



Gas Chart

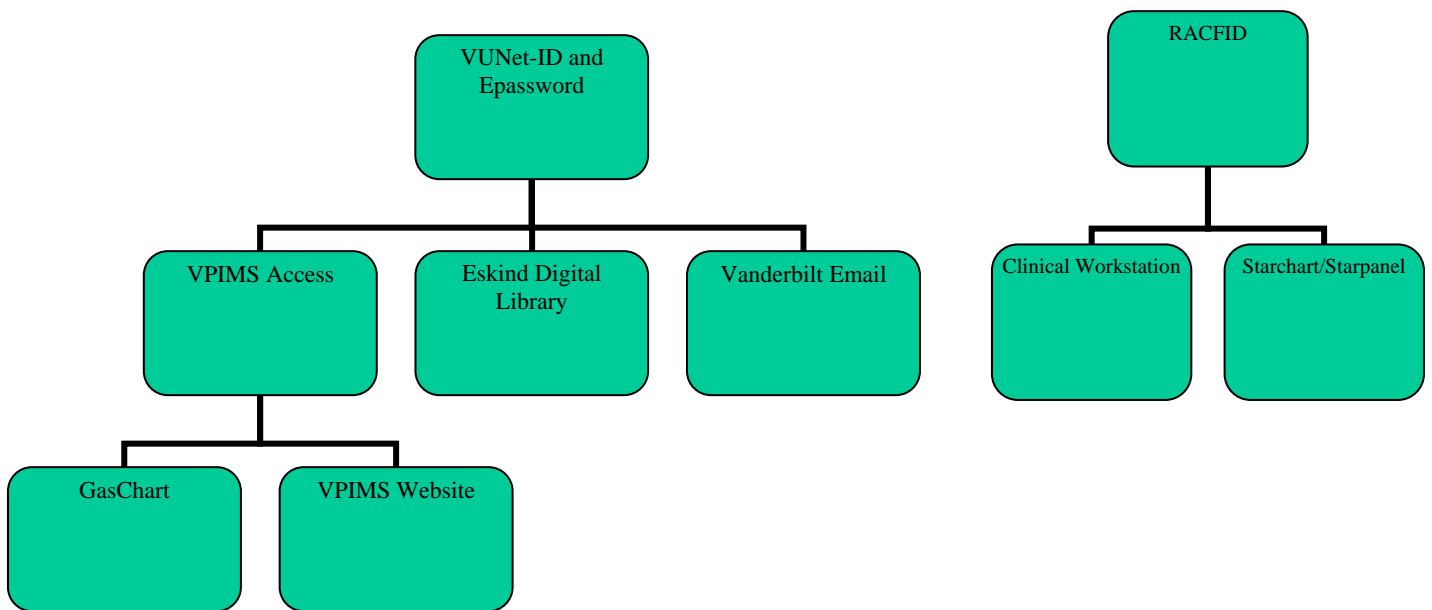
User Manual

Version 4.0.1.0

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Information Management Tree



Setting-Up Access

VUNetID

- Used for e-mail, VPIMS Web, GasChart
- A VUNetID is created for you through Human Resources when you are hired or through your Security Manager once you are an employee.

Epassword

- Used with VUNetID for e-mail, VPIMS Web and GasChart
- Set up by going to www.vanderbilt.edu/epassword once you have a VUNetID

RACFID

- Used for CWS machines, Starchart/Starpanel
- Access granted through Human Resources when you are hired or through your Security Manager

(they will request it from the SAMS team)

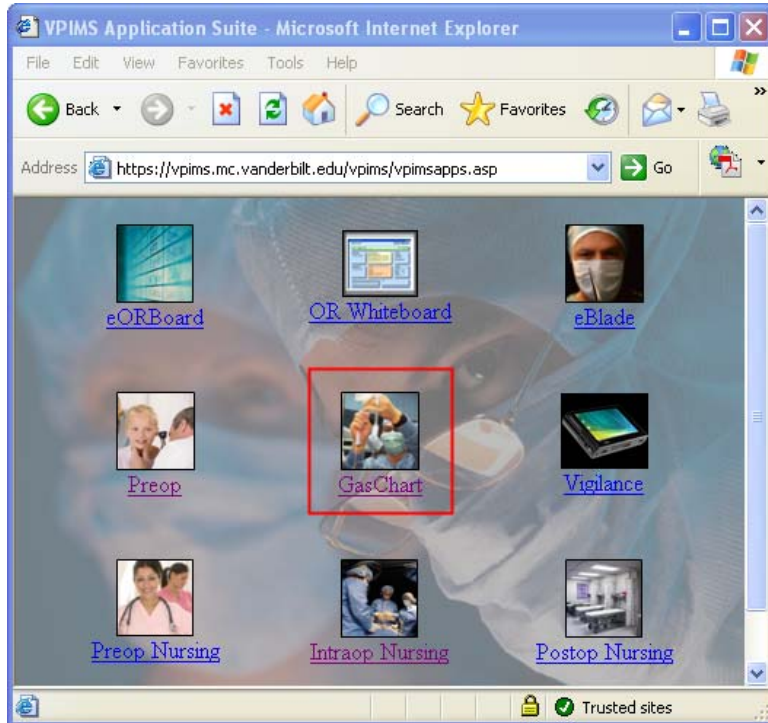
RACF Password

- A password will be given to you when the RACFID is given to you. You will have to change it on your first login.
- If you need your password reset, the HelpDesk can do that (3-HELP)

Logging in to GasChart

If you are working on a CWS, log in using your RACF ID. If you can't log in, call 3-HELP for information on how to reset your password.

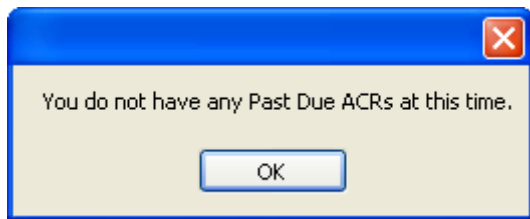
Click on the VPIMS Applications Icon on the desktop. Locate the Gaschart icon and click it to launch the application. (NOTE: If there is a new version available, or the application has never been launched on that workstation, it might take longer than normal. The application must be downloaded on the workstation.)



A login box will appear. Log in with your VUNetID and EPassword.

A "Login to GasChart" dialog box with a blue title bar. It contains two input fields: "User Name:" and "Password:". Below the fields are "Cancel" and "Login" buttons. A red arrow points to the "Login" button. In the bottom left corner, there is a small icon of a person in surgical scrubs with the text "VPIMS" below it.

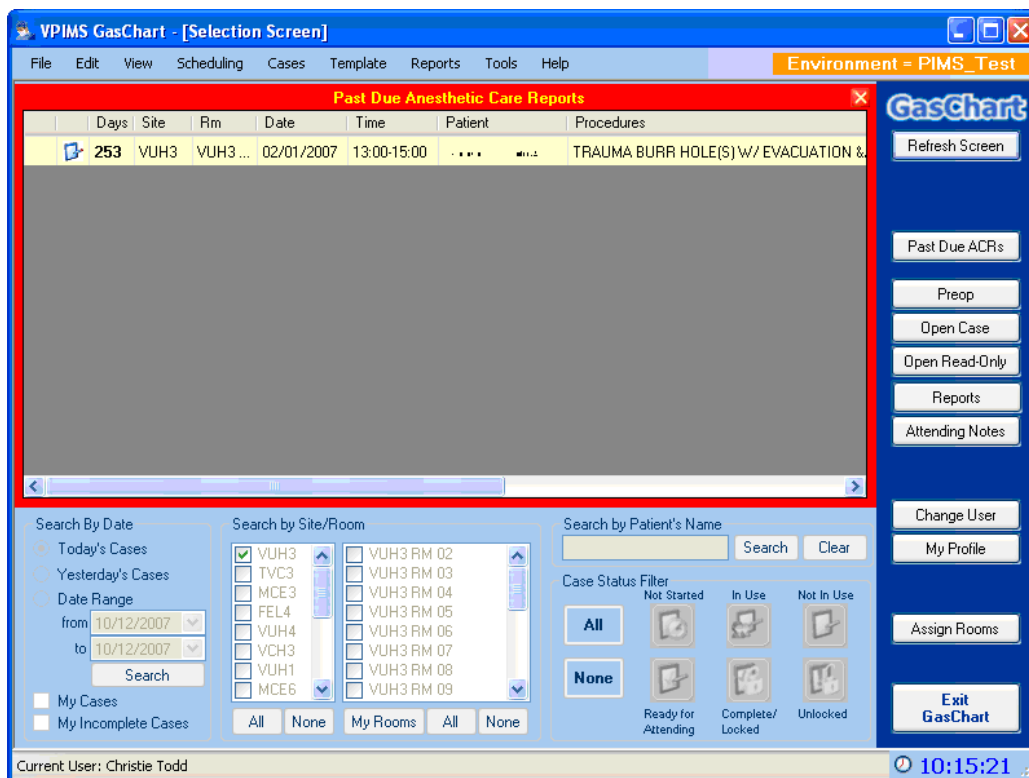
If you do not have any late cases, you will be told so at login time.



Initial Case List Screen

Past Due Cases

When you log into GasChart you might get a screen that looks like the one below with a red box labeled “Past Due Anesthetic Care Reports”. This appears if you have not finished documentation on a case, including the Attending Notes.

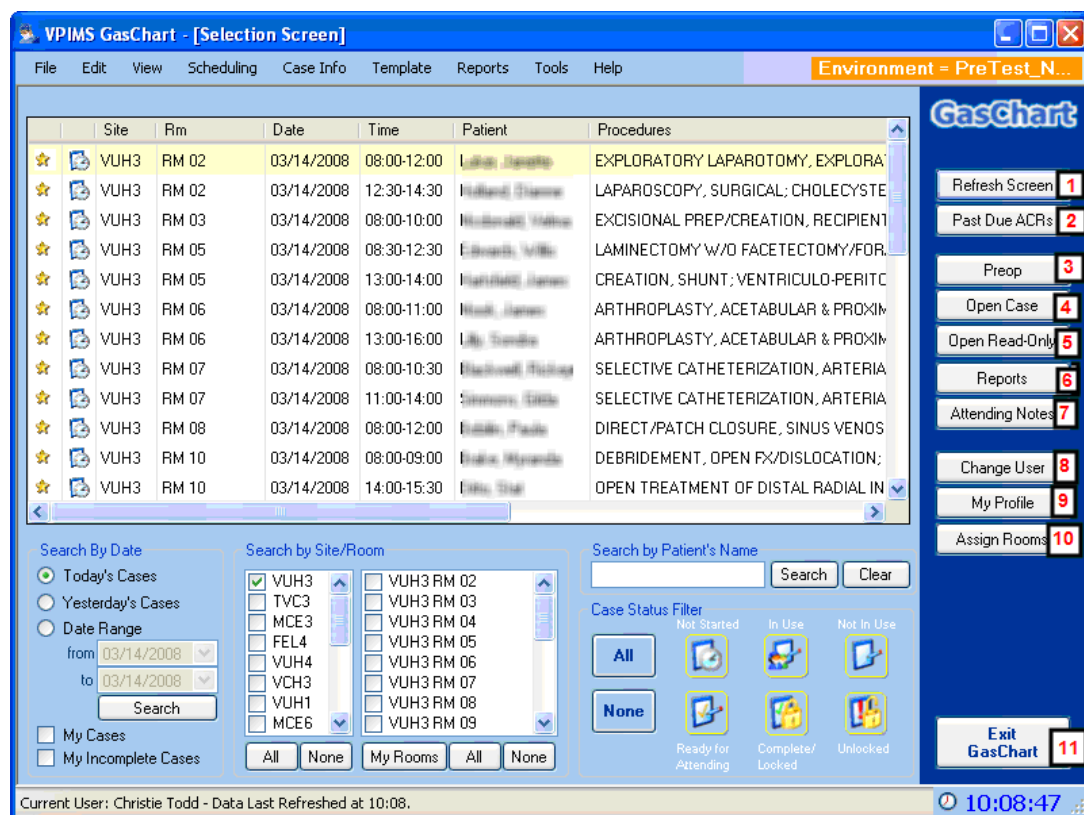


To finish the case: Click on the case and click the Open Case button.

To close the box: Click on the x in the upper right of the red frame

Buttons on the Right Panel

(see picture below)



(1) Refresh Screen

- This button can be used to get the current information for this screen from the database. (The screen automatically refreshes as well.)

(2) Past Due ACRs

- This button can be used to see incomplete cases you are associated with (they will also show as incomplete if the Attending hasn't entered their note)
- Close this window by clicking on the upper right x of the red box.
- For more detail, see section on the previous page.

(3) Preop

- This button will pull up an electronic Preop record (if available) for the case

(4) Open Case

- When a case is clicked on in the case list then this button will become active.

- Single-click on this button to open the highlighted case.
- See more information on this button in the “Chart In A Case” section of this document.

(5) Open Read-Only

- When a case is selected you can single-click on this button to open the case in Read-Only mode (not editable and you will not be signed into the case)

(6) Reports

- Click this button to view a print preview of the available reports for the case highlighted.
- Click the x at the top of the document to get back to the main page screen.

(7) Attending Notes

- Click this button to go directly to the Attending Notes section for the case that is highlighted.
- See Attending Notes section of this document for more information.

(8) Change User

- This button may be used to log off and bring the login screen back up for someone else to log in.

(9) My Profile

- This button may be used to change or view your personal settings
- See the User Manager section of this document for more information.

(10) Assign Rooms

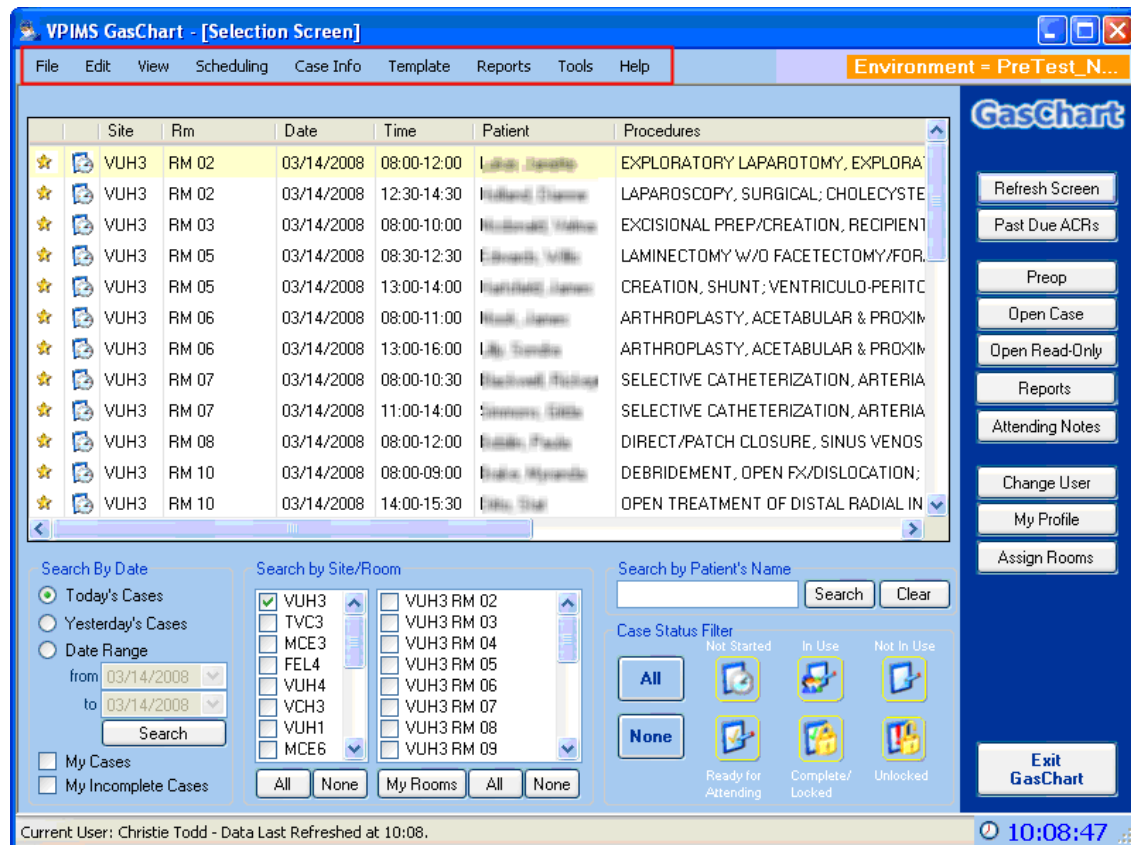
- This button is used to assign clinicians to a specific room for a day.

(11) Exit Gaschart

- This button is used to exit the application.

Features in the Menu Bar

(see picture below)



FILE

Selecting File along the top of the applications allows users to Change User or Exit Gaschart.

EDIT

Allows users to perform Cut, Copy, and Paste functions.

VIEW

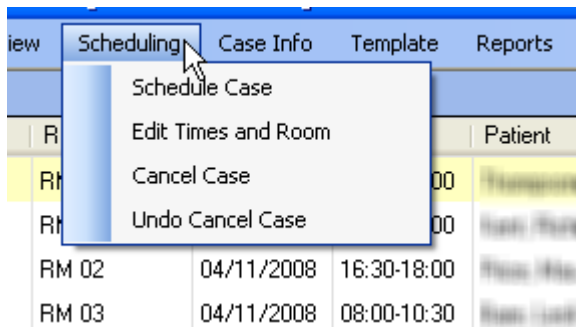
Classic View- Selecting this option displays the Patient Select Screen

SCHEDULING

This heading allows users to manually schedule a case, edit times and rooms, or cancel/uncancel a case.

SCHEDULE A CASE

To schedule a case, highlight SCHEDULE CASE.



Case Scheduling Wizard

Select the type of case you wish to schedule. Select Emergency Add-On Case for all cases where there is a medical need to expedite the case into the OR. For all other OR cases, select Elective Case. To document holding room and/or recovery room care for patients not seen in OR, select Non-OR Case (surgical or non-surgical procedures performed outside of the OR).

☐ OR Case
☐ Emergent OR Case
☐ Non OR Case
☐ Recovery Only Case
☐ Labor And Delivery Case

☐ Is Add-on Case

Cancel Next >>

You may then select:

OR CASE
 EMERGENT OR CASE
 NON-OR CASE
 RECOVERY ONLY CASE
 LABOR AND DELIVERY CASE

☒ Is Add-on Case Add-on Priority

There are also fields where you can choose if the case is an add-on. If you check this box, another field will appear to choose a priority for the add-on (in what order it was boarded). Priority is required if ADD On is selected.

If you select OR CASE, NON-OR CASE, RECOVERY ONLY CASE, or LABOR AND DELIVERY CASE, a new screen will appear with new choices.

To import case and patient information from an external scheduling system by scheduled case number, click Import Case. You may also click List Cases Not Yet Imported to display a list of cases scheduled for today that have not yet been imported into VPIMS.

If you select EMERGENT CASE, a new screen will appear to select a case level and enter comments if necessary.

Indicate the level of medical urgency for the case. If there is no medical urgency, click Back and select Elective Case.

☐ None
☐ Level 1 (Most Urgent Medical Need)
☐ Level 2 (Urgent Medical Need)
☐ Level 3 (Least Urgent Medical Need)
☐ Level 4 (Next Available Regularly Scheduled Time)

Case Level Comment:

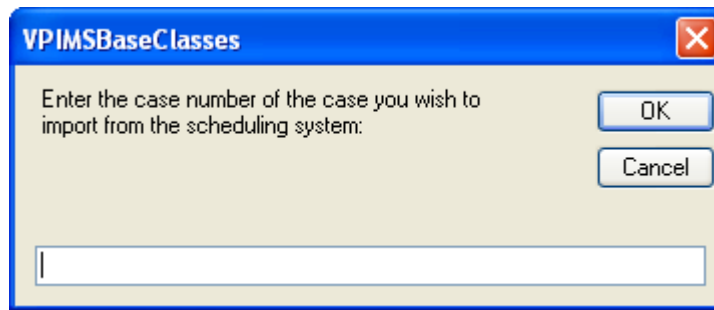
Click Next. The rest of the scheduling feature will be the same as discussed below.

Points to remember:

- ✓ ***The case type you choose when beginning the import or scheduling process will determine the rights you have to edit patient demographic information. Make sure you select the correct Case Type when using the Case Scheduling Wizard.***

IMPORT CASE

This function allows case information to be sent from ORMIS over to VPIMS. Selecting this item requires keying information from ORMIS. Select this option.

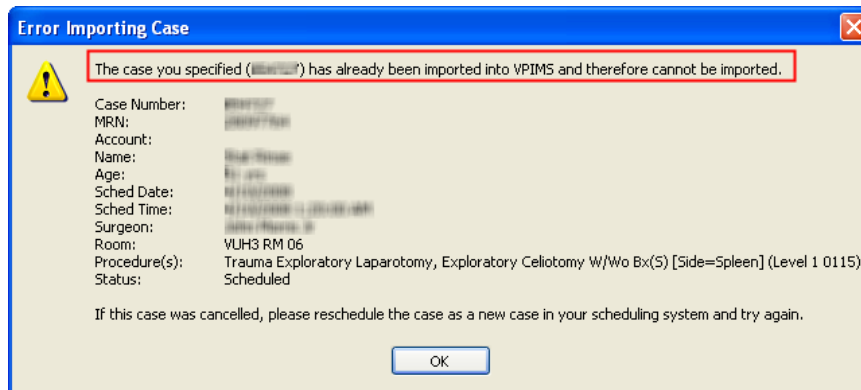


VPIMSBasesClasses

Enter the case number of the case you wish to import from the scheduling system:

OK Cancel

Type in the case number assigned from the scheduling system and select OK.



Error Importing Case

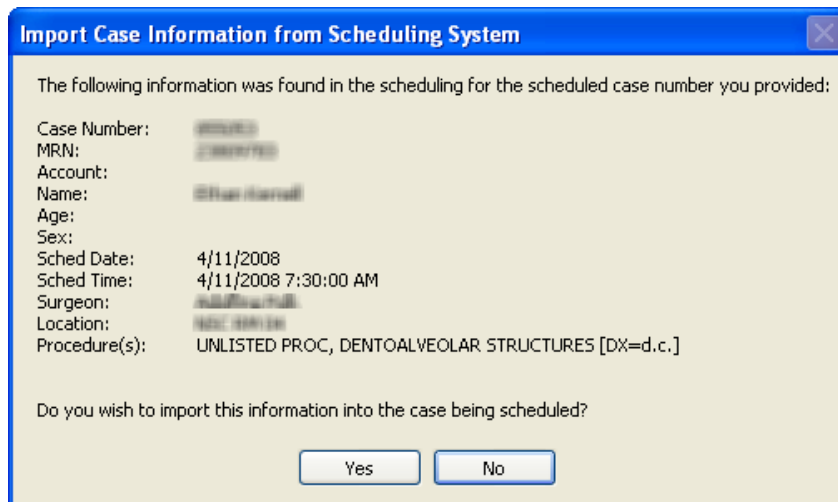
The case you specified (1000000) has already been imported into VPIMS and therefore cannot be imported.

Case Number: 1000000
 MRN: 200000000
 Account: 100000000
 Name: John Doe
 Age: 45
 Sched Date: 4/11/2008
 Sched Time: 7:30:00 AM
 Surgeon: John Doe
 Room: VUH3 RM 06
 Procedure(s): Trauma Exploratory Laparotomy, Exploratory Celiotomy W/Wo Bx(5) [Side=Spleen] (Level 1 0115)
 Status: Scheduled

If this case was cancelled, please reschedule the case as a new case in your scheduling system and try again.

OK

If the case has already been imported, you will get a message saying that the case has already been imported.



Import Case Information from Scheduling System

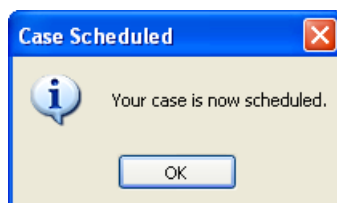
The following information was found in the scheduling for the scheduled case number you provided:

Case Number: 1000000
 MRN: 200000000
 Account: 100000000
 Name: John Doe
 Age: 45
 Sex: M
 Sched Date: 4/11/2008
 Sched Time: 4/11/2008 7:30:00 AM
 Surgeon: John Doe
 Location: VUH3 RM 06
 Procedure(s): UNLISTED PROC, DENTOALVEOLAR STRUCTURES [DX=d.c.]

Do you wish to import this information into the case being scheduled?

Yes No

If not, you will get a case description, as seen above. Verify the information and click Yes to import.



Case Scheduled

Your case is now scheduled.

OK

LIST CASES NOT IMPORTED

This function allows you to manually link a case that has been scheduled in an outside scheduling system. Select this option.

Case Scheduling Wizard

Double Click on a record to import the case.

ORCase	MedicalRecord	LastName	FirstName	MI	SurgeryDate	Location	Bld
20000000	20000000	Farrell	CHen		4/11/2008	NSC RM 04	NSC
20000001	20000001				4/11/2008	VCH3 RM 15	VCH3
20000002	20000002	Farrell	CHen	R	4/11/2008	VUH3 RM 16	VUH3

Cancel << Back

If there are cases that have not imported to VPIMS, they will be displayed on the next screen. Double click the case you wish to import.

Import Case

The following information was found in the scheduling for the scheduled case number you provided:

Case Number: 20000002
 MRN: 20000002
 Account: 20000002
 Name: Farrell, CHen
 Age: 45
 Sched Date: 4/11/2008
 Sched Start Time: 08:00:00 AM
 Sched End Time: 09:00:00 AM
 Surgeon: CHen, Farrell
 Location: VUH3 RM 16
 Procedure(s): 20000002, 20000002, 20000002, 20000002, 20000002
 Anesthesia Required: 20000002
 Isolation Precautions: 20000002

Would you like to import this case?

Yes No

A demographics screen will appear. Verify that the information displayed matches the patient you want to import, and click Yes.

The following screen contains read-only demographic information. Verify that the information is correct. If so, click Next. If not, refer to your department's policy for editing medical record information.



Case Scheduling Wizard

OR Case

Review the patient information below to ensure that you have entered the correct medical record number for the patient you wish to schedule and click Next. If the correct patient is not shown, click Back and verify that the correct medical record number has been entered.

MRN: SSN:

Name(FML): Phone:

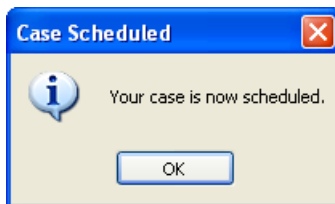
Address: Birthdate:

Address 2: Sex:

City, St, Zip: Race:

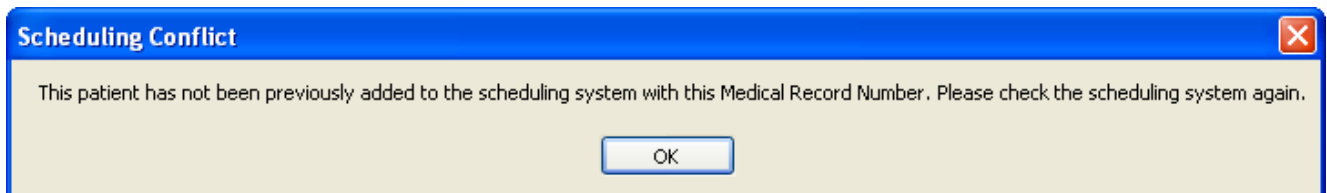
Cancel << Back Next >>

The final screen contains case information. Some of the information can be edited (Case Type, Surgeon, Primary Service, Procedures, and Anesthesia required.) Verify or edit the information as necessary and click Finish.



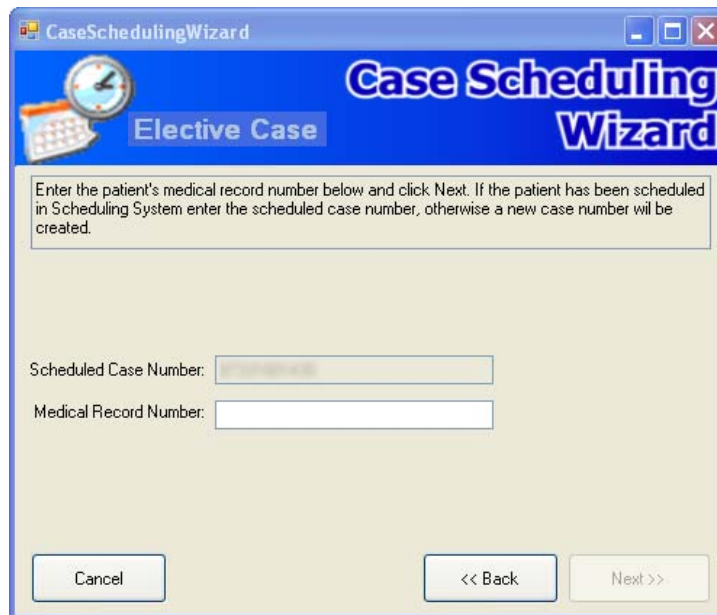
If the case has imported successfully, you will get a message stating that the case has been scheduled.

If the case does not exist in the VPIMS system, it cannot be imported. Refer to your department's policy for correcting or adding medical record information.



SCHEDULE OR CASE

- This function is used to manually enter a case in VPIMS. It is used in downtime procedures, when there is no interface (communication) between VPIMS and an outside scheduling system.



Case Scheduling Wizard

Elective Case

Enter the patient's medical record number below and click Next. If the patient has been scheduled in Scheduling System enter the scheduled case number, otherwise a new case number will be created.

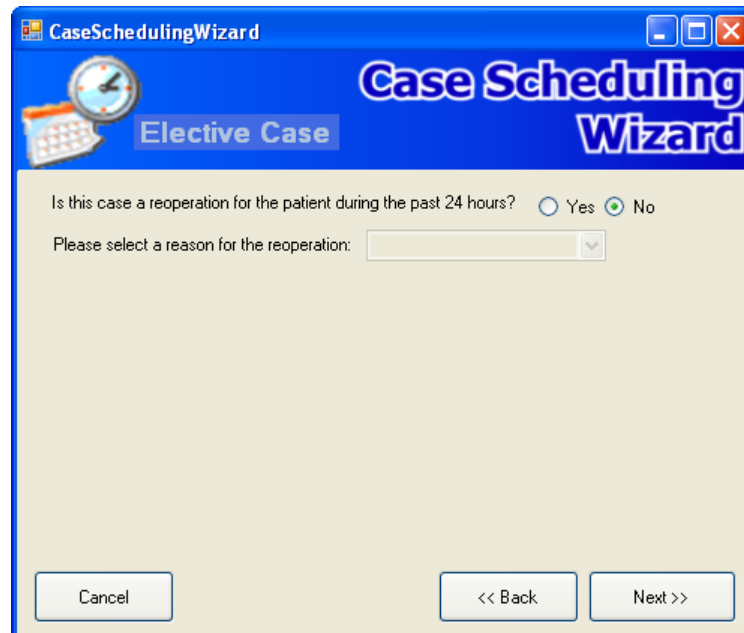
Scheduled Case Number:

Medical Record Number:

Cancel << Back Next >>

You will be asked to enter the medical record number of the patient whom you are scheduling. Key in the number and click NEXT.

If the patient was scheduled within the last 24 hours, you will get a reminder, with some additional documentation requirements.



Case Scheduling Wizard

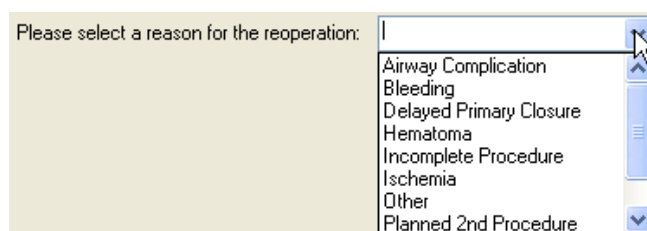
Elective Case

Is this case a reoperation for the patient during the past 24 hours? ☐ Yes ☒ No

Please select a reason for the reoperation:

Cancel << Back Next >>

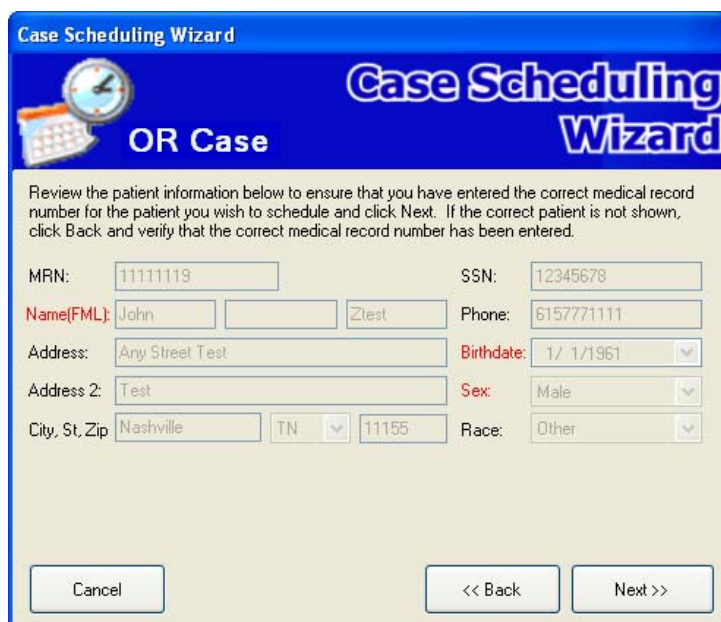
If the patient was indeed scheduled within the last 24 hours, click YES. Otherwise, click No to continue. If you click YES, you must select a reason for the re-operation from the drop down menu.



Please select a reason for the reoperation:

- Airway Complication
- Bleeding
- Delayed Primary Closure
- Hematoma
- Incomplete Procedure
- Ischemia
- Other
- Planned 2nd Procedure

Then click NEXT.



Case Scheduling Wizard

OR Case

Review the patient information below to ensure that you have entered the correct medical record number for the patient you wish to schedule and click Next. If the correct patient is not shown, click Back and verify that the correct medical record number has been entered.

MRN: 11111119 SSN: 12345678

Name(FML): John Ztest Phone: 6157771111

Address: Any Street Test Birthdate: 1/ 1/1961

Address 2: Test Sex: Male

City, St, Zip: Nashville TN 11155 Race: Other

Buttons: Cancel, << Back, Next >>

The next screen will ask you to confirm the patient information for the patient whom you are importing. Make sure this information is correct. If so, click NEXT.

The next screen will require you to verify case details.



Case Scheduling Wizard

OR Case

Enter (or verify if imported from scheduling system) the OR room, date, times, surgeon and procedures to be performed (if any) below. Items shown in red are required for all cases (OR and Non-OR alike).

Location and Times

Date: 4/11/2008

Start Time: 08:00

Stop Time: 09:00

Site: [dropdown]

Room: [dropdown]

Case Type: OR Case

Surgeon and Procedure(s)

Surgeon: [dropdown]

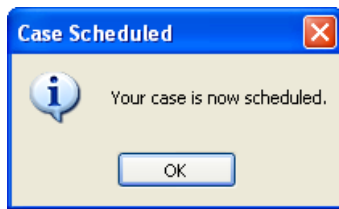
Primary Svc: [dropdown]

Procedures: testcsw

Anesthesia Required: Yes

Buttons: Cancel, << Back, Finish

Again, the fields marked in red must be completed. Verify that the information on this screen is correct and click FINISH. You will get a message saying the case is now scheduled.



EDIT TIMES AND ROOMS

To change the room number or scheduled time for a patient, click on this icon.

A large dialog box titled "Edit Scheduled Times or Room" with a blue header. It contains a globe icon and a text box explaining that the left panel shows original times and the right panel shows new times. The form is divided into two main sections: "Original Times and Room" and "New Times and Room". The "Original Times and Room" section includes fields for Date (4/07/2008), Start Time (07:30), End Time (11:30), and Location (VUH3 RM 02). The "New Times and Room" section includes fields for Date (4/ 7/2008), Start Time (07:30), End Time (11:30), and Location (VUH3 RM 02). Below these are several other fields: "Patient Sent For Time" (a time picker), "Sent For By Whom?" (a text box), "Location Patient Sent To:" (a dropdown), "Hospital Room:" (a text box), "Is AddOn Case" (a checkbox), "Is Direct Transport" (a checkbox), "Case Type:" (a dropdown set to "OR Case"), "Security Risk:" (a dropdown), "Isolation Precautions:" (a dropdown set to "None"), "Anesthesia Required?" (a dropdown), "Surgeon:" (a dropdown set to "Ther, Dr. Steve J"), "Procedures:" (a text box containing "EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY W/WO BX(S) (SEP PROC) [DX=COLOSTOMY]; PROCTOSIGMOIDOSCOPY, RIGID; DX (SEP PROC); CLOSURE, ENTEROSTOMY, LARGE/SMALL INTESTINE;"), and "Case Level:" (a dropdown). At the bottom right are "Cancel" and "Save" buttons.

The current times/location will be displayed on the left side of the screen. You may edit this information on the right side of the screen by clicking in the START TIME/END TIME boxes and entering the new time (in an hr:min format) or by clicking the LOCATION drop down box and selecting a new OR. The current times/location will be displayed on the left side of the screen. You may edit this information on the right side of the screen by clicking in the START TIME/END TIME boxes and entering the new time (in an hr:min format) or by clicking the LOCATION drop down box and selecting a new OR.

DOCUMENTING TRANSPORT SPECIFICS - You may also add information regarding add-on status and transport specifics. To indicate a direct transport, click the box by DIRECT TRANSPORT. You may enter the time that someone went to pick up the patient.. To enter the current time and date, click the box marked PATIENT SENT FOR TIME. Otherwise, click on the white box to the right of PATIENT SENT FOR TIME. You may input the date by using the arrows, and you may input the time by typing it in using an hr:min format.

