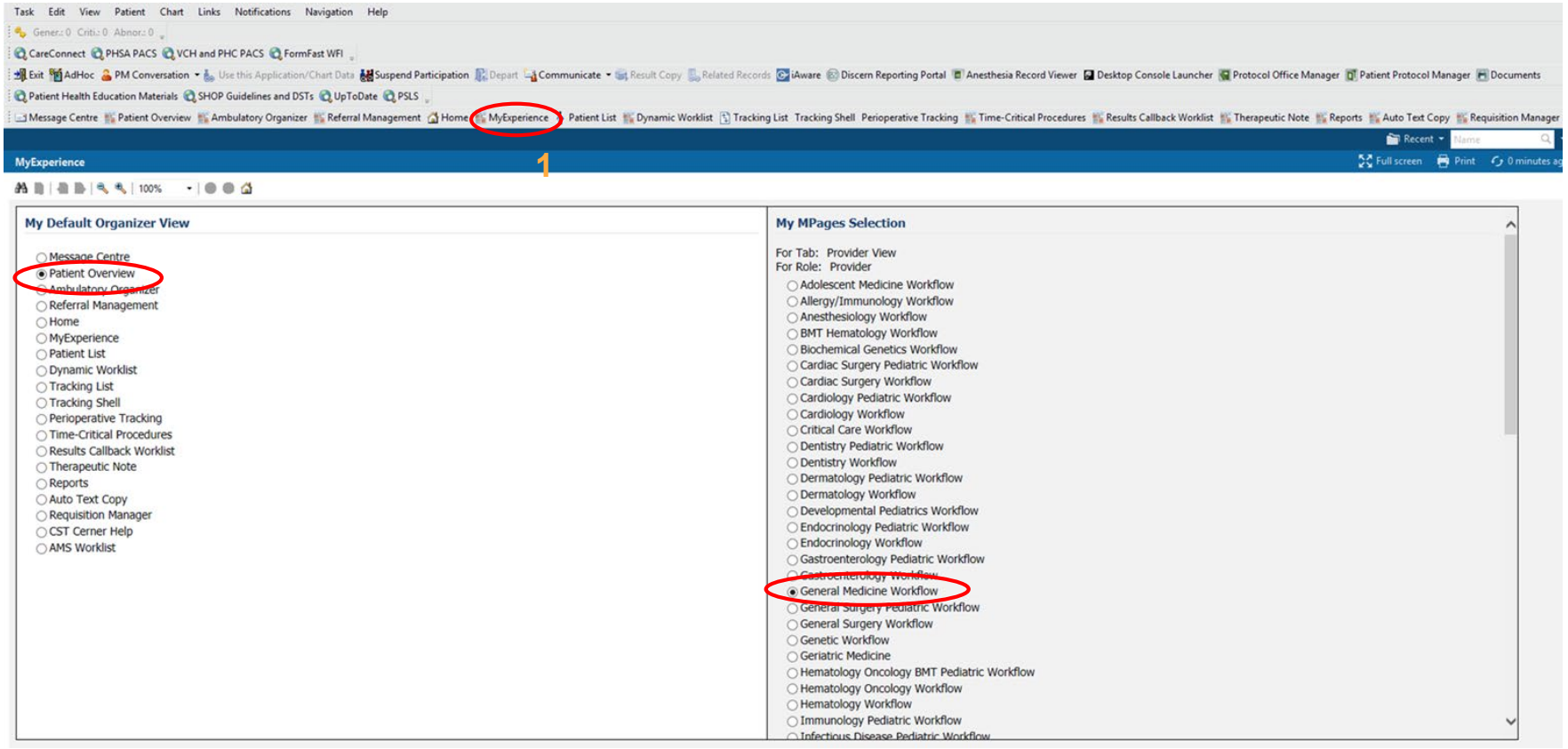
VGH Cerner Basics

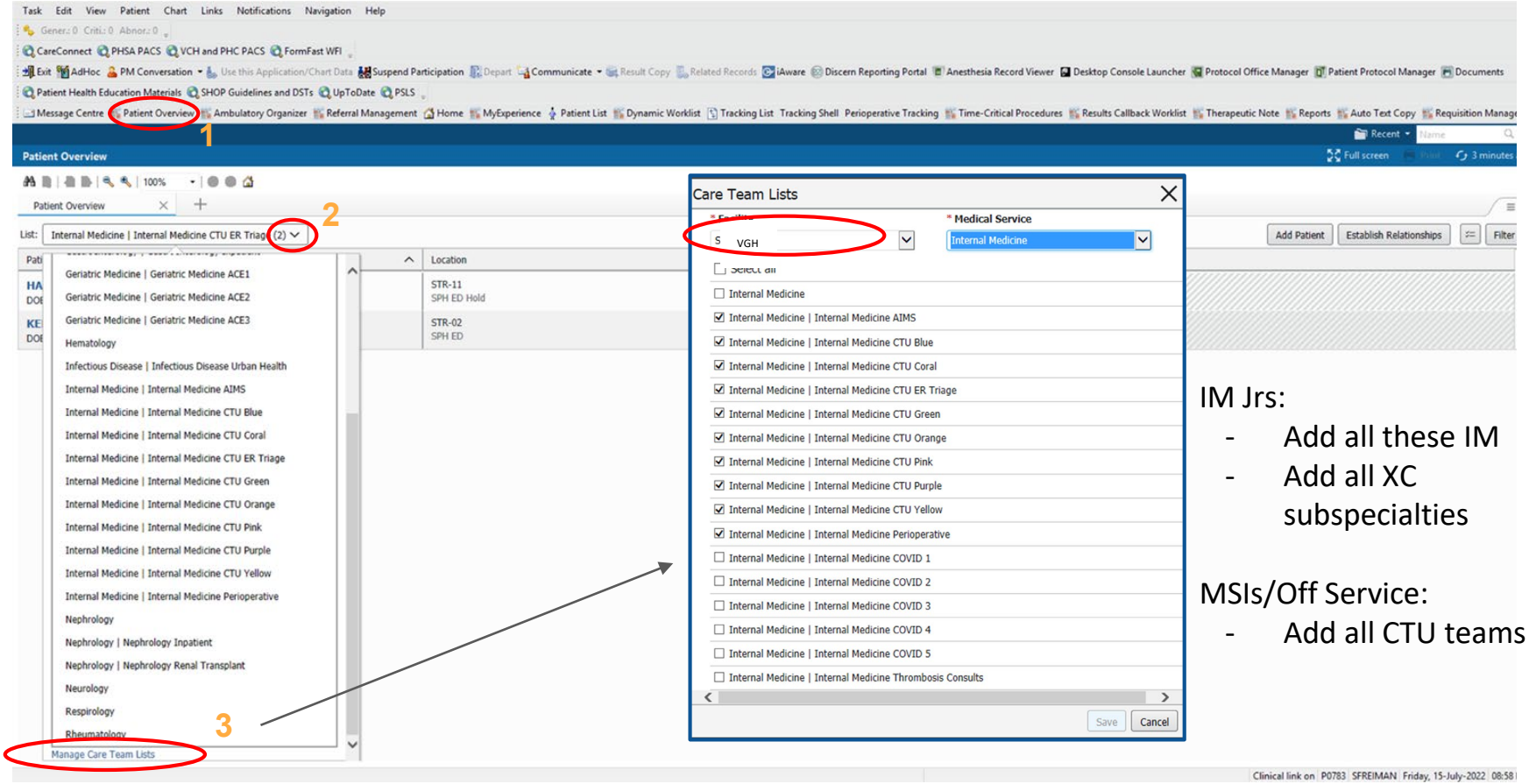
Vancouver CoastalHealth

Setting Up: My Experience



IMPORTANT FOR FINDING THE INTERNAL MEDICINE PPOs!!!!!!!!!!!!

Setting Up: Adding all the Lists



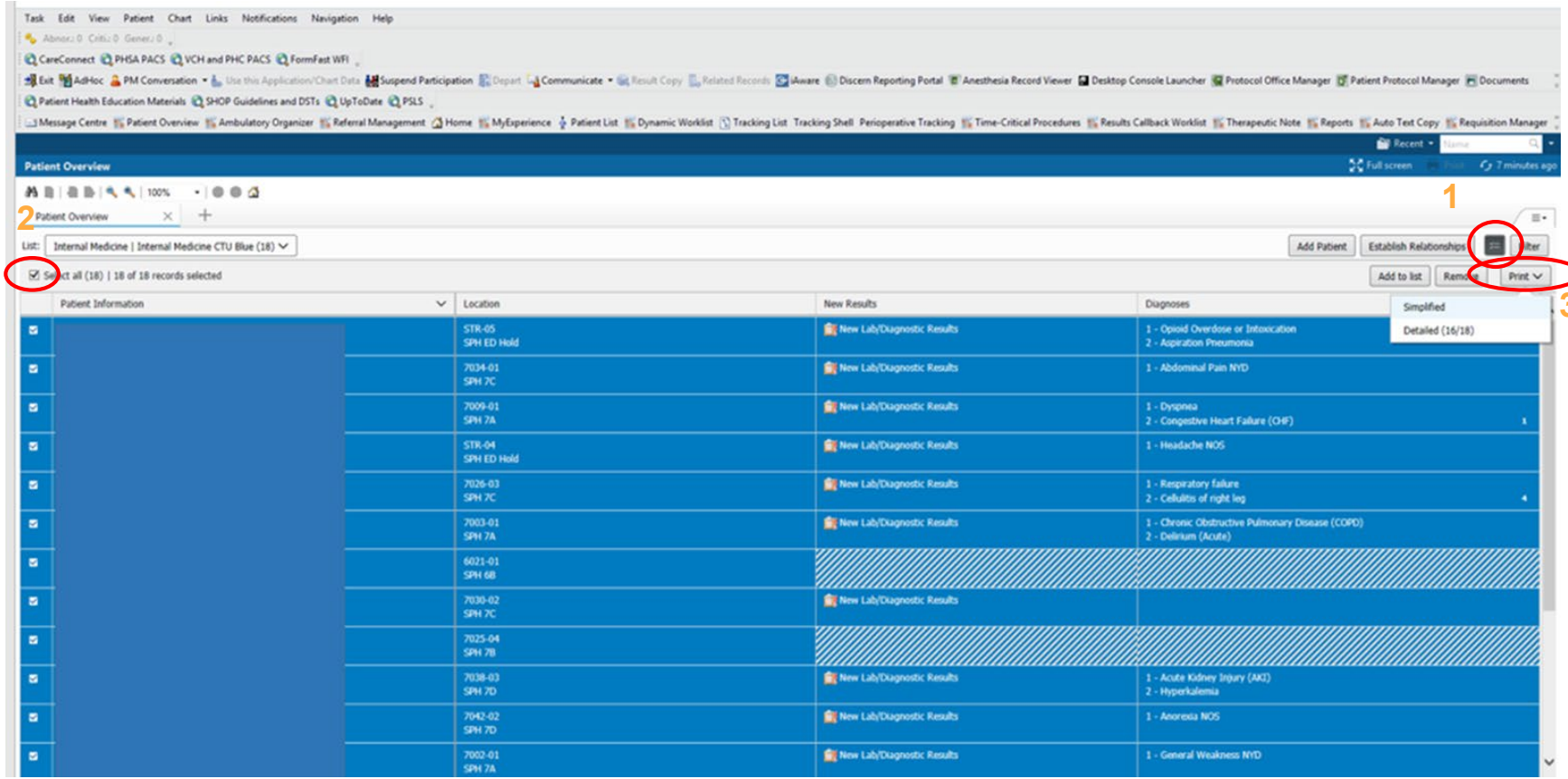
IM Jrs:

- Add all these IM
- Add all XC subspecialties

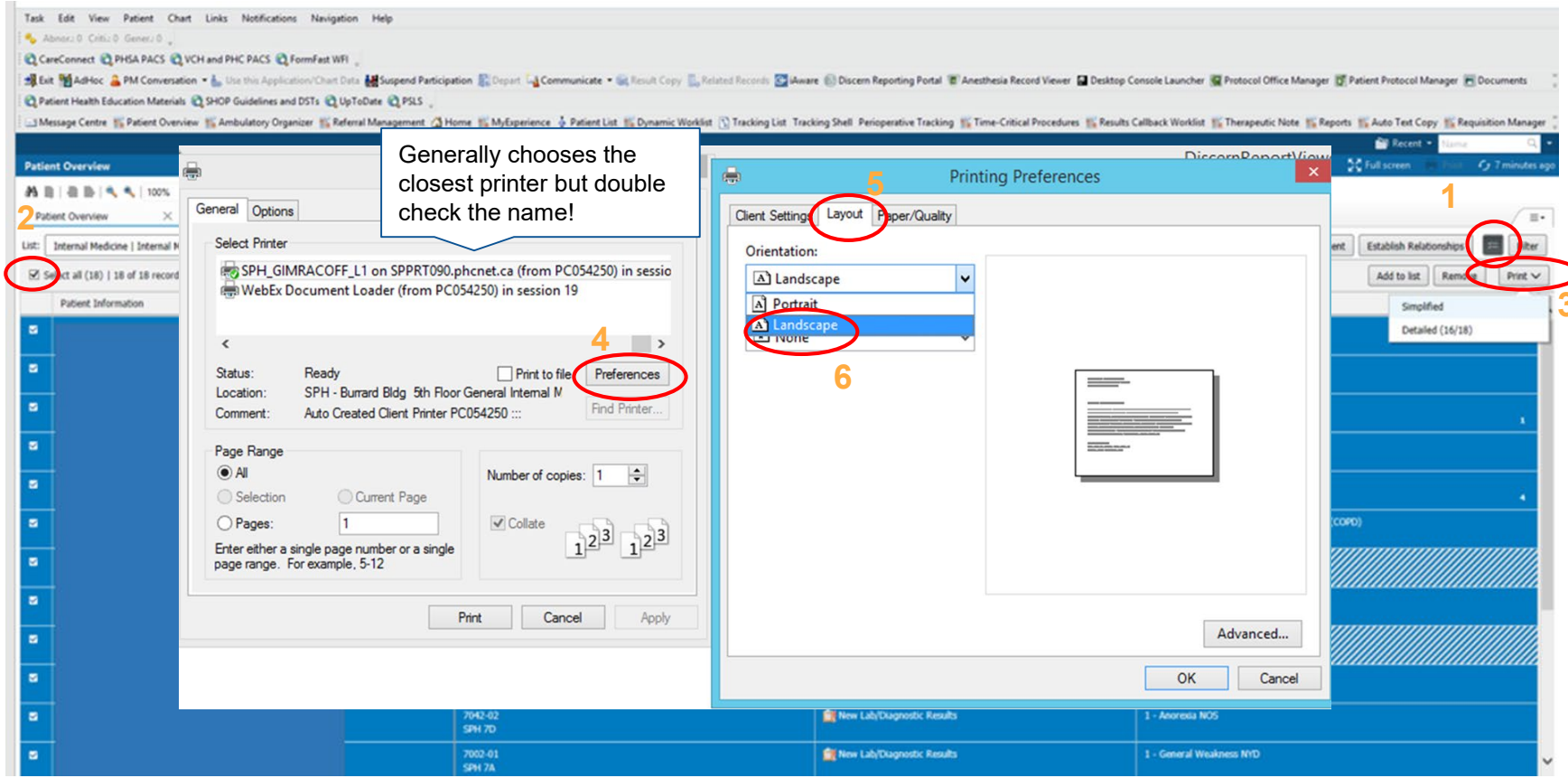
MSIs/Off Service:

