



NURSING STUDENT

Welcome & Orientation Packet

Rocky Mountain Hospital for Children @ P/SL

WELCOME



Hi There!

WELCOME TO THE HCA/HEALTHONE FAMILY!

That's right- at HCA/HealthONE, we do care like family. We are an organization that believes in our mission statement: Above all else we are committed to the care and improvement of human life. Life for all- including our patients, their families, our employees, and our students.

We are excited and proud to support you in your journey to become a nurse! Your experience with us will enhance your knowledge, skills, and abilities as a future nurse. We hope your clinical hours with us will evoke excitement for the profession and lead you on a path to become a future HCA/HealthONE nurse that will join us in our mission. We look forward to working with you and hosting you as a student within our facilities!

Sincerely,

CAROLYN VITALE, VP OF CLINICAL EDUCATION

HCA  **Healthcare®**
**Center for Clinical
Advancement**



Our Mission

Above ALL else, we are
COMMITTED to the care
and improvement of
human LIFE.

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About HCA/HEALTHONE

HCA Healthcare is one of the nation's leading providers of healthcare services with 185 hospitals and approximately 2,000 ambulatory sites of care, including surgery centers, freestanding ERs, urgent care centers and physician clinics, in 20 states and the United Kingdom. Every day, more than 275,000 colleagues go to work with a collective focus: our patients. Our focus positively impacts the care experience at the bedside and beyond. As a learning health system, HCA Healthcare analyzes data from more than 32 million patient encounters each year. This data helps develop technologies and best practices that improve patient care. We also share our learnings with the larger healthcare community and government agencies to improve care everywhere.

HealthONE® (hospital system within HCA Healthcare) is the largest healthcare system in the metro Denver area with more than 10,000 employees. As part of the HealthONE family, The Medical Center of Aurora, North Suburban Medical Center, Presbyterian/St. Luke's Medical Center, Rocky Mountain Hospital for Children, Rose Medical Center, Sky Ridge Medical Center, Swedish Medical Center, Centennial Hospital, and Spalding Rehabilitation Hospital work together to provide a higher level of care. In addition, our family of services includes seven free-standing emergency departments, numerous ambulatory surgery centers, CareNow Urgent Care Clinics & Occupational Medicine, physician practices, and AIRLIFE-DENVER, which provides critical care air and ground transportation across a 10-state region.

We are committed to each other because when we join together, our patients are cared for in the most compassionate way.

OUR HOSPITALS



Sky Ridge Medical Center:

- 10101 RidgeGate Pkwy Lone Tree, CO 80124
- Level II Trauma
- Cancer care, Critical Care, adult/peds ED, Birth Center, Spine and Total Joint Center



Swedish Medical Center

- 501 East Hampden Ave. Englewood, CO 80113
- Level I Trauma
- Comprehensive Stroke Center, Neurotrauma, Burn and Reconstructive Center,



Presbyterian/St. Luke's Medical Center (P/SL) & Rocky Mountain Hospital for Children

- 1719 East 19th Ave. Denver, CO 80218
- BMT/Cancer Care, High Risk OB, Ortho/Spine, Kidney /Liver Transplants, Peds/PICU/Peds ED
- Largest NICU in region and the only Level IV NICU in Denver



Rose Medical Center

- 4567 E. 9th Ave. Denver, CO 80220
- Denver's "Baby Hospital", Women's Services, NICU, Ortho, Total Joint Replacements, Bariatric Surgery, Heart/Vascular Care
- Magnet Designated



North Suburban Medical Center

- 9191 Grant Street Thornton, CO 80229
- Level II Trauma
- L&D, ED, Cardiovascular services, cancer care, Ortho, Wound care, NICU

OUR HOSPITALS (CONTINUED)



The Medical Center of Aurora (TMCA Main Campus)

- 1501 S Potomac Street Aurora, CO 80012
- Level II Trauma
- Magnet Designation
- Cardiac and Vascular Services, Neurosciences, OB, Oncology, Orthopedics, Surgical Services



HealthONE Behavioral Health and Wellness Center (TMCA North Campus)

- 700 Potomac Street Aurora, CO 80011
- Behavioral Health Units include: Women's, Adolescent, Geriatric, and General



Centennial Hospital

- 14200 E. Arapahoe Road Centennial, CO 80112
- Includes services for: emergency services, general surgery, neuro, ortho/spine, gynecology, and endocrine



Spalding Rehabilitation Hospital

- Spalding Aurora: 900 Potomac St. Aurora, CO 80011
- Spalding at P/SL: 1719 E. 19th Ave. Denver, CO 80218
- Colorado's first licensed rehab hospital

Values & Standards of Behavior

HealthONE has adopted a shared mission, values and standards of behavior that brings out the best in us individually and collectively. We offer these as principles for all of us to live by every day, use in all our decisions, and to guide our daily behavior.

Students have an important role in helping maintain our high standards of patient care and commitment to excellence. Students are an important part of the health care team and, as such, are expected to adhere to all policies, procedures, standards of competent practice and to respect the rights of patients.

At HCA Healthcare, we value every patient we serve and every colleague within our organization, no matter a person's age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability. We believe in delivering exceptional healthcare, that is built on a foundation of inclusion, compassion and respect.



I Integrity – We do the right thing, even when no one is watching.

C Compassion – We are empathetic to the needs of others and sympathize with their situation.

A Accountability – We take ownership for how actions impact outcomes.

R Respect – We value others and embrace diversity.

E Excellence – We take personal pride in exceeding expectations.



WHAT YOU NEED TO KNOW ON YOUR

First Day

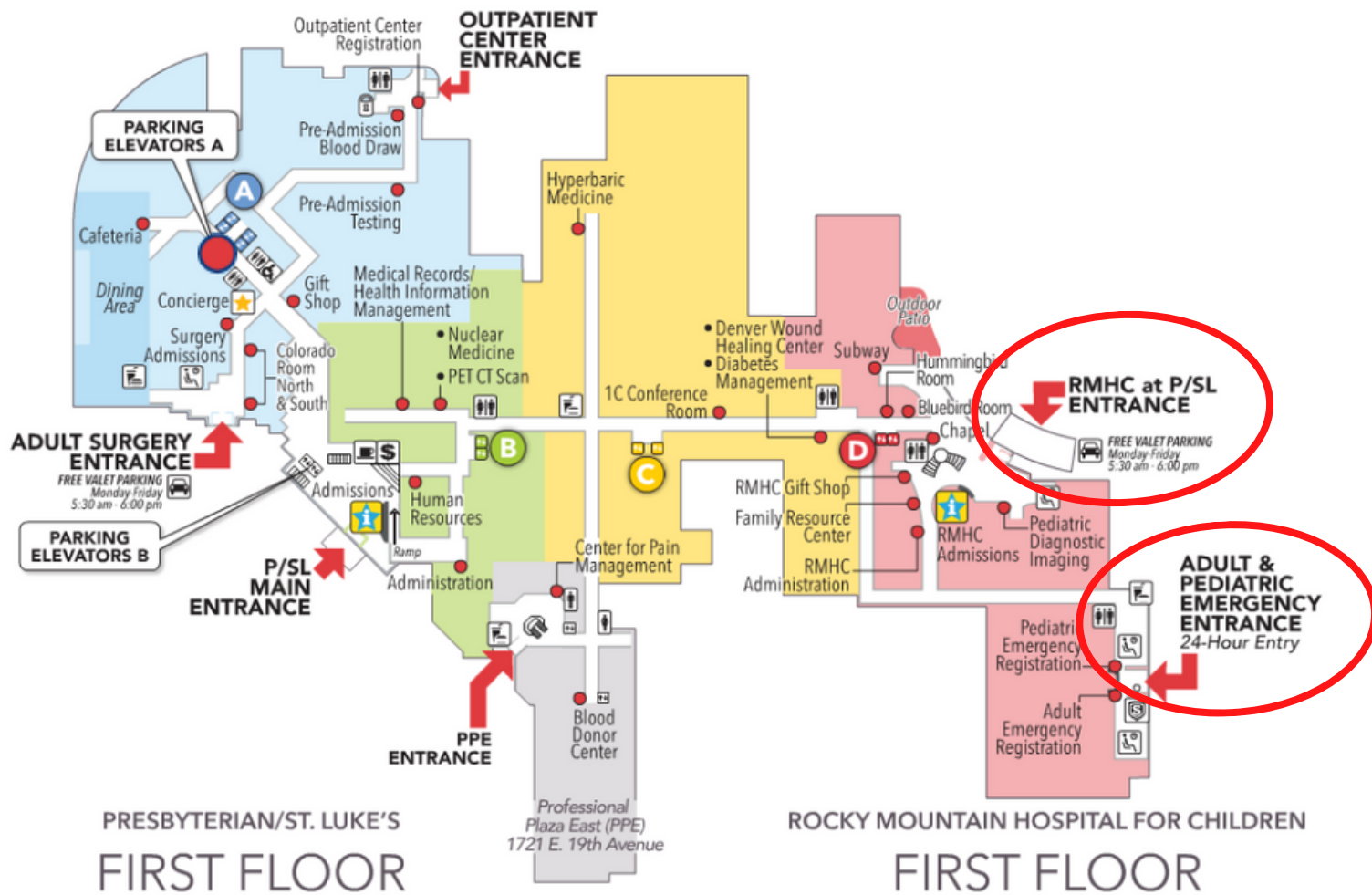
Location & Parking - RMHC at P/SL

- Rocky Mountain Hospital for Children (RMHC) at Presbyterian/St. Luke's Medical Center (P/SL) is located: 2001 High St, Denver, CO 80205
- Parking on campus is free (see map). Park in employee parking areas (see circled areas below). Please do not park in visitor or physician parking spaces (some levels are noted only for patient/visitors).



Main Entrance and 1st Floor - RMHC at P/SL

- Please enter the hospital through the RMHC at P/SL Entrance for day shift. After hours/night shift, use the ED entrance that is open 24/7.
- Pediatric/NICU/PICU units are located within the C & D Buildings.



MAP KEY

Units, Departments, & Need to Know Numbers - P/SL

Main line: 720-754-6000

Units:	
5A (transplant)	5510
6A (transplant)	7090
7A (overflow)	3561
8A (ortho)	3560
9A (Med/Surg)	7690
10A (Med/Tele)	7990
4B Oncology	4970
BMT N(ICUbeds 3401- 3410)	4950
BMT S	4949
BMT E	3880
BMT	4936
11A (Spine)	3565
ICU	6470
Peds	7780
PICU	4300
3A (L&D)	7380
5B (Mom/Baby)	7190
4D (NICU)	7390
Emergency Department	4111
Surgery - Main OR	6150
PACU	6034
PreOp	6805



FREQUENTLY USED FACILITY PHONE NUMBERS

Phone List

Access One/Medicaid Tran	1111/5557
Admitting	6661/6057/fax 303-839-7779
ER Admit	4045
Biomed	3513
Boiler Room	6575
Cardiac Rehab	2096/pgr 303-281-2987
Cath Lab	6460
CVC	6947
Stress Test	6681
Chaplain	6365
Central Supply	6605/ pgr 303-206-2426
Concierge Desk	3783
Dazbog	2283
Diabetes Education	6891
Dialysis (in house)	6566
DaVita Dialysis	303-762-2781
Dietician	6032/303-579-8956
Echo Lab	303-869-2220
Equipment Distribution	3514
Education	6750
EVS - Housekeeping	6090
EEG	303-452-7690
Employee Health	6426
Food- Nutritional Services	6467/3663
GI Lab	6066
Gift Shop	6030
HBO	6900
Human Resources	7331
Infection Control	6539
Infusion Center	6394
Interventional Radiology (IR)	6884
Radiology	
CT	6589/6588
MRI	6624/ON CALL: 303-281-1919
Nuc Med	6537/Pager 303-281-1922
Onc	2351
XR	6577/6570
US	6536/6535
	ON CALL: 303-281-1918

continued on next page

Other Common Contacts:

- House Supervisor Phone Number: 720-641-2262
- Staffing: 720-754-7550
- Security: 720-754-7000
- IT Help Desk: 720-754-7898
- Clinical Ethics for Patient Care: 00 operator for the ethics member on call 24/7
- Ethics and Compliance Officer: 720- 754-3981
- Ethics Line: 1-800-455-1996
- Educator: 720-754-3559

Emergency Response Codes

The following Plain Language Codes are used throughout our hospitals:

- Fire Alarm – a location will be announced
- Hazardous Spill – a location will be announced
- Severe Weather Alerts – announced with instructions
- Active Threat – type and location will be announced
- Security Assistance Needed
- Bomb Threat – location and instructions will be announced
- Missing Person (Adult) – description and last known location
- Missing Infant/Child - description and last known location
- Hostage Situation – a location will be announced
- Facility Lockdown – no one is to enter or exit the Emergency Department at this time. This may be divided into different types of lockdowns depending on the threat
- Code Blue – a room number will be announced
- Rapid Response Team – a location will be announced
- Facility Emergency – a description will follow stating what the emergency is and how staff should react

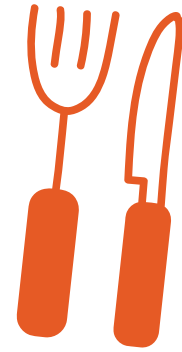
Employee Health

- Located between B and C elevators on the 1st floor
- Hours: 7am-3pm
- Employee Health Main Line: 720-754-6426
- If you experience an injury at the hospital, report it immediately to the charge RN and your clinical instructor. Follow your school procedure for injury during a clinical rotation.

