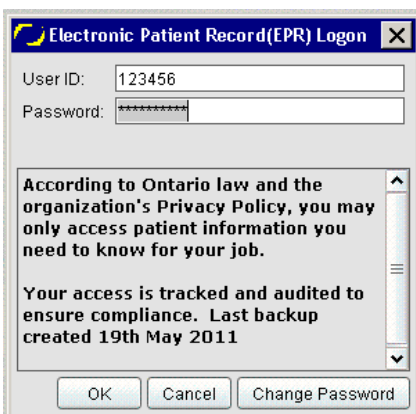# NURSING - TIP SHEET

- **Need Help?** For assistance with computer issues, Contact **HelpDesk, ext. 4357 (HELP)** or Email: **Help@uhn.ca**
- **Account Access:** Your personal EPR account will be available within 48hrs following training. Contact Helpdesk, ext. 4357, prompt 1 for Clinical Systems, prompt 1 for EPR Support

- **Nursing EPR eManual:**
  Click this icon to be taken directly to the eManual for EPR step-by-step instructions.

LOGGING IN TO THE EPR

1. Double-click on EPR Icon
2. Enter ID and password
3. Click "*OK*" button to proceed

Electronic Patient Record (EPR)

Electronic Patient Record(EPR) Logon

User ID: 123456
Password: **********

According to Ontario law and the organization's Privacy Policy, you may only access patient information you need to know for your job.

Your access is tracked and audited to ensure compliance. Last backup created 19th May 2011

OK   Cancel   Change Password

READING THE TRANSACTION LINE

SELECT— anytime the transaction line says to 'select' it is telling you to select from above

ENTER— anytime the transaction line says to 'enter' it is telling you to type in your own text

CHOOSE—anytime the transaction line says to 'choose' it is telling you to choose from options that appear below the line

1	Acetaminophen
2	Acetylsalicylic Acid
3	Amoxicillin
4	Cephalosporins
5	Ciprofloxacin
6	Codeine

Select chart review option(s) or Enter partial data review group name or Choose option:

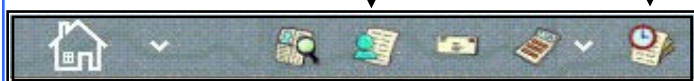|Type here←

(A) All (P) Procedure

TOOLBAR ICONS

Chart Review by Patient   Calendar

Main Desktop   Patient Search   Clinical Calculators   Log Off

UHN Web Mail Account

DATE & TIME FORMATS

Current date & time - **n** or **now**
Actual time — 0930 (9:30 am)
Minutes— **n-20** (20 min ago)
Current date — **t** or **today**
Tomorrow — **t + 1**
Yesterday — **t —1**
Day(s) - **d** (3d = 3 days)
Week(s) - **w** (4w = 4 weeks)

KEY FUNCTIONS

OK — Brings you to next screen

(A) Accept — Equivalent to saving information

Expand — Expands the options to choose from

Back — Only use in Chart Review-Takes you back 1 screen

Keep — Used to bypass fields and go directly to 'Accept'

Goto — Ability to choose to go to a specific field manually

Continue Editing — Allow editing of information by field

PATIENT SEARCH OPTIONS

- Last name, First name
  Super, Cilia
- Last name   **Rehab**
- MRN   **2003085**
- OHIP   **o987654339**
- Visit   **v40734000004**
- Wildcard (use the dash "-")
 **Re-, J-**

The Wildcard search can be used when searching for any information

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PATIENT DASHBOARD ICONS

Description	Icon	Detail
Allergies/Adverse Reactions		Displays the yellow warning icon if the allergies are documented for the patient on the current admission/visit
		Displays greyed-out icon if allergies for the patient are documented as " No Known" allergies
		Displays the blue mandatory action icon if allergies have not been documented on current admission/visit
Height and Weight		Displays the blue mandatory action icon if historical data is present but not documented on the current admission/visit
		Displays the white supplementary icon if height and weight has been documented on the current admission/visit
Preferred Language		Displays the white supplementary icon if preferred language is not English. Displays no icon if preferred language is English
Behaviour Safety Alert		Displays the yellow warning icon if Behaviour Safety Alert is documented.
Advanced Care Planning		Displays the white supplementary icon with a checkmark if patient has Power of Attorney (POA) and document is photocopied and put in chart.
		Displays the white supplementary icon with an empty square if patient has Power of Attorney (POA) but did not bring hard copy of document.

