

SPH IM Cerner Manual

Up to date Cerner Help Guide with Screenshots:

http://cstcernerhelp.healthcarebc.ca/index.htm#t=CST_Cerner_Help.htm

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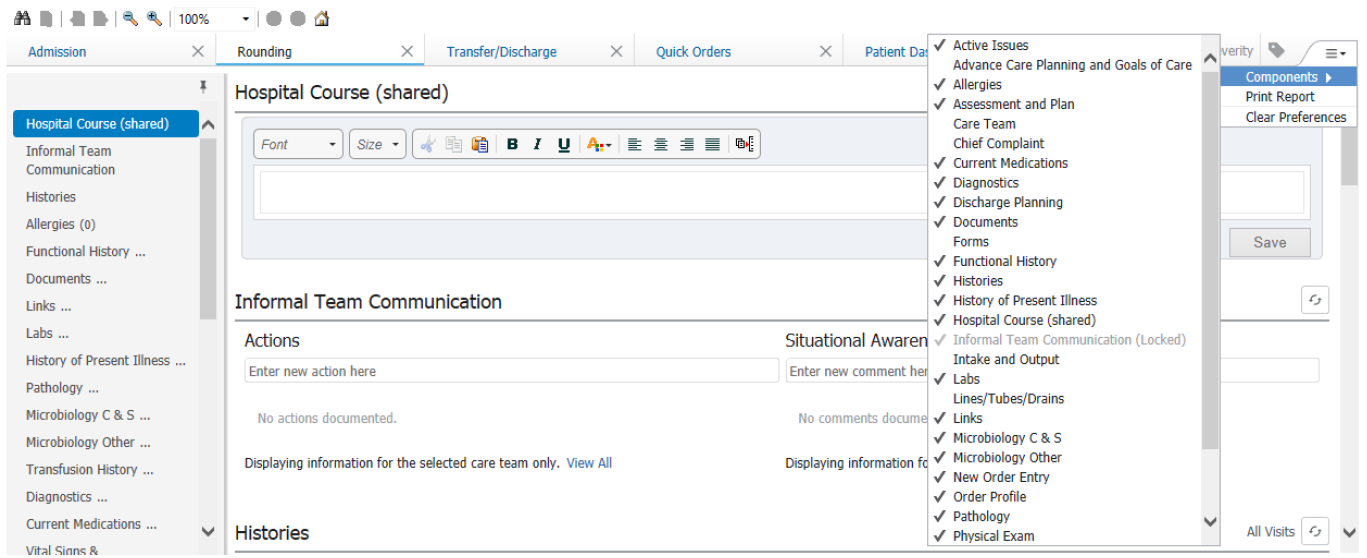
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Personalization

- Create Lists
 - Add CTU team care lists
 - Create “Patient List” of ER department
- Set MyExperience
 - “General Internal Medicine Workflow”
- Customize view
 - Provider View Tabs
 - Order the tabs from most commonly used to least and remove ones you will not use.
 - Components within a tab (eg “Rounding” tab)
 - Click the three horizontal grey bars in top right corner of view to access “Components”
 - Select all the components that you wish to have in your view, remove those that you do not.
 - In left hand side bar listing components, can drag and drop to reorder.
 - Think about how you round and what order you want information to be presented



- Split Screen View
 - Can utilize split viewing to document while you chart round
 - For a documentation component (eg “Assessment and Plan”), can click the arrow button in top right corner to pull it to the right side for split screen viewing

- Quick orders
 - Set and rearrange components
 - Click three horizontal bars in top right corner
 - Components = choose what is displayed
 - Drag and drop = move things around
 - Add folder... = add from your favorites
 - Favorite Orders
 - When placing order, click “Modify order details”, right click on order then “Add to favorites...”
 - Once orders favorited, can make folder of them on your quick order page
 - [More details](#)
 - Setup Autotext
 - In any field that accepts free text, look in the top right icon launches “Manage Auto Text”
 - Can use autotext for things that you write commonly or to template the structure of an issue or note
-

