Inpatient Medicine/ ICU Physician Cerner Tips

(not the be-all end-all definitive guide, just a stab at some helpful hints)

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General Ordering Issues:
- Use "MED General Admit" Powerplan for everyone in the hospital who is admitted to either medicine or surgery (not everyone on surgery nor medicine has known this)

- There is now a laminated card that lists, by organ systems, the order sets that we should be using on the inpatient side. Check with Dr. Lepore if you want this laminated card and don't have one.
 The yellow highlighted powerplans are the most important in our system – they have been tested and will enable you to order medications correctly that you won't be able to safely or correctly order out of those powerplans.
 The three subphases not included on those cards are "Sputum Induction AFB", "Sputum Induction Standard" and "Sputum Induction PCP/PJP", each with a yellow box next to them that means that they're a plan or subphase. There are lots of other options, please don't use those other options.

Admitting Patients:
- Workflow: when admitting in the ER, it's best to work from the Acute Workflow tab to start putting in data (DIAGNOSES FIRST, then Histories, and Problems-which are past medical history), do your med reconciliation, do your orders, THEN open a Dynamic Doc to start your Admission H&P (if you open your documentation earlier, it doesn't pull things into your note that you enter after you've opened the note).

- Very basics of Initiate versus Sign, summed up in the following three bullet points:
1>>>>>It is the physician's job to INITIATE ORDERS if the patient is in their final destination bed.
2>>>>>It is the physician's job to SIGN orders and have the NURSE INITIATE THOSE ORDERS if the patient is NOT in their final destination (i.e. patient in the ER who is getting admitted to the floor but not yet there, or a floor patient being stepped up to ICU but not yet physically in ICU, or a PACU patient not yet in a med/surg bed).
3>>>>>It is the NURSE'S JOB to INTIATE ORDERS when they are receiving a patient from another location.

Ordering of Medications: **NEW INFORMATION**
- When you order a medication, there will often be a "quick look" at some common medications that contain whatever you have searched for. Instead, PLEASE ALWAYS click on the binoculars next to that search field when you order any medications. The quick view is often wrong, and definitely doesn't contain all of the orders available to you.

- Cerner and the pharmacy both strongly recommend D/Cing meds and reordering them if you want to modify an order. So, if the existing order is Metoprolol 25 mg po bid and you want Metoprolol 50 mg po bid, you should be ordering 1. D/C metoprolol and 2. Metoprolol 50 mg po bid.

Most complicated is changing a sliding scale insulin or a carbohydrate ratio (or both); NOTE: You should also be doing this for Lantus insulin, i.e. ordering in a subphase as opposed to adding an 'Ad Hoc' order because the order in the subphase has a more thought-out order phrase to it. You cannot "Add to Phase" for these orders because the order sentences do not exist outside of the phase. If wanting to change a sliding scale (or carbohydrate ratio), do the following:

1) Click on the subphase OR on the active orders, and either uncheck or right click and discontinue the order you'd like to change
2) Open a NEW "PHA Adult SubQ Insulin" subphase
3) Uncheck all of the orders that you do not want to change (there are some pre-checked boxes for D/Cing prior insulin orders, and for hypoglycemia treatment which you should have already checked with the last subphase)
4) Order your correct/ new sliding scale (or carbohydrate ratio) and initiate and sign

- We will eventually have the "Empiric Antibiotic Advisor" which will step by step guide folks through ordering antibiotics based on organ system -- some last glitches are being worked through, but will be a huge boon when it's up and running.

- Be aware that ordering a "BID" medication at 10:01 am will lead to the first dose being given at 20:00 (since the first dose of the day would be at 10:00 and that has already passed). Also, ordering a single dose "Now" at 08:00, then starting that medication BID right away will lead to another dose being given at 10:00 also. Consider giving a "x1 now" dose, then start your BID at 22:00 for either scenario.

