



MedStar Health

ORIENTATION FOR NURSING FACULTY

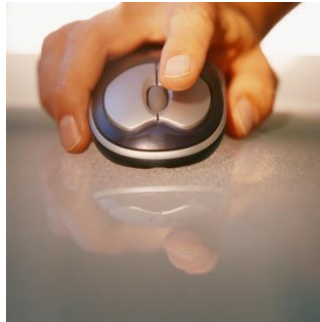
MedStar Good Samaritan Hospital
&
MedStar Union Memorial Hospital

PART 3

Student Documentation In MedConnect

2021-2022

MedConnect News for Clinical Instructors



MedConnect Documentation

Electronic documentation was instituted at all MedStar Hospitals in 2009. All instructors must attend a MedConnect training class. Classes are offered as needed to orient new instructors.

Student Documentation

- Please review the PowerPoint on the pages in this section of the Faculty manual.
- Student documentation will be limited to better allow students to focus their assessment
- Students will only document in the following sections of IVIEW/I&O:
 - **Adult Quick View**
 - **Adult System Assessment**
 - **Adult Skin, ADL and Nutrition**
 - **Lines, Tubes and Drains**
 - **Patient Education**
 - **MAR**
- **Faculty/clinical instructors must “authenticate” (sign) all student documentation**

Medication Administration – MAR available on Menu section of the patient's chart

- Instructors will communicate to the nurse caring for the patient on the unit the plan of care for the patient i.e. if a student is to administer medications
- All medication administered must be documented using the **TC51** or **Blue Tooth Scanner** for Positive Patient Identification (PPID)
 - Students will **SAVE** their medication and instructors will **WITNESS and SIGN** off on each medication
- Patient response to PRN medications and untoward responses to scheduled and STAT medication must be documented
 - Pain reassessment will be completed within 30 minutes for IV pain medication
 - Pain reassessment will be completed within 1 hour for po pain medication

Observation Patients

- Must have vital signs documented every 4 hours
- A Focused Assessment and a Nursing Note must be documented every 4 hours

Discharge Instruction

- Students must document any teaching performed in preparation for discharge

Documentation Remaining on Paper:

- Consent Forms
- Monitoring Strips

Steps for Instructor Co-Signing Nursing Students Progress Notes

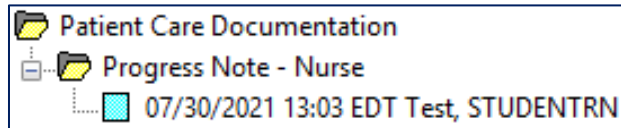
1) Once the Student Nurse writes the progress note, the completion options are;