Tips for Everyone

- Patient Dashboard
 - In Patient Overview view, click the “+” to add a tab, select “Patient Overview”
 - It has a lot of info, including nursing info you cant find elsewhere
- Refresh your view often (top right corner)
- Make a personal Patient List for cross coverage
- Review your orders after admitting or ordering things to ensure that everything is as intended (eg, nothing important missed, no duplications...)
- Can use a “Communication Order” to communicate with unit clerk
 - Eg. to book appointments etc
- Using “New Results”
 - You can view “New Results” as a column in patient overview
 - Functionally difficult to utilize as everything gets flagged, including normal vitals and a bunch of stuff you don't want to get bothered by.
- In “new order entry” under “shared” the following docs from LGH have excellent favorite folders that may make your life easier
 - Montis, Jennifer
 - Chan, Philip

Resources

- [Opioid guide](#)
- [Code Status Memo](#)
- [Code Stroke Info](#)
- [Provider tips](#)
- Cerner help number - 604-806-9333

Bugs and Issues - pending solutions!

- Blood cultures
 - When viewing, do not rely on “NEG”, there is a bug in the communication system with lag. Must click in to result to see actual.
 - Example:

The screenshot displays a Cerner Microbiology C & S report. The top section shows a table with columns: Susceptibility, Growth/Result, Organism(s), Source/Site, Collected, Last Updated, and Status. Two rows are visible. The first row shows 'Urine Culture' with a 'NEG' result and 'E. coli' organism. The second row shows 'Urine Culture' with a 'See Result' link and 'E. coli' organism. Below this, the 'Existing Orders' section shows a table with columns: Collect Date/Time, Order, Growth Ind, Result Status, and Organism. A row is highlighted with a red box, showing '09-Dec-2019 09:46:00 P...' for 'Urine Culture' with a 'NEG' result status and 'Auth (Verified) Klebsiella aerogenes' organism. To the right, the 'Specimen Information' section shows details for the order, including 'Order: Urine Culture', 'Collect Date/Time: 09-Dec-2019 09:46:00 PST', 'Growth Ind: NEG', 'Last Update Date/Time: 11-Dec-2019 11:10:23 PST', 'Status: Completed', 'Testing Site:', 'Source: Urine Indwelling cat...', 'Freetext Source:', 'Body Site:', and 'Accession #:'.

Susceptibility	Growth/Result	Organism(s)	Source/Site	Collected	Last Updated	Status
	NEG	E. coli	Urine (specify site)	03 DEC 2019 22:14	06 DEC 2019 13:03	Completed
	See Result	E. coli	Urine (specify site)	18 NOV 2019 23:53	21 NOV 2019 08:56	Completed

Collect Date/Time	Order	Growth Ind	Result Status	Organism
09-Dec-2019 10:58:00 P...	Blood Culture	NEG	Unauth	
09-Dec-2019 09:46:00 P...	Urine Culture	NEG	Auth (Verified)	Klebsiella aerogenes
09-Dec-2019 09:46:00 P...	Blood Culture	NEG	Unauth	
09-Dec-2019 09:16:00 P...	Sputum C&S			

Specimen Information
Order: Urine Culture
Collect Date/Time: 09-Dec-2019 09:46:00 PST
Growth Ind: NEG
Last Update Date/Time: 11-Dec-2019 11:10:23 PST
Status: Completed
Testing Site:
Source: Urine Indwelling cat...
Freetext Source:
Body Site:
Accession #:

- For some reason, everyone is currently able to admit under themselves, including medical students... make sure you please change the MRP to your attending!
-

Lists

- There are two types of “lists”: Patient List and Care Team List
 - Care Team List
 - This is how services track what patients are associated with them
 - Eg: CTU teams, consulting services, ...
 - Care Team Lists have more basic viewing and reporting capabilities
 - Under Rounding tab, add the "Care Team" component to easily add a patient to a care team list (e.g. ER Triage, subspecialty) while you have the chart open.
 - Patient List
 - Patient lists are created and customized based on several possible criteria = location, date range, relationship to user, etc...
 - Patient lists have more options for creating views and reports compared to Care Team Lists.
 - It would be very nice to see a Care Team List as a Patient List to have the viewing and reporting capabilities that the latter have, unfortunately this is not currently possible but some possible improvements are in the works.
 - Adding a patient to a **customized** list with the chart open: Select "Patient" from the top toolbar > Add Patient to List > Select list [only works for customized patient lists, not care teams]
-