Ordering of Labs: ** NEW INFORMATION**
- Try to order all of your labs together and then sign them in BATCH. If you order and sign each lab individually, it creates multiple stickers and orders and leads to chaos in the lab

- The EXCEPTION to the above rule is ABGs – they always have to be ordered and signed separately (reason: they go to the RT, not to the lab; MOAs knew this in Meditech, we now have to know this in Cerner). Similarly, ordering of "Venous Lactate" gets the point of care lactate by ABG machine; make sure it is ordered separately. (this probably also applies to admission orders where you should be ordering ABGs separately from the rest of your admission orders.

- If you need to modify a lab order, probably best to D/C and re-order (they may not catch the modifications in lab); this may change, stay tuned

- If you need to add on a lab to a blood sample already drawn, just as we have done in the past, call the lab to add on the lab test.

	Action (with "Collection Priority")
If you would like to order labs NOW:	1. Order them "Stat" (will print a label in the lab NOW) -OR- 2. Order them "Routine" (will print a label in the lab at the top of the next hour)
If you would like AM labs:	1. Order "AM Draw Collect" (note: if you are ordering AM labs on admission but are not initiating those orders right away, be aware that if the labs are initiated after midnight that they will happen not post-call, but post-POST call; consider initiating AM labs out of the phase on admission)

If you would like labs LATER, ONCE:	1. Order "Timed Study"
	   a. You MUST then order the lab fresh and NOT change it from "Routine" to "Timed Study"
	   b. You MUST enter a "Start Date and Time" and a "Stop Date and Time". These should be the SAME TIME.

If you would like labs LATER, MULTIPLE
(i.e. q 4 hour labs starting at 13:00, x 3 draws)
	1. Order "Timed Study"
	   a. You MUST then order the lab fresh and NOT change it from "Routine" to "Timed Study"
	   b. You MUST enter a "Start Date and Time" for the first time you'd like the lab
	   c. Enter "Frequency" : i.e. "q 4 hours" or "q 12 hours"
	   d. Enter "Duration": (this should be NUMBER OF TIMES): "3"
	   e. Enter "Duration Units": number of draws is "DOSES"
	   f. Enter "Stop Date and Time" for when you'd like them to stop (it actually should auto-populate this)

Ordering of Blood Products:
- The "PHA Blood Products Transfusion and Labs" works. In these initial stages, be sure to be in contact with your nurse and the lab about being extra vigilant that the blood products you want are going into your patient. Type and Screen or Type and Cross (all of the orders attached to them) need to be updated (re-ordered) every 3 days.

Favorites:
- If you make modifications to powerplans and save them as your favorites, be aware that if there are updates to those plans either by the owner or by folks in the background updating things, your personal favorites will not be updated.

Transfer Orders to/from ICU ** NEW INFORMATION**:
- Patients stepping up or stepping down from ICU need new orders always. Transfers between floors/ DOU/ Telemetry only need Unit-specific order changes (i.e. monitoring)
- When stepping down or stepping up a patient to/from ICU and another location, there are multiple ways to do this (which is part of the problem). Find your favorite of these two ways:

1. Go to "Medication Reconciliation", and reconcile which meds you would like to continue or D/C
2. Go to the patient's powerplan(s), right click them, and select "discontinue" for all of them
3. Open "MED General Admit" or "ICU General Admission" and write your orders

1. Right click on the patient's power plan(s) and select "discontinue".
2. A screen will pop up asking which medications/orders you'd like to "keep". All unclicked boxes will be discarded.
3. Open "MED General Admit" or "ICU General Admission" and write your orders

Sending your patient to Surgery/ Procedures: **NEW INFORMATION**
- The NURSE transferring the patient to the OR is responsible for "Suspending" all inpatient medications and IV fluids prior to transfer to the Operating Room. There is a lot of education going on regarding this work flow. The only possible exceptions to this rule are the IV sedatives and IV pressors from the ICU – those should likely NOT be suspended prior to going to the OR. The current workflow is that at the END of the case, ALL orders are to be discontinued and new post-op orders written in a 'Planned' state, to be 'Initiated' when the patient hits the wards.