To enter the name of the person who sent for the patient, click inside the white box next to SENT FOR BY WHOM and type the initials or name of the person who sent for the patient.

To select a location where the patient will be brought, click the drop down arrow by LOCATION and select a location from the list (RED PHONE, HOLDING, PACU, OTHER).

DOCUMENTING AN ADD-ON CASE - You may also indicate if the case is an add-on by clicking the box marked IS ADD-ON CASE. The priority of the add-on can also be designated numerically. To do this, enter the order in which the case was boarded (if it is the first add-on of the day, you would type the number "1" in the box marked ADD-ON PRIORITY).

DESIGNATING CASE TYPE - If To designate a case as an OR Case (default), Non-OR case, or Recovery Only, click the drop down arrow to select from the list. Designating a case as Non-OR or Recovery Only limit the documentation requirements. If the patient is bypassing both Preop and Intraop phases, Recovery Only should be selected. Checking this box disables the requirements in Preop and Intraop tabs and allows the user to skip directly to the Postop tab and PACU documentation. On the main screen, the case will be flagged as such.

SECURITY RISK- The information imports from the ORMIS scheduling system. It reflects any security risk that the patient may pose to himself or others. It can also be edited here, if necessary.

ISOLATION PRECAUTIONS - The information imports from the ORMIS scheduling system. It reflects any isolation precautions that the patient has. It can also be edited here, if necessary.

ANESTHESIA REQUIRED - The information imports from the ORMIS scheduling system. It can also be edited here, if necessary.

ADDING COMMENTS TO THE PROCEDURE – You may also add comments to the procedure, and edit surgeon information. To edit surgeon information, click the drop down arrow by Surgeon and select from the list. To edit the procedure, click inside the white box to the right of PROCEDURES and type in the desired comments. To accept the new changes, click DONE.

CHANGING THE LEVEL OF A CASE – If a case is scheduled as a Level One, Two, Three, or Four, and that designation no longer applies or has changed, you may change the level of the case by clicking the drop-down arrow by CASE LEVEL and selecting the desired information. A description of the different types of leveled cases is provided for you in the list. (Note: In order to gray out the CONSENT SIGNED and H&P INCLUDING VPEC WORKUP fields in the PREOP HOLDING CHECKLIST, you must also designate the case a Level One Trauma case either by using the case scheduling wizard-explained previously- or by changing it here.)

CANCEL CASE

A window will pop up, asking for information about why the case is being cancelled. Select "Cancelled By" and "Reason" from the drop down list. Enter any comments by typing in the space provided. To exit without saving, click "Undo Changes."

Case Cancelled

The following case will be cancelled:

ORCase:		Surgery Date:	2/06/2007
Patient:		Start Time:	2/6/2007 7:30:00 AM
MRN:		Surgeon:	Jose Diaz Jr
Procedure:	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY W/WO BX(S) (SEP PROC); PROCTOSIGMOIDOSCOPY, RIGID; DX (SEP PROC); CLOSURE, ENTEROSTOMY, LARGE/SMALL INTESTINE;; EXCISION, EXCESSIVE SKIN & SUBQ TISSUE (INCLUDES		

Who requests that the case be cancelled:

Cancelled By: Patient

Reason: Patient choice

Comments: Type any comments here...

Undo Changes Done

VPIMS GasChart - [Selection Screen]

File Edit View Scheduling Case Info Template Reports Tools Help Environment = PreTest_N...

	Site	Rm	Date	Time	Patient	Procedures
★	VUH3	RM 02	03/14/2008	08:00-12:00	Lukas, Seattle	EXPLORATORY LAPAROTOMY, EXPLORA
★	VUH3	RM 02	03/14/2008	12:30-14:30	Holland, Thomas	LAPAROSCOPY, SURGICAL; CHOLECYSTE
★	VUH3	RM 03	03/14/2008	08:00-10:00	McDonald, John	EXCISIONAL PREP/CREATION, RECIPIENT
★	VUH3	RM 05	03/14/2008	08:30-12:30	Edwards, Mike	LAMINECTOMY W/O FACETECTOMY/FOR.
★	VUH3	RM 05	03/14/2008	13:00-14:00	Hardwick, David	CREATION, SHUNT; VENTRICULO-PERITC
★	VUH3	RM 06	03/14/2008	08:00-11:00	Walt, James	ARTHROPLASTY, ACETABULAR & PROXIM
★	VUH3	RM 06	03/14/2008	13:00-16:00	Walt, James	ARTHROPLASTY, ACETABULAR & PROXIM
★	VUH3	RM 07	03/14/2008	08:00-10:30	Blackwell, Philip	SELECTIVE CATHETERIZATION, ARTERIA
★	VUH3	RM 07	03/14/2008	11:00-14:00	Green, Mike	SELECTIVE CATHETERIZATION, ARTERIA
★	VUH3	RM 08	03/14/2008	08:00-12:00	Smith, Paul	DIRECT/PATCH CLOSURE, SINUS VENOS
★	VUH3	RM 10	03/14/2008	08:00-09:00	Smith, Michael	DEBRIDEMENT, OPEN FX/DISLOCATION;
★	VUH3	RM 10	03/14/2008	14:00-15:30	Walt, James	OPEN TREATMENT OF DISTAL RADIAL IN

Search By Date: Today Yesterday Date from to

Search by Site/Room: MCE6 VUH3 RM 09

Search by Patient's Name: Search Clear

Case Status Filter: All None Ready for Attending Complete/Locked Unlocked

Uncancel Case? This case is currently cancelled. Do you want to uncancel the case? Yes No

My Cases My Incomplete Cases

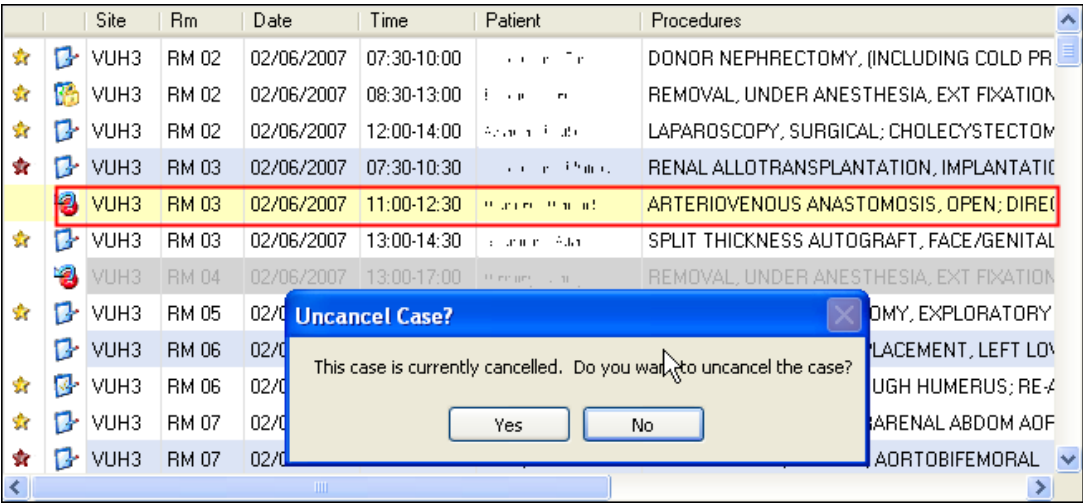
Refresh Screen Past Due ACRs Preop Open Case Open Read-Only Reports Attending Notes Change User My Profile Assign Rooms Exit GasChart

Current User: Christie Todd - Data Last Refreshed at 10:21. 10:21:13

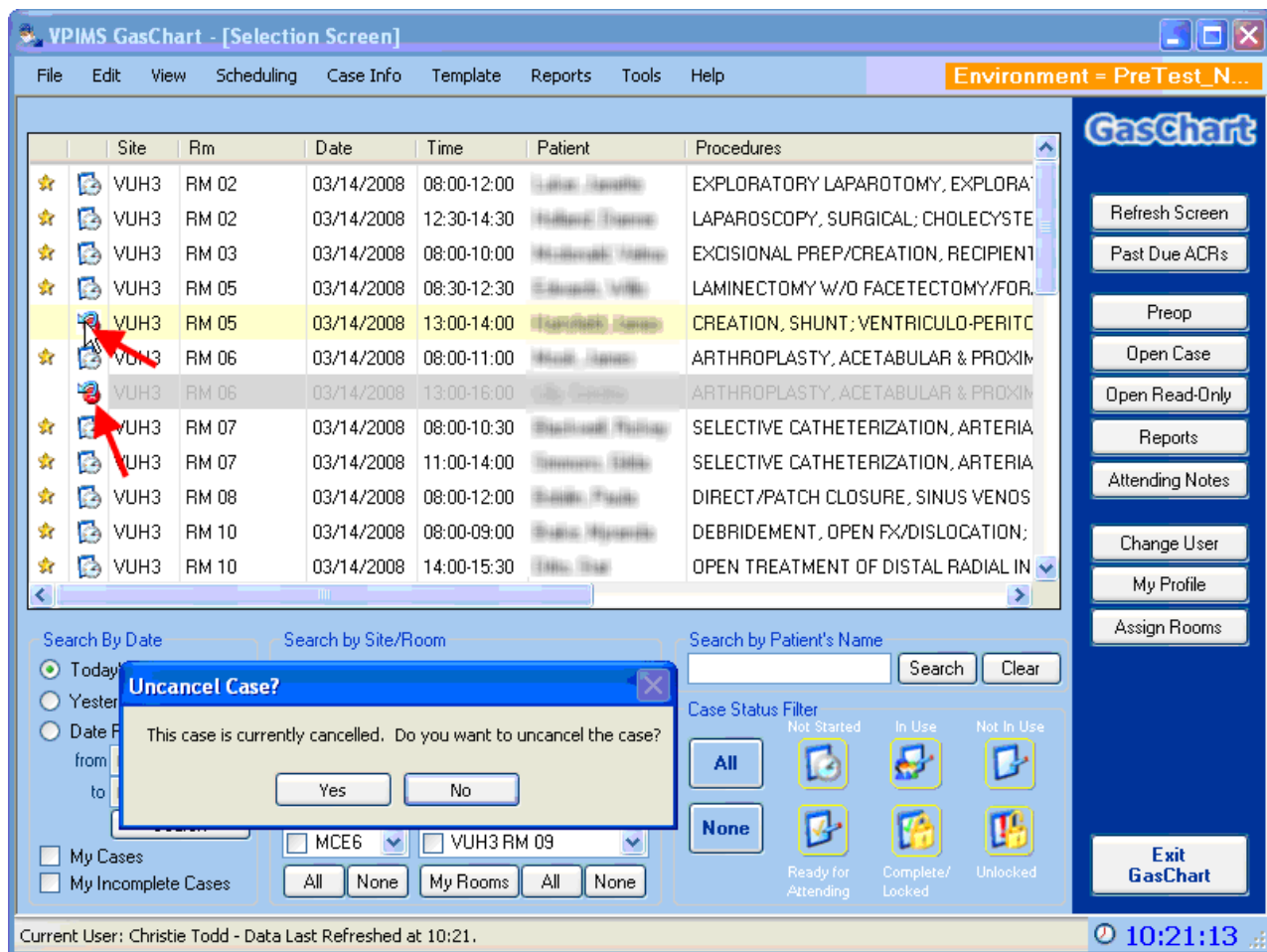
- When you are finished entering information, click DONE. The case will disappear from the Main Screen. If you wish to see all cases, that have been cancelled, you may filter the Main Screen to show ALL cases.

UNDO CANCEL CASE

You may undo the cancellation of a case using 2 methods:
You may highlight the case and select "Undo cancel Case" from the top menu bar....



OR... you may highlight the case and click the red cancellation icon.



With either method you choose, you will be prompted with a popup message.

CASE INFO

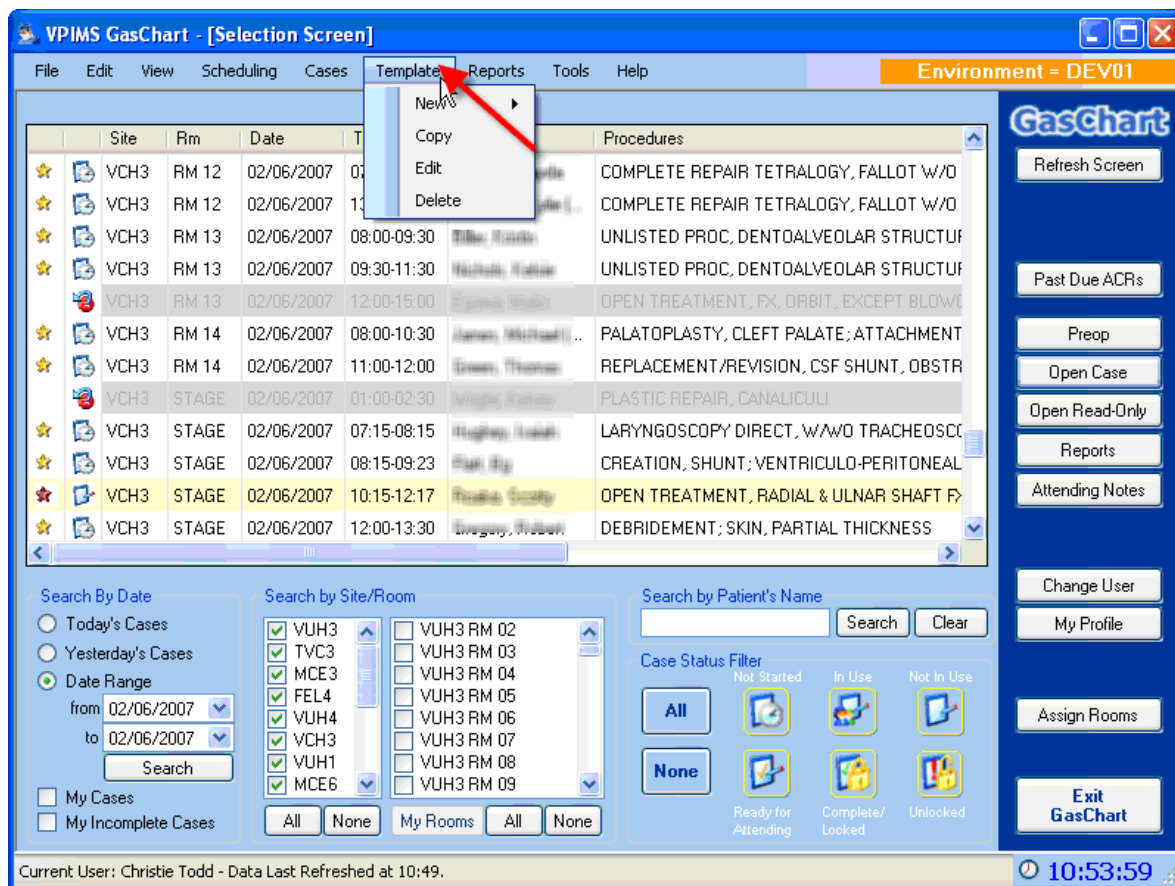
VIEW CASE INFORMATION- Use this to view additional information about the procedure or patient.

VIEW PATIENT DEMOGRAPHICS- Use this to view the patient's demographic information (name, DOB, gender, etc.).

VIEW PROBLEM LIST- View the ihealth issues documented for the patient in their Preop Evaluation, if one is present.

Using a Template

A case template may be created and used to start the documentation of a new case. Cases thereafter may be opened using this specific template, and all information stored in that template will be automatically inserted as documentation in your specific case. You may create your own or copy and save someone else's template as your own.



Create a New Template

You can make a new template under your name. Click Template, then New. Choose either "Blank Template" or "Template Based on Selected Case."

- Enter a name for your template. In the example below, the name of the template is "My first template." Click OK to proceed.

VPIMS GasChart - [Selection Screen]

File Edit View Scheduling Cases Template Reports Tools Help Environment = DEV01

	Site	Rm	Date	Time	Patient	Procedures
★	VCH3	RM 12	02/06/2007	01:00-02:30	Angela, Tish	PLASTIC REPAIR, CANALICULI
★	VCH3	RM 12	02/06/2007	07:15-08:15	Angela, Tish	LARYNGOSCOPY DIRECT, W/WO TRACHEOSCO
★	VCH3	RM 13	02/06/2007	08:15-09:23	Frank, Ray	CREATION, SHUNT; VENTRICULO-PERITONEAL
★	VCH3	RM 13	02/06/2007	10:15-12:17	Frank, Ray	OPEN TREATMENT, RADIAL & ULNAR SHAFT F
★	VCH3	RM 14	02/06/2007	12:00-13:30	Angela, Tish	DEBRIDEMENT; SKIN, PARTIAL THICKNESS
★	VCH3	STAGE	02/06/2007	01:00-02:30	Angela, Tish	PLASTIC REPAIR, CANALICULI
★	VCH3	STAGE	02/06/2007	07:15-08:15	Angela, Tish	LARYNGOSCOPY DIRECT, W/WO TRACHEOSCO
★	VCH3	STAGE	02/06/2007	08:15-09:23	Frank, Ray	CREATION, SHUNT; VENTRICULO-PERITONEAL
★	VCH3	STAGE	02/06/2007	10:15-12:17	Frank, Ray	OPEN TREATMENT, RADIAL & ULNAR SHAFT F
★	VCH3	STAGE	02/06/2007	12:00-13:30	Angela, Tish	DEBRIDEMENT; SKIN, PARTIAL THICKNESS

New Template

Enter a name for your new template.
(Limit your name to 50 characters or less).

OK Cancel

My first template

Search By Date

☐ Today's Cases

☐ Yesterday's Cases

☒ Date Range

from 02/06/2007 to 02/06/2007

Search

☐ My Cases

☐ My Incomplete Cases

Search by Site/Room

☒ VUH3

☒ TVC3

☒ MCE3

☒ FEL4

☒ VUH4

☒ VCH3

☒ VUH1

☒ MCE6

☐ VUH3 RM 02

☐ VUH3 RM 03

☐ VUH3 RM 04

☐ VUH3 RM 05

☐ VUH3 RM 06

☐ VUH3 RM 07

☐ VUH3 RM 08

☐ VUH3 RM 09

All None My Rooms All None

Search by Patient's Name

Search Clear

Case Status Filter

All

None

Not Started

In Use

Not In Use

Ready for Attending Complete/Locked Unlocked

Refresh Screen

Past Due ACRs

Preop

Open Case

Open Read-Only

Reports

Attending Notes

Change User

My Profile

Assign Rooms

Exit GasChart

Current User: Christie Todd - Data Last Refreshed at 10:54. 10:57:45

If "Blank Template" is selected, the template forms will appear. Only the information you can include in your template will be available to you.

Vitals Template

Template Drugs

Editing the Clinical Pathway: **My first template** [frmCase]

File Edit View Scheduling Cases **Template** Reports Tools Help

Drugs/Fluids LowerGrid Anes Airway Monitors Checklist Case Info

Template Drugs

All abciximab (mg) Add

Del	Med Name	Route	Preop Med
<input type="checkbox"/>			<input type="checkbox"/>

Template Drips

Del	Drip Name
<input type="checkbox"/>	

Template Fluids In

Del	Fluid Name
<input type="checkbox"/>	

Template Fluids Out

Del	Fluid Name
<input type="checkbox"/>	

☐ UOP Not Measured ☐ Minimal EBL

Drugs/Fluids LowerGrid Anes

Template Drugs

All abciximab (mg) Add

All

Antibiotic

Emergency

Induction

Local Anesthetic

Maintenance

Misc

Muscle Relax

Narcotic

Pharmacy Meds

Sed/Hypnotic

Surg Administered

Surg Requested

Vasoactive

Med Name

Template Fluids In

Del

To filter medications by type, you may click the drop down arrow and select a medication category.

Drugs/Fluids LowerGrid Anes Airway Monitors Checklist Case Info

Template Drugs

All

Del	abciximab (mg)
<input type="checkbox"/>	acetaminophen (mg)
<input type="checkbox"/>	acetaminophen 300 + codeine 30 (tab)
<input type="checkbox"/>	adenosine (mg)
<input type="checkbox"/>	albuterol 0.5% 0.5 mL in 2.5 mL NS (dose)
<input type="checkbox"/>	albuterol inhaler (puffs)
<input type="checkbox"/>	alfentanyl (mcg)
<input type="checkbox"/>	amikacin (mg)
<input type="checkbox"/>	aminophylline (mg)
<input type="checkbox"/>	amiodarone (mg)
<input type="checkbox"/>	ampicillin (gm)
<input type="checkbox"/>	ampicillin-sulbactam (gm)
<input type="checkbox"/>	aprotinin (units)
<input type="checkbox"/>	aprotinin, 10000 KIU/mL (ml)
<input type="checkbox"/>	atenolol (mg)

To add a medication to your template list, find the desired medication and click Add.

Drugs/Fluids LowerGrid Anes Airway Monitors Checklist Case Info

Template Drugs

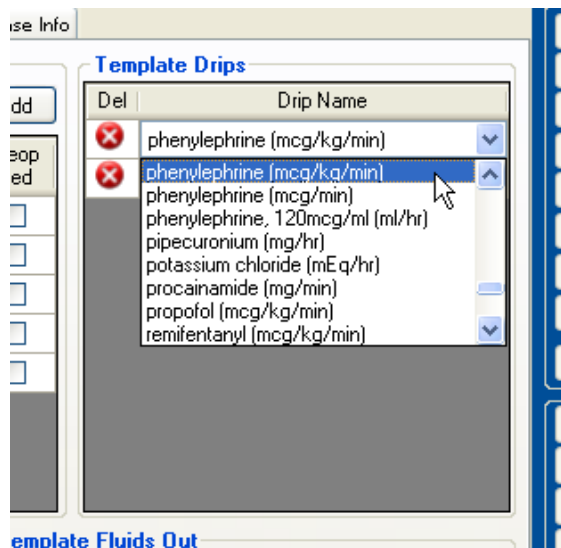
All

Del	Med Name	Route	Preop Med
<input type="checkbox"/>	fentanyl (mcg)	IV	<input type="checkbox"/>
<input type="checkbox"/>	glycopyrrolate (mg)	IV	<input type="checkbox"/>
<input type="checkbox"/>	midazolam (mg)	IV	<input type="checkbox"/>
<input type="checkbox"/>	ondansetron (mg)	IV	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>

Designate if medication is a Preop Med.

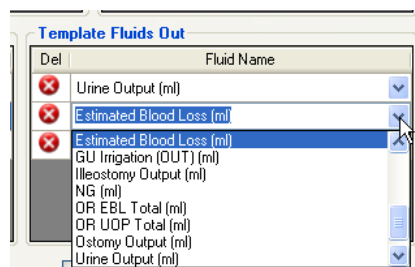
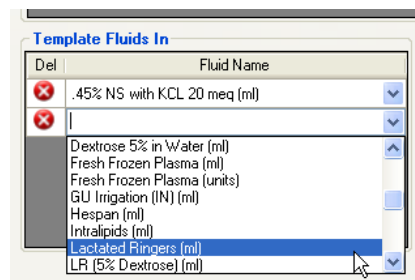
Template Drips

To add a template drip, select the appropriate drip medication from the drop down list. To delete, click the red X.



Template Fluids In/Out

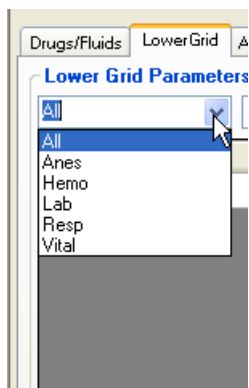
To add a template fluid input or output, select the appropriate fluid from the drop down list. To delete, click the red X.



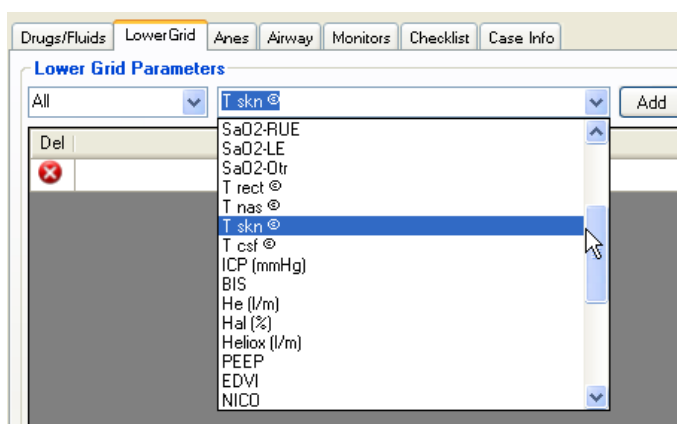
Designate if Urine Output is not measured for the template, and if there is Minimal EBL.

Lower Grid

To filter parameters by type, you may click the drop down arrow and select a parameter category.



To add a template parameter, select the appropriate parameter from the drop down list. To delete, click the red X.



Anes

Drugs/FluidsLowerGridAnesAirwayMonitorsChecklistCase Info

Anesthetic

☐ General / Induction☐ Smooth☐ Difficult

☐ Change from local/regional☐ Adequate preoxygenation

☐ IV☐ Inhalation☐ IM☐ Rapid Seq.

☐ Regional

☐ Given for Postop Pain Relief

☐ Under Anesthesia

☐ Spinal☐ Interscalene☐ Ankle Block

☐ Epidural☐ Supraclavicular☐ Single Bolus

☐ Caudal☐ IV Regional☐ Multiple Bolus

☐ Axillary Block☐ Cervical Plexus☐ Continuous

☐ MAC

Positioning

☐ Supine☐ Tburg☐ LUD

☐ Prone☐ R Tburg☐ Lithotomy

☐ Sitting☐ L Lat Decub☐ Beachchair

☐ R Lat Decub

Left Arm:

☐ Tucked☐ Arm Board☐ Suspended

Right Arm:

☐ Tucked☐ Arm Board☐ Suspended

Special Techniques

☐ Induced Hypothermia☐ Circ. Arrest

☐ Induced Hypotension☐ CP Bypass

☐ Field Avoidance☐ ECMO

Eye Care

☐ Lubricated☐ Scleral Shields

☐ Taped☐ Wet Gauze

☐ Sewn☐ Goggles

Thermal Care

☐ Routine body warming

☐ Convective air warmer

☐ Elevated room temperature

☐ Passive circuit humidifier

☐ Active heated humidifier

☐ All pressure points padded



☐ NG Tube☐ OG Tube

Standard GA

Document desired information in the Anes tab for your template. For more information on the Anes tab, refer to that section in this document.

- 28 -

Airway

Crags/Fluids	LowerGrid	Anes	Airway	Monitors	Checklist	Case Info
<div> <div> Airway <input type="checkbox"/> Supplemental oxygen only <input type="checkbox"/> Mask only Airway: <input type="checkbox"/> Oral <input type="checkbox"/> LMA <input type="checkbox"/> Nasal Size <input type="text"/> <input type="checkbox"/> Bite Guard <input type="checkbox"/> Arrived Intubated <input type="checkbox"/> Arrived Trached <input type="checkbox"/> Intubated in OR <input type="text"/> <input type="button" value="v"/> <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Trach. <input type="checkbox"/> Direct Laryng. <input type="checkbox"/> Lighted Stylet <input type="checkbox"/> Blind <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Bullard <input type="checkbox"/> In-Line Stabilization <input type="checkbox"/> Awake Attempts <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> >4 <input type="checkbox"/> Jet Vent. </div> <div> Mask <input type="checkbox"/> Easy <input type="checkbox"/> Moderate <input type="checkbox"/> Difficult <input type="checkbox"/> Impossible <input type="checkbox"/> N/A </div> <div> DL <input type="checkbox"/> Easy <input type="checkbox"/> Atraumatic <input type="checkbox"/> Moderate <input type="checkbox"/> Traumatic <input type="checkbox"/> Difficult <input type="checkbox"/> Impossible View Grade <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> >4 </div> </div>						
<div> Successful Blade Miller #: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="button" value="Clear"/> MAC #: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="button" value="Clear"/> WH #: <input type="radio"/> 1.5 <input type="button" value="Clear"/> Other  <input type="text"/> </div>						
<div> ETT Tube Type <input type="checkbox"/> Standard Size <input type="text"/> Taped @ <input type="text"/> cm <input type="checkbox"/> Laser <input type="checkbox"/> Stylet Leak @ <input type="text"/> mmHg <input type="checkbox"/> Anode <input type="checkbox"/> Uncuffed <input type="checkbox"/> Preformed RAE <input type="checkbox"/> Dbl. Lumen Size <input type="text"/> Taped @ <input type="text"/> cm L <input type="radio"/> R <input type="radio"/> </div>						
<div> <div> Confirmation <input type="checkbox"/> EBBS <input type="checkbox"/> ET-CO₂ <input type="checkbox"/> Visual </div> <div> Comment  <input type="text"/> </div> <div> <input type="button" value="Standard GETA"/> </div> </div>						

Document desired information in the Airway tab for your template. For more information on the Airway tab, refer to that section in this document.

Monitors

Drugs/Fluids

LowerGrid

Anes

Airway

Monitors

Checklist

Case Info

Non-Invasive Monitors

☐ O₂ Analyzer

☐ Pulse Oximeter

☐ Capnometer

☐ NIBP

☐ ECG

☐ Nerve Stimulator

☐ Temperature

☐ Esophageal Stethoscope

☐ Precordial Stethoscope

☐ Precordial Doppler

☐ ST Analysis

Std. GA

Std. Reg/MAC

Std. LMA

Invasive Monitors

Arterial Lines

Del

Location

A

O

☐

☐

☐

Central Lines

Del

Location

A

O

☐

☐

☐

PA Cath

Del

Location

A

O

☐

☐

☐

A - Anesthesia Placed

O - Other Placed

Special Equipment

☐ Fluid Warmer

☐ Level 1 Infuser

☐ Rapid Infusion System

☐ Cereb. Oxyg. Monitor (R)

☐ Cereb. Oxyg. Monitor (L)

☐ BIS

☐ TEG

☐ Hemacue

☐ Balloon Pump

☐ LVAD (l/m)

IV Access

Del

Location

Gauge

A

O

☐

☐

☐

☐

A - Anesthesia Placed

O - Other Placed

Other Monitors

☐ TEE

☐ ICP

☐ Evoked Potential

☐

Document desired information in the Monitors tab for your template. For more information on the Monitors tab, refer to that section in this document.

Checklist

Drugs/Fluids

LowerGrid

Anes

Airway

Monitors

Checklist

Case Info

Essential Checklist

☐ Circuit OK

☐ Vaporizers Full and OFF

☐ CO2 Absorber OK

☐ Ventilator and Monitors OK

☐ Alarms OK

☐ Suction OK

Supplemental Checklist

☐ O2 Failure Alarm OK

☐ Unused Controls OFF

☐ Cylinder Pressure OK

☐ Pipeline Gas Press. OK

☐ Gas Flow Controls OFF

☐ Machine Leak Test OK

☐ O2 Monitor(s) OK

☐ Scavenging System ON

Essential Check

Supplemental Check

Systems Check Comments

Document desired information in the Checklist tab for your template. For more information on the Checklist tab, refer to that section in this document.

Case Info

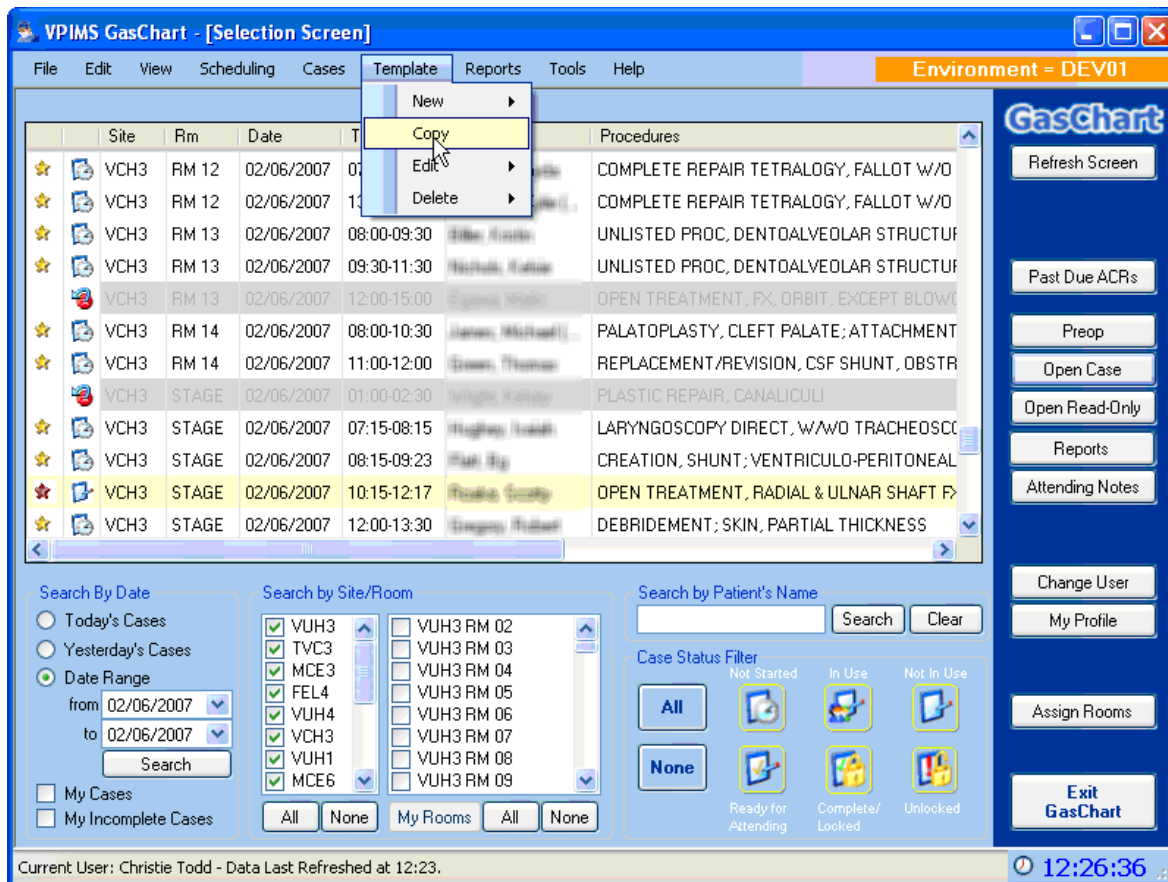
Drugs/Fluids				LowerGrid		Anes		Airway		Monitors		Checklist		Case Info															
Diagnoses								Procedures								Surgeons													
<table border="1"><thead><tr><th>Code</th><th>Description</th></tr></thead><tbody></tbody></table>								Code	Description	<table border="1"><thead><tr><th>Code</th><th>LongDescription</th></tr></thead><tbody></tbody></table>								Code	LongDescription	<table border="1"><thead><tr><th>Del</th><th>Surgeon</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>				Del	Surgeon				
Code	Description																												
Code	LongDescription																												
Del	Surgeon																												
Comments: <input type="text"/>								Comments: <input type="text"/>								General Case Information													
<input type="button" value="Edit Diagnoses"/>								<input type="button" value="Edit Procedures"/>								Acct No: <input type="text"/>													
																Room: <input type="text"/>													
																Date: <input type="text"/>													
																Times: <input type="text"/>													
																Weight (kg): <input type="text"/>													
Attending Anesthesiologists																Residents, CRNAs, and SRNAs													
Scheduled Attending: <input type="text"/>																<table border="1"><thead><tr><th>Del</th><th>Name</th><th>Start Time</th><th>Stop Time</th></tr></thead><tbody></tbody></table>										Del	Name	Start Time	Stop Time
Del	Name	Start Time	Stop Time																										
Primary Att (per Resident): <input type="text"/>																													
<table border="1"><thead><tr><th>Name</th><th>StartTime</th><th>StopTime</th><th>Note</th></tr></thead><tbody></tbody></table>																Name	StartTime	StopTime	Note										
Name	StartTime	StopTime	Note																										
<input type="checkbox"/> Solo @ <input type="text"/>																<input type="button" value="Add a New Row for Discontinuous Times"/>													

Document desired information in the Case Info tab for your template. For more information on the Case Info tab, refer to that section in this document. (Note: There are items on this page that are grayed out. These grayed items are patient-specific items, and therefore cannot be templated.)

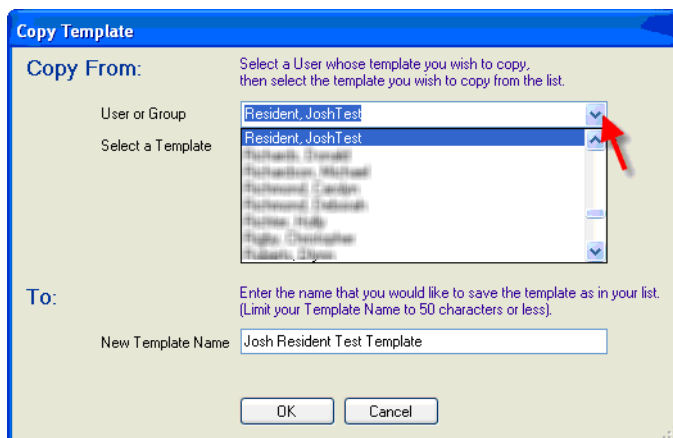
When you are done editing the new template, click "Exit Template."

Copy Someone Else's Template

To copy a template, you must first select the user whose template you wish to copy. Under Template, select Copy.



Find the user and template you would like to copy and highlight it.



Copy Template

Copy From: Select a User whose template you wish to copy, then select the template you wish to copy from the list.

User or Group: Resident, JoshTest

Select a Template: Josh Resident Test Template

To: Enter the name that you would like to save the template as in your list. (Limit your Template Name to 50 characters or less).

New Template Name: Josh Resident Test Template

OK Cancel

Then rename the selected template to whatever you would like the name to be. Click OK.

Copy Template

Copy From: Select a User whose template you wish to copy, then select the template you wish to copy from the list.

User or Group: Resident, JoshTest

Select a Template: Josh Resident Test Template

To: Enter the name that you would like to save the template as in your list. (Limit your Template Name to 50 characters or less).