- **Submit** – “Preliminary Report” Instructor MUST Co-Sign

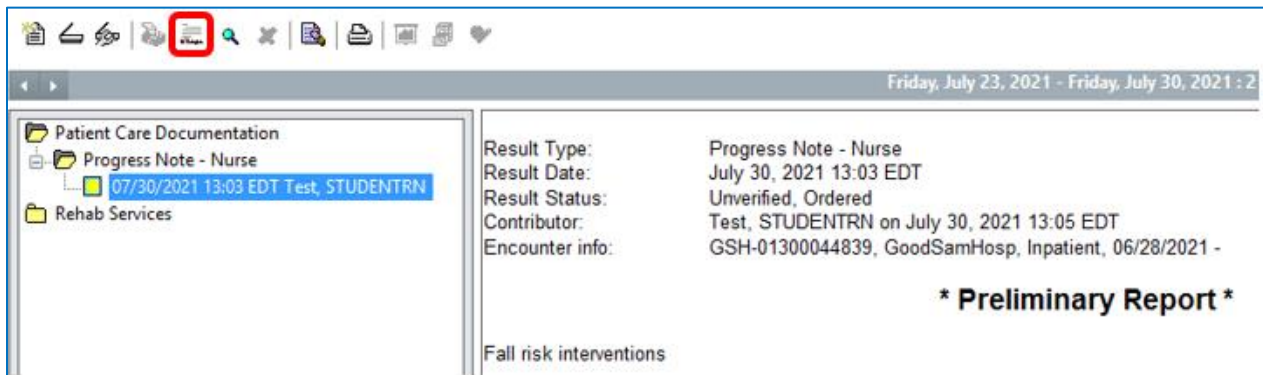
2) Box Colors

- Turquoise – “Submit” Instructor can Co-Sign

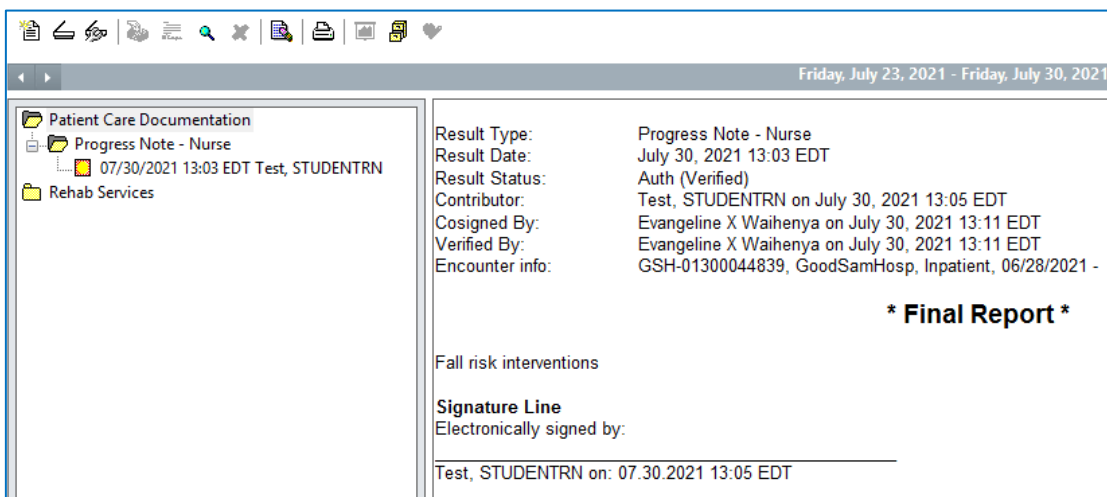
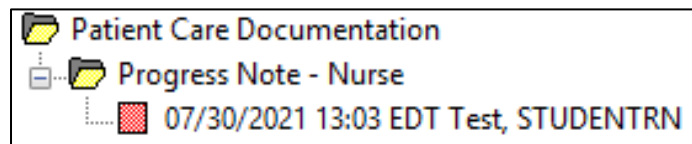


3) The Student MUST notify the Instructor that they have written a note they need them to Co-Sign.

4) When the instructor opens the note they can click on the  icon to “Sign” and the “Preliminary Report” now becomes a “Final Report”



5) Once signed the box color changes to red – denoting a “Final Report”



Student Documentation

- Students will be allowed to view all parts of the patient's medical record.
- Students will only document in the following sections of IView/I&O:
 - Adult Quick View
 - Adult System Assessment
 - Adult Skin, ADL and Nutrition
 - Lines, Tubes and Drains
 - Patient Education
 - MAR

Clinical Instructors must authenticate all student documentation

Student Documentation

- Student documentation in IView will be signed by the student user (just as the RN would sign with the checkmark)
- Upon student signing of documentation, each result displays with an unauthenticated icon.

The screenshot displays the 'Adult Quick View' interface. On the left is a navigation menu with items like 'Vital Signs', 'Oxygen Therapy', 'IV Drips', 'PCA Monitoring', 'Pain Assessment', 'Aromatherapy', 'Symptoms And Interventions', 'Measurements', 'Clinician Notification/Communication', and 'Hand off of Care Communication'. The 'Vital Signs' item is selected and has a checkmark icon. The main area shows a search bar with 'Find Item', filters for 'Critical' and 'High', and a table of results. The table is titled '13:00 - 13:59 EDT' and lists various vital signs with their values and status icons. A red arrow points to the unauthenticated icon (a small 'X' in a square) next to the 'SpO2' value of 88.

13:00 - 13:59 EDT			
Vital Signs			
Temperature Oral	DegC	37	✘
Temperature Axill...	DegC		
Peripheral Pulse R...	bpm	110	↑✘
Respiratory Rate	BR/min	55	↓✘
Systolic/Diastol...	mmHg	199/88	↑✘
MAP, Automated	mmHg		
BP Extremity, Automated			
SpO2	%	88	↓✘
Activity Affecting Vital S...	Crying		✘

- All student documentation must be authenticated by the clinical instructor

Student Documentation

- The Supervising Clinician/Instructor selects this Pending Validation task from their task list and they are taken to the activity view documented by the student.

