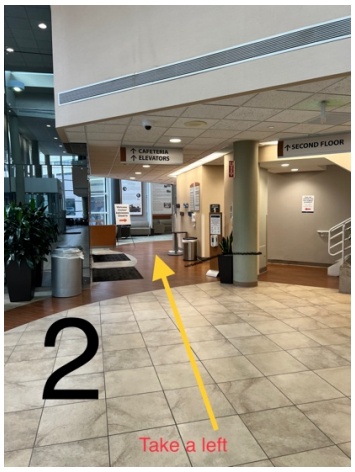
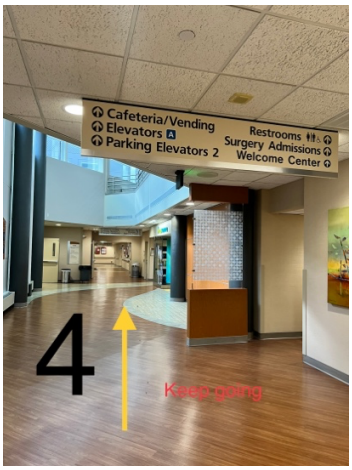
Presbyterian St. Luke's Medical Center

Information on the facility.

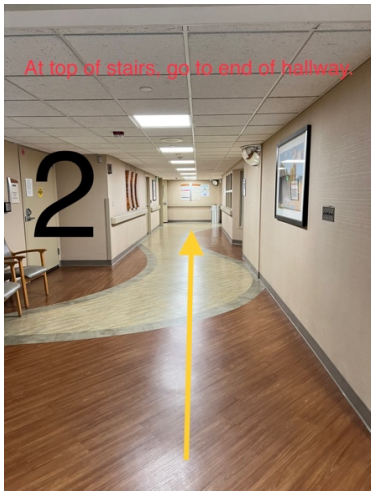
To get to the units (and all the floors) and to get to the cafeteria:

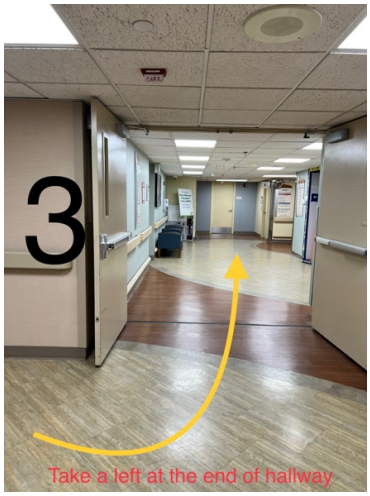


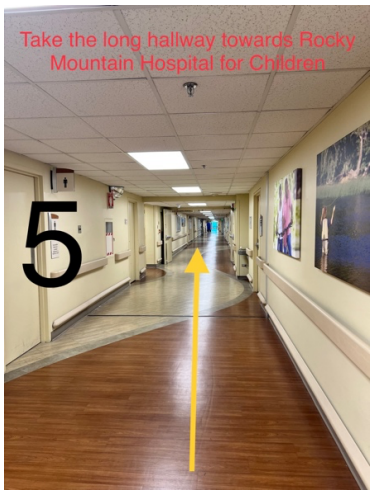


Presbyterian St. Luke's Medical Center

After 1700, the conference room on the Rocky Mountain Hospital for Children's side is usually empty. It can be used for our post conference. To get there:



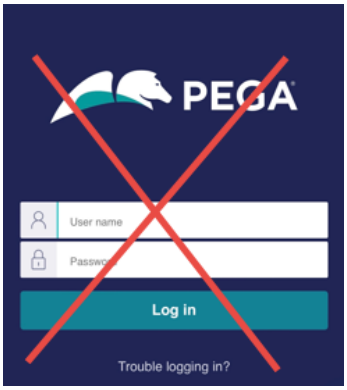


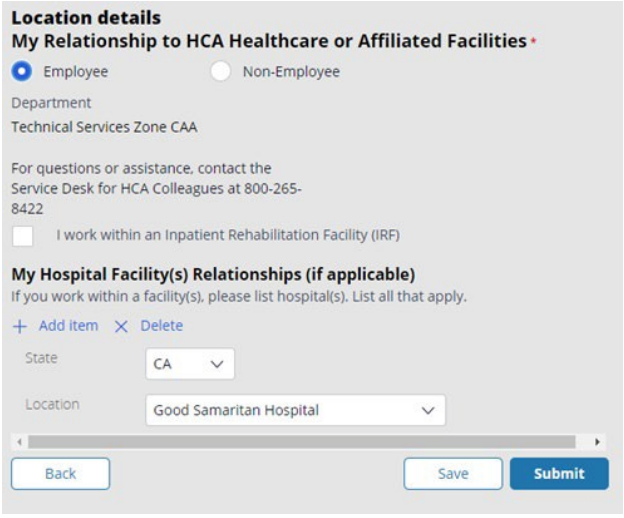
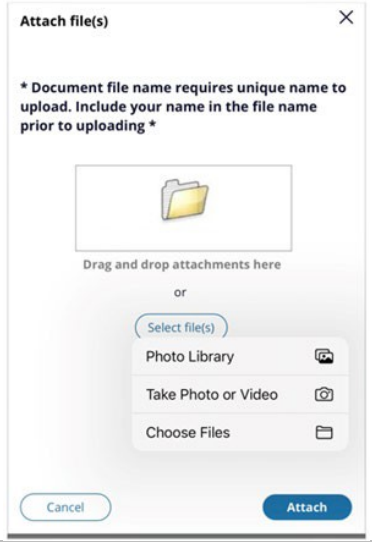


To get to Hyperbaric Medicine, follow steps 1 to 5 on how to get to the conference room, but about halfway down the long hallway (picture 5), take a left (see pictures):

How to Upload COVID-19 and Flu Vaccine Documentation

HCA Healthcare Portal

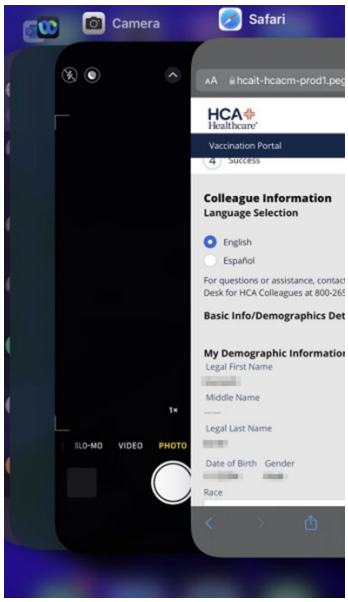
1. Open Safari on iPhone (or other Android browser) and go to **https://hcacovidvaccine.com** or use the QR code to the right from your smartphone camera app to launch the website. You can do this from your personal phone or one of the shared iMobile phones.	
2. Follow the prompts; you will be asked 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.	 

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.	
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. 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 haveto complete additional fields such as vaccineand lot number. Once completed andsubmitted, you will be asked for a final confirmation before submission complete.	

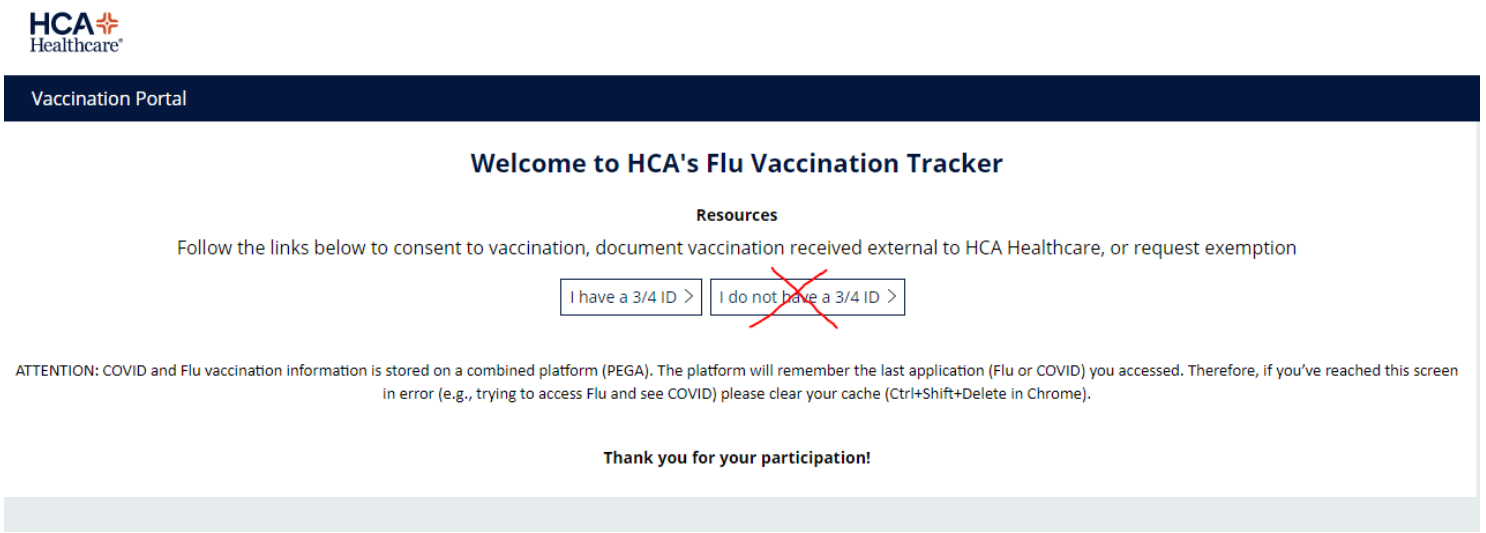
5. Once you've completed submitting your form, make sure to completely close the browser. On iPhones, click the double square in the bottom right corner then click the 'x' to close out that browser.

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



****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 is 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".

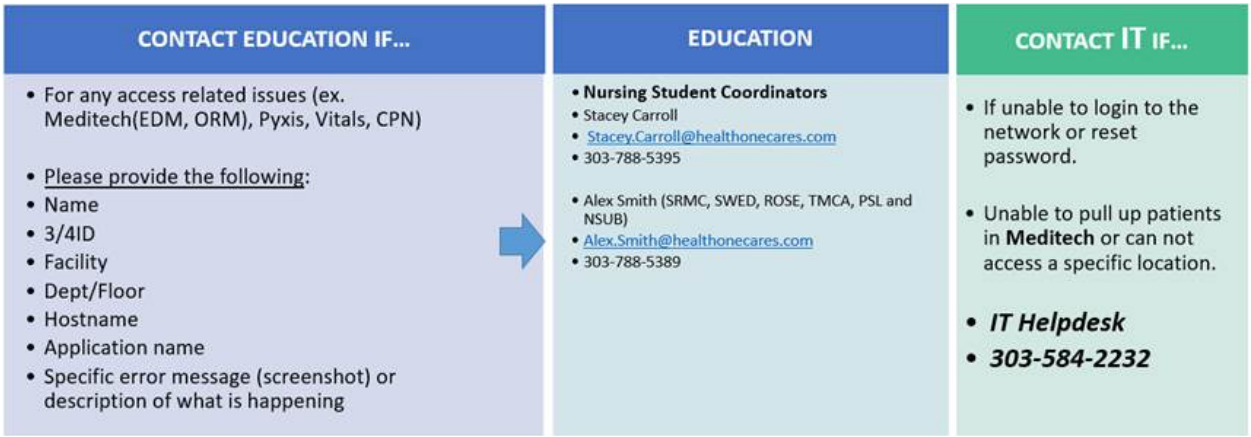
If you are having issues with uploading or accessing the HCA portal/PEGA site: please contact the PEGA system support email: CORP.workforcehealthandsafety@hcahealthcare.com

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:



Health ONE Presbyterian/St. Luke's Medical Center

*Adult **Missing Person + Description + location missing from**	Missing person, age/dress/hair color, from Emergency Department, 1st floor Delta Building
*Infant/Child **Missing Person + Description + location missing from**	Missing Infant/Child, 2 YOM/Blnd Hair/Blue Pants/Red Shirt/From 3rd Floor Alpha Building
Hostage Situation + Location	Hostage Situation, Emergency Department, 1st floor Delta building, Do not enter area, secure departments. If in area, evacuate immediately.
Facility Lockdown+ instructions	Facility Lockdown, Restricted Access, Emergency Department, 1st floor Delta Building - no one is to enter or exit the ED at this time.
Code Blue + Location	(Pediatric or Adult) Code Blue, Room 5102, 5th floor Delta Building
Rapid Response Team + Location	(Pediatric or Adult) Rapid Response Team, 3rd floor Bravo Bldg
Facility Emergency+ Description+ Directions	Facility Emergency, flood 1st floor Alpha Building, please report to the EOC (admin conference room) at 3:15/ or as communicated

Dial *5555 to report any of these emergencies. Remember to specify Alpha (A building), Bravo (B building), Charlie (C building), or Delta (D building) when calling in a code.

Stroke Alert: *5556 for patients presenting with S/S of TIA or Stroke

Other Phone Numbers:
Security = *7000
Infection control = *6539
Hospital Operator= "00"

If you come upon a fire:
R = Remove patient/people from immediate danger
A = Activate the nearest alarm. First alarms are located near stairwells, elevators and doors leading outside.
C = Contain the first by closing door to all patients' rooms and call "4" to give the location and nature of the fire. The following statement will be announced by the operator, "Mr. Gallagher (and the location of the fire)".
E = Extinguish the fire with a portable fire extinguisher.

