Basic PowerChart

Reference Guide

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Indiana University Health

Basic PowerChart
Reference Guide

Prepared by IS Clinical Education
At Web site:
https://pulse.iuhealth.org/portal/intranet/ISClinicalEd

See last page for change details

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Introduction

Intended Audience

This reference guide addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description.

Research Coordinators

As mentioned above, this is a reference guide that is intended for numerous audiences and for this reason does not follow the workflow of any particular venue or workplace. You must decide, in consultation with supervisors and fellow research coordinators, which sections are applicable to your field of work.

Cerner PowerChart

Cerner PowerChart is an Electronic Medical Record (EMR) system. Its purpose is to provide electronic access for multiple users to enter and review patient information at the same time.

Icon Legend

The following icons will be used throughout the guide to visually assist you:

Item	Description
	The light bulb icon displays extra information that may be helpful to learners.
	The exclamation mark icon indicates a "**warning**" message directed to the learner.
	The hammer icon is used on skill sheets for the "**apply your skills**" sections. Instructor Supported, not instructor led.

Obtain Cerner Remote Connectivity

Introduction

In order to access PowerChart, a user needs to set up a "gateway" to connect to IU Health's network. This section describes how to accomplish this task. There are many variables and this guide will not cover all possibilities, but will focus on the most common and most direct methods.

Prepare to Connect

A new user will need to contact Data Security to begin this process.

Step	Action
1.	Submit a Research Access Request via email to scanmyolar@iuhealth.org. *When approved for the new user, Data Security will* • *Create an IU Health NT ID and Password.* • *Create an Cerner Account Username and Password.* • *Email the new user the account information created.*
2.	Verify the version of Citrix receiver on the computer being used. **On a PC** **a.** Click the **Start** menu. **b.** Click the **Control Panel** command. **c.** Set the **View by** drop-down to Small icons (top, right corner of Control Panel). **d.** Select **Programs and Features**. **e.** Find the **Citrix Receiver**. **f.** Check for the version in the **Version** column. *The version must be 4.0.0 or at least 14.0.0* **g.** Close Control Panel. **Note:** If the device being used has the incorrect version of Citrix Receiver, Contact your local Help Desk. **On a MAC** **a.** Go to the **Applications** folder. **b.** Right-click the **Citrix Receiver** application icon. **c.** Select the **Get info** command. *The version will be displayed and must be version 11.9 or at least 12.1 or above – you do not want 12.0* **Note:** If the device being used has the incorrect version of Citrix Receiver, Contact your local Help Desk.

Continued on next page

Connect to the IU Health Network

Depending on the network connection of a workstation, there are 4 primary options available for connecting to the IU Health network.

Option 1 - IU Backbone – *requires no MFA*

Step	Action
1.	
2.	
3.	

Option 2 - IU SSL VPN HSN – *requires no MFA*

Step	Action
1.	
2.	
3.	

Option 3 - IU Secure Wireless – *requires MFA*

Step	Action
1.	Open a browser.
2.	Navigate to at https://nsgate.iuhealth.org. *The Indiana University Health login portal displays.*
3.	Enter the assigned IU Health NT ID (Username) and Password.
4.	If logon fails, **a.** Verify correct **Username** and **Password**. **b.** Attempt again.
5.	If logon still fails, proceed to **Option 4 - IU SSL VPN**.

Continued on next page

Obtain Cerner Remote Connectivity, Continued

Connect to the IU Health Network (continued)

Option 4 - IU SSL VPN – *requires MFA*

Step	Action
1.	Connect via IU or IU Health VPN.
2.	Open a browser.
3.	Navigate to at https://nsgate.iuhealth.org. *The Indiana University Health login portal displays.*
4.	Enter the assigned IU Health NT ID and Password.
5.	If logon fails, **c.** Verify correct Username and Password. **d.** Attempt again.
6.	If still unable to connect, contact your local Help Desk.

Note: If a user encounters issues not covered in this process, please contact the IU Health Help Desk at (317) 962-2828 or helpdesk@iuhealth.org.

Continued on next page

Access PowerChart from a Device other than a PC

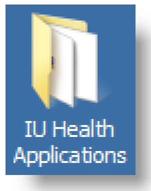
If accessing PowerChart from a device other than a PC, documentation is available on the following Web site: http://docs.iuhisclinicaleducation.org/files. Search for the "Remote Access Update-Citrix Upgrade" Clinical IS Update document.

This document will aid in connecting to the correct Citrix Receiver for your device. Devices included are: MACs and MAC laptops.

Continued on next page

Option 1: Access PowerChart via IU Health Applications

From an IU Health computer system network connected workstation, it is possible to login to Cerner directly.

Step	Action
1.	 **Double-click** the **IU Health Applications** icon on the desktop. *The IU Health Applications window displays.*
2.	 **Double-click** the **IU Health Application Portal** icon. *The Citrix XenApp – Applications window displays.*
3.	 Click the **Cerner Internal Redirect** icon. *The Welcome to CernerWorks! window displays.*
4.	Click the **PowerChart PROD** icon. *The Cerner Millenium login screen displays.*
5.	Enter a Cerner **Username** and **Password**.
6.	Click **OK**. *PowerChart opens and Message Center is displayed.*

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Option 2: Access PowerChart via Remote Connectivity

If the workstation being used to access PowerChart is not on the IU Health System computer network, PowerChart must be accessed using NSGate, a portal into the network. There are several steps involved in using NSGate.

Submit a Research Access Request

Send a Research Access Request to scanmyolar@iuhealth.org (Data Security). In response, Data Security will complete the following three (3) tasks:

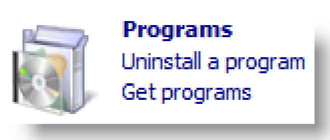
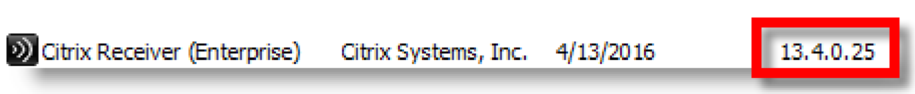
- Create both an IU Health NT ID and a Password.
- Create both a Cerner Account Username and a Password.
- Will send an email to the applicant containing the above mentioned accounts/accesses.

Verify the Citrix Receiver Version on the User's Computer

It is imperative that the correct Citrix Receiver version is on the computer being used to access NSGate. It will not function otherwise.

Note: If the device you are using has the incorrect version of Citrix Receiver, Contact your local Help Desk.

Verify the Citrix Receiver Version on a PC

Step	Action
1.	Click the **Start** button. *The Start menu displays.*
2.	Click the **Control Panel** command on the right side of the menu. *The Control Panel window displays.*
3.	Click the **Programs** link. 
4.	Click the **Programs and Features** link.
5.	Look for the **Citrix Receiver** application in the **Name** column. *The Citrix Receiver version on a PC must be at least 4.0.0 or 14.0.0. In the example shown, below, the version is* ***13.4.0.25****. This version will not work.* 
6.	Close the **Control Panel** window.

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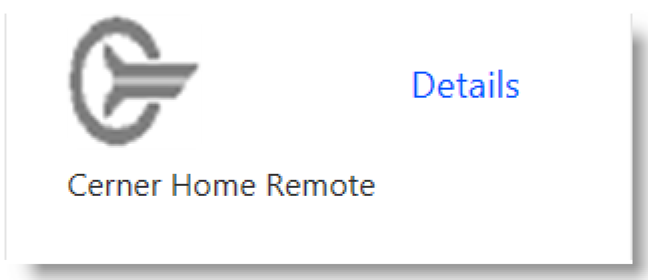
Option 2: Access PowerChart via Remote Connectivity (continued)

Verify the Citrix Receiver Version on a MAC

Step	Action
1.	Go to the **Applications** folder.
2.	Right-click the **Citrix Receiver** application.
3.	Click the **Get info** button. *The Citrix Receiver version on a MAC must 11.9 or 12.1 or above. If version 12.0 is displayed, this version will not work.*

Use NSGate to Access PowerChart

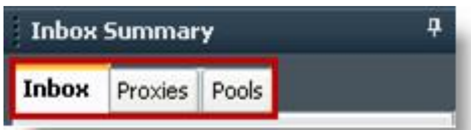
Step	Action
1.	Open a browser window. **There is an NSGate icon present on the desktop** a. Double-click the NSGate icon. **Or, there is no NSGate icon on the desktop** b. Open Internet Explorer. c. Navigate to the https://nsgate.iuhealth.org Web site.
2.	Log in using an assigned IU Health **User name** and **Password**.
3.	Click the **Cerner Home Remote** icon.  *The Welcome to CernerWorks! window displays. The initial loading time via Cerner Home Remote will take somewhere between 40 seconds and 2 minutes. Once loaded, it will operate at regular speeds.*
4.	Click the **PowerChart PROD** icon. *The Cerner Millenium login screen displays.*
5.	Enter a Cerner **Username** and **Password**.
6.	Click **OK**. *PowerChart opens and Message Center is displayed.*

Message Center

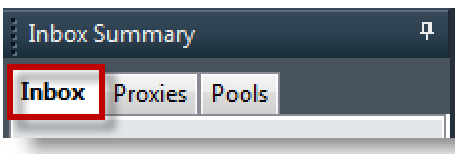
Message Center Tabs

Message Center is where staff communicates with each other from within the patients' charts. Messages that are sent from one clinic staff to another, i.e. – from a provider to an MA or from a nurse to a provider, become a part of the clinical notes section of the patients' charts. The Messages button can be accessed from anywhere within PowerChart.

The Inbox Summary pane contains 3 tabs: **Inbox**, **Proxies**, and **Pools**.



Inbox Tab

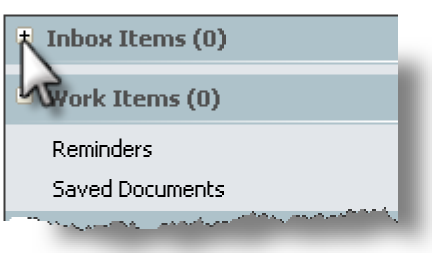


The Inbox tab contains messages that are addressed to the user. It consists of 3 categories of messages: Inbox Items, Work Items, and Notifications.

Category	Contents
Inbox Items	General Messages, Orders, Results, and Documents folders containing messages specifically sent to the user.
Work Items	Reminders and Saved Documents folders containing items for follow-up by the user.
Notifications	Notify Receipts, Trash, and Sent Items folders.

Within each category are folders and sub-folders that display both pending and total messages (i.e. – 2 unread messages out of 2 messages).

Click the plus sign (+) next to a category to expand and view additional folders within the category.



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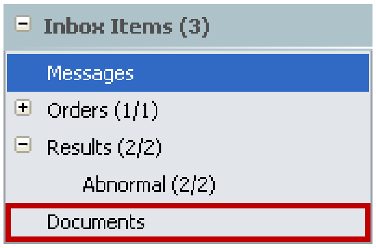
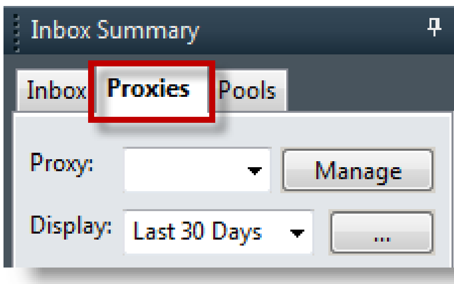
Message Center Tabs (continued)

The expansion button (plus sign), sub-folders, and item counts do not display when there are no items present.

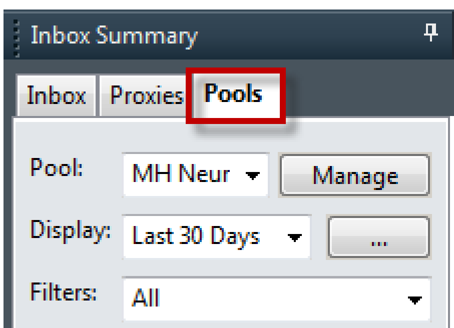


Proxies Tab



The **Proxies** tab allows a user to access the Inbox of another user and perform any activities for which authorization has been granted.

Pools Tab



The **Pools** tab allows multiple users who are members of the pool to have access to a shared mailbox. All pool members can view all items in the mailbox. An item in the mailbox is considered complete when any one of the pool members processes and deletes the item.

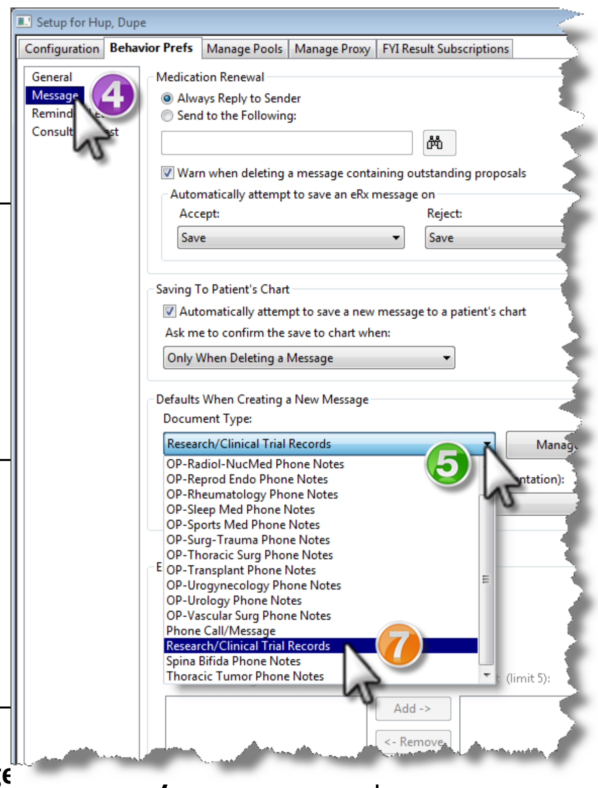
Note: Refer to your standard of practice before making changes in Message Center.

Continued on next page

Set the Message Type Preference

Check with your supervisor before changing the Message Type Preference. The need to change or not change this preference will depend on your role and location.

The Message Type Preference determines in which folder a newly created message is stored in the Clinical Notes section of the patient's chart.

Step	Action
1.	Be sure the Message Center is open. a.  If not, click on the **Messages** toolbar button.
2.	Click on the **Inbox** menu at the top of the window.
3.	Click on the **Manage Preferences** command. *The Setup dialog box opens, with the user's name in the title bar and the Behavior Prefs tab displayed.* 
4.	Click on the **Message** band in the navigation pane, to the left. *Message Behavior Preferences display to the right.*
5.	Click on the **Document Type** drop-down list in the **Defaults When Creating a New Message** section.
6.	Scroll to locate the correct **<default message**
7.	Select the **<default message folder for your location>** option.
8.	Click on the **OK** button. *The Commit Progress notice box displays a message, "Settings saved successfully."*
9.	Click on the **OK** button in the bottom, right corner. *Now, when the user creates a new message, the As field, to the right of the Save to Chart text box, defaults to Research/Clinical Trial Records.*

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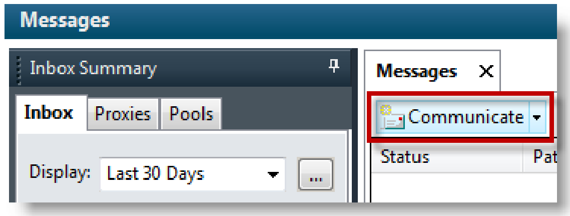
Send a New Message from the Inbox

Step	Action
1.	Click the **Communicate** button located within Message Center.  *A new message displays.*
2.	Type the first few letters of the patient’s last name in the **Patient** field.
3.	Click the **Search** button (binoculars).
4.	Conduct a thorough search.
5.	Select the correct patient in the top results pane.
6.	Select the most recent encounter for the patient and your location. **Note:** A new encounter will need to be created if there are no existing encounters for the current location. Instructions for this task are found in the next section, “Create a Phone Encounter.”
7.	Click **OK**.
8.	Click in the **To** field.
9.	Type <**staff member name**>.
10.	Enter a concise, specific message title in the **Subject** field. **Note:** It is recommended to change the subject so that it reflects the specific nature of the message. This becomes the title of the message in the recipient’s **Inbox**.
11.	Type the needed communication in the **Message** field.
12.	Click the **Send** button.
13.	Click the **Refresh** button. *The sent message displays in three locations:* b. *The recipient’s Inbox* c. *The sender’s Sent folder.* d. *Clinical Notes in the patient’s chart.*

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Create a Phone Encounter

It is best to associate a new message with the most recent encounter for the clinic location. When no previous encounter for the clinic exists, a phone message encounter needs to be created.

Note: Appropriate routing of electronic prescriptions, outside order requisitions, and order tasks are all dependent on the clinic location associated with the encounter. If misrouted, orders and tasks may be missed and result in patient care delays.

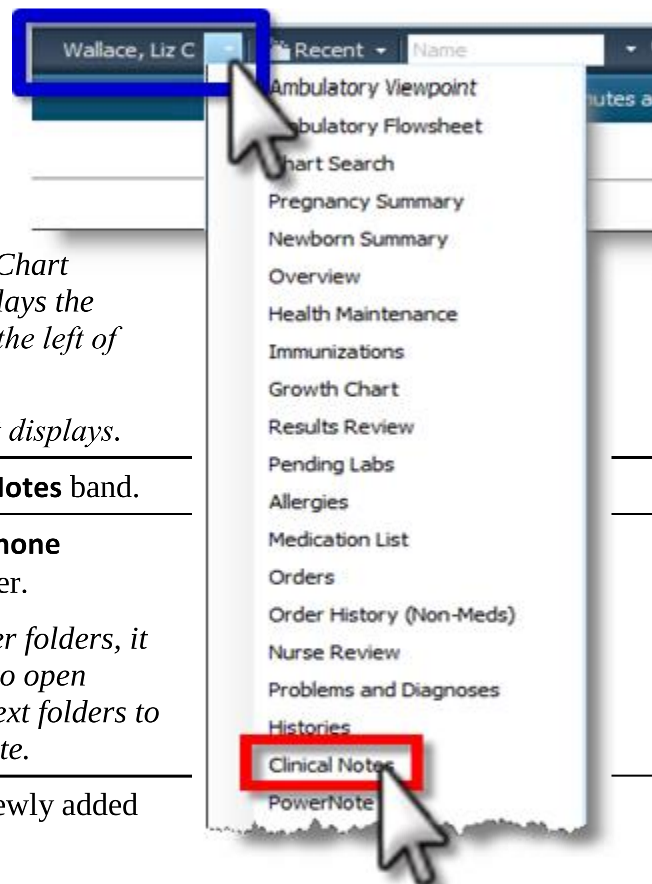
Step	Action
1.	 Click the **Communicate** button. *The New Message window displays.*
2.	Enter the last name of the patient in the **Patient** field.
3.	 Click the **Search** button (binoculars).
4.	Conduct a thorough search.
5.	Select the correct patient in the top results pane.
6.	Do NOT select an encounter (bottom, right pane).
7.	 Click the **Add Encounter** button, in the bottom, right corner of the **Patient Search** box:
8.	Enter location search criteria in the **Facility Name** field.
9.	 Click the **Search** (ellipsis) button.
10.	Select the correct **Organization** from the search list.
11.	Click the **OK** button. *The Phone Message Encounter conversation opens.*
12.	**Right-click** on a blank grey area of the conversation.
13.	Select the **Highlight Required Fields** command. *Required fields are now highlighted in yellow.*
14.	Complete all required and any other relevant fields.
15.	Click the OK button. *The New Message window is re-displayed.*
16.	Complete and send message. *See the "Send a New Message from the Inbox" section on the previous page.*

Continued on next page

Reply to a Message

Step	Action
1.	**Double-click** to open an inbox message.
2.	Click on the **Reply** button.
3.	Enter response at the top of the **Message** field.
4.	Click the **Send** button.
5.	Click the **Refresh** button.

View a Phone Call/Message in Clinical Notes



Step	Action
1.	Click the **Patient Chart Access** drop-down arrow. *When a message is selected in the Inbox, the Patient Chart Access button displays the patient's name, to the left of the Recent button.* *The patient's chart displays.*
2.	Click the **Clinical Notes** band.
3.	**Double-click** the **Phone Call/Message** folder. *When opening other folders, it may be necessary to open several layers of next folders to reach a specific note.*
4.	**Double-click** the newly added message. *The message displays in the pane to the right.*

Continued on next page

Message Center Pools

A pool allows groups dedicated to particular tasks to share an inbox and provides one message center address to direct messages for a specific purpose or set of purposes, regardless of which workers eventually handle those messages.

Send a Message to a Pool

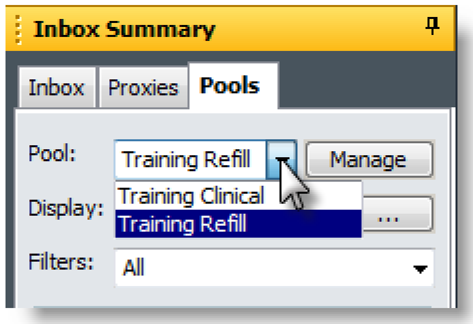
The following is an example of how to send a message to a Refill Pool.

Step	Action
1.	Click the **Communicate** button. *A new blank message opens.*
2.	Click the binoculars to the right of the **Patient** field.
3.	Conduct a **Patient Search**.
4.	Select the correct patient (top pane, right).
5.	Select the most recent encounter for your location (bottom pane, right).
6.	Click **OK**. *The patient's name displays in the Patient field.*
7.	Click the binoculars to the right of the **To** field. *The Address Book displays.*
8.	Click the **Pool** option button.
9.	Enter the **Pool** name in the search field *Example: Scheduling Pool – the actual name of the pool must match whatever is entered in the search field to display in the results field.*
10.	Highlight the correct pool name.
11.	Click the **Add** button.
12.	Click **OK**. *The pool name displays in the To field.*
13.	Enter a concise, specific message title in the **Subject** field.
14.	Enter a message in the body of the **Message** field.
15.	Click the **Send** button.

Continued on next page

View Pool Messages

Pool functionality allows users to share responsibility for managing results, documents, and messages for one clinic, department or unit.

Step	Action
1.	Click the **Pools** tab.
2.	Click the drop-down arrow in the **Pool** field. *A list of assigned pools displays.* 
3.	Select the specific **Clinical** pool. **Note:** Assigning a message alerts other pool members that somebody has taken responsibility to follow-up on this message.

Continued on next page

Assign a Message to Yourself

To…	Then…
Open and respond to a message…	Double-click on the message. *The message displays.*
Assign the message…	1. Right-click on the message. 2. Select **Assign Item** from the menu displayed.  *The user's name displays in the Assigned column in the Summary Pane.* 

Step	Action
1.	Locate the message regarding **Patient 3**.
2.	**Right-click** on the message.
3.	Click on the **Assign Item** command.

Unassign a Message

A message may be unassigned by you or by someone else.

Step	Action
1.	**Right-click** on the message.
2.	Click on the **Unassign Item** option.

Continued on next page

Introduction to Inbox Proxy

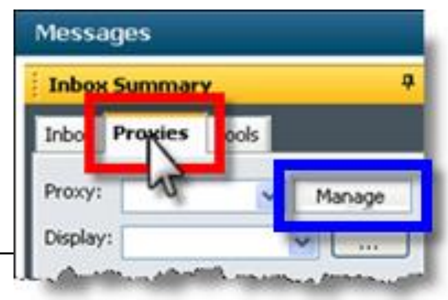
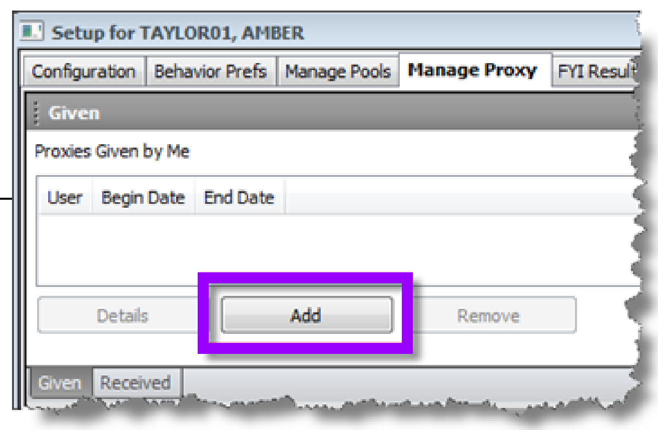
Granting proxy to another user's Inbox allows that user to have access to the folders and functions (i.e. – signing, refusing, and forwarding messages/results) that have been granted within the limitations of their scope of practice. (i.e. A nurse cannot cosign orders on behalf of a physician).