Laboratory

- The reality is that lab orders are a frustrating and error prone experience and that no short blurb here can do it justice.
- [Lab Priorities and collection times](#) (pdf created by lab)
 - Routine
 - The majority of labs should be ordered routine
 - If phlebotomist already dispatched to ward, no way via cerner to add on to this phlebotomy except calling lab
 - Eg, do not order STAT to try and add to the next routine collect, this will result in two venipunctures.
 - STAT
 - Timed
 - +/- 15 min, use mainly for drug levels
 - Urgent

- +/- 30 min, can set a time, good for serial bloodwork
 - AM Draw: AM BW the next day
 - does not happen at 3:30AM, happens during 7AM rounds
 - Do not use after midnight when on call
 - Use Routine from 00:00 to 04:00; Urgent after 04:00
- Lab Statuses
 - Collected = labels printed, sample NOT actually collected
 - This has led to confusion...
 - In process = sample collected, test being run
 - Completed = test done
- Collection
 - Options
 - Unit collect = click 'Yes' if you nurse to draw through PICC etc
 - Lab collect = phlebotomist sent to collect
 - Nurses will indicate "Unit to Draw" in the Actions section in the Informal Team Communication when blood can be drawn from existing vascular access
 - If a physician wishes to change this status, they will complete the action of "Unit to Draw" (thereby taking it off the action), and enter "Lab to draw"
- Specific tests
 - Peripheral blood smear = erythroblast film
- AM draw **adds one day** automatically. Check the date if ordering AM draw after midnight as it will flip to the next calendar day so will not be done in the morning!
 - If you want things done in the morning, you have to specify.
- Certain frequencies (ex. qMWF etc) automatically create the orders for the AM rounds of the chosen day - even if you selected a specific time this will not be honoured. If you want something very specific (ex. Every Monday at 2pm) you can use the 'qweek interval' frequency which will respect the priority (TIMED, urgent etc) and time of the original request.
- Try to order in a **single signing session** - i.e. don't click the "Sign" button until you are finished all your orders for a patient. This creates the likelihood that a patient will get more than one phlebotomist dispatched to them, meaning the patient will get poked multiple times. Also try to make sure that the time, priority, and frequency of different lab orders match so that
- Remember to flip to Unit Collect = Yes if you want blood drawn from a PICC or other line.
- Ordering overlapping or redundant tests and panels can cause undesired cancellations. Ex. Ordering the electrolytes panel at the same time as the lytes urea creatinine panel. A very common one we are seeing is with urine tests - ordering "Urinalysis Macroscopic (dipstick) with culture if indicated" at the same time as "Urine Culture" or ordering "Urinalysis Macroscopic with microscopic if indicated" and "Urinalysis Macroscopic (dipstick) with culture if indicated" together - one will be cancelled and it's not always predictable which one.
- To reinforce the priorities:
 - STAT means within 15 minutes

- Urgent within 60 minutes
 - Lab is getting complaints that Urgent orders are not happening immediately - these get done on hourly rounds and are not dispatched immediately. Order STAT if you want a phlebotomist to stop what they are doing and come immediately.
 - Labels print for STAT orders as soon as you press sign. If you cancel a STAT order, the label has already printed and someone will be coming up to poke the patient. You have to call the lab to let them know you've cancelled a STAT. This is also true of Urgent orders in the ED - the labels print immediately.
 - What you get when you order...
 - "Basic metabolic panel" - anion gap, Cl, Cr, eGFR, random glu, K, Na, CO total, urea
 - "Rapid metabolic panel" - Cr, random glu, CL, K, Na, lactate, pH venous, anion gap, eGFR, Hb total, base excess venous, carboxyhemoglobin, methemoglobin, bicarbonate venous, base deficit venous, pCO2 venous
 - "Comprehensive metabolic panel" - K, Na, Cl, CO2, anion gap, random glucose, Cr, eGFR, urea, Ca, ALP, bilirubin total, albumin, ALT
 - "Liver panel" - ALP, ALT, albumin, GGT, total bili, AST
 - "Arterial blood gas plus" - pH, pCO2, pO2, bicarb, base excess, base deficit, ventilation, oxygen administered, hematocrt, Hb, oxyhemoglobin, carboxyhemoglobin, methemoglobin, Na whole blood, K whole blood, Cl, lactate, Cr whole blood, glucose
-

