patient dispositions. You need the SD APVMINSRV security key to use the MAPV option and EDA action.
- If a disposition is canceled, all orders that are canceled with the disposition display on the current POL in a HOLD status. They may be reactivated.
- If a patient is readmitted before 2400 on the same day the patient was dispositioned, you are prompted to cancel the disposition and care can be continued under the same register number.
- The “pages” remain intact until the patient is readmitted. Upon readmission, the pages “fold” into an EPISODE and display to the left of the OUTPAT page:

Prior admission

TURNER, MICHELLE	Age: 66	20/100-20-6000
NO ACTIVE ORDERS		

Epi-1	OUTPAT	[*6B*]
ACTION:	←	

OE-00902

Use the **left-arrow** key to move to the Epi-1 page.

NEW ORDERS APR (Ambulatory Procedure Request)

An Ambulatory Procedure Request (APR) communicates to the Patient Appointment Scheduling (PAS) Subsystem, a schedule request for an Ambulatory Procedure Visit (APV) appointment. An APV has been referenced in the past as a Same Day Surgery (SDS). A typical APV is a procedure or surgical intervention with an anticipated patient stay of less than 24 hours in an Ambulatory Procedure Unit (APU), which is considered an outpatient facility. When PAS schedules the APV appointment, the APR order and the APV appointment are linked in the system and an APV page is created to the left of the outpatient page. The APV page allows Diet Orders (DTS) and Unit Dose Orders (MEDs), formerly allowed only on inpatient pages, to be entered for APV patients. All other order types except ADT and LAB collected LAB orders can also be entered on the APV page.

Clinical Clerks, Nurses, HCPs, and PAS users can enter an APR, which is active regardless of the user's Provider Class. Clinical users with the security key, SD APV MINSRV, can also access the APV Minutes of Service Enter/Edit (MAPV) option on the secondary menu to keep the appointment, to record the arrival date/time and procedure date/time, and to disposition the APU patient. The Emergency Disposition from APU (EDA) action through Order Entry can be used to emergently disposition a patient from the APU. The closure of the APV encounter permits the activation of an inpatient admission order.

Initiating an APR Order:

Menu Path for Clinical Users: CA → CLN → Nursing or Physician Menu → ORE

1. Enter patient's name and the hospital location requesting the APV.
2. Enter NEW at the *ACTION* prompt.
3. Enter APR at the *ORDER TYPE* prompt.
4. Enter the APV location at the *Requested APV Location* prompt.

The Ambulatory Procedure Request screen displays with the APV location you entered in Step 4 entered in the first field. (You may edit the APV location on this screen, if you made an error in Step 4.)

JONES,JOHN Age: 32 20/801-65-0418 APR ORDER
AMBULATORY PROCEDURE REQUEST 970718-00058

=====
Requested APV Location : (Required)
Requested APV Date/Time: (Required)
APV Procedure : (Required)
(Enter the name of the APV Procedure to be performed.)

Requested APV Physician: (Optional)
Appointment Comment : (Optional)
(The length of the text is unlimited. Enter any appropriate comments
regarding the APV procedure in this field.)

File/exit **A**abort **E**dit
File changes and exit.

OE-00993

NEW ORDERS APR (Ambulatory Procedure Request)

- IVH IV HYPERALIMENTATION
- CON CONSULT ORDERS
- NIO NURSE INITIATED ORDERS

The following order types CANNOT be ordered and maintained from the APV page:

- ADT ADMISSION/DISPOSITION/TRANSFER
- LAB Lab Collected LABORATORY TESTS
- APR AMBULATORY PROCEDURE REQUEST

Things to Remember:

- An APV patient is an outpatient, but can be admitted to the hospital after the APV encounter has been closed.
- An APV patient must be dispositioned from the APU prior to activating an admission. Admission orders may be entered on the outpatient page only.
- All orders from an APV can be viewed, even after the patient has been released from the APU.
- Only one page can be active at any one time.
- CHCS does not support APR orders for inpatients. APR orders may only be entered on the outpatient page.
- Ancillary-specific order types may be entered and viewed on the APV page by the respective ancillary departments.
- MED and IV orders entered on the APV page only screen against MED and IV orders on the same APV page, and not against MED and IV orders on other pages. RX orders entered on the APV page screen against RX orders on all other pages.
- The cancellation of an unscheduled APR order through Order Entry deletes the APV page and all other orders on that page.
- The APV page and orders on the page have a future status until the patient is checked in by a PAS clerk. When the PAS signifies the APV appointment as “kept”, the APV page is activated.

NEW ORDERS APR (Ambulatory Procedure Request)

- In addition to Order Entry, the following functionalities are available for APV patients:
 - Clinical Desktop
 - Scratch pad
 - Due lists
 - Order sets
 - Patient instructions.
- Four patient source options enable you to add APV patients to your Clinical Desktop:
 - APU PATIENTS SCHEDULED FOR AN APU
 - APUM PATIENTS SCHEDULED FOR MY APU
 - APUMT PATIENTS SCHEDULED FOR MY APU TODAY
 - APUP PATIENTS SCHEDULED FOR AN APU BY PROVIDER
- If an APV appointment is designated as “canceled” or “no show” by a PAS clerk, the APR order is canceled if no incomplete orders are on the APV page.
- If an APV appointment is designated as “canceled” or “no show” by a PAS clerk and incomplete orders are on the APV page, neither the APR order or APV orders are canceled. Instead, the appointment is returned to the Appointment Order Scheduling (AOP) list to be rescheduled by a PAS clerk. In ORE, the POL is updated to reflect the APR order status change from “scheduled” to “pending appointment.” The orders on the APV page continue as future orders, available for activation upon patient arrival to the APU.
- If an APV encounter is canceled, the appointment must first be canceled in the PAS software. If desired, an authorized clinical user can cancel an unscheduled APR order, and all orders on the page are consequently canceled.
- When either PAS or CLN activates the APV page by checking the patient in for the appointment, the APV page is changed from "Future" to "Current". All future orders on the APV page then become active. After APV activation, the APV page becomes the default page when entering the Order Entry option.
- Enter follow-up orders (e.g. RXs (outpatient medications), clinic appointments, and miscellaneous other orders) on the outpatient page.
- Upon patient disposition from the APU, orders on the APV page, which are defined within as active non-modifiable display on the outpatient page until the orders are completed or the expiration date is attained.

NEW ORDERS APR (Ambulatory Procedure Request)

- Examples of orders that are moved from the once-active APV page to the outpatient page after patient disposition from an APU are:
 - Laboratory (LAB) tests that have been processed but not yet resulted.
 - LAB AP tests that have not been processed and are not resulted.
 - Radiology (RAD) Procedures that have been processed but not yet resulted. These RAD orders are non-modifiable through Order Entry.
 - PAS-scheduled appointments are non-modifiable through Order Entry, (i.e., scheduled clinical appointments (CLN), scheduled ancillary workstation orders (ANC), or scheduled consult orders (CON). Scheduled appointments must be canceled through the PAS software in order to cancel or modify these order types in Order Entry.
- CHCS does not change expiration dates to limit the typical 24-hour APV encounter. You may choose to enter APV orders to have a one-day duration so that they expire at the expected APV encounter end date/time.
- If the patient requires admission to the hospital, an ADT admission order can be entered from the outpatient page, or the patient can be admitted through the PAD software. ADT orders are not supported from the APV page. The patient must first be dispositioned from the APU before admitting as an inpatient is possible.
- The Emergency Disposition from APU (EDA) action through Order Entry can be used to emergently disposition a patient from the APU.
- Upon entry of the disposition date/time by either a PAS Clerk or Clinical Clerk (through the MAPV option), the APV page changes to “past” and the outpatient page changes to “current.” The orders become complete (cancel).
- PAS Clerks or Clinical Nurses with the SD APV MINSRV security key can access the APV Minutes of Service Enter/Edit (MAPV) option on the secondary menu to enter appointment status, arrival date/time, start of nursing intervention date/time, department to procedure date/time, return from procedure date/time, outpatient disposition, and disposition date/time. Following is a completed APV Minutes of Service Enter/Edit screen for a patient who has been dispositioned to home.

NEW ORDERS
APR (Ambulatory Procedure Request)

12 January 1997@0842

APV MINUTES OF SERVICE ENTER/EDIT

Patient Name: ABERNATHY, JANE
Hospital Location: APV CLINIC
MEPRS: BAG5
DGA Code: DGAK Exceeded 24-Hour Limit: NO

Appointment Date/Time: 12 January 1997@0815
 Appointment Status: KEPT
 APV Tracking #: 1997-01120016

 Arrival Date/Time: 12 January 1997@0810
Start of Nursing Intervention Date/Time: 12 January 1997@0835
 Depart to Procedure Date/Time: 12 January 1997@0942
 Return from Procedure Date/Time: 12 January 1997@1140

 Outpatient Disposition: Home
 Disposition Date/Time: 12 January 1997@1352
 Admitted to:

OE01041

- Process routine APV dispositions through the MAPV option.
- Process emergency APV dispositions through the Emergency Disposition of the APU (EDA) action on the POL.
- An inpatient must be dispositioned from the MTF prior to patient check-in for an APV.
- A patient must be dispositioned from a prior APV before patient check-in for another APV.

The APV page remains a past page for a default period of seven days after patient disposition from the APU. This time period can be changed from 1-30 days in the Clinical Site Parameter Maintenance option. After this time frame elapses, the APV page is collapsed and moved to the left historical position in chronological order among any other collapsed APV pages. Shift Care Plan Due Lists are no longer accessible or editable once the APV page is collapsed and moved to the left/historical position.

NEW ORDERS NRS (Nursing Orders)

Nursing procedures are those orders that you want the nursing staff to perform for your patient on the wards/clinics. The nursing procedure file choices are determined by the nursing department of your facility. If the file is properly set up, you should be able to order nursing procedures with a minimum of keystrokes. (If all defaults are set up and are acceptable to you, press <Do> .)

SELECTING THE NURSING PROCEDURE

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
VS	VITAL SIGNS	synonym
ICE	SIPS OF WATER & ICE CHIPS	key word
MON, BLE	MONITOR FOR BLEEDING	ellipsis
AMB	AMBULATE PATIENT	partial entry
	AMBULATE WITH ASSISTANCE	with picklist

ENTERING THE ORDER INFORMATION

These are some things you need to know about the fields in the nursing order screen:

- **COMMENT:** This field is for any additional information about the orders you want to relay to the nursing staff. This is also where you would enter the patient's diagnosis and condition in the "DIAGNOSIS/CONDITION" order.

COMMENT: **Take B/P in R arm only**
COMMENT: **R/O MI-CONDITION stable**

OE-00903

- **PRIORITY:** This field indicates the "urgency" with which you want the order carried out. Most nursing orders would be routine as a rule such as VS and activity orders. All priorities except routine print as part of the order and appear on the nursing worklists. These are set off with asterisks to alert the staff.
- **SCHEDULE TYPE:** This field indicates the continuity of an order. The different types are as follows:

ONE TIME	=	Perform the order "just once" at a specified time.
NOW	=	Perform the order "just once" – right now. The system bypasses the remaining five fields, which are superfluous at this point, and displays the "OK TO FILE?" prompt.
AM	=	The time defaults to the time designated as "AM" in the files (e.g., 0800.)
CONTINUOUS	=	Use for any order performed more than once a day at particular times.
PRN	=	These orders are not scheduled but are carried out as needed.

- **TIMING TEXT:** This describes the timing information for the order. You want to use some of the ways described below to enter orders faster.

QID F10 four times a day for 10 days
AM MO-WE 0800 on Monday & Wednesday
BID QOD twice a day every other day

OE-00904

NEW ORDERS

NRS (Nursing Orders)

The first example combines the timing text and the duration field. The advantage of entering information from multiple fields here is the time saved in stopping to key the data at each of the prompts.

Certain nursing orders need to appear on the nursing due lists or worksheets each shift, so that each shift's staff is aware of them. Nursing orders that are mostly just for information or without other specific timing requirements should be timed as QS or every shift. The times default to the start time of each shift as set up in the files and are on each shift's worksheet. Examples of orders that should be ordered QS are DIAGNOSIS/CONDITION and BEDREST.

You may enter NRS/NIO orders with a task interval of less than one hour, such as:

```
Q15 X4, THEN Q30 X4, THEN Q1 X4 F5D
```

The timing is NOT be acted on beyond the "Q15" but displays on the Due List with the rest of the order. This type of order can then be resulted at the nursing staff's discretion.

The TIMING TEXT can also include shorthand statements such as F6H or F5D to indicate a number of hours or days duration of the order.

- **TASK TIMES:** The specific times that the tasks are to be done. Most "SIG" type frequencies entered here or in the TIMING TEXT field generates these times based on the definition in your MTF and/or ward. QH will generate hourly times but they won't be displayed here.
- **FREQUENCY:** The processing times of the order, i.e., every day, every other day, once a week, etc. The majority of nursing orders are done every day, therefore the default is QD or every day. *Note: QD here specifies that whatever is done within the day (it may be BID, TID, Q6H, etc.) is to be repeated each and every day as opposed to QOD, MO-WE-FR, etc.*
- **DURATION:** The number of days an order is in effect.

Note: Nursing procedure defaults can be defined for each ward location and is currently maintained under the Nursing Management Menu. If the defaults are set up and you have no changes, press <Do> to file the order.

NURSE INITIATED ORDERS

Nurse Initiated Orders (NIO) are a variation of the NRS order type and are entered only by nurses. For the most part these are orders that nurses have traditionally included in nursing care plans that they create for themselves and for nursing aides/corpsmen to carry out. In CHCS, NIO orders are immediately visible to nurses on the POL and are visible to physicians only upon selection of the **DNIO** action (Display Nurse Initiated Orders).

A good rule of thumb is to enter orders as you normally think of them. The following example illustrates a typical sequence for the most basic nursing orders on admission. (If acceptable at your site, use <Do> to accept all the defaults and file.

```
DIAGNOSIS/CONDITION - MEDICAL
=====
COMMENT:
  R/O MI - CONDITION STABLE
  PRIORITY: ROUTINE
  SCHEDULE TYPE: CONTINUOUS
  TIMING TEXT: QSHIFT
  TASK TIMES:
  0700-1500-2300
  FREQUENCY: QD
  START DATE/TIME: 29 Mar 1992@1500
  DURATION: 10
```

The default duration can be overridden.



OE-00905

NEW ORDERS DTS (Diet Orders)

```
Start Date/Meal: 22 Feb 1992@DINNER
MEAL LOCATION : ROOM
DIETARY COMMENT: Doesn't like broccoli
```

OE-00906

Dietary orders can be ordered only for inpatients and APV patients and display on the inpatient and APV pages. The dietary department decides on the file entry names. As with the other order types, if properly set up, you should be able to order them quickly. You can enter a current diet as well as multiple future diets in order to cover a hospital stay. After selecting the type of diet desired, fill in the fields of the dietary order screen as shown at the right.

Here are some ways of selecting diets:

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
REG	REGULAR REGULAR 2GM SODIUM REGULAR DIET REGULAR 3GM SODIUM REGULAR DIET	key word
C1000	CALORIE 1000	synonym
LIQ,RES	LIQUID CLEAR SODIUM RESTRICTED	ellipsis

What to Enter:

- **START DATE/MEAL:** System automatic default to the next meal time set up by your facility in the files.
- **MEAL LOCATION:** Either room or dining room.
- **DIETARY COMMENT:** Use this field for the patient's likes and dislikes or special restrictions not covered by the name of the selected diet.

```
TURNER, MICHELLE      Age:66      20/100-20-6000      6B POL
-----
1 ADT  ADMISSION~DIRECT TO MILITARY HOSPITAL FROM
      OTHER THAN ER on 23 Feb 1992@1200 TO 6B.DSJ 22FEB@1350
2 DTS  REGULAR DIET Starting on ADT
      ~ [FUTURE] . . . . .DSJ 22FEB@1350
3 DTS  NOTHING BY MOUTH DIET Starting on ADT+1
      @2400
      ~ [FUTURE] . . . . .DSJ 22FEB@1350
```

OE-00907

NEW ORDERS DTS (Diet Orders)

Once the admission is activated, the start date/time is converted based on the date/time that the order is activated:

```

TURNER, MICHELLE      Age:66      20/100-20-6000      6B POL
-----
1 DTS  REGULAR DIET Starting on 23 Feb 1992@
      1700 . . . . . DSJ  22FEB@1350
2 DTS  NOTHING BY MOUTH DIET Starting on 24
      Feb 1992@0700 . . . . . DSJ  22FEB@1350
  
```

OE-00908

Things to Remember:

- There can only be ONE active diet order but multiple future orders.
- The **START/DATE** time defaults to the next meal time as it is set up in your MTF's files. You may use **B**, **L**, or **D** to signify the next breakfast, lunch, or dinner time i.e., T+1@B, 22FEB@L, etc.
- You may enter NPO orders to start at 0001. A nursing task is generated on the due lists for the nursing staff to know the exact start date/time, but it displays for the dietetics office at the next breakfast time.
- Dietetic orders display as shown during order entry:

```

TURNER, MICHELLE      Age:66      20/100-20-6000      6B POL
-----
*** Current Diet Order ***
REGULAR DIET          Starting on 23 Feb @Dinner
*** Future Diet Orders ***
NOTHING BY MOUTH DIET Starting on 24 Feb @Breakfast
{This is where the comment would display}
  
```

OE-00909

- If you try to enter a diet for a meal at which an order already exists, you are prompted to replace the existing order:

```

Select DIET:  REGULAR

Start Date/Meal:  24 Feb 1992@BREAKFAST//

A diet order exists for that meal:

NOTHING BY MOUTH DIET Starting on 24 Feb 1992@0700

OK to replace existing order?  No//
  
```

If you wish to replace the NPO diet, change NO to **Y(es)**. Otherwise, you would enter the REGULAR diet for a future time.

- Diet orders can be entered for APV patients on the APV page.
- More than one future diet order may exist on a future APV page (the appointment has not been "kept"). However, if the future diet orders have the same start date/time, the orders are placed on hold when the APV appointment is kept.

NEW ORDERS LAB (Laboratory Tests)

ORDER LAB TESTS THE QUICK WAY.

When you select the LABORATORY order type, you are first allowed to set up “umbrella” timing defaults that apply to everything you order in this session, except for Anatomic Pathology (AP) and Blood Bank (DBSS) orders. Selecting defaults here should be the rule rather than the exception; otherwise, you must wade through an entire input screen for each lab test.

<u>The Five Umbrella</u>	<u>Choices of responses</u>	<u>Timing Prompts</u>
DATE/TIME OF TEST:	NOW	today's date and current time
	AM	first lab draw tomorrow
	QAM	first lab draw every day for 5 days
	DATE@TIME	one specific date/time
COLLECTION METHOD:	LAB COLLECT	lab comes to ward
	WARD COLLECT	send specimen to lab
	SEND PATIENT	send patient to lab
COLLECTION PRIORITY:		ROUTINE / STAT / ASAP / PREOP
LAB PROCESSING PRIORITY:		ROUTINE / STAT / ASAP / PREOP /NOTIFY&ROUTINE
COMMENT:	free text applied to every order	

Note: Use the “NOTIFY&ROUTINE” priority to have routine lab results show on your RNR list.

Things to Remember About the Umbrella Defaults:

- If you want to order continuous collections (other than QAM for 5 days) such as BID or at specific times every day or on specific days of the week, you need to revert to the full screen.
- You need to use the full screen if you have comments to enter that apply to one test but not another.
- The easy way to get out of the umbrella timing mode and go into the full screen mode is to order the next lab test by placing a slash (/) before the name of the test, like this:

Select LABORATORY TEST: /RPR

This slash before the name of the lab test puts you in “screen” mode for this and subsequent lab tests.

- If you want to use the full screen for everything in this lab order entry session (no umbrella defaults), enter <CR> at the very first prompt, which is: DATE/TIME OF TEST.

Note: Your laboratory can set up defaults for fields such as COLLECTION METHOD.

- An APV page does not support lab-collected laboratory tests.

SELECTING THE LAB TEST

You can select the lab test to be ordered in any one of the following ways:

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
RPR	RPR	direct hit by unique entry
SMA 7 or ASTRA	CHEM 7	synonym
HEPAT	HEPATITIS (picklist)	partial entry
NA	SODIUM	synonym
ES, PR	ESTRADIOL & PROGESTERONE	ellipsis

Things to Remember:

- Never enter more of the lab test name than necessary. You will very quickly learn the least number of letters to enter for a given lab test to get a single direct hit.
- You can find out what the synonym is for a lab test by looking in the lab procedure file or by typing in a question mark ? before the name of the test. Then a help screen displays, listing all synonyms and the tests within that procedure if it is a “panel.” Try this and you to see what we mean:

Select LABORATORY TEST: ?SMA

This question mark before “SMA” displays the names of all panels for which “SMA” is a synonym. When you pick one, it displays what that panel includes and all of the ways (synonyms) it can be ordered.

- Any associated warnings with a particular lab test display for your information as shown below. (Your laboratory will maintain the information displayed).

FASTING GTT BLOOD

=====

SCHEDULE TYPE: **NOW**

COLLECTION METHOD: **WARD COLLECT**

COLLECTION PRIORITY: **ROUTINE**

LAB PROCESSING PRIORITY: **ROUTINE**

ORDER COMMENT:

NOTE: Patient must be NPO x 12 hours ←

*Warning entered
by LAB*

OE-00912

PRN LABS

You may enter PRN labs using the full-screen method.

The SCHEDULE TYPE is PRN and the COLLECTION METHOD must be “Ward/Clinic Collect.” The DURATION defaults to 5 days but this may be changed based on what is set up in the file.

Note: A PRN lab order must be resulted by the nursing staff through the EDR option as having been collected before the lab can process the specimen.

NEW ORDERS AP (Anatomic Pathology)

You may enter Anatomic Pathology orders in CHCS.

FILLING OUT A CYTOLOGY ORDER

The following screens show what you'll see upon entering a Cytology order.

```
CYTOLOGY GYN PAP SMEAR      TURNER,MICHELLE      20/401-86-2259
=====
Specimen:  Enter the name of the site from which the specimen was obtained
Specimen Collection Date: 07 Aug 1995 ←
Lab Processing Priority:  ROUTINE ←

Birth Control Pills?:      I.U.D?:
Post-Menopausal?:         Hysterectomy?:      Hormone Therapy?:

Start of Last Menses:
Number of Weeks Pregnant:
Number of Weeks Post Partum:
Start Date of Radiation Therapy:
Start Date of Cytotoxic Therapy:

Date/Results of Previous Cytology Diagnosis:

Cytology Comment:
```

Defaults

OE-00913

FILLING OUT A TISSUE ORDER

Here's another example. At the Select LABORATORY TEST prompt, enter TISSUE (Tissue Examination). The following screens display:

```
TISSUE EXAMINATION      TURNER, MICHELL    20/401-86-2259
=====
Specimen Collection Date: 07 Aug 1995
Lab Processing Priority: ROUTINE

# Container Specimen Description          Frozen
= =====
1 A          Lung Tissue                  Yes
```

An example of what you enter

```
TISSUE EXAMINATION      TURNER, MICHELLE    20/401-86-2259
=====
Clinical History (BRIEF):

Preoperative Diagnosis:

Operative Findings:

Post Operative Diagnosis:
```

OE-00914

NEW ORDERS DBSS (Blood Products)

Using the existing order entry pathway under the LAB order type, you can enter orders for blood products and related laboratory tests as well as autologous donation orders. These orders may be added to your order sets and to the scratchpad.

Select Type and Cross at the Laboratory test prompt:

```

TURNER, MICHELLE   Age: 66   20/100-20-6000   Laboratory Order
TYPE AND CROSS    BLOOD    Pt/034-82-6509   950324-00001
=====
Date/Time Needed:      25 Mar 1995@0630
Start Date/Time:      24 Mar 1995@1200
Collection Method:    WARD/CLINIC COLLECT & DELIVERY
Collection Priority:   ROUTINE
Processing Priority:   ROUTINE
Special Instructions:

Product Type                Units  Total Volume (ml)
-----
WHOLE BLOOD                 4

Substitute Product Allowed?: NO
"NO"=HCP will be contacted by phone if substitution is needed.

Reason for Transfusion/Diagnosis/Procedure:
  
```

```

TURNER, MICHELLE   Age: 66   20/100-20-6000   Laboratory Order
TYPE AND CROSS    BLOOD    Pt/034-82-6509   950324-00001
=====
Hospital Location of Transfusion/Procedure:
History of Transfusion?:      YES      Date: 14 May 1988
History of Antibody Formation?:
History of Transfusion Reaction?:
Previous/Current Pregnancy?:      Date:
Prior RHIG treatment?:          Date:
Hemolytic Disease of Newborn?:
  
```

Required field

For a male patient, use <Do> to bypass the rest of the prompts.

OE-00915

AUTOLOGOUS DONATION

TURNER, MICHELLE Age:66 20/100-20-6000 Laboratory Order
AUTOLOGOUS DONATION Pt/034-82-6509 950310-0003

=====

Date/Time Needed: 12 Jun 1995@0630

Start Date/Time: 22 May 1995@1300

Reason for Transfusion/Diagnosis/Procedure:

Location of Intended Transfusion/Procedure (free text):

Product Type	Units
WHOLE BLOOD	2
PACKED RED CELLS	1

OE-00916

NEW ORDERS RAD (Radiology Orders)

SELECTING THE RADIOLOGY PROCEDURE

There are four different ways to select radiology procedures:

- 1) partial entries, 2) key words, 3) synonyms, 4) ellipsis.

Examples of these lookup techniques:

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
CHE	CHEST (picklist)	partial entry of first word
SUNRI	KNEE & SUNRISE (or picklist)	key word in context allows look-up by ANY word in name, not just the first word.
CXR	CHEST, PA/LAT	a direct hit is possible if your Radiology department assigns a particular synonym uniquely.
BI,NAV	BILATERAL WRISTS & NAVICULARS	ellipsis (partial first word, then comma, then any other word)
CH,LO	CHEST, PA & LORDOTIC	ellipsis

FILLING IN THE FIRST SCREEN

Enter <Next Screen> here for one time order if defaults are set up.

```

ORDER: 900721-01104                                RADIOLOGY ORDER
      CHEST, 2 VIEWS PA&LAT                AGNES, MARTHA                06/005-24-9999
-----
No Contrast Warnings
-----
CLINICAL IMPRESSION: R/O PNEUMONIA
COMMENTS:
SCHEDULE TYPE      : ONE TIME  PRIORITY      : ROUTINE
REQUESTED DATE/TIME: TODAY      IMMEDIATE READING: NO
PORTABLE           : NO          MOBILITY STATUS  : AMBULATORY
RADIOLOGY LOCATION: MAIN RADIOLOGY
  
```

OE-00917

- CLINICAL IMPRESSION is a required field. You may enter a brief statement or as long a statement as you wish because this is a word processing field.

You may use any text that you have stored in your Desktop here.

Enter <F9> at CLINICAL IMPRESSION

Enter CHDESK

Select USER SUBFILE

Select VIEW TEXT NAME

Select Line(s)

The cursor drops to the bottom of the screen

To invoke your Desktop, there's NO prompt

?? lists your subfiles

Example: "TURNER'S HISTORY"

?? Displays your text

ALL automatically places all text in the CLINICAL IMPRESSION field.

You may edit the text.

NEW ORDERS RAD (Radiology Orders)

- The COMMENTS field provides you the means to give special instructions to the Radiologist or Rad Tech.
- SCHEDULE TYPE designates ONE TIME or CONTINUOUS orders. Your radiology department has the capability to set up defaults which in most cases is ONE TIME. If the cursor bypasses this prompt, you cannot order this as a CONTINUOUS ORDER.
- The PRIORITIES you can set are STAT, ASAP, PREOP, NOTIFY&ROUTINE and ROUTINE. Most RAD orders are routine, so that's the default.

Note: Use the "NOTIFY&ROUTINE" priority to have a message generated.

- The REQUESTED DATE/TIME defaults to NOW, but you may enter a future date.
- The IMMEDIATE READING field tells the radiology department that you want the x-ray read now. The routine default is NO, but it can be changed. STAT orders now default to YES.
- PORTABLE defaults to NO. If it is changed to YES, a message displays to the right stating that Radiology must then schedule. The cursor then bypasses the MOBILITY STATUS field.
- The fourth field is the MOBILITY STATUS of a patient and has the default set to AMBULATORY but may be changed to WHEELCHAIR, STRETCHER, or CRIB/BASSINETTE.
- The RADIOLOGY LOCATION field defaults to the location most commonly associated with that procedure. You may change to another imaging location if there is another one available.

After you enter the CLINICAL IMPRESSION, you can press <Do> to accept the rest of the defaults.

THE SECOND SCREEN

Your radiology department has the capability to set up defaults and parameters including CONTINUOUS vs. ONE TIME orders. For those orders that have been set up as CONTINUOUS such as a portable x-ray, the cursor stops at the SCHEDULE TYPE prompt. If it is CONTINUOUS or allowed to be ordered as CONTINUOUS, you are prompted on the second screen like this:

```
CHEST, AP PORTABLE          AGNES, MARTHA          06/005-24-9999
TASK TIMES: 0700
FREQUENCY: QD                DURATION: 5
STOP DATE/TIME: 10 Mar 1992@0830
```

OE-00918

Press <CR> to accept the defaults or change as appropriate. To exit the radiology order screen without filing the order, press <F10> .

NEW ORDERS RX (Outpatient Medication)

SELECTING THE DRUG

You can select the drug to be ordered in any one of the following ways:

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
ACETA	ACETAMINOPHEN	partial generic
TYLEN	ACETAMINOPHEN	trade name
TCN2	TETRACYCLINE 250 mg	quick code
.SED	choice of sedatives	functional
-OTIC	choice of otic preps	route of administration

Things to Remember:

- Never enter more of the drug name than necessary. You will soon learn the least number of letters to enter for a given drug to get a single direct hit.
- A question mark before the drug name displays formulary information without actually ordering the drug.
- Rx orders entered on an APV page clinically screen against Rx orders on all other pages; i.e., check for drug allergy, duplicate orders, drug/drug interactions, etc.

