

SCCC Workflow

The new SCCC workflow page will make the creation of your progress note a by-product of your normal workflow.

1. Launch Dragon before accessing a patient's chart, so that it may load while you are reviewing the chart.
2. From the patient list, open the patient's chart.
3. The **SCCC Workflow** will open.
4. On the left is the **Workflow**.

Workflow MPPage

SCCC Workflow

Results Review/Flowchart

Medication List

Orders

Discharge

Allergies

AntiCoag

Documents

DMAR

ED Summary

Form Browser

Glycemic

MAR

MAR Summary

IVIEW / I&O

Patient Information

Pediatric Growth Chart

Problems and Diagnoses

Procedure History

Physician Rounds

Pt Care Summary

Patient Summary

Chart Search

EasyScript

MicroViewer

CM Discharge Summary

UM Summary

Clinical Review

Document Viewing

Documents (5)

Manage

100%

Documents (5) +

Selected visit: Last 48 hours Last 1 weeks Last 3 months More

☐ My notes only ☐ Group by encounter Display: Facility defined view

| Note Type | Subject | Author | Time of Service | Last Updated By | Last Updated |
|---------------|----------------------|--------------|-----------------|-----------------|----------------|
| Progress Note | Progress Note Basic | Uzoh, Chioma | 05/14/14 14:54 | Uzoh, Chioma | 05/14/14 15:10 |
| Progress Note | Nursing - Fall Event | RN, Test | 05/14/14 11:56 | RN, Test | 05/14/14 11:58 |
| Progress Note | Progress Note Basic | Uzoh, Chioma | 05/14/14 10:13 | Uzoh, Chioma | 05/14/14 10:15 |
| Progress Note | Nursing - Fall Event | RN, Test | 05/14/14 08:52 | RN, Test | 05/14/14 09:08 |
| Progress Note | Nursing - Fall Event | RN, Test | 05/13/14 18:38 | RN, Test | 05/13/14 18:41 |

Patient Information Loading...

Pertinent Clinical Data (0)

No results found

Vital Signs

Selected visit: Latest+ Selected visit Last 24 hours More

| | May 14, 2014 10:18 | May 12, 2014 16:26 | Apr 30, 2014 14:32 | 09:25 | 09:16 | Apr 28, 2014 12:05 | Apr 15, 2014 16:35 |
|------------------|-----------------------|-----------------------|-----------------------|-------|-------|-----------------------|-----------------------|
| Respiratory Rate | 18 | 50 | 21 | 21 | 19 | -- | 18 |
| Pulse Ox | 92 | 85 | 98 | 98 | 98 | 99 | 90 |
| Oxygen Flow | 60 | 2 | 6 | -- | -- | 2 | 60 |
| Oxygen FIO2 | 92 | 80 | 65 | -- | -- | -- | 20 |
| Oxygen Source | Room Air | Face Tent | Nasal Cannula | -- | -- | -- | Room Air |

Clinical link on C0182 801159769 15 May 2014 16:48

5. Click on each item to jump to that section. You can also scroll down the page to review each section in the workflow.

Sections in SCCC Workflow

Documents

Documents provides a list of previous signed electronic documents for this visit based on the timeframe selected.

Click on the Note Type to open and view the document.

The list defaults to most recent document on top, but the timeframe can be changed.

Documents (9)

Selected visit Last 24 hours Last 48 hours More

☐ My notes only ☐ Group by encounter Display: Facility defined view

| Note Type | Subject | Author | Time of Service | Last Updated By | Last Updated |
|---------------|---------------------|-----------------------------------|-----------------|-----------------------------------|----------------|
| Progress Note | Progress Note Basic | Ali MD, Mohammed | 04/01/14 13:29 | Ali MD, Mohammed | 04/01/14 13:33 |
| Progress Note | Medicine - CCHP | Uzelac MD, Giovanna L. (resident) | 03/31/14 17:27 | Uzelac MD, Giovanna L. (resident) | 03/31/14 17:32 |
| Progress Note | Progress Note Basic | MDPilot, Test | 03/31/14 16:35 | MDPilot, Test | 03/31/14 16:37 |

Pane View

Click on Pane Selector to view the documents like a paper chart.

Documents (3)

Selected visit: Last 48 hours Last 24 hours Last 1 weeks More

☐ My notes only ☒ Group by encounter Display: Facility defined view

Progress Note

MDPilot5, Test

04/16/14 13:52

Progress Note

MDPilot5, Test

04/16/14 13:26

Progress Note

MDPilot3, Test

04/16/14 12:14

Progress Note

04/16/14 12:14

Subjective

Objective/Physical Exam

Vitals & Measurements

GENERAL: [awake], [well-developed, well-nourished], [comfortable]

HEAD/EYES: [normocephalic, atraumatic], [normal lids and conjunctiva], [pupils equal], [extraocular muscles intact]

EARS/NOSE/THROAT: [normal external ears/nose], [normal tympanic membranes], [normal oropharynx]

NECK: [supple], [full range of motion], [no masses], [no thyromegaly]

CARDIOVASCULAR: [normal S1/S2], [regular rate and rhythm], [no murmur/gallop/rub]

Lab Results

/

1.0 \

300

Labs

HGB 9.4 G/DL 04/15/2014 13:30 EDT (Low)

Labs

On the Pane view, use down arrow on keyboard or click the note name to move from note to note, to review like paper chart.

Patient Information

Display of most recent patient information.

Patient Information

Selected visit

Sections in SCCC Workflow

Pertinent Clinical Data

Pertinent Clinical Data (0) 

No results found

SCCC Clinical Information Form

This section provides a place to add discrete data that's required for your Progress Note which is not in PowerChart currently.

Click the down arrow next to **Pertinent Clinical Data**. Click on **SCCC Clinical Information Form**.

