

Level 2 – Level 2 of *Nursing Documentation Using Electronic Health Records* includes chapters 5, 6, 7, and 8. These chapters take the students deeper into EHR features of documentation and enable them to add to their Nurse Notes using these features. The student is also introduced to documenting in the ambulatory healthcare setting. Exercises are provided for the nurse and nurse practitioner to create an Office Visit Note.

Chapter 5 – Fundamental Documentation

Chapter 5 deals with the EHR features of documenting telephone calls, letters, test reports of the patient, and excuse notes. Students are exposed to the Plan of Care Manager where they import practice guidelines. Chapter five also deals with such EHR utilities as linking to favorite Websites for the user and using various calculators.

Learning Outcomes

After completing Chapter 5, the students will be able to:

- 5.1** Use SpringCharts to record vitals.
- 5.2** Carry out documentation of telephone calls.
- 5.3** Use SpringCharts to create a letter to a patient and about a patient.
- 5.4** Use SpringCharts to create a letter unrelated to a patient.
- 5.5** Carry out sending a test report to a patient.
- 5.6** Use SpringCharts to create an excuse note and order form for a patient.
- 5.7** Use the Plan of Care Manager.
- 5.8** Use *My Websites*.
- 5.9** Use the calculator utilities.

Key Terms & Definitions

Terms and abbreviations encountered in Chapter 5:

Clinical Practice Guidelines: Statements used to direct care that indicates evidence-based diagnosis and treatment for clinical conditions.

Licensed Independent Practitioner: Individual licensed to provide healthcare without supervision.

EDD: Estimated Date of Delivery. Pregnancy due date calculated from the date of a pregnant woman's last menstrual period.

Presentation Outline

LO 5.1 Recording Vital Signs

Power Point Slides: 1, 2, 3, 4, 5.

Concept Checkup 5.1

A. When is the *New Vitals Only* feature used in SpringCharts?

Answer: When patients need frequent vital sign monitoring

Rationale: SpringCharts EHR has a feature that allows vital signs to be recorded outside of a regular note. This feature in SpringCharts is only used when patients need frequent vital sign monitoring in either the inpatient or outpatient setting. For example, hypertensive patients may come to an outpatient healthcare clinic for the sole purpose of having their blood pressure monitored. In the inpatient setting, patients may have vital signs monitored frequently following procedures or if their condition is unstable.

B. *True or False.* A user must manually calculate a patient's BMI once the height and weight are recorded.

Answer: False

Rationale: The body mass index is grayed out; the program automatically calculates this item from the patient's height and weight.

Exercise 5.1

Recording and Viewing Vital Signs

1. Open your chart. Under the *New* menu select *New Vitals Only*.

The screenshot displays the SpringCharts Vitals interface. At the top, it shows the patient's name 'Pt. Moore, Paul' and the date '12/05/2010'. The main area is titled '12/05/2010 Vitals Check' and includes fields for 'Vitals:', 'Patient Number: 59', 'Chart ID: not Charted', and 'Last Modified: 12/05/2010'. Below this, there are input fields for various vital signs: Temp (F), Resp, Pulse, BP (mmHg), Ht (in), Wt (lbs), HC (in), BMI (grayed out), Body Fat (%), and O2SAT (%). To the right of the input fields is a 'Previous Vitals' section with a scrollable list. At the bottom, there is a toolbar with buttons for 'Done', 'Edit', 'Print', 'Delete', 'Sign', and 'Change Tab'. The SpringCharts logo and 'Electronic Health Records' text are visible in the bottom left corner.

- Record a set of vital signs. Select verbiage from the pop-up text. Click the [Done] button and Save and Skip Billing.

Vitals 12/05/2010
 Pt: Moore, Paul 04/15/49
 Date: 12/05/2010 last mod: 12/05/2010

12/05/2010 Vitals Check
 Vitals: Temp: 98.6 F HR: 84 Resp: 20 BP: 134/74 Wt: 208.0lbs
 Ht: 65.0in BMI: 34.61
 O2SAT 98 %

Patient Number: 59 Chart ID: not Charted
 Last Modified: 12/05/2010

Temp: 98.6 F Resp: 20 Pulse: 84
 BP: 134 / 74 Ht: 65 in Wt: 208 lbs
 HC: in BMI: 34.61 Body Fat: %
 O2SAT: 98 %

Graphs: [Icons]
 Previous Vitals [List]

Done Edit Print Delete [Icons] Sign Change Tab

SPRINGCHARTS
 Electronic Health Records

- Close and reopen your chart by selecting your name from the *Recent Charts* menu on the *Main* menu bar.