How the SIG Code Works:

CHCS analyzes your SIG code one word at a time. Spaces are therefore key separators or “delimiters” of the individual coded elements of the SIG code. There are two types of SIG code elements, those that are expanded into more words and those that control days supply, quantity and refills. The days supply in all prescriptions default to 30 days unless you specify otherwise with a SIG element such as F10 which would cause a 10 day supply. The days supply, either the 30-day default or your specific number of days, is multiplied first by the quantity per dose (e.g., T2 for “TAKE 2”), then by the daily frequency (TID, QID,

Q4H, etc.) to compute the quantity to be dispensed. Both the days supply and the quantity are displayed on the confirmation screen and can be changed either directly on the screen or by editing the SIG. All of the quantity calculations can be overridden by entering # followed by the quantity you want to be dispensed. You will definitely want to use this feature for PRN prescriptions. *Note: You can include the number of refills in the SIG provided you prefix it with RF.* Any text that you enter in the SIG that is not recognized by CHCS prints on the RX label exactly as you entered it.

Codes that are expanded:

FAX	=	FOR ANXIETY
WOJ	=	WITH ORANGE JUICE
OD	=	IN RIGHT EYE

Codes that control days supply and quantity:

T3	=	TAKE 3
BID	=	TWICE A DAY
QAMHS	=	MORNING & BEDTIME
F12	=	FOR 12 DAYS
#40	=	(forced quantity)
RF4	=	4 refills
2T6	=	2 TABS EVERY 6
HOURS		

ENTERING THE PRESCRIPTION INFORMATION

When you first start using CHCS, you may elect to enter every field on the screen. When you gain experience, you will undoubtedly prefer to use the shortcut to include everything in the SIG and let CHCS calculate/fill the confirmation screen FOR you.

The SIG Code — Three Places To Set It Up:

- The first opportunity for SIG entry is up front, at the same time as you enter the drug name. You must separate the drug name and SIG by a comma. If you put a second comma *after* the SIG, everything thereafter is treated as a comment to the pharmacist.

```
Select OUTPATIENT MEDICATION: TCN2, T1 Q6H F10, WILL PICK UP FRI
                        ↑           ↑           ↑
                        drug       SIG    comment to pharmacist
```

- The second opportunity for SIG entry is at the SIG prompt immediately after you select the drug. Your pharmacy can provide a default SIG at this point. The default SIG can be tailored for each drug/strength and can save you considerable keystrokes for routine medications.

```
Select OUTPATIENT MEDICATION: FLAGYL
SIG: T2 PO QD F7//T8 PO NOW
           ↑           ↑
           default provided actual SIG entered
           by pharmacy      by provider
```

- The third opportunity for SIG entry is at the beginning of the “confirmation” screen. If you entered a SIG prior to this point, you may edit it here either by typing over it or by using the arrow keys to position your cursor at the point to edit.

```
=====
PREDNISON --PO 5MG TAB
=====
SIG: T1 PO Q6H F10
      → → → 2 <CR>
```

(arrow over, then type 2 over the 1 to change days supply to 20)

SHORTCUT – <Do>

When the RX screen is completely set up, you can accept all the remaining fields by pressing <Do>, rather than going through each field with <CR>.

NEW ORDERS RX (Outpatient Medication)

USING THE SIG CODE TO SET UP THE ENTIRE ORDER

Try this:

Select OUTPATIENT MEDICATION: **ORI5,T1 BID RF2**

↑

This forces two refills.

This single line entry displays the screen below.

*Note: CHCS defaults to 30 days and calculates the quantity accordingly. The cursor is at **File/exit**. Press <CR> to accept.*

*Note: The SIG is automatically expanded so that you can see at a glance what will print for the patient. If you wish to change anything in this RX, enter **Edit** and cursor down to whatever field you want to change.*

```
TOLBUTAMIDE--PO 500MG TAB
=====
SIG: T1 BID RF2

QTY: 60
REFILLS ALLOWED: 2
ORDER COMMENT:

ORDER DATE/TIME: 01JUN92@1300
EXPIRATION DATE: 01AUG92@1300
CHILD RESISTANT CONTAINER: YES
DISPENSING PHARMACY: MAIN
TAKE ONE TWO TIMES A DAY FOR 30 DAYS
-----
[File/exit]  Abort  Edit
```

Enter <CR>
to file the
order.

OE-00922

Example:

Select OUTPATIENT MEDICATION: **VAL5,T1 TID PRN F20 #30<MAIN**

↑

This overrides the calculated quantity of 60.

NEW ORDERS RX (Outpatient Medication)

On the right is the confirmation screen associated with the above drug/SIG entry. The important shortcut in PRNs to override automatic quantity calculation. Notice the “Dispensing Pharmacy” field. Based on the “Requesting Location” you entered on your way in, the system defaults to the current dispensing pharmacy. Most of the time, this is acceptable to you and you can enter RXs with a minimum of keystrokes. However, if a patient wishes to pick up his medications at another location, you can change the “Dispensing Pharmacy” in a number of ways:

```
DIAZEPAM--PO 5MG TAB
-----
SIG: T1 TID PRN F20 #30

QTY: 30
REFILLS ALLOWED: 0
ORDER COMMENT:

ORDER DATE/TIME: 01JUN92@1300
EXPIRATION DATE: 20JUL92@1300
CHILD RESISTANT CONTAINER: YES
DISPENSING PHARMACY: MAIN
TAKE ONE THREE TIMES A DAY AS NEEDED
FOR 20 DAYS
-----
[File/exit]      Abort      Edit
```

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- At the SIG prompt on the drug selection screen or on the RX entry screen:

```
SIG: T2 Q4H PRN PAIN <SCHOFIELD PHARMACY
```

↑

The left caret denotes DISPENSING PHARMACY

- At the bottom of the RX entry screen by changing the DISPENSING PHARMACY default:

```
DISPENSING PHARMACY: MAIN
```

- In a prescription order macro.

NEW ORDERS RX (Outpatient Medication)

A nurse may enter an RX order, but the order is not active until a physician signs it. On interward transfer, use the Scratch Pad to move RX orders to the receiving ward; otherwise, they remain active on the losing ward until you cancel.

ANOTHER SHORTCUT – CUSTOMIZED SIGS

If a drug is set up through the pharmacy software with a synonym for the drug name and a default SIG code, you can enter the drug order and either accept the default SIG code or you can customize the SIG code.

For example, the drug TETRACYCLINE PO 250MG CAP is set up with the synonym TCN250 and a default SIG code, but you want to enter a different SIG code. After you enter the synonym for the drug, enter an equal sign and the new SIG code:

Select OUTPATIENT MEDICATION: TCN250,=T1 PO QID PRN F30 #29 RF3

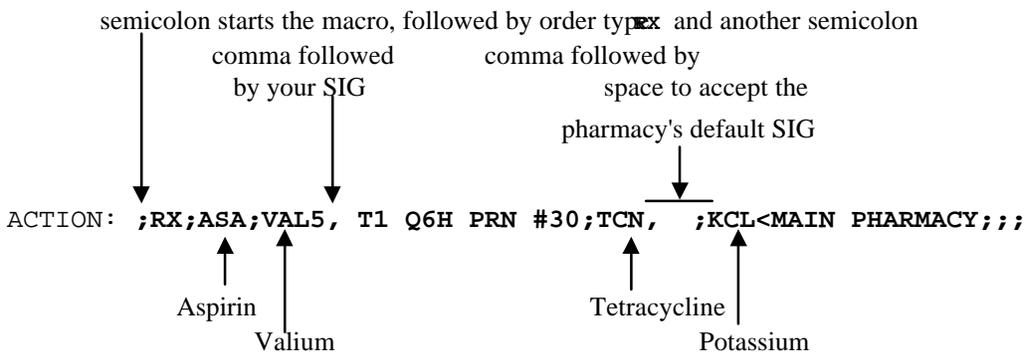
The system recognizes input after the equal sign as a SIG code and will automatically display this entry in the SIG field Outpatient Medication screen. Always check the translated code at the bottom of the screen to ensure that instructions printed on the label will be correct.

If you need to verify codes, enter a question mark after the default SIG prompt to display help text as in the following example:

Select OUTPATIENT MEDICATION: TCN250
SIG: T1CAP PO QID F10 FI//?

MACRO – ENTER SEVERAL RXs ON A SINGLE LINE

Use this shortcut if you have several prescriptions to order and do not have a suitable order set. Note that the starting point is the initial ACTION prompt at the base of the Patient Care Plan.



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Note the importance of the semicolon. You need one before RX and before each drug name and three at the end. If you wish to include a SIG for a drug, the SIG must start with a comma. A comma and a space calls up the default SIG from the pharmacy file, i.e., <Main Pharmacy.

Note: If you don't enter the SIG in the macro, the macro will hold and the system prompts you to enter one.

RX orders are checked for drug warnings across all pages.

NEW ORDERS MED (Unit Dose Orders)

The medication order type (**MED**) is used for the entry of unit dose inpatient medications. As with other order types, there are two steps:

Selecting the drug/strength

Entering the dosage and administration details

SELECTING THE DRUG

You can select a drug in any of the following ways:

The Generic Name..... ACETAMINOPHEN
Partial Generic Name..... ACETAM
The Trade Name..... TYLENOL
Partial Trade Name..... TYL
Quick Code..... TCN5
Dot followed by a Class..... .NSAID or .RHEUM
Hyphen followed by Route..... -PO or -RECT

You can obtain information about a drug, without ordering it, by preceding the Drug name with question mark(s).

<Help>	Provides information like the ? and ??, except in a window format.
?	A single question mark (?) before the name displays information about the drug, such as its form, dosage, and components.
??	Two question marks (??) before the name check the drug for potential warnings, including patient allergies, drug duplications, interactions, and functional overlaps.
spacebar-<CR>	Enter spacebar-<CR> at the MEDICATION prompt to reorder the drug you entered immediately before.

The Code Prompt

At the CODE prompt you have four choices:

- press <CR> to go directly to the order entry screen.
- enter the coded admin instructions (See “Shortcut #2”, page 62)
- enter ? to get instructions on the codes
- enter ^ to abort creation of this drug order

Use of the CODE line is not described here. (To find out how to use it, turn to page 63).

Clinical Screening

MED orders entered on an APV page only clinically screen against (i.e., check for drug allergy, duplicate orders, drug/drug interactions, etc.) MED, IVF, IVD, IVP, and IVH orders on the APV page and not against MED, IVF, IVD, IVP, and IVH orders on other pages.

THE MED ORDER ENTRY SCREEN

```
TETRACYCLINE--PO 250MG CAP
=====
ROUTE: ORAL
PRIORITY: ROUTINE ←
NUMBER of MG(s) per Dose: 250
DOSAGE COMMENT:

SCHEDULE TYPE: CONTINUOUS
ADMIN TIME(S): 0600-1200-1800-2200
FREQUENCY: QD DURATION: 10
START DATE/TIME: 10 June 1992
```

*Press <Do> or
<Next Screen>
here to accept
all defaults.*

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ROUTE:

- The system-defined default, if present, reflects the usual route the drug is given based on the Drug form.
- Injectables do not have a system default.

PRIORITY:

- The system default is ROUTINE.
- Other priorities include STAT, PREOP, etc.

NUMBER of ___(s) per Dose:

- The screen displays the units of measure to which the amount refers. These units depend on how the drug was entered into the formulary by the Pharmacy. This may be EA (each), MG (milligrams), ML (milliliters), PUFF, etc.
- The system default is the amount of drug in whole unit doses of the drug.
- The minimum amount that can be ordered, as defined by the pharmacy, can be seen by typing a ? in this field.

NEW ORDERS MED (Unit Dose Orders)

SCHEDULE TYPE:

- The system default is CONTINUOUS.
- Other types include PRN, ONE TIME, etc.

ADMIN TIME(S):

- The format for this field is a 4 digit time, then a dash, then another 4 digit time, etc. for as many times desired; e.g. 0800-1200-1400-2100.
- You may enter any standard timing code such as TID, Q6H, QAM, etc. This code is converted to the times as defined by your site, and/or it may be ward-specific.

FREQUENCY:

- The system default for this is QD.
- Other possibilities include QOD, Q3D, MO-WE-FR.

START DATE/TIME:

- The system default for this is based on the admin times.
- To enter a continuous drug but for the patient to receive a dose right away, enter **N(ow)** at the START DATE/TIME prompt.

DURATION:

- The default is the maximum duration for the particular drug.
- The duration may be in decimal fractions of a day (e.g., .5)

SHORTCUT #1 - <Do>

When the order entry screen is complete and you do not want to “march through” the remaining fields, press <Do> to accept and file all of the defaults.

SHORTCUT #2 - PUT YOUR INSTRUCTIONS IN CODE

There are two places where you can enter coded admin instructions.

First and most obvious, you can respond to the CODE prompt like this:

```
CODE:      250 -PO *STAT, CALL MD IF TEMP SPIKES
```

The less obvious but more efficient way is to put the code (preceded by a comma) immediately after the drug name. Here's an example:

```
Select INPATIENT MEDICATION: VAL5,10 Q6H PRN, FOR ANXIETY
```

- There are TWO commas, the first one after the drug name and the second one before the order comment if you enter one.
- "10" is the dosage in MG in the above example. You must know how the pharmacy has set up dosage if you use this feature; that is, whether this drug is ordered by EA (2) or MG (10).
- ONE TIME and NOW must be preceded with an apostrophe so it is recognized. Read on to find out about the special punctuation that is required.
- If the Drug name is not unique, a picklist prompts you for the drug; the codes still set the user defaults.
- If you want to use the same drug as recently selected, enter a space before the first comma.

More examples:

```
PRE5,G5MG -NG QAM *ASAP
spacebar,10 QID F3, Watch for MS changes/edema
      (the spacebar picks PREDNISOLONE 5MG again)
FIORINAL,2EA QID PRN F3D,HA
.BETA,40MG -PO Q6H F10,HOLD FOR P<60
-RECT SUP,2QH `ONE TIME F3, for N/V pCHEMO
NTG,-SL *S P,may repeat q5min call HO if no relief x5
```

NEW ORDERS MED (Unit Dose Orders)

The CODE line - How You Create It

- This must be entered as a series of code words that is used to set the field defaults for Dose, Route, Admin times, Schedule type, Priority, Frequency, Duration, Order Comment, and Canned Sigs.
- Some of these words are only recognized if they start with a special character such as for Route (-), Priority (*), and Schedule Type (*). *See the next page for the CODE rules*

RULES FOR PUTTING MEDICATION INSTRUCTIONS IN CODE

Dose:

- This should be the first code word on the line.
- It can be a number, without any associated unit, since the unit is automatically set by the pharmacy. If the unit is added, it should NOT be separated from the dose by spaces and MUST be the same as indicated by the help text.
- The dose may be preceded by any of the following letters: **c** for CHEW, **G** for GIVE, **T** for TAKE, or **I** for INSTILL.
- The amount must be a multiple of the number indicated by the help.
Examples: 5, .125MG, G2, G.5EA, 2GTT, T7.5MG, CH2EA, I3ML

Route:

- This is indicated by a hyphen (-) followed by the desired route.
Examples: -NG, -IM, -AU, -SC

Priority:

- This default is set by an asterisk (*) followed by the priority or the first letter(s).
Examples: *STAT, *ST, *PREOP, *P, *ASAP, *A

Schedule Type:

- This default is set by an apostrophe (') followed by the schedule type.
Examples: 'PRN, 'P, 'ONE TIME, 'O, 'AM, 'NOW, 'N
- The apostrophe is NOT necessary in front of PRN or P.

Admin Times:

- This default is set by entering any standard frequency code.
Examples: TID, QID, QH, Q4H, BID

Frequency:

- This default is set by entering any standard frequency code.
Examples: QOD, Q3D, MO-WE-FR

Duration:

- This default is set by entering a number preceded by the letter F.
Examples: F3, F10

Dosage Comment:

- This default is set by preceding the words with a comma (,); the comment MUST be at the end of the CODE line.

SHORTCUT #3 - USE THE MACRO

ACTION: ;MED;ASA3,650 Q4H P,HEADACHE;PRE5,15 QAM;;;

NEW ORDERS IVP (IV Push/Piggyback)

WHEN TO USE IVP

The IV PUSH/PIGGYBACK order type is intended for ordering intermittent (as opposed to continuous) administration of IV fluids. This makes it very much like ordering unit dose : you can schedule one or more discrete administration times. IVP is also similar to IV DRIP because it calculates the total unit dose for you if you specify the dose per unit of body weight. In addition, we have included a field for TOTAL DOSES which computes the duration and stop date for the order.

You can select the IV PUSH/PIGGYBACK drug in any of the following ways:

Generic Name	DIAZEPAM
Partial Generic Name	DIAZ
Phonetic Generic Name	DIEZY PAN
Trade Name	VALIUM
Partial Trade Name	VAL
Quick Code	VAL5
Dot followed by a Class	.SEDATIVE or .BENZODIAZ
Hyphen followed by Route	-IV or -INJ
Equal followed by a Recipe	=AMP1
To Get List of Recipes	=??

IVP ORDER ENTRY SCREEN

```
AMPICILLIN--INJ 1000MG INJ
=====
IVP TYPE:  PIGGYBACK          SCHEDULE TYPE:  CONTINUOUS
DOSING:  1GM
  BODY WT(KG):
    CALCULATED DOSE: 1GM
ADMIN TIMES:  Q6H
TOTAL DOSES:  40              DURATION:  10
  START DATE/TIME:  01 Jun 1992@1800  PRIORITY:  ROUTINE
  STOP DATE/TIME:  11 Jun 1992@1800
COMMENT:
```

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EXPLANATION OF ORDER ENTRY FIELDS

- **IV TYPE:** Can be PUSH, PIGGYBACK or SYRINGE PUMP. Default is PIGGYBACK unless a recipe has been selected that defaults to something else.
- **SCHEDULE TYPE:** Can be: CONTINUOUS, PRN, ONE TIME, AM or NOW.
- **DOSING:** The amount of drug per dose. Enter a number with the associated units and with spaces between the characters. The system calculates the dose based on the patient's body weight if you enter the dose with "/KG" at the end.
Examples: 1000U, .25MG, 5ML, 1.2MG/KG
- **BODY WEIGHT:** If applicable, enter the patient's body weight. Append the weight units only if not in KG upon which the system converts to KG.
Examples: 27, .26, 140LB, 155#, 280Z, 1200GM, 98KG

The body weight assumes a KG value, unless another character is used to calculate the final KG value (e.g., 140 LB or 140#, when entered in the body weight field, calculates to 63 KG).

- **CALCULATED DOSE:** Calculated by the system, based on data entered in the Schedule Type, Dosing and Body Wt fields.
- **ADMIN TIMES:** Enter the times that this drug is to be given separated by dashes. You will probably prefer to use the standard timing codes such as TID, Q6H, QAM.
- **TOTAL DOSES:** Enter the total number of doses, if appropriate. This is optional. If entered, the system calculates the duration and stop date.
- **START DATE/TIME:** Enter the date and time you want the first dose to be given.
- **STOP DATE/TIME:** System calculated, based on data entered in the Start Date/Time and Duration fields.

NEW ORDERS IVP (IV Push/Piggyback)

SHORTCUT - RECIPES

The equal sign followed by a recipe name stuffs the IVP screen with the drug name, IVP type, dosing, and admin times if specified in the recipe.

Example: = AMP1 will set the screen up with 1GM Ampicillin Q6H in a Piggyback

SHORTCUT - IVP ON A SINGLE LINE OF INPUT

You can enter the IVP details at the same time as you select the drug, separated by a comma, as in the following example:

```
Select IV PUSH/PIGGYBACK DRUG:
      PM,50MG -P *PRE `PRN X1,on call to OR
Select IV PUSH/PIGGYBACK DRUG:
      VALIUM,10MG -P Q4H PRN F3,FOR agitation
```

Here are the rules for single-line IVP input:

Comma (,) between drug name and details; comma between details and comment.

Dosing must be the first code word after the comma. It may contain /KG if the final dose is based on body weight.

Examples: 5GM, 10ML, 1.2MG/KG, 12MU

Body weight must follow the dosing: 54KG, 48OZ, 190#, 160LB

IV type, if you choose to include it to override the default, is specified by a hyphen (-) followed by the type.

Examples:	Piggyback:	-IVPB, -PB
	Push:	-IVP, -P
	Syringe Pump:	-IVPM, -PM

Schedule type is set by an apostrophe (') followed by enough letters from the schedule type to be unambiguous.

Examples: `PRN, `P, `ONE TIME, `O, `AM, `A, `NOW, `N

Admin times are specified by using a standard timing code.

Examples: TID, QID, QH, Q4H

Total Doses are set up as a number preceded by X.

Examples: X3, X5, X40

Priority is set by an asterisk (*) followed by enough letters from the priority to be unique.

Examples: *STAT, *S, *PREOP, *P, *ASAP, *A

Duration is set by a number preceded by the letter F: F3, F10

WHEN TO USE IVD

Use the IV DRIP order type when IV medication delivery, rather than hydration, is the primary objective of the IV. IVD first asks, "What is the drug?" This differs from IVF, which first asks for the base solution, then allows you to include additives.

This order type allows you to specify the amount of drug to be administered per unit time and optionally per KG. Then the system calculates the infusion rate. Although having to specify the amount of drug to mix in what size bottle of what base solution is time consuming, you can eliminate those steps by using the IV recipe shortcuts shown on the next page.

SELECTING A DRUG FOR THE IV DRIP

Partial Generic Name	DOPA
The Trade Name	INTROPIN
Partial Trade Name	INT
Quick Code	DOP
Dot followed by a Class	.NEURO or .ADRENERG
Hyphen followed by Route	-IV or -INJ
Equal followed by Recipe	=HEP20
To get List of Recipes	=??

IVD ORDER ENTRY SCREEN

```

LIDOCAINE--IV 40MG/ML VIAL
=====
START DATE/TIME: 30 Jun 1992@1800          DURATION: .5
STOP DATE/TIME:  1 Jul 199220600
DOSING: 0.04MG/KG/MIN                      TITRATE?: Y
BODY WT(KG): 120#
AMOUNT OF DRUG TO MIX: 1500                 UNIT: MG
IN SOLUTION: DEXTROSE--INJ 5% SOLN
OF VOLUME(ML): 1000                        PRIORITY: ROUTINE
CALCULATED INFUSION RATE: 86ML/HR
COMMENT:
    
```

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NEW ORDERS IVD (IV Drip Medication)

EXPLANATION OF ORDER ENTRY FIELDS

- **START DATE/TIME:** Enter the date/time for the first bottle.
- **STOP DATE/TIME:** System calculated, based on data entered in the Start Date/Time and Duration fields.
- **DURATION:** Enter the number of days that this order is to last. The default is the maximum duration for the selected drug. The duration may be in decimal fractions of a day. Each .05 day is one hour and twelve minutes.
- **DOSING:** Enter the amount of drug per unit time. The dosing field is entered as a number with the associated units with NO spaces between the characters. The dosing MUST contain a time factor in the form of “/time” from which the system calculates the infusion rate after you have provided the drug concentration information. If you want the system to calculate the final dose based on the patient’s body weight in KG, then the dosing must also contain “/KG.” Examples:

1000U/HR, 4MCG/KG/MIN, 1.5GM/DAY, .02MG/SEC

To find out what units are recognized by the computation, enter ? at the DOSING prompt.

- **BODY WEIGHT(KG):** Enter the patient’s body weight if applicable. This field only needs to be filled in if you are requesting that the final dose be calculated per KG body weight. If you enter a naked number, it is assumed to be in KG. If you enter a number followed by a unit of weight, the system tries to calculate the equivalent number of KG, rounding to two significant digits.
Examples: 27, .26, 140LB, 165#, 280Z, 1200GM, 98KG
- **TITRATE?** Enter whether this order should have a variable infusion rate. If YES, the nurse may modify the rate without a separate order. If NO, then the rate is modified only if the physician modifies the order.
- **AMOUNT OF DRUG TO MIX:** Enter a number, without associated units, to mix in each bottle of defined volume. If a recipe was selected, this field may already be filled out, as well as the UNIT, SOLUTION, and VOLUME fields.
- **UNIT:** Enter the unit associated with the amount of drug.
- **IN SOLUTION:** Select the base solution.
- **OF VOLUME:** Define the volume of base solution in which to mix the amount of drug specified.
- **CALCULATED INFUSION RATE:** System calculated, based on data entered in the Dosing, Volume, and Duration fields.

SHORTCUT - RECIPES

The equal sign followed by a recipe name stuffs the IVD screen with the drug name, amount of drug, base solution and volume of base solution.

=HEP20 20,000 units Heparin in 1000ML 0.9% NaCl
=LEV8 8MG Norepinephrine in 1000ML D5W
=LID1 1GM Lidocaine in 250ML D5W

SHORTCUT - IVD ON A SINGLE LINE OF INPUT

You can enter the IVD details at the same time as you select the drug, separated by a comma. Example:

Select IV DRIP DRUG: =LID1,4MG/MIN F3 `TITR,Keep PVCs <5/min

Here are the rules for single-line IVD input:

- 1) Comma (,) between drug name and details; comma between details and comment.
- 2) Dosing must be the first code word after the comma.
Examples: 6MCG/KG/MIN, 1200U/HR, 3MG/HR, 1.5GM/DAY
- 3) Body weight must follow the dosing: 54KG, 48OZ, 190#, 160LB
- 4) Duration is a number preceded by **F**: F3, F10, F.5
- 5) Priority is preceded by an asterisk (*): *STAT, *S, *PREOP, *P, *ASAP, *A
- 6) To titrate/wean, enter any of these: `Y, `TITR, `T, `WEAN, `W

NEW ORDERS IVF (IV Fluid Orders - Simple)

WHEN TO USE IVF

The IV FLUID order type should be used when hydration is the primary goal of the IV and the inclusion of additives is secondary. If the delivery of medication is primary, you should use IV DRIP for continuous infusion or IV PUSH/PIGGYBACK (IVP) for intermittent administration. Of course, IV HYPERAL (IVH) is intended for parenteral nutrition.

The IV FLUID order type can be used to enter simple IVs for a minimum number of keystrokes, and it can also be used to construct very complicated IVs with alternating base solutions and multiple additives. By way of comparison, the IV DRIP order type *always* takes more keystrokes than the simple IV FLUID order, but IV DRIP, in addition, calculates the infusion rate for you, based on dosing rate, body weight and concentration of drug in the base solution.

A concept about IVF that you need to understand before you get started is that it is really *two* order types in one. The simple single-solution single-additive IV reacts in a totally different manner than the multi-solution multi-additive variety.

Please become familiar with the simple IVF before you tackle the complex variety. Also, remember this: the gateway to the complex IVF is the slash (/) that you place before the name of the base solution that you select. Here's an example of each:

Select IV BASE SOLUTION: D5W (no slash, therefore *simple* IVF)

Select IV BASE SOLUTION: /D5W (slash, you've selected *complexity*)

SELECTING THE IV BASE SOLUTION

You can select a base solution in any of the following ways:

The Generic Name.....DEXTROSE

Partial Generic Name.....DEX

The Trade Name.....FREAMINE

Partial Trade Name.....FRE

Quick Code.....D5W

Dot followed by a Class.....NUTRITION or .SUGAR

Hyphen followed by Route.....-IV or -INJ

```
DEXTROSE--INJ 5% SOLN
=====
START DATE/TIME: 26 Jun 1992@0912      DURATION: 5
STOP DATE/TIME: 1 Jul 1992@0912
PRIORITY: ROUTINE
INFUSION RATE (ML/HR): 125             BOTTLE VOLUME: 1000
ADDITIVE: POTASSIUM CHLORIDE--INJ 2MEQ/ML VIAL
AMOUNT: 20                             UNIT: MEQ
COMMENT:
```

OE-00928

IVF Order Entry Screen - Single Solution and Single Additive

EXPLANATION OF ORDER ENTRY FIELDS

- **START DATE/TIME:** The system default for this is NOW.
- **STOP DATE/TIME:** System calculated, based on data entered in the Start Date/Time and Duration fields.
- **DURATION:** This may be in decimal fractions of a day.
- **INFUSION RATE (ML/HR):** Enter the number of MLs per hour to run the IV.
- **BOTTLE VOLUME:** This will default to the volume of the product that you selected. You need only change it if you want the patient to receive a total of less than one full bottle.
- **ADDITIVE:** Select a single drug additive if desired.
- **AMOUNT:** This is entered as a number (without units) to mix in each bottle.
- **UNIT:** Select the unit associated with the amount of additive.
- **PRIORITY:** Enter the priority of the order. ROUTINE is the default.
- **COMMENT:** Enter a comment, if appropriate.

NEW ORDERS IVF (IV Fluid Orders - Simple)

SHORTCUT

You can place an entire (simple) IVF in a single line after the prompt for the base solution, as in the following example:

Select IV BASE SOLUTION: **D5W,125 F3,WATCH I/Os**

For the above example of the shortcut, the following is an explanation of the steps involved:

- 1) Specify the base solution followed by a comma (,).
- 2) Immediately after the comma enter the infusion rate as a naked number.
- 3) If you want the IV to run for a number of days that is less than the maximum, enter the number of days preceded by F.
- 4) If you want to enter a comment, you need another comma (,) followed by the text of the comment.

This concludes the explanation of how to enter a simple IVF order. Ordering an IVF with multiple base solutions and multiple additives is described on the next page.