The proxy Inbox has the same look and feel as one's own Inbox; however, all actions taken are on behalf of the individual for whom one is acting as proxy.

Important Notices about Using Proxy

- When signing an inbox item as a proxy, the signature states the user is signing on behalf of the individual's inbox. If an item is reviewed but needs to be left for the original user to review as well, close the notification or move to the next message without deleting.
- Any activities performed as a proxy are electronically recorded.

Set Up a Proxy

Step	Action
1.	Click on the **Proxies** tab in the Inbox Summary pane within Message Center. 
2.	Click the **Manage** button. *The Setup window displays and the Manage Proxy tab is selected.* 
3.	Click the **Add** button in the Proxies Given by Me pane.

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Set Up a Proxy (continued)

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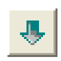
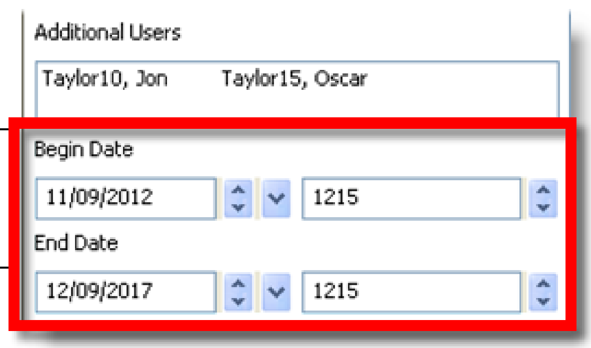
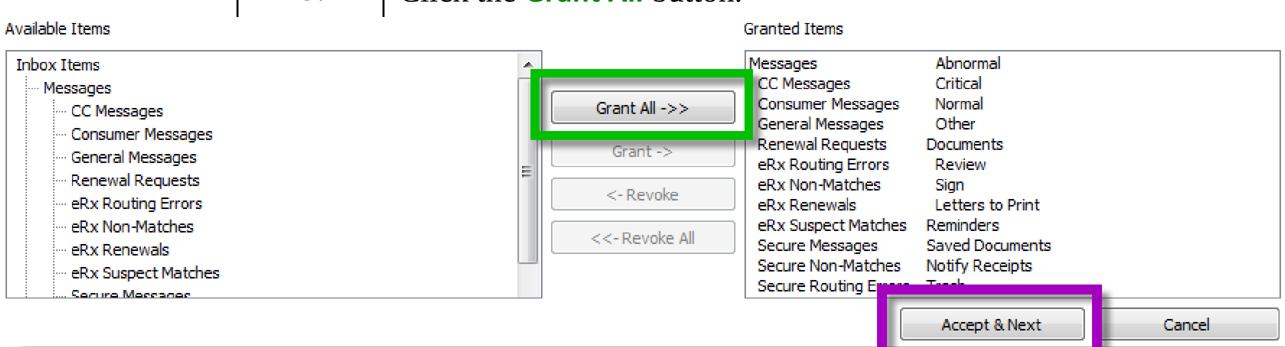
4.	Enter the name of the person in the **User** field to whom is being given proxy. *The User field displays the selected name(s).* **Optional Search Tool** • Click the Search button (binocular icon) to search for and select the recipient's name. • Multiple users with the same level of access may be granted proxy at the same time.
5.	 Click the **down arrow** to move the current user to the **Additional Users** list box. **Important:** The last user being added must remain in the User text field and NOT moved to the **Additional Users** list box.
6. **Optional Step**	Continue to add additional users, if needed.
7.	Enter the appropriate date and time in the **Begin Date** field.
8.	Enter the appropriate date and time in the **End Date** field.
9.	Click the **Grant All** button.





All Available Items are moved to the Granted Items pane.

See option to grant partial privileges on next page.

Continued on next page

Set Up a Proxy (continued)

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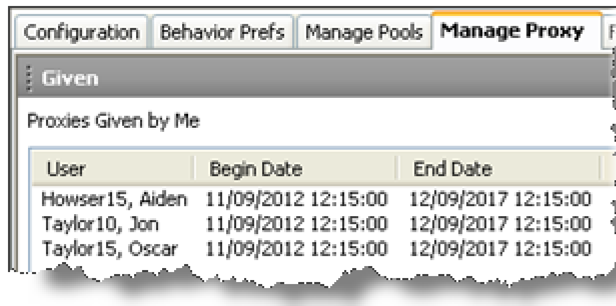
10. **Optional Step**	**Grant Partial Privileges** • Select items from the **Available Items** pane. • Click the **Grant** button to move them to Granted Items pane.
11.	 Click the **Accept and Next** button (*button location illustrated on previous page*). *The selected name(s) display in the Proxies Given by Me pane:* 
12.	Click the **OK** button to close the **Setup** window. *The Commit Progress window displays, stating the settings were successfully saved.*
13.	Click the **OK** button.

Continued on next page

View Proxies Received from Others

Once proxy authorization is granted, a user can view the proxy privileges.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click on the Proxies tab in the Inbox Summary pane.</td></tr>
<tr><td>2.</td><td>Click the Manage button.

The Setup window displays the Given pane.</td></tr>
<tr><td>3.</td><td>Click the Received tab in the bottom, left corner.


The Received pane displays:

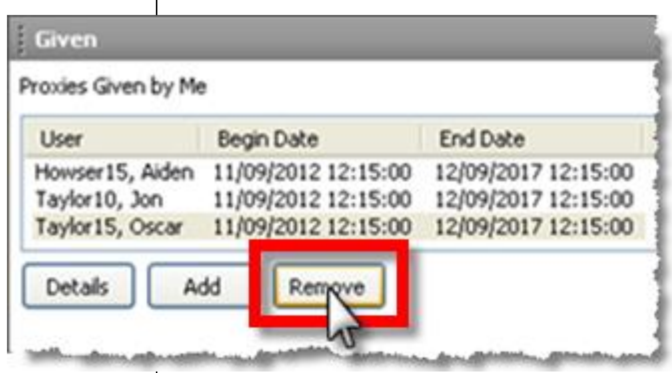
</td></tr>
<tr><td>4.</td><td>Select a user’s name.</td></tr>
<tr><td>5.</td><td>Click the Details button.

The Details for Received Proxy pane displays, below, where granted privileges can be viewed.</td></tr>
</table>

Continued on next page

Update Proxy Authorization

The end user can change proxy authorization details.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click on the Proxies tab in the Inbox Summary pane.</td></tr>
<tr><td>2.</td><td>Click the Manage button.
The Setup window displays.</td></tr>
<tr><td>3.</td><td>Remove an authorization or proxy:
<table>
<tr><th>To:</th><th>Then…</th></tr>
<tr><td>Remove an authorization from a proxy…</td><td>a. Highlight a user’s name.
b. Details Click the Details button.
c. Highlight the authorization in the Granted Items pane.
d. <- Revoke Click the Revoke button.</td></tr>
<tr><td>Remove all authorizations from a proxy…</td><td>a. Highlight the user's name.
b. Click the Details button.
c. <<- Revoke All Revoke All button.</td></tr>
<tr><td>Remove the proxy completely…</td><td>a. Highlight the user's name.
b. Click the Remove button.</td></tr>
</table>


Note: Date and time fields may also be modified.</td></tr>
<tr><td>4.</td><td>Click the OK button after all changes have been made.</td></tr>
</table>

Schedule Viewer

Scheduling Viewer

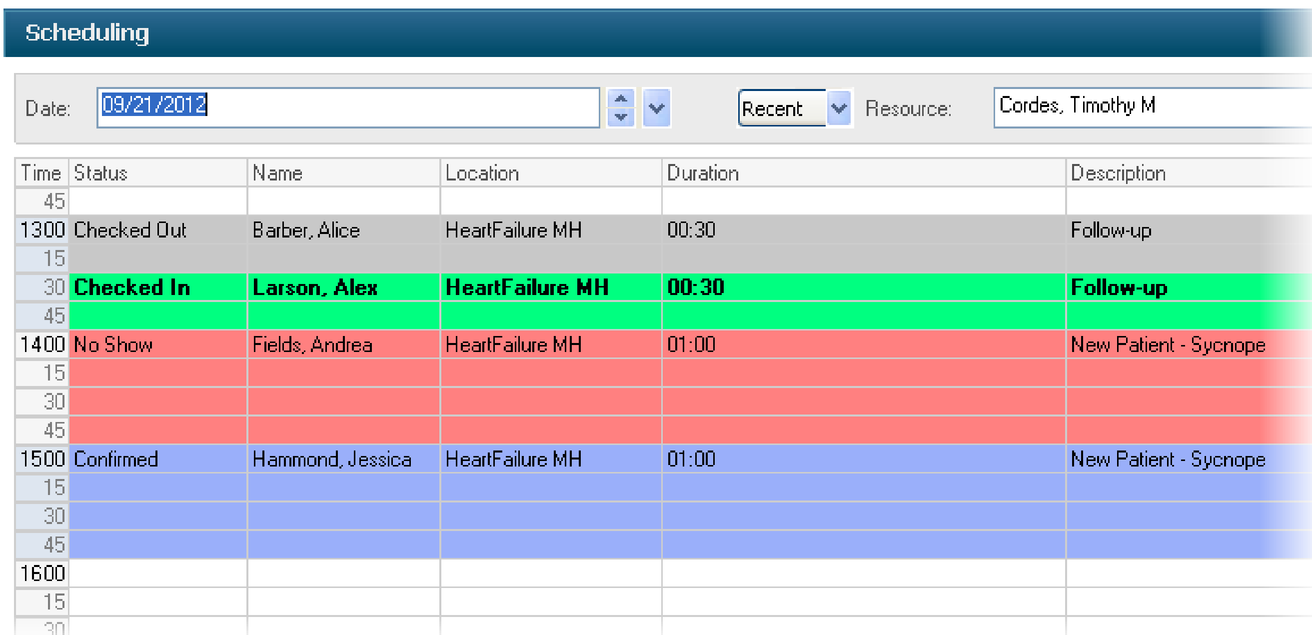
The **Scheduling** viewer is accessed through the **Scheduling** button on the Organizer Button Bar. The **Schedule Viewer** is an efficient and easy-to-use scheduling tool. It allows you to see your schedule and those of others in a daily, weekly, or monthly view.

Schedule Viewer is used to perform numerous scheduling tasks, such as:

- Check in appointments.
- Cancel appointments.
- No Show appointments.
- Reviewing your appointments by day, week or month.
- Reviewing appointment comments.
- Check out appointments (not utilized by all clinics).

Schedule Viewer allows users to easily customize the display, such as time intervals and displayed columns.

It can also serve as a list of patients to be seen the current day. In addition, patients' charts can be opened directly from the **Schedule Viewer**.



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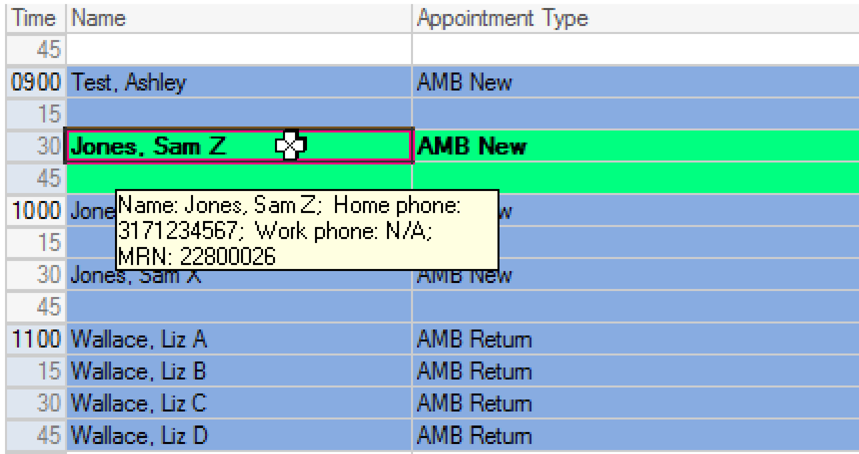
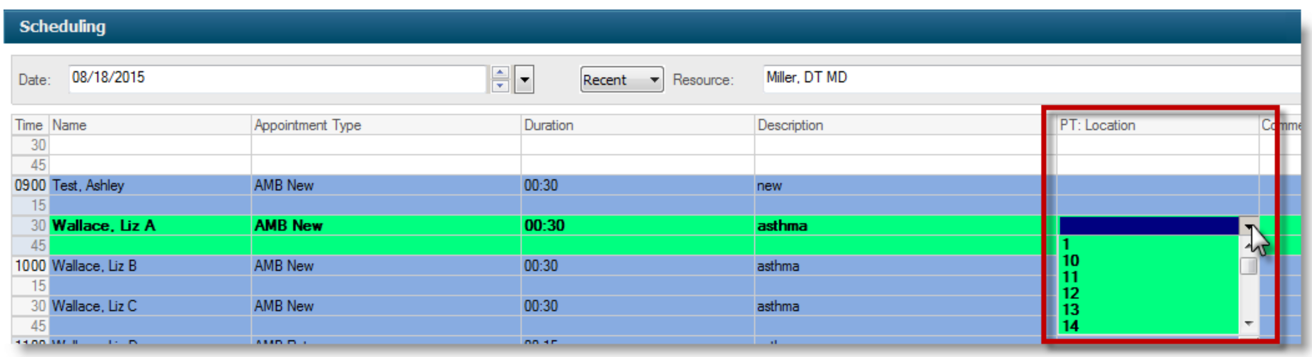
Scheduling Viewer (continued)

Basic demographic patient data can be also be viewed by hovering over the patient's name in the **Schedule Viewer**.



Once the rooming process has been completed, select the room number from the Pt: Location drop-down, which notifies the physician that the patient has been roomed and is ready to be seen.



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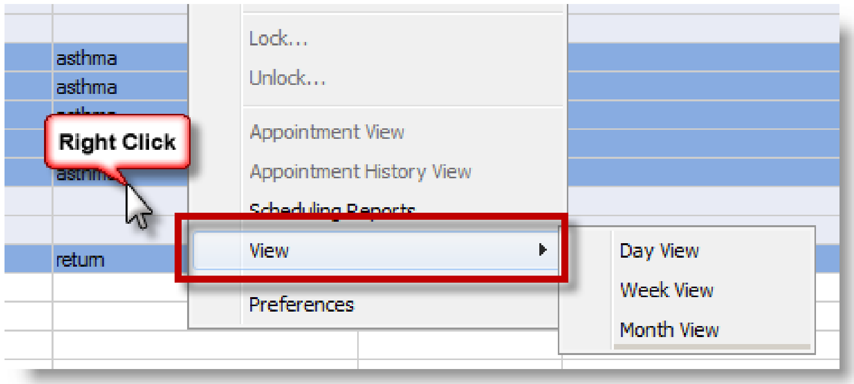
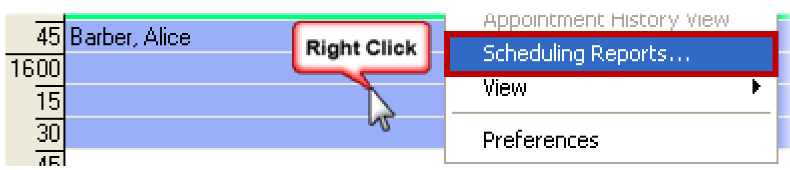
Change the View of the Schedule Viewer

Step	Action
1.	**Right-click** anywhere within the Schedule Viewer. 
2.	Hover over the **View** option.
3.	Select the **Week View** option.
4.	**Right-click**, again, anywhere within the Scheduling window.
5.	Hover over the **View** option.
6.	Select **Day View** option.

Access Scheduling Reports from Schedule Viewer

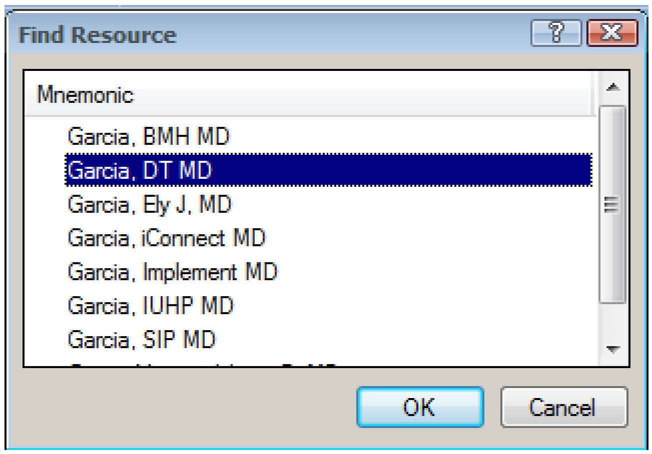
Scheduling reports can be viewed and printed from the **Schedule Viewer**.

Step	Action
1.	Right-click anywhere in the **Schedule Viewer**. 
2.	Select the **Scheduling Reports** command.

Continued on next page

Search for a Resource

To view the schedule of a resource, follow these steps:

Step	Action
1.	Type "**Garcia**" in the **Resource** field. *Dr. Garcia's name displays in the Resource field.*
2.	Click the **Binoculars** icon.
3.	Select the name of the appropriate person. 
4.	Click **OK**. *The selected resource's schedule displays.*

Check-in Patient from Schedule Viewer

A patient may be checked-in in Schedule Viewer, if they are not checked-in by the front desk.

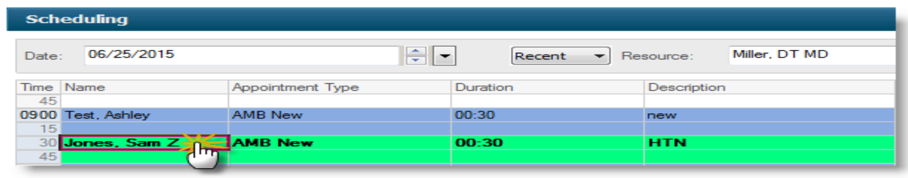
Step	Action
1.	**Right-click** on the patient's appointment.
2.	Click on the **Check In** command. *The Check In dialog box displays.*
3.	Click the **OK** button. *The appointment turns to a green color in the Schedule Viewer.*

Continued on next page

Open a Patient Chart from Schedule Viewer

Patient charts can be opened from the **Schedule Viewer**.

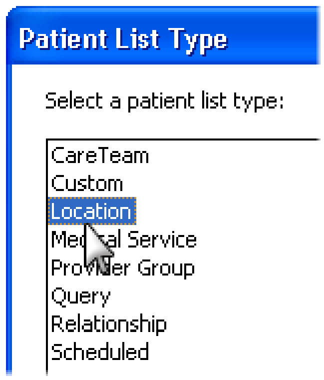
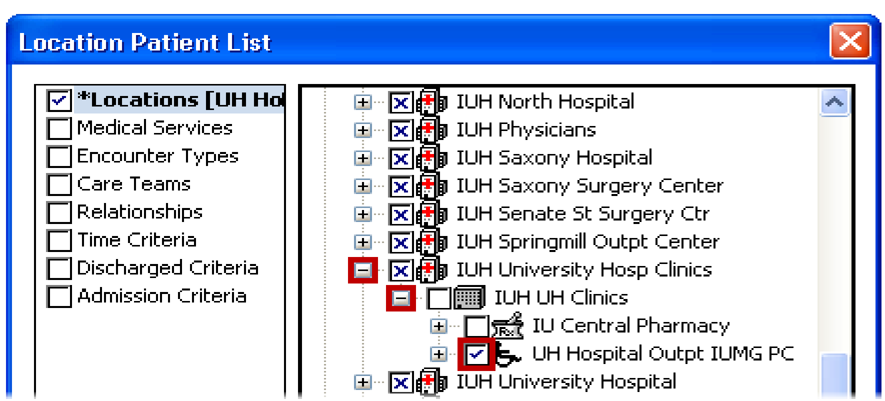
Note: By selecting your patient from the Schedule Viewer, you can ensure you are selecting the correct encounter. Once the patient turns green, it means they are checked in and ready for documentation.

Step	Action
1.	**Double-click** on **Patient's** appointment.  *The patient's chart opens to the Ambulatory Viewpoint page.*
2.	Click the X on the patient chart tab. *The patient's chart closes and Schedule Viewer is displayed, again.*

Patient Lists

Create a Location Patient List

Patient lists can be created in order to make tracking patients a much easier task.

Step	Action
1.	 Click the **Patient List** button. *A list of active patient lists tabs displays.*
2.	Click the **List Maintenance** icon on the **Patient List** toolbar. *The **Modify Patient Lists** window displays.*
3.	Click the **New** button in the lower right-hand corner.
4.	Select a **Patient List Type** (i.e. – Location**).** 
5.	Click **Next**.
6.	Click the ⊞ (plus sign) to the left of the **Location** folder on the right. *A list of all Indiana University Health facilities display.*
7.	Click the ⊞ (plus sign) to the left of the **facility group**. *A list of all locations within the chosen facility display.*
8.	Click the plus sign ⊞ next to the **facility name** to expand the folder.
9.	Select the location name or clinic by clicking in the checkbox. 

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Create a Location Patient List (continued)

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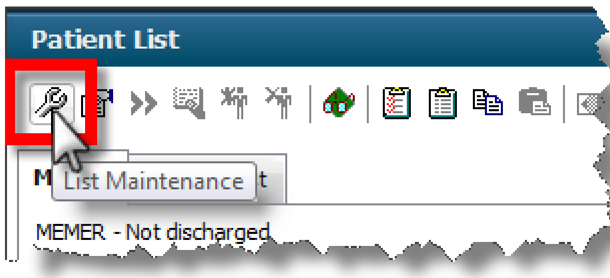
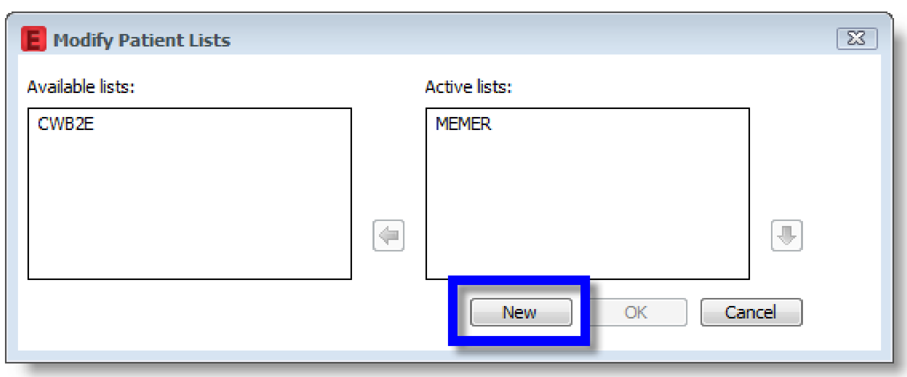
10.	Click **Finish**. *The patient list displays in the Available List pane.*
11.	Highlight the clinic name in **Available Lists**.
12.	Click the **Send** button . *The list is transferred to the Active Lists pane.*
13.	Click **OK**. *The list displays as a tab under Patient Lists.*

Continued on next page

Patient Lists, Continued

Create a Custom Patient List

Custom patient lists can be created in order to track specific patients, independent of location, encounter, etc. Each patient must be added to and removed from a custom list individually.