The screenshot displays the Cerner EHR interface. On the left is a 'Menu' sidebar with options like SBAR, Summary2, Anesthesia Handoff, Results Review, Lab Viewer, Image Viewer, Iview/I&O, Document Viewing, and Task List. The main window is titled 'Task List' and shows a table of tasks. One task is highlighted in blue: 'Pending Validation' for 'Adult Fall Risk Assessment/Intervention' on 07/30/2021 at 7:00 EDT. Below the table, a red-bordered window titled 'Morse Fall Risk Assessment' is open. It shows the task details, including the date and time performed (07/30/2021, 0700 EDT). The assessment includes a section for 'History of Falling Immediate or within Last 3 Months' with radio buttons for 'Yes' and 'No' (selected). A note indicates that the icon indicates reference text.

Task Status	Scheduled Date and Time	Task Description	Mnemonic	Order Details
Pending Validation	07/30/2021 7:00 EDT	Adult Fall Risk Assessment/Intervention	Adult Fall ...	07/30/21 7:00:00 EDT This order was placed by Discern Expert
Pending	07/30/2021 10:00 EDT	Bradley Skin Risk Assessment	Bradley Skin	Start: 07/30/21 19:00:00 EDT
		Adult Fall Risk Assessment/Intervention - EE		07/21 19:00:00 EDT order was placed by Discern Expert



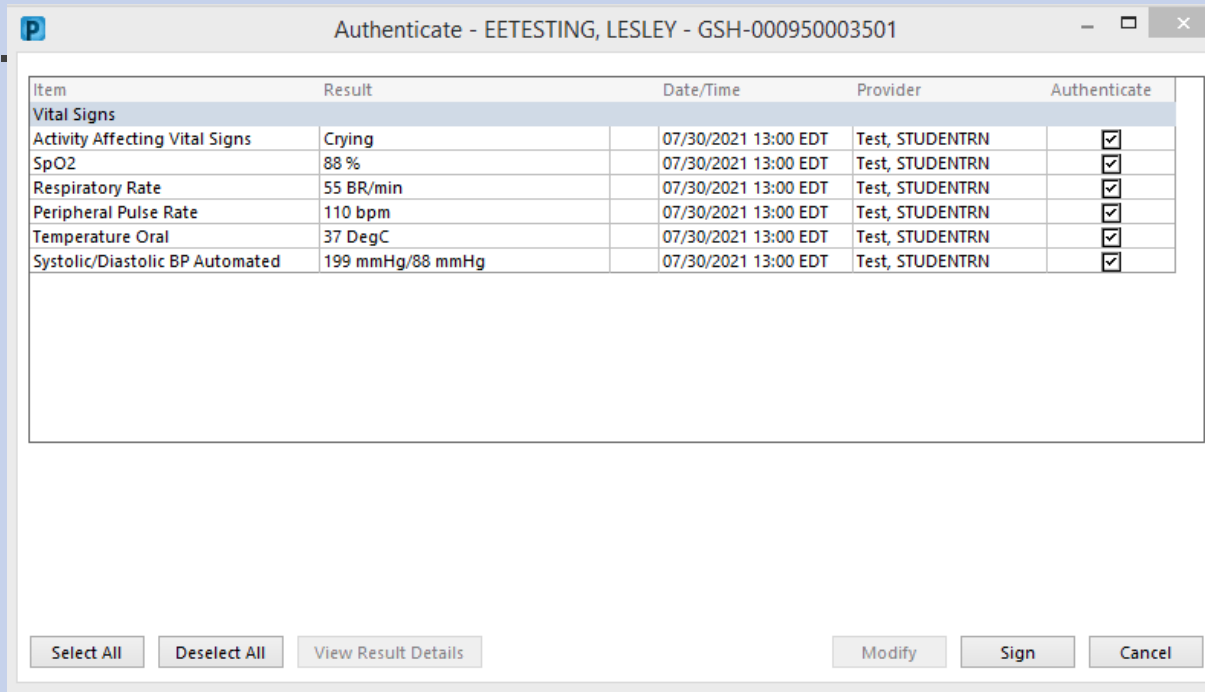
Student Documentation

- There will be an icon in the top toolbar of Interactive View for the Supervising Clinician or Instructor to select to review unauthenticated results.
 - Selecting the Pending Validation Task icon will open the authenticate window with the activity view data to be authenticated.