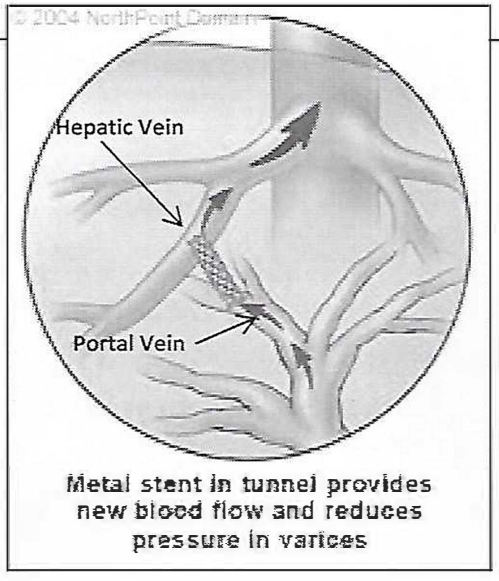
To use a fire extinguisher, remember the work PASS, which is an acronym for:
P = pull the pin
A = aim the nozzle
S = squeeze the handle

Developed 7/17

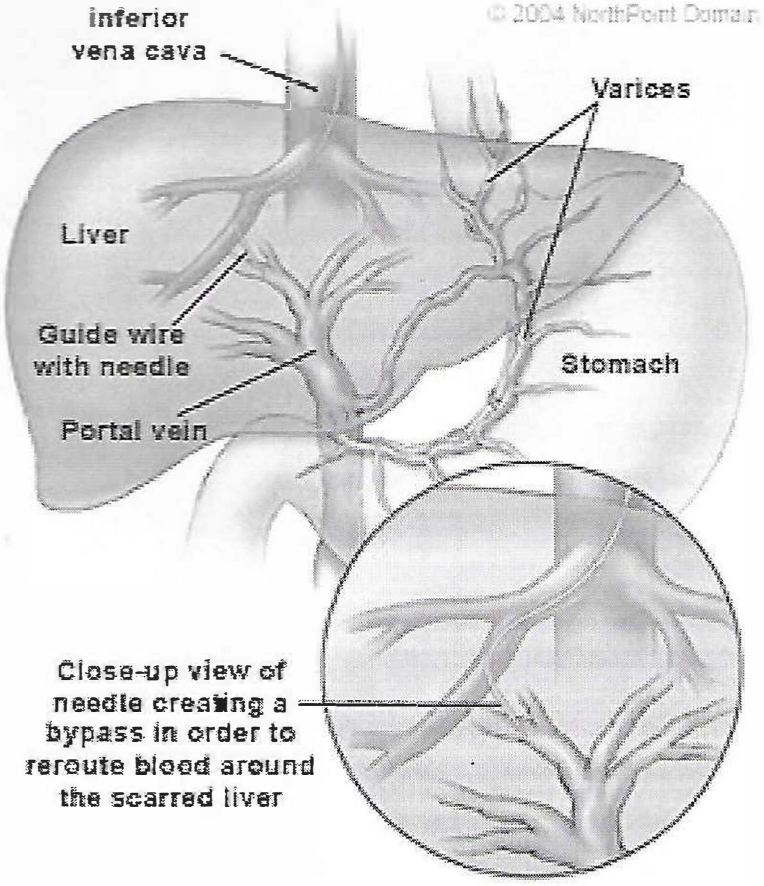
TIPS PROCEDURE

T *Transjugular*
I *Intrahepatic*
P *Portosystemic*
S *Shunt*

- A **TIPS** is a shunt that is placed between the **Portal vein** (which carries blood from the intestines to the liver) and the **Hepatic** vein (which carries blood from the liver to the vena cava and heart).
- The purpose of the shunt is to improve blood flow in the hepatic circulation, thus relieving portal hypertension.
- A **TIPS** is placed when the liver circulation is disrupted due to liver damage. A new route for blood flow is created. It helps prevent rupture of varices by relieving the high pressure.



Metal stent in tunnel provides new blood flow and reduces pressure in varices



Technique:

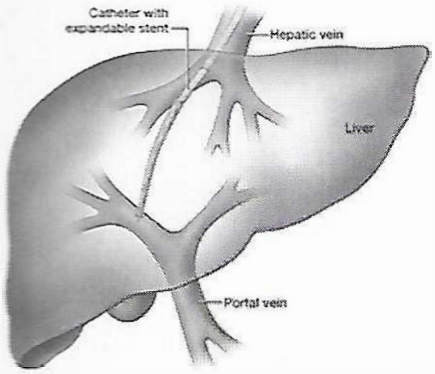
A catheter is threaded through the jugular vein into the hepatic vein within the liver.

A catheter with a small cutting needle is inserted through the guide catheter and into the liver. Once inside a hepatic vein, the needle is exposed and advanced into and through the liver tissue. The physician monitors the screens until the needle makes contact with and enters a branch of the portal vein, creating a narrow pathway between two veins.

The physician removes the needle, inserts a balloon-carrying catheter to the site of the pathway made by the needle, and inflates the balloon in order to dilate, or open wide, the shunt, or bypass.

Once the shunt is open wide, the physician inserts another catheter to place a stent, or expandable metal tube, inside the shunt. The stent helps keep the shunt widely open and allows blood to flow through the bypass between the blood vessels.

From MVS website



Vascular and Interventional Radiology Website

Nursing Care:

Pre-Procedure Education

- The procedure will occur in the Interventional Radiology Department.
- The site will be numbed with a local anesthetic and a large IV (sheath) will be placed in the neck (Jugular vein) for the procedure.
- The patient can expect to be placed on monitor and will be monitored throughout the procedure.
- Medications will be administered throughout the procedure to keep the patient comfortable.
- The Patient will go to the ICU after the procedure for close monitoring.

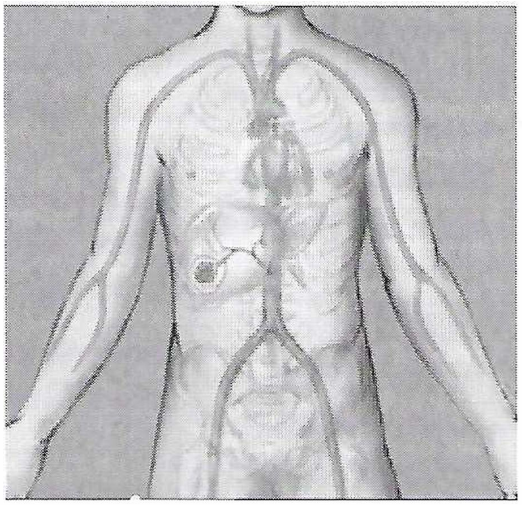
Post-Procedure Care and Monitoring

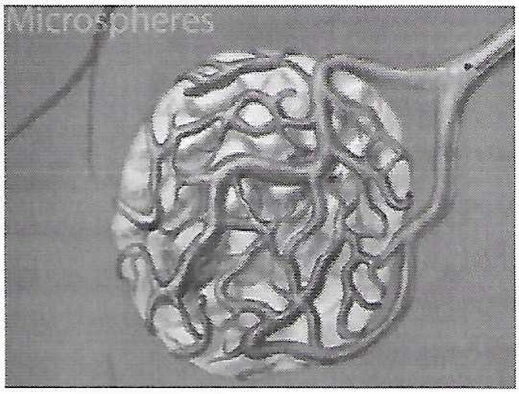
Potential Complications of the procedure include:

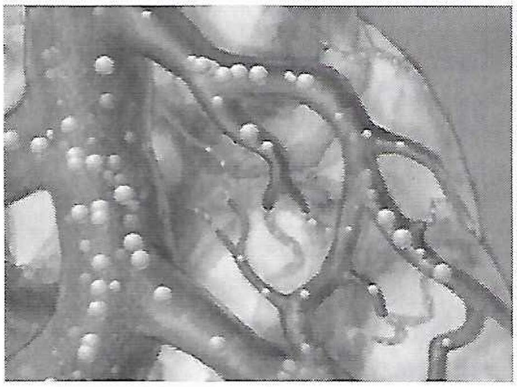
- Bleeding within the liver capsule (not common, but serious when it occurs). *Monitor for signs and symptoms of bleeding.*
  - VS: Decreased BP and increased HR.
  - Abdominal pain
  - Decreased Hematocrit (especially with the above symptoms.)
  - Increased abdominal circumference
- Encephalopathy. (Can affect 20%-30% of patients). Believed to occur as blood from the intestines (along with the toxins) bypasses the liver and remain in the systemic circulation. *Monitor for signs of encephalopathy.*
  - Symptoms can include: Inability to concentrate, slow speech, irritability, disorientation, lethargy.
  - Treatments
    - Lactulose (laxative effect removes toxins and decreases the absorption of ammonia).
    - Adjust Diet (decreasing protein, however most patients are malnourished and this must be considered carefully with support from the dietician.)
    - Stent Revision: Decreasing the size of the stent. (This decreases the amount of blood shunted away from the liver.)
- Stent Occlusion. (Low incidence). Patency will be assessed by Doppler studies.
  - Monitor for signs of worsening liver failure (ascites, increased portal hypertension, etc.)
- Hematoma in the neck. Monitor access site for bruising and swelling.
- Infection. (Low incidence, but very serious if it occurs.) Monitor temperature, VS.

TACE PROCEDURE

T *Trans-*
A *Arterial*
C *Chemo-*
E *Embolization*







Joe Samson, 2009, Johns Hopkins University

- **TACE** is a procedure used to slow down the growth or decrease the spread of liver tumors in hepatocellularcarcinoma. It is sometimes used to treat a patient while they are waiting for a liver transplant.
- **TACE** involves embolizing the blood vessels feeding the tumor and then administering chemotherapy to the site with chemo-infused biospheres.
- Liver tumors receive most of their blood flow from the hepatic artery. The liver tissue receives most of its blood flow from the portal vein. Therefore, if the chemotherapy drug is injected into the hepatic artery, little of the drug reaches the healthy liver.

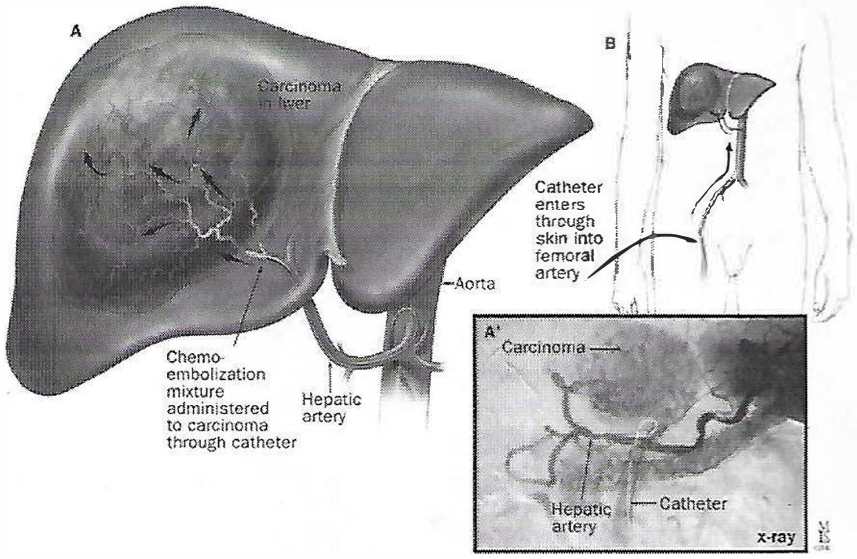
PROCEDURE

- A catheter is placed in the femoral artery and threaded up into the hepatic artery.
- Prior to injecting the chemotherapy, a mapping angiogram is done to determine that the placement of the catheter (and subsequently, the chemotherapy) will be in a place that is most effective.
- Once the catheter is correctly placed to target the tumor, tiny biospheres that are mixed with chemotherapy (doxorubicin) are injected into the catheter. The beads block the blood supply to the tumor and the chemotherapy slowly diffuses out to attack the tumor.
- The process takes about an hour.
- The effectiveness of the treatment will be monitored throughout the following weeks. Patients can receive multiple treatments to control the growth of the tumor.

Nursing Care:

Pre-Procedure Education

- Educate the patient as to the reason for the treatment.
- Patient is NPO except meds
- Check labs, especially coags and treat if necessary.
- Medications for comfort and sedation will be given during the procedure.



Post-Procedure Care and Monitoring

- **Nursing Precautions**
  - Nurses glove and gown when handling body fluids to minimize chemo exposure.
- **Post-procedure assessment**
  - Vital Signs
  - Pulse checks: These patients are similar to cath lab patients. Monitor the groin for signs of hematoma or bleeding. Check for bruit. Check circulation distal to the puncture site.
- **Complications**
  - Groin Complications: Watch for bleeding in the groin. Apply pressure to site and notify MD. Note that the site where the artery is punctured is usually above the skin puncture site.
    - Arterial Dissection: Listen for a bruit with the stethoscope. Assess for increased pain at site and decrease in pulses. Notify MD of abnormal findings.
  - Pain: The embolization of the vessels will affect the healthy liver, as well as, the tumor. Inflammation can occur and cause pain. Medicate as ordered for pain. Dexamethasone is given for inflammation and nausea caused by the procedure.
  - Nausea: Nausea can occur post procedure. Dexamethasone is given during the procedure and every 8 hours afterwards. Nausea can also occur later as the doxorubicin begins to leach out of the microspheres, generally several days after the procedure. Patients will begin to feel "fluish". These symptoms can last more than a week.
  - Infection: Infection can occur as the chemo may cause small areas in the liver to become necrotic and an abscess can form. Antibiotics are given as a preventative measure.
  - Allergic Reaction to the dye: Watch for signs of developing allergic reaction.
- **Discharge Teaching**
  - Patient may shower, but no baths or hot tubs for one week post procedure.
  - Medications: Patients are generally sent home with antibiotics and pain medication.
  - Patients do not need to follow special precautions regarding chemo exposure.