Cafeteria Location & Hours

Cafeteria is located on the 1st floor near the A tower.

- Breakfast: Monday-Sunday
 - 6:30 am-10:30 am
- Lunch: Monday-Sunday
 - 11:00 am-2:00 pm
- Dinner: Monday-Friday
 - 3:00 pm-7:00 pm



Coffee shop (Dazbog) Location & Hours

Dazbog coffee station located in the main lobby on the 1st floor by the P/SL main entrance (left of the large set of stairs).

- Open M-F 6:00 am-4:00 pm, closed Sat/Sun
- Phone #: 720-754-2283
- Offers a variety of coffee drinks, smoothies, pastries, sandwiches, and breakfast burritos.



Facility Overview

Beds: 375. Key specialties: Oncology, Solid organ transplant, NICU, High risk OB, ECMO in NICU and PICU, Bone Marrow Transplant, High risk spinal surgeries.

Trauma designation: Level 4. NICU level: NICU 2 and NICU 4 (only admit to NICU 4)



COVID-19

Info

● VACCINE

We require all colleagues and students to be fully vaccinated. We do accept medical and religious exemptions (must be approved by school and HCA). Please ensure your COVID vaccine or exemption is documented in mCE (MyClinicalExchange) AND in the HCA vaccination portal (you will receive instructions from clinical instructor or from Education Coordinator for upload to portal)

● DAILY SELF-MONITORING FOR SYMPTOMS

Monitor self daily for symptoms and stay home if you have any signs and symptoms consistent with COVID-19. Symptoms include: fever, chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, and diarrhea (please see CDC site for latest COVID symptom list)

● PPE

Vaccinated- must at least wear level I/II/III mask at all times in hospital, unless eating or drinking.

Unvaccinated (exempted)- wear a non-fit tested N95 at all times in hospital, unless eating or drinking (strictly social distance)

Hospital will provide Level I/II/III masks, non-fit tested KN95s, gowns, gloves, and faceshields as needed. Faceshields can be disinfected and reused throughout clinical rotation (unless damaged). School can provide non-fit tested N95s (must meet NIOSH standards).

● FIT TESTED N95 MASKS- CAPSTONE ONLY

Due to fit testing process and volume of students, we are only able to allow capstone students to wear fit tested N95 masks. This does mean that students (with exception of capstones) are not able to care for COVID+, patient under investigation for COVID, or AGP (aerosol-generating procedures) patients where an N95 is required. Capstone students must be fit tested through the hospital's employee health. Due to limited supply, we are not able to provide PAPR hoods to students.

● STAY SAFE

Socially distance, as appropriate, especially while eating/drinking. Perform hand hygiene frequently.

STUDENT

Dress Code

A standard of personal grooming, dress, and hygiene is important to ensure a safe and supportive environment conducive to the delivery of health care services. Students should come to clinical in clean, neat and professional attire. **Whichever policy, school or hospital, is the strictest will be enforced at clinical rotations.

01 Uniform

Students should wear their school provided scrubs. Exceptions: leader shadow days- okay to wear business casual. Solid white or black undershirts with scrubs are permitted in short and long sleeve. No visible undergarments.

02 Badge

Students should wear their school provided name badge. In addition, student will receive a hospital student badge to identify self as an approved student. Ensure both badges are above waist and clearly visible.

03 Shoes

Clean and in good condition. Closed toe shoes and sock/hoisery required in patient care areas.

04 Hair

Cleaned and groomed. Color and style should be appropriate for professional setting. A slight undertone or highlights in hair color that is discrete and reasonable is allowed. Multiple bright hair colors or hair colors that are excessively "loud" are prohibited. Beards, mustaches, and sideburns must be trimmed and kept.

05 Cosmetics

Make-up should be professional; extreme makeup styles are prohibited. Heavy use of lotions, perfumes, colognes and after shaves is not acceptable.

06 Visible Tattoos

Must be appropriate and tasteful. Cannot depict nudity, violence, vulgarity, or perceived offensive or excessive.

07 Jewelry

Must not interfere with ability to perform job duties safely. Cannot be excessive, come in contact with patients or pose danger while working around machinery. Ear piercings limited to 3 per ear, must be discreet and not pose a safety hazard. Tongue piercings prohibited. Gauged/plug earrings can be no larger than 1/4 inches. Small nose studs permitted.

08 Nails

Artificial nails are prohibited in direct patient care. Nails should be clean, neat, cut to appropriate length and adhere to regulatory requirements.

STUDENT

Expectations & Supervision

Student Supervision and Skills/Procedures

- Students may participate in direct patient care including any skill or task that falls within the scope of nursing practice as long as it is approved by the school, student has been instructed on it through the school, and the student has been deemed competent to perform it under the supervision of an RN. This supervision may be direct or indirect depending upon the skill or task and the determined competency of the student.
- Student is responsible for seeking direct and indirect supervision as necessary from the Clinical Instructor, Preceptor, or designated qualified alternate.
- Students may provide care to patients only at times when the Clinical Instructor or Preceptor is on duty in the building.
- Students must receive a patient report. Students are expected to communicate their clinical responsibilities as a student to the nurse clinician assigned to the patient(s). Discuss any issues, problems, or questions with any aspect of the patient's care with the nurse.
- Students must report off to the charge nurse or nurse clinician assigned to the patient when leaving the floor for any reason, or at the end of the shift.
- Students must notify the nursing staff when there is a change in the patient's condition, or if any problem occurs with the patient, family, visitors, equipment, or medication.
- Should a student have a concern about the conduct of any HealthONE employee, it should be confidentially reported to the Clinical Instructor or Education Department. Discussion with fellow students or other staff members is considered unprofessional.
- *Your school has a student guide that you should have access to. If there is a discrepancy between the school's guide and this guide, please follow the most restrictive rule.*

Documentation

- Students may document on a patient's permanent record. Students must review their documentation with faculty/nurse clinician. Student's signature shall include the first name, last name and student status (i.e., Jane Smith, SN)

STUDENT

Expectations (Continued)

Positive Learning Environment:

- Arrive to clinical on time, prepared and ready to learn/work.
- Demonstrate professional behavior at all times. Be kind, courteous, and respectful.
- Put cell phone away during clinical hours (only to take out during breaks, looking up clinical information, or emergencies).
- Respect hospital property and supplies (i.e. no feet up on chairs/desks, take care of equipment, use supplies as needed)
- Engage and connect while on the unit; ask questions
- Communicate what learning activities would be most helpful to you.
- Keep Clinical Instructor or Preceptor informed of all activities related to the clinical experience.
- Communicate clearly to the Clinical Instructor or Preceptor any skills or procedures expected of you for which you do not feel adequately prepared to assume independent responsibility.

Patient Safety/Rights:

- Maintain the confidentiality of all patient medical information.
- Introduce yourself to the patient, indicating that you are a student and will be working with the nursing staff to provide care.
- Follow all facility policies and procedures.
- Report errors or near misses (via Meditech Notification Reporting with instructor/preceptor)

Medications:

- Students must be with their instructor or assigned staff nurse when giving ANY medication. Students must follow hospital policy and five rights for medication administration EVERY time.
- Students may administer medication by IM, SQ, PO, SL, rectally and/or topical routes as appropriate to the student's skill level and course objectives, under the appropriate supervision of a Registered Nurse. All medications must be verified by a Registered Nurse prior to administration.
- Any IV push and IV piggyback medications must be administered under the direct supervision of a licensed Registered Nurse (LPN students may not administer IV push or any IV medications unless its pre-mixed antibiotic or IV fluids).

STUDENT

Expectations (Continued)

Students MAY NOT:

- Receive telephone/verbal orders, transcribe orders or witness consents.
- Be a double check/co-sign/verifier (i.e. insulin, heparin, blood, calculated doses, pediatric medications, or chemo).
- Administer blood or blood products - may assist with the preparation, initiation of infusion, and monitoring of the patient during the transfusion
- Administer drugs via endotracheal tubes.
- Administer vasoactive drugs IV – may monitor the patient under direct RN supervision
- Administer conscious sedation medications – may assist the RN with monitoring the patient
- Administer medications or treatments (i.e., insulin or fractional dosages) prescribed by pre-printed orders that required diagnosis (as defined by the Colorado Nurse Practice Act) without consultation with the supervising RN preceptor.
- Administer controlled substances or narcotics (all routes)
- Sign out narcotics, waste narcotics, or carry the narcotic keys.
- Verify settings or work with PCA or Epidural pumps or other intravenous drips independently
- Care for or make decisions independently concerning critically ill patients with monitoring devices needing expert reading and interpretation.
- Perform any task that requires certification or advanced instruction (i.e. arterial blood gas puncture (ABG), chemotherapy administration, endotracheal intubation, monitor telemetry).
- Apply, monitor, or document patient in restraints.
- Access and de-access ports or discontinue central lines or arterial lines.
- Perform Point of Care Testing (POCT). Blood glucose monitoring and any point of care testing are limited to employees of the hospital who have demonstrated competency. Students may not perform POCT using access codes of hospital employees. Students are encouraged to observe POCT as a learning activity.
- Delegate to unlicensed assistive personnel independently.
- Perform any skill or task independently they have not been trained in and checked off as competent.
- ****LPN/LVN student additionally MAY NOT:** administer IV push medications, administer IV medications (except pre-mixed antibiotics and IV fluids) or perform initial assessment

NURSING

Priorities and Sensitive Indicators

Safety Rounding

- The primary responsibility for SAFETY rounding and patient care falls on the nursing care team. The tasks involved should be an integral part of the work of each member of the care team.
- SAFETY rounds are to be done on a consistent basis, typically every hour during the day and every two hours overnight.

S	SET-UP and SCHEDULED TASKS	Set-up round using AIDET and perform scheduled tasks.
A	ANTICIPATE	Anticipate needs by providing (a) comfort and (b) environmental measures.
F	FOCUS on the P's	Focus on the P's (Pain, potty, position, plan of care, pumps, etc.)
E	EXPLAIN	Explain by narrating care (E – AIDET) and using teach back methods.
T	THANK and TIME	THANK the patient and state the time you will return.
Y	YOU	YOU – Focus on the patient and make a personal connection.

SAFETY Rounding Comfort & Environmental Assessment Checklist	
Comfort Measures	Environmental Assessment of the Room
<input type="checkbox"/> Is the water fresh and ice pitcher full? <input type="checkbox"/> Does the patient need something to drink? <input type="checkbox"/> Are the sheets and bed covers straight and comfortable for the patient? <input type="checkbox"/> Are the pillows in a comfortable position? <input type="checkbox"/> Is there anything else the patient needs?	<input type="checkbox"/> Is the call light within reach of the patient? <input type="checkbox"/> Is the bedside table within reach of the patient? <input type="checkbox"/> Is the phone within reach of the patient? <input type="checkbox"/> Is the TV control and light switch accessible and within reach? <input type="checkbox"/> Is the trashcan placed next to the bed? <input type="checkbox"/> Does the trashcan need to be emptied? <input type="checkbox"/> Is the room tidy? <input type="checkbox"/> Is the bathroom clean and neat?