Triage

- Please see this document: [Triage for SPH CTU Cerner](#)
- Key things the triage seniors need to do
 - Admit the patient - if appropriate (if not, can wait)
 - Order **BPMH** (which is best possible medical history) - this prompts a pharmacy tech to sort out which medications the patient is on at home and saves a lot of time. This can be done even if the patient is not admitted.
 - Pharmacy tech is only here 0700 - 2400
 - Put in key triage orders - antibiotics etc
 - DO NOT fill out the entire admission power plan (unless you have a lot of time and you would like to), you can leave that for the junior

ER Consults

- The admission work-flow is as follows:
 1. Triage senior - admits patient - if appropriate
 2. BPMH (as above and below) order
 3. Triage senior puts in appropriate triage covering orders - eg. antibiotics, etc
 4. Junior see the patient and completes:
 - a. Med reconciliation
 - b. Admission power plan
- When placing “Admit to ... “ order, it creates new inpatient encounter
 - Can continue medications ordered before this order when doing admission reconciliation
 - **PLEASE CHANGE MRP** to attending on call. It automatically defaults to the user
 - Please also write which team the person is on in “informal team communications” under “situational awareness”. That way nurses to know which team to page since, they do not have access to the lists

The screenshot shows the 'Informal Team Communication' interface. It has two main sections: 'Actions' and 'Situational Awareness & Planning'. In the 'Actions' section, there is a text input field with the placeholder 'Enter new action here' and a list of actions. One action is 'Pls collect urine specimen (see orders)' by 'Wong, Cindy, RN' on '03 JAN 2020 06:37'. There is a checkbox next to it and a dropdown arrow. In the 'Situational Awareness & Planning' section, there is a text input field containing 'CTU Green' and a refresh icon. Below this is a counter '9/1000'. There are also 'Save' and 'Cancel' buttons. At the bottom, it says 'Displaying information for the selected care team only. View All' and 'No comments documented.'

- Please in special instructions section type in “target to = color of resident/MSI4” and “**assign to**” for MSI3s

Details for Admit to Inpatient

The screenshot shows the 'Details for Admit to Inpatient' form. It has two tabs: 'Details' and 'Order Comments'. The form contains several fields: '*Patient Admission Date/Time:' with a date of '20-Dec-2019' and a time of '0943' PST; 'Location Admit/Transfer to:' with a dropdown menu; '*Medical Service:' with a dropdown menu set to 'General Internal Medicine'; '*Admitting Provider:' with a dropdown menu set to 'Tan, Julia, MD'; 'Bed Type:' with a dropdown menu; 'Telemetry:' with radio buttons for 'Yes' and 'No'; and 'Special Instructions:' with a text input field containing 'target blue'. There is a yellow highlight on the 'Special Instructions' field.

- Housestaff to do Admission Med Rec (Med students should **PLAN not Sign**) before Admission PowerPlan.