Navigating MEDITECH with your PC keyboard

Meditech Keyboard	PC Keyboard		Function
F5	F4	Get	Needed to retrieve comments.
F12	F6	Prev Fld	Use to move the cursor to the previous field.
F13	Page Up	Prev	Use to move cursor to previous area on the screen.
F14	Page Down	Next	Use to move cursor to next area on the screen.
F17	F9	Lookup	Allows access to a description of the prompt's response or a list of possible choices.
Shift+F17	Shift+F8	Documentation	Allows access to pre-programmed information in the system.
F18	F5	Recall	Recalls the last response entered in the same field.
Shift+F18	Shift+F7	Help	Allows on-line help for explanations on how to use the system.
F19	F11	Exit	Exits the menu or routine. Does NOT save your work
F20	F12	File/Save	Use to save your work (OK) Press OK or file verified "Y" must be entered to save your work.
Shift+F20	Shift+F12	Magic	Allows you to freeze the screen, return to your menu to perform another function, then return to the original screen.
Esc	Esc	Escape	Use to exit when F11 or left arrow key doesn't work.
Del	Delete	Delete	This key erases the character the cursor is currently on.
Enter/Return	Enter/Enter		Interchangeable keys. Use to input a command or move the cursor to the next field.
Arrow Keys	Arrow Keys		The four directional arrow keys move the cursor around the screen in PCI. *Right arrow* beginning of next screen *Left arrow* return to previous screen *Up arrow* moves highlight bar up *Down arrow* moves highlight bar down
Right arrow	Shift + Right Arrow		Insert comments into highlighted record.
Line Feed	F10		Use to pull up the meditech calculator.
Left Ctrl+F20	Left Ctrl+F12		This key deletes an entire line of text or an entire field.
Backspace	Backspace		This key erases the character to the immediate left of the cursor.
Special Function/ Home/Block Key	Right Ctrl Key		Use for checkmarking a highlighted item. Pressing a second time deletes the check mark.
Shift+Special Function/Home/ Block Key	Left Shift+ Right Ctrl Key		Use for check marking all items. If pressed a second time, all check marks are removed.

The Medical Center of Aurora
Information Systems
303.695.2613 option1

MEDITECH Toolbar Menu Keys and Commands

This illustration displays the MEDITECH Toolbar Menu Keys and its commands.

MEDITECH Navigation Mouse or Keyboard		
Toolbar	**Description of Functionality**	**Key Stroke**
	FILE/SEND/SAVE; to file your work	<F12>
	EXIT; to close or exit a window or screen	<F11>
	ONLINE HELP; to access online help	<Shift> <F8>
	LOOKUP; to lookup preprogrammed responses for a field	<F9>
	SESSION MANAGEMENT; Magic Menu, Suspend Session, to lock the computer 5 minutes at a time	<Shift> <F12>
	TOOLS; to access the Calculator with the first click and with the second click access a perpetual Calendar	<Ctrl> <F12>
	SELECT (Check); to select a single item on a list	Right <Ctrl>
	SELECT ALL (Check All); to select all items on a list	<Shift> Right <Ctrl>
	SHIFT LEFT ARROW; "Be Left Out"	Left Arrow key
	SHIFT RIGHT ARROW; "Go Right In"	Right Arrow key
	UP; to move highlight bar up before selecting a specific item	Up Arrow key
	DOWN; to move highlight bar down before selecting a specific item	Down Arrow key
	SHIFT UP ARROW; to change a list of items a page at a time	Shift Up key
	SHIFT DOWN ARROW; to change a list of items a page at a time	Shift Down key

Nursing students: What can they do/not do?

Students *can* (with demonstrated competency) perform:

- ✓ Patient assessment
- ✓ Vital signs
- ✓ Empty drains/Foleys
- ✓ Assist patient to bathroom/toilet
- ✓ Assist with patient ADLs (i.e. bathing)
- ✓ Transfer patient to bed/chair
- ✓ Walk with patient
- ✓ Answer call lights
- ✓ Provide education to patient/family
- ✓ Start IVs on adult patients
- ✓ Documentation- please see Student Documentation on page 3 for details
- o Students can only perform clinical technical skills/procedures that are taught by the school. The instructor/nurse clinician must be present if the student has not performed a procedure/skill previously. Supervision on subsequent occasions will depend upon competency of the student and risk of the procedure/skill. However, changing tubing on central lines or discontinuing central line infusions may **only** be done under the direct supervision of the RN. In addition, drawing blood or starting IVs on pediatric patients must always be done under the direct supervision of the RN.
- o Discuss the procedure with the students prior to going into the room to minimize discussion over the patient.

Students *cannot:*

- Access the Pyxis medication management system
- Witness, waste, or count controlled medications in Pyxis
- Perform double checks (i.e. insulin, PCA/epidural, calculated doses, chemo, pediatric narcotics)
- Perform POC (point of care) testing- includes glucometer, urine dipsticks, and ISTAT
- Administer drugs via endotracheal tubes
- Administer vasoactive IV drugs – 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 narcotics (all routes)
- Witness consent forms
- Verify blood administration and/or witness blood administration forms
- Hang blood or blood products (students encouraged to observe blood admin process)
- Perform any task that requires certification or advanced competency (chemotherapy, ABG, removal of central lines)
- Accept telephone or verbal orders from physicians or transcribe chart orders.
- Administer chemotherapy- may monitor patients receiving it
- Initiate, change settings on, or discontinue PCA pumps/Epidurals
- Initiate or perform advanced life support protocols
- Perform any skill/procedure that has not been covered in a school lab
- Perform any task outside of the discipline's scope of practice

- All students must wear a school provided photo ID badge and a temporary student P/SL badge (checked out from the P/SL education department) at all times.

- Students are expected to maintain active and ongoing communication with the primary caregiver assigned to their patient(s). Staff members of Presbyterian/St. Luke's Medical Center supervise students when they provide patient care, treatment, and services as part of their training. At all times, patient care remains the responsibility of the staff of P/SL and RMHC.

- The hospital reserves the right to request removal of faculty members and/or students at any given time. Any concerns involving students will be brought to the attention of the Clinical Instructor, Course Faculty, Department Supervisor/CNC/Manager/Director, Student Placement Coordinator, Director of Education, and administration, as appropriate.

- Students and instructors are expected to follow all policies and procedures of Presbyterian/St. Luke's Medical Center and the department in which they are assigned.

Medications:

- Students are to demonstrate safe medication practices. This includes knowledge of the six rights, medication action, safe dosage for adults, seniors and children, side effects, and special considerations for administration. Students are expected to read PSLMC Medication Administration policy prior to their clinical experience.

    - Prior to administering any medication, the student is expected to review the type of medication, indication for use, and dosage with the instructor/nurse clinician.
      The Medication Administration Record (MAR) will be accessed via computer at the patient bedside and patient identification will be verified by at least two of the following methods: the Medical Record # (MR#) on the patient ID band will be checked against the MAR, and the patient or proxy will be asked to state the patient's name and/or date of birth prior to each and every instance of medication administration or procedure.

    - Certain medications must be double checked by two ***licensed*** individuals (not a student!) prior to administration. At PSLMC, these include:
        - ✓ Insulin
        - ✓ IV Heparin
        - ✓ Calculated doses
        - ✓ PCA/Epidural
        - ✓ Chemotherapy
        - ✓ Pediatric medications (narcotics or meds drawn up from larger quantities)
        - ✓ Other medications per unit guidelines

    - All intravenous medications are to be prepared and administered under the *direct supervision of a registered nurse*. Preparation includes reconstitution, aspirating medication from vials and confirming premixed pharmacy doses. Direct supervision is defined as being in immediate proximity and observing the preparation process. RN students may only give IV drugs by the "push" or "piggyback" method when

- ✓ Those drugs have been identified as safe for administration by the general nursing staff in accordance with the Unit Specific Practice Standards (See Medication Use Policy, Policy Stat ID: 3363025)
- ✓ Only after they have been double checked by the Staff RN

- Students do not have access to the medication dispensing system (Pyxis). A licensed nurse must remove the medications. Students cannot leave the unit until any narcotic discrepancies are accounted for.

Blood Administration

- Student may not hang blood or blood products. They are encouraged to observe the blood administration process. They may monitor vital signs during the transfusion and provide care to the patient.

Point of Care Testing (POC)

- Students may not perform POC using access codes of PSLMC employees. Performance of blood glucose monitoring, urine dipsticks, and any point of care testing are limited to employees of PSLMC who have demonstrated competency. Students are encouraged to observe POC as a learning activity.

Doctor orders

- Students are not permitted to receive telephone/verbal orders or witness consents.

Lab/Diagnostic Results

- Students cannot receive critical (lab, micro, radiology, etc.) results

Student Documentation

- M/S, pediatric, and senior practicum students (OB rotations and NICU excluded) are given Meditech access and are required to attend Meditech training. Students should only be documenting under their own log-in and not under their preceptor's or instructor's log-in.

- Students should not document (but are encouraged to observe documentation):
  - Plan of care
  - Orders
  - Acknowledgement of orders
  - Restraints

- 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) or if computer charting it must be under the student's own 3-4 ID. Preceptor or clinical instructor completion of the "canned text" – SN/INSTRUC or SN/PRECEPT (or equivalent note) is required.

Questions?

Contact unit specific educator or student placement coordinator

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)

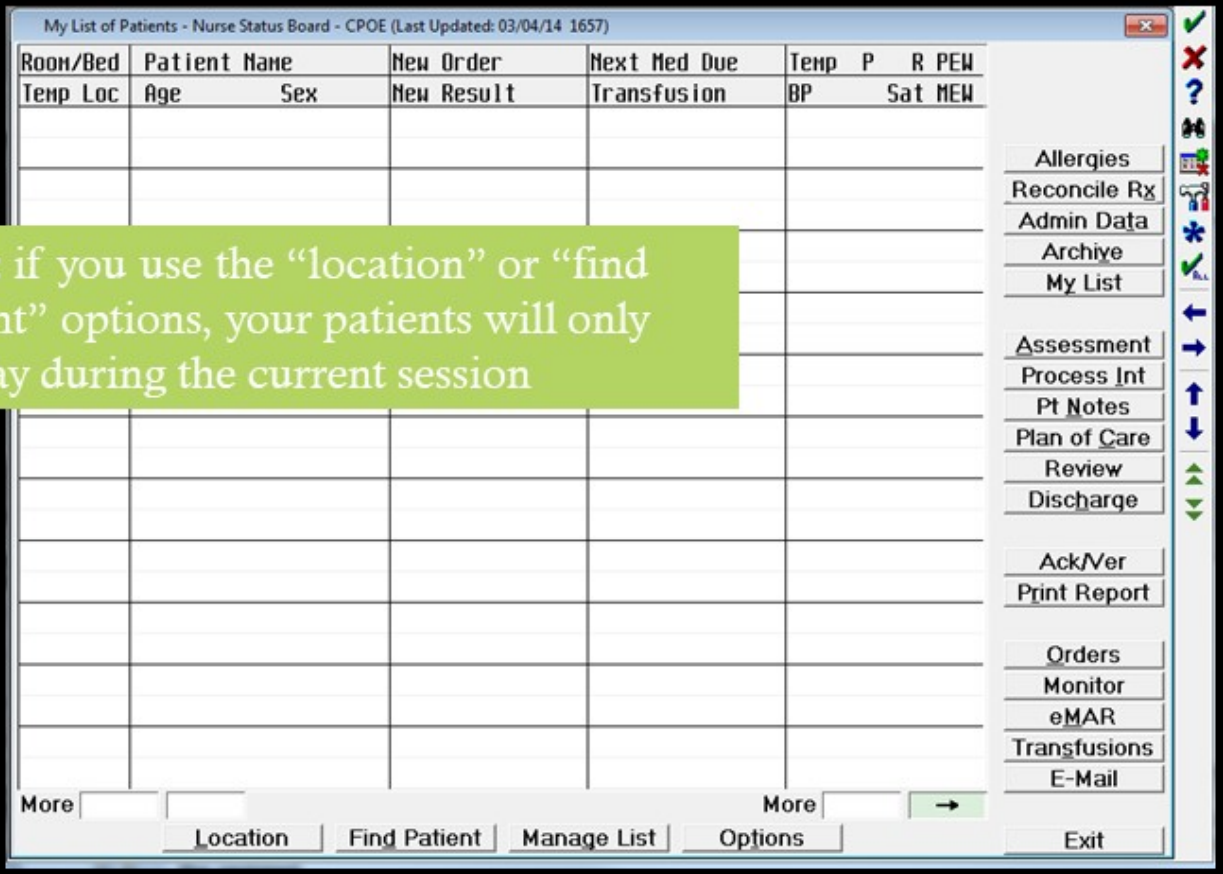
Magic Key (^F12)

Calculator

Select (Rt CTRL)

Select All (^Rt CTRL)

