

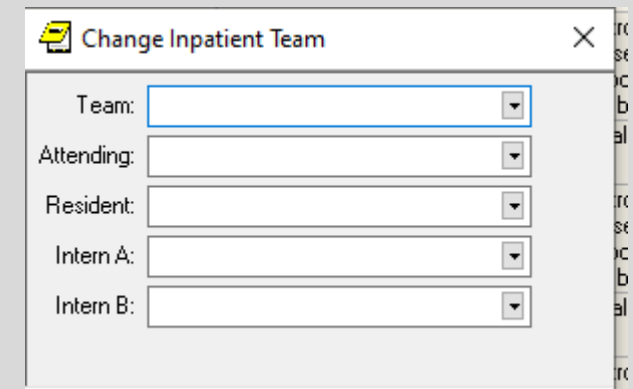
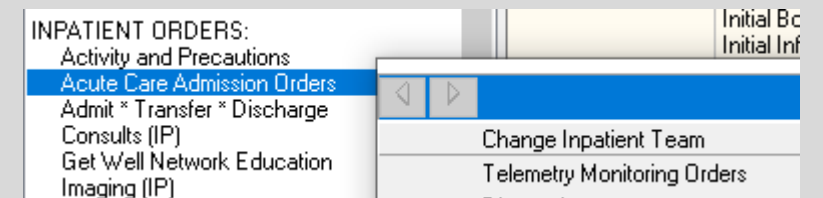


GETTING STUFF DONE AT THE VA

KIMBERLY BADER, M.D.

GENERAL TIPS

- Many departments at the VA function best on a Monday – Friday 8 a.m. to 4 p.m. schedule.
- For improved workflow in the day, order tests and call consults before rounds.
- Notify staff who is now caring for overnight admissions by placing the Change Inpatient Team order. This is the best way to get patients added to your list and saves staff time trying to figure out who is covering a patient.



GENERAL TIPS

- Make sure to look for consult, test, and procedure results in the afternoon before leaving. If the results require further evaluation, you can decide the next steps rather than leaving it for the next day or for your attending.
- Clear out your notification box every day so you can use it to alert you to returning results. Try to open charts by clicking on a notification to help clear these out.

The screenshot displays a medical software interface with two main sections: 'Patient List' and 'Notifications'.

Patient List Section:

- Search criteria: Patients (BADER,KIMBERLY A)
- Filters: Default: BADER,KIMBERLY A; Providers; Team/Personal; Specialties; All; Clinics; Wards; PCMM
- Search results: No Patients Found.
- Buttons: Save Patient List Settings

Notifications Section:

Info	Pati...	Location	Urgency	Alert Date/Time	Message	Forwarded By/When
	GR...	3BS	Moderate	05/02/2022@07:46	Cancelled consult PSYCHOLOGY OUTPATIENT	
	WA...	2CM	HIGH	05/02/2022@03:32	Lab order canceled: PD4 LIGHT GREEN (LITHIUM HEPARIN) PL...	
	WA...	2CM	HIGH	05/02/2022@03:32	Lab order canceled: CBC & DIFF BLOOD Sm Purple Plastic LC ON...	
	WA...	2CM	HIGH	05/02/2022@03:32	Lab order canceled: MAGNESIUM LIGHT GREEN (LITHIUM HEP...	
	WA...	2CM	HIGH	05/02/2022@03:32	Lab order canceled: BASIC METABOLIC PANEL LIGHT GREEN (L...	

Buttons at the bottom: Process Info, Process All, Process, Forward, Show Comments, Remove, Defer.

GENERAL TIPS

- See your patients every day. Make sure to see the sick, new, and discharges before rounds (unless you are flow rounding, then stable patients can be seen on rounds by the resident.)
- Run the list with your interns and medical students before rounds to make sure they have a clear plan.
- Make sure the team has telemetry reports and ins & outs where appropriate for rounds.
- Stay involved during rounds, so when something is being debated you can be involved in the decision.
- For greater autonomy, when something changes with a patient it is helpful if you have evaluated the patient and have a plan when you update your attending. If the change is life threatening, then update your attending immediately.

GENERAL TIPS

- You can sign out at 5 p.m. (12 noon on weekends) if your work is completed and your patients are stable. Touch base with your attending before signing out. Place a status message on teams to call the on call team / night float.
- If a patient had a big clinical change and a consultant is evaluating the patient right at sign out, then it is best to wait to talk to the consultant and place the necessary orders before leaving.
- Be sure to tuck your patients in well before leaving, i.e., order a type & screen and obtain consent for a transfusion if you are signing out a CBC on a bleeding patient. Nurses are unable to take verbal orders at the VA and the night team is usually very busy with admissions.
- Think about if, then for sign outs. For example, if Mr. S spikes a fever, then culture him, start Zosyn, and update GI.

PATIENT CASE

- Mr. Carlson is a 58 y/o male w/ uncontrolled DM and COPD on daily steroids and home O2. He was admitted last night for a sacral decubitus ulcer and is awaiting a CT scan to evaluate for osteomyelitis. Antibiotics were initially held in case a bone biopsy was needed. This morning he has a fever of 101.5 and the microbiology lab is calling that 2/2 blood cultures are positive for gram positive cocci.
- What are your next steps?
- How do you make this happen?

STAT / URGENT ORDERS

- On most wards, the charge nurse has a full set of patients, so no one is reviewing your orders when they print.
- Nurses receive an electronic notification of new orders on their patients **IF** they have created a daily list of their patients. However, if nurses are busy with patient care your new order may go unnoticed for hours.
- If something is truly STAT / Urgent, then you need to communicate directly with the nurse.
- Nurses can be reached via Teams but be aware that people may show up as available yet be away if they recently left their computer. To reach a nurse via VOCERA, dial x 1481 or 602-217-1481 and then speak the nurse's first and last name.
- If there isn't a signed nursing note for the day yet, then you can find a nurse's name by looking at the MAR. There are initials of whom gave each medicine with a key providing the full name down at the bottom.

4CM 409-1-4691	ITN	GI
4CM 409-1-4691	TK	EM
4CM 409-1-4691	ITN	GI
4CM 409-1-4691	GC	EM

Initial	Name Legend
GC	CASANOVA, GUADALUPE
TK	KEO, TONETH
ITN	NGUYEN, TRANG T

STAT / URGENT MEDICATIONS

- Pharmacy techs make regular rounds to deliver medicines to the wards every hour on the half hour, Monday – Friday from about 8 a.m. to 4 p.m. However, this takes some time since they are delivering to multiple wards.
- If you need an antibiotic STAT and the nursing staff doesn't have time to run to pick up the medicine, then you or a member of the team can pick it up and bring it to the nurse.
- To do this, call x7408 and then press #1 during the recording to reach pharmacy staff and coordinate how quickly you can come to pick up the medicine for delivery to the nurse. Typically, they can have the medicine ready in minutes.
- The inpatient pharmacy is located across from 3B.

**LET'S WORK THROUGH A
NEW ADMISSION**

ADMISSIONS

- Often you will be told to call the ER attending to get report.
- If you think a patients needs another test performed, then please discuss this with the ER attending.
- If the test could change where the patient is admitted (e.g.ABG), then it is okay to tell the ER that you can't accept the patient before the test is back. If the test is unlikely to change level of care (e.g. CTA chest to rule out a PE for a chest pain patient), then you can accept the patient and write the admission order
- If you have questions about the appropriateness of the patient for the floor, then it is okay to tell the ER that you are going to come and evaluate the patient quickly before accepting the patient.
- Notify your attending of any admissions and concerns.

ADMISSION ORDERS

- Write a delayed order to the level of care you want to admit the patient to (Medicine, Medicine step down, Observation, Hospice)
- Most days there is UM in the ER who will guide the initial level of care. The attending telling you about the admission should be able to share this information with you

The screenshot displays a medical software interface for managing admission orders. On the left, a 'Write Orders' menu lists various categories such as Allergies, Blood Bank, Non-VA Medications, Order Sets, Other Imaging Studies, Other Lab Tests, Other Medications, Procedures, Return To Clinic Order, Self Alert, Supply Orders, Telestroke Main Menu, Tele-Medicine Menu, Text Orders/Nursing, and VISN 22 Tele Urgent Care Order Menu. Below this, 'OUTPATIENT ORDERS' and 'INPATIENT ORDERS' are listed with their respective sub-items.

On the right, a 'Release Orders' dialog box is open. It shows a message: 'ZZZTESTPATIENT ALPHA is currently on ADMINISTRATIVE CONTACT. No treating specialty is available.' The dialog has two radio buttons: 'Release new orders immediately' (unselected) and 'Delay release of new order(s) until' (selected). There are 'OK' and 'Cancel' buttons. Below the dialog, an 'Event Delay List' is visible, containing a list of admission destinations such as 'Admit to CLC/NHCU', 'Admit To General Surgery', 'Admit To GYN', 'Admit To Hospice', 'Admit to Medical Intensive Care', 'Admit to Medicine', 'Admit to Medicine "Scheduled"', 'Admit to Medicine Step Down', 'Admit to Observation', 'Admit to Orthopedic Surgery', 'Admit to Otolaryngology', 'Admit to Peripheral Vascular Surgery', 'Admit to Podiatry', 'Admit to Psychiatry', 'Admit to Surgery Step Down', 'Admit to Surgical Intensive Care', 'Admit to Thoracic Surgery', 'Admit to Urology', 'PACU Orders', and 'Post-op Orders'.

ADMISSION ORDERS

- Make sure the Service matches the Level of Care, i.e. Medicine Service with Acute, Cards Step Down with Step Down / Intermediate.
- Even if you don't need to order Telemetry, this order screen brings up a quick order for vitals q4H and Neuro checks. (“Per floor routine” means different things to different nurses.)
- Neuro checks are needed for any primary neuro diagnosis (neurogenic syncope, TIA, etc.)