Step	Action
1.	Click on the **Patient List** button on the View toolbar.  *The Patient List window displays.*
2.	Click on the **List Maintenance** button.  *The Modify Patient List dialog box displays.*
3.	Click the **New** button.  *The Patient List Type dialog box displays (see screen shot on next page).*

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Create a Custom Patient List (continued)

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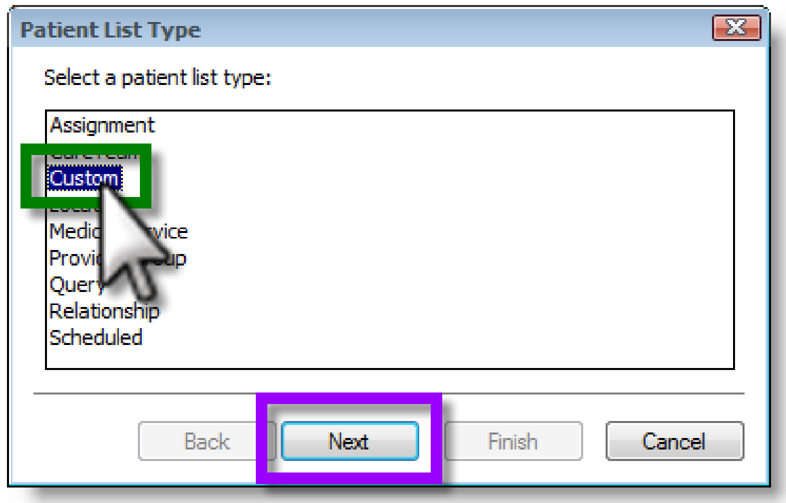
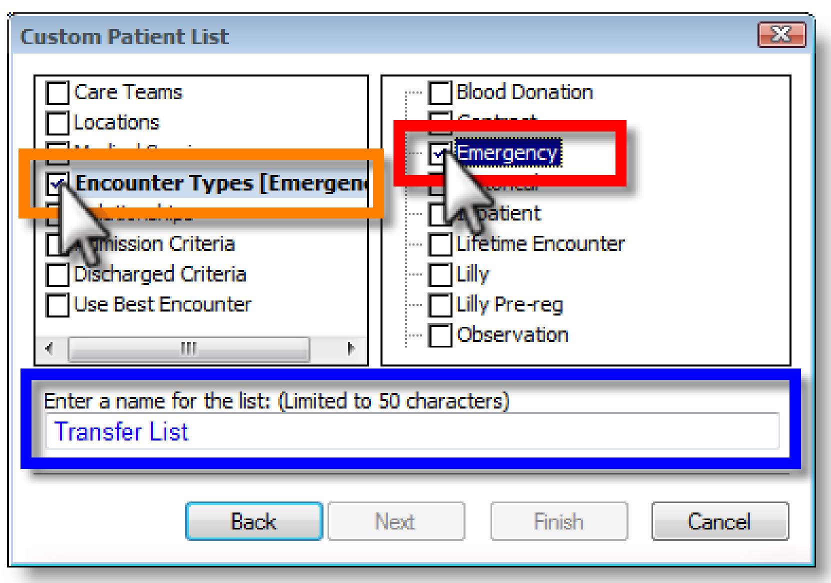
Continued 3.	
4.	Click the **Custom** option.
5.	Click the **Next** button. *The Custom Patient List dialog box displays.* 
6.	Select the **Encounter Types** checkbox.
7.	Select the **Emergency** checkbox.
8.	Enter a name for your list, such as "**Transfer List**."
9.	Click the **Finish** button.

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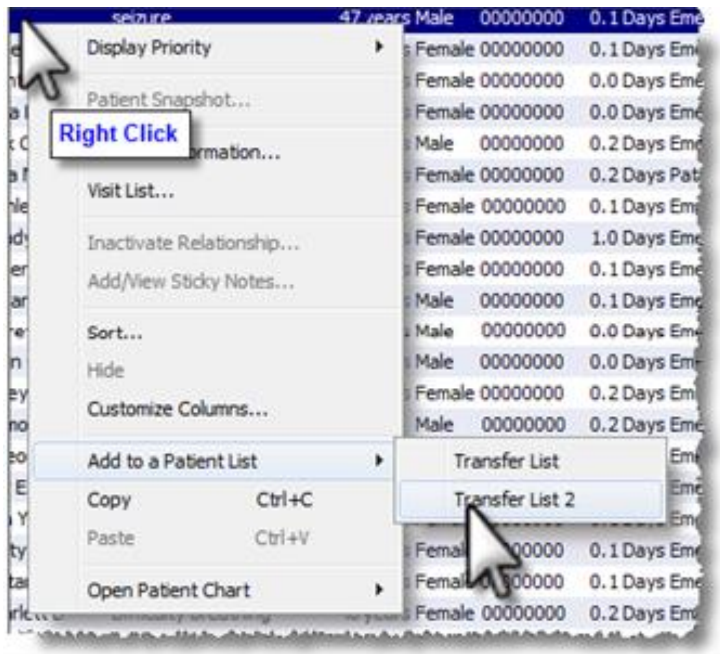
Patient Lists, Continued

Add a Patient to a Custom List

Each patient must be manually added to a custom list.

Step	Action
1.	**Right-click** on a patient’s record. 
1.	Hover over the **Add to Patient List** option.
2.	Click on the name of the list to which to copy the patient. *The patient record is added to and displays on the custom list.*

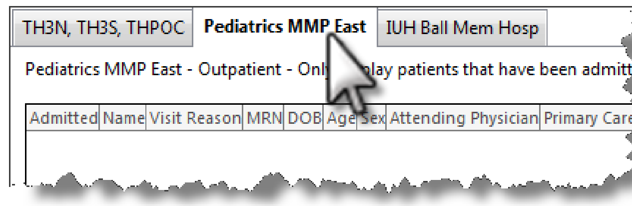
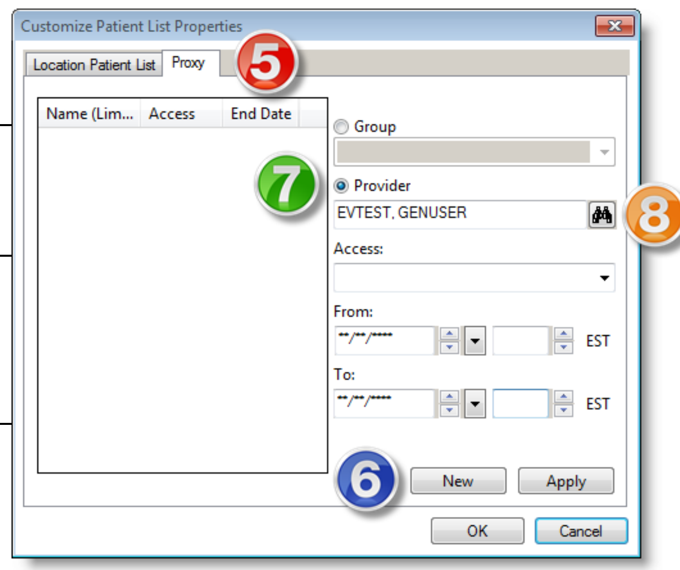
Remove a Patient to a Custom List

Each patient will remain, indefinitely on a custom list until thare are manually removed from the list.

Step	Action
1.	**Right-click** on a patient’s record.
2.	Select the **Remove** command. *The patient record falls off the custom list.*

Continued on next page

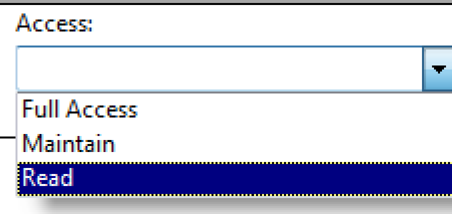
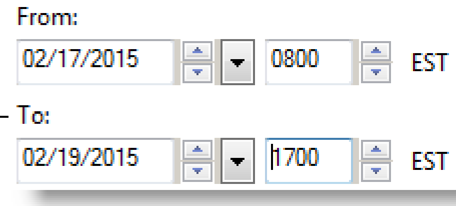
Proxy a Cerner Patient List

Step	Action
1.	Login to PowerChart.
2.	 Click the **Patient List** button on the PowerChart View toolbar.
3.	Select the patient list tab to be proxied. 
4.	 Click the **Properties** button. *The Customize Patient List Properties dialog box displays.*
5	Click the **Proxy** tab. 
6	Click the **New** button.
7	Click the **Provider** option button.
8	Click the **Search** button (binoculars).
9.	Search for and select the correct user.
10.	Click the **OK** button.

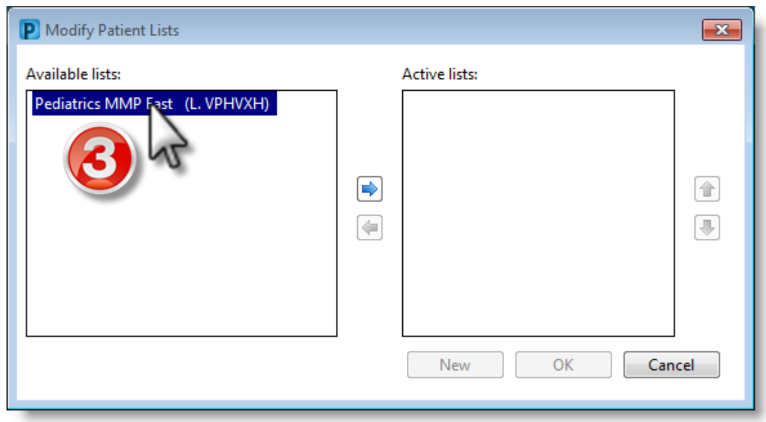
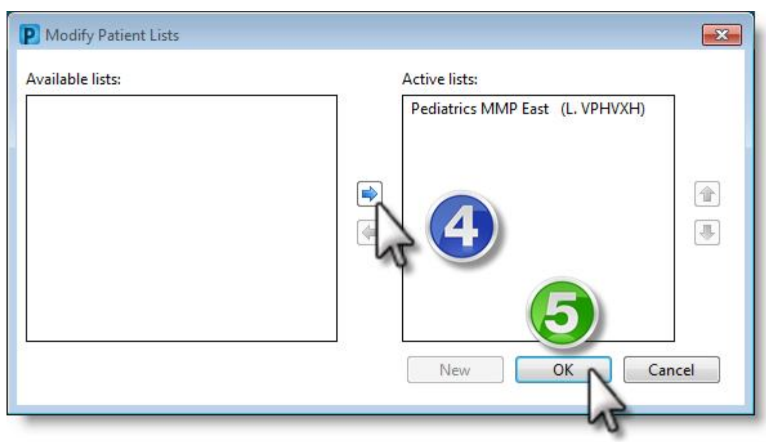
Continued on next page

Patient Lists, Continued

Proxy a Cerner Patient List
(continued)

continued from previous page...		
9.	Click the **Access** drop-down list.	
10.	Select the **Read** option.	
11.	Set the date and time to begin proxy in the **From** date and time fields.	
12.	Set the date and time to end proxy in the **To** date and time fields.	
13.	Click the **Apply** button.	
14.	Click the **OK** button.	

Use a Proxied Patient List

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Login to PowerChart.</td></tr>
<tr><td>2.</td><td> Click the List Maintenance button.
The Modify Patient List dialog box displays.</td></tr>
<tr><td>3</td><td>Select the proxied list from the Available Lists pane on the left.

</td></tr>
<tr><td>4</td><td>Click on the Move button (small right-pointing arrow) between the panes.

</td></tr>
<tr><td>5</td><td>Click the OK button.
The proxied list, and its patients, displays as a tab on the Patient List page.</td></tr>
</table>

Continued on next page

Inactivate a List

Step	Action
1.	Click the **List Maintenance** icon .
2.	Highlight the list name in the **Active lists** pane.
3.	Click the **Remove** button . *The selected list displays in the Available lists pane.*
4.	Click **OK**. *The list is removed from Patient Lists.*

Delete a List

Step	Action
1.	Click the **List Maintenance** icon .
1.	**Right-click** on the list name in the **Available lists** pane.
2.	Select **Delete Patient List**. 
3.	Click **Yes**.
4.	Click **OK** to close the **Modify Patient List** window.

Tips and Tricks

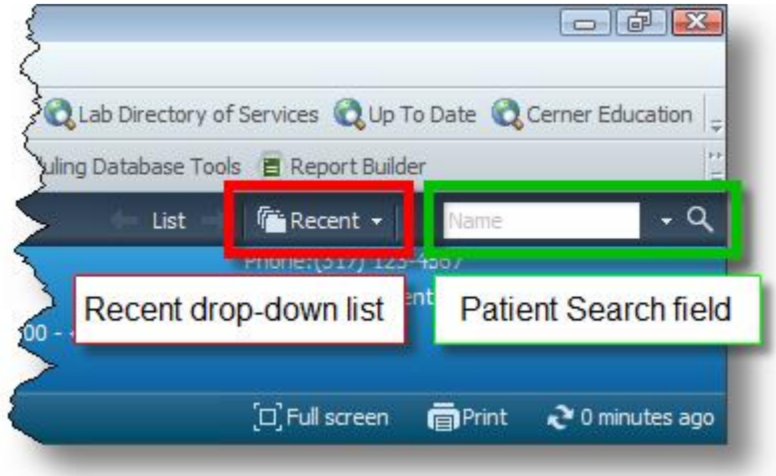
Patients are automatically discharged at midnight on the day patients are seen in an outpatient clinic.

Series (recurring) patients display in your **Patient Location** list for up to 90 days.

Open a Patient's Chart

Overview

There are numerous methods to use to open a patient's chart (see previous section, "Open a Patient Chart from Schedule Viewer").



In many windows, it is possible to right-click on a patient's name and use the Open Patient's Chart command. Two common methods are listed, below, both of which can be accomplished from the Message Center or from another patient's chart.

Open a Patient Chart Using Patient Search

Step	Action
1.	Click in the **Patient Search** field.
2.	Enter **Patient's LastName, FirstName**.
3.	Press **Enter** on the keyboard. *The Patient Search dialog box displays.*
4.	Select your **Patient**.
5.	Select the appropriate encounter.
6.	Click **OK**. *The patient's chart opens to the Ambulatory Viewpoint page.*
7.	Click the X on the patient chart tab.

Open a Patient Chart Using Recent Drop-down List

Step	Action
1.	Click on the **Recent** drop-down list. *The last 9 charts opened are listed, most recent at the top.*
2.	Click the **Patient's** name. *The chart opens to the default section of the chart.*

Chart Search

Overview

Chart Search is a search engine within **Cerner** that allows users to search for patient data within a patient's medical record. It will provide near instantaneous search for words, phrases, and clinical concepts found in the patient medical record. It can intelligently match and rank documents so that the most important and useful documents will move to the top of the result list, reducing the time it takes to locate key pieces of clinical data.

Information Searching

Chart Search offers users the ability to search for the following types of information:

- **Text Documents** (not including scanned documents)
  - Clinical Notes
  - Diagnostic Reports
  - Pathology Reports
  - Radiology Reports
- **Discrete Data Measurements**, such as:
  - Vital Signs
  - Body Measurements
  - Labs

Items Not Included in Chart Search

Chart Search does **NOT** include the following:

- Orders
- Problems
- Procedures
- Allergies
- Lab panels (currently must search for individual components)

Note: Depending on your search criteria, data may not return for all searches. If you are expecting a return when a certain term/phrase is entered, but nothing returns, use the **Give Feedback** button to communicate with Cerner engineering.

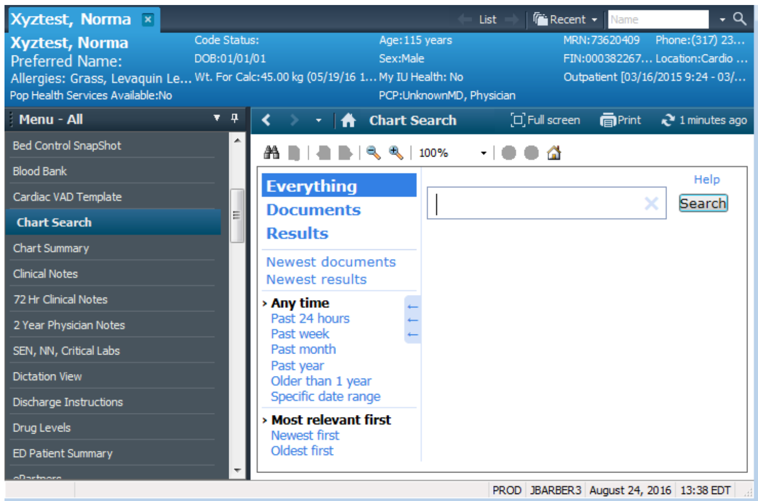
Continued on next page

Perform a Word or Concept Search

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>

Click the **Chart Search** band in the Table of Contents in the patient's chart.

The Chart Search screen displays.



</td></tr>
<tr><td>2.</td><td>

Enter a word or phrase in the **Search** field.

Note: Chart Search automatically offers helpful words and phrases when the user begins typing; this is referred to as **Search Assist**. Results displayed above the line search for concepts. The quotation marks around a word designate a word search.

</td></tr>
</table>

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Perform a Word or Concept Search (continued)

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Step	Action
3.	Select a concept from the list displayed or click the **Search** button or press Enter on the keyboard. *A list of matching results displays.* 

Filter Results

Patient Chart Search returns a prioritized list of results that contain the word or concept searched for. At this point, the user can choose how view the results by using the filtering option located on the left of the screen. Search results can be filtered by:

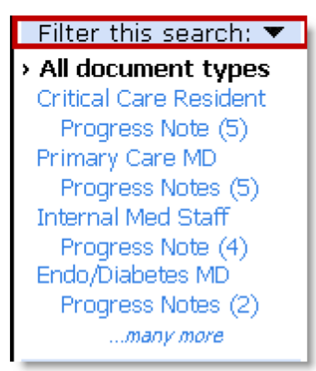
- Documents – displays both text documents and discrete measurements beginning with the most recent.
- Results – displays only discrete measurements such as labs and vital signs beginning the most recent.

Displayed results can also be sorted by a timeframe (i.e. – Past 24 hours) or by relevance.

Click the black arrow ▾ next to the header to collapse or expand the section.

Click the **Filter this search** arrow to display additional filtering options for the current search. These options include:

- All document types
- All authors
- All locations
- All drug classes
- All drugs



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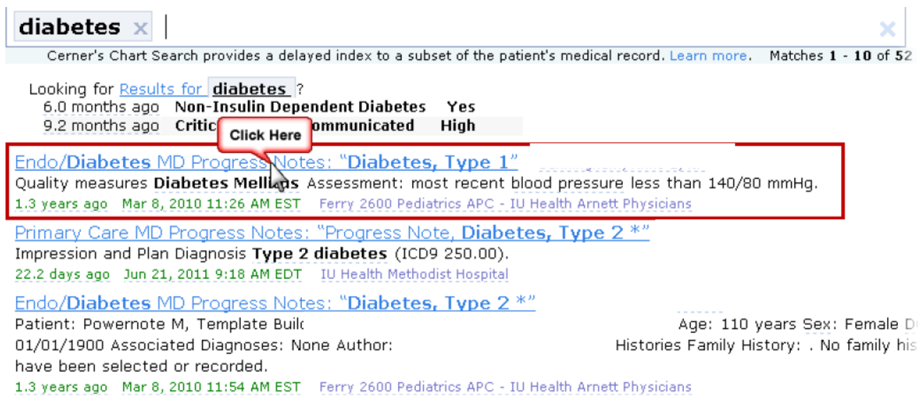
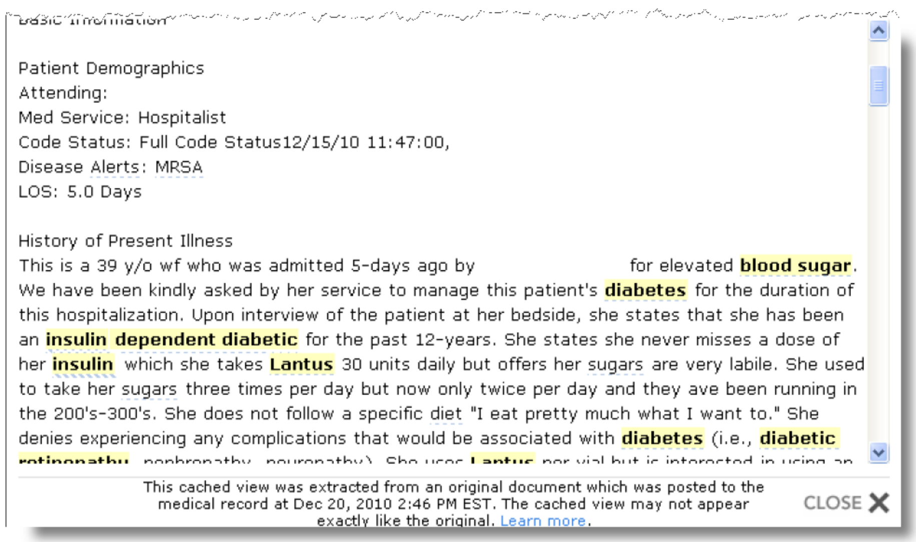
View Patient Chart Search Results

The prioritized list of results includes an excerpt from the document and additional details, such as the number of years since the original document was created, the date/time of the original document, and the location where the original document was created.

To view a specific result, follow these steps:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click on the title of the document.


The document window displays.


Note: This view shows unformatted text that was extracted from the original document in the patient's medical record so it may not display exactly as the original.</td></tr>
<tr><td>2.</td><td>

Click the CLOSE button in the lower right-hand corner of the screen to return to the Chart Search main page.</td></tr>
</table>

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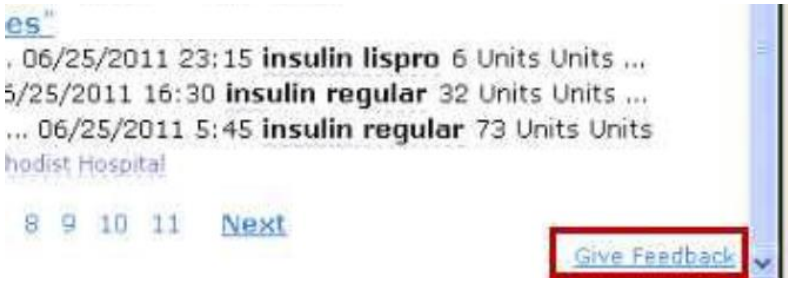
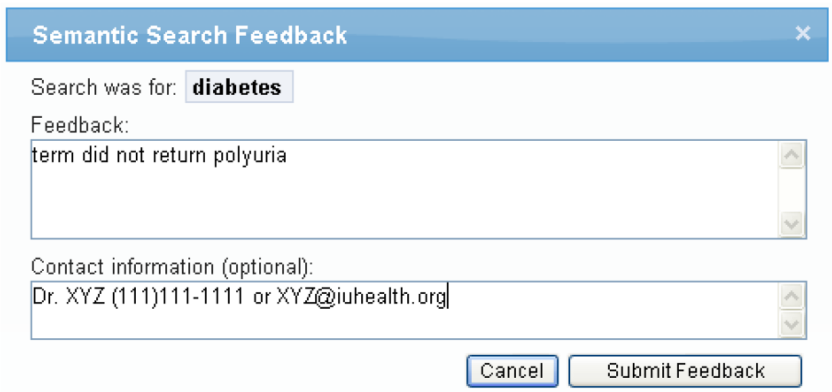
Feedback Options

The **Give Feedback** link allows users to give feedback in context to a search just performed.



The feedback is routed to the engineering team. If you do not see a result displayed that you expected, click the **Give Feedback** link. The **Semantic Search Feedback** window displays. Enter your feedback and click the **Submit Feedback** button.



Once submitted, the engineering team will consider this for future build.

Disclaimers

Cerner has continued efforts to improve and enhance **Chart Search** features. At this time, **Chart Search** does not include:

- Orders
- Problems
- Procedure
- Allergies

However, documents often contain everything so much of this data is still available in a search. However, it displays as it is documented, not as it recorded in the patient's chart.

Lab panels (i.e. – CBC, BMP) are not searchable. Only individual results are searchable. For a comprehensive look at lab panels, refer to the **Results Review** band in the patient's chart.

Again, when you come across things that you expect to see but don't, use the **Give Feedback** link to let engineering know.

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Key Features

Chart Search uses the following key features to quickly perform searches:

- **Word Search** – allows users to find information based on the presence of a specific word. Words can be clinical or non-clinical.

- **Concept search** - allows users to find information based on the clinical concepts that occur in the record. Mapping is based on SNOMED nomenclature. It searches for concepts in the document body and title, including symptoms, diseases, medications and common procedures.
  - For example, a concept search for rash will return any results associated with the term and find documents containing the medical term "skin eruption".

- **Smart ranking** - brings the most relevant search matches to the top of the list of search results.