Student Documentation

- Within the Authenticate Window, the user can choose to authenticate all at one time or can Deselect All and select which items to authenticate.
- To View the Result Details or Modify: Select the result within the result column and select View Result Details or Modify.
- Sign



The screenshot shows a window titled "Authenticate - EETESTING, LESLEY - GSH-000950003501". It contains a table with the following data:

Item	Result	Date/Time	Provider	Authenticate
Vital Signs				
Activity Affecting Vital Signs	Crying	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>
SpO2	88 %	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>
Respiratory Rate	55 BR/min	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>
Peripheral Pulse Rate	110 bpm	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>
Temperature Oral	37 DegC	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>
Systolic/Diastolic BP Automated	199 mmHg/88 mmHg	07/30/2021 13:00 EDT	Test, STUDENTRN	<input checked="" type="checkbox"/>

At the bottom of the window, there are buttons for "Select All", "Deselect All", "View Result Details", "Modify", "Sign", and "Cancel".

Student Documentation

- When the Supervising Clinician/Instructor selects Sign, the results are now in an authenticated status.

The screenshot displays the 'Adult Quick View' interface. On the left is a navigation menu with 'Vital Signs' selected. The main area shows a table of vital signs for 07/30/2021. The table has columns for 'Result', 'Comments', 'Flag', and 'Date'. The data is as follows:

07/30/2021			
		13:46 EDT	13:00 EDT
▲ Vital Signs			
Temperature Oral	DegC		37
Temperature Axillary	DegC		
Peripheral Pulse Rate	bpm		110 ↑
Respiratory Rate	BR/min		55 !
Systolic/Diastolic BP Automated	mmHg		199/88 ↑
MAP, Automated	mmHg		
BP Extremity, Automated			
SpO2	%		88 !
Activity Affecting Vital Signs			Crying

Student Documentation

- After the results are authenticated, the unauthenticated icon disappears and the results look like any other in IView.
- You can always right click a result and select “View Result Details” and under “action List” tab see the trail of users who have edited this documentation.

The screenshot displays a medical documentation interface with several overlapping windows and a context menu.

Main Vital Signs Table:

07/30/2021		
13:47 EDT 13:00 EDT		
Vital Signs		
Temperature Oral	DegC	37
Temperature Axillary	DegC	
Peripheral Pulse Rate	bpm	110
Respiratory Rate	BR/min	55
Systolic/Diastolic BP Automated	mmHg	199/88
MAP, Automated	mmHg	
BP Extremity, Automated		
SpO2	%	

Context Menu (Right-clicked on Respiratory Rate 55):

- Add Result...
- View Result Details...
- View Comments...
- View Flag Comments...

Adult Quick View Panel:

- Vital Signs
- Oxygen Therapy
- Orthostatic Vital Signs
- IV Drips
- PCA Monitoring
- Pain Assessment
- Aromatherapy
- Symptoms And Interventions
- Measurements
- Clinician Notification/Communication
- Hand off of Care Communication

Result Details - EETESTING, LESLEY

Result History:

Value	Valid From	Valid Until
55	07/30/2021 13:46 EDT	Current
55	07/30/2021 13:22 EDT	07/30/2021 13:46 EDT

Action List:

Result	Action List	Performed By	Performed Date	Action Status
Perform	Test, STUDENTRN	Test, STUDENTRN	07/30/2021 13:22 EDT	Completed
VERIFY	Evangeline X Waihenya	Evangeline X Waihenya	07/30/2021 13:46 EDT	Completed

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MedConnect Infusion Management and BMDI

Quick Reference Guide

Key Points

- iAware serves as a dashboard that aggregates data from multiple sources into new views. Information presented in these views allows rapid review and timely clinical decision making.
- Infusion volumes from the Alaris pump appear 5 minutes after the hour (volume data). Anytime you titrate a medication, the rate change will display immediately.
- Bolus out of scope if Rates 1000/hr. RN must enter volume infused manually (go to iView I/O right click "Enter Result")

Opening IAWARE

- Logon to Powerchart
- Enter your login and password
- Search patient and open chart
- Find IAware icon under the organizational Tool Bar if not visible
 - Click on down arrow on far right, select "Add or Remove">slide to "Customize"
 - A pop up box appears allowing you to customize
 - Customize by left clicking on iAware icon (hold left click) and drag iAware icon to new location (in front of Medication Administration Wizard) so it will be visible

Note: *Your customized banner bar will save for future sign ons.*

Note: When you choose iAware from PowerChart, it opens that patient in iAware, if you change the patient in PowerChart, it will not automatically change in iAware. Make sure you always are documenting in the correct right patient EMR.