NEW ORDERS IVF (IV Fluid Orders - Complex)

If you are merely browsing this booklet, do not start here. First read about entering SIMPLE IV Fluid (IVF) orders. This variation of IVF is to allow you to order multiples — multiple alternating base solutions with multiple additives in each bottle. To get prompted for either of these multiples, *first* select the IVF order type, *then* at the base solution prompt respond with the name of the first (or only) base solution preceded by a slash (/) like this:

```
Select IV BASE SOLUTION: /D5W
```

Having selected the first base solution, you are presented with the main screen for the order, with this base solution already on it and with room for you to enter additional base solutions later.

```
MULTIPLE BOTTLE IV FLUID
=====
START DATE/TIME: NOW           DURATION: 5
STOP DATE/TIME:
INFUSION RATE (ML/HR):         PRIORITY: ROUTINE
Select SOLUTION:
DEXTROSE--INJ 5% SOLN
COMMENT:
```

OE-00929

THE ADDITIVE “SELECTION” SCREEN

If you press <CR> when the cursor is at DEXTROSE as in the above example, the following screen displays to allow you to enter one or more additives to go in that bottle:

```
----- BOTTLE 1 -----
SOLUTION: DEXTROSE--INJ 5% SOLN VOLUME(ML): 1000
Select ADDITIVE: POTASSIUM CHLORIDE--INJ 2MEQ/ML VIAL
          AMOUNT: 20                               UNIT: MEQ
ADDITIVE:
AMOUNT:
```

OE-00930

Note the heading “BOTTLE 1.” The “1” means that this base solution and the additive(s) that you select represent the first bottle of the alternating series. You continue to be prompted for additives until you enter a <CR>. When you are finished picking additives for Bottle 1, you return to the main screen for this IV and be given an opportunity to select another base solution (or the same base solution, on another line of the screen). If you pick another base solution, that is “BOTTLE 2” and the process of selecting additives/amounts starts again. The POL will display as much of the order as there is room for. To see the whole order, expand it using <F9> .

NEW ORDERS IVF (IV Fluid Orders - Complex)

SHORTCUT - RECIPES

The feature that makes complex IVFs usable is the ability to specify recipes. A recipe contains all of the base solutions and all of the additives for each base solution. You can modify any of the above after you pick the recipe, but most of the work is already done by that point and you are only customizing. Your pharmacy can add recipes to the data base for you.

The special character that invokes recipes is the equal sign (=). To get a list of recipes, enter the following:

```
Select IV BASE SOLUTION: =?? (translation: "recipe help")
```

If you want information about a particular recipe without actually ordering it yet, append part of the recipe's name to what you key in like this:

```
Select IV BASE SOLUTION: =?D5/D5/NS
```

In this particular example (that probably doesn't exist on your system), CHCS would respond with the following details of the chosen recipe:

```
      --- 3 ALTERNATING BOTTLES ---  
  
Bottle - 1.DEXTROSE--INJ 5% SOLN: 1000ML  
          + POTASSIUM CHLORIDE:  40 MEQ  
          + MULTI-VITAMIN: 10ML  
Bottle - 2.DEXTROSE--INJ 5% SOLN: 1000ML  
          + POTASSIUM CHLORIDE: 40MEQ  
Bottle - 3.SODIUM CHLORIDE--INJ .9% SOLN: 1000 ML
```

OE-00931

To order a recipe, enter the name of the recipe preceded by the equal sign like this:

```
Select IV BASE SOLUTION: =D5/D5/NS
```

Then the order entry screens display for verification or modification.

SHORTCUT - IVF ON A SINGLE LINE OF INPUT

The quickest way to order complex IV FLUIDS is to use BOTH a recipe and a single line specification as in the following example for the triple bottle recipe at 120 ml/hr for 4 days:

```
Select IV BASE SOLUTION: =D5/D5/NS,120 F4
```

HOW TO USE IVH

The IV HYPERAL order type is very much like the complex variety of the IV FLUID order type, except that it is even more complex. Although you can construct your own multi-solution multi-additive IVH order, we strongly advise that you stick to the recipes. This section assumes that you have read and understood the section on IVF. Therefore, only those points specific to IVH are discussed here.

To get started, take a look and see what recipes are available from your pharmacy by responding to the IVH prompt like this:

```
Select IV HYPERAL BASE SOLUTION: =??
```

A list displays of recipes that are either strictly HYPERAL or can be addressed either by IVH or IVF. Pick one of the recipes and ask for help on it by name, like this:

```
Select IV HYPERAL BASE SOLUTION: =?HYPA
```

The solutions and additives that constitute the recipe you specified display:

```
Bottle - 1. DEXTROSE--INJ 10% SOLN: 500ML
           + AMINO ACID: 4ML
           + MULTI-VITAMIN: 10ML
           + TRACE ELEMENTS: 3ML
           + CALCIUM GLUCEPTATE: 12MEQ
Bottle - 2. DEXTROSE 5%/SALINE .225%--INJ SOLN: 750ML
           +MULTI-VITAMIN: 10ML
```

OE-00980

If the hyperal recipe you reviewed is suitable, you can now go ahead and order it in one of two ways:

```
Select IV HYPERAL BASE SOLUTION: =spacebar (recalls your last choice)
```

```
Select IV HYPERAL BASE SOLUTION: =HYPA (if you like to type)
```

IVH Order Entry Screen

```

                                MULTIPLE BOTTLE HYPERAL
=====
START DATE/TIME: NOW                                DURATION: 5
  STOP DATE/TIME:
INFUSION RATE (ML/HR): 125                            PRIORITY: ROUTINE
Select SOLUTION:
DEXTROSE--INJ 10% SOLN
DEXTROSE 5%/SALINE .225%--INJ SOLN

IV SITE (CENTRAL/PERIPHERAL): C
COMMENT:
```

OE-00932

NEW ORDERS IVH (IV Hyperalimentation)

SHORTCUT - IVH ON A SINGLE LINE OF INPUT

As with the other IV order types, you can enter the IVH details at the same time as you select the drug, separated by a comma, as in the following examples:

Select IV HYPERAL BASE SOLUTION: D50,75ML/HR F5

Select IV HYPERAL BASE SOLUTION: =D50+AA,150 F2 *PRE

Select IV HYPERAL BASE SOLUTION: =HYPA,100ML/HR F5 - PERI,watch serum K

Here are the rules for single-line IVH input:

Comma between drug name and details; comma between details and comment.

Infusion rate must be the first code word after the comma (.).

Examples: 50, 75ML/HR, 100

Duration is a number preceded by F: F3, F5

Priority is preceded by an asterisk (*).

Examples: *STAT, *S, *PREOP, *P, *ASAP, *A

IV site is specified by either of the following: -C, -P

REVIEWING CURRENT APPOINTMENTS

When you select the clinic appointment order type, the following prompt displays:

Display SCHEDULED APPOINTMENTS for this patient? YES//

If you accept the default by pressing <CR>, patient's appointments display, as shown below:

Date/Time	Clinic	HCP	Type	Reason
06 FEB 1992@1500	DERM	LEVINE, DAN	NEW	RASH ON BACK

SELECTING THE CLINIC

Examples of ways to select a clinic:

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
INT	INTERNAL MED	partial
AAAA	INTERNAL MED	UCA code
IMC	INTERNAL MED	synonym
??	list (all clinics)	picklist

After selecting the clinic, you are prompted for the order information.

- REQUESTED APPT DATE: This field is for entry of a requested date and/or time.
- EXACT DATE? The following prompt is to tell the scheduling clerk right away whether it should be the exact date or not.

REQUESTED APPT DATE: **31 Mar 1992**
 EXACT DATE? **NO**
 REQUESTED HCP: **LEVINE, DAN**
 APPT TYPE: **NEW**
 REASON FOR APPT: **EVALUATION**
 PRIORITY: **ROUTINE**
 TRANSPORT NEEDED: **NO**

OE-00933

- REQUESTED HCP: This is optional; however, the HCP must be assigned to the selected clinic and only needs to be entered if you want the appointment to be with a specific provider.

NEW ORDERS CLN (Clinical Appointment)

- **APPT TYPE:** Some examples of types of appointments are shown at the right. Your facility determines the types that are available.
- **REASON FOR APPT:** This is a free text entry field so that additional information can be entered.
- **PRIORITY:** This is the same as for the other order types.
- **ADDITIONAL APPOINTMENT COMMENTS:** This is a word processing field for any additional comments or notes.

FU	FOLLOW UP
NEW	NEW APPTS
RET	RETURN APPTS
SUR	SURGICAL

OE-01046

YOU MAY USE ANY TEXT THAT YOU HAVE STORED IN YOUR *Desktop* HERE.

Enter <F9>

The cursor will drop to the bottom of the screen

Enter CHDESK

To invoke your *Desktop*, there's NO prompt

Select USER SUBFILE

?? will give you a listing of your subfiles

Select VIEW TEXT NAME

Example: "TURNER'S HISTORY"

Select Line(s)

?? will display your text

ALL will automatically place all the text in the field. You may edit the text.

When the requested appointment has been scheduled through the PAS software, the appointment date and time display on the patient care plan. A mail bulletin can also be sent to your mailbox if it is set up to do so in the files. The patient care plan displays one of several statuses for the appointment:

APPT CHANGED
APPT CANCELLED
NO SHOW
APPT KEPT
WAIT LIST
APPOINTED

OE-01047

When the appointment has been scheduled, the care plan shows the scheduled date and time underneath the order. If there are no slots available and the patient is placed on a "wait list," this displays instead. The PAS software is designed so that the patients are scheduled accordingly and not be forgotten.

You are allowed to take workload credit for seeing a patient who has an active appointment but comes in at a time other than the scheduled time.

If you meet the following criteria, you are prompted as follows: 1) you are associated with a clinic in the files; 2) the patient has an appointment in that same clinic; 3) the date you are seeing the patient is the same day as the appointment; and 4) you enter the clinic as REQUESTING LOCATION; then you are prompted:

```
1 TURNER,MICHELLE has an appointment with JONES,DAVID at 0830
Are you seeing TURNER,MICHELLE for this appointment? YES//
```

If the appointment is with another HCP of the SAME clinic that you are associated with, you are still prompted to keep the appointment but with a default of NO.

When you enter new orders you are prompted to link those orders to an appointment as follows:

- If the patient has an appointment for "today," that appointment displays for you to associate with the new orders.
- If the patient has multiple appointments for "today" or no appointments for "today," a picklist displays of all appointments for a four-week period and you are prompted to select one to associate with the new orders.

NEW ORDERS ANC (Ancillary Workstation Orders)

Ancillary workstation (ANC) orders are orders for special services such as physical therapy and respiratory therapy. The orders are conveyed to the workcenter by printing at the printer designated by the enter ?? at the ANCILLARY PROCEDURE prompt. Your choices display as shown at the right ancillary. The order entry screens differ slightly depending on whether the procedure is schedulable. To find out what is considered an ancillary order.

Choose from:
 ECHOCARDIOGRAM
 EGD
 ELECTROCARDIOGRAM
 ELECTROENCEPHALOGRAM

OE-01044

SELECTING THE ANCILLARY PROCEDURE

<u>Enter</u>	<u>Response</u>	<u>Explanation</u>
ELEC	ELECTROCARDIOGRAM ELECTROENCEPHALOGRAM	partial entry
ECG	ELECTROCARDIOGRAM	synonym
PT	PHYSICAL THERAPY	synonym
PFT , CAP	PFT-TOTAL LUNG CAPACITY	ellipsis

There are two different screens for ANC order entry, one for those that are “schedulable” or need an appointment to be carried out and one for those that do not need appointments. For those orders that need appointments, the ancillary receives a scheduling request. When the appointment has been scheduled, the POL is updated with the actual scheduled date and time.

- REQUESTED PROCEDURE DATE/TIME: Enter the date on which you want the appointment to be scheduled. A time can be requested as well but is not mandatory. The next prompt is for you to indicate whether or not the procedure has to be scheduled and done for the exact date scheduled.
- REQUESTED HCP: If desired, enter the name of the provider whom you want to see the patient for this particular request.
- REASON FOR PROCEDURE REQUEST: This is analogous to the “reason” for a consult.

“Unscheduled” ANC orders are ordered in the same way as Nursing orders and follow the same conventions as you can see by the example at the right.

ANC orders can also be PRN and require no further timing be entered.

OXYGEN-NASAL CANNULA
 =====
 COMMENT: **02@2L/M**
 PRIORITY: **ROUTINE**
 SCHEDULE TYPE: **CONTINUOUS**
 TIMING TEXT: **QS**
 TASK TIMES:
0700-1500-2300
 FREQUENCY: **QD** DURATION: **3**
 START DATE/TIME: **NOW**

OE-00934

NEW ORDERS CON (Consult Orders)

Consult Orders (CON) are similar to Ancillary Workstation (ANC) orders. In fact the two can be interchangeable depending on the facility. For example, "NUTRITIONAL ASSESSMENT" can be considered as either a Consult or an Ancillary Workstation order. Your facility should decide which is appropriate for your hospital. The order entry screen for Consult orders is exactly the same as for the ANC orders. To see what your choices are for the Consult order type, enter ?? at the prompt.

Choose from:
CONSULTATION - CARDIOLOGY
CONSULTATION - ORTHO
CONSULTATION - NEUROLOGY

OE-01045

<u>Enter</u>	<u>Response</u>	<u>Translation</u>
NU,AN	NUTRIENT INTAKE ANALYSIS	ellipsis
NEUR	NEUROLOGY CONSULT	partial
INTAKE	NUTRITIONAL INTAKE ANALYSIS	key word

You may use any text that you have stored in your *Desktop* here.

Enter <F9> at CLINICAL IMPRESSION	Drops the cursor to the bottom of the screen.
Enter CHDESK	Invokes your Desktop. Does not prompt you.
Select USER SUBFILE	Enter ?? to list your subfiles.
Select VIEW TEXT NAME	Example: TURNER'S HISTORY.
Select Line(s)	Enter ?? to display your text. ALL automatically places all the text in the CLINICAL IMPRESSION field. You may edit the text.

```

TURNER, MICHELLE   Age: 66   20/100-20-6000   CONSULT ORDER
CONSULT CARDIOLOGY                               920416-00011
=====
From: 4C                                           To: CARDIOLOGY (A)
Date of Request: 16 Apr 1992@0737                 Requested HCP:
Requested date of consult: NOW                     Exact Date: NO
Reason for Consult: ←
Provisional Diagnosis:
Requesting HCP: JONES, DAVID                       Priority: ROUTINE
Expiration Date:

```

You must enter a result for the consult.

OE-00935

ENTERING CONSULT RESULTS

Menu Paths: Clinical System Menu → Nursing → NTE → CON

Clinical System Menu → Physician → DOC → NTE → CON

The Enter Consult Results (CON) option allows you to enter/edit, save, verify, print, and view results for a scheduled or unscheduled consult order. Within the option, you may enter/edit allergies and cut/paste laboratory results, radiology results and prescription information into the patient note.

This option is located on the Enter/Review Patient Notes (NTE) Menu and is locked by the NS CONSULT RESULTS security key. This key also allows you to view results within an expanded order on the POL and through the Review Patient Notes (RPN) option.

When you enter the CON option, the first screen lists the scheduled consults assigned to you. Consults are sorted in chronological order within the following categories: New Consults for Today, Past Consults - Unresulted, and Past Consults - Saved. Future appointments do not display. The cursor is positioned to the left of the first appointment listing. To choose a patient, use the up-arrow or down-arrow to position the cursor by the patient name, then press <Select>. To choose all patients, press <F11>.

CARD/ADIV	Consult Reports			25 Jan 1998
Patient	PhyID	Age/Sex	Location	Date of Appt
New Consult(s) for Today				
1. ADKINS, ROY. . . .	SMITHM	26Y M	2BB	25 Jan @ 1000
2. GALLAGHER, JOHN T. .	JOHNSOB	4Y M	4C	25 Jan @ 1100
3. HILLIARD, LOIS . . .	WILLIAL	12Y F	4B	25 Jan @ 1200
Past Consult(s) - Unresulted				
1. ADAMS, BARBARA B . .	DAVIDSM	27Y F	4C	24 Jan @ 1200
2. DARLING, CHARLES . .	SETTLEJ	36Y M	2B	24 Jan @ 1300
Past Consult(s) - Saved/Transcribed				
1. CAMPBELL, JOHN . . .	ALEXM	69Y M	CARD(A)	20 Jan @ 1045
2. PRIZIO, RALPH. . . .	STRAY	50Y M	CARD(B)	21 Jan @ 0945
3. DAVIS, TAMMY T . . .	CARSONT	21Y F	4B	21 Jan @ 1600
[Note] Results Written Unscheduled roster Print Help eXit				
Enter a consult report for this patient.				

OE00995

If you have consult orders, an action bar displays at the bottom of the screen. This action bar allows you to perform the following actions:

Note Enter consult results for the selected appointment. You can also enter or edit patient problems and allergies. This is the default action.

NEW ORDERS CON (Consult Orders)

Results	Search for patient information using search criteria, which includes allergies, active prescriptions, laboratory results, and radiology results.
Written	Verify and remove a handwritten consult report from the consult list. The written consult result displays the date/time stamp and the designation "Hardcopy of File."
Print	Print a draft consult report.
Unscheduled	A list of ONE TIME consult orders displays which are not appointed through the appointment scheduling software. You may select these orders for resulting.
rosTer	Print/Display a Provider Appointment Roster.
Help	Access action bar help.
eXit	Returns you to the Physician or Nursing Menu.

If you select the default **Note action**, the first Consult Report Entry screen displays.

FAHNESTOCK, MICHAEL	20/199-50-1935	38Y	M	FIRST LIEUTE
Appointment Date: 12 Dec 1997@1400		Requesting HCP:		
ERKINS, MICHAEL		Consulting HCP:		
Clinic: RADIOLOGY				
SMITH, DONNA				
Provisional Diagnosis:				
Reason for Consult:				
Pt c/o of palpitations.				
Allergies:				
PENICILLIN G (PENICILLIN G PRO)				
COUMADIN (WARFARIN SODIUM)				
Active Problem List:				
Save	Allergy	problem	Results	
[PgDn]	Print	Help	eXit	
Display the next screen of this consult				
Press <Up Arrow> to re-enter the screen				

OE01038

This screen displays the consult appointment date, requesting provider, provisional diagnosis, reason for consult, allergies, and problem list.

NEW ORDERS CON (Consult Orders)

The Consult Report Entry screen action bar allows you to perform the following actions:

Verify	Verify and print this consult report. The verified consult report includes the signature block of the verifying provider.
Save	Save results entered on a consult report and move the consult listing for this consult to the "Past Consults - Saved" section.
Allergy	Add or edit allergies to the Allergy Comment field on the Consult Report Entry screen.
proBlem	Enter or edit a problem on this patient's problem list.
Results	Search for patient information using search criteria, including allergies, active prescriptions, laboratory results, and radiology results. Once results display, results can be imported to the consult note using the copy and paste feature.
PgDn	Display the next page of the consult. This is the default action.
Print	Print a draft consult report.
Help	Access action bar help.
eXit	Returns you to the Physician or Nursing Menu.

Accept the default **PgDn action** to display the second Consult Report Entry screen:

FAHNESTOCK, MICHAEL	20/199-50-1935	38Y	M	FIRST LIEUTE
---------------------	----------------	-----	---	--------------

Note:
 The abnormal tissue seen on the CT scan has evolved since the CT of 1994. The AP window, best seen on CXR, is subtle. I see no change on the CXR compared to Sep 94. Although the differential includes recurrent Hodgkin's, other possibilities include TB and other specific infections as well as non-specific causes. A positive gallium scan for that area does not help limit the differential. Should tissue be desired, the procedures most like to give a diagnosis would be a mediastinoscopy or anterior mediastonotomy. The latter would be my procedure of choice.

[Verify]	Save	Allergy	proBlem	Results	Print	Help	eXit
-----------------	------	---------	---------	---------	-------	------	------

Verify and print this consult, and go to the next patient.

OE01037

Printouts of a consult report include a report header, containing the provider who requested the report. The Verified By field containing the signature block of the verifying HCP prints after the consult note.

If an unfinished consult is printed through the CON option, the Verified By field is blank. Unverified results are designated as ****DRAFT**** in the report header.

NEW ORDERS CON (Consult Orders)

REVIEWING CONSULT RESULTS

Menu Path: Clinical System Menu → Nursing or Physician → RCR → RPN

The Review Patient Notes (RPN) option allows you to review scheduled and unscheduled consult results that have been verified using the Enter Consult Results (CON) option, if you have the NS CONSULT RESULTS security key. You can also use the RPN option to review all progress notes and verified discharge summaries for a selected patient. See the Miscellaneous section for more information on progress notes and discharge summaries.

When you access the RPN option, then select and verify the patient name, the following screen displays:

The screenshot shows a patient information screen with the following details:

JOHNSON, ROBERT	Age: 56Y	20/000-00-5555	Patient Related Notes
-----------------	----------	----------------	-----------------------

[Progress] Consult Discharge All Help eXit
View Progress notes by title

OE01042

To review consult results for this patient, use the Right arrow to position the cursor on the Consult action, then press <CR>. A list of all consult results for this patient displays. You can select individual consults or all consults.

When you select a single consult to review, an action bar with the following actions displays:

NxtNte	View next note.
Print	Print the displayed note.
PgDn	View the next page of this note.
Help	Access action bar help.
eXit	Exit this option and return to the menu.
PreVnte	View previous note.
PgUp	View the previous page of this note.

NEW ORDERS CON (Consult Orders)

When you select the All action on the previous screen, you are prompted to enter a date range. The following screen displays a list of all patient notes (progress notes, consult results, and discharge summaries) entered for the selected patient within the specified date range:

JOHNSON, ROBERT	Age: 51Y	20/000-00-5555	Progress Notes
30 Jan 1998@530	ORTHOPEPIC CONSULTATION NOTES		STEVENS, PAUL
24 Jan 1998@1455	ORTHOPEDIC CONSULTATION NOTES		STEVENS, PAUL
23 Jan 1998@1310	PROGRESS NOTE		JONES, JAMES
[ALL]	Selected	Help	eXit

OE01043

If you accept the default All action on this screen, all patient notes entered within the date range display on the screen one at a time. Select NxtNte to display the next note. If you choose the Selected action, you can select specific notes to display.

You may also print the consult results.

NEW ORDERS SET (Order Sets)

You can use any order set in the system even if you didn't create it yourself. In addition to selecting an order set by its name, you can also get a list of order sets by Department, Clinic, Ward, or the name of the person who created it. Here are some examples of what you can enter in response to the Select ORDER SET NAME prompt:

<u>Enter</u>	<u>Translation</u>
COPD	The COPD order set
SMITH	All of Dr. Smith's order sets
MRF	All of the sets of Provider with initials MRF
PED,W	All of the sets associated with the Peds ward
PED,C	All of the sets associated with the Peds clinic

You may see "MTF" next to some of the order sets. This is the way a facility can designate specified orders sets as "standards of care" for that facility.

```
[q-quick order]
NRS  q-VITAL SIGNS*ROUTINE At 0700-1500-2300

MED  q-ACETAMINOPHEN-TAB (TYLENOL) <ORAL> 325MG
      Q6H At 0600-1200-1800 for 10 days
      Starting 27 Mar 1992
```

OE-00936

After selecting the order set, the orders in the order set display. In most cases, you see a "q" displayed next to the order type. This means that the order is set up for quick entry. The HCP elects to make an order "quick" or not when he initially creates the order set. There are also orders that cannot be set up as "quick" because some data or patient information may need to be entered at the time of posting. An example of this would be x-rays. You wouldn't know a patient's diagnosis before examination so this would be entered at the time of admission. You do not see a small "q" next to any of these orders. After you have selected the orders you want to be entered on the patient care plan, you are prompted with:

```
[q-quick order]
NRS  q-VITAL SIGNS*ROUTINE at 0700-1500-2300

MED  q-ACETAMINOPHEN-TAB (TYLENOL) <ORAL> 325MG
      Q6H At 0600-1200-1800 for 10 days
      Starting 17 Mar 1992

RAD  CHEST SINGLE VIEW ~Chest pain on inspiration
      ~MAIN RADIOLOGY~AMB on 31 Mar 1992
```

OE-00937

Do you want "quick" orders entered automatically? Yes//

NEW ORDERS SET (Order Sets)

If you are satisfied with the orders as they are, change the response to **Y(es)**. The orders are then entered without further editing UNLESS you have an order that needs data entered. If you need to make changes to some orders, accept the default NO. Then each order displays with the option to edit it as shown below:

```
NRS q-VITAL SIGN (BP,P,T,R) *ROUTINE PRIORITY At 0700-1200-1700 QD
      Start Date/Time: 01 Apr 1992@1200
      Edit? NO//
```

This gives you the option to review the full screen on those orders that you want to edit, and to bypass the screens on all the rest. If you decide that you do not want to enter any orders, the caret (^) allows you to exit the order set.

```
      Edit? NO//^
Do you wish to stop entering orders? YES//
```

If you elect to stop entering orders, you immediately return to the POL with only those orders for the set that you previously accepted.

Order Actions

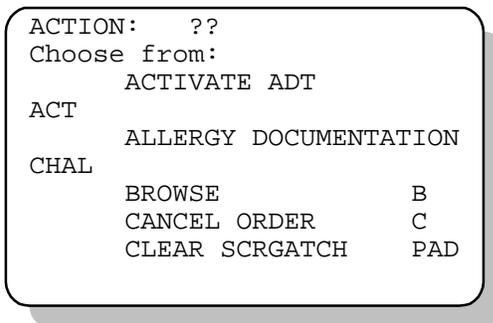
ORDER ACTIONS Once Over

CHOOSING THE ACTIONS

After you select a patient, the POL displays the patient's orders unless you have specified not to. Then you can review, modify, etc., any of the orders. If you enter ?? at the action prompt and answer Y(es) to the question, the types of actions available display.

<CR> displays more actions until you either press caret (^) to stop or come to the end of the list.

Note: Most of the actions work within your current page at the time you do an action; i.e., BROWSE will allow looking at the orders on your current page; CANCEL will allow you to select orders to be canceled on your current page.



OE01034

ACTIVATE ADT (ACT)

Use this action to activate an ADT order in a timely manner. After you answer Y(es) to the next prompt, the admission information displays.

ENTERING OR CHANGING ALLERGIES (CHAL)

At the ACTION prompt, enter CHAL or AL to bring up the allergy entry screen.

```
CLINICAL HISTORY:  SMITH, JOHN          PATIENT ALLERGIES
Select ALLERGY:
MORPHINE
```

Any previously entered allergies display as shown by the morphine entry above. To enter a new one, move the cursor underneath the morphine by returning through the fields. You then see the second screen where you can enter any details concerning that entry. If you wish to delete an entry, press <PF1>-<Delete>. If your selection is not in the file, select OTHER and annotate the allergy in the comments.

BROWSE (B)

Enter B(rowse) at ACTION in order to look at the POL and orders in a number of ways with the use of the function keys. For more information about a specific order, place the cursor next to it, then press <F9> to expand the order.

<u>At Select Expansion Option, enter</u>	<u>To display/print</u>
Results	Results for tasks
Tasks	Tasks for an order
Order Inquiry	Order profile
Warnings	Warning log for order

The RESULTS option shows you only the entered results of the order. The TASKS option shows you tasks for 48 hours, the status of the task, and the completion date/time for the tasks. The ORDER INQUIRY option shows you everything about the order — from the order entry information to the results. The WARNING option shows you the warnings logged about the order (e.g., An RX order with an allergy override contains a warning).

ORDER ACTIONS Once Over

You may also print selected orders in the browse action. Select which orders to be printed with <Select> , press <CR>, then enter **P(rint)** at the action prompt. You are prompted for ALL or SELECTED orders. Enter an **S**, then a device name, and the selected orders print.

In addition, you can designate different order actions for different orders on the POL while you are in the browse mode.

```
TURNER, MICHELLE      Age: 66      20/10-20-6000      OUTPAT POL
-----
M 1 ADT  ADMISSION~DIRECT TO MILITARY MTF FROM OTHER
          THAN ER on 16 Jan 1994@1208 to 2A . . . .JONES 16Jan@1209
H 2 NRS  VITAL SIGNS (BP,T,P,R) 0600-1400-2230- Q7D
          for 30 days Starting on 16 Jan 1994@1400.JONES 16Jan@1247
C 3 RAD  *NOTIFY* CHEST, AP~MAIN RADIOLOGY (A)~AMB
          on 16 Jan 1994. . . . .JONES 16Jan@1324
-----
*OUTPAT*  2A

ACTION:  B
Renew = R  Modify = M  Hold = H  Reactivate = T  Print = P
Expand = F9  Cancel = C  Sign = S
```

OE-00938

Upon entering the browse mode, the online help displays based on your signature class as shown above. Only those actions you can perform display. Use the up- and down-arrow keys to move the cursor to order and type one of the order action letters beside the appropriate orders. When you're done, press <CR> to begin processing orders. If information is needed to process an order (for example, a comment for modification) you are prompted.

Note: You can enter any action for any order during browse, however, during order processing, checks are done and the action may be denied.

CANCELLING ORDER (C)

This option allows you to cancel any orders that are cancelable. For example, you cannot cancel orders that have been resulted.

CLEAR SCRATCH PAD (CSP)

To empty your scratch pad of existing orders, enter **CSP**.

COPY FROM SCRATCH PAD (FSP)

This option allows you to transfer ALL orders from the scratch pad to the patient order list. Enter **FSP**.

COPY FROM SCRATCH PAD (Select) (SSP)

Enter **SSP** to transfer SELECTED orders from the scratch pad to the patient order list.

COPY TO SCRATCH PAD (TSP)

TSP allows you to copy selected orders from the POL to your scratch pad.

ORDER ACTIONS

Once Over

COUNTERSIGN (CS)

Orders that need countersignature display on the POL with a little “c” before the HCPs initials. If you have orders that require your countersignature, you are notified by a banner when you log onto the system — “You have orders that need your countersignature.”

1 NRS VITAL SIGNS at 0700-1500-2300 QD

STARTING 27 MAR 1992@2300CJSB 14APR@1200

THE DISPLAY ACTION

The POL displays active orders of the patient in a certain sequence. The NRS orders are first, followed by LAB, the RAD, etc. You may wish to see a particular subset of the care plan without paging through all the orders. Put a **D** in front of the mnemonic for the order type. For example, **DADT** displays only the ADT orders on the page you are currently working on. Displaying all orders shows you all the orders on the current page for the patient, whether active or not. Remember, the actions work within the current page unless otherwise indicated.