Hand Washing

Soap and water



at least
20
seconds



Required when hands are visibly dirty and for exposure to potentially infectious diarrhea

Alcohol based hand rub

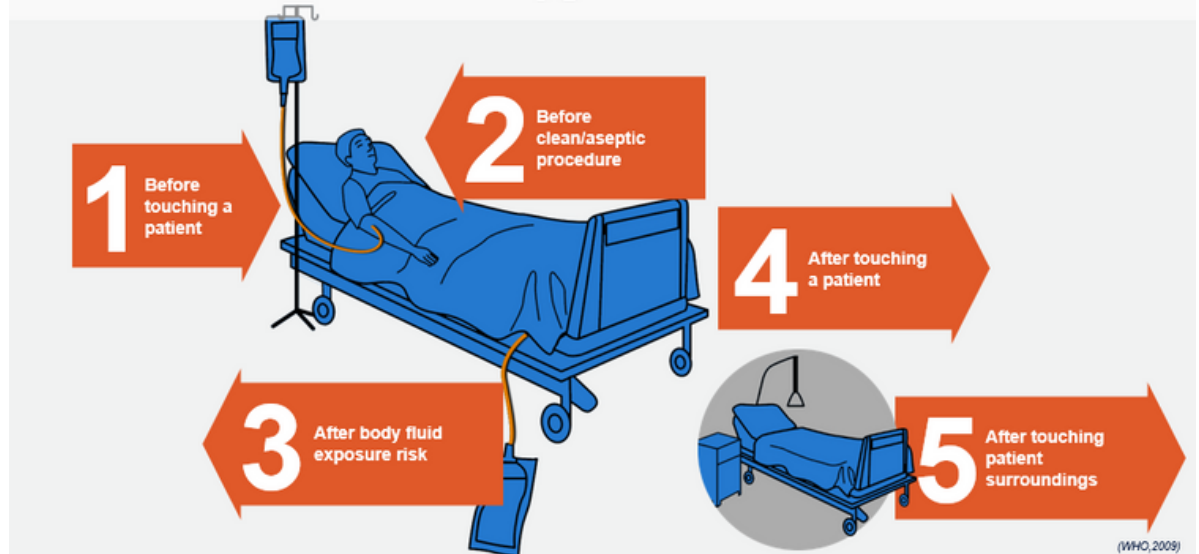


Only use hospital approved hand sanitizer and lotion



Best option when hands are not visibly dirty

Your 5 moments for hand hygiene



Other opportunities for hand hygiene

Before:



Entering or leaving a patient room



Donning gloves (and after removing gloves)



Handling any invasive device

Any time as needed:



After sneezing or coughing

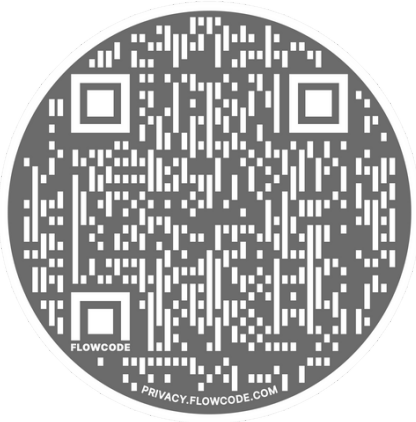


Before handling food or medications

(WHO, 2009)

Donning/Doffing

- Essential to know how to properly don and doff PPE to prevent spread of infection and protect yourself.
- Please scan QR code to watch a short video about donning/doffing.



Donning/Doffing
Video (5 minutes)

Contact, Droplet, and Airborne Precautions

Contact Precautions:

- **Precautions** - Gown and gloves, good hand hygiene
- **Environment** - Private room preferred, cohorting if necessary, maintain 3 feet distance between patients

Droplet Precautions:

- Respiratory droplets with infectious agents travel directly from the respiratory tract to mucosal surfaces of the recipients, and may be generated by coughing, sneezing, or talking.
- **Precautions** - surgical masks, single patient rooms preferred
- **Transport** - medically necessary purposes only, patients should wear a facemask, persons transporting do not need to wear a mask, good hand hygiene

Airborne Precautions:

- Airborne organisms can be suspended in the air for long distances and can occur when a patient coughs, sneezes, or talks.
- **Transport** - patients should wear a mask, cover lesions if applicable, persons transporting do not need to wear a mask
- **Precautions** - N-95 fit mask or PAPR, airborne infection isolation room and negative pressure rooms, doors should remain closed at all times with documentation verifying proper functioning daily while in use.

Consult infection prevention team at hospital with questions.

MRSA Prevention

- For patients with inpatient status, swab for MRSA only if patient is high risk for MRSA transmission unless included in order set.
- Hand hygiene can be performed using alcohol-based sanitizer or with soap and water (use appropriate method using 5 moments of hand hygiene shown on page 19).

CLABSI Prevention

- Central Line Associated Blood Stream Infections (CLABSI) can be serious, leading to increased length of hospital stay, increased cost and risk of mortality
- Students may not access and de-access ports or discontinue central lines or arterial lines. Students may change tubing on central lines, discontinue central line infusions, or perform dressing changes only under the direct supervision of the Registered Nurse.
- **Care and Prevention**
 - Assess site each shift for signs of infection
 - Perform proper hand hygiene before touching/interacting with line
 - Follow Dressing Change policy; utilize aseptic (sterile) technique during dressing change
 - Chlorhexidine (CHG) Baths performed daily

CAUTI Prevention

- Catheter Associated Urinary Tract Infections (CAUTI) are the most common nosocomial infection. Over 40% of hospital acquired infections are CAUTIs.
- **Care and Prevention**
 - There must be an order if any indwelling urinary catheter is present
 - Daily Foley care BID and PRN
 - Cleanse urinary meatus, peri area, and catheter tubing 6 inches out with aloe vera foam and disposable wipes. Follow with baby wipes if needed.
 - Daily Chlorhexidine Gluconate (CHG) Bath
 - Ensure Closed System: red tamper seal is intact
 - Secure the indwelling catheter with securement device (i.e. StatLoc)
 - Keep drainage tubing free of kinks and dependent loops
 - Maintain drainage bag below the bladder; off the floor
 - Empty drainage bag before 2/3 full
 - Empty drainage bag prior to transport
 - All Foley catheters will be removed within 48 hours of insertion if not clinically indicated or the provider must document the reason for continuation
 - Document the clinical indication for retaining an indwelling urinary catheter every shift
 - All Foley bags will be labeled with a sticker indicating the date inserted.

C. Difficile Prevention

- Clostridioides Difficile (C. difficile) is the most common cause of infectious diarrhea in hospitals. C.diff can increase a patient's length of stay greater than 4-6 days. It is transmitted through fecal-oral route by contaminated environment and hands of healthcare personnel. Prevention is the key to control the spread of C.diff.
- **Testing:** testing may be indicated if the patient has had diarrhea in last 24 hours (3 or more liquid stools). Assess for laxatives, stool softeners, tube feedings or other agents that may be contributing to loose stools to avoid unnecessary testing. Do not test formed stools except in patients with ileus; only send Type 6 or Type 7 stools per the Bristol Stool Chart.
- **Care:** wash hands with soap and water (NO foam/alcohol sanitizer), use bleach wipes to clean equipment (ensure appropriate "wet" times are being followed; surface must remain wet for time duration specified to kill bacteria), use dedicated equipment when possible, place patient in private room, and educate patient/family/visitors.

Fall Prevention

- Perform fall risk assessment each shift and for any change in condition; Consider factors that increase risk to fall
- Implement appropriate fall prevention interventions if “Risk to Fall” exists:
 - Hourly/safety rounds with 5 P’s - pain, potty, position, plan of care, pumps
 - Yellow fall risk arm band, non-skid socks, and gown
 - Fall symbol/indication on patient’s door
 - Ensure bed in low and locked position; call light and essentials in reach. Side rails up (but not all 4- considered a restraint)
 - Instruct to call for assistance out of bed
 - Observe the environment- clear clutter, mats or rugs flat to the floor, be alert to spills, keep clear path in room, ensure good lighting in room
 - Consider bed or chair alarm/low bed/roll belt/room close to nursing station
 - Evaluate need for camera monitor, safety attendant or enclosure bed if routinely challenging bed alarm
 - Supervise transfers, ambulation, personal hygiene, and toileting; remain within arms reach of patient.

Think about how all the items highlighted below can be a fall risk:



Suicide Prevention

- Alert nurse if you know or have a feeling that a patient may be suicidal. Pay attention to warning signs.
- **Warning signs:** increased substance use; no sense of purpose in life, no reason for living; insomnia or sleeping all the time; feeling hopeless or trapped; contacting people/saying goodbye, giving away items, withdrawal from friends, family, and society; rage, uncontrolled anger, seeking revenge; acting reckless or engaging in risky activities; impulsive, dramatic mood changes, anxiety, agitation, excitement
- Nurse assesses for suicide on admission and with any change in status.
- **Assessment includes:** current or recent suicidal thoughts, plans to harm or past suicide attempts, recent traumatic events, warning signs, available support system. If adolescent patient, additional questions are asked about bullying.
- **For those patients who are at risk for suicide, ensure the room is safe:**
 - Remove any laces from shoes. Encourage family/friends to bring the patient shoes without laces.
 - Sharp/metal objects such as pens, pencils, eating utensils, keys, etc. must be removed. All sharps containers should be removed.
 - Remove any type of cords or anything that can be used for binding/tying something tightly, including electrical/charging cords or shower curtain.
 - Strings on gowns can be used for strangulation. If possible, use gowns with snaps.
 - Limit the amount of linens left in the room. All linens (sheets, blankets, pillowcases) should be counted.
 - Remove plastic liners from trash cans which can be used for suffocation.
 - Remove any equipment that is not necessary for the care of the patient.
 - Check the room for personal objects (i.e. medications). You may have to search the room several times. Remove all clothing, shoes, jewelry and belongings from the room.
 - The bathroom door must not be able to lock. Remove the door if necessary.
 - Monitoring should be maintained during patient visits and any items brought into the patient's room need to be checked.
 - Visitors are told to monitor their own belongings closely and to not provide anything to a patient the patient may request unless approved by the registered nurse.



Which items can pose a safety issue for a patient at risk for suicide?

Continue

Pressure Ulcer Prevention

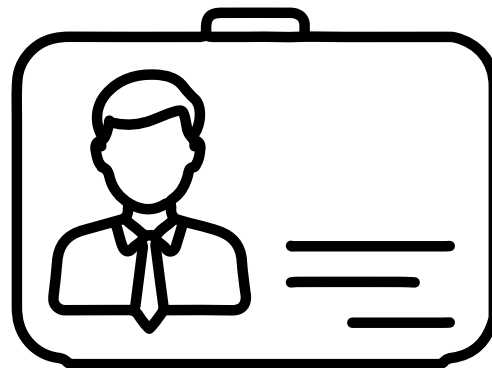
- Risk Factors: poor mobility or immobility, poor nutritional status, compromised blood flow, compromised sensation, skin color or skin changes (more difficult to recognize early signs of pressure damage), bony prominences, pain (may prevent a patient from moving), age, mental status (patient may fail to recognize discomfort that should signal position change), incontinence
- Pressure + Friction + Shear = Ischemia and tissue damage.
- Can develop within 24 hours.
- Most common sites: Sacrum and heel
- Prevention:
 - Head to toe skin assessments to look for early signs of pressure injury on admission, at least once/shift and PRN.
 - Avoid excessive and/or wrinkled linens under patient
 - Consider using a pressure-relieving mattress
 - Frequent repositioning (at least q2h) of patient as tolerated by condition
 - Use protective devices
 - Heel protectors, wedges, padding, prophylactic dressings (ex: Mepilex) to protect skin
 - Keep skin clean and dry
 - Utilize barrier creams and absorbent pads that wick moisture away from the skin
 - Ensure proper nutrition and hydration - high protein with adequate vitamins and minerals
 - Avoid sliding patient over bed with transfers or repositioning to avoid friction and shear
 - Utilize lift equipment or low-resistance transfer device to reposition



Infant & Pediatric Security

HealthONE is committed to the safe care of infants and children. Please review the information below and know your role:

- Missing Infant/Child Code (used to be called Code Pink)
 - A designated code for suspected infant/child abduction or elopement
 - To call a Missing Infant/Child Code- please gather the following information and provide to hospital operator: missing infant/child, location, pertinent information regarding suspect, and information regarding the infant/child (gender, race, age, clothing attire, etc.)
 - YOUR responsibility when a Missing Infant/Child Code is called:
 - Stop all non-critical work
 - Guard exits/doorways/elevators/stairwells until Missing Infant/Child code is all clear.
 - Tactfully challenge any persons carrying a bag, suspicious bundle, or an infant/child. This includes visitors and staff members.
 - If they do not stop, notify security, and follow patient at a safe distance. Providing a description of the individual, the direction they are heading, and if seen, vehicle information and license plate.
 - Departments with infants/children, should conduct a search and room to room head count.
- Restricted Access Units
 - Badge access must be approved for entry into a restricted access unit. These units include Pediatrics, Pediatric ICU, Labor & Delivery, Mother/Baby, and Neonatal ICU.
 - Staff working in these areas should have a designated badge. This badge is also a visual indicator for the parents to know that staff are appropriate to remove an infant/child from a patient room as needed for procedure/test.
 - Doors to the restricted access units remain locked. Entry to restricted access units must be monitored.
 - Staff should be mindful of "tailgaters" when entering into a restricted access unit. Unidentified or suspicious visitors to the unit should be questioned by staff.



