



Answered Parking Lot Questions 2/19/2008

1. Who is authorized to document allergies?
RN's, MA's, Nutritionists, Pharmacists, and Physicians
2. Could ORCA be all in military time? Currently it is a mix of military and standard time. This is confusing to the users.
When we implement clinical documentation in ORCA, all time will be military time. The current mix of military and standard time is an issue in the training system only.
3. Is there a process for charting a patient after discharge?
A nurse can chart on any encounter after discharge. Patients will remain on your custom list if you do not add any filters (e.g. do not check: inpatient, limited stay, observation). Just click FINISH after naming the list.
4. Is Braden being charted Q8 or Q24?
By policy, within 8 hours of admission and every 24 hours thereafter
5. Where do pressure ulcers get documented?
On the Pressure Ulcer PowerForm.
6. How many copies of the D/C instructions get printed using the Discern Explorer functions (we print two now).
You will need to print two from ORCA, as well. One copy will be signed by the patient and placed on the chart per current procedure. The other copy will go to the patient.
7. When an RN enters an Order in PowerOrders, will they always select "written" as the order type?
The selection of whether an order is written, verbal, telephone, etc, in the PowerOrders is a functionality of computerized provider order entry (CPOE). At UWMC, we will not be using CPOE at this time; physician orders will continue to be paper based. So what is entered into this field is not critical at this time. But, if we were using CPOE, a nurse taking a verbal order will enter "verbal", if written, "written", etc.
8. When an RN enters an Order in PowerOrders, a PRN Response task is not generated. Why not?
Most of RN order entry has a one time documentation frequency, not a PRN frequency. Since it's not a PRN, it doesn't get a PRN Response task. There is no way for us to attach the PRN task to these orders. If wanted, a PRN Response PowerForm can be generated from Ad Hoc Charting.

The only PRN meds that RN's enter are via PowerPlans. If the med is a PRN from the PowerPlan, the PRN Med Response task does display regardless of whether pharmacy has verified the order or not.



9. What is the process for signing 24 hour checks if we detect pharmacy errors? How do we communicate an error to pharmacy?

Pharmacy errors found when doing the 24-hour checks will be communicated to pharmacy via the Med Request function in the e-mar.

10. When does a medication become overdue - for example, what time does a 0900 medication become overdue?

Overdue meds tasks move to the overdue column in the PAL after about 1 1/2 hr. Overdue Braden and Fall Risk scales become overdue after 4 hours. The Admission history becomes overdue after 24 hours. Other tasks become overdue after an hour.

11. Why must PCA's be double charted on EMAR and IVIEW? The nurse currently does see that info on the paper MAR. Why follow such small volumes on the I&O form? Can we just skip entering PCA volumes?

The PCA syringe must be started in the EMAR. However, all other data is entered into the "Neuro/Pain Detailed" band on IVIEW, much as it is currently into the CIS flowsheet. PCA volumes do not need to be entered into the I&O (unless your unit policy states otherwise).

12. Bolus on PCA can be double-charted if bolus totals on PCA I&O is not subtracted for each bolus volume listed in EMAR. The pump totals at the end of the shift include the bolus volumes.

Boluses will not be charted in the EMAR. The volume will not carry over to the I&O. For most units, PCA pump volumes will not be recorded in I&O. The end of shift pump (dose) totals, which includes bolus doses, will be recorded in the "Neuro/Pain Detailed" band in the cell "PCA 8 hour shift total".

13. PCA shift totals can be charted in I&O or Neuro/Pain band. Where will MDs check for totals?

PCA dosage shift totals will be charted in the Neuro/Pain detailed band. There is a data field for the 8 hour cumulative total. The physician can check for the PCA information in the Recent Results tab.

14. PCA charted in ml, but we chart in mg's. Will this be changed?

Dose totals (mg's or mcg's) for PCA's are charted in the Neuro/Pain Detailed band in IVIEW.

15. Will volume left to count in IV bags be charted?

No

16. IV reference material is not there, will it be added?

IV reference material will be available when we implement clinical documentation in ORCA.



17. If pharmacy discontinues a med before you charted the dose, can you back chart it?

Yes. Although a scheduled medication is discontinued before you are able to chart it, a task will continue to appear on the PAL until the task is addressed. The administration of the medication can still be charted.

18. Is it UWMC policy to chart a Heart Rate when charting IV beta blockers? If so will this be a required field in the meds documentation window?

Currently in training, heart rate is a required field in the medication documentation window for digoxin. However, this required field will be removed when ORCA is implemented. As a result, digoxin and beta-blockers will not have a required heart rate field in the medication documentation window.

19. Can you see old (pre CIS-R) lab data in ORCA?

All lab data that was in ORCA prior the implementation will be in ORCA post implementation.

20. Do student nurses need to forward their Clinical/PowerNotes for signature similar to the way the residents forward their notes to the attending MD's?

No. Nursing students will use the Student Documentation Cosign PowerNote for verification of medication administration and documentation.