Displaying all inpatient orders shows you all orders for an episode for the patient, whether active or not. Enter <**F11**> at the action prompt. The inactive orders are in low intensity. They also display the status regarding completion or cancellation, etc. of the orders. **DAPA** allows you to look at all your pre-active orders from all pages (these are the orders you are entering BEFORE you quit and activate). **DIV** shows all IV orders for the patient including the IVF, IVP, IVD, and IVH. **DPHR** displays ALL the pharmacy orders for the patient, including IVP, IVF, IVD, IVH, and MED. When you are ready to look at the current page again, enter **DPOL**. To see the pre-admission orders before activation, enter **DPRE**. **DWRD** allows you to move along the page indicator line to choose a page or ward. Enter **DWRD (ward name)** to bypass the selection process.

ACTION	MNEMONIC
DISPLAY ADT ORDERS	DADT
DISPLAY ALL INPATIENT ORDERS (F11)	DINP
DISPLAY ALL ORDERS FOR EPISODE	DALL
DISPLAY ALL PRE-ACTIVE ORDERS	DAPA
DISPLAY ANCILLARY ORDERS	DANC
DISPLAY APPOINTMENTS	DAPP
DISPLAY AMBULATORY PROCEDURE ORDERS	DAPR
DISPLAY CLINIC APPT ORDERS	DCLN
DISPLAY CONSULT ORDERS	DCON
DISPLAY DIET ORDERS	DDTS
DISPLAY DISPENSING PHARMACY	DDPS
DISPLAY IV DRIPS	DIVD
DISPLAY IV FLUIDS	DIVF
DISPLAY IV HYPERALS	DIVH
DISPLAY IV MED ORDERS	DIVM
DISPLAY IV ORDERS	DIV
DISPLAY IV PUSH/PIGGYBACKS	DIVP
DISPLAY LAB ORDERS	DLAB
DISPLAY NURSE INITIATED ORDERS	DNIO
DISPLAY NURSING ORDERS	DNRS
DISPLAY OUTPATIENT MED ORDERS	DRX
DISPLAY PATIENT ORDER LIST	DPCP
DISPLAY PHARMACY ORDERS	DPHR
DISPLAY PRE-ACTIVE ORDERS	DPA
DISPLAY PRE-ADMISSION ORDERS	DPRE
DISPLAY RADIOLOGY ORDERS	DRAD
DISPLAY SCRATCH PAD	DSP
DISPLAY UNIT DOSE ORDERS	DMED
DISPLAY WARD	DWRD
DISPLAY WARD INFORMATION	DWI

EMERGENCY DISPOSITION FROM APU (EDA)

The EDA action allows clinical users to emergently disposition a patient from an APU. Disposition from an APU signifies closure of an APV encounter and permits the activation of an inpatient admission order to be processed by the system. The APV page and orders on that page are completed when the patient is dispositioned from the APU.

EXPAND/COMPRESS DISPLAY (X)

Enter an **X** at the action prompt to compress the orders and see more orders on the screen. The order information is truncated so that you see enough information, but not all that is normally displayed. A repeat **X** then expands the orders again with enough information, but not all that is normally displayed. A repeat **X** then reexpands the orders.

ORDER ACTIONS Once Over

PUTTING ORDERS ON HOLD (H)

You may decide that you would like to stop a patient's orders for a day or two, but perhaps reactivate them later. Putting orders on "hold" allows you to make the order inactive for now, but available to you for reactivation at a later date without having to type in the information again. Enter an **H** at the action prompt. The orders that can be placed on hold display. Press **<Select>** (gray key to the right of **<CR>**) to select which order(s) you want to place on hold. Enter a reactivation date and a comment if desired. The POL displays:

```
1 NRS VITAL SIGNS At 0700-1500-2300 QD
   Starting 27 Mar 1992@2300
   ~On Hold . . . . . JPS 27MAR@1838
```

The order is dimmer than active orders. If you expand the order, the status changes to "pending activation." Note that orders do NOT reactivate automatically at the end of the hold duration. You must consciously reactivate them.

Future orders entered on an APV page become active orders when the patient checks in for the APV appointment. Such orders may be placed on hold automatically by the system at that time if a conflict exists (e.g., two DTS with a start date/time that is identical; or an order with a "NOW" start date/time). Be sure to review all orders when a patient arrives at an APU.

MODIFYING ORDERS (M)

Enter **M** at the action prompt. You will then be given a list of the orders that can be modified. (Some orders may be in a non-modifiable status and you won't be offered these). Select the order(s) you wish to modify with **<Select>** or **<F11>** (Select All). Enter a reason for modifying if desired. The order entry screen will display sequentially for the selected orders. You can modify the orders, and the POL will reflect these changes.

NEW ORDERS (N)

To enter new orders, enter **N** at the action prompt. Next, you are prompted for the order type. Then the screens for the selected order type (i.e., nursing, radiology, etc.) display. The screens are similar, but have differences. At the option of your facility option, new orders may be checked for duplication. Thus, if you enter a VS order and an active VS order already exists for this patient, you may get a warning. You are allowed to override the warning and enter the order if desired.

PRE-ADMISSION ORDERS (PREA)

Pre-admission orders are done BEFORE the patient is admitted to the hospital. First, an ADT (admission) order must be entered for a future date/time as shown below.

```
-----
REQUESTED WARD          : 2C
ADMITTING SERVICE/MEPRS : AAAA
ADMISSION DATE/TIME    : T+1@1200      (PREADMISSION)
-----
```

After you post the ADT order, enter **PREA** at the ACTION prompt. You can then enter whatever order types you like.

ORDER ACTIONS

Once Over

PRINT MEDICATION PROFILE (PMP)

To see a patient inpatient/outpatient medication profile, enter **PMP** at the action prompt. You are prompted for the earliest and latest date.

PRINT ORDERS (POR)

This option allows you to print a printed copy of ALL the active orders for a patient. (Printing selected orders is done using the browse action). Enter **POR** at the action prompt, then a device name.

PRINT REQUESTED PAGES (PPAG)

This option allows you to print a printed copy of ALL or SELECTED pages from the patient episode. (You may also print a selected page without using selection process. For example, enter **PPAG ORTHO** where ORTHO is the name of the desired page/ward.

REACTIVATING ORDERS (RA)

To reactivate orders that have been placed on hold, enter **RA** at the action prompt. You can then select from the displayed orders those that you want to reactivate. You then see the prompt: "Do you wish to modify? NO//." If you accept the default, the order is processed as is. If you wish to change anything, enter **(Y)es**.

RENEW ORDERS (RU)

Enter **RU** at the ACTION prompt. This action is for expiring orders. This works much the same way as modify and reactivate. You are shown the expiring orders that can be renewed (some medications are not renewable). Select those to be renewed and either <CR> to accept the defaults or edit any of the fields that you wish.

RESET DISPLAYS (RD)

RD resets all pages of an episode to DALL except for the current page, which resets to the POL.

SIGN/VERIFY ORDERS (SV)

If you have orders to sign, a banner displays when you log onto the system: "You have orders requiring your signature." When you are in the patient care plan, a small "s" displays next to your initials:

```
1  NRS VITAL SIGN at 0700-1500-2300 QD
      Starting 27 Mar 1992@2300 . . . . . sJPS 28MAR@1200
```

This means that a signature is needed because the order was entered by a user with nurse or clerk authorization. Clerk authorization means that the order is not activated until signed by at least a nurse authorization. An order entered by a user with nurse authorization IS active, but still requires a physician signature. Enter **S** at the action prompt. Enter **s** at the action prompt. All orders display for that patient that require your signature. Select all of them on the screen with <F11> or individually with <Select>.

TRANSFER ABSENCE ACTIVATION (ABS)

When a patient is ready to be transferred or go in or out on a pass, entering **AB** allows activation of the transfer order.

QUITTING ORDER ENTRY (Q)

When you have completed entering orders for a patient, enter **Q(UIT)** at the **ACTION** prompt. On the way out, you have the option of printing a printed copy to a printer. If you accept the default with a **<CR>**, the system defaults to the device associated with your location, i.e., orthopedics clinic is tied to the orthopedics printer.

USER PATIENT ORDER LIST PREFERENCES (USR)

To set the POL to show orders or not, follow these steps:

Enter **USR** (User-Specific Customization Menu) at your main menu, then select **PRF** (Set User Preferences Menu) or enter **USR** at the **ACTION** prompt to bypass the first screen.

```
User Name                               User Preferences
Enter/Edit Surrogates
Telephone Consult Print Preferences
Patient Lab Inquiry Preferences
* Patient Order List Preferences
Desktop User Defined Preferences
Desktop User Order Entry Preferences
Desktop Patient Identifiers
```

OE-00939

Choose the preference by using the **down-arrow** key, **<Select>**, then **<CR>**. **<Select>** is a toggle.

```
Initial Display of Patient Order List
Inpatient Page:  ALL ACTIVE ORDERS ←
Outpatient Page: ALL ACTIVE ORDERS
Display On-Screen Help:  YES
```

defaults

*(A list of actions displays when you enter **BROWSE** at the action prompt)*

OE-00940

These selections display all current active orders when you are on the **INPATIENT** or **OUTPATIENT** page. Enter **NO** so that no orders display.

This page
has been left blank
intentionally.

Miscellaneous

MISCELLANEOUS Telephone Consults

TELEPHONE CONSULTS (TEL)

Menu Path: Clinical System Menu → Nursing or Physician → TEL

Use this option to create new telephone consults or respond to unfinished consults. A consult is completed when you enter a note and the consult is printed to a designated location. You may designate another provider to be your surrogate, receive the notifications and respond to the consult. A notification will display when you log on if you have new or incomplete consults, or if you are a designated surrogate for another provider. This action can be entered through your main Physician menu or through Desktop. A PAS clerk can also enter a Telephone Consult message and forward to you for completion.

```
      Patient      Status Age/Sex FMP/SSN      Date of Call
New Consult(s)

* 1. (Create New Consult)

Unfinished Consult(s)

  1. AGNES,MARTHA . .Saved  19y F   06/005-24-9999 201-4
```

OE-00941

Use **<Select>** followed by **<CR>** to select the "Create New Consult" option. When you enter a patient name, the following screen displays:

```
AGNES,MARTHA          19y/o female      06/005-24-9999
PRIVATE FIRST CLASS   Home #: 678-1354
USA ACTIVE DUTY      Work #: 533-0987
Workload [DOES]      Count    ALLERGY
-----
Allergies:  (Enter patient allergies here)

Problem List:  (Enter the patient's problem)

Provider's Note:
  Provider: JONES,DAVID ← defaults to your name  16 Jan 94@2000
(Enter your note here. This text can be printed and sent to the patient's medical record room.)
-----
Print Save print+Mail Workload Results setUp Clinic Help
Associate this telephone consult with workload credit.
  Press <Up Arrow> to Re-enter notes.
```

OE-00942

MISCELLANEOUS Telephone Consults

You can change actions by using the right-arrow and left-arrow keys or entering the highlighted letter of the actions. The default action depends on your setup.

Print	Print to the patient's record room if defined, verify, then delete (if a Provider Note has been entered)
Save	Save to the unfinished consult list
print+Mail	Print, send bulletin, verify then delete (as print above)
Workload	Allocate workload count
Results	Review allergies, prescriptions, and results for this patient
setUp	Define or change your telephone consult user preferences
Clinic	Define the clinic that receives workload credit for this consult
Help	Provide information about this option

Selecting UNFINISHED CONSULTS allows you to edit your note, but not the allergies or problem list.

Select Provider: JONES, DAVID ←

Select Patient Name: AGNES, MARTHA

1. JONES, DAVID COMPLETED 16 Jan 1994@2000

*Enter
provider
name*

OE-00943

You may print a report of your Telephone Consults from the RCR menu option.

MISCELLANEOUS

Review New Results

REVIEW NEW RESULTS (RNR)

Menu Paths: Clinical System Menu → N → RCR → RNR
Clinical System Menu → P → RNR

The system generates a Review New Results list for each ordering HCP. Nurse users and other providers may use the Review New Results (RNR) option access this list to view available results for all patients without divisional screening. Only the ordering HCP, their surrogate provider(s), and those users with the proper security keys may view the results for tests which the site has determined to be sensitive.

When you access the RNR option, the system notifies you if there are new results to review. The system also displays the *Review results for: [your name]//* prompt. Press <CR> to review your own new laboratory or radiology results. Enter another provider's name at this prompt if you are acting as surrogate for that provider. Press <CR> at the *OK? YES//* prompt to confirm the correct provider name. The system displays the following action bar:

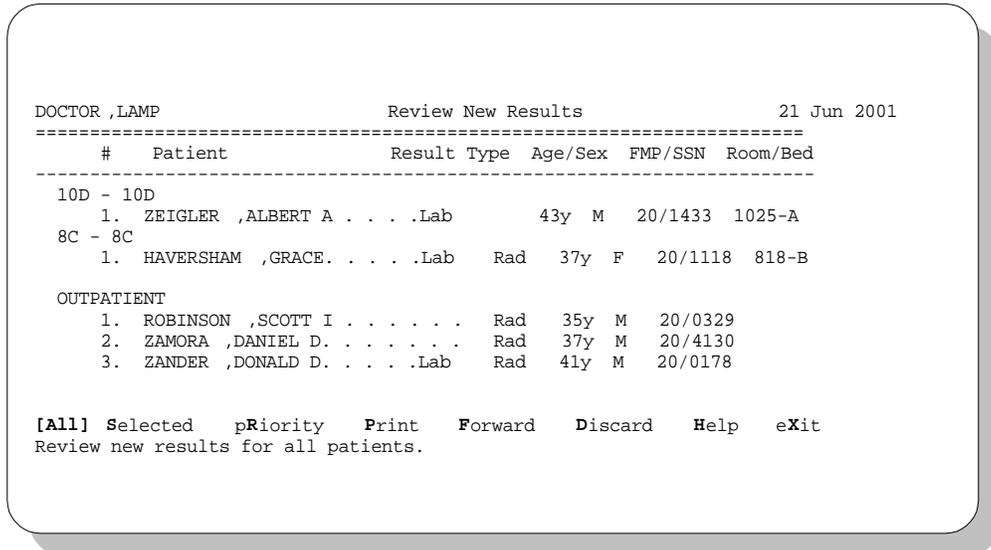
```
[New]  Waste  ChangeHcp  sUrrogate  Help  eXit
Review new results.
```

OE-01049

New	Display a list of patients with new laboratory and/or radiology results for the specified provider. New results are routinely processed laboratory and radiology results not classified as priority. This is the RNR initial action bar default action.
Waste	Review results that have been tossed and/or discarded during the current session. If no results have been tossed and/or discarded during the current session, this action does not display.
ChangeHcp	Review results for another provider.
sUrrogate	When another provider is covering for you, you may designate that provider in CHCS as a "surrogate." The surrogate may then view and initial new results for you. An audit trail tracks initialed and discarded results. You or your surrogate may save, print, and forward results to another provider's RNR list. You can add and delete RNR surrogates, as well as view who has designated the provider as an RNR surrogate. Other individuals can use the action to view a provider's surrogate information.
Help	Obtain information about actions specific to this action bar.
eXit	Leave the RNR option and return to the menu level. After exiting, results that were discarded and/or tossed during this session by either the ordering provider or the provider's surrogate will no longer be available on this list.

REVIEW ALL, SELECTED, OR PRIORITY NEW RESULTS

Press <CR> to accept the default New action on the initial RNR action bar. The system displays the following screen:



OE-01050

- All Review new results for all patients. Display laboratory and/or radiology results for all of the patients on this list.

- Selected Review new results for selected patients. To select a patient, position the cursor next to patient name and press <Select>. After you have made all your selections, use this action to display the new laboratory and/or radiology results for the selected patients.

- pRiority Review new priority results for all patients. Display priority laboratory and/or radiology results represented on this screen with highlighted Lab or Rad Result Types. Priority results are those that have been ordered with a processing priority of STAT, ASAP, PREOP, NOTIFY AND ROUTINE, or are critical, positive cultures, amended, or designated by the ancillary for immediate attention.

- Print Print and initial new results. Print all, selected, priority, or date range of results. Results can be initialed, printed, and discarded simultaneously by either the ordering provider or the provider's surrogate. Electronic initials are applied to both new and discarded results that are printed by the ordering provider or the provider's surrogate. Use the deVice action to establish a printer on which to print results.

- Forward Forward new results to another provider's new list. Forward all, selected, priority, or date range of results to another provider's new RNR list. Forwarded results are identified with the words, "Forwarded by:" within the text of the result.

MISCELLANEOUS Review New Results

- Discard** Discard results without viewing or initialing. Discard all, selected, priority, or date range of results. Discarded results can be accessed by using "Waste" on the first action bar until "ChangeHcp" is used, or upon your return to the menu level. Discarded results do not have electronic initials applied to them.
- Help and eXit** See previous descriptions of these actions.

If you accept the default All action, the system displays new results for all your patients, one result at a time.

For a list of available results for a specific patient, position the cursor beside a patient's name on the list of all patients and press <F9>. The following screen displays:

ZEIGLER,ALBERT A				20/312-88-1433 43y M LTC 10D/1025-A			
<u>Order/Procedure</u>	<u>Collection/Exam Date</u>	<u>Flag</u>	<u>Priority</u>				
CHOLESTEROL, TOTAL	20 Jun 2001 @ 1557		STAT				
TRIGLYCERIDE	20 Jun 2001 @ 1557		ASAP				
SGOT	20 Jun 2001 @ 1557		PREOP				
SGPT	20 Jun 2001 @ 1557						
CPK	21 Jun 2001 @ 0613						
RADIOLOGY PROCEDURE	20 Jun 2001 @ 1557						

OE-01051

The "Flag" column alerts you to abnormal results. The "Priority" column indicates order/procedure processing priority if other than routine.

To view a specific result from the list of available results, position the cursor beside the order/procedure and press <F9>. The following screen displays:

ZEIGLER,ALBERT A				20/312-88-1433 43y M LTC 10D/1025-A			
CHOLESTEROL, TOTAL							
20 Jun 01 @ 1557 (Coll)				SERUM			
CHOL.		210	(120-288)				
mg/dL							
[Toss] Save New Print Fwd deVice Help eXit Initial and remove this result from your new list and view next result.							

OE-01052

MISCELLANEOUS Review New Results

Toss	Initial and remove this result from your new list and view next result. Initial this result as viewed and remove it from this list. Tossed results can be accessed by using "Waste" on the first action bar until "ChangeHcp" is used, or upon your return to the main level.
Save	Initial and save this result to your saved list and view next result. Initial this result as viewed and move it to the saved list. Use "Saved" on the first action bar to access saved results. Results can be saved for up to 600 days or until the results are archived, depending on the site's defined limit.
New	Allow this result to remain as unviewed on your new list. Results can remain on the new list for a maximum of 90 days, depending on the site's defined limit.
pgUp	This action allows you to scroll up to previously viewed result(s) and only displays when you choose to view all new results for all patients or all new results for a selected patient(s).
pgDn	This action allows you to scroll down to previously viewed result(s) and only displays when you choose to view all new results for all patients or all new results for a selected patient(s).
Print	Print and initial the selected result.
nExtpt	Stop viewing the current patient's results and view the next patient's results without removing the current patient from the Review New Results list. This action only displays when you choose to view all new results for all patients or all new results for a selected patient(s).
Fwd	Forward this result to another provider's new list or send it as a <i>CHCS MailMan</i> message. Forwarded results are identified with the words "Forwarded by:" within the text of the result.
deVice	Select a device on which to print RNR results. You are no longer prompted for a device when printing results once you have used this action to establish a device.
Help and eXit	See previous descriptions of these actions.

MISCELLANEOUS Review New Results

ACCESS SURROGATE INFORMATION

Choose the sURrogate action on the initial RNR action bar. The system displays the following screen:

A screenshot of a software interface titled "RNR Surrogate". The interface is enclosed in a rounded rectangular box with a light gray shadow. The text inside the box is as follows:

```
HARTMAN, CHRIS                                RNR Surrogate
Add/Delete

Review New Results

Surrogate for:

Enter/delete surrogate provider to review new results:
```

OE01053

If you have been identified as a surrogate for another provider, that provider's name appears under "Surrogate for:." You may not enter yourself as a surrogate for another provider.

At the Enter/delete surrogate provider to review new results field, you may enter/delete one or more surrogate providers for yourself.

Things to Remember:

- The ordering HCP or surrogate may view new results, apply an electronic signature, then remove the "new" result from the Review New Results list.
- An audit trail tracks initialed and discarded results.
- You can save, print, and forward results to another provider's RNR list.
- Order laboratory tests with a processing priority of NOTIFY AND ROUTINE if you want the lab to notify you when results are available regardless of the outcome.
- Only the ordering HCP, their surrogate, and other users with the appropriate security keys may view the results for tests which the site has determined to be sensitive.

DISCHARGE SUMMARY ENTER/EDIT (DIS)

Menu Paths: Clinical System Menu → Nursing → NTE → DIS

Clinical System Menu → Physician → DOC → NTE → DIS

The Discharge Summary Enter/Edit (DIS) option allows you to enter or edit discharge information in a patient's record. You must have the NS DISCHARGE security key to access the DIS option.

DISCHARGE SUMMARY ACTIONS

Allergy	Update the patient's allergies.
Append	Add an additional note to a completed summary.
Enter	Enter a new summary or complete a saved summary.
eXit	Exit the DIS option and return to the menu.
Help	Access action bar help.
PgDn	Display the next screen.
PgUp	Display the previous screen .
Print	Print a copy of a discharge summary.
proBlem	Update the patient's master problem list.
Results	View allergies, prescriptions, and results for this patient.
Save	Exit and save the summary to the unfinished summaries list.

ENTER A NEW DISCHARGE SUMMARY

- 1) Access the DIS option

The Discharge Summary screen displays:

SMITH, ANDREW	Discharge Summary	10 Jan 1998
<hr/>		
Patient	Age/Sex	FMP/SSN
Date of Admission		
New Discharge Summaries		
* 1. (Create a New Summary)		
Unfinished Summaries		
2.	EDWARDS, JOHN	38Y/M
		20/801-55-0101
		1 Jan 1998
3.	ZIMMERMAN, HAL	40Y/M
		20/791-60-0513
		5 Jan 1998
<hr/>		
[Enter]	Append	Print
	Help	eXit
Enter a new or complete a saved summary		

OE00996

MISCELLANEOUS Discharge Summaries

- 2) Select Create a New Summary.

Press the up-arrow key, position the cursor beside Create a New Summary, press <Select>, then press <CR>.

- 3) Enter patient name and verify admission date.

- 4) Accept the default Enter action.

The first screen of the patient's discharge summary displays:

EDWARDS, JOHN	Age: 38y	20/801-55-0101	Discharge Summary
<hr/>			
Attending Physician:	SMITH, ANDREW	Reg. # Number:	12345
Admission Date:	06 Sept 1995	Discharge Date:	09 Sept 1995
Admitting Diagnosis:	MANIC DISORDER, MODERATE EPISODE (ICD 296.02)		
Discharge Diagnosis:	MANIC DISORDER, MODERATE EPISODE (ICD 296.02)		
	+DISLOC WRIST NOS-CLOSED (ICD 833.01)		
ICD Operations/Procedures:	OPEN REDUC-WRIST DISLOC (ICD 79.83)		
Allergies:	NKA		
Active Problem List	<hr/>		
	MANIC DISORDER, SINGLE EPISODE, MODERATE DEGREE	Onset	01 Jan 1998
	DISLOC WRIST NOS-OPENED (ICD 833.10)	Onset	10 Jan 1998
Save	Allergy	problem	Results [PgDn] Print Help eXit
Display the next screen of this Discharge Summary			
Press <Up-arrow> to re-enter the screen			

OE01033

MISCELLANEOUS Discharge Summaries

- 5) Enter allergies and/or update the patient's Active Problem List.
- 6) Accept the default PgDn action.

The second screen displays:

```
EDWARDS,JOHN      Age: 38y      20/801-55-0101      Discharge Summary
-----
Active Outpatient Medications:
LITHIUM --PO 300 MG TAB  ~T2 TABS PO TID RF2  #180  DS30 on  13 Nov 1997@1411

Pending at the time of Discharge: (F9 - Review COMPLETE results only):
Lab Tests                Ordered For                Status
  LITHIUM                19 Sep 1997@0800         PENDING
  URINALYSIS             10 Sep 1997              COMPLETE

Radiology Exams
WRIST,LEFT                10 Jan 1998              EXAMINED

Test statuses will be updated until summary is completed.
-----
Save  Allergy  problem  Results  PgUp  [PgDn]  Print  Help  eXit
Display the next screen of this Discharge Summary
Press <up Arrow> to re-enter screen
```

OE01031

- 7) Select laboratory tests and/or radiology exams to review.
Using the arrow keys, you can place the cursor next to a completed laboratory test or radiology exam and view the results.
- 8) Accept the PgDn default
The third screen displays:

```
EDWARDS,JOHN      Age: 38y      20/801-55-0101      Discharge Summary
-----
Enter Principal Diagnosis:
Enter Secondary Diagnosis:
Enter Principal Procedures/Operations:
Enter patient's condition at time of discharge:
-----
Save  Allergy  problem  Results  PgUp  [PgDn]  Print  Help  eXit
Display the next screen of this Discharge Summary
Press <up Arrow> to re-enter screen
```

OE01032

MISCELLANEOUS Discharge Summaries

9) Enter data in the following fields or leave blank:

Principal Diagnosis
Secondary Diagnosis
Principal Procedures/Operations
Patient's condition at time of discharge

These are all optional, work-processing fields.

10) Accept the default PgDn action.

The fourth screen displays:

```
EDWARDS,JOHN      Age: 38y      20/801-55-0101      Discharge Summary
-----
Enter Principal Diagnosis:
Enter Secondary Diagnosis:
Enter Principal Procedures/Operations:
Enter patient's condition at time of discharge:
-----
Save  Allergy problem  Results PgUp  [PgDn]  Print  Help  eXit
Display the next screen of this Discharge Summary
Press <up Arrow> to re-enter screen
```

OE01032

MISCELLANEOUS Discharge Summaries

11) Enter data in applicable Activity Limitation fields.

Each field accepts up to 15 characters.

12) Accept the default PgDn action.

The fifth screen displays:

```
EDWARDS,JOHN   Age: 38y           20/801-55-0101       Discharge Summary
-----
Enter Diet:

Enter Patient Instructions (F9 to Import Patient Instructions):
-----
Save Allergy proBlem Results   PgUp [PgDn]   Print   Help   eXit
Display the next screen of this Discharge Summary
Press <up Arrow> to re-enter screen
```

OE01030

13) Enter diet and patient instructions.

14) Accept the default PgDn action.

The sixth screen displays:

```
EDWARDS,JOHN   Age: 38y           20/801-55-0101       Discharge Summary
-----
Was Discharge Summary Dictated?:   YES
Physician Responsible for Dictation: SMITH,ANDREW

Enter Discharge Summary:

Patient discharged immediately following . . . .
-----
[Verify]   Save Allergy proBlem Results   PgUp   PgDn   Print   Help   eXit
Verify/Complete and print discharge summary
```

OE01027

MISCELLANEOUS

Discharge Summaries

- 15) Enter Yes or No at the *Was Discharge Summary Dictated?* prompt.

The *Physician Responsible for Dictation* prompt only displays when you enter YES at the *Was Discharge summary Dictated?* prompt. The *Physician Responsible for Dictation* prompt displays the name of the attending physician entered through the PAD software. No further input is necessary before verifying the summary.

If the summary was not dictated, enter "NO" at the *Was Discharge Summary dictated?* prompt, then enter text in the Enter Discharge Summary field, or press <F9> to import an existing discharge summary from the Discharge Summary Text Add/Edit (DIM) option.

- 16) Verify the discharge summary.

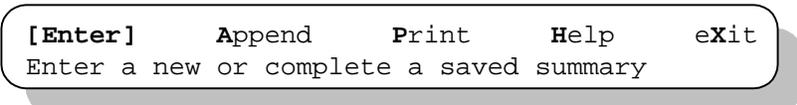
The Verify action only displays if you are an HCP, HCP requiring a countersignature, or a countersigning HCP. This action prints the discharge summary in the record room to which the patient's inpatient record is assigned. The record room must be identified for the patient and a printer must be assigned to the record room. In addition, a device prompt displays allowing you to print the consult report to any addressable printer. If the record cannot be sent to the record room to print, the following message displays:

Cannot print to record room. There is no printer defined.

If you decide not to verify and print the discharge summary, you can abort at the Select Device prompt.

If you have not defined a signature block in the Provider file, you are prompted to enter one.

When you verify and print a discharge summary, the initial action bar redisplay:



```
[Enter]   Append   Print   Help   eXit
Enter a new or complete a saved summary
```

OE01028

EDIT OR ADD TO AN UNFINISHED SUMMARY

- 1) Access the DIS option
- 2) Press the up-arrow key, position the cursor beside the unfinished summary, then press <CR>.
- 3) Continue Steps 3 through 15 above.

APPENDING TO A VERIFIED DISCHARGE SUMMARY

If you want to enter additional notes to a verified discharge summary, you must use the Append action on the discharge summary initial action bar.

```
[Enter]   Append   Print   Help   eXit  
Enter a new or complete a saved summary
```

OE01024

- 1) Access the Append action.

The completed Discharge Summary screen displays with the following action bar:

```
[Enter]  PgDn  Print   Help   eXit  
Enter an additional note to a completed summary
```

OE10125

- 2) Accept the default Enter action

The following screen displays:

```
EDWARDS,JOHN      Age: 38y      20/801-55-0101      Discharge Summary  
_____  
Note:  
Immediately following my AM meeting with the . . . . .  
_____  
[Verify]   review   Print   Results   Help   eXit  
Verify/Complete and print to record room
```

OE01026

- 3) Enter the appendage.

Use the up-arrow key to move the cursor from the action bar to the word-processing Note field. When complete, press <CR> twice to move the cursor back to the action bar.

- 4) Verify the appendage and print it to the record room.