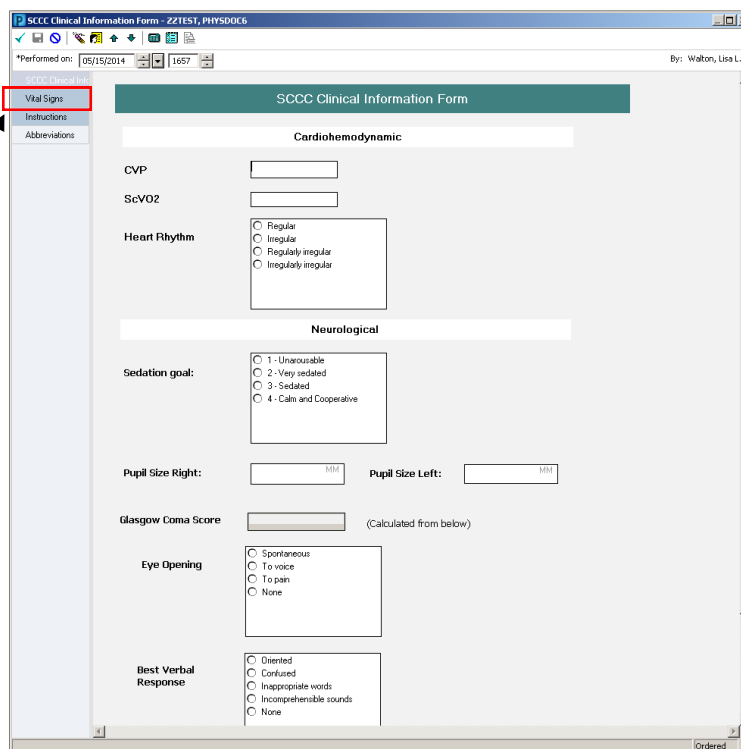
Populate the following sections:

- CVP
- ScVO2
- Heart Rhythm
- Sedation goal
- Pupil Size Right
- Pupil Size Left
- Glasgow Coma Score
- Eye opening
- Best Verbal Response
- Best Motor Response

There is also a tab on the left to populate Vital Signs if not done by nursing or if you need to update vitals at time of progress note/exam.

Sign the form by checking the **Green Check Mark**.

The information you added will populate in the Pertinent Clinical Data section.



Vent Settings

Vent Settings (0)


No results found

If the patient is on a ventilator, the settings are here. Check for accuracy and when settings were last documented.

Selected visit 

Vital Signs

Vital signs are populated by nursing once per shift. If not updated, you can use the PowerForm to enter vitals.

| Vital Signs | | | | |
|--|-----------------------|-----------------------|-------|-------|
| Selected visit: Latest* Selected visit Last 24 hours More  | | | | |
| | Mar 24, 2014 09:28 | Mar 11, 2014 11:36 | 11:21 | 07:00 |
| Temp | 37.6 | -- | 37 | 38 |
| BP | 110 | -- | 110 | 100 |
| | 76 | | | 70 |
| HR | 80 | | | 76 |
| Respiratory Rate | -- | | | -- |
| Pulse Ox | 99 | | | 98 |
| Body Mass Index | 36.21 | | | |
| Height | 152.4 | | | |
| Weight | 84.09 | | | |

Display of most recent vitals defaults, but the timeframe can be changed.

Hover over a specific result to see more information.

* Displaying recent results up to 6 columns

Sections in SCCC Workflow

Intake and Output (I&Os)

Intake and Output

Selected visit (24 hour periods starting at 00:00) | ⋮

| | 04/04/14* | 04/03/14 | 04/02/14 | 04/01/14 | 03/31/14 | 03/30/14 | 03/29/14 | 03/28/14 | 03/27/14 | 03/26/14 |
|----------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Total Summary | | | | | | | | | | |
| Intake mL | | | | | 350 | | | | | |
| Output mL | | | | | 330 | | | | | |
| Fluid Balance | | | | | 20 | | | | | |
| ▶ Intake (1) | | | | | | | | | | |
| ▶ Output (1) | | | | | | | | | | |
| ▶ Counts (0) | | | | | | | | | | |

Expand the sections to view additional data by clicking on the triangle next to the section heading.

Labs

Labs

Selected visit: **Latest*** Selected visit Last 24 hours More ▾

Most recent resulted labs will display, but the timeframe can be changed.

| | |
|---------------------------|--------------------|
| | Mar 11, 2014 11:25 |
| Chemistry | |
| NA | ↓123 |
| K | 3.5 |
| CL | 112 |
| TOTAL CO2 | ↑33 |
| BUN | ↓3 |
| CRT | ↑3.00 |
| GFR Group | See Below |
| eGFR African-American | ↑32 |
| eGFR Non African-American | ↑26 |
| ANION GAP | see c |
| CA | ↑11.0 |
| Hematology | |
| CBC w/ Diff | See Below |
| WBC | 4.0 |
| HGB | ↓11.0 |

TOTAL CO2: 33 MMOL/L
Date/Time: 03/11/2014 11:25
Status: Auth (Verified)
Normal Low: 24
Normal High: 32
Critical Low: --
Critical High: --

Hover over a result to see more information.

Any additional lab results you wish to include in your note can be Tagged by **right clicking** on the result and clicking **Tag**.

The tag icon at the top of the Documentation workflow page turns blue, indicating a tagged result.



These results will then pull into your note.

Microbiology

Microbiology

Selected visit Last 24 hours Last 1 weeks More ▾

| Order | Susceptibility | Growth | Organism(s) | Source/Site | Collected | Last Updated | Status |
|------------|----------------|--------|-------------|-------------------|----------------|----------------|-----------------|
| Blood Cult | | -- | -- | Blood, Peripheral | 02/24/14 08:42 | 02/24/14 09:04 | Auth (Verified) |

Click on the order name (in blue) to open the report.

| Status | Meaning |
|-----------------|--|
| Ordered | Order placed but not yet completed |
| In Progress | Order currently processing |
| Unauth | Order completed but not yet resulted |
| Auth (Verified) | Completed order with dictated report available |

Sections in SCCC Workflow

Diagnostics

The Diagnostic Tests and Imaging Orders for the selected visit will be displayed, but the timeframe can be changed.