- Sending a patient or IR or the GI Lab: Policy still being finalized, but probably will involve no suspension or resumption of any meds or tasks, just send them and receive them back without doing anything in Cerner

Finding documentation of procedures/radiology reports/pathology reports, setting up filters:
- To find a list of procedures from the vast array of notes that pop up under "physician documentation", click on the … button next to the field filter for documents Display: (it says "All" if you've never tried to use this before). Find all of the procedures under the filters, check all of them, then hit "Apply". It will ask you to name it (I named mine "Procedures – All"). You will then only see the procedures that have been logged as "procedures". Filters also exist for things like "radiology reports", "pathology reports", "admission documents"; while they may not yet be populating, they should down the line.

Discharges:
- Physicians are ONLY responsible for the three yellow boxes on a Discharge Summary Screen: "New Orders", "Discharge Diagnoses", and "Med Reconciliation". Do NOT enter data in any of the green boxes. The boxes never change color. Will go through details for each:

- "New Orders" should include the "Discharge to Home" powerplan, as well as any orders for follow-up appointments
    - Discharge to Home Powerplan: Includes a discharge order (3rd order down, sorry, system issue), with a destination that you have to choose), disposition, diet, labs, and diagnostics. We have added language to the Labs and Diagnostic studies to only use those free text options if the patient will get those studies out of our system. If they are getting the

studies you desire IN our system, ignore those options for both labs and diagnostics and instead click "Add to Phase" and order your labs/X-rays. Note that you should not try to enter a time or date on these future orders; just place a comment for when you would like it to be done, and make sure you click "Yes" for "Order for Future Visit?"

- Follow-up Appointments: Hit the '+' on New Order, type the word "Follow" and a number of options will appear including "Follow-up Appointment", "Postop Follow-up visit", etc. Clicking on the "Follow-up Appointment" will bring up as screen that will prompt you to "Enter Verbatim Order:": i.e. "follow-up with Dr. Anthony Walls in 2-3 weeks in AFMC". This will be tasked to the nurses to complete (they will ask the MOAs to help them with this).

- Discharge Diagnoses: Should automatically populate unless, during your labeling of Diagnoses, you didn't make sure that they were all "Discharge Diagnoses".

- Med Reconciliation: Going through the "Medication Reconciliation Discharge" tab should be relatively self-explanatory.

Help with Various Tasks Including Updating Banner Bars with Resident/Attending Names:
- MOAs should be able to (and will be asked to) keep names of Attendings and Residents on the Banner Bar up to date. MOAs are likely also to be tasked with checking up on labs (not yet happening) and with updating family member contact information, since we don't have access to updating that as physicians. Please ask your MOAs (for interns, those are "Medical Office Assisants") to help you with these tasks. ** You can now change this yourself with "PM Conversation"**, but still try to have your MOAs stay on task with this.

Documentation **NEW INFORMATION**:
- Try to focus on using the "SOAP/Progress Note" for daily notes. Avoid Free Text notes at almost all costs (unless writing a brief update with no macros), because, with only one field in which to enter data, they will slow your documentation down to a standstill.

- For those using Dynamic Docs for their documentation (most of us not in the ER, Oncology, or OB), the macro functions are helpful. In short, you can set up .macros to be able to pull in live data for many things. To create new macros, open a document and do the following:
1. On the line that starts with the font, etc., click on the last icon on the line which is "Manage Auto Text".
2. Under phrases, click on the first icon which is for "New phrase"
3. Name the macro on the line which says "Abbreviation:", beginning with a "." (i.e. ".homemeds")
4. On the line for "Abbreviation replaced by:", click the second icon for "Add template"
5. The most helpful templates you will find are as follows:

- PowerNote Inptlab ST – includes last 4 values in a readable format. It's not perfect, does NOT include serum Bicarbonate, LFTs, or other things, but it's a start.
- PowerNote Inpatmed ST – includes all active meds in a very readable format – great!
- PowerNote Homemeds ST – includes all home meds in a very readable format – great! Can also be used AFTER your discharge medication reconciliation to list the medications you are discharging your patient home with. You SHOULD REPLACE the meds in the Dynamic Doc H&P with this macro
- PowerNote InpatVital ST – gives current, maximum, and minimum values in the last 24 hours. Only helpful for when the nurse has entered the information into a certain field, otherwise will skip vitals, but is generally a start.
- Problems (ST) – Gives a list of your 'Active' Problems (not Diagnoses—diagnoses are populated into Dynamic Document Progress/SOAP Notes, Problems are more to be used like a Past Medical History)

- If you put a _ into a Text macro, you can use the F3 button to scroll from _ to _ through your document. Very helpful function!

Keeping track of your patients: "Physician Handoff" **NEW INFORMATION**
- You should all have access to VCMC Inpatient Medicine Team A, VCMC Inpatient Medicine Team B, VCMC Inpatient Medicine Team C, VCMC Inpatient Medicine Team D, VCMC Inpatient Medicine Team E, and VCMC Inpatient ICU on the dropdown "Patient List" menu. If you DON'T, see below for how to add those teams onto your active lists. These lists are viewable by every physician.

- We are strongly encouraging second year residents on Medicine and third years on the ICU to use and keep up with the "Physician Handoff" screen, for days off and for post-call days on the Medicine Service; for night coverage, the old system of calling the call person (medicine resident for unmonitored patients, ICU resident for monitored patients) should still be happening.

- The "Physician Handoff" also has free-text spaces for "Comments" and "To Do" lists for each patient, and some of that information is printable. If you run out of characters, write a second note. This is the closest thing we have to Bulletin Boards; the more you use this, the easier your life (and people covering your patients' lives) will be. The nurses will be able to see you "Comments" but not your "To Do" lists. Use this as a one-liner (why the patient is here).

- Note that there is a glitch on the code status on the "Physician Handoff" screen – the correct code status may not appear, please confirm on the patient's banner bar.

Adding Team Lists to your Active List:

You only need to do this once.

1. Click on the "Patient Lists" tab to the left of the "Physician Handoff" list.
2. Click on the wrench icon located directly under the patient list title
3. Select the list that you'd like to make active (VCMC Inpatient ICU, VCMC Inpatient Medicine Team A/B/C/D/E depending on which you are).
4. Click the rightward arrow
5. Refresh. That team will now show up under the "Physician Handoff" tab.

Errors:

- You will undoubtedly come across things that aren't working so well thus far. For some of the more serious errors, people need to know about exact details of the error so that they can troubleshoot where things went wrong and how to make them better.

- To report an error, try as best as you can to document the error by using "screen shots". From most computers, pressing the "Print Scrn" button will copy the currect view. Then open a Microsoft Word document and paste the screenshot into that document. Call the Cerner hotline (3226) to ask to whom you need to send your screenshot, or just send to Mark Lepore and Nate Carroll. There will be a different set of folks looking for solutions depending on the if the problem is Lab, Blood Bank, Pharmacy, or Radiology related.

Code Blues/ Rapid Responses:

- Codes are still documented on paper – these flowsheets need to be filled out, signed by the physician, and scanned into Cerner

- You should be able to get all meds in a code without typing anything into a computer. After the code has concluded, either the physician will enter those orders into Cerner or the nurse will enter those orders for meds already given, with the physician then having to co-sign a nurse's order.

- Nurses are able to enter verbal orders for Chest X-rays and labs into Cerner post-code if the physician is still too occupied in the patient room to be signing into Cerner to order these things (the lab tech and radiology tech should be there anyway). These verbal orders need to be co-signed within 24 hours.

- Note: Nurses are still allowed to enter verbal orders! However, we as physicians have had much more training in Computerized Physician Order Entry (CPOE), so should be entering our own orders if at all possible.