ADMIT PATIENT (Delayed Admit to Medicine)

Service:	Medicine
Level of Care*:	Acute
Treating Specialty:	MED WHITE
Attending:	BADER,KIMBERLY A
Resident:	
Intern A:	
Intern B:	
DX:	stroke
Condition:	Guarded

Telemetry Yes/No

Initiate Telemetry Monitoring

Telemetry Not Required (Click Next/Done)

ADMIT PATIENT (Delayed Admit to Medicine)

Service:	Card Step Down
Level of Care*:	Step Down/Intermediate
Treating Specialty:	MED WHITE
Attending:	BADER,KIMBERLY A
Resident:	
Intern A:	
Intern B:	
DX:	A fib RVR
Condition:	Guarded

Telemetry Monitoring for 48 hours Done

INITIATE TELE	D/C TELE
<input type="checkbox"/> Acute Coronary Syndrome Unstable Angina NSTEMI S	<input type="checkbox"/> May Remove Tele to Shower
<input type="checkbox"/> Atrial Fibrillation/flutter WITH Rapid Ventricular respons	<input type="checkbox"/> D/C Telemetry Monitoring
<input type="checkbox"/> High grade AV block (type 2 Second degree)	<input type="checkbox"/> D/C Telemetry Monitoring While Off Unit
<input type="checkbox"/> Symptomatic bradycardia or pauses of 3.0 seconds or n	
<input type="checkbox"/> Cardiothoracic Surgery this admission	
<input type="checkbox"/> TIA/CVA Suspected or confirmed	
<input type="checkbox"/> Decompensated Heart Failure	
<input type="checkbox"/> Hyperkalemia (>6.5 or EKG changes consistent with hy	
<input type="checkbox"/> Hypokalemia (<2.5 or < 3.0 with PVCs)	
<input type="checkbox"/> admin of IV med specified by nursing policy (eg digoxin	
<input type="checkbox"/> Initiation/Titration of potentially arrhythmogenic medicat	
<input type="checkbox"/> Rule out Myocardial Infarction	
<input type="checkbox"/> New onset a fib/ a flutter	
<input type="checkbox"/> Drug overdose confirmed or suspected	
<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Pacemaker/AICD newly placed or malfunctioning	
<input type="checkbox"/> Post PCI complication	
<input type="checkbox"/> Post procedure cardiac monitoring for CONTINUOUS F	
<input type="checkbox"/> Supraventricular tachycardia (SVT)	
<input type="checkbox"/> Syncope or other neurologic symptoms suggesting a dy	
<input type="checkbox"/> Wide complex tachycardia	

NURSING

Vital Signs Q4H

Neuro Checks Q4H

ADMISSION ORDERS

- The Acute Care Admission Orders screen is a good list of orders to work through. (This is like the old ADC VAAN DIMLS)
- There are some available order sets for CHF, and comfort care here.

Text Orders/nursing
VISN 22 Tele Urgent Care Order Menu

ACUTE CARE ADMISSION ORDERS

OUTPATIENT ORDERS:
Clinic Medications
Consults (OP)
Imaging (OP)
Labs (OP)
Medications (OP)
PACT Team Orders
Primary Care Nursing Labs
Resp Therapy (OP)

INPATIENT ORDERS:
Activity and Precautions
Acute Care Admission Orders
Admit * Transfer * Discharge
Consults (IP)
Get Well Network Education
Imaging (IP)
Labs (IP)
Medications (IP)
Nutrition/Diet Menu (IP & OP)
Page Medicine Physician
Resp Therapy (IP)

SPECIALTY ORDERS:
Anesthesia
Dental
Emergency Medicine
Infectious Disease
Medicine
Psychiatry
Surgery
Physiatry

Change Inpatient Team
Telemetry Monitoring Orders
Diagnosis
Condition
Activity and Precautions
Restraints / Seclusion
Vitals
Weights
Allergy
DVT Prophylaxis
Diet
Acute Care Nursing Orders
Accucheck
Saline lock and flush
IV Line
IV Fluids
Medications
Smoking Cessation Meds
NON VA Medications
Labs
EKG
Generic Nursing Text Order

Tele-Stroke Inpatient Orders:
Telestroke Main Menu

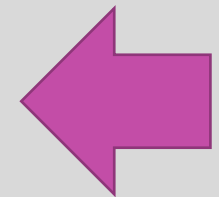
Acute Decompensated Heart Failure Order Set:
>>Click Here

Comfort Care/End of Life Orders:
Comfort Care/End of Life Orders

ADMISSION ORDERS

- The Acute Care Nursing Orders under the Acute Care Admissions Orders has quick links to order strict I/Os, orthostatics, PVRs, IS, O2 titration.
- If you think of more quick orders you would like to see here, then please let me know.

Nursing Care Orders:	
	Nursing Text Order
	Chest Tube
	Push Fluids
	Neuro Checks
	Glascow Coma
	Urine pH
	Urine Spec Grav
	Skin & Wound
	Cold Packs
	Warm Packs
	Warm Soaks
	Air Mattress
	Water Mattress
	Sheepskin
	TCDB
↩	May Remove Tele to Shower
↩	Strict I&O's
↩	Vital Signs Q4 Hours
↩	Titrate O2 to keep SaO2 89-93%
↩	Daily Standing Weight (If pt can stand)
	Check PVR X 3
↩	Check Orthostatic BP/HR
	Incentive Spirometer Use - 10x/Hour While awake



ADMISSION ORDERS

- Place Social Work consults on admission for anyone with placement needs or financial concerns.
- You don't need Cardiology involvement to order a stress test at the VA. If you know you want a stress test, then it is best to order it on admission. If you are part of the night team and you want to defer the decision about a stress test to the day team, then it is most efficient to make the patient NPO after midnight, so the day team has the option to perform a same day stress test.
- Echocardiograms are mainly performed on a first come, first served basis. If you think you need an echocardiogram, then order it on admission.
- Make sure Renal is called for every patient needing hemodialysis. At times we are unable to perform hemodialysis at the VA. Ideally, the ER should be notifying Renal prior to calling for admission.

ADMISSION ORDERS

- When you are transferring in outpatient medicines on admission, be sure to include medicines with the status of **Active / Suspended**. (These are medications the patient has already requested a refill on.)
- Medicines on **Hold** may be because the patient doesn't need a refill yet. (You will need to find out during your medication reconciliation if the patient is still taking these medicines.)
- For most admissions you will be writing delayed orders so you cannot order a first dose now like usual. The safest way to ensure a patient gets necessary medications is to place a separate NOW dose.

ications Date Range: Oct 13, 2021 - May 11, 2022

Outpatient Medications	Expires	Status
TRAZODONE HCL 50MG TAB Qty: 180 for 90 days Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP**MAY TAKE AN ADDITIONAL TABLET IF NEEDED IF STILL EXPERIENCING INSOMNIA	08/04/22	Active
ACCU-CHEK GUIDE (GLUCOSE) TEST STRIP Qty: 400 for 90 days Sig: USE 1 STRIP FOR TESTING AS DIRECTED FOUR TIMES A DAY AS NEEDED	02/08/23	Active/Susp
LANCET SOFTCLIX Qty: 400 for 90 days Sig: USE ONE LANCET AS DIRECTED FOUR TIMES A DAY AS NEEDED TO CHECK BLOOD SUGAR	02/08/23	Active/Susp
PSYLLIUM SF ORAL PWD Qty: 1200 for 90 days Sig: TAKE 1 TEASPOONFUL OF POWDER IN 8OZ WATER OR JUICE TWICE A DAY TO SOFTEN STOOLS AND FOR CONSTIPATION	11/27/22	Active/Susp
TAMSULOSIN HCL 0.4MG CAP Qty: 90 for 90 days Sig: TAKE ONE CAPSULE BY MOUTH AT BEDTIME TO AID IN URINATION	08/13/22	Active/Susp
*BISACODYL 5MG EC TAB Qty: 4 for 30 days Sig: TAKE FOUR TABLETS BY MOUTH ONCE ** FOLLOW DIRECTIONS ON	07/27/22	Hold



MEDICATION TIMING

- When you are ordering medicines, pay attention to what time the next dose is scheduled for by looking at the bottom left of the order. If you have missed the scheduled time for the day, you can order a now dose.
- Keep this in mind if you are adjusting insulin in the morning. You will likely need to order a first dose now if you are changing your scheduled Aspart around breakfast time.
- For most admissions you will be writing delayed orders so you cannot order a first dose now like usual. You will need to place a separate NOW dose.

Inpatient Medications

METOPROLOL (EXTENDED RELEASE) TAB,SA Change

Dosage	Complex	Route	Schedule (Day-Of-Week)
25MG	\$0.875 Tier 1	ORAL	DAILY <input type="checkbox"/> PRN
12.5MG	\$0	ORAL	DAILY
25MG	\$0		DAILY-ALENDRONATE
50MG	\$0		DAILY-CHOLESTEROL
75MG	\$1		DAILY-DIABETES
100MG	\$1		DAILY-DIGOXIN
			DAILY-DIURETIC
			DAILY-SVN
			DAILYTX
			DAILY-WARFARIN

Comments:

Give additional dose now Priority: ROUTINE

Admin. Time: 12

Expected First Dose: TOMORROW (Apr 12, 22) at 12:00

METOPROLOL (EXTENDED RELEASE) TAB,SA
25MG PO DAILY Accept Order Quit

MEDICATION TIMING

- You can choose specific times for medication administration. This is how you can give patients renal transplant medications at the same times they take them at home.
- Start by clicking **Day-Of-Week** on the schedule tab. You can choose every day or specific days for medicines like Warfarin.
- Next select the first time and click add.
- Repeat this for any other times and click add.
- You will see you completed order at the bottom. Click OK to accept the order.