Diagnostics (4)

Selected visit Last 24 hours Last 3 days More

| Name | Reason For Exam | Resulted | Last Updated | Status |
|-----------------------------|-----------------|----------------|----------------|-----------------|
| Diagnostic Tests (0) | | | | |
| No results found | | | | |
| Imaging (4) | | | | |
| Chest PA and Lat | -- | 03/04/14 08:58 | -- | Ordered |
| CT Abd,Pelvis w/wo Contrast | -- | 02/24/14 07:05 | 02/24/14 07:27 | Auth (Verified) |
| Chest PA and Lat | -- | 02/24/14 07:05 | 02/24/14 07:29 | Auth (Verified) |
| Chest PA and Lat | -- | 01/27/14 10:07 | -- | Unauth |

Clicking an **Auth (Verified)** report opens the Final report.

Clicking an **Unauth** report opens the Result Details window with more information about the order.

Document Viewer - ZZTEST, PHYSDOC6 - 2800100056



*** Final Report ***

5400480

Name: ZZTEST, PHYSDOC6

DOB: 01-24-1986 Gender: F

Med Rec#: 2800100056

Financial#: 3800100074

Location: Christiana Hospital

Ordering Phys: SHIUH, TIMOTHY Y. MD

CC Physician:

Study: CHEST PA AND LATERAL VIEWS

Service Date: 02-24-2014 07:06:00

The heart is normal in size and configuration. Both lungs are expanded and are clear.

IMPRESSION: NORMAL CHEST.

ALAN EVANTASH, MD

(Electronically Signed)

Dict/trans: Ae/ Ae

TR: 02-24-2014 07:29:00

VE: 02-24-2014 07:29:00

Result type:

Chest PA and Lat

Result date:

24 February 2014 07:05

Status:

Auth (Verified)

Document Title:

5400480

Performed by:

Evantash MD, Alan on 24 February 2014 07:29

Verified by:

Evantash MD, Alan on 24 February 2014 07:29

Encounter info:

3800100074, CHR Inpatient, 01/24/2014



Highlight any specific section of the report and click Tag to insert this information into your Progress note.

Result Details - ZZTEST, PHYSDOC6

Result History

| Value | Valid From | Valid Until |
|----------------|------------------|------------------|
| Exam Completed | 01/28/2014 11:01 | Current |
| Ordered | 01/28/2014 11:01 | 01/28/2014 11:01 |

Result Action List

Chest PA and Lateral

Exam Completed

Date/Time 27 January 2014 10:07

Contributor System RIS

Accession Number 22064263

Status Unauth

[Trend](#)

2515475514

Forward...

Print...

Close

Tagging can be used in:

- Documents
- Diagnostics
- Lab Results

Sections in SCCC Workflow

Medications

Medications for the selected visit are displayed in the following categories:

- Scheduled
- Continuous
- PRN/Unscheduled Available
- Administered in last 24 hours
- Discontinued in last 24 hours

Click the Medications heading to view the MAR Summary screen.

Medication Reconciliation Status is easy to determine on the workflow.

- Meds History (Home Medications)
- Adm. Meds Rec
- Disch. Meds Rec

✓ = Completed

🔄 = In Progress

❗ = Not Started

To complete reconciliation or view the med rec screens, click the status.

Medications

Selected visit

Status: ✓ Meds History ❗ Adm. Meds Rec ❗ Disch. Meds Rec

4 Scheduled (3)

| Next Dose | |
|---|----------------|
| levoFLOXacin (LevoFLOXacin (Levaquin)) (LevoFLOXacin 750 Mg Tab) 750 MG, 1 TAB, PO, Daily | 04/04/14 10:00 |
| piperacillin-tazobactam (Piperacillin-Tazobactam (Zosyn)) 4.5 G, 200 ML/HR, IV, Q8H | 04/04/14 16:00 |
| carvedilol (Carvedilol (Coreg)) (Carvedilol 6.25 Mg Tab) 6.25 MG, 1 TAB, PO, BID | 04/04/14 20:00 |

4 Continuous (0)

4 PRN/Unscheduled Available (5)

| Last Dose | |
|--|--|
| acetaminophen (Acetaminophen (Tylenol)) 650 MG, 2 TAB, PO, Q4H, PRN: Pain Scale - Mild 1-3/Fever | |
| nitroglycerin (Nitroglycerin (Nitrostat) SL Tab) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | |
| ondansetron (Ondansetron ODT (Zofran ODT)) 4 MG, 1 SLTAB, PO, Q8H, PRN: Nausea/Vomiting | |

zolidem (Zolidem (Ambien)) 5 MG, 1 TAB, PO

zolidem (Zolidem (Ambien)) 2.5 MG, 0.5 TAB

4 Administered (0) Last 24 hours

4 Discontinued (0) Last 24 hours

When performing Med Rec, confirm that the information on the right side is correct and that the order includes:

- Name
- Dosage
- Route
- Frequency


| Order Reconciliation: Admission - ZZTEST, PHYSDOC6 | | | |
|---|-----------------|---|---|
| ZZTEST, PHYSDOC6 | Age: 28 years | Gender: Female | Type: Inpatient [01/24/2014 07:39 - <No - Discharge da... |
| | DOB: 01/24/1986 | Fin#: 3800100074 | Loc: CSA; SA01; B MRN: 2800100056 |
| + Add Manage Plans | | | |
| Orders Prior to Reconciliation | | Orders After Reconciliation | |
| Medications | Status | Medications | Status |
| acetaminophen (Acetaminophen (Tylenol)) (Ac... 650 MG, 2 TAB, PO, Q4H, PRN: Pain Scale - Mild 1-3/Fever | Ordered | acetaminophen (Acetaminophen (Tylenol)) (Ac... 650 MG, 2 TAB, PO, Q4H, PRN: Pain Scale - Mild 1-3/Fever | Ordered |
| amlodipine (Amlodipine) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| aripiprazole (Abilify) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| CAPTropil (CAPTOPril) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| carvedilol (Carvedilol (Coreg)) (Carvedilol 6.25 M... 6.25 MG, 1 TAB, PO, BID | Ordered | carvedilol (Carvedilol (Coreg)) (Carvedilol 6.25 M... 6.25 MG, 1 TAB, PO, BID | Ordered |
| carvedilol (Coreg) 6.25 MG, 1 TAB, PO, BID | Ordered | | |
| levoFLOXacin (LevoFLOXacin (Levaquin)) (LevoF... 750 MG, 1 TAB, PO, Daily | Ordered | levoFLOXacin (LevoFLOXacin (Levaquin)) (LevoF... 750 MG, 1 TAB, PO, Daily | Ordered |
| levothyroxine (Levoxyl) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| metoprolol (metoprolol XL (Toprol-XL)) 25 MG, PO, Daily | Ordered | metoprolol (metoprolol XL (Toprol-XL)) 25 MG, PO, Daily | Ordered |
| nitroglycerin (Nitroglycerin (Nitrostat) SL Tab) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Ordered | nitroglycerin (Nitroglycerin (Nitrostat) SL Tab) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Ordered |
| omeprazole (omeprazole) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| ondansetron (Ondansetron ODT (Zofran ODT)) (O... 4 MG, 1 SLTAB, PO, Q8H, PRN: Nausea/Vomiting | Ordered | ondansetron (Ondansetron ODT (Zofran ODT)) (O... 4 MG, 1 SLTAB, PO, Q8H, PRN: Nausea/Vomiting | Ordered |
| piperacillin-tazobactam (Piperacillin-Tazobacta... 4.5 G, 200 ML/HR, IV, Q8H | Ordered | piperacillin-tazobactam (Piperacillin-Tazobacta... 4.5 G, 200 ML/HR, IV, Q8H | Ordered |
| topiramate (Topamax) 0.3 MG, SL, Q_5Min, PRN: Chest pain-MR x2 | Documented | | |
| zolidem (Zolidem (Ambien)) (Zolidem 5 Mg T... 2.5 MG, 0.5 TAB, PO, QHS, PRN: Insomnia | Ordered | zolidem (Zolidem (Ambien)) (Zolidem 5 Mg T... 2.5 MG, 0.5 TAB, PO, QHS, PRN: Insomnia | Ordered |

Sections in SCCC Workflow

Last 24 Hour Events

Last 24 Hour Events

Font
Size



Save


To add information about events in the last 24 hours, you can:

- Free text
- Auto text
- Dragon

Resident Exam/Comments

Resident Exam/Comments

Tahoma
12



S Triple C MACRO
NEUROLOGIC: []
PULMONARY: []
HEMODYNAMIC: []
RENAL: []
GI/HEME: []
ID: []

Rich Text Editor, editor1

Last Saved: 05/15/14 21:01
Save

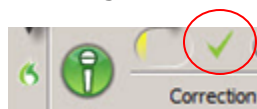
Residents can add documentation by using:

- Free text
- Auto text
- Dragon

1. Use Dragon commands or auto-text to add information:
 - for example, say "S Triple C macro" or type =sccc_plan
2. Use the Dragon **Tab Forward** key (or say "Next field") or the **F3** key to move to each bracketed field and dictate your findings.
3. If you have to complete a selection field in the template or auto-text (by adding an X to select a choice), be sure to use a **capital X**.
4. When complete, press the **Accept Defaults** key on the Dragon mic to remove the brackets.

I'm using Dragon to dictate and it's not working correctly. What's going on?

If commands are not working and the beginning of dictated sentences do not start with capital letters, check the **Full text indicator** in the Dragon Bar. It should be a green check mark.



If it is a gray check mark, the VSync between Dragon and PowerChart is not working. Contact the help desk to check your settings.

Sections in SCCC Workflow

Consolidated Problems

Consolidated Problems list is a combined list of problems and diagnoses.
This is where you'd enter this visit's problems. Active Problems carry forward from day to day.

Consolidated Problems

Classification: All

Add new as: This Visit




Add new problems or diagnosis by typing the name in the search field and selecting from the provided list.

Problems (2)

Show Historical (1)

- | | | |
|---|----------------------------------|------------|
| 1 | Sys hypertension () Chronic | This Visit |
| 2 | CAD (coronary artery disease) () | This Visit |


If a problem is no longer applicable, it can be removed from this visit.
Select the menu option in the right corner of the Consolidated Problems section.
Then select **Remove from This Visit**.

- All Visits 
- Remove from This Visit
 - Resolve
 - Inactivate
 - Cancel
 - Move to Chronic
 - Move to This Visit

Prioritize the problems.

These will pull into your note under the Assessment/Plan section.

1. Hover over the problem's number.
2. Click the dropdown arrow.
3. From the list, select the new priority.
4. The problem will move on the list to the new assigned priority.

- 2 CAD (coronary artery disease)  This Visit
-
- 1 Condition: CAD (coronary artery disease)
- 2 If This Visit - IMO Term: CAD (coronary artery disease) (41108)
- 3 Recent visits:
- 4 03/11/2014 Classification: Medical

Sections in SCCC Workflow


New Order Entry

New Order Entry allows you to quickly add an order from the workflow.




New Order Entry +

Orders may be displayed by a list of your favorites. To order, simply click the Order button next to the order name. The button turns dark gray.

Inpatient ▾

 **Personal** Shared


Favorites

-  Gen General Admission w/modules MD5000 EKM **Order**
-  Surg_Ortho Total Joint Replacement-LWR MD3140 **Order**
-  Pulm Pneumonia, Community Acquired Pneumonia MD5159 **Order**
- CBC with diff Once, Stat **Order**
- CBC with diff Daily TIMED, Morning Rounds 0500 -0800, for 5 DAY **Order**

New Order Entry +

You can also search for an order. Type the order details into the search field.