- Admission documentation
 - When housestaff complete a consult, they should **SIGN** not Save the document.
 - This is because an unsigned document will not be publically viewable, eg to nursing staff and allied health, such that an admitted patient could be in emergency department or up on ward for several hours without documentation available to other staff (unacceptable).
 - Changes can be made to the note after signing with an addendum.
- Admission orders
 - Admit labs in the PowerPlan defaults to “T+1” \
 - If submitted after midnight, “T+1” is the next calendar day, so be careful
- Note for code status
 - When patient is anything but “full code” there are 2 other associated categories
 - Peri-operative status and during chemotherapy

*Requested Start Date/Time: 20-Dec-2019 0937 PST

*Resuscitation Status: 3-No CPR, Acute Transfer, N... ▾

*Perioperative Status: Attempt CPR, Full Code ▾

*During Chemotherapy Status: Attempt CPR, Full Code ▾

Special Instructions:

- Those 2 categories AUTOMATICALLY update as “full code” and need to be changed
- Remember allergies!
- For patients who are seen by neurology and have a **stroke** to be admitted under CTU:
 - Neuro generally fills out a stroke power plan that includes the components of the admission power plan (diet orders, activity orders, vitals etc)
 - We do NOT need to fill out a separate general admissions power plan, as this will duplicate orders
 - Please still place an order to ADMIT the patient under general medicine and change the appropriate MRP

Documentation

- Add information to diagnoses
 - Eg = Heart Failure - EF 40% on ECHO 2018
 - Menu (Side Bar) > Diagnoses and Problems >
 - Provider View > Histories > Select History > Modify button: Enter Comment or Change "Display As"
- All CTU notes are now named in a standardized fashion so that they can be searched/viewed with more ease. Label all notes

- CTU (team color) (level of trainee) (type of note)
- For example - CTU Pink MSI3 Admission note, CTU Pink MSI 3 SOAP note
- If you accidentally save a note as the wrong type (e.g. Progress note instead of Procedure Note, or wrong subspecialty), you can correct this by selecting Modify: At the bottom of the note, there is a blue hyperlink "Note Details: [note type], [note title]". Clicking this link will allow you to modify the note type and title. Click save. Enter a placeholder under Addendum to allow yourself to re-sign the document and save as a new note type.
- The documents tab in this view below will only show **physician notes**:

Time of Service	Subject	Note Type	Author	Last Updated	Last Updated By	Image
▼ In Progress (1)						
04 FEB 2020 00:44	CTU Consult (Unauth)	General Internal Medi...	Hanjani, Khashayar	04 FEB 2020 08:11	Hanjani, Khashayar	
▼ Completed (49)						
03 FEB 2020 20:13	BPMH Pharmacist Note	Pharmacist Progress...	Cheung, Billy Ching H...	03 FEB 2020 20:14	Cheung, Billy Ching H...	
03 FEB 2020 19:15	ED Note - Osteomyeli...	ED Note Provider	Henderson, Christine...	03 FEB 2020 19:15	Henderson, Christine...	
03 FEB 2020 18:56	AMCT Progress Note	Addiction Medicine Pr...	Klaire, Sukhpreet, MD	03 FEB 2020 19:02	Klaire, Sukhpreet, MD	
30 JAN 2020 18:57	ED Note Simple-MRS...	ED Note Provider	Finkler, Joseph, MD	30 JAN 2020 18:57	Finkler, Joseph, MD	
30 JAN 2020 10:34	Discharge Summary	General Internal Med...	Janssen, Renee, MD	30 JAN 2020 10:45	Janssen, Renee, MD	
27 JAN 2020 13:41	Neurology Progress N...	Neurology Progress N...	Gong, Bo, MD	27 JAN 2020 14:30	Gong, Bo, MD	

- In order to see **ALL documents** including allied health notes, go to → menu → documents

