

Medical Teaching Service Floors

Admission workflow (orders, med rec, H&P):

- Add the patient to your team's list: Type in order **"List Medical Teaching Service..."** > select your team [either A, B, C]
- Enter admission orders under order set titled: **"Admission general order set"** > this basically contains majority of orders you'll need to put in - consider checking off any of the items in the long list of orders, including the following items below, depending on reason for admission:
 - Cardiac monitor (will prompt you to indicate reason for telemetry)
 - Vital signs (need to specify frequency for this and many of the other items below)
 - Pulse oximetry
 - Assess neuro status
 - Weight
 - Blood glucose monitor
 - Activity
 - Intake and output
 - Assess neurovascular status
 - **"DVT VTE Prophylaxis Order Set" is part of the general admission order set- SCM has a hard-stop in place that you must select something in this order set in order to be able to submit all of your admission orders**
 - Under the Notification category, check off all **"Notify MD/APN/PA"** options for Temp, BP, HR, RR, SaO₂, etc.
 - Supplemental oxygen/BIPAP/CPAP
 - Diet order
 - Remainder of orders on the page are medications, imaging studies, labs to order (all of this can either be entered in this order set or you can enter them separately, which is sometimes easier to do)
- Change the physician on record to your attending: Enter order **"Physician service change request"** > start to type your attending's last name > must select from drop down menu (can't just manually type their whole name in)—it takes a few hours for them to become attending on record after this order is put in
- Do the patient's **medication reconciliation**:
 - First click on the scale icon in the upper left hand corner of the screen (see below)



- A new window will come up that has three blue boxes-Click on **"Admission (new)"** at the top of the first blue box in order to start admission med rec
- If a patient has been in the hospital recently, then some of their home medications may already be listed, though it may not be an accurate list if their PCP made changes to their regimen since the last time they were hospitalized- to edit medications that are already

listed, right click and “Modify” the medication listed. Can also click “Discontinue” if they are no longer taking the medication

- To enter unlisted home medications, click on the button in the top row that says “Enter outpatient medications” and type in all of their home medications individually
- Next, you’ll decide whether or not you want to continue each of those medications. To do this, right click on the home medication, select the button with the plain arrow to continue the medication if you want it to be ordered for their hospitalization; select “Not required at this time” if you do not want to order the medication in the inpatient setting. Note that if you choose to continue the medication, it should now appear on both the left and right sides of the screen
- When done, hit “Save as complete” in the bottom right hand corner- it will not let you save the med rec as complete unless an action has been decided for each of the home medications listed in the left column
- Lastly, you need to admit the patient to either observation or inpatient status depending on how long you think they will stay in the hospital. You should enter this order separately because it needs to be cosigned to the attending on record, otherwise SCM will not let you submit the order
 - First go to enter an order like you normally would by clicking on the notepad icon
 - When the order entry screen pops up, in the top left corner, where it says “Requested by,” select “Other” (instead of “Me,” which is the option that is usually automatically checked off)—this will allow you to cosign the patient status to the attending on record, which is typically required in order to enter the order

The screenshot shows a portion of a medical order entry interface. At the top, it says "Allergy: No Known Allergies". Below that, the "Requested By:" field has two radio buttons: "Me" (which is selected) and "Other" (which is circled in red). To the right of these is a "Source:" field. Below the "Requested By:" field are "Date:" and "Time:" fields. At the bottom, there is a "Session" section with a "Type:" dropdown menu set to "Standard" and a "Reason:" text input field.

- A pop-up will then appear where you need to type in and select your attending’s name
- Then you need to go select a “Source” in the drop-down menu- the source is “Patient status cosign”
- Then hit “Okay” and you will be taken back to the main order entry screen where you should then type in **“Admit”**
- A list of admission options including “Admit to inpatient,” “Admit to observation” will come up. Select the one you want and submit it
- Writing H&P
 - H&P is typically written by the intern and then addended by both the senior resident and attending (don’t know if this is still the case with all these new COVID-related changes)
 - To addend, once the intern finishes writing their note, right click on the note in your account and then add a brief addendum at the end
 - If you are writing the full note yourself, then select the note type “Resident History and Physical”

Upgrading patients:

If you need to upgrade someone from med/surg to cluster (your team will still be caring for the patient):

- Enter transfer order by typing in “Transfer to” > enter the current date & select “Cluster” as level of care
- Call bed management at x8602 and make them aware that you are transferring a patient to cluster (they usually ask for patient’s name, current location, and your name)
- Enter cluster nursing orders by typing in “Intermediate care orders” > select q2hr vital signs/other relevant orders, plus you need to select a reason why you are upgrading the patient to cluster

If you want to upgrade someone to the MICU:

- First call the MICU screener (either a resident, APN, or PA usually holds this phone)- number is saved in all the medical teaching phones. They will screen the patient with the fellow/attending
- Intern or resident usually writes a brief transfer summary at the top of the note for the oncoming MICU team
- Generally speaking, if the MICU decides that they will accept the transfer, the MICU resident/fellow should enter all the upgrade orders/clear a bed for the patient, but the floor team should help by putting in morning labs for the next day

Discharging a patient:

- In order to be able to put in the discharge order, you have to complete the medication reconciliation first
- To start the discharge med rec, click on the same scale icon in the upper left hand corner of the screen that you select when doing the admission med rec
- When the screen comes up, it should say in the first blue box that the admission med rec is complete- if it says otherwise, you will need to complete the admission med rec before proceeding
- Assuming the admission med rec is complete, click on “Discharge (new)” at the top of the last blue box and a window will come up
 - Before going further, check with your attending as to whether they are set up in SCM to do electronic or written prescriptions- some attendings are not set up in SCM to do electronic prescriptions and this impacts how you will do the med rec
 - If your attending has the ability to prescribe electronically in SCM, then you need to make them the authorizing provider in order to proceed with the med rec (unless you yourself have the ability to prescribe electronically through SCM—residents definitely do not, fellows may). To do this, click on **“Order requested by”** and then click the radio button that says “Other.” Select your attending’s name. Then select source as “Verbal order cosign” and click okay. Now you can complete the med rec and send any prescriptions directly to the patient’s pharmacy (you will specify the pharmacy at a later time)

Allergy: No Known Allergies DNR: No Chest Compressions, No Defibrillation, No Antiar...