New Template Name: My copy of Josh Resident 's template

OK Cancel

It will then open the template for you to make personalized changes.

Click "Exit Case" when you are done making changes. The template will be saved with your changes and appear under your name in the list of templates the next time you open a case.

Verify and Sign In to Selected Case...

GasChart

Patient: Unknown Sex Female Weight: kg 300.00 (2/26/2007) (14.0)

Noel Tulipan performing Creation, Shunt; Ventriculo-Peritoneal, -Pleural, Other Terminus

WONDSTATE 02/26/2007 8:15:43

Please verify the patient information above.
Click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Sign In Date/Time: 09/25/2007 12:33 Anes Start Relief Now

You are currently caring for 21 patients. Please verify that you can care for another.

No Template Selected << Template Options

Select a Template from your own collection or someone else's.

Press "Cancel-Do Not Select Template" if you decide not to apply any template to this case as you open it.

Cancel - Do Not Select Template

Template Owner: Todd, Christie

Emergency Vascular Trauma Cart (Repair of Aaa)
My copy of Josh Resident 's template
My first template
Radius/Ulna fracture

Edit An Existing Template

VPIMS GasChart - [Selection Screen]

File Edit View Scheduling Cases Template Reports Tools Help Environment = DEV01

New Copy Edit Delete

Procedures

Emergency Vascular Trauma Cart (Repair of Aaa)
My copy of Josh Resident 's template
My first template
Radius/Ulna fracture

Refresh Screen

Past Due ACRs

Preop

Open Case

Open Read-Only

Reports

Attending Notes

Change User

My Profile

Assign Rooms

Exit GasChart

Search By Date

Today's Cases

Yesterday's Cases

Date Range

from 02/06/2007 to 02/06/2007

Search

My Cases

My Incomplete Cases

Search by Site/Room

VUH3 TVC3 MCE3 FEL4 VUH4 VCH3 VUH1 MCE6

VUH3 RM 02 VUH3 RM 03 VUH3 RM 04 VUH3 RM 05 VUH3 RM 06 VUH3 RM 07 VUH3 RM 08 VUH3 RM 09

All None My Rooms All None

Search by Patient's Name

Search Clear

Case Status Filter

All None

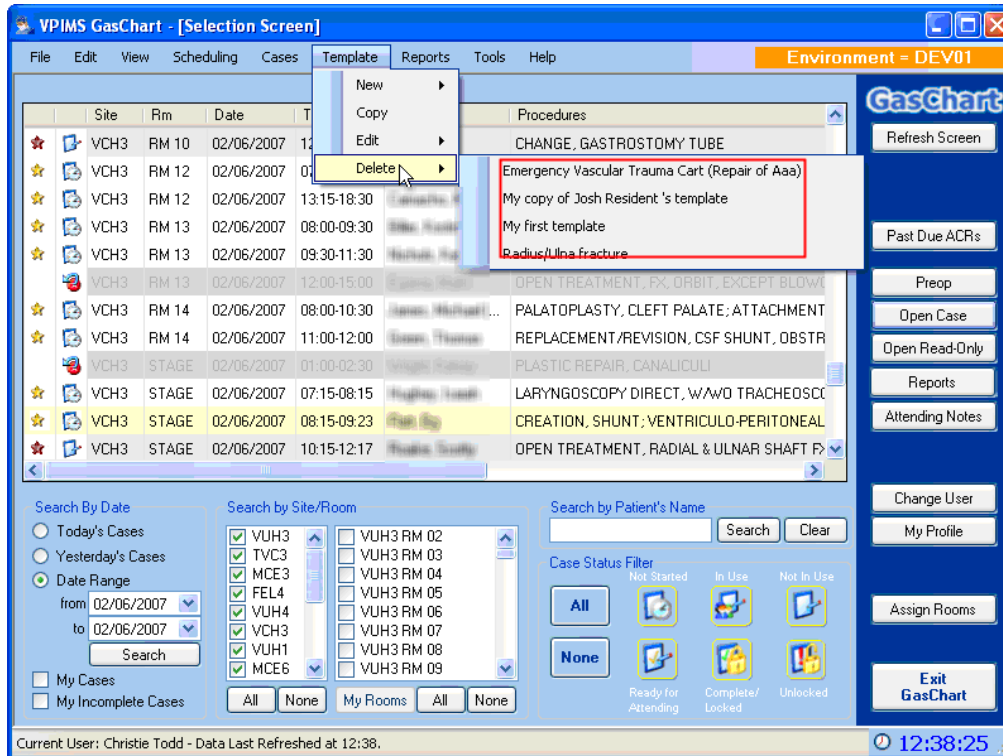
Not Started In Use Not In Use

Ready for Attending Complete/ Locked Unlocked

Current User: Christie Todd - Data Last Refreshed at 12:33. 12:35:38

To edit an existing template, select Template, then Edit, then the name of your template that you wish to edit. The template will open for editing. When you are done making changes, click "Exit Case."

Delete An Existing Template



To delete an existing template, select Template, then Delete, then the name of your template that you wish to delete. You will be asked to verify the deletion.

REPORTS (Print Reports)

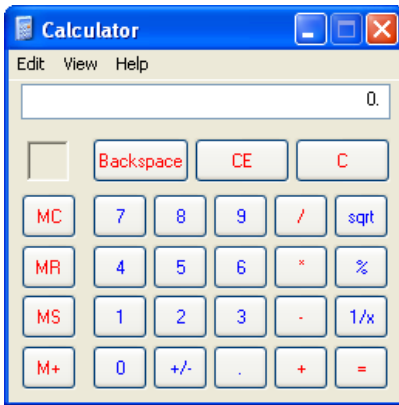
Selecting this feature will direct the user to the Print Reports screen

TOOLS

Click Tools along the top menu bar of the application.

Calculator

Selecting this item brings up a calculator for use. You may also change the calculator from Standard to Scientific by clicking View, then selecting the desired type.



ABL CALCULATOR

Selecting this item allows users to calculate allowable blood loss for a patient. To use, select the gender, weight (in kg), starting hematocrit, and transfusion hematocrit for the patient, then click Calculate. The allowable blood loss will display in the box.

INFUSION GUIDE

This feature contains recommended starting rates for a collection of drugs given operatively. (Note: the example below is for viewing only; the rates listed may not be correct.)

Drug Name	Recommended Starting Rate	
	Adult	Pediatric
Beryllium	1 mg/min	Not Recommended
Dexmedetomidine	Bolus 1mcg/kg over 10 min then 0.2-0.7 mcg/kg/hr	0.3 mcg/kg/hr
Dobutamine	3 mcg/kg/min	3 mcg/kg/min
Dopamine	3 mcg/kg/min	3 mcg/kg/min
Epinephrine	1 mcg/min	0.01 mcg/kg/min
Insulin	0.1 units/kg/min	0.02 units/kg/hr
Isoproterenol	1 mcg/min	0.05 mcg/kg/min
Lidocaine	1-4 mg/min	20 mcg/kg/min
Milrinone	Bolus 50-75 mcg/kg then inf at 0.4-0.8 mcg/kg/min	0.5-1 mcg/kg/min
Nitroglycerine	2.5 mcg/min	0.5 mcg/kg/min
Nitroprusside	0.5 mcg/kg/min	0.5 mcg/kg/min
Norepinephrine	2 mcg/min	0.05 mcg/kg/min
Phenylephrine	10 mcg/min	0.5 mcg/kg/min
Pitressin	0.1 units/min	Not Recommended
Procainamide Load	1-4 mg/min	15 mg/kg over 30-60 min

DRIP RATE CALCULATOR

This feature allows the user to determine the IV pump setting for intravenous infusions. To use, enter the correct values for patient weight (in kg), drip concentration (ex: 1mg/1ml) and desired rate (ex: 1mg/kg per 1 hr), then click CALCULATE.

Drip Rate Calculator

Patient Weight: **Kg.**

Drug Concentration: /

Desired Rate: /

Pump Setting: **mL/hr**

CONVERSION CALCULATOR

Use this feature to convert weight, height, and temperature to metric values.

Conversion Calculator

Enter the value you wish to convert, then click Calculate.

degrees Fahrenheit = degrees Celsius
 pounds = kilograms
 inches = centimeters

Enter the value you wish to convert in the desired space, then click CALCULATE.

VPIMS WEB


Selecting this feature will direct the user to the VPIMSWeb Main page.



General Use	Clinical Sites	Other Sites
 Event Calendar	 Anesthesiology	 VORS
 eBlade	 Timesheet Calculator	 SchedView-ORMIS
 PIC-StatusBoard	 VPIMS Utilities	 Anes Schedules
 Arrivals	 Admitting	 OR Summary Reports

ROTATION EVALUATIONS

Selecting this feature will direct the user to the VPIMSWeb Rotation Evaluation page.



Home Email Help Star Panel VUMC

Home Clinical Call/VAC Reports Evaluations Misc. Links

Trainee Rotation Evaluation System

Enter all of the requested information below and then press the Submit button.
Any incomplete entries will be discarded.

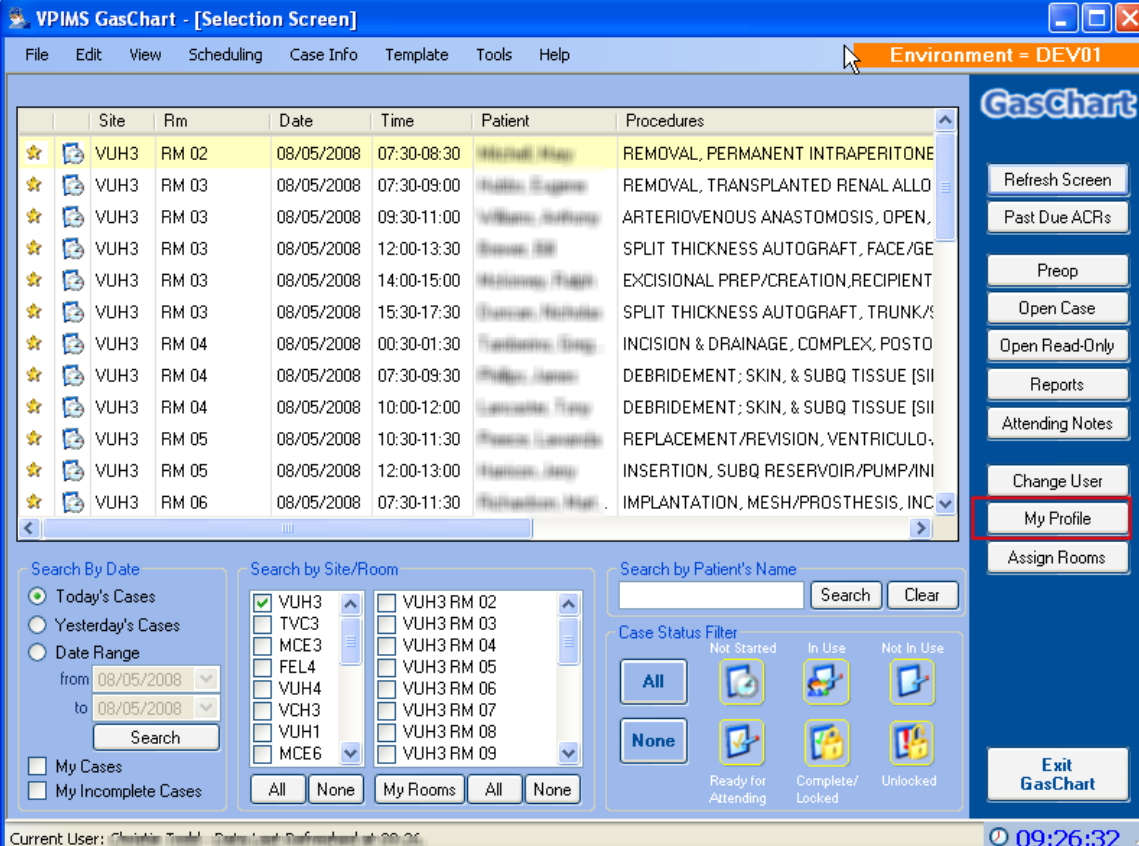
Your evaluation will be kept anonymous.

HELP (About)

This button allows the user to see what version of the application is running.

My Profile / Capturing or Changing Your Signature

On the first screen after login, click on the My Profile button to change your personal settings.



VPIMS GasChart - [Selection Screen]

File Edit View Scheduling Case Info Template Tools Help Environment = DEV01

Site	Rm	Date	Time	Patient	Procedures
VUH3	RM 02	08/05/2008	07:30-08:30	Michael, Mark	REMOVAL, PERMANENT INTRAPERITONE
VUH3	RM 03	08/05/2008	07:30-09:00	Miller, Eugene	REMOVAL, TRANSPLANTED RENAL ALLO
VUH3	RM 03	08/05/2008	09:30-11:00	Williams, Anthony	ARTERIOVENOUS ANASTOMOSIS, OPEN,
VUH3	RM 03	08/05/2008	12:00-13:30	Green, Bill	SPLIT THICKNESS AUTOGRAFT, FACE/GE
VUH3	RM 03	08/05/2008	14:00-15:00	Holmes, Hugh	EXCISIONAL PREP/CREATION, RECIPIENT
VUH3	RM 03	08/05/2008	15:30-17:30	Green, Nicholas	SPLIT THICKNESS AUTOGRAFT, TRUNK/
VUH3	RM 04	08/05/2008	00:30-01:30	Trachsel, Greg	INCISION & DRAINAGE, COMPLEX, POSTO
VUH3	RM 04	08/05/2008	07:30-09:30	Phillips, James	DEBRIDEMENT; SKIN, & SUBQ TISSUE (SII
VUH3	RM 04	08/05/2008	10:00-12:00	Lancaster, Tony	DEBRIDEMENT; SKIN, & SUBQ TISSUE (SII
VUH3	RM 05	08/05/2008	10:30-11:30	Patton, Leonard	REPLACEMENT/REVISION, VENTRICULO-
VUH3	RM 05	08/05/2008	12:00-13:00	Hartman, Jeff	INSERTION, SUBQ RESERVOIR/PUMP/INI
VUH3	RM 06	08/05/2008	07:30-11:30	Richardson, Mark	IMPLANTATION, MESH/PROSTHESIS, INC

Search By Date: ☒ Today's Cases ☐ Yesterday's Cases ☐ Date Range from 08/05/2008 to 08/05/2008 Search ☐ My Cases ☐ My Incomplete Cases

Search by Site/Room: ☒ VUH3 ☐ TVC3 ☐ MCE3 ☐ FEL4 ☐ VUH4 ☐ VCH3 ☐ VUH1 ☐ MCE6 ☐ VUH3 RM 02 ☐ VUH3 RM 03 ☐ VUH3 RM 04 ☐ VUH3 RM 05 ☐ VUH3 RM 06 ☐ VUH3 RM 07 ☐ VUH3 RM 08 ☐ VUH3 RM 09 All None My Rooms All None

Search by Patient's Name: Search Clear

Case Status Filter:

Refresh Screen Past Due ACRs Preop Open Case Open Read-Only Reports Attending Notes Change User My Profile Assign Rooms Exit GasChart

Current User: Christine Trachsel Date Last Refreshed at 09:26:32 09:26:32

Your name will be listed with all of your settings. In addition to saving or changing your signature, you can also change your pager number, email address, phone number, and default site.

To change your signature, click on the Clear/Edit Signature button.

My Profile

Profile for User "TODDCL"

First Name: Christie Last Name: Todd

Role: Attending

Email: christie.todd@vanderbilt.edu

Pager: 615.327.4407

Office Phone:

Paging Service Provider: Satellink

Default Site: VUH3

Other System Usernames:

Sched Software UserName: Todd, C

: todd@vuh3

:

Signature:

Clear / Edit Signature OK Cancel

A new box will open. Sign on the line with a stylus and a touch screen or with your mouse (if there is no touch screen available). Make any other edits as necessary.

My Profile

Profile for User "TODDCL"

First Name: Christie Last Name: Todd

Role: Attending

Email: christie.todd@vanderbilt.edu

Pager: 615.327.4407

Office Phone:

Paging Service Provider: Satellink

Default Site: VUH3

Other System Usernames:

Sched Software UserName: Todd, C

: todd@vuh3

:

Signature:

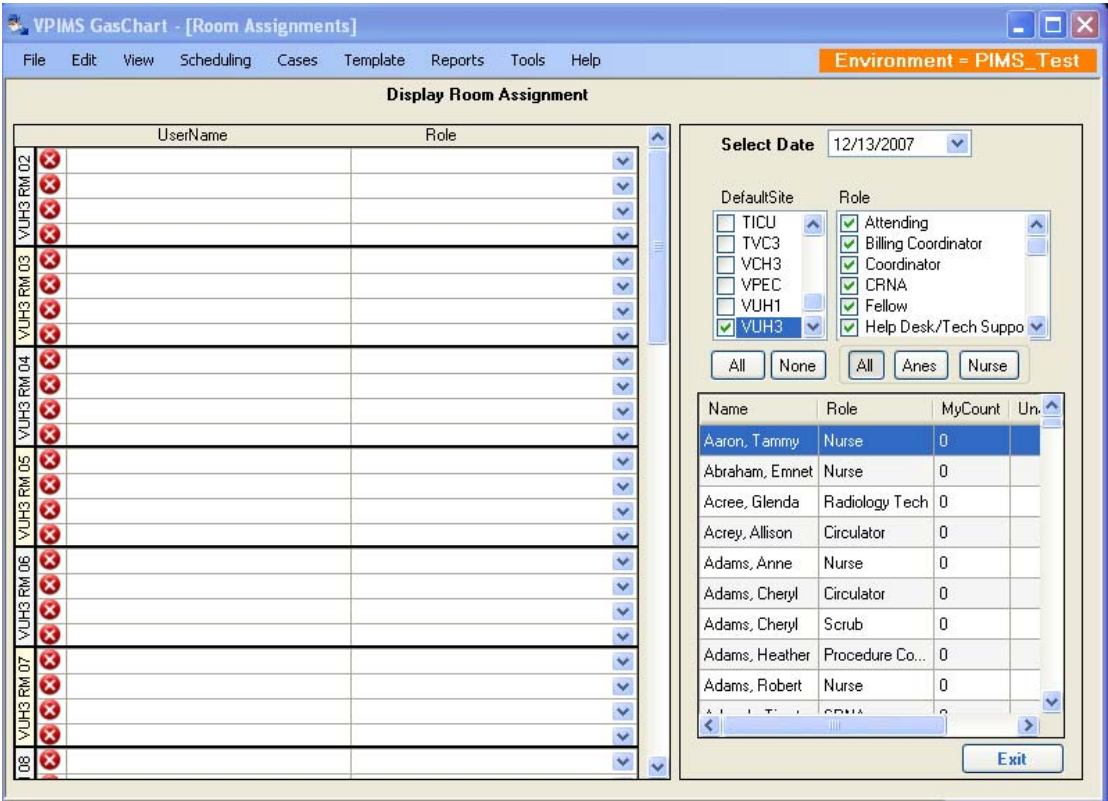
Insert your new signature here using the mouse or stylus (if available).

Clear / Edit Signature OK Cancel

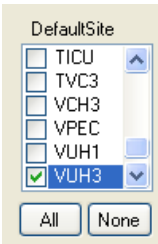
Then click the OK button to save your signature.

Assign Rooms

This feature allows the pre-population of staff into rooms without having to open each case individually and enter staff.



To use this feature, first select the site for which you would like to make assignments.



- Your default site (the site designated in your access) is checked by default. You may also check additional boxes to view other sites.
 - ✓ To view all sites, click All.
 - ✓ To erase all checkmarks, click None.

Role

- ☒ Attending
- ☒ Billing Coordinator
- ☒ Coordinator
- ☒ CRNA
- ☒ Fellow
- ☒ Help Desk/Tech Suppo

All Anes Nurse

- Next select the roles which you would like to view (eg, SRNA, Tech, etc.)
 - ✓ To quick select all Anesthesia roles, click the Anes button.
 - ✓ To quick select all Nursing roles, click the Nursing button.
 - ✓ To quick select All roles, click the All button.
- Next, assign staff members to a particular room by highlighting their name and dragging it to the desired room.
 - ✓ When you assign a staff member to a room, their name will display in the slots for that room.
 - ✓ In addition, the count for MyCount (the number of times they are assigned) will increment.
 (See example below.

UserName		Role
VUH3 Rm02	<input checked="" type="checkbox"/> SRNATest, Rob	SRNA
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

Name	Role	MyCount
Sorrel, Toney	SRNA	0
Sorrell, Anthony	SRNA	0
Spain, Travis	Tech	0
Springhetti, Laura	SRNA	0
Sripada, Rampr...	Attending	0
SRNATest, Rob	SRNA	1
St. Jaques, Paul	Attending	0
Staack, Jeff	Resident	0
Stafford, Gwen	Tech	0
Stafford, Gwen	Tech	0

- To delete a staff person from an assigned room, click the red "X" next to their name.

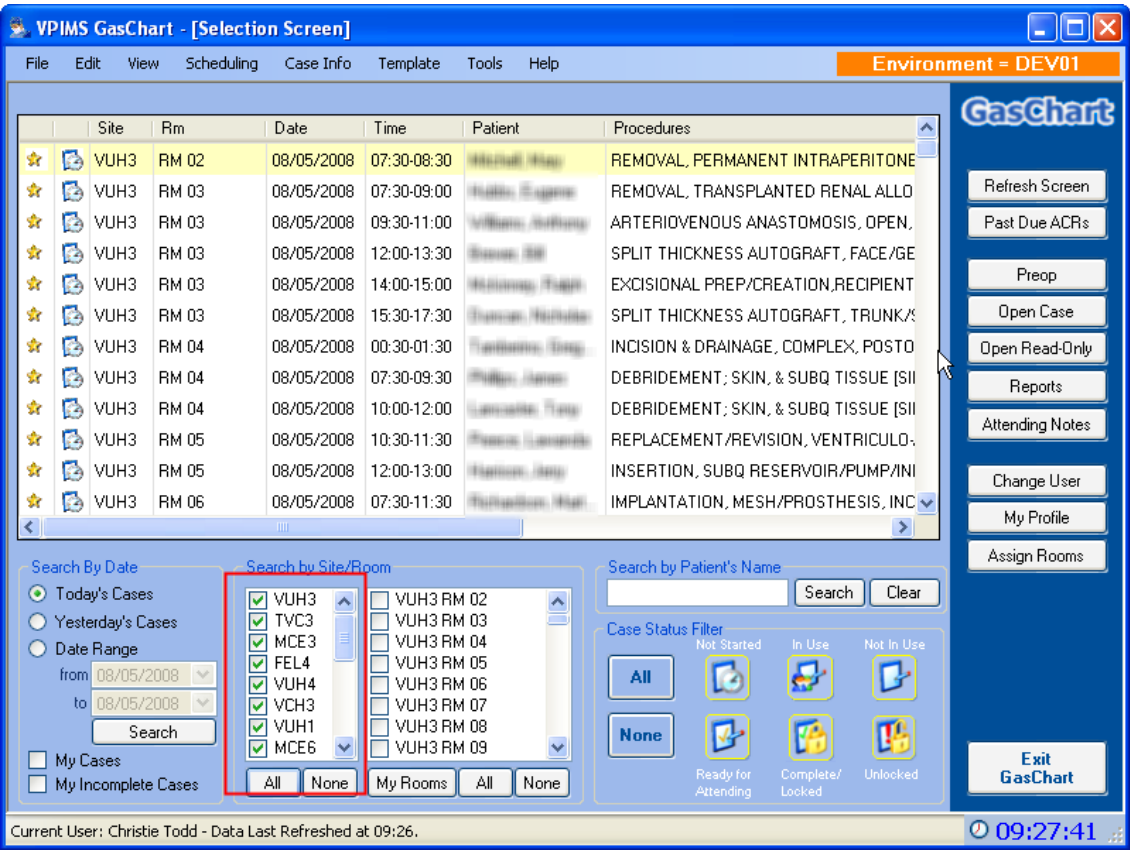
Select a Case

Search by Site

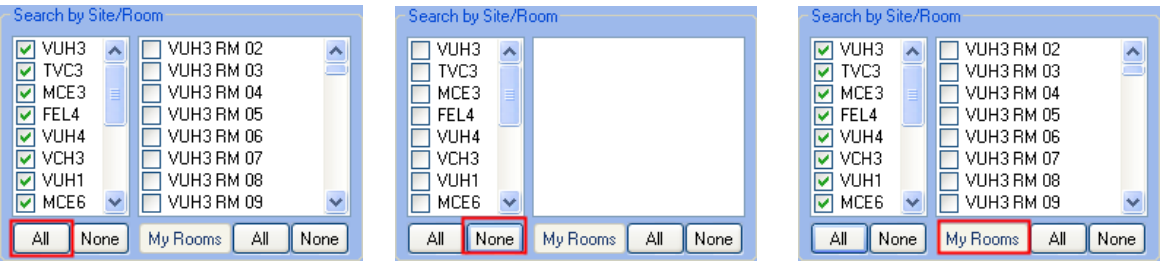
The Main Screen is called the Patient Select Screen.

The center box lists all cases particular to the filters you have selected.

To select the site for which you would like to see the cases, check the box next to the desired site. If there is a site you don't want to see (and it is checked) uncheck it to deselect it. (More than one site can be viewed at the same time)

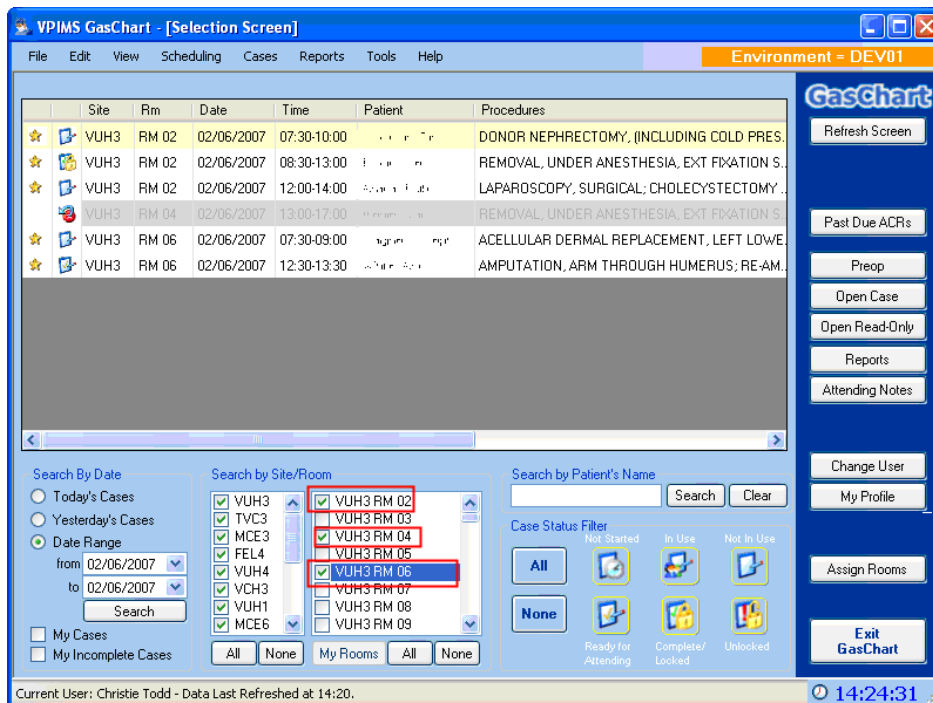


To see the cases for all sites, click the "All" button. To see no sites, or to clear your selections, click the "None" button. To see only the sites associated with your name, click the "My Rooms" button.



Select Rooms

To select rooms to view within the site that is selected, click on the rooms that appear in the room list (for only the sites selected) that you would like to see.



Status Filters

The status filters limit the cases in the display window to only the cases that are of the type of status selected. By default, all of the filters are selected so you see all cases, regardless of status.

- To unselect a status, click on the status, and the highlighting around the button will disappear.
- To select an unselected status, click on the status, and highlighting will appear around the button.

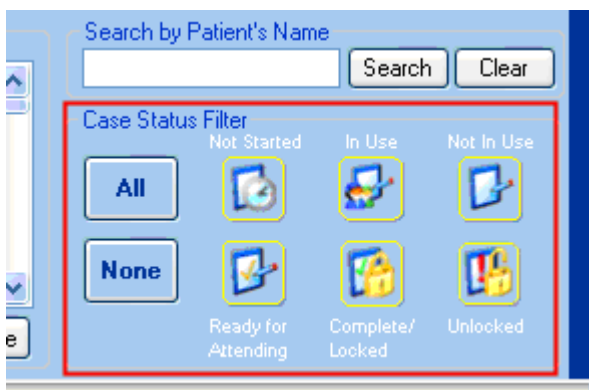


Chart in a Case

Once you highlight a case and click "Open Case" it will open a box with that patient's information. If it is not the correct or desired case, click "Cancel" to return to the Patient Select screen. (Note: Opening a case will associate you with that case. Use care when opening cases, so you do not have a late ACR.)

Verify and Sign In to Selected Case...

MRN: [REDACTED] ORCase: [REDACTED] ACN: [REDACTED]

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

performing Exploratory Laparotomy, Exploratory Celiotomy W/Wo Bx(S) (Sep Proc)

VUH3 RM 02 04/07/2008 12:00-14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Sign In Date/Time: 04/07/2008 10:06 Anes Start Relief Now

No Template Selected Template Options >>

To open a case with a template, click the "Template Options button" at the bottom right of the popup.

Anes Start Relief Now

No Template Selected << Template Options

The lower panel of the box will open if you select the "Template Option" feature.

Verify and Sign In to Selected Case...

MRN: 000000000 ORCase: 000000 ACN: 000000000000

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

**performing Exploratory Laparotomy, Exploratory
Celiotomy W/Wo Bx(S) (Sep Proc)**

VUH3 RM 02 04/07/2008 12:00:14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Sign In Date/Time: 04/07/2008 10:06 Anes Start Relief Now

No Template Selected << Template Options

Select a Template from your own collection or someone else's.

Press "Cancel-Do Not Select Template" if you decide not to apply any template to this case as you open it.

Cancel - Do Not Select Template

Template Owner: [dropdown]

test

To choose an existing template for use on the chosen case, click the drop down arrow by "Template Owner" and select from the list. You can select your own name or someone else's.

Select a Template from your own collection or someone else's.

Press "Cancel-Do Not Select Template" if you decide not to apply any template to this case as you open it.

Cancel - Do Not Select Template

Template Owner: [dropdown]

[List of template owners]

Select a Template from your own collection or someone else's.

Press "Cancel-Do Not Select Template" if you decide not to apply any template to this case as you open it.

Cancel - Do Not Select Template

Template Owner: [dropdown]

CAB
gen peds
GETA
GETA
MAC
PEDI-HEART
THORACIC

Next, select the chosen user's template that you would like to use for your case. The highlighted template name will appear in orange next to "template Options." If you have chosen in error, you may reselect from the drop down list. If you do not wish to use a template for your case, you may click the "Cancel" button.

Verify and Sign In to Selected Case...

MRN: 000000000 ORCase: 000000 ACN: 000000000

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

**performing Exploratory Laparotomy, Exploratory
Celiotomy W/Wo Bx(S) (Sep Proc)**

VUH3 RM 02 04/07/2008 12:00-14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Sign In Date/Time: 04/07/2008 10:06 Anes Start Relief Now

Template Selected: "GETA" << Template Options
Template Owner: [Name]

Select a Template from your own collection or someone else's.

Press "Cancel-Do Not Select Template" if you decide not to apply any template to this case as you open it.

Cancel - Do Not Select Template

Template Owner: [Name]

- CAB
- gen peds
- GETA**
- GETA
- MAC
- PEDI-HEART
- THORACIC

You will also be asked to enter a time. The default time is the current time and date. Choose "Anes Start" if you are entering the case at the Anes Start time.

To refresh the time to the current time and date, click "Now. "

Choose "Now" if there will be someone else also signed into the case with you. Choose "Relief" if you are replacing someone in that OR.

When you are ready to open the case, click "OK."

LOGGING IN IF YOU ARE A FELLOW

If you are a Fellow, then you must also choose the role you will be performing in the case. You may choose either Attending or Resident.

Verify and Sign In to Selected Case...

MRN: 000000000 ORCase: 000000000 ACN: 000000000

OK

Cancel

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

performing Exploratory Laparotomy, Exploratory Celiotomy W/Wo Bx(S) (Sep Proc)

VUH3 RM 02 04/07/2008 12:00-14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Role:

Attending

Resident

Anes Start

Relief

Now

No Template Selected

Template Options >>

Verify and Sign In to Selected Case...

MRN: 000000000 ORCase: 000000000 ACN: 000000000

OK

Cancel

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

performing Exploratory Laparotomy, Exploratory Celiotomy W/Wo Bx(S) (Sep Proc)

VUH3 RM 02 04/07/2008 12:00-14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Role:

Attending

Sign In Date/Time: 04/07/2008 10:20

Anes Start

Relief

Now

No Template Selected

Template Options >>

- 49 -

Verify and Sign In to Selected Case...

MRN: 000000000 ORCase: 000000000 ACN: 000000000

Race: Sex: Female Weight: kg DOB: 02/25/1946 (62.2 yrs)

000000000 performing Exploratory Laparotomy, Exploratory
 Celiotomy W/Wo Bx(S) (Sep Proc)

VUH3 RM 02 04/07/2008 12:00-14:00

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication infusions.

Please verify the patient information above. Enter necessary information and click 'OK' to open this case and sign in, otherwise click 'Cancel' to return to the patient selection menu.

Role: Resident

04/07/2008 10:22 Anes Start Relief Now

No Template Selected Template Options >>

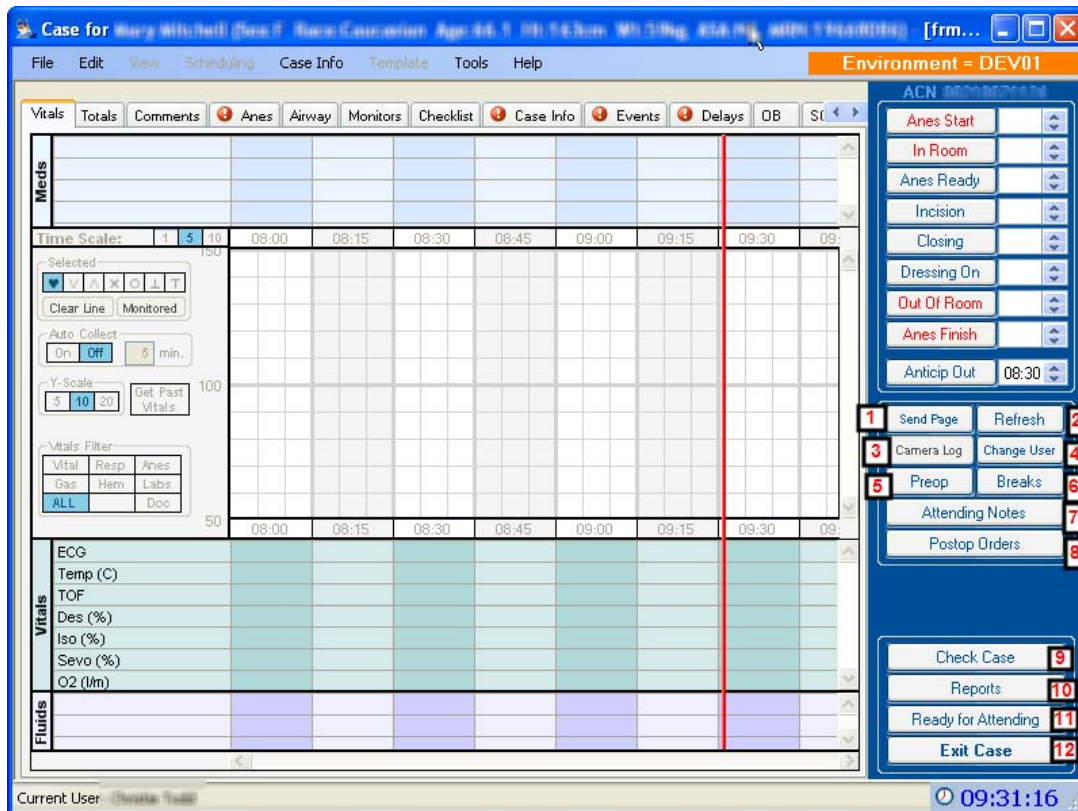
You will also be asked to enter a time. The default time is the current time and date. Choose "Anes Start" if you are entering the case at the Anes Start time.

To refresh the time to the current time and date, click "Now. "

Choose "Now" if there will be someone else also signed into the case with you. Choose "Relief" if you are replacing someone in that OR.

When you are ready to open the case, click "OK."

Buttons on the Right Panel



(1) Send Page

- This button is used to send a text page to another person.

(2) Refresh

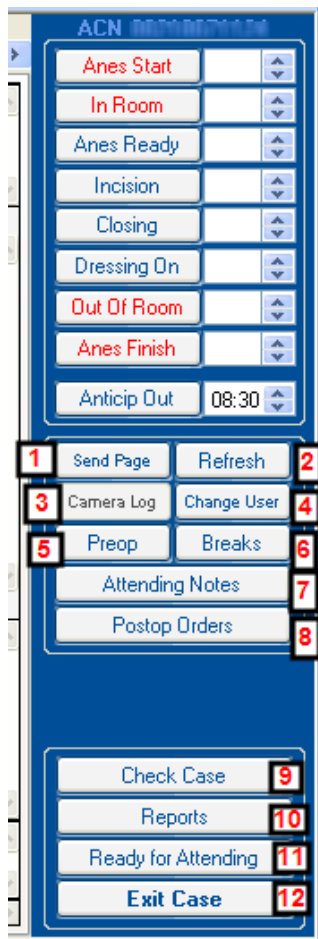
- This button is used to gather information into your case in between automatic system refresh times. (Ex: Gather time information entered by the circulator in Patient Tracker in between system refresh times.)