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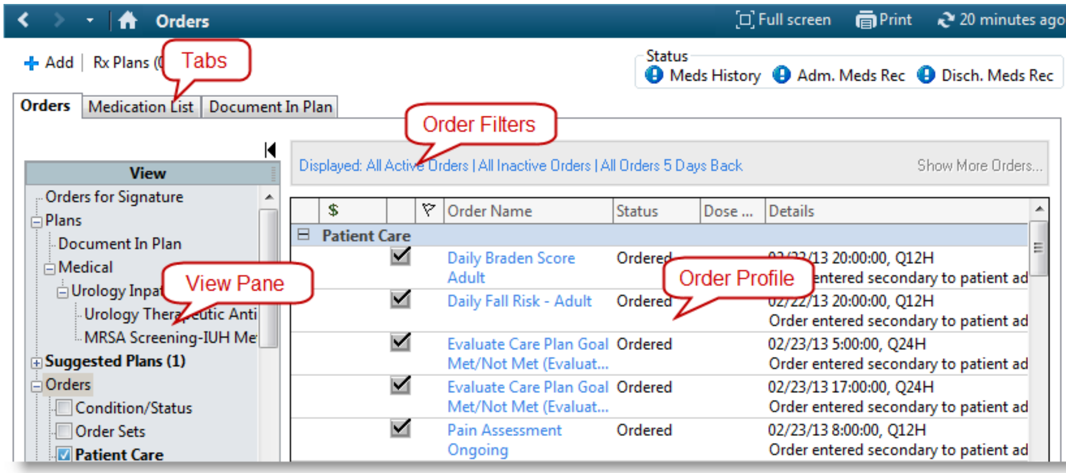
View Orders

Orders Section



Section	Explanation
Tabs	• **Orders** – Screen from which you enter orders in PowerChart. • **Medication List** – List of medications and continuous infusions ordered for this patient. • **Document In Plan** – Where nurses evaluate the patient goals.
Order Filters	**Displayed** – The recommended order filter is **Inpatient Preferred**. Click the drop-down arrow to select from the list.
View Pane	The View Pane on the left displays a list of PowerPlans and Order Categories. The categories with orders have a checkbox next to them and correspond to the headings in the Orders Profile on the right. When there are orders present in a category, its checkbox is checked. Click an order category to go directly to that section. If a patient has a large number of orders, you may want to hide order categories from view that don't pertain to you or your department. Deselect the checkmark to the left of the order category. This does not remove the orders from the category, but only temporarily hides them.
Order Profile	The Order Profile on the right side of the screen displays the patient's existing orders, the status of the order and some detail information.

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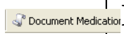
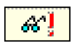
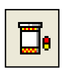
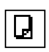
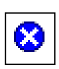
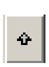
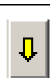
Order/Order Review Icons

Icon	Name	Description
	**Add Order**	Initiates the order entry process.
	**Document Medication by Hx**	Enter prescriptions or medications patient is currently taking at home.
	**Pharmacy verification**	Medication has not been verified by a pharmacist.
	**Caduceus**	Physician needs to co-sign the order.
	**Nurse Review**	Indicates an order that has not been reviewed by a nurse.
	**Stat Order**	Indicates a Stat order that requires a nurse review.
	**Inpatient/ Outpatient**	Identifies inpatient/outpatient orders on the **Add Orders** dialog box.
	**Prescription**	Identifies a prescription order on the **Add Orders** dialog box.
	**Reference Text**	Displays to the left of an order and indicates that additional data, such as age-specific information and test preps, is available.
	**Checkmark**	Located to the left of an order, the checkmark indicates that the order has been signed and is active.
	**PowerPlan**	Indicates orders that are grouped together - two or more orders grouped together for ease in ordering.
	**Additional Details**	One or more details must be completed.
	**Additional Details (Highlighted)**	Same icon as above but displays differently when the order is highlighted.
	Next detail	Takes you to the next detail whether it's required or not.
	Previous detail	Takes you to the previous detail whether it's required or not.
	**Next req'd field**	Takes you to the next required field that is missing data.
	**Next order**	Takes you to the next order. This button is enabled if you have more than one order with required fields.

Continued on next page

Communication Types

These following Communication Types are available to those placing orders and are an indication of the origination of an order:

1. **Written**: Orders written on paper order sheets (i.e. Downtime orders). *This is also the communication type that is associated with **orders entered directly by the provider via CPOE.***
2. **RVVO**: Repeat Verify Verbal Order. These orders will automatically route to the provider for co-signature. The dictation number should always be used for verbal orders to ensure they are routed to the correct provider. Verbal orders should only be used in urgent/emergent situations, as was the process prior to CPOE.
3. **RVTO**: Repeat Verify Telephone Order. These orders will automatically route to the provider for co-signature. The dictation number should always be used for telephone orders to ensure they are routed to the correct provider. The provider should stay on the phone as you enter the verbal telephone order into Cerner in order to address any alerts which may display during the order entry process.

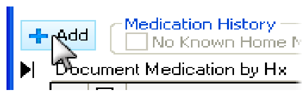
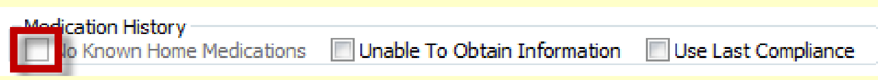
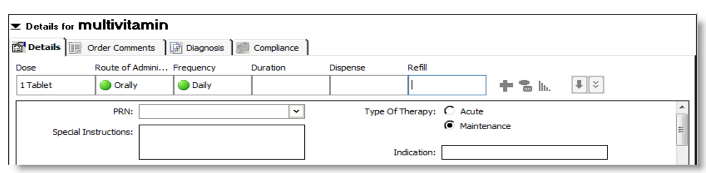
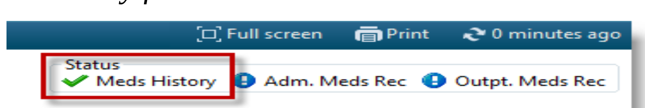
> **Note:** Order Communication Types "4" and "5," below, refer to IU Health clinical policies.

4. **Protocol Sign Req'd:** Used when approved protocol orders require the provider's co-signature (**medications, IV Fluids, labs, and/or tests, including radiology orders**), e.g., Skin and Wound Care Protocol, *if medication(s) are added*.
5. **Protocol:** Orders that have been approved and do NOT contain medications, IV Fluids, labs, and/or tests, e.g., Skin and Wound Care Protocol, *if no medications are included*. These **do NOT** route to the provider for co-signature.
6. **CPOE Initiate:** Used when the nurse **initiates a PowerPlan from a planned state**. Because the provider signed these orders when placing them in a planned state, they **do NOT route to the provider for co-signature**. If there is a question, or if the nurse encounters warnings when initiating the orders, the nurse should validate with the provider which orders are appropriate.
7. **Unit Routine:** Used to cancel/reorder existing orders to reschedule them to meet unit routines. Also used to discontinue phases of Multiphase PowerPlans. These do NOT route to the provider for co-signature.

Continued on next page

Document Medications by History

Document Medications by History

Step	Action
1.	Click the **Medication List** band.
2.	Click the **Document Medication by Hx** button.
3.	Click the **Add** button.  *The Add Order window displays.* **Note:** If the patient has no known medications, you will click the checkbox for **No Known Home Medications** 
4.	Type "**multivitamin**" in the **Search** field.
5.	Select the **multivitamin**. *The Order Sentences window displays.*
6.	Select **1 Tablet, Orally, Daily**.
7.	Click **OK**.
8.	Click **Done**.
9.	Complete the **Details**, **Order Comments**, and **Compliance** tabs with any required information. 
10.	Uncheck the **Leave Med History Incomplete – Finish Later** box.  *Unchecking this box will trigger the Status icon for Meds History (as viewed from the Medication List and Orders page) to update from a blue circle with an exclamation point to a green checkmark. This is the only visual indicator to the provider that the med list is updated and ready for reconciliation.* 

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Document Medications by History (continued)

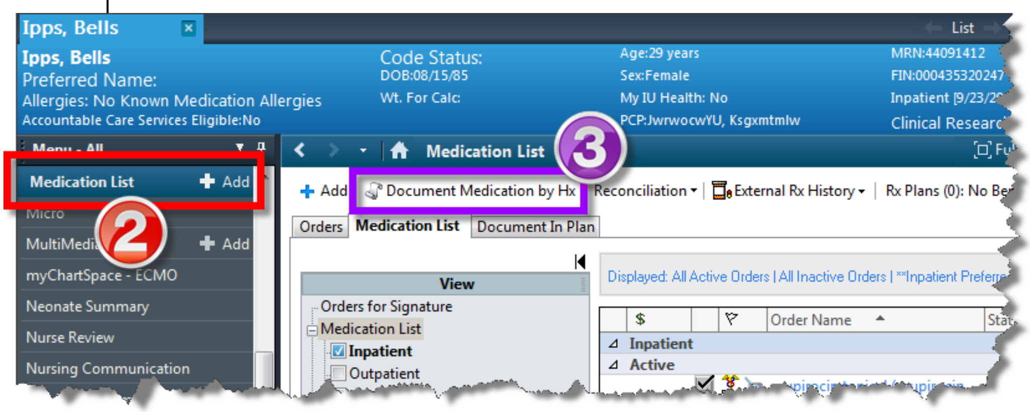
continued from previous page...	
11.	Click the **Document History** button. *The historical medication is saved to the patient's Active Documented Medications by Hx list.*

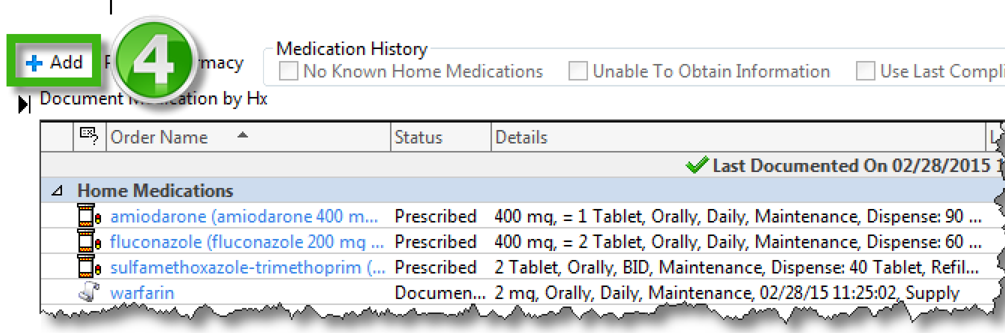
Continued on next page

Document Medications by History, Continued

List a Study Drug in Cerner

An example of a medication by history could be a study drug. A drug that a patient is taking, but has not be prescribed within the electronic medical record. Having it documented provides transparency for other clinicians involved in the patient's care.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Open a patient's chart in PowerChart.</td></tr>
<tr><td>2</td><td>Click the Medication List band.


The Medication List page displays.</td></tr>
<tr><td>3</td><td>Click the Document Medication by Hx button in the Medication List.
The Document Medication by Hx list displays.

</td></tr>
<tr><td>4</td><td>Click the Add button.</td></tr>
<tr><td>5.</td><td>Type "Study Med" in the Find box.</td></tr>
<tr><td>6.</td><td>Click on the Study Medication option.
A second window will open.</td></tr>
</table>

Continued on next page

Document Medications by History, Continued

List a Study Drug in Cerner (continued)

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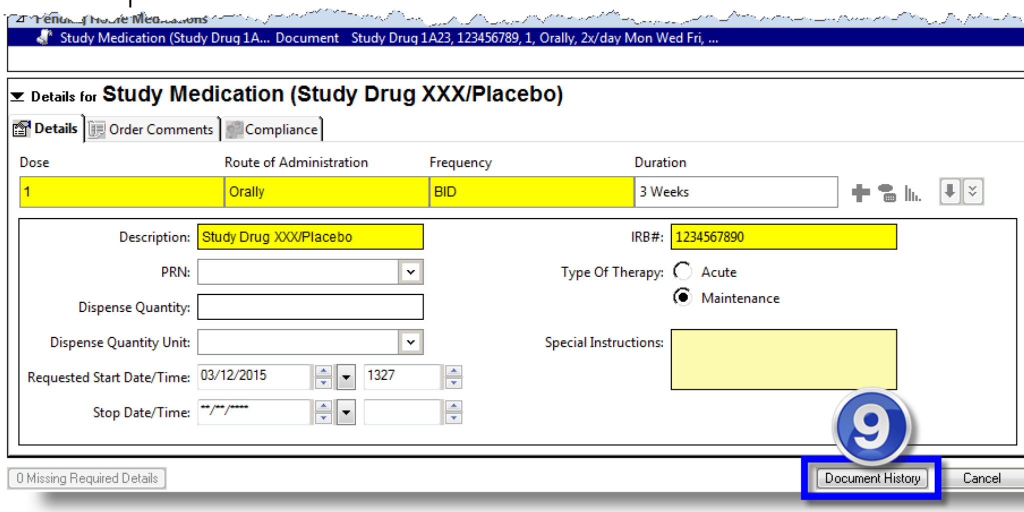
7. Click the **Done** button.

The selected study medication is selected and displays in the Medication List pane and the Details pane, below presents fields which are required.



8. Complete the **Details** section by adding:

- Dose
- Route of Administration
- Frequency
- Description (if blinded randomized study drug, enter “Name of study drug/Placebo”)
- IRB #
- Special instructions or order comments may be added here, if necessary.

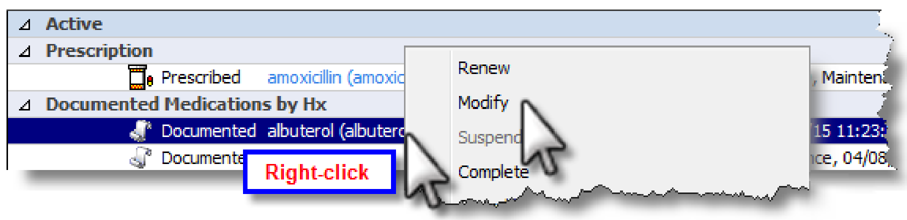
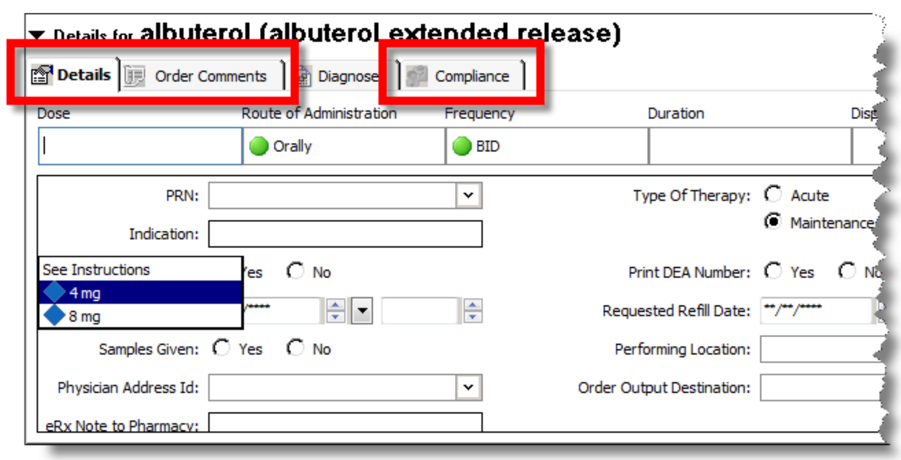
9 Click the **Document History** button.

Continued on next page

Document Medications by History, Continued

Modify Historical Medications

Modifying medications allows clinicians to modify historical medications that have been entered into the system instead of having to **Cancel/DC** the medication and begin the process again. **Modify** allows you to correct a historical medication entry or add details to the medication.

Step	Action
1.	Click the **Document Medication by Hx** button.  *The Document Medication by Hx window is displayed.*
2.	Right-click on the medication you need to update.
3.	Select **Modify** from the menu. 
4.	Update the **Details**, **Order Comments** and **Compliance** tabs as needed. 
5.	Click the **Document History** button. *The historical med is saved to the patient's Active Documented Medications list.*

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Document Medications by History, Continued

Cancel / Discontinue an Historical Medication

- **Complete**: Acute medications (antibiotics, prednisone tapers, etc.) that were prescribed for a short duration, and have exceeded the end date. Complete should also be used to remove duplicate historical medications
- **Cancel/DC**: Prescriptions that the patient states they are no longer taking because a provider told them to stop taking.
- **DOCUMENT COMPLIANCE: Not Taking**: Prescriptions that the patient is not taking, for any reason other than specific instruction from a provider.

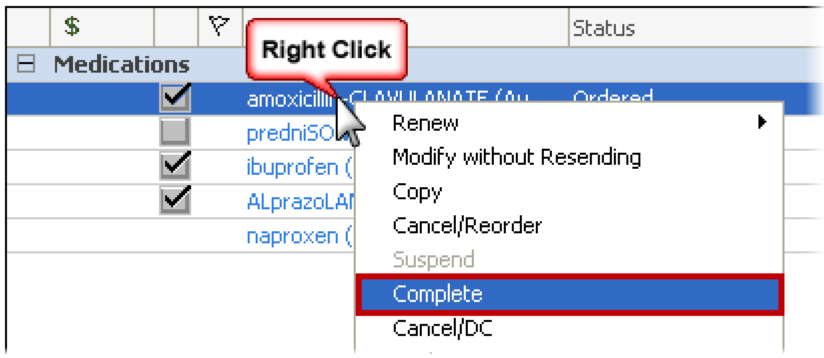
Step	Action
1.	Click the **Document Medication by Hx** button.  *The Document Medication by Hx window displays.*
2.	**Right-click** on the **multivitamin**.
3.	Select **Cancel/DC**. *When cancelling or discontinuing historical meds, the Ordering Physician window does not display.*
4.	Click **OK**. *A strikethrough line displays through the medication.* 
5.	Click the **Document History** button. *The historical med is saved to the Inactive Medication list.*

Continued on next page

Document Medications by History, Continued

Complete a Medication

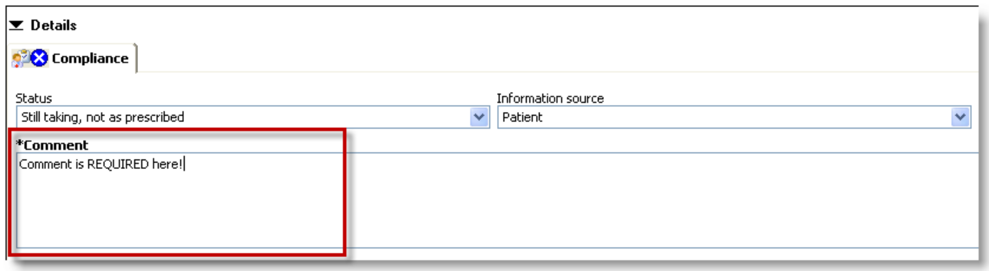
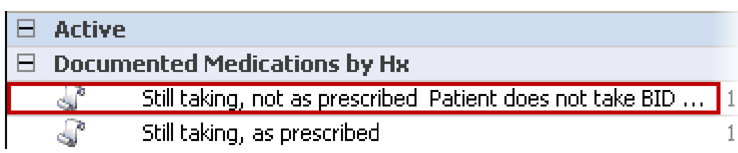
Use **Complete** for medications that are supposed to be taken for a finite amount of time (i.e. antibiotics).

Step	Action
1.	Right-click the **antibiotic** on the medication list.
2.	Select **Complete** from the menu. 
3.	Click the **Sign** button.

Continued on next page

Add/Modify Compliance

Compliance can also be added or modified per the **Add/Modify Compliance** option.

Step	Action
1.	Click the **Document Medication by Hx** button.
2.	**Right-click** on the medication to be modified.
3.	Select **Add/Modify Compliance**. *The Compliance tab displays below.*
4.	Make the necessary additions or changes.
5.	Type a comment regarding the modification in the **Comment** box.  **Note:** The **Comment** field is a required field if you choose the status **Still Taking, not as prescribed**. Users cannot sign the modification until this field is completed.
6.	Click the **Document History** button when finished. *The Compliance Status is updated on the Medication List.* 

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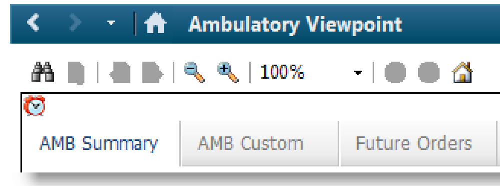
Ambulatory Viewpoint

Overview

The **Ambulatory Viewpoint** page can be used as a basic navigational tool and accessed through the PowerChart menu. There are three tabs across the top of the page; **AMB Summary**, **AMB Custom**, and **Future Orders**.



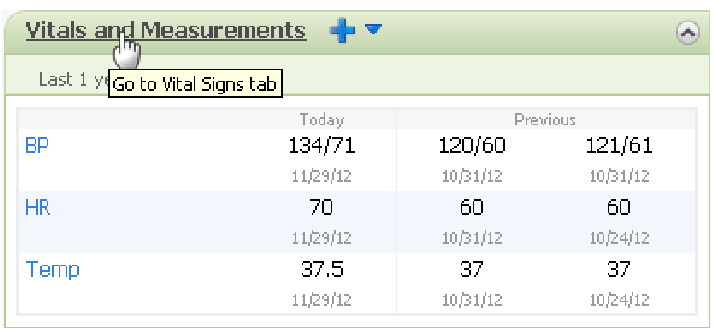
AMB Summary Tab

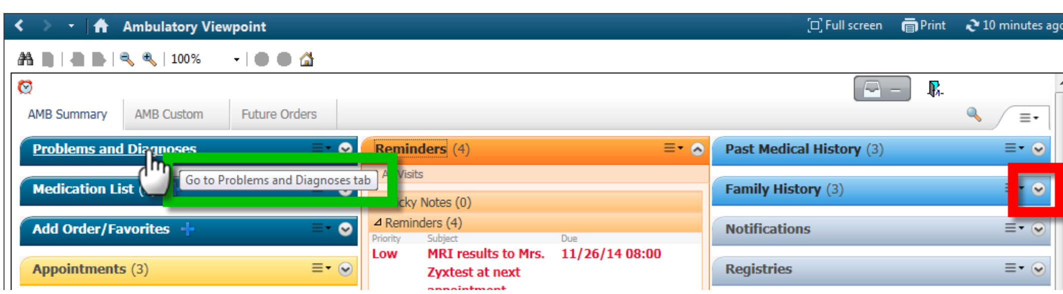
The Ambulatory Summary tab provides a snapshot summary of the patient's record. It allows clinicians to take action, such as add orders, problems, diagnoses and medical histories directly from this view.

The Ambulatory Summary tab is divided into 3 columns. Each column contains components to access and document patient data. User-based customization is available allowing the user to rearrange components on the page and to define the default expand/collapse behavior for each component.

Each component header (i.e. – **Vitals and Measurements**) is a hyperlink that launches the user to the appropriate section in the patient chart. The user can hover over any of the headers to see, in a tooltip, where clicking on that header will take them in the patient's chart.

Vitals and Measurements takes the user to **RESULTS REVIEW**.





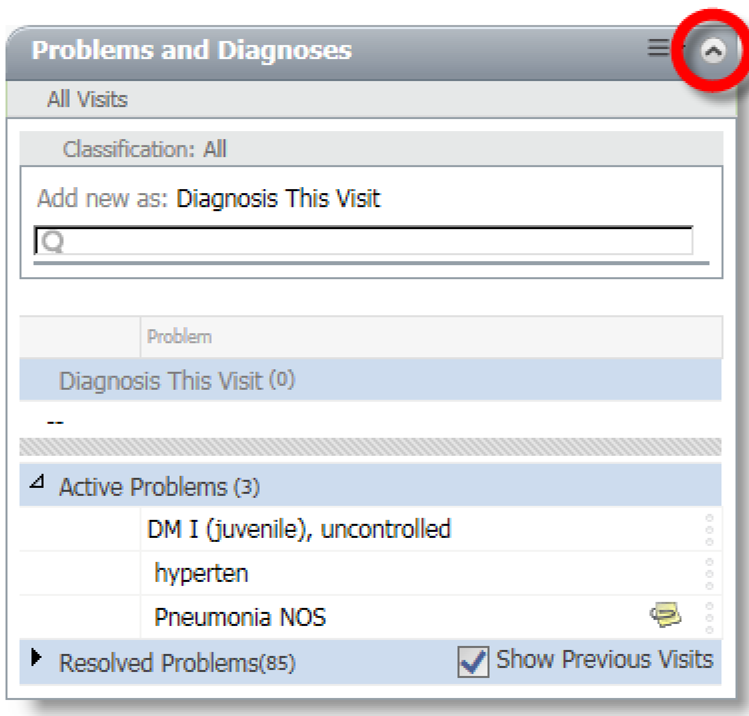
Problems and Diagnoses Component

The **Problems and Diagnoses** component is an enhanced version of the Problems and Diagnoses band and displays the following three categories:

- **Diagnosis This Visit –** the problem being addressed at the current visit (i.e. – pain)
- **Active Problems** - the patient's active problem list (i.e. chronic conditions such as diabetes)
- **Resolved Problems** - the patient's Past Medical History (i.e. – a kidney stone)

Note: Diagnosis is to be entered by the Provider.

To display the Problems and Diagnoses section In Ambulatory Viewpoint:

Step	Action
1.	Click the Expand arrow on the right side of the band. 

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Medication List Component

The **Medication List** component displays the patient's current medications. It allows users to **Renew**, **Cancel/DC**, and **Complete** prescriptions from the **Ambulatory Summary** view.