Type	Facility	Author; Contributor(s)
General Internal Medicine Admission Note	SPH St Pauls	Hanjani, Khashayar
ED Screening - Adult - Text	SPH St Pauls	Guiyab, Juana, RN
ED Initial Assessment - Text	SPH St Pauls	Guiyab, Juana, RN
Pharmacist Progress Note	SPH St Pauls	Cheung, Billy Ching Hei, RPH
ED Note Provider	SPH St Pauls	Henderson, Christine Nicole, MD
Addiction Medicine Progress Note	SPH St Pauls	Klaire, Sukhpreet, MD
ED Triage - Adult - Text	SPH St Pauls	Keane, Michael, RN
Social Work Note	SPH St Pauls	Docherty, Stephanie Kate, SW
ED Patient Summary	SPH St Pauls	Venhuizen, Heather
ED Note Provider	SPH St Pauls	Finkler, Joseph, MD
ED Triage - Adult - Text	SPH St Pauls	Mowatt, Deborah, RN
General Internal Med Discharge Summary	SPH St Pauls	Janssen, Renee, MD
Neurology Progress Note	SPH St Pauls	Gong, Bo, MD
Neurodiagnostic Test ID - Text	SPH St Pauls	Rennie, William Edward
Electroencephalography EEG	SPH St Pauls	Sayao, Ana Luiza, MD
Patient Preferred Info - Text	SPH St Pauls	Linde, Pamela
General Medicine Progress Note	SPH St Pauls	Janssen, Renee, MD
Addiction Medicine Consult	SPH St Pauls	Margie, Olivia, MD; AUTOSIGNED, CONTENT NOT REVIEW
General Internal Medicine Admission Note	SPH St Pauls	Chen, Yu, MD
Patient Preferred Info - Text	SPH St Pauls	Taddei, Melissa Domenica, RPH
Neurology Consult	SPH St Pauls	Marulanda, Laura, MD; Valerio, Jason, MD
ED Phone Call for Consults - Text	SPH St Pauls	Baird, Leah
ED Note Provider	SPH St Pauls	Manji, Rahimali, MD

- This is way of comprehensively seeing all notes - but there will be SEVERAL, which is why the filtered view is helpful

Handover and Transfers

- Use the “hospital course” tab found in “provider view” and “rounding” throughout the patient’s admission
 - Include a quick blurb when the patient is first admitted of how they presented
 - Update pertinent details eg. had a cath on Dec 17 demonstrating 70% lesion in RCA
 - This should be used as a tool to pass on between blocks and eliminates the need for google doc, etc
 - IMPORTANTLY - this box is editable by ANYONE who has access to patient chart - staff, senior, medical students. Nothing should be deleted without consultation from the team because if you delete it for yourself, it’s gone for everyone
 - When a patient is being transferred from another service eg. ICU, that service needs to fill out:
 1. Transfer note
 2. Transfer meds
 3. Transfer orders
 - We need to co-sign the meds and the orders and we may modify the orders, however, CTU does not need to create an entire new CTU admission power plan. The ICU orders should already have the diet, activity, etc orders and ordering a new CTU admission power plan will duplicate the orders
 - Please ensure that you **sign off on the Transfer MedReq** once you determine the patient is safe to be transferred to medicine
-

Discharges

Discharges have a standard sequence of events:

- Referrals
 - If the Clinic is connected to Cerner, you can refer with an order. Otherwise, need a paper referral (try FormFast, SCM, or the UC)
- Discharge medications
 - should be printed and left in chartlet
- Discharge Summary
 - "Patient Discharge Handout" acts like previous BCMA. Nurses and residents (not med students) can print and leave in chartlet.

Steps:

1. Get your pharmacist to help with Med rx
2. Hospital course (shared) should be added to continually while pt is in hospital so it can auto populate your dc summary
3. DC summary
4. Pt discharge handout
5. DC order (and in special instructions you can say what criteria they need to meet to get discharged, or dc IV etc)

Pharmacy and Medications

- BPMH (best possible medical history)
 - The BPMH is the shared responsibility of the Pharmacy team and the physicians
 - Order "ED to Perform BPMH" to get a pharmacist to do this - they are only in house **0700 - 2400** though
 - One of the FIRST things someone should do is order a BPMH in ER, even if patient isn't admitted, saves a lot of time
 - You still need to do the med reconciliation
- Checking antibiotics
 - MAR summary > second small blue button > anti-infectives
- Clozapine is extremely challenging to order on cerner - please just leave this to psych
 - Consult psych C+L
- **CTU is no longer ordering ANY LONG TERM opioids**
 - If a patient is on kaidian, methadone at home → do not continue on med reconciliation, call AMCT!
 - AMCT staff say they are happy to help handle opiate withdrawal using short acting agents if you don't know how to do it, just call them!
 - At DC, AMCT will write the Rx

Random Orders Stuff

- When placing orders for inpatient, must unclick "Order for Future Visit" > No
- "Consult to..." vs "Referral to..."