(3) Camera Log

- This button will be active when someone is looking at the room through the Vigilance camera.
- To find out who is looking into the room, click on the button to show that user's name.

(4) Change User

- This button may be used to log off and bring the login screen back up for someone else to log in. You should never chart under another user's login. Always have the previous person log out and log in yourself.



(5) *Preop*

- This button is used to view the VPEC/PATCH Clinic preoperative evaluations, if applicable.

(6) *Breaks*

- This button is used to document any breaks and allows users giving breaks to enter their name and times without logging in officially.

(7) *Attending Notes*

- This button is used by the Attending. They enter their documentation into this section.

(8) *Postop Orders*

- This button pulls up a form to document postop orders.

(9) *Check Case*

- This button is used to check for information missing from a case before it can be closed. It will make sure all mandatory fields are populated, and a pop up box will inform the user which mandatory items have not been completed.

(10) *Reports*

- This button is used to view the available reports for the selected case.

(11) *Ready*

- This button is used to print out the ACR to PACU.

(12) *Ready for Attending /Send to StarChart*

- This button is used to send the case to the Attending for his/her completion and submission to StarPanel, or send the case to StarPanel (if your role is Attending)

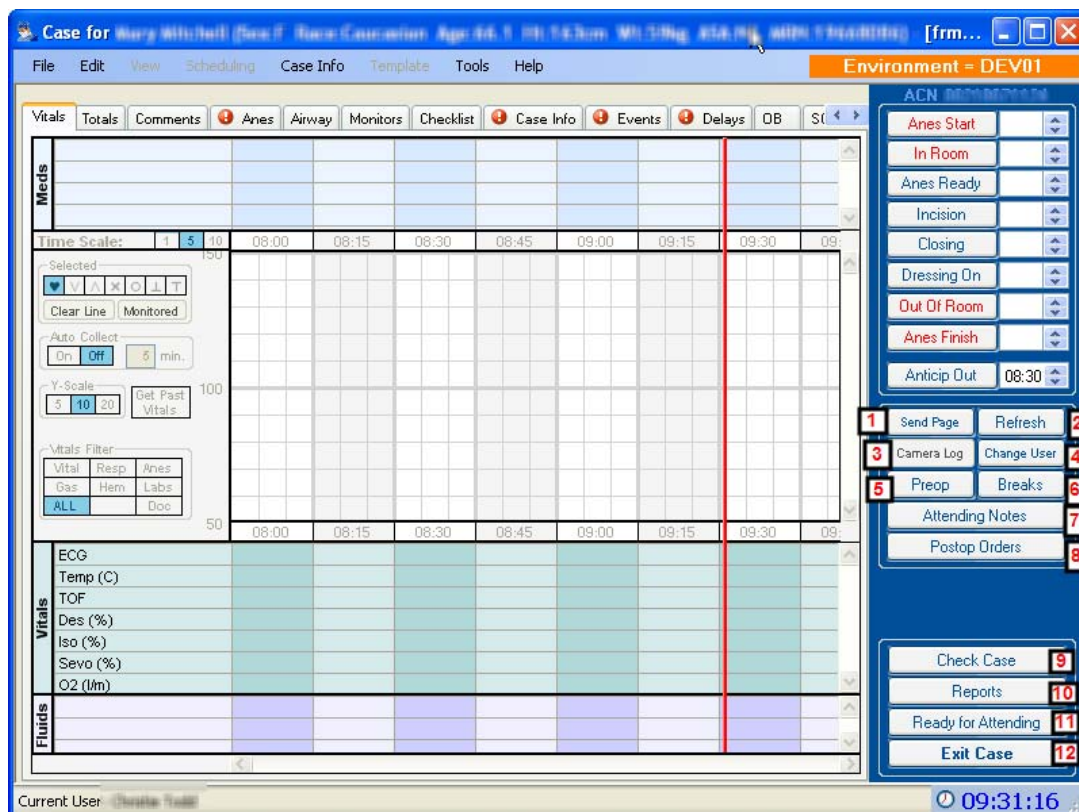
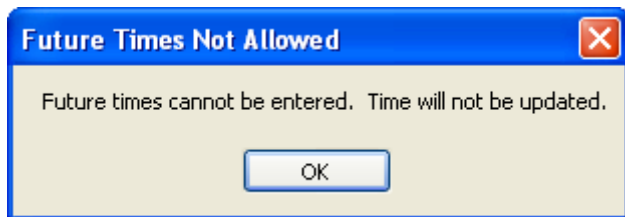
(13) *Exit Case*

- This button may be used to exit a case. It does not “finalize” a chart, nor does it exit GasChart entirely.

Times

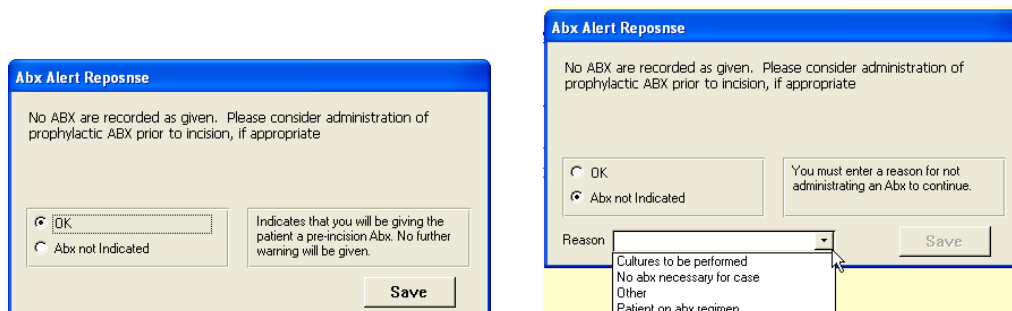


Enter the Anes Start time to begin charting vitals. (NOTE: The Vitals grid will not enable for editing until this time is entered.) Click the "Anes Start" button to enter the current date and time. If you do not want to enter the current time, you may click in the box marked Anes Start once, then click the drop down arrow that appears inside the box. The arrow will open a calendar, which can then be used to change the date. Use the right/left arrows to change months. (Tip: to quickly change the month, click on the month text displayed at the top of the calendar. Use the dropdown box to select.) To change the hour or minutes of the time, click either the hour and use the up/down arrows to change. To change the minute, follow the same steps. (You cannot enter future times).

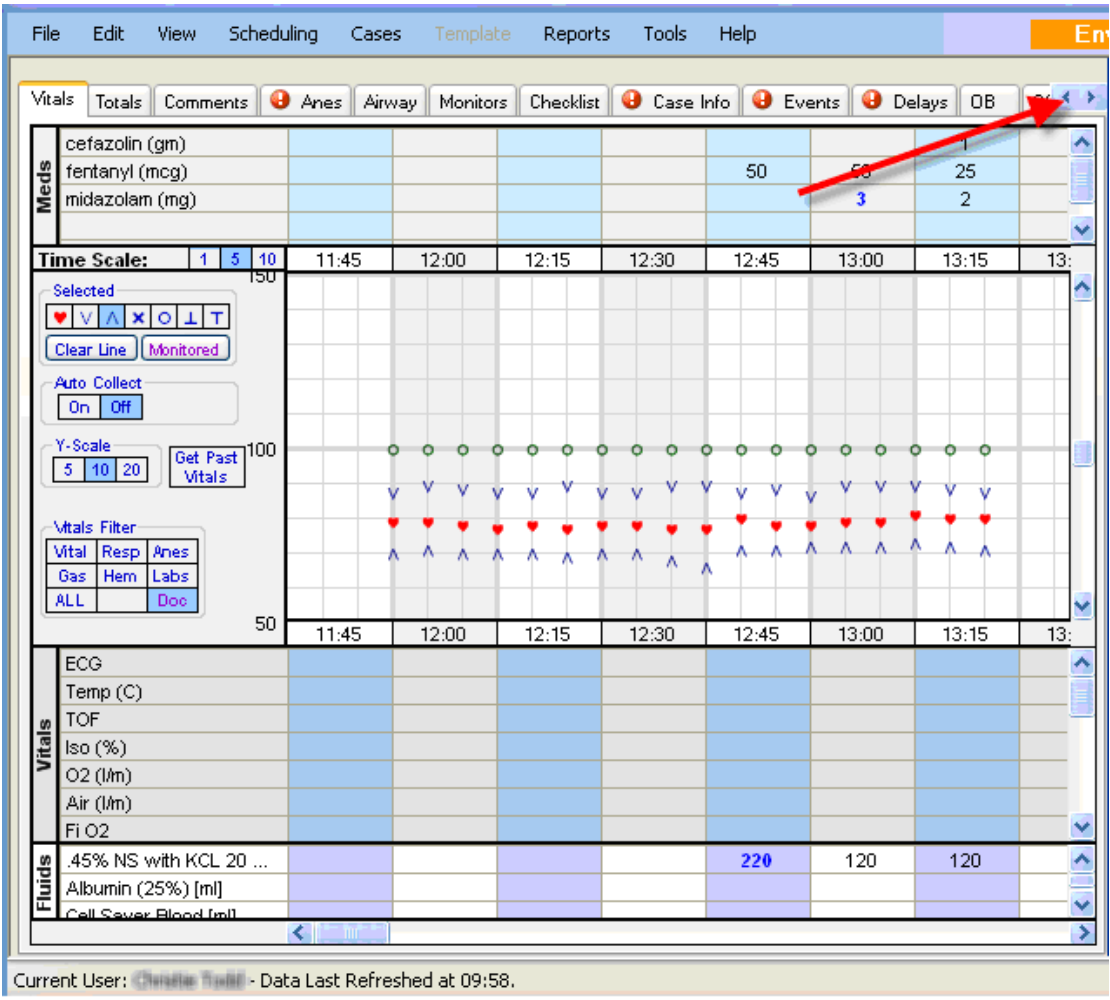


Anes Start and Anes Finish need to be entered by the anesthesia provider. The other times will come over from Patient Tracker (the documentation tool that the Intraop nurses use), if it is used.

Note: When the Anes Ready time is entered, the user will get a pop-up reminder about antibiotic administration. Choose the correct option.



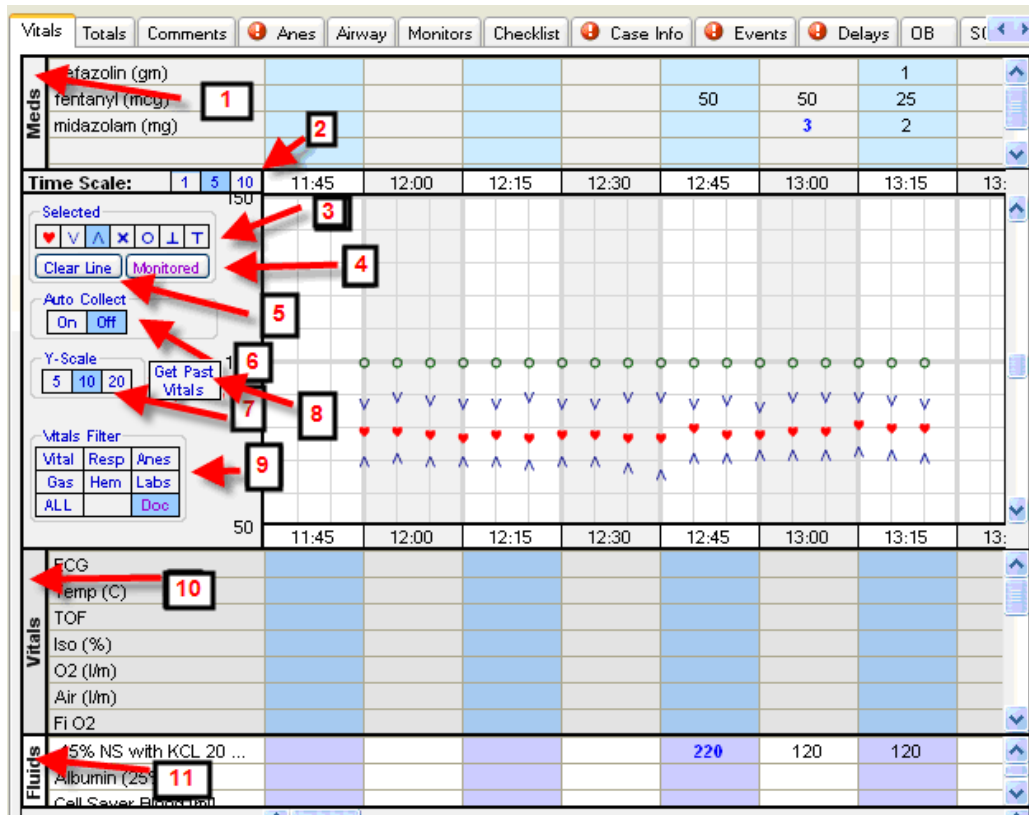
Tabs



Incomplete Items

If all of the mandatory fields for that tab are NOT completed, a red exclamation point will appear on that tab.
(Ex: Anes, Case Info, Events, and Delays tabs in above picture)

Vital Signs Tab



Features of the Vitals Tab:

(1) Medications Record

- Allows user to document drug and drip information.
- Clicking the label on the left of the screen will open a popup for adding medications, drips, and documenting administration specifics.
- The functionality of this section will be discussed further later in this document.

(2) Time Scale

- This button is used to adjust the grid to document and view vital signs taken at a one minute, five minute, or 10 (ten) minute increment. The grid times will adjust accordingly, depending on the scale chosen. (Note: 5 (five) is the default setting for Y-scale.)

(3) Vital Sign Legend

- These buttons are used to designate which vitals you would like to document on the grid. If you are unsure as to their meaning, hover over each symbol for a definition.

(4) Monitored Button

- This button should be clicked before choosing. (NOTE: This is a toggle button, so clicking the Monitored button will allow you to choose vitals you want to document on the grid when you Quick Collect a set. Once clicked, the word "Monitored" will appear as a heading over the vital sign legend, but the button title will change to "Selected."
- If you forget what the monitored button means, hover over it for a definition.

(5) Clear Line

- This button is used to clear a line of vitals on the grid.
- The functionality of this button will be discussed later in this document.

(6) Auto Collect

- These buttons are used to activate and deactivate the automatic vital sign collection and population feature of Gaschart. Once "On" is clicked, another textbox will appear to allow you to set a collection frequency.

(7) Y-Scale

- These buttons are used to adjust the grid to document and view vital signs in different ranges. User can choose to view and document in ranges of 5 point, 10 point, or 20 point increments. (Note: 5 (five) is the default setting for Y-scale.)

(8) Get Past Vitals

- This button is used to bring up available vitals for a time period.

(9) Vitals Filters

- These buttons are used to filter vital signs into categories for easy viewing. You may view vitals separately by the following categories: Vitals, Respiratory, Gas, Hematological, and Labs. There are also settings to view all vitals together (All) , as well as only the categories with vitals you have documented (Doc).

(10) Vitals

- This section allows the user to document many different vital sign types.
- Clicking the label on the left of the screen will open a popup for adding parameters (case-specific vital sign types).
- The functionality of this button will be discussed later in this document.

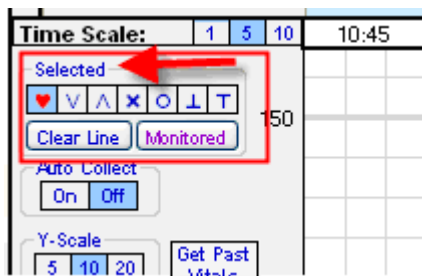
(11) Fluids

- This section allows the user to document fluids and rates during the case.
- Clicking the label on the left of the screen will open a popup for adding a fluid to the list.
- The functionality of this button will be discussed later in this document.

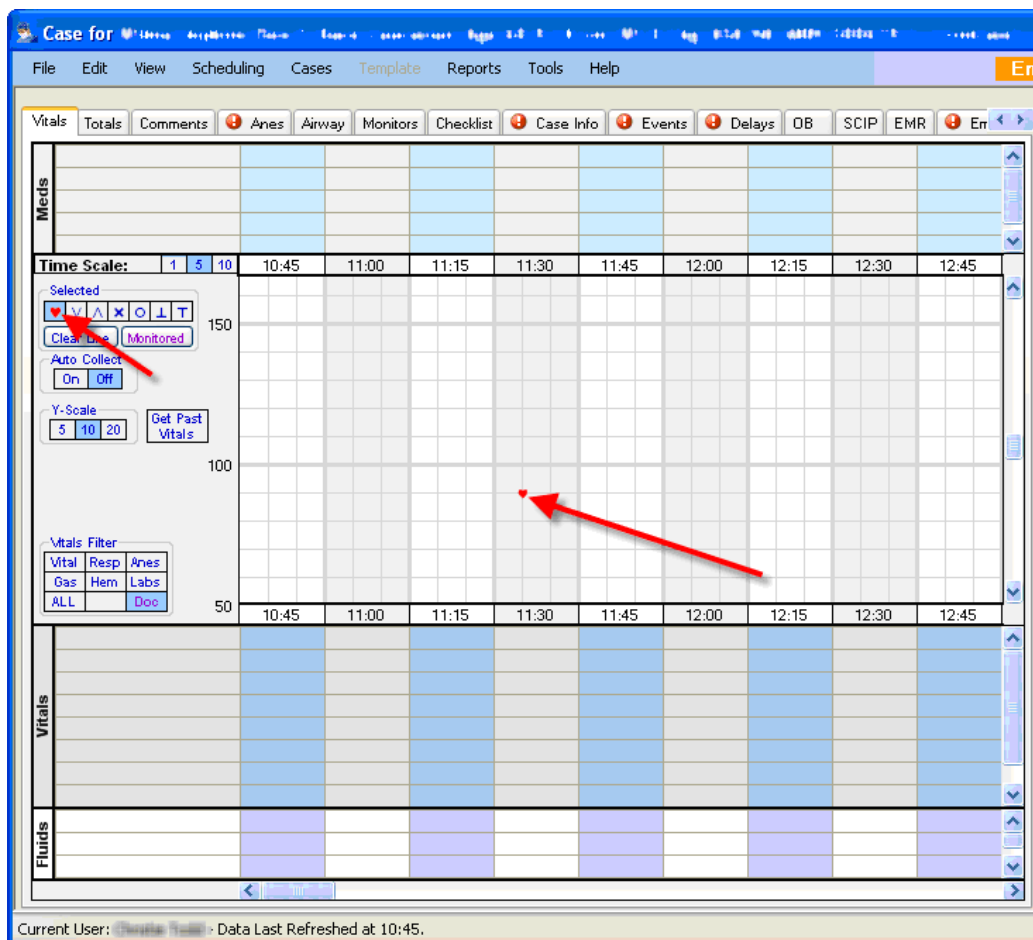
Documenting Vitals

Manually

Click on the symbol on the left panel that you would like to chart. Make sure the heading at the top says "Selected." (Note: You can only document one vital sign at a time using this method.)



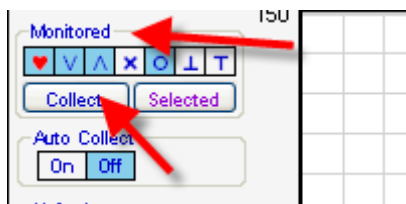
Then click on the grid where you would like to document that vital sign. The chosen vital sign in the box below is heart rate, represented by a heart.



Then you can click another symbol and click on the chart to document it. Repeat as necessary.

Quick Collect

You may collect an entire set of vitals using this method.



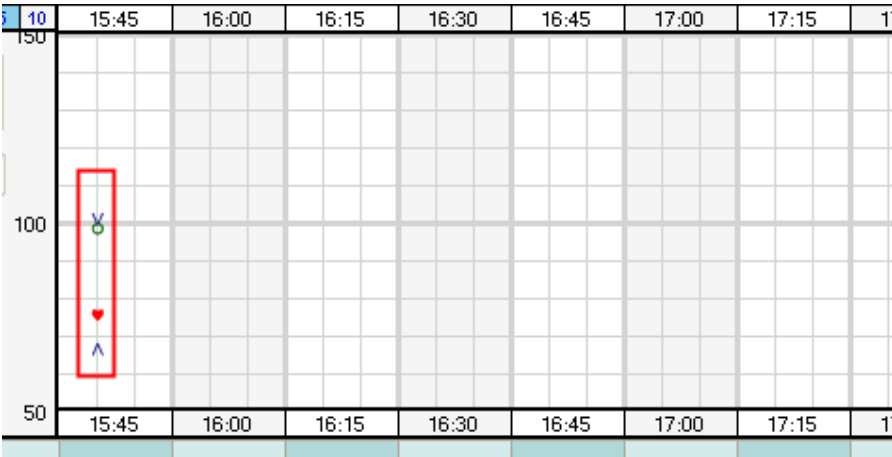
- Click the "Monitored" button so that its heading appears above the vital sign legend. (Once you clicked "Monitored," the button will change to read "Selected," and the "Clear Line" button will change to read "Collect.")
- Next select the vitals that you would like to document. (NOTE: You may select more than one vital sign using this method.)
- Click on the "Collect" button under the checkboxes on the left panel as shown above.
- Finally, click on the grid to document the vital sign listed at the top. It will take you through all of the vital signs you have checked on the left panel.

Comments	Anes	Airway	Monitors	Checklist	Case Info	Events	Delays	OB	SCIP
ts (gl	Enter the current pulse								5
m)				10					
ng)				1000		250			
cg)									

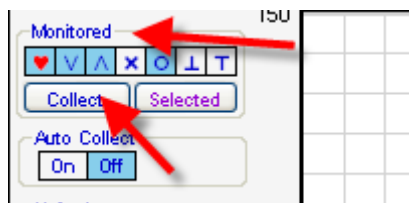
Comments	Anes	Airway	Monitors	Checklist	Case Info	Events	Delays	OB	SCIP
s (gl	Enter the current systolic BP								5
)				10					
g)				1000		250			
g)									

Comments	Anes	Airway	Monitors	Checklist	Case Info	Events	Delays	OB	SCIP
s (gl	Enter the current diastolic BP								
m)				10					
ng)				1000		250			
cg)									

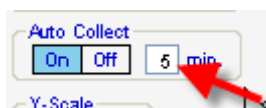
Comments	Anes	Airway	Monitors	Checklist	Case Info	Events	Delays	OB	SCIP
Enter the current SaO2									



Auto Collect



- Click the “Monitored” button so that its heading appears above the vital sign legend. (Once you clicked Monitored, the button will change to read “Selected,” and the Clear Line button will change to read “Collect.”)
- Next select the vitals that you would like to auto-collect. (NOTE: You may select more than one vital sign using this method.)
- Next click “On” under the Auto-Collect heading. When you select “On”, a box will appear so you can choose your collection time parameter. Enter the desired time collection parameter. (Note: The time collection parameter can only be a whole number; no decimals are allowed.)



Points to remember:

- ✓ ***Remember that if you exit the case and re-enter, you must reset your auto vital collection parameters, as the feature resets on exit of the case.***
- ✓ ***Whenever you change the parameter, the auto collect feature turns itself off. If you change the time collection parameter for auto collecting (ie, from 5 minutes to 1 minute), remember to turn the auto collect back on.***
- ✓ ***Information for vital signs is pulled from the Phillips monitor in your room. If the boxes have no vitals, check to make sure the Patient is listed as being in the correct room. If the patient is not listed in the correct room, you might have incorrect or missing vital signs.***

When a set of vitals has been collected, a box will pop up with the vitals listed. Each vital sign has a checkbox next to it, as well as a timestamp for the time it was collected.

AutoVitals

Vitals From 01/23/2008 09:00 Any Existing Data Will Be Overwritten

Discard	Group	Parameter	Value	Units	Timestamp
<input type="checkbox"/>	Gas	iO2 (%)	98	%	09:03
<input type="checkbox"/>	Gas	Et Iso (%)	0.00	%	09:03
<input type="checkbox"/>	Gas	Et N2O (%)	0	%	09:03
<input type="checkbox"/>	Gas	Et CO2 (mmHg)	34	mmHg	09:03
<input type="checkbox"/>	Resp	RR	15	rpm	09:03
<input type="checkbox"/>	Grid	PULSE	76	bpm	09:03
<input type="checkbox"/>	Grid	SYSBP	141	mmHg	09:01
<input type="checkbox"/>	Grid	DIABP	74	mmHg	09:01
<input type="checkbox"/>	Grid	MAP	89	mmHg	09:01
<input type="checkbox"/>	Grid	SAO2	96	%	09:03

Data Set 1 of 1

Defer Discard This Set Accept

- Click "Accept" to have all listed vitals documented on the grid.
- Click "Defer" to suspend the set of vitals temporarily.
- Click the "Discard" checkbox by each individual parameter to permanently discard it.
- Click "Discard this Set" to permanently discard the entire set of vitals.

If you defer a set of vitals, it will be "saved" at the bottom left of your screen. You may retrieve deferred vitals by clicking the orange Auto Vitals box.

Vital	resp	Wires
Gas	Hem	Labs
ALL		Doc

50 07:00

Vitals	Value	Units	Timestamp
iO2 (%)			
Et N2O (%)			
Et CO2 (mmHg)			
Et Des (%)			
RR			

Fluids	Value	Units	Timestamp

Auto Vitals

Points to remember:

- ✓ *If you do not accept each set of vitals as they pop up, they will "stack" on top of one another. You will be able to perform the same steps as described above for each set of vitals until you become current.*

AutoVitals

Vitals For 01/23/2008 08:54

Any Existing Data Will Be Overwritten

Discard	Group	Parameter	Value	Units	Timestamp
<input type="checkbox"/>	Gas	iO2 (%)	98	%	08:57
<input type="checkbox"/>	Gas	Et N2O (%)	0	%	08:57
<input type="checkbox"/>	Gas	Et CO2 (mmHg)	32	mmHg	08:57
<input type="checkbox"/>	Resp	RR	11	rpm	08:57
<input type="checkbox"/>	Grid	PULSE	74	bpm	08:57
<input type="checkbox"/>	Grid	SYSBP	132	mmHg	08:55
<input type="checkbox"/>	Grid	DIABP	91	mmHg	08:55
<input type="checkbox"/>	Grid	MAP	101	mmHg	08:55
<input type="checkbox"/>	Grid	SAO2	97	%	08:57

Data Set 1 of 3

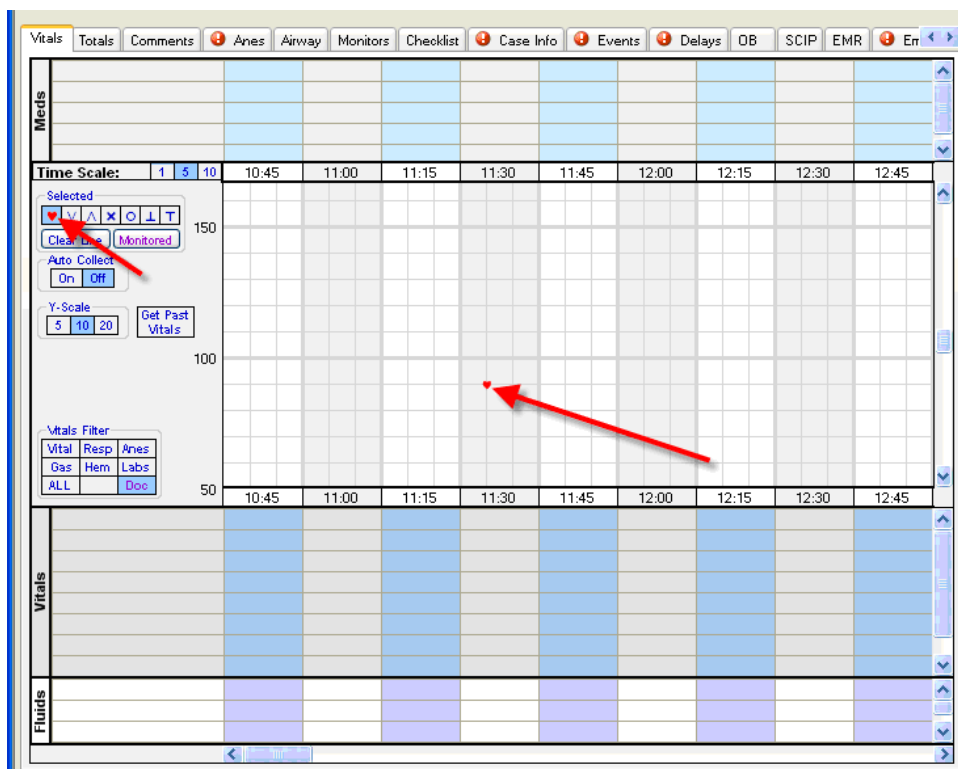
Defer

Discard This Set

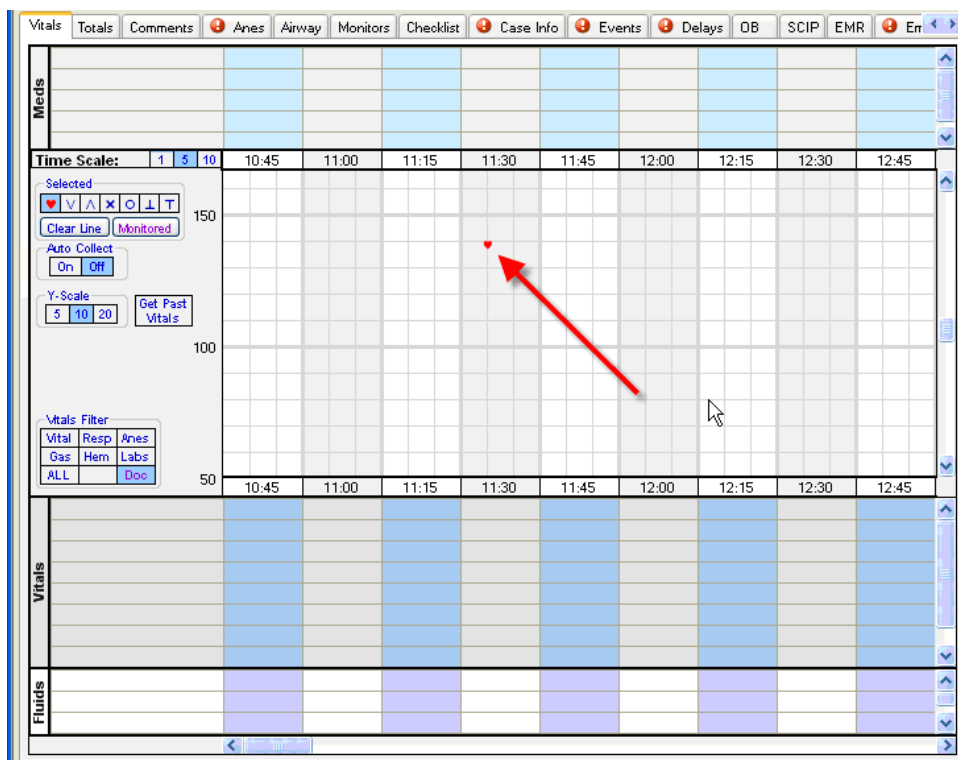
Accept

Correcting a Vital Sign on the Upper Grid

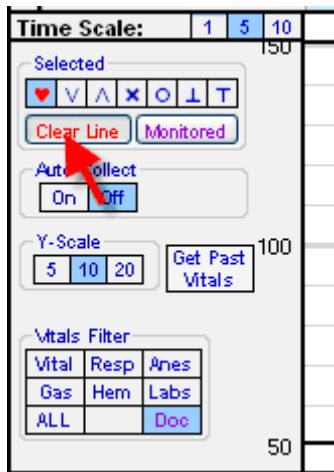
To correct one vital sign, click on the vital symbol you would like to correct from the left panel (as in the Manual Chart Vitals Section of this document).



Then click on the grid where you want the vital sign to appear and the selected symbol on that time line will be moved to the new location where you clicked.

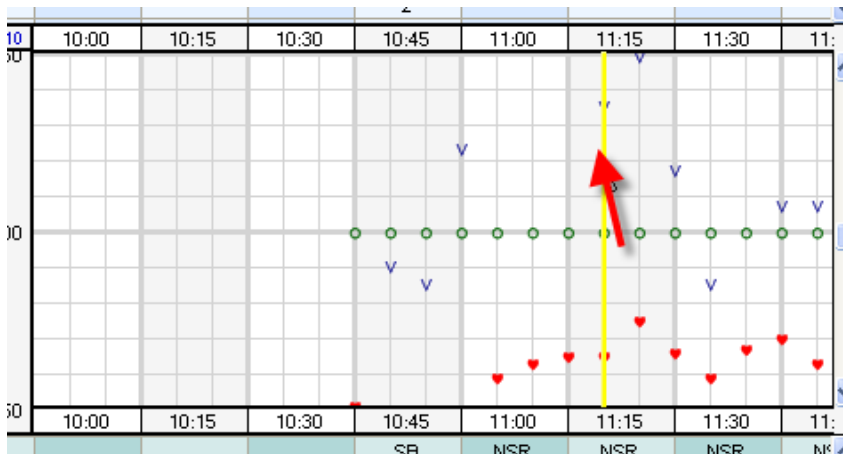


Erase a Line of Vitals



Click on the "Clear Line" button.

Then hover over the line of vitals you want to delete until a yellow line highlights that line of vitals.



Then click once to remove the vitals on that line.

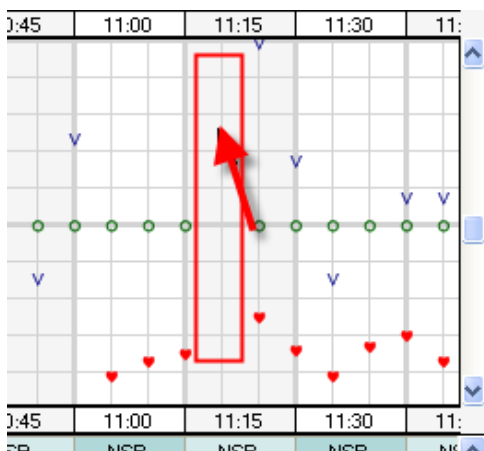
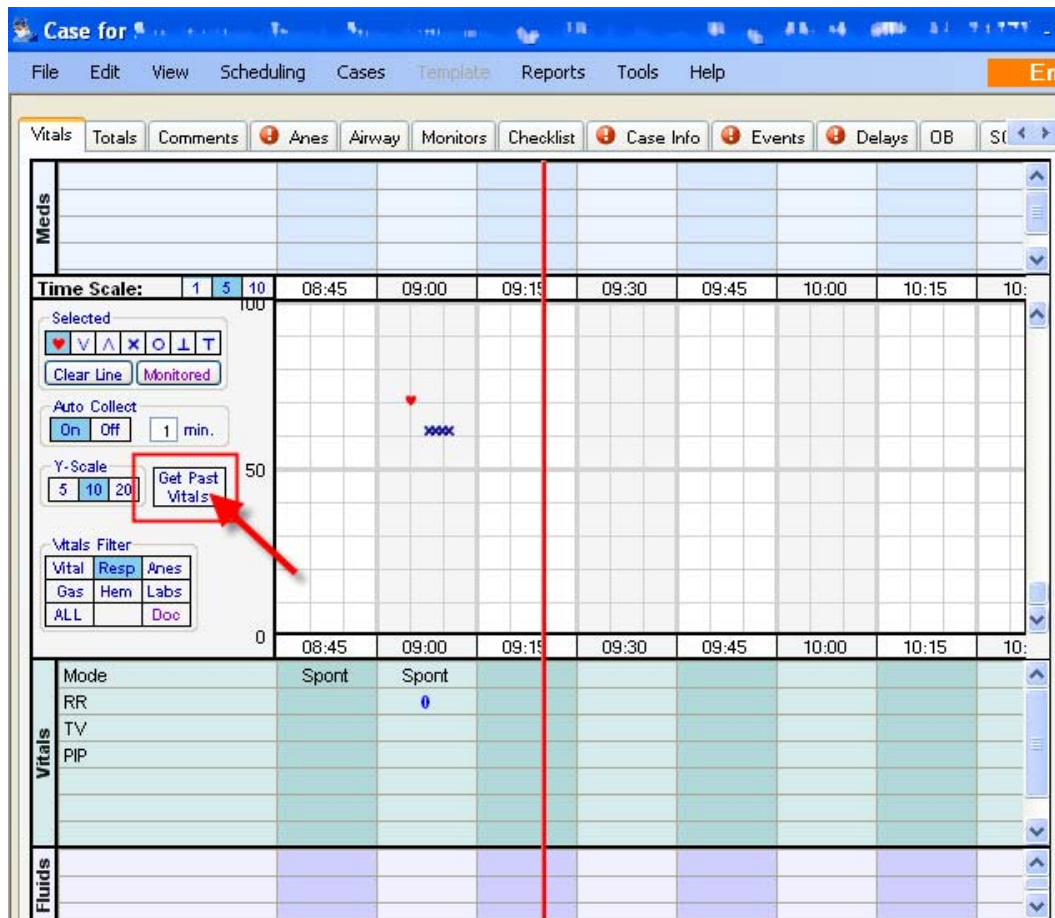


Chart Past Vitals

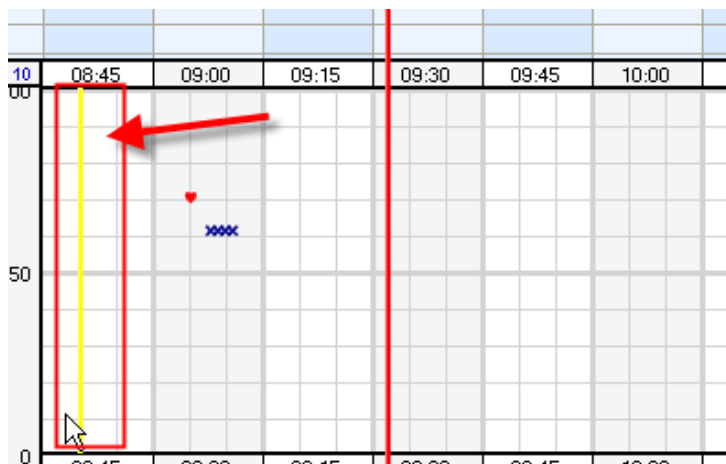
To get past vitals that you have not charted, click on the “Get Past Vitals” button.