Setting Up the Status Board



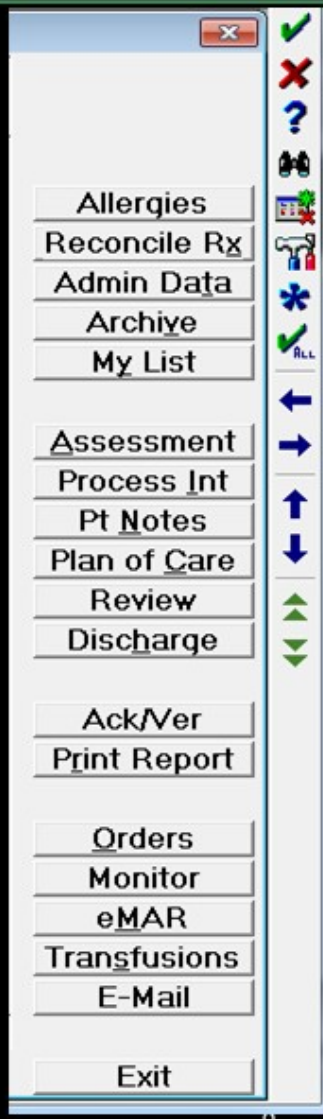
Note: if you use the "location" or "find patient" options, your patients will only display during the current session

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

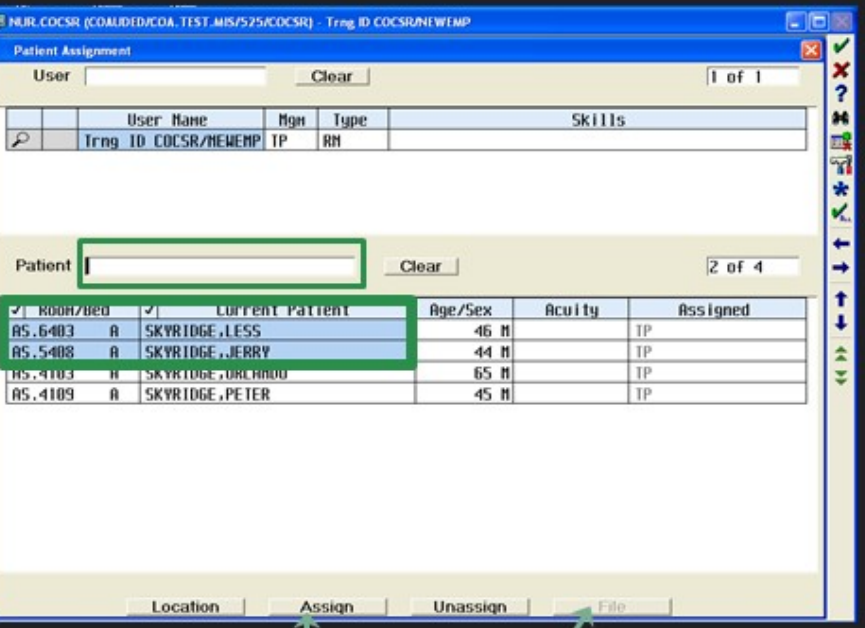
MENU Keys

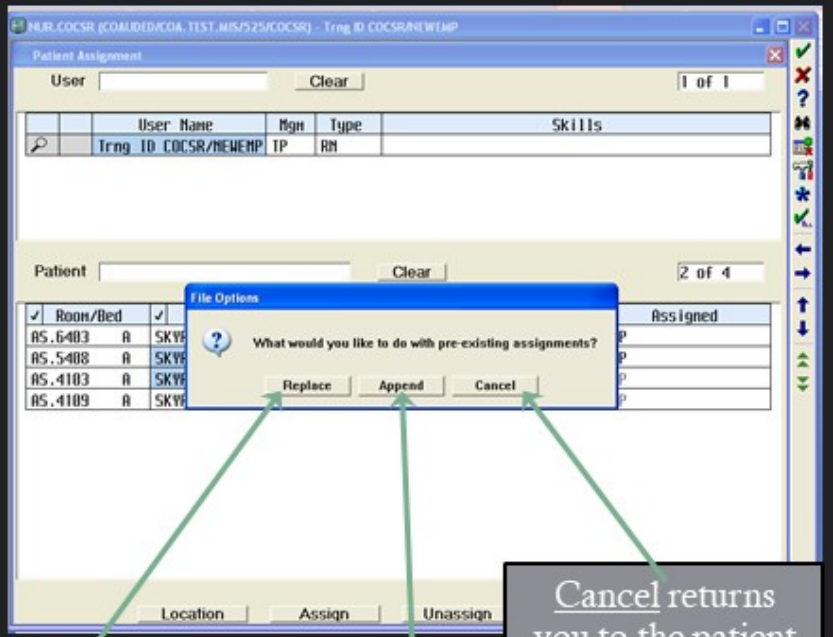
Other important Menu Keys:

- "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





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

a) Click on 'Assign'
b) 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.

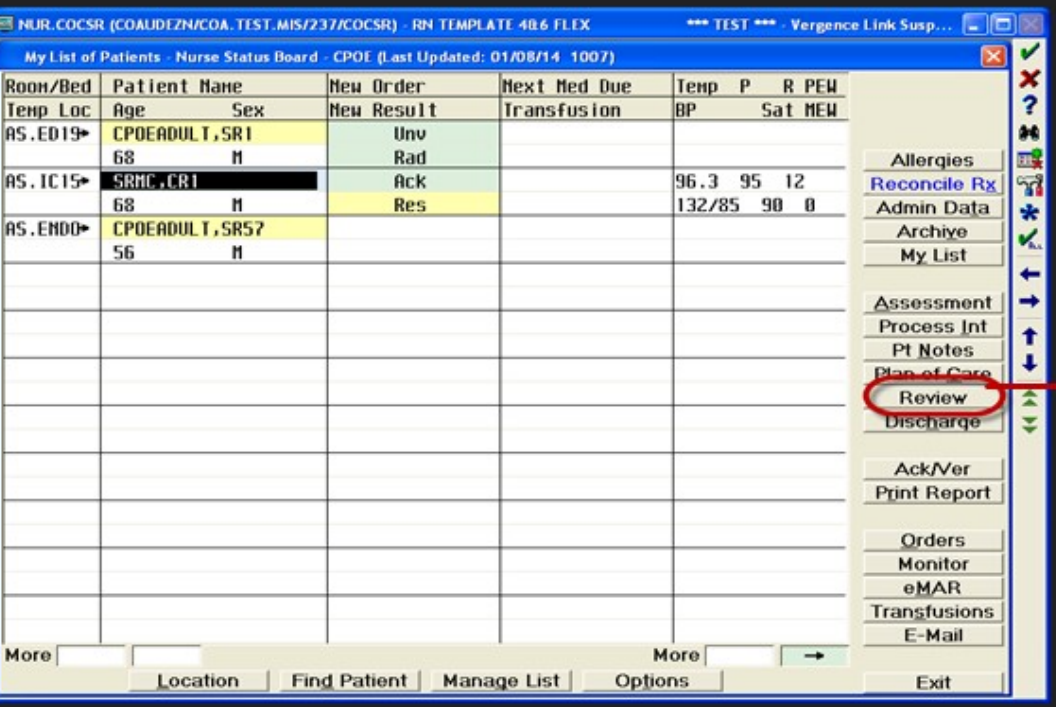
Cancel returns you to the patient assignment board

Status Board

- 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



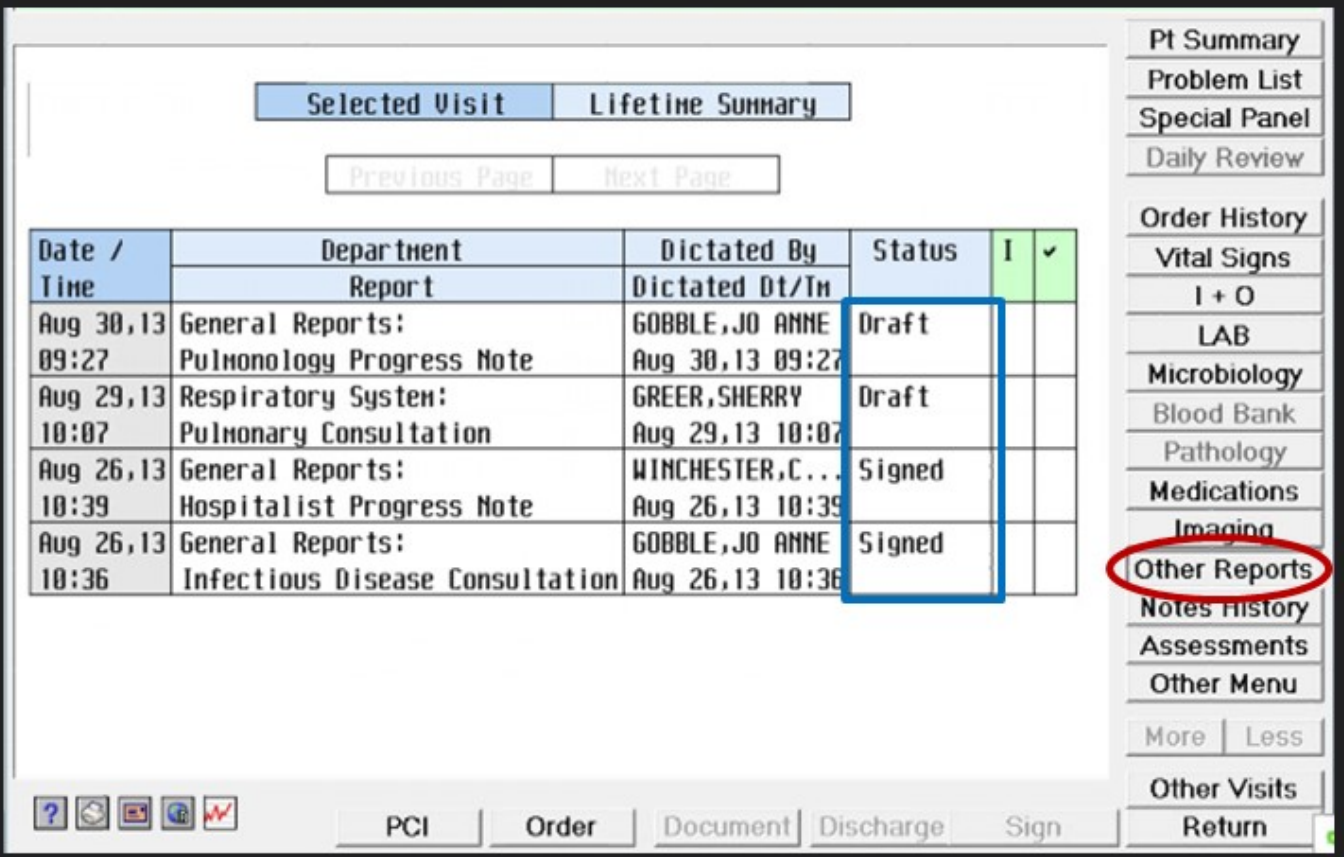
Black tabs: Information available

Grey tabs: NO Information available

Blue tabs: New Information available

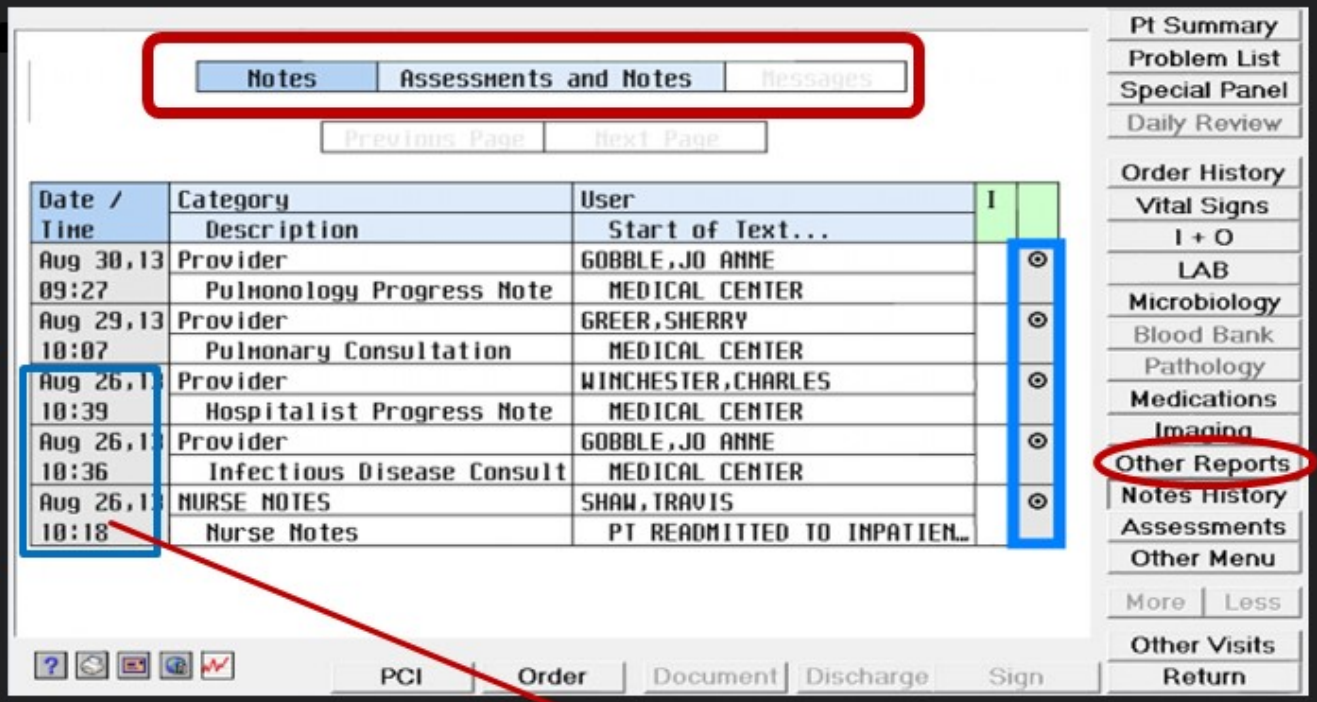
Clinical Review is simply the PATIENT'S chart, just in electronic form.