Note: To access multiple patients in iAware first, you need to create and save **Mylist**.

- Go to **MyList** (upper Left corner icon) and type "GSH"
and search **for your unit**
 - find "Encounters"
 - **Save** list (upper right)

Programming a Primary Infusion:

- Open Medication Administration Wizard (MAW) or log into TC51
- Scan patient armband
- Scan medication barcode for NS
- **If using TC51:** choose begin bag from "Add IV events" dropdown
- Complete required fields
- **If using Scanner** -Press "Program" button
 - Ready to scan message will appear

- Scan yellow sticker on pump channel
- Command line changes to “Programmed. Waiting confirmation”
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green appears in MedConnect-Click Ok and Sign

Note: pump door must be closed to scan

Note: Starting the pump does not sign off the medication (and vice versa, signing off the med does not start the pump).

Note: If the “Volume to be Infused” needs to be changed, you must do it after the order is signed off. If the rate or VTBI does not match the order, that field will turn Red and display “Pump and Program Do Not Match.”

Programming a Secondary Infusion:

- To perform a secondary infusion, a primary infusion must be running.
- Open Medication Administration Wizard (MAW) or log into MC75
- Scan patient armband
- Scan medication barcode
- Complete required fields
- Press program button
- Scan the pump
- **Press the secondary button on the pump!!!**
- NOTE: If the secondary button is not pressed, you will restart the primary.
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green in Medconnect -Click Ok and Sign

Programming Subsequent Medication Administration

Subsequent bags for the same order

- Open Medication Administration Wizard
- Scan patient armband
- Scan medication barcode
- Complete required fields
- Click Program button
- **Before you scan the pump, press Pause on the channel to reset your Volume**
- Scan the pump channel, “Programmed – waiting confirmation”
- Verify rate and order are correct on pump
- Press “Start” **ON THE PUMP**
- “Confirmed Infusing” in green appears in Medconnect-Click Ok and Sign

Programming a Titratable Medication

- Open Medication Administration
- Scan the wristband
- Scan the medication
- Complete required fields
- Click Program
- Scan channel
- Verify dose and rate
- Start pump

Note: For titratable the volume and dose appear in yellow

- Sign Med Administration form
- Open iAware and view medication bag start

Dose Titration

- Perform a Verbal PPID
- Make a rate change
- Open iAware
- Sign Rate change

Note: If medication needs a witness go back to MAR. Find the verified rate change on the MAR (**Right click, select modify to add a witness**)

DIASSOCIATION:

Important: If devices are not dissociated and attached to another patient, information from the new patient will flow into the previous patient's chart until it is associated to a new patient.

Disassociate when transferring, discharging or sending to **out of scope area**.

Even when you choose New Patient on pump, it does not disassociate unless you associate to new patient.

It is responsibility of RN caring for patient who is leaving scope to dissociate! Don't forget look at data and sign off before dissociating.

Open iAWARE:

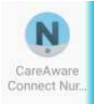
- Go to "Infusion Management"
- Go to "Patient Device Association"
- Click on "Select All"
- Click Disassociate button
- Can also disassociate medication by checking **red X**

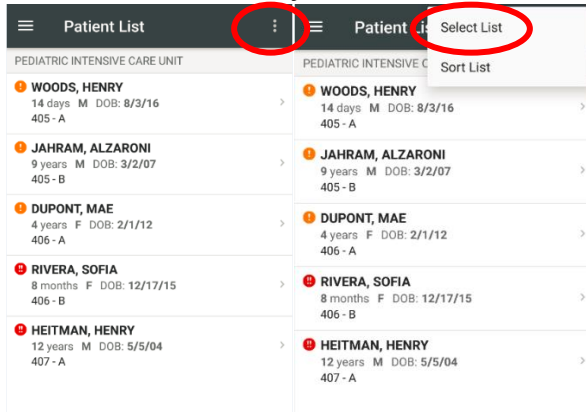
Key Features in IAWARE

Subsequent bags for the same order

- Signed Data
 - Gray=value is the same as the previous signed results
 - Black=different from previous results
- Unsigned data Purple = unsigned data
 - **Volume can NOT be seen in IView until it is signed in IAWare**
 - **You must sign “volume infused” for each hour it was infusing**