- Consult is inpatient
- Referral is outpatient
 - Do not “Activate” order, this step is done by the clinic
- DKA power plan is now up and running! Made by Dr. Kassen and Dr. Simons
- ANA automatically sends out all of the components of an ENA, so no separate order for ENA needed
- Outpatient lab reqs
 - Order a lab as you would any lab → then go to **future visits** and select “yes”

The screenshot shows a medical order entry interface. At the top, there is a header with fields for Order Name, Status, Start, and Details. Below this, a breadcrumb trail shows 'Diagnostic Tests' > 'XR Chest'. The main section is titled 'Details for XR Chest' and contains various fields for order configuration. A blue circle highlights the 'Order for future visit' checkbox, which is currently checked (Yes).

Key fields visible in the form include:

- *Supervising Physician: [Searchable field]
- *Billing Provider: Ordering Provider, Supervising Provider
- *Requested Start Date/Time: 12-Mar-2020 0942 PDT
- *Priority: Routine
- *Reason for Exam: [Searchable field]
- Order for future visit: Yes, No (circled in blue)
- Spinal Precautions: Yes, No

- Place the order after filling in the appropriate categories, including when you want the order to be done (eg within a week, etc)
- Once you submit the order, go to the gray menu bar on the left side of the screen and click “orders” where you can view all of your orders
- Highlight your order (if it’s a bunch of lab work, ensure all of them are selected) and right click and press “print requisition” - this will allow it to go to the nearest printer
- Ordering wound care:
 - [Wound care resources](#)

Procedures

- Procedures (thora/para/LP/arthrocentesis) can either be done on ward by housestaff or sent to IR. The orders to accomplish these are different:
- Procedure **done on Ward:**
 - Use the following PowerPlans:
 - (Provider View > Quick Orders > Labs > Fluid Analysis > ...)
 - “LAB - Synovial (Joint) Fluid Testing”
 - “LAB - Pleural (Chest) Fluid Testing”
 - “LAB - Peritoneal (Ascites, Abdominal, Paracentesis) Fluid Testing”
 - “CSF (Adult) Studies for Encephalitis / Meningitis”
 - These orders will print several order labels. Once fluid sample is obtained, place generic patient labels on sample containers and place in bag with order labels and transport all together to the lab (personally or via porter). The lab will ensure that the specific order labels are then correctly utilized.
- Procedure **ordered for IR:**
 - Use the following PowerPlans:
 - (Provider View > Quick Orders > Imaging and Diagnostics > IR > ...)
 - “MI Guided Drainage (US/CT/IR)
(Thoracentesis/Paracentesis/Pericardiocentesis) - Inpatient (Multiphase)”
 - “MI Lumbar Puncture Imaging Guided (IR/CT) - Inpatient (Multiphase)”
 - “MI Aspiration (US/RF/CT) Imaging Guided - Inpatient (Multiphase)”
 - These multiphase PowerPlans lets you order the procedure with radiology, and the subsequent investigations you want. However, the second phase (sample analysis) will only be initiated once the patient is down in IR. This saves the printing of multiple labels on ward that have to travel with the patient to IR. They will be printed in IR when patient is present.
 - (Do not use “IR Paracentesis” / “IR Thoracentesis”)
- Chest Tube orders
 - The correct Power Plan for a chest tube post insertion is called ‘Chest Tube Insertion Inpatient Post Procedure (Module)’.
 - Do not use the Chest Tube post insertion orders within the ‘IR Tube Insertion Management Post Procedure (Module)’

Medical Students

- Medical student orders can be submitted in two different ways: as orders for “co-sign” or as “proposed” orders.
- Co-sign
 - IMMEDIATELY active. Eg, medication orders will immediately populate the MAR prior to the co-signature of attending or resident.
 - In general, students should ONLY use this on the ward AFTER having directly communicated with staff or resident about the order.
- Proposed - currently being discouraged because of confusion
 - Entered via “Provider Student Proposed PowerPlan - For Students Only”
 - Will not get initiated until co-signed AND initiated by someone
 - CAN D/C medication through a proposed plan and put in medication orders
 - DO NOT USE ON WARD
 - Has led to issues when someone co-signs but does not initialize
 - When doing admission consult, can do admission PowerPlan in proposed state and review with senior.
 - Ensure the senior initializes the orders after co-signing