- Add all CTU teams

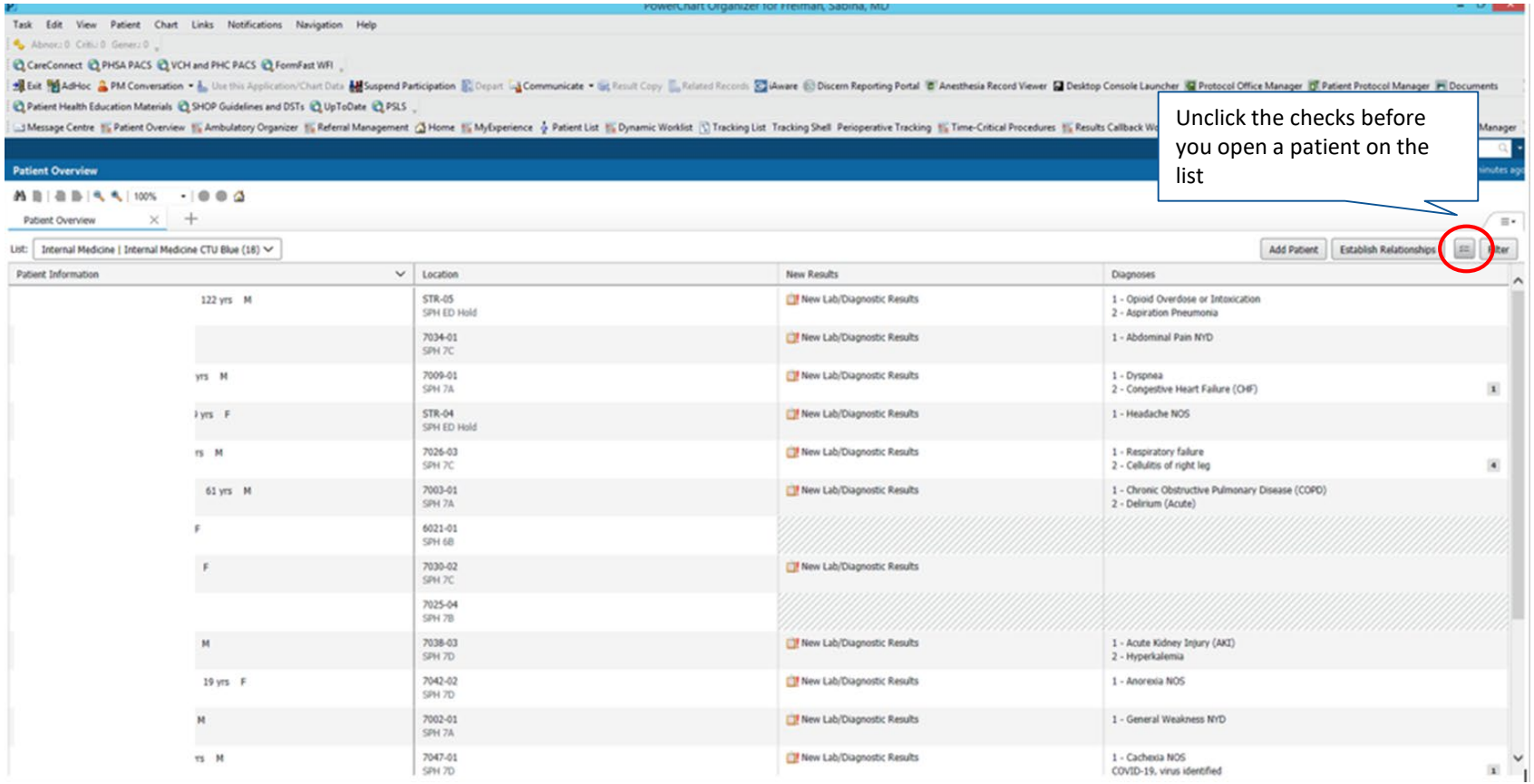
Printing Lists



Printing Lists

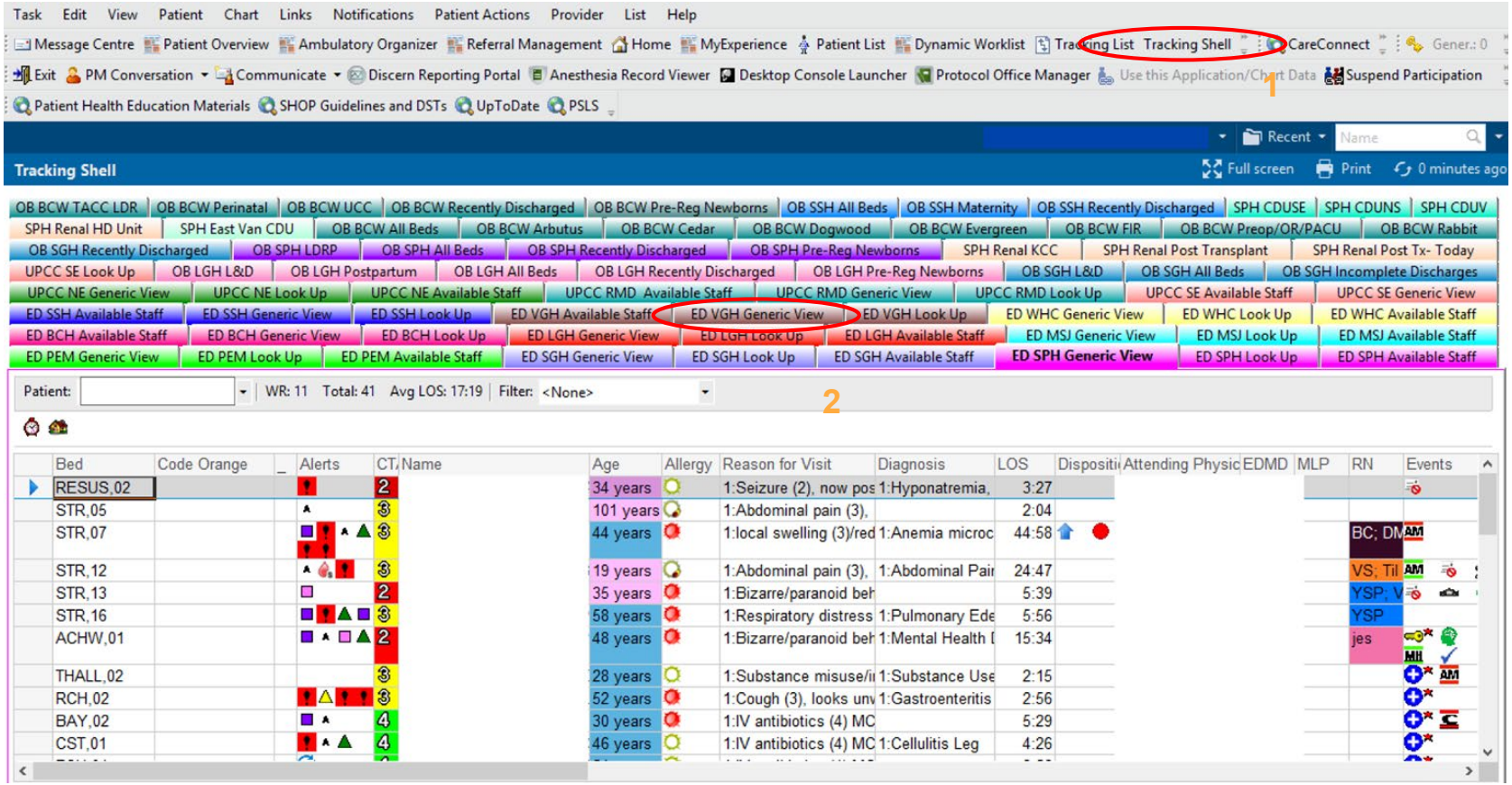


Printing Lists: Resetting the list



ADMISSION

Finding a patient: ED list



Admission: Medical Reconciliation

WHO IS RESPONSIBLE FOR ADMISSION MED REC?

The Most Responsible Provider (MRP) is responsible.

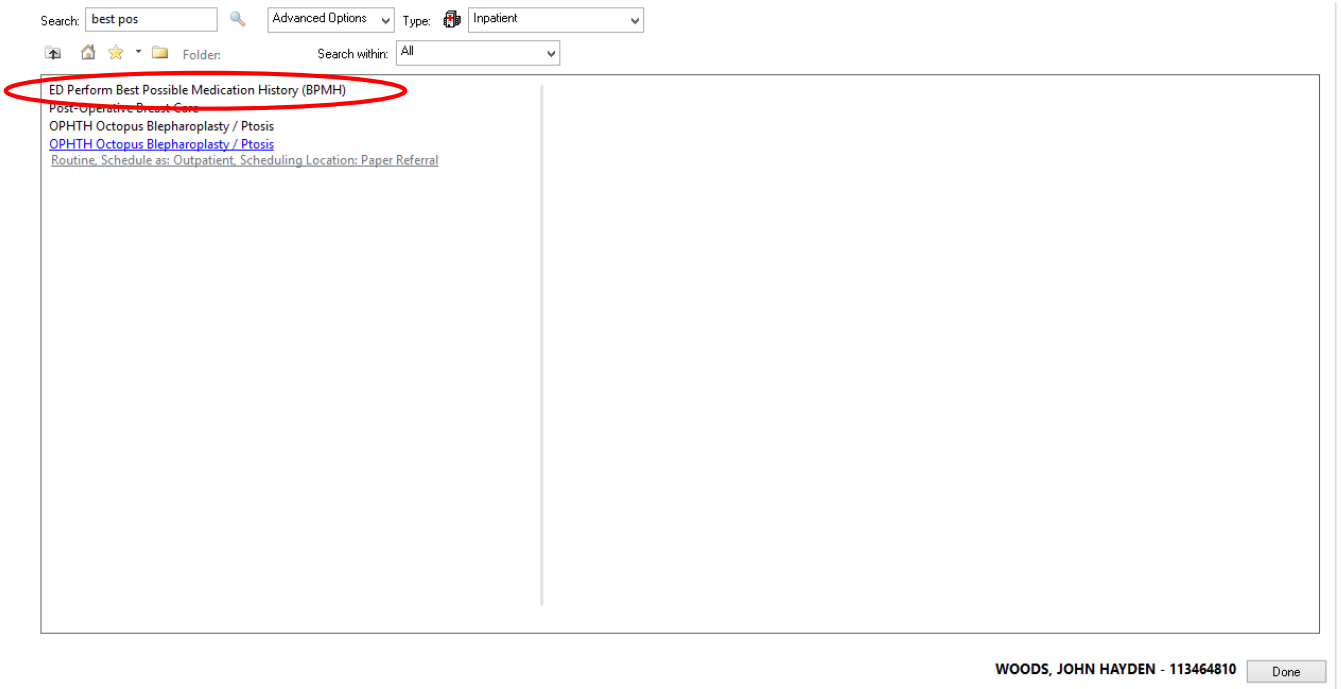
WHEN TO COMPLETE ADMISSION MED REC?

Upon admission.

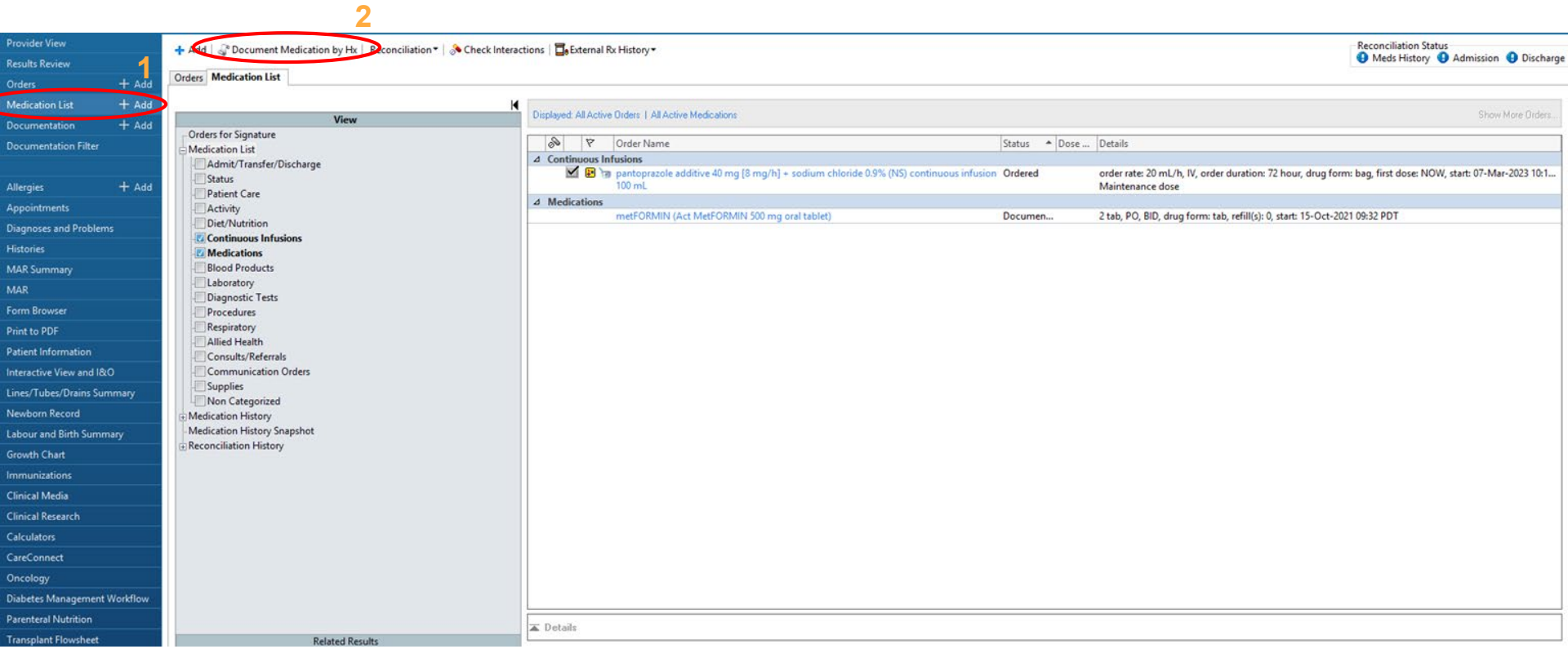
It is recommended to have Admission MedRec complete prior to entering admission orders and PowerPlans.

Admission: Medical Reconciliation

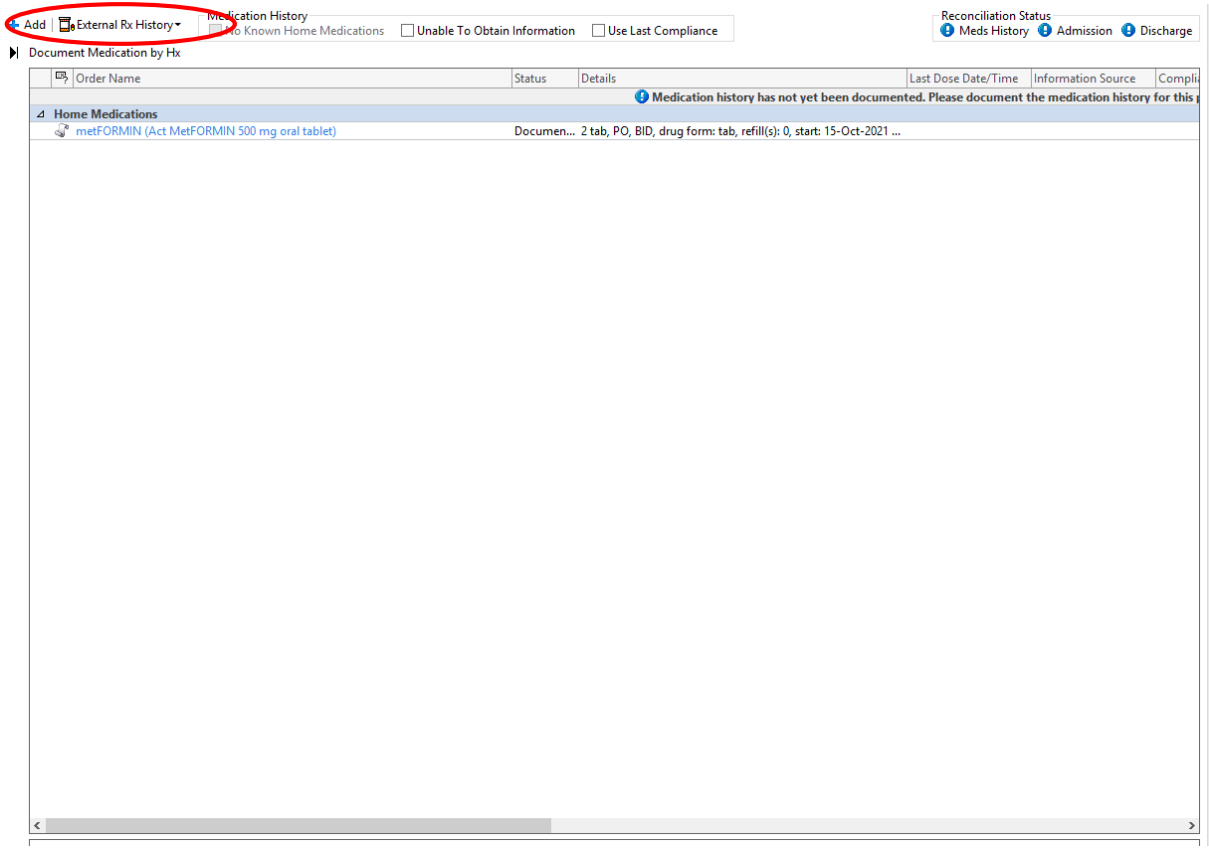
Before midnight each night the pharmacists are able to complete the medication reconciliation.
Please only consult pharmacy if a patient is taking four or more medications.
To consult pharmacy. Order the ED Perform Best Possible Medication History.



Admission: Medical Reconciliation



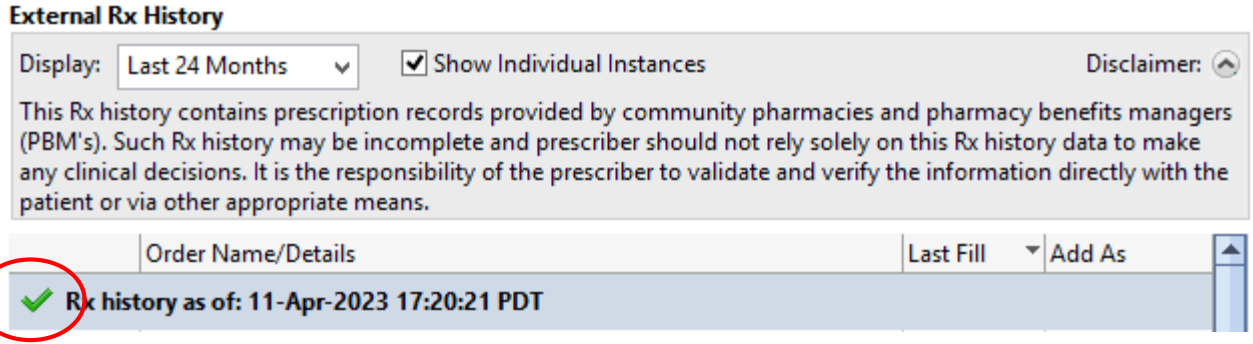
Admission: Medical Reconciliation



1)External Rx History
2) Import

Admission: Medical Reconciliation

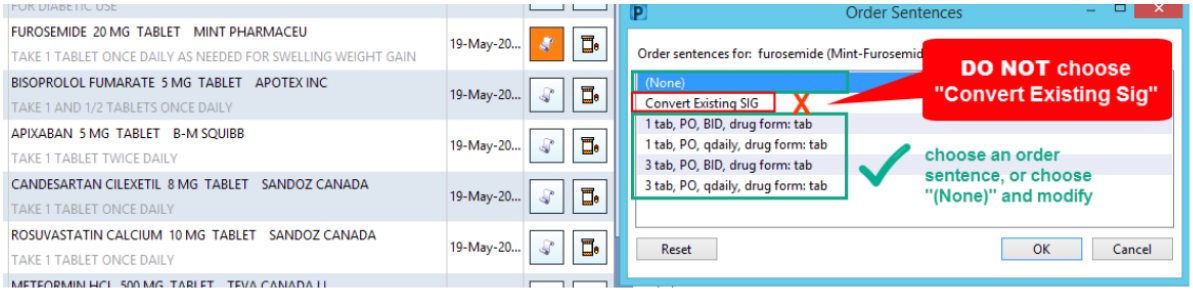
1) Click on the “recycle” icon until a green check mark displays



Admission: Medical Reconciliation

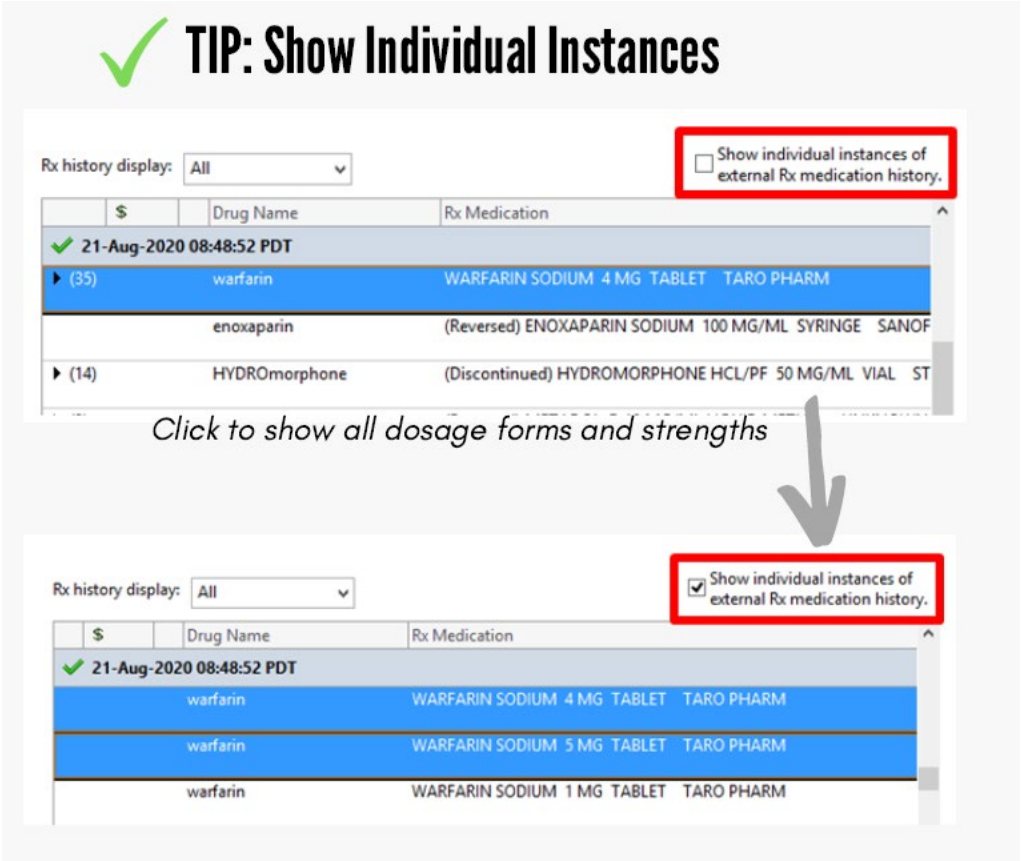
DO *NOT* USE "CONVERT EXISTING SIG" FUNCTION

When importing from PharmaNet, **DO NOT** select "*Convert Existing Sig*"!
Select the closest available order sentence or select "*(None)*".
Dose and frequency may be modified if needed.



Using "Convert existing sig" results in ERRORS
for all future Admission, Transfer, and Discharge MedRec!

Admission: Medical Reconciliation



Admission: Medical Reconciliation

1) To document a medication, press the scroll button.