VISIT ACTIVATION

- Click on the '**Reg/ADT'** tab on the main EPR desktop
- Select **'Day of Admit Processing'**
- Enter the patient's **MRN** and click '**OK'**
- Select the visit that is **'pending'** under the Status header and click **'OK'**
- Bypass the TRI Standard Registration screen and Visit screen pages by clicking **'OK'**
- Choose **'Yes'** to activate the visit, input the correct time, then choose **'Accept Activation Time'**
- Choose **'Yes'** to check the patient into the assigned bed or select a new one. (You can also wait until later to formally assign the bed directly within the Patient Desktop under the ADT Tab, 'Checkin')
- Choose **'Accept Checkin'**
- Select **'Yes'** to print visit report then click **'OK'** and then choose the '**Accept'** Button

IMPORTANT ALLERGY ASSESSMENT NOTES

- An Allergy Assessment must be placed prior to placing any orders on the patient
- You can only document one allergy at a time
- The symptom that is the most severe is documented in the bolded **Symptom** field. Only one symptom will fit here.
- All other symptoms can be added and documented by selecting the **Addt'nl Symptom(s)** field

Food Allergies are entered differently than Drug/Latex/Environment Allergies:
Drug/Latex/Environmental Allergies:
Perform a partial word search if the allergen is not found in the list of common options (Exception: Food Allergens). Free-texting should be used as a last resort as EPR will not check for potential interactions.
Food Allergies:
Partial word search is prohibited. You must select the food allergen from the list of common options or free-text the allergen. (When entering a diet order, all free-texted food allergies must be typed into the Comment field (Diet Order Entry Screens) to be recognized by the Nutrition system. Tip: Refer to the Patient Dashboard for the food allergen with a yellow highlight and asterisk.)
- If food allergies are updated/changed, the diet must be reordered.

RE-VERIFYING ALLERGY ASSESSMENT

Remember: Allergy and adverse reactions must be documented each time the patient is admitted and any time you discover a new allergen or reaction

Allergies that have been previously documented in the EPR will display when completing a new allergy/ adverse reaction assessment. **Each must be individually re-verified to ensure that they are current and accurate.**

From the Patient Desktop, Under Assessments
- Click Allergy/Adverse Reaction
- Document the correct date and time of the assessment
- Choose an option as a Source of information
- Choose an option regarding **Allergy Band on**
- Click the **Goto** button
- Select the field to edit
- Select the allergy field that you are re-verifying .The summary screen will be displayed.
You must re-verify every allergen listed one by one to ensure that it is correct and updated.

To re-verify allergy/adverse reaction already listed by updating the date stamp

- Select the **Verified Time** field and Click **OK**
- Document the correct date and time Note: You can Enter **n** to capture the current date/time

HEIGHT AND WEIGHT ASSESSMENT

- Select the **Assessments** tab, then click on **Height & Weight** from the assessments block
- Document the correct date and time of the assessment
- Enter **Height** in cm then **Confirm Height** (must be exactly the same as the first height entered)
- Select the method you used to take the measurement and if necessary, a reason or explanation
- Enter **Measured Weight** in kg. If you are entering in pounds, you must follow the number with 'lbs' (150lbs).
- Enter the **Confirmed Weight** (must be exactly the same as the first weight entered)
- Enter Weight Method and/or an explanation if required then Choose **'Accept'**
- Go to the **Patient Care** tab and select the **Height/Weight** section (refresh to reflect updates)