MISCELLANEOUS Discharge Summaries

Things to Remember:

- To enter a discharge summary, the selected patient must have a current or past admission that does not have a completed discharge summary.
- You can initiate the summary during the patient's hospitalization, (while updating the summary periodically) or at the end of a hospital stay.
- Procedures performed on a patient during an inpatient episode are added automatically to the discharge summary (from the PAD software).
- In the Discharge Summary screens, you can press the Up-arrow to move the cursor from the action bar to the main screen.
- On the main screen, you can enter/edit the data in the Allergies and Active Problem List fields. The remaining fields on the main screen contain information from the PAD admission software; you cannot edit them. To return to the action bar, press the Down-arrow or <CR> until the cursor is positioned on the action bar.
- Results pending at the time the patient is discharged continue to update until the test is completed. Test statuses are updated until the discharge summary is completed. Tests that are completed before the patient has been discharged no longer display on the discharge summary.
- The Verify action only displays if you are an HCP, HCP requiring a countersignature, or a countersigning HCP.
- The Verify action prints the discharge summary in the record room to which the patient's inpatient record is assigned. The record room must be identified for the patient and a printer must be assigned to the record room. If the record cannot be sent to the record room to print, the following message displays:
`Cannot print to record room. There is no printer defined.`
- A device prompt also displays allowing you to print the discharge summary to any addressable printer.
- If you decide not to verify and print a discharge summary, you can abort at the *Select Device* prompt.

If you want to enter additional notes to a verified discharge summary, you must use the Append action on the discharge summary initial action bar.
- Access the Review Patient Notes (RPN) option to review verified discharge summaries.

Menu Path: Clinical System Menu → Nursing → IMM

The Immunization/Skin Test Enter/Review (IMM) option allows you to document immunizations and skin tests given or transcribed for a selected patient, if you have the NS IMM security key. You can also print, transcribe, and review the selected patient's immunization record and view and update allergies. If you do not have the NS IMM security key, you can only view or print the patient's immunization profile.

IMMUNIZATION PROFILE ACTIONS

Give	Document immunizations and skin tests given. This is the default.
Result	Enter results of selected immunization or skin test.
Print	Print this Immunization/Skin Test Profile. You can specify a print option for the entire Immunization and Skin Test Profile (short record) or select one or more tests from the current profile. A signature field for the physician associated with the clinic appears at the end of every printout. The signature is not electronic.
Transcribe	Transcribe past immunization/skin tests from existing documents.
aMend	The aMend action allows you to correct an immunization, skin test, or transcribed immunization. An "a" displays next to the date to indicate that the test was amended. Only the user who entered the immunization or skin test can amend the test or delete a test entered in error.
Allergies	Enter, edit, or view an allergy for this patient.
VacRxn	Document a vaccine reaction. The information concerning that particular vaccine is available to you so that you can submit the appropriate documentation required by the Department of Health and Human Services and the Center for Disease Control. Enter the vaccine reactions using selections from a picklist you can access by entering a double question mark (??). You can also enter a comment (up to 60 characters) to further explain the reaction.
Help	Access action bar help.
eXit	Exit this option.

MISCELLANEOUS Immunizations - Single Patient

DOCUMENT ADMINISTERING AN IMMUNIZATION OR SKIN TEST

- 1) Access the IMM option.
- 2) Select and verify the patient name.

The patient's Immunization Profile displays with the cursor at the top. Use the up-arrow and down-arrow keys to position the cursor. Press <F9> to expand an immunization or skin test for a more detailed history.

```
ROBERTS, WILLIAM      Age: 56Y      20/555-55-5555      Immunization Profile
-----
Record of Most Recent Immunization/Skin Tests
  Type                Date Given      Date Due      Results/Date
-----
Immunizations
  Hep-B              24 Oct 97      NA            Titer POS/11 Dec 96
  Influenza (whole)  06 Nov 97 T      Nov 98
  Plague             08 Aug 97      Aug 98
  Td (Adult)         20 Jul 88      Jul 98
  Typhoid            08 Aug 97      Aug 98
  Yellow Fever       29 Mar 88      Mar 98

Skin Tests
  PPD TB (5TU)       08 Jan 97      Jun 98      Zero MM

T = Transcribed      a = Amended                Expand = F9
-----
[Give]  Result  Print  Transcribe  aMend  Allergies  VacRxn  Help  eXit
Document immunizations and skin tests given
```

OE01023

- 3) Accept the default Give action to document an immunization.

A series of screens display the following information:

MISCELLANEOUS
Immunizations - Single Patient

PRIZIO,RALPH Age 40Y 20/555-55-5555 Immunization Profile

Select Immunizations/Skin Tests given

TB PPD (5 TU)

Adult frequently used:

HEP B (Adult)

HIVX

INFLUENZA (WHOLE)

PLAGUE

TD (Adult

TYPHOID (IM)

TYPHOID (PO)

YELLOW FEVER

Miscellaneous Immunizations:

ANTHRAX

BCG

CHOLERA

CMVIG

DIPHTHERIA ANTITOXIN

HBIG

HEP A

HEP B (Dialysis)

HEP B (Other)

HIV

INFLUENZA (SPLIT)

IPV

ISG/IgG

JAPANESE ENCEPHALITIS

MENINGOCOCCAL

PNEUMOCOCCAL

RABIES (ID)

RABIES (IM)

RIG

SMALLPOX

TETANUS TOXOID

TIG

VZIG

Miscellaneous Skin Tests:

CANDIDA (1:10)

CANDIDA (1:100)

COCCIDIODIN (1:100)

HISTOPLASMIN

MUMPS (FS)

TB PPD (1TU)

TB TINE

TETANUS (1:10)

TETANUS (1:100)

TRICHOPHYTON (1:30)

Pediatric:

DPT

DPT-HIB

DT (PED)

DaPT

HEP B (High Risk)

HEP B (Ped)

HIB

M/R

MEASLES

MMR

MUMPS

OPV

PERTUSSIS

RUBELLA

RUBELLA/MUMPS

VARICELLA

Pediatric PANELS:

OE01022

MISCELLANEOUS Immunizations - Single Patient

- 5) Select one or more types of immunizations, skin tests, or a panel.

Use <Next Screen> and <Prev Screen> to scroll back and forth to view available tests and to position the cursor next to an immunization or test you are administering, then press <Select>. You may also select a panel which contains two or more immunizations or skin tests frequently given on the same visit.

The selection list defaults to adult immunizations when the patient is over age seven. When the patient is under age seven, the screen presents pediatric listings first, followed by the adult listings.

For each test selected, the Immunization/Skin Test screen displays:

```
ROBERTS, WILLIAM                Age 40Y                20/555-55-5555
PLAGUE
-----
Lot Number: 1013W2                Manufacturer: ADAMS
Number of Doses Given: 1          Consent Signed?: Yes
Dose: .5                          Dose Unit: cc
Site: RIGHT DELTOID              Route: INTRAMUSCULAR
Date Administered: 25 Jul 1997    Next Dose Due: 22 Dec 1998
Administered By: SMITH, JEANNIE
Ordering HCP:
Comments:

Important information:
  PLAGUE: This immunization is given in a 3 dose series and then is
  followed with booster doses every 3 years.
  Common Side Effects: Soreness at injection site. Must be given
  INTRAMUSCULAR ONLY.
```

OE01021

- 6) Complete the following fields for each immunization/skin test administered:
- Lot Number: Defaults from the Immunization Maintenance file. You can select another lot number if available. Enter a double question mark (??) to display other available lot numbers.
 - Manufacturer: Defaults from the Immunization Maintenance file.
 - Number of Doses Given: This number automatically increments with each dose given.
 - Consent Signed?: Defaults to Yes.
 - Dose: Required field. You must enter the dose administered.
 - Dose Unit: Required field. You must enter the dose unit of measure.
 - Site: Specify the anatomical location(s) where the dose was administered. See next page for "Site" choices.
 - Route: Defaults from the Immunization Maintenance file.
 - Date Administered: Defaults to the day it is documented but can be changed.
 - Next Dose Due: Defaults to a response based on the schedule defined for this immunization or can be filled in during documentation.
 - Administered By: Defaults to the user logged on.
 - Ordering HCP: Required field.
 - Comments: Optional, free-text field.
 - Important Information: Defaults from data entered in the Immunization Maintenance file.

MISCELLANEOUS Immunizations - Single Patient

Site choices:

<u>Intramuscular</u>	<u>Subcutaneous</u>	<u>Intradermal</u>	<u>Oral</u>
LD Left Deltoid	LUA Left Upper Arm	LFA Left Forearm	PO
RD Right Deltoid	RUA Right Upper Arm	RFA Right Forearm	
LG Left Gluteus Medius	RT Right Thigh		
RG Right Gluteus Medius	LT Left Thigh		
LVL Left Vastus Lateralis			
RVL Right Vastus Lateralis			
LVG Left Ventral Glutea			
RVG Right Ventral Glutea			
RAL Right Anterior Lateral			
LAL Left Anterior Lateral			
LMA Left Mid-Anterior Thigh			
RMA Right Mid-Anterior Thigh			
OTH Other			

- 7) File the data.

After you file the data in the Immunization/Skin Test screen, the Immunization Profile redisplay showing the newly entered immunizations or skin tests under the Most Recent Immunizations/Skin Tests heading.

TRANSCRIBE IMMUNIZATION AND SKIN TEST RECORDS

- 8) Choose the Transcribe action on the Immunization Profile screen to transcribe immunization and skin test records that the patient has previously received (e.g., childhood shots). The same immunization list displays as when you chose the Give action.
- 9) Select a test to transcribe. The following screen displays:

ROBERTS, WILLIAM Age: 46Y 20/555-55-5555 Immunization/Skin Test

TYPHOID (IM)

Date Given:

Dose Amount:

Dose Unit:

Route:

Site:

Number of Doses Given:

Name of Clinic or Physician

Address:

ZIP Code: City State:

Results:

Comments:

OE01020

MISCELLANEOUS Immunizations - Single Patient

After you file the transcribed immunization or skin test, the system updates the patient's profile. A "T" is appended to the date given to indicate that this immunization or skin test was transcribed.

ENTERING RESULTS OF IMMUNIZATIONS AND SKIN TESTS

- 1) Access the IMM option.
- 2) Select the patient.

The patient's Immunization Profile displays with the cursor at the top.

- 3) Select the immunization/skin test that you want to result (as defined by the site).
- 4) Access the Result action on the initial action bar.

If you select an immunization or skin test that is not associated with results, the following message displays:

No results are associated with this type
of immunization/skin test.

If you select an immunization/skin test that can be resulted, the patient's record of most recent immunizations/tests displays:

```

PRIZIO,RALPH                      Age:  46y                      20/555-55-5555
-----
Record of Most Recent Immunization/Skin Tests
  Type                          Date Given                Date Due                Results/Date
-----
Immunizations
  INFLUENZA  (WHOLE)    07 Jan 98                NA
Skin Tests
*  TB      (PPD)  (5 TU)    07 Jan 98                NA                Pending
T = Transcribed      a = Amended                      Expand = F9
-----
Give  [Result]  Print  Transcribe  aMend  Allergies  VacRxn  Help  eXit
Result the selected Immunization or Skin Test.
  
```

OE01019

Tuberculin skin tests show a status of pending after the PPD test is given. You can enter skin test results in advance of the correct reading date. The pending results status changes to incomplete if the test is not read and documented within 72 hours of the due date/time.

- 5) Select the immunization/skin test to result.

The asterisk (*) to the left of the TB test above indicates that this is the test selected. After you select the test, the result entry window displays:

MISCELLANEOUS

Immunizations - Single Patient

Things to Remember:

You can use the up-arrow and down-arrow keys to position the cursor beside an immunization or skin test, then press <F9> to display a detailed history.

- You may select a single immunization or skin test or a panel which contains two or more immunizations or skin tests frequently given on the same visit.
- The selection list defaults to adult immunizations when the patient is over age seven. When the patient is under age seven, the screen presents pediatric listings first, followed by the adult listings.
- After you file a transcribed immunization or skin test, the system updates the patient's profile. A "T" is appended to the date given to indicate that this immunization or skin test was transcribed.
- Tuberculin skin tests show a status of pending after the PPD test is given. You can enter skin test results in advance of the correct reading date. The pending results status changes to incomplete if the test is not read and documented within 72 hours of the due date/time.

MISCELLANEOUS Immunizations - Multiple Patients

Menu Path: Clinical System Menu → Nursing → MIM

The Multiple Patient Immunization (MIM) option allows you to enter an immunization or skin test, then enter multiple patients who have received the same immunization or skin test. The NS IMM security key is required to access the MIM option.

- 1) Access the MIM option to display the Immunization Profile screen. This is the same screen displayed from the IMM option.
- 2) Select the immunization or skin test from the list on the Immunization Profile screen.
- 3) Complete the applicable fields.
- 4) File the data. (You can also edit the data before filing or abort the process without filing.)

Note: The Immunization/Skin Test screen must be completed for each test you selected. If more than one test was selected, repeat Steps 2 and 3.

- 5) Select the performing location. (Either press <CR> or enter the name of another performing location and press <CR>.
- 6) Select patient name. Enter the first patient's name and press <CR>; press <CR> to confirm your selection. Repeat this step until you have entered all the patients who received the selected immunization/skin tests. After the last patient name is entered, press <CR> at the *Select Patient Name* prompt and return to your main menu. The system updates all entries on each patient's Immunization and Skin Test Profile.

MISCELLANEOUS

Patient Problem List

Menu Paths: Clinical System Menu → Nursing → NTE → PPL
Clinical System Menu → Physician → DOC → NTE → PPL
Clinical System Menu → Nursing or Physician → ORE → Select Patient → ACTION: PL

The Patient Master Problem List (PPL) option allows you to assign problems to patients. This option, located on the Enter/Review Patient Notes (NTE) menu, can also be accessed from the Action prompt on the POL.

PROBLEM LIST ACTIONS

Add	Add a new problem to the patient's list.
Edit	Edit an existing problem on the patient's list.
Inact	Inactivate/Resolve a problem on the patient's list.
Display	Display the patient's problem list in a different format. When you choose this action, another action bar displays the pRint, Help, and eXit actions plus the following additional actions: aLI Display all of the patient's problems. Active Display only active problems for this patient. loCation Display only those problems associated with one location. Provider Display only those problems entered by one provider. Expand Display problems in the expanded format.
deLete	Delete a problem that was entered in error. A comment is required; problems should only be removed if they are entered in error.
pRint	Print the patient's problem list in desired format.
Help	Access the action bar help.
eXit	Return the patient's POL.

ADD A PROBLEM

- 1) Access the PPL option or the ORE option
- 2) Select and verify the patient name.
- 3) Select the Requesting Location.
- 4) Enter PL at the *Action* prompt on the POL if you accessed the ORE option in Step 1.

The patient's problem list displays:

HAVERSHAM, GRACE		AGE: 37y	20/711-64-1118	Problem List: All			
Problems			Location	Acuity	Updated		
Active							
1. Nocturnal Leg Cramps, Onset 4/25/97		CARD/ADIV	Acute	07 May 97			
2. Diabetes Mellitus, Onset 3/12/69		PCC	Chronic	12 Apr 97			
Inactive							
			Expand = F9	Select item = SELECT			
[Add]	Edit	Inact	Display	DeLete	pRint	Help	eXit
Add a new problem to the patient' problem list							

OE01015

The patient's problem list displays the patient's name and identifying information and all the patient's identified medical problems, both active and inactive. The problem, the location with which the patient is associated at the time the problem is added, the status (active or inactive), the acuity, and the date that the problem was last updated are displayed.

MISCELLANEOUS Patient Problem List

- 5) Choose the Add action.

Two prompts display on the patient's Problem List.

HAVERSHAM, GRACE	AGE: 37y	20/711-64-1118	Problem List: All
Problem	Location	Acuity	Updated
Enter Location for Problem Selection List or Press <RETURN> to enter a problem:			
Enter a new problem:			
Expand = F9 Select item = SELECT			
[Add]	Edit	Inact	Display deLete pRint Help eXit
Add a new problem to the patient's problem list			

OE01016

- 6) Enter the MTF location associated with your predefined problem list or press <CR> to type in a problem.

If you choose to type in a problem at the *Enter a New Problem* prompt, enter a full word or an ICD-9 code. The system searches the Clinical Lexicon for a match and displays a picklist of choices.

Note: Because of the size of the Clinical Lexicon, less time is required for the search when you enter a full word.

To return to the patient's problem list, press <CR> at the *Enter a New Problem* prompt.

When you enter a location name, the system displays a list of all the problem selection lists assigned to that location:

HAVERSHAM, GRACE	AGE: 37y	20/711-64-1118	Problem List: All
Problem List			Modified
1.CardioPL			10 Nov 1997

OE01013

MISCELLANEOUS Patient Problem List

7) Select a problem list.

After you make the appropriate selection(s), the Category and Problems screen displays, from which you may select problems to add to the patient's problem list:

HAVERSHAM, GRACE	AGE: 37y	20/711-64-1118	Problem List: All
Category:			Created
*	1. Hypertension (ICD 401.9)		06 Mar 1995
	2. Myocardial Infarction		06 Mar 1995
	3. Obesity (ICD 278.0)		06 Mar 1995

OE01014

8) Select a problem to add to the patient's list.

The asterisk (*) in the example above indicates that hypertension is selected.

9) Accept the default Add action.

A follow-up screen displays for each problem and prompts you to answer the questions displayed.

HAVERSHAM, GRACE	AGE: 37y	20/711-64-1118	Problem List: All
Hypertension (ICD 401.9)			
Date of Onset:			
Status of Problem: ACTIVE			
Acuity of Problem:			
Previous Comments:			
Comment:			
[File/exit] Abort Edit			
File changes and exit.			

OE01011

- **Date of Onset:** Optional because the information is not always available.
- **Status of Problem:** Defaults to Active.
- **Acuity of Problem:** You can select Acute or Chronic.
- **Comment:** Optional word-processing field.

MISCELLANEOUS

Patient Problem List

10) Enter the necessary data for each problem you selected from a problem list or that you entered at the *Enter a New Problem* prompt.

11) Return to the patient's problem list.

Press <CR> at the *Enter a New Problem* prompt to return to the patient's problem list.

HAVERSHAM, GRACE AGE: 37y 20/711-64-1118 Problem List: All
Hypertension (ICD 401.9)

Date of Onset: 12 May 1997

Status of Problem: ACTIVE

Acuity of Problem: CHRONIC

Previous Comments:

*This is the original comment. It may be viewed but it cannot be edited.
If a mistake was made in the body of the original comment field, it can
only be corrected by adding additional comments through the edit option.*

Entered: 25 Jul 1997 by JOHNS, JOSEPH

+

Comment:

[File/exit] **Abort** **Edit**

File changes and exit.

OE01012

The new problems are displayed at the top of the problem list. When you return to the patient's problem after adding new problems, the action bar default is Edit.

12) File the problem list.

EXPAND A PROBLEM

- 1) Access the PPL option.
- 2) Select and verify the patient name.
- 3) Select the Requesting Location. The patient's Problem List displays.
- 4) Position the cursor beside the problem you want to expand, then press <F9>.

```
HAVERSHAM, GRACE          AGE: 37y      20/711-64-1118
DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II (NON-INSULIN DEPENDENT)
  Onset:
  Status:  Active
  Acuity:  Chronic
  Provider: CUNNINGHAM, CONSTANCE
  Location: 8C
  Entered: 21 Jun 2001  by SHIPLEY, CAROLE
  Last edited:                by
  ICD Code: 250.02
  Comment:
  Entered:
```

OE01009

MISCELLANEOUS

Patient Problem List

INACTIVATE A PROBLEM

You can inactivate a problem by selecting an existing active problem and then select the Inact action from the action bar. Once a problem has been inactivated, it is placed on the inactive list below the active problems.

HAVERSHAM, GRACE		AGE: 37y	20/711-64-1118	Problem List: All			
Problems		Location	Acuity	Updated			
Active							
1. Nocturnal Leg Cramps, Onset 4/25/97		CARD/ADIV	Acute	07 May 97			
2. Diabetes Mellitus, Onset 3/12/69		PCC	Chronic	12 Apr 97			
Inactive							
3. Hypertension, Onset 5/12/97		CARD/ADIV	Chronic	12 May 97			
Expand = F9 Select item = SELECT							
[Add]	Edit	Inact	Display	DeLete	pRint	Help	eXit
Add a new problem to the patient's problem list							

OE01010

Things to Remember

- The Patient Master Problem List option is located on the Enter/Review Patient Notes (NTE) Menu, and can also be accessed from the Action prompt on the POL.
- When you enter a problem at the *Enter a New Problem* prompt, enter a full word or an ICD-9 code.
- The deLete action should only be used to remove a problem entered in error. A comment is required to explain why you are removing the problem.

Menu Paths: Clinical System Menu → Nursing → NTE → PRG
Clinical System Menu → Physician → DOC → NTE → PRG
Clinical System Menu → Nursing or Physician → ORE → Select Patient → ACTION: PRG

The Progress Note Enter/Edit (PRG) option allows you to enter, edit, print, or view progress notes on a patient. You can also import laboratory or radiology results and information into a progress note.

PROGRESS NOTES ACTIONS

File	Makes the progress note into a permanent record and exits the option. Once you have filed the progress note, it cannot be edited.
Print	Print progress notes within a specific date range. You are prompted for the date range and device (printer) name.
Edit	Edit a progress note that you have not yet filed.
Results	Allows you to search for patient information. You may select the result type(s) to search, which include allergies, active prescriptions, laboratory results, and radiology results. You are prompted for a date range.

ENTER A PROGRESS NOTE

- 1) Access the PRG option.
- 2) Select and verify the patient name.

The Progress Notes screen displays, with the cursor at the Title field:

HAVERSHAM, GRACE AGE: 37y 20/711-64-1118 Progress Notes

Previous Progress Notes:

Title:
Note:

Help = HELP Exit = F10 File/Exit = DO

OE01008

The Progress Notes screen has two parts. The upper part contains any progress notes previously entered. The bottom part is where you enter new progress notes. If previous notes exist, you can scroll both the upper and lower parts of the screen.

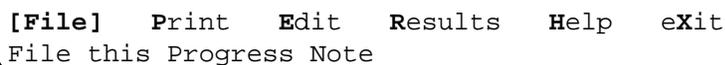
MISCELLANEOUS

Progress Notes - Enter/Edit

Each progress note has a title associated with it. Enter two question marks (??) at the Title field to display a list of progress notes titles that have been defined at your MTF.

- 3) Select a title for the progress note.
- 4) Enter the note at the Note field.

The Note field is an unlimited word-processing field. When you complete the note and press <CR> on a blank line, the following action bar is added to the Progress Notes screen:

A screenshot of a terminal-style action bar. It is enclosed in a rounded rectangular box with a thin border. The text inside is: [File] Print Edit Results Help eXit. Below this line, the text "File this Progress Note" is displayed. The text is in a monospaced font.

```
[File] Print Edit Results Help eXit
File this Progress Note
```

OE01005

The File action is the default. Once you file the note, it cannot be edited.

IMPORT INFORMATION INTO A PROGRESS NOTE

Before you file, you can import laboratory and radiology results, or allergies from the master problem list into the progress note screen using the copy and paste feature. These are the basic steps for using the copy and paste feature:

- 5) Choose the Results action before filing the note.
The Review Results screen displays a list of result types (see below) you can review and/or import into your note. You are also prompted to enter a date range for the system to search.
- 6) Position the cursor at the beginning of the results you want to import, then press <Select>.
- 7) Position the cursor at the end of the results you want to import, then press <Select> again.
- 8) Press the <PF1> and <C> simultaneously to place the text in the copy buffer.
- 9) Press <CR> to return to the Note field.
- 10) Position the cursor where you want the imported text, the press <PF1> and <C> again.
- 11) Enter "YES" at the *Do you want to 'PASTE' buffer's contents?* prompt.

After entering "YES," the copied text displays on the screen. You can enter "YES," "NO," or press <CR> at the *Want to purge your buffer?* prompt.

MISCELLANEOUS
Progress Notes - Enter/Edit

HAVERSHAM, GRACE	AGE: 37y	20/711-64-1118	Progress Notes
------------------	----------	----------------	----------------

Result Type(s):
Allergies
RX
Radiology (All)
Radiology (Selected)
Lab (All)
Lab (Selected)

Collection/Exam date range:
Earliest Date: **T-14**
Latest Date: **T**

Make Selection with SELECT

OE01003

Below is a sample completed progress note:

JOHNSON, ROBERT	AGE: 51y	20/711-64-1118	Progress Notes
-----------------	----------	----------------	----------------

Previous Progress Notes:
+Signed: MEYER, RALPH
24 Jul 1997@1339 OUTPT Register # 10915 PHYSICIAN
Progress Notes
ORTHOPEDIC CONSULTATION NOTES
51yo AD aviator with c/o pain in R ankle after he twisted it while
running his morning pets. No other complaints. Plan for x-rays, ice,
anti-inflammatories and elevation. Down chit for 2 days. Return to
clinic in 2 days for re-eval.....
Signed: STEVENS, PAUL

Title: ORTHO
Note:

Help = HELP Exit = F10 File/Exit = DO

OE01004

MISCELLANEOUS

Progress Notes - Enter/Edit

Things to Remember:

- The Progress Note Enter/Edit (PRG) option allows you to enter, edit, or view progress notes on a patient.
- Before you file, you can import laboratory and radiology results, or allergies from the master problem list into the progress note screen using the copy and paste feature.
- Once you file a progress note, it cannot be edited.

Menu Path: Clinical System Menu → Nursing or Physician → RCR → RPN

The Review Patient Notes (RPN) option allows you to view progress notes, consult results, and discharge summaries.

REVIEW PATIENT NOTE ACTIONS

Progress	View progress notes by title. This is the initial default action. When you choose this action, another action bar contains the Help and eXit actions, plus the following additional actions: <ul style="list-style-type: none">All Browse all progress notes. When you choose this action, you are prompted for an earliest date. The latest date defaults to today. Use <Page-up> and <Page-down> to scroll through the notes.Selected you View selected progress notes. Position the cursor beside the progress you want to view and press <Select>, then press <S>.seaRch Enter Search criteria to limit display of progress notes. See additional information below.
Consult	View consult results based on the appointment date, type, and provider. You must hold the NS CONSULT RESULTS security key to view or print consult results. . When you choose this action, the select one or more consult result, another action bar allows the following actions in addition to Help and eXit: <ul style="list-style-type: none">Nxtnte Access the next notepreVNte Allows you to view the previous note. This action only displays after you have viewed a note and pressed the Nxtnte action.Print Displays the <i>Select Device</i> prompt to allow you to print the displayed note.pgDn Allows you to view the second screen of a note.
Discharge	View discharge notes based on a patient's admissions to the MTF. When you choose this action, the select one or more discharge summaries, another action bar allows the following actions in addition to Help and eXit: <ul style="list-style-type: none">Nxtnte Access the next notepreVNte Allows you to view the previous note. This action only displays after you have viewed a note and pressed the Nxtnte action.Print Displays the <i>Select Device</i> prompt to allow you to print the displayed note.pgDn Allows you to view the second screen of a note.
All	View progress, consult, and discharge notes in reverse order of date entered.
Help	Access action bar help.
eXit	Exit this option.

MISCELLANEOUS Review Patient Notes

REVIEW A PROGRESS NOTE

- 1) Access the RPN option.
- 2) Select and verify patient name. The following screen displays:

```
HAVERSHAM,GRACE      AGE:37y   20/711-64-1118   Patient Related Notes
-----
[Progress]  Consult  Discharge  All  Help  eXit
View Progress notes by title
```

OE01000

- 3) Accept the default Progress action. All progress notes for this patient display by title:

```
HAVERSHAM,GRACE      AGE:37y   20/711-64-1118   Patient Related Notes
-----
16Sep @0900   NEUROLOGY CONSULT           COMPLETE  WILSON,JOHN
12Sep @1100   PHYSICAL THERAPY CONSULT    COMPLETE  EPSON,FRANKLIN
-----
[All]  Selected  seaRch  Help  eXit
View Progress notes by title
```

OE01001

SEARCH FOR PROGRESS NOTES

When you access the seaRch action, the following screen displays:

```
HAVERSHAM,GRACE      AGE:37y   20/711-64-1118
-----
Earliest Date:
Latest Date:

View all Progress Notes?

Inpatient or Outpatient Notes:

Provider Type(s):

Note Type(s):

Help = HELP      Exit = F10      File/Exit = DO
```

OE01002

MISCELLANEOUS Review Patient Notes

- **Earliest Date:** Defaults to 48 hours in the past.
- **Latest Date:** Defaults to today.
- **View all Progress Notes?:** Defaults to "YES." To search for specific notes, enter "NO."
- **Inpatient or Outpatient Notes:** Select Inpatient or Outpatient to narrow the search or leave blank to include both.
- **Provider Type(s):** Enter a provider type if you want to limit your search by provider type.
- **Note Type(s):** Enter a double question mark (??) to display the note types defined at your MTF.

Things to Remember:

- You must hold the NS CONSULT RESULTS security key to view or print consult results.
- You cannot edit patient notes from the RPN option. You can only view and print.

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intentionally.

Clinical Desktop

CLINICAL DESKTOP

Introduction

The *Clinical Desktop* was designed to give clinical users of CHCS additional functionality to utilize CHCS more efficiently.

