

ACCU

Training for doctors – setting the system up and using it (v5)

As of the beginning of July 2024, documentation on ACCU is fully electronic (for almost, but not quite, everything) in Cerner/Oracle Millennium PowerChart. This is often also referred to as “CRS”. We now have:

- Fully electronic documentation of items previously recorded on big paper charts.
- Three main ways of viewing this data.
- Updates to the Clinician Workflow (where we write admission clerkings, ward round notes, discharge summaries, and now transfer summaries).

Less directly impactful to your day to day work, but important:

- Anaesthetic charts are mostly electronic too – viewing these will be different. In cases where a paper chart has been used, this will be scanned in and viewable as a document.
- There will be a step-down list, which we can add patients to when they are deemed wardable.
- There will be an expansion of our Electronic Whiteboards, to give us the opportunity to create electronic patient lists for elective and urgent referrals which can be viewed and amended by any critical care clinician

Life will be easier if we all start with the same set up – the same workflow components and the same navigator bands for example. Read on for a ‘default set up’ we request you organise on at induction or on your first shift. As long as you exit the application correctly (**not** by ‘X-ing’), your changes will be retained – instructions on page 21 and at the top of each page! There are often several ways of doing the same thing in PowerChart; if you’ve found another, which works better for you, then good on you, but if everyone has very similar set-ups it will make sharing our documentation workloads easier.

The system is likely to develop some more in the coming months. This guide will be updated to reflect those changes as they happen, and our own evolving thoughts as we get used to using it! Please email us with any suggestions for improvements to this guide.

Mo, Andrew

3 July 2024

4 July 2024 (v2)

5 July 2024 (v3)

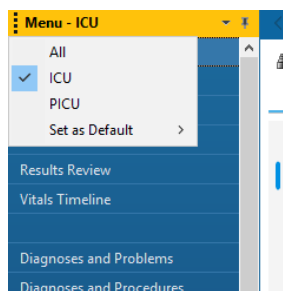
12 July 2024 (v4)

2 August 2024 (v5)

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Intensivist Workflow

Make sure you can see the Intensivist Workflow (as opposed to the more generic Clinician Workflow), by accessing the correct 'blue menu' on the left:

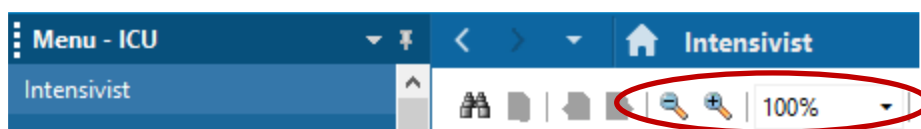


Right click on Intensivist and Set as Default View, so whenever you open a patient's notes the system will take you here.

Drag the CC Manage workflow to the left hand side. This is the one you will use most often. If you can't see specific workflows, click on the + .

You will use the Admission workflow for admission, the Manage one for daily ward rounds, the Step-down/Transfer one for step-down summaries, and the Discharge one for hospital discharge summaries (when patients are discharge home, or they die). You will generate a note in the same way you currently do on ward rounds. Note that you can generate a Critical Care Night Review note too.

You can zoom in and out of workflow views (if you have young eyes and fancy seeing more on the screen at once) using this drop down or the buttons next to it –



For each of the following workflows, use the chevron at the top right, to:

1. Select the components you need.
2. Drag them into the order below.
3. You can push the ones you write in to the right hand side of the screen, by clicking on this icon at the top right of the particular component:



The workflows are about visualising as much patient data as possible in one place (although you will need to go elsewhere for some specific numbers – see below), while also creating a note. What the notes pull in is pre-specified, but they can be modified before finalising.

Our ward round notes should reflect what is happening that day – the patient's current status, how they got there in the course of their ACCU stay, and the plan. They do not need to contain everything you know about a patient. For example, the Clinical Summary will pull into the Admission note, but doesn't need repeating in every critical care ward round note thereafter – you will still see the information in the workflow, so those not familiar with the patient can remind themselves of the PMH, but including it ad nauseam in daily ward rounds introduces more trees and hides the wood. Whenever you open a record, you'll be in the workflow, and the information will be there. Think of the Critical Care Clinical Summary as the Presenting Complaint, which is what this admission is about, and the Clinical Summary as the HPC, which is useful background...

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CC Admission

- Consultation Form
- Care Team
- Presenting Complaint
- History of Presenting Complaint or Issue
- Critical Care Clinical Summary
- Clinical Summary
- Documents (3)
- Allergies & Adverse Reactions (0)
- Home Medications (1)
- Medications & Medical Devices
- Anaesthesia Records
- Vital Signs
- Vital Signs Graph
- Medications Timeline ...
- Oxygenation/Ventilation ...
- Critical Care Outline ...
- Labs ...
- Diagnostics ...
- Lines/Tubes/Drains ...
- Fluid Balance ...
- Microbiology/Virology ...
- Review of Systems ...
- Plan & Requested Actions ...
- Critical Care Daily Targets ...

CC Manage

- Consultant Leading Round
- Critical Care Clinical Summary
- Clinical Summary
- Microbiology/Virology
- Vital Signs
- Vital Signs Graph
- Medications Timeline
- Critical Care Outline ...
- Oxygenation/Ventilation ...
- Fluid Balance ...
- Lines/Tubes/Drains ...
- Medications & Medical Devices ...
- Patient Assessment ...
- Impression ...
- Plan & Requested Actions ...
- Critical Care Daily Targets ...

CC Stepdown/Transfer

- Patient Information
- Presenting Complaint
- Problem List
- Documents (17)
- Critical Care Clinical Summary
- Patient Assessment
- Allergies & Adverse Reactions (0)
- Medications & Medical Devices ...
- ICU Outbound Planning ...
- Resuscitation Review
- Lines/Tubes/Drains ...
- Fluid Balance
- Microbiology/Virology
- MDT Contributors
- Assessment & Plan
- CC Stepdown / Transfer Checklist

The more components you have in a workflow, the slower it appears to be to load. The easiest way to navigate through the workflow is to click on the component names on the left – this is quicker than scrolling.

Note that some of the headings in these workflows take you to the original source of the data for more detail – try clicking on Medications and Medical Devices for example.

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Using the workflows

Admission

The Clinical Summary covers the patient's background before admission to ACCU. If they've come from the ward, the parent team will hopefully have written some useful information here. If they're being admitted from ED, it will likely be empty.

Populate the Critical Care Clinical Summary (**not** the plain old Clinical Summary) with the .docu-MENTATION template (see end of this document on how to access this). Note that we you don't need PMH here, as this should sit in the Clinical Summary (which *does* pull through to the admission note) and you should put it there if it isn't already written.

