



# User Manual

February 2011



***CPOE User Manual***

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## Introduction:

Computerized Provider Order Entry will close the patient safety loop, improve quality of care and reduce errors by allowing care providers to enter orders directly into CareLink.

### Why CPOE?

- ◇ Process improvement
- ◇ Cost-conscious decision making
- ◇ Clinical decision support
- ◇ Optimal use of physician time

### *CPOE can actually optimize practice!*

- ◇ CPOE was designed to support medical practice, not subjugate your own clinical judgment.
- ◇ The system does this with decision support tools, such as InfoLinks and warnings.
- ◇ Tools and data are dynamic, creating opportunities for improved patient care.

### Studies on post-implementation CPOE show:

- ◇ In one post-implementation study, time for the administration of STAT Furosemide was >50% faster than pre-implementation - making a big difference for a CHF patient!
- ◇ Process improvement decreases fragmentation of the provider's time:
  - Decrease in the number of lost orders
  - Decrease the number of inquiries for ambiguous orders
  - Clinical decision support tools, like InfoLinks and alerts, improve workflow and minimize disruption
  - Evidence-based information is built into the system

## Log in to the CareLink Website (Portal) to Enter Orders

### Viewing all your patient orders

***You will have to check the chart for orders that have been written on paper until all providers are CPOE trained.***

**You should also check :**

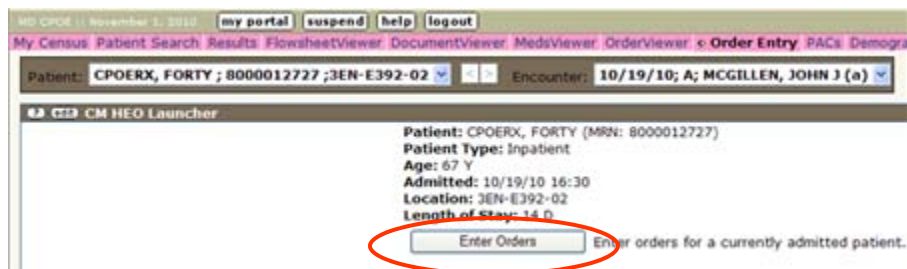
MedsViewer | OrderViewer

- **The Meds Viewer Tab**
  - ◇ *This tab, located between the **Document Viewer Tab** and the **Order Viewer Tab**, allows physicians to view all medications and I.V.'s ordered and administered.*
- **The Order Viewer Tab**
  - ◇ *Is located next to the **Order Entry Tab** and displays all non-med orders written on the patient during this admission.*
  - ◇ *You may sort orders by status, order group, or those written in the last “n” days.*
- The **Chronological view** in the Orders pane in Order Entry
  - ◇ *Displays all orders from newest to oldest.*
  - ◇ *Provides a quick review of recent orders if you have been away for a few days or are new to the patient.*

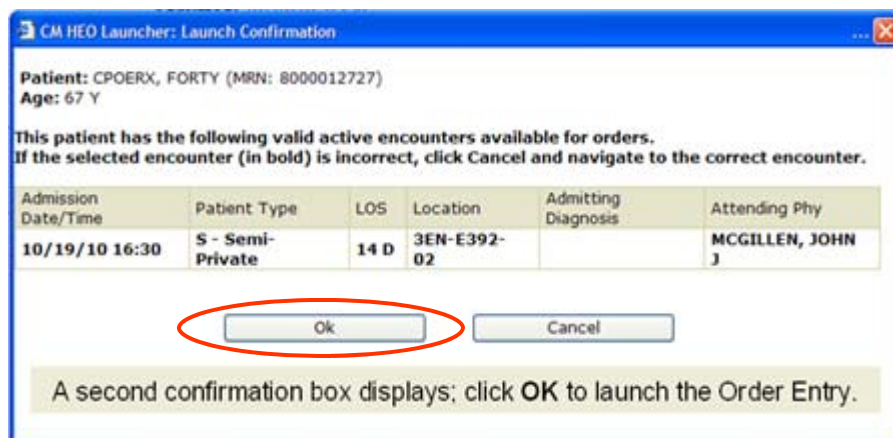
## Provider Order Entry Process

MedsViewer OrderViewer **Order Entry**

- ◇ **Log in to CareLink**
- ◇ **Select your patient and open the chart**
- ◇ **Click the Order Entry tab**
- ◇ **The first security box displays**
  - **Insure that you have the correct patient**
  - **Click Enter Orders**