Moore, Paul 04/15/49
 File Edit Windows Actions New

Patient
 Moore, Paul 04/15/49
 Age: 61 yrs 7 mns 20 days
 8301 North Main
 Sherman, TX 77521
 Mother's Last Name: Fischer
 Home #: (214) 543-4567
 Mobile #: (214) 543-0921
 SS#: [Redacted]
 Marital Status: Married
 Sex: M
 Employer: St John's Hospital
 Attending Provider: [Redacted]

Allergies
 Demerol
 Other Sensibilities: Low BP

PMHx
 Aneurysm 414.11
 Stent

FMHx
 HTN 401.9
 Mother
 Father

Social History
 Nonsmoker

Chart Note
 none listed

Referrals
 Body, Able I M. D.

Patient Annotation(s)
 none listed

Problem List
 none listed

Routine Meds
 Plavix 75mg i po daily
 OTC Meds: Multiple Vitamin

Outside Meds
 none listed

Default Pharmacy
 Default Pharmacy Not Set

Uncharted Tests

Chart Evaluation
 Not Done Everyone Age 14 yrs to 105 yrs DT every 520 wk
 Not Done Everyone Age 35 yrs to 105 yrs EKG every 104 w
 Not Done Males Age 40 yrs to 110 yrs Prostate Needle Bio

Diagnosis Hx

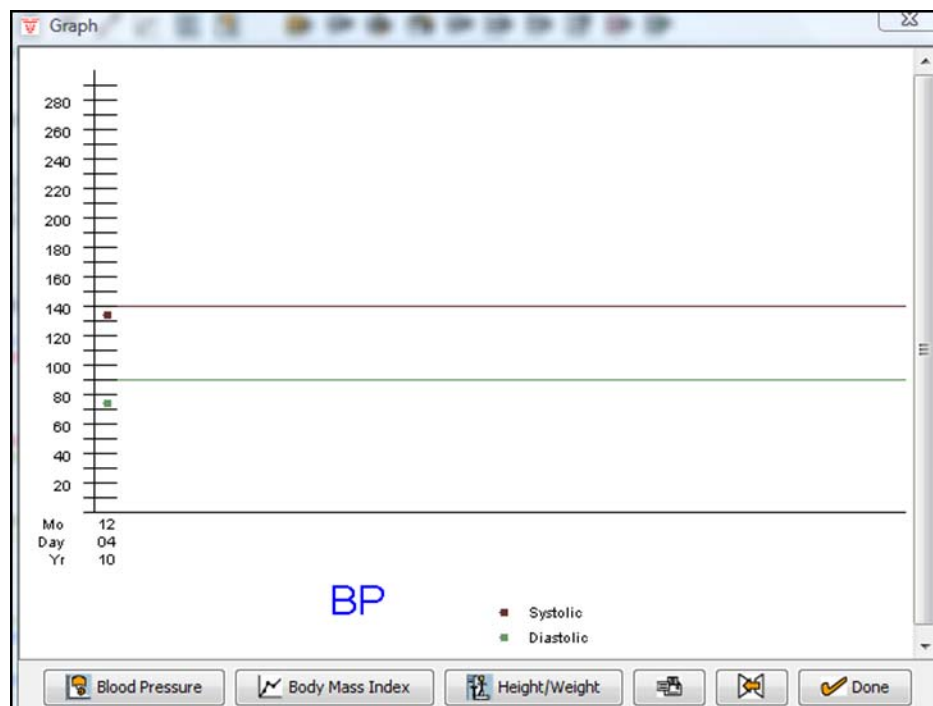
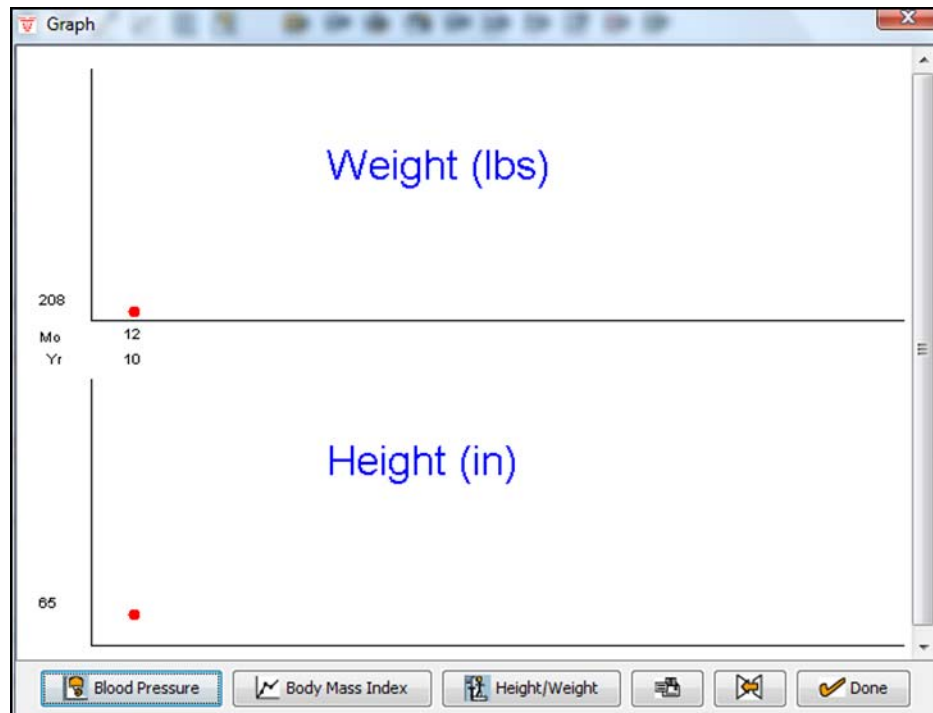
Prescription Hx