Patient Safety

- Students are expected to adhere to all policies and procedures related to patient safety. Our hospitals have adopted the recommendations set forth by the Joint Commission.
- The 2022 Hospital National Patient Safety Goals include:
 - Identify patients correctly- use at least two ways to identify patients (i.e. name and DOB).
 - Improve staff communication- ensure the right information gets to the right staff person on time
 - Use medicines safely- checking five rights, label medications that are not labeled, find out what medicines patient is taking at home
 - Use alarms safely- make improvements to ensure the alarms on medical equipment are heard and responded to on time. Ensure alarm limits are appropriately set up.
 - Prevent infection- wash your hands correctly and often
 - Identify patient safety risks- reduce risk of suicide
 - Prevents mistakes in surgery- correct surgery on correct patient on the correct place on body, mark correct place on patient's body, pause before surgery to prevent mistakes(2022, The Joint Commission)

Notification/Error Reporting

- Notification reports about near misses help HealthONE hospitals identify and address potential problems with processes and equipment BEFORE a patient is harmed.
- Work with your preceptor, clinical instructor, or charge RN to fill out a notification report in Meditech when a near miss or error occurs.
- In general, a report should be submitted:
 - ANY TIME something untoward, unexpected, or out of the ordinary occurs that results (or could have resulted) in harm to a patient, employee, or visitor. Note: Harm may be physical or psychological.
 - Anytime something occurs that results (or could have resulted) in property loss or damage.
 - When an event leaves you feeling uncomfortable, or as if you "dodged a bullet".
 - Anytime a negative event occurs that could be prevented in the future.

HIPAA and Patient Information

- Student nurses have an important role in complying with the Health Insurance Portability and Accountability Act (HIPAA).
- Please remember that patient information is strictly confidential. At all times, maintain patient confidentiality.
- All PHI MUST be placed in the confidential bins, not trashcans, for destruction. Remove labels or other patient identifying information before throwing items into the trash.
 - Make sure PHI is not displayed in open areas where the public could walk by and see it.
 - Do not leave records on counters or areas where it is accessible to unauthorized individuals.
- Students may not photocopy any part of the patient's medical record or have in their possession any individually identifiable health information belonging to a patient.
- Individually identifiable data elements include but are not limited to name, address, birth date, name of employer, telephone number, e-mail address, social security number, medical record number, and health plan number.
- Students and instructors must remain conscious of their surroundings when discussing patients for learning purposes. DO NOT discuss any patients in public areas such as the elevator, waiting areas or the cafeteria. Seek out a conference room to have these discussions.

AIDET Communication

What is AIDET?

A communication fundamental that makes patients feel important and valued, uses language that instills trust and confidence, reduces anxiety, sets expectations and manages perceptions, demonstrates empathy and builds relationships. AIDET or elements of AIDET should be used in every interaction with every patient.

A- Acknowledge, says "You are important and I respect you":

- Knock before entering the room, cubical, or office space and determine if a good time
- Greet with a smile
- Ask to be invited in
- Acknowledge patient or individual by name so that he/she feels acknowledged and respected
- Acknowledge others who may be a part of the conversation

I- Introduce, says "You can count on me":

- Introduce self by name, title and organization or department
- Manage up your area of knowledge or expertise (i.e. your skill set, experience, education, what you love about nursing/career)
- Manage up nurses, other roles, departments, functions, physicians, etc. - this shows to our patients that we are a connected and unified team caring for them.
- Share something to put patient at ease (i.e. "Jane will be caring for you during the next shift. She is a wonderful nurse and will take great care of you.")

D- Duration, says "I respect your time":

- State duration for the conversation, procedure, task or delay
- Verbalize what to expect next; action/follow up to occur
- Avoid key words that may produce anxiety: "soon", "not long", or "as soon as possible"

E- Explanation, says "I want you to understand and feel safe":

- Share any relevant information
- Describe what is happening now
- Explain what will happen next
- Use language that the patient can understand
- Avoid medical jargon
- Consider asking: "How can I clarify anything we discussed?"

T- Thank you, says "I appreciate you and want to provide good service to you":

- Thank them for their time, business, feedback, etc.
- Let patients/customers know that you enjoy working with them
- Thank them for choosing HCA Healthcare or for the care of their loved one
- Close the conversation with gratitude and confirm next steps

No matter what your role, job, or title, you are a caregiver. We all play a part in the care experience.

RESOURCES

Intranet, Policies, Procedures

Continental Division Education Intranet Page

Central spot with a wealth of resources!

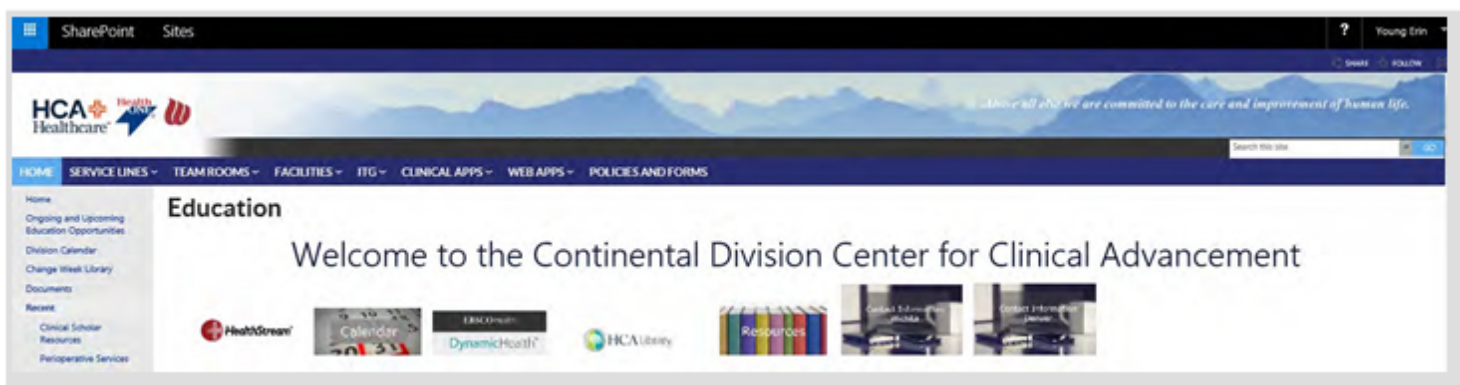
- HCA Library- access EBP
- EBSCO Dynamic Health- look up procedures/skills
- Policy Stat - find hospital policies

Access a hospital computer and find the "HealthONE Intranet" icon on the desktop. Follow Instructions to the right.

How to Access

Continental Division Education Page:

1. Click on **HealthONE Intranet**
2. Select **Service Lines** tab
3. Select **Education**



PolicyStat

Quick resource for hospital specific policies

- Access through hospital home page tabs
- Change hospital location if necessary
- Enter search for specific query or use tabs to browse by category

How to Access

PolicyStat:

1. Access through hospital home page tab
2. Click on **Policy Stat**

RESOURCES (CONTINUED)

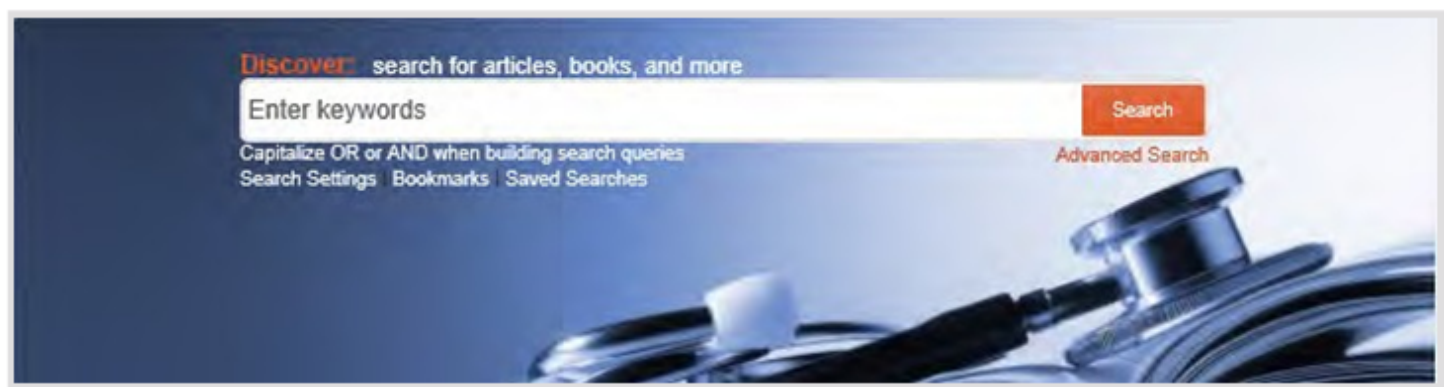
HCA Healthcare Library

- Article Finder - free access to evidence-based databases with advanced search and save features
- Clinical Resources- top clinical journals, eBooks, popular clinical resources, and access to leading healthcare agencies
- Evidence Summaries- a repository of published HCA research summaries

How to Access

HCA Healthcare Library:

1. Click on **HealthONE Intranet** from computer desktop
2. Select **Service Lines** tab
3. Select **Education**
4. Click on **HCA Library** icon



Dynamic Health

EBSCO Health Introduces Dynamic Health, a comprehensive collection of evidence-based skills content and corresponding skills checklists intended to help nurses and allied health professionals develop critical clinical, transcultural and patient instruction skills, is now available from EBSCO health.

How to Access

Dynamic Health:

1. Click on **HealthONE Intranet** from computer desktop
2. Select **Service Lines** tab
3. Select **Education**
4. Click on **Dynamic Health** icon or it can be accessed through your facility intranet through the clinical or web apps tab

RESOURCES (CONTINUED)

Micromedex

Excellent resource for up-to-date medication information

- Drug classification, mechanism of action, dosing, adverse & clinical effects, and much more!
- Drug Interactions
- IV Compatibility

Micromedex:

1. Access through **Intranet** and **Clinical** or **Web Apps** tab (depending on facility)
2. Click **Micromedex**

CareNotes

Important tool to locate patient medication & disease education. Particularly useful tool for discharge education and available in multiple languages.

- i.e. Warfarin education, CHF discharge instructions
- Customize to add patient and nurse signature lines
- Enter special instructions if needed
- Signed copies for patient and to place in chart

CareNotes:

1. Access through **Intranet** and **Clinical** or **Web Apps** tab (depending on facility)
2. Click **CareNotes**

Submit IT Ticket

If you are having access or computer issues, you can submit a ticket to the IT service desk via the intranet.

- 1) Navigate to the HealthONE Intranet Page
- 2) On left side of screen, find the "Submit IT Ticket" link
- 3) Fill out form

The screenshot shows the HCA Healthcare HealthONE Intranet Home page. The left sidebar contains a list of links: COVID19 - HCA, COVID19 for Leadership, COVID-19 Vaccine, Atlas Connect, Building Info, Leadership, Password Reset, HealthStream, Project Req. Form, **Submit IT Ticket** (highlighted with a red box), LIVE Chat with IT, Check Service Req, and HCA Survey. The main content area features a 'Home' header and a large blue banner for 'askSARAH' with the text 'Call 303.253.3225 or visit asksarahnow.com'.

ELECTRONIC HEALTH RECORD

Meditech Documentation



✓ Initial Log-In

- Your username (3-4 ID) and initial password will be provided to you by your instructor or directly emailed to you (depending on type of rotation)
- When using your 3-4 ID for the 1st time, please use the "Password Reset Tool" (padlock icon on hospital desktop) to set up password/security questions. Do this before logging into Meditech.
- If you have any issues with logging into Meditech, please contact the IT Service Desk (phone number located in lower right hand of desktop of hospital computer) or Submit an IT Ticket via the Intranet.
- Please note: if you've had prior access to Meditech within HealthOne or you are a current HealthOne employee, reactivating or creating a secondary account takes additional time.



✓ Confidentiality

- Do not use anyone's username or password, or let someone use yours.
- Do not access charts that you do not have a need to know.
- Do not access friends, relatives, or your own chart.
- Audits are done to track entries into VIP charts. All employees will be admitted as VIP status.
- Always exit the system when leaving the computer.



✓ Training

- Please watch/complete Meditech training provided in on-boarding system (MyClinicalExchange- mCE).
- Please also see Meditech Documentation Guidelines provided in mCE.

HCA HEALTHCARE-HEALTHONE COME WORK WITH US!

We have great opportunities whether you just started nursing school or are graduating soon.

Nurse Extern positions:

- Get a head start on your career in healthcare. Our nurse extern program offers paid field experience for exceptional nursing students who have completed Nursing Fundamentals course from an accredited nursing school.
- Scan QR code to the right to see our open nurse extern positions.