The screenshot shows the 'Inpatient Medications' window for 'TACROLIMUS (GENERIC) CAP,ORAL'. The 'Schedule (Day-Of-Week)' tab is selected, and the 'Everyday' option is chosen. The 'Set Administration Time' is set to 09:00. A red arrow points to the 'Add' button. Another red arrow points to the 'Schedule' field at the bottom, which displays 'SU-MD-TU-WE-TH-FR-SA@0900-2100'. A warning message is visible: 'This order will not become active until a valid schedule is used.'

ADMISSION H & P

- If a patient is still in the ER, then you need to select an encounter for your H and P.
- Do not just pick the ER visit, because then you are giving credit for all your work to the ER.
- Next to the patient's name you will see Visit Not Selected if the patient is still in the ER. Click on this and choose Administrative Contact under the New Visit tab. This is the first choice under this tab.

The screenshot shows a patient record for 'ZZZTESTPATIENT_ALPHA (OUTPATIENT)' with a 'Visit Not Selected' status. A dialog box titled 'Provider & Location for Current Activities' is open, showing a list of providers and a list of visit locations. The 'New Visit' tab is selected, and 'ADMINISTRATIVE CONTACT-X' is chosen as the visit location. A pink arrow points to the 'New Visit' tab, and another pink arrow points to the 'ADMINISTRATIVE CONTACT-X' option in the visit location list.

ZZZTESTPATIENT_ALPHA (OUTPATIENT) 000-00-1231 Jan 01,1970 (52) Visit Not Selected Provider: BADER,KIMBERLY A No PACT assigned at any VA location

Provider & Location for Current Activities

Encounter Provider
Bader,Kimberly A - Physician [NPI:1245223833]
Bader,Kimberly A - Physician [NPI:1245223833]
Badilla,Catherine L - C4 Customer Svs Rep
Baehler,James W - Technologist
Baeza,Maria D - Pharmacy Technician
Bagatti,Effie Romios - Coder
Baginski,Holly C - Medical Student
Bagley,Dakota L - C4 Customer Svs Rep

Encounter Location
ADMINISTRATIVE CONTACT-X Apr 30,22 15:41

Clinic Appointments Hospital Admissions **New Visit**

Visit Location
ADMINISTRATIVE CONTACT-X
ADMINISTRATIVE CONTACT-X
CHOICE-FIRST ALLERGY
CHOICE-FIRST PRIMARY CARE
CHOICE-FIRST PRRC
CHOICE-FIRST VASCULAR LAB
COM CARE-ACTIVE DUTY SXL
COM CARE-ACUPUNCTURE

Date/Time of Visit
NOW

Historical Visit: a visit that occurred at some time in the past or at some other location (possibly non-VA) but is not used for workload credit.

ADMISSION H & P

- Have your interns print out the H and P to take to the ER for history taking if they prefer to not take a mobile workstation. This way they will have a medication list for medication reconciliation, a full IO system ROS for complete documentation, and a problem list to review with the patient.
- The medication list in the H and P template is a good list to use for medication reconciliation. This pulls in medicines from other VAs if the Phoenix VA is not the primary / only VA. It also pulls in OTC meds.
- This list serves as the best source of information for providers later in the admission, so be sure to add comments to this list if the patient isn't taking a medicine or is taking it differently than prescribed.

```
OUTPT ASPIRIN 81MG EC TAB (Status = Active)
  TAKE ONE TABLET BY MOUTH EVERY DAY
  Rx# 10126327 Last Released: 2/4/22      Qty/Days Supply: 120/90
  Rx Expiration Date: 5/5/22             Refills Remaining: 0

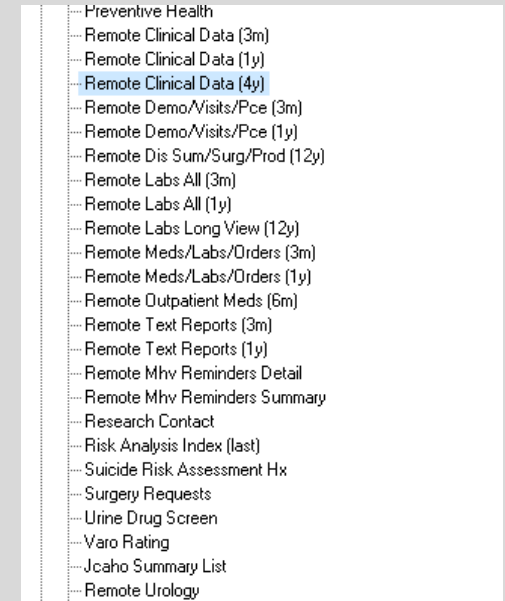
Remote ATORVASTATIN CA 80MG TAB
  TAKE ONE TABLET BY MOUTH EVERY EVENING FOR
  CHOLESTEROL ** DO NOT TAKE WITH GRAPEFRUIT JUICE **
  Last Filled: 03/22/22 (Active at NORTHERN ARIZONA HCS)
  Rx Expiration Date: 03/23/23             Days Supply: 90

Remote ATORVASTATIN CA 80MG TAB
  TAKE ONE TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL
  Last Filled: 11/15/21 (Active at ORLANDO VAMC)
  Rx Expiration Date: 08/04/22             Days Supply: 90
```

```
OUTPT DOXAZOSIN MESYLATE 4MG TAB (Status = Discontinued)
  TAKE ONE AND ONE-HALF TABLETS EVERY DAY FOR PROSTATE
  Rx# 10214566 Last Released:              Qty/Days Supply: 45/30
  Rx Expiration Date: 5/5/22               Refills Remaining: 0
  *** takes only 1 pill a day
```

REVIEWING OTHER VA RECORDS

- For patients new to this VA, be sure to review available records in JLV.
- Remote Data is an older way to find information and might be quicker for certain things like labs.
- You can select one or more sites to look at remote data from by clicking the boxes. The dates listed are the last date of any contact (could be a phone call or letter.)
- Go to the reports tab and then Health Summary section. Anything with Remote in the title will pull data from the selected sites.



A screenshot of the 'Health Summary Remote Labs Long View (12y)' report. The report is for a patient at 'Seattle Va Medical Center' and 'Va Nwths, Omaha Division'. It shows a list of lab tests with columns for Collection DT, Specimen, Test Name, Result, Units, and Ref Range. The data is as follows:

Collection DT	Specimen	Test Name	Result	Units	Ref Range
12/20/2016 14:11	URINE !!	URPRPOC	Negative	mg/dL	NEG
"	"	URBIPOC	Negative		NEG
"	"	UNITPOC	Negative		NEG
"	"	URLEPOC	Negative		NEG
"	"	URINE BLOOD POC*ic	Negative		NEG
"	"	URGLPOC	Negative	mg/dL	NEG
"	"	URKEPOC	Negative	mg/dL	NEG
"	"	URSPPOC	1.015		1.001 - 1.035
"	"	URINE PH POC*ic	7.0		5.0 - 8.0
"	"	URURPOC	0.2	E.U./dL	0.2 - 1.0
"	"	URINE COLOR POC*ic	Yellow		
"	"	UAPPEAR	Clear		
12/20/2016 14:09	BLOOD !!	CREATININE-POC*ic	0.8	mg/dL	0.6 - 1.3
"	"	URNIPOC	16	mg/dL	8 - 26
"	"	GLUCOSE-POC*ic	89	mg/dL	70 - 100
"	"	TCO2POC	26	mmol/L	24 - 29
"	"	NAPOC	142	mmol/L	138 - 146
"	"	K+ POC	4.3	mmol/L	3.5 - 4.9
"	"	CHLOPOC	101	mmol/L	98 - 109
"	"	ION CA	4.9	mg/dL	4.5 - 5.3
"	"	HCTPOC	41	%PCV	38 - 51
12/20/2016 13:55	BLOOD	D 25-OH	37	ng/mL	20 - 72

REVIEWING OTHER VA RECORDS

- You can connect to the other VAs your patient is listed at in Vista Imaging Display and see radiology studies, echo readings, advanced directives, and scanned outside records.
- Some VAs use the same EKG software so you can see EKGs when you connect to other VAs

The screenshot displays a software interface with a table of records and a panel for connecting to other VA medical centers.

Icon	ID	PHO	Notes	Date/Time	Category
	20	PHO		08/25/2022 11:22	RAD O
	21	PHO		08/25/2022 11:22	RAD O
	22	PHO		08/25/2022 10:15	RAD U
	23	PHO		08/25/2022 10:15	RAD U
	24	PHO		08/25/2022 10:15	RAD U
	25	PHO	AFTER VISIT SUMMARY	08/15/2022 11:00	NOTE
	26	PHO	CONSENT CLINICAL IMED	08/08/2022 09:37	CLIN