Use the Review of Systems component to document your initial assessment and examination of the patient (we don't have a Patient Assessment component in this workflow).

Roving doctors, please start an ACCU Care Plan at the point a decision to admit is made; you might not need to prescribe much at this point, but starting the plan enables the nurses to start their processes. Once the patient is on the unit, take a computer to the bedside, click on the double light bulb icon in the plan, and prescribe everything else the patient needs in consultation with the bedside nurse.

Manage (daily ward rounds)

Use the workflow to create your document. Complete the boxes and only create the document at the last minute. Please do not create it in advance of the round and then modify it.

Make sure the consultant leading the round is updated in the relevant box.

Please continue to update the Critical Care Clinical Summary on a daily basis with important ACCU milestones (intubations, extubations, operations, scans with very brief findings rather than the full report, e.g. "CTPA: no PE, consolidation", major deteriorations etc.)

Update the Microbiology/Virology component with positive culture results and sensitivities (with dates), and antimicrobials with start and stop dates. Pop updates from daily micro rounds in here too (in fact, the micro SpRs will probably be able to do this). Please populate this box in reverse chronological order (newest info at the top).

Use the Impression component to write yours for that day.

Please document daily targets (like we used to at the top of the chart) using the Critical Care Daily Targets component, from which you can open a form to fill in. As the name would suggest, please do this every day. The form also includes a section for documenting a FASTHUG. Please use it, especially to document readiness for

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discharge (which then makes the patient visible to the site team, and also creates the nursing step down care plan and a referral to CCOT). If there are no specific targets that day, write “No specific targets” in the Daily Targets comments box at the bottom of the form and tick to sign it. Use the free text boxes for ranges.

Some rules of engagement with Clinical Summary and Critical Care Clinical Summary.

There is a risk that changes to the Clinical Summary component never make it into the written record (e.g. if you added a comment about a lung nodule spotted on a CT on day 3, deleted it on day 5, and then produced a Transfer Summary on day 7, that comment will be lost because the Clinical Summary does not pull through to ACCU daily Ward Round notes). Thus:

1. Add new information (e.g. “07/08 – successfully extubated”) to the Critical Care Clinical Summary.
2. Never write new information in the Clinical Summary box.
3. If the Critical Care Clinical Summary is becoming cumbersome (e.g. long admissions), you can move such information to the Clinical Summary from the day after it was added.
4. Make sure developments are dated. Writing “tomorrow” in a box which persists from day to day risks leading to confusion.
You can write “tomorrow” in the Plan, as that will only pull through to that days ward round entry.

If your patient’s medical journey was the American TV show ‘General Hospital’, the Critical Care Clinical Summary would be the latest season, while the Clinical Summary would be seasons 1 to 60, heavily summarised of course...

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Stepdown/transfer

To create a transfer summary note – in this order:

- Rationalise the drug chart, and discontinue the ACCU Care Plan. To do this, right click on ACCU Care Plan in the Requests section.
- Complete the Critical Care Stepdown/Transfer checklist in that section.
- Document the patient's current status and ongoing issues that need addressing in the Assessment & Plan component.
- Create an Adult Critical Care Stepdown note, which will then need some curating before you finalise it. We suggest that you get rid of the myriad blood results that will pull through; type .cov to pull in a simple set if you feel they need including (although you can argue that the ward team can just look in Results...)
- Get rid of sections if they don't contain any useful information.
- Note that the note does contain a very useful new section, which lists pending results.

Note that these notes, like hospital discharge summaries, may eventually get sent to GPs (this is new, GPs haven't received ACCU transfer summaries before), **and to patients.**

Note: for long admission, creating the note might appear to 'freeze' the system – it's just taking ages to pull in far more blood results than you might possibly need. This is being fixed. As long as you include the relevant information, please feel free to use the old ACCU Transfer Summary document template in the meantime.

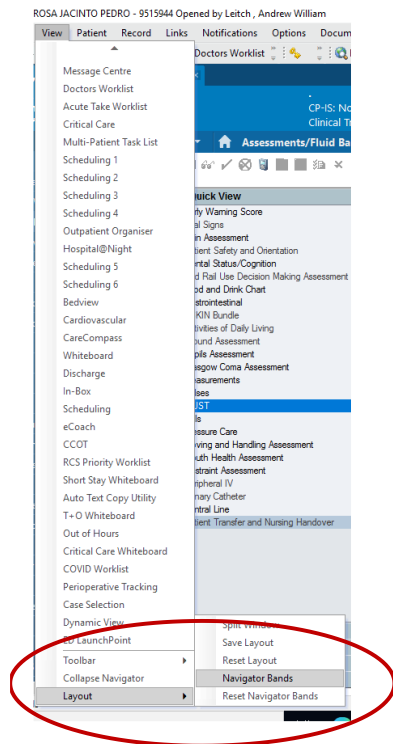
When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Navigator bands

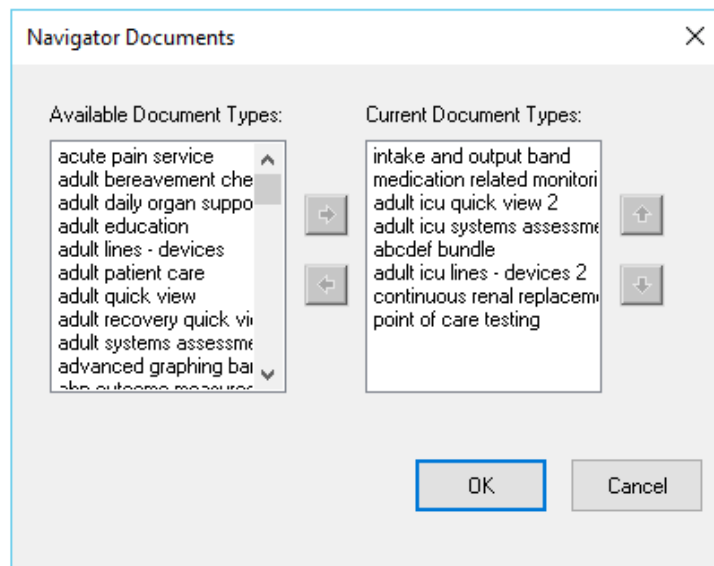
Not roving troubadours with ancient instruments and a yen for reading the stars, but the parts of Assessments/Fluid Balance where you can record some things and see everything (in 'raw', I-love-spreadsheets, format).