Registered Nurse positions:

- If you are close to graduating (<6months), apply for one of our New Graduate RN Programs (can still apply for Nurse Extern role as well and work in role until you get your RN license). Programs:
 - StaRN (Med/Surg, Tele, ICU)
 - EDGE (Emergency Department)
 - PONI (Operating Room)
 - LADI (Labor & Delivery)
- Want to learn more or have questions? Scan QR code to the right, fill out form, and a recruiter will reach out to you.
- Or email/call our Lead Graduate Nurse Recruiter: Chelsea.Chase@HCAhealthcare.com, 316-218-7589



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**Center for Clinical
Advancement**



HCA-HEALTHONE EMPLOYEE BENEFITS

- Health Benefits (Medical, Vision, Dental, Rx), Time Away from Work Programs, Paid Family Leave, Disability/Life Insurance, Reimbursement Expenses, Hope Fund for Employees, Retirement, Employee Stock Purchase Program
- Student Loan Assistance- HCA Healthcare partners with Bright Horizon EdAssist Solutions to provide a monthly benefit toward qualifying education loans incurred by eligible active full-time and part-time colleagues.
- Tuition Reimbursement- Up to \$5,250 in tax free tuition reimbursement each calendar year for higher education tuition expenses (lifetime max \$21,000).
- HCA Clinical Certification Program- Offering test fee reimbursement, bonuses and pre-paid vouchers to employees for achieving specific nationally-recognized certifications
- HCA Healthcare Scholars Program- Scholarships up to \$5,000 for eligible dependent children. Based on merit and financial need
- Career Growth Opportunity- HCA Healthcare provides unparalleled career opportunities in all clinical specialties plus IT, finance, business, operations and executive roles. Advance your career where you are, or move among communities from coast to coast.
- Center for Clinical Advancement- Established in 2018, the vision of the HCA Healthcare Center for Clinical Advancement (HHCCA) is to advance excellence in patient care by supporting clinical practice through the development of world-class clinical education.
 - State-of-the-art classroom and simulation space for clinical staff
 - Facility and division education support

HCA  **Healthcare®**
**Center for Clinical
Advancement**





Welcome

Thank you for reading through the Welcome & Orientation packet.
Please follow all guidelines/rules to ensure we keep our patients,
employees and students safe. We look forward to supporting you in
your clinical hours.

If you have any questions, please contact:

Nicole Hill MS, RN, Manager of Academic Partnerships
HealthONE Center for Clinical Advancement
Nicole.Hill@HealthONEcares.com
303-788-5396

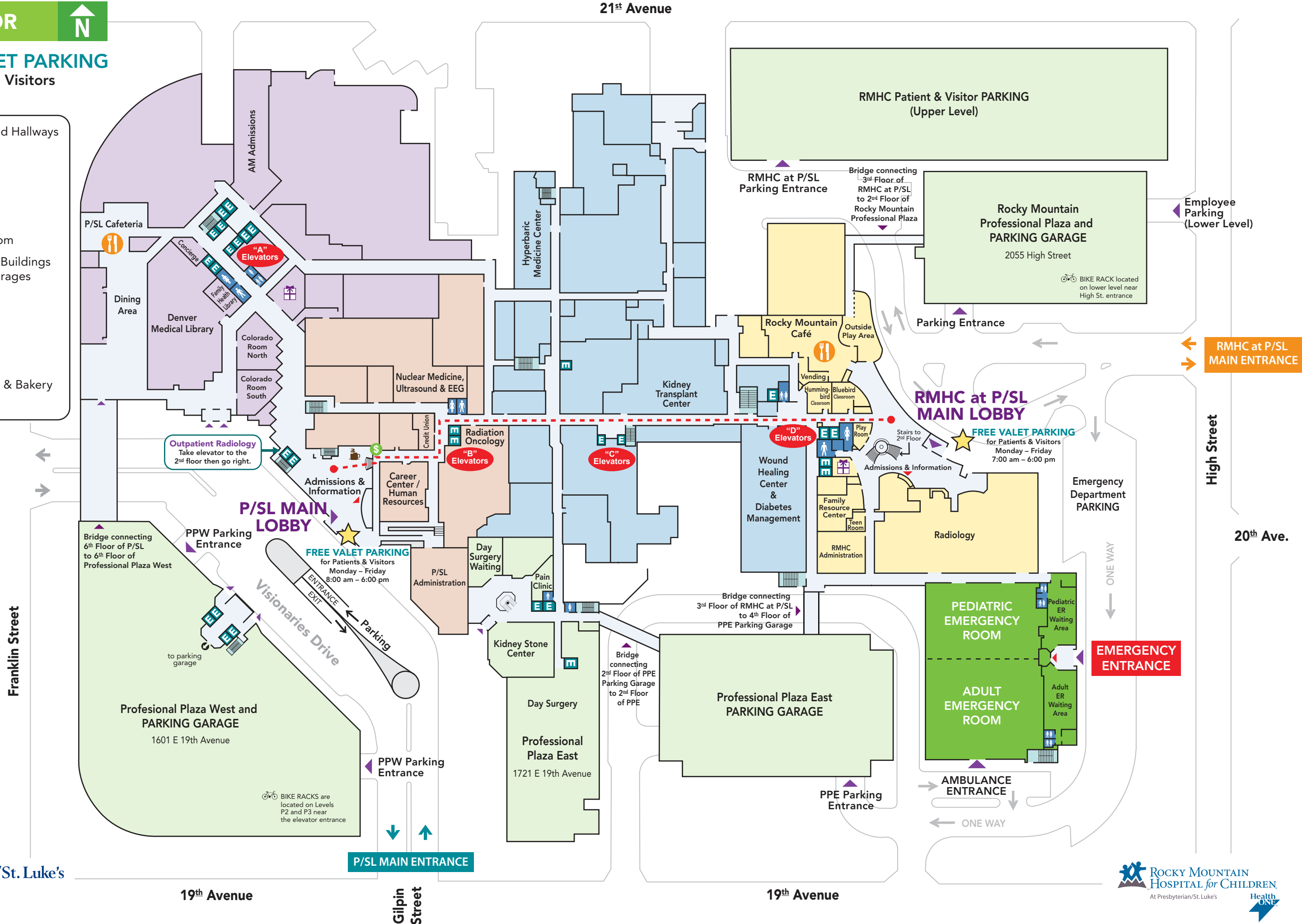
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FIRST FLOOR

★ FREE VALET PARKING
for Patients & Visitors

- Public Areas and Hallways
- "A" Building
- "B" Building
- "C" Building
- "D" Building
- Emergency Room
- Medical Office Buildings and Parking Garages
- Cafeterias
- Restrooms
- Gift Shops
- ATM
- Jazzman's Cafe & Bakery
- Elevators



How to Upload COVID-19 and Flu Vaccine Documentation

HCA Healthcare Portal

1. Open Safari on iPhone (or other Android browser) and go to <https://hcacovidvaccine.com> or use the QR code to the right from your smartphone camera app to launch the website. You can do this from your personal phone or one of the shared iMobile phones.



2. Follow the prompts; you will be asked to login with your 3/4 ID and provide colleague information.

- a. Click "I have a 3/4 ID" – **Do not use "I do not have a 3/4 ID"**
- b. **New Students:** If you have not logged in before and set a network password, you will use your temporary password in the Password box. Your temporary password is the first letter of first name capitalized, the first letter of last name lowercase, and then @temp! So, if your name is Ann Jones, your temporary password is Aj@temp!

A passcode will be sent to your mobile device. Enter it and follow the prompts.

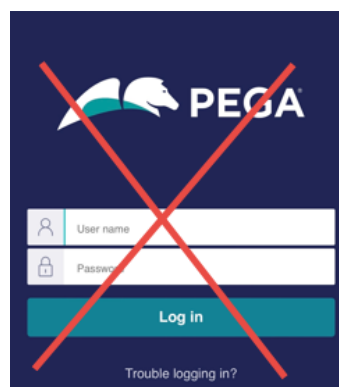
You'll be prompted to create a new, strong password. And, you're now enrolled in Identity Connect, which enables you to change your own password moving forward!

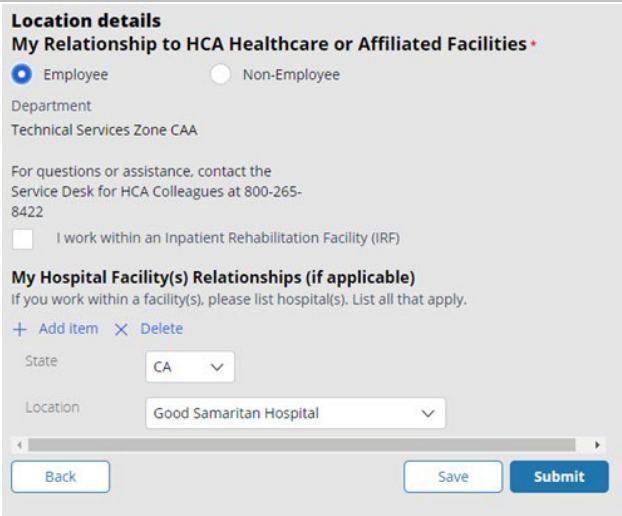
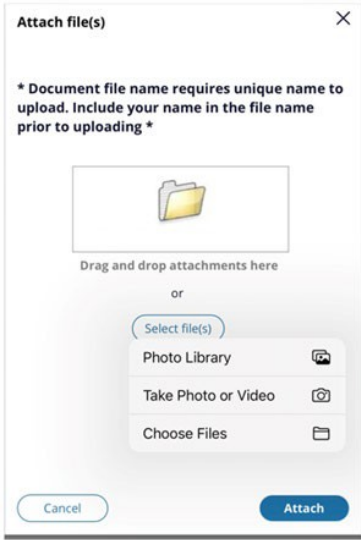
Please note: after this step it will automatically redirect you to the PEGA website. It will not allow you to log in. Please reopen the COVID portal using the QR Code above or <https://hcacovidvaccine.com>.

Returning Students: attempt your last known password to access the system

For password support, you can contact HCA IT&S Support Desk at 1-800-265-8422.

Once you're able to sign in, follow the steps to record your vaccination status or decision.

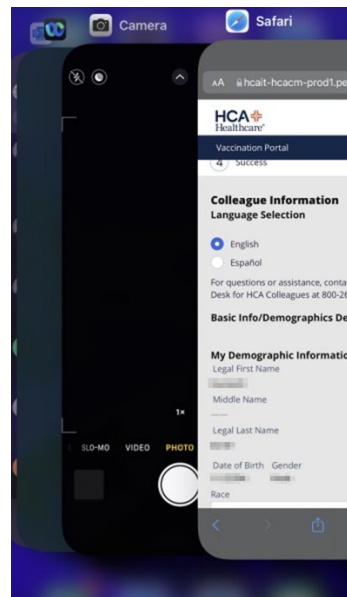


<p>3. The next screen will require you to input the HCA facilities where you work. Complete your information by selecting the “Add Item” button, then choose the state (Nevada) and facility (i.e. Sunrise, MountainView, Southern Hills). If you work at multiple facilities, please select “Add Item” again to add another entry.</p>	
<p>4. After submitting your answers for facility information, you will be asked to fill out the vaccine declaration. Upon selecting your decision, you will see another prompt asking for additional information. Fill out the prompts as needed or required.</p> <p>When the prompt asks for an attachment, choose “Select File(s)” then “Take Photo or Video” and you can take a snapshot with your smartphone camera. You will still have to complete additional fields such as vaccine and lot number. Once completed and submitted, you will be asked for a final confirmation before submission complete.</p>	

5. Once you've completed submitting your form, make sure to completely close the browser. On iPhones, click the double square in the bottom right corner then click the 'x' to close out that browser.
6. Complete this step to erase your session history and protect your personal information from anyone else that has access to that phone (this is especially true on a shared phone). When trying to connect to hcacovidvaccine.com, if you see someone else's information still logged on, close the browser the same way to clear them out then proceed with your information.

Once you log in, if the PEGA system doesn't allow you to submit vaccine documentation, please contact COVID vaccination support:

CORP.workforcehealthandsafety@hcahealthcare.com



For Flu: follow same process, but with this link instead**:

<https://s2.bl-1.com/h/dr177ky2?url=https://hcait-eecall-prod1.pegacloud.net/prweb/PRAuth/VaccineTrackerFlu>



Vaccination Portal

Welcome to HCA's Flu Vaccination Tracker

Resources

Follow the links below to consent to vaccination, document vaccination received external to HCA Healthcare, or request exemption

[I have a 3/4 ID >](#)

[I do not have a 3/4 ID >](#)

ATTENTION: COVID and Flu vaccination information is stored on a combined platform (PEGA). The platform will remember the last application (Flu or COVID) you accessed. Therefore, if you've reached this screen in error (e.g., trying to access Flu and see COVID) please clear your cache (Ctrl+Shift+Delete in Chrome).