Connect Nursing: Bar Code Medication Administration

1. Log into Connect Nursing  with your MedConnect credentials.
2. Select appropriate Patient List by tapping on ellipses upper right corner.
 - *Connect defaults to your first custom or location list you have built in Care Compass.*



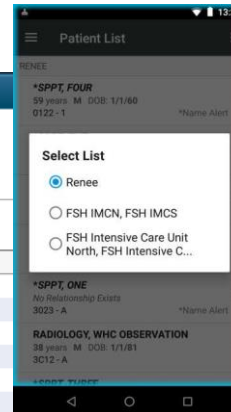
- *The location list that displays when logging into a unit computer will NOT show in Connect, only your custom or location lists you have built in Care Compass.*

Patient List

FSH NICU Renee FSH IMCN, FSH IMCS FSH Intensive Care Unit North, FSH Intensive C...

All Patients - FSH NICU

Name	Room	Bed	Age	Sex	MRN	FIN	Length of Stay	Admitting Physician
PLIOTFSMC, TRAINNICUTHREE			7 days	Female	FSH-000850010623	FSH-03300112525	7.1 Days	M. Naji Fakhouri, MD
PLIOTFSMC, TRAINNICUTWO			7 days	Male	FSH-000850010622	FSH-03300112517	7.1 Days	Daniel Dabbah, MD
ZZZTest, FSHNICU	NI02	A	4 months	Female	FSH-000904771880	FSH-02102085111	148.9 Days	
Regression, FSMCNICU1 Inpatient	NI04	B	12 months	Male	FSH-000904771824	FSH-02102084395	244.1 Days	Test, PhysicianPediatrics1
MOMONE, BG-AMANDA	NI06	A	6 months	Female	FSH-000850010164	FSH-03300105867	205.1 Days	Shoab A. Hashmi, MD
FSHBABY, TWO	NI07	A	11 months	Female	FSH-000850009868	FSH-03300103052	359.2 Days	Daniel Dabbah, MD



3. Tap on Patient or scan patient armband to open Patient Summary.

4. You will be prompted to Establish a Relationship if one does not exist.

Relationship CONTINUE

RADIOLOGY, NRH INPATIENT ...lonalRehab
56 years M DOB: 7/5/63 MRN: NRH-000103662

To view the patient's chart, you must establish a relationship to the patient.

RELATIONSHIP TYPE

Nurse

ED Nurse

Associate Nurse

RN Chart Reviewer

Primary Nurse

JUSTIFICATION

Enter Justification

5. The **Patient Summary** is a quick view of Items for Review, Vitals and Measurements and Allergies.

Patient Summary

RIVERA, SOFIA PICU ROOM 406 BED B
8 months F DOB: 12/17/15 MRN: 00008741

Items for Review 1 4

Vitals & Measurements

Temperature 37.6 (36-37.6) degC 9 hours

Heart Rate 127 (80-160) bpm 9 hours

Respiratory Rate 39 (20-40) br/min 9 hours

Blood Pressure 60/40 (95-110)/(35-73) mmHg 9 hours

Oxygen Saturation 89 (95-100) % 9 hours

Pain Score --

Weight --

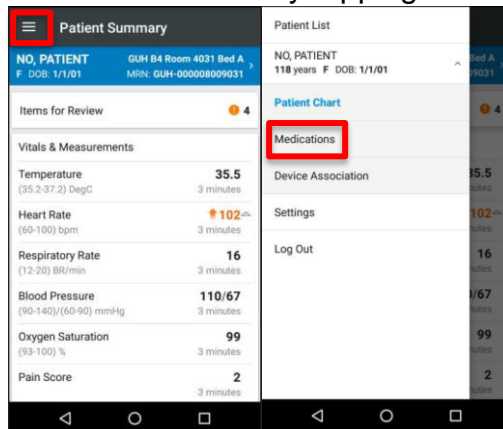
Height/Length --

VIEW MORE

Allergies

amoxicillin

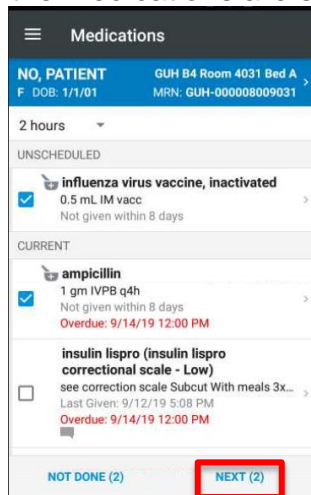
6. Navigate to **Medications** by tapping on the Patient Menu (3 bars top left) or swiping from left on screen.