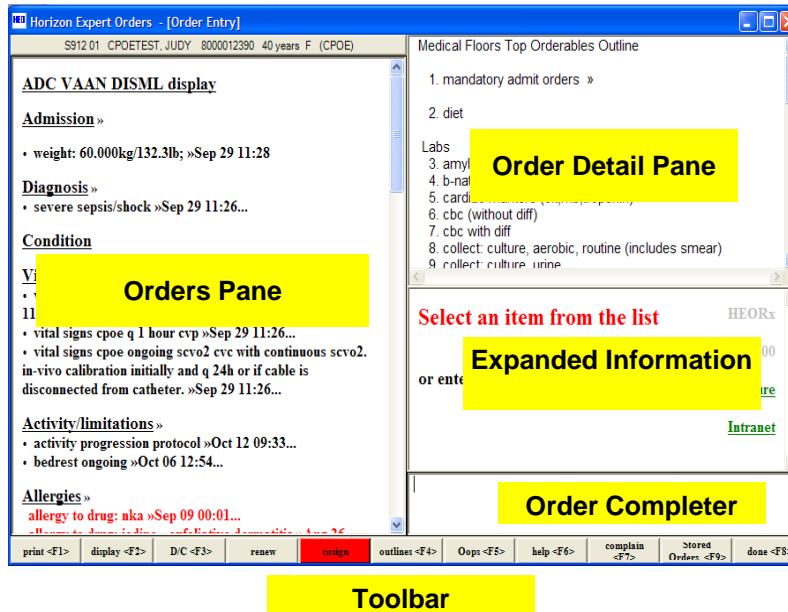


- ◇ **A second security box displays. If you have the correct patient, click OK .**



- ◇ This action launches the Order Entry application.

## The Order Entry Screen



### The Orders Pane:

- Occupies the entire left side of the screen.
- Displays all active orders entered into CareLink.
- **3 views: ADC VAAN DISML - default provider view; Chronological** - lists all orders in chronological view from newest to oldest, and **Current Orders** - default non-provider view

### The Order Detail Pane:

- Returns a list of items matching the search terms you entered in the **Order Completer** pane.
- Select an item from the list. When you begin to build the order, the details display in this screen

### The Expanded Information Pane:

- Prompts your next actions in the order entry process

### The Order Completer Pane:

- The area where you will type in your search term, like a **Google** search.
  - ◇ Launches a search engine that retrieves tests, treatments, etc. that match your entered search term.
  - ◇ Where you will type responses to the prompts in the Expanded Information pane.

## The Toolbar Buttons:

- Click the button to initiate the action.
- <F> indicates that you can also use the function key on your keyboard to initiate the action.

print <F1>	display <F2>	D/C <F3>	renew	cosign	outlines <F4>	Oops <F5>	help <F6>	complain <F7>	Stored Orders <F9>	done <F8>
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Button	Action
print <F1>	Initiates printing.
display <F2>	Changes the Orders pane view cycling through ADC VAAN DISML, Current Orders & Chronological views.
D/C <F3>	Displays a list of your orders that may be discontinued.
renew	Turns <b>fuchsia</b> when orders are within 24 hours of expiration.
cosign	Turns <b>red</b> when there are telephone or verbal orders to acknowledge (co-sign).
Outlines <F4>	Brings up a list of order outlines.
Oops <F5>	Takes you back one step in the order entry process - like a "back" button.
help <F6>	Help files
complain <F7>	Suggestion button opens email that is sent to our Process Build team. Please enter helpful suggestions.
done <F8>	When you are finished entering orders; prepares to leave the system.

## CareLink Order Entry Process

- Open a patient's chart and select the **Enter Orders** tab in the CareLink Website
- Type the order in the Order Completer pane and press **Enter**.
- Select the order from the list.
  - ◊ Follow the prompts in the Expanded Information pane:
    - Select a Priority. (When to start?)**
    - Frequency. (How often?)**
    - Select a Duration. (For how long?)**
- Provide any additional information required, or enter **Comments**, if necessary.
- Press **Enter** (You can enter more orders or...)
- Click **done <F8>**.
- Accept and Exit.