Thank you for your participation!

****ATTENTION:** COVID and Flu vaccination information is stored on a combined portal (PEGA). The platform will remember the last application (Flu or COVID) you accessed. Therefore, if you've reach one of the screens in error (e.g., trying to access Flu and see COVID), please clear your cache (Ctrl+Shift+Delete in Chrome).

HCA/HealthOne Covid and Flu Verification via PEGA

Hello!

The 3-4 IDs in the table, which I will email to you once available, will be used for you to access Meditech (RMHC EHR), but will also be used to document your immunizations (COVID and Flu vaccine) within the HCA vaccine portal (PEGA). With the CMS mandate of the COVID vaccine for healthcare workers, HCA is required to ensure all our students are entered into the HCA vaccine portal (same requirement HCA has for all their employees). Please upload your COVID vaccine/exemption and Flu vaccine/exemption into the HCA system (**please note: this is SEPARATE and IN ADDITION to the documentation you have provided in MyClinicalExchange**).

Steps for you to take:

1. Please utilize your 3-4 ID (once provided) and review the attached instructions and links below for you to enter in your COVID/Flu vaccine status into the HCA vaccine system (PEGA).
 - a. Please complete your vaccine status in PEGA by end of clinical day #1 (ideally prior to your 1st day- link is accessible from outside hospital network)
 - b. If you have all documents ready (vaccine card or exemption paperwork), it should be quick to complete (5 minutes)
 - c. **If you are a current HealthONE employee or have completed a recent HealthONE rotation (and completed this process already), you can disregard as you do not need to complete again**
2. Please send me an email confirmation (sbenton@denvercollegeofnursing.edu) that you have completed this or screen shot of your submission screen (from PEGA) to me, so I can verify it was completed. Please do not submit vaccine cards/exemptions to me directly, as it needs to be in the HCA PEGA system.
3. If you are not complete by end of day #1, you cannot return to clinical until complete.
4. To document both COVID and Flu vaccine/exemption, you must use both links below. Please note: COVID and Flu vaccination information is stored on a combined portal (PEGA). The platform will remember the last application (Flu or COVID) you accessed. Therefore, if you've reached one of the screens in error (e.g., trying to access Flu and see COVID) please clear your cache (Ctrl+Shift+Delete in Chrome).

Please see attached directions and click the separate links below for access to each vaccine application/portal page.

****ATTENTION:** COVID and Flu vaccination information is stored on a combined portal (PEGA). The platform will remember the last application (Flu or COVID) you accessed. Therefore, if you've reach one of the screens in error (e.g., trying to access Flu and see COVID) please clear your cache (Ctrl+Shift+Delete in Chrome).

HCA/HealthOne Covid and Flu Verification via PEGA

COVID vaccine/exemption upload link or QR code:	How to Record your COVID-19 Vaccination Status or Decision Have your 3-4 ID. Go to https://hcacovidvaccine.com/ Web address must be entered as listed above. 3. Click "I have a 3-4 ID".
Flu vaccine/exemption upload link:	How to Record your Flu Vaccination Status or Decision 1. Have your 3-4 ID 2. Go to http://hcaflutrack.com/ Web address must be entered as listed above. 3. Click "I have a 3-4 ID".

If you are having issues with uploading or accessing the HCA portal/PEGA site: please contact the PEGA system support email: CORP.workforcehealthandsafety@hcahealthcare.com

If you are specifically having issues with the 3-4 ID username not working (i.e. "invalid user" message), please contact the facility's IT Help Desk (this is the number at the bottom of the hospital desktop).

If you continue to have issues, please contact Nicole Hill: Nicole.Hill@Healthonecares.com or Stacey Carroll: Stacey.Carroll@Healthonecares.com (Student coordinators for HealthONE)

We appreciate your help with this to ensure all our students are meeting the requirements and have these vaccinations/exemptions documented within our system.

Meditech Troubleshooting:

CONTACT EDUCATION IF...	EDUCATION	CONTACT IT IF...
<ul style="list-style-type: none"> For any access related issues (ex. Meditech(EDM, ORM), Pyxis, Vitals, CPN) <u>Please provide the following:</u> Name 3/4ID Facility Dept/Floor Hostname Application name Specific error message (screenshot) or description of what is happening 	<ul style="list-style-type: none"> Nursing Student Coordinators Stacey Carroll Stacey.Carroll@healthonecares.com 303-788-5395 Alex Smith (SRMC, SWED, ROSE, TMCA, PSL and NSUB) Alex.Smith@healthonecares.com 303-788-5389 	<ul style="list-style-type: none"> If unable to login to the network or reset password. Unable to pull up patients in Meditech or can not access a specific location. IT Helpdesk 303-584-2232



HCA / HealthOne Meditech Review

The Tool Bar and F keys

F6	Moves cursor to the previous field
F7	Moves cursor to the beginning of a list or top of page/section
F8	Moves cursor to the end of a list or end of the page/section
^F8	Shows parameters (related to Within Defined Parameters)
F11	Exits current screen (WITHOUT SAVING!)
F12	Saves and Files documented information
Rt CTRL	Makes a checkmark to select highlighted item. Press again to remove checkmark.
^Rt CTRL	Checkmarks entire list. Press again to remove all checkmarks.

File/Save (F12)

Exit (F11)

Lookup (F9)

Magic Key (^F12)

Calculator

Select (Rt CTRL)

Select All (^Rt CTRL)



Setting Up the Status Board

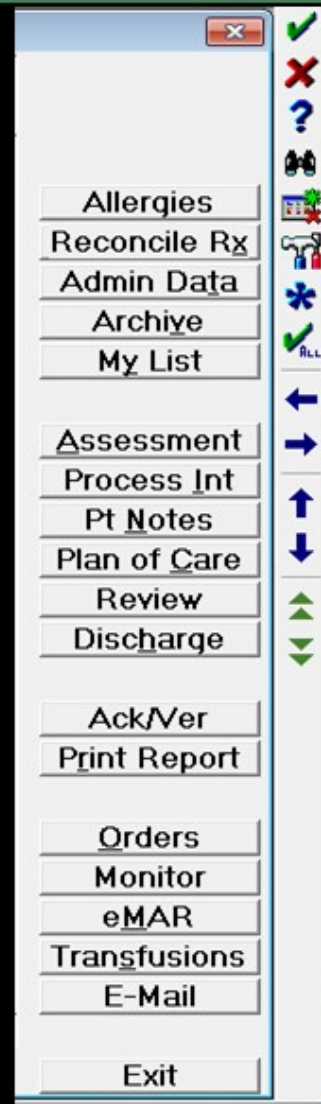
The screenshot shows a software window titled "My List of Patients - Nurse Status Board - CPOE (Last Updated: 03/04/14 1657)". The main area contains a large table with columns: Room/Bed, Patient Name, New Order, Next Med Due, Temp P R PEW, and BP Sat MEW. A green callout box highlights the first four columns and states: "If you use the 'location' or 'find patient' options, your patients will only appear during the current session". On the right side, there is a vertical menu with buttons: Allergies, Reconcile Rx, Admin Data, Archive, My List, Assessment, Process Int, Pt Notes, Plan of Care, Review, Discharge, Ack/Ver, Print Report, Orders, Monitor, eMAR, Transfusions, E-Mail, and Exit. At the bottom, there are search filters for "More Location" and "More Find Patient", along with buttons for "Manage List", "Options", and "Exit". The interface also features a toolbar on the far right with various icons for navigation and actions.

1. By Location – to view all patients on a specific unit
2. Find Patient– useful when trying to find a certain patient.
3. By Manage List – useful for making your daily assignments

MENU Keys

Other important Menu Keys:

- "Allergies" displays a list of patient allergies.
- "My List" refreshes the status board to show your assigned patients.
- "Process Interventions" is where you will document assessments and vital signs.
- "Pt Notes" is to add a note or view notes.
- "Review" This allows you to view test/lab results, vitals signs, dictated reports, etc.
- "eMAR" is used to view the medication list and to give meds.



Manage List/Assigning Patients

NUR.COCSR (COA/UD/COA.TEST.MIS/525/COCSR) - Trng ID COCSR/NEWEMP

Patient Assignment

User Clear 1 of 1

	User Name	Mgn	Type	Skills
	Trng ID COCSR/NEWEMP	TP	RM	

Patient Clear 2 of 4

✓ Room/Bed	✓ Current Patient	Age/Sex	Acuity	Assigned
AS.6403	A SKYRIDGE, LESS	46 M	TP	
AS.5408	A SKYRIDGE, JERRY	44 M	TP	
AS.4103	A SKYRIDGE, ORLANDO	65 M	TP	
AS.4109	A SKYRIDGE, PETER	45 M	TP	

Location Assign Unassign File

After you have selected all the patients you want to assign to yourself for the shift:

- Click on 'Assign'
- Click on 'File'

Replace will add the selected patients to the status board and remove any patients that were previously assigned.

Append will add selected patients to the status board without deleting previously assigned patients.

Cancel returns you to the patient assignment board

NUR.COCSR (COA/UD/COA.TEST.MIS/525/COCSR) - Trng ID COCSR/NEWEMP

Patient Assignment

User Clear 1 of 1

	User Name	Mgn	Type	Skills
	Trng ID COCSR/NEWEMP	TP	RM	

Patient Clear 2 of 4

File Options

What would you like to do with pre-existing assignments?

Replace Append Cancel

✓ Room/Bed	✓	Assigned
AS.6403	A SKYRIDGE, LESS	
AS.5408	A SKYRIDGE, JERRY	
AS.4103	A SKYRIDGE, ORLANDO	
AS.4109	A SKYRIDGE, PETER	

Location Assign Unassign

Status Board

NUR.COCSR (COAUDEZN/COA.TEST.MIS/118/COCSR) - MORRIS,MARDI *** TEST *** - Vergence Link On

My List of Patients - Nurse Status Board - CPOE (Last Updated: 02/03/14 1009)

Room/Bed	Patient Name	New Order	Next Med Due	Temp	P	R	PEW	
Temp Loc	Age	Sex	New Result	Transfusion	BP	Sat	MEW	
AS.CL05▶	SKYRIDGE,ALEX	Stat		98.6	45	20		
	53	M	Res	Ready	120/80	99	1	Allergies
AS.CL11▶	SKYRIDGE,BETTY	Stat		99.0	96	26		Reconcile Rx
	90	F	Res		100/55	95	3	Admin Data
AS.CL24▶	SKYRIDGE,GAYLE	Stat		98.0	60	20		Archive
	57	F	Res	Trans 1131	120/80	95	1	My List
AS.CL32▶	SKYRIDGE,DAVID	Unc		98.6	80	21		Assessment
	9	M	Lab		176/78	100		Process Int

- The status board screen is similar to a white board, enabling you to view current information about you patients.
- The first 3 columns remain static and remain visible at all times.

Clinical Review

NUR.COC SR (COAUDEZN/COA.TEST.MIS/237/COC SR) - RN TEMPLATE 40.6 FLEX *** TEST *** Vergence Link Susp...

My List of Patients - Nurse Status Board - CPOE (Last Updated: 01/08/14 1007)

Room/Bed	Patient Name	New Order	Next Med Due	Temp	P	R	PEW
Temp Loc	Age	Sex	New Result	Transfusion	BP	Sat	MEW
AS.ED19	CPOEADULT,SR1	Unv					
	68	M	Rad				
AS.IC15	SRMC,CR1	Ack		96.3	95	12	
	68	M	Res	132/85	90	0	
AS.END0	CPOEADULT,SR57						
	56	M					

More [] More [] →

Location Find Patient Manage List Options Exit

Allergies
 Reconcile Rx
 Admin Data
 Archive
 My List
 Assessment
 Process Int
 Pt Notes
 Plan of Care
 Review
 Discharge
 Ack/Ver
 Print Report
 Orders
 Monitor
 eMAR
 Transfusions
 E-Mail

Black tabs:
Information
available

Grey tabs: NO
Information
available

Blue tabs: New
Information
available

Pt Summary
Problem List
Special Panel
Daily Review
Order History
Vital Signs
I + O
LAB
Microbiology
Blood Bank
Pathology
Medications
Imaging
Other Reports
Notes History
Assessments
Other Menu
Reconcile Meds
More Less
Other Visits
Return

Clinical Review is simply
the PATIENT'S chart, just
in electronic form.