Inpatient ▾

 **Personal** Public Shared

Zolpidem (**Ambien**)


Zolpidem (**Ambien**) Dose of 5 MG, PO, QHS, PRN for: Insomnia

Zolpidem (**Ambien**) Dose of 2.5 MG, PO, QHS, PRN for: Insomnia

Zolpidem (**Ambien**) *The recommended dose of zolpidem for women is 5 mg.*

Zolpidem (**Ambien**) *Lower starting doses in the elderly are usually effective.*

Zolpidem (**Ambien**)

 Zolpidem CR (**Ambien CR**)(P&T SUB)

P&T SUB Zolpidem CR (**Ambien CR**)


P&T SUB Zolpidem CR (**Ambien CR**) Click here for P&T Substitution Details

Use caution!!

Order sentences that begin with an * are not real orders. Do not select these orders on this screen.

Being as specific as possible will return the most correct order:

1. Type the order, dosage, route and frequency.
2. Select the correct order from the list.

 **Personal** Shared

Zolpidem (**Ambien**) Dose of 2.5 MG, PO, QHS, PRN for: Insomnia

As you make your selections, the Order Inbox in the upper right of the Workflow page turns green and counts the number of orders. Click the **Order inbox**. The **Orders for Signature** window appears.



Remove the order by hovering over the order and clicking the X that appears.

Orders for Signature (1)

Zolpidem (**Ambien**)

Dose of 2.5 MG, PO, QHS, PRN for: Insomnia

☐ Show Diagnosis Table

Sign

Save

Modify

Cancel

Click **Sign** to complete the order.

Change order information by clicking **Modify**.

Sections in SCCC Workflow

Outstanding Studies & Consults

Outstanding Studies & Consults have a status of Ordered and have not been completed yet.

Outstanding Studies & Consults (13)

Last 1 months for the selected visit

| | Status | Ordered |
|--|---------|----------------|
| Ventriculostomy, Open | Ordered | 04/30/14 20:36 |
| Ventriculostomy, Level | Ordered | 04/30/14 20:35 |
| Ventriculostomy, Dressing | Ordered | 04/30/14 20:34 |
| Ventriculostomy, Clamp | Ordered | 04/30/14 1 |
| TPN Solution 1500 ML + copper chloride 10 ML + ranitidine 150 MG | Ordered | 04/30/14 1 |
| Consult Physician | Ordered | 04/29/14 0 |
| Notify Nurse | Ordered | 04/22/14 1 |
| Mouth Care: Soft Toothbrush | Ordered | 04/22/14 1 |
| Shave: Electric Razor Only | Ordered | 04/22/14 1 |
| Initiate CMG: Falls Prevention, Evaluation and Treatment | Ordered | 04/22/14 1 |
| Initiate CPG: Bleeding Precautions (Adult) | Ordered | 04/22/14 1 |
| Precautions: Bleeding | Ordered | 04/22/14 1 |
| Urine Culture | Ordered | 04/22/14 1 |

Hover over a row to see more information, including who ordered the study or consult.

Order: Notify Nurse
Order Details:
of nosebleeds, bleeding gums, headache; or visual signs of blood in urine, emesis or stool, 04/22/2014 12:36
Order Comments: Created from abnormal anticoagulant lab results
Order Date/Time: 04/22/2014 12:36
Start Date/Time: 04/22/2014 12:36
Status: Ordered
Ordered by: SYSTEM, SYSTEM

Attending/Fellow

Selected visit

Create Note

Consolidated Problems ...
Outstanding Studies & Consults ...
New Order Entry ...
Create Note

Now that your review and documentation are complete, click **Create Note**.

Progress Note

To create your Progress Note, complete the following:

1. From the **Type** dropdown list, select **Progress Note**.

*Type: Progress Note Position Note Type List

Title: Progress Note SCCC

*Date: 5/15/2014 2045

*Author: MIDPilot AMA, Test

*Note Templates

| Name | Description |
|---|--|
| Progress Note Newborn Discharge | Newborn Discharge Progress Note |
| Progress Note Ortho | Ortho Progress Note |
| Progress Note Pediatrics | Pediatrics Progress Note |
| Progress Note Post Surgical | Post Surgical Progress Note |
| Progress Note Postpartum | OB Postpartum Progress Note |
| Progress Note RRT | RRT Progress Note |
| Progress Note SCCC | SCCC Progress Note |
| Progress Note Transplant Kidney Donor | Transplant Progress Note Living Kidney Donor |
| Progress Note Transplant Kidney Recipient | Transplant Progress Note Kidney Recipient |
| Progress Note TSU | TSU Progress Note |

2. Under **Note Templates**, select **Progress Note SCCC**. The Title field will update with this name.

3. Click **OK**.

There are many Note Template types for you to choose depending on what you want to document. See page 15 for more types you will use.

OK Cancel

Progress Note

The Progress Note displays. This note is unique to SCCC. Information from the workflow pulls into the Note.

To be compliant, your Progress Note must be different on each Date of Service.

While the assessment/plan may not change much from day to today, the vitals and labs will be different.

SCCC Progress Note

Basic Information

Hospital Day # 549

Basic Information includes hospital day #, surgical procedures and code status if there was one.

|

Last 24 Hr Events

Last 24 hr Events from workflow pull into note.

Resident Exam/Comments

S Triple C MACRO
NEUROLOGIC: []
PULMONARY: []
HEMODYNAMIC: []
RENAL: []
GI/HEME: []
ID: []

Resident Exam/ Comments is populated from workflow.

Under **Assessment & Plan**, address each of the applicable sections by free texting at the bottom of each system section. Type any additional comments and plan under sections.