Code Blue

- Lab work
 - For standard code blue blood work you **DO NOT** need to order it through the computer.
 - Send a single blood gas syringe or light green top tube with a patient identification label and a ‘cardiac arrest’ sticker or requisition
 - The code carts have “Cardiac Arrest” requisitions on them - big black box on top saying “Cardiac Arrest”, if unavailable you can write on a sticker “CODE BLUE,” and the lab will figure it out.
 - Indicate whether the sample is arterial or venous.
 - What you get:

- Arterial sample
 - Blood gas (pH, pO₂, pCO₂ etc), hemoglobin, carboxyhemoglobin, methemoglobin, Na, K, Cl, Lactate, Creatinine, glucose, iCa
 - Venous sample
 - Venous Blood gas (pH, pCO₂ etc), hemoglobin, carboxyhemoglobin, methemoglobin, Na, K, Cl, Lactate, Creatinine, glucose, iCa (iCa only if sample is a blood gas syringe).
 - If additional labs are required urgently, (ex G&S, troponin) they should be entered into Cerner and collected by nursing or lab
 - Note that other labs take longer to result (>20m), won't usually alter the management of a code and should not be the priority
 - Imaging
 - ECG
-

Remote Access

- Internal Medicine residents have been approved to get remote access tokens which must be applied for:
 - [Remote Access Application Instructions \(for IM residents\)](#)
 - Once you have a token and the ability to view records from home, please be careful about setting appropriate boundaries with your professional work.
-

Demo

- Powerchart X0783 - CST
- Petttest.mdres
- summer.2018

Dictations

- In general, all documentation should be done within PowerChart.
- In a code grey procedure, please use the following dictation guide:

Telephone Dictation for CST Cerner Sites



If FESR in Cerner is unavailable for dictation, it is best to wait until they are back online. To dictate an urgent report, use telephone dictation following these steps:

* For a full listing of work types please visit: cishelp.healthcarebc.ca & search for 'work types'



Facility	New Code
Mount Saint Joseph	401
Holy Family	401
St. Paul's Hospital	401

Common Work Types *	Report Number
Admission Note	10100
Consult Note	10400
Progress Note	10300
Procedure Note	10900
Discharge Summary	10700
Clinic Note	11100
Operative Report	10800
Transfer Summary	10200

Questions? CST Phone Support:

604-806-9333

Steps for Telephone Dictation

1. Call the dictation access phone number 1-855-666-3240 (or local 66868 from a PHC phone)
2. Enter your Unique ID (MSP# or assigned) + # key
3. Enter Facility code + # key
4. Enter Work type number + # key
5. Enter 13 digit patient encounter number + # key (e.g. 740000000685#) – found in the Cerner PowerChart patient banner
6. Listen and verify you have selected the correct patient
 - If correct, press 1 to accept
 - If incorrect or the encounter # is not valid, system states "Patient name is not found or unique", press 2 to correct
7. Press 2 to begin dictating
8. Press 8 to save dictation and start new
9. Press 5 to save dictation and log off
10. Log in to Cerner and sign the report in Message Center



Cerner Friday Facts

- CTU is no longer ordering **ANY LONG TERM** opioids
 - If a patient is on kaidian, methadone at home → do not continue on med reconciliation, call AMCT!

- AMCT staff say they are happy to help handle opiate withdrawal using short acting agents if you don't know how to do it, just call them!
 - At DC, AMCT will write the Rx
- All CTU notes should be titled "CTU ____", for example
 - CTU admission note
 - CTU pink MSI 3 SOAP note
 - CTU discharge summary
- On call schedule: <https://phconcall.hssbc.ca/BrowseSchedules/> (No longer through Discern Reporting Portal)