VITAL SIGNS ASSESSMENT

- Select **Assessments** tab, then click on **Vital Signs** from the assessments block
- You will need to complete a full assessment upon admission, and as frequently as required
- You will now be able to record Temperature (and route), Pulse (and description), Resp Rate, and Blood Pressure
- To correct information within an assessment, click on the **Assessments** Tab, click **'Expand'**, select the incorrect assessment, and choose **'Correct/Supplement Document'**, then follow the transaction line until you are able to **'Accept'** your changes

VITAL SIGNS TREND REPORT

- This gives an up to date chronological listing of the patient's documented vital signs for viewing online
- Click the **Vital Signs Trend Report** from the patient shortcuts menu
- Choose **'Accept'** to generate the report

LEAVE OF ABSENCE (LOA)

CHECKOUT

- Select **LOA Checkout** from the ADT tab on the patient's EPR desktop
- Enter the correct time that the patient left the facility
- Click **OK** to bypass to estimated return time (this is not a mandatory field)
- Choose **No** when asked if you would like to release the bed
- Select the reason for the LOA
- Follow the transaction to complete the documentation, then choose **Accept** to save

CHECKIN

- Select **LOA Checkin** from the **ADT** tab on the patient's EPR desktop
- Select the **LOA Checkin** event to process
- Choose **Document**
- Follow transaction line to document time, date, comment, etc, then click **Accept** to save

DISCHARGE

- Click the **ADT** tab on the patient's main EPR desktop
- Select Unscheduled Discharge
- Verify and enter correct discharge date and time
- Select the destination facility
- Choose whether instructions were **given** or **not given**
- Follow transaction line to complete documentation, then click **Accept** to save

ORDER ENTRY

1. Select **Order Entry** from Patient Shortcuts on the Patient Desktop
2. Select appropriate **Order Type** (i.e. Telephone)
3. Select **Order Author** (ordering physician) the click '**OK'**
4. Click '**OK'** again at the bottom of the screen

Using the Order Selection Tab:
1. Select the **Order Selection** tab
2. Select the desired unit by clicking once
3. Select the lab procedure and frequency, then click on the '**Add Order'** button
4. Read the transaction line and enter additional information if required
5. Notice that the order is held in the "shopping cart" area
6. Once orders are complete, choose '**Order Summary'** then '**Accept Order'** to save

Using the Search Tab:
1. Select the **Search** tab
2. There will be two options 1st—**Procedure** and 2nd—**Therapeutic Class**
3. Select **Procedure** and type the name of the procedure and click '**Search**' (type partial procedure name and the wildcard '-', e.g. Urine = ur-) Multiple procedures can be searched simultaneously by using a comma ',' for separation, e.g. ur-,gluc-,c&s-
4. Select the desired procedure and choose '**Order Procedure**'
5. Select the frequency option and click '**Add Order**'. If frequency is not found, click the '**Expand**' button
6. Follow the transaction line instructions and add comments or edit if required

7. Click '**Order Summary**' and '**Accept Order**' to save

PROTOCOL LAB ORDER ENTRY:

♦ Nursing staff are able to order MRSA screening for newly admitted patients only without a physician order.
♦ After selecting **Order Entry** from the Patient Shortcuts, click on the **Protocol** button, as the Order Type
♦ This will take you automatically to the Order Selection screen. The specific lab orders that may be checked off are under the category MRSA
♦ Select the **Now** frequency, then click '**Order Summary**' and '**Accept Order**' to save

NURSING INBOX

- Review your patient's **Nursing Inbox** every two hours or less.
- Select the item you wish to review and click **Edit** to review the order in detail.
- Choose **Select All** to review all orders in detail in succession.
- Choose **Accept Final Review** to sign off orders.

LAB TAB

The Lab tab is a good place to get an overall picture of what Lab Orders are to be collected and documented. Lab Orders are listed chronologically by date to be collected so the RN/RPNs can easily see what has been scheduled for collection.