Assessment & Plan

NEUROLOGIC

Active/This Visit Diagnosis

I&O

Medication List

Inpatient
No active inpatient medication

Clinical Protocol in Use

- ☐ Agitation sedation
- ☐ Alcohol Withdrawal
- ☐ CVP
- ☐ Foley removal
- ☐ Electrolyte
- ☐ Glycemic Control SSI
- ☐ PSV Weaning
- ☐ Restraints
- ☐ TBI

The following information will pull into each system from the workflow:

Active/ This Visit Diagnosis: List of problems and diagnosis prioritized in the workflow

I&O: Input/Output details

Medication List: active medications

Clinical Protocol in Use: use F3 or Dragon forward key to move from field to field. Place X under the Protocols that are in use.

PULMONARY

CARDIOHEMODYNAMIC

| HCT | HGB | DATE |
|--------|-----------|----------------|
| 22.7 % | 5.8 G/DL | 11/14/06 23:57 |
| | 7.0 G/DL | 10/11/06 13:33 |
| | 11.8 G/DL | 10/11/06 12:53 |

ABD/ GI/ NUTRITION

| TEST | Result | DATE |
|--------|-----------|----------------|
| AMON | Cancelled | 05/08/06 10:41 |
| LIPASE | Cancelled | 10/30/06 12:12 |
| AMY | Cancelled | 10/30/06 12:12 |
| ALB | Cancelled | 10/30/06 12:12 |
| ALP | Cancelled | 10/30/06 12:12 |
| ALT | Cancelled | 10/30/06 12:12 |
| AST | Cancelled | 10/30/06 12:12 |
| BILT | Cancelled | 10/30/06 12:12 |
| BILD | Cancelled | 10/30/06 12:12 |
| TP | Cancelled | 10/30/06 12:12 |

RENAL/ELECTROLYTES

Weight: kg Previous Weight: kg Weight Change: kg

Urine Output 8 hour total ml

HEMATOLOGY

WOUND CARE

INFECTIOUS DISEASE

Fellow Comments and Plan

Attending Comments and Plan

Time for Critical Care Services: [] Min
STAR

Transfer to: [] TSU [] Monitor

The following information will pull into each system from the workflow:

Neurologic: GCS, pupils, sedation level, ventriculostomy, c-spine precautions

Pulmonary: RR/SpO2, Vent settings, ABG/VBG, chest tubes

Cardiohemodynamic: HR/BP, CVP, SCV02, cardiac enzymes, H&H trend, pressor orders

Abdomen/ GI/ Nutrition: GI labs, stress ulcer prophylaxis, diet order

Renal/ Electrolytes: weight/weight change, last 8 hr urine output, Foley orders/indication

Hematology: Coags, VTE prophylaxis

Wound Care: Free text box for comment

Infectious Disease: Temperature, WBC count, active antibiotic order # of days on antibiotics, list of central line and #days those lines have been present.

At this point, if the resident is the one completing, click **Save & Close**. On rounds, this note can be reopened by Attending/Fellow from the workflow.

At that time, any elements which may have been resulted in the interim may be updated by refreshing; there is space for Fellow/Attending attestation statement and plan of care.

For example, use Dragon command "**Attending Agree Macro**".

Then click **Sign/Submit** to finalize the note.

Sign/Submit

Save

Save & Close

Cancel

Progress Note– Adding tagged text

1. To add the Tagged Text to the Progress Note, click and hold the Tagged Text.
2. Then drag it to the desired section of the note.

Tagged Text

5400480 01/27/2014 05:05 ...

MPRESSION: NORMAL CHEST.

MPRESSION: NORMAL CHEST.

SCCC Progress Note

| | |
|---|--|
| <p>Basic Information Hospital Day # 111</p> <p>DNR #1: Provide All Other Therapy 02/24/2014 07:57</p> <p>Last 24 Hr Events ↔ ✕</p> <p>IMPRESSION: NORMAL CHEST. [1]</p> <p>Resident Exam/Comments</p> <p>Assessment & Plan</p> <p><u>Neurologic</u> Ventriculostomy, Clamp 04/30/2014 15:49 Ventriculostomy, Dressing 04/30/2014 20:34 Ventriculostomy, Level Drip Chamber at 10 cm Above Level of Outer Canthus, 04/30/2014 20:35 Ventriculostomy, Open 04/30/2014 20:36</p> | <p>Active/This Visit Diagnosis Acute CHF</p> <p>Hypertension</p> <p>Medications <u>Inpatient</u> Acetaminophen (Tylenol), 650.0 MG, 2.0 TAB, PO, Q4H, PRN Carvedilol (Coreg), 6.25 MG, 1.0 TAB, PO, BID DOPamine (Standard) 800 mg / 250 mL D5W 800 MG, 800.0 MG, 250.0 ML, IV Levofloxacin (Levaquin), 750.0 MG, 1.0 TAB, PO, Daily metOPROLOL XL (Toprol-XL), 25.0 MG, PO, Daily metRONIDazole (Flagyl) Inj Nitroglycerin (Nitrostat) SL Tab, 0.3 MG, SL, Q_5Min, PRN Ondansetron ODT (Zofran ODT), 4.0 MG, 1.0 SLTAB, PO, Q8H, PRN Pantoprazole (Protonix) Inj, 40.0 MG, IV, Once Phenylephrine (Standard)(Neo-Synephrine) 200 mg/250 mL NSS 200 MG, 200.0 MG, 250.0 ML, IV Sodium Chloride 0.9% (C) 250 ML : DOPamine (Dobutamine) 1.000 MG</p> |
|---|--|

[1] 5400480; Evantash MD, Alan 02/24/2014 07:05 EST

3. A footnote appears at the bottom of the note, attributing the tagged information to the original document.

Progress Note–Refreshing/Free text fields/Deleting



Parts of the Progress Note, like Lab Result can be refreshed to import the most recent information.
Hover over the title and click the **Refresh** icon that displays.

Add a free text field to document additional information.
Hover over the title and click the **Insert Free Text field** icon.
Information added here does not update on the Documentation Workflow.