37 [PHO] [PHO] Patient: TILLER, JANELLE IRENE

Connect All **ANN ARBOR VA MEDICAL CENTER(X)**

VA INWIHS, OMAHA DIVISION(X) **PORTLAND VA MEDICAL CENTER(X)**

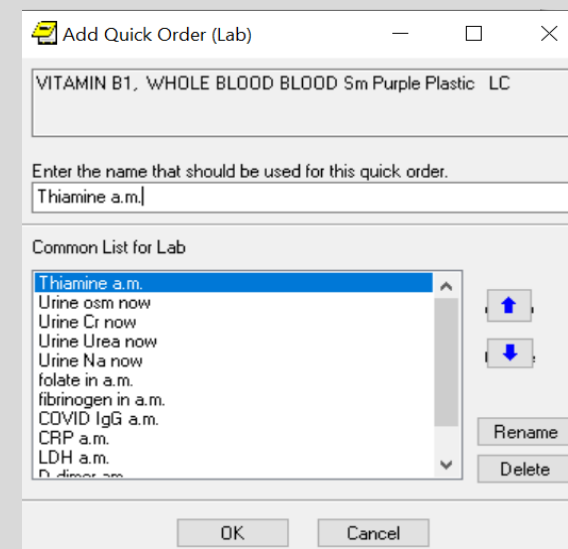
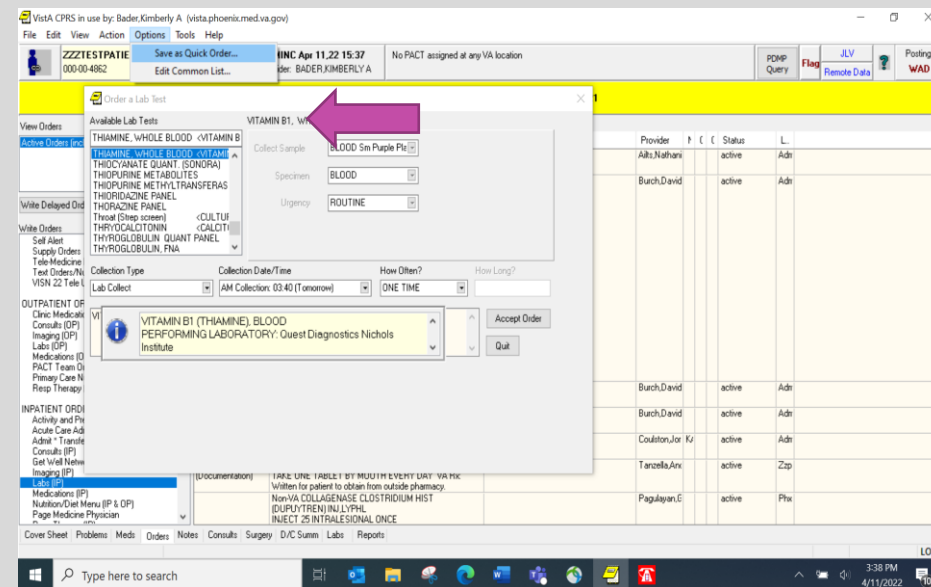
ST. LOUIS MO VAMC - JC DIVISION(X) **SEATTLE VA MEDICAL CENTER(X)**

WEST LA VAMC(X) **MILWAUKEE VAMC(X)**

DAY TO DAY ISSUES

QUICK ORDERS

- You can create your own quick orders for labs / medications / imaging that you order often. You can set up orders under both inpatient and outpatient menus.
- This is particularly helpful for setting up urine sodium, osmolality, and creatine orders so you chose the spot collection instead of ordering the 24-hour order by mistake.
- First, set up the order exactly as you want it. Before accepting the order click on Options on the top and Save as Quick Order. Then you can name the quick order and save this by clicking OK. You can now accept the order.



QUICK ORDERS/ COMPLEX ORDERS

- This also works for setting up prednisone or metformin tapers using complex orders.
- Click on Complex and set up the order how you want.
- Click on Options and save as a Quick Order.
- In the future when you open labs / medicines you will see your quick orders available for use. You can access your list by clicking on other medications / other labs.

predniSONE TAB

CAUTION: Sound Alike/Look alike Meds*

Dosage	Complex	Route	Schedule (Day-Of-Week)
1MG		ORAL	QAM
2MG		ORAL	Q6H-ALT2
2.5MG			Q6HIV
3MG			Q6HR
4MG			Q6H-TUBE FEED
5MG			Q6WKS
7.5MG			Q720H
			Q72H

predniSONE TAB

CAUTION: Sound Alike/Look alike Meds*

Dosage	Complex	Route	Schedule	Duration (optional then/and)
40MG		ORAL	QAM	3 DAYS THEN
30MG		ORAL	QAM	3 DAYS THEN
20MG		ORAL	QAM	3 DAYS THEN
10MG		ORAL	QAM	3 DAYS THEN
5MG		ORAL	QAM	3 days

Comments:

Give additional dose now

Priority: ROUTINE

Assess for bisphosphonate& adequate Ca & vit D when steroid tx=3mo+

predniSONE TAB
40MG PO QAM FOR 3 DAYS THEN 30MG PO QAM FOR 3 DAYS THEN 20MG PO QAM FOR 3 DAYS THEN 10MG PO QAM FOR 3 DAYS THEN 5MG PO QAM FOR 3 DAYS

Medications (IP)

Other Inpatient Medications

IV Fluids/Additives

Prior Authorization Drug Request

QUICK ORDER MENUS BY CATEGORY:

Agitation Medications

>>>> Agitation Medications

Antimicrobials

>>>> Inpatient Antimicrobial Quick Orders

>>>> Peri-operative Antibiotic Menu

Albuterol MDI

Senna bid first dose now

Oxycodone 10mg pain 8-10

Oxycodone 5mg pain 3-7

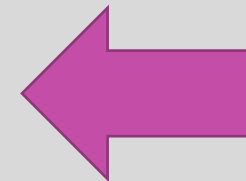
Vitamin D 2000

Prednisone taper q3d

ASA EC 81

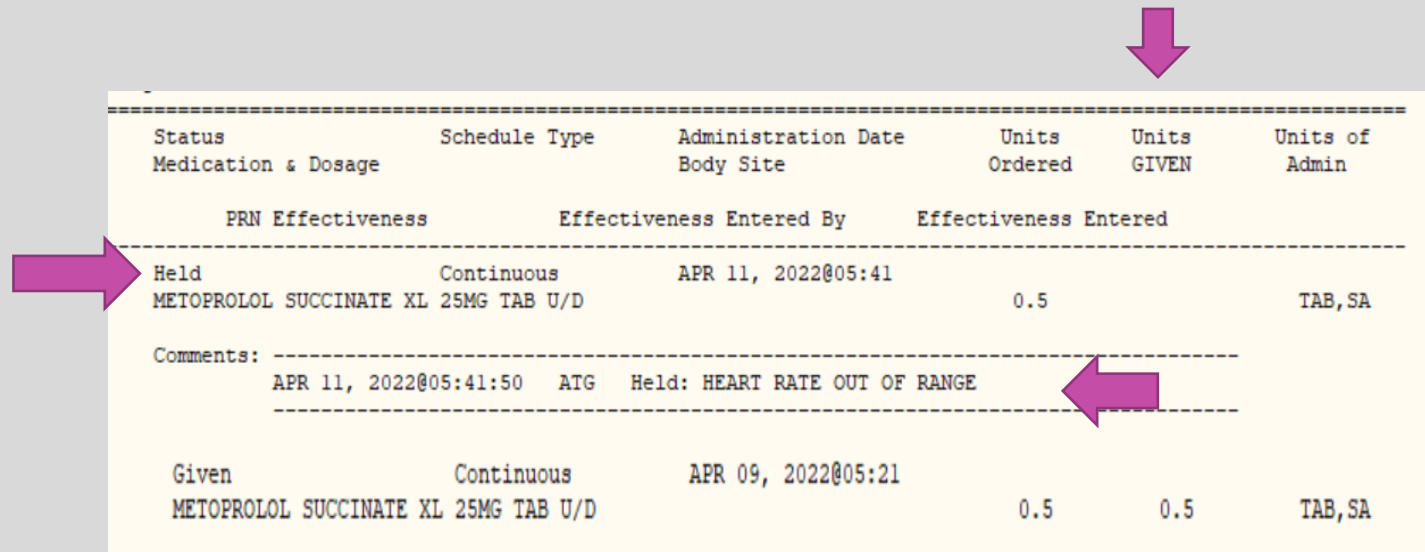
7906 <ADAPT STOMA H#79

5723722301 <RAMIPRIL CA



MEDICATION VERIFICATION

- You can check that a patient has received a medicine by reviewing the MAR. If a patient refused a dose or it was held for some reason this will be documented.



Status Medication & Dosage	Schedule Type	Administration Date Body Site	Units Ordered	Units GIVEN	Units of Admin
	PRN Effectiveness	Effectiveness Entered By	Effectiveness Entered		
Held METOPROLOL SUCCINATE XL 25MG TAB U/D	Continuous	APR 11, 2022@05:41	0.5		TAB,SA
Comments:					
APR 11, 2022@05:41:50 ATG Held: HEART RATE OUT OF RANGE					
Given METOPROLOL SUCCINATE XL 25MG TAB U/D	Continuous	APR 09, 2022@05:21	0.5	0.5	TAB,SA

LABS

- Lab vials are not recapped at the VA, so you typically have only 4 hours from the draw time to add on additional testing. For example, if you call Chemistry x7900, you can add on Mg, Phos, iron panel, and ferritin to ER labs when indicated.
- Some labs like serum osmolality can never be added because the tubes are left uncapped. These will require a fresh draw.
- Most labs are preset to be drawn the next day at 3:40 a.m. If you need a lab now, you need to change the collection type to Immediate Collect. Be aware that the lab may still retime this to the 3:40 a.m. time for labs they think are routine. For example, if you are trying to order a thiamine level before starting empiric treatment, then it is safest to communicate with the lab directly. You can reach the Inpatient Lab at x7535.

The screenshot shows a web-based interface for ordering lab tests. The main heading is "Order a Lab Test". Below this, there are two main sections: "Available Lab Tests" and "VITAMIN B1, WHOLE BLOOD".

Available Lab Tests: A list of tests is shown, with "THIAMINE, WHOLE BLOOD <VITAMIN B" selected. Other tests include THIOCYANATE QUANT. (SONORA), THIOPURINE METABOLITES, THIOPURINE METHYLTRANSFERAS, THIORIDAZINE PANEL, THORAZINE PANEL, Throat (Strep screen), THYROIDALCITONIN <CALCIT, THYROGLOBULIN QUANT PANEL, and THYROGLOBULIN, FNA.