Other Reports

Selected Visit Lifetime Summary

Previous Page Next Page

Date / Time	Department Report	Dictated By Dictated Dt/Tm	Status	I	✓
Aug 30,13 09:27	General Reports: Pulmonology Progress Note	GOBBLE,JO ANNE Aug 30,13 09:27	Draft		
Aug 29,13 10:07	Respiratory System: Pulmonary Consultation	GREER,SHERRY Aug 29,13 10:07	Draft		
Aug 26,13 10:39	General Reports: Hospitalist Progress Note	WINCHESTER,C... Aug 26,13 10:39	Signed		
Aug 26,13 10:36	General Reports: Infectious Disease Consultation	GOBBLE,JO ANNE Aug 26,13 10:36	Signed		

Pt Summary

Problem List

Special Panel

Daily Review

Order History

Vital Signs

I + O

LAB

Microbiology

Blood Bank

Pathology

Medications

Imaging

Other Reports

Notes History

Assessments

Other Menu

More Less

Other Visits

Return

Includes
Provider
Reports,
H&Ps, Echo
Reports, MD
Notes



PCI

Order

Document

Discharge

Sign

Notes History

Notes Assessments and Notes Messages

Previous Page Next Page

Date / Time	Category	User	I	
Aug 30, 13 09:27	Provider Pulmonology Progress Note	GOBBLE, JO ANNE MEDICAL CENTER		
Aug 29, 13 10:07	Provider Pulmonary Consultation	GREER, SHERRY MEDICAL CENTER		
Aug 26, 13 10:39	Provider Hospitalist Progress Note	WINCHESTER, CHARLES MEDICAL CENTER		
Aug 26, 13 10:36	Provider Infectious Disease Consult	GOBBLE, JO ANNE MEDICAL CENTER		
Aug 26, 13 10:18	NURSE NOTES Nurse Notes	SHAW, TRAVIS PT READMITTED TO INPATIENT...		

Pt Summary
Problem List
Special Panel
Daily Review
Order History
Vital Signs
I + O
LAB
Microbiology
Blood Bank
Pathology
Medications
Imaging
Other Reports
Notes History
Assessments
Other Menu
More Less
Other Visits
Return

PCI Order Document Discharge Sign

Includes:

- Consult notes
- Nurse notes
- PT/OT notes
- Resp notes
- Dietary notes
- D/C summary
- Case Mgmt.

Click on the
grey box to
view the
report

Process Interventions

“The Verb Strip” = menu items

- “Document Now” (DN) – to document.
- “Add Interv’s” (AI) – to add new interventions
- “View History” (VH) – to view history of documentation; also used to edit or undo documentation errors.

Process Interventions

Current Date/Time LMH

Int: 04 of 14

Document Now Document Interv's Add Interv's Select Interv's Change Status View History Order Detail Edit ≥More Text

Patient AS0000025329 SRMCEBCD, TEST53 Status ADM IN Room AS.5205

Resuscitation Status Admit 04/02/17 Bed A

Attend Dr ZCPOESR Zcpoe, Sr Age/Sex 41 F Loc AS.5200

Start Date 04/03/17 at 0000 End Date 04/03/17 at 2359 Med Edit Unit# AS00000470

Include A,D,S AS,CP,MO,OE,PS 1:99 ALL INT Acuity

Interventions	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Assessments									
-Admission/Shift Assessment +	A				CP				
-Quick Start +	A								
-Safety/Risk/Regulatory +	A								
-1st Point of Contact MRSA/TB/RESP +	A								
-Pain Assessment +	A								
Routine Care									
-Vitals/Ht/ Wt/ Measurements +	A								
-Routine Daily Care +	A								
-Intake and Output +	A								
-Lines/Drains/Airways +	A								
-Teach/Educate +	A								
-Manage/Refer/Contact/ Notify +	A								
Plan of Care									
-Plan of Care +	A				CP				
~~~~~ DISCHARGE PLANNING/EDUCATION ~~~~~									

You will document in all of these interventions throughout your shift at least once and as needed.

To document on an intervention:

1. Highlight the intervention
2. Select Document Now



# Other Daily Documentation

- Update Admin Data
- Pt Notes
- Review Status Board & Acknowledge Orders with preceptor (at **LEAST** every 2 hours)
- eMAR- medication administration
- Clinical Review





# Documenting Vital Signs

Interventions	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
Assessments									
-Admission/Shift Assessment +	A				CP				
-Quick Start +	A			1m	PS				
-Safety/Risk/Regulatory +	A				CP				
-1st Point of Contact MRSA/TB/RESP +	A				CP				
-Pain Assessment +	A				CP				
Routine Care									
-Vitals/Ht/ Wt/ Measurements +	A				CP				
-Routine Daily Care +	A				CP				
-Intake and Output +	A				CP				
-Lines/Drains/Airways +	A				CP				
-Teach/Educate +	A				CP				
-Manage/Refer/Contact/ Notify +	A				CP				
Plan of Care									
-Plan of Care +	A				CP				
~~~~~ DISCHARGE PLANNING/EDUCATION ~~~~~									

You can document Vital signs, Height, Weight, and other measurements from the above intervention.

Documenting Continued

Vital signs: 04/03/0943 AS0000025329 SRMCEBCD,TEST53

Document vital signs:

1 Yes

Document vital signs:

Document pre transfusion vitals:

Document height/weight measurements: *

Document hemodynamic monitoring:

Document orthostatic vital signs:

Document ICP/ CPP monitoring:

(End)

You will utilize the OK button to move between fields. To Document VS or in any of the other fields below you choose YES. The screen will automatically take you to your documentation screen.

When you are finished documenting you will click in the END box below to file your documentation.

* Indicates that this is a required field. You will not be allowed to save documentation until that field has been documented in.

New Admissions Assessment/ Daily Assessments/ Focused Reassessments

Process Interventions

Current Date/Time LMH Int: 0/ of 14

Document Now	Document Interv's	Add Interv	Select Interv's	Change Status	View History	Order Detail	Edit Text	>More
--------------	-------------------	------------	-----------------	---------------	--------------	--------------	-----------	-------

Patient AS0000025329 SRNCEBCD, TEST53 Status ADM IN Room AS.5205

Resuscitation Status Admit 04/02/17 Bed A

Attend Dr ZCPOESR Zcpoe, Sr Age/Sex 41 F Loc AS.5200

Start Date 04/03/17 at 0000 End Date 04/03/17 at 2359 Med Edit Unit# AS00000470

Include A,D,S AS,CP,MO,OE,PS 1:99 ALL INT Acuity

Interventions	Sts	Directions	OD	Doc	Src	D	C/N	KI	Prt
History									
-Admission Health History +	A				CP				
Assessments									
-Admission/Shift Assessment +	A				CP				
-Quick Start +	A			2h	PS				
-Safety/Risk/Regulatory +	A				CP				
-1st Point of									
-Pain Assessment									
Routing Care									

Make selection below

Select ☐

- 1 Full (All) Systems
- 2 Selected Focus Systems

Admission assessment, daily shift assessments and focused reassessments are in the same intervention. You will choose which you would like to do from the options screen.

Intake and Output

Intake and Output 04/03 1047 AS0000025329 SRMCEBCD,TEST53

OK

Oral ml:

7	8	9	Del
4	5	6	
1	2	3	
	0		Calc

1. Complete your documentation
2. Utilize the green OK button to skip fields
3. Click END to save documentation

Oral ml:

IV intake:

Nutrition amount:

Meals consumed:

Procedure intake:

Other measured intake:

Non BCTA blood:

Urine:

Stool:

Output not measured:

Emesis:

Gastric drainage:

Drain:

Procedure output:

Post void residual amount ml:

Peritoneal dialysis:

Hemodialysis:

CRRT:

(End)

To Edit , Undo or Finish Documenting

Process Interventions

Current Date/Time LMH Int: 04 of 14

Document Document Add Select Change View Order Edit
Now Interv's Interv Interv's Status History Detail Text

Patient AS0000025329 SRMCEBCD,IES153 Status ADM IN Room AS.5205
Resuscitation Status Admit 04/02/17 Bed A
Attend Dr ZCP0ESR Zcpoe,Sr Age/Sex 41 F Loc AS.5200
Start Date 04/03/17 at 0000 End Date 04/03/17 at 2359 Med Edit Unit# AS00000470
Include A,D,S AS,CP,MO,OE,PS 1:99 ALL INT Acuity

Interventions Sts Directions OD Doc Src D C/N KI Prt

Assessments
-Admission/Shift Assessment + A
-Quick Start + A
-Safety/Risk/Regulatory + A
-1st Point of Contact MARS/TB/RESP + A
-Pain Assessment + A
Routine Care
-Vitals/Int/ Wt/ Measurements + A
-Routine Daily Care + A
-Intake and Output + A
-Lines/Drains/Airways + A
-Teach/Educate + A
-Manage/Refer/Contact/ Notify + A
Plan of Care
-Plan of Care + A
~~~~~ DISCHARGE PLANNING/EDUCATION ~~~~~

NUR.COCSR (COAUDED/COA.LIVE.MIS/421/COCSR) - Chirinos,Tara

View Intervention History

>View Select Undo Edit <Exit

| Number  | Description             |
|---------|-------------------------|
| 1702002 | 180: Monitor - Complex+ |

| Activity Type | Occurred Date | Occurred Time | by  | Recorded Date | Recorded Time |
|---------------|---------------|---------------|-----|---------------|---------------|
| Create        | 05/02/11      | 1108          | CL  | 05/02/11      | 1108          |
| Document      | 05/04/11      | 0546          | NWL | 05/04/11      | 0548          |
| Document      | 05/04/11      | 1759          | REK | 05/04/11      | 2045          |
| Document      | 05/05/11      | 0559          | KSO | 05/05/11      | 0707          |
| Document      | 05/05/11      | 1759          | PGW | 05/05/11      | 1804          |
| Document      | 05/05/11      | 1759          | PGW | 05/05/11      | 2047          |
| Document      | 05/06/11      | 0559          | KSO | 05/06/11      | 0705          |
| Document      | 05/06/11      | 1830          | AKD | 05/06/11      | 1831          |
| Document      | 05/07/11      | 0559          | KSO | 05/07/11      | 0649          |
| Document      | 05/07/11      | 1820          | KKW | 05/07/11      | 1823          |
| Document      | 05/08/11      | 0559          | JDN | 05/08/11      | 0705          |
| Document      | 05/08/11      | 1730          | MLM | 05/08/11      | 1834          |
| Document      | 05/09/11      | 0559          | JDN | 05/09/11      | 0654          |
| Document      | 05/10/11      | 0559          | MLM | 05/10/11      | 0735          |

1. Select the intervention you want to undo or edit/finish.
2. Click on View History.
3. Highlight the one you want to undo/edit and click on corresponding menu item at the top of the screen.
4. You will have to enter a reason. (e.g. wrong patient, wrong time, etc.)



# Manage/Refer/ Contact/ Notify

## Interventions

### Assessments

- Admission/Shift Assessment +
- Quick Start +
- Safety/Risk/Regulatory +
- 1st Point of Contact MRSA/TB/RESP +
- Pain Assessment +

### Routine Care

- Vitals/Ht/ Wt/ Measurements +
- Routine Daily Care +
- Intake and Output +
- Lines/Drains/Airways +
- Teach/Educate +
- Manage/Refer/Contact/ Notify +

### Plan of Care

- Plan of Care +

~~~~~ DISCHARGE PLANNING/EDUCATION ~~~~

Sts Directions

OD Doc Src D C/N KI Prt

Use this Intervention to document all notifications related to patient care.

Manage Refer Contact Notify 04/03 1113 AS0000025329 SRMCEBCD,TEST53

| Entity attempted/notified: | | | |
|----------------------------|------------------------|------------------------------|--|
| 1 Family member | 7 Occupational therapy | 13 Environmental services | |
| 2 Listed emergency contact | 8 Speech therapy | 14 Respiratory therapy | |
| 3 Significant other | 9 Social work | 15 Child protective services | |
| 4 Nurse | 10 Case management | 16 Coroner | |
| 5 Wound/ostomy care | 11 Pastoral care | 17 Funeral home | |
| 6 Nutrition | 12 Security | 18 or <F9> For More Options | |

Action:>Notified

Provider attempted/notified:>

Entity attempted/notified:>

Family member notified:

Reason notified:

Chain of command contact name:

Patient Notes

The main application window displays a menu on the left with various options. The 'Pt Notes' option is circled in green. Other options include Allergies, Admin Data, Archive, My List, Assessment, Process Int, Plan of Care, Review, Flowsheet, Print Report, Orders, eMAR, Transfusions, E-Mail, References, and Exit.