SPECIMEN COLLECTION

Specimen Collection is completed in **2** steps:
1. Printing of Specimen Labels
2. Documentation of the Collection Time

Printing a Specimen Label

1. From the Patient Desktop, Select the **"Labs"** tab
2. Select "**Other Specimens"**
3. Choose **Print Specimen Labels**
3. Click **OK** to accept the default time displayed.
4. Select the specimen(s) for which to print labels and click **OK**
5. Choose **" Accept"**
6. Pickup the label from the label printer and proceed with the specimen collection.
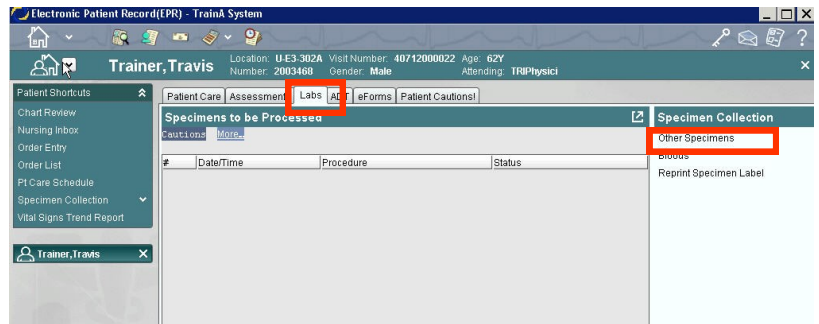
Once the specimen has been collected you'll need to document the collection time in the EPR.

Documenting the Collection Time

1. Open the Patient's Desktop, Select the **"Labs"** tab.
2. Select **"Other Specimens"**
3. Select the specimen for which you wish to document the collection time, **click "OK"**

Next step is to edit the collection time.
4. Select field 1 to edit. (see diagram)
5. Enter the actual collection time of the specimen.
   Tip: you can use the short forms ,
   n   now (today's date and current time)
   n-30m   now minus 30 minutes
   n-1h   now minus 1 hour

6. Click **"OK"**
   The transaction line prompts to Select field to edit.
   If there are no other changes, Click **"OK"**
7. Choose "**Accept"**
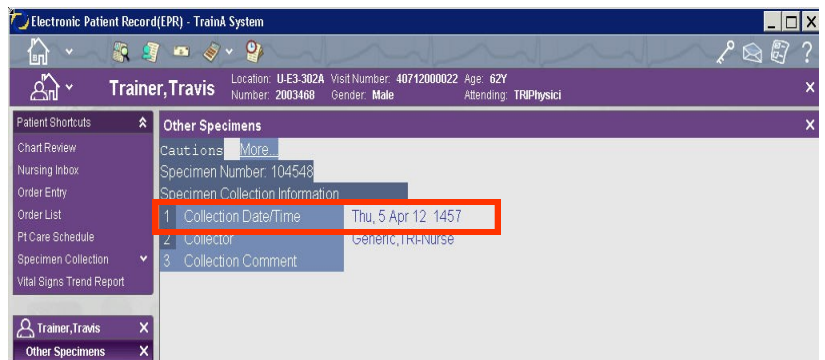
Reprinting a Specimen Label

1. From the Patient's Desktop , Select the **"Labs"** tab.
2. Select **"Reprint Specimen Label".**
3. Select the specimen you wish to reprint a label for, click "**OK".**
4. Choose "**Yes**" to answer the transaction line.
5. Pickup the label from the label printer
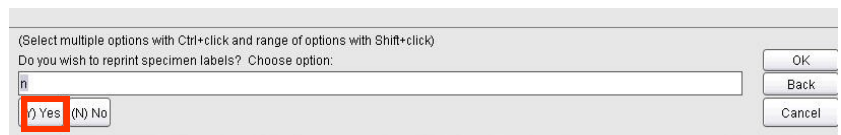
FAQ
 Q: I've printed a label for a specimen but couldn't get the specimen from the patient.   Do I have to throw out the label and print a new one if I can only collect the specimen later?

A: No, the label should be saved and used for the specimen collected later. The label does not expire.