VITAMIN B1, WHOLE BLOOD Configuration:

- Collect Sample:** BLOOD Sm Purple Ple
- Specimen:** BLOOD
- Urgency:** ROUTINE

Order Details:

- Collection Type:** Immediate Collect
- Collection Date/Time:** Apr 11, 22@14:52
- How Often?:** ONE TIME
- How Long?:** (empty field)

Order Summary: VITAMIN B1, WHOLE BLOOD BLOOD Sm Purple Plastic 1

Buttons: Accept Order, Quit

LABS

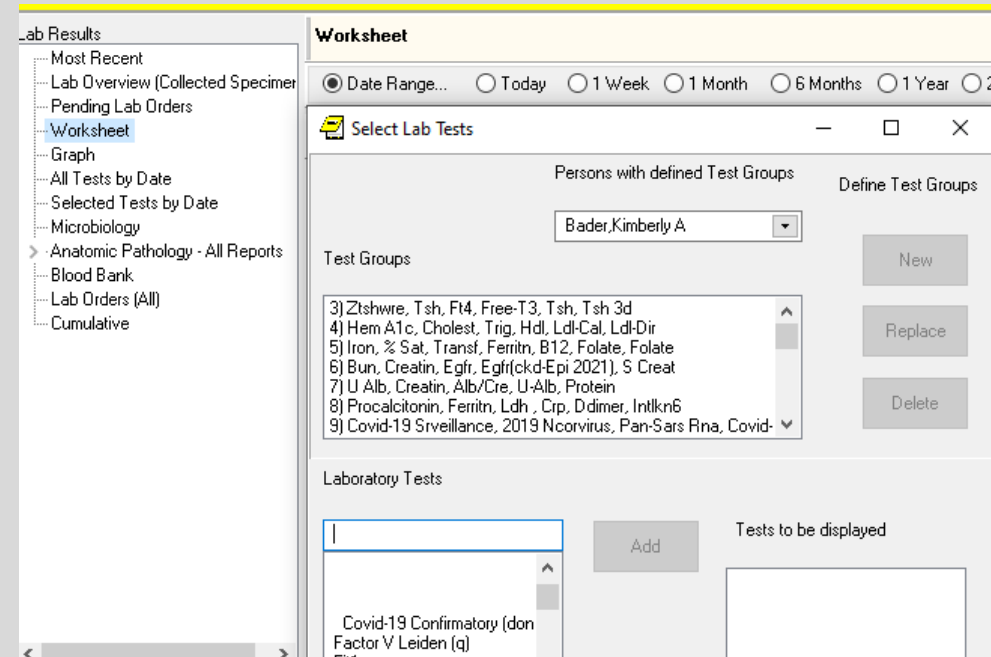
- You can order serial labs for 7 days at a time, but this fills up the order screen and you may end up with labs that you don't need/ want. Consider ordering labs for the next day when indicated as you review and replete a current day's labs.
- Once a lab has been drawn you will see it under the lab results tab as collected.
- You can also look at the status section under orders. If something is pending, then nothing has been done with it yet.
- There are some send out labs that you cannot order yourself. Call send outs x5525 for help.
- Nurses only collect stool cultures, sputum, & urine specimens. If something needs to be swabbed (throat, wound, shingles vesicle), then you need to collect this yourself.

Most Recent		
<< Oldest < Previous Next >		
Specimen: BLOOD		
Collection Date/Time	Test	Result / Status
May 02, 2022 07:13	CBC & DIFF	Collected - Specimen In Lab

Lab	Start	Bade			
CBC & DIFF BLOOD Sm Purple Plastic I LB #263306	Start: 05/02/22 07:13	Bade			active
CBC & DIFF BLOOD Sm Purple Plastic LC ONCE LB #262832	Start: 05/02/22 05:58 Stop: 05/02/22 07:00	Bade			complete
TSH W/REFLEX FT4 LIGHT GREEN (LITHIUM HEPARIN) PLASMA WC ONCE LB #261837	Start: 04/29/22	Vraa, GI			pending

LABS

- Set up your worksheets so you can see trends in labs easily or review past work-ups.
- Show your interns how to set up these as well.
- You can review other people's worksheets and make these your own.



Date Range... Today 1 Week 1 Month 6 Months 1 Year 2 Years All Results

Table Format
 Horizontal Vertical

Abnormal Results Only

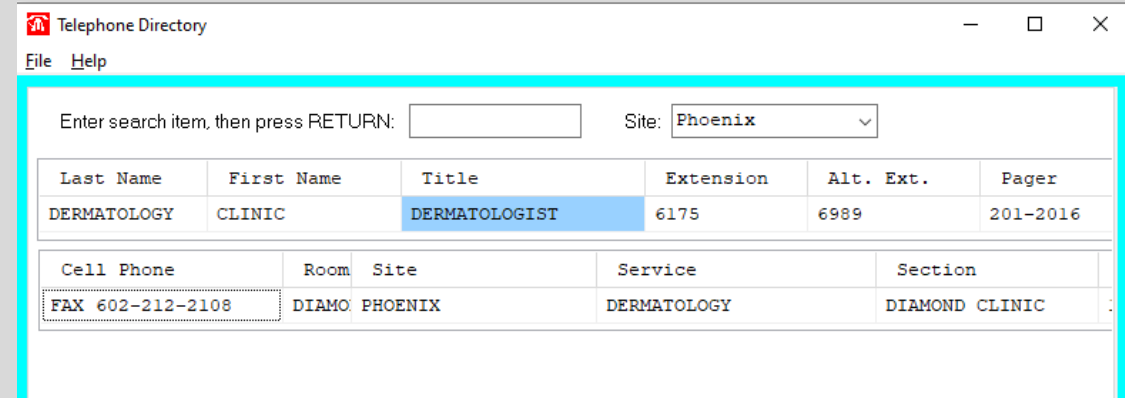
Date/Time	Specimen	IRON	% Sat	TRANSF	FERRITN	B12	FOlate	Folate
01/17/23 03:40	Serum **							15.5
01/17/23 03:40	Serum **					675		
01/06/23 13:29	Plasma **	55	17 L	252	130			
04/29/22 03:40	Serum **					885 H		

CONSULTS

- When you call a consult make sure to start with what you are consulting for and then present the case. If there is a specific question you need answered, then make this clear. Teach your interns how to do this.
- Fellows cannot reject your consults. If they try this, then tell them they need to speak to your attending. If they still refuse the consult, then involve your attending.
- If you have clinical questions on how to manage something at night, then consider calling consultants rather than waiting for the next day. Most specialties expect to be contacted when on call.
- Cardiology needs to be consulted inpatient for any patient with an EF <40%. This comes from Dr. Mehr, the Heart Failure Specialist at the VA. If you think your patient will need Cardiology follow-up outpatient, then consult Cardiology inpatient.

CONSULTS

- Dermatology will see inpatients if you place a consult. There isn't a person listed on the call schedule, but if you call the Dermatology clinic x6175 someone can often put you in contact with a Dermatologist to discuss the case. There is also a pager 201-2016. (This is listed in the telephone directory.)
- The Eye Clinic will often see inpatients as walk-ins before 2 p.m. Call the Eye Clinic at x7888 or reach Dr. Ursea at 602-910-8967. Also place a consult order and a text order to get the patient taken to the Eye Clinic.



The screenshot shows a window titled "Telephone Directory" with a search bar and a dropdown menu set to "Phoenix". Below the search bar is a table with two sections. The first section has columns for Last Name, First Name, Title, Extension, Alt. Ext., and Pager. The second section has columns for Cell Phone, Room, Site, Service, and Section.

Last Name	First Name	Title	Extension	Alt. Ext.	Pager
DERMATOLOGY	CLINIC	DERMATOLOGIST	6175	6989	201-2016

Cell Phone	Room	Site	Service	Section
FAX 602-212-2108	DIAMO	PHOENIX	DERMATOLOGY	DIAMOND CLINIC

CONSULTS

- Patients need to be 100% service connected to receive outpatient Dental care at the VA. You can see a patient's service connection status by clicking on their name box and then looking near the bottom of the patient inquiry box.
- If other patients have dental concerns that are impacting their medical conditions, for example a tooth abscess with facial cellulitis, then they can receive Dental care while inpatient. Place a dental consult order and a text order for the patient to be taken to the Dental clinic. Walk-ins typically need to be seen before 2 p.m.

The screenshot displays a patient inquiry window for 'ZZZTESTPATIENT_ALPHA (OUTPATIENT)'. The patient's name and ID (000-00-1231) are visible. A yellow highlight is placed over the patient's name box. Below the name box, there is a list of signed notes. To the right, the 'Enrollment Priority' is 'Category: NOT ENROLLED'. Below this, the 'Health Insurance Information' is displayed in a table format. At the bottom, the 'Service Connection/Rated Disabilities' section shows 'Service Connected: NO' and 'Rated Disabilities: NONE STATED'. A purple arrow points to this section.

Insurance	COB	Subscriber ID	Group	Holder	Effective	Expires
HEALTH NET	p	000012345	AD867A	SELF	01/01/01	01/01/01
HEALTH NET	p	000012345	AF720A	SELF	01/01/01	01/01/01
HEALTH NET	p	000012345	A0254Q	SELF	01/01/01	01/01/01
HEALTH NET	p	000012345	A0253L	SELF	01/01/01	01/01/01
BCBS FEP	p	000001231	113	SELF	01/01/01	01/01/01
BCBS FEP	p	000000123	113	SELF	01/01/01	01/01/01
BCBS FEP	p	000000123	113	SELF	01/01/01	01/01/01

Service Connection/Rated Disabilities:
** Service Connected: NO
Rated Disabilities: NONE STATED

MEDICINE CONSULTS

- If you need to perform a Medicine Consult and you do not have access to the General Medicine Inpatient Consult note title, you can use the General Medicine Note title to make it clear that Medicine is not the primary team. You can use this same note title for follow-up notes as well.
- There is a template you can use for the initial consult that is under the Medicine folder in the shared templates.
- For follow-up notes the Medical Intern or Resident Note templates can be used inside the General Medicine Note title.