Admission: Medical Reconciliation

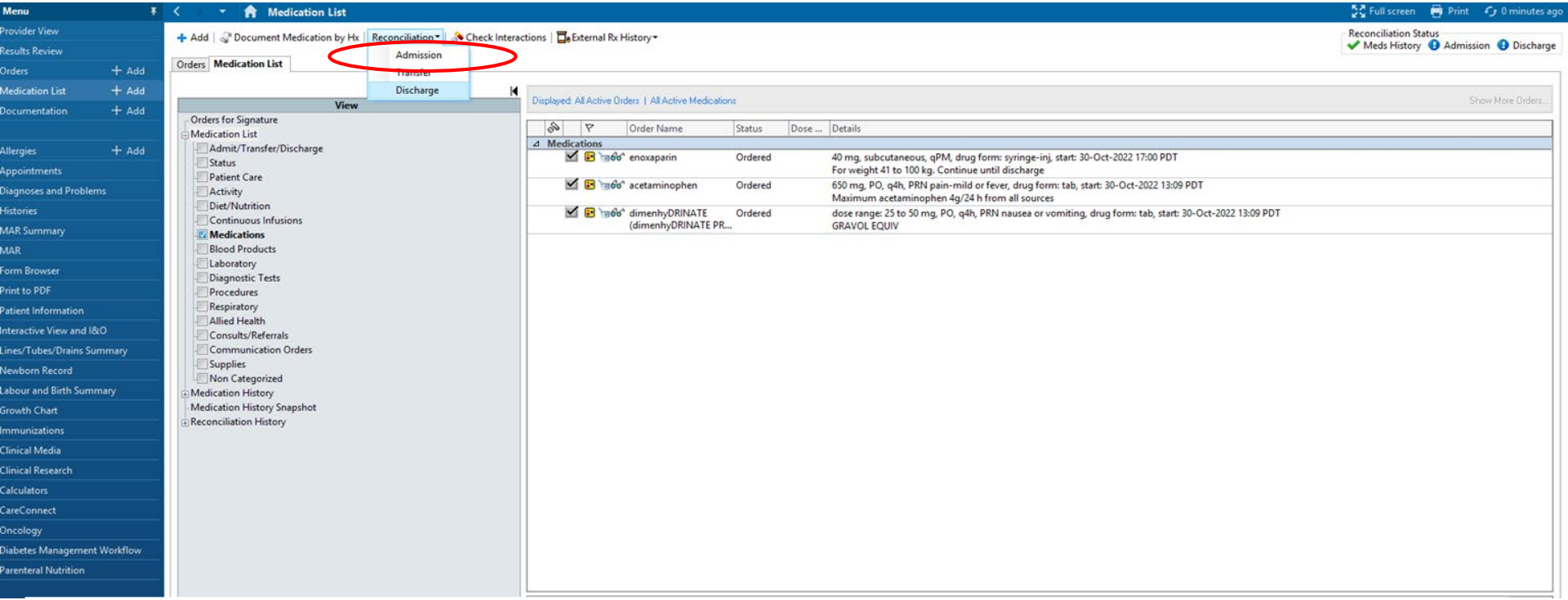
Document Medication by Hx

	Order Name	Status	Details
⊿	**Home Medications**		
	rosuvastatin (Sandoz Rosuvastatin 40 mg oral tablet)	Documen...	1 tab, PO, qdaily, drug form: tab, start
	clonazePAM (PMS-ClonazePAM-R 0.5 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	QUEtiapine (Mint-QUEtiapine 100 mg oral tablet)	Documen...	2 tab, PO, qHS, drug form: tab
	ticagrelor (Brilinta 90 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	diclofenac-miSOPROstol (Gd-Diclofenac/Misoprostol 75 mg-...	Documen...	1 tab, PO, BID, drug form: tab
	gabapentin (Jamp-Gabapentin 300 mg oral capsule)	Documen...	4 caps, PO, BID
	risperiDONE (PMS-Risperidone 2 mg oral tablet)	Documen...	2 tab, PO, BID, drug form: tab
	escitalopram (Teva-Escitalopram 20 mg oral tablet)	Documen...	1 tab, PO, BID, drug form: tab
	metoprolol (Apo-Metoprolol tartrate 50 mg oral tablet)	Documen...	1 tab, PO, BID
	ramipril (Apo-Ramipril 2.5 mg oral capsule)	Documen...	1 cap, PO, BID, drug form: cap
	bictegravir/emtricitabine/tenofovir (Biktarvy oral tablet)	Documen...	1 tab, PO, qdaily, drug form: tab
	ASA (ASA 81 mg oral delayed release tablet)	Documen...	1 tab, PO, BID, drug form: tab-EC
	budesonide-formoterol (Symbicort Turbuhaler 200 mcg-6 mc...	Documen...	2 puff, inhalation, BID, drug form: inh

All medications in this section should reflect the medications the patient is actually taking.

If a medication that the patient is not taking is listed here, please select complete.

Admission: Medical Reconciliation

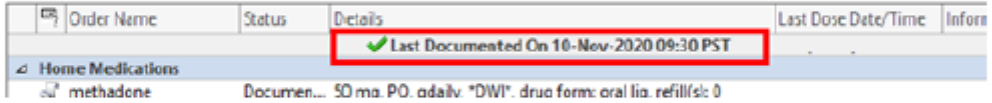


1) Once all of the medications are documented,

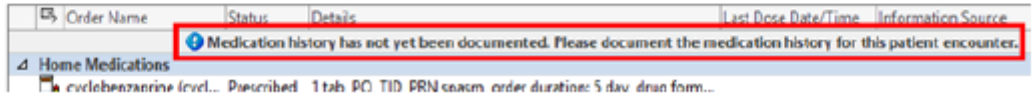
Admission: Updating an Existing BPMH

Check the Med History status icons to confirm whether BPMH has been documented for the current encounter.

Meds History = BPMH has been documented for the current encounter



Meds History = BPMH has NOT been documented on the current encounter



Admission: Updating an Existing BPMH

Medications appearing in BPMH list may not be the patient's current home medications.

BPMH medications carry over from previous encounters and may be months or years out-of-date.

Please verify the information with the patient.

Outdated entries must be updated/removed if the patient is no longer taking the regimen.

DO NOT click "Document History" without verifying the information.

If the patient is not taking the medication as it appears on the BPMH list:

If it appears as a "scroll":

Select the entry, right click, "**Modify**", and make the necessary changes in each field.

To remove an entry, right click and select "**Complete**"

If it appears as a "pill bottle":

Select the entry, right click, and select "**Complete**" to remove the medication from the list.

Then, re-enter the medication by importing through PharmaNet or adding manually.

If a patient is no longer taking a medication:

If on hold temporarily with intention to restart:

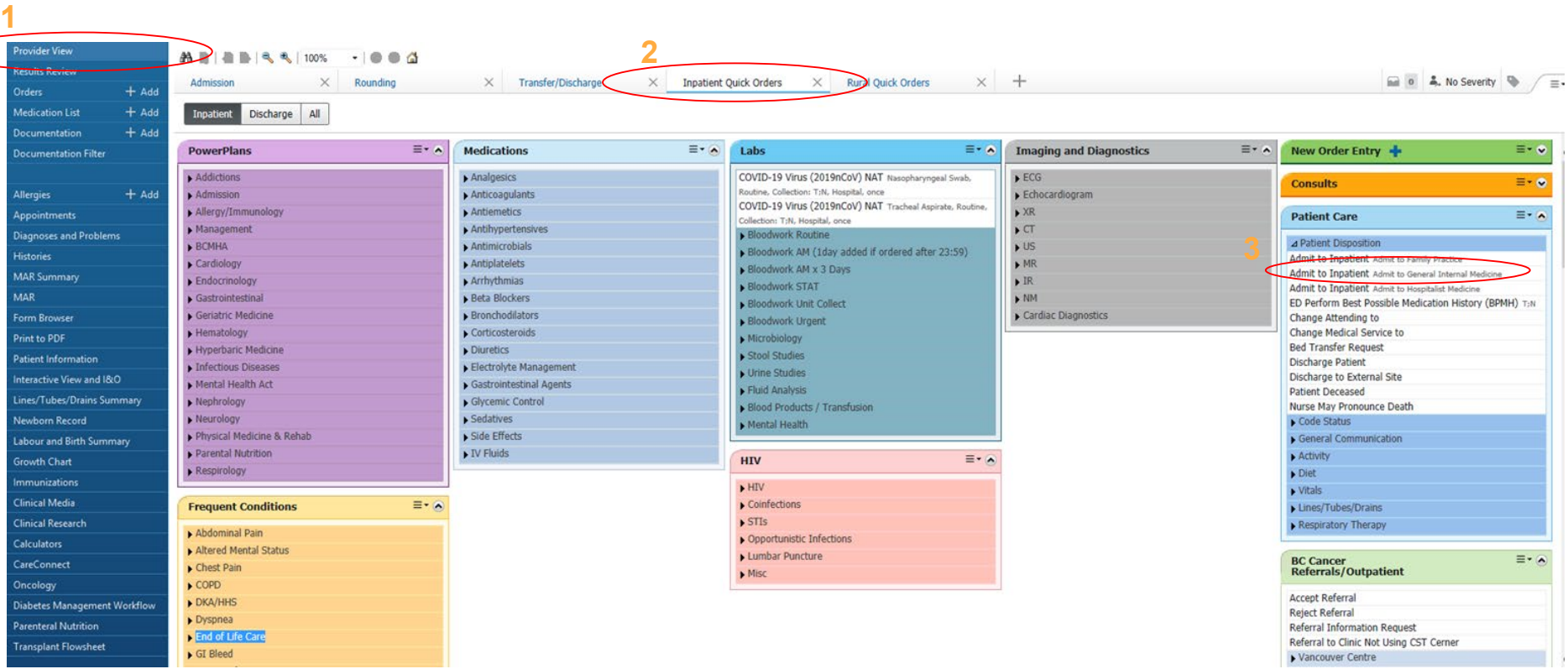
Right click, Modify Compliance, in the "Status" drop down menu select "on hold", and indicate the date/time of the last dose in the "Last Dose" field.

If stopped by a provider (with no intention to restart):

Right click, and select "***Complete***".

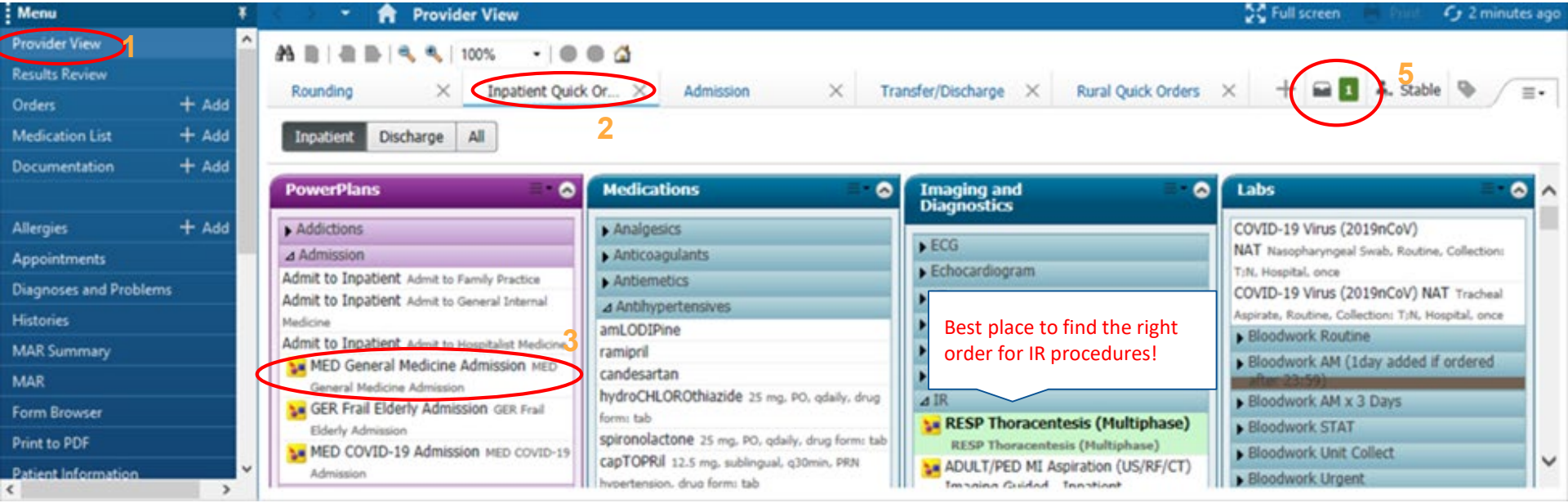
***Note**: if the previous medication entry is incomplete (i.e. missing dose/route/frequency fields), you will need to fill in the missing fields before the system will allow you to "Complete" the order

Admission Order: CTU Admit from ED

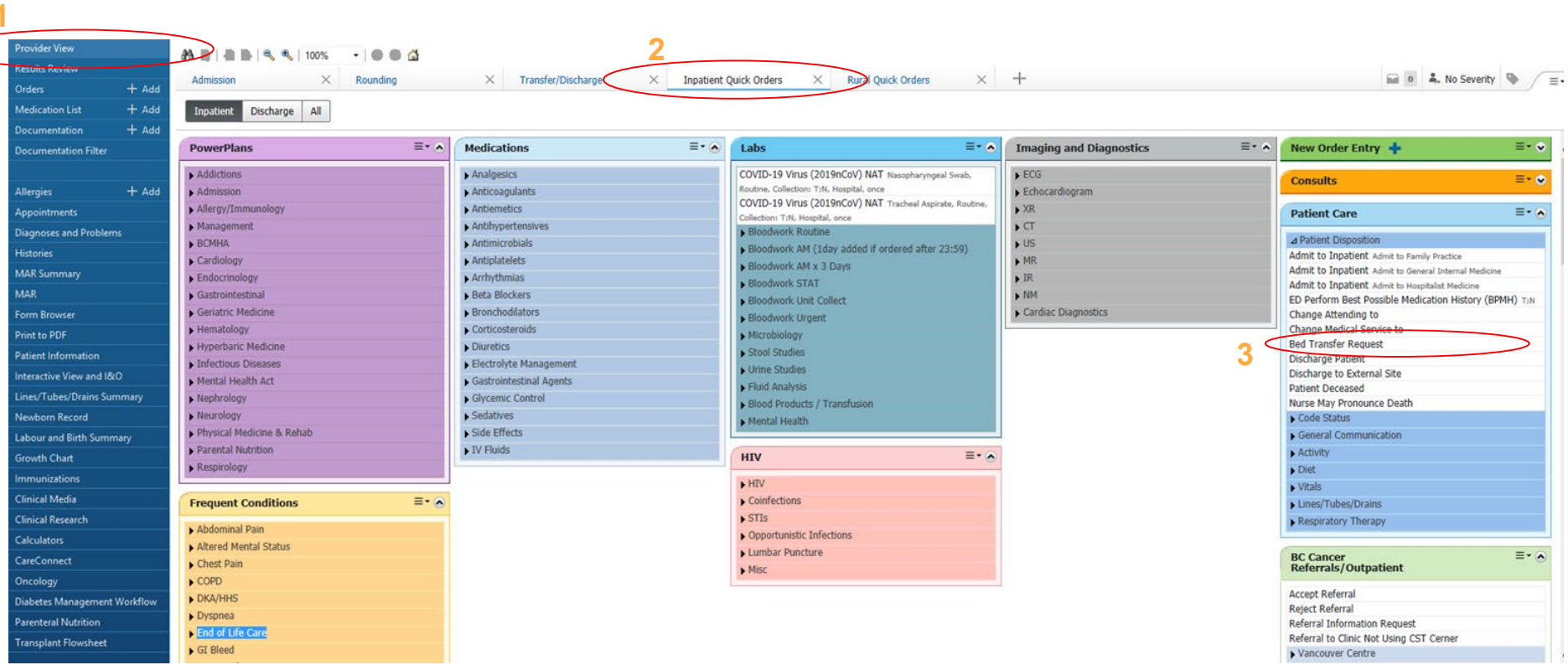


Steps: 1. Provider view, 2. Quick orders and 3. **Admit to Inpatient (General Internal Medicine)**

Admission PPO

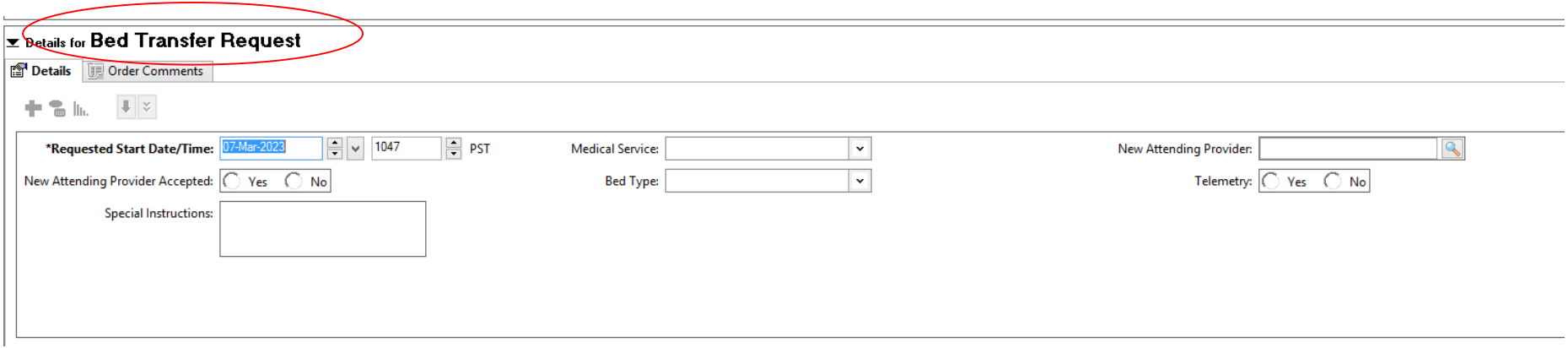


Admission Order: CTU Admit from ICU



Steps: 1. Provider view, 2. Quick orders and 3. **Bed Transfer Request**

Admission Order: CTU Admit from ICU



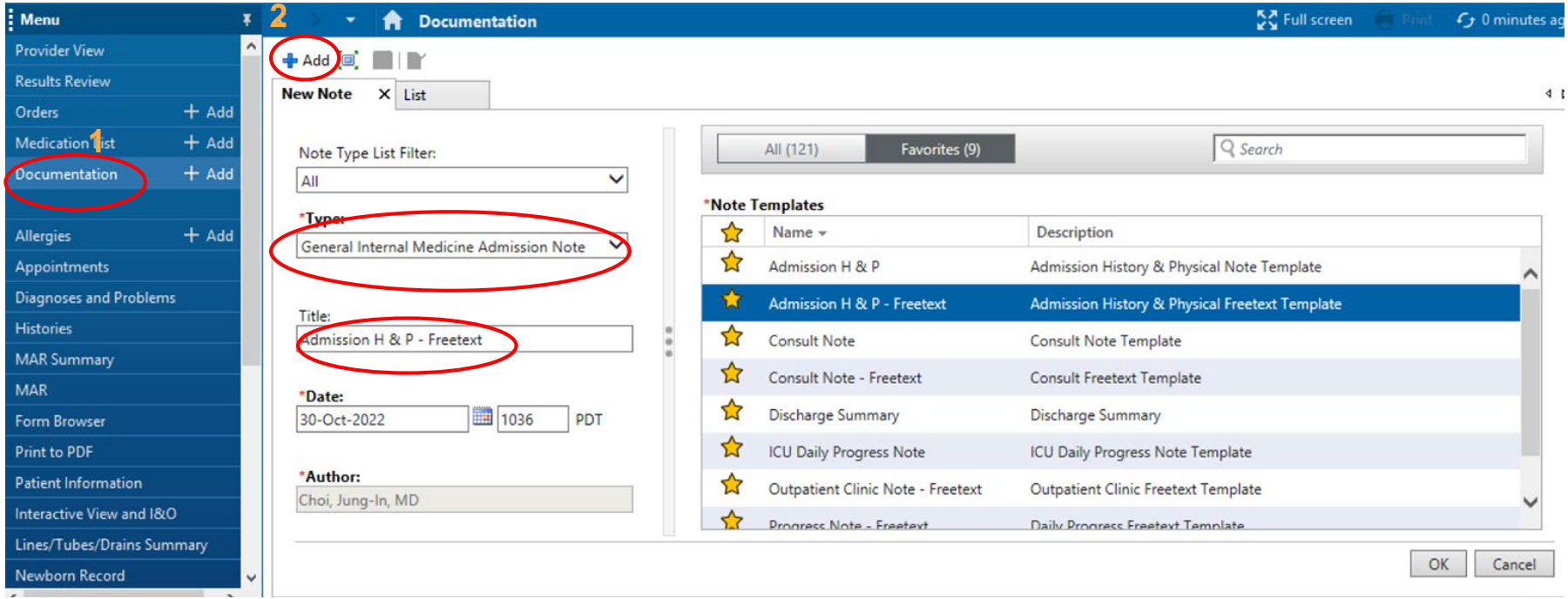
This order ensures the MRP is not changed until the patient is physically out of ICU!