Click on Assessments/Fluid Balance on the blue menu.

Click on View, scroll down to the bottom of the menu, then Layout, and Navigator Bands:



Click the arrows to move these bands to the right and order them as below:



Note that what here is called 'intake and output band' appears, more sensibly, as Fluid Balance once you've set it up. You'll need to close (**not** by 'X-ing') and reopen PowerChart for the changes to take effect.

You can customize the view in Navigator Bands by clicking on the left of these two icons (is that supposed to be a pencil rubber?)



The Fluid Balance band allows different customisation from the others.

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

In all bands, you can choose what temporal order to view things in (Reverse Chronological carries the advantage that you don't need to scroll for the latest results). Make sure you collapse to Subsections too (further screenshots later on):

Customise	Preferences	Repeatable Groups
Preferences	Intake and Output	All
Clinical Range Offset Adjustment - Forward		1
Clinical Range Offset Adjustment - Back		1
Collapse Sections/Subsections	Subsections	
Collapse Time	<input type="checkbox"/>	
Show Clinical Range Total	<input checked="" type="checkbox"/>	
Default Timescale	Hourly - 12 Hour S	
Chronological Time Sort	Reverse Chronolog	
Font Size		
Column Time Display	Time Range	
Continuous Infusion Hover	Site	
DC IV Display	Display at bottom c	
Customise View Collapse All	Expand All	

The only documentation you will need to do in this area is line, tube, and drain insertions. You should be familiar with this, but here's a reminder...

1 Assessments / Fluid Balance

5 Complete Line Summary

6 Double click on newly created CVC

2 Adult Critical Care Lines / Devices

7 In 'Activity' cell click 'Insert New Line', then complete LOCSIPS tickbox chart (Activity cell also gives options for line Assessment and Discontinuation)

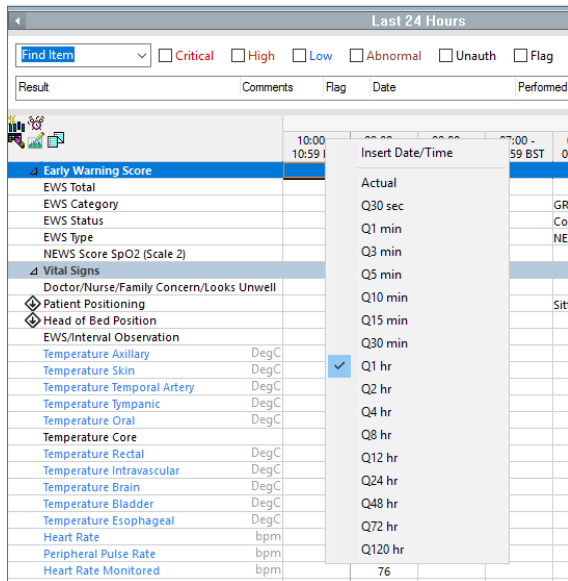
3 Central Line

8 Click on Green Tick to complete

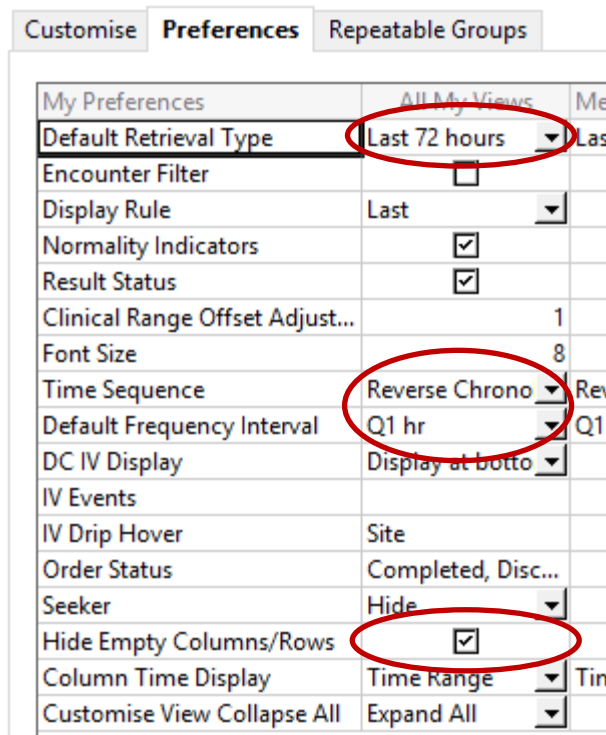
4 Click on Repeatable Group icon

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In all but the fluid balance band, by right clicking on a time, you can display results grouped into hourly etc. slots, or at the actual times they were entered:

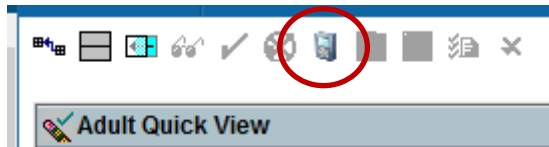


Also customise your view to display three days' data, do so in hourly columns, and Hide empty rows / columns for all views. Click on any other navigator band, and then the customise view button:



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Nurses will do lots of documentation here (fluids, observations, examinations such as GCS and limb obs, etc.) – you can always view the data here, in its raw form, but there are less clunky ways of doing so for some of it (see next section). Some helpful buttons can be found at the top of the list of navigator bands:

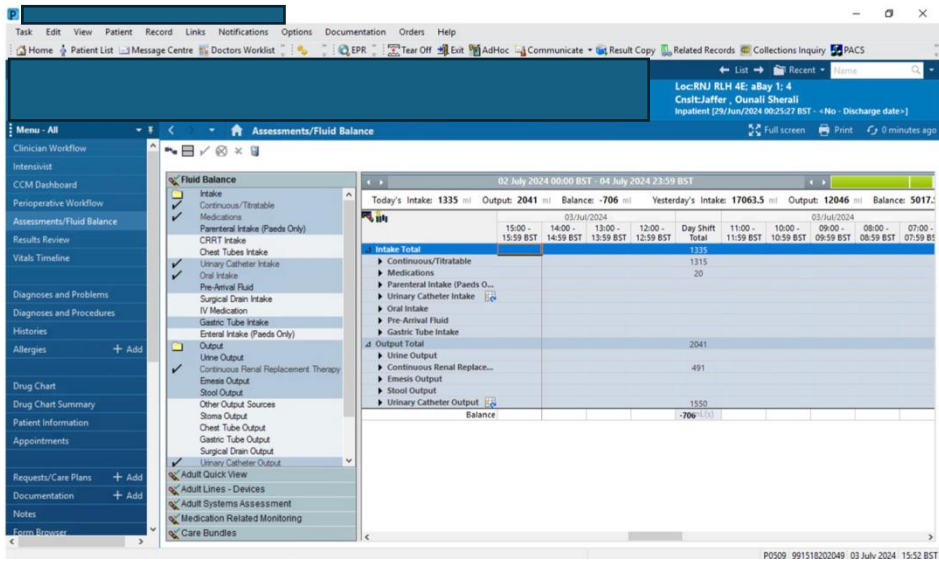


Hover over them and have a play.