Reconcile Orders View/Maintain History

Group Format Reconciliation Enter Order Entry Enter Outpatient Enter Outpatient InfoButton
/Sort By Layout Details Discharge Order Requested By Medications Prescriptions Medication Review

Reconciliation Type: Discharge by Karantilian, Briette Verken; New orders will be in session type of Discharge Instructions; A...

ITEMS TO RECONCILE (0 of 12 reconciled) OUTPATIENT MEDICATIONS AT DISCHARGE

adrenal cortical steroids (hormones/hormone modifiers) (0/1 reconciled)

MethylPREDNISolone Inpatient
Injection - 40 mg, i.v. push,
every 12 hours, Reconstitute ...

analgesics (central nervous system agents) (0/2 reconciled)

ACETAminophen Solution Inpatient PRN
160 mg/5mL - 650 mg, n.g.,
every 6 hours, PRN ...

fentaNYL Injection - 25 Inpatient PRN
mcg, i.v. push, Q30M, PRN
To maintain titration ...

anticoagulants (coagulation modifiers) (0/1 reconciled)

Heparin Algorithm Inpatient
Infusion - 25,000 units
Dextrose 5% 250 ml ...

anxiolytics, sedatives, and hypnotics (central nervous system agents) (0/1 reconciled)

Midazolam Injection - 2 Inpatient

Requested By

Requested By: Me Current Providers Other
Karantilian, Briette Verken

Filter
Occupation:
Org Unit:

Name	Occupation	Org Unit

Source:

OK Cancel Help

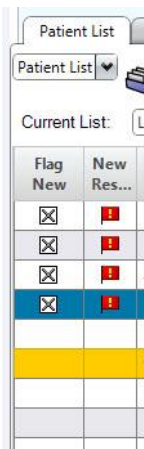
- In order to be able to save the med rec as complete, you will need to indicate whether you want to stop/continue each of the medications located in the left column on the screen
- If your attending prescribes electronically and you want to continue a medication that needs to be prescribed, click on the little arrow that has an “Rx” symbol on it (this will only appear once you have entered an attending’s name who prescribes electronically). Enter all of the typical prescription info. If your attending does not prescribe electronically and you want to continue a medication that needs to be prescribed, click the button with the plain rightward facing arrow to continue the medication, enter all the information on what you are prescribing, and provide the patient with a paper script
- To continue a medication that the patient already has at home and does not need a script for, either click the button with a plain rightward facing arrow or click on the black downward facing triangle and select continue from that list (this also lets you modify the dosing prior to continuing the medication)
- In order to stop a medication, click on the button that has a red stop symbol through it or click on the black downward facing triangle and select discontinue from the list of options that appears
- In order to start a medication that is not listed on the left hand side of the screen (ie: a medication that they were not taking previously), click the button on the top of the screen that says **“Enter Discharge Order”** and enter that new medication from scratch
- Once you are done, click “save as complete” in the bottom right hand corner—everything must have a reconciliation in order for this to save
 - If you have reconciled everything, but are still getting an error message saying that changes were made and you need to “verify” them, click on the button that says **“More actions”** and you will be able to verify all changes
 - If your attending prescribes electronically, a pop-up will come up once you save the med rec, this is where you once again specify your attending as well as the pharmacy the patient wants the prescriptions sent to (the nurses usually enter patient’s pharmacy preference on admission)
- Once you have saved the completed med rec, you can enter the discharge order- type in **“Discharge”** and select the order that corresponds to the location that you are discharging them

to (home, nursing home, etc.)—some options are all the way at the bottom, so you may have to scroll down to see them

- Once you have selected the discharge order, complete all details such as discharge diagnosis, discharge instructions (patient will receive a copy), etc.
- If you want to make the order conditional on a test result coming back or anything else occurring, then you can select this option at the bottom of the screen and specify the condition
- Then save the order
- If anyone orders any new medications for the patient at any point in time after all this is done, you need to go back and edit the med rec to make it complete—however, you do not have to edit the discharge order itself

Some other day-to-day orders:

- To order morning labs: Enter order “**AM labs order set**” > check off all of the labs that you want for the next day (if you are admitting on a night shift, make sure it is not after midnight or you will enter them for the following day—if this is the case you should enter them in a batch by selecting a specific time as below)
- If you want to order a bunch of labs for a specific time, instead of ordering each one and having to change the time on each order manually, first go to the top of the order screen and enter the date and time that you want. Then enter each lab order and all your entries will have that specified date/time that you entered
- If a nurse calls and asks for you to put an order in so patient can be taken off telemetry to go for an imaging study, type in “Off” and the order will come up
- There is a way to flag new results for the patients on your team’s list—this is very helpful when following up on results for multiple patients, so if you don’t have this set up, ask someone to help you do this—instead of having to look through a patient’s chart to see if a result is back, it will notify you whenever something comes back
 - You basically just need to check off “Flag new” next to each patient’s name and then a red flag will appear under “New result” whenever new results come back for that patient



Flag New	New Res...
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	