Writing a Note: Admission

There are three note options you can choose from:

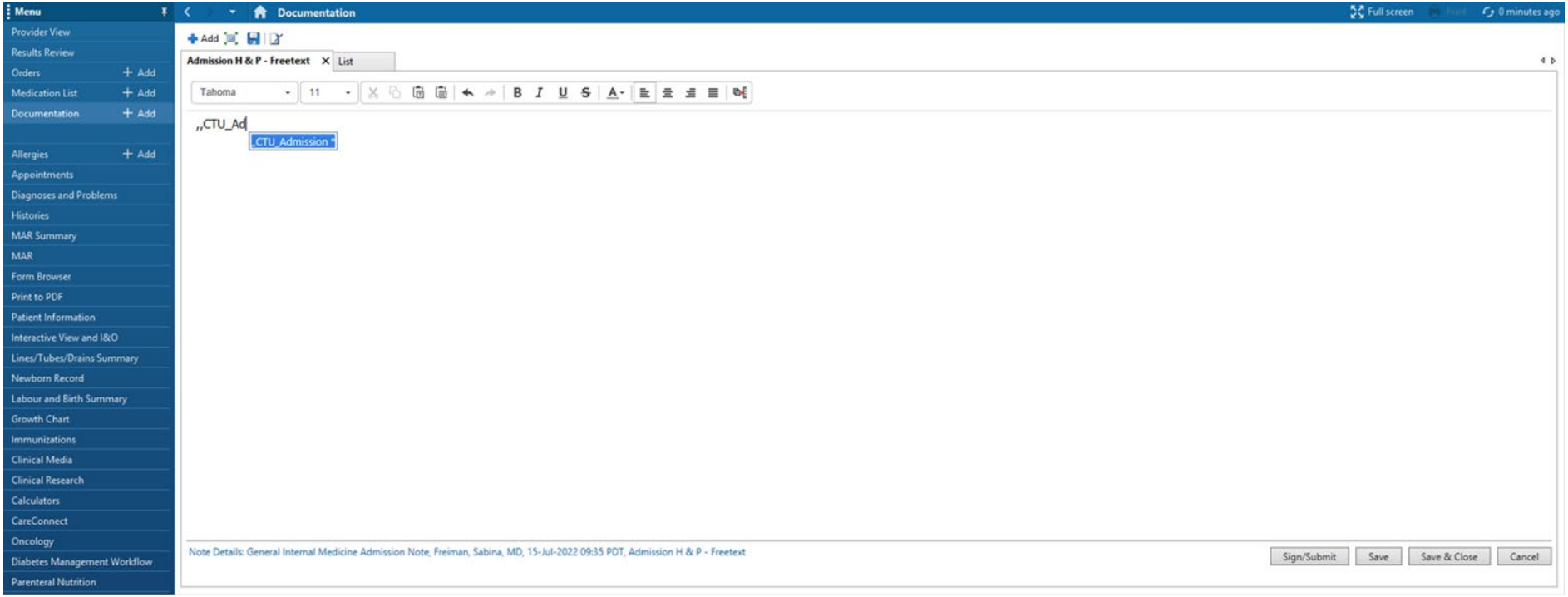
1) Preformed templates
2) Freetext notes (no template)
3) Create your own template

Writing a Note: Admission



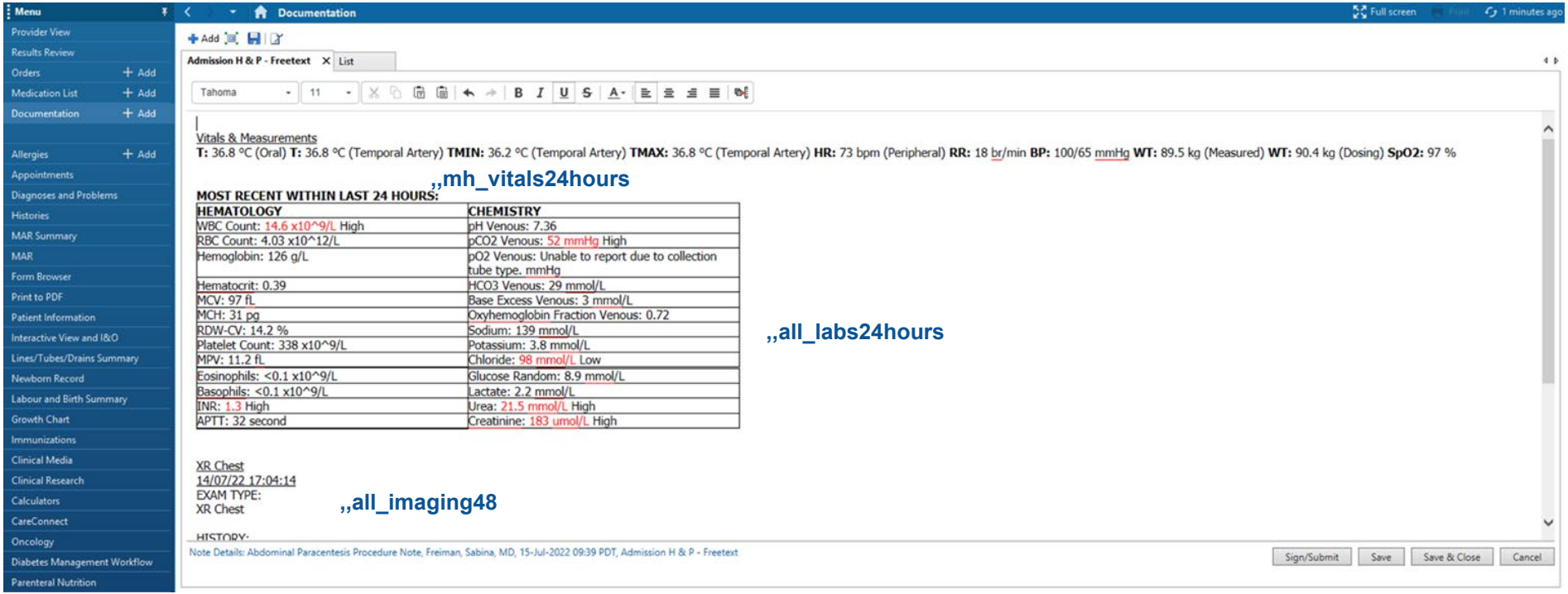
For each of the note options, 1) Go to Documentation, 2) Add a new note.
Admission H and P is the most common preformed template used. To write a note from scratch, or create your own template choose the freetext note.

Writing a Note: Freenote Consult Template



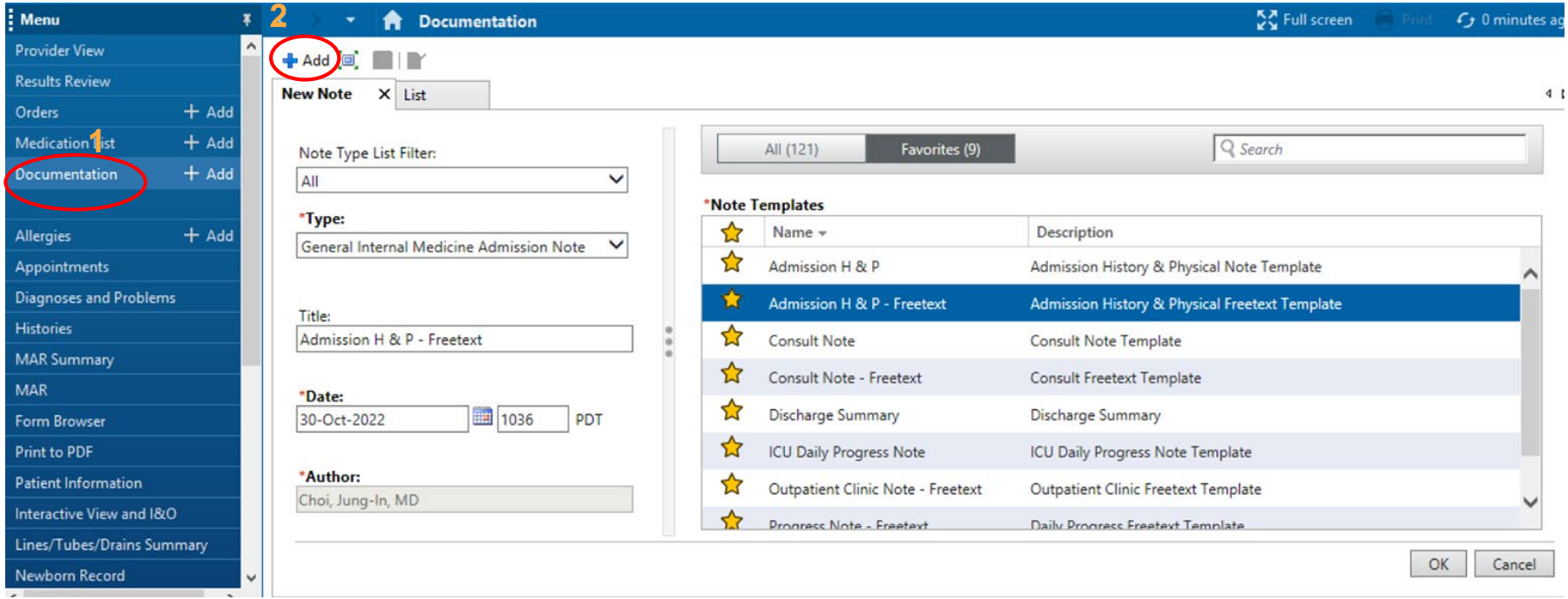
Case Sensitive ,,CTU_Admission pulls a template that's easier to edit and re-organize.

Writing a Note: Freenote Consult Template

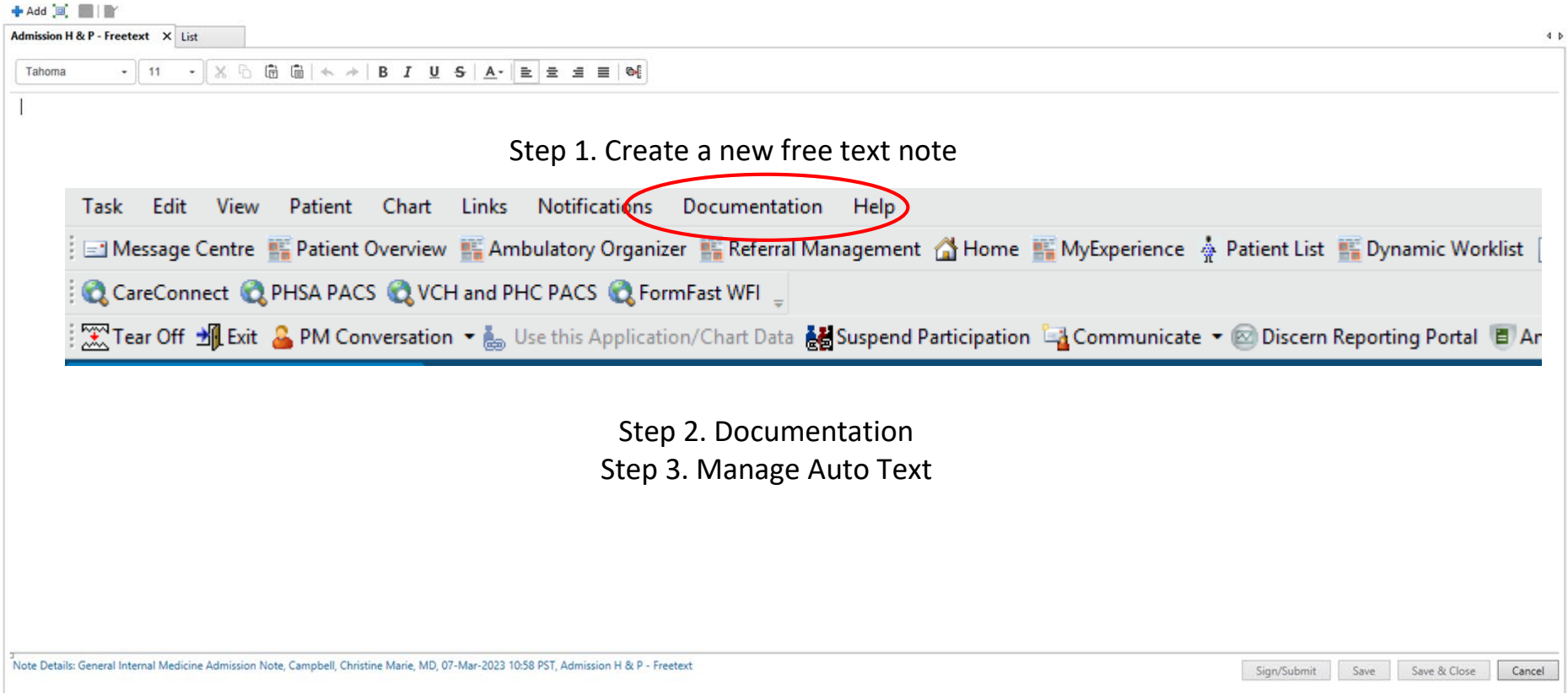


Case Sensitive ,,mh_vitals24hours ,,all_labs24hours and ,,all_imaging48 pulls in all the vitals, labs and imaging completed in the last 24-48 hours.

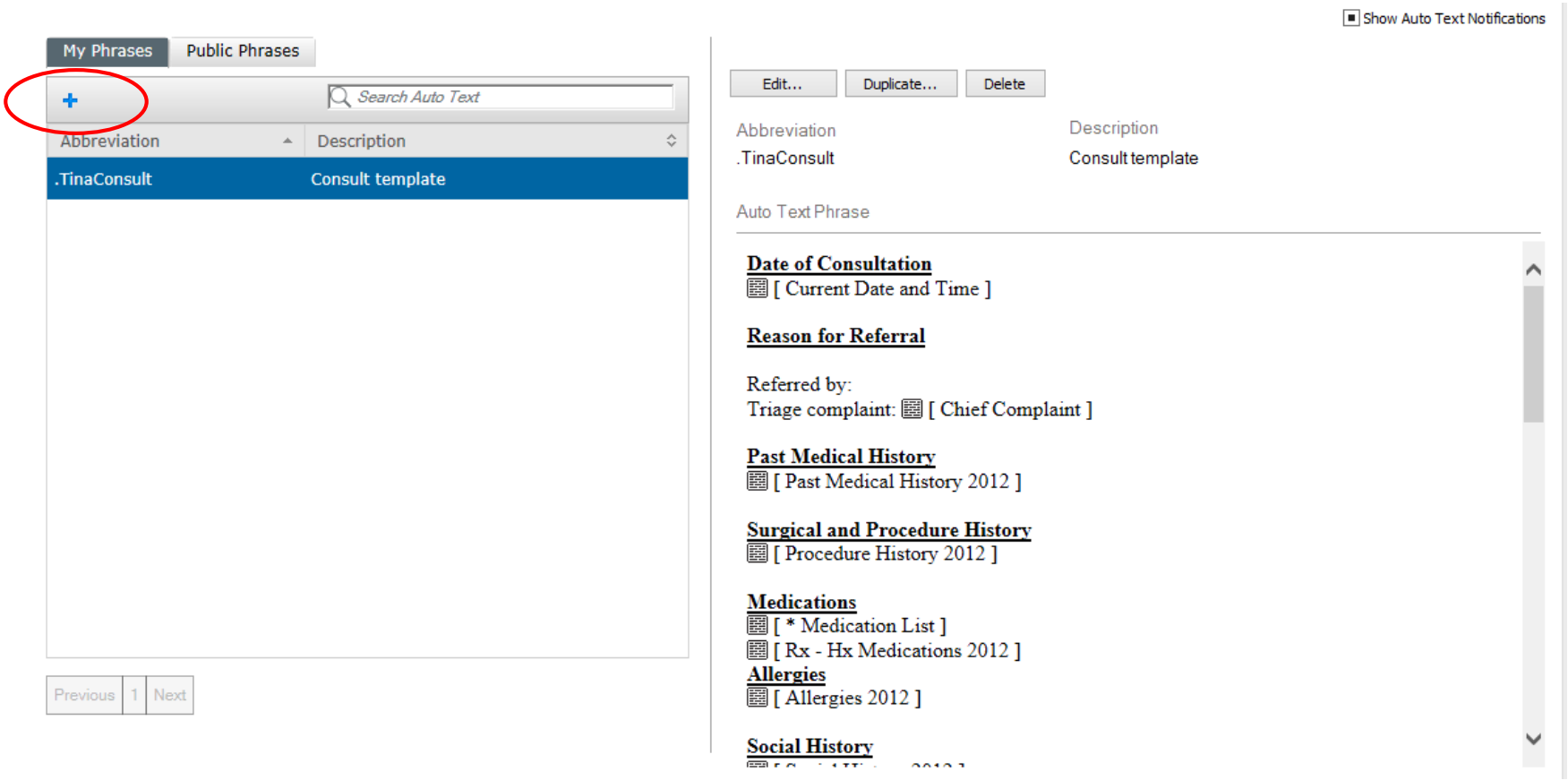
Writing a Note: Create Your Own Consult Template



Writing a Note: Create Your Own Consult Template



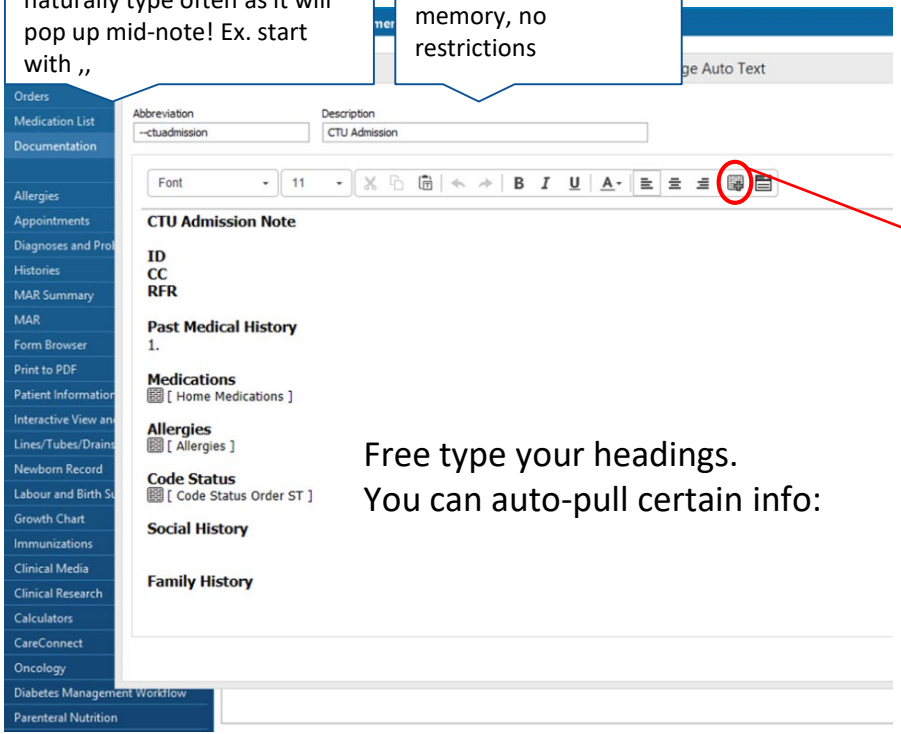
Writing a Note: Create Your Own Consult Template