DIET ORDER ENTRY TIP-SHEET FOR NURSES

ALLERGY ASSESSMENT

Allergy assessment **MUST** be entered **PRIOR** to placing a diet order. **Note:** If a diet order is entered without having done the allergy assessment first, a mandatory alert will come up.

It is important that you **do not bypass the alerts** (which is done by clicking on the Return button) but instead close the task. Once a nurse has done the allergy assessment you will then be able to place the diet order.

In the event that food allergies are updated or re-verified, the existing diet must be re-entered.

The 'Copy' feature can be used for this purpose.

ALLERGY ASSESSMENT

1. From the Patient Desktop, **{select} Allergy/Adverse Reaction**, located on the Assessments tab under the **Assessments** header on the right side of the screen.
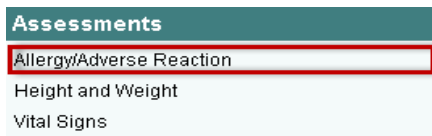
2. **{Enter}** the **date/time** the assessment was done (ddmmyy 0000) and **{click} OK** or click **OK** to accept the default **now**.

3. **{Choose}** an option as a **source** of the information (e.g. Patient or Family).

4. **{Click}** the **(D) Document Medication Allergy** button to begin documentation. If the patient has no known medication allergies, **{select} No Known Medication Allergies**. The remaining fields will be completed.

5. Allergens must be documented one at a time. **{Select}** an **allergen** and **{click}** the **OK** button.

Food Allergies are entered differently than Drug/Latex/Environmental Allergies:

   For Drug/Latex/Environmental Allergies: If the allergen is not listed, try using a partial word search to locate it—for example, to locate gentamicin, **{enter} genta–** and **{select} gentamicin** from the list that results. Use free text only after all other search methods have been exhausted. *Free text allergens will not have automatic interaction checking enabled.*

   For Food Allergies: Partial word search is **prohibited**. You must select the food allergen from the list of common options or free-text the allergen. All free-texted food allergies must be typed into the Comment field to be recognized by the Nutrition system.

6. **{Select}** the **most critical symptom/reaction** (only one) and **{click}** the **OK** button.

7. Input additional symptoms by **{selecting} Addt'nl Symptom** field.

8. Once all symptoms are documented for the allergen **{click}** the **OK** button to continue.

9. **{Select} Document Another Medication Allergy** to repeat the process, following steps 4-8 above or **{click}** the **OK** button to continue to the next screen.

10. **{Select}** in turn **(D) Document Food Allergy** and then **(D) Document Latex/Other Allergies**. (Follow steps 4-9 above)

11. **{Select}** whether **allergy band** is on— **{choose} (Y) Yes** or **(N) No** or **(X) Not Applicable** and **{click} OK**.

    NOTE: {Choose} the **Continue Editing** button if edits are required. When prompted to **Select field to edit**, **{click}** the **OK** button.

12. **{Click} (A) Accept** to save the allergy assessment.

    NOTE: If Allergy Assessment was previously completed, please refer to eManual for detailed instructions.

REGULAR DIET ORDER

1. From the Patient Shortcuts, **{select} Order Entry.**

2. **{Select}** the appropriate **Order Type**.
   Note: UHN does not use verbal/written or telephone/written.

3. The **date and time** will automatically populate to the current date and time to the minute. If this needs to be changed, use the drop down menu to do so.

4. **{Select}** the physician who placed the order by clicking on the drop down arrow. If the physician is not listed in the drop down field, use a partial search.

5. **{Click} OK.**

Order Entry - Order Information				
Order Type:	○ Direct	● Written	○ Verbal	○ Telephone
	○ Verbal/Written	○ Telephone/Written	○ Protocol	
Order Time:	08-Jul-13 12:17:53			⌄
Order Author:	Generic,TRI-Physician			⌄

6. **{Click}** on the Order **Selection** tab

7. **{Click}** on the **All Nutrition folder**.