## CARELINK ORDER ENTRY PROCESS

### Modify an Order

#### BEFORE Saving and Accepting the Order:

- Select a patient, and open Order Entry.
- Left click the order's **blue text** in the Current Order Pane
- Select **Modify**
- You will be returned to the Order Entry process
- Click on the order element you want to modify and enter the modification
- Select **done <F8>**
- Accept and Exit.

*Note: You can modify some saved orders. If you click the order and the "modify" option appears, the order can be modified.*

#### AFTER the Order Is Saved, you can modify most medication orders:

- Select a patient and open Order Entry.
- Left click the medication (in black text).
- Select **Modify**
- You will be returned to the **Order Entry** process
- Click on the order element you want to modify and enter the modification
- Select **done <F8>**
- **Accept and Exit.**

### Delete an Order

- Select a patient, and open Order Entry.
- Left click the order's **blue text** in the Current Order Pane
- Select Delete. (*You can only delete an order before it is accepted.*)
- The order disappears from the Current Orders pane.
- Select **done <F8>**
- **Accept and Exit.**



## The Order Entry Process (continued)

### Discontinue a Single Order

- ◇ Click a saved order on the **Orders** pane.
- ◇ Click **Discontinue** in the pop-up box. (***DO NOT use Discontinue for cleanup– the department is not notified!***)
- ◇ Click **done <F8>**.
- ◇ **Accept and Exit.**

### Discontinue Multiple Orders

- ◇ Select a patient, and open Order Entry.
- ◇ Click **D/C <F3> on the toolbar.**
- ◇ A list of orders that can be discontinued displays
- ◇ Check the box/boxes before the orders you want to discontinue.
- ◇ Click the **Discontinue orders** button
- ◇ The orders disappear from the Current Orders pane.
- ◇ Click **done <F8>** when finished.
- ◇ **Accept and Exit.**

### Renew Orders

- ◇ Select a patient, and access Orders Entry.
- ◇ Click the **Renew** button if it is highlighted in **fuchsia** on the **Order Entry toolbar.**
  - Check the box next to the order you wish to renew
  - Click **Renew Selected Orders.**
- ◇ Click **done <F8>**.
- ◇ **Accept and Exit.**

### Co-Sign Orders

- ◇ Select a patient, and access Orders Entry.
- ◇ Click the **Co-sign** button if it is highlighted in **red** on the **Order Entry toolbar.**
  - Check the box next to the order you wish to cosign that appear in the “My Orders” box.
  - Click **Acknowledge Selected Orders** at the bottom of the box to co-sign the orders.
- ◇ Click **done <F8>**.
- ◇ **Accept and Exit.**

## Order Entry, Continued

### Order Sets

- ◇ An order set, or order outline, contains multiple, orders that are characteristically ordered together, for example, “Chest pain, R/O Coronary Syndrome.”
- ◇ Order sets are denoted by “>>” following the order name.

2. heart failure orders (12/08) cpoe >>

### Linked Orders

- ◇ A linked order is denoted by a “+” sign in front of the test name
  - By clicking the numbered order above the list, all linked orders move to the Orders pane at the same time.
  - You enter multiple orders with one click of the mouse.

```
1. mandatory admit orders >>
LINKED ORDERS
2. diagnosis: heart failure
+ ambulate - encourage early ambulation as soon as patient is able.
+ daily weight
+ intake and output strict
+ vital signs per unit standrd b/p, t.p.r
+ oxygen/ nasal cannula at 2- 4 lpm. maintain o2 sat > or = to 90%. call
m.d. if <90%
+ pulse oximetry q shift
+ if, then if unable to obtain accurate output, then may insert indwelling
urinary catheter. may discontinure foley once on oral diuretics.
+ if, then if urine output <350 ml/8 hours while on iv diuretic therapy
then notify md
+ central telemetry monitoring - call md for > 10 beats of vt or
symptomatic vt, once md aware of non-sustained vt, call only if
sustained or symptomatic.
+ patient education institute/reinforce heart failure teaching protocol.
+ apn consult heart failure notification of consult to be made by nursing
unit x7363; invision 840351
+ dietary consult for chf dietary instruction.
+ do not hold drugs without a physician's order for hypotension or
```

Linked orders appear in blue text in the Orders pane.