Progress Note Properties

Progress Note Title:

- HOSPITALIST NOTE
- MEDICAL HISTORY AND PHYSICAL
- DISCHARGE INSTRUCTIONS
- GENERAL MEDICINE INPT CONSULT
- GENERAL MEDICINE NOTE
- LIFE-SUSTAINING TREATMENT
- STATE PRESCRIPTION DRUG MONITORING PROGRAM
- DATA-BASED OPIOID RISK REVIEW

Date/Time of Note: May 2, 2022@09:17

Author: Bader, Kimberly A - Physician [NPI:1245223833]

OK Cancel

GENERAL MEDICINE NOTE

Adm: 08/21/21 2CM

Apr 11, 2022@18:27

Subject:

Reminder Dialog Template: GENERAL MEDICINE INPT CONSULT

Requesting Service:

Reason for Consult:

RPI:

PHI:

Active problems - Computerized Problem List is the source for the following:

1. Personal History of Peptic Ulcer Disease
2. Depression (SNOMED CT 35489007)
3. Mixed hyperlipidemia (SNOMED CT 267484003)

PATIENT MOVEMENT ISSUES

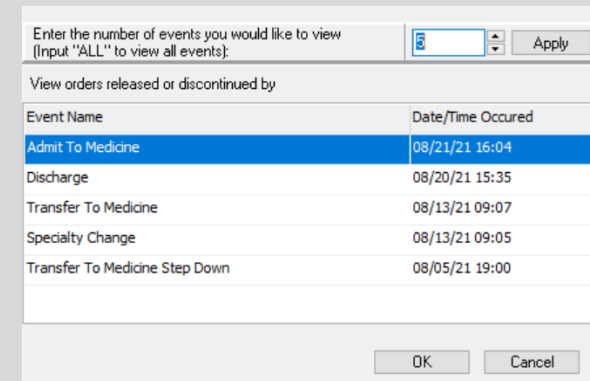
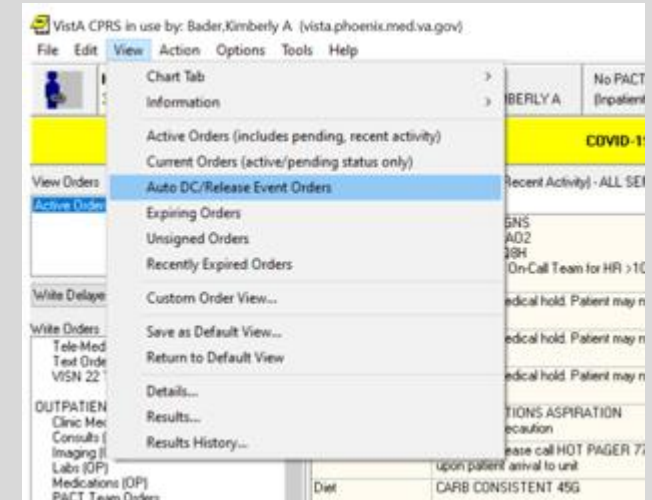
- When a patient moves wards or changes status (observation to full admission,) they are given a new Intake and Output sheet. If the old one is not on the bedside clipboard, then check with the ward clerk as the prior sheets are likely in the patient file folder.
- When patients go to the OR all their orders will disappear when they come out of the OR.
- To avoid this, you need to write delayed orders before they go to the OR to readmit the patient to Medicine after the operation. All nursing orders, vitals, diets, medications, and IVs will disappear. Labs, consults, imaging, and DNR orders do not need to be rewritten.
- Since the patient is still currently listed as an inpatient you click “Ok” to override the warning message and write delayed orders to admit the patient back to the same service.

The screenshot displays a medical software interface for patient ZZTEST, PATIENT (INPATIENT) 000-00-5483, admitted on Jan 01, 1961 (58) to room 2CM. The provider is BADER, KIMBERLY A. The interface shows a list of active orders, including Life-Sustaining, Nursing, and Lab orders. A 'Release Orders' dialog box is open, asking if the user wants to delay the release of new orders until the patient is admitted to the hospital or nursing home. A 'Warning' dialog box is also present, stating that the patient is already assigned to ACUTE (GENERAL) MEDICINE on 2CM and asking if the user still wants to write delayed orders. A pink arrow points from the text in the first bullet point to the 'Write Delayed Orders' button in the software interface. Another pink arrow points from the 'Warning' dialog box to the 'OK' button.

Service	Order	Start / Stop	Provider
Life-Sustaining	>> DNR: Do not		Bader, Kimberly A
Nursing	HYPGLYCEMIA To be initiated for 1) If patient is Un- 2) Treat blood sug- If patient able t Blood sugar Blood sugar If patient not ab Blood sugar If patient's bloo treat with subc 3) Notify Housest 4) Ensure resoluti A. Repeat "Fing indicated (see ab B. Once glucos for recurrence >> Fingerstick Glu		Bader, Kimberly A
OUTPATIENT ORDER	>> VITAL SIGNS T,P,R,B/P,SAO2 Imaging (OP) Labs (OP) Medications (OP) PACT Team Orders Resp Therapy (OP)		
INPATIENT ORDERS	>> Admit on: Jul 2 SCHEDULED AD Service: Medicine Status(Acute/DB) Attending: Bader, Dx: chole chole Labs (IP) MAGNESIUM LIC		
SPECIALTY ORDERS	PD4 LIGHT GRE PARTIAL THRO PT W/INR (PRO zzADMISSION (Do not Use)		

PATIENT MOVEMENT ISSUES

- If a patient's orders do disappear, for example when they are converted from Observation status to full admission, then you can find them by clicking on View and then Auto DC/ Release Event Orders.
- This will bring up other events that you can select to find the past orders.
- Then you can copy the orders you need to active orders.
- This also works if a patient bounces back.
- To avoid this from happening, you can always choose to write full delayed orders for admission when converting from Observation status.



PROCEDURES

- Seniors may need to help interns from other teams when their senior is off.
- Seniors who are signed off on central lines may need to help an ICU resident who is not signed off. I/O lines can also be used.
- There is a standard ultrasound as well as a handheld ultrasound available for use in the Chief Residents office, D406. The Chiefs will need to give you the safe combination for the handheld ultrasound. There is a sign out sheet above the standard ultrasound. When returning the machines, please clean them and sign them back in.
- If you need Interventional Radiology for procedures, you need to make a doc to doc call and enter the approving attendings name on the consult. IR extension is x7016.
- Involve Pulmonary early if you think you need a thoracentesis since their clinic schedule impacts their availability

PROCEDURE LABS

- There are order sets for many common labs needed for procedures. There are even links for pathology / cytology requests.
- You can locate these under the Procedures orders.
- IR will request that you order the labs for any procedures they perform.
- When you perform a procedure at bedside all labs need to be labeled and you must put your initials, the specimen type, the date, and time these were collected. It is safest to either take the specimens to the lab yourself or send them with a member of your team so any labeling issues can be corrected immediately.
- The inpatient lab is located across from the ENT clinic area in what would be 2B.

The screenshot displays a medical order entry interface. On the left, a sidebar menu lists various order categories, with 'Procedures' highlighted in blue. A pink arrow points to this menu item. The main window is titled 'Active Orders (includes Pending & Recent Activity) - ALL SERVICES' and shows a list of procedure requests. A pink arrow points to the 'PROCEDURE LAB ORDER SETS' section within this list. Below this, a 'LUMBAR PUNCTURE TEST MENU' is expanded, showing a detailed list of laboratory tests such as 'CSF CELL COUNT AND DIFF', 'CSF GLUCOSE', 'CSF PROTEIN', and various viral and bacterial cultures. A pink arrow points to the 'PROCEDURE LAB ORDER SETS' header in the main window.

RAPID RESPONSES

- Medicine covers the Main Hospital which covers ALL FLOORS of Building I
- This includes GI and Pulmonary suites on the 6th floor, Psychiatry wards, ENT clinic (ward 2b), & CLC
- The ER covers the cafeteria, the patio, Veteran's store, Chapel, and the Ambulatory Care center
- Identify yourself on arrival and take charge.
- You can order vitals, glucose, stat labs, imaging, and EKGs.
- You can decide to move a patient to a different level of care.
- Take your badge with you. You will need to sign into a computer to place orders.
- A CODE STROKE should be called, and Tele stroke engaged if you are concerned for a stroke.
- If you are seeing an unstable patient yourself, you can always call a Rapid to get help
- Write a Rapid Response note separate from the note written by Nursing staff. Send it to your attending for co-signature.

CODE BLUE

- ICU team, call team, call attending /pager attending goes.
- ICU team is in charge.
- Every team / attending goes to rapids and codes at night

...

**LET'S WORK THROUGH A
DISCHARGE**

GENERAL TIPS

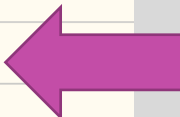
- Discharges in the morning are always difficult unless you have prepped the discharge the night before.
- Every day on rounds, give a list to your pharmacist of the patients you want to prep that day for discharge the next day. This will make weekend discharges easier for the team too.
- In the afternoon prep the discharge instructions, medications, and follow-up orders.
- If you will be gone the next day you can change the author of unsigned instructions to the intern so they can edit the instructions if needed and sign them the next day.
- To do this click on the Change button on the far right and choose the desired author.

The screenshot shows a software window titled "Reminder Dialog Template: DISCHARGE INSTRUCTIONS*" with a "Change..." button in the top right corner. A "Progress Note Properties" dialog box is open in the foreground. It contains a "Progress Note Title" field with a list of options: "DISCHARGE INSTRUCTIONS", "HOSPITALIST NOTE", "MEDICAL HISTORY AND PHYSICAL", "DISCHARGE INSTRUCTIONS", "GENERAL MEDICINE INPT CONSULT", "GENERAL MEDICINE NOTE", "LIFE-SUSTAINING TREATMENT", "STATE PRESCRIPTION DRUG MONITORING PROGRAM", and "DATA-BASED OPIOID RISK REVIEW". The "DISCHARGE INSTRUCTIONS" option is selected. Below this is a "Date/Time of Note" field set to "May 2, 2022@20:54" and an "Author" dropdown menu currently showing "Salehpour, Kaivan M - Physician (NPI: 1497141204)". A pink arrow points to the "Change..." button in the top right of the main window, and another pink arrow points to the "Author" dropdown menu.