- Bickle South 3
- Bickle South 4
- Bickle South 5
- Bickle SCU
- Lyndhurst 1A
- Lyndhurst 1B
- Lyndhurst 2B
- University 5 South
- University 6 South
- University 7 South
- University 8 South
- University 9 South
- University 10 South
- University 11 South
- BC Specialty Clinics
- LC Outpatient Clinics
- UC Outpatient Clinics
- Lyndhurst Unit 1A
- All Nursing
- **All Nutrition**

Diet Types
- ☐ Regular
- ☐ Clear Fluids
- ☐ Diabetic Clear Fluids
- ☐ Full Fluids
- ☐ Diabetic Full Fluids
- ☐ Enteral Feeding
- ☐ Therapeutic

NPO
- ☐ NPO

Common Diet Orders
- ☐ CAPD Diet
- ☐ Diabetic
- ☐ Early Renal Insufficiency Diet
- ☐ End Stage (No Dialysis) Diet
- ☐ Hemodialysis Diet
- ☐ LAF NAS (Healthy Heart)
- ☐ Low Iodine
- ☐ No Caffeine

8. **{Select}** the appropriate **diet** from the **Diet Types** block.

   NOTE: Common Diet Orders will allow you quick access to commonly used diet orders (i.e. CAPD diet has been built to include: 80g Protein, No Added Salt, 40 mmol phosphorous)

9. Once you select the diet order **{click} Add Order**.

10. The next screen will bring you to the **Typical Orders** screen. **{Select}** the appropriate **consistency.**

Order Profile	Typical Orders

Food Allergies: **Egg causing: anaphylaxis /asthma /hives /itching**
*** Please call Food/Nutrition Services when ordering ***
*** after 0630 for lunch same day, 0915 for dinner same day and ***
*** 1215 for breakfast next day to ensure immediate meal ***

- ○ Regular full   qmeal starts now
- ○ Regular dental soft qmeal starts now
- ○ Regular pureed   qmeal starts now
- ○ Regular minced   qmeal starts now
- ○ Dysphagia Pureed, Honey Consistency
- ○ Dysphagia Pureed, Nectar Consistency
- ○ Dysphagia Minced, Honey Consistency
- ○ Dysphagia Minced, Nectar Consistency
- ○ Dysphagia Soft, Honey Consistency
- ○ Dysphagia Soft, Nectar Consistency
- ○ Dysphagia Pureed, Regular Liquids
- ○ Dysphagia Minced, Regular Liquids
- ○ Dysphagia Soft, Regular Liquids

11. If there are any free-text food allergens, enter these in the Comment field (Order Profile Tab). Tip: Refer to the Patient Dashboard for the food allergen with a yellow highlight and asterisk.

12. **{Click}** on **Add Order**

13. **{Click}** on **Order Summary.**

14. **{Click}** on **Accept Order**.

ORDERING A THERAPEUTIC DIET

1. **Follow steps 1-6 in the Diet Order Entry workflow**.

2. On the Diet Types block**{select}** Therapeutic and **{click}** Add Order.

3. Unless the therapeutic diet order is available, you will **{click}** on the **Order Profile** tab.

4. **{Select}** the appropriate **frequency**. In most cases it is always "qmeal" and **{click}** OK.

5. **{Select}** the **consistency** of the food and **{click}** OK

6. **{Select}** an option for any **modifications** that need to be made to the patient diet.

7. From the therapeutic options, **{select}** the **diet order**(s). In the example below we are ordering a diabetic, controlled fat Dairy Free/Milk Allergy.

In the example on the left, diabetic__; controlled fat__; Dairy Free/Milk Allergy has been selected.

9. Complete the selections that have need more detail (i.e. diabetic__ and controlled fat__ and **{click}** OK

10. If there are any free-text allergens, enter these in the Comment field. Tip: Refer to the Patient Dashboard for the food allergen with a yellow highlight and asterisk.

11. **{Click}** on **Order Summary** and then **Accept Order.**

COPYING A DIET ORDER FOR EDITING PURPOSES

The change button should never be used to change a diet order. Your only other two options are to order a new diet order or copy the diet and edit it from the order preview (shopping cart).