### Chronological display

#### New orders

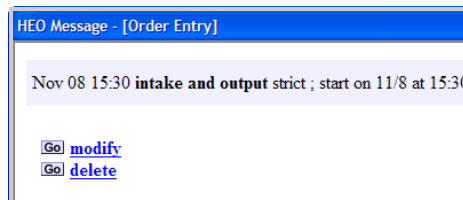
- Nov 08 15:30 do not hold medication / iv without physician order for hypotension or bradycardia. ; start on 11/8 at 15:30
- Nov 08 15:30 registered dietitian to instruct diet for chf dietary instruction. ; start on 11/8 at 15:30
- Nov 08 15:30 apn consult cpoe heart failure notification of consult to be made by nursing unit x7363; invision 840351 ; start on 11/8 at 15:30
- Nov 08 15:30 patient education institute/reinforce heart failure teaching protocol. ; start on 11/8 at 15:30
- Nov 08 15:30 central telemetry monitoring - call md for > 10 beats of vt or symptomatic vt, once md aware of non-sustained vt, call only if sustained or symptomatic. ; start on 11/8 at 15:30
- Nov 08 15:30 if, then if urine output <350 ml/8 hours while on iv diuretic therapy then notify md ; start on 11/8 at 15:30
- Nov 08 15:30 if, then if unable to obtain accurate output, then may insert indwelling urinary catheter. may discontinue foley once on oral diuretics. ; start on 11/8 at 15:30
- Nov 08 15:30 pulse oximetry- nursing spot check q shift ; start on 11/8 at 15:30
- Nov 08 15:30 oxygen/ nasal cannula at 2- 4 lpm. maintain o2 sat > or = to 90%. call m.d. if <90% ; start on 11/8 at 15:30
- Nov 08 15:30 vital signs cpoe per unit standr b/p, t,p,r ; start on 11/8 at 15:30
- Nov 08 15:30 intake and output strict ; start on 11/8 at 15:30
- Nov 08 15:30 daily weight ; start on 11/8 at 15:30
- Nov 08 15:30 ambulate - encourage early ambulation as soon as patient is able. ; start on 11/8 at 15:30
- Nov 08 15:30 diagnosis heart failure ; start on 11/8 at 15:30

#### Previous orders

- Nov 15 06:00 cbc (without diff) tmd pk x1 times »Nov 15 06:00
- Nov 12 06:00 cbc (without diff) tmd pk x1 times »Nov 12 06:00

## Modify or Delete Linked Orders

- ◇ To modify or remove one of the linked orders, click the item in **blue text**, and
- ◇ Select **Modify** or **Delete**.
  - Complete the Order Entry process.
  - Press “done” <F8>
  - **Accept and exit.**



## i-Forms

i-Forms are “interactive” forms that will generate an order.

- **To complete an i-Form:**
  - ◇ Launch orders.
  - ◇ Type the name of the order into the Order Completer pane.
  - ◇ Select **i-Form** from the list.
  - ◇ Check the appropriate boxes in the **i-Form**.
  - ◇ Click Submit Orders at the bottom of the **i-Form**.
  - ◇ The submitted orders are displayed in **blue text** in the Orders pane.
    - You may modify or delete as necessary
    - Complete the order entry process, press **done <F8>**.
    - **Accept and Exit.**

**Heparin Infusion for DVT or PE**

CPOETEST, JUDY - 98

• Bullet indicates order is placed automatically

\* **Indication (required)**

Deep Vein Thrombosis  Pulmonary Embolism

**Medication Orders:**

This form is using  kg for the calculations. Enter weight to

[Heparin Dosing Chart for DVT or Pulmonary Embolism InfoLink](#)

Heparin Bolus:  units IV Push (60 units / kg, rounded to nearest 1000)

NO HEPARIN BOLUS

Heparin Infusion:  units / hour ( 15 units / kg / hr, rounded to nearest 50 )  
Concentration 25,000 units Heparin / 500 mL D5W

**Laboratory Orders:**

- CBC - STAT drawn prior to heparin start
- INR ( Prottime ) - STAT drawn prior to heparin start
- PTT - STAT drawn prior to heparin start
- CBC - ROUTINE every other day while on heparin infusion