Patient Note Functions

- View Existing Notes
- Enter New Note
- Amend Existing Notes
- Undo Existing Notes
- Print Notes by Date
- Print ALL Notes
- View Undone Notes
- Print Undone Notes

Note Type

- Type of Note
- No Type
- Problem
- Outcome
- Intervention

Note Categories

- LACTATION CONSULTANT
- NURSE NOTES

Enter Note

| Date | Time by | Mgm | Author's Name | Note Category |
|----------|---------|---------|----------------------|---------------|
| 09/12/17 | 1656 | ASNE.NH | MKM Morris, Nardi K. | NURSE NOTES |

Patient: AS1500005288 SKYRIDGE, BETTY

Resuscitation Status: []

Use F6 to go back to the TIME box and change to the actual time you need

No Known Allergies/ Unobtainable

MIS (COAUDED/COA.TEST.MIS/659/COCSR) - Perez, Theresa A.M.

Allergy Management

SKYRIDGE, BETTY - 45/M AS, ICUW AS, IC29/A Unit No: AS00000015
ADM IN Acct No: AS9360006687

| Allergies for Interaction Checks (C) | Type | Severity | Date | Ver | Cnt |
|--------------------------------------|---------|----------|----------|-----|-----|
| No Known Allergies | Allergy | | 12/27/10 | No | |

Uncoded Allergies (0)

View Details

New

Delete

Edit

Confirm

Verify

NKA Unobtn

Audit Trail

Select All

Deselect All

Undo All

- Click on "NKA" if patient has no drug, food, environmental or other allergies.
- Once "NKA" is clicked, No Known Allergies is added on the list. The NKA button is then grayed out.

Allergies must be validated on all patients

- ❖ Click the Verify, Confirm, and File buttons if allergies are correct
- ❖ Any **UNCODED** allergies must be **deleted & re-entered as Coded allergies** in order to have allergy interaction checks.
- ❖ Misspelled or free text allergies will drop to UNCODED allergy list and will not be checked for interaction.

Allergy Management

SKYRIDGE, BETTY - 45/M AS, ICUW AS, IC29/A Unit No: AS00000015
ADM IN Acct No: AS9360006687

Allergy Management

SKYRIDGE, BETTY - 45/M AS, ICUW AS, IC29/A Unit No: AS00000015

Allergy/Adverse Drug Reaction Lookup - All

Uncoded Drug Non-Drug
Multiple All

Allergy Information Available

Other Name Category

Intermediate Unknown No

Comment

OK Cancel

View Details

New

Delete

Edit

Confirm

Verify

NKA Unobtn

Audit Trail

Select All

Deselect All

Undo All

File

Return

- If allergy information is not obtainable, use the "Unobtn" button
- Enter a comment by clicking on the comment button.

eMAR OVERVIEW

- ◆ Light Grey: Previously Given
- ◆ Green: Next dose due
- ◆ Red: Due now or overdue
- ◆ Full Grey Box: Dose note given
- ◆ Black: Future Doses
- ◆ Yellow: Medication D/C'd

Droperidol, Ketorolac tromethamine, Butorphanol Tartrate, Codeine, Glucocorticoid... AdvReac ...

Fever, Abd Pain

Tuesday May 3, 2011 1341

| Start | | | | | | | Sched | Today | | |
|---------------|---|----------|--|--|--|--|-------|-------|-------|-------|
| Stop | Medication | | | | | | Time | Mon | Tue | Wed |
| Status | Route | Schedule | | | | | | 05/02 | 05/03 | 05/04 |
| 05/01/11 2100 | Klonopin 2 mg PO TID | | | | | | 0900 | 0855 | 0643 | 0900 |
| 05/11/11 2101 | Clonazepam 0... (Give 4 TABS of 0.5 mg) | | | | | | 1300 | 1312 | 1300 | 1300 |
| Active | | | | | | | 2100 | 2026 | 2100 | 2100 |
| 05/01/11 1830 | Amylase/Lipase/Prot... 6 cap PO TIDMEAL | | | | | | 0800 | 0856 | 0806 | 0800 |
| 10/28/11 1831 | Pancreli... (Give 6 CAPSULE.DRS of ...) | | | | | | 1200 | 1311 | 1206 | 1200 |
| Active | | | | | | | 1700 | 1819 | 1700 | 1700 |
| 05/02/11 1800 | Cubicin 390 mg in NaCl-0.9% IV Q24H | | | | | | | 1738 | 1800 | 1800 |
| 05/22/11 1801 | DAPTONYCIN 39... (100 mls @ 100 mls/hr) | | | | | | | | | |
| Active | **6 MG/KG DOSING**... | | | | | | | | | |
| 05/02/11 2000 | TPN Solution IV DAILY#20 | | | | | | 2000 | 2101 | 2000 | 2000 |
| 10/29/11 2001 | TPN Solution 1690 ml (1690 mls @ 100) | | | | | | | | | |
| Active | 5/2 CYCLE SEE ORDER FOR RATE... | | | | | | | | | |

Allergies

Admin Data

Archive

My List

Assessment

Process Int

Pt Notes

Plan of Care

Review

Flowsheet

Print Report

Orders

eMAR

Transfusions

E-Mail

References

ment | Ack | Preferences | Drug Data | eMAR Reports | Change Order | Other | Submit | Exit

eMAR

Start Date/Time
and Stop
Date/Time

Medication Profile Icons: Clicking on these icons will display information linked to that drug. This includes linked medications, required co-signatures, dose instructions

Confirm name
and DOB

Allergies

"A" means
acknowledged

Label comments display
beneath medication name
directly on profile and also
with dose instructions.

PHA.COC SR (COAUDIT/COA.LIVE.MIS/478/COC SR) - Chirinos,Tara L.

eMAR Desktop Total # orders 18

AS9361010652/AS00028107 AS.5200 AS.5202-A ADM IN
185.42 cm 63.957 kg 1.81 m2 CrCl 99.88 ml/min Cr 0.9 mg/dl

Patients Name

Allergy Droperidol, Ketorolac tromethamine, Butorphanol Tartrate, Codeine, Glucocorticoid... AdvReac ...

Diagnosis Fever, Abd Pain Tuesday May 3, 2011 1341

| Start | Stop | Status | Route | Medication | Sched Time | Today | | |
|---------------------------------|---------------|--------|-------|---|----------------------|----------------------|----------------------|----------------------|
| | | | | | | Mon | Tue | Wed |
| 05/01/11 2100 | 05/11/11 2101 | Active | | Klonopin 2 mg PO TID
Clonazepam 0... (Give 4 TABS of 0.5 mg) | 0900
1300
2100 | 0855
1312
2026 | 0643
1300
2100 | 0900
1300
2100 |
| 05/01/11 1830 | 10/28/11 1831 | Active | | Amylase/Lipase/Prot... 6 cap PO TIDMEAL
Pancrelli... (Give 6 CAPSULE.DRS of ...) | 0800
1200
1700 | 0856
1311
1819 | 0806
1206
1700 | 0800
1200
1700 |
| 05/02/11 1800 | 05/22/11 1801 | Active | | Cubicin 390 mg in NaCl-0.9% IV Q24H
DAPTOMYCIN 39... (100 mls @ 100 mls/hr) | | 1738 | 1800 | 1800 |
| 05/02/11 2000 | 10/29/11 2001 | Active | | TPN Solution IV DAILY@20
TPN Solution 1690 ml (1690 mls @ UD) | 2000 | 2101 | 2000 | 2000 |
| 5/2 CYCLE SEE ORDER FOR RATE... | | | | | | | | |

Document Ack Preferences Drug Data eMAR Reports Change Order Other Submit Exit

Medication Reconciliation

My List of Patients (Last Updated: 04/03/17 0923) Nurse Status Board - CPOE

| Room/Bed | Patient Name | New Order | Link | Next Med Due | Temp P | R PEW |
|-----------|------------------|------------|------|--------------|--------|---------|
| Temp Loc | DOB S Age | New Result | | Transfusion | BP | Sat MEW |
| AS.5205-A | SRMCEBCD, TEST53 | | | | | |
| | 10/10/75 F 41 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Protocol
Allergies
Reconcile Rx
Admin Data
Archive
My List
Assessment
Process Int
Pt Notes

Med Rec MUST be completed:

- Admission
- Transfer
- Discharge

➤ Review

- You must review each medication
- ADD THE DATE & TIME IT WAS LAST TAKEN

Reviewing and Adding Home Meds

➤ Review

- You must review each medication
- ADD THE DATE & TIME IT WAS LAST TAKEN

Medication Reconciliation

TRAIN, BETTY - 79/F
180.3 cm 79.838 kg
Allergies/ADRs: oxycodone HCl (From PERCOCET), Sulfa (Sulfonamide Antibiotics), Peanut, Acetaminophen (From PERCOCET), ... (More)

AS.CLASS
U/A AS00000012/AS1500016894

Last updated by: Trng ID COCSR/NEWEMP on 11/13/14 @ 1242

| Home Meds (6) | Trade | Last Taken | Review | DC | Cont | HOLD |
|--|----------|--------------|----------|------|-----------------------|-----------------------|
| ASPIRIN 325 MG TABLET | Reported | <Last Taken> | 11/13/14 | 1241 | <input type="radio"/> | <input type="radio"/> |
| 325 MG ORAL DAILY PRN Anxiety | | | | | | |
| HYDROMORPHONE HCL (DILAUDID) 8 MG TABLET | | <Last Taken> | 11/13 | | <input type="radio"/> | <input type="radio"/> |

Discontinued Home Meds

FURSEMIDE (LASIX) 20 MG TABLET
40 MG PO DAILY

FAMOTIDINE (PEPCID) 20 MG TABLET
40 MG PO DAILY

METOPROLOL SUCCLATE (LOPRID) 50 MG PO BID

ONDANSETRON HCL (ZOFRAM) 4 MG PO BID

Update Med List - Favorite Strings

WARFARIN (COUMADIN) 1 MG TAB
1 MG PO DAILY 0 Refills
Takes M, W, Sat

Unknown Strength

Dose Units Route Frequency PRN Reason for Use

1 MG PO DAILY N

Qty Days Disp Unit Refills NS

Instructions Takes M, W, Sat

Diagnosis

Comments

Date Source

Remove Favorite
Monograph
Replace/Change
Daily Dosing

Last Taken

ASPIRIN 325 MG TABLET
325 MG ORAL DAILY PRN Anxiety

Date 11/13/14

Time 0900

Dose

Information Source SAME AS PATIENT

Medication Purpose Anxiety

Comments

Attention Required? ☐ Yes ☒ No

OK Cancel Clear

View Detail
Renew/Change
Cancel
Prescriptions
Inpatient Meds
Upd Med List
Associate
Remove Assoc.
Print
? Check
Remove
Reset Review
Submit

Submit

Scanning Patients & Meds

Scan patient armband.



- Barcode appears

Scan medication

- ◊ Barcode appears
- ◊ Asterisk appears

eMAR Desktop

Total Documentations waiting to file 1 New 1 Total # orders 1

ED, EMAR  05/05/57  AQ1000012129/AQ00000556 No Height or Weight entered. AQ.ER - REG ER CrCl INVALID RESULT

Allergy Allergies Have Not Been Entered in Pha AdvReac ADRs HAVE NOT BEEN ENTERED IN PHA



Thursday August 30, 2012 1052

| A | Start | Stop | Status | Route | Medication | Schedule | Sched Time | Today | | |
|---|---------------|------|-----------|-------|---|----------|------------|-------|-----|-----|
| | | | | | | | | Wed | Thu | Fri |
| ✓ | 08/30/12 1052 | | Active | | Sulfamethoxazole/Imp 5s PO .5TK-MED ONE | | | | | |
| | 08/30/12 1053 | | New Order | | Bactrin/Sep... (Disp: 1 SS.TAB of 1 ea) | | | | | |

08/29 08/30 08/31

1052*

Session Summary

ED, EMAR  05/05/57  AQ1000012129/AQ00000556 No Height or Weight entered. AQ.ER - REG ER CrCl INVALID RESULT

Allergy Allergies Have Not Been Entered in Pha AdvReac ADRs HAVE NOT BEEN ENTERED IN PHA

Thursday August 30, 2012 1115

New Documentations

| Orders | Scheduled Date-Time | Administered Date-Time | Given | Dose/Volume | Edit |
|----------------------------------|---------------------|------------------------|-------|-------------|------|
| | | | | | |
| ✓ Sulfamethox... PO .5TK-MED ONE | 08/30 1052 | 08/30 1108 | Yes | 1 EA | |

Return to eMAR Save and Exit Save and Recompile Manual Barcode

- **“Return to eMAR”**- Returns to eMAR desktop (Does not file your work)
- **“Save & Exit”**- Files your work and returns to status board
- **“Save & Recompile”**- Files your work and returns you to that patient's eMAR