DO **NOT** do anything with the Associate Device button (circled). This is used to tell the system which monitor etc. the patient is attached to. The nurses will sort it – please don't break this!

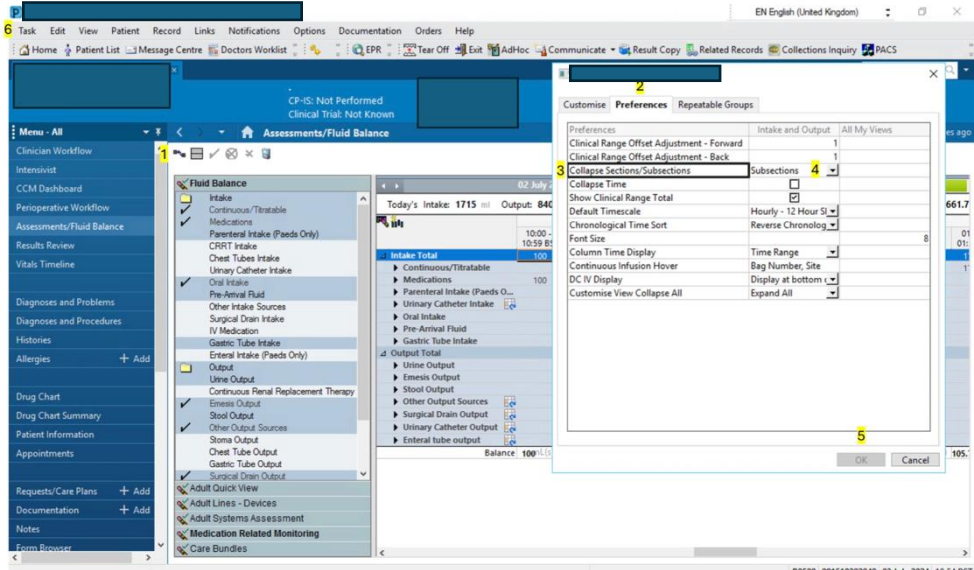
When changing default layouts, exit via the Task Menu > Exit (not X the window.)

FLUID BALANCE view



To Optimise View in FLUID BALANCE

- 1) Click on 'CUSTOMISE'
- 2) Click on 'PREFERENCES'
- 3) Click on 'Collapse Sections'
- 4) From the dropdown menu, Select 'Subsections'
- 5) Click 'OK'
- 6) To save changes, click on 'Task'
- 7) From the dropdown menu, click on 'Exit'



When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Seeing things in general

Clinician Workflow

The new clinician workflows contain components which allow you to see the most important ‘chart data’ there and then. This should suffice for many routine reviews.

Some of the additional components, available in the ‘Manage’ (daily WR) workflow are:

- Consultant leading ward round
- Critical Care Outline – summary of some important clinical observations
- Oxygen/Ventilation - parameters downloaded directly from the ventilator
- Microbiology/Virology – a cumulative text box where all information from the Microbiology ward round should be documented
- Medications component - lists current medications in the most easy to read format to be found in PowerChart

Vital Signs + ▾ Select

Additional results available. Click "View All" to load remaining results for the selected time range.

	Today 21:00	20:00	19:41	18:43	17:36	16:22	15:00
BP mmHg	117 / 60	92 / ↓ 46	90 / ↓ 46	114 / 60	128 / 73	131 / 80	114 / 61
Mean Arterial Pres... mmHg	79	61	60	78	91	97	79
Temp DegC	↓ 35.8	--	--	--	--	36.6	--
HR bpm	56	64	70	86	85	↑ 105	88
SpO2 %	98	97	95	94	97	95	96
Oxygen Therapy	Invasive Ventil...	Invasive Ventil...	Invasive Ventil...	Invasive Ventil...	Invasive Ventil...	Invasive Ventil...	Invasive Ventil...
Capillary Refill	< 2 seconds	< 2 seconds	--	< 2 seconds	< 2 seconds	< 2 seconds	< 2 seconds
End Tidal CO2 kPa	7.3	7.5	7.6	7.1	6.9	6.4	6.8
FI02 %	30	30	30	30	30	30	30
Respiratory Rate... br/min	9	12	12	12	10	12	12

Note that, as for blood results, all the data given here is in reverse chronological order, **except** for the vital signs graph...and the Medication Timeline one.

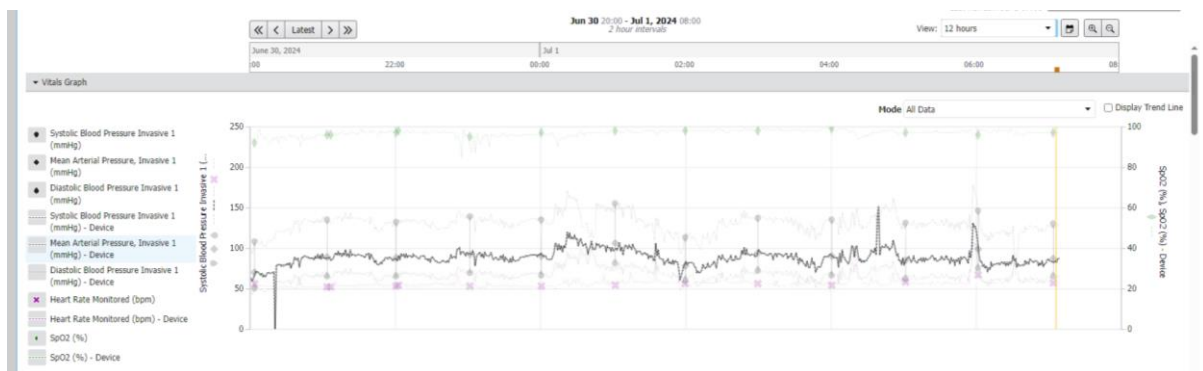
The Body Systems View workflow is a ‘view only’ one with different body system components displaying the most important numerical data for those systems. It is still under construction – the Neurological section looks lovely; others look frankly random.