**Nursing Orders:**

- PTT STAT 6 hrs after the start of the Heparin Infusion
- PTT STAT 6 hrs after ANY DOSAGE ADJUSTMENT
- PTT STAT 6 hrs after the first PTT ratio that is within the target goal of 2 to 3.5. If two consecutive PTT results are in the target range, order the PTT QAM and maintain the heparin infusion rate.
- With each PTT ratio result, nurse to adjust heparin dose per the Weight Based Heparin Dosing Chart for DVT or PE
- Notify physician for platelet count < 100,000/mm3, signs and symptoms of bleeding, or a PTT ratio > 4
- Use caution with IM injections while on Heparin

PTT Ratio	Drip Rate Changes
< 1.6	Give bolus of 60 units / kg and increase infusion rate by 4 units / kg / hour
1.6 - 1.9	Give bolus of 30 units / kg and increase infusion rate by 2 units / kg / hour
2 - 3.5	Therapeutic Range NO CHANGE in infusion rate, draw next PTT 6 hours after the last PTT, then again with morning labs
3.6 - 4	Decrease infusion rate by 2 units / kg / hour
> 4	Hold infusion for 1 hour, then decrease infusion rate by 3 units / kg / hour and notify the physician.

**NOTE: You cannot modify or discontinue a diet generated from a diet i-Form, but you can delete the order before it is accepted. Merely complete another i-Form to order a new diet. Other i-Forms can be modified when the orders are displayed in blue text in the Orders pane..**

## InfoLinks

- ◇ InfoLinks are web pages that contain reference information
- ◇ They can be found on i-Forms or on order outlines.

**LAB PRIORITY AND FREQUENCY MUST BE ENTERED CORRECTLY**

**- OR THE LAB WILL NOT BE DRAWN AT THE TIME IT APPEARS TO BE ORDERED !**

**TIMED PK** can only be matched with ONCE and Q\_H.

**When to Start. To order a QxH test, you must choose TMD PK: (with optional start date & time)**

- 1 ROUTINE (default)
- 2 STAT
- 3 DRAW STAT
- 4 TMD PK

or enter an allowed value  
or enter a start date, time and priority

- ◇ After picking **TMD PK**, you can enter “**TOD**” if it starts **today**, or
- ◇ Enter a **specific time or entire date/time** if the order is for the future.
- ◇ Then, select an allowed frequency.

**How often:**

- 1 ONCE (default)
- 2 TOMORROW AM (00:01)
- 3 Q AM (5-7AM) (00:01)
- 4 EVERY OTHER AM (00:01)
- 5 Q2H PICK TMD PK
- 6 Q3H PICK TMD PK
- 7 Q4H PICK TMD PK
- 8 Q6H PICK TMD PK
- 9 Q8H PICK TMD PK

- ◇ **ROUTINE** can only be matched with **ONCE**, **TOMORROW AM**, **QAM**, or **EVERY OTHER AM**.

**How often:**

- 1 ONCE (default)
- 2 TOMORROW AM (00:01)
- ~~3 Q2H PICK TMD PK~~
- ~~4 Q3H PICK TMD PK~~
- ~~5 Q4H PICK TMD PK~~
- ~~6 Q6H PICK TMD PK~~
- ~~7 Q8H PICK TMD PK~~
- ~~8 Q12H PICK TMD PK~~
- ~~9 Q24H PICK TMD PK~~

## Medication/IV Orders

### General Information

How medication orders are displayed:

oral = generic [brand name]  
inj = generic inj [brand name]  
ped = generic (ped) [brand name]

If the route isn't available to administer the medication:

- ◇ You want to order IV, and it isn't displayed, you have selected the **WRONG** form of medication.
  - To correct this, click **Oops**.
  - Start over, select the **inj** form of the medication.
  - Complete the order entry process as usual.

### Med Order Entry Process

- ◇ On the Order Entry screen, type the name of the drug in the **Order Completer Pane** and **Enter**.
  - Select the drug from the list displayed in the **Order Detail pane**.
- ◇ Follow the prompts in the **Expanded Information pane**.
- ◇ Enter **comments** if needed.
- ◇ Press “done” <F8>.
- ◇ Click “Accept the order and Exit.”

### Modify a Med Order

Click the **blue text** of the order in the Orders pane

- ◇ Select **Modify**
- ◇ Complete the order entry process.