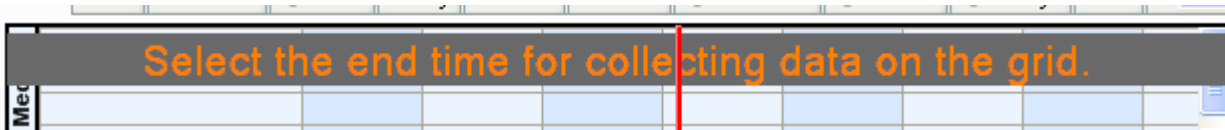
You will see a prompt at the top of the screen to select the earliest past vitals set that you want to have displayed.



Hover over the desired time until it is highlighted in yellow and click the yellow line.



You will see a prompt at the top of the screen to select the latest past vitals set that you want to have displayed. Follow the same steps for selecting that time.

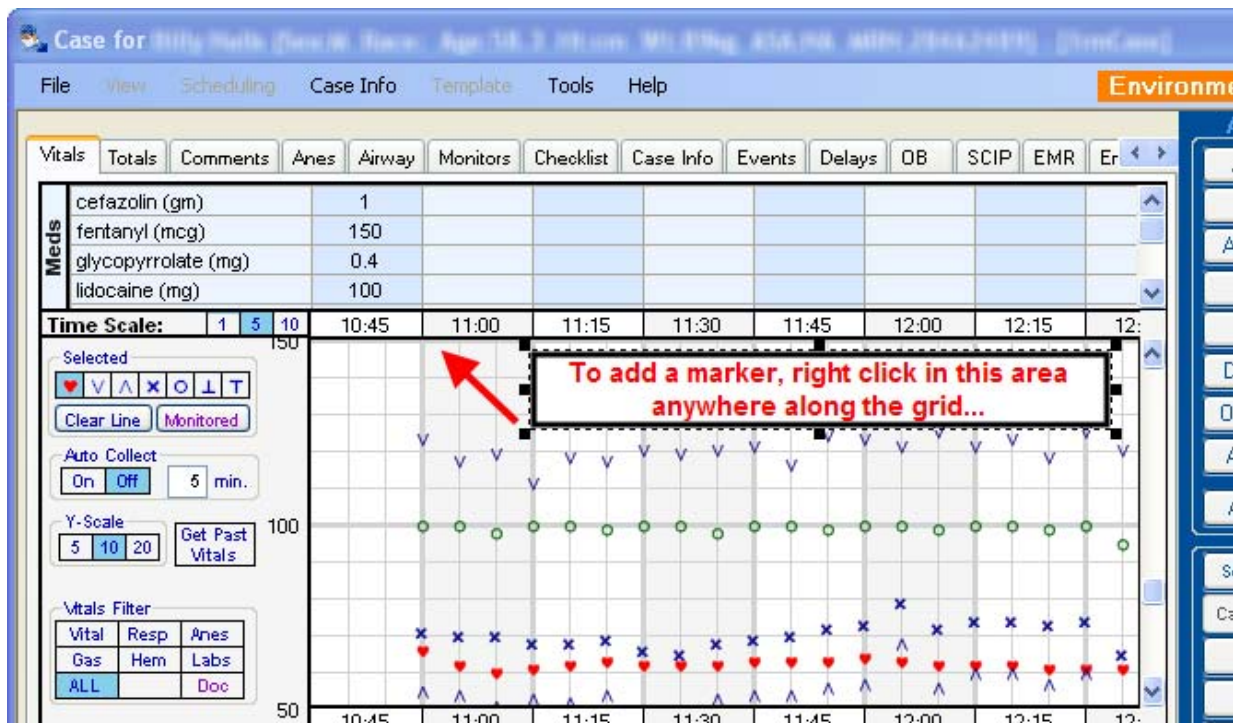


When the Past Vitals are available, you will see a pop up on your screen that says "Auto Vitals." To view the Past Vitals, click the bar. A box will pop up with the vitals listed. Each vital sign has a checkbox next to it.

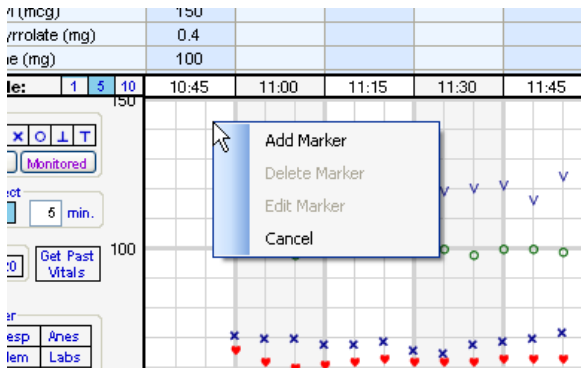
You can Defer, Discard or Accept each set of vitals. The count of the vital reading you are on is included in the window with the date and time, as is the time and date it was taken. Follow the same steps as outlined previously to plot the vitals on the grid.

Adding a VPIMS Marker

The VPIMS marker feature allows the user to "bookmark" times that are significant, and comment on those times, if desired. To add a VPIMS marker, find the desired time that you would like to mark. Right click at the top of the grid in that time frame.



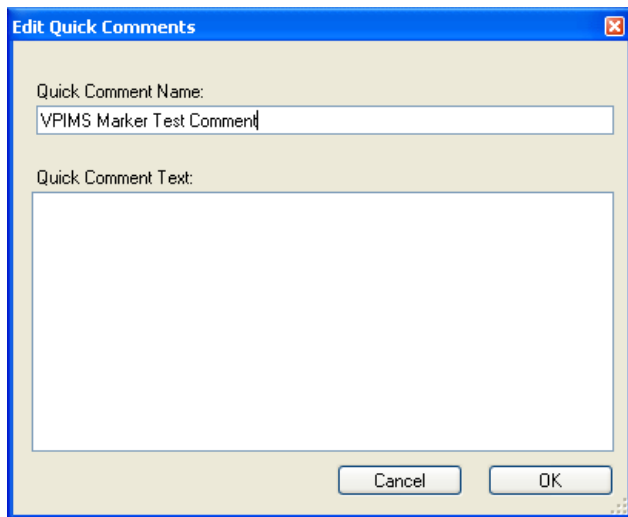
If you have not previously entered a marker there, you will have the options to Add a Marker or Cancel. Click “Add Marker.”



A box will pop up where comments can be entered. (NOTE: The first time you enter a marker for that time frame, the ‘Current Text’ box will have the word “Empty” in it.)

The screenshot shows a dialog box titled 'Event Marker for 11:05'. It has two main sections: 'Current Text' on the left and 'Available Quick Comments' on the right. The 'Current Text' section contains a large text area with the word '[EMPTY]' at the top. The 'Available Quick Comments' section contains a large empty text area. Below the 'Available Quick Comments' section are four buttons: 'Insert Comment', 'Edit Quick Comment', 'Insert Current Time', and 'Create Quick Comment'. At the bottom of the dialog are two buttons: 'Cancel' and 'OK'.

To add text to your marker, you may either type in the “Current Text” box, or create a quick comment (a comment you can use for multiple cases). To create a quick comment for VPIMS Markers, click ‘Create Quick Comment’.

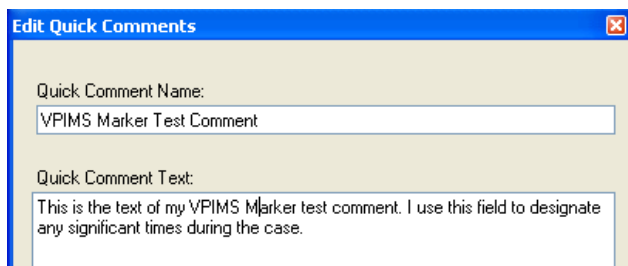


Quick Comment Name:
VPIMS Marker Test Comment

Quick Comment Text:

Cancel OK

A new window will open. Name your comment, then type the comment in the space provided. When you have completed the comment, click OK.

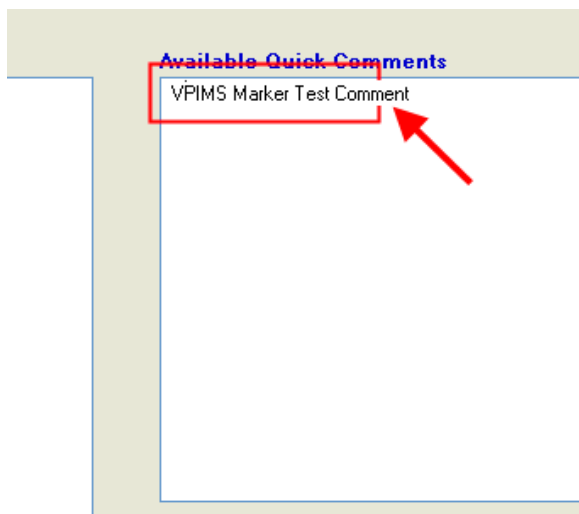


Quick Comment Name:
VPIMS Marker Test Comment

Quick Comment Text:
This is the text of my VPIMS Marker test comment. I use this field to designate any significant times during the case.

Cancel OK

The comment you added will now appear in the list of quick comments available for you to use.



Available Quick Comments

VPIMS Marker Test Comment

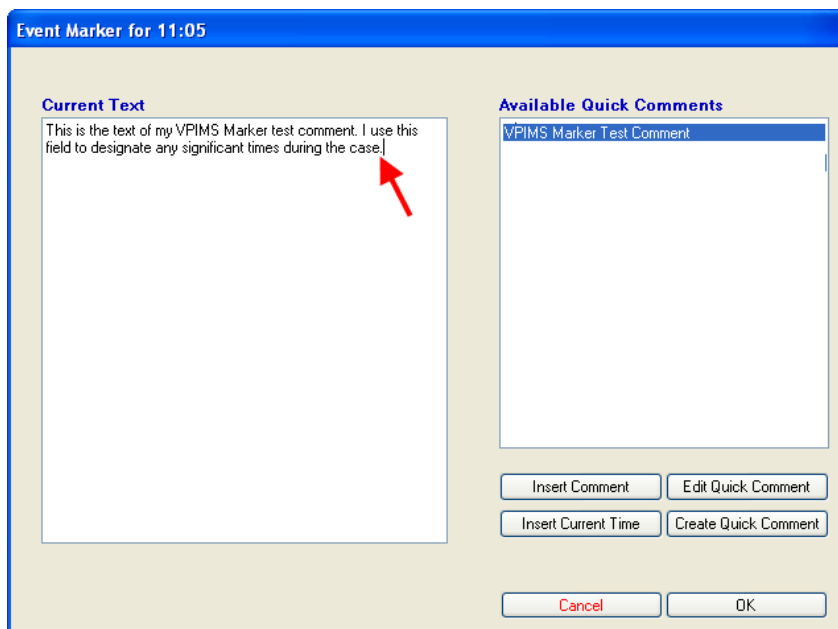
Use a Quick Comment

To use a quick comment that you have created, double click the quick comment you want to use.



A screenshot of a software dialog box titled "Available Quick Comments". The dialog has a light beige background and a blue header bar. Inside, there is a large white text area containing the text "VPIMS Marker Test Comment". Below this text area are four buttons arranged in a 2x2 grid: "Insert Comment", "Edit Quick Comment", "Insert Current Time", and "Create Quick Comment". At the bottom of the dialog are two buttons: "Cancel" (with red text) and "OK".

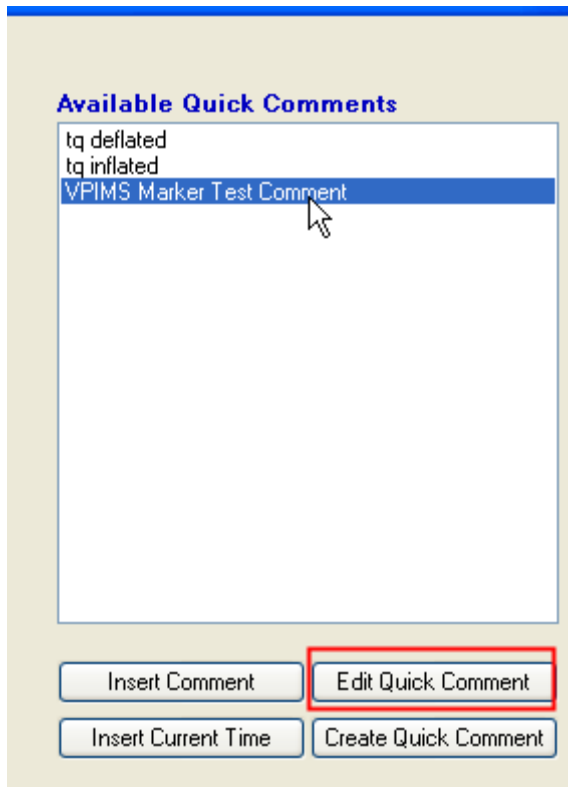
The comment should appear in the text box.



A screenshot of a software dialog box titled "Event Marker for 11:05". The dialog has a blue header bar and a light beige background. It is divided into two main sections. On the left, under the heading "Current Text", is a large white text area containing the text "This is the text of my VPIMS Marker test comment. I use this field to designate any significant times during the case." A red arrow points to the end of this text. On the right, under the heading "Available Quick Comments", is a smaller white text area containing the text "VPIMS Marker Test Comment". Below these text areas are four buttons arranged in a 2x2 grid: "Insert Comment", "Edit Quick Comment", "Insert Current Time", and "Create Quick Comment". At the bottom of the dialog are two buttons: "Cancel" (with red text) and "OK".

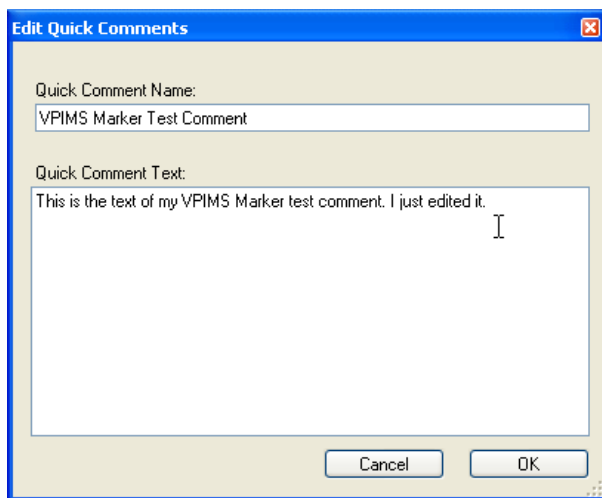
Edit a Quick Comment

To edit a quick comment, click the name of the comment you wish to edit. Then click 'Edit Quick Comment'.



The screenshot shows a dialog box titled "Available Quick Comments". It contains a list of three items: "tq deflated", "tq inflated", and "VPIMS Marker Test Comment". The third item is highlighted with a blue background and a mouse cursor is pointing at it. Below the list are four buttons: "Insert Comment", "Edit Quick Comment" (which is highlighted with a red rectangle), "Insert Current Time", and "Create Quick Comment".

A new window will open with the text of the selected comment. Make any necessary edits.

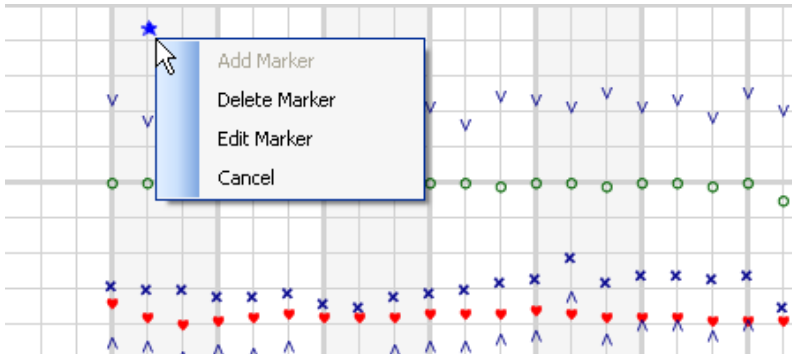


The screenshot shows a dialog box titled "Edit Quick Comments". It has two input fields: "Quick Comment Name:" with the text "VPIMS Marker Test Comment" and "Quick Comment Text:" with the text "This is the text of my VPIMS Marker test comment. I just edited it." Below the text field is a cursor. At the bottom are "Cancel" and "OK" buttons.

Then click the "OK" button and your changes will be saved.

Editing a VPIMS Marker

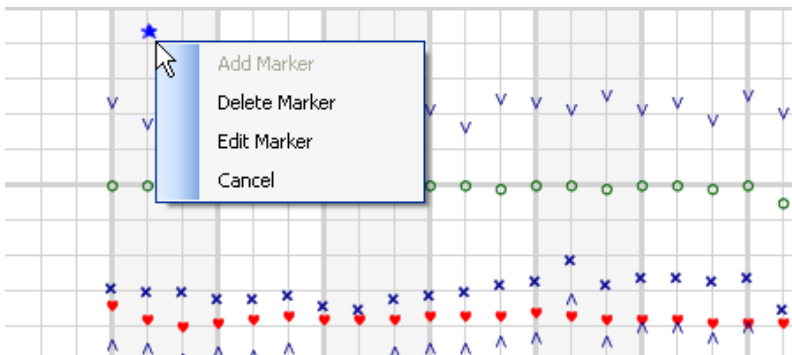
To edit or delete a marker you already entered, find the marker on the grid and right click it.



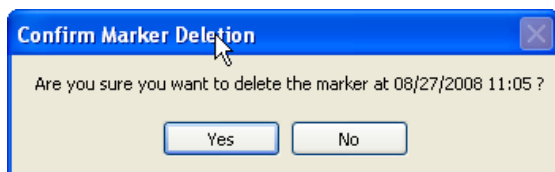
To edit, click edit marker, make any textual changes, and click OK.

Deleting a VPIMS Marker

To delete a marker you already entered, find the marker on the grid and right click it.



Click delete marker. Verify your deletion.



Points to remember:

- ✓ ***If you add a VPIMS marker but do not enter any text associated with it, it will appear on the grid as a red star. Markers with text appear as blue stars.***

Lower Grid Documentation

Adding Vital Parameters

To add a specialty vital parameter for documentation, click the Vitals label on the left of the screen.

The screenshot shows the Lower Grid interface. On the left, there is a vertical sidebar with two main sections: 'Vitals' and 'Fluids'. The 'Vitals' section is highlighted in yellow, and a red arrow points to it. Above the sidebar, there is a 'Vitals Filter' section with buttons for 'Vital', 'Resp', 'Anes', 'Gas', 'Hem', 'Labs', 'ALL', and 'Doc'. The main area of the interface is a grid with columns representing time intervals (12:00, 12:15, 12:30, 12:45, 13:00, 13:15, 13:30, 13:45) and rows representing different parameters. The 'Vitals' section is currently selected, and the grid is empty.

A new box will pop up. Click the checkbox next to what you want to add. When you are done adding parameters, click the "OK" button.

The 'Available' dialog box is shown. It has a title bar 'Available' and a list of parameters with checkboxes. The parameters are: Des (%), ECG, EDVI, Et Agent (%), Et CO2 (mmHg), Et Des (%), Et Hal (%), Et Iso (%), and Et N2O (%). The checkboxes for Des (%), ECG, Et CO2 (mmHg), and Et Des (%) are checked.

The 'Edit Parameters' dialog box is shown. It has a title bar 'Edit Parameters' and two main sections: 'Available' and 'Selected'. The 'Available' section has a list of parameters with checkboxes: ACT, BE, BIS, Cal, CerOX Left(%), CerOX Right(%), CI, CO, and CVP. The 'Selected' section has a list of parameters: LowerGrid, ECG, Temp (C), Des (%), O2 (l/m), Air (l/m), Fi O2, Et CO2 (mmHg), Et Des (%), and Mode. At the bottom, there is a red text label 'Edit Selected Parameters for All Lower Grid' and an 'OK' button.

The selected item(s) will appear in the lower grid so the user can enter information.

Vital	Resp	Anes
Gas	Hem	Labs
ALL		Doc

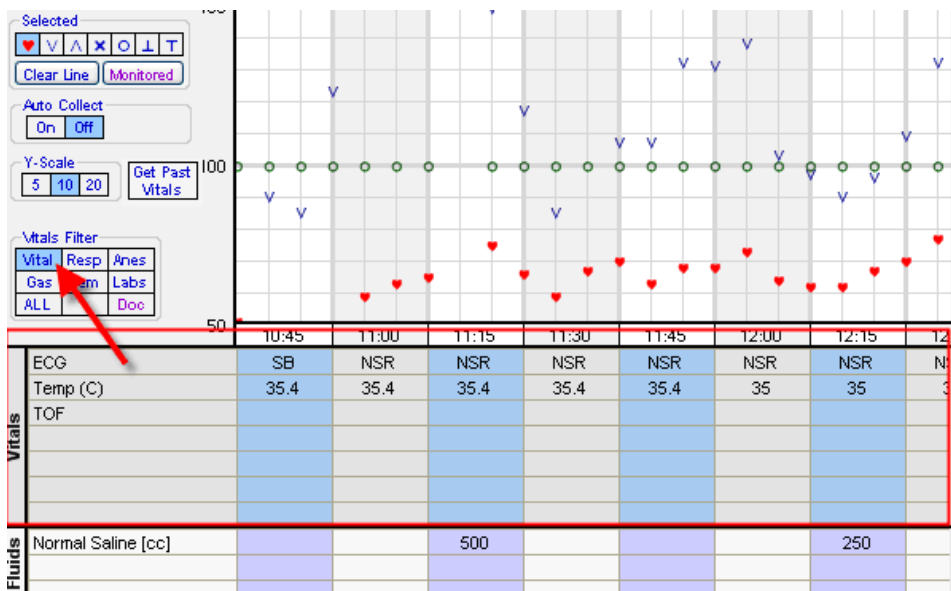
50 07:00

Vitals	ECG	
	Temp (C)	
	TOF	
	Sevo (%)	
	O2 (l/m)	
	Air (l/m)	
	Fi O2	

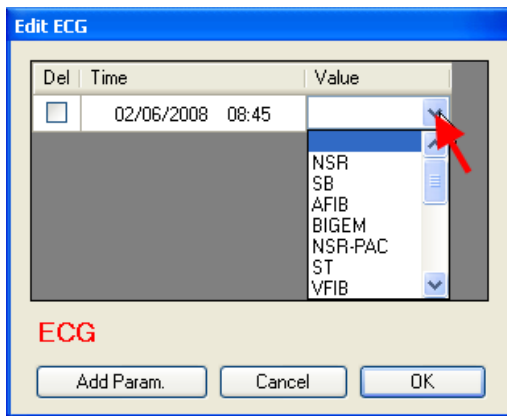
Points to remember:

- ✓ *Be careful when selecting parameters to add to your case, as you cannot delete them once they have been added to your list.*

Documenting a Parameter



- If you are documenting a specialty parameter, you must first add the desired parameter using the steps listed above.
- After all desired parameters have been added, you may document in the lower grid by first clicking the tab corresponding to the category you wish to document (Vital, Resp, Anes, Gas, Hem, Labs, or All).
- Click in the turquoise box corresponding to the time frame in which you would like to document.
- A box will popup for the parameter you have chosen. Either type the correct documentation in the space provided, use the drop down arrow to select the correct value. The example below is the ECG documentation parameter.



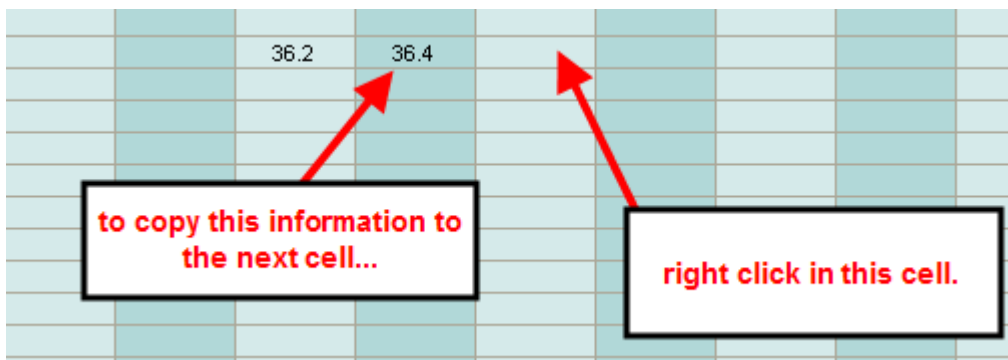
- To add additional documentation in the same cell, click on the cell and then click the Add Param button.

Copying to the next cell

If you are documenting values which are the same, you may use the copy feature to copy the information from the cell to the immediate left of the one in which you are documenting.

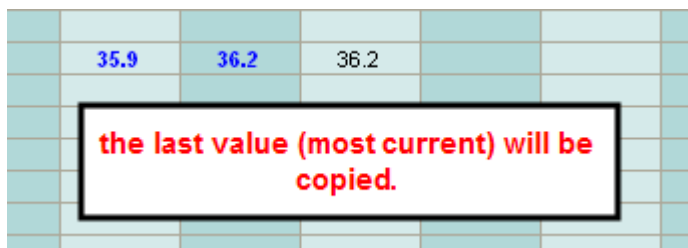
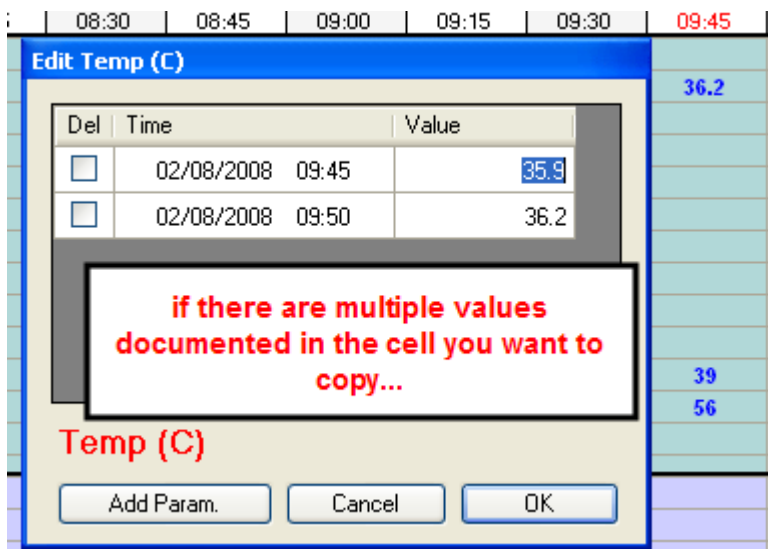
Copying data from the cell immediately to the left

- Right click in the cell you would like to copy the information into.



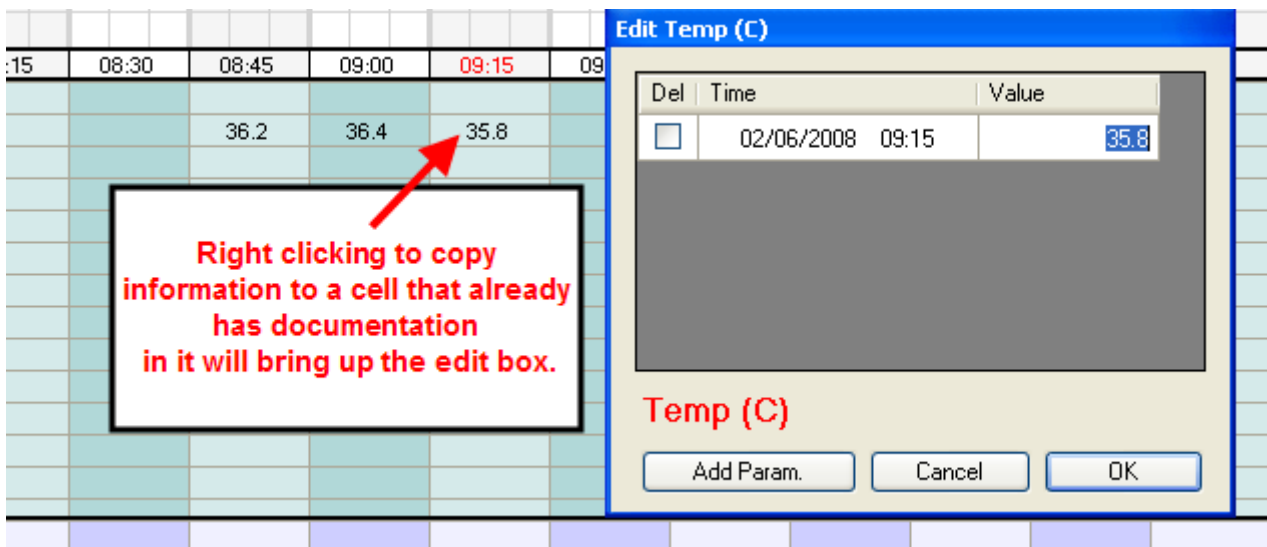
Copying data from a cell that has multiple values documented during that time period

- If you want to copy a value from a cell with multiple values documented, right clicking will copy the last value (most current) documented.



Copying data into a cell that already has documentation in it

- If a cell has documentation in it already, right clicking will pop up the edit box.



Copying data from a blank cell of the first cell in the grid

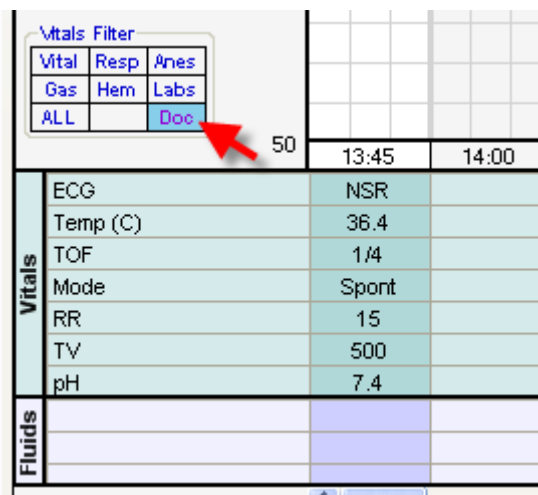
- You cannot copy information from a blank cell or the first cell in the grid.

Points to remember:

- ✓ ***Some of the lower grid parameter, such as respiratory rate and ECG values will be auto collected and plotted for you.***
- ✓ ***Grid values that appear in blue mean that multiple vitals were documented in that time frame.***
- ✓ ***To copy from one cell to another, you must have documentation in the cell immediately to the left of the cell you want to copy values into.***

Doc Button

To see all of the fields in which you have documented, click on the “Doc” button. This will display the parameters that you are using from all 8 parameter boxes (Vitals, Resp, Anes, Gases, Hemo, and Labs).



Vitals Filter	
Vital	Resp Anes
Gas	Hem Labs
ALL	Doc
50	13:45 14:00
ECG	NSR
Temp (C)	36.4
TOF	1/4
Mode	Spont
RR	15
TV	500
pH	7.4
Fluids	

Fluids

The blue section at the bottom of the lower grid is for fluids. When a case is started, there are no fluids listed. In order to document, fluids you have to add them.

Adding A Fluid to the Lower Grid

- To add a fluid for documentation, click the Fluids label on the left of the screen.

Vitals	PIP								
Fluids									

- A new box will pop up. Click the checkbox next to what you want to add. When you are done adding fluids, click the "OK" button.

Edit Parameters

Available

Add

Fluid

☒ .45% NS with KCL 20 meq [ml]
☒ Albumin (25%) [ml]
☒ Albumin (5%) [ml]
☐ Ascites [ml]
☐ Cell Saver Blood [ml]
☐ Chest Effusion [ml]
☐ Chest Tube #1 [ml]
☐ Chest Tube #2 [ml]
☐ Chest Tube #3 [ml]

Selected

Fluid

Edit Selected Fluids

OK

The added fluid will appear on the grid.

SU		13:45	14:00	14:15	14:30	14:45
Vitals	ECG	NSR				
	Temp (C)	36.4				
	TOF	1/4				
	Mode	Spont				
	RR	15				
	TV	500				
	pH	7.4				
Fluids	.45% NS with KCL 20 ...					
	Albumin (25%) [ml]					

Document Fluids

- To enter a value for a fluid click in the box next to the fluid name.
- A new window will pop up. The time and date will be displayed. If the time and date are incorrect, you may change them by using the same process for changing times as was discussed earlier in this document.
- Enter a dose in the space provided and click "OK".
- (A fluid can only be documented after it is added. See previous section on how to add a fluid.)

Del	Time	Dose
<input type="checkbox"/>	02/06/2008 07:00	100

.45% NS with KCL 20 meq [ml]

Add Amount Cancel OK

Del	Time	Dose
<input type="checkbox"/>	02/06/2008 07:00	100

.45% NS with KCL 20 meq [ml]

Add Amount Cancel OK

- To add a secondary fluid amount in the same time frame, click in the same box and click "Add Amount."
- Follow the same steps as above for entering the new amount.

Delete Fluids

- To delete a fluid dose, click on the fluid you wish to delete, in the correct time frame you wish to delete.
- Click the Del checkbox by the dose you wish to delete.
- When you are done deleting fluid doses, click OK.

Edit .45% NS with KCL 20 meq [ml]

Del	Time	Dose
<input type="checkbox"/>	02/06/2008 07:00	100
<input type="checkbox"/>	02/06/2008 07:05	50

.45% NS with KCL 20 meq [ml]

Add Amount Cancel OK

The grid should recalculate and subtract your deletion appropriately.

Fluids	TV	500			
	pH	7.4			
	.45% NS with KCL 20 ...	50			
	Albumin (25%) [ml]				

Points to remember:

- ✓ If you document two different “doses” of fluids in the same time box on the grid, the amount will appear blue instead of black, designating that it is a multiple does for that time period. The total fluid amount documented in that time period will be displayed.
- ✓ The time feature for “Add Amount” works on a 5 minute increment. If 5 minutes have not passed since the last documentation of a fluid dose in the same box, it will advance one minute.
- ✓ You cannot delete a fluid name from the list; only the doses associated with it.

Meds

- To add a drug or drip for documentation, click the Meds label on the left of the screen.

Vitals Totals Comments Anes Airway Monitors Checklist Case Info Events Delays OE

Meds

Time Scale: 1 5 10 13:45 14:00 14:15 14:30 14:45 15:00 15:15

The Medications form will pop up.

SEARCH FOR A DRUG

To search for a drug, enter the first few letters of the name of the drug. The list will expand or shrink, depending on how much of the drug name you enter. You may also filter the drug list by type (i.e., antibiotic, narcotic, etc.)

Add Medication

Drug List

enter drug name here Search

Medication Preparation

- All
- Antibiotic
- Local Anesthetic
- Maintenance
- Misc
- Muscle Relax
- Narcotic
- Pharmacy Meds

Time Administered

Dose

Route

Given By

Comment

Cancel Done

ADDING A MEDICATION

To add a medication to the record, find the name of the medication you would like to add. Choose medication: Next choose the medication you wish to add by highlighting it.

Add Medication

Drug List

mor Search All

Medication Preparation	Units
morphine	mg
morphine, PF	mg

morphine - mg

Time Administered: Enter the time the medication was given.

How to enter times: Click the "Time Administered" box. Clicking this box will input the current time automatically. To enter a different date, click the drop down menu icon by the date field. Use the right/left arrows to change months. (Tip: To quickly change the month, click on the month text displayed at the top of the calendar. Use the dropdown box to select. To change the hour or minutes of time, click either the hour or minutes and use the arrows to increment/decrement.

Dose: Enter dose in the box provided.

Route: Click the drop down arrow and select the correct route of the drug from the list.

Given By: Displays "Anesthesia."

Comment: Click inside the white box and type any pertinent comments.

WHEN YOU ARE DONE ENTERING THE DRUG, click Done. If you wish to cancel the entry, click Cancel.

Add Medication

Drug List

Search All

Medication Preparation	Units
2-chloroprocaine, 1%	ml
2-chloroprocaine, 1%	cc
2-chloroprocaine, 2%	ml
2-chloroprocaine, 2%	cc
2-chloroprocaine, 3%	ml
2-chloroprocaine, 3%	cc
abciximab	mcg/kg/min
abciximab	mg
acetaminophen	mg
acetaminophen + hydrocodone	tab
acetaminophen + oxycodone	tab

Time Administered

Dose

Route

Given By Anesthesiology Verified By

Pharmacy/Dispenser
Surgeon Requested
Surgeon Administered

Comment

Cancel Done

The drug will appear in the grid with the dose you entered.

If you have a templated drug listed in the particular case you are documenting, you will be unable to delete the drug name.

Edit a Medication

Meds	cefazolin (gm)			1	

To edit or delete the dose of a drug, click on the appropriate dose in the appropriate box that you wish to edit.

Edit cefazolin (gm)

Del	Time	Dose	Route	Div Dose	Pharm Disp	Surg Req	Surg Admin
<input type="checkbox"/>	02/08/2008 13:15	1	IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

cefazolin (gm)

Add Dose Cancel OK

The dosage window will pop up. The time and date will be displayed. If the time and date are incorrect, you may change them by using the same process for changing times as was discussed earlier in this document.

Make any necessary corrections and click "OK".

To add a secondary drug dose in the same time frame, click "Add Dose."

Follow the same steps as above for entering the new amount.

Delete a Medication

To delete a drug dose, click on the drug you wish to delete, in the correct time frame you wish to delete.

Click the Del checkbox by the dose you wish to delete.

When you are done choosing doses to delete, click OK.