7. Select the medication(s) from the Medication Activity List by tapping on the checkbox next to the medication or scanning the medication barcode.

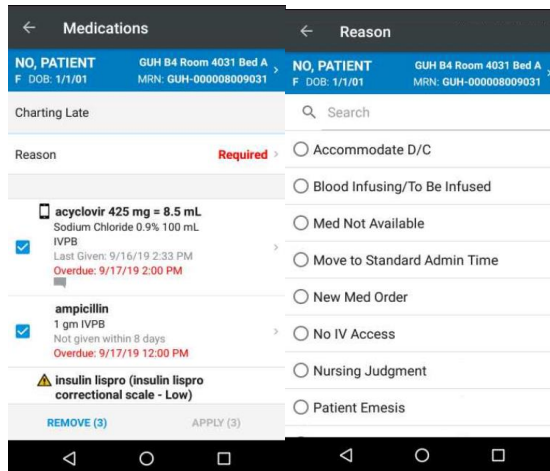
- *Tapping on the medication will open the order information for that medication and is VIEW ONLY.*

8. Once the medications are selected, tap **“Next”** to view the medications in your Med Cart.



9. Address any **Pharmacy Review, Nurse Review or Charting Early/Late** prompts.

- *When charting a medication Late or Early, a reason is required to continue.*



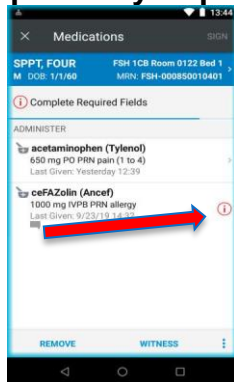
10. **Scan Patient ID band**

- *If the patient ID band was scanned previously to open the Patient Summary you will be required to scan again to continue with medication administration.*
- *Cannot be overridden.*

11. **Scan Medication Barcode**

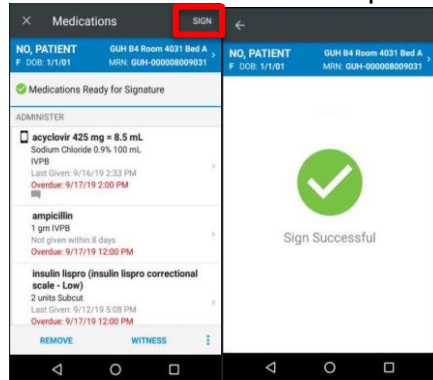
- *If the medication was scanned to select a medication in the Medication Activity List, you will be required to scan again to continue with medication administration.*
- *If bypassing a medication scan, an override reason is required to continue.*

12. **Complete any required fields** (ex. Site) and any additional charting elements (ex. Pain scale).



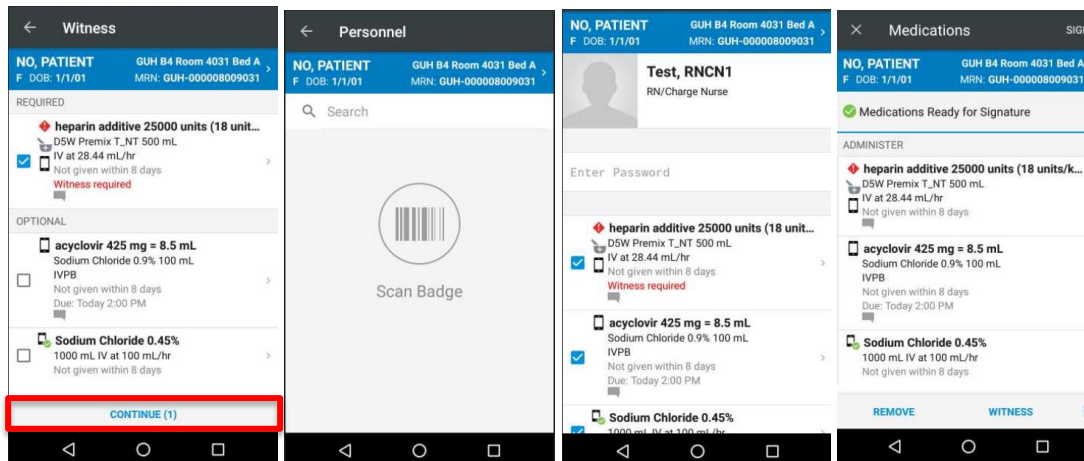
Indicates
Required
Field

13. **Sign** medications once all required and optional fields are completed, including SPP steps if applicable.