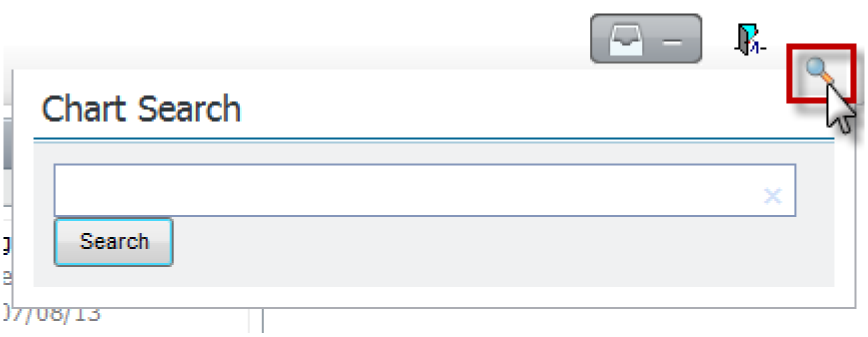
Note: The **Medication List** component is only for renewing, canceling, or completing medications. Reminder: This training addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description.

Review Medications

Chart Search Functionality

Chart Search functionality displays at the top of the **Ambulatory Summary** view. It functions the same way as using the **Chart Search** band in the Table of Contents.

Note: It only displays discrete results and terms.



Type your search term in the **Search** field. *Matching items display as you type.*

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AMB Custom Tab

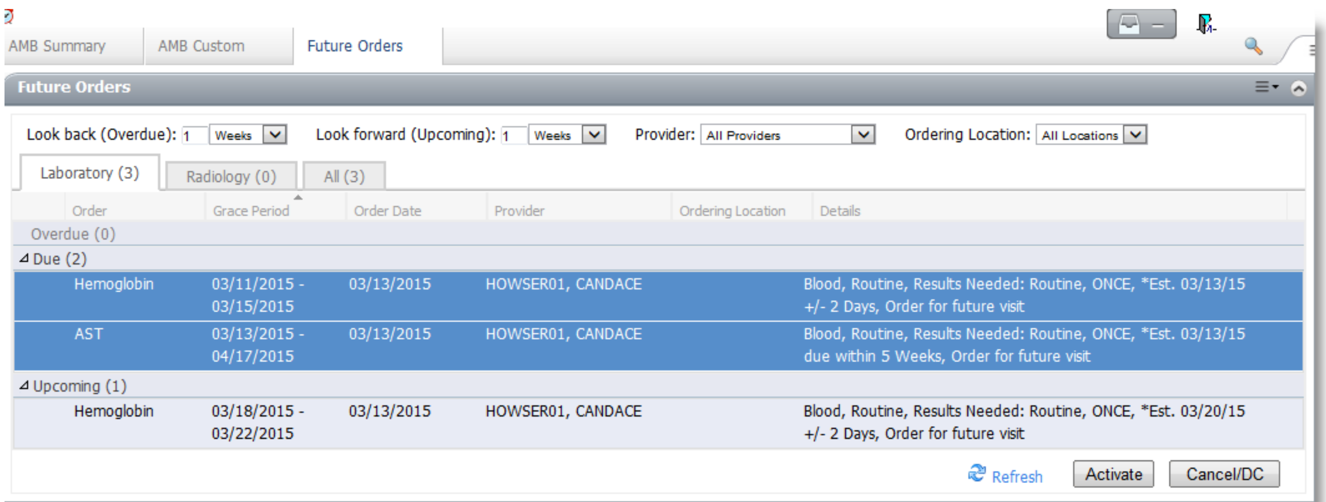
The Ambulatory Custom tab allows users to customize the following components:

- Allergies
- Patient Information
- Pregnancy History
- Procedure History.

Future Orders Tab

Future lab order functionality enables providers and support staff to enter departmental lab orders with a future date or timeframe for activation at a future office visit or IU Health Outreach Lab.

After future orders have been placed, the future orders tab is where these orders are shown, activated, or cancelled/DC'd.



Note: This reference guide addresses multiple functions in Cerner PowerChart. It is important that you only perform actions that align with your current job description

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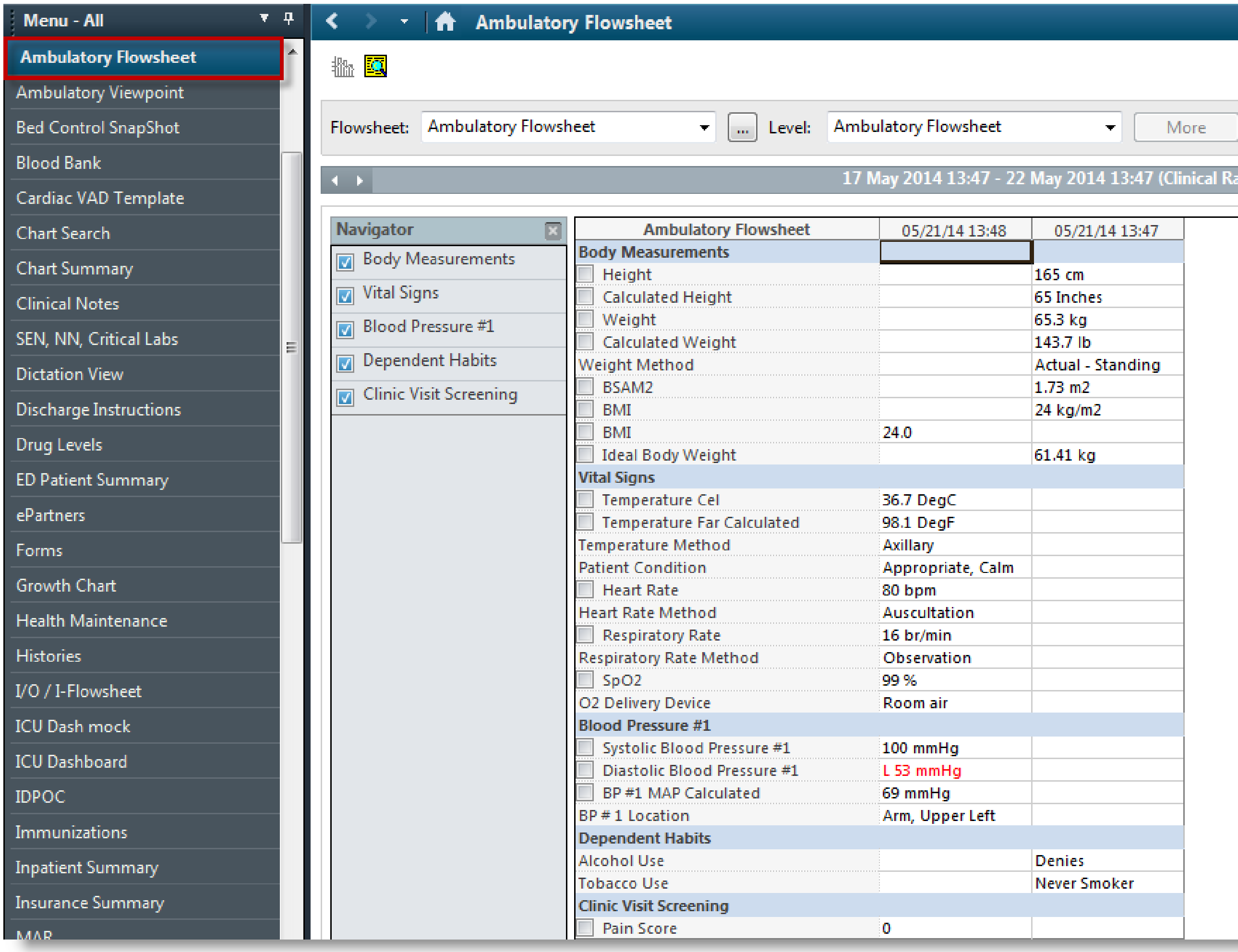
Ambulatory Flowsheet

Overview

Ambulatory Flowsheet is a view-only comprehensive overview of the patient's care. You will see items such as Vital Signs, Body Measurements, labs, and data from AdHoc forms.

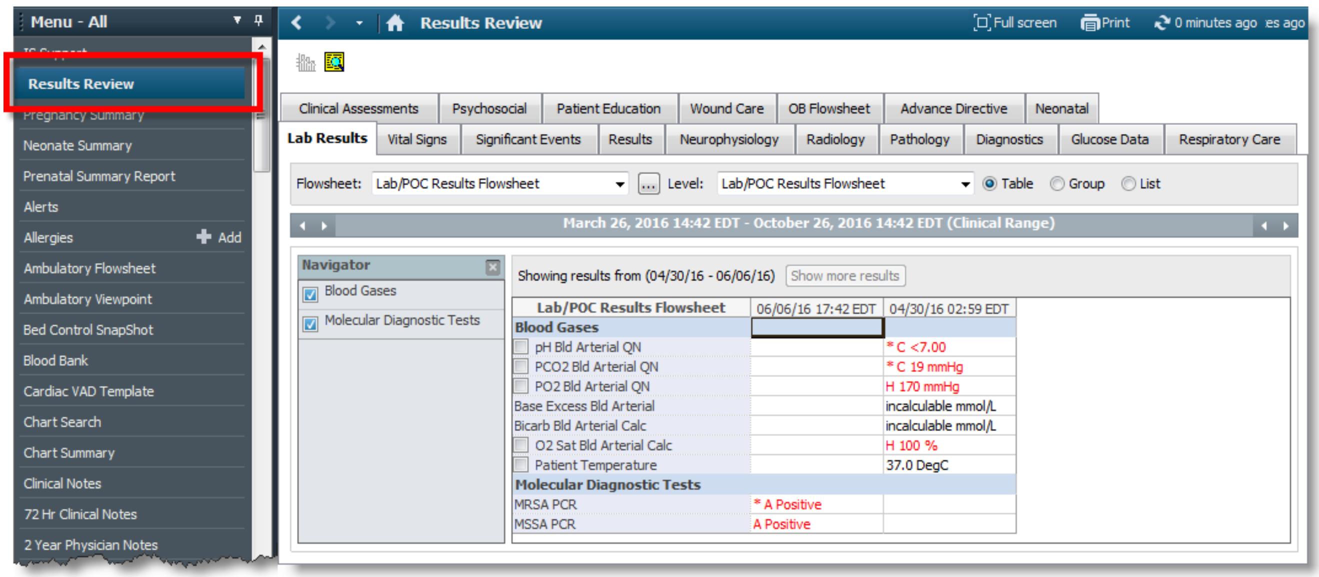


Results Review

Open the Results Review Section

The Results Review section contains data that is populated from multiple sections of the patient’s chart.

Step	Action
1.	Open the patient’s chart.
2.	Click the **Results Review** band. *The Results Review section displays with the Lab Results tab open.*



How to Interpret Font Color of Results

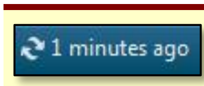
Each result displays in one of two formats:

- **Black text** = Non-critical results
- **Red text** = Critical, High/Low and Abnormal results.

Available Results to View

Results can come from charted data, completed forms, even feeds from other systems. The following are examples of information that can be found in **Results Review**:

- Vital Signs
- Admission History Flowsheet
- Perioperative Flowsheet
- Anesthesia Flowsheet



Note: To view the most up-to-the-minute information, click the **Refresh** button frequently.

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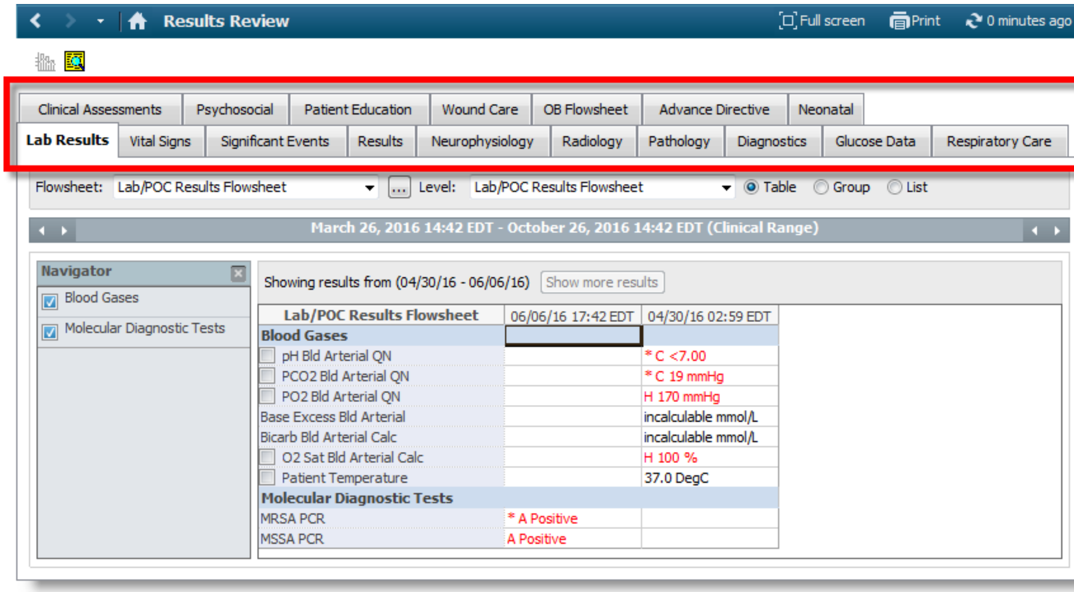
Use Results Review Tabs (Filters)

Each tab acts as a filter and displays only that specific type of clinical result – i.e., the Lab Results tab only displays lab results.



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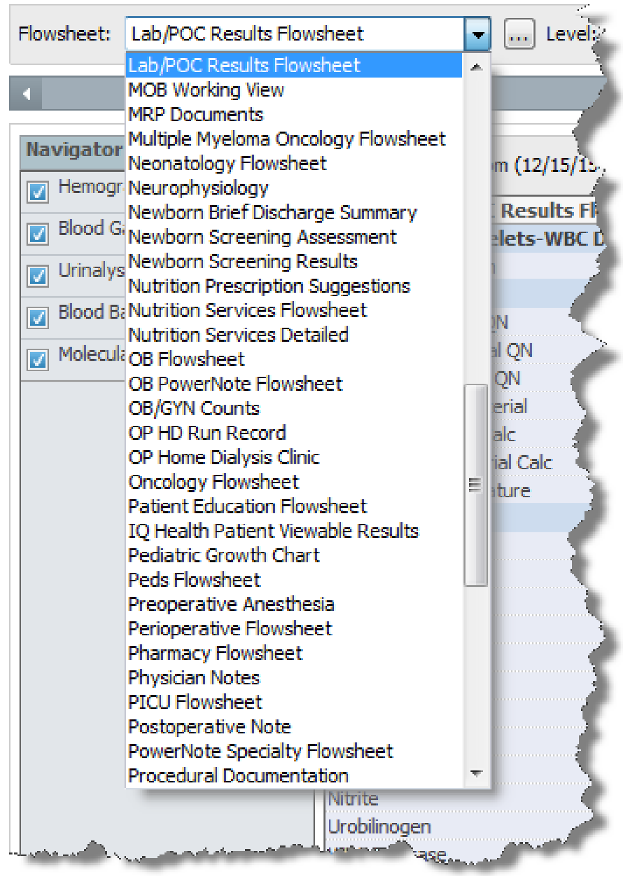
Flowsheet Type

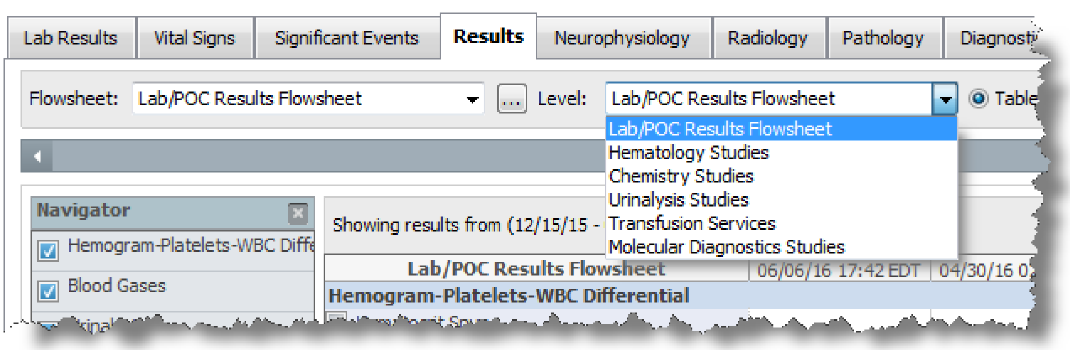
Specialty filters allow the user to quickly reduce the results being viewed to only those for a particular discipline – i.e., Anesthesia or Diabetic Clinic Flowsheet.

Step	Action
1.	Click the **Flowsheet** field drop-down arrow.
2.	Select a specialty filter. *The results are reduced to those returned for that specialty.*



Level Filters

Level filters allow the to reduce the results to those for a particular discipline.

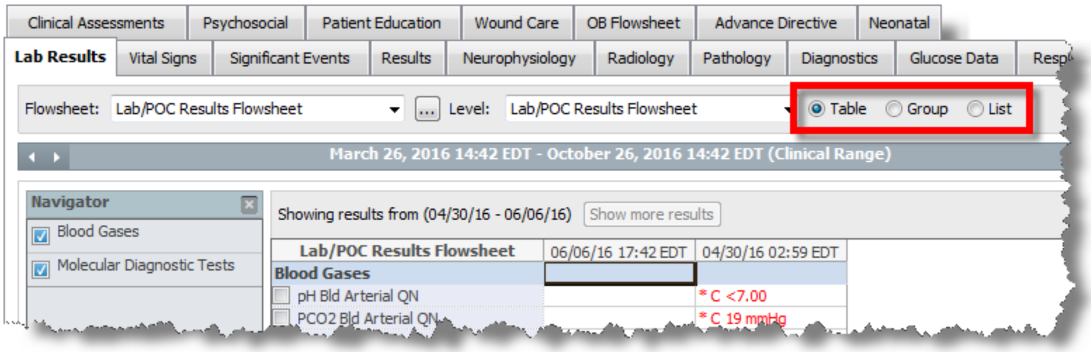


Step	Action
1.	Click the **Level** field drop-down arrow.
2.	Select a specialty filter. *The results are reduced to those returned for that specialty.*

Continued on next page

Display Options

Results can be displayed in a Table, Group, or List format, based upon a user's preference. The default view is Table, which displays a separate column for the set of results from each lab draw.



Step	Action
1.	Click the **Group** option button. *The lab results display in a Group format with the set of results from each lab draw grouped together.*
2.	Click the **List** option button. *The lab results display in a List format, displaying all labe results in a vertical column, the most recent at the top.*
3.	Click the **Table** option button. *The lab results display in the default Table format.*

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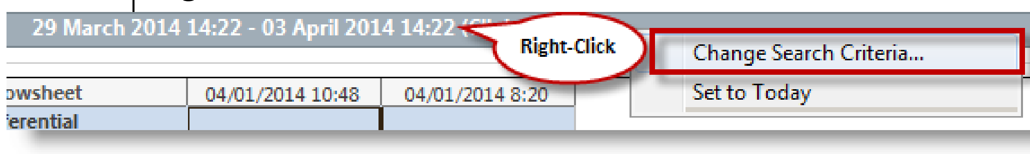
Expand Search Criteria on the Information Bar

On the **Results Review** band, the Clinical Range Information Bar defaults to the last 100 results (every piece of data, such as pulse, counts as a result). Therefore, all results may not be displayed, depending on how numerous a patient's results are. The Search Criteria, as displayed on the Clinical Range Information Bar, can be modified to look as far back as needed.

When setting search criteria, four (4) types are available:

1. Clinical Range
2. Posting Range
3. Result Count
4. Admission Date to Current Date

Step	Action
1.	**Right-click** on the **Clinical Range Information Bar**. 
2.	Select the **Change Search Criteria** command. *The Search Criteria dialog box displays.*
3.	Select a **Result Lookup** type.
4.	Modify the remaining criteria in order to return the results.
5.	Click the **OK** button.

Quickly Modify the Displayed Search Criteria

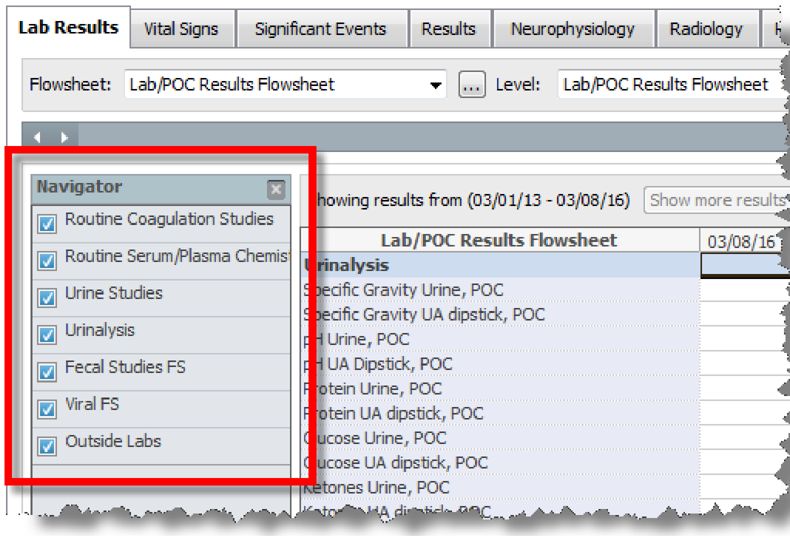
The search criteria range can also be quickly modified, using the expansion arrows on the left and right sides of the Clinical Range Bar:

Step	Action
1.	Click on the left and right arrows to shorten and expand the displayed type of search criteria.

Continued on next page

Use the Navigator

The Navigator provides quick access to the categories of available results. Check or uncheck the boxes to the left of each category to hide or view the category.

Step	Action
1.	Click a category near the bottom of the Navigator. *The results pane to the right, scrolls to the section clicked.* 
2.	Click the category check box to the left of the same category. *The results category is hidden.*
3.	Click the same category check box a second time. *The results category is re-displayed.*
4.	Click the the category at the top of the Navigator pane. *The results pane to the right, scrolls to the top category.*

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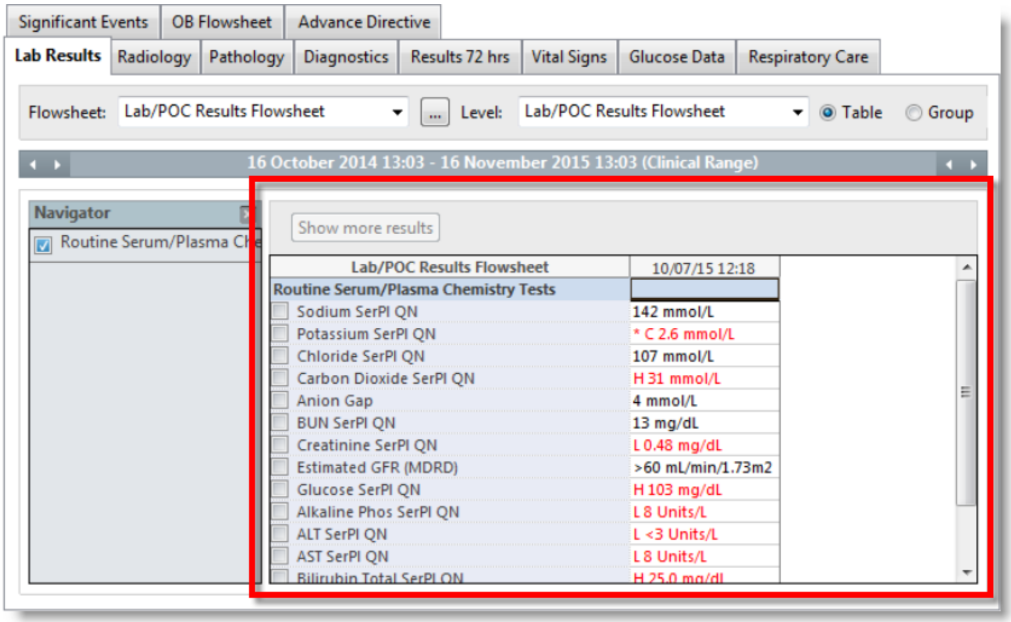
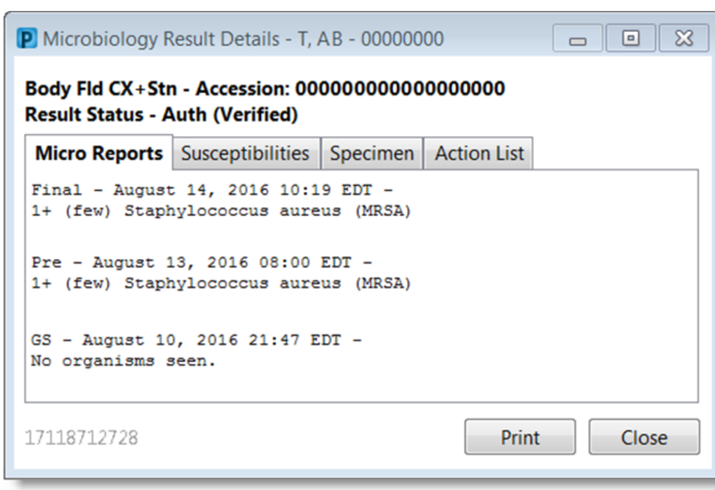
The Results Pane

Displays the results based on the tab, flowsheet and category selected.