The *Clinical Desktop* contains the following features:

- Manipulation and display of patient lists, customized to your specifications, with the capability to update as needed
- Calculator that performs numeric computation as well as unit conversions. The calculator also has a memory function that allows you to store values for use in later computations.
- Word processing notepad, utilizing two different online editors. You are able to create new documents or manipulate reports sent to your *View Text* from within CHCS.
- *MailMan*, the electronic mail system used throughout CHCS, with the additional capability to utilize the word processing features of the *Desktop*, and transfer these documents to *MailMan*.
- Terminal lock to prevent the system from logging you off when you are not actively using it.
- *Recent Order Entry List Duration* lets you indicate how many days you want a patient to be kept in a *Desktop list*.
- *Default Location/MEPRS* allows you to indicate a default response to the LOCATION and MEPRS prompts when you access the Order Entry option for outpatients.
- *Radiology Report Browse* allows you to review selected patient's radiology reports.
- Allergy Enter/Edit allows you to update the allergies of your patients.
- Review Orders allows you to see the orders on the patients with characteristics you specify.
- *Clinical Result Retrieval* allows easier retrieval and printing of patient results.
- *Patient Text* allows you to create and maintain text for your patient(s). Using other functions, you can do a variety of actions including sending text through *MailMan* to others.
- *Desktop Macros* allow the entry of orders in "strings" thus enabling you to bypass some of the prompts/screens.
- There is extensive *Online Help* throughout the *Desktop*.
- You can specify line spacing and headers when printing from the Browser and using the PRINT action. Try it on the Help text.
- You can elect to use an action bar instead of the command line.
- You can access *Review New Results (RNR)* and *Telephone Consults (TEL)* through your *Desktop*.

STATUS BAR

When you enter your *Desktop*, a status bar displays at the bottom of the screen notifying you of "new mail," "orders to sign..... "telephone consults" and "new or priority results" depending on notifications you've received. The status bar looks like this:

```
-----  
You have: Mail      TelCon      TelCon  >2d      Orders to Sign  
Priority Results  
-----
```

The status bar displays when you access your Desktop menu, quit and return to your Desktop menu or when you return from a locked terminal. (If you have no new mail, for example, this does not display at this time.)

The status bar also updates while you are working or if you use the Desktop action UPDATE. For example, if you are entering orders and a new telephone consult is received, your status bar looks like this:

```
-----  
You have: Mail      [TelCon]      Priority Results  
-----  
OE-00944
```

This indicates that you still have new mail, but none was received while you were logged on; a new telephone consult was received since the last time the status bar displayed; and the same priority results, but no new ones. New updates display in reverse video.

UOP (USER ORDER ENTRY PREFERENCES)

At the DESK ACTION prompt, enter UOP. The following screen displays:

```
CLINICAL USER: JONES, DAVID      ORDER ENTRY PREFERENCES  
  
PATIENT CARE PLAN DISPLAY: EXPANDED  
RECENT ORDER ENTRY LIST DURATION: 7  
DEFAULT LOCATION: GYN CLINIC  
DEFAULT MEPRS CODE: AAAA:
```

OE-00945

- **PATIENT CARE PLAN DISPLAY:** You can determine how the POL is initially displayed on your screen; you can also change from one display to the other at any time while in the POL.

COMPRESSED

Shows one line of display text per order

EXPANDED

Shows all order text

Note: See Order Actions

- **RECENT ORDER ENTRY LIST DURATION:** Enter a number from 0 to 31 to indicate the number of days you want a patient to be kept in a list AFTER the last time you accessed the POL. The record will automatically be purged from your list if you haven't accessed the record in that number of days.
- **DEFAULT LOCATION:** Enter a default REQUESTING LOCATION to display as the default whenever you access the order entry option from the Desktop (for outpatients).
- **DEFAULT MEPRS CODE:** Enter a default MEPRS code to display whenever you access the order entry option from the Desktop (for outpatients).

CLINICAL DESKTOP UDP (User Desktop Preferences)

The system prevents the user from populating the Default MEPRS code field with any "E"-level MEPRS code, if the Default Location (previously entered) is a "File Area."

```
CLINICAL USER: JONES,DAVID          DESKTOP PREFERENCES

RESTORE DESKTOP:    SELF
WAIT TIME: 3
  DESKTOP ACCESS: PRIVATE
  INITIAL DISPIAY: ALL
  CONTROL MODE: ACTION BAR
  LIST SAVE: ASK
  PURGE DESKTOP: ASK - "NO" (DEFAULT)
QM= VIEW TEXT: LEAVE EXISTING VIEW TEXT ALONE
DEFAULT VIEW TEXT BASKET: VIEW TEXT
DESKTOP AUTOMATIC LOCK: YES TERM
LOCK MESSAGE: DR. JONES IS AT A MEETING - BACK AT 0900
```

OE-00946

- RESTORE DESKTOP
 - SELF Your last *Desktop* is restored each time you select *Desktop*.
 - OTHER You can restore someone else's *Desktop* if you have access.
 - NO *No Desktop* is restored, and you are asked to select patients each time the *Desktop* is entered. This is the default if you do not enter a preference here.
- WAIT TIME: Allows you to interrupt the *Desktop* restore, even if set to restore, purging it, so you can enter it empty.
 - NULL or 0 You will not be able to stop the Desktop from restoring its patients.
 - 1 The system waits the normal time-out period for your response.
 - 1-60 The system will wait this number of seconds before continuing.

Note: If you press a caret ^ during the wait time, your Desktop is empty. Press <CR> to continue during the wait time.

CLINICAL DESKTOP UDP (User Desktop Preferences)

- **DESKTOP ACCESS:**
 - PRIVATE Allows only YOU to use your Desktop.
 - PUBLIC Allows other users to access your Desktop list of patients.
- **INITIAL DISPLAY:** Allows you to determine how the patients display when you enter the Desktop.
 - ALL or Null Displays patients in alphabetical order by last name.
 - WARD Displays patients sorted by room/bed, grouped by ward.
 - IN-PT Displays inpatients only alphabetically by name.
 - OUT-PT Displays outpatients only alphabetically by name.
- **CONTROL MODE:**
 - 0 or Null Allows you to select actions by typing a command, then pressing <CR>.
 - 1 Allows you to select actions from an action bar display. Enter the highlighted character or move the cursor to the action and enter <CR>.
- **LIST SAVE:**
 - MERGE Automatically combines new patients with the patients already in your list files.
 - REPLACE Deletes patients already in the file when new patients are stored in the file.
 - ASK or NULL Prompts you if the new patients should be merged with the old ones or replaced.
- **PURGE DESKTOP:**
 - 0 ASK- "NO" (DEFAULT) Prompts you to confirm the purge with a default of NO.
 - 1 ASK- "YES" (DEFAULT) Prompts you to confirm the purge with a default of YES.
 - 1 IMMEDIATE Does not prompt you for confirmation when you purge.
- **QUEUED VIEW TEST:** At the DEVICE prompt, enter DESK or DESKVIEW to send a report to your Desktop. The number of reports you can store as VIEW TEST is limited. (This is controlled by your site manager). You can set up your Desktop to have a new report replace a previously stored report when you have exceeded your limit. You may choose one of the following actions for your Desktop:

CLINICAL DESKTOP UDP (User Desktop Preferences)

- LEAVE EXISTING VIEW TEXT ALONE (enter 0) – Does not send the report to your Desktop if you have exceeded your limit of reports.
- OVERWRITE EXISTING VIEW TEXT (enter 1) – Automatically overwrites the “oldest” text when you exceed your limit of reports.
- DEFAULT VIEW TEXT BASKET: Allows you to choose which MailMan basket to send the View Text messages to. The default is to your IN basket. To keep your IN basket from becoming cluttered, create a VIEW TEXT basket and make it your default view basket.
- DESKTOP AUTOMATIC LOCK:
 - NO-LOG OFF Logs off after a time-out.
 - YES-LOCK TERM** When your terminal times out, it is locked and a message may be displayed. You are still logged on. To lock your terminal intentionally, type **ZZ**. Enter a message up to 55 characters

Your screen will look like this:

```
-----  
DR. JONES IS AT A MEETING - BACK AT 0900  
-----  
(Will automatically halt after [specified date/time].)  
[Enter personal Verify Code to Unlock or "^^" to Halt]
```

OE-00947

**Note: The bolded choice under the last bullet indicates the choice you may wish to make initially until you become familiar with the Desktop. Use ? for HELP at any of the prompts.*

Desktop Actions

DESKTOP ACTIONS

Summary

	Action	Description	Explanation
Edit	`	SELECT ALL	Selects all patients on list
	` `	UNSELECT ALL	Clears selections made
	+	ADDEND	Adds to patient list
	++	UPDATE	Updates patient identifiers without leaving <i>Desktop</i>
	-	DELETE	Removes from patient list
	--	PURGE	Deletes all patients in present list
	/	PRINT	Prints present list
	//	PRINT ALL	Prints all in present list
	B	BROWSE.	Browses present list
SS	SAVE ON SCRATCH	Saves selected patients to scratch	
Display	DALL	DISPLAY ALL	Displays all in current list
	DWL	DISPLAY BY WARD/LOCATION	Sorts patient display by ward location
	DIP	DISPLAY INPATIENT	Displays only inpatients
	DOP	DISPLAY OUTPATIENT	Displays only outpatients
	DCID	DISPLAY BY CURRENT ID	Displays items sorted by current identifier in order
	DS	DISPLAY SCRATCH	Displays scratch list
	D1	DISPLAY BY IDENTIFIER 1	Display by identifier 1
	D2	DISPLAY BY IDENTIFIER 2	Display by identifier 2
	D3	DISPLAY BY IDENTIFIER 3	Display by identifier 3
	D4	DISPLAY BY IDENTIFIER 4	Display by identifier 4
D5	DISPLAY BY IDENTIFIER 5	Display by identifier 5	
MISC	#	CALCULATOR	Access Calculator in lower window
	##	CALCULATOR-FULL SCREEN	Access calculator using entire display
	ALRGE	ALLERGY ENTER/EDIT	Enter/update patient allergy
	APPR/	APPOINTMENT ROSTER PRINT	Print appointment roster for selected providers
	H	HELP BROWSE	Displays selected help text
	I	INFO	Info on present session
	ZZ	TERMINAL LOCK	Locks terminal
	ZZ-	TERMINAL LOCK FORCE EXIT	Flags locked terminals for early halt
	.	ENTER PRIMARY MENU	Enter your primary menu from <i>Desktop</i>
	MM	MANAGE MAILMAN	Allows entry to mailman
	UDK	USER DEFINABLE KEY MENU	Enters user definable key menu
Q	QUIT	Exits Desktop session	
Desktop Customizing	UDP	USER DESKTOP PREFERENCES	Customizing <i>Desktop</i> features
	UOP	USER ORDER ENTRY PREFERENCES.	Custom order entry features
	PID	PATIENT IDENTIFIERS	Customizes patient identifier
	.	ACTION BAR COMMANDS	Activates action bar
View Text	VTB	VIEW TEXT BROWSE	Displays contents of view texts
	VTE	VIEW TEXT EDIT	Edit using screenman editor
	VTW	VIEW TEXT WORD PROCESSOR	Edit using word processor if available
	VT-	VIEW TEXT DELETE	Deletes selected view text
	VT--	VIEW TEXT PURGE	Deletes all view texts
	VT/	VIEW TEXT PRINT	Prints selected view text
	VT//	VIEW TEXT PRINT ALL	Prints all view texts
	VTM	VIEW TEXT MAIL	Sends a view text to mail message
BUVT	BROWSE USER'S VIEW TEXT	Browse another user's view text entry	
Patient List	PLE	PATIENT LIST EDIT	Edits a patient list
	PL+	PATIENT LIST ADD/SAVE	Creates a patient list
	PL-	PATIENT LIST DELETE	Deletes a selected patient list
	PL--	PATIENT LIST PURGE	Deletes all patient lists
	PL/	PATIENT LIST PRINT	Prints a selected patient list

DESKTOP ACTIONS Summary

Action	Description	Explanation
PL//	PATIENT LIST ALL	Prints all patient lists
PLP	PATIENT LIST PRINT BY PATIENT	Prints patient lists by patient sort
PLTE	PATIENT LIST TO TEXT EDIT	Edits patient text files in patient list
PLT/	PATIENT LIST TO PRINT	Prints patient text files in patient list
Patient Text		
PTB	PATIENT TEXT BROWSE	To browse a patient text topic entry
PTSE	PATIENT TEXT SELECTED EDIT	Edits selected patient text files
PTS/	PATIENT TEXT SELECTED PRINT	Prints all in present list
PTW	PATIENT TEXT WORD PROCESSOR	Use word processor to edit text field (may not be available at every site)
PT-	PATIENT TEXT DELETE	Delete patient text topics
PT--	PATIENT TEXT PURGE	Purge all patient text subfile patients and topics
PT/	PATIENT TEXT PRINT	Print all topics for a given patient
PT//	PATIENT TEXT PRINT ALL	Print all topics for all patients
PTS	PATIENT TEXT SELECTED.	Edit for selected patients
PTM	PATIENT TEXT MAIL	Send patient text topic to yourself on mail
BUPT	BROWSE USER'S PATIENT TEXT	Browse another's patient text entry
Macro		
MCE	MACRO COMMAND EDIT	Edit or create new macro command entries
MC-	MACRO COMMAND DELETE	Delete macro commands from file
MCC--	MACRO COMMAND PURGE	Purge all macro commands at once
MC/	MACRO COMMAND PRINT	Print macro command entry
MC//	MACRO COMMAND PRINT ALL	Print all macro command entries
Order Entry & Review		
OREN	ORDER ENTRY	Enter orders of selected patient
ORMO/	ORDER MODIFICATION PRINT.	Print report of order modifications on selected patients
ORVAC	ORDER REVIEW-ACTIVE.	Browse active orders on selected patients
ORVHS	ORDER REVIEW-HISTORICAL	Browse history of orders on selected patients
OSEN	ORDER SET ENTER/EDIT	Enter/edit order set
OSET/	ORDER SET PRINT	Print order set
OSETB	ORDER SET BROWSE	Browse selected order sets
Nursing		
NSEDR	NURSING-ENTER DUE LIST	Enters due list result nursing menu
NSDUE	NURSING-GENERATE DUE LIST	Enters generate due list nursing menu
Med		
MEDLA	MEDICATION LIST-ACTIVE	Browse list of active med orders on selected patients
Inquiries		
MEDHS	MEDICATION LIST-HISTORICAL.	Browse history of med orders on selected patients
MEDP/	MEDICATION PROFILE PRINT	Print medication profiles by patient
MEDRX	MEDICATION RX PROFILE INQUIRY	Print prescription profiles by patient
Clinical Results Review		
RCR	REVIEW CLINICAL RESULTS	Print review of clinical results for selected patients in Desktop
RCRVSF	REVIEW VITAL SIGNS-FLOWSHEETS	Print flowsheet of VS for patients on selected ward
RCRW	REVIEW CLINICAL RESULTS-WARD	Print review of clinical results for selected patients on selected ward
RCRWVS F	REVIEW VITAL SIGNS-WARD FLOWSHEET	Print flowsheet of VS for patients on selected ward
RADRB	RADIOLOGY RESULT BROWSE	Review radiology results by patient
LABPEC	LAB CUMULATIVE-PATIENT EPISODE/ENCOUNTER	Review lab results for specific patients within Episode/encounter
RNR	REVIEW NEW RESULTS	Another way to review and process results
TEL	TELEPHONE CONSULT	Enter, edit, print, review results, assign surrogate for selected patients

The full list of actions is available when you have patients in your Desktop.

DWL (Display Ward Location) patients are sorted by Room-Bed within each ward group.

DESKTOP ACTIONS

Creating Patients Lists

ADDING PATIENTS TO DESKTOP

After entering your *Desktop*, you need to add patients to work with. The **ADDEND (+)** action allows you to add patients. Your *Desktop* looks like this:

```
JONES,DAVID      PATIENTS-ALL      27 Aug 1992
-----
DESK ACTION: +
> Select PATIENT SOURCE:  ??

A '?' before the name will give additional information about the option.

Your choices are:

APU              Patients scheduled for an APU
APUM             Patients scheduled for my APU
APUMT           Patients scheduled for my APU today
APUP            Patients scheduled for an APU by provider
CLIM            Patients scheduled for my clinic
CLIMT           Patients scheduled for my clinic today
CLIN            Patients scheduled for a clinic
CLIP            Patients scheduled for a clinic by provider
DESK            Patients from another Desktop
EMER            Patients currently in an emergency room
FILE            Patients in the main file
LIST            Patients from your custom lists
MINE            In-patients for whom you are listed as the provider
OREN            Patients whom you chose for order entry
ORIVH           Patients with active IV hyperal orders
ORSN            Patients with orders requiring your signature
PROV            in-patients who have a specific provider listed
PTXT            Patients from your patient text subfile
PUBL            Patients from public lists
RADR            Patients needing radiology reports
WARD            Patients on a specific ward
```

OE00999

You can add patients as appropriate from these sources. For example, when you first enter the *Desktop*, you will not have patient text files or custom lists set up. To select patients from the main CHCS file, enter **FILE**:

- > Select PATIENT SOURCE: FILE PATIENTS IN THE MAIN FILE
- >> Select PATIENT: Enter a patient name(s) using any of the ways in CHCS to identify a patient.
(See CHCS User Conventions)

The patients are now displayed on your *Desktop* for you to work with.

After you select a PATIENT SOURCE, you are prompted appropriately for any needed information. An example would be **DESK** (Patients from another *Desktop*). You are prompted for the name of another user. (To keep these patients on your *Desktop* for the next time you log on, see the section on UDP).

USING MACRO TO ADD PATIENTS TO DESKTOP

You can avoid being prompted for patient source etc. by hooking your **ADDEND** responses together with a macro, like this:

ACTION: +;WARD;7B

You are asked to select specific patients from 7B or you can elect to add them all to your *Desktop*.

SAVING PATIENTS FROM DESKTOP TO PATIENT LISTS

One of the key benefits of the *Desktop* is the ability to make patient lists. Use the action **PL+**. You are placed in the browse mode so that you can select patients. Enter a name for the patient list.

Select Patient List: **DIABETES LATE ONSET**

You can place all your inpatients to a list, print, and update your list easily.

Note: All patient selection functions have been modified to present patients alphabetically when appropriate.

DESKTOP ACTIONS

Working with Patient Lists

You may also create a new list or edit an existing list by entering **PLE** at the action prompt. Enter the name of a list, then the patient's name. If desired, enter a description of the list as a reminder to yourself or others who would be using your list. You will continue to be prompted for patient names until you enter a <CR> as shown at the right.

```
Select Patient List: LAB RESULTS
-----
Patient List: LAB RESULTS
      Access: PRIVATE
Description: LAB RESULTS FOR
              PATIENTS ON 7B
Select PATIENT: ADAMS, MARY
Select PATIENT: AGNES, MARTHA
```

(Note: you can enter a ward name to get a picklist of patients).

OE-00949

Use ?? at the PATIENT LIST prompt to get a listing of your current patient lists. You may enter a new one as well.

DISPLAYING PATIENT LISTS

Use any of the following actions to display patient lists either individually or in groups:

DALL	Displays all lists
DWL	Displays lists by ward/location
DIP	Displays inpatients
DOP	Displays outpatients
DS	Displays the scratch patient list
DCID	Displays by current identifier

PRINTING PATIENT LISTS

Use the following actions to print your patient lists:

PL/	print a specified patient list
PL//	print all patient lists
PLP/	print patient lists by patient sort
PLT/	print patient text files for a patient list

```
#      Patient          Age/Sex  F'MP/SSN          Room-Bed
-----
DESK ACTION:PL/          PATIENT LIST PRINT
Select PATIENT LIST:    PENDING RAD
DEVICE:                  RIGHT MARGIN: 80//
```

OE-00950

DELETING PATIENT LISTS

You can delete your patient lists by entering **PL-** at the action prompt. You are offered your lists one at a time:

```
DESK ACTION:          PL-
Patient List:         PENDING RAD
Created Monday, 15 Jan, 1992 14:30 (Private) 2 patients
Delete this subfile? No// Yes
```

PURGING ALL PATIENT LISTS

Enter **PL--** at the Desk Action prompt to delete ALL of your patient lists at once.

```
DESK ACTION: PL--
```

DESKTOP ACTIONS PID (Patient Identifiers)

ROOM-BED

Patient identifiers are a way to organize your patient lists and display specific information that you want. The patient identifier may be either ROOM-BED, USER-DEFINED or by BIRTH DATE, or by CLINIC APPOINTMENT.

```

CLINICAL USER: JONES, DAVID                                PATIENT IDENTIFIERS
PATIENT IDENTIFIERS: ROOM-BED
CLINIC:
  CLINIC PROVIDER:
  FROM CLINIC DATE:                                TO CLINIC DATE:
##      PATIENT IDENTIFIER                            SYMBOL
--      -----
1 :
2 :
3 :
4 :
5 :

OUTPATIENT ORDER EXPIRE WINDOW:
  INPATIENT ORDER EXPIRE WINDOW:
  
```

OE-00951

You may want to have the ROOM-BED display on your lists as shown below. Enter **ROOM-BED** at the PATIENT IDENTIFIER prompt, enter <CR>, then <FIO> to exit the screen.

This information then shows on ALL your patient lists sorted numerically by room and bed unless you have specified differently in the INITIAL DISPLAY field of the USER DESKTOP PREFERENCES action. The * to the left of the patient name denotes that the patient is an inpatient.

```

JONES, DAVID                                PATIENTS - IN                                15 JAN 1992
-----
#      Patient                                Age/Sex                                FMP/SSN                                Room-Bed
-----
1*    AGNES, MARTHA                            19y  F                                06/005-24-9999                            102-4
2*    DAVIS, ALICE                              33y  F                                30/548-02-7585                            306-2

Desk Action:
  
```

OE-00952

DESKTOP ACTIONS PID (Patient Identifiers)

BIRTH DATE

You can decide to use the BIRTH DATE as an identifier by entering **BIRTH DATE** at the PATIENT IDENTIFIER prompt.

JONES, DAVID		PATIENTS - IN		15 JAN 1992	
#	Patient	Age/Sex	FMP/SSN	Birth Date	
1*	AGNES, MARTHA	19y F	06/005-24-9999	02 Dec 1971	
2*	DAVIS, ALICE	33y F	30/548-02-7585	12 Feb 1957	

Desk Action:

OE-00953

CLINIC APPOINTMENT

If you use CLINIC APPOINTMENT, the display will show the earliest appointment date/time that's within the parameters you select for CLINIC, CLINIC PROVIDER and DATE RANGE.

JONES, DAVID		PATIENTS - IN		15 JAN 1992	
#	Patient	Age/Sex	FMP/SSN	Appt.	Time
1*	AGNES, MARTHA	19y F	06/005-24-9999	18Jan1992@	0755
2*	DAVIS, ALICE	33y F	30/548-02-7585	21Jan1992@	1315

Desk Action:

OE-00954

If no CLINIC or PROVIDER is chosen, then any appointment the patient has with any provider displays.

DESKTOP ACTIONS PID (Patient Identifiers)

USER-DEFINED

User-defined preferences allows you to define what YOU want to see on your patient lists and what symbols you would like to use. Enter **PID** at the DESK ACTION prompt then **U** for User Defined Identifiers. Notice that you are at the same screen as shown above only now you fill in the numbers 1, 2, 3, 4, and 5.

The ORDER EXPIRE WINDOW prompts can be used to specify when YOU want to see orders that are expiring for your patients. You can set up different parameters for inpatients and outpatients that are flagged by the OREO identifier. Enter a number between 0 and 365. If, for example, you select 2 for inpatients, then all inpatients whose orders expire within 2 days are flagged. You will probably want a longer time range for outpatients. The following screen shows patient identifier symbols that have been defined by the user.

```

CLINICAL USER: JONES, DAVID

PATIENT IDENTIFIERS: USER DEFINED
CLINIC:
  CLINIC PROVIDER:
  FROM CLINIC DATE:                TO CLINIC DATE:

##      PATIENT IDENTIFIER                SYMBOL
--      -----
1       : ORPO   active pharmacy orders    D
2       : OREO   expiring orders           X
3       : ORNIO  active NIO orders         n
4       : ORNRS  active NRS orders         N
5       : ORAO   active orders:           A

INPATIENT ORDER EXPIRE WINDOW : 5
OUTPATIENT ORDER EXPIRE WINDOW: 60
  
```

OE-00955

The user has defined that patients with "active pharmacy orders" or ORPO, is flagged with the **D** symbol, patients with "expiring orders," or OREO, are flagged with the **X** symbol. As a result, the *Desktop* screen displays with these flags as shown below:

```

JONES, DAVID          PATIENTS - ALL          15 JAN 1992
-----
#   Patient          Age/Sex    FMP/SSN          PhEoNiNrAo
-----
1*  AGNES, MARTHA    19y F      06/005-24-9999  | D | n | N | A |
2*  DAVIS, ALICE     33y F      30/548-02-7585  | X | N | A |

Desk Action:
  
```

OE-00956

The above screen shows that AGNES, MARTHA has active orders, including pharmacy and nursing orders and that DAVIS, ALICE has expiring orders and active orders, including the nursing orders that had been specified by the user.

Note: If you modify any Desktop preferences, you must update for the Desktop to display this information.

DESKTOP ACTIONS PID (Patient Identifiers)

The following is a list of patient identifiers you can define:

<u>Identifier</u>	<u>Heading</u>	<u>Description</u>
MINE	Mi	Inpatients for whom you are the provider
ORADT	Ad	Patients with active ADT orders
ORANC	AN	Patients with active ancillary orders
ORAO	Ao	Patients with active orders
ORCLN	Ca	Patients with active clinical- appointment orders
ORCON	Co	Patients with active consult orders
PRDTS	Dt	Patients with active dietetics orders
OREO	Eo	Patients with expiring orders
ORIV	Iv	Patients with active intravenous orders
ORIVD	Dp	Patients with active IV drip orders
ORIVF	F1	Patients with active IV fluid orders
ORIVH	Hv	Patients with active IV hyperal orders
ORIVP	Pb	Patients with active IV push/piggyback orders
ORLAB	Lb	Patients with active lab orders
ORNIO	Ni	Patients with active nurse initiated orders
ORNRS	Nr	Patients with active nursing orders
ORPO	Ph	Patients with active pharmacy orders
ORPRE	Pr	Patients with active pre-admission orders
ORRAD	Ra	Patients with active radiology orders
ORRX	Rx	Patients with active prescriptions
ORSN	Sn	Patients with orders requiring your signature
ORUM	Ud	Patients with active unit dose medication orders
PTXT	Pt	Patients from your patient text subfile
RADR	Rr	Patients needing radiology reports

INFO

Now that you have set up your *Desktop*, use the INFO action to get your bearings.

```

DESK ACTION:  INFO

Current Date/time:  Sat, 02 Mar 1992 18:57:07
Desktop Activated:  Sat, 02 Mar 1992 18:41:35
Desktop Items:     11 Patients ("*" = inpatient, "." = outpatient)
New Mail Messages: 10
Orders to be signed: 5

#  -Patient Identifier-          -Header-          -Symbol-
1  PATIENTS WITH ACTIVE PHARMACY ORDERS      Ph              D
2  PATIENTS WITH EXPIRING ORDERS             Eo              x
3  PATIENTS WITH ACTIVE NIO ORDERS           Ni              n
4  PATIENTS WITH ACTIVE NRS ORDERS           Nr              N
5  PATIENTS WITH ACTIVE ORDERS               Ao              A

```

OE-00957

DESKTOP ACTIONS

View Text

View text actions allow you to create, edit, and delete word processing files. You can send view text to other users through a mail message or define it as "private" so that only you may view it.

- CREATING VIEW TEXT FILES:** Enter VTE at the DESK ACTION prompt. Enter a name for your View Text. The ACCESS field is used to determine who can have access to the View Text. AU, user-created text, is set up as "PRIVATE." All system created text (reports) are set up with "SYSTEM ACCESS." If the site has limited the number of reports that a user can send to the *Desktop*, then the text marked as SYSTEM is counted and possibly overwritten. If View Text is marked "PUBLIC," then others may read the text.

#		Patient	Age/Sex	FMP/SSN	PhEoNiNrAo
1*	AGNES, MARTHA	19y F	06/005-24-9999	D	n N A
2*	DAVIS, ALICE	33y F	30/548-02-7585	X	A

Desk Action: **VTM** VIEW TEXT MAIL
 Select VIEW TEXT NAME: **RAD REPORTS**
 Mail Basket: IN// **VIEW TEXT**

OE-00960

- SENDING REPORTS TO VIEW TEXT:** You can send reports to your View Text by entering **DESK** at any DEVICE prompt.
 At the device prompt enter DESK or CH as shown below. Enter a name for your View Text, such as RAD REPORTS.
 DEVICE: **CHDESK**
 VIEW TEXT NAME: DESKVIEW// **RAD REPORTS**
- PRINTING VIEW TEXT:** You can print a printed copy of your View Text by entering **VT/** or **VT//** at the DESK ACTION prompt.

VT/	VIEW TEXT PRINT	Prints individual View Text
VT//	VIEW TEXT PRINTALL	Prints ALL of your View Text

DESKTOP ACTIONS View Text

- **SENDING VIEW TEXT TO MAIL MESSAGE:** You can send a View Text to a mail message which you can then send to others by entering **VTM** at the DESK ACTION prompt. (If you have set up a default basket using the *Desktop User Preferences*, your View Text will go there and not to your IN basket.)

JONES, DAVID PATIENTS - ALL 15 JAN 1992

#	Patient	Age/Sex	FMP/SSN	PhEoNiNrAo								
1*	AGNES, MARTHA	19y F	06/005-24-9999	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">n</td> <td style="border: 1px solid black; padding: 2px;">N</td> <td style="border: 1px solid black; padding: 2px;">A</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">X</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">A</td> </tr> </table>	D	n	N	A	X			A
D	n	N	A									
X			A									
2*	DAVIS, ALICE	33y F	30/548-02-7585									

Desk Action: **VTM** VIEW TEXT MAIL
Select VIEW TEXT NAME: **RAD REPORTS**
Mail Basket: IN// **VIEW TEXT**

OE-00960

- **DELETING VIEW TEXT:** You can delete specific View Text by entering **VT-** at the Desk Action prompt and entering the name of the View Text. To delete them ALL, enter **VT--**.
- **BROWSING ANOTHER USER'S VIEW TEXT:** You can browse someone else's View Text by using the **BUVT** action (if the entry is public). You are prompted for another user's name, then a view text entry.

DESKTOP ACTIONS

Browser Keys

The *Desktop* Browser is a powerful tool that you can use to view, copy, or print CHCS information such as patient text, view text, order sets, and others. With the use of the function keys, you can cut and paste within one text or to another text, taking partial or all text. You can even search on key words or phrases that provides you with the flexibility to customize text.