Writing a Note: Create Your Own Consult Template

Pick an abbrev. you won't naturally type often as it will pop up mid-note! Ex. start with ,,

Name is just for your memory, no restrictions

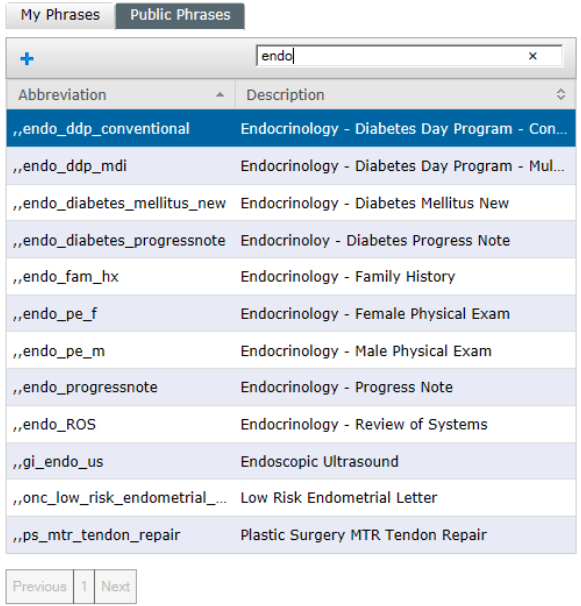


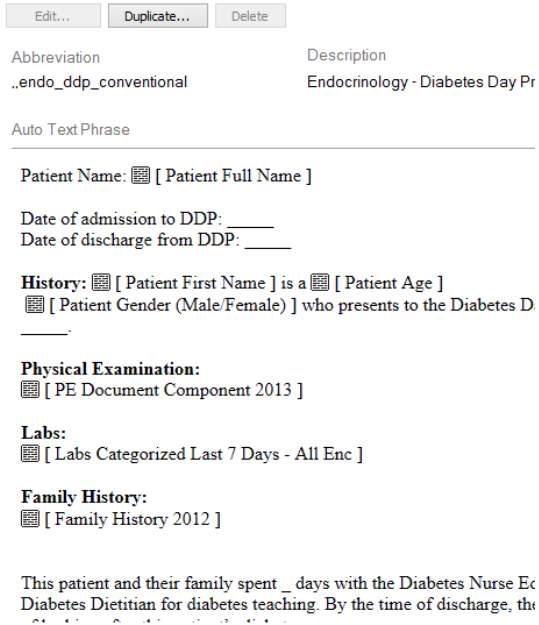
Free type your headings.
You can auto-pull certain info:

Tip: this tab opens tokens, which will automatically populate in your notes.

Diabetes Bundle	Smart Template
Diabetes Labs	Smart Template
Diabetes Self-History	Smart Template
Gestational Diabetes Mellitus	Smart Template
Pediatric Pharmacy Diabetes	Text Template
Pre-Diabetes	Smart Template
ST - OB Gestational Diabetes S...	Smart Template

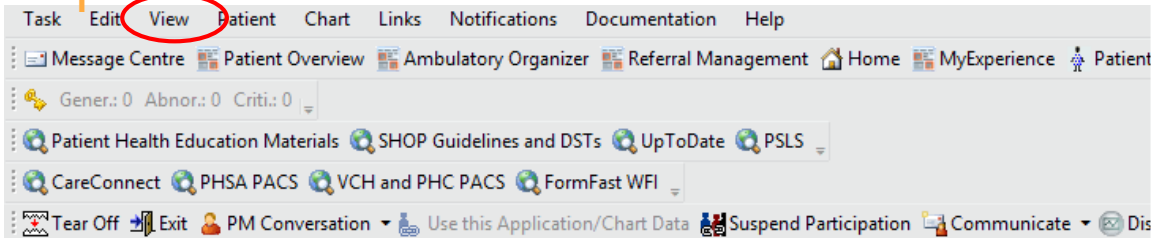
Writing a Note: Create Your Own Consult Template

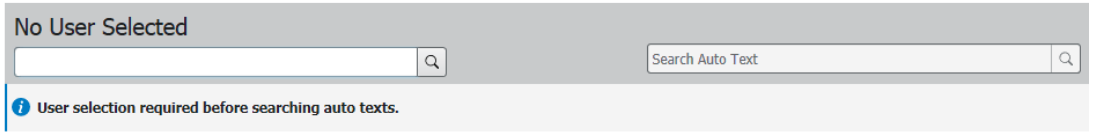




Tip: there is also a lot of public phrases available, it is worth searching through!

Writing a Note: Using a Colleagues Template





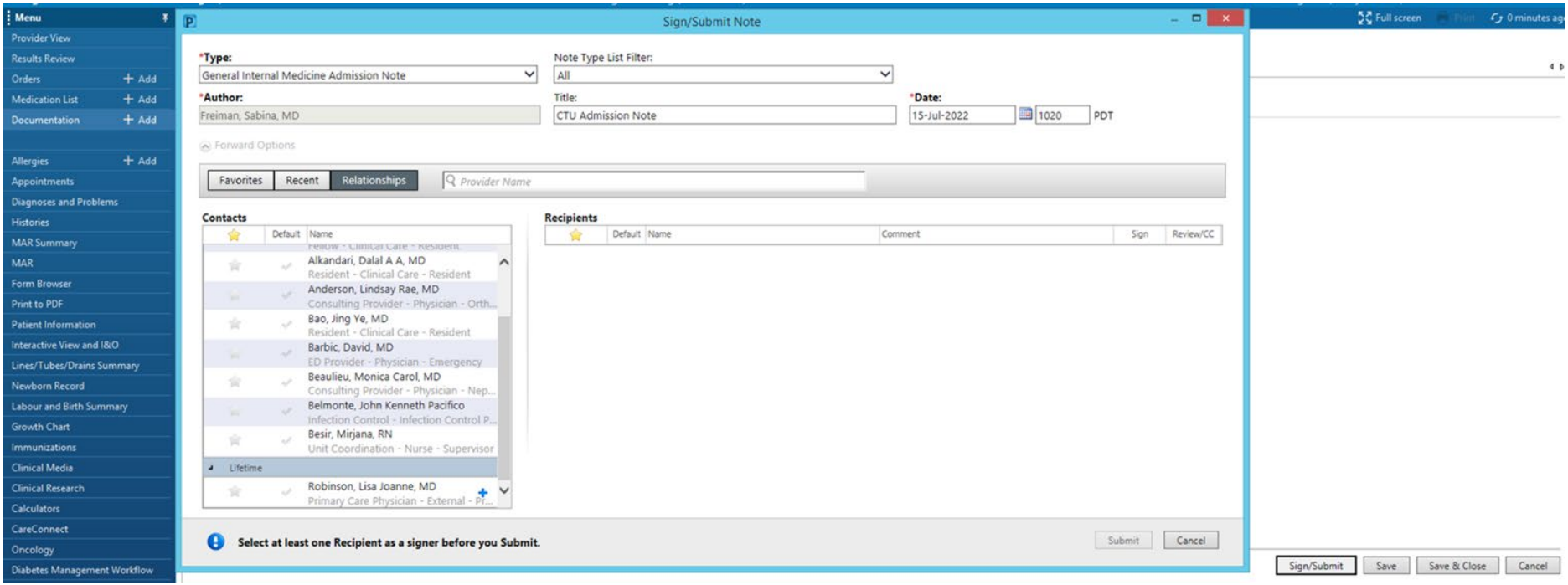
1) View

1) Auto Text Copy

1) Enter colleagues name that you would like to take the template from

1) Search Campbell, Christine to get the medlist token ,,medlist

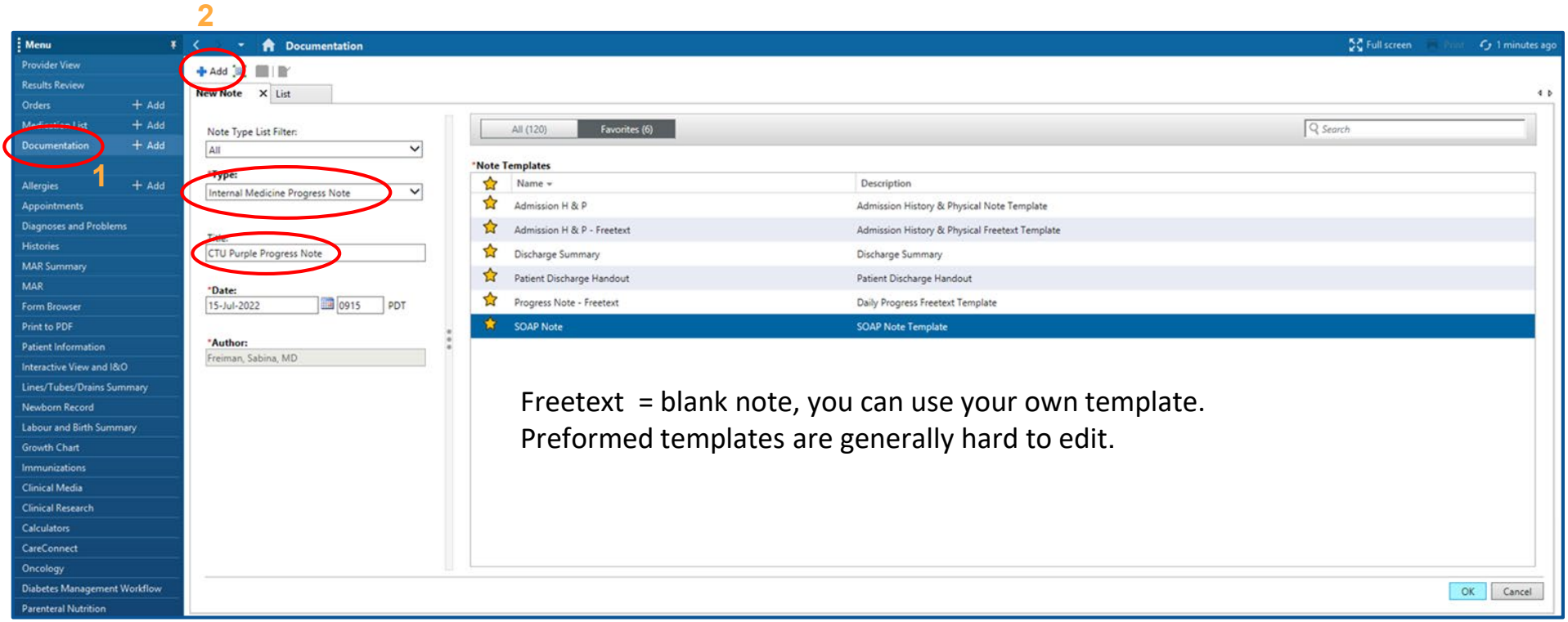
Writing a Note: Submitting



Scroll to the bottom of Relationships to find their Family Physician, and relevant subspecialists. CC them on new consults and DC summaries.
SAVE = no one can see the note but you.
SUBMIT = note is published. **Admission notes and consults can still be edited after being submitted (Until your staff signs off on the note). Submit new consults overnight so other staff are aware what is going on with the patient. PROGRESS NOTES will be final for Residents so I suggest SAVEing those.

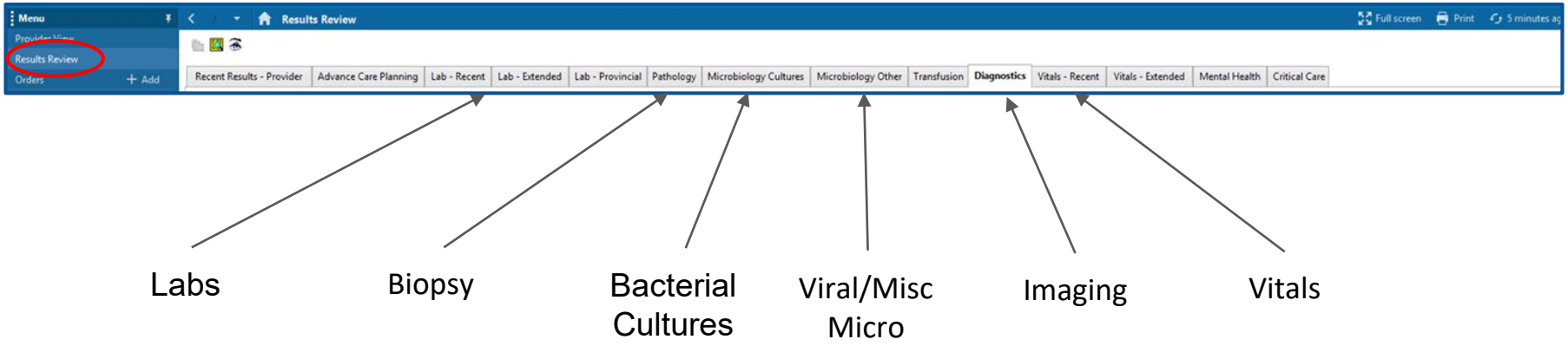
ROUNDING

Writing a Note



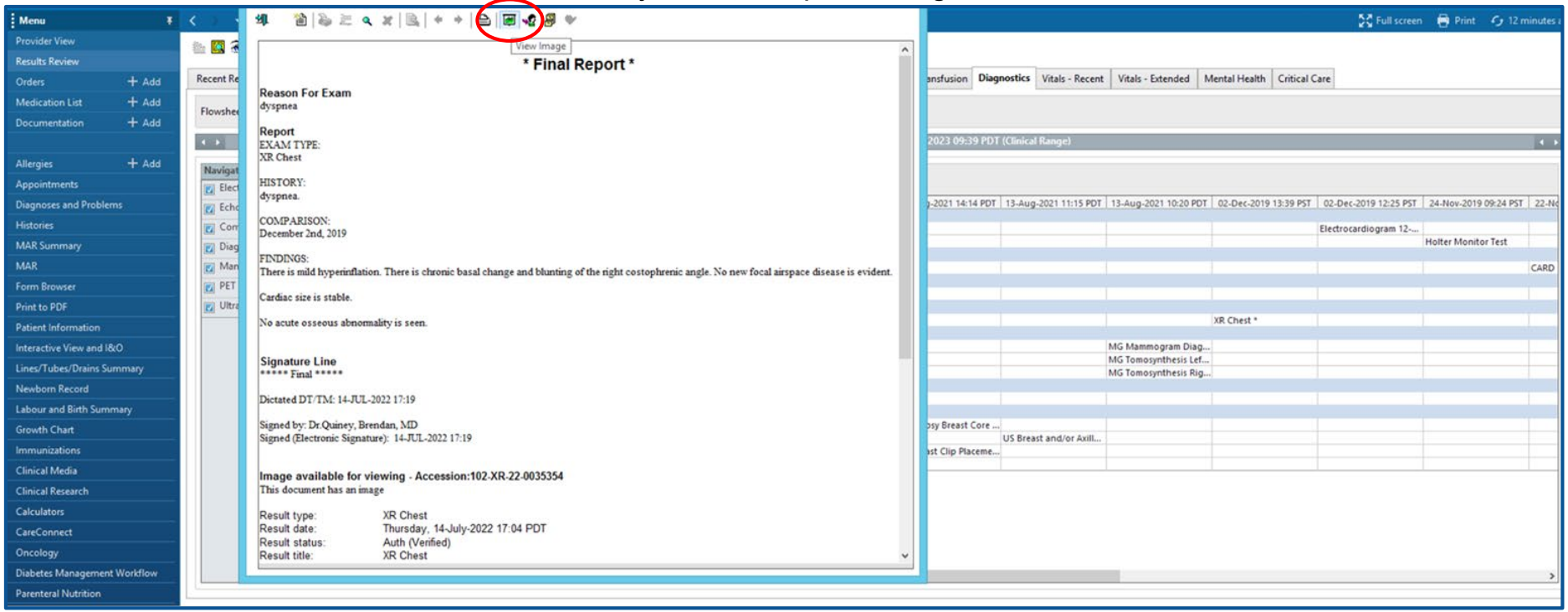
Freetext = blank note, you can use your own template.
Preformed templates are generally hard to edit.