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

CCM Dashboard

This is the electronic version of the full chart for viewing purposes. It is split into system specific tabs. We shall leave you to explore the contents. Here are some pointers and remarks:

- Data here is in chronological order (like the paper charts).
- The 'Overview – 24 hours' tab defaults to 12 hours...but you can change the range you want to look at and the time intervals you want to look in using the drop down menu on the right.
- Continuous data is presented as such, with the 'recorded' values superimposed. If you hover over one of the legends on the left, the value it refers to will be highlighted on the graph.



Fluid balance

Note there are three places to look at fluid balance:

- In the Intensivist Workflow, in the Fluid Balance component (for a daily summary view).
- In the CCM Dashboard, in the Intake & Output, for a prettier graphical summary view.
- In Assessments/Fluid Balance. You can expand the intake and output rows to drill down into the numbers. This is where you will see hourly inputs and outputs (paper chart style). Note that nephrostomy output comes through as a surgical drain.

Note too that the fluid balance day has been realigned to match the rest of the Trust – it now runs from midnight to midnight. Bear this in mind when setting fluid balance targets.

Bowels

Information about bowel motions can be found in the Adult ICU Systems Assessment (navigator) band, Gastrointestinal subsection.

Epidural and PCA observations

These are in the same band, in the section called Pain Management Observations.

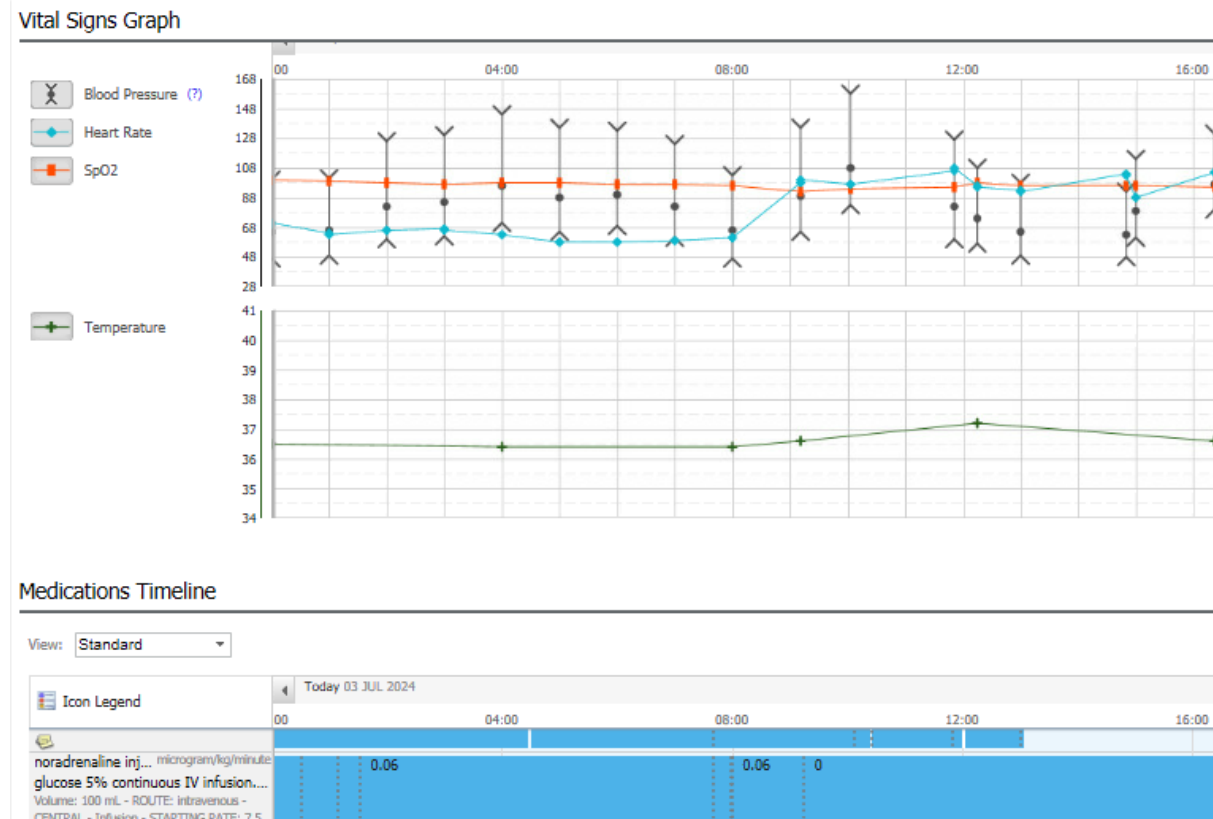
When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Seeing things in context

Some information only makes sense in context, e.g. SpO₂ with FiO₂ (as in Vital Signs – see above).

Blood pressure and vasopressors

You can see this in the Intensivist workflows, by scrolling through the Medication Timeline to bring norad into view (the rate is given in mcg/kg/min):



Note that you can move the graph left and right by left clicking and dragging.

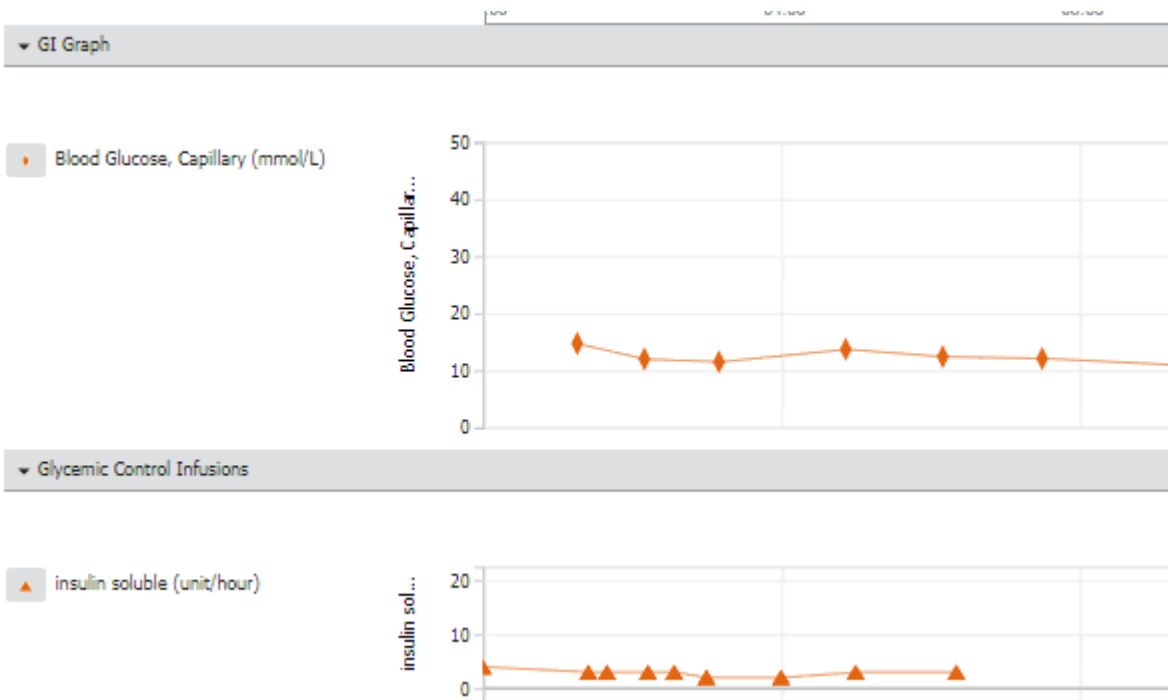
When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Glucose and insulin