DISCHARGE INSTRUCTIONS

- Discharge instructions are your fight against bounce backs. Patients remember little of what we say, so thorough and clear discharge instructions give them something they and their families can refer to when they have questions. Teach your interns how to write good discharge instructions.
- Use language that patients can understand for the primary & secondary diagnoses.
- Cardiology and Urology often place RTC orders or alert their schedulers to set up follow-up. For other specialties, place an outpatient consult or e-consult if there isn't a RTC order.

Consults	INPAT PHYSICAL MEDICINE INPATIENT PT CONSULT Cons Consultant's Choice
	PHARMACY ANTICOAGULATION INFORMATION SHARING CONSULT Cons Bedside
	INFECTIOUS DISEASE INPATIENT CONSULT Cons Bedside
	SPEECH OUTPATIENT Cons Consultant's Choice
	*COMMUNITY CARE-GEC SKILLED HOME CARE Cons Bedside
	*SOCIAL WORK OUTPATIENT 32ND STREET CLINIC CONSULT Cons Consultant's Choice
	*PULMONARY OUTPATIENT Cons Consultant's Choice
	GERIATRIC MEDICINE CONSULT OUTPATIENT Cons Consultant's Choice
	*COMMUNITY CARE-PSYCHIATRY Cons Consultant's Choice
	NUTRITION-DIAMOND CLINIC Cons Consultant's Choice
Clinic Scheduling	*Return to PHX NE PACT 1 on or around (May 12, 2023) for a total of 1 appointment(s) Hospital Follow-Up
	Return to PHX NE PACT 1 on or around (Apr 26, 2023) for a total of 1 appointment(s) Hospital Follow-Up
	Return to PHX-NEURO POSTROKE INDIS on or around (Mar 20, 2023) for a total of 1 appointment(s)



DISCHARGE INSTRUCTIONS

- Give detailed follow-up instructions. Consider giving specialty clinic extensions so patients can call themselves if they are not contacted with an appointment in a timely manner.
- If you want patients to titrate or taper a medicine, you can list the details in the Special Medication-related Instructions.

FOLLOW-UP CARE:

After discharge, complete the following tests/procedures and appointments:
See below:

- 1) See Dr. Lau, heme-onc for follow-up on prostate cancer in the next 3-4 weeks. You should be contacted with an appointment. If not, please call 602-277-5551 ext. 1168.
- 2) See Gastroenterology to follow-up on your dilated pancreatic duct. You should be contacted with an appointment. If not, please call 602-277-5551 ext. 1168.
- 3) Have labs drawn in 2 weeks on your new medicines. These labs are being sent to Dr. Lau for review.

Special Medication-related Instructions:

Special Medication-related Instructions:

Take Apixaban 10mg twice a day for 7 days. Your last dose of 10mg will be the morning of 12/17/21. That night you will start taking Apixaban 5mg twice daily and continue on this dose.

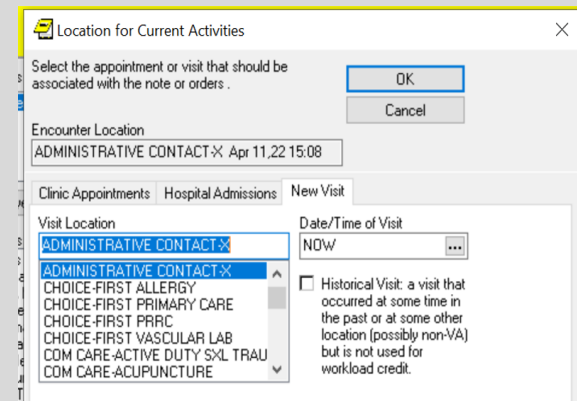
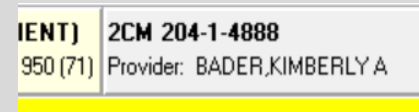
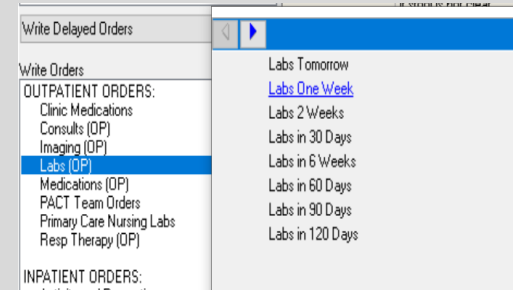
DISCHARGE INSTRUCTIONS

- Include detailed information about wound care on the instructions. Home Nurses often look at these instructions. Be sure you are dispensing the necessary supplies too.
- There are also places for entering information on PT/OT, oxygen, foley catheters, etc. Nurses review all this information with the patient at discharge so clear instructions are helpful.
- Be sure to put this information in the discharge summary too.

- WOUND CARE Providers: Include step-wise instructions for wound cleansing/dressing/bandaging. Insure that wound care products and supplies are ordered under outpatient medications.
- PHYSICAL/OCCUPATIONAL THERAPY RECOMMENDATIONS:
- OXYGEN/CPAP: You have been discharged home with oxygen or a CPAP breathing machine. Providers: Be sure to provide O2 requirements and/or CPAP settings.
- URINARY CATHETER (Foley) CARE: You have been discharged with a urinary catheter. Providers: Be sure to include instructions for:
 - Indication
 - Daily Care
 - Anticipated date of voiding trial (if applicable)
 - Anticipated date of Foley change (if applicable)
- TRACHEOSTOMY: You have been discharged with a tracheostomy (breathing tube). Providers: Include step-wise instructions for cleansing, dressing, and suctioning.
- HOSPICE/PALLIATIVE CARE: You have been referred to hospice care.

DISCHARGE LABS

- When you are discharging a patient, since the patient's status is inpatient, the labs will often default to Lab Collect for a.m. labs. You can avoid this problem by ordering labs from the outpatient lab menu.
- If you continue to have problems getting the labs to order as outpatient labs, then you change the patient's location to administrative contact by clicking on the patient's location. (This also works for ordering outpatient radiology on inpatients, and this is the encounter to use when writing H and Ps on patients still in the ER.)



DISCHARGE FOLLOW-UP CONCERNS

- Any labs, imaging, echo, consults (either ordered inpatient or as outpatient orders) can be tasked to another provider at discharge if they are pending or active status. (Completed orders can't be tasked.)
- Select the desired labs/ studies by holding the CTRL button and clicking on the desired item.
- Under the Action tab choose Alert when Results. Then select the provider you want to alert. If a patient doesn't have a PCP yet, consider alerting your attending.
- You can only alert one provider per result, but if you want to send some labs to a specialist and some to the PCP, then select different labs to send to each.

The screenshot shows the VistA CPRS interface for a patient named Bader, Kimberly A. The 'Action' menu is open, and 'Alert when Results...' is selected. The main window displays a list of orders, including lab tests and procedures. The 'Alert when Results' dialog box is also visible, showing the selected orders and the alert recipient.

Order	Start / Stop	Provider	Status	L.
Non-VA SERTRALINE TAB 100MG TAKE ONE TABLET BY MOUTH EVERY DAY VA Rx: Written for patient to obtain from outside pharmacy		Tanzella,Arx	active	Zpx
Non-VA COLLAGENASE CLOSTRIDIUM HIST (DUPUY TREN) INJ LYPHL INJECT 25 INTRALESIONAL ONCE		Pagulayan,G	active	Pfx
Non-VA MULTIVITAMIN CHEW GUMMY/ CHEW 2 GUMMIES BY MOUTH EVERY DAY Medication prescribed by Non-VA provider		Bartels,Hele	active	Pfx
Non-VA ACE/TAMINDPHEN 325MG/ODY/CODD ONE 5MG TAB TAKE BY MOUTH Medication prescribed by Non-VA provider		Iglesias,Deb	active	Pfx
Lab BASIC METABOLIC PANEL LIGHT GREEN (LITHIUM HEPARIN) PLASMA SP ONCE LB #1099194	Start: 09/23/21	Altz,Nathan	pending	Adr
BASIC METABOLIC PANEL LIGHT GREEN (LITHIUM HEPARIN) PLASMA SP ONCE LB #1099195	Start: 10/14/21	Altz,Nathan	pending	Adr
BASIC METABOLIC PANEL LIGHT GREEN (LITHIUM HEPARIN) PLASMA SP ONCE LB #1099194	Start: 09/23/21	Altz,Nathan	pending	Adr
CBC & DIFF BLOOD 5m Purple Plastic SP ONCE LB #1099194	Start: 09/23/21	Altz,Nathan	pending	Adr
Procedures CP CATH LAB XPER CARDIOLOGY OUTPATIENT CARDIAC CATH CONSULT Proc Consultant's Choice	Start: 09/23/16 15:11	Nickle,Josep	partial results	Pfx
Scheduling >> CARVID DS patient to call 602-277-5551x5314 to schedule an appt 30 DAYS FROM NOW 30 DAYS FROM TODAY	Start: 01/20/22 09:28	Laurel,Mania	active	Pfx
>> Social Work DS patient to call 602-277-5551x5314 to schedule an appt 30 DAYS FROM NOW TODAY@11:59PM	Start: 10/29/21 07:27	Blake,Thom	active	Pfx
>> Optometry Direct Scheduling, Veteran to call 602-277-5551 x5314 to schedule an appointment. TODAY@11:59PM	Start: 09/24/21 10:07	Carroz,Minrx	active	Adr
>> Optometry Direct Scheduling, Veteran to call 602-277-5551 x5314 to schedule an appointment. TODAY@11:59PM	Start: 09/24/21 10:07	Carroz,Minrx	active	Adr

The dialog box titled 'Alert when Results Available' lists the following orders that will send alerts when results are available:

- BASIC METABOLIC PANEL LIGHT GREEN (LITHIUM HEPARIN) PLASMA SP ONCE LB #1099194
- CBC & DIFF BLOOD 5m Purple Plastic SP ONCE LB #1099194

The 'Alert Recipient:' field is set to 'Bader, Kimberly A - Physician [NPI:1245223]'.

