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| **ER CHART** | **COMPLETED** |
| Patient Sign HIPPA Privacy Practices |  |
| Patient Sign Consent To Treat |  |
| Patient Sign Bill Of Rights |  |
| Patient Sign ER Service Notice |  |
| **Triage Level**- This is located under Admission Information Tab. Select the appropriate level then click update patient |  |
| **Triage Time-**  This is located under Admission Information Tab |  |
| **Time Provider Was Notified**- This is located under the admission information tab located on the patients face sheet. |  |
| **Time Provider Arrived-** This is also located under the admission information tab located on the patients face sheet. |  |
| Time Patient Was Seen- This is also located under the admission information tab located on the patients face sheet. |  |
| Demographics- include name, birthdate, race, and ethnicity  |  |
| Problems/Diagnosis List |  |
| Allergy List |  |
| Advanced Directives- if over 65 address this |  |
| Physician Orders |  |
| Admission Assessment- You will need to pick this form from the ER tab. **All systems on this form HAVE to be completed** |  |
| Admission Nursing Note |  |
| Vital Signs- **height and weight** have to be included |  |
| Lab results |  |
| Smoking Status- be sure to check the box “ tobacco screening completed” then click update tobacco history |  |
| Medication Administration Record |  |
| Medication Reconciliation |  |
| Enter Patient Into ERBook |  |
| Complete Score Sheet |  |
| Do Infection Control Report (If Indicated) |  |
| Before Discharge- Go to tools then scroll down to perform meaningful use checks. This will show if you have missed any quality measures. |  |
|  |  |
| **DISCHARGE** | Click on red X botton on the bottom left side of screen to start discharge process |
|  | **COMPLETED** |
| Click on each of the green boxes on the left side of the screen and complete each one. These include- reconcile medications, discharge diagnosis, nursing discharge notes, patient instructions, patient education, automatic reminders |  |
| Complete the fields at the bottom of the screen if indicated. These include- follow up times, patient condition, discharge status, where they were transported to, how they were transported. |  |
| Click the Print Button at the Bottom of the Screen- print two copies of the discharge instructions. Have patient sign one of them and then scan that one into the chart. Give the other copy to the patient.  |  |
| Click Complete Discharge  |  |
| **TRANSFER** |  |
| **Complete transfer form**. Have provider and patient sign. |  |
| Document that our provider consulted and gave report to accepting provider and state accepting provider’s name.  |  |
| Call accepting facility and give nurse to nurse report and document that you did so.  |  |
| If provider is not available on site, have provider talk to patient or family via telephone to get their consent to transfer, then document this.  |  |
| Print patient summary record and fax information to receiving facility and document that you did this. To do this go to chart summary tab, then patient summary’s tab, then click process medical record for export at the bottom left of the screen, check all selections on the left side of the screen, then click print health document |  |
| Patient Stay #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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