You can see this in the Medication Related Monitoring band, Diabetes Management section:

Result	Comments	Flag	Date	Perf	
Diabetes Management					
Short-Acting Insulins					
insulin soluble	unit/hour	3 [2]	3 [2]	2	2
Pre-Mixed Insulins					
Intermediate and Long Acting Insulins					
Hypoglycaemic Treatment					
Diabetes Monitoring					
Blood Glucose, Capillary	mmol/L	14.7	12.0	11.5	13.7

...or in the CCM Dashboard, Gastrointestinal tab:




(Ticking the box at the top right of the graph, mis-labelled “Add Trend Line”, it will join each point with a line.)

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

ABGs and ventilator measurements & settings

This is trickiest at the moment, but might be sorted today (12th July). We are waiting for pH, PaO₂, and PaCO₂ to be included in the Critical Care Outline, so that they can be seen (almost) alongside ventilator settings and measurements.

In the meantime, ensure the Labs component is immediately below the Oxygenation/Ventilation one. Toggle to table view by clicking on this icon at the top right of the Labs section: 

This puts the results into time stamped columns; the time stamps will not be the same as those in Oxygenation/Ventilation, so be mindful of this, but this view does make it easier to see when a gas was taken.

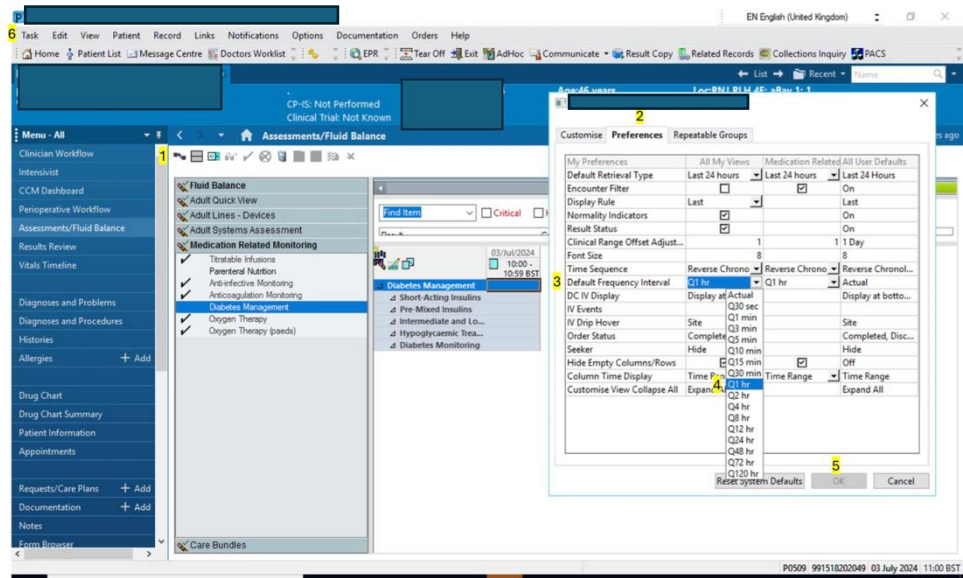
Oxygenation/Ventilation						
	Today					
	13:00	12:00	11:00	10:00	09:00	
▼ Measurements/Assessments						
SpO2 %	99	99	97	99	99	
End Tidal CO2 KPa	3.9	3.9	4	4	4	
Respiratory Rate T...br/min	21	20	19	19	19	
Respiratory Rate,... br/min		0	0	0	0	
Tidal Volume, Exha...mL(s)	414	425	420	426	417	
MV Expiratory L/min	8.7	8.5	8	8.1	8	
Minute Volume, Sp... L/min		0	0	0	0	
Peak Inspiratory... cmH2O	14	14	14	14	14	
Mean Airway Pressure	8	8	8	8	8	
Compliance,... mL/cm H2O	55	56	57	57	56	
Heart Rate Monitored bpm	73	76	74	73	66	
▶ Arterial Blood Gases No results						
▶ Venous Blood Gases No results						
▶ Capillary Blood Gases No results						
▶ Ventilator Settings						
▶ Spontaneous Parameters No results						

Labs						
i Additional results available. Click 'View All' to load remaining results for the selected time range.						
	Today					
	12:27	10:51	06:27	06:08	02:38	
▼ POCT. Blood Gas Analysis						
POCT Specimen Type	Arterial	Arterial	--	Arterial	Arterial	
POCT Analyser Type	Radiometer	Radiometer	--	Radiometer	Radiometer	
POCT pH	7.420	7.423	--	7.413	7.428	
POCT pCO2 KPa	⬇ 4.59	⬇ 4.62	--	4.99	4.83	
POCT pO2 KPa	12.9	13.3	--	12.3	12.9	
POCT ctHb g/L	⬇ 82	⬇ 77	--	⬇ 81	⬇ 80	
POCT sO2 %	⬆ 98.6	⬆ 98.6	--	⬆ 98.2	⬆ 98.5	
POCT FO2Hb %	⬆ 96.4	⬆ 96.4	--	⬆ 96.1	⬆ 96.3	
POCT FO2Hb %	1.6	1.5		1.6	1.7	