**Accepted meds may be modified if the modify option is displayed.**

- ◇ **Follow the above procedure.**
- ◇


### Pharmacy Communication Order:

Used to make changes to existing medication orders when:

- Holding a single dose.
- Temporarily stopping a medication or dose around a procedure or surgery.
- Particular medication needs – Patient may use own meds.
- ◇ On the Order Entry screen, type **Pharmacy Comm** in the **Order Completer Pane** and **Enter**.
- ◇ Enter the change in **comments**.
- ◇ Complete order entry process.

Cancel and re-enter medication orders if you need to change a **DOSE, FREQUENCY and/or ROUTE.**

### **Medication Schedules**

- ◇ There is a difference between ordering a med as “QnH” and “QnHR” in the system.
  - A “QnH” frequency will order the medication at NCH standard times.
  - A “QnHR” frequency means the medication will be administered immediately & at “n” hours from the time of entry. (***Used for antibiotics***)
  - **BEST PRACTICE** for most meds is “QnH.” 
- ◇ “When to Start?”
  - **NEXT SCH**
    - The med order will come to Pharmacy with a start time of the next scheduled dose, based on the frequency and time the provider entered the order
    - **After 9AM, the DAILY, QAM and Q 24 H frequencies will not start until tomorrow at 9 AM.**
  - **STAT**
    - The med order will come to Pharmacy with the start time the provider entered the order. **STAT = NOW (in Pharmacy).**
  - **START TODAY**
    - Is the frequency to be used when you want a medication to start today. If you select **START TODAY** on a med that is given once a day, i.e. **DAILY, QAM, Q1PM or Q24 hrs**, and it's past the time to give the dose, the first dose will be administered **today**.

**1** NEXT SCH (default)

**2** STAT

**3** START TODAY

or enter an allowed value

or enter a start date, time and priority

or press **ENTER** = NEXT SCH

## Medication/IV Orders

### Medication Rules

- **To hold a dose:** Open Orders and select the medication you want to hold, and send a Pharmacy Communication order. Enter the date/time of the dose to be held in the comments section of the Pharmacy Communications order.
- **Pharmacy to dose med orders:** Enter 0 MG as the dose and enter “Pharmacy to dose” in the comments. The exception is Coumadin.: You ***MUST*** order the first dose, then add “**Pharmacy to dose**” in the comments.
- **IV DISPLAY ISSUES:** Some IV medicated drips will display in the **PRN** section, instead of the **IV** section of the Orders pane, **ADC VAAN DISML** view.
- **Pharmacy to Adjust Dose:** The provider will order “**Pharmacy to adjust dose**” with a specific dose already in the dose field.
- **Incorrect Dose is Ordered by the Provider:** Pharmacy will add the comment, “**Dose adjusted per MD order,**” so the RN will know that Pharmacy has clarified and adjusted the order.
- **Weight-based Dose:** Some drugs have weight-based formulas built into the dose field, i.e. immunoglobulin.
- **Pharmacy can “round” doses per policy:** “**Per policy**” will be visible in the Comments, so the RN will know why the dose is different from the provider order.
- **One Time medication orders should NOT be modified!**
- **Blanket orders (“Hold all sedatives.”) are not acceptable.**
- **To renew a medication** when the toolbar button is **fuchsia**, you must renew the **EXACT, SAME order!** If you want to modify the original order, you must either modify the original order, or create a new order.



## Medication/IV Orders

- ◇ **Chained Orders allow providers to taper medication doses:**
  - Enter “taper” in the comments field, and Pharmacy will enter additional orders, if necessary.
  - The Medrol dose pack is a good example of tapering doses.
- ◇ **Non-formulary meds:** If you don't find a med in your search, it may be non-formulary. If the NCH alternative is not acceptable, enter “Misc” to search for the drug. For, example Zantac is non-formulary, but you would find it under **Misc**.

### IV Orders

- ◇ **To find “common IVs”:**

- Type IV fluids in the search pane

1. iv fluids nicu »  
2. iv fluids adult »  
3. iv fluids pediatrics »  
4. bolus iv fluids »

- ◇ Select from the list of IV Fluid order set

- ◇ To order an IV, click IV fluids in the **ADC VAAN DISML**

- Select from the list of available IV fluids.