View Result Details

More detail for any result can be viewed, including the result history and action list.

Step	Action
1.	**Right-click** on a result.
2.	Select the **View Details** command.  *The Result Details window displays.*
3.	Click the **Close** button.

Continued on next page

Print Results

Results may be printed from any of the Results Review flowsheets, utilizing either of the following two (2) options:

- Print an entire flowsheet
- Print a selected section of a flowsheet

Print an Entire Flowsheet

Step	Action
1.	Select the **tab** with the results to print.
2.	Click the **Print** button at the top, right of the Results Review window.
3.	Verify the appropriate printer.
4.	Click the **OK** button.

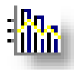
Print Specific Results

Step	Action
1.	Select the **tab** with the results to print.
2.	Select the specific results, using one of these methods: a. Click and Drag b. Ctrl + Click c. Click + Shift + Click
3.	Click the **Print** button at the top, right of the Results Review window.
4.	Verify the appropriate printer.
5.	Click the **OK** button.

Continued on next page

Graph Results

Numeric results may be displayed as a graph to quickly identify trends. These graphed results may also be printed.

Step	Action
1.	Select the **tab** with the results to be graphed.
2.	Select the **checkboxes** to the left of any results to be graphed. *Multiple checkboxes may be selected for one graph.*
3.	 Click the **Graph** icon in the top, left of the Results Review window. *The Flowsheet Graph displays the selected result(s) in graph format.*
4.	**Optional Step 4 for Multiple Results Charted** Click the **Combine** button. *Multiple results are displayed on one grid, rather than two or more.*
5.	**Optional Step 5 for Multiple Results Charted** Click the Split button. *Multiple results are split into individual graphs.*
6.	Click the **Close** button.

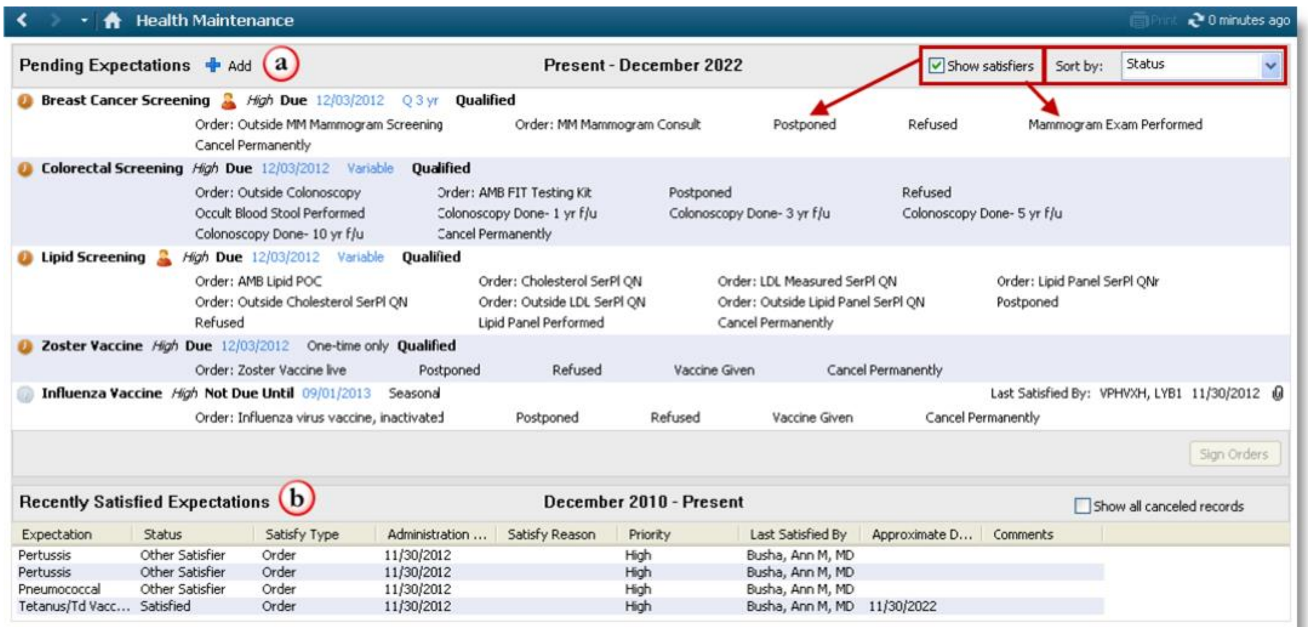
Health Maintenance

Overview

The Health Maintenance band provides a snapshot of generally recommended screening procedures and immunizations to maintain health and detect common problems for a healthy adult. The recommendations are specific to male or female and are based on age and sex. In addition, whenever a problem or diagnosis is documented in PowerChart, applicable expectations display on the Health Maintenance band. Expectations can also be manually added.

Note: IU Health's recommended Healthy Adult screenings and immunization schedules are based on recommendations from the U.S. Preventative Services Task Force (USPSTF).

The **Health Maintenance** band is divided into two sections:



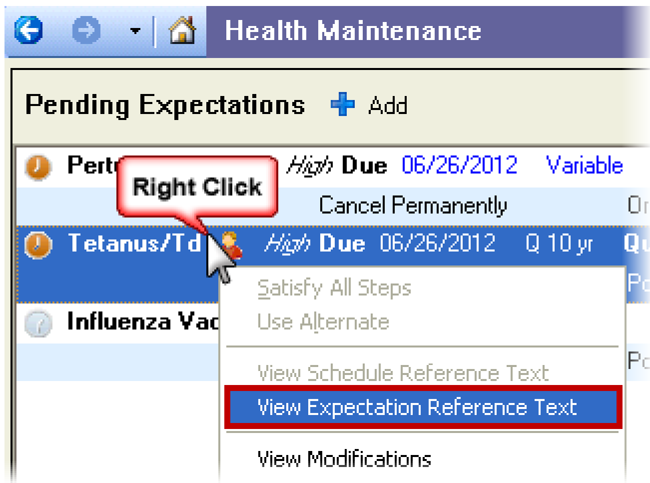
Part	Function
a **Pending Expectations**	Displays tests, procedures, and immunizations recommended for the patient starting from the current date to 10 years into the future. From this section, the user can satisfy a **Pending Expectation** by clicking on the appropriate **Satisfier**. **Note:** The display default is set to **Show satisfiers** and to sort by **Status**.
b **Recently Satisfied Expectations**	Displays **Expectations** that have been completed and documented in the last 2 years. **Note:** The last 2 years of **Satisfied Expectations** also pulls into **PowerNote**.

Continued on next page

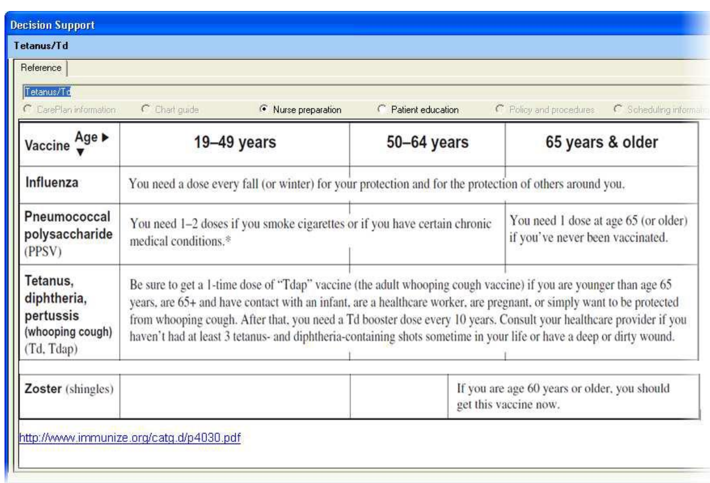
Health Maintenance Reference Text

Reference text is available for Health Maintenance schedules. Reference text is accessed by highlighting and right-clicking on a schedule.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click on the appropriate schedule (i.e. – Tetanus) to highlight it.</td></tr>
<tr><td>2.</td><td>Right-click the highlighted schedule.</td></tr>
<tr><td>3.</td><td>Select View Expectation Reference Text from the menu displayed.



A Decision Support screen for the selected schedule displays.



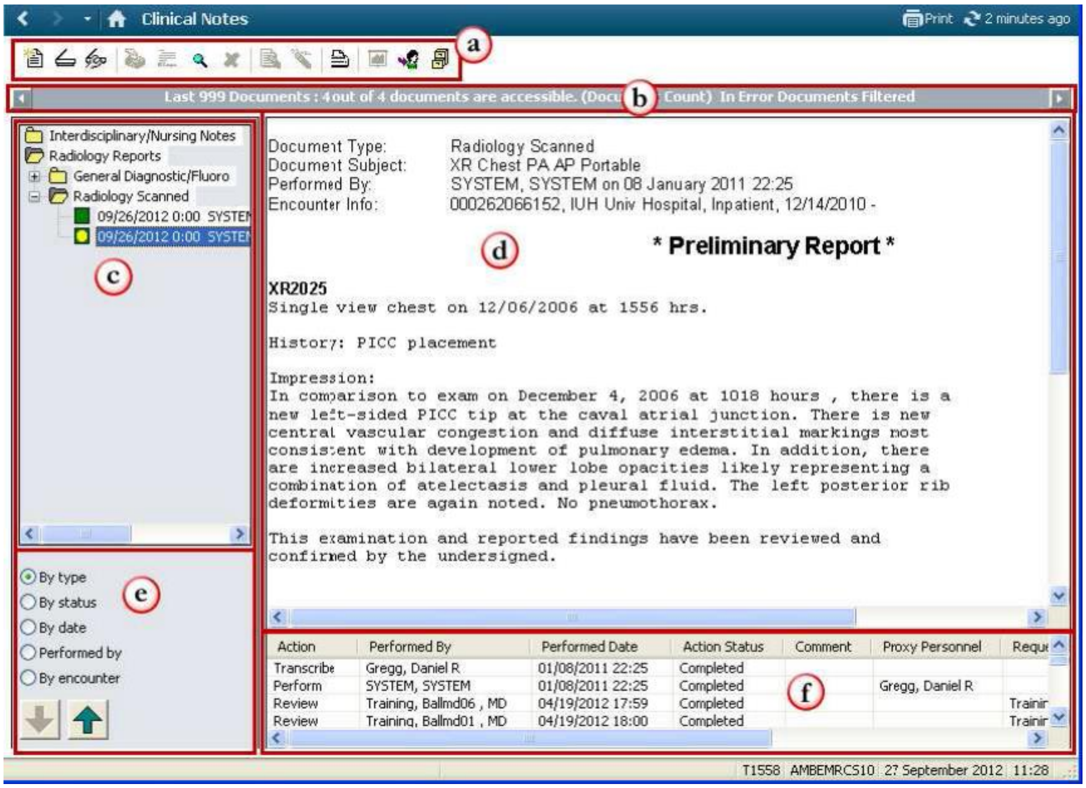
</td></tr>
<tr><td>4.</td><td>Click the OK button to close the Decision Support window.</td></tr>
</table>

Clinical Notes

Overview

Clinical Notes are used for reviewing scanned documents and Progress Notes. Documents currently stored in Clinical Notes for viewing include:

- Registration Documents
- Consent Forms
- Progress Notes



	Part	Function
a	**Clinical Notes Toolbar**	Allows users to **Add**, **Modify**, or **In Error** a **Clinical Note**.
b	**Search Criteria Bar**	Allows the user to select a different time frame for which to view documents/notes.
c	**Navigation Pane**	Provides a view of documents/notes contained within folders for a patient encounter.
d	**Results Pane**	Displays a selected document/note.
e	**Sort Options**	Allows users to sort all documents/notes by the selected criteria
f	**Details**	Displays the activities that have occurred during a document/note's lifecycle.

Continued on next page

Sort Options

e

Clinical Notes are stored in folders displayed in the Navigator Pane. Users can sort available documents by using the sort options in the bottom left-hand corner of the screen (see figure above, letter “e”).

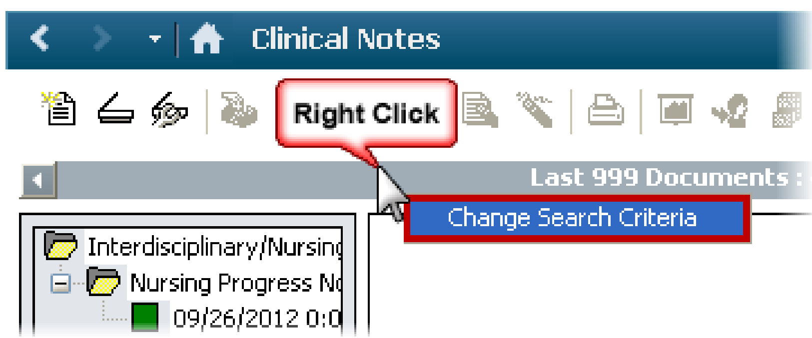
The options include:

- By type
- By status
- By date
- Performed by

Change Search Criteria

b

Search criteria filters can be changed if a document/note needing to be viewed is not displaying in the Navigator Pane.

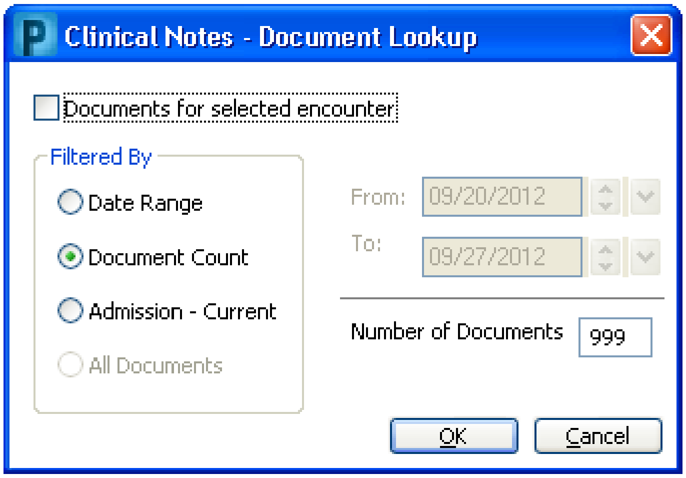
Step	Action
1.	Right-click the blue **Search Criteria Bar**.
2.	Click **Change Search Criteria.**  *The **Document Lookup** window displays.*

Continued on next page

Change Search Criteria (continued)

continued from previous page…

3. Change the desired search criteria.



Clinical Notes can be filtered by:

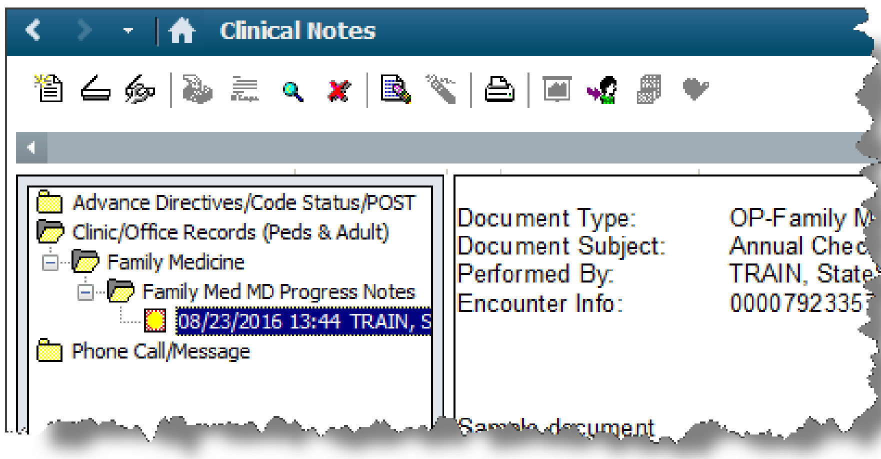
- Date Range
- Document Count
- Admission-Current
- **All Documents** for a selected encounter if the **Documents for selected encounter** checkbox is checked

4. Click **OK** to save.

Continued on next page

View a Clinical Note

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click the Clinical Notes band in the Table of Contents.
A list of all available folders display based on the search criteria filter.</td></tr>
<tr><td>2.</td><td>Double-click the applicable folder icon.
The folder opens to displays it's contents – clinical note documents or more folders.
In the example, below, in order to open the highlighted note, it was necessary to open
a. First, the Clinic/Office Records (Peds & Adult) folder.
b. Then Family Medicine folder.
c. And finally, Family Med MD Progress Notes folder to access the clinical note in the last folder.



Note: If No Results Found displays in the document tree, change the search criteria via the blue Search Criteria Bar.</td></tr>
<tr><td>3.</td><td>Double-click each successive sub-folder icon until the clinical notes being searched for are listed beneath the opened folder.</td></tr>
<tr><td>4.</td><td>Double-click the clinical note.
The note displays in the Results Pane to the right (letter "d" - d, diagram in Clinical Notes, Overview, above).</td></tr>
</table>

Continued on next page

Set Document Type Preference

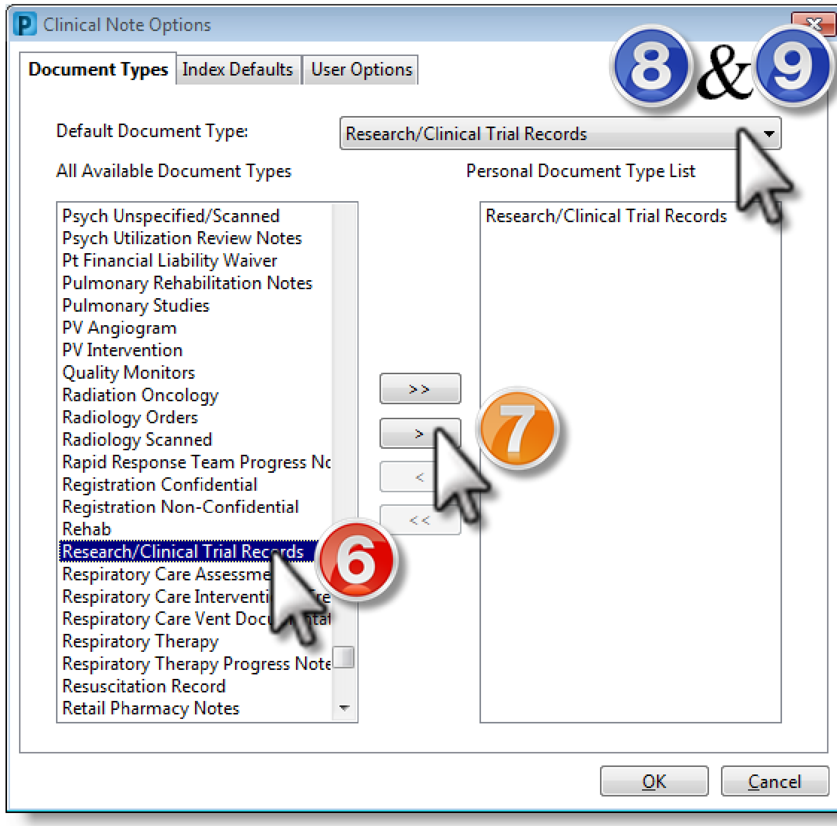
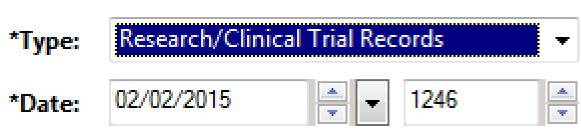
It is most often beneficial to set a specific type of document as the default clinical note. The type of note selected, when creating a new clinical note, determines in which folder the new note is stored in the Clinical Notes page on the patient's chart.

In the following example, the guide illustrates how to set Research/Clinical Trial Records as the default document type.

Step	Action
1.	Open a patient's chart.
2.	Click on the **Clinical Notes** band. *The Clinical Notes page displays, to the right.*
3.	Click on the **Documents** menu at the top of the window.
4.	Click on the **Options** command. *The Clinical Note Options dialog box displays.*
5.	Scroll to locate the **Research/Clinical Trial Records** option in the **All Available Document Types** list (*screen shot, next step, next page*).

Continued on next page

Set Document Type Preference (continued)

continued from previous page...	
6	Click to select the **Research/Clinical Trial Records** type. 
7	Click the single right-pointing arrow between the two panes. *The selected Research/ Clinical Trial Records type is moved into the Personal Document Type List pane, on the right.*
8	Click on the **Default Document Type** field drop-down arrow.
9	Click to select the **Research/Clinical Trial Records** option.
10.	Click on the **OK** button. *When the Add button is clicked to create a new clinical note, the Type field defaults to Research/Clinical Trial Records.* 

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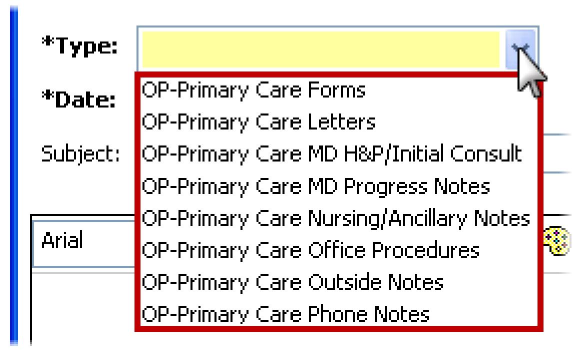
Add a Clinical Note

Clinical Notes can be used for documenting letters to patients or for notes that are not facilitated by a form, procedure, or other notes.

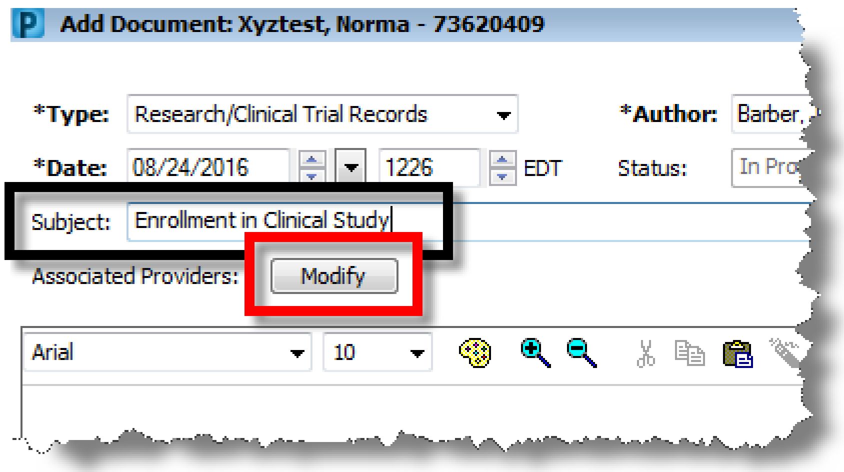
Note: Be sure to select the correct document type. The document type selected determines where the note is saved and stored.