Edit fentanyl (mcg)

Del	Time	Dose	Route	Div Dose	Pharm Disp	Surg Req	Surg Admin
<input checked="" type="checkbox"/>	02/08/2008 13:15	100	IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	02/08/2008 13:20	50	IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

fentanyl (mcg)

Add Dose Cancel OK

The grid should recalculate and subtract your deletion appropriately.

cefazolin (gm)			1	
fentanyl (mcg)			50	

Waste a Medication

Vials opened from the anesthesia cart and not used are recorded as waste. Unused portions of narcotics vials should also be recorded here. To enter a wasted drug, click on the Totals Tab.

Vitals

Totals

Comments

Anes

Airway

Monitors

Checklist

Case Info

Events

Delays

OB

SCIP

EMR

Er

Drugs Administered

Show Drugs

Show Fluids

Fluid Totals

☒ UOP Not Measured

☒ Minimal EBL

cefazolin	1 gm	Time	Amount	Divided
fentanyl	300 mcg			
lidocaine	80 mg			
ondansetron	4 mg			
phenylephrine	300 mcg			
propofol	150 mg			
vasopressin	4 units			

Preop Drugs

All

abciximab (mg)

Add

Del	Med Name	Total	Time
<input checked="" type="checkbox"/>	midazolam (mg)	2	02/01/2007 10:45
<input checked="" type="checkbox"/>			

Wasted Drugs

All

abciximab (mg)

Add

Del	Med Name	Total
<input checked="" type="checkbox"/>		

To select a drug to waste, click the drop down arrow and select from the list. Enter the numeric amount in the box marked "Totals."

Wasted Drugs

All

fentanyl (mcg)

Add

Del	Med Name	Total
<input checked="" type="checkbox"/>	fentanyl (mcg)	50
<input checked="" type="checkbox"/>	morphine (mg)	
	morphine (mg)	
	morphine, PF (mg)	
	naloxone (mcg)	
	neostigmine (mg)	
	nicardipine (mg)	
	nitroglycerin (mcg)	
	nitroglycerin ointment, 2% (inches)	
	nitroglycerin, transmucosal (mg)	

Totals Tab

Click on the “Totals” tab at the top of the screen to document and view the total values.

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSCIPEMR

Drugs Administered

Show DrugsShow FluidsFluid TotalsAbx Admin

cefazolin1 gm

ephedrine20 mg

fentanyl250 mcg

glycopyrrolate0.6 mg

hydromorphone1 mg

metoprolol2 mg

midazolam2 mg

neostigmine4 mg

Time

Amount

Divided

Preop Drugs

All2-chloroprocaine, 1% (ml)Add

DelMed NameTotalTime

Wasted Drugs

All2-chloroprocaine, 1% (ml)Add

DelMed NameTotal

Show Drugs

By default the “Show Drugs” button is chosen. These are pulled from the documented information from the “Vitals” tab. You can also click on a specific drug to view time and route.

Drugs Administered

Show DrugsShow FluidsFluid TotalsAbx Admin

cefazolin1 gm

ephedrine20 mg

fentanyl250 mcg

glycopyrrolate0.6 mg

hydromorphone1 mg

metoprolol2 mg

midazolam2 mg

neostigmine4 mg

Time

Amount

Divided

11:000.6 mgNo

Preop Drugs

All2-chloroprocaine, 1% (ml)Add

DelMed NameTotalTime

Wasted Drugs

All2-chloroprocaine, 1% (ml)Add

DelMed NameTotal

Show Fluids

To view all documented fluids, click the “Show Fluids” button. Fluids are pulled from the documented information from the “Vitals” tab. You can also click on a specific fluid to view time, amount, and whether it is an input or an output.

- 85 -

Fluids Administered

☐ UOP Not Measured
 ☐ Minimal EBL

Estimated Blood Loss	100 ml Out
Lactated Ringers	1000 ml In
Normal Saline	500 ml In
Urine Output	250 ml Out

Time	Amount	Direction
11:00	1000 ml	In

Fluid Totals

Click on the "Fluid Totals" button. These values are pulled from the "Vitals" tab.

Click on a fluid to see the details listed in the Administration Details window.

Total Fluids Administered

☐ UOP Not Measured
 ☐ Minimal EBL

Crystalloid	675 ml In
Crystalloid	1400 ml In
Crystalloid	800 ml In
OR UOP Total	100 ml Out
Estimated Blood Loss	100 ml Out
OR EBL Total	50 ml Out

Time	Fluid Name	Amount	Direction
09:00	Normal Saline	500 ml	In
09:00	Plasmalyte	500 ml	In
09:30	Plasmalyte	300 ml	In
09:30	Normal Saline	100 ml	In
09:30	OR IV Fluids Total	1400 ml	In
10:45	Normal Saline	75 ml	In

ABX Admin

Click the "Abx Admin" button to view or edit your responses to the antibiotic prompts at the start of the case.

Vitals Totals Comments Anes Airway Monitors Checklist Case Info Events Delays OB SCIP EMR Er

Fluids Administered

Show Drugs Show Fluids Fluid Totals **Abx Admin** ☐ UOP Not Measured ☐ Minimal EBL

		Time	Amount	Direction
Estimated Blood Loss	100 ml Out			
Lactated Ringers	1000 ml In	11:00	500 ml	In
Normal Saline				
Urine Output				

Abx Alert Response

Although Abx has already been recorded as given, please consider administration guidelines of prophylactic ABX prior to incision, if appropriate. (Data shown below as entered by I. Smith, RN at 08/27/2008 12:30).

☒ OK
☐ Abx not Indicated

Cancel Save

Preop Drugs

All

Del	Med Name	Total	Time
<input checked="" type="checkbox"/>	midazolam		
<input checked="" type="checkbox"/>			

Preop/Wasted Drugs

The Preop drug section lists the drugs, times administered, and dosages that are documented as given preoperatively on the Vitals grid, but can also be documented directly in this section. To select a drug for documentation, click the drop down arrow and select from the list. Enter the numeric amount in the box marked "Total." Enter the time in the space provided.

Preop Drugs

All

magnesium sulfate (gm)

Del	Med Name	Total	Time
<input checked="" type="checkbox"/>	midazolam		
<input checked="" type="checkbox"/>			

magnesium sulfate (gm)
 mannitol (gm)
 meperidine (mg)
 meperidine, PF (mg)
 methadone (mg)
 Methohexital (mg)
 methylprednisolone (mg)
 metoclopramide (mg)
 metoprolol (mg)
 metronidazole (mg)
 midazolam (mg)
 milrinone (mcg)
 milrinone (mg)
 mivacurium (mg)

The Wasted Drug section allows users to waste drugs (ie, narcotics). It lists the drugs documented as wasted, along with the total amount wasted. To select a drug to waste, click the drop down arrow and select from the list. Enter the numeric amount in the box marked "Totals."

Wasted Drugs

All

fentanyl (mcg)

Add

Del	Med Name	Total
	fentanyl (mcg)	50
	morphine (mg)	
	morphine (mg)	
	morphine, PF (mg)	
	naloxone (mcg)	
	neostigmine (mg)	
	nicardipine (mg)	
	nitroglycerin (mcg)	
	nitroglycerin ointment, 2% (inches)	
	nitroglycerin, transmucosal (mg)	

Comments

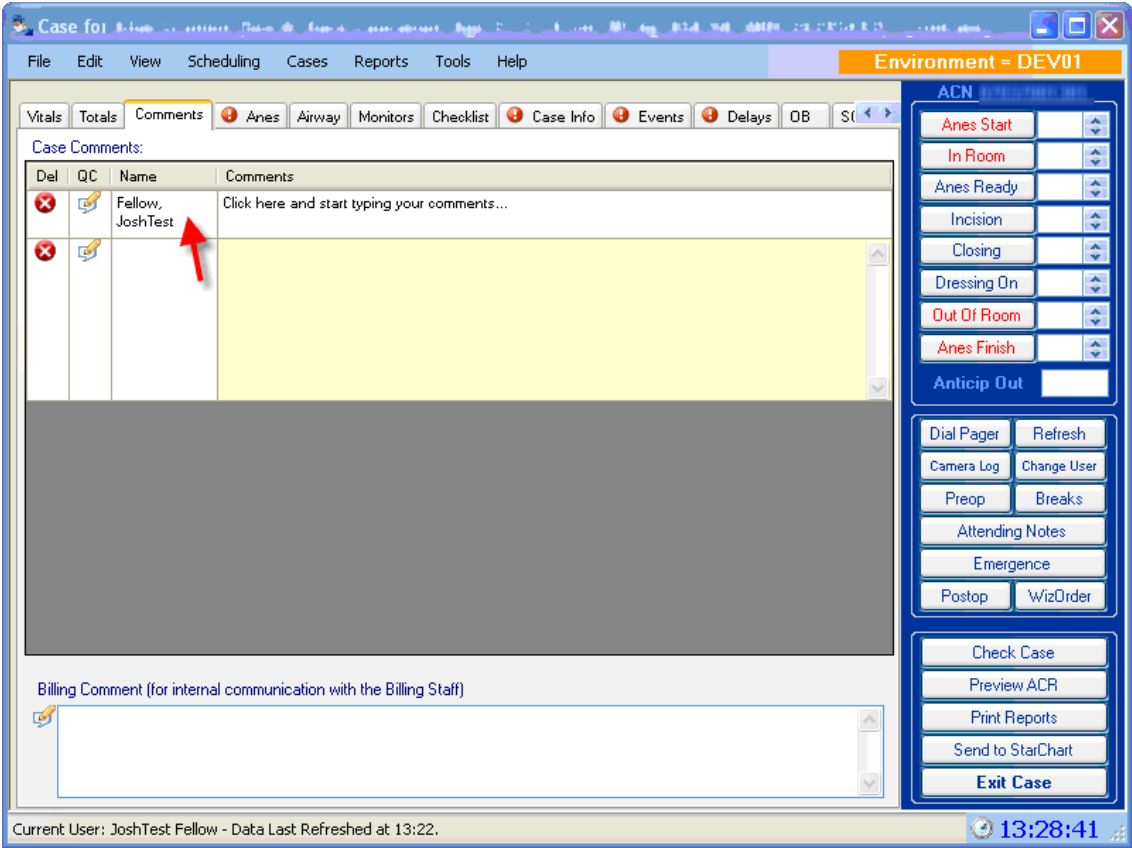
Click on the “Comments” tab at the top.

The screenshot shows the 'Comments' tab selected in the top navigation bar. The main area is titled 'Case Comments:' and contains a table with columns 'Del', 'QC', 'Name', and 'Comments'. The table is currently empty. Below the table is a large grey rectangular area. At the bottom of the main area is a text input field labeled 'Billing Comment (for internal communication with the Billing Staff)'. On the right side, there is a vertical panel with various buttons and controls, including 'Anes Start', 'In Room', 'Anes Ready', 'Incision', 'Closing', 'Dressing On', 'Out Of Room', 'Anes Finish', 'Anticip Out', 'Dial Pager', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Emergence', 'Postop', 'WizOrder', 'Check Case', 'Preview ACR', 'Print Reports', 'Send to StarChart', and 'Exit Case'.

Click in the “Comment” field. Use the keyboard to enter your comments in the yellow space.

This screenshot is similar to the previous one, but the 'Comments' tab is now active, and the table contains one row. The 'Comments' column of this row is highlighted in yellow and contains the text 'Click here and start typing your comments...'. A red arrow points to this yellow area. The rest of the interface, including the navigation bar, the 'Billing Comment' field, and the right-hand control panel, remains the same.

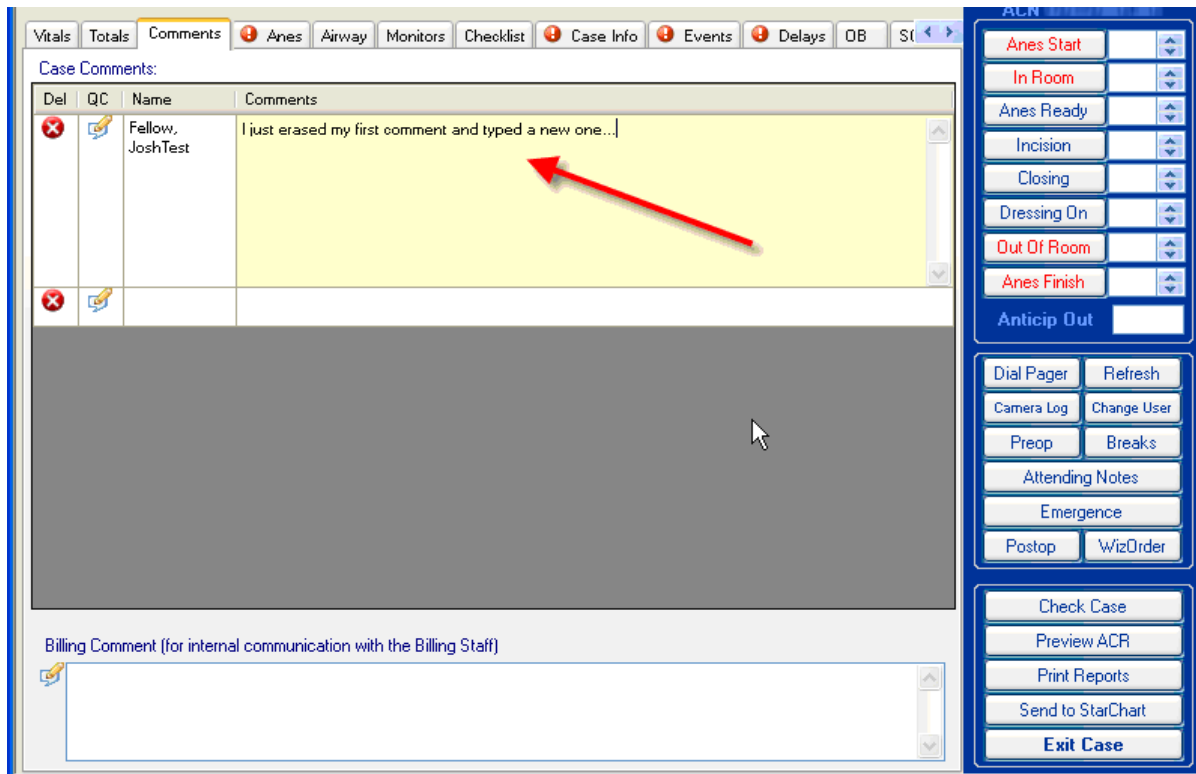
Click off of the comment field. The comment you just entered will appear in the comment box. Comments appear in the order that they are entered. Individual comments are separated for ease in reading.



Edit Comments

You can only edit comments that you have written. To edit a comment, click on comment you wish to edit.



Edit the comment.

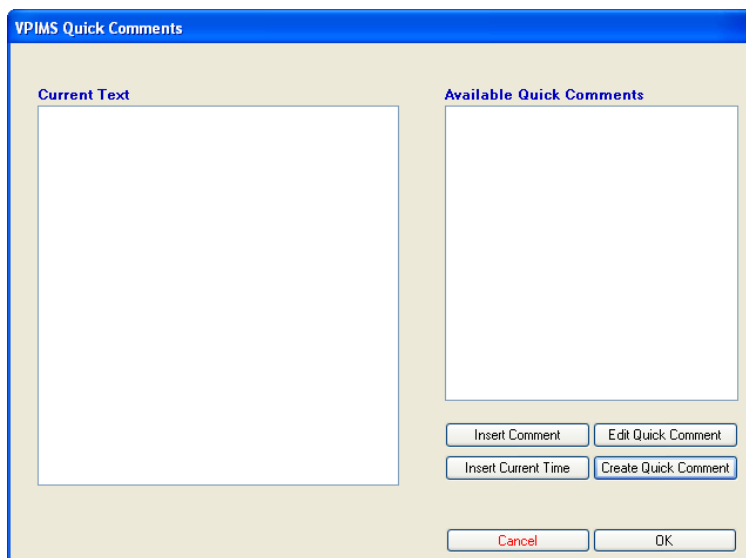


The screenshot shows the VPIMS Comments window. The 'Comments' tab is selected. The 'Case Comments' section displays a table with columns: Del, QC, Name, and Comments. The first row shows a comment by 'Fellow, JoshTest' with the text 'I just erased my first comment and typed a new one...'. A red arrow points to this comment. Below the table is a 'Billing Comment (for internal communication with the Billing Staff)' text box. On the right side, there is a vertical toolbar with buttons for 'Anes Start', 'In Room', 'Anes Ready', 'Incision', 'Closing', 'Dressing On', 'Out Of Room', 'Anes Finish', 'Anticip Out', 'Dial Pager', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Emergency', 'Postop', 'WizOrder', 'Check Case', 'Preview ACR', 'Print Reports', 'Send to StarChart', and 'Exit Case'.

The comment will appear edited in the comments window.

You can also add quick comments in the comments box.

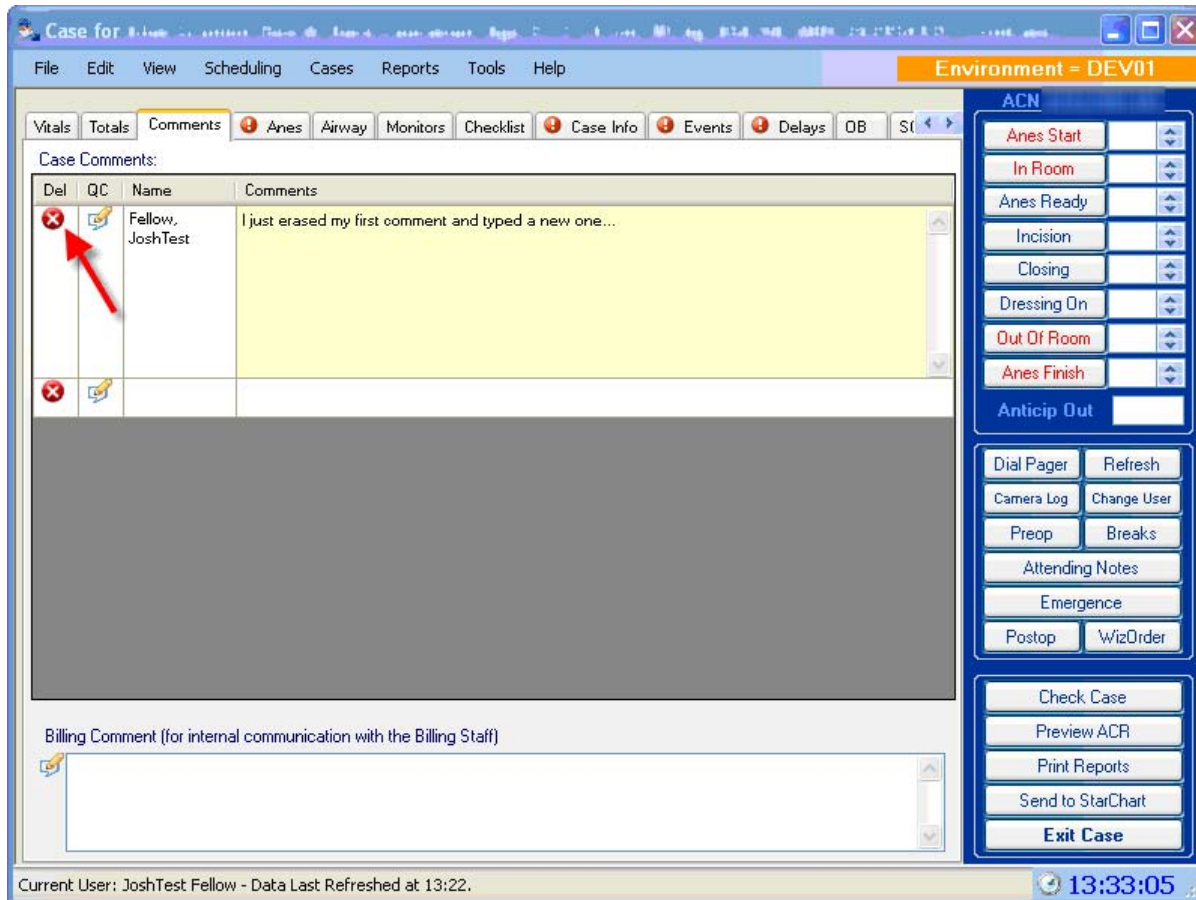
If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.



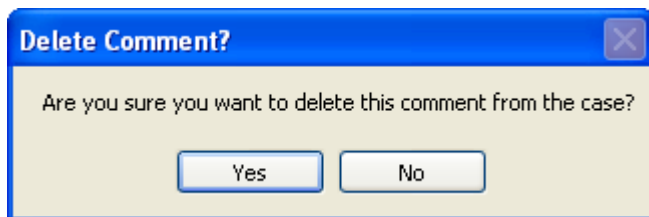
The screenshot shows the 'VPIMS Quick Comments' dialog box. It has two main sections: 'Current Text' on the left and 'Available Quick Comments' on the right. Below the 'Available Quick Comments' section are four buttons: 'Insert Comment', 'Edit Quick Comment', 'Insert Current Time', and 'Create Quick Comment'. At the bottom are 'Cancel' and 'OK' buttons.

Delete Comments

You can only delete comments that you have written. To delete a comment, click the red "X" by the comment you wish to delete.



You will be asked to verify your desire to delete the comment.



Case for

File Edit View Scheduling Cases Reports Tools Help

Environment = DEV01

Vitals Totals Comments Anes Airway Monitors Checklist Case Info Events Delays OB St

Case Comments:

Del	QC	Name	Comments

Billing Comment (for internal communication with the Billing Staff)

ACN

Anes Start

In Room

Anes Ready

Incision

Closing

Dressing On

Out Of Room

Anes Finish

Anticip Out

Dial Pager Refresh

Camera Log Change User

Preop Breaks

Attending Notes

Emergency

Postop WizOrder

Check Case

Preview ACR

Print Reports

Send to StarChart


Exit Case

Current User: JoshTest Fellow - Data Last Refreshed at 13:22.

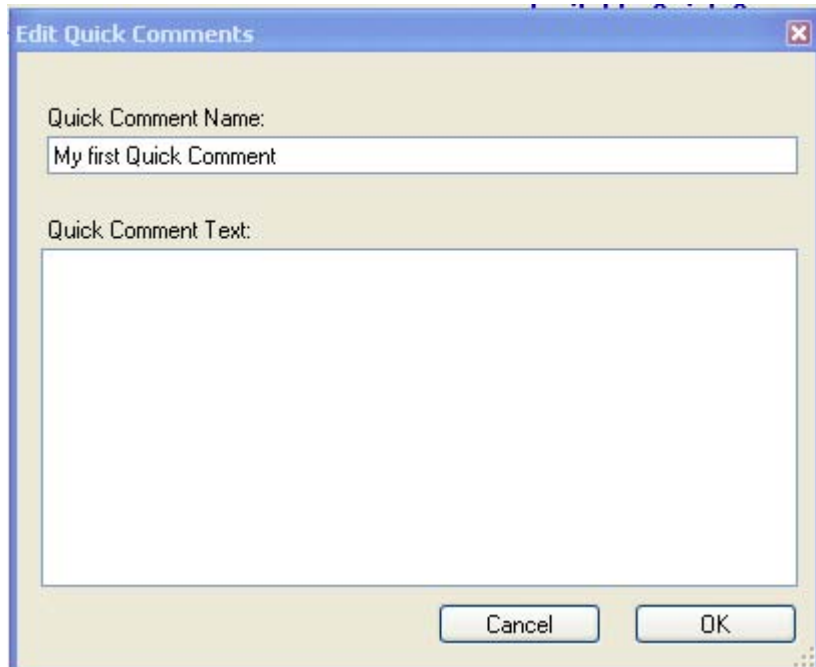
13:36:26

Quick Comments

Add A New Quick Comment

To add a quick comment (a comment you can use for multiple cases), click the  icon.

When the comment box popup appears, click in the white box. Then click 'Create Quick Comment'.

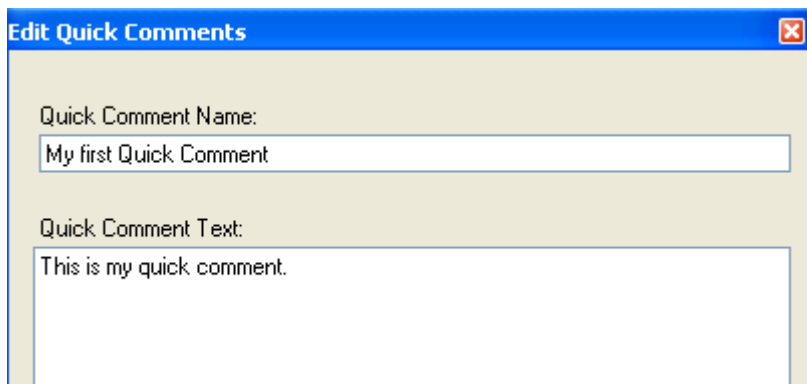


Quick Comment Name:
My first Quick Comment

Quick Comment Text:

Cancel OK

A new window will open. Name your comment, then type the comment in the space provided. When you have completed the comment, click OK.



Quick Comment Name:
My first Quick Comment


Quick Comment Text:
This is my quick comment.

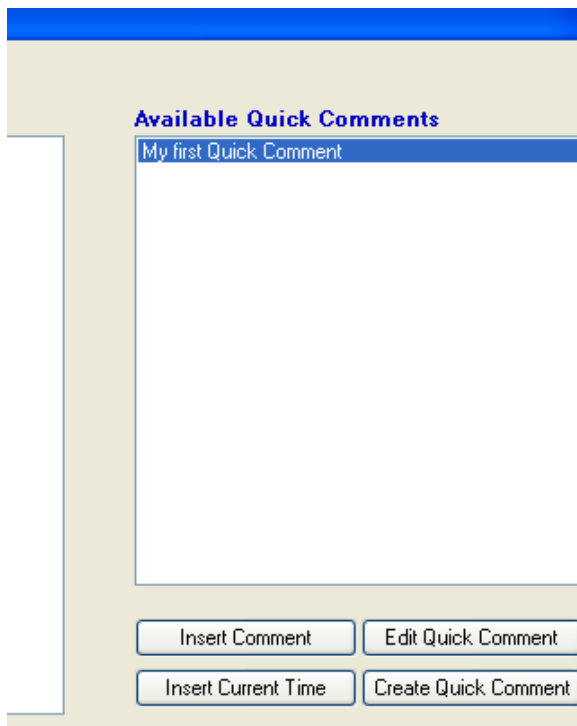
The comment you added will now appear in the list of quick comments available for you to use.

~~Available Quick Comments~~

My first Quick Comment

Use a Quick Comment

To use a quick comment that you have created, click the  icon. Then double click the quick comment you want to use.



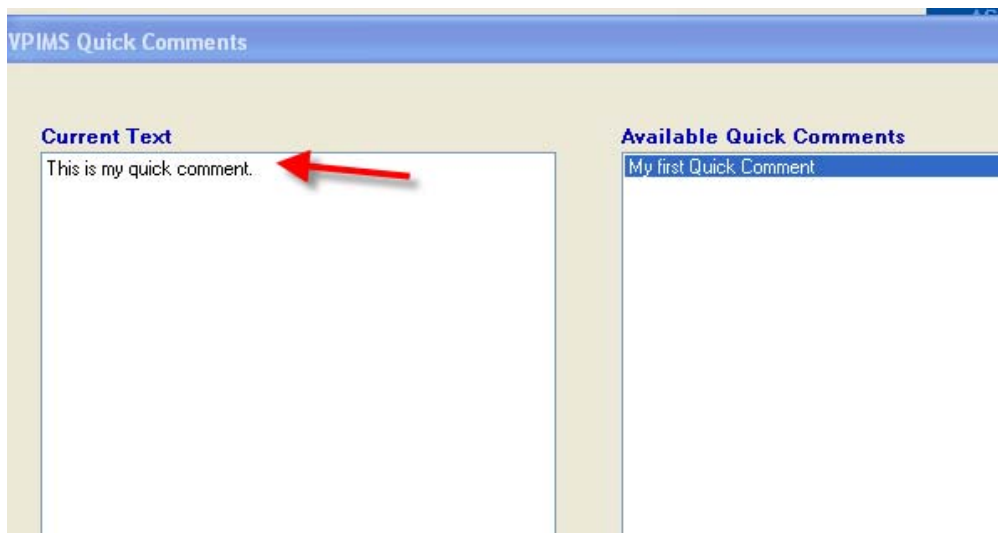
Available Quick Comments

My first Quick Comment

Insert Comment Edit Quick Comment

Insert Current Time Create Quick Comment

The comment should appear in the text box.



VPIMS Quick Comments



Current Text

This is my quick comment.


Available Quick Comments

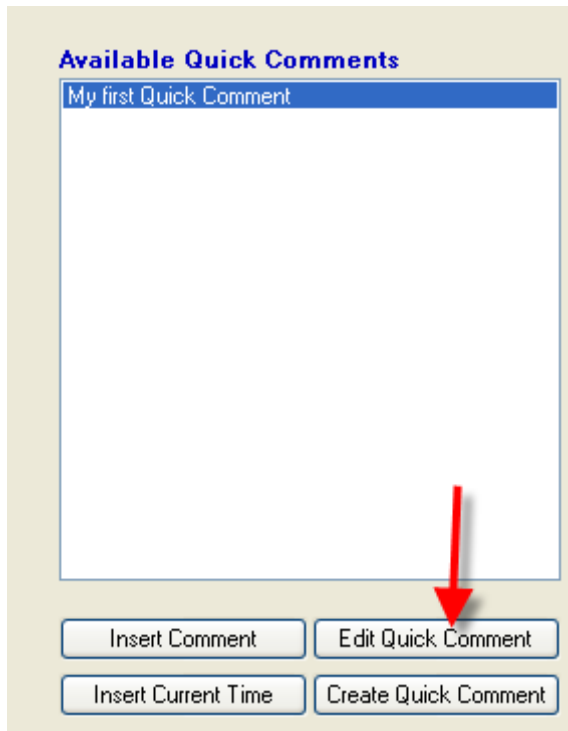
My first Quick Comment

Case Comments:

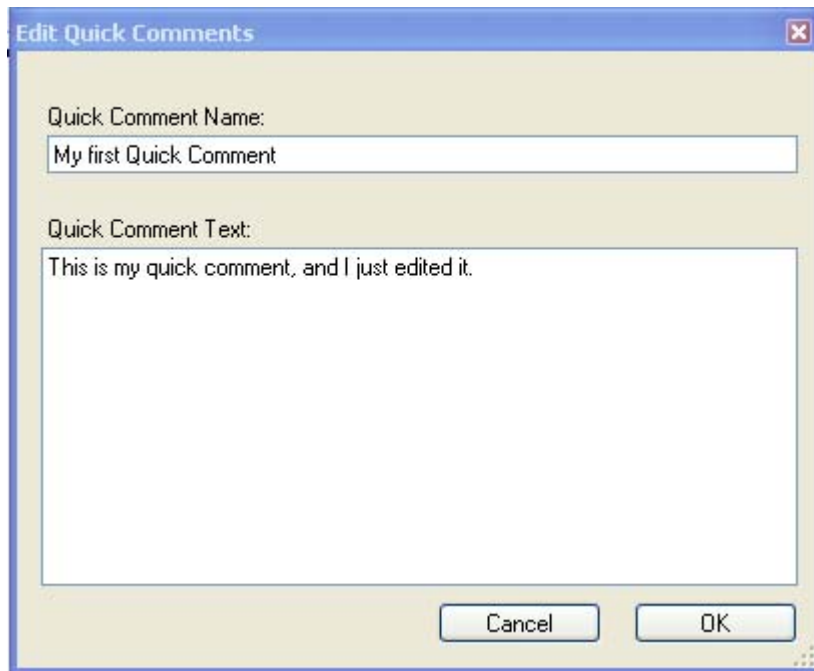
Del	QC	Name	Comments
			This is my quick comment.

Edit a Quick Comment

To edit a quick comment, click the  icon. When the comment box popup appears, click the name of the comment you wish to edit. Then click 'Edit Quick Comment'.



A new window will open with the text of the selected comment. Make any necessary edits.



Then click the "OK" button and your changes will be saved.

Anesthetic Tab

Click on the top “Anesthetic” tab to document anesthetic settings.

The screenshot shows the 'Anesthetic' tab selected in a medical software interface. The top navigation bar includes tabs for Vitals, Comments, Totals, Anes (highlighted with a red box), Airway, Monitors, Checklist, Case Info, Events, Delays, OB, and ST. The main content area is divided into several sections:

- Anesthetic** (Yellow background):
 - ☐ **General / Induction** (red text)
 - ☐ Smooth ☐ Difficult
 - ☐ Change from local/regional ☐ Adequate preoxygenation
 - ☐ IV ☐ Inhalation ☐ IM ☐ Rapid Seq.
 - ☐ **Regional** (red text)
 - ☐ Given for Postop Pain Relief
 - ☐ Under Anesthesia
 - ☐ Spinal ☐ Interscalene ☐ Ankle Block
 - ☐ Epidural ☐ Supraclavicular ☐ Single Bolus
 - ☐ Caudal ☐ IV Regional ☐ Multiple Bolus
 - ☐ Axillary Block ☐ Cervical Plexus ☐ Continuous
 - ☐ **MAC** (red text)
 - ☐



- Positioning** (Green background):
- ☐ Supine ☐ Tburg ☐ LUD
- ☐ Prone ☐ R Tburg ☐ Lithotomy
- ☐ Sitting ☐ L Lat Decub ☐ Beachchair
- ☐ R Lat Decub ☐
- Left Arm: ☐ Tucked ☐ Arm Board ☐ Suspended
- Right Arm: ☐ Tucked ☐ Arm Board ☐ Suspended
- Special Techniques** (Purple background):
- ☐ Induced Hypothermia ☐ Circ. Arrest
- ☐ Induced Hypotension ☐ CP Bypass
- ☐ Field Avoidance ☐ ECMO
- Eye Care** (Cyan background):
- ☐ Lubricated ☐ Scleral Shields
- ☐ Taped ☐ Wet Gauze
- ☐ Sewn ☐ Goggles
- ☐
- Thermal Care** (Blue background):
- ☐ Routine body warming
- ☐ Convective air warmer
- ☐ Elevated room temperature
- ☐ Passive circuit humidifier
- ☐ Active heated humidifier
- ☐ All pressure points padded
- ☐ NG Tube ☐ OG Tube
-

The mandatory fields are in red.

You can select a box by clicking in the box. It will place a checkmark in the box. If it is a standard GA then you can just click the “Std GA” button and the standard choices will be filled out. **Business Rule: You must document an airway type.**

Vitals Comments Totals **Anes** Airway Monitors Checklist Case Info Events Delays OB St


Anesthetic

☒ General / Induction ☐ Smooth ☐ Difficult
☐ Change from local/regional ☒ Adequate preoxygenation
☒ IV ☐ Inhalation ☐ IM ☐ Rapid Seq.
☐ Regional 
☐ Given for Postop Pain Relief
☐ Under Anesthesia
☐ Spinal ☐ Interscalene ☐ Ankle Block
☐ Epidural ☐ Supraclavicular ☐ Single Bolus
☐ Caudal ☐ IV Regional ☐ Multiple Bolus
☐ Axillary Block ☐ Cervical Plexus ☐ Continuous
☐ MAC
☐ 

Special Techniques

☐ Induced Hypothermia ☐ Circ. Arrest
☐ Induced Hypotension ☐ CP Bypass
☐ Field Avoidance ☐ ECMO


Eye Care

☒ Lubricated ☐ Scleral Shields
☒ Taped ☐ Wet Gauze
☐ Sewn ☐ Goggles
☐ 

Thermal Care



☒ Routine body warming
☐ Convective air warmer
☐ Elevated room temperature
☒ Passive circuit humidifier
☐ Active heated humidifier

Positioning

☒ Supine ☐ Tburg ☐ LUD
☐ Prone ☐ R Tburg ☐ Lithotomy
☐ Sitting ☐ L Lat Decub ☐ Beachchair
☐ R Lat Decub ☐ 

Left Arm: ☐ Tucked ☐ Arm Board ☐ Suspended
Right Arm: ☐ Tucked ☐ Arm Board ☐ Suspended

☒ All pressure points padded
☐ NG Tube ☐ OG Tube

If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.

VPIMS Quick Comments

Current Text

Available Quick Comments

Airway Tab

Click on the Airway tab to view and edit airway information.

Fill in the information by checking the white box. **Business Rule: Once you click any of the intubation options, the mandatory airway confirmation choices will appear in red. This confirmation is a required item.**

If the airway is Standard General Endotracheal Anesthesia you can click on the “Standard GETA” button to fill in the standard information.

Vitals Totals Comments Anes **Airway** Monitors Checklist Case Info Events Delays OB SCIP

Airway
☐ Supplemental oxygen only
☐ Mask only Airway: ☐ Oral
☐ LMA ☐ Nasal
 Size ☐ Bite Guard
☐ Arrived Intubated ☐ Arrived Trached
☒ Intubated in OR by

☒ Oral ☐ Nasal ☐ Trach.
☒ Direct Laryng.
☐ Lighted Stylet ☐ Blind
☐ Fiberoptic ☐ Bullard
☐ In-Line Stabilization ☐ Awake

 Attempts
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4

☐ Jet Vent.

Mask
☐ Easy
☐ Moderate
☐ Difficult
☐ Impossible
☐ N/A

DL
☐ Easy ☐ Atraumatic
☐ Moderate ☐ Traumatic
☐ Difficult
☐ Impossible
 View Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4

Successful Blade
 Miller #: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
 MAC #: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
 WH #: ☐ 1.5
 Other

ETT Tube Type
☒ Standard Size Taped @ cm
☐ Laser ☒ Stylet Leak @ mmHg
☐ Anode ☐ Uncuffed ☐ Preformed RAE

☐ Dbl. Lumen Size Taped @ cm L ☐ R ☐

Confirmation
☐ EBBS
☐ ET-CO₂
☐ Visual

Comment

Standard GETA

ACN 08:46
 Anes Start 08:46
 In Room 09:04
 Anes Ready 09:04
 Incision
 Closing
 Dressing On
 Out Of Room
 Anes Finish
 Anticip Out 10:00

Once you complete the mandatory fields and click off the tab, the red exclamation point will disappear (no more mandatory information on this page).

