Within Normal Limits: The system may contain normal values for the parameters.

WNL

You can quickly chart these normal values for your patient with the **WNL** button.

TIP: If a patient's status is close to your site's predefined normal values, with a few exceptions, you can use the **WNL** button to quickly chart the majority of the data. Then, go in and change the data where the patient is outside of the normal limits.

No Change: You can use the **NC** button to copy the information from a previous vForm to a new assessment vForm.

NC

Parameters that are available to be copied from the previously documented data will populate the current form.

***Note**: To use this tool, a previous form must be open. If you have multiple forms open, the form to the immediate left of the current vForm is copied.*

TIP: If a patient's condition is close to the previous assessment's state, with few exceptions, you can use the **NC** button to quickly chart the majority of the data. Then, change the patient data that is different from that of the previous assessment.

Correcting Data: Data that is either in the wrong place or incorrect can be corrected by removing it.

TIP: You can delete data by clicking and dragging the data to the trash can.

If you correct the data after the grace period, the previous data will be kept in the audit trail and a trash can will be in the location where the data was removed.

Changing Template**:** If the incorrect vForm was selected or if the patient's status/treatment needs differ from the current template, use the "**T**" button at the top right of the open form.

T

Using Flowsheets

Flowsheets are used to view, print, maniuplate, and enter data in a time-based, column format. Unlike vForms, flowsheets display time-based data, such as I&O, monitor, and ventilator data.

Adding Variable Rows: Additional data variables may be added to the flowsheet by clicking the **Insert a Variable Row** button, then selecting the correct tab.

TIP: Before adding a variable row, decide where to place the new row. If necessary, scroll to the position.

Inputs — to add an input, such as D10W, Packed RBCs, etc., follow these steps:

(1) From the toolbar, click , then click the **Fluids** tab.

(2) Click and drag **Input** to the row where you want it placed.

(3) On the message, select **Before** or **After** the listed row, then click **OK**.

(4) In the **Fluids** list, click the fluid name.

(5) Select **Flow Type**.

(6) Set **Start** time.

(7) Click **Save**, to continue adding other fluids, or **Save and Exit**.

Note: *Information typed in the **Comments** area will also display on the Input Fluid label on the flowsheet.*

Modifying Inputs — to change an input, find the fluid row and click on the fluid name. A list of choices displays.

Outputs — to add an output, such as urine, chest tube, emesis, etc., follow these steps:

(1) From the toolbar, click , then click the **Fluids** tab.

(2) Click and drag **Output** to the row where you want it placed.

(3) On the message, select **Before** or **After** the listed row, then click **OK**.

(4) In the **Output Fluid** list, click the output name.

(5) Select **Start** time.

(6) Indicate **Location**, **#** (if needed), and **Flow Type**.

(7) Click **Save**, to continue adding other fluids, or **Save and Exit.**

Note: *The **Comments** area will be grayed out once the output is started.*

Modifying Outputs — to change an output, find the output row and click on the output name. A list of choices displays.

Infusions — to add an infusion, such as TPN, Heparin Drip, Dopamine, etc., follow these steps:

(1) From the toolbar, click , then click the **Fluids** tab.

(2) Click and drag **Infusion** to the row where you want to place it in the flowsheet.

(3) On the message, select **Before** or **After** the listed row, then click **OK**.

(4) In the **New Infusion** list, click the infusion name.

(5) If it is a weight-based infusion, select **Weight**.

(6) Adjust Dose or Fluid Rate.

(7) Set **Start** time.

(8) Click **Save**, to continue adding other fluids, or **Save and Exit**.

Note: *Only information typed in the **Comments** area when first started will also display on the Infusion Fluid label on the flowsheet. Additional comments will appear in the audit trail.*

TIP: Infusions create a row for the infusion rate/dose and a row for the fluid volume infused. You may want to move the rate/dose row to another location in the flowsheet.

Modifying Infusion Fluids — to change an infusion, find the fluid row and click on the fluid name or rate. The **Infusion** screen displays.

Correcting Data: Correcting data after the grace period will cause the cell to turn pink color. For non-fluid cells, a comment is required.

Correcting Numeric Data — select the cell and press **Delete** to clear. The value displays as 0. Change focus by clicking another cell. You will be prompted to type a comment.

Correcting Picklist Data—depending on the type of data, there may be different ways to correct data:

(1) Make another selection from the picklist, **OR**,

(2) Press <Delete> to clear. Change focus by clicking another cell. You will be prompted to type a comment.

Correcting Text Data — double-click in the cell, depending on cursor location, press **Backspace** or **Delete**.

TIP: All changes made to previously entered data are recorded in an audit trail.

Validating Data: Monitor, ventilator, and fluid data must be validated in order to store in the patient's record.

----- V

Click the **"----V"** at the top of the flowsheet column. You may validate monitor data, fluids, or both.

Note: *Once validated in the NOW column, the row's data is changed from bold italics* ***(112)*** *to normal* (112)**.**

Note: *When documenting late entries, only monitor and ventilator data is stored in a buffer. Physiologic data from the buffer must be documented within 24 hours or prior to transfer/discharge from a monitored location.*

Changing Template**:** If the incorrect flowsheet was selected or if the patient's status/treatment needs differ from the current template, use the Change Template button.

Navigating the System

Navigating between documents and patients can be managed from any screen with the toolbar buttons.

Toolbar Buttons: Position the cursor over the toolbar button to view the button's action.
Depending on applications used, the following actions are available from Navigation Toolbar:

- Closes current document and returns you to the last document opened
- Returns to the Census
- Locks the workstation and displays the Logon screen
- Triage
- Assessment
- Flowsheet
- History and Physical
- Interdisciplinary Notes
- Document Viewer

- Switch between Edit/View mode
- Print
- Refresh screen
- Expand all panels/rows
- Collapse all panels/rows
- Expand/Collapse non-hourly columns
- Review previously entered data
- Attach/Add comments to current cell
- Show/Hide lab results
- Insert a timed column
- Insert a variable row
- View previous day's flowsheet
- View or Open next form/flowsheet
- Open different forms (assessment only)
- Modify mode
- Change Flowsheet Template
- Delete mode
- Graph (flowsheet only)

This guide provides a summary of the features you are most likely to use. For detailed instructions, see the Centricity© CIS ED Documentation Master Trainer Manual or Online Help.

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GE Medical Systems
Information Technologies
gemedical.com

Centricity© CIS ED Documentation Quick Reference

Getting Started

Log on: On the Logon screen, type your user ID and password, and click **Logon.**

Change Password: Before logging on, click the change password box and type in new password.

Census

Once you log on, select the correct patient and the document to open from the Census menu.

Previous Visits: To view previous admissions, click the "**+**." The rows expand to show the patient's admission history.

Accessing Data: Click the correct patient name and visit date. Click the document you want to open.

Use the clock to view other episodes/dates.

Note: *If the workstation had been locked, there may be patient documents already open. Either use the Back Arrow button to close the documents or click on the Census button to return to the Census.*

Using vForms

The Admission Database and Assessment are examples of vForms available on the system. All of the vForms have the same functionality. The following information describes some common tools available when documenting on a vForm.

Expand/Collapse: When you open a vForm, it displays with the panels collapsed.

+ **-**

Click the "**+**" to expand the panel and view all of the patient information that's been documented. Click the "**-**" to collapse the panel.