Other Reports



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

Notes History



Includes:

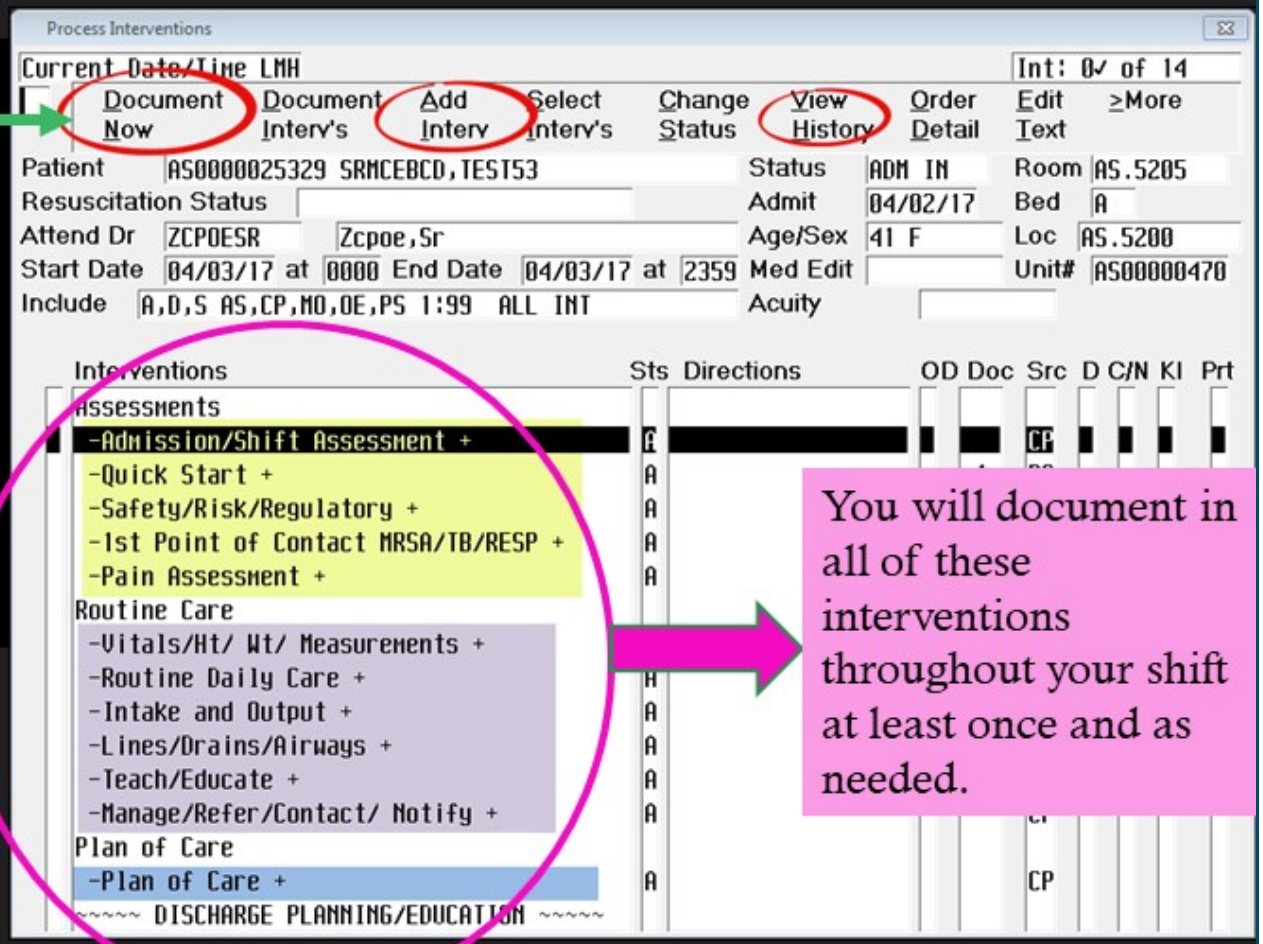
- Consult notes
- Nurse notes
- PT/OT notes
- Resp notes
- Dietary notes
- D/C summary
- Case Mgmt.

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.



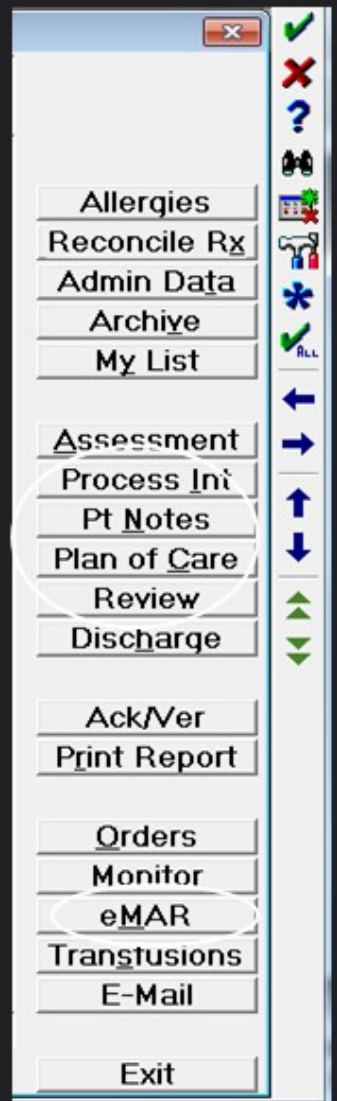
You will document in all of these interventions throughout your shift at least once and as needed.

To document on an intervention:

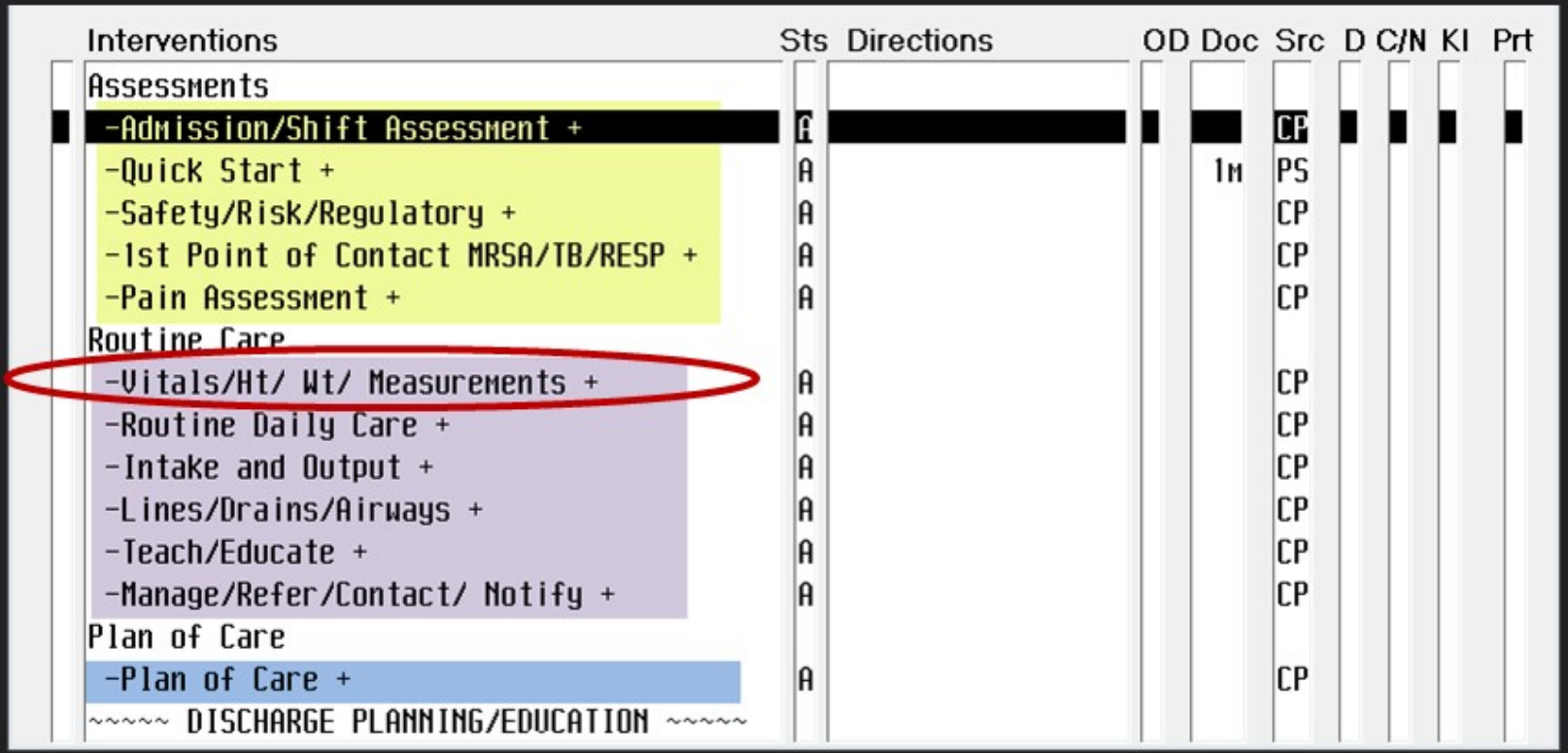
1. Highlight the intervention
2. Select Document Now