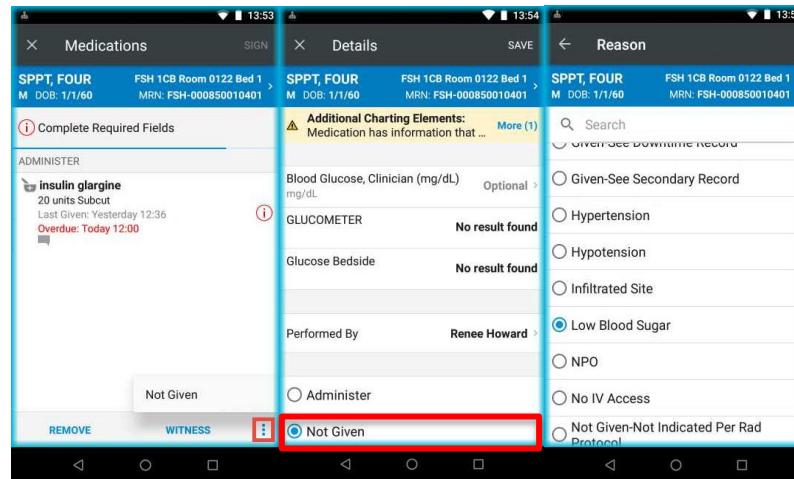


14. **Nurse Witness** - if Nurse Witness is required, within the Witness view, medications will be sorted by “Required” and “Optional”.

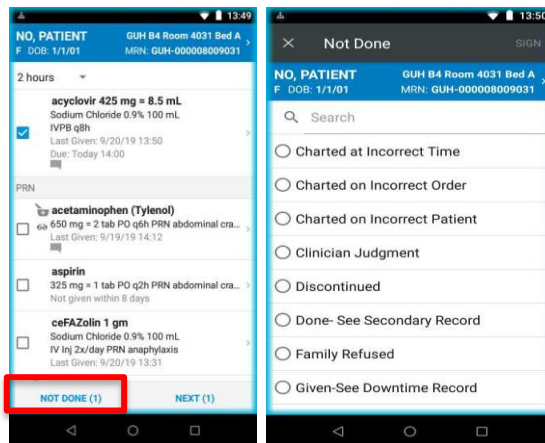
- Tap **“Continue”**
- Hand TC51 to Witness personnel.
- Scan Witness badge or search Witness by name. Witness personnel will view all medication details and tap **“Next”**.
- When all medications have been viewed, the Witness Summary page will display.
- Witness personnel will enter MedConnect password, Save and Sign.



15. **“Not Given”**- Medications can be documented as “Not Given” from the Med Cart (after Scanning Patient) or Charting view. A reason is required to continue.











16. **“Not Done”**- Medications can be documented as “Not Done” from the Medications Activity List view. A Reason is required to continue.



Tips and Tricks

- There is no Refresh button-to refresh the screen, swipe down from top of screen.
- If you don't see the Save or Sign button, pull down on screen. It can be hidden in the banner bar.

Medication Administration Icons

Icon	Description
	Immediate Priority – This icon is displayed when a medication task has a priority of STAT or Now.
	Pharmacy Verification – This icon indicates that the medication order has not been verified by a pharmacist.
	Nurse Review – This icon indicates that the order needs nurse review.
 	Pharmacy Rejected – This icon indicates that the medication order has been rejected by the pharmacy. When a medication is in a rejected status, the application does not display other icons, but displays only the pharmacy reject icon. You cannot document an task that is in a rejected status.
	Comment – This icon is displayed when a medication has comments.
	Alert – This icon indicates there is a warning alert for the medication. E.g. Freetext Dose, Underdose
	Critical Alert – this icon indicates there is a critical alert for the medication. E.g. Overdose = cannot continue without changing dose.