Operational keys in the Browser mode:

<u>Operation</u>	<u>Key</u>	<u>Description</u>
Go To Bottom	<F7>	Go to last line
Go To Top	<F8>	Go to first line
Next Page	<Next Screen>	Display next page of text
Previous Page	<Prev Screen>	Display previous page of text
Next 1/2 Page	right-arrow key	Display next area of text with top half being same as bottom half before key pressed
Previous 1/2 Page	left-arrow key	Display previous area of text
Mark An Entry	<Select>	Mark/unmark the line cursor is on
Mark All On Screen	<F11>	Mark all lines visible on screen
Previous Entry	up-arrow key	Move cursor to previous line
Following Entry	down-arrow key	Move cursor to next line
Select Line And Advance	! or 1	Mark/unmark line cursor is on and move to next line
Unselect All On Screen	@ or 2	Unselect all lines visible on screen
Jump To Selected Line	## or 33	Jump to the next previously selected line
Copy Selected Text	% or 5	Copy previously selected lines into view Text to create an entry or replace/addend an existing one
Copy All Text	%% or 55	Copy all text lines into View text to create a new entry or replace existing text
Print Selected Text	/	Print previously selected text lines – may be queued.
Print All Text	//	Print all text – may be queued
Jump To Line #	# or 3	Jump to specified line number
Select Search String	\$ or 4	Specify/change search string and text is searched from current cursor position forward (case insensitive)
Continue Search	\$\$ or 44	Do forward search or ask for one if none has been defined (case insensitive)
Last Browser Action	spacebar	Repeat last action chosen
Status Line On	(dot)	Turn status line on/off
Exit Browser	<F10> (Abort)	Exit option immediately
Exit With Confirmation	^ or <CR>	Exit browser with confirmation

DESKTOP ACTIONS Using the Browser

Examples of *Desktop* applications which use the Browser include ORVAC, ORVSH, RADRB, LAB, and others that report CHCS information. (Note: in these applications, you cannot edit reports). Here's how to review x-rays and labs on your multiple selected patients:

#	Patient	Age/Sex	FMP/SSN	Room-Bed
*1#	AGNES, MARTGA	19Y F	06/005-24-9999	201-4
*2#	DAVIS, ALICE	33y F	30/548-02-7585	306-2
3#	BUSH, MICHAEL	23y M	20/328-01-2834	

Desk Action: **RADR**

OE00997

The desk action is **RADR**. With <Select >, the first two patients in the *Desktop* have been selected. Press <CR> to begin the cycle.

#	Patient	Age/Sex	RESULT FM/SS	BROWSE Room-Bed
1	AGNES, MARTHA	19y F	06/005-24-9999	201-4

Continue with this selection? YES//

OE00998

Accept the default of yes with a <CR> to access the Radiology results screen. You can view the radiology results you select for this patient. At the end of this report, the following displays:

Exit Browser? No//

Enter **Y (es)** and <CR> to go to the next selected patient. When the cycle of selected patients is finished, you are returned to the ACTION prompt. Your patients are still selected. Enter **LABPEC** to cycle through the lab results of these patients. (You may get out of the cycle by entering ^ to take you back to the ACTION prompt.) If desired, you can enter orders on these patients without leaving the *Desktop*.

Note: Time savers to use in the Desktop are the actions SELECT ALL ("") which will mark ALL patients in your Desktop even if there are multiple screens, and the UNSELECT ALL (""), which unmarks all patients.

DESKTOP ACTIONS

Patient Text

Patient Text is a feature that allows you to make and keep personal notes about your patients. With the use of the browser function, you can cut and paste from one record to another, and even forward text by way of *CHCS MailMan*. Your patient text can be private (available to you alone) or public (which allows you to share text with your colleagues).

A quick way to enter patient text is to enter **B (ROWSE)** at the desk action prompt, move the cursor to the name of the patient(s) you wish to enter text on, and press <F9>. The following screen displays:

```
PATIENT TEXT:  DAVIS,ALICE      SINGLE PATIENT TEXT--CONTINUATION

PATIENT:  DAVIS,ALICE <CR>      ENTERED:  12 July 1992@1644
Select TOPIC:  (You must put a topic here.  A <CR> will take you back to your
                main Desktop.  If you already have topics on this patient, they
                will display here.  You may choose an existing topic or add a new
                topic up to 30 characters in length.  You can then use this for
                sorting topics for printing reports.)
```

OE-00963

You are then prompted with the following screen:

```
TOPIC:  Notes on Mrs. Davis      PATIENT TEXT--CONT
< DAVIS,ALICE      33y  F  06/005-24-9999 >
TOPIC:  Notes on Mrs. Davis <CR>  CREATED: 07 July 1992@2130
        (You may select another topic here)
ACCESS:  PUBLIC
```

OE-00964

You may now add any notes you wish on this patient using the word processing capabilities. You may press <Help> at any time for help. When you are done, you are prompted for a new topic for this patient. Press <CR> to return to the main *Desktop*.

PULLING CLINICAL RESULTS INTO PATIENT TEXT

You may pull information pertaining to patients such as lab or radiology results from a view text file into a specific patient file. This allows you to keep ongoing information about a patient for you alone or for others to view as well. Enter patient text using the browse mode as described above (See Creating View Text Files).

```
TOPIC:  Notes on Mrs. Davis      PATIENT TEXT--CONT
< DAVIS,ALICE      33y  F  06/005-24-9999 >
TOPIC:  Notes on Mrs. Davis <CR>  CREATED: 07 July 1992@2130
ACCESS:  PUBLIC
-----
(Cursor.  There will be NO prompt--Just press F9 key here)

VIEW (Enter name of subfile here.  There will be NO prompt here either,
      however pressing the HELP key will provide complete instructions.)
Select USER SUBFILE: VIEW TEXT// <CR>
Select VIEW TEXT NAME:  RAD REPORTS
Select Line(s):
?? here will show you the lines available in this view text or you may enter ALL.
```

OE-00965

The information is then inserted under this individual patient.

PATIENT TEXT ACTIONS

The following actions may be used for manipulating patient text:

PTE	Edit existing entries or add new patients and topics. To allow others to browse entries but not edit, you must make the ACCESS field PUBLIC. If nothing is entered, the default is PRIVATE.
PTSE	Edit text on multiple patients that you select. The system will pause after each patient and allow you to continue to the next, skip the next patient, back up to previous patient, or quit this action.
PTSE	Print the patient text files for selected patients.
PTB*	Browse a patient text entry by entering a patient's name and a topic. (To get an existing list of topics, date created, and access privileges, enter ? at the TOPIC prompt.
PT/	Print all topics for a single patient either alphabetically by topic name or chronologically by creation date. These may be displayed on your screen or printed to a device.
PT//	Print all topics for all patients having text, either alphabetically by patient name or chronologically by creation date.
PT	Delete patient text topics one at a time. Each patient displays sequentially and you are prompted to delete entries. The default is NO (to prevent accidental deletion). Enter Y (ES) and <CR> to complete the action.
PT, ,	Delete all patients with text and their topics at once. As with PT-, you are prompted, but only once here. Change the NO default to Y (es) and <CR> to complete the action.
PTM*	Send patient text to a selected mail basket. After selecting a patient and a topic, you are prompted for a mail basket (default is View Text). You can accept the default or create a new basket. Using CHCS MailMan, you can then edit the message and forward to others if desired.
PTW*	Edit the text field of a patient text topic entry. Press <Help> for specific function key help. (This editor may or may not be available at every site).
BUPT*	Browse another's Patient Text entry if it is set up as PUBLIC. You are prompted for the user, a patient name, and a topic.

**When looking up a patient name with these actions, enter more than just one letter. The system searches the main patient file and not just those in your Desktop.*

DESKTOP ACTIONS

Results Retrieval

The following *Desktop* actions allow you to retrieve patient results for multiple patients in your *Desktop*.

RCR

This action allows you to print a review of clinical results for selected *Desktop* patients. Note that, as with many *Desktop* actions, you are placed in browse mode if the action was selected before the patients were. The desk action is **RCR**; then select your patients. In order to use this option, the templates must have been previously created under the RCR menu **OUTSIDE** of *Desktop* and must match the type of template i.e., flowsheet or graph.

The NUMBER OF DAYS prompt will default to the number of days specified in your template as shown by the 7 at right. To override this and enter a specific date range, enter a caret ^. You are prompted for a beginning and ending date.

```

-----REVIEW CLINICAL RESULTS-----
Results format:
  1. Flowsheet
  2. Graph
  Choose 1-2: 1//
List only the templates you created? YES//

  Select Template:  RAD REPORTS
  Created on:      21 JUN 1992
  PATIENT:        AGNES,MARTHA
  RAD:            CXR
  SEARCH DATES:   14 JUN 1992 - 21 JUN 1992
  (Enter "^" at the Days prompt to select a date range)

Enter a number of Days:  7//
  
```

OE-00966

The patients now display one at a time in the order in which they appeared in Desktop. You are prompted to continue with each patient:

```

-----REVIEW CLINICAL RESULTS FLOWSHEET-----
# Patient                Age/Sex      FMP/SSN      Room-Bed
-----
1* Agnes, Martha         19y  F      06/005-24-999  201-4
Continue with this selection? YES//
  
```

OE-00967

You can continue with this patient by entering a **<CR>**, skip this patient but go on to the next one by entering **N(o)** and **<CR>**. Back up to see a previous patient's results again by entering a **B** and **<CR>**, or quit from the session totally by entering a caret ^.

You may view results on your screen or create a printed copy. You may even queue the report to print at a later time.

RCRW

Use this action to display results to your screen or create a printed copy for all patients on a selected ward. This is similar to the RCR action except that you are prompted for a ward name. (If you do not enter a ward, you are prompted for individual patients). After you set up the parameters, the selected patients display one at a time, in room order that they are on the ward, or if no ward was selected, in the order they exist in the main file.

RCRVSF

You can print a flowsheet of VS for selected *Desktop* patients. The parameters are similar to the other actions. If viewing on the screen, the patients display one at a time, with the capabilities as described on the RCR action to skip patients, quit the option, or back up to the previous patient. You are prompted for duration with a default of 7 days, but you may override or enter a date range.

LAB

You can review the lab cumulative for selected patients in the *Desktop* within an episode or encounter. This action works in the same manner as the radiology option. Each patient is presented in sequential order and you have the same options of continuing with the selection, backing up to the previous patient, or quitting the action. Enter a date range from the latest date to the earliest date or accept the default of T to T-1. Review them on your screen or create a printed copy.

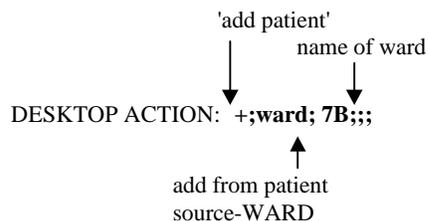
TEL

Use this action to add, edit and print telephone consults. A clerk may enter a phone message for you from a patient and you can follow-up online. Workload counts can be captured. Surrogates may be assigned to receive/review your telephone consults.

RNR

This action displays laboratory and radiology results for the ordering provider as they become available for electronic review. Surrogates may be assigned to review your RNR results.

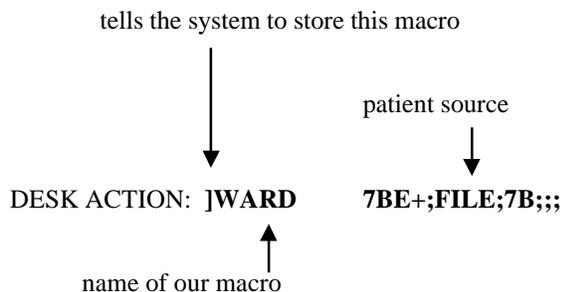
Add patients from a specific ward to your Desktop so that you can review clinical results and enter orders quickly.



You are shown a picklist of patients on that particular ward. Select your patients, then you return to the main Desktop.

STORING YOUR MACROS

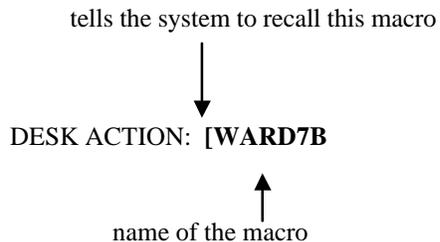
Save frequently-used macros so that you can call them up without having to rekey the specifics.



Note: See Storing Macros for Order Entry.

USING YOUR MACROS

Now, you can call up the macro for adding your new patients from Ward 7B like this:



Note: You may enter the Order Entry Module (OREN) from the Desktop and use Macros for entering new orders.

DESKTOP ACTIONS

Macro Command Actions

WHAT IS THIS?

Most of the time you create and use (or store) macros where you need them, that is, in Order Entry or in *Desktop* at the ACTION Prompt. These Macro Commands allow you to review, edit, print and delete macros when you have the inclination to sit down and work with them as a group. So here's what you have:

MCE	MACRO COMMAND EDIT	Modifies existing macros or create new ones.
MC-	MACRO COMMAND DELETE	Deletes macros one at a time.
MCC--	MACRO COMMAND PURGE	Deletes ALL of your macros.
MC/	MACRO COMMAND PRINT	Prints macros one at a time.
MC//	MACRO COMMAND PRINT ALL	Prints all of your macros.

MCE (MACRO COMMAND EDIT)

```
NAME:  OBSCREEN                               19 Jul 1992@2200
                                           TYPE:  ORDER ENTRY

COMMAND STRING:  ;LAB;CBC;UA;RH;RPR;LYTES;;;

DESCRIPTION:    LAB SCREEN FOR INITIAL PRENATAL VISIT
```

OE-00974

- The NAME field should be something unique or pertinent to that macro to facilitate your calling it up. You may use 1-30 characters, but do not use the brackets here ([]).
- The TYPE is an important parameter. This is used by the system in order to present you with your macros depending on which functionality you are in. I.e. Order Entry vs. *Desktop*. Your choices are:

UNDEFINED	The macro type is unidentified and will give?? when you try to use macros either in the Desktop or in Order Entry.
DESKTOP	The macro will work in the Desktop which means that you can add patients only.
ORDER	The macro is an order type and must be used in Order Entry or OREN in the <i>Desktop</i> .

Remember, this parameter must be answered when you enter macros using **MCE**. If you create macros using the bracket method at the action prompt, the system automatically stuffs either Order Entry or *Desktop* as appropriate.

- The COMMAND STRING is the macro or string of commands that you set up for the system to carry out when evoked. You can enter up to 240 characters.
- The DESCRIPTION displays only on *Desktop* reports.

MC- (MACRO COMMAND DELETE)

You can delete your macros one at a time. You are prompted for each macro that you have and its identifying information. The default is No as in other actions, to prevent accidental deletion. You must change it to **Y (es)** to complete the action. Enter a caret **^** to quit this action.

```
DESK ACTION:  MC-   MACRO COMMAND DELETE

NEW  (ORDER)   ;RAD;KUB;;
Delete this MACRO COMMAND subfile entry?  NO//  Y

FILE  (DESKTOP) ;FILE; 7B;;;
Delete this MACRO COMMAND subfile entry?  NO//  ^
```

OE-00975

MC-- (MACRO COMMAND PURGE)

This action follows the same format as the rest of the *Desktop* purges. You can delete ALL of your macros at once. However, you cannot do it accidentally and the system will not do it without your confirmation, as shown below:

```
DESK ACTION:  MC --   MACRO COMMAND PURGE

Delete/Purge ALL <7> MACRO COMMAND subfile entries?  NO//  Y
```

OE-00976

MC/ (MACRO COMMAND PRINT)

```
-----  MACRO PRINT  -----

Select MACRO COMMAND NAME:      MYWARD  (DESKTOP) ;WARD;7B;;;

DEVICE:  7BPRINTER
```

OE-00977

MC// (MACRO COMMAND PRINT ALL)

----- MACRO PRINT ALL-----

Sort Macro Commands by type (No=sort by Macro name)? Yes//

DEVICE: **MEDICINE**

OE-00978

DESKTOP ACTIONS

Calculator

The *Desktop* has a calculator that performs numeric computation as well as unit conversions. The calculator also has a memory function that allows you to store values for use in later computations. To invoke the calculator, enter **##** at the DESK ACTION prompt to bring up the full screen as shown below, or enter **#** to invoke the calculator, but not display the full screen.

```

DESKTOP                CALCULATOR                20 Jan 1992
-----
[+] Add                [-] Subtract/Negate    [*] Multiply
[/] Divide/Inverse     [Rn] Round to n places [ RRn] Always Round (r)
[:] Memory Functions  [, ] Unit Conversions [E] Erase Screen
[@] Clear Result      [:@] Clear Memories   [@@] Clear All
[IQ] Quit              [?] Help               [??] Extended Help
---INPUT-----
-----RESULT-----

```

OE-00979

Do simple calculations by entering a series of numbers separated by the symbols as listed in the display below.

- 2+1*8** The system operates from left to right, so the result of the equation shown is 24. The calculator keeps a running sum. If you enter **+3** at the prompt, the result displayed is 27.
- @** To RESET the calculator to zero, enter the **@** symbol.
- E** To ERASE the screen but leave the total, enter **E**.
- R2** To ROUND the results to a specified number of places, enter **R** followed by the number of places desired. To round ALL of your calculations to the same number of places, enter **RR** followed by the number of places desired.
- ,** To use the UNIT CONVERSION portion of the calculator, enter a comma (,) at the question mark. The unit conversion chart will display if you are using the full screen calculator (entering **##** invokes the full screen). To display the conversion chart without the full screen, enter a **?** at the ? prompt. You MUST enter data in a "FROM" unit, enter a comma as the delimiter, then a "TO" unit as shown in the following examples.

<u>To convert</u>	<u>Enter</u>	<u>Response</u>
pounds to kilograms	130 LB,KG	= 58.24KG
minutes to seconds	16MIN,SEC	= 960 SEC
milligrams/hr to grams/day	250MG/4H, Gm/Day	= 2.7 GM/DAY

DESKTOP ACTIONS Calculator

CONVERTIBLE UNITS:

WEIGHT: MCG, UG, MG, MGM, G, Md, KG, OZ, OZW, LB, #
VOLUME: MCL, UL, GTT, CC, ML, L, LT, TSP, TBL, TBS, OZ, OZV, PT, QT, GAL
TIME: SEC, MIN, H, HR, D, DY, DAY, WK, MO, MON, YR
LENGTH: MCM, TJM, MM, CM, M, KM, IN, FT, YD, XI
UNITS: MCU, MCRU, U, UNIT, IU, IUNIT, KU, KMIT, MU, MUNIT
EQUIV.: MCEQ, MCREQ, MEQ, EQ

OE-01054

You can do more complex conversions as well. The *Desktop* does calculations for IV drip rates. The steps are:

- Indicate the outcome you want to achieve (3MCG/KG/MM)
- Enter a comma followed by the units you are working with (, ML/HR)
- Enter another comma then indicate a solution concentration (, 400MG/500CC)
- Enter another comma then the body weight (, 130 pounds)

Therefore the entry for the above example is: 3MCG/KG/MIN, ML/HR, 400MG/500CC, 130LB

You can store results you have obtained from the calculator while you are in the present *Desktop* session OR save them to files if you wish to retain values from one session to use in later session.

- 1 + 7** At the ?, enter your equation and press <CR> to perform the calculation.
- :M1** Enter :M1 to invoke that memory slot.
- :** To DISPLAY what is in memory, enter a colon (:)
- @** To ERASE all memory values, enter the @ symbol.

You can perform calculations using the values you have saved to the memory slots. In the screen example below, results have been stored in slots 1, 2, and 3.

M1=	10	M2=	25	M3=	42.5	M4=	0	M5=	0
M6=	0	M7=	0	M8=	0	M9=	0		

Enter the memory slot(s) you want to use at the ? prompt as shown below:

- M1+M2** The system will add the two results stored in memory slots 1 and 2.
- 1+7** To save a value into a file, perform the calculation,
- :F1** then type : F and the file number. (The files are F1 F9 as shown in the help text.)
- |F** Transfer all nine memory locations to files so they are retained when you log off.

DESKTOP ACTIONS

Other Actions

- UPDATE Allows you to update the *Desktop* by restoring the current *Desktop* with any new information that is applicable. If you modify your *Desktop* preferences and want your *Desktop* to display the new information, then you must select this action.
- OSEN Allows you to enter and edit an order set if you are authorized to do so. You do not need to leave the *Desktop*.
- OSET/ Displays or prints selected order sets with the display text.
- D1 - D5 Allows you to display all items which are marked by the symbols. D1 displays those in identifier position 1, D2 displays those in identifier position 2, and so on through position 5. You will only see these actions if you have user identifiers turned on. If there are no items in the categories, the display is to ALL. This will also reset the display so that the first item selected is at the top.
- H (Help) The *Desktop* has all the help text you need to assist you in learning how to use it. Enter **H** at the desk action prompt:

Select HELP TOPIC:

Choose from:

H*ALL	ALL HELP TEXT *HUGE*
HACTS	ALL ACTION HELP *BIG*
HAGEN	ACTION HELP - GENERAL DESKTOP
HASPE	ACTION HELP - SPECIAL APPLICATIONS
HFUNC	ALL FUNCTION HELP *BIG*
HHELP	PATIENT IDENTIFIER HELP
HPIDS	PATIENT IDENTIFIER HELP
HPLST	PATIENT LIST HELP
HPSEL	PATIENT SELECTION HELP
RSITE	SITE HELP
HUPRF	USER PREFERENCE HELP
HUSER	ALL USER HELP *BIG*
HVIEW	VIEW TEXT HELP
HZNEW	NEW/UPDATED FEATURES
HDESK	GENERAL DESKTOP HELP
HPTXT	PATIENT TEXT HELP
HKACR	MACRO COMMAND HELP
HBROW	BROWSER HELP
HGENH	GENERAL TOPICS *BIG*
HZVER	VERSION ENHANCEMENT= HISTORY *BIG*

- OREN Allows you to go directly into an order entry option without leaving the *Desktop*. You can select any number of patients from a selected patient list, then enter orders as you would normally. When you QUIT from the order session, you are taken back to the *Desktop*.
- ORMO/ Allows you to review order modifications according to what you specify, from your *Desktop*. Select which order types and what kind of order activity to print to a device. (This cannot be printed to your screen if more than one patient is chosen.)
- ALRGE Allows you to review or edit allergies for a selected group of patients using this option. *Desktop* scrolls through one patient at a time without further selection.

DESKTOP ACTIONS Other Actions

- MM Enter the regular *CHCS MailMan* option from the *Desktop*.
- RADRB You can view the radiology reports on patients selected from your patient lists.
- APPR/ Print an appointment roster for selected providers.
- ORVAC Browse active orders for selected or all order types. You can have the orders sorted chronologically within order type (like POL currently), alphabetically by procedure name, or by expiration date.
- ORVHS Review each patient's POL historically. You can select one, more, or all order types within a date range. The patients will display in the same order that they were on the Desktop when ORVHS was selected. All orders created or modified within that time period will display. (Modified orders include canceled or expired.)
- MEDLA Browse a list of all active medication orders which includes IVs, Unit Dose Medications, and RXs on patients. You can specify whether orders in an-order type appear chronologically or alphabetically by drug name or by expiration date.
- MEDHS Review medication orders for a patient. This action is the same as ORVHS except that the order types pertain to drug orders: IVs, Unit Dose, and RXs.
- MEDRX Print RX profiles by patient. You are placed in Browse mode if no patients were selected when the action was chosen. You are prompted after each patient to see if you want to continue.
- ! This takes you into your normal sign on menu so that when you exit that menu you will drop back into *Desktop*.
- NSEDR This action will drop you into the "Enter Due List Results" option for preselected patients on your *Desktop*. (This is locked with the security key "NS NRS.")
- NSDUE This action drops you into the "Generate Due List" option for preselected patients in your *Desktop*. (This action is also locked with the security key "NS NRS.")
- ". " Allows you to display an Action Bar. Use the arrow keys and <CR> to select actions.

Paging Setup

PAGING SETUP

Dual Vs Multiple

DUAL VS MULTIPLE PAGING AND PHARMACY

If inpatient pharmacy is the first ancillary to be activated, a decision may have to be made regarding which paging option is used on the POL. If HCPs are not entering ADT and inpatient orders, and wards have not yet been "Clinically Activated," the paging option defaulted by the system is "DUAL." With Dual paging, the POL displays only two pages, outpatient and inpatient.

Most sites are in Multiple-paging mode, which displays the outpatient page and ward location for which the patient was admitted/transferred and the orders performed for that location. Multiple-paging can be set up by activating one ward, even if HCPs are not entering inpatient orders.

ADT PAGING ISSUES

Your facility should consider the following before deciding whether to switch from DUAL to MULTIPLE paging and/or CLINICALLY ACTIVATE the ward for Order Entry.

- 1) Clinically Active Wards (must have Multiple paging on): Assumes HCPs are doing full or partial entry of inpatient orders. Orders are allowed to be entered on the Inpatient pages of the POL through CLN software.

ADT Issues:

- PAD software will not allow PAD users to enter Transfer and Discharge orders.
 - HCPs must enter ALL Transfer and Discharge orders through the CLN software. Any admission or transfer order will create a "future" page. Admission or transfer orders must be "Activated" before the page and any orders on it become "active."
 - Admission Orders: Can be entered through PAD software or CLN software. If entered by an HCP through CLN software, an admission order can be future date. A "future" page is then created. A pre-admission page can then also be created, if needed, through CLN software. The pre-admission page is active as soon as it is created. This page is intended to contain orders that are to be done on an outpatient basis prior to admission but linked to the future admission. The PAD user can enter Admission orders but cannot date them in the future.
 - Orders placed on future pages become "future dated" and will not become active until the page is "activated."
 - ONLY pharmacy and clinical can enter orders on a future inpatient page of the POL.
- 2) Clinically Inactive Wards with Multiple Paging: This means that HCPs are not online with Order Entry and assumes that ancillaries are entering orders for them. Therefore, the system will not allow any orders to be placed on the inpatient pages by the clinical pathway but does allow the ancillaries to enter orders. HCPs can still enter orders on the outpatient page.

ADT Issues:

- The PAD user is required to enter all ADT orders, but cannot date them in the future. Therefore, future pages cannot be created. All ancillaries can enter orders on the Inpatient page of the POL. Since PAD cannot future date an order, Pharmacy cannot enter "future dated" orders.
- 3) Clinically Inactive Wards with Dual Paging: Same as (2) for the entry of an ADT order plus any ancillary that is given mini ADT. The POL only has two pages: an outpatient page and an inpatient page. The system does not create additional "pages" when a transfer order is written. The only difference between Dual paging and Multiple paging with clinically inactive wards is that the system does not automatically discontinue orders on patient transfer.

ADT Paging Issues:

- Scratch Pad does not function in Dual paging.

CLINICALLY ACTIVATING WARDS

In the event that you decide to move from DUAL to MULTIPLE paging and/or CLINICALLY ACTIVATE wards do the following:

1. Access the BRING UP WARDS FOR ORDER ENTRY option which is under the Clinical software (primary menu): This option has two functions:
 - Clinically Activate Wards
 - Change the system default of DUAL paging to MULTIPLE paging.
2. At the "Select WARD prompt": Enter the ward to be Clinically Activated.
3. At the "Do you wish to continue? No/" prompt, enter YES.

Since MULTIPLE paging must be activated when doctors are online, the system informs you that full ADT paging is turned on when the first ward is activated through this option. (SEE full notification message at the end of this message). The system assumes since you are CLINICALLY ACTIVATING the ward, HCPs are placing orders on the POL through Order Entry. PLEASE NOTE:

- Once MULTIPLE PAGING is turned on, you cannot SWITCH back to DUAL PAGING.
- CLINICALLY ACTIVE wards CAN be switched back to CLINICALLY INACTIVE wards and vice versa.

If any of the ancillaries are activated on CHCS prior to Clinical and want to use MULTIPLE instead of DUAL paging, all that needs to be done is to CLINICALLY ACTIVATE one ward to automatically activate MULTIPLE PAGING. After doing this, you must then go back through the BRING UP WARDS FOR ORDER ENTRY option and CLINICALLY INACTIVATE the same ward.

The only advantage to this is that pharmacy personnel can have access to future pages.

NOTIFICATION MESSAGE WHEN ACTIVATING THE FIRST WARD

When accessing the BRING UP WARDS FOR ORDER ENTRY option to CLINICALLY ACTIVATE the first ward or turn on MULTIPLE PAGING, the system provides the following help text.

This option activates/deactivates a ward for order entry.

This option also turns on full ADT paging. Multiple pages display. HCPs need to activate all ADT orders that are placed on clinically active wards. PAD users need to enter ADT orders on the clinically inactive wards and activate them if the patient is leaving or moving to a clinically inactive ward. All ADT orders on an inactive ward need to be entered through PAD. HCPs CANNOT enter orders on a clinically inactive ward but can review them.

Once full ADT paging has been turned on, it CANNOT BE TURNED OFF. Full ADT paging is the preferred method at most sites because inpatient orders can be clearly viewed by inpatient location.

NOTE: This help text no longer displays once you CLINICALLY ACTIVATE the first ward in the system.

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has been left blank
intentionally.

MailMan

MAILMAN Overview

MailMan is designed to allow users to send and receive mail from individuals or groups. A message can take the form of a personal letter or a formal bulletin extracting data from CHCS. The text of messages is easy to edit, and the content can be made confidential in several ways. Surrogates can be appointed to read mail. Mail groups can be set up so that each member may respond to a message and see the replies of others, as in informal committee meetings. Mail can be sorted, deleted, forwarded, queried, copied, revised, or printed. MailMan cross-references messages by number and message subject to aid in message retrieval and to preserve the uniqueness of each message.

MAILMAN MENU

The MailMan Menu is available to all users. It contains options for reading, sending and managing mail.