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

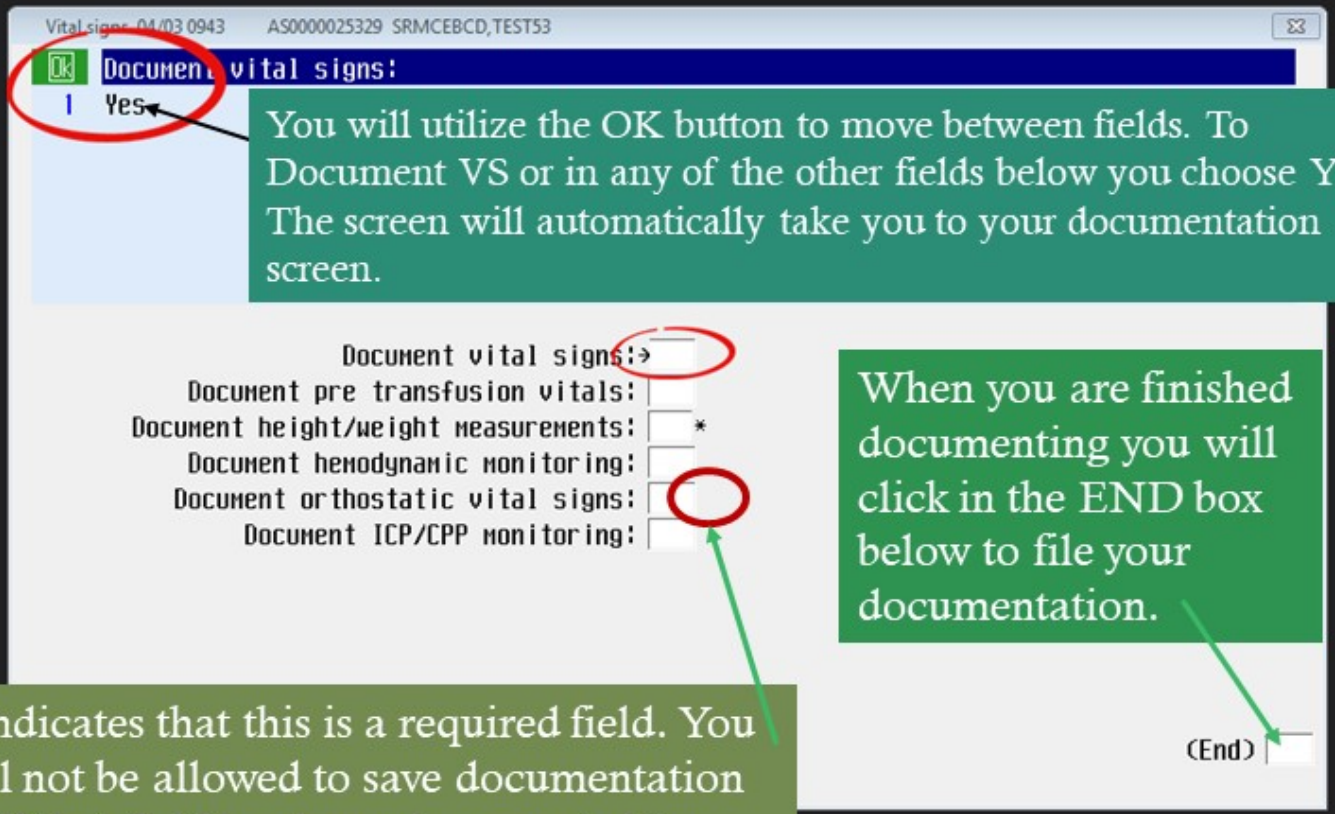


Documenting Vital Signs

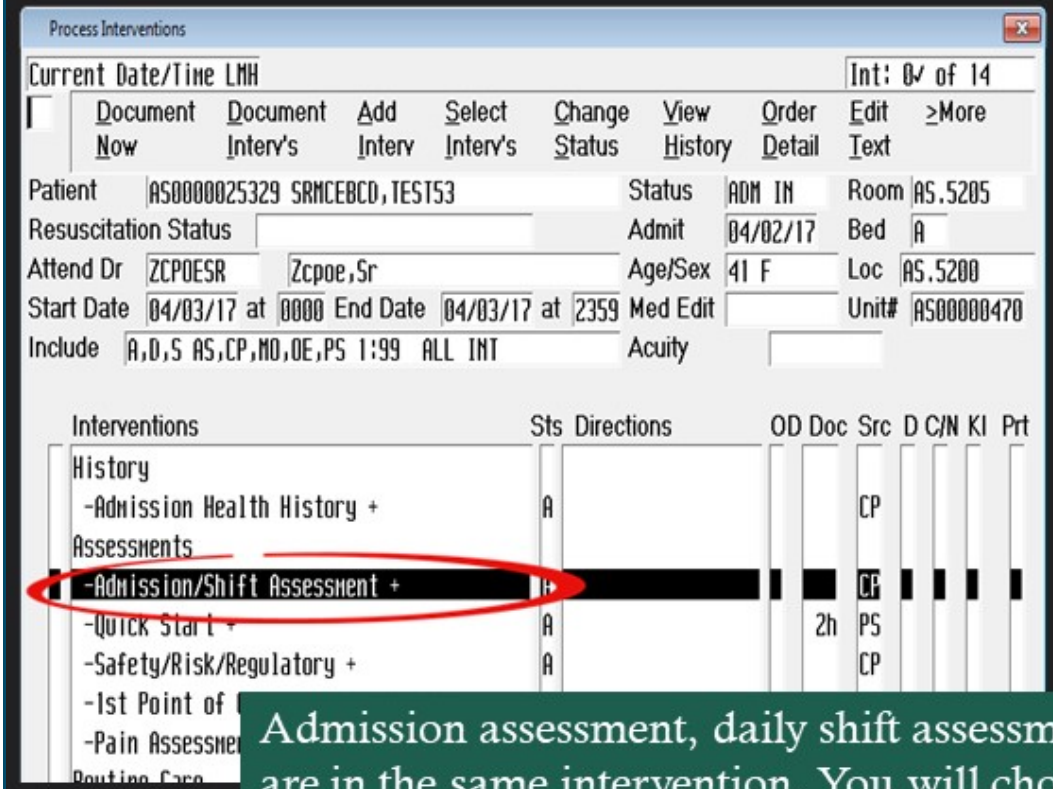


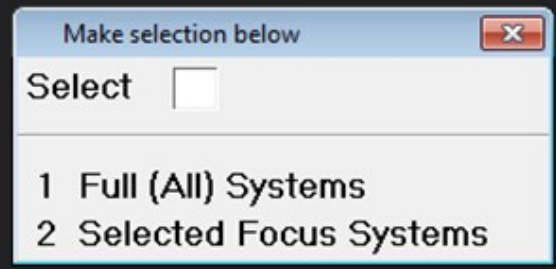
You can document Vital signs, Height, Weight, and other measurements from the above intervention.

Documenting Continued



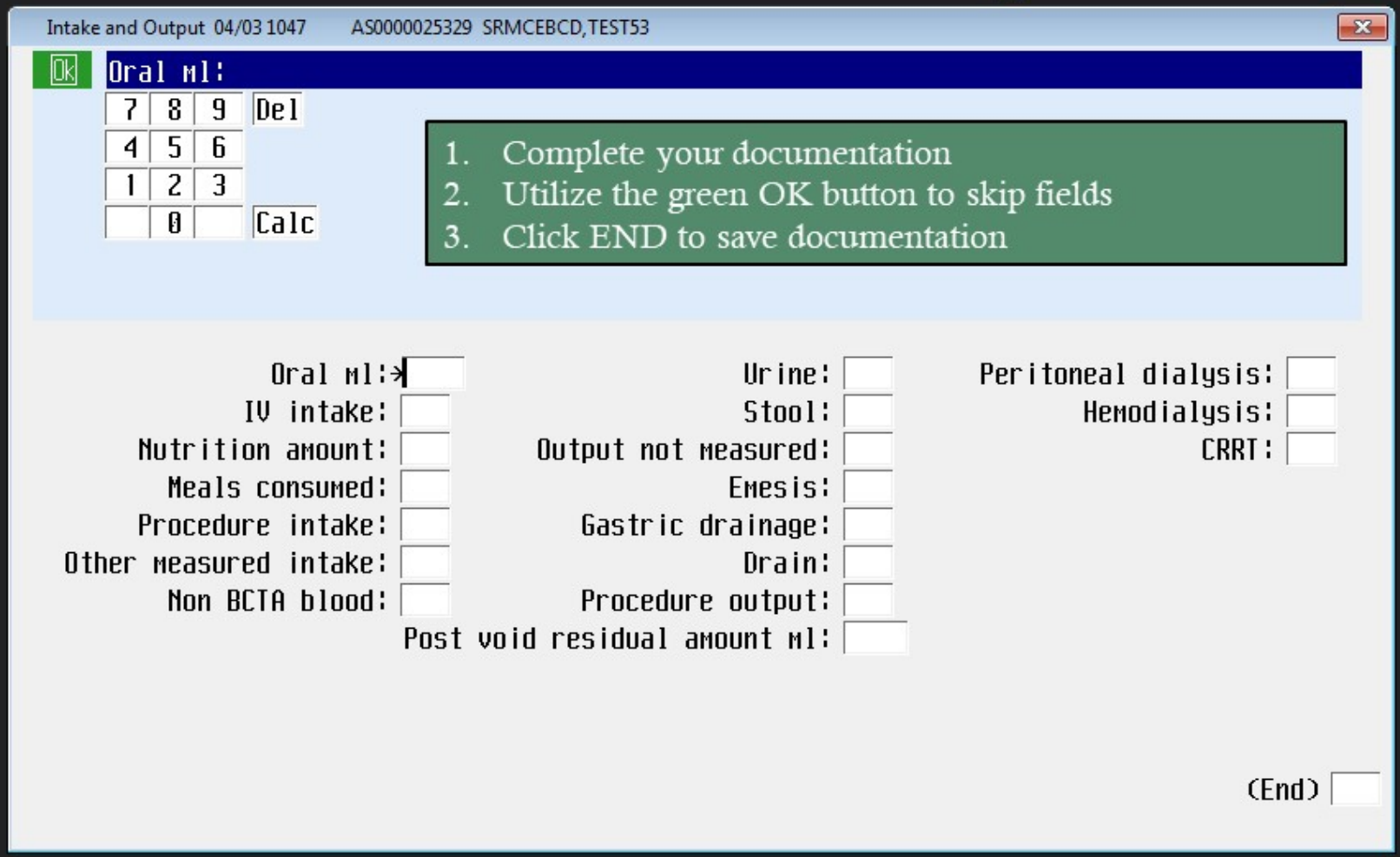
New Admissions Assessment/ Daily Assessments/ Focused Reassessments



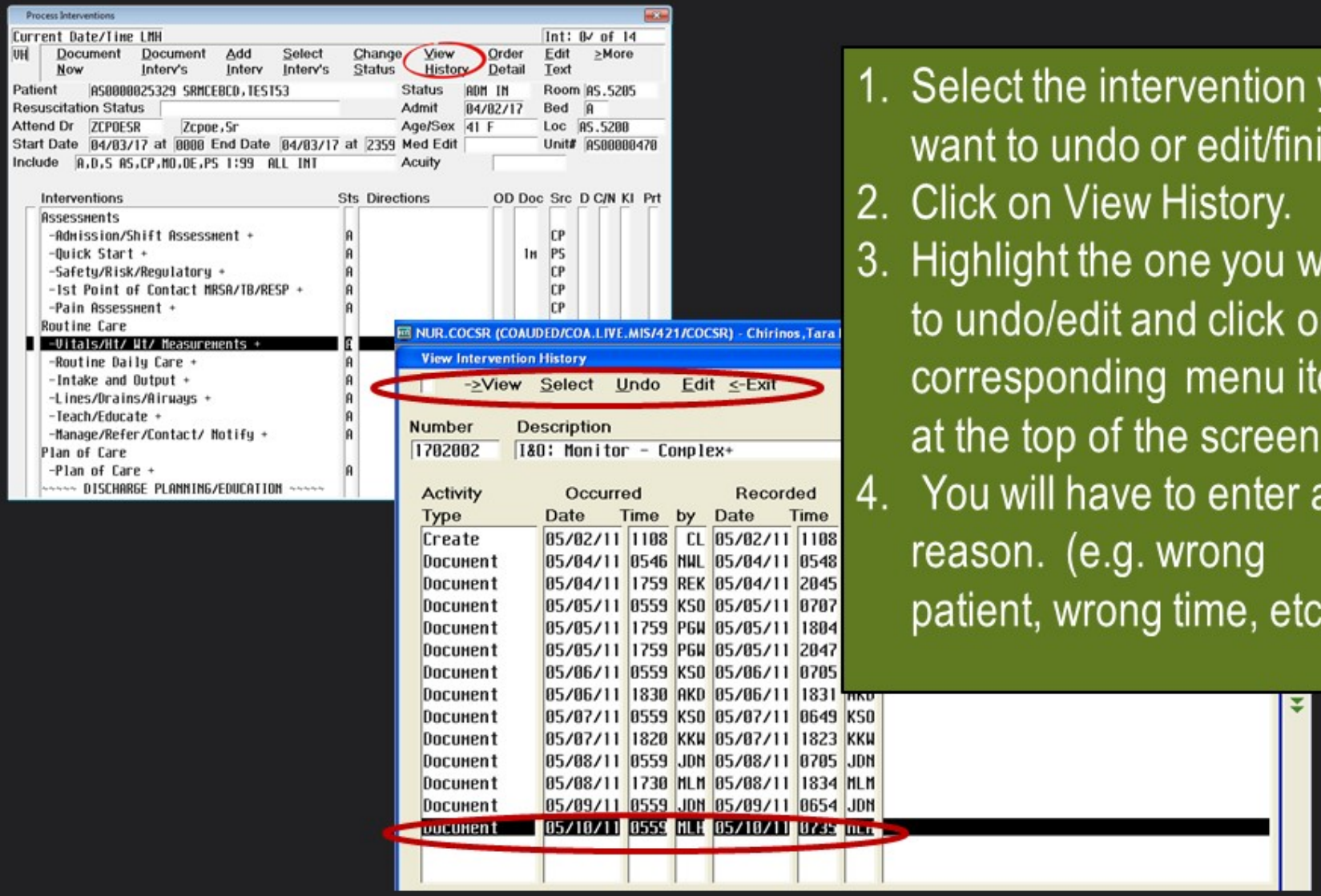


Admission assessment, daily shift assessments and focused reassessments are in the same intervention. You will choose which you would like to do from the options screen.