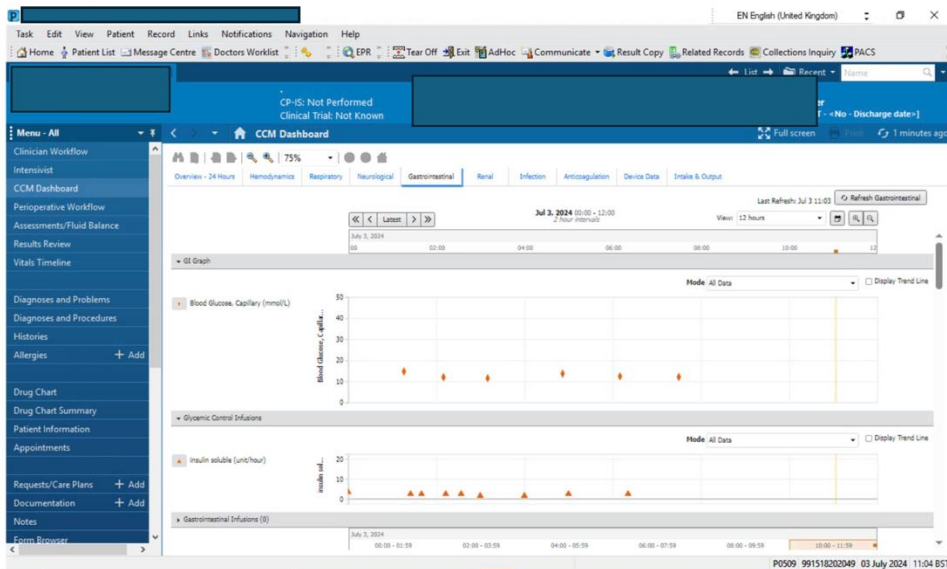
When changing default layouts, exit via the Task Menu > Exit (not X the window.)

To Optimise Timeline for Diabetes Management

- 1) Click on 'CUSTOMISE'
- 2) Click on 'PREFERENCES'
- 3) Click on 'Default Frequency Interval'
- 4) From the dropdown menu, Select 'Q 1hr'
- 5) Click 'OK'
- 6) To save changes, click on 'Task'
- 7) From the dropdown menu, click on 'Exit'



Alternative ways to view Glucose / Insulin Infusion



When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Summarising where to find things

The following table summarizes where to find information previously recorded on the paper chart. It is not exclusive – as you explore the system you will find new places where you can see data, which may suit you more. All data can be found somewhere in Assessments / Fluid Balance, but there are easier ways to view some of it.

Paper chart	PowerChart	Notes
BP, HR graphs RR, temperature graphs	W: vital signs graph	Hovering over points reveals the actual numbers
Rhythm	AFB: Adult ICU Systems Assessment, Cardiac Rhythm Analysis	
CVP	W: Vital Signs	Also in CCMD: Haemodynamics
Cardiac output	W (Body Systems View): Cardiovascular	Also in CCMD: Haemodynamics
ICP	W: Critical Care Outline	W (Body Systems View): Neurological
CPP	W: Vital Signs	
Ventilator settings	W: oxygenation/ventilation	
Ventilator measurements	W: oxygenation/ventilation	Also in workflow: critical care outline
Suction/sputum	AFB: Adult ICU Lines - Devices, Airway section	
FVC (and other weaning markers)	AFB: Adult ICU Systems Assessment, Lung Function/Weaning Markers *	
Insulin and glucose	AFB: Medication Related Monitoring, Diabetes Management	Also in CCMD: Gastrointestinal
Targets	W: Critical Care Daily Targets	Ready for stepdown visible in the ICU Stepdown / Transfer worklist
GCS	W: Critical Care Outline	Also in W: Body Systems View, Neurological
RASS	W: Critical Care Outline	
Pupils	W: Critical Care Outline	Also in W (Body Systems View): Neurological
Train of Four	AFB: Adult ICU Systems Assessment, Neurovascular/Extremities Assessment	

W: intensivist workflow (CC Manage, unless otherwise specified)

AFB: assessments / fluid balance

CCMD: CCM Dashboard

*you may need to make this visible in Options > Customise View... Collapse All sections and turn it on by ticking the box in the On View column.

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Paper chart	PowerChart	Notes
CRRT numbers	AFB: Fluid Balance (for actual fluid removal)	Also in AFB: Continuous Renal Replacement Therapy, with all the other numbers
Limb observations (movement)	W: Critical Care Outline	Also in W (Body Systems View): Neurological
Limb observations (perfusion)	AFB: Adult ICU Systems Assessment, Neurovascular Check	
Urine output	AFB: Fluid Balance	
NG aspirates	AFB: Adult ICU Lines – Devices, Enteral Tube	Discarded aspirates pull through to fluid balance
Drain output(s)	AFB: Fluid Balance	
Stools	AFB: Adult ICU Systems Assessment, Gastrointestinal	Set default to 72 hour view
Fluid balance	W: Fluid Balance (daily & current)	Also in CCMD: Intake & Output (graphical view)
Lines & devices	W: Lines & Devices	Also in AFB: Adult ICU Lines & Devices
Osmolalities	AFB: Adult ICU Systems Assessment, Point of Care Testing	
CPAX	AFB: AHP Outcome Measures	

W: intensivist workflow (CC Manage, unless otherwise specified)

AFB: assessments / fluid balance

CCMD: CCM Dashboard





If you're really bored now... You can customise your navigator bands to only sing romantic ballads from the 1980s. If only. Actually you can customise them to default to only showing you stuff you really need (the things in the table above, basically). Click on Options at the top, Customise View..., and scroll through the list. Make sure the Default Open tick box is only ticked for the sections you want. This doesn't mean you won't be able see the other data (any sections with data in them are ticked in the list), it just makes the stuff you really need face up.

For example, the author has made the Gastrointestinal section the only one to Default Open in Adult Quick View, so that when he clicks down to this, those bowel movements are face up...

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Emergency Referrals

Urgent referrals to critical care come initially as a phone call or trauma / cardiac arrest / code black call, and sometimes from a CCOT nurse sidling up to you in the office.

When you have finished your first review of the patient, please complete a Critical Care Consultation form, even if you've just provided advice over the phone. In the CC Admission workflow, click on the     at the top right of the Consultation Form component and then click on Critical Care Consultation. As with all PowerChart forms, yellow fields are mandatory. There is a comments field where you can write a brief review. If the patient is for admission, and you're therefore going to go on to clerk them in, you need only write "See admission note." Clicking the 'for admission' radio button generates tasks which the nurses need to complete.

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Extra trucs et astuces

That not X-ing thing... To close PowerChart while keeping setting changes, use the top menu and click on Task, then Exit (it doesn't matter which radio button you then select).