Step	Action
1.	Click the **Add** icon located in the **Clinical Notes** toolbar. *The Add Document window displays.*
2.	Designate the note **Type** to be used: a. Accept Default Document Type (*see above section*). i. .Skip to step 3. b. Select a different Type: i. Click the drop-down arrow in the **Type** field. ii. Select the appropriate note type from the list displayed. 
3.	Verify the author's name is the person who is signed into **PowerChart**.
4.	Change the author's name, if needed.
Optional 5.	Search for and select the appropriate physician's name if the scanned document needs to route to the provider's Inbox to be reviewed and signed.
6.	Enter definitive, succint subject for the note in the **Subject** field.
7.	Type the note detail in the white free text area.
8.	Click **Sign**. *The View New Document window displays.*
Optional 9.	Select the checkbox next to "**Remember my selection and do not display this message again**" to automate that all new notes display upon signing.
10.	Click **Yes**. *The new note displays in the Result Pane, to the right.*

Continued on next page

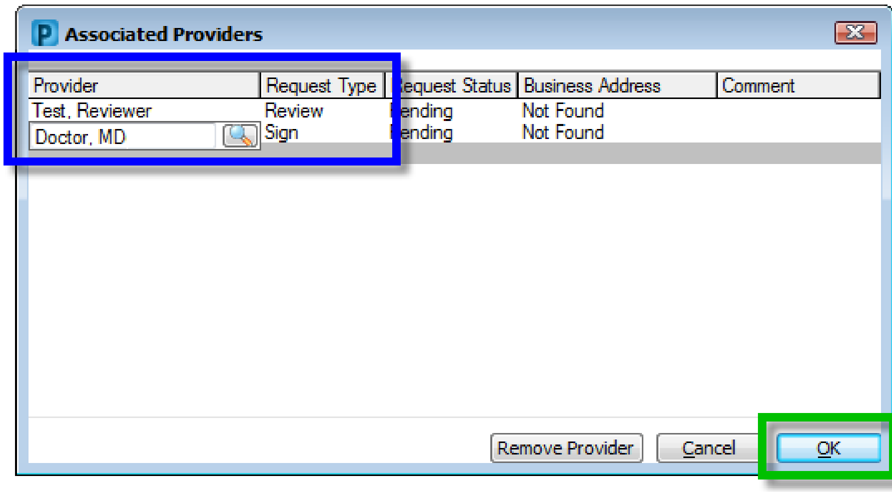
Request Review of Treating Provider

Any clinical note can be forwarded to other clinicians for review and signature. For example, upon completion of a clinical research enrollment a note can be forwarded to the treating physician to inform them of the patient's enrollment and to the principal investigator for study oversight.

Step	Action
1.	Start a new clinical note.
2.	Enter a definitive, concise **Subject**. 
3.	Click the **Modify** button. *The Associated Providers dialog box displays (see screen shot, next page).*

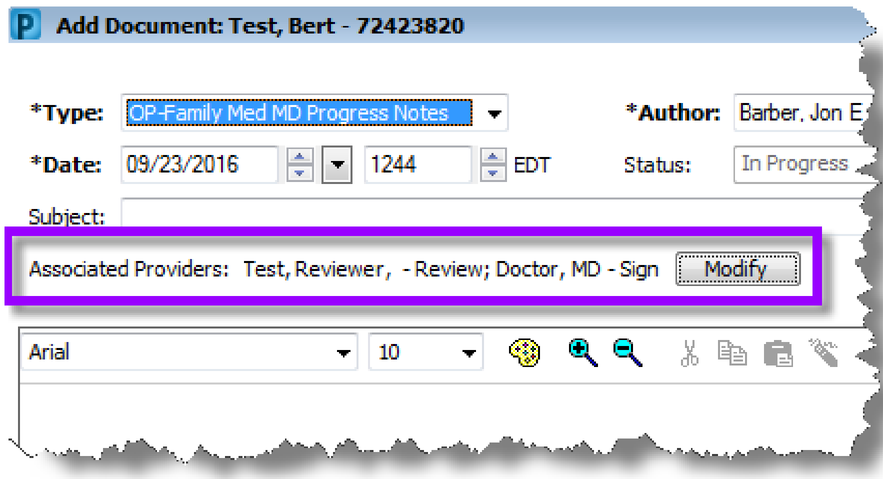
Continued on next page

Request Review of Treating Provider (continued)

continued from previous page...	
Event	*The Associated Providers dialog box displays.* 
4.	Click the Search button (small blue magnifying glass) in the Provider column. *The Provider Selection dialog box displays.*
5.	Search for the **Reviewer**. *The Provider Selection dialog box displays.*
6.	Select the **reviewer**.
7.	Click the **OK** button. *The Provider Selection dialog box closes.*
8.	Click the Search button a second time.
9.	Search for the **Provider**.
10.	Select the **provider** to sign the note.
11.	Click the **OK** button. *The Provider Selection dialog box closes.*
12.	Click the **OK** button. *The searched for reviewer and provider's names display next to the Associated Providers label (see screen shot, next page).*

Continued on next page

Request Review of Treating Provider (continued)

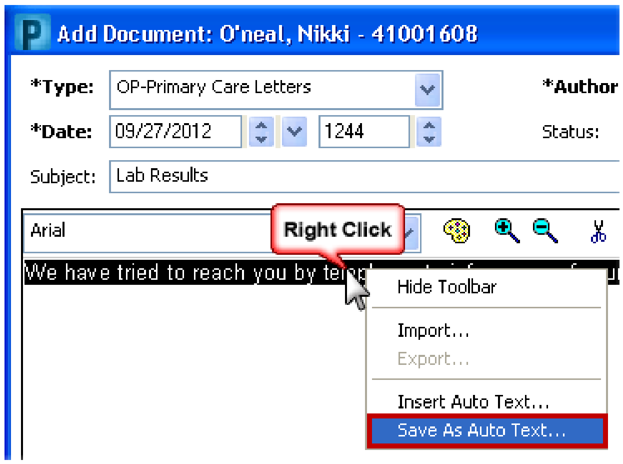
continued from previous page...	
Event	*The searched for reviewer and provider's names display next to the Associated Providers label.* 
13.	Complete the clinical note.
14.	Click the **Sign** button. *The associated provider receives an inbox message to review the clinical note.*

Continued on next page

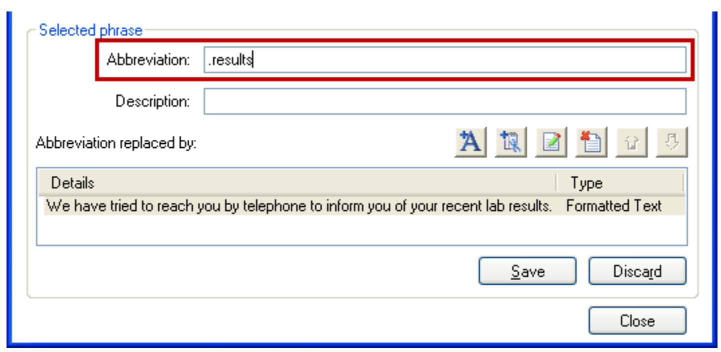
Create Auto Text

Auto Text is a time-saving feature. It allows the user to set up key words or phrases that can easily be accessed to quickly populate a note being created.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Add a new Clinical Note.</td></tr>
<tr><td>2.</td><td>Type the text to be saved as Auto Text in the body of the note.</td></tr>
<tr><td>3.</td><td>Highlight the entered text.</td></tr>
<tr><td>4.</td><td>Right-click the highlighted text.</td></tr>
<tr><td>5.</td><td>Select Save as Auto Text from the menu.



The Manage Auto Text window displays with the typed text under Details in the Abbreviation replaced by field.</td></tr>
<tr><td>6.</td><td>Type a name for the auto text beginning with a period. (i.e. – .results) in the Abbreviation field.

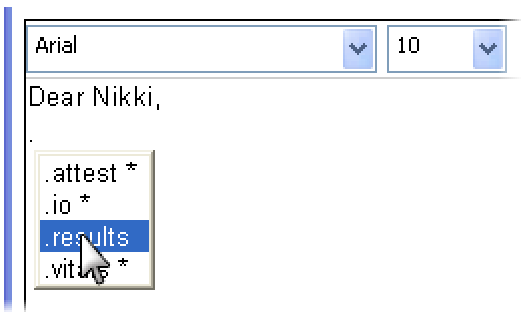


Note: Enter a Description for more clarification when inserting Auto Text.</td></tr>
<tr><td>7.</td><td>Click the Save button.</td></tr>
<tr><td>8.</td><td>Click the Close button when finished.</td></tr>
</table>

Continued on next page

Insert Auto Text

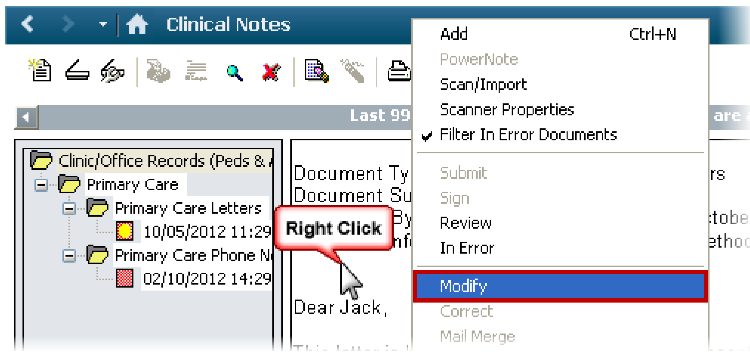
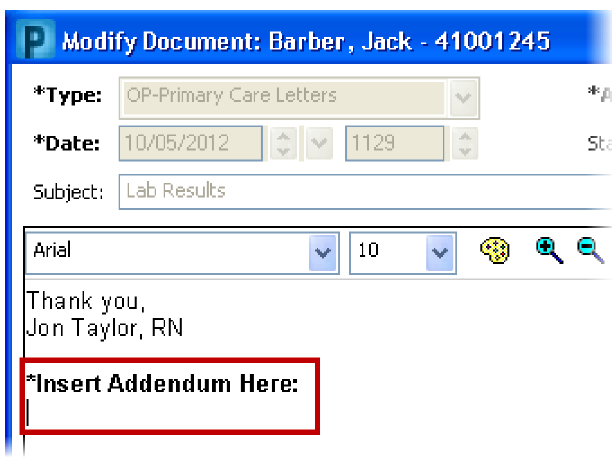
Once **Auto Text** has been created, it can easily be accessed and inserted for quicker documentation of **Clinical Notes**, **PowerNotes**, and **Messages**.

Step	Action
1.	Place the cursor in the location to insert the **Auto Text**.
2.	Type a period, ("**.**"). *The Auto Text abbreviation list displays.* **Note:** Users can also right-click and select **Insert Auto Text**.
3.	**Double-click** on the appropriate abbreviation.  *The auto-text is placed in the body of the note.* **Note:** This same list of auto text is also available in **PowerNotes** and **Message Center**.

Continued on next page

Modify a Clinical Note

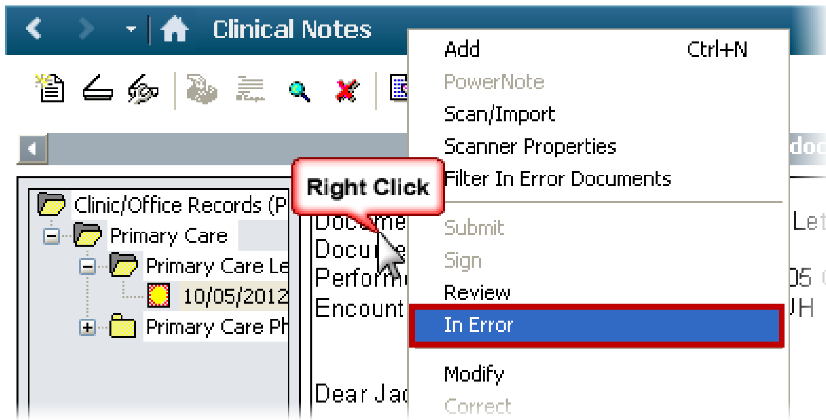
Once a **Clinical Note** has been created, it can be modified to add additional information.

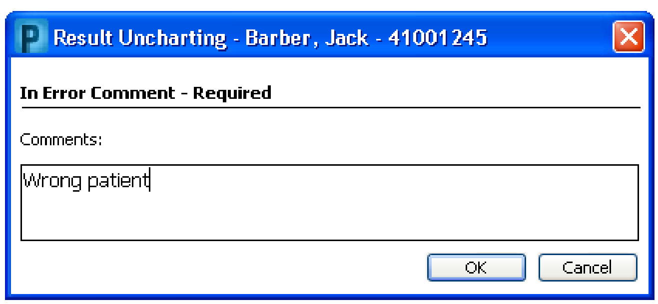
Step	Action
1.	Open the **Clinical Note** to be modified.
2.	**Right-click** on the note text. 
3.	Select **Modify**.
4.	Enter the additional note below the "**Insert Addendum Here**" instructions. 
5.	Highlight any original text to be removed.
6.	Click the **Strike through** button on the toolbar.
7.	Click **Sign** when finished.

Continued on next page

Mark a Clinical Note In Error

Clinical notes entered in error (i.e. – on the wrong patient) can be uncharted.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Open the Clinical Note to be uncharted.</td></tr>
<tr><td>2.</td><td>Right-click on the body of the note.</td></tr>
<tr><td>3.</td><td>Select In Error.


The Result Uncharting window displays.
Note: Rather than right-click and clicking In Error, the user may simply click the red on the Clinical Notes toolbar.</td></tr>
<tr><td>4.</td><td>Type a reason for uncharting the note in the Comments field.

</td></tr>
</table>

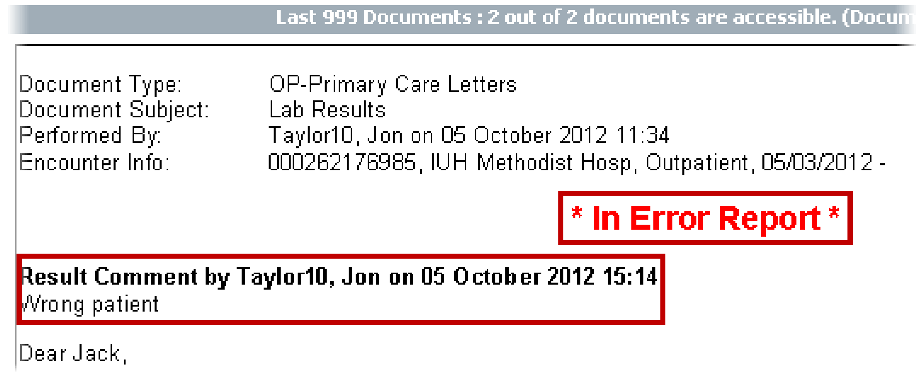
Continued on next page

Clinical Notes, Continued

Mark a Clinical Note In Error
(continued)

continued from previous page…	
5.	Click **OK** when done.

The open note displays ****In Error Report**** *and a Result Comment at the top of the note.*

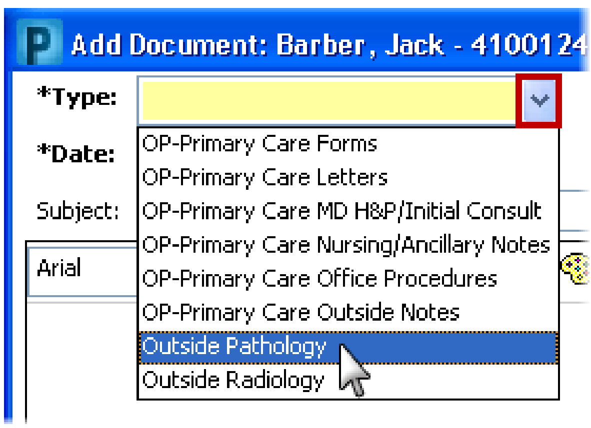


Note: The uncharted note displays a red icon with an **X** on it in the Navigator Pane when the filter "**Filter In Error Documents**" is not selected.

Continued on next page

Scan Documents into Clinical Notes

Paper documents obtained during the clinic visit or documents received from non-IU Health facilities may be scanned into PowerChart from the Clinical Notes band. At the end of this process the user will be given the option to forward this note to another for review.

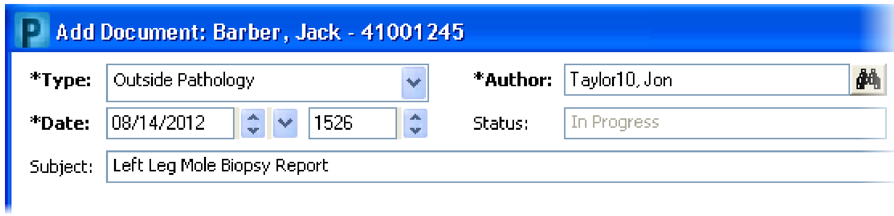
Step	Action
1.	Click the **Scan** icon in the **Clinical Notes** toolbar. *The Add Document window displays.*
2.	Click the drop-down arrow in the **Type** field. *A list of note types displays.*
3.	Select the appropriate note type (i.e. – Outside Pathology). 
4.	Verify the author’s name is the person who is signed into PowerChart. **Note:** Select the appropriate physician’s name if the scanned document needs to be signed by a provider.
5.	Enter the original date of the document being scanned in the **Date** field. **Note:** The date may be outside the parameters of the selected encounter’s date of service. A future date cannot be selected.

Continued on next page

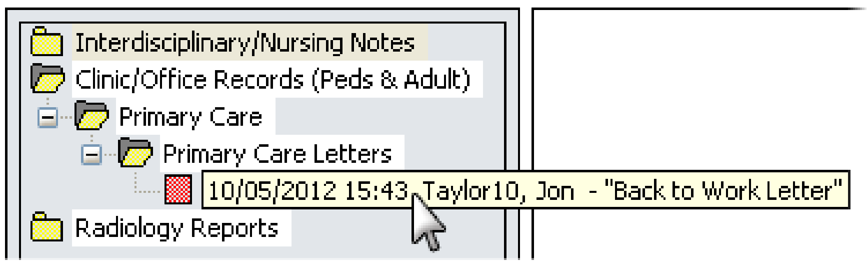
Scan Documents into Clinical Notes (continued)

continued from previous page…

6. Type a brief title in the **Subject** field.



Note: It is particularly important to give each document a definitive **Subject** when scanning documents. The **Subject** displays when using the “hover” feature in **Clinical Notes**, which facilitates document searching in the future.



7. Load the document into the appropriate scanner.

8. Click the **Scan** button located in the lower right-hand corner.

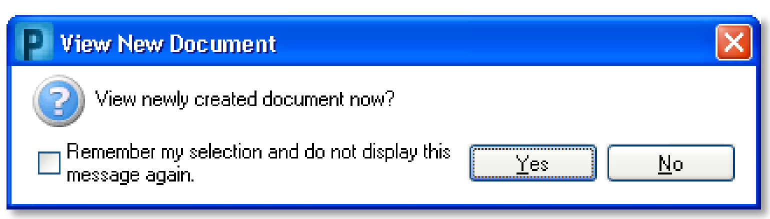
   The document displays in the Add Document window.

9. Verify the scanned document displays correctly.

   Note: Click the **Cancel** button if the document needs to be rescanned.

10. Click the **Sign** button when finished.

    The View New Document window displays.

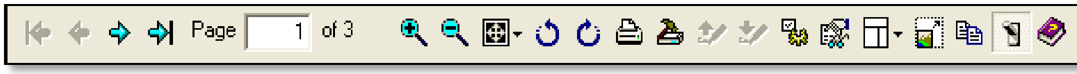


11. Make the decision to view or not to view the scanned document.
    - Click **Yes** to “**View the newly created document now**”.
    - Click **No** to close the window.

Continued on next page

Options for Viewing Scanned Documents

When viewing scanned documents, use the document control options at the **bottom of the screen** to move from page to page, zoom in and out, or rotate the document as necessary.

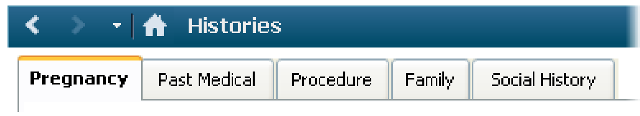


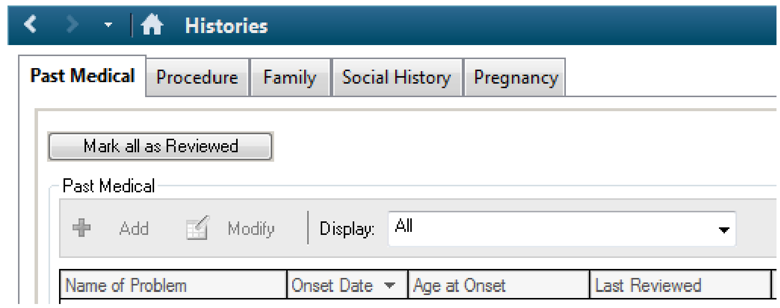
Histories

Overview

The **Histories** band is a single area to document and review the following patient historical data:

- **Pregnancy**
- **Past Medical**
- **Procedure**
- **Family**
- **Social History**



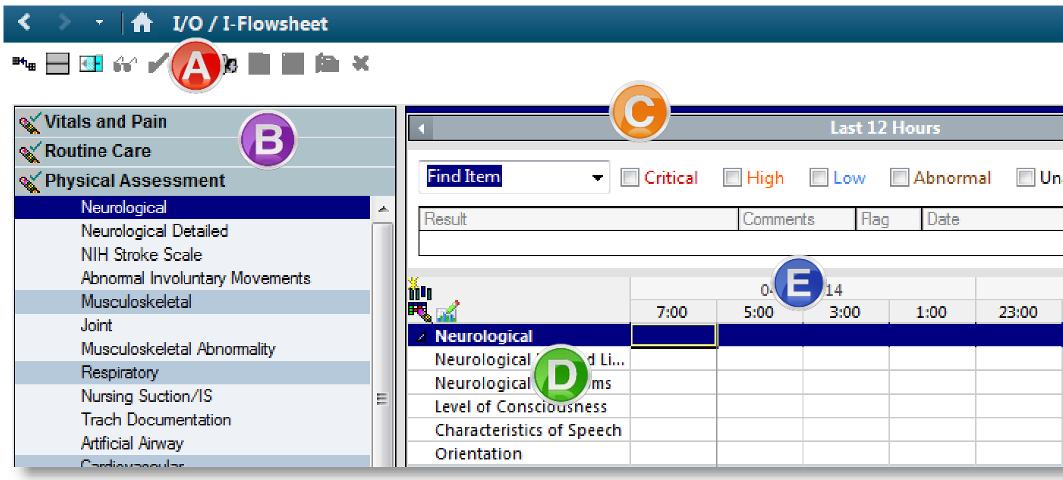


Note: Information entered in the **Histories** section of the chart can be auto-populated in a **PowerNote** when selected. See the **PowerNote** section of this guide for specific instructions.

I/O / I-Flowsheet

Overview

The I/O / I-Flowsheet (I-Flowsheet) facilitates clinical documentation. Clinicians use the I-Flowsheet to document patient related clinical data such as head to toe assessments, vital signs, safety measures, intake/output, etc. The window is divided into several sections.



Section	Defintion / Function
A	**I/O / I-Flowsheet Tool Bar** Contains icons used in working with the I/O / I-Flowsheet. For example: the green checkmark is used to sign documentation and the cancel icon is used to cancel unsigned documentation.
B	**Documentation Bands/Navigator** Keep I/O / I-Flowsheet organized into documentation categories such as Vitals, intake and output, patient education, etc.
C	**Information Bar** Indicates current time view. The timeframe can be changed by right-clicking on the information and changing the time parameters.
D	**Documentation Sections** Within each Documentation Band, there are multiple sections to further organize documentation on the I/O / I-Flowsheet. Charting patient information is done a section at a time; i.e. vital signs.
E	**Time Frame Columns** The default view on the I/O / I-Flowsheet is hourly. The most recent time is on the left going in reverse chronological order.

Continued on next page

The MAR (electronic Medication Administration Record)

Introduction

MAR stands for Medication Administration Record and is considered the "source of truth" for all medications. Sometimes the MAR is referred to as the "eMAR," the electronic Medication Administration Record.

Step	Action
1.	Notice that the MAR defaults to the **Time View**. *The eMAR is a 24-hour medication view. It defaults to the Time View in the navigation pane on the left. This provides time-based columns to view medications for a patient.*
2.	Click the **Route View** button, at the bottom of the navigation pane. *View changes to reflect Route View.*
3.	Click the **Therapeutic Class View** button. *View changes to reflect Therapeutic Class View. Can view Beta Blockers from this view.*
4.	Click the **Plan View** button. *This will display meds within each plan.*
5.	Click back on the **Time View** button.

eMAR Page Details

The first column lists the Medication Orders. Under each medication are the details of the order for that administration. If you see an ellipsis (3 dots) at the end of the details that means there are more details to be seen. You can hover over the details section to see all details.

Since the MAR is a 24-hour medication sheet, **task boxes are seen for whenever a dose is due**. For example, the Cefazolin is ordered Q8H, so there is a task box for 0600, 1400, etc.

If a task box is red it means the medication is overdue. A medication is considered late if it is 61 minutes past due. Blue task boxes are current or future doses.

Scheduled medications have a blue background and tasks remain in the time column for when they are due, until they are actually charted against. After being charted, they move to a column for the time they were actually administered.