Intake and Output

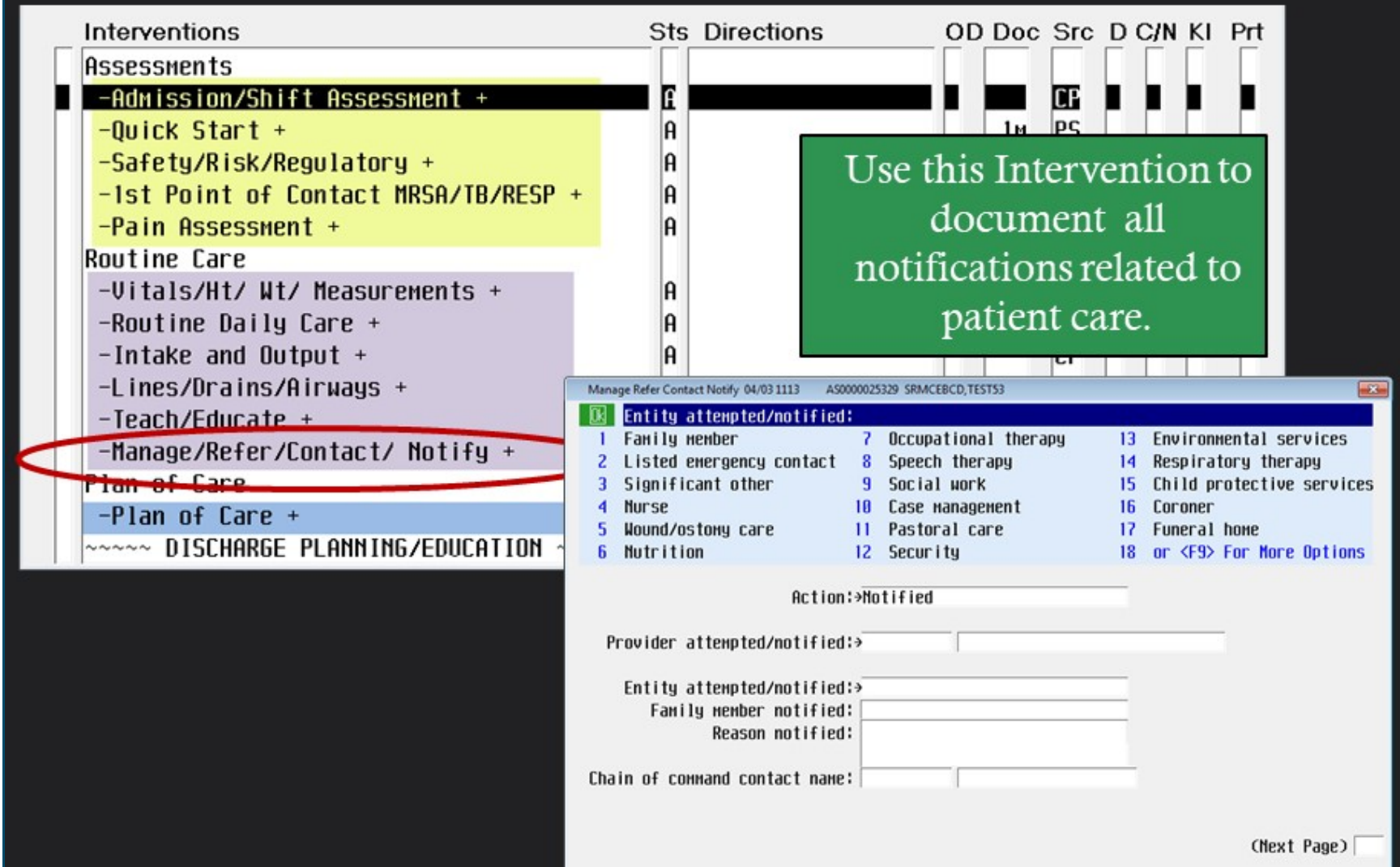


To Edit , Undo or Finish Documenting

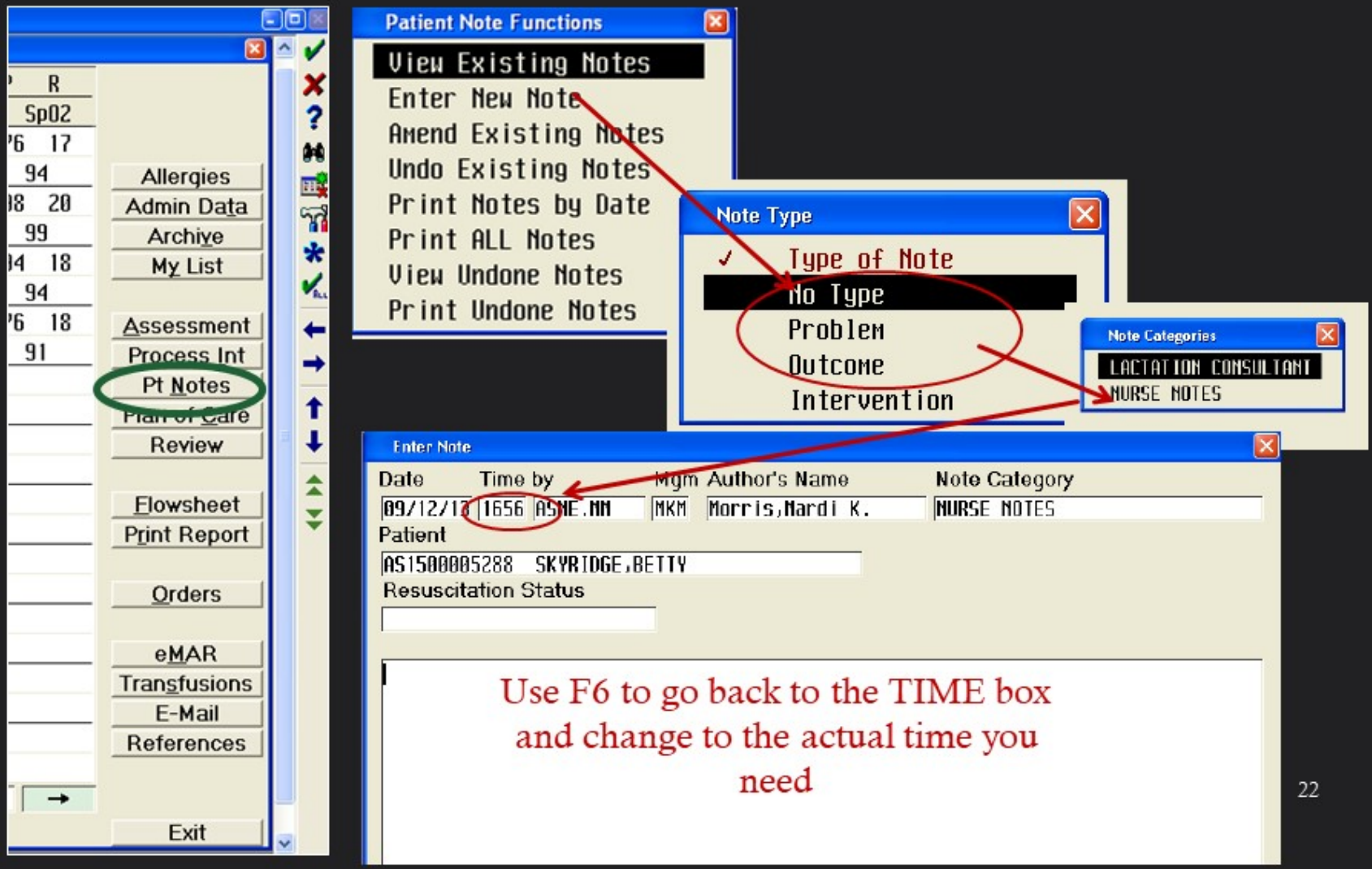


1. Select the intervention you want to undo or edit/finish.
2. Click on View History.
3. Highlight the one you want to undo/edit and click on corresponding menu item at the top of the screen.
4. You will have to enter a reason. (e.g. wrong patient, wrong time, etc.)

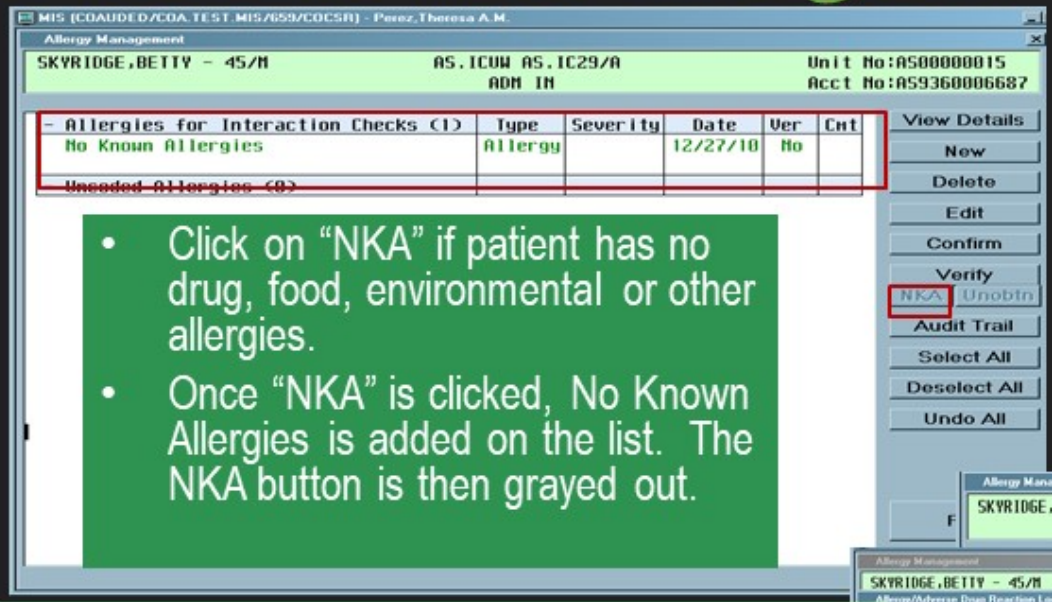
Manage/Refer/ Contact/ Notify



Patient Notes

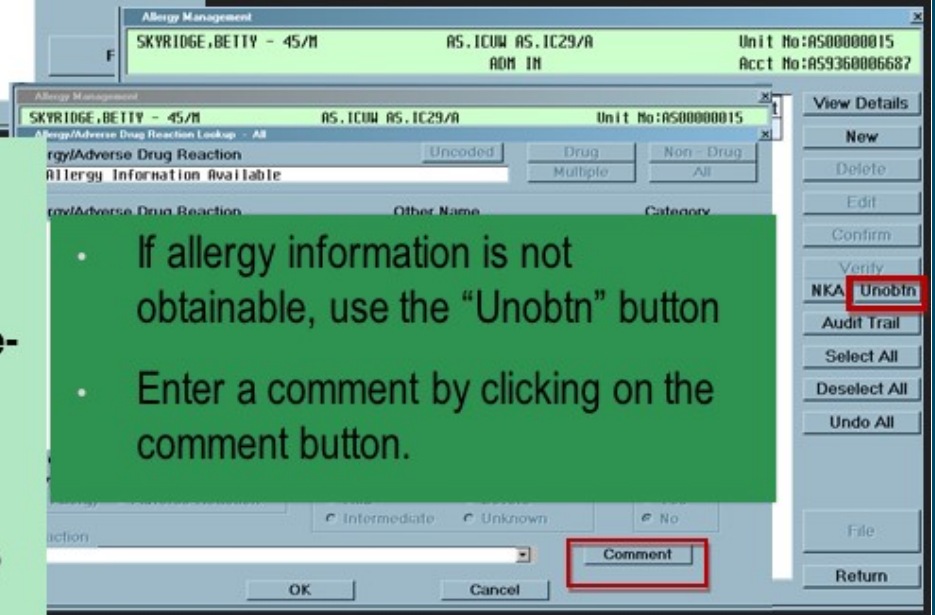


No Known Allergies/ Unobtainable



- 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

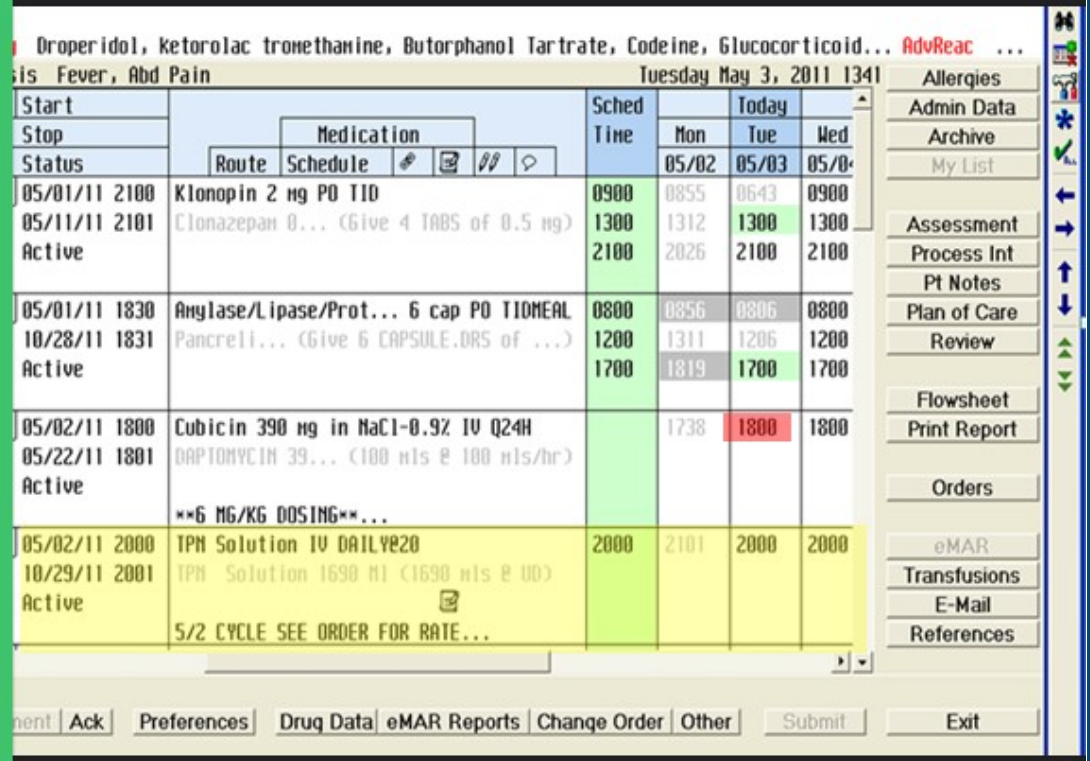


- If allergy information is not obtainable, use the "Unobtn" button
- Enter a comment by clicking on the comment button.