DISCHARGE FOLLOW-UP CONCERNS

- Consider adding an addendum on the final days note addressed to the PCP with items that need to be followed up on after discharge. Right click to add the PCP as an additional signer.
- For concerns that are identified during the hospital stay that require further work-up you can either choose to order the next tests outpatient or alert the PCP to what needs to be ordered and let them order it.
- In general, if something needs to be done within the next month, then it is probably best to order it yourself and alert the PCP to the result and the need to follow-up. If something is needed more than a month out from discharge (i.e., chest CT in 1 year to follow-up a nodule), then it is best to alert the PCP to order this.

DISCHARGE MEDICATIONS

- Order your discharge medicines before starting your discharge summaries. This way the accurate discharge med list will auto populate.
- Before ordering over the counter medicines, considering asking the patients if they pay copays. If yes, ask if they prefer to buy OTC meds themselves.
- You can see a patient's copay status by clicking on their name.
- If a medicine is for a condition a patient is service connected for then there is no copay if you click the SC box at discharge.

ZZTEST, BUFFORD (OUTPATIENT)
000-00-1201 Jan 26, 1940 (82)

Patient Inquiry

ZZTEST, BUFFORD; 000-00-1201 JAN 26, 1940

Residential Address: 651 E INDIAN SCHOOL RD APT 37 PHOENIX, AZ 85012 UNITED STATES
Mailing Address: APT 103 172 TEST LANE RD LAVEEN, AZ 85339 UNITED STATES
County: MARICOPA (013) Phone: 928-672-8181 Office: UNSPECIFIED
Mailing Address: APT 103 172 TEST LANE RD LAVEEN, AZ 85339 UNITED STATES
County: MARICOPA (013) Bad Addr: Cell: UNSPECIFIED E-mail: STEPHANIE.GLITSOS@VA.GOV

Temporary Mailing Address: NO TEMPORARY MAILING ADDRESS
Confidential Mailing Address: NONE ON FILE
Phone: NOT APPLICABLE From/To: NOT APPLICABLE
Phone: NOT APPLICABLE From/To: NOT APPLICABLE
Confidential Address Categories: NOT APPLICABLE

Birth Sex : MALE
Sexual Orientation:
Sexual Orientation Description:
Pronoun:
Pronoun Description:
Self-Identified Gender Identity:

Language Date/Time: APR 4, 2017@12:51
Preferred Language: ENGLISH

Combat Vet Status: NOT ELIGIBLE
Primary Eligibility: NSC (NOT VERIFIED)
Other Eligibilities:
Unemployable: NO
Permanent & Total Disabled: NO
Means Test Signed?:

Patient Requires a Means Test
Primary Means Test Required from 'APR 13, 2022'
Medication Copayment Exemption Status: NON-EXEMPT
There is insufficient income data on file for the primary caregiver.
Last Rx Copay Exemption date: APR 13, 2022

Status : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Future Appointments: Date Time Clinic

Remarks: PATIENT HAS REQUESTED NO CALL FOR APPT

DISCHARGE SUMMARIES

- Discharge Summaries are the responsibility of the senior, but the intern can write one in place of a daily progress note if vitals and a physical exam are added to the Status at Discharge part. Consider pasting the completed summary into a daily note so people can view it while waiting for verification.
- Keep a list of pending discharge summaries on your whiteboard but aim for same day summaries.
- Do not use abbreviations in the problem list (i.e., Hypertension, not HTN.)
- Be sure to include diagnoses your attending has been adding in addendums. Billing is done off the discharge diagnoses so include all the diagnoses from daily notes.
- If a patient goes to a SNF, then delete the auto populated discharge med list and copy in the inpatient med list that you already put on the discharge instructions.

DISCHARGE SUMMARIES

- If a patient started as Observation, make sure to link the summary to the full admission stay. The Observation portion usually has an “O” behind the location except for 2A. In that case, choose the later date admission.
- Observation patients technically don’t need a summary, but then they need a final discharge note with all the same information. To make it easier, just do a summary on all patients.

Discharge Summary Properties

Discharge Summary Title:

CDS <CLC DISCHARGE SUMMARY>
CDS <NHCU DISCHARGE SUMMARY>
CDSD <CLC DISCHARGE SUMMARY/DEATH>
CDSD <NHCU DISCHARGE SUMMARY/DEATH>

Dictation Date/Time:

Author/Dictator:

Attending Physician:

This discharge summary must be associated with an admission.
Select one of the following or press cancel.

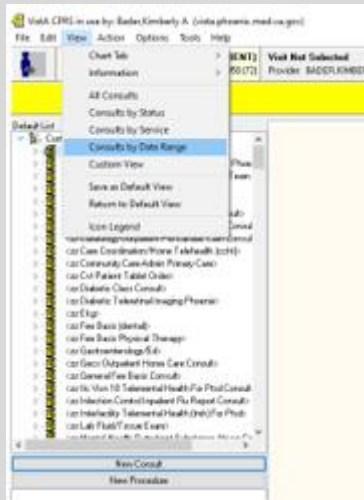
Location	Admission Date	Type	Discharg...
3BS	Apr 15, 2022 11:17	OPT-SC	Completed
3B0	Apr 12, 2022 22:13	OPT-SC	None on ...



Location	Admission Date	Type	Discharg...
MED/SURG_T19RP_C_2A	Apr 27, 2022 14:44	OPT-SC	None on ...
MED/SURG_T19RP_C_2A	Apr 25, 2022 22:07	A/C	None on ...

DISCHARGE SUMMARIES

- You can sort consults by date to help you review which specialties saw the patient.
- Summaries must be completed within 48 hours of discharge. If you are having issues with this, talk to the Chiefs before falling further behind. Consistent delinquency will result in presentation to the CCC and will be reflected in your evaluation.



List Consults by Date Range

Beginning Date
Jan 25,2022

Ending Date
TODAY

Sort Order
 Ascending (oldest first)
 Descending (newest first)

OK

Cancel

Jan 25,22 to May 02,22

Consults by Date Range

Apr 20,22	(x)	E CONSULT PHOENIX PHYSICAL THE
Apr 14,22	(dc)	COMMUNITY CARE-DS OPTOMETRY
Mar 31,22	(x)	E CONSULT PHOENIX AUDIOLOGY C
Mar 25,22	(dc)	DENTAL OUTPATIENT DIGITAL IMA
Mar 25,22	(dc)	COMMUNITY CARE-EMERGENCY C
Mar 11,22	(dc)	E CONSULT PHOENIX PHYSICAL TH
Feb 17,22	(dc)	OUTPATIENT PULMONARY CPAP/E
Feb 17,22	(dc)	SUICIDE PREVENTION-HIGH RISK F
Feb 17,22	(dc)	SUICIDE PREVENTION-HIGH RISK F
Feb 17,22	(dc)	PHX-TELEEEYE SCREENING SW OU'
Feb 11,22	(dc)	PHYSICAL MEDICINE OUTPATIENT
Feb 08,22	(dc)	SUICIDE PREVENTION TELEHEALT
Feb 07,22	(dc)	VIDEO DEVICE ORDER Cons Consult
Feb 07,22	(dc)	VIDEO DEVICE ORDER Cons Consult
Feb 06,22	(dc)	RENAL OUTPATIENT Cons Consult #
Feb 03,22	(dc)	PHX-TELEEEYE SCREENING SW OU'
Jan 27,22	(dc)	MENTAL HEALTH MAIN OUTPATIEM

**WHAT ABOUT A
TRANSFER?**

Transfer out of the VA is Needed

*Steps may be completed simultaneously

1) Locate an Accepting Facility & Physician ("Doc to Doc")

Monday – Friday 07:30 – 16:00

Call the VA Transfer Office x3825.

- You can give a preference to a hospital OR ask for first available at multiple sites.
- Provide the diagnosis, reason for transfer, and level of care requested
- Call phone number for a doctor-to-doctor call
- Preferred facility (you can ask for any available facility if no preference)
- List of images needed for an imaging disc
- Accepting specialist if you have one, otherwise accepting hospital will locate one

Nights / Weekends / Holidays

You need to locate your own bed by calling one or more of the following:

- Banner Transfer Services 602-833-4444
- Dignity Transfer Services (St. Joe's) 602-406-2337
- Abruzzo Transfers 800-228-2119
- Valleywise (formerly County) 602-344-5345
- Honor Health Transfers 480-523-7363
- Steward (Mountain Vista/ St. Luke's) 480-358-6108

2) Obtain Consent to Transfer

- Complete the Provider Certification and Patient Consent for Transfer - VA Form 10-2649B (Ward MSA will give you this)
- Document of patient or surrogate consent for transfer in the chart

Notify the ward MSA & RN of your plan to transfer

- Place a text order to the MSA with a list of the recent images needed for the imaging disc
- Place a text order to the MSA with specific records you want included in the transfer packet
- Place a text order for the MSA to arrange transportation with the name of the accepting facility
- MSA will need to send a face sheet to the accepting facility
- RN will need to give RN to RN report

3) Complete Orders & Documentation

- Discharge instructions (copy in the transfer medication list)
- Discharge order cascade
- Interim summary (you can complete the discharge summary, but since it will not be verified yet, copy it to the Interim Summary note so the ward clerk can print it.)
- Place the Interfacility Transfer consult (Attending places the order)
- Place the Non-VA (Community Care) Inpatient Medical / Transfer consult (must be entered by the Attending using DST & adding SEOC)

4) MSA prints the transfer packet to be sent with the patient along with the imaging disc