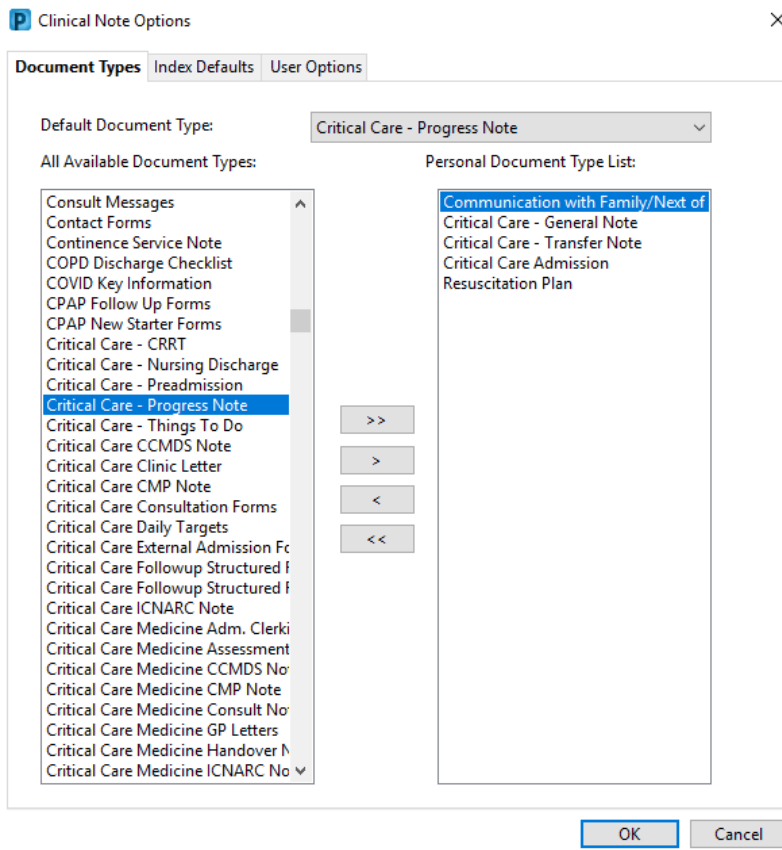
You can set up Documentation filters, for example to just see particular note types (e.g. all Critical Care notes, or all Neurosurgery notes). Click on Advanced Filters to do so.

We recommend that, as a minimum, you set up filters for:

- Anaesthetic charts (Clinical Documents > Anaesthetics and Theatres > Perioperative Record > Anaesthesia Final Record).
- TEPs (Clinical Documents > Resuscitation Plan).
- Family updates (Clinical Documents > Communication with Family/Next of Kin).

Note that filters require notes to be save with the correct note type! Please ensure you do so yourselves... The next paragraph helps with this.

If you haven't already, create a Personal Note Type List. Go to Notes (on the blue menu). Click on Documents at the top of the screen, then Options. Use the arrows to pull document types for your list across to the right. Use the drop-down list to set your default to "Critical Care – Progress Note".

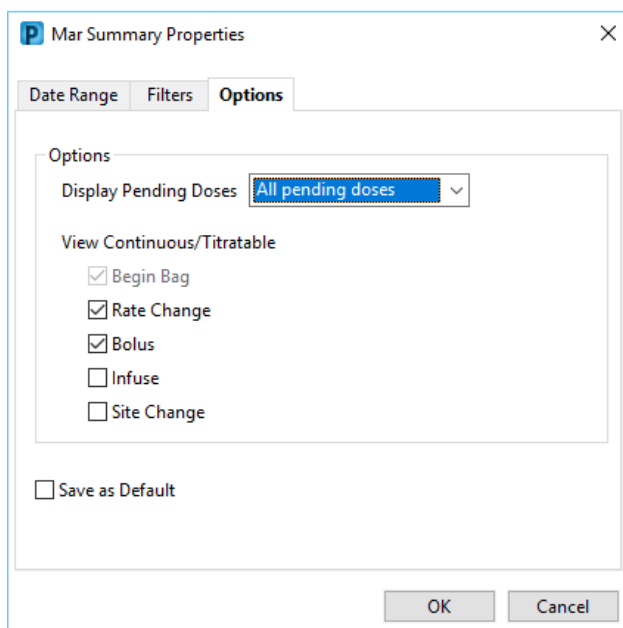


When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Clicking on the label of a numerical result in Clinician Workflow (whether it's Hb or MAP...) pops out a graph of recent results.

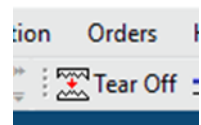
To get all results for an admission when looking at Labs in Results Review, right click in the grey range bar and click on Change Search Criteria, then select the Admission to Current radio button. If you want the system to do this every time you open a chart, while in Results Review, click on Options in the menu bar right at the top of the screen, then Properties, then the Defaults tab. Warning: this will slow down loading for very long stay patients.

To stop Drug Chart Summary getting clogged up with every infusion rate change and bolus, right click in the grey date range bar, click on Change Properties... and go to the Options tab. Uncheck the checked boxes and check the Save as Default one before OK:



When reviewing drugs, make sure you are looking at “** All Medications ** (System)”, especially for antibiotics; this should help pick up any that have accidentally dropped off the chart...

You can have different parts of PowerChart open on the same screen, by ‘tearing off’ a view. The button to do this is in one of the menus at the top of the screen:



Some people like to have Results Review open while looking at the Drug Chart for example.

If you haven't already done so, we suggest creating separate lists for patients in Teams A, B, C, and SHDU. Name your lists rather than letting PowerChart do it for you.

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

Finally, when prescribing antibiotics which have been recommended by our microbiology brethren, please add a note in Order Comments saying so – “As per micro WR” or some such.

When changing default layouts, exit via the Task Menu > Exit (not X the window.)

DOCU - MENTATION

HOW TO GET THE .DOCU-MENTATION TEMPLATE

- 1. ACCESS AUTOTEXT COPY UTILITY VIA VIEW MENU OR BUTTON ON TOOLBAR**

- 2. SEARCH FOR THE USER: SOLMS-COETZEE, LARA**
- 3. THIS CAN THEN BE COPIED AND ADDED TO YOUR AUTO TEXT LIBRARY**
- 4. SELECT .DOCU-MENTATION AND THEN CLICK COPY TO ADD TO YOUR LIBRARY**
- 5. COPY AUTO-TEXT DIALOG BOX APPEARS**
- 6. CAN RENAME ABBREVIATION AND DESCRIPTION AT THIS POIN**
- 7. CLICK COPY TO PROCEED**
- 8. LOG OUT OF POWERCHART TO SAVE THE AUTOTEXT TO YOUR LIBRARY**
- 9. AUTOTEXT ITEM IS NOW AVAILABLE TO USE**