1. In order entry under the Order History tab, **{select}** the **diet order** you want to copy and **{click} Copy Order**.

2. **{Select}** the **diet** from the Order Preview (shopping cart) and **{click}** on **Edit**.

Cp	Procedure	Order Information	Start Time	Type	Order Set	Advisory	Remove
☑	Therapeutic full; diabetic 1800kcal/250 g CHO; controlled electrolytes: sodium <100 mmol (2.3 gm);; GI SurgDiet: high fibre;; Dairy Free/Milk Allergy;	qmeal full; no restriction; diabetic 1800kcal/250 g CHO; controlled electrolytes: sodium <100 mmol (2.3 gm);; GI SurgDiet: high fibre;; Dairy Free/Milk Allergy; none	15-Jul sup	new		●●	Edit

3. **{Select}** the **Order Profile** tab.

In this example we will change the consistency of the diet to a **pureed honey thickened fluids**.

4. **{Click}** on the **consistency** field and **{select}** pureed and thickened fluids__.

Consistency Options

1	full
2	dental soft
3	minced
4	pureed
5	reg clear fluids
6	diabetic clear fluids
7	reg full fluids
8	diabetic full fluids
9	thickened fluids ___
10	dysphagia ___

5. **{Click} OK.**
6. **{Select}** the **thickened fluid type.**
7. **{Click} OK.**

Reminders:

If supplements were ordered before a consistency change, you will need to order the supplements as a thickened fluid.

Therapeutic full, diabetic 1800kcal/250 g CHO, controlled fat Healthy Hea...

1) **When:**	with each meal
2) **Consistency:**	pureed; thickened fluids honey consistency;
3) **Modifier:**	no restriction;
4) **Therapeutic Type:**	diabetic 1800kcal/250 g CHO; controlled fat Healthy Heart (low cholesterol, low saturated fat, NAS); Dairy Free/Milk Allergy;
5) **Supplement Feeding:**	
Food Allergy Facesheet:	*pistachio causing: hives Blueberry (Vaccinium Angustifolium) causing: sneezing 5Jun2013 1327
6) **Food Dislikes:**	none
7) **Medical Directive:**	
8) **Comment:**	

Any **free-text food** allergies must be entered in the **comment** field. **Tip:** Refer to the Patient Dashboard for the food allergen with a yellow highlight and asterisk.

ORDERING SUPPLEMENTS

1. Within the Order Profile tab **{select}** the **Supplement Feeding** field.
2. **{Select}** the appropriate **feeding** and **{click} OK.**
3. **{Enter}** the **number of cans** and **{click} OK.**
4. **Enter** the **flavors** and **{click} OK.**
5. **{Click} OK** and then **Order Summary.**
6. **{Click} Accept Order.**

#	Supplementary Diet Options
1	house: ensure ___ ctns per day (flavor ___)
2	pudding: ensure ___ cans per day (flavor ___)
3	1.5 cal/ml ensure plus ___ ctns per day (flavor ___)
4	2.0 cal/ml resource 2.0 ___ cans per day
5	protein beverage: Boost Fruit Drink___ ctns (237ml) per day (flavor ___)
6	protein powder: Resource Beneprotein ___ pkgs (7gm) per day
7	renal beverage novasource renal ___cans per day
8	Honey thick ensure ___ctns per day (flavor ___)
9	Honey thick ensure plus ___ ctns per day (flavor ___)
10	nectar thick ensure ___ctns per day (flavor ___)
11	nectar thick ensure plus ___ ctns per day (flavor ___)

Notes:

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Nursing EPR eManual: Click this icon to be taken directly to the eManual for EPR step-by-step instructions

Diet Order Chart

Diet Order Entry Manual: http://documents.uhn.ca/sites/uhn/Nutrition/EPR/UHN_EPR_DietOrderEntryManual.pdf

Diet Order Entry Downtime Procedures: Refer to downtime procedures in the binder on your unit.