Results Review

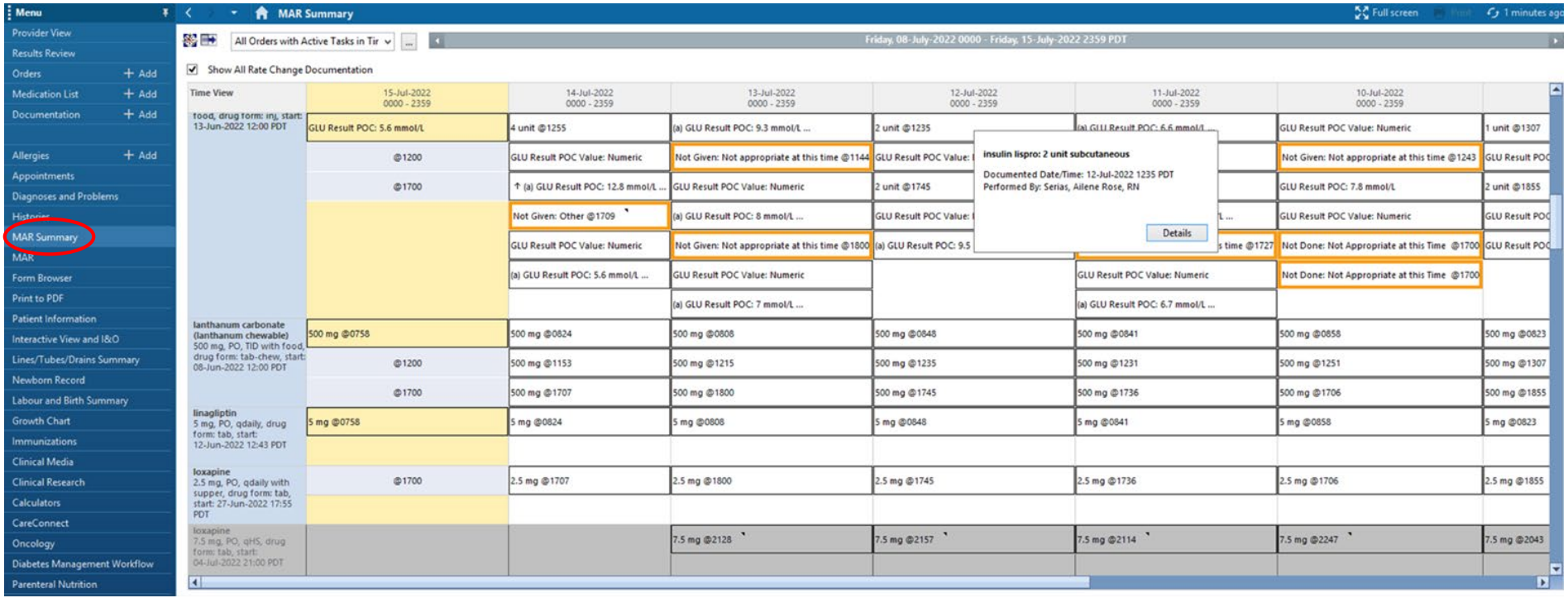


Results Review: viewing imaging

Allows you to pull up the image itself

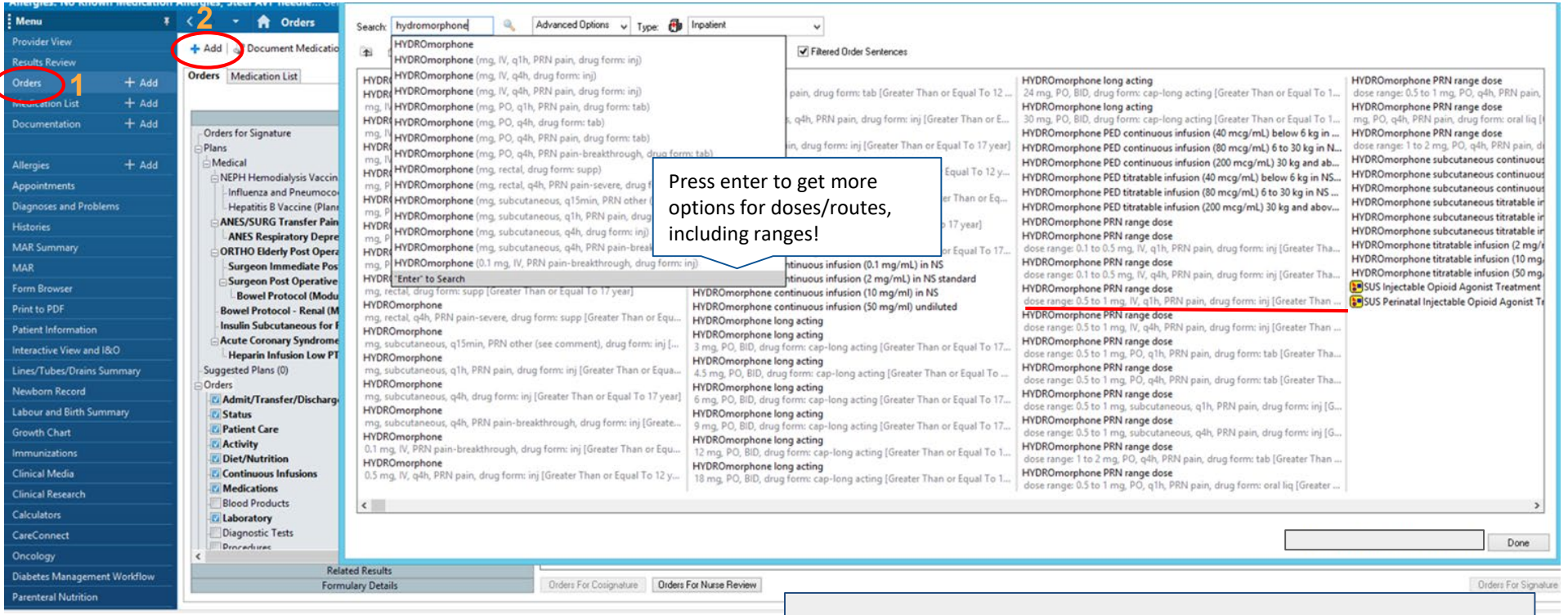


MAR: Medication Administration



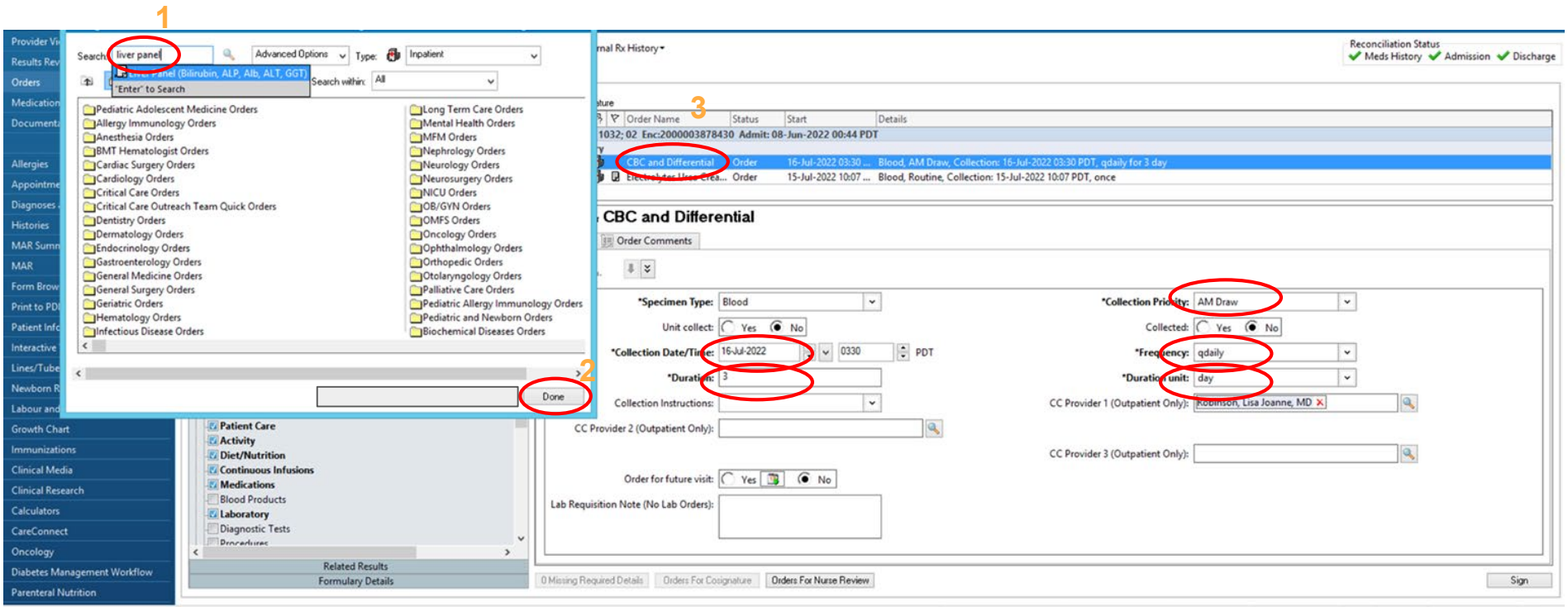
Allows you to view scheduled, PRN, discontinued meds, and fluids that have been given.
Grey = discontinued. Red/orange box = scheduled med not given.

Orders: Medications



MSI orders will appear on nursing MAR
> ONLY order if discussed with staff/resident

Orders: Labs



If you choose “qdaily” frequency while multiple labs are selected, you will have to open each lab individually to enter “3” and “day”

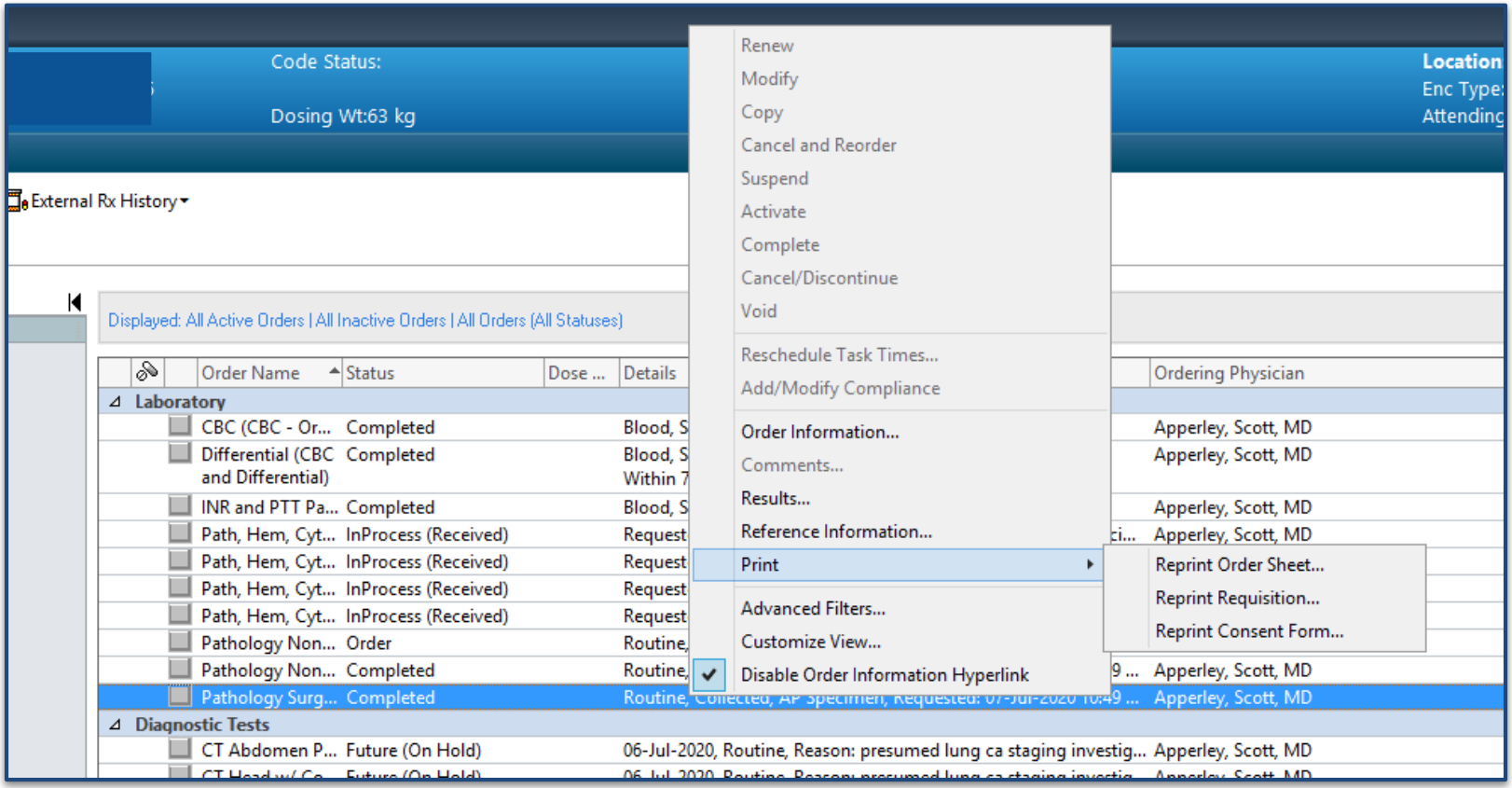
Orders: What the timing means

PRIORITY	WHEN WILL IT BE COLLECTED?	NOTES
STAT	Within **15 minutes**	Can only be ordered ONCE
TIMED	Within **15 minutes** of requested time	For ***time critical*** tests only. Orders must be placed at least **1 hour prior** to desired collection time.
URGENT	**Wards:** Within **60 minutes** of requested time **ED:** Collected ASAP	For inpatients, Urgent orders can be placed for "later" (ex. 2pm) and will be collected within one hour of the requested time. Should also be used for repeating hourly orders (ex. q4h).
ROUTINE	Order placed **before 1pm**: Collected same day Order placed **after 1pm**: On next morning rounds	**After 1pm**: If an order **cannot wait** until the next morning, use Urgent.
AMDRAW	Morning rounds of **next day.**	Check date if ordering past midnight!

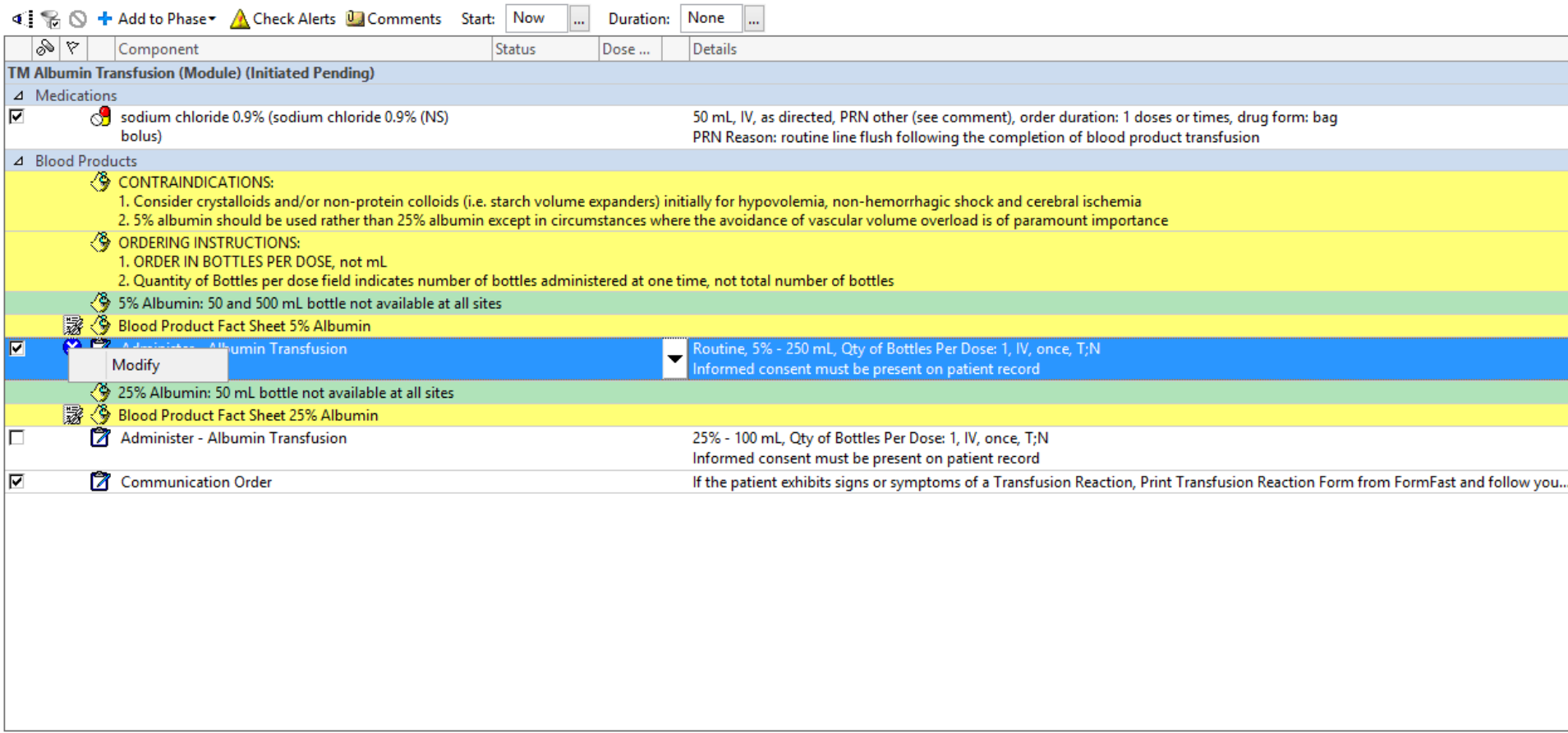
Orders: Other important orders

ORDER	MEANING	NOTES
Discharge Patient	Patient can be discharged.	Can order the night before with Special Instructions (ex. “If potassium <4.5”, “if OT clears”).
LAB - Next AM Early Discharge Alert	Lab will collect labs priority in the am to get them discharged.	Don’t use this on the same patient daily, they’ll catch on to you…
MED General Medicine Admission	The CTU admission PowerPlan.	Includes all generic things you need to order a patient!
IR Procedures	IR _____ MI Biopsy	Can be VERY confusing - low threshold to call rads and ask what they want us to enter.