- 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.**

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



eMAR

Start Date/Time and Stop Date/Time

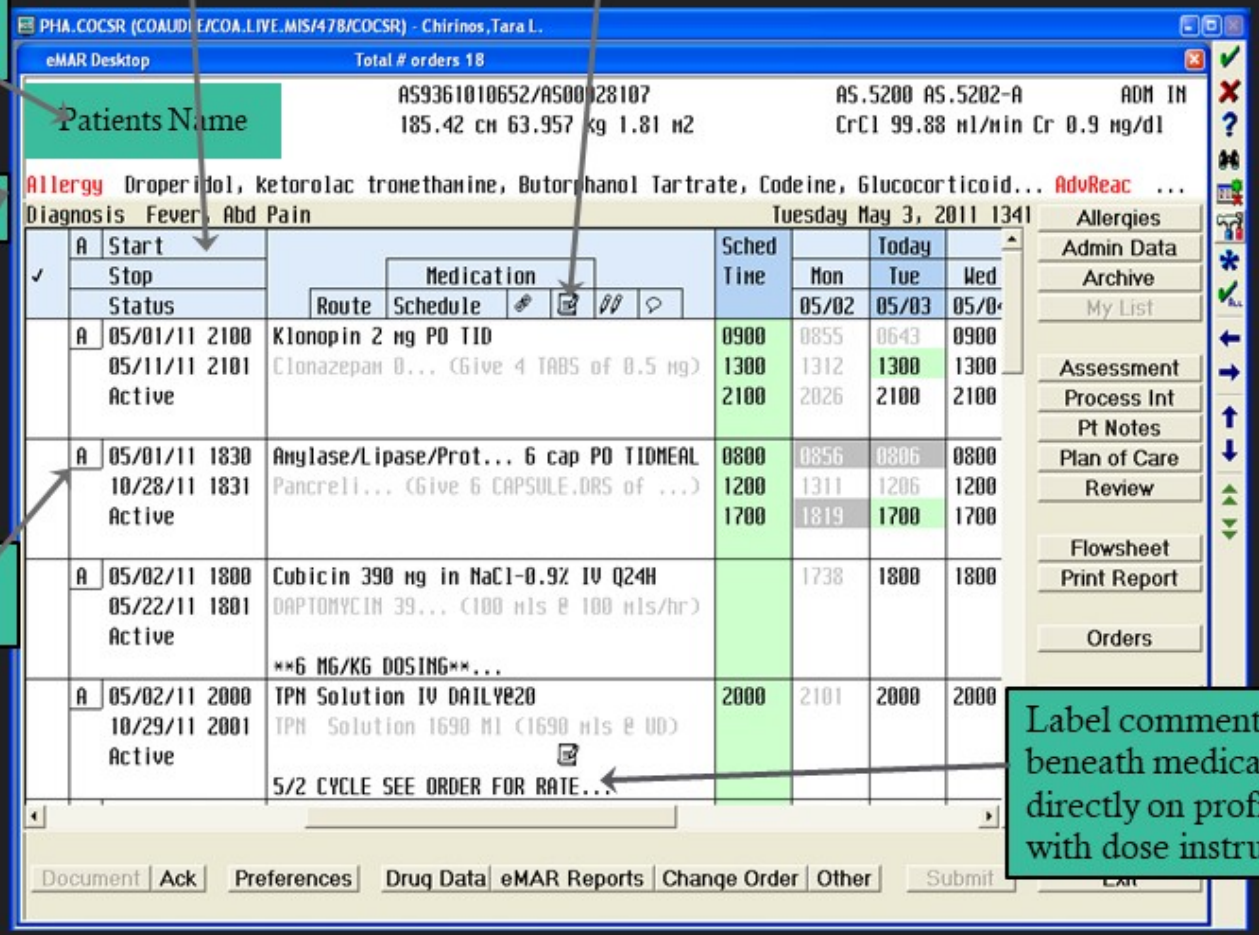
Medication Profile Icons: Clicking on these icons will display information linked to that drug. This includes linked medications, required co-signatures, dose instructions

Confirm name and DOB

Patients Name

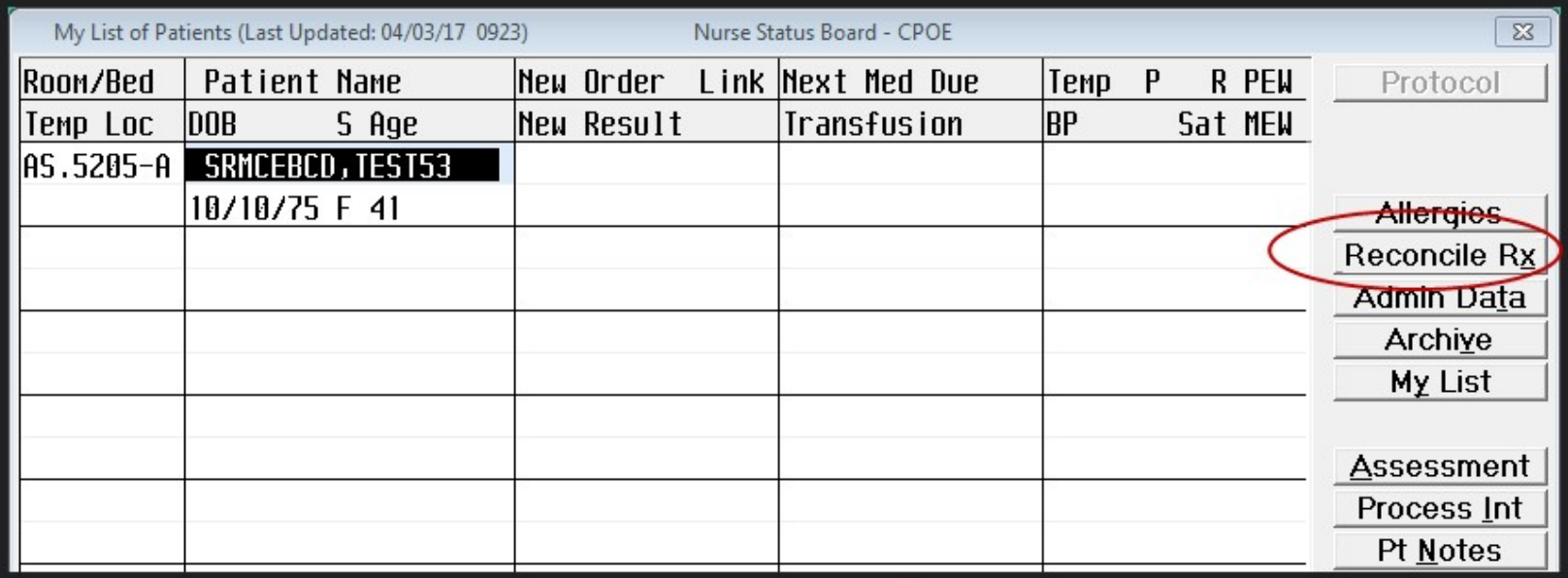
Allergies

"A" means acknowledged



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

Medication Reconciliation



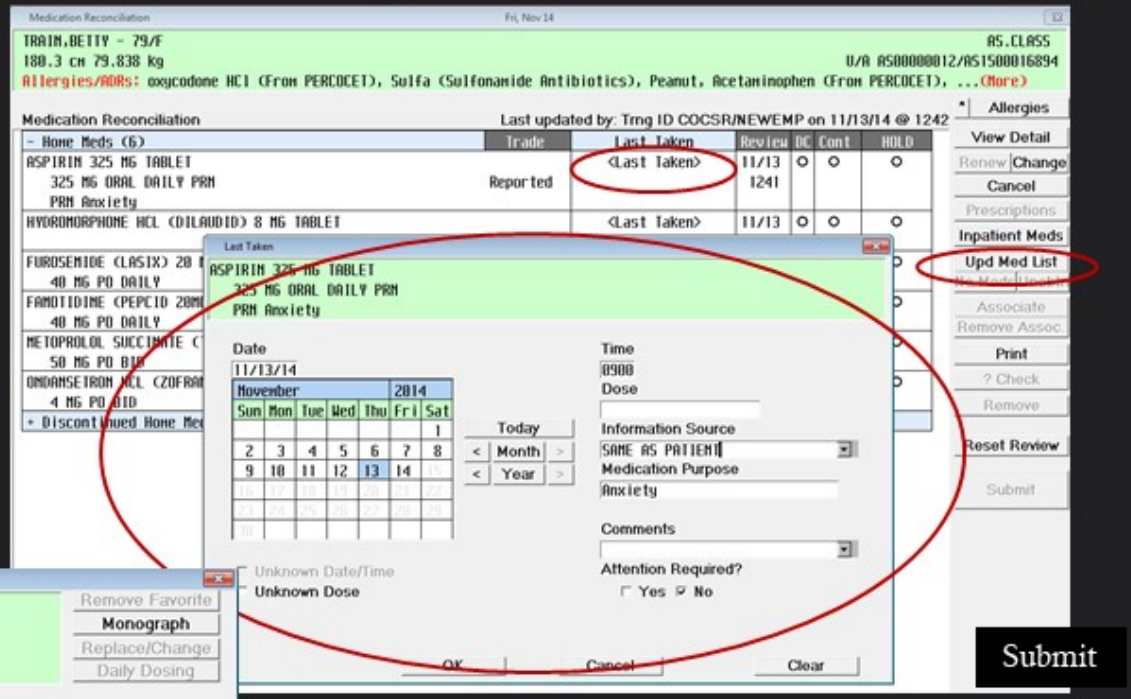
Med Rec MUST be completed:

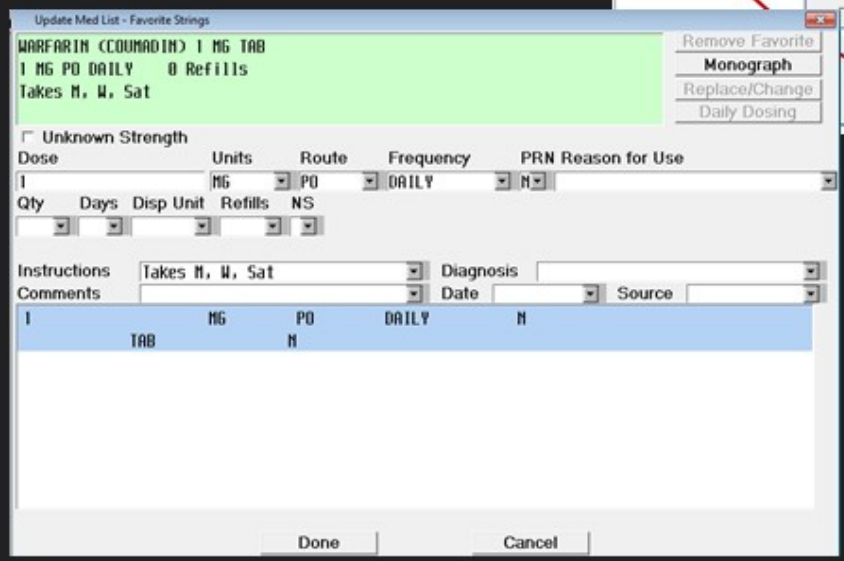
- Admission
- Transfer
- Discharge

- **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





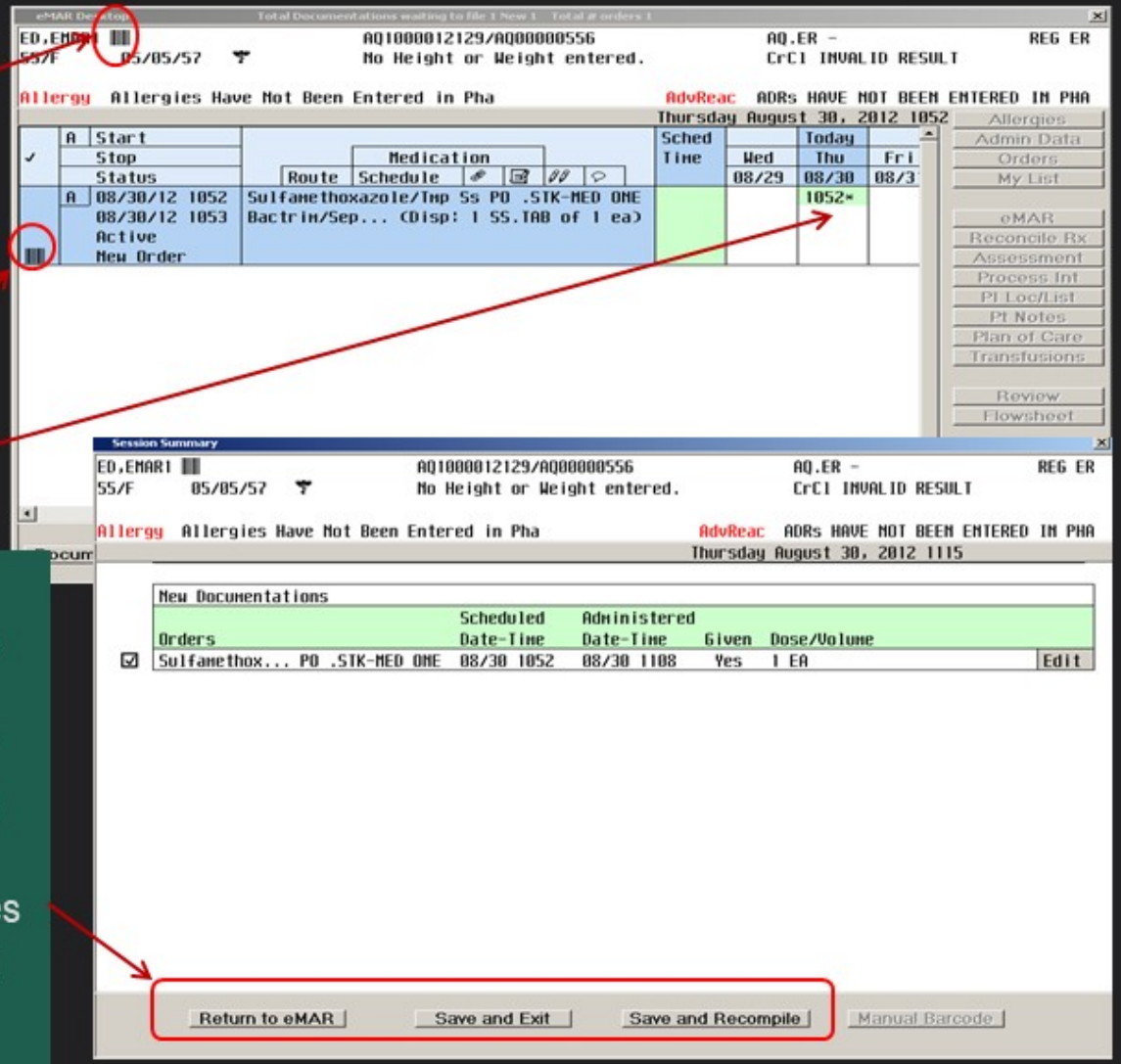
Scanning Patients & Meds

Scan patient armband.

- Barcode appears

Scan medication

- Barcode appears
- Asterisk appears



- "**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