If there is a text field where notes can be entered, you will see a icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the icon.

VPIMS Quick Comments

Current Text

Available Quick Comments

Monitors Tab

Click on the Monitors tab to view and edit the monitor information.

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBS

Non-Invasive Monitors

☒ O₂ Analyzer

☒ Pulse Oximeter

☒ Capnometer

☒ NIBP

☒ ECG

☒ Nerve Stimulator

☒ Temperature

☒ Esophageal Stethoscope

☐ Precordial Stethoscope

☐ Precordial Doppler

☒ ST Analysis

Std. GA

Std. Reg/MAC

Std. LMA

Invasive Monitors

Arterial Lines

Del	Location	A	O
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Central Lines

Del	Location	A	O
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PA Cath

Del	Location	A	O
<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A - Anesthesia Placed

O - Other Placed

Special Equipment

☐ Fluid Warmer

☐ BIS

☐ Level 1 Infuser

☐ TEG

☐ Rapid Infusion System

☐ Hemacue

☐ Cereb. Oxyg. Monitor (R)

☐ Balloon Pump

☐ Cereb. Oxyg. Monitor (L)

☐ LVAD (l/m)

IV Access

Del	Location	Gauge	A	O
<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

A - Anesthesia Placed

O - Other Placed

Other Monitors

☐ TEE

☐ ICP

☐ Evoked Potential

This screen allows documentation of any invasive or noninvasive monitors, IV access and special equipment. If you choose NIBP then you must use the drop down box to enter the location.

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSt

Non-Invasive Monitors

☐ O₂ Analyzer

☐ Pulse Oximeter

☐ Capnometer

☒ NIBP

☐ ECG

☐ Nerve Stimulator

☐ Temperature

☐ Esophageal Stethoscope

☐ Precordial Stethoscope

☐ Precordial Doppler

☐ ST Analysis

Std. O

Reg/MAC

Std. LMA

Invasive Monitors

LocationA0

Arterial Lines

Central Lines

PA Cath

LocationA0

LocationA0

LocationA0

A - Anesthesia Placed

O - Other Placed

Special Equipment

☐ Fluid Warmer

☐ Level 1 Infuser

☐ Rapid Infusion System

☐ Cereb. Oxyg. Monitor (R)

☐ Cereb. Oxyg. Monitor (L)

☐ BIS

☐ TEG

☐ Hemacue

☐ Balloon Pump

☐ LVAD (l/m)

IV Access

DelLocationGaugeA0

A - Anesthesia Placed

O - Other Placed

Other Monitors

☐ TEE

☐ Evoked Potential

☐ ICP

☐

- 103 -

To enter standard information with 1 click, you can click on the “Std. GA” button, “Std. Reg/MAC” button, or the “Std. LMA” button.

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSI

Non-Invasive Monitors

☐ O₂ Analyzer

☐ Pulse Oximeter

☐ Capnometer

☒ NIBP

☐ ECG

☐ Nerve Stimulator

☐ Temperature

☐ Esophageal Stethoscope

☐ Precordial Stethoscope

☐ Precordial Doppler

☐ ST Analysis

Std. GA

Std. Reg/MAC

Std. LMA

Invasive Monitors

Arterial Lines

Del

Location

A

O

☒

Central Lines

Del

Location

A

O

☒

PA Cath

Del

Location

A

O

☒

A - Anesthesia Placed

O - Other Placed

Special Equipment

☐ Fluid Warmer

☐ Level 1 Infuser

☐ Rapid Infusion System

☐ Cereb. Oxyg. Monitor (R)

☐ Cereb. Oxyg. Monitor (L)

☐ BIS

☐ TEG

☐ Hemacue

☐ Balloon Pump

☐ LVAD (I/m)

IV Access

Del

Location

Gauge

A

O

☒

A - Anesthesia Placed

O - Other Placed

Other Monitors

☐ TEE

☐ Evoked Potential

☐ ICP

☐

Non-Invasive Monitors

☒ O Analyzer

☒ Pulse Oximeter

☒ Capnometer

☒ NIBP

☒ ECG

☒ Nerve Stimulator

☒ Temperature

☒ Esophageal Stethoscope

☐ Precordial Stethoscope

☐ Precordial Doppler

☒ ST Analysis

Std. GA

Std. Reg/MAC

Std. LMA

Checklist Tab

Click on the Checklist tab to view and edit the checklist information. The purpose of this screen is to document the essential and supplemental equipment checks.



You may click on the 'Essential Check' button....

The screenshot shows the 'Checklist' tab selected in the top navigation bar. The interface is divided into two main sections: 'Essential Checklist' on the left (blue background) and 'Supplemental Checklist' on the right (yellow background). The 'Essential Checklist' contains six items, all marked with green checkmarks: Circuit OK, Vaporizers Full and OFF, CO2 Absorber OK, Ventilator and Monitors OK, Alarms OK, and Suction OK. The 'Supplemental Checklist' contains eight items, all marked with blue unchecked checkboxes: O2 Failure Alarm OK, Unused Controls OFF, Cylinder Pressure OK, Pipeline Gas Press. OK, Gas Flow Controls OFF, Machine Leak Test OK, O2 Monitor(s) OK, and Scavenging System ON. On the right side of the screen, there are two buttons: 'Essential Check' and 'Supplemental Check'. The 'Essential Check' button is highlighted with a red rectangle and a mouse cursor is pointing at it.

Or you may click the 'Supplemental Check' button...

This screenshot is similar to the previous one, showing the 'Checklist' tab. In this instance, the 'Supplemental Check' button on the right is highlighted with a red rectangle and a mouse cursor is pointing at it. The 'Essential Checklist' items remain the same. The 'Supplemental Checklist' items are now all marked with green checkmarks: O2 Failure Alarm OK, Unused Controls OFF, Cylinder Pressure OK, Pipeline Gas Press. OK, Gas Flow Controls OFF, Machine Leak Test OK, O2 Monitor(s) OK, and Scavenging System ON.

You can also add comments in the bottom white comments box at the bottom of the screen.

If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.

Case Info

Click on the 'Case Info' tab to open the case information.

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSt

Diagnoses

Code	Description
------	-------------

Comments:

Edit Diagnoses

Procedures

Code	LongDescription
------	-----------------

Comments:

Edit Procedures

Surgeons

Del	Surgeon
X	General Surgery
X	

General Case Information

Acct No:

Room: VUH3 RM 06

Date: 03/14/2008

Times: 13:00-16:00

Weight (kg):

Attending Anesthesiologists

Scheduled Attending:

Primary Att (per Resident):

Name	StartTime	StopTime	Note
	03/14/08 10:29		Note

☐ Solo @

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication

Residents, CRNAs, and SRNAs

Del	Name	Start Time	Stop Time
-----	------	------------	-----------

Add a New Row for Discontinuous Times

ACN

Anes Start 10:36

In Room

Anes Ready

Incision

Closing

Dressing On

Out Of Room

Anes Finish

Anticip Out 16:00

Send Page

Refresh

Camera Log

Change User

Preop

Breaks

Attending Notes

Postop Orders

Check Case

Preview ACR

Print Reports

Send to StarChart

Exit Case

Diagnoses

Diagnoses are pulled from Patient Tracker information. If you need to change or add this information, click on the 'Edit Diagnoses' button.

A new window will pop up. Click on the fields in the boxes to narrow your search. When you find the diagnosis then double-click on it. It will then appear in the list of diagnoses in the lower right box.

Then click on the 'Done' button.

The screenshot shows a software window titled "Diagnoses". It contains several sections for searching and selecting a diagnosis:

- Body Systems (20)**: A list of body systems including "[All]", "Certain conditions originating in the perinatal period", "Complications of pregnancy, childbirth, and the puer", "Congenital anomalies", "Diseases of the blood and blood-forming organs", "Diseases of the digestive system", "Diseases of the genitourinary system", "Diseases of the musculoskeletal system and connec", "Diseases of the nervous system and sense organs", and "Diseases of the respiratory system".
- Sub-Systems (138)**: A list of sub-systems including "Accidental falls", "Accidental poisoning by drugs, medicinal substance", "Accidental poisoning by other solid and liquid substa", "Accidents caused by fire and flames", "Accidents caused by submersion, suffocation, and fi", "Accidents due to natural and environmental factors", "Acute respiratory infections", "Acute rheumatic fever", and "Air and space transport accidents".
- ICD-9 Codes**: A table with two columns: "Code" and "Description". The table lists several codes, with "295.02 SIMPLE SCHIZOPHREN-CHR" highlighted by a red circle.
- Diagnoses Selected**: A table with two columns: "Code" and "Description". The table lists "295.02 SIMPLE SCHIZOPHREN-CHR" highlighted by a red circle.
- Search for text:** A text input field.
- Search for codes:** A text input field.
- Search Now**: A button.
- Other/Comments (Diagnosis):** A text input field.
- By CPT**, **By Surgeon**, **By Service**: Three buttons.
- Done**: A button.

The diagnosis chosen will appear in the Diagnoses box.

Vitals Totals Comments **Anes** Airway Monitors Checklist **Case Info** Events Delays OB St

Diagnoses

Code	Description
295.02	SIMPLE SCHIZOPHREN-CHR

Comments:

Edit Diagnoses

Procedures

Code	LongDescription
------	-----------------

Comments:

Edit Procedures

Surgeons

Del	Surgeon
<input checked="" type="checkbox"/>	General Surgery, Inc.

General Case Information

Acct No: XXXXXXXX_XXXX

Room: VUH3 RM 06

Date: 03/14/2008

Times: 13:00-16:00

Weight (kg):

Attending Anesthesiologists

Scheduled Attending:

Primary Att (per Resident):

Name	StartTime	StopTime	Note
[Name]	03/14/08 10:29		Note

☐ Solo @

☐ I have received a preoperative hand-off report including patient identification and status of blood product and medication

Residents, CRNAs, and SRNAs

Del	Name	Start Time	Stop Time
-----	------	------------	-----------

Add a New Row for Discontinuous Times

ACN 00074007211

Anes Start 10:36

In Room

Anes Ready

Incision

Closing

Dressing On

Out Of Room

Anes Finish

Anticip Out 16:00

Send Page Refresh

Camera Log Change User

Preop Breaks

Attending Notes

Postop Orders

Check Case

Preview ACR

Print Reports

Send to StarChart

Exit Case

To delete a diagnosis, just double click on the name of the diagnosis you would like to delete in the lower right box.

295.05 SIMPL SCHIZOPHREN-REMISS

295.10 HYPERTENSION UNSECC

Diagnoses Selected

Code	Description
------	-------------

Other/Comments (Diagnosis):

Business Rule: You must document either a diagnosis or a diagnosis comment.

Procedure

Procedure is pulled from Patient Tracker information. If you need to change or add this information, click on the 'Edit Procedure' button.

The screenshot shows the Patient Tracker interface with several tabs at the top: Vitals, Totals, Comments, Anes, Airway, Monitors, Checklist, Case Info, Events, Delays, OB, and SI. The 'Case Info' tab is active. The 'Procedures' section is highlighted with a red box. It contains a table with columns 'Code' and 'LongDescription'. The first row shows '61615' and 'RESECT/EXCISE, LESION, ...'. Below the table is a 'Comments' field and an 'Edit Procedures' button. Other sections visible include 'Diagnoses', 'Surgeons', 'General Case Information' (with fields for Acct No, Room, Date, Times, and Weight), 'Attending Anesthesiologists', 'Residents, CRNAs, and SRNAs', and a sidebar on the right with buttons like 'Anes Start', 'In Room', 'Anes Ready', 'Incision', 'Closing', 'Dressing On', 'Out Of Room', 'Anes Finish', 'Anticip Out', 'Send Page', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Postop Orders', 'Check Case', 'Preview ACR', 'Print Reports', 'Send to StarChart', and 'Exit Case'.

A new window will pop up. Click on the fields in the boxes to narrow your search. When you find the desired procedure, double-click it. Then it will appear in the list of procedures in the lower right box.

The 'Procedures' search window is shown. It has a search bar at the top. Below it are three main sections: 'Body Systems (17)', 'Sub-Systems (5)', and 'Specifics (16)'. The 'Body Systems' section is expanded, showing a list of systems like Cardiovascular, Digestive System, Ear, Endocrine/Nervous, Eye, and Female Genital. The 'Sub-Systems' section is also expanded, showing a list of sub-systems like Extracranial Nerves, Peripheral Nerves, and Autonomic Parathyroid. The 'Specifics' section is expanded, showing a list of specifics like Approach Procedures Anterior Cranial Fossa, Base of Middle Cranial Fossa, Base of Posterior Cranial Fossa, Craniectomy or Craniotomy, and CSF Shunt. To the right of these sections is a 'CPT Codes (2)' section with a table showing '61615' and 'RESECT/EXCISE, LESION, BASE POSTERIOR...'. Below the CPT Codes section is a 'Procedures Selected' section with a table showing '61615' and 'RESECT/EXCISE, LESION, BASE POSTERIOR...'. At the bottom of the window are search filters (By ICD-9, By Surgeon, By Service), a 'Search Now' button, and a 'Done' button.

Then click on the 'Done' button.

The procedure chosen will appear in the Procedure box.

Procedures

Code	LongDescription
61615	RESECT/EXCISE, LESION, ...

Comments:

↑
↓

Edit Procedures

To delete a procedure, double click on the name of the diagnoses you would like to delete in the lower right box.

Procedures Selected

Code	LongDescription
------	-----------------

Business Rule: You must document either a procedure or a procedure comment.

Surgeon

Surgeon and attending anesthesiologist name should be entered. Click on the arrow next to the empty white box and select the surgeon you would like to enter into the case. Up to three (3) surgeons can be selected per case. The scheduled surgeon should already be populated for you.

The screenshot displays the 'Case Info' tab of a medical software interface. The top navigation bar includes tabs for Vitals, Totals, Comments, Anes, Airway, Monitors, Checklist, Case Info (active), Events, Delays, OB, and St. The main content area is divided into several sections:

- Diagnoses:** A table with columns 'Code' and 'Description'. Below it is a 'Comments' field and an 'Edit Diagnoses' button.
- Procedures:** A table with columns 'Code' and 'LongDescription'. Below it is a 'Comments' field and an 'Edit Procedures' button.
- Surgeons:** A section with a 'Del Surgeon' button, a dropdown menu showing 'Oncology, Generic Surg' and 'General Oncology, Gene', and a list of names including 'General Surgery, Generi'. Below this are fields for 'Date' (03/14/2008), 'Times' (13:00-16:00), and 'Weight (kg)'.
- Attending Anesthesiologists:** Fields for 'Scheduled Attending' and 'Primary Att (per Resident)'. Below is a table with columns 'Name', 'StartTime', 'StopTime', and 'Note', containing one entry: 'Todd, Christie' with '03/14/08 10:29' and a 'Note' button. There is also a 'Solo @' checkbox and a date field.
- Residents, CRNAs, and SRNAs:** A table with columns 'Del', 'Name', 'Start Time', and 'Stop Time'. Below it is an 'Add a New Row for Discontinuous Times' button.

On the right side, there is a vertical sidebar with a blue background containing various buttons and fields:

- ACN Case Info:** Fields for 'Anes Start' (10:36), 'In Room', 'Anes Ready', 'Incision', 'Closing', 'Dressing On', 'Out Of Room', 'Anes Finish', and 'Anticip Out' (16:00).
- Buttons:** 'Send Page', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Postop Orders', 'Check Case', 'Preview ACR', 'Print Reports', 'Send to StarChart', and 'Exit Case'.

General Case Information

The main thing to note here is the entry/verification of the Account Number (Acct No). This field will remain yellow with red label until a valid account number has been entered and verified. GasChart will attempt to fill this field automatically from other sources, but even if a number is already there, you must verify that it is correct. To verify that you agree with the number that is already entered here, you must click into the yellow field, and then exit the field. There is no need to type the hyphen when entering the account number.

Diagnoses

Code	Description
------	-------------

Procedures

Code	LongDescription
11012	DEBRIDEMENT, OPEN FX/...
25574	OPEN TREATMENT, RADIA...

Surgeons

Del	Surgeon
X	

General Case Information

Acct No: [Yellow field with red border and red X icon]

Room: STE3 RM 04

Date: 10/22/2008

Times: 07:30-10:30

Weight (kg):

Attending Anesthesiologists

Scheduled Attending:

Primary Att (per Resident):

Name	StartTime	StopTime	Note
Attending, Test	10/23/08 07:44		Note

Residents, CRNAs, and SRNAs

Del	Name	Start Time	Stop Time
X	Test, CRNA	10/22/08 11:04	

Checklist

Case Info

Events

Delays

OB

Status

Anes Start: 11:04

In Room

Anes Ready

Incision

Closing

Dressing On

Out Of Room

Anes Finish

Anticip Out: 10:30

Send Page

Refresh

Camera Log

Change User

Preop

Breaks

Attending Notes

Postop Orders

Check Case

Reports

Ready for Attending

Exit Case

The number has been entered and verified...

Diagnoses

Code	Description
------	-------------

Procedures

Code	LongDescription
11012	DEBRIDEMENT, OPEN FX/...
25574	OPEN TREATMENT, RADIA...

Surgeons

Del	Surgeon
X	

General Case Information

Acct No: 010000022-0123

Room: STE3 RM 04

Date: 10/22/2008

Times: 07:30-10:30

Weight (kg):

Attending Anesthesiologists

Scheduled Attending:

Primary Att (per Resident):

Name	StartTime	StopTime	Note
Attending, Test	10/23/08 07:44		Note

Residents, CRNAs, and SRNAs

Del	Name	Start Time	Stop Time
X	Test, CRNA	10/22/08 11:04	

Checklist

Case Info

Events

Delays

OB

Status

Anes Start: 11:04

In Room

Anes Ready

Incision

Closing

Dressing On

Out Of Room

Anes Finish

Anticip Out: 10:30

Send Page

Refresh

Camera Log

Change User

Preop

Breaks

Attending Notes

Postop Orders

Check Case

Reports

Ready for Attending

Exit Case

Residents, CRNAs and SRNAs

Modification of sign in/out times for anesthesia providers is performed here.

Click the 'Sign' button to enter your name and signature when you are logged into the case. It will also document your time in the case. To enter time out, just click on the white box to the right of where your time in is listed.

The screenshot displays the anesthesia software interface. The top navigation bar includes tabs for Vitals, Totals, Comments, Anes, Airway, Monitors, Checklist, Case Info, Events, Delays, OB, and St. The 'Case Info' tab is active. The interface is divided into several sections: Diagnoses, Procedures, Surgeons, General Case Information, Attending Anesthesiologists, and Residents, CRNAs, and SRNAs. The 'Residents, CRNAs, and SRNAs' section is highlighted with a red box. It contains a table with columns: Del, Name, Start Time, and Stop Time. The table has one row with a red 'X' in the 'Del' column, the name 'Test, CRNA', and a start time of '03/14/08 10:29'. Below the table is a button labeled 'Add a New Row for Discontinuous Times'. To the right of the main interface is a vertical sidebar with various buttons and controls, including 'Anes Start', 'In Room', 'Anes Ready', 'Incision', 'Closing', 'Dressing On', 'Out Of Room', 'Anes Finish', 'Anticip Out', 'Send Page', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Postop Orders', 'Check Case', 'Preview ACP', 'Print Reports', 'Ready for Attending', and 'Exit Case'.

Del	Name	Start Time	Stop Time
X	Test, CRNA	03/14/08 10:29	

Add a New Row for Discontinuous Times

To edit times, click in the box of the time you would like to edit and change the time. To erase yourself from a case completely, click the "clear" button next to your name. You will be asked to verify the deletion.

Vitals Totals Comments **Anes** Airway Monitors Checklist **Case Info** Events Delays OB S

Diagnoses

Code	Description

Procedures

Code	LongDescription

Surgeons

Del	Surgeon
<input checked="" type="checkbox"/>	General Surgery, Ge...

ACN
Anes Start 10:36
In Room
Anes Ready
Incision
Anticip Out 16:00
Send Page Refresh
Camera Log Change User
Preop Breaks
Attending Notes
Postop Orders
Check Case
Preview ACR
Print Reports
Ready for Attending
Exit Case

Remove Signature and Exit Case?

Removing your signature from this case will automatically log you out of this case. Are you sure you wish to remove your signature from this case?

Yes No

Edit Diagnoses Edit Procedures

Times: 13:00-16:00
Weight (kg):

Attending Anesthesiologists
Scheduled Attending:
Primary Att (per Resident):

Name	StartTime	StopTime	Note
	03/14/08 10:29		Note

☐ Solo @
☐ infusions.

Residents, CRNAs, and SRNAs

Del	Name	Start Time	Stop Time
<input checked="" type="checkbox"/>	Test, CRNA	03/14/08 10:29	

Add a New Row for Discontinuous Times

Business Rule: There must be a Resident, CRNA, or SRNA assigned to the case, or the Solo Attending box must be checked.

Attending Anesthesiologists

You may view the attending notes using this box. The notes are not editable here.

If you are an attending working alone on a case, check the box next to Solo. The current time and date will be documented automatically. You can change the time and date by typing in the space provided.

The screenshot displays the 'Case Info' tab of an anesthesia software interface. The top navigation bar includes tabs for Vitals, Totals, Comments, Anes, Airway, Monitors, Checklist, Case Info (active), Events, Delays, OB, and SI. The main content area is divided into several sections: 'Diagnoses' with a table showing 'V52.4 FIT/ADJ BREAST PROS/IM...', 'Procedures' with '19340 IMMEDIATE INSERTION, B...', 'Surgeons' with a dropdown for 'Del Surgeon', and 'General Case Information' with fields for 'Acct No.', 'Room' (VUH3 RM 06), 'Date' (03/14/2008), 'Times' (13:00-16:00), and 'Weight (kg)'. Below these are sections for 'Attending Anesthesiologists' and 'Residents, CRNAs, and SRNAs'. In the 'Attending Anesthesiologists' section, the 'Solo' checkbox is checked, and the date/time field '03/14/2008 09:01' is highlighted with a red box. The 'Residents, CRNAs, and SRNAs' section is currently empty. The right sidebar contains a vertical stack of buttons: 'Send Page', 'Refresh', 'Camera Log', 'Change User', 'Preop', 'Breaks', 'Attending Notes', 'Postop Orders', 'Check Case', 'Preview ACR', 'Print Reports', 'Send to StarChart', and 'Exit Case'.

Business Rule: There must be a Resident, CRNA, or SRNA assigned to the case, or the Solo Attending box must be checked.

Events

Add Event

This tab is used to document events which occurred during the case. These events are used for internal audit only; the information does not appear on the ACR. If an event occurred, click on the desired category in the Category window, then in the Event Category window to drill down and populate the events list.

AirwayMonitorsChecklistCase InfoEventsDelaysDBSCIPEMREmergence

No Events Occurred

Category

Airway ManagementC-V systemMedication EventsMiscellaneous

Event

(Double click to add event to record.)

Selected Events

(Double click to remove event from record.)

Category	Reason
----------	--------

Comments

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other

Airway Monitors Checklist Case Info **Events** Delays OB SCIP EMR Emergence

No Events Occurred ☐

Category

Airway Management
C-V system
Medication Events
Miscellaneous

Event (Double click to add event to record.)

Chipped or loose tooth
Esophageal intubation
Laryngospasm
Reintubation(unplanned)
Soft tissue trauma

Selected Events (Double click to remove event from record.)

Category	Reason
----------	--------

Comments

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other

Double-click on the event you would like to add. It will appear in the Selected Events box.

Airway Monitors Checklist Case Info **Events** Delays OB SCIP EMR Emergence

No Events Occurred ☐

Category

Airway Management
C-V system
Medication Events
Miscellaneous

Event (Double click to add event to record.)

Chipped or loose tooth
Esophageal intubation
Laryngospasm
Reintubation(unplanned)
Soft tissue trauma

Selected Events (Double click to remove event from record.)

Category	Reason
Airway Management	Chipped or loose tooth

Comments

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other

Delete Event

To delete an event, double click it. Then click 'Yes' to confirm.

The screenshot shows a medical software interface with the 'Events' tab selected. The interface includes a top navigation bar with tabs: Airway, Monitors, Checklist, Case Info, Events, Delays, OB, SCIP, EMR, and Emergence. The 'Events' tab is active, displaying a list of events under the 'Airway Management' category. A 'Delete Event' dialog box is open, asking for confirmation to delete the 'Airway Management-Chipped or loose tooth' event. The dialog box contains a warning: 'WARNING: Removing this entry will automatically delete your Events comments.' The 'Yes' button is highlighted with a red box.

No Events Occurred ☐

Category

- Airway Management
- C-V system
- Medication Events
- Miscellaneous

Event (Double click to add event to record.)

- Chipped or loose tooth
- Esophageal intubation
- Laryngospasm
- Reintubation(unplanned)
- Soft tissue trauma

Selected Events (Double click to remove event from record.)

Category	Reason
Airway Management	Chipped or loose tooth

Delete Event

Are you sure you want to delete "Airway Management-Chipped or loose tooth" event from the case?

WARNING: Removing this entry will automatically delete your Events comments.

Yes **No**

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other

No Events Occurred

If no events occurred, then check the white box next to No Events Occurred.

Airway Monitors Checklist **Case Info** **Events** Delays OB SCIP EMR Emergence

No Events Occurred ☐

Category

Airway Management
C-V system
Medication Events
Miscellaneous

Event (Double click to add event to record.)

Chipped or loose tooth
Esophageal intubation
Laryngospasm
Reintubation(unplanned)
Soft tissue trauma



Selected Events (Double click to remove event from record.)

Category	Reason
----------	--------

Comments

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other

You can also add comments in the bottom white comments box at the bottom of the screen.

If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.

Business Rule: Either the No Events Occurred box must be checked, or there must be an event documented.

Delays

Add Delay

The delays section is used to report intraoperative delays. This information does not appear in ACR; it is used to identify system inertia. This field is required if case is started after the scheduled time.

Click on the Delays tab to enter information.

Click on one of the items in the Delay Category to display a list of the available Delays.

VitalsCommentsTotalsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSCIPEMR

No Delays Occurred☐

The information on this page will be used for internal Peer Review only.

Category

Anes ReadyClosing / Procedure FinishIn RoomIn Room LateIncision / Procedure Start

Delay

(Double click to add delay to record.)

Admitting DelayAnesthesia Equipment ProblemsEarlier Case Ran OverECG DelayFiberopticInadequate Medical EvaluationInsurance Issue

Selected Delays

(Double click to remove delay from record.)

Stage	Category	Reason
-------	----------	--------

Comments

Then double-click on the Delay you would like to add. It will appear in the bottom box of Delays.

VitalsCommentsTotalsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSCIPEMR

No Delays Occurred☐

The information on this page will be used for internal Peer Review only.

Category

Anes Ready
Closing / Procedure Finish
In Room
In Room Late
Incision / Procedure Start

Delay

(Double click to add delay to record.)

Admitting Delay
Anesthesia Equipment Problems
Earlier Case Ran Over
ECG Delay
Fiberoptic
Inadequate Medical Evaluation
Insurance Issue

Selected Delays

(Double click to remove delay from record.)

Stage	Category	Reason
Intraop	In Room	Earlier Case Ran Over

Comments

Delete Delay

To delete an event, double click it. Then click 'Yes' to confirm.

The screenshot shows the 'Delays' tab in a medical software interface. The top navigation bar includes tabs for Vitals, Comments, Totals, Anes, Airway, Monitors, Checklist, Case Info, Events, Delays (active), OB, SCIP, and EMR. A red icon with an exclamation mark is next to the 'Delays' tab.

Below the navigation bar, there is a section titled 'No Delays Occurred' with a checkbox. To the right, a red text box states: 'The information on this page will be used for internal Peer Review only.'

The main content area is divided into two sections: 'Category' and 'Delay'.

The 'Category' section lists the following categories: Anes Ready, Closing / Procedure Finish, In Room (highlighted), In Room Late, and Incision / Procedure Start.

The 'Delay' section lists the following delays: Admitting Delay, Anesthesia Equipment Problems, Earlier Case Ran Over (highlighted), ECG Delay, Fiberoptic, Inadequate Medical Evaluation, and Insurance Issue.

Below the 'Delay' section is a table titled 'Selected Delays' with the following columns: Stage, Category, and Reason. The table contains one row: Intraop, In Room, Earlier Case Ran Over.



A red arrow points from the 'Earlier Case Ran Over' row in the 'Selected Delays' table to a dialog box titled 'Delete Delay Reason'. The dialog box contains a question mark icon and the text: 'Are you sure you want to delete "Intraop-In Room-Earlier Case Ran Over" delay from the case?'. Below the text are two buttons: 'Yes' (highlighted with a red box) and 'No'.

No Delays Occurred

If no delays occurred, check the white box next to No Delays Occurred.

The screenshot shows the 'Delays' tab selected in a software interface. At the top, a navigation bar includes tabs for Vitals, Comments, Totals, Anes, Airway, Monitors, Checklist, Case Info, Events, Delays (active), OB, SCIP, and EMR. Below the navigation bar, the 'No Delays Occurred' checkbox is checked, with a red arrow pointing to it. To the right of this checkbox, a note states: 'The information on this page will be used for internal Peer Review only.' Below the checkbox, there are three main sections: 'Category', 'Delay', and 'Selected Delays'. The 'Category' section lists: Anes Ready, Closing / Procedure Finish, In Room (highlighted), In Room Late, and Incision / Procedure Start. The 'Delay' section lists: Admitting Delay, Anesthesia Equipment Problems, Earlier Case Ran Over (highlighted), ECG Delay, Fiberoptic, Inadequate Medical Evaluation, and Insurance Issue. The 'Selected Delays' section is currently empty and has a header with columns for Stage, Category, and Reason. At the bottom, there is a 'Comments' section with a text area and a small icon of a notepad and pencil.

You can also add comments in the bottom white comments box at the bottom of the screen.

If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.

Business Rule: Either the No Delays Occurred box must be checked, or there must be a delay documented.

OB

Click on the OB tab to record information about a birth.

Case for

Environment = DEV01

FileEditViewSchedulingCasesReportsToolsHelp

VitalsTotalsCommentsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSCIPEMR

General OB Info

Labor Analgesia Needed

Uterine Incision Required

Create C-Section Case

Click to Create new C-Section Case

Fetal Gestational Age: weeks

Comments

Specific Birth Information

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
✖						

ACN

Anes StartIn RoomAnes ReadyIncisionClosingDressing OnOut Of RoomAnes FinishAnticip Out

Dial PagerRefreshCamera LogChange UserPreopBreaksAttending NotesEmergencePostopWizOrder

Check CasePreview ACRPrint ReportsReady for AttendingExit Case

Current User: JoshTest Fellow - Data Last Refreshed at 13:39.13:40:58

Fetal Info

The Fetal Info portion of the page is for one-time documentation of the general OB information. This will only be documented once per case (i.e. once despite twins, triplets, etc).

The first section is for general OB comments and other fetal information:

Labor Analgesia Needed: If this box is checked, it will automatically change your case type to that of a Labor and Delivery one. The requirements will be far less to complete this case, as it is not considered an OR Case. You will receive a message to that effect if this box is checked.

Enter Gestational Age (in weeks) in the appropriate box. If appropriate, check the box by Uterine Incision Required. Enter a Uterine Incision Time by clicking the white box.

General OB Info

☐ Labor Analgesia Needed

☒ Uterine Incision Required

Fetal Gestational Age: weeks

Comments
this area is for general comments pertaining to the OB section and other relevant fetal information.

02/06/2007 13:46

February, 2007

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	1	2	3
4	5	6	7	8	9	10

Today: 6/25/2007

Create C-Section Case

Click to Create new C-Section Case

To change the hour or minutes of the time, click either the hour and use the up/down arrows to change. To change the minute, follow the same steps.

General OB Info

☐ Labor Analgesia Needed

☒ Uterine Incision Required

Fetal Gestational Age: weeks

Comments
this area is for general comments pertaining to the OB section and other relevant fetal information.

02/06/2007 13:46

Create C-Section Case

Click to Create new C-Section Case

(You cannot enter future times).

Future Times Not Allowed

Future times cannot be entered. Time will not be updated.

OK

If a Uterine Incision Time is documented, and the user deselects "Uterine Incision Required," the following warning will appear.

Erase Uterine Incision Time

Unchecking Uterine Incision Required will erase Uterine Incision Time. Are you sure you wish to make changes?

Yes No

Clicking Yes will uncheck “Uterine Incision Required” and will erase the Uterine Incision Time. Clicking NO will cancel out of the operation and return the user to the OB screen, leaving the data as is.

Specific Birth Information

The “Specific Birth information” section is for documentation on the individual infant birth(s). In the case of multiple births, additional records can be added. To add new infant information, click on the white box under “Infant Name” and begin documentation.

Specific Birth Information

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery

Document the Infant Name (or temporary name) in the first box. This can be the infants name (if known), or some identifying label to help identify the infant, especially in the case of multiple deliveries. For this example we will just use “TEST BABY A.” (NOTE: INFANT NAME is a mandatory field.)

Specific Birth Information

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
	Test Baby A					

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
	Test Baby A					

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
	Test Baby A	9				

Values of 3 or less will alert the user with the following prompt.

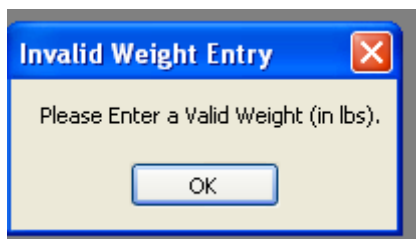


Follow the same steps outlined above to document the 5 minute Apgar score. (NOTE: Apgar score is not a mandatory field, but is available for documentation.)

To add the birth weight of the infant, click on Birth Weight to add birth weight. Birth weight is in lbs.

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
✖	Test Baby A	9	9			
✖						

Enter the Infant's birth weight by typing the correct number in the box. Birth weight is a mandatory field and is required to close the case.





Click on Time of Delivery to enter the current time and date in the box. You may also type the date and time in the box.

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
✖	Test Baby A	9	9	8.5		
✖						

Click on Time of Placental Delivery to enter the time the placenta was delivered.



Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
✖	Test Baby A	9	9	8.5	2/6/07 12:01	
✖						

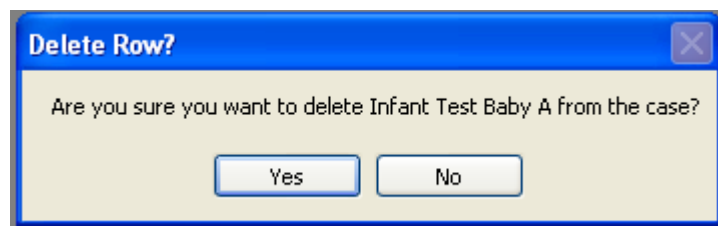
Once all data has been entered, the entry will resemble the following.

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
	Test Baby A	9	9	8.5	2/6/07 12:01	2/6/2007 12:03
						

(NOTE: Time Of Delivery and Time of Placental Delivery are all required fields. You cannot move to the next record until you complete these items.)

In the event of multiple births (twins, triplets, etc), additional entries can be added by following the same steps as outlined above for each additional delivery.

To delete an entry, just click on the red  next to the entry. Clicking on the red  (delete entry) will bring up a confirmation prompt:



Points to remember:

- ✓ ***Checking "Labor Analgesia Needed" changes the requirements for Case Completion.***
- ✓ ***Remember that you must still fill in an Attending Note for cases that turn into C-sections, though it is not immediately required in order to create the C-section case.***
- ✓ ***Consider using the Uterine Incision required fields only in the case of C-section.***

Create C-Section Case

The 'Create C-Section Case' button schedules a new case for the current patient with new case numbers for the impending Cesarean case. When this button is clicked a new window pops up where the user must input case data.

(NOTE-This tab is used if the patient's Labor and Delivery was already scheduled and underway, but then turned into a Cesarean Section.)

Vitals Totals Comments Anes Airway Monitors Checklist Case Info Events Delays OB SCIP EMR

General OB Info

☐ Labor Analgesia Needed
☐ Uterine Incision Required ▼ ▲
 Fetal Gestational Age: weeks
 Comments

Create C-Section Case

Click to Create new C-Section Case

Specific Birth Information

Del	Infant Name (or Temp Name)	APGAR 1 min	APGAR 5 min	Birth Weight (lbs)	Time Of Delivery	Time Of Placental Delivery
✖						


C-Section
✖


The Anes Finish time will now be entered.

OK

The user must input all fields on the Create Cesarean Case form. This information (along with the generated case numbers) is the only non- reused fields from the L&D Case. When the case is created, the Anesthesia finish time for L&D case is automatically entered and the case then gets locked and printed. If there are missing items in the case, the case will not lock and print. Upon completion of all required items in the current (L & D) record, the user will be asked if he/she wishes to send the report to Star, or just exit the case.

Case Complete - Summary of Errors and Warnings

Case Complete / Errors
 No Errors

Case Warnings
 The following Case Times have dates that are more than 2 days AFTER the date of surgery (02/06/2007): Anes Start (09/04/2007 06:10); In Room (09/04/2007 08:13); Anes Ready (09/04/2007 09:13); Incision (09/04/2007 09:13); Closing (09/04/2007 09:13); Dressing On (09/04/2007 09:13); Out Of Room (09/04/2007 09:13); Anes Finish (09/04/2007 09:13);

This case appears to be complete with warnings. Do you wish to submit the ACR to StarChart and lock case from further edits?

The user will then be prompted to create a new C-section case.

Create Cesarean Case

Enter new times and/or room in the panel labeled C-Section Times and Room to schedule case.

C-Section Times and Room
 Start Time: 09/04/2007 13:13 Site: VUH3
 Stop Time: 09/04/2007 14:13 Room: Non-OR

Procedure
 Cesarean Delivery

If the user attempts to go into the old L & D case, he/she will be locked out from editing the case. The OB tab will display "Cesarean Case already created."