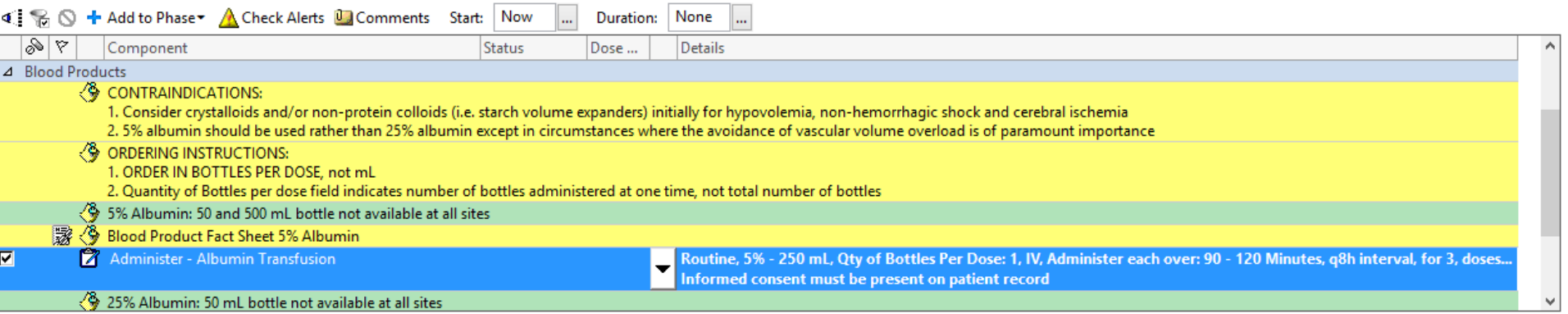
Orders: Cytology

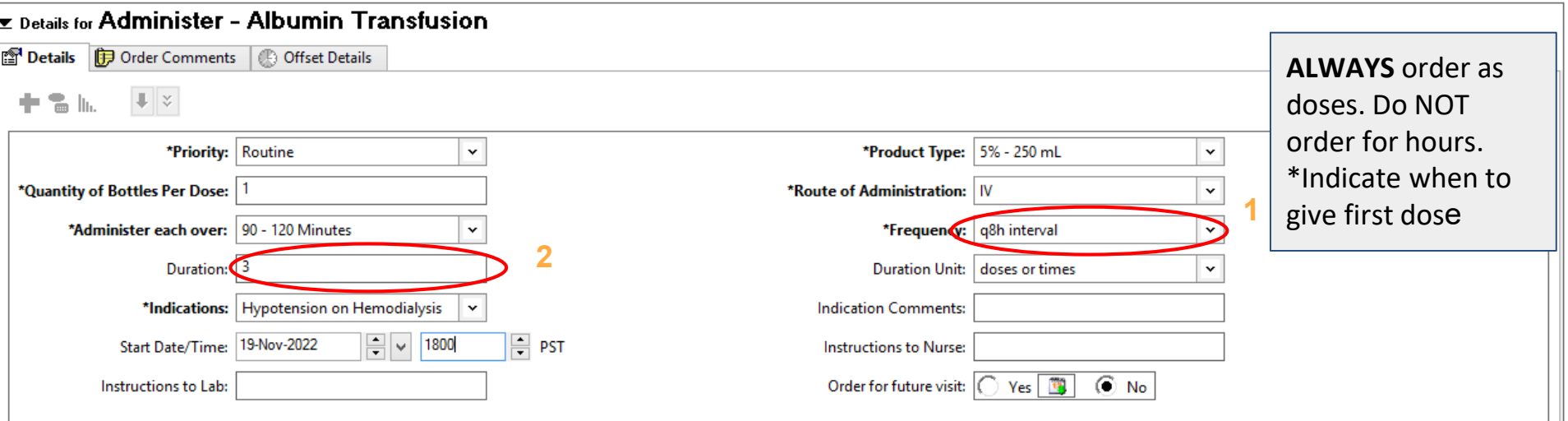


Order Albumin



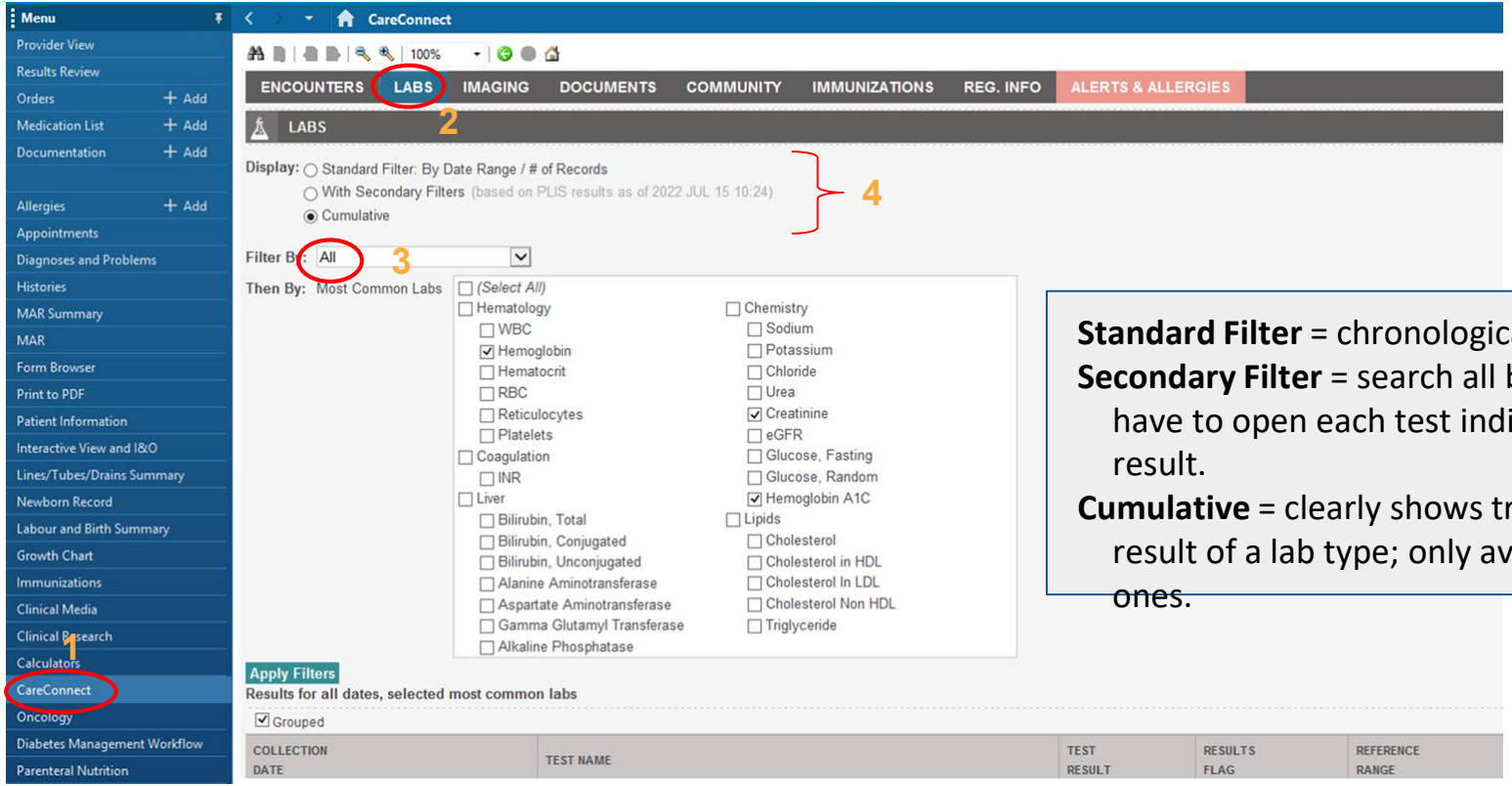
Order Albumin





ALWAYS order as doses. Do NOT order for hours. *Indicate when to give first dose

CareConnect: Access to province-wide data



Standard Filter = chronological.

Secondary Filter = search all by test type, have to open each test individually for result.

Cumulative = clearly shows trend of every result of a lab type; only available for these ones.

ICU TRANSFER

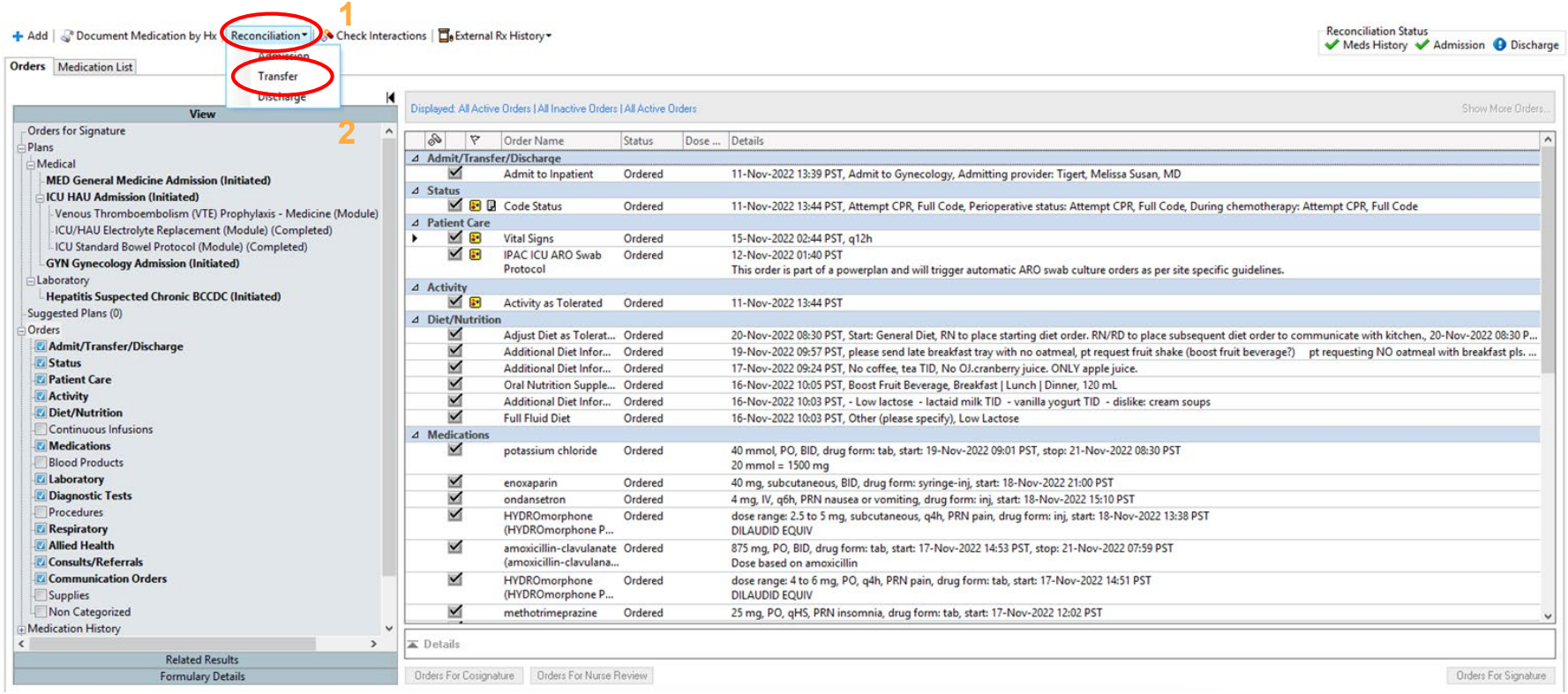
ICU Transfer

Once you assess the patient and feel they are suitable for transfer:

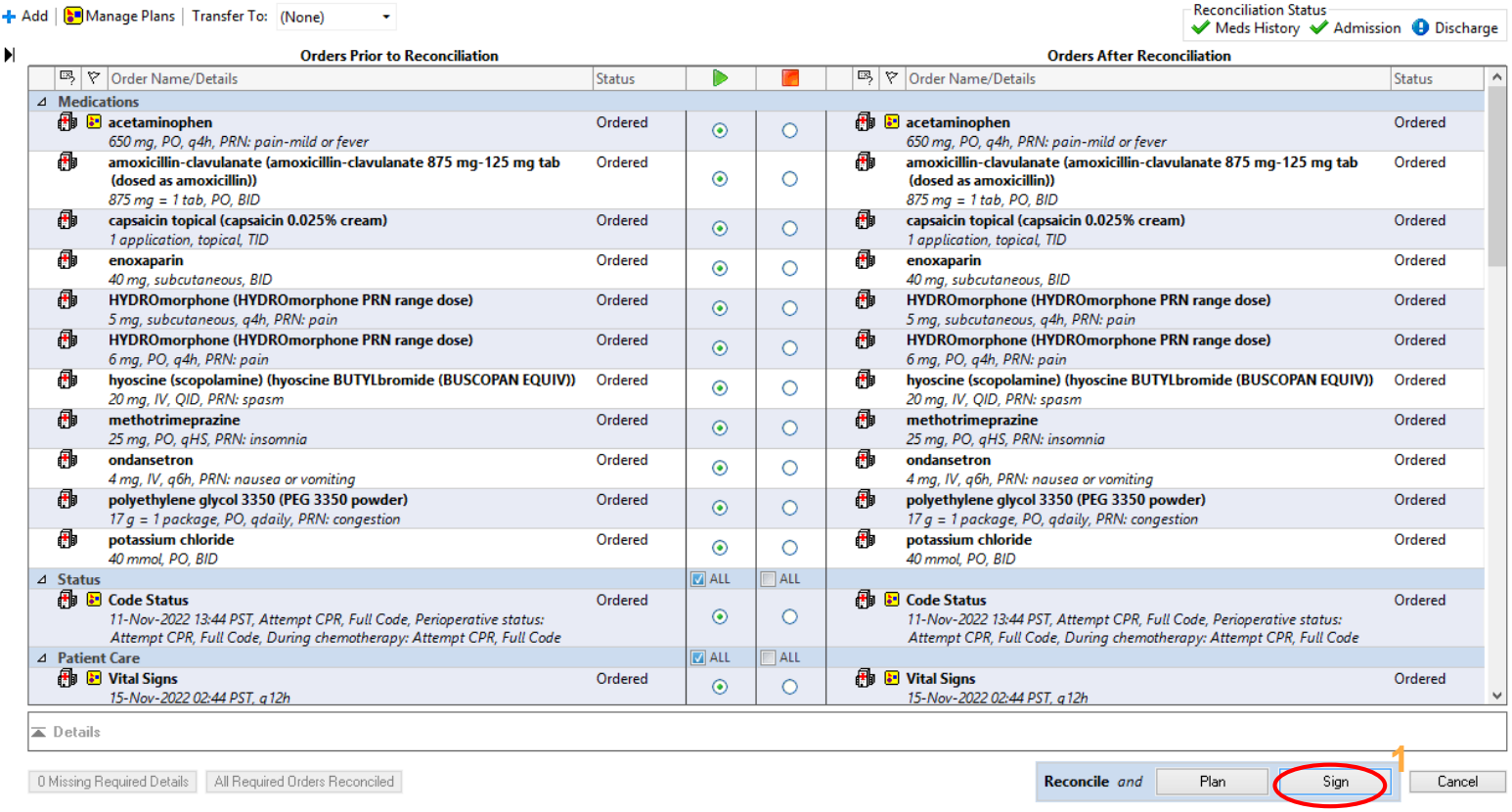
ORDER: Bed Transfer Request

Also let the bedside nurse know that the patient is appropriate for CTU

Transfer Reconciliation



Transfer Reconciliation



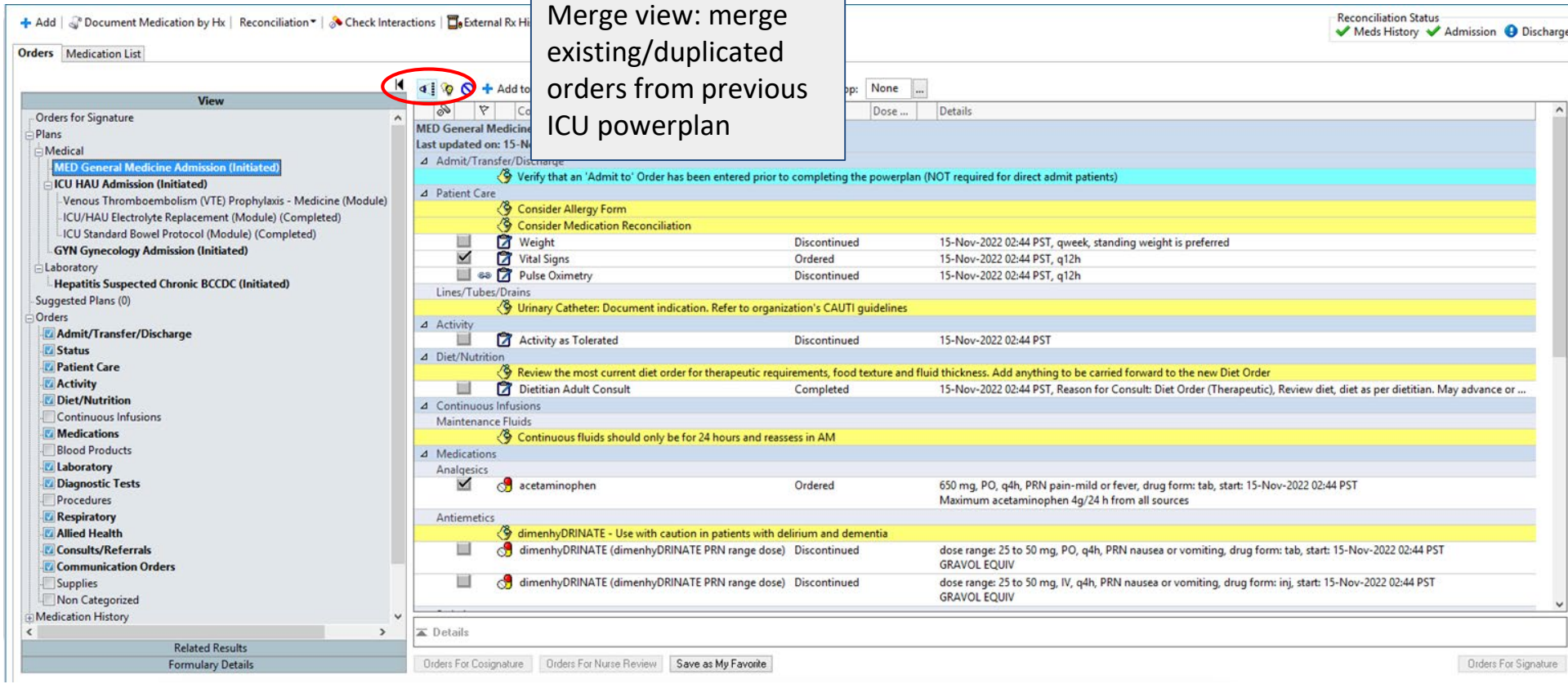
ICU should plan the transfer order

> Review if correct

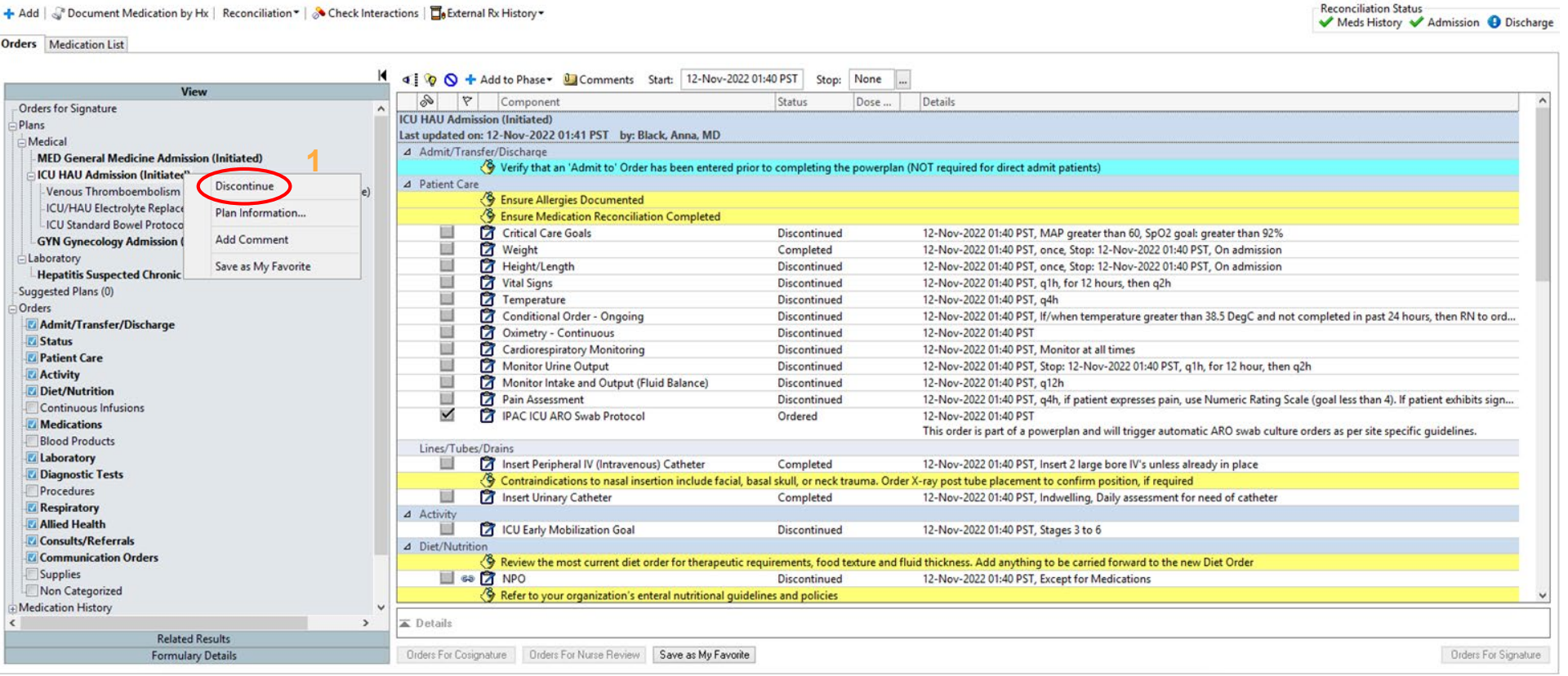
> Sign if accepting transfer

Creating Medicine Powerplan

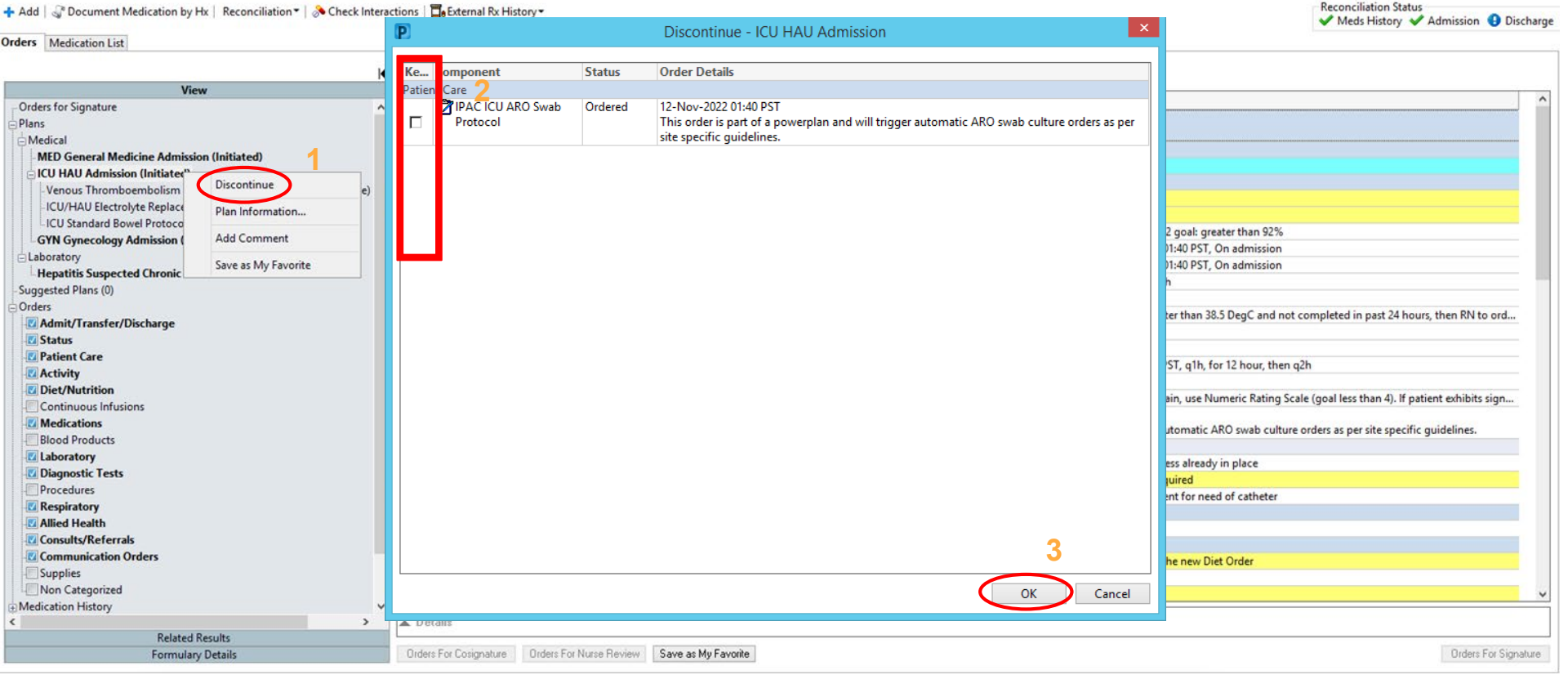
Merge view: merge existing/duplicated orders from previous ICU powerplan