<u>Option</u>		<u>Description</u>
AML	ASSUME ANOTHER IDENTITY AS A SURROGATE	If you are someone's surrogate, allows you to carry out your duties (read/send mail) as a surrogate.
BOP	BASKET OPTIONS	Provides options to control mail baskets and data about messages in baskets
EML	EDIT USER OPTIONS	Allows you to edit your banner, introduction, phone number, address, surrogates, mail title, and choose your word- processing editor.
GML	GROUP MEMBERSHIP	Allows you to join or leave self-enrolling mail groups.
HML	HELP	Provides information about other users and existing mail groups.
LNМ	LIST NEW MESSAGES	Allows you to choose incoming mail and responses from a picklist.
NML	NEW MESSAGES AND RESPONSES	Allows you to read incoming mail and responses.
QML	QUEUED MESSAGE DELETION	Deletes a message that you queued to send in the future. Enter the subject or enter a question mark at the Select Queued Message prompt to display the subject of your future message.
RML	READ A MESSAGE	Retrieves messages saved in baskets.
SML	SEND A MESSAGE	Transmits your mail message to mail groups and/or individual users. You may also choose to transmit your mail message in the future.

When a message is sent, it appears as "new mail" until the recipient reads it. New responses to previous messages are considered new mail. To read new mail, select 'N' for New Messages and Responses, or "L" for a picklist. To review mail that you have already seen, choose 'R' for Read a Message. After viewing the message, you have a number of ways to respond to the Select MESSAGE action prompt:

R	REPLY	<p>Responds to a message; your response returns directly to the sender and all recipients of the message.</p> <p>If your default editor is FileMan, you are given the Line Editor, which is explained in detail in a later section.</p> <p>If your default editor is ScreenMan, a RESPONSE window and a REPLY window display when responding to a message. The RESPONSE window (top) displays the previous responses in reverse chronological order. The REPLY window (bottom) provides a word processing window for replying. The ScreenMan Editor is explained in detail in a later section. You may jump between windows using <PF1>, the down-arrow key or <PF1>, up-arrow key. You may scroll through the list of responses using the directional arrow keys.</p> <p>Text may be copied from the RESPONSE window to the REPLY window by first selecting the text in the RESPONSE window you wish to copy using <Select> . Mark each line of text you wish to copy by pressing <Select>. The line will be marked with an asterisk. Then paste the text into the REPLY window by pressing <PF1>,C where you wish to insert the text.</p> <p>Enter "R SM" or "R FM" to change your editor to ScreenMan (SM) or FileMan (FM) for this reply only.</p>
D	DELETE	<p>Retains your message temporarily in your WASTE basket. A deleted message reappears as "New" if someone enters a response.</p>
S	SAVE	<p>Saves your message to a mail basket or creates new baskets to sort your mail.</p>
Q	QUERY	<p>Lists recipients and shows when they last read the message. Enter "QA" to sort this list alphabetically. "Q Name" (e.g., "Q Jones") queries only for the specified name. QUERY also identifies the Mail Groups to which the message was forwarded and the Local Message ID number.</p>
I	IGNORE	<p>Retain your message in the current basket. This is the default of the Select MESSAGE action prompt.</p>
B	BACK UP	<p>Allows you to back up and view previous responses to message. You can back up to the original response or a numbered response (1, 2, 5, etc.) A negative number, such as "-3," means "three responses back.</p>
N	NEW	<p>Causes the message to appear "New" again the next time you read mail.</p>
F	FORWARD	<p>Sends the message to a new recipient or mail group.</p>
P	PRINT	<p>Prints the message to some other device. You may print only the original message by entering "0" or a range of responses, for example, "1,2" or "0-3"</p>

or "3-4,6,8-10." The default is the original message and all responses.

MAILMAN Reading Mail

T	TERMINATE	Removes you from future responses to this message. The message is removed from your mail baskets, and can only be retrieved by entering at least the first three characters of the message subject or the Message ID at the Basket Message prompt.
C	COPY	Copies this message and its responses to a new message, which you may then edit.
L	LATER	Causes the message to appear "New" again at a date and time in the future that you specify. (The date must be at least one day in the future.)
W	USER INFO	Displays user information (WHO).

To send mail, select "S" for Send a Message and enter the subject and text of the message. Recipients are chosen by entering individual names (LAST, FIRST), the name of a mail group (G. MAILGROUP), or the name of a device (D.DEVICE) at the Send mail to prompt. Postmaster surrogates may enter "*" to broadcast a message to all active users. If you precede the recipient's name with "I:" (Information Only), the recipient cannot respond to the message, nor can anyone to whom the recipient forwards. If you precede name with "CC:" (Courtesy Copy), the recipient is aware that the message was primarily directed to someone else. "CC:" does not restrict the recipient in any way. If message is over 100 lines, you are prompted for an expiration date. You are given a default of 60 days, but you may enter a date from one to six months in the future. The expiration date displays in the message header.

To transmit the message, press <CR> after the Select TRANSMIT option: Transmit now// prompt. Alternatively, you may use another of the responses described below.

<u>Action</u>		<u>Description</u>
E	EDIT	Revises the following: <ul style="list-style-type: none">- List of recipients (Recipients can be subtracted by typing a minus sign before the name, e.g., -SMITH or -G.GROUP.)- The subject of a message- The text of a message- Confirmation requested (see below).- Closed message - Recipients may not forward or copy.- Confidential message - one that cannot be read by surrogates- Information only - prohibiting any response to the message. You can edit a message that you have already transmitted if none of the recipients has read it and no responses have been made. This is your last chance to recall a message. You can delete the title or the entire text and the message will disappear.
S	SCRAMBLE	Scrambles the message. Scrambled messages are stored on the computer in an encrypted form. The only way a scrambled message can be read is by knowing a secret password which is encrypted. The recipient of your scrambled message must know the password (perhaps you had agreed on a password at a recent conference). To remind the recipient of the secret password when sending a scrambled message, MailMan asks you to enter a "scramble hint" (for example, our conference agreement.) Enter the correct password to print or copy the message.
C	CONFIRMATION	Sends you a MailMan message to confirm that your message was read by the recipient.
F	FUTURE	Allows you to write your mail message now but send it at a future date and time. When you enter "F" at the Select TRANSMIT option prompt, you are prompted for a date and time. The date must be at least one day in the future and no later than 180 days, and a time must be specified (T+1 @0500 or 20Dec@) 0600). Note: The message will not become "New" for you until the recipient responds.
T	TRANSMIT	Sends the message to the selected recipients. This is the default; press <CR> to transmit.
C	CANCEL	Cancels the message. It is not sent and is deleted.

MAILMAN

Retrieving Messages

You have several methods for retrieving mail that you sent or previously received (you cannot retrieve mail that has not been sent to you.) These methods are available as responses to the Basket Message prompt. One way to reach this prompt is to choose Read a Message. You are asked MAIL BASKET: IN//. In this example, the "IN" basket is chosen, although you may select any other basket. Enter <CR> to display the Basket Message prompt as follows:

```
IN Basket Message: 1//
```

If you accept the default, where N=I, message #1 is retrieved. If you wish to retrieve another message, you can use one of the methods outlined below.

<u>Action</u>	<u>Description</u>
N NUMBER	Enter the number of the message you want to review. If the number is equal to or less than the number of messages in the current basket, the message with that number is retrieved. If the number is greater, the Message file is searched and the message is retrieved if you were a recipient. For example, N_1250 would find the 1250th message and retrieve it if you were a recipient. All messages have a unique Local Message ID number and this number displays when you "Q" (Query) the message.
? QUESTION MARK	Lists message subjects, senders, and responses read.
?? TWO QUESTION MARKS	Lists message subjects and their headers.
? "KEYWORD"	Type a question mark before a string of letters or words in the subject of a message and MailMan will scan the current basket to find all messages that contain the string in the subject. The search is case insensitive, a match is made with either upper case or lower case letters.
"KEYWORD"	Type at least three characters which begin a message subject and MailMan will scan all messages for message subjects beginning with that string for which you were a recipient. (You may retrieve deleted and terminated messages which have not yet expired or been purged from the system.) The search is case insensitive.
D DELETE	Delete mail. One number or a range of numbers can be used, for example, " 1,2" or "1-3" or "3-4,6,8-10."
F FORWARD	Forward mail to others. Again, a range of message numbers can be specified.
P PRINT	Print one or a range of messages.
S SAVE	Save one or a range of messages into another basket.
^ CANCEL	Exit this option and return to the MailMan Menu.
U USER	Search for messages from a specific user in this basket.

The Basket Options Menu allows you to manipulate and manage mail Baskets.

<u>Option</u>	<u>Description</u>
Delete Baskets	Deletes a mail basket. All messages in the selected basket are deleted. To keep messages, transfer them to another basket before deleting.
List Subjects	Lists all the message subjects with sender and header data for a selected basket. Output may be sent to a printer.
Rename Baskets	Renames an existing mail basket.
Search Messages	<p>Searches all messages by any of the following criteria: the originator's name, any word in the subject, the message date, or messages within a specific basket. The search criteria are entered in any combination into the top window, and items meeting the criteria are displayed in the bottom window. Initiate the search by pressing <PF1>, H (Hot Key).</p> <p>You may jump to the bottom window by using <PF1>, down-arrow key. Use <Select> to select one or more messages to review and press <CR>. You will then loop through the messages you selected. When complete you return to the Message Search window to either select additional messages from the list, create a new search, or exit the option by using <F10> or <Do> .</p> <p><i>Note: This option will not retrieve messages that have been deleted and purged from your Waste basket. A message must be located in a basket to be retrieved using this option. For other methods of searching for messages, see the section on Retrieving Messages.</i></p>
Transfer Messages	Transfers a range of messages between mail baskets.
User Mail Statistics	Counts the number of baskets and the total number of messages in each basket. Output may be sent to a printer.

MAILMAN

Other Features

MAIL GROUPS

You can form a mail to facilitate communication among a group of users with common interests. Note that when sending mail to a mail group, "G." precedes the name of the mail group (G.MAILGROUP). A self-enrolling group allows anyone to join. A private group allows only members to send mail to the group. A public group accepts messages from anyone. Further, a group may have an 'Authorized Sender' who is the only one who may forward to that mail group.

User the Group Membership (GML) option of the MailMan Menu to join or leave mail groups. If you select a self-enrolling group to which you belong, you can cancel your mail group membership. If the group allows self-enrollment, you may join. If you want to join a group that does not allow self-enrollment, ask the organizer of the group to add your name. (Use the Help option to find the name of the organizer.)

REMOTE RECIPIENTS / NETWORK MAIL

You can send and receive messages to users at other locations if you are authorized. Enter the remote user's mailbox address at the And send to prompt in the format as shown: "mailname@domain." For example, to send mail to John Smith at the Exchange Mail system, enter "john.smith@xmail1.ha.osd.mil." Note: Non-CHC remote users may have a different form of address. You may also send to a remote mail group using the same format. Spaces and commas are not allowed in a mailbox address; replace any spaces with the underscore character (_).

Responses to network mail by remote recipients are not chained to the original message. Responses are still chained locally. When you respond to a message on which you were an original recipient (i.e., the message was not forwarded after the transmit action) that includes remote recipients, you are asked whether to send only the current response to local users, to send only the current message to remote and local recipients, or to include the original message and all replies to the remote user(s).

HELP

The Help option of the MailMan Menu contains four suboptions:

<u>Suboption</u>	<u>Description</u>
UI User Information	Provides information about the device where the user is signed-on, the last time MailMan was used, the user's mail group memberships, names of surrogates, the MailMan introduction, phone number and address information for a specified user.
GI Group Information	Provides information about the type of mail group, the organizer, the members, remote user's addresses, and a description of the specified mail group.
VU Remote User Help	Determines if a remote user's mailbox address is valid.
GI Remote Mail Group Help	Provides the full mailbox addresses of the members of the remote mail group. The information is returned to the user in a mail message.

EDIT USER OPTION

The Edit User Option (EML) of the MailMan Menu allows you to edit the following fields:

<u>Field</u>	<u>Description</u>
Title	Allows you to enter an identifying title that will display in parentheses next to your name when you respond on a mail message.
Ask Basket	If set to "yes," MailMan will ask you for the name of a basket when you send mail to yourself. (The default "no" automatically saves to the IN Basket.)
Editor	Choose between FileMan and ScreenMan as the text editor you will use when you write messages.
Banner	Display a short message to the sender when you are sent messages.
Select Surrogate	Authorize someone to act as your surrogate (see above).
Introduction	A word-processing field for introducing yourself to MailMan users.
Address	Provides a quick method for other users to find your location.
Phone Number	Provides a quick method for other users to find your number.

SURROGATES

A surrogate is someone whom you have authorized to send mail in your name and to read your mail, providing the message was not sent as "confidential." When your surrogate sends mail for you, you are identified as the initiator of the message, and your surrogate is identified as the "sender."

To name surrogate(s), use the Edit User Option (EML) of the MailMan Menu. Enter a name at the Select Surrogate field. You may specify read and/or send privileges for each surrogate. To read or send your mail, the surrogate chooses the Assume Another Identity as a Surrogate (AML) option of the MailMan Menu.

MAILMAN FileMan Line Editor

The following is an overview of the FileMan Line Editor. This editor displays when your default editor is FileMan or when you reply to a message by entering "R FM."

A line number displays and the cursor rests on that line awaiting the entry of text, which becomes line 1 of the response. You enter text on line 1 and press <CR> at the end of the line. Then the "2>" prompts asks for the second line of text, and so on, until you press <CR> without entering any text at the line number prompt. At this point, the EDIT OPTION prompt displays. The EDIT OPTION prompt can be responded to with a <CR > to file the response, with a line number, or with one of the commands described below:

<u>Command</u>	<u>Description</u>
A ADD	Adds more lines to the end of the text.
B BREAK	Breaks a line into two lines.
C CHANGE	Changes occurrences of a string of text to another string.
D DELETE	Deletes a range of lines.
E EDIT	Edits a line (REPLACE...WITH...).
F FORMAT	Formats text to wrap to margins.
I INSERT	Inserts one or more lines after an existing line (line 0 to insert before the first line).
J JOIN	Joins two lines into one.
L LIST	Lists a range of lines.
M MOVE	Moves a group of lines within the text.
P PRINT	Prints a range of lines as formatted output.
R REPEAT	Repeats a group of lines elsewhere in the text.
/ SCREEN	Goes to Full-Screen mode for editing text using the ScreenMan editor.
S SEARCH	Searches for occurrences of a string of text.
T TRANSFER	Imports text from a different word-processing data element using a FileMan computed expression.

When you edit a message, the existing lines (or the last eight lines, if the text is long) display. You are immediately asked to choose an option at the EDIT OPTION prompt.

Whenever any of the edit options insert lines between existing lines, the lines are renumbered so that the line numbers are always sequential integers. These line numbers are meaningful only in the editing process; they do not show when a mail message is printed.

EDITING A LINE

The `EDIT` command displays the `EDIT LINE` prompt. Enter a line number to edit the text on that line. The text may be edited in the following ways:

Replace Text	unique text	<p>You may change selected characters of the text, rather than retyping the entire string, for example:</p> <pre>1> JOHN JACOB JINGLEHAEMER SMITH Replace AB With EI Replace <CR> JOHN JACOB JINGLEHEIMER SMITH</pre> <p><i>Note: Take care when specifying the character(s) to be modified. You need to specify a unique set of characters</i></p>
Replace Entire	...	<p>To replace the entire text, type an ellipsis (...) at the <code>REPLACE</code> prompt:</p> <pre>1>MARGARET JACOB JINGLEHAEMER SMITH Replace ... With MARGIE JONES Replace <CR> MARGIE JONES</pre>
Replace From	unique text...	<p>Use the ellipsis following a set of characters to replace from (and including) the set of characters up to the end of the text as in:</p> <pre>1> JOHN JACOB JINGLEHAEMER SMITH Replace. AE... With EIMER Replace <CR> JOHN JACOB JINGLEHEIMER</pre>
Replace Up To	...unique text	<p>Use the ellipsis followed by a set of characters to replace everything before (and including) the set of characters as in:</p> <pre>1> JOHN JACOB JINGLEHEAMER SMITH Replace ...JI with TOM JI Replace <CR> TOM JINGLEHAEMER SMITH</pre>
Append to End	End	<p>To append text to the end of an existing string, respond to the <code>REPLACE</code> prompt with "END" and to the <code>WITH</code> prompt with the text to be added:</p> <pre>1> JOHN JACOB JINGLEHEAMER SMITH Replace END With , JR. Replace <CR> JOHN JACOB JINGLEHAEMER SMITH, JR.</pre>

After the text on that line has been modified, the `EDIT LINE` prompt redisplay. You may continue editing other lines of text or press `<CR>` to return to the `EDIT OPTION` prompt. You may enter the following commands:

N	A line number
spacebar	For the current line
‘-’ (minus sign)	For the line before the current line (also ‘-2’ for two lines back)
‘+’ (plus sign)	For one line ahead of the current line (also ‘+3’ for three lines forward)

MAILMAN

ScreenMan Full-Screen Editor

The following is an overview of the ScreenMan Full-Screen Editor. This editor displays when your default editor is ScreenMan or when you reply to a message using "R SM."

A blank screen displays on which you may type your text. If more text is entered than can fit on the screen, the text scrolls up and indicates more text by displaying a plus sign (+) in the left margin at the top. As you edit text in the beginning of the message, additional text that cannot fit on screen is indicated by a plus sign (+) in the left margin at the bottom of the screen. You may scroll up or down line-by-line within the text by using the arrow keys, or scroll through a full screen of text by using <PF1>, <Next Screen> or <PF1>,<Prev Screen>.

CURSOR MOVEMENT

Other keys available for moving the cursor and editing your text are explained below:

<F7>	Bottom of Text	Scrolls down to the line below the last line of text.
<F8>	Top of Text	Refreshes the display and places the cursor at the top of the text.
<PF1>, left-arrow key	Beginning of Line	Goes to the beginning of the line.
<PF1>, right-arrow key	End of Line	Goes to the end of the line.
<PF2>	Next Word	Goes to next word. If the word is at the end of a line, the cursor goes to the end of the last word on the line.
<PF3>	Previous Word	Goes to the previous word.
down-arrow key	Next Line	Goes to next line.
up-arrow key	Previous Line	Goes to previous line.
left-arrow key	Backward One Space	Goes backward one space.
right-arrow key	Forward One Space	Goes forward one space.
<PF1>, <Next Screen>	Next Page	Scrolls to the next page of text if more text does not fit on one screen.
<PF1>,<Prev Screen>	Previous Page	Scrolls to the previous page of text.
<CR>	Next Line/Leave Text	In Insert Off mode, goes to the next text line, or files the text if the cursor goes beyond the bottom of the text.
<Tab>	Tab	Inserts five spaces at the cursor location.

EDITING TEXT

<Delete>	Backspace-Delete	Deletes the character before the cursor. If you are at the beginning of a line, it deletes the carriage return and joins the line you are on with the previous line.
<F14>	Delete Character	Deletes the character under the cursor.
<PF4>	Delete Word	Deletes the word on which the cursor is located.
<F18>	Delete Line	Deletes the line on which the cursor is located.
<Remove>	Delete Line	Deletes the line on which the cursor is located.
<PF1>, <Delete>	Erase to End	Erases text from the current cursor position to the end of the line.
<F13>	Delete Block of Text	Removes a block of text.
<F17>	Insert Line	Inserts a blank line above the line where the cursor is currently positioned.
<PF1>, X (or <CR>)	Break Line	Breaks the text line at the location of the cursor. <i>Note: <CR> breaks a line when you are in Insert On mode.</i>
<F11>	Repeat Block of Text	Copies a block of text, as delimited by markers, to the current cursor position, without deleting it from its original location. Mark the beginning and end of the block of text with <Select>. Move the cursor to where you want to copy text. Press <F11> to repeat the block of text.
<F12>	Move Block of Text	Removes a block of text, as delimited by markers, from its present location, and replaces it at the current cursor position. Mark the beginning and end of the block of text with <Select>. Move the cursor to where you want to copy text. Press <F12> to move the block of text.
<PF1>, C	Cut and Paste	Removes a block of text, as delimited by markers, from its present location, storing it in a "holding buffer," and replaces it following the current cursor position. Mark the beginning and end of the block of text (two lines or longer) with <Select>, then press <PF1> and type C. Move the cursor to where you want to copy text, then press <PF1> and type C to paste the text.

MAILMAN

ScreenMan Full-Screen Editor

SPECIAL FUNCTIONS

<Help>	Help	Displays a help screen.
<PF1>, <Help>	Keyboard Help	Displays a list of available keyboard functionality.
<Insert Here>	Insert On/Insert Off	Toggles for insert/typeover mode. Insert On mode inserts any subsequent characters typed to the left of the cursor. The display on the lower right-hand corner of the screen indicates whether insert is on or off. The default is Insert Off.
<Select>	Mark Text	Places beginning and ending marks for marking block of text for the following functions: <ul style="list-style-type: none">- Repeat Block of Text (<F11>)- Move Block of Text (<F12>)- Delete Block of Text (<F13>)- Cut and Paste (<PF1>, C)- Format Text (<PF1>, F)
Find	Search Text	Searches text for a string. Enter the string of text to be searched and press <CR>, or press any arrow key to cancel the search command.
<PF1>,R	Replace	Replaces every occurrence of a string of text with another string; e.g., you can change all occurrences of September 30 to October 30. Enter the text you want to replace (e.g., September) and press <CR>. The system searches for the requested string. When it finds the string, it highlights the first occurrence and prompts for the replacement string (e.g., October). When the replacement is completed, SEARCH COMPLETED appears in the lower left corner of the screen.
<PF1>,S	Spell-Check	Scans the text being edited for spelling errors. If the spell checker comes upon a questionable word and no spelling suggestions exist, the system prompts: "Hit RETURN to continue search, any other key to resume editing." <i>Note: If you press any printable character to resume editing, the character is placed within the text.</i>
<PF1>, F	Format Text	Reformats text that may contain broken lines or uneven text.
<PF1>, M	Margin Setting	Sets or resets variable margins within your text. Valid margin settings range from 1 to 78. <i>Note: These margins are set from the cursor location to the bottom of the text.</i>

<F9>	Canned Text	Allows a particular entry to be specified within a file containing predefined text. The data stored in this entry can be retrieved and automatically inserted into your text.
<PF1>-T	Transfer from Another Field	Allows you to type a computed-field specification of a word-processing field. You must know the entry name, file name from which you want to transfer, and the field name to which you want to transfer.
<F19>	Print Screen	Prints the screen to another device.
<F20>	Refresh Screen	Clears screen and "repaints" it.

When you have completed text entry and editing, file your text by pressing <Do> . If your cursor moves above the first line of text or beyond the last line of text, you can also file your text by responding to the Exit Action Bar. Press <CR> to accept the default, or use the arrow keys or the first letter to make another choice on the Action Bar. Press <F10> to access the Exit Action Bar with the default of "Abort."

MAILMAN

Text Formatting Commands

In general, all special format controls embedded within text must appear within “windows” enclosed within two vertical bars (|_ |). If the vertical bar is unavailable on your keyboard, format control may be limited. Some of the following special word-processing format functions can be embedded within any text using ScreenMan or FileMan:

_	UNDERLINE	Underlines text following the underscore. Underlining continues until a second " _" is encountered.
!	BOLD	Bolds text following the exclamation point. Bolding continues until a second "!" is encountered.
~	REVERSE-VIDEO	Displays text following the tilde in reverse-video. Reverse-video continues until a second "~ " is encountered.
I	ITALICS	Italicizes text following I. Italicized text continues until a second " I" is encountered.
-	OVERSTRIKE	Prints text following the hyphen with a dashed overstriking line through it. Overstriking continues until a second " -" is encountered.
*x	OVERPRINT	Overprints "X" on top of the previous character. Any alphanumeric character can be used instead of the letter X, such as an accent or several characters.
RIGHT JUSTIFY		Pads following text with spaces between words, so that the right margin is even.
DOUBLE-SPACE		Inserts blank lines every other line.
SINGLE-SPACE		Turns off double-spacing for following text.
TOP		Inserts a page break at this point.
PAGEFEED(argument)		Inserts page breaks in text that follows, whenever fewer than argument number lines remain on the current page.
PAGESTART(argument)		Starts text on following pages at line # "argument" of the page.
SETPAGE(argument)		Resets page numbering, so that the following page number is "argument number"+ 1.
BLANK(argument)		Inserts "argument number" of blank lines at this point in the text.
INDENT(argument)		Indents following text "argument number" of spaces from the left margin.

MAILMAN Text Formatting Commands

SETTAB (argument1, 2, 3 . . .)	Sets tab positions for following text. In subsequent lines, the first " TAB " encountered indents to column position "argument1" number characters from the left margin. The second " TAB " indents to column position "argument2" number, and so on. In default of any SETTAB function, the tab settings are 5,10,15,20,... column positions from the left margin. If any SETTAB argument is negative, any text following the corresponding " TAB " is right-justified; the right-most column of that text falls in the column number that is the absolute value of the SETTAB argument. If a SETTAB argument is the literal "C," the text following the corresponding " TAB " is centered on the page.
TAB n	<p>Overrides any SETTAB specification and causes tabbing to the "n"th column over from the left margin. Output is right-justified on the "n"th column if "n" is negative or centered if "n" is the literal "C."</p> <p>Tabs are meaningful wherever they occur in a line. Although a tab is inserted by typing the <Tab> on the keyboard (or by pressing <Ctrl>-I if there is no <Tab>), the five characters " TAB " are actually inserted in the line of text. To remove a tab, it must be entered literally as " TAB ."</p>
WIDTH (argument)	<p>Specifies that the following text always prints in a column "argument number" of characters wide. ("Argument," in other words, is the difference between the left margin position and the right margin position, plus 1.)</p> <p><i>Note: In the absence of a WIDTH specification, you can determine the output column width (or it is defaulted by the system) at print time.</i></p>
NOWRAP	Prints text line-for-line (without wraparound). This eliminates the need to end each line with a tab or start the line with a space to force the line to print as it stands.
WRAP	Prints following text in a word-wrap mode.
NOBLANKLINE	Suppresses the printing of a single blank line.

This page
has been left blank
intentionally.

Order Entry and Word Processing Keyboard Help Template

for the

VT320 Keyboard

(CHCS V4.5 Rev. 2/9/96)

SIDE A ✂

PF1	Keyboard Help.....PF1 - Help	Next Page.....PF1 - Next Screen	Format.....PF1 - F	Beginning of Line.....PF1 -
KEYS:	Leave Text Field.....PF1 - Return	Prev Page.....PF1 - Prev Screen	Margins.....PF1 - M	End of Line.....PF1 -
	Abort without Saving..PF1 - F10	Cut & Paste.....PF1 - C	Spell-Check...PF1 - S	Erase to End.....PF1 -

 	F6	F7 <i>Bottom of List</i> Bottom of Text	F8 <i>Top of List</i> Top of Text	F9 <i>Expand Order</i> Canned Text	F10 <i>Exit</i> Abort	 	F11 <i>Mark/Unmark</i> Repeat Block	F12 Move Block	F13 Delete Block	F14 Delete Character
CUT OUT										
					CUT OUT					
						<div style="border: 1px solid black; padding: 2px;"> <i>Display Inpatient Orders</i> </div>	<div style="border: 1px solid black; padding: 2px;"> Delete Prev Character </div>	<div style="border: 1px solid black; padding: 2px;"> Display Scratchpad </div>		

VT420 Keyboard CHCS V4.5 Rev. 2/9/96 RQMTS-96-09

Top of Screen..... PF1 - Last Field on Screen...PF1 - Break Line.....PF1 - x	Replace.....PF1 - R Transfer from another Field.. PF1 - T Mark All.....(F11 or) PF1 - Select	Hot-Key.....PF1 - H
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Hold Screen	Lock	Compose	Wait	F17 Insert Line Above Here	F18 Erase Field/ Delete Line	F19 Print Screen	F20 Refresh Screen		
CUT OUT				CUT OUT					
<div style="border: 1px solid black; padding: 2px;"> Help </div>		<div style="border: 1px solid black; padding: 2px;"> File/Exit <i>(File without asking "OK to file?")</i> </div>							
		PF1	Next Word	Prev Word	Delete Word				

- SIDE B**
- DIRECTIONS**
1. Cut along outside edge.
 2. Cut out shaded area.
 3. Tape Side A to Side B.

Order Entry and Word Processing Keyboard Help Template

SIDE A



VT420 Keyboard
for the
(CHCS V4.5 Rev. 2/9/96)

PF1	Keyboard Help.....PF1 - Help	Next Page.....PF1 - Next Screen	Format.....PF1 - F	Beginning of Line.....PF1 -
KEYS:	Leave Text Field.....PF1 - Return	Prev Page.....PF1 - Prev Screen	Margins.....PF1 - M	End of Line.....PF1 -
	Abort without Saving..PF1 - F10	Cut & Paste.....PF1 - C	Spell-Check...PF1 - S	Erase to End.....PF1 -

	F6	F7 <i>Bottom of List</i> Bottom of Text	F8 <i>Top of List</i> Top of Text	F9 <i>Expand Order</i> Canned Text	F10 <i>Exit</i> Abort		F11 <i>Mark/Unmark</i> Repeat Block	F12 Move Block	F13 Delete Block	F14 Delete Character	
CUT OUT						CUT OUT					
VT420 Keyboard CHCS V4.5 Rev. 2/9/96 RQMTS-96-09							<i>Display Inpatient Orders</i>	Delete Prev Character	Display Scratchpad		

Top of Screen..... PF1 -	Replace.....PF1 - R	Hot-Key.....PF1 - H
Last Field on Screen...PF1 -	Transfer from another Field.. PF1 - T	
Break Line.....PF1 - x	Mark All.....(F11 or) PF1 - Select	

	F17 Insert Line Above Here	F18 Erase Field/ Delete Line	F19 Print Screen	F20 Refresh Screen				
CUT OUT								
Help		File/Exit <i>(File without asking "OK to file?")</i>						
				PF1	Next Word	Prev Word	Delete Word	

SIDE B

DIRECTIONS

1. Cut along outside edge.
2. Cut out shaded area.
3. Tape Side A to Side B.