Sections can be deleted if that information is not pertinent to your progress note.
Hover over the title and click the **Delete** icon that displays.

Consultations– Removing Diagnosis fields

If you are consulting on a patient and do not need to document plan of care for each diagnosis in your note, hover over the diagnosis name and click the X to remove it from your note.

Assessment/Plan

CAD (coronary artery disease) ✕
 [Better controlled today. Most likely secondary to non compliance. Will continue home Coreg and Lisinopril.]

Completing the Note

- Once you have completed your note, click **Sign & Submit**.
No more changes can be made to the original note; only an addendum can be added. The note will display in the patient's chart under Documents and can be seen on the Documents list in Documentation Workflow. The status is **Auth (Verified)**.
- To save the information without closing or signing, click **Save**.
- To save the information and close the note without signing, click **Save & Close**. On the Documentation Workflow under Documents, the note displays as (In Progress). The Status is **Ordered**. Only the author should open and modify.
- Click **Cancel** to discontinue the note. All changes will be lost.




Modifying a Saved Note

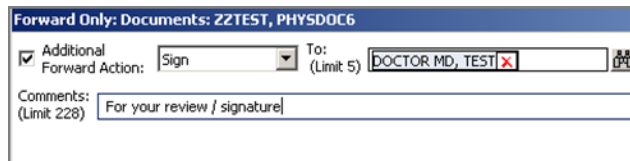
If you saved your note, click on the note in the Documents list of Documentation Workflow to open it for editing.

Modifying a Signed Note


- On Documentation Workflow in the patient's chart, the Documents section will list the notes.
- Click on the note you wish to modify. The note opens.
- Right click and select **Modify**, or in the toolbar, click the **Modify** icon.
- At the bottom of the note, you will see ***Insert Addendum here:**.
You cannot change the portion of the note that has already been signed.
- Add your information.
- Click **Sign**. Your name, the date and the time will be added with your information.

My Note needs to be co-signed. What do I need to do?

- Create your note.** Best practice is to list the name of the responsible signatory physician if you know this in advance; for example: "Cardiology Progress – Dr. Smith" if Dr. Smith is your preceptor.
- Complete your note for review.** You have two options:
 - Save your note, so that your attending or preceptor can review and advise.
 - Sign your note.
- Forward the note** to the co-signor. From Documentation Workflow:
 - Under Documents, open the note to forward by clicking it.
 - Click the **Forward** icon just above the body of the note. 
 - Select **Sign** or **Review** from the first yellow drop down.
 - Enter co-signor's name in the **To:** box.
 - Enter any relevant comments, then click the **OK** button.
- If you saved your note, once the co-signor has reviewed, you will need to open your note, make any recommended changes, and sign the note. If you choose to save again, instead of final sign, you should manually add your name, date/time to the bottom of the note so the end of your documentation is clear.



I need to review and co-sign a note. What do I do?

1. From the Message Center, Documentation Workflow or Documents tab, locate and open the note to be reviewed and signed.
2. Click **Modify** in the toolbar. 
3. At the bottom of the note, you will see ***Insert Addendum here:.**
4. Use the Dragon commands or auto-text below to enter your attestation information and any additional documentation or findings you want to include in the progress note.

| Attestations | | |
|---------------------------------------|------------------------------|---------------------------------|
| Description | Dragon Command | Auto-text |
| Attending Attestation Agree | Attending Agree Macro | =attending_attestation_agree |
| Attending Attestation Present | Attending Present Macro | =attending_attestation_present |
| Attending Attestation Except | Attending Agree Except Macro | =attending_attestation_except |
| Attending Attestation Reviewed | Attending Reviewed Macro | =attending_attestation_reviewed |
| Attending Attestation Split/Share MLP | Attending Split Macro | =attending_attestation_split |

5. When finished, click **Sign**.

| Note Templates | |
|--------------------------------|--|
| Type | In addition to Resident/ Exam Attending/Fellow Exam, Assessment Plan, also pulls in: |
| Progress Notes SCCC | Vital Signs, CBC/BMP (Fishbone Labs) |
| Procedure Note | None; blank text field for free text |
| Procedure Note Bedside | None; blank text field for free text |
| Brief Consult Note | None; templated sections |
| Progress Note Post Surgical | Vital Signs, CBC/BMP (Fishbone Labs), Post-op day, I&O *Does not pull in Subjective, Objective, Assessment Plan. |

| Content Macros | | |
|--------------------------|------------------|------------|
| Description | Dragon Command | Auto-text |
| SCCC Plan for systems | S Triple C Macro | =sccc_plan |