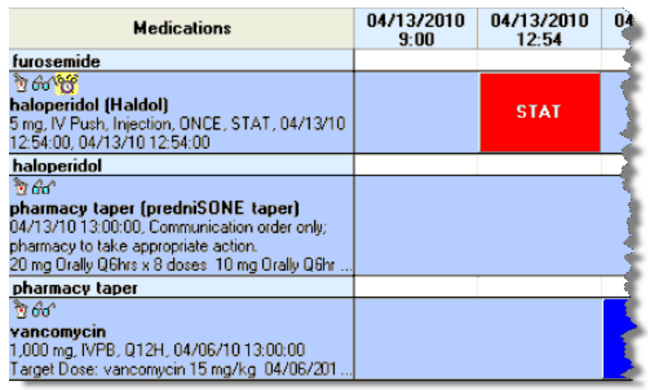
Continued on next page

eMAR Page Details (continued)

Unscheduled, PRN, and Continuous Infusions are not timed, so those task boxes float along the current time column – which is the yellow column. When a Scheduled Medication is charted, the task box disappears and an administration result appears. For Unscheduled, PRN, and Continuous Infusions the task box does not disappear, but the words "Last given" and the date and time it was given appears.

Continuous Infusions are displayed on a blue background, just like Scheduled Medications.

PRN medications are displayed on a green background. Users can either scroll to the PRN meds in the Medication List or click the green PRN button in the navigation pane.



Note: The Task Box for a PRN remains, allowing for more doses, as appropriate.

Discontinued medications display with a gray background. This is where information on previously ordered medications that have been discontinued is listed. And don't forget that one-time orders are discontinued as soon as they are given so they appear in the gray area, as well.

Unscheduled medications display with an orange background.

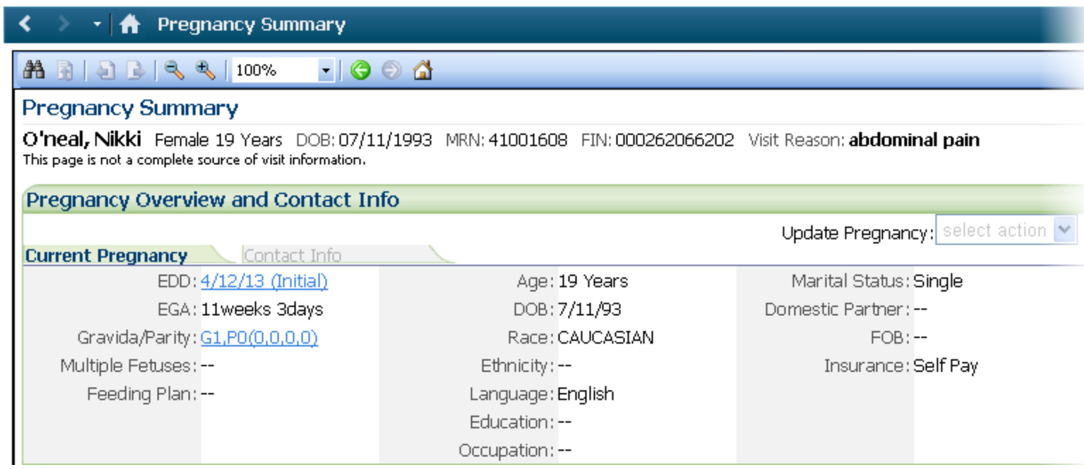
STAT Medication Orders
If the provider orders a medication order with a priority of **STAT**, the medication task box is red with "**STAT**" displayed in the task box. **STAT** orders are always **ONCE** orders. If there is a continued need for the medication, a separate order must be entered.

Pregnancy Summary

Overview

The Pregnancy Summary band provides a quick overview of information relevant to pregnancy. It captures and displays data from the diagnosis of pregnancy through the postpartum period for the patient’s current and previous pregnancies.

IMPORTANT: Users will only be able to see the start and end date of the pregnancy. The onset date is the beginning of their pregnancy starting at their last menstrual period (LMP) and ending two weeks post-delivery. Anything that happens with the patient during the 9 months they are pregnant will show up on the Pregnancy Summary. Anything before the onset date does not show up on the Pregnancy Summary.



Continued on next page

Pregnancy Summary, Continued

Navigate the Pregnancy Summary Section

All sections on the Pregnancy Summary screen link to other tabs. Hover the mouse over the section titles to view the tabs they link to when clicked.

Section	Description
Pregnancy Overview and Contact Info	**Current Pregnancy tab**: Displays current pregnancy information, such as EDD, EGA, Gravida/Para, as well as age, race, and body measurements. Allows the user to cancel, close and modify the pregnancy from the Update Pregnancy drop- down box. **Contact Info tab**: Displays the patient's address, emergency contact, and primary physician information.
Ambulatory Flowsheet	The **Ambulatory Flowsheet** section displays data (i.e. – Weeks Gestation, Fundal Height) that is specific to the Ambulatory clinic's workflow.
Inpatient Flowsheet	The physician customizes date points the physician wants to see. The **Inpatient Flowsheet** link launches to the **Task View** section on the **I/O / I-Flowsheet** band.
Results Timeline	An interactive timeline that displays data by trimester. Color bars display when there is activity related to patient **Visits**, **Labs**, and **Ultrasounds**. **Results Timeline** is hyperlinked to **Results Review**.
EDD Maintenance	Displays the initial and final EDD/EGA. Also allows the user to add an EDD/EGA by LMP from here.
Fetal Monitoring	Launches to historical strips.
Genetic Screening	Displays the patient's genetic history. This information is collected from the mother's family history. The link launches history controls.
Home Medications	Displays home medications that have been documented on the patient. The **Home Medications** link launches to the **Medication List** band to document new or update current home medications.
Medications	Displays scheduled, continuous and PRN medications that have been ordered for the patient. It also displays administered, suspended, and discontinued medications. The **Medications** link launches to the **MAR** band.

Continued on next page

Navigate the Pregnancy Summary Section (continued)

Continued from previous page…	
Documents	Displays any type of note outside of OB notes (i.e. - nursing notes, progress notes, physician notes, etc). Click on the **Date/Time** hyperlink next to a note to display the note. The **Documents** link launches to the **Clinical Notes** band.
Birth Plan	Displays birth plan information documented on the **Birth Request** PowerForm. The **Add** button launches the **Birth Request** PowerForm.
Pregnancy History	Displays previous pregnancy information. The **Pregnancy History** link launches to the **Pregnancy** tab on the **Histories** band.
Problems	Displays problems documented on the patient. The **Problems** link launches to the **Problems and Diagnosis** band.
Past Medical History	Displays past medical history documented on the patient. The **Past Medical History** link launches to the **Histories** band. Click the **Past Medical** tab to access and/or enter past medical information.
Procedure History	Displays the procedure history documented on the patient. The **Procedure History** link launches to the **Histories** band. Click the **Procedure** tab to access and/or enter information.
Social History	Displays the social history (i.e. – alcohol, substance, and tobacco usage) documented on the patient. The **Social History** link launches to the **Histories** band. Click the **Social History** tab to access and/or enter information.
Diagnostics	Displays any diagnostic test or procedures results performed on the patient. The **Diagnostic** link launches to the **Result Review** band. Click the **Diagnostics** tab to view additional information.
Labs	Displays lab results performed on the patient. The **Lab** link launches to the **Result Review** band to view additional information. Click the **Lab Result** tab, if necessary, to view additional information.
Microbiology	Displays microbiology results performed on the patient. The **Microbiology** link launches to the **Result Review** band to view additional information.
Pathology	Displays pathology results performed on the patient. The **Pathology** link launches to the **Result Review** band to view additional information. Click the **Pathology** tab to view additional information.

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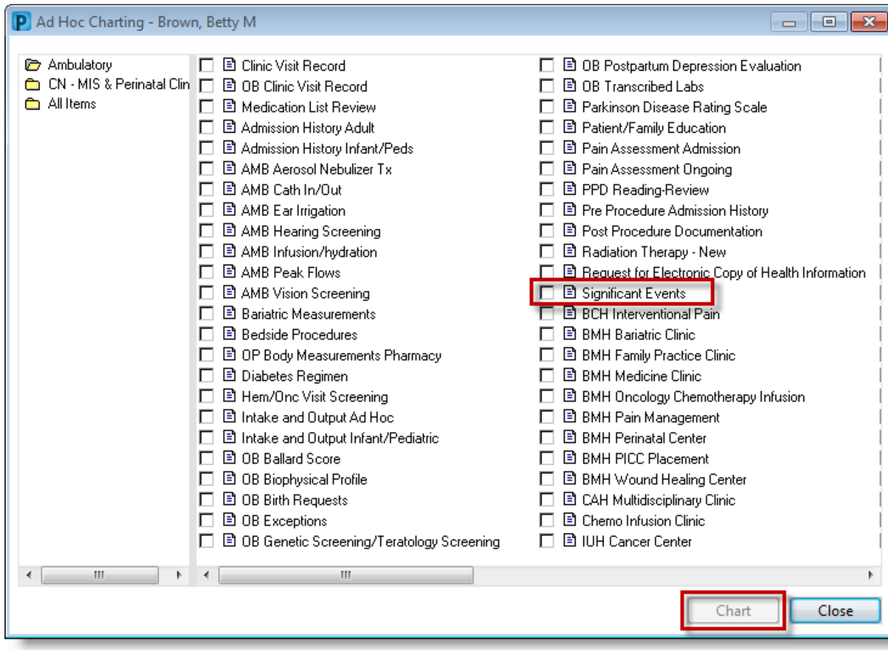
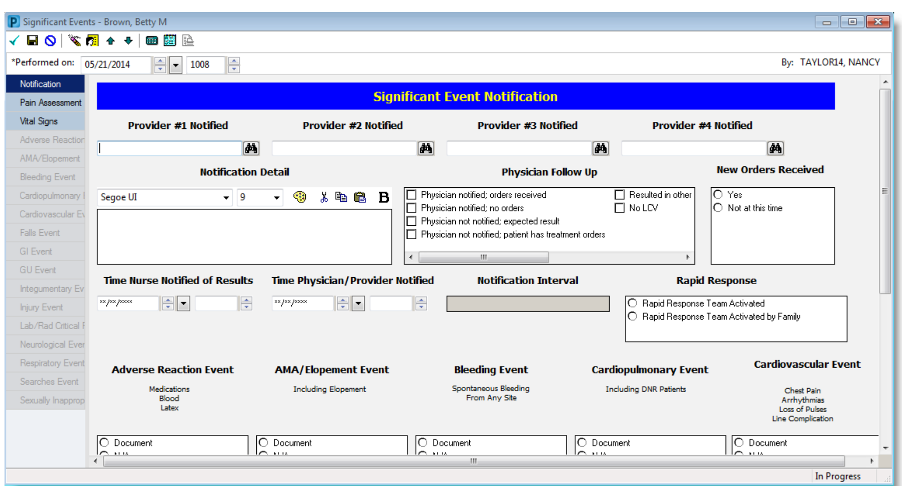
Significant Events

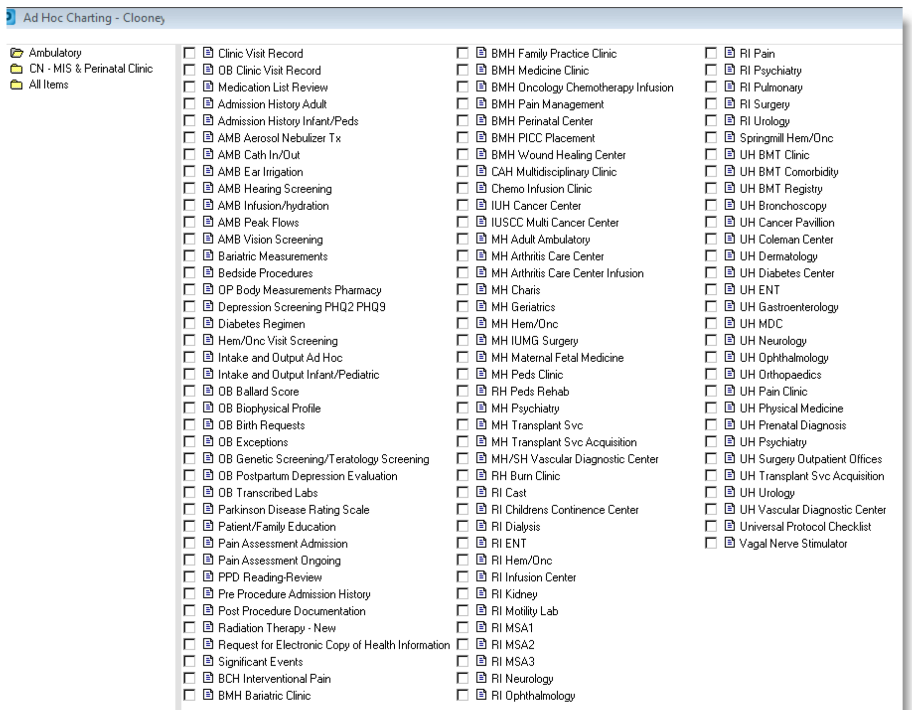
Complete a Significant Events Form

Step	Action
1.	 Click the **AdHoc** button in the PowerChart toolbar.
2.	Select the checkbox for **Significant Events** and then. 
3.	Click the **Chart** button.
4.	Fill out any necessary fields and. 
5.	Click the **Sign** (green checkmark).

Charge Forms

Access a Charge Form

These instructions are for a Hospital facility Charge Form and not all clinics will utilize Cerner to input charges.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1.</td><td>Click the Ad Hoc toolbar button.
A screen displays asking for Charge Details.</td></tr>
<tr><td>2.</td><td>Click the Ambulatory folder.
Available Charge Forms display.</td></tr>
<tr><td>3.</td><td>Click the check box for the correct charge form.


Note: If a problem or diagnosis is entered for the current encounter, charted information will automatically populate.</td></tr>
<tr><td>4.</td><td>Click OK.
Note: Rev Cycle will provide detailed training on entering charges.</td></tr>
</table>

Use the Tracking Shell

Access the Tracking Shell

The Tracking Shell provides a high-level overview of current patients. The view on the Tracking Shell will be dependent on the location of the Cerner user, whether they are using an IU or IUH computer.

Step	Action
1.	Click the **Tracking Shell** button on the **View** toolbar. *The Tracking Shell displays. The view is location specific and will not include all the locations displayed here.*

Use the Filter to View One or Two Units

It is possible to select just one (1) unit and to add a second unit.

Step	Action
1.	Click the **Filter** drop-down arrow.
2.	Select the unit to view. *The view is changed to reflect the new location.* **Note:** The number of patients and the average LOS (Length of Stay) is displayed next to the Filter drop-down window.
3.	Click the **Filter** drop-down arrow at second time.
4.	Select the second unit. *The patients on the second unit are added to the list and display at the bottom of the window.*

View All Patients

Step	Action
1.	Click the **Filter** drop-down arrow.
2.	Select the **All Patients** option. *All patients are now displayed.*

Continued on next page

Sort by Column

The Tracking Shell can be sorted by any column header displayed.

Step	Action
1.	Click any **header** in the Tracking Shell window. *The Tracking Shell is sorted by that column.*
2.	Click a second **header** in the Tracking Shell window. *The Tracking Shell is now sorted by that second column.*

Hovering Capabilities

The information that displays will vary based on the column and icon being hovered over with the mouse pointer.

For example, some event icons will display the:

- Event name
- Status
- When it was requested
- Who initiated the action

Other columns, such as Lab and Rad columns will display the:

- Orders associated with that column and the
- Departmental status of the orders

Step	Action
1.	Hover over an **LOS** entry. *A pop-up displays the Arrival date and time.*

Continued on next page

Use the Tracking Shell, Continued

Check-in as a Provider

Upon logging in for the first time at each shift, you will be asked to check-in as a provider.

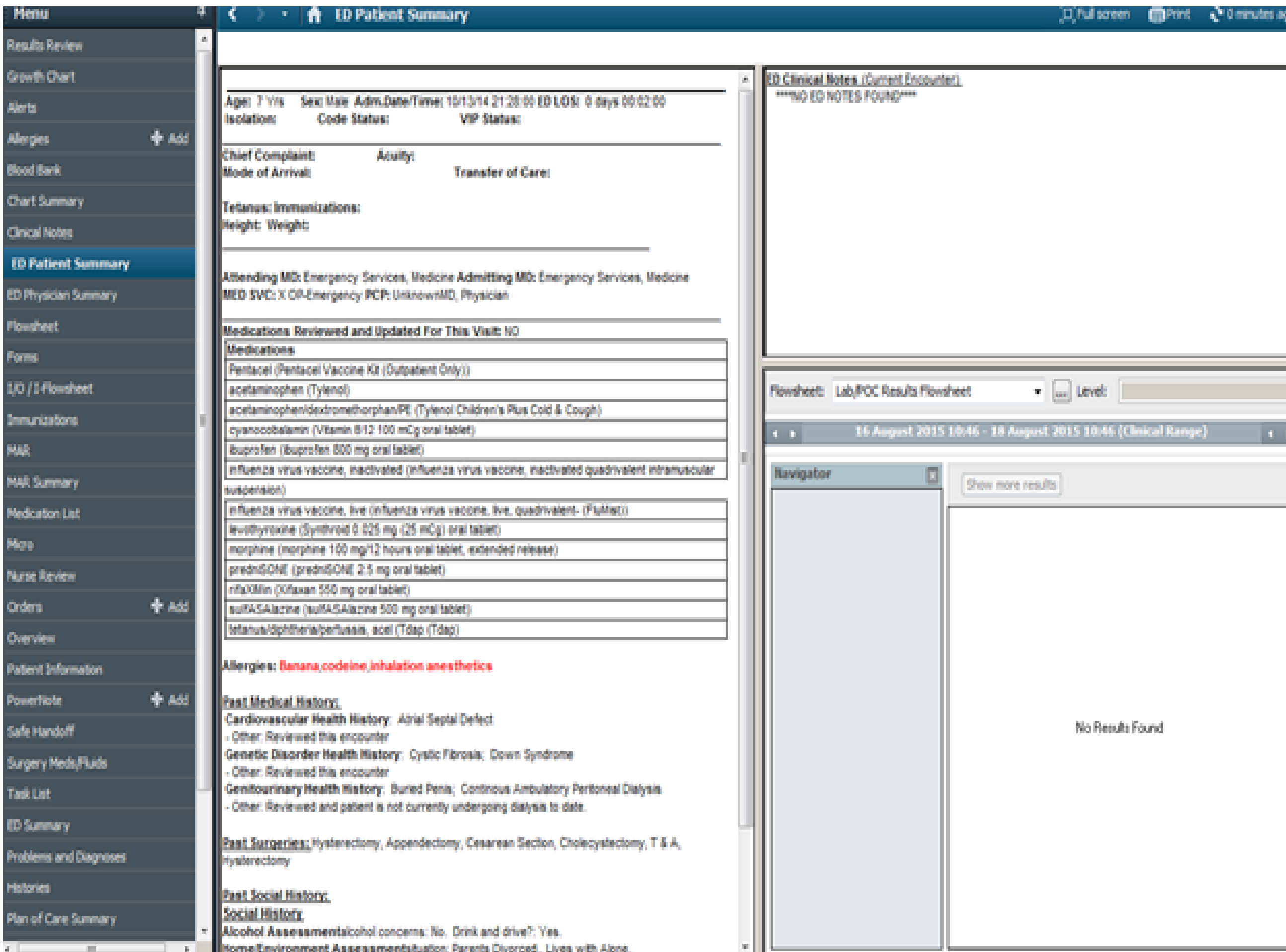
Note: In PROD you will only need to add your display name and choose your color selection once. The system will default to your choices in future logins.

Step	Action
1.	Click the **Yes** button on the Available Provider Check-In confirmation box. *Provider Check-in dialogue box displays.*
2.	For Display Name, delete the initials and type your **own initials**.
3.	In the Provider Role drop-down, select **Nurse**.
4.	In the Default Relationship drop-down, select **Registered Nurse**.
5.	Click the checkbox for **Associated Provider Color**. *Color window displays.*
6.	Select any **color**.
7.	Click the **OK** button. *Provider check-in window re-displays.*
8.	Click the **OK** button. *Tracking List displays to the appropriate tab.*

ED Patient Summary

Overview This is a view only page that pulls patient information from:

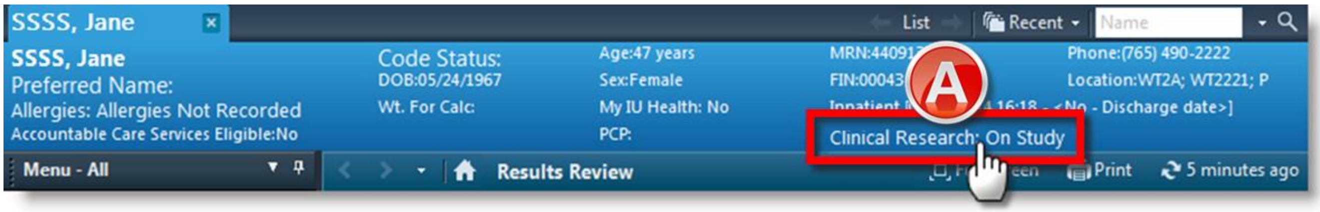
- Registration.
- Quick Triage Form.
- Past Medical History.
- ED Special Charting Form.

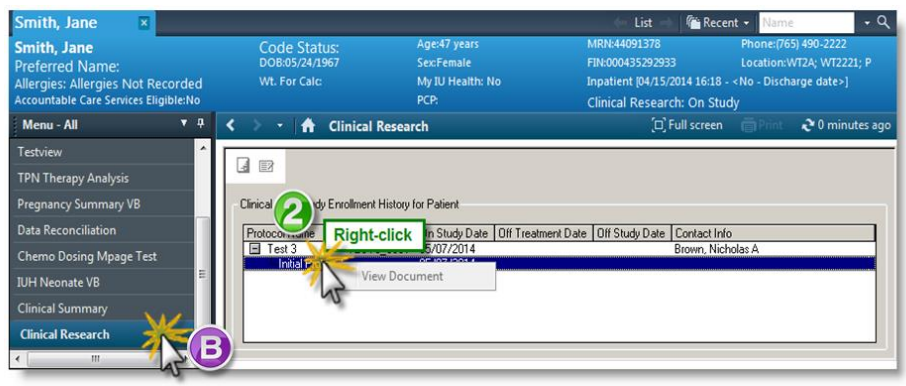


Clinical Research Identification and Information

Clinical Research Section

If a patient is enrolled in a Clinical Research study, a notification will appear on the Patient Demographics Bar, on the bottom, right side, as shown below.



Step	Action
1	Access the Clinical Research page, using one of the following two methods: **Option A:** Click the **Clinical Rearch On Study** link on the Patient Demographics Bar (***above***). **Option B:** Click the **Clinical Research** band on PowerChart's navigator menu (***below***). *The Clinical Research page and the "Clinical Trial/Study Enrollment History for Patient" pane displays.* 
2	**Right-click** on the protocol name. *A context menu displays.*
3	Click the **View Document** command.
4	Close the document when finished.

Document Change Control

This page provides information regarding each update made to this guide. Contact the most recent author with any questions, comments, or corrections.

Update	Date	Author(s)	Design Team	Comments
1.0.0	11-24-2015	Christie Prosser	Ronica Pate	Created for Research. Material originated from Ambulatory Clinical Support Guide
1.0.1	05-25-16	Jon Barber	Beverly Hagler	Inserted How to Proxy and Use Patient Lists, pages 53-55.
1.1.0	08-17-16	Jon Barber	Beverly Hagler	Changes submitted by Susan Straka and Deb Broach
1.1.1	08-26-16	Beverly Hagler, Rita Kenney, Christie Prosser, Cheryl Yacone, Jon Barber	Jon Barber	Changes agreed upon by Rita Kenney, Cheryl Yacone and Jon Barber in an effort to address the needs of researchers and maintain the guide as a generic PowerChart guide.
1.1.2	08-31-16	Cheryl Yacone, Jon Barber	Jon Barber	Provided additional changes based on Rita Kenney's input.
1.1.3	10-07-16	Deb Broach, Susan Straka, Jon Barber	Jon Barber	Final edits from MFA, IU Health network connection meeting and other updates.
1.1.4	12-06-16	Panel for network connections	Jon Barber	Modified Connect to the IU Health Network section.
2	01-31-17	Deb Broach, Susan Straka Rita Kenney	Jon Barber	Final approval for distribution