**IV fluids** »

- ◇ There are “switch” orders on most IV fluid orders. This allows you to switch an IV to a saline flush when appropriate.

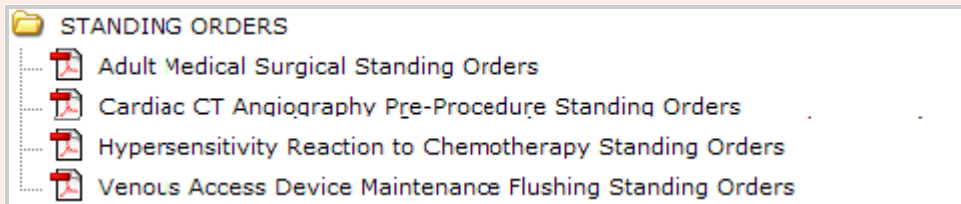
**Go** [switch to sodium chloride 0.9% flush](#)

- ◇ **Discontinue the IV fluid:**

- Click the order on the Orders pane
- Select discontinue
- You will have the ability to order the saline flush
- Complete the order entry process.

## WARNINGS & RULES

- ◇ **One per Patient warning:** Some orders are built to be ordered only once on a patient. The system stops the process if it believes you are attempting to enter a duplicate order.
- ◇ **Mandatory Admit Outline:** **You must enter admission status!**
- ◇ **Conditional Orders:** “If OK with...” are strongly discouraged! These types of orders must be written on paper.
- ◇ **Viewing Orders:** Providers must view all orders in the **Orders Viewer** and/or **Meds Viewer** to see changes. You can also check the most recent orders in the **Chronological view of the Orders pane**.
- ◇ **In the Hybrid World:** Providers must check for **orders written in the paper chart** until all CPOE implementation phases are complete.
- ◇ **Standing Orders:**
  - **Dr’s Standing Orders** will be used to order the **5 NCH Standing Orders**



- Dr’s Standing Orders will also be used to order vaccines, such as influenza or pneumonia vaccines.
- **The attending MD is** responsible for signing any **Standing Orders**. You will sign these orders after the patient is discharged on the Chart Completion Tab of the CareLink Portal.

## Transfer Orders

- ◇ Type “**transfer**” in the **Order Completer Pane**
- ◇ Select No. 1, Transfer patient, from the list in the Order Detail pane
- ◇ “**When to Start**”- **Routine** is the default
  - You can modify if necessary

**When to start: (with optional start date & time)**

1 [ROUTINE \(default\)](#)

2 [STAT](#)

3 [TIMED](#)

or enter an allowed value  
or enter a start date, time and priority  
or press [ENTER](#) = ROUTINE

- ◇ **Select from 0—4 values:**

### **Transfer To:**

- 1  [Critical Care](#)
- 2  [CSU](#)
- 3  [Oncology](#)
- 4  [Orthopedics](#)
- 5  [Post-Surgical](#)
- 6  [Medical-Renal](#)
- 7  [Medical-Pulmonary](#)
- 8  [Medical-Surgical](#)
- 9  [Neuro](#)
- 10  [Pediatrics](#)
- 11  [Pediatric Acute Care](#)
- 12  [POP](#)
- 13  [Labor and Delivery](#)
- 14  [Mother-Baby](#)
- 15  [Admitting Nursery](#)
- 16  [NICU](#)
- 17  [Newborn Nursery](#)
- 18  [Mental Health Voluntary](#)
- 19  [Mental Health Involuntary](#)
- 20  [MOU](#)
- 21  [Medical Unit](#)
- 22  [Interventional Unit](#)
- 23  [PPPU](#)
- 24  [Surgical Heart Unit](#)
- 25  [Short Stay HF Unit](#)

Select from 0 to 4 values.  
Press [ENTER](#) when finished.

- ◇ Enter comments if needed
- ◇ Complete the order entry process as usual.

## Discharge Orders

- ◇ Type “discharge” into the Order Completer Pane
- ◇ Select the appropriate discharge order set
  1. discharge orders by attending physician cpoe »
  2. discharge orders by consulting physician cpoe »
- ◇ The defaults for the discharge order are Routine and Once
- ◇ Select the Discharge Conditions

### **Discharge Conditions:**

- 1 ( ) no need to call consultants
- 2 ( ) If okay with surgeon
- 3 ( ) if okay with ID consltnt
- 4 ( ) if ok w/ consltnts(list in commnts)

Select from 1 to 3 values.  
Press ENTER when finished.