| Procedures | | |
|--|----------------------------------|---|
| Description | Dragon Command | Auto-text |
| Procedure Note CV Cath Internal Jugular Right | Right internal jugular macro | /cv_internal_jugular_right |
| Procedure Note CV Cath Internal Jugular Left | Left internal jugular macro | /cv_internal_jugular_left |
| Procedure Note CV Cath Subclavian Right | Right subclavian macro | /cv_subclavian_right |
| Procedure Note CV Cath Subclavian Left | Left subclavian macro | /cv_subclavian_left |
| Procedure Note CV Cath Femoral Right | Right femoral macro | /cv_femoral_right |
| Procedure Note CV Cath Femoral Left | Left femoral macro | /cv_femoral_left |
| Procedure Note Chest Tube Placement | Chest Tube macro | /chest_tube_placement |
| Procedure Note Foley Catheter | Foley Catheter macro | /foley_catheter |
| Procedure Note Gastric Lavage | Gastric Lavage macro | /gastric_lavage |
| Procedure Note OG Placement | OG Placement macro | /og_placement |
| Procedure Note NG Placement | NG Placement macro | /ng_placement |
| Procedure Note Endotracheal Intubation | Endotracheal Intubation macro | /endotracheal_intubation |
| Procedure Note Cricothyroidotomy | Cricothyroidotomy macro | /cricothyroidotomy |
| Procedure Note Arterial Line Placement | Arterial Line macro | /arterial_line_placement |
| Procedure Note IO Placement | IO Placement macro | /io_placement |
| Procedure Note IV Placement with Ultrasound Guidance | IV with Ultrasound macro | /iv_placement_with_US |
| Procedure Note Ortho Joint Reduction | Joint Reduction macro | /ortho_joint_reduction |
| Procedure Note Ortho Fracture Reduction | Fracture Reduction macro | /ortho_fracture_reduction |
| Procedure Note Ortho Splinting | Splinting macro | /ortho_splinting |
| Procedure Note Ortho Arthrocentesis | Arthrocentesis macro | /ortho_arthrocentesis |
| Procedure Note Anesthesia Sedation/Conscious Sedation | Conscious Sedation macro | /anesthesia_sedation_conscious_sedation |
| Procedure Note Incision and Drainage | I and D macro | /incision_and_drainage |
| Procedure Note Wound Repair | Wound Repair macro | /wound_repair |
| Procedure Note Simple Wound Repair | Simple Wound Repair macro | /wound_repair_simple |
| Procedure Note Complex Wound Repair | Complex Wound Repair macro | /wound_repair_complex |
| Procedure Note Multiple Wounds | Multiple Wound Repair macro | /wound_repair_multiple |
| Procedure Note Nasal Packing | Nasal Packing macro | /nasal_packing |

Smart Templates

| Description | Dragon Command | Auto-text |
|--|---------------------------------|---------------------------|
| Post-op Day# and procedures | Insert Post-op Day | .post_op_day |
| VTE Risk, Medications ordered, contraindications to Px | Insert VTE Prophylaxis | .vte_prophylaxis |
| Stress ulcer prophylaxis medication orders | Insert Stress Ulcer prophylaxis | .stress_ulcer_prophylaxis |
| Most recent vent settings charted by resp | Insert Vent Settings | .vent_settings |
| ABGs in the last 12 hrs (one set) | Insert ABG | .abg_last_12hrs |
| ABGs in the last 24 hrs (one set) | Insert ABG Last | .abg_last_24hrs |
| ABGs last 3 results (3 sets) | Insert ABG Last Three | .abg_last_3_results |
| VBGs in the last 12 hrs (one set) | Insert VBG | .VBG_last_12hrs |
| VBGs in the last 24 hrs (one set) | Insert VBG Last | .VBG_last_24hrs |
| VBGs last 3 results (3 sets) | Insert VBG Last Three | .VBG_last_3_results |
| Post void residual volume | Insert Post Void Residual | .post_void_residual |
| Intake and Output | Insert I and O | .io |
| Urine output last 8 hours | Insert Urine Output 8 hours | .urine_output_last_8hrs |
| Last 3 Hemoglobin & Hematocrit results | Insert H and H trend | .hh_trend |
| Serum lactate level | Insert Lactate | .lactate_labs |
| Cardiac enzymes + BNP within last 12 hours | Insert Cardiac Labs | .cardiac_labs_12hrs |
| Cardiac enzymes + BNP last this encounter | Insert Cardiac Labs Last | .cardiac_labs_last |
| List of active inotrope or pressor orders | Insert Pressors | .pressors |
| For each antibiotic, # of hrs,days for admin | Insert Antibiotic Orders | .antibiotic orders |
| PT, INR, PTT, DIC, Fibrinogen, Thrombin Time within last 12 hrs | Insert Coags | .coags_12hrs |
| PT, INR, PTT, DIC, Fibrinogen, Thrombin Time last this encounter | Insert Coags Last | .coags_last |
| WBC only | Insert WBC | .wbc_only |
| WBC Differential in last 24hrs | Insert Differential | .differential_24hrs |
| WBC Differential most recent for this encounter | Insert Differential Last | .differential_last |
| Number of days a central line has been present | Insert Central Line Days | .central_line_day |
| Weight change from previous charted weight | Insert Weight Change | .weight_change |

How do I customize existing specialty Dragon commands?

Some commands have already been created for your specialty and you can modify and customize those commands (macros) to suit your needs.

1. Open Dragon.
2. On the Dragon toolbar, click **Tools** and select **Command Browser** or say “**Command Browser**”. The Command Browser window opens.
3. Click **Command Sets**.
4. Select your specialty folder.
5. Right click on the Command name (macro) you wish to modify.
6. Select **New Copy**.
7. The My Commands Editor dialog box appears.
8. You can change the name of the command in the My CommandName field.
9. Modify any of the existing information in the Content section.
10. Leave the Plain Text box checked.
11. When finished, click **Save**.
12. The new, saved copy will be located under Modes>MyCommands in the Task Pane, in the same folder name.

How do I make my own Dragon commands?

1. Open PowerChart and dictate the information.
2. Say “Select All” to select the text you just dictated.
3. Say “Make that a command.”
4. Select text appears in Content section of The My Commands Editor dialog box.
5. Make sure the cursor is in the My CommandName box.
6. Dictate the name for your new command.
7. Say “Plain text” to select the Plain text check box.
8. When finished, click Save.

Recommended:


- Use command names that are two to four words in length.
- If you decide to type the command name, be sure to use spaces between multiple words.
- Do not use special characters like: *, @, #, \$, % or _.

How do I make my own auto-text?

For every Dragon Command, an auto-text has been configured, but you can create your own customized auto-text as well.

1. In **PowerChart**, open the Documentation workflow to a text field.
2. From the text editor toolbar, click the **Manage Auto Text** button.
3. On the Manage Auto-text window, click the icon for **New Phrase**.



4. Enter an abbreviation and description for your text in the Abbreviation and Description boxes.
5. Click the **Add Text** icon. 
6. The Formatted Text Entry window opens. Enter your text entry in the HTML section (bottom section) of the Formatted Auto Text dialog box.
7. Click **OK**.
8. Click **Save**, then click **Close**.