Removing ICU Powerplan

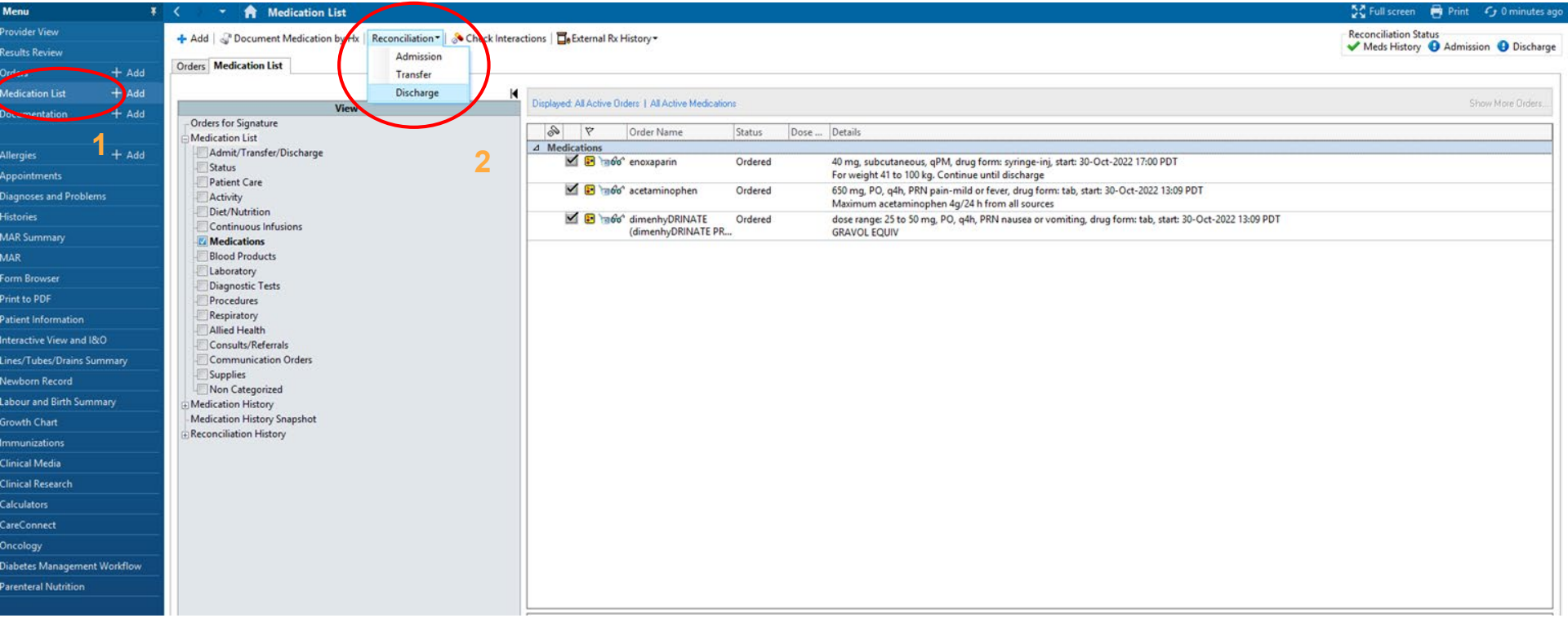


Removing ICU Powerplan

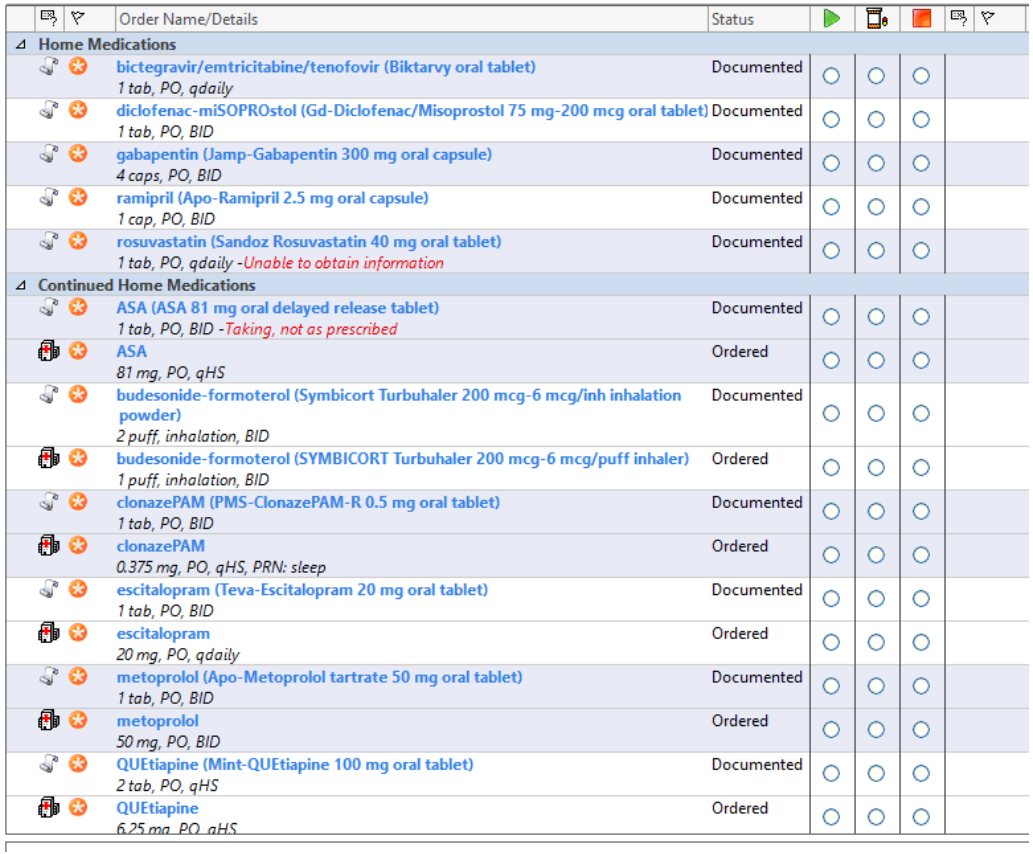


DISCHARGE

Discharge: Med Reconciliation



Discharge: Med Reconciliation



Orders Prior to Reconciliation

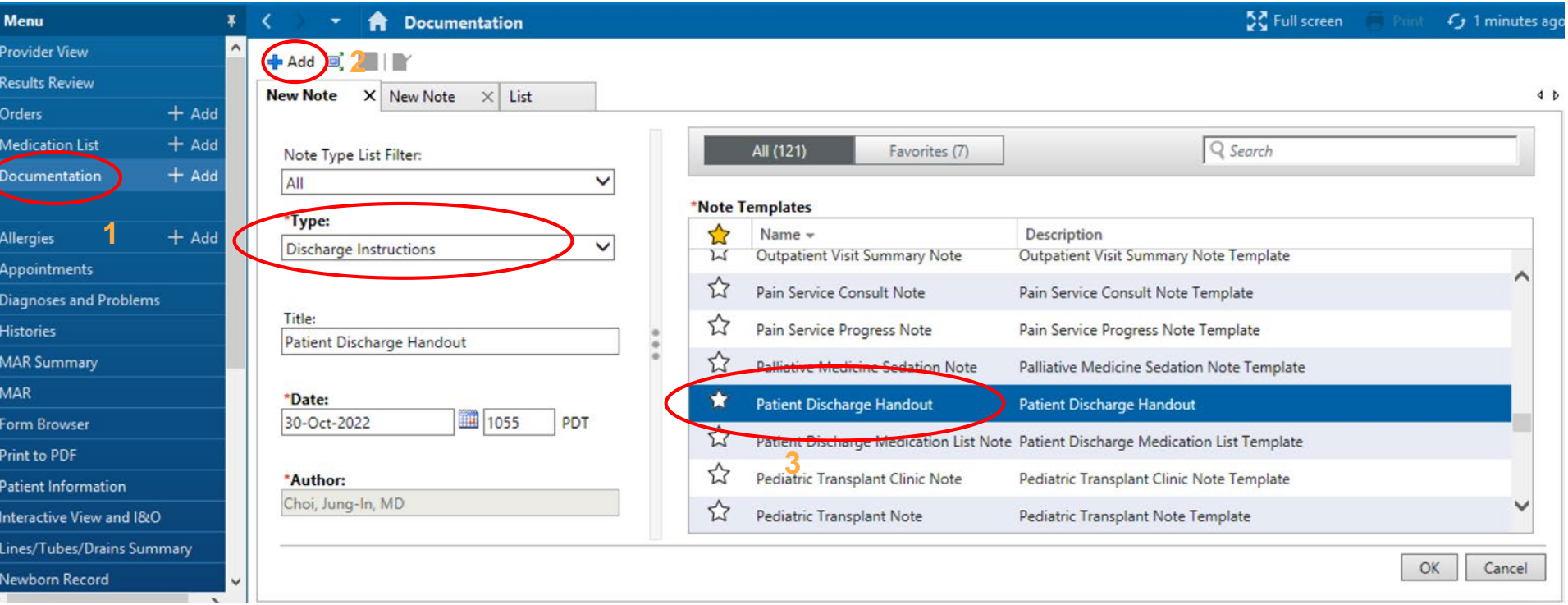
Order Name/Details	Status			
Home Medications				
bictegravir/emtricitabine/tenofovir (Biktarvy oral tablet) *1 tab, PO, qdaily*	Documented	○	○	○
diclofenac-miSOPROstol (Gd-Diclofenac/Misoprostol 75 mg-200 mcg oral tablet) *1 tab, PO, BID*	Documented	○	○	○
gabapentin (Jamp-Gabapentin 300 mg oral capsule) *4 caps, PO, BID*	Documented	○	○	○
ramipril (Apo-Ramipril 2.5 mg oral capsule) *1 cap, PO, BID*	Documented	○	○	○
rosuvastatin (Sandoz Rosuvastatin 40 mg oral tablet) *1 tab, PO, qdaily -Unable to obtain information*	Documented	○	○	○
Continued Home Medications				
ASA (ASA 81 mg oral delayed release tablet) *1 tab, PO, BID -Taking, not as prescribed*	Documented	○	○	○
ASA *81 mg, PO, qHS*	Ordered	○	○	○
budesonide-formoterol (Symbicort Turbuhaler 200 mcg-6 mcg/inh inhalation powder) *2 puff, inhalation, BID*	Documented	○	○	○
budesonide-formoterol (SYMBICORT Turbuhaler 200 mcg-6 mcg/puff inhaler) *1 puff, inhalation, BID*	Ordered	○	○	○
clonazePAM (PMS-ClonazePAM-R 0.5 mg oral tablet) *1 tab, PO, BID*	Documented	○	○	○
clonazePAM *0.375 mg, PO, qHS, PRN: sleep*	Ordered	○	○	○
escitalopram (Teva-Escitalopram 20 mg oral tablet) *1 tab, PO, BID*	Documented	○	○	○
escitalopram *20 mg, PO, qdaily*	Ordered	○	○	○
metoprolol (Apo-Metoprolol tartrate 50 mg oral tablet) *1 tab, PO, BID*	Documented	○	○	○
metoprolol *50 mg, PO, BID*	Ordered	○	○	○
QUEtiapine (Mint-QUEtiapine 100 mg oral tablet) *2 tab, PO, qHS*	Documented	○	○	○
QUEtiapine *6.25 mg, PO, qHS*	Ordered	○	○	○

Continue: used for medications the patient was taking before they came into hospital. Note if you select this option the medication will not show up on the patients discharge prescription. You must hand write on the prescription to continue this medication.

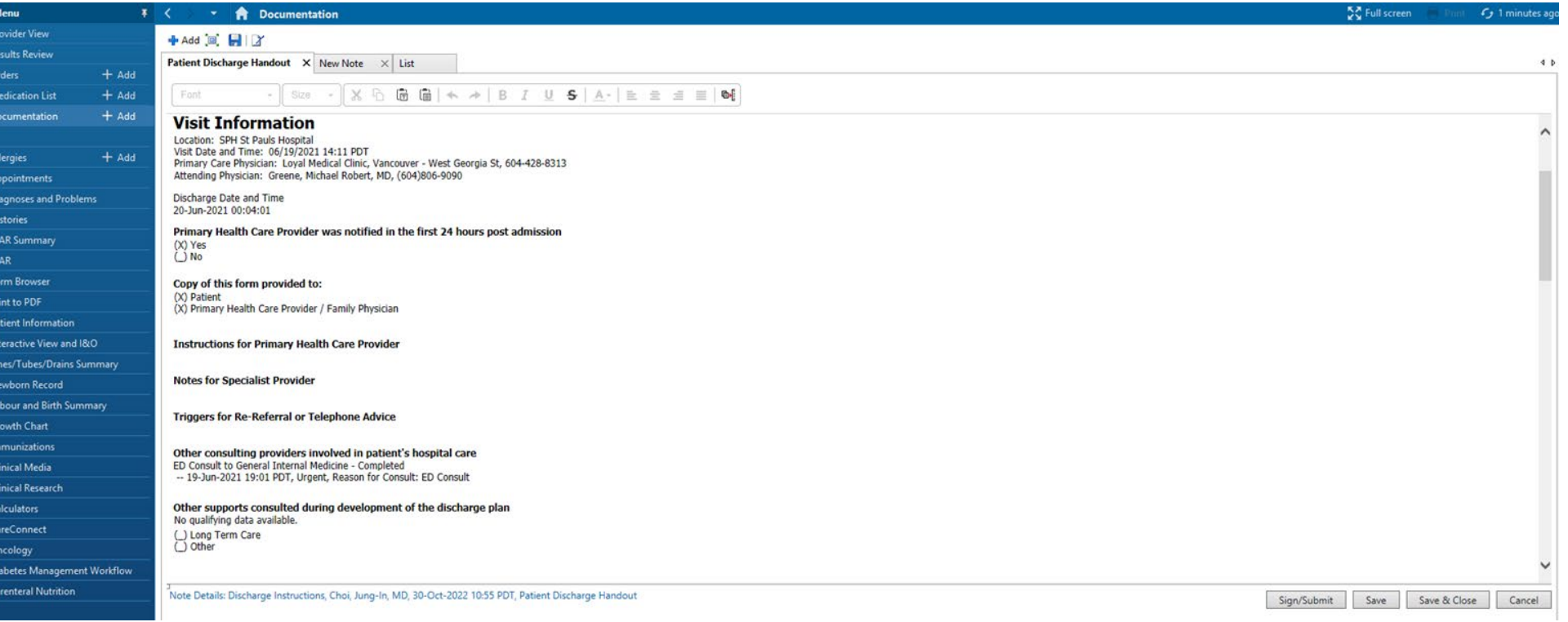
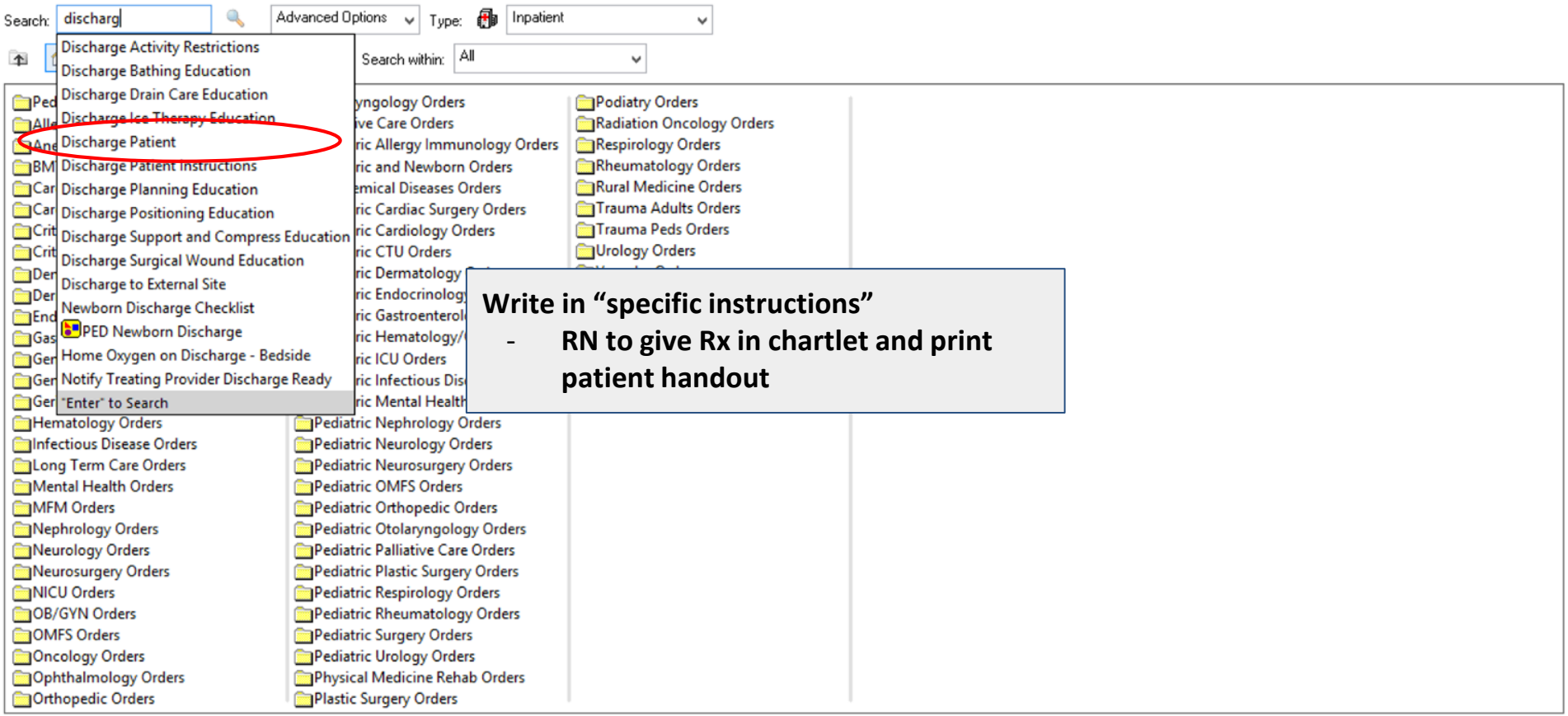
Prescribe: if you select this option the medication will show up on the discharge prescription.

Stop: if you select this option the medication will not show up on the discharge prescription. If you want the patient to stop a home medication, you must hand write stop on their discharge prescription.

Discharge: Patient Handout



Discharge: Patient Handout



Discharge: Patient Order