- ◇ Complete Discharge To

### **Discharge To:**

- a HOME
- b HOME WITH HOME CARE
- c HOME WITH HOSPICE
- d ECF/SNF
- e HOSPITAL TO HOSPITAL
- f INPATIENT HOSPICE
- g ACUTE REHAB
- h LTC HOSPITAL
- i AMA

or enter an allowed value

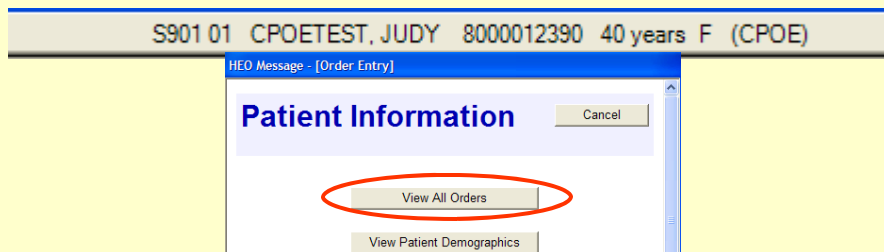
- ◇ **Complete**
  - Additional prescriptions
  - Activity
  - Diet
  - Follow up
  - Other instructions
  - Comments
- ◇ Complete the Order Entry process

## Reminders & Tips

### What's Still on Paper

- ◆ Consents, or signed documents
- ◆ Chemo orders
- ◆ Code Blue documents
- ◆ MET Alert documents
- ◆ TPN
- ◆ Restraint Orders
- ◆ Epidurals
- ◆ Some critical care orders, i.e. Xygris, Transitional IV insulin protocol orders
- ◆ Conditional orders, i.e. "DC Lanoxin if OK with Dr. Jones."
- ◆ Home Care Orders

- ◇ **ADC VAAN DISML view of the Orders pane:**
  - Find **radiology orders** under "**Other Investigations.**"
  - **Discontinued orders "fall off" the ADC VAAN DISML orders view.**
- ◇ To view all orders entered into CareLink click the **Patient Banner** at the top of the Orders pane.

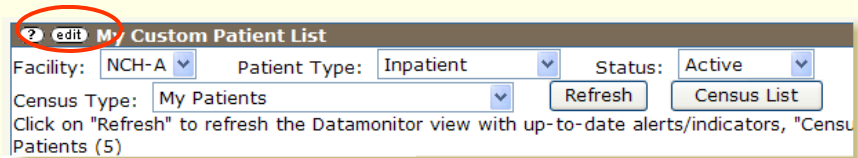


- ◇ **Downtime Procedures:** Write orders on **paper** and use **telephone orders**.
- ◇ **Special i-Forms:** Type in i-Form—> Pneumonia; Diabetes I & II; Heparin; Diet; Blood Bank; PCA; Thrombosis Risk Assessment; Consents.

## Reminders & Tips

### Set your default view on your *My Census* tab to the Data Monitor View:

- You are able to access new labs/rad results; and in the future, co-sign CareLink orders from this tab.



- How to set the default view on the My Census Tab to the Data Monitor:
  - ◇ Click the **edit button** on the My Census view page.
  - ◇ Scroll down the page and change the Default view to **Data Monitor**
  - ◇ Scroll to the bottom of the page.
  - ◇ Click **Save**

## Additional Resources

### CareLink Support Page

- ◇ Click the link on the **CareLink Website (Portal) login page** under the **Message of the Day**:
  - CPOE Training materials
  - Fast Track Learning topics
  - Tips
  - Medication Rules
  - IV Info
  - Essential Computer Skills Review

## Notes



## CPOE SUPPORT

**Unit-based Support:** See placard by unit computers \*

*\*Support to include **Clinical Resources** (out of staff clinicians dedicated to supporting physicians, midlevel providers and NCH clinicians), as well as **Roaming Trainers**.*

**CareLink Hotline 847.618.4830, Option 6 for CPOE assistance**



***CPOE Support Page: Click the 2nd link on the CareLink log-in page, below the message of the day.***