General OB Info

☐ Labor Analgesia Needed
☐ Uterine Incision Required

Fetal Gestational Age: weeks

Comments

Cesarean Case already created.

SCIP

Click on the SCIP tab to document SCIP information.

VitalsCommentsTotalsAnesAirwayMonitorsChecklistCase InfoEventsDelaysOBSCIPEMR

Perioperative Patient Guidelines

Y N

Is this patient at significant risk for myocardial ischemia? ☐ ☐ [guideline](#)

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other applicable provisions of law.)

Answer the question by clicking in the appropriate box. If more information is required it will display an additional question to answer below the question you just answered. To view guidelines regarding the SCIP indicator, click "guideline."

Vitals	Comments	Totals	Anes	Airway	Monitors	Checklist	Case Info	Events	Delays	OB	SCIP	EMR
--------	----------	--------	------	--------	----------	-----------	-----------	--------	--------	----	------	-----

Perioperative Patient Guidelines

Y N

Is this patient at significant risk for myocardial ischemia? ☐ ☐ [guideline](#)

The information on this page will be used for internal Peer Review only. (Confidential and privileged pursuant to the provisions of Section 63-6-219 of Tennessee Code Annotated, the contractual obligations of Vanderbilt University to its insurance companies, the attorney-client privilege and other applicable provisions of law.)

https://vpims.mc.vanderbilt.edu - Guidelines for Routine use of Perioperative Beta bl...

STANDARD OPERATING PROCEDURE

DEPARTMENT OF ANESTHESIOLOGY
VANDERBILT UNIVERSITY MEDICAL CENTER

TTITLE: Guidelines for Routine Use of Perioperative Beta Blockade in Patients at Risk for Perioperative Myocardial Infarction; NO. 466

ESTABLISHED: 2005

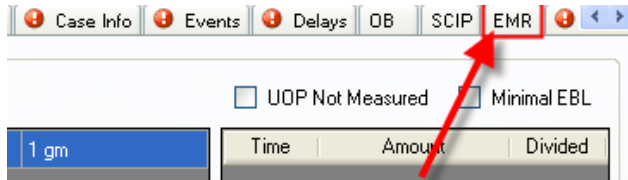
APPROVED: PAGE NO. 1 OF 3

REVIEWED:

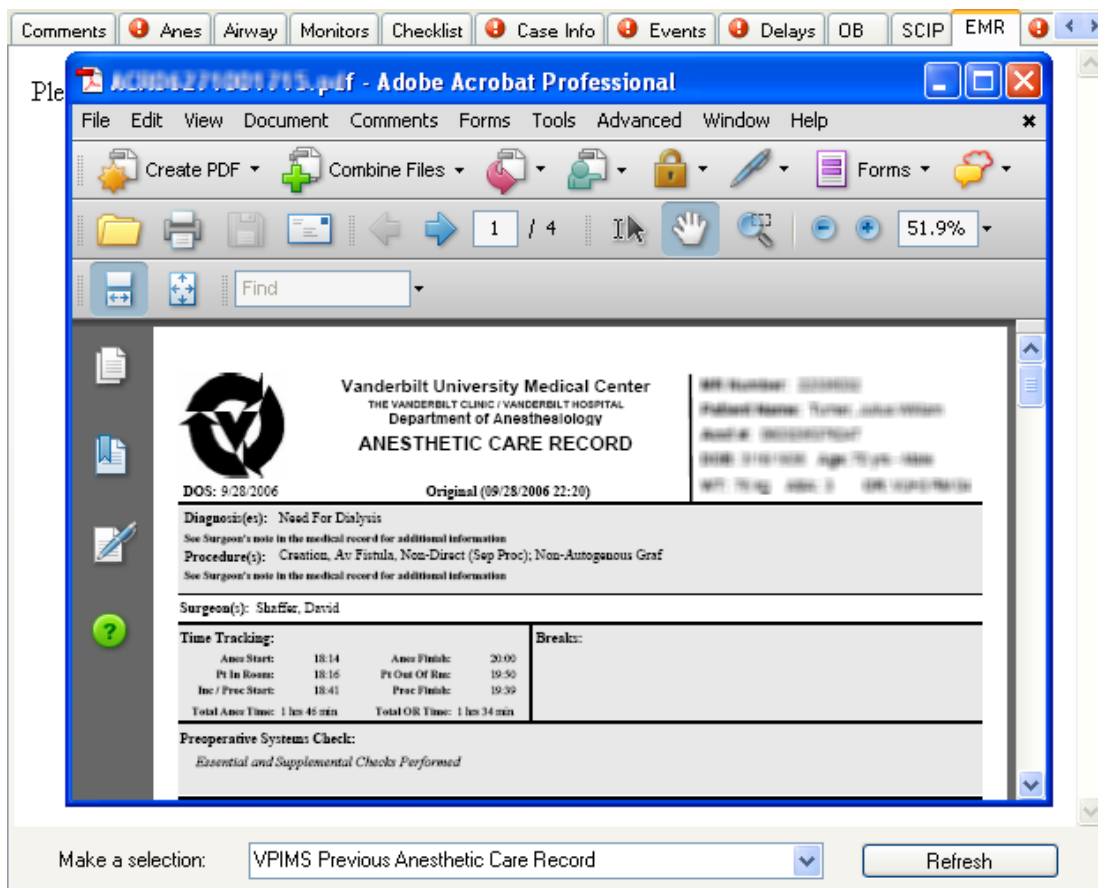
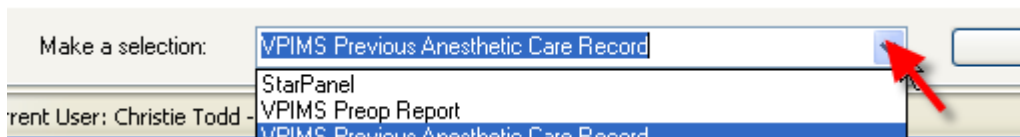
REVISED:

EMR Tab

This tab allows the user to review portions of the patient's electronic Medical Record. To access this feature, click on the EMR tab.



You may select portions of the EMR by clicking the drop down arrow at the bottom of the screen. You may select from StarPanel, VPIMS Preop Report, or VPIMS Previous Anesthetic Care Record. (Note: To view Star Panel, you must be logged into your workstation as well as GasChart.)



Emergence

Business Rule: You cannot document Emergence information until the Out of Room time is entered.

When you have entered an Out of Room time, you may click on the Emergence tab along the top of the screen.



The screenshot shows a web-based form titled "Case for Emergence" with a menu bar (File, Edit, View, Scheduling, Cases, Reports, Tools, Help) and a status bar (Environment = DEV01). The "Emergence" tab is selected and highlighted with a red box. The form is divided into several sections:

- Emergence:** Includes checkboxes for Smooth, Reversed, Suctioned, and Extubated.
- Transport:** Includes "To:" (PACU, ICU, Holding Room), "Status:" (Awake, Unconscious, Stable, Unstable), "Airway:" (Mask/NC, Intubated, T-piece, Ambu bag, Ventilator), and "Transport Monitors:" (EKG, Pulse O₂, A-Line / CVP).
- PACU/Post-Op Note:** Includes "Airway:" (Mask/NC, Intubated, T-piece, Ambu bag, Ventilator, Patent Airway, Adequate Respiration) and "Other:" (Moving Extremities, No Complaints, Postop Report given).
- PACU Vital Signs:** Includes input fields for HR (BPM), BP, SAT (%), RR (BPM), and TEMP (°F).
- Case Disposition:** Includes a "Disposition:" dropdown, "Time:" input, and "Reason:" text field.
- Comments:** A large text area at the bottom for user comments.
- ACN (Anesthesia Care Note):** A sidebar on the right with time fields (Anes Start, In Room, Anes Ready, Incision, Closing, Dressing On, Out Of Room, Anes Finish) and buttons (Send Page, Refresh, Camera Log, Change User, Preop, Breaks, Attending Notes, Postop Orders, Check Case, Preview ACR, Print Reports, Send to StarChart, Exit Case).

The status bar at the bottom indicates "Current User: [username] - Data Last Refreshed at 09:13." and a clock showing "10:10:12".

Fill in the fields on this page by clicking in the boxes that are appropriate.

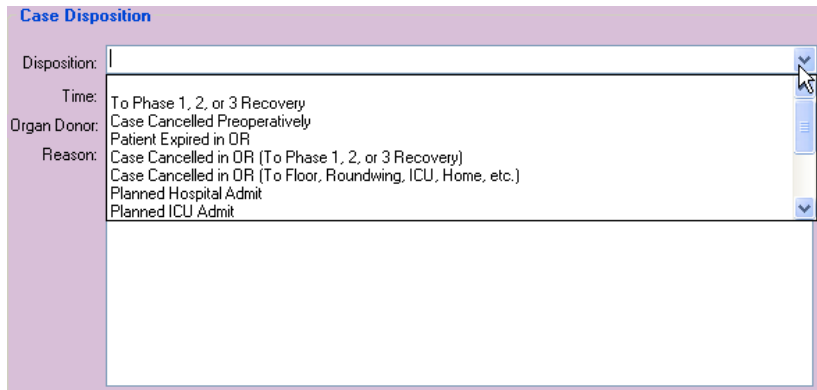
You can also add comments in the bottom white comments box at the bottom of the screen.

If there is a text field where notes can be entered, you will see a  icon. If you click on this icon, you will be directed to the quick comments page. If you have saved quick comments, you can use those to fill in the text box. Or, you can just type in the text box without clicking the  icon.

Business Rule: You must document that a Postop Report was given.

Case Disposition

You may use the 'Case Disposition' button to report case cancellation or death.



The screenshot shows a software window titled "Case Disposition" with a light purple header. Inside, there are four labeled fields: "Disposition:", "Time:", "Organ Donor:", and "Reason:". The "Disposition:" field is a text input box. The "Time:", "Organ Donor:", and "Reason:" fields are grouped together and share a single dropdown menu. The dropdown is currently open, showing a list of options: "To Phase 1, 2, or 3 Recovery", "Case Cancelled Preoperatively", "Patient Expired in OR", "Case Cancelled in OR (To Phase 1, 2, or 3 Recovery)", "Case Cancelled in OR (To Floor, Roundwing, ICU, Home, etc.)", "Planned Hospital Admit", and "Planned ICU Admit". The dropdown has standard navigation arrows on its right side.

If you select a field that requires a time (such as patient death or case cancellation), a time field will enable for documenting that time.

Attending Notes

This section is where the Attending anesthesiologist enters their notes. Only providers working in the Attending role are permitted to access this page.

Click on the Attending Notes Button to open the section.

The signature and start time of the person signed into the case will appear in the next available attending box.

Click on the white End Time box to enter your end time.

Attending Notes for

Environment = DEV01

Supplemental Procedures

Preop Quality

Preop W/U Comment

Alerts

Attending Preop Note

Ates Time: ?? - ??

Attending Times and Notes

Del

QC

Name

Start Time

Stop Time

Note

Case To Be Taken Over By

10:12

ASA

Assigned Case Level

Was Level Appropriate?

Postoperative Note / Future Recommendations

ACN 07037001221

Postop Orders

View Problem List

TEE Notes

Trainee

Exit Attending Notes

Current User: [Name] - Data Last Refreshed at 09:13.

10:12:33

Enter a note into the Attending Intraop Note Field by typing directly into the box.

Del	QC	Name	Start Time	Stop Time	Note	Case To Be Taken Over By
		[Name]	08/31/07 14:27	09/04/07 10:12	this is my attending note. I am typing directly into this box. Only the person who entered this note can edit it or delete it.	

Del	QC	Name	Start Time	Stop Time	Note	Case To Be Taken Over By
		Rachel Chenier	08/31/07 14:27	09/04/07 10:12	this is my attending note. I am typing directly into this box. Only the person who entered this note can edit it or delete it.	<div> <ul style="list-style-type: none"> Vincent Chenier Vincent Thompson Vincent Williams Vincent Miller Vincent Davis Vincent Wilson Vincent Moore Vincent Taylor </div>

Click on the 'Exit Attending Notes' button to exit this section.

- 139 -

The attending note now appears in the Case Info tab in the attending notes section. To view, click "Note."

The screenshot shows the 'Case for [frmCase]' application window. The 'Case Info' tab is selected, displaying various sections: Diagnoses (Code 580.9, Description ACUTE NEPHRITIS NOS), Procedures (Code 60100, LongDescription BX THYROID, PERCUTANE...), Surgeons, and General Case Information (Acct No: 000000000-0000). A red box highlights the 'Attending Notes for Todd, Christie' section, which contains a table with columns Name, Start Time, Stop Time, and Note. The table has one row for 'Todd, Christie' with Start Time '08/31/07 14:27' and a 'Note' button. A red arrow points to the 'Note' button. A dialog box titled 'Attending Notes for Todd, Christie' is open, showing the text 'this is my attending note. I am typing directly into this box. Only the person who entered this note can edit it or delete it.' and an 'OK' button. A red arrow points to the 'OK' button. The bottom status bar shows 'Current User: [User] - Data Last Refreshed at 09:13.' and the time '10:27:34'.

Name	Start Time	Stop Time	Note
Todd, Christie	08/31/07 14:27		Note

Business Rule: If the Attending Notes Section is opened, the ASA Classification, Case Level, and Case Level Appropriate fields must be completed before the user can exit.

TEE Notes

To document a TEE (Trans-Esophageal Echocardiogram), you must be an attending or fellow working as an attending in a case, and signed in as such in Gaschart. The TEE button is located within the Attending Notes tab.

Click on this button to enter the TEE form.

Clicking on “ADD New TEE” will create a new TEE with populated default values for the first time only. The first TEE is assigned as “1-Pre” (meaning “1-pre-bypass”). There is only one “Pre” for every TEE.

After the first TEE (pre-bypass) is completed, additional TEEs may be added. Additional TEEs will be designated with the number, followed by “post” (meaning post-bypass) and will be numbered 2, 3, 4, etcetera. When post-bypass TEEs are added, the values from the previous TEE will be copied over so the user can chart by exception. (Example 1: The first post-bypass TEE will be numbered “2-post,” meaning it is the second TEE performed in the case, but is a post-bypass TEE. The values from the pre-bypass TEE will be copied into this new form upon opening it. Example 2: The second post-bypass TEE will be numbered “3-post,” meaning it is the third TEE performed in the case, but is a post-bypass TEE. The values from the immediately preceding TEE will be copied into this new form upon opening it.)

To Enter Data in the Grid area – Click on the first column (any box) to select values. (See screenshot below.) Once the value is selected for the first column for any box, the box immediately below can be copied by clicking on it. To change the value, click again and choose the appropriate value.

TEE Data Entry (Pre/Post ByPass)

Select TEE to edit: 1: Pre

	Septal	Lateral	Inferior	Anterior	Anteroseptal	Posterior
Basal						
Mid						
Apical						

1=Normal, 2=Mild hypokinesis, 3=Severe hypokinesis, 4=Hypokinesis, 5=Dyskinesis.

Wall Motion LVEF% >55%
Support Pharm-norepi Pacemaker ☐
Comments (Multiple)

Right Ventricle Assessment Normal
Aorta Ascending Normal Diam (cm) Grade (Plq)
Transverse Normal
Descending Normal Diam (cm) Grade (Plq)
Comment

Comments

To enter other data scroll down in the frame (below grid) and select values from the dropdown or enter data in the textboxes (see screenshots below)

Epiaortic study

Comment

Aortic Valve

Structure

ValveType

Annulus(mm)

Function

Sclerosis

Stenosis

Valve area

Valve area

planimetry (cm2)

Mean gdnt
(mmHg)Peak gdnt
(mmHg)

Regurgitation

Pressure

Abd. aortic flow
reversalVena Contracta
width (cm)

Comment

Mitral Valve

Structure

Type

Size(mm)

Function

Prolapse
segments

Flail Leaflet(s)

Sclerosis/
Calcification

Stenosis

Peak gdnt
(mmHg)Mean gdnt
(mmHg)Mitral valve
area (cm2)

Regurgitation

Vena Contracta

Syst. pulm. vein
flow

ERO (cm2)

Comment

Tricuspid Valve

Structure

Type

Size(mm)

Function

Sclerosis/
Calcification

Stenosis

Regurgitation

Hepatic Vein
FlowPeak gdnt
(m/sec)Est.PA Syst.
pressure (mmhg)

Comment

Pulmonic Valve

Structure

Type

Size(mm)

Function

PA catheter

Chamber Sizes

LVH (cm)

RVH (cm)

Intra-atrial
septum

ASD (cm)

Shunt

Comment

Diastolic Function

Structure

Pulm. vein flow

Mitral Inflow Deceleration Time (msec)

Tissue Doppler

Color M - Mode

Comment

Pericardium

Structure Effusion (cm)

Comment

To save and exit a TEE, click "Save and Close TEE."

To cancel changes and exit the form, click "Cancel and Exit."

To delete a TEE, click the drop down arrow by Select TEE to edit and highlight the desired TEE. Click Delete Selected TEE.

TEE Data Entry (Pre/Post ByPass)

Select TEE to edit:

	Septal	Lateral	Inferior	Anterior	Anteroseptal	Posterior
Basal	1	1				
Mid		2				
Apical						

1=Normal, 2=Mild hypokinesis, 3=Severe hypokinesis, 4=Hypokinesis, 5=Dyskinesis, P=Paradoxical, X=Not Visualized

Wall Motion

LVEF%

Support Pacemaker

Comments (Multiple)

Right Ventricle

Assessment

Aorta

Ascending Diam (cm) Grade (Plq)

Transverse Diam (cm) Grade (Plq)

Descending Diam (cm) Grade (Plq)

Comment

Comments

Postop Orders

To enter Postop orders, click on this tab.

Case for [Postop Ord...] Environment = DEV01

File Edit View Scheduling Cases Reports Tools Help

Respiration

☐ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: Peep: TV: O2: Pressure Support:

☐ Other:

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PACU Discharge **HR Discharge**

☐ Discharge from PACU if pt meets the following criteria

1. Vital signs are within baseline range
2. Neurologic function has returned to preoperative status
3. Oxygen saturation at preop level
4. If foley present, urine output normal
5. Labs post op are normal or appropriate
6. Temperature is within normal or preop level

Other:

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other:

PACU Comments:

Weight: kg (Needed to calculate weight based dosage)

PACU Labs

☐ ABG ☐ Glucose ☐ Chest X-Ray

☐ CBC ☐ SMAG ☐ 12 Lead EKG

☐ PCV ☐ Accu Check

☐ Other:

No Orders have been printed.

Users:

Orders:

Print Order

Use Order Save Order Delete Order Done

Current User: Christie, Todd 08:34:34

Using the mouse, click the buttons by the desired orders.

Respiration:

Ventilator Settings: To enter specific ventilator settings, click on the white boxes by Rate, Peep, TV, O2, and Pressure Support and enter the appropriate numbers by typing them.

Other: To enter other specific orders related to Respiration, click the button by Other. Click the white box to the right of Other and type the specific information you wish to have displayed.

PACU Meds: To enter a medication order for a patient, click the drop down menu and select a drug. You may either scroll down the list to find the drug, or enter the first few letters of the drug's name and narrow your search.

Respiration

☐ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: Peep: TV: O2: Pressure Support:

☐ Other:

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
morphine (mg)	1	1 mg	IV	4-6	Hours		mg	Pain Sc...
ondansetron (mg)	4	4 mg	IV				mg	Nausea
abciximab (mcg/kg/min)								
abciximab (mcg/kg/min)								
abciximab (mg)								
acetaminophen (mg)								
acetaminophen 300 + codeine 30 (tab)								
adenosine (mg)								
albuterol 0.5% 0.5 mL in 2.5 mL NS (dose)								
albuterol inhaler (puffs)								
allertanyl (mcg)								

Weight: kg (Needed to calculate weight based dosage)

PACU Labs

☐ ABG ☐ Glucose ☐ Chest X-Ray

☐ CBC ☐ SMAG ☐ 12 Lead EKG

☐ PCV ☐ Accu Check

☐ Other:

No Orders have been printed.

Users: Todd, Christie

Orders:

Print Order

Use Order Save Order Delete Order Done

Enter a numeric dose, then select the appropriate unit measurement by selecting from the drop-down box marked UNITS. (Note: If the desired medication is measured in a weight-based manner, such as mg/kg/hr, the correct patient dosage will automatically be calculated for you using the weight that has been entered for the patient when you enter the dosage amount and the units.)

Follow the same steps for Route, Interval, Period, Max, Max Units, and Indication, if applicable.

	Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
<input checked="" type="checkbox"/>	morphine (mg)	1	1 mg	IV	4-6	Hours		mg	Pain Sc...
<input checked="" type="checkbox"/>	ondansetron (mg)	4	4 mg	IV				mg	Nausea
<input checked="" type="checkbox"/>									

To delete an order, click the Del button to the left of the drug order you want to delete.

Respiration

☐ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: Peep: TV: O2: Pressure Support:

☐ Other:

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
morphine (mg)	1	1 mg	IV	4-6	Hours		mg	Pain Sc...
ondansetron (mg)	4	4 mg	IV				mg	Nausea
albuterol 0.5% 0.5 mL in 2.5 mL NS (dose)			Inhaled				dose	

Weight: kg (Needed to calculate weight based dosage)

PACU Discharge

☐ Discharge from PACU if pt meets:

1. Vital signs are within baseline

2. Neurologic function has returned

3. Oxygen saturation at preop level

4. If foley present, urine output

5. Labs post op are normal or appropriate

6. Temperature is within normal

Other:

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other:

PACU Comments:

Delete Drug Entry?

Are you sure you want to delete this Drug from the Postop Order?

Yes No

Users: Todd, Christie

Orders:

Print Order

Use Order Save Order Delete Order Done

Verify the deletion at the prompt.

PACU Labs/Other: Click the desired boxes.

PACU Labs

☐ ABG

☐ Glucose

☐ CBC

☐ SMAG

☐ PCV

☐ Accu Check

☐ Other:

PACU Discharge/HR Discharge: Select the desired boxes by clicking them.

To enter PACU or HR Comments, type the desired comments in the box(es) provided.

PACU Discharge

HR Discharge

☐ Discharge from PACU if pt meets the following criteria

1. Vital signs are within baseline range

2. Neurologic function has returned to preoperative status

3. Oxygen saturation at preop level

4. If foley present, urine output normal

5. Labs post op are normal or appropriate

6. Temperature is within normal or preop level

Other:

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other:

PACU
Comments:

PACU Discharge

HR Discharge

☐ Discharge from PACU if pt meets the following criteria

1. Vital signs are within baseline range

2. Neurologic function has returned to preoperative status

3. Pain is adequately controlled

4. Pt drinks fluids with minimal nausea

5. Surg. dressing/cast is dry and intact w/o circulation impairment

6. Pt is able to ambulate with assistance

☐ Anesthesiologist will assess pt prior to discharge

HR
Comments:

Using/Creating Postop Order Sets:

Case for [Patient Name] - [Postop Ord...]

Environment = DEV01

Respiration

☒ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: Peep: TV: O2: Pressure Support:

☐ Other:

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
<input checked="" type="checkbox"/> morphine (mg)	1	1 mg	IV	4-6	Hours		mg	Pain Sc...
<input checked="" type="checkbox"/> ondansetron (mg)	4	4 mg	IV				mg	Nausea
<input checked="" type="checkbox"/>								

PACU Discharge ☒ Discharge from PACU if pt meets the following criteria

1. Vital signs are within baseline range
2. Neurologic function has returned to preoperative status
3. Oxygen saturation at preop level
4. If Foley present, urine output normal
5. Labs post op are normal or appropriate
6. Temperature is within normal or preop level

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other:

PACU Labs

☐ ABG ☒ Glucose ☐ Chest X-Ray

☐ CBC ☐ SMAG ☐ 12 Lead EKG

☒ PCV ☐ Accu Check

☐ Other:

Other

☐ No Orders have been printed.

Save New Order

Please enter a name for your new Order

OK Cancel

Current User: [Username]

08:56:29

You may create an order set by entering the desired orders on any given patient, then clicking the Save Order button. You will be asked to type in a name for the order set.

Users

Orders

knee replacement

Test orders 1

Use Order Save Order Delete Order

When you are finished naming the order set, click OK. You will see the order that you have just created appear in the Orders list under your user name.

To use orders from another provider: To use another physician's order set, select the desired user from the drop-down menu. When you select a user, the names of their order sets will be displayed below their username. Select the order you wish to use, and click Use Order.

Case for [Name] [Postop Ord...] Environment = DEV01

File Edit View Scheduling Cases Reports Tools Help

Respiration

☐ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: [] Peep: [] TV: [] O2: [] Pressure Support: []

☐ Other: []

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
morphine (mg)	1	1 mg	IV	4-6	Hours		mg	Pain Sc...
ondansetron (mg)	4	4 mg	IV				mg	Nausea

PACU Discharge **HR Discharge**

☐ Discharge from PACU if pt meets the following criteria

1. Vital signs are within baseline range
2. Neurologic function has returned to preoperative status
3. Oxygen saturation at preop level
4. If foley present, urine output normal
5. Labs post op are normal or appropriate
6. Temperature is within normal or preop level

Other []

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other []

PACU Comments: []

Weight: [] kg (Needed to calculate weight based dosage)

PACU Labs

☐ ABG ☐ Glucose ☐ Chest X-Ray

☐ CBC ☐ SMAG ☐ 12 Lead EKG

☐ PCV ☐ Accu Check

☐ Other: []

No Orders have been printed.

Users: []

Orders: FT Adult, NC Home

Print Order

Use Order Save Order Delete Order Done

Current User: [] 08:54:51

To save another user's order sets for your own use: To save another provider's order sets for future use, find the desired provider name and highlight the order you wish to save. Click Save Order.

Save New Order

Please enter a name for your new Order

OK Cancel

Another Provider's order

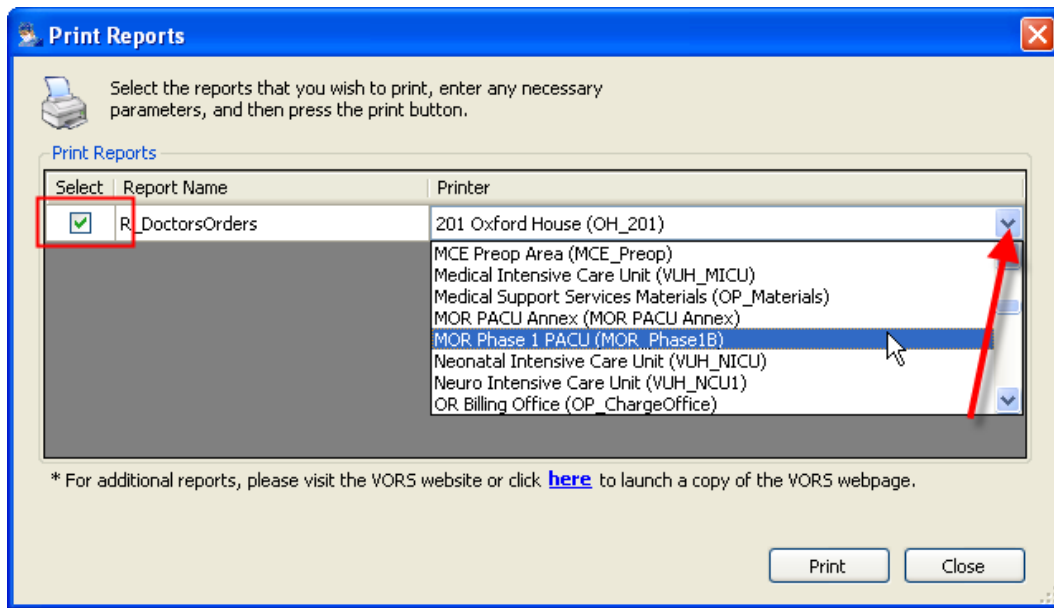
You will be prompted to enter a name for the order set. When you are done, click OK. The new order should now appear on your list of order sets.

Users: []

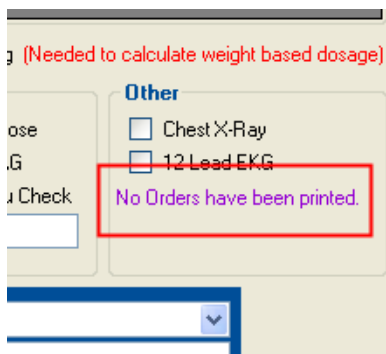
Orders: Another Provider's order, knee replacement, Test orders 1

Use Order Save Order Delete Order

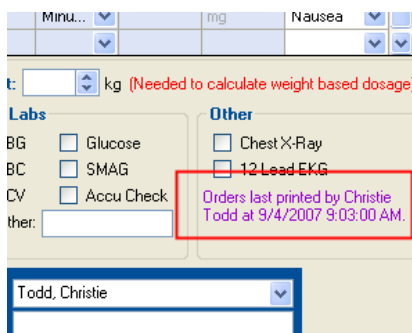
When you have finished entering orders, you may click the Print Orders button. Select which document you would like to print, and select a printer. Then click Print.



If the orders have never been printed, the screen will reflect as such.



If the orders have been printed previously, the time and date of the last printing will be displayed.



If you make changes to the orders but do not print the updated set, you will be prompted:

Respiration

☒ Place pt on 40% face tent for 30 mins, then if O2 saturations are maintained, room air at preoperative level, discontinue O2.

☐ Place pt on ventilator and obtain ABG's in 30 minutes:

Rate: Peep: TV: O2: Pressure Support:

☐ Other:

Drug Allergies

COMING SOON!

PACU Meds

Med Name	Dose	Dosage	Route	Interval	Period	Max	Max Units	Indication
hydromorphone (mg)	.25	.25 mg	IV	5	Minu...	4	mg	Pain Sc...
dolasetron (mg)	12.5	12.5 mg	IV		Minu...	12.5	mg	Nausea
droperidol (mg)	0.625	0.625 mg	IV		Minu...		mg	Nausea
albuterol inhaler (puffs)	1	1 puffs	Inhaled				puffs	Other

Print Modified Orders?

Form data has been changed. Do you want to print the new orders? If you choose "no", the orders will show that they were modified by you, but not printed.

6. Temperature is within normal or preop level

☐ Other:

☐ Physician will assess pt prior to discharge

☐ Discontinue A-Line in PACU

☐ Other:

PACU Comments:

Users:

Orders:

If you select "No," the screen will reflect that the orders have been modified but not reprinted.

puffs Other

kg (Needed to calculate weight based dosage)

Other

☐ Glucose ☐ Chest X-Ray

☐ SMAG ☐ 12 Lead EKG

☐ Accu Check

Orders last modified by Christie Todd, but have not been printed.

When you are done entering orders, click Done.

Check Case

At the end of a case, click the 'Check Case' button to see if you missed documenting on any mandatory fields.

Vitals

Comments

Totals

Anes

Airway

Monitors

Checklist

Case Info

Events

Delays

QB

SCIP

EMR

Diagnoses

Code	Description
320.1	PNEUMOCOCCAL MENINGI...

Comments:

Edit Diagnoses

Procedures

Code	LongDescription
61001	SUBDURAL TAP THROUGH...

Comments:

Edit Procedures

Surgeons

Aaronson, Oran J

Oberer, Daniel M

General Case Information

Acct No: 000000000-0000

Room: NSC RM 02

Date: 02/06/2007

Times: 09:30-10:00

Weight: kg

Attending Anesthesiologists

Scheduled Attending:

Primary Att (per Resident):

Name	StartTime	StopTime	Note
Todd, Christie	06/18/07 13:04		Note

☐ Solo @

Residents, CRNAs, and SRNAs

Name	StartTime	StopTime	Clear
------	-----------	----------	-------

ACN

Anes Start 13:07

In Room 13:07

Anes Ready 13:11

Incision 13:11

Closing 13:11

Dressing On 13:11

Out Of Room 13:11

Anes Finish

Anticip Out

Dial Pager

Refresh

Camera Log

Change User

Preop

Breaks

Attending Notes

Emergency

Postop

WizOrder

Check Case

Preview ACR

Print Reports

Ready for Attending

Exit Case

Case Complete - Summary of Errors and Warnings

Case Complete / Errors

The following times are required: Anes Finish;
Att Notes: At least one attending has not entered an Attending Note.
Case Info: No resident signature, and case not marked "SOLO".

Case Warnings

The following Case Times have dates that are more than 2 days AFTER the date of surgery (02/06/2007): Anes Start (06/18/2007 13:07); In Room (06/18/2007 13:07); Anes Ready (06/18/2007 13:11); Incision (06/18/2007 13:11); Closing (06/18/2007 13:11); Dressing On (06/18/2007 13:11); Out Of Room (06/18/2007 13:11);


This case is NOT complete. Please correct the errors noted above.

OK

If items are missing or incomplete, they will appear with a

red "X" next to them. These items must be completed in order to send the case to StarPanel.


Case Complete / Errors



The following times are required: Anes Finish;
Att Notes: At least one attending has not entered an Attending Note.
Case Info: No resident signature, and case not marked "SOLO".

Case warnings will appear with a yellow Exclamation point next to them. These items are reminders or alerts for unusual information. They are not required.

Case Warnings




The following Case Times have dates that are more than 2 days AFTER the date of surgery (02/06/2007): Anes Start (06/18/2007 13:07); In Room (06/18/2007 13:07); Anes Ready (06/18/2007 13:11); Incision (06/18/2007 13:11); Closing (06/18/2007 13:11); Dressing On (06/18/2007 13:11); Out Of Room (06/18/2007 13:11);

If all mandatory fields are filled in, then you will get a case complete message. You may choose to Send the Case to Star, Exit the Case, or Cancel and go back to the Case.


Case Complete - Summary of Errors and Warnings

Case Complete / Errors



No Errors

Case Warnings



No Warnings

This case appears to be complete. Do you wish to submit the ACR to StarChart and lock case from further edits?

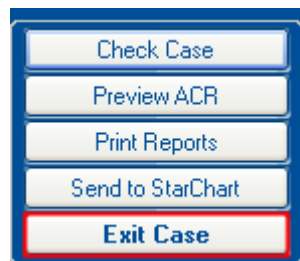
No, Just Exit the Case

Yes, Send to StarChart

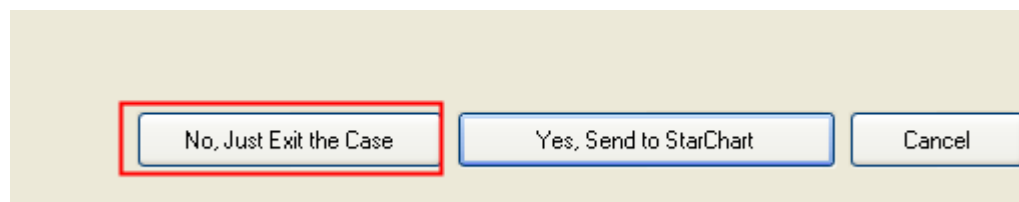
Cancel

Exit Case

To exit the case, click the Exit Case button.



You may also exit the case from the Case Check screen, if the case is complete.



Exiting a Case takes the user back to the Patient Select screen. Gaschart can only be closed from the Patient Select screen. To exit the application, click Exit Gaschart.

FileEditViewSchedulingCasesTemplateReportsToolsHelp

Environment = DEV01

	Site	Rm	Date	Time	Patient	Procedures
★	VUH3	RM 02	02/01/2007	07:30-09:30		CREATION, AV FISTULA, NON-DIRECT (SEP PROC)
★	VUH3	RM 02	02/01/2007	12:30-14:30		CREATION, AV FISTULA, NON-DIRECT (SEP PROC)
★	VUH3	RM 03	02/01/2007	10:00-13:00		SPLIT THICKNESS AUTOGRAFT, TRUNK/SCALP
★	VUH3	RM 03	02/01/2007	13:30-15:30		EXCISIONAL PREP/CREATION, RECIPIENT SITE
	VUH3	RM 04	02/01/2007	07:30-10:00		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UF
★	VUH3	RM 04	02/01/2007	10:30-12:30		ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UF
★	VUH3	RM 04	02/01/2007	13:00-14:30		ARTERIOVENOUS ANASTOMOSIS, OPEN; DIREI
★	VUH3	RM 06	02/01/2007	03:40-05:10		TRACHEOSTOMY, PLANNED (SEP PROC);
★	VUH3	RM 06	02/01/2007	07:30-11:00		COLOSTOMY/SKIN LEVEL CECOSTOMY;; EXCISI
★	VUH3	RM 07	02/01/2007	07:30-09:30		EXCISIONAL PREP/CREATIONtghwgergergwertg
★	VUH3	RM 07	02/01/2007	08:00-09:00		INSERTION TUNNELED CENTRALLY INSERTED
★	VUH3	RM 07	02/01/2007	09:30-12:30		THROMBOENDARTERECTOMY, W/PATCH GRA

Search By Date

☐ Today's Cases
 ☐ Yesterday's Cases
 ☒ Date Range

from 02/01/2007
 to 02/01/2007
 Search

☐ My Cases
 ☐ My Incomplete Cases

Search by Site/Room

☒ VUH3
 ☒ TVC3
 ☒ MCE3
 ☒ FEL4
 ☒ VUH4
 ☒ VCH3
 ☒ VUH1
 ☒ MCE6

☐ VUH3 RM 02
 ☐ VUH3 RM 03
 ☐ VUH3 RM 04
 ☐ VUH3 RM 05
 ☐ VUH3 RM 06
 ☐ VUH3 RM 07
 ☐ VUH3 RM 08
 ☐ VUH3 RM 09

AllNoneMy RoomsAllNone

Search by Patient's Name

Case Status Filter

Not Started

In Use

Not In Use

Ready for Attending

Complete/Locked

Unlocked

Refresh Screen

Past Due ACRs

Preop

Open Case

Open Read-Only

Preview ACR

Attending Notes

Change User

My Profile

Assign Rooms

Exit GasChart

Current User: [Name] - Data Last Refreshed at 15:18.

15:18:39

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