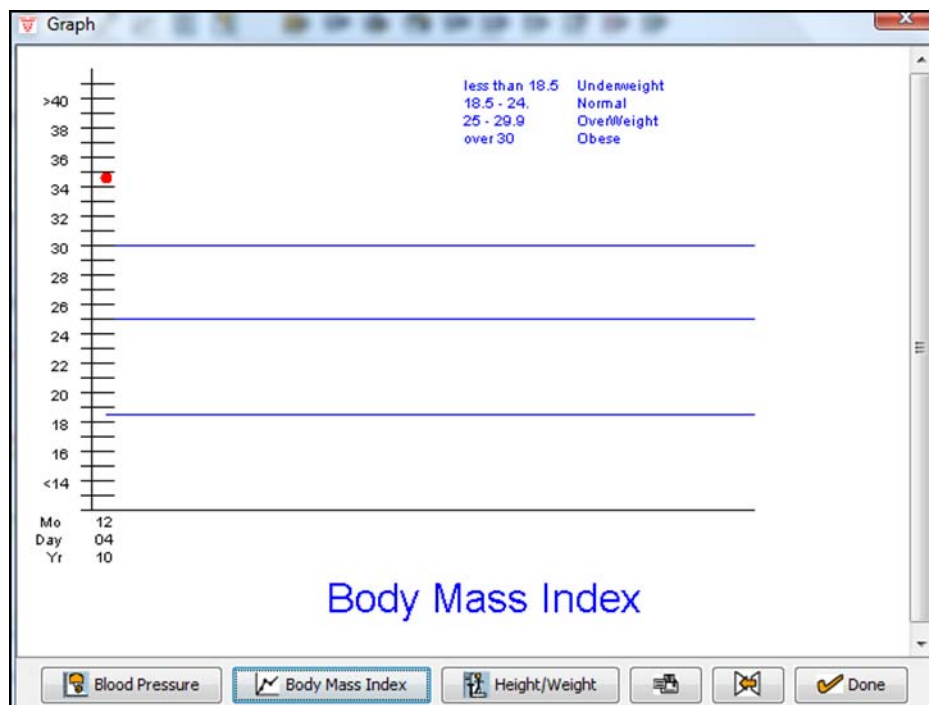
Procedure Hx

Insurance
 No Insurance Info

Alert: HTN
 Encounters
 Immunizations
 Medications
 Lab
 Imaging
 Medical Tests
 Flow Sheets
 Text Records
 Excuses/Notes
 File Cabinet
 Recycle Bin
 Nursing Documentation
 Correspondence
 H&Ps
 Reports To Patient

- Open the *Actions* menu within the patient's chart. Select *Graph Vital Signs* and view the various graphed vital signs.





5. Open the Body Mass Index graph and print a copy. Write your name on the sheet and submit to your instructor. (See *Submitting Assignments Electronically* in the front material for electron submission instructions.)

LO 5.2 Documenting Telephone Calls

Power Point Slides: 5, 6, 7.

LO 5.3 Creating a Letter to a Patient or About a Patient

Power Point Slides: 8, 9

LO 5.4 Creating a Letter Unrelated to a Patient

Power Point Slides: 10, 11

LO 5.5 Sending a Test Report to a Patient

Power Point Slides: 12, 13, 14.

Concept Checkup 5.2

- A. What is documented using New TC note?

Answer: Telephone call encounter

Rationale: New TC note creates a new telephone call encounter form. A user may create a New TC note by selecting New>New TC note from the patient's chart screen.

- B. What navigation button is used in the New Letter ABOUT Pt window to include test results, encounter notes, or information from the Face Sheet when writing to a referring practitioner?

Answer: Add Chart Notes button

Rationale: All entries in the patient's Care Tree/Care Tree are available to add into the body of a letter by selecting the [Add Chart Notes] button. This is useful when sending office visit notes, such as test results, encounter notes, or information from the face sheet to a referring physician.

- C. What is selected from the main screen to create and edit test descriptions for test reports?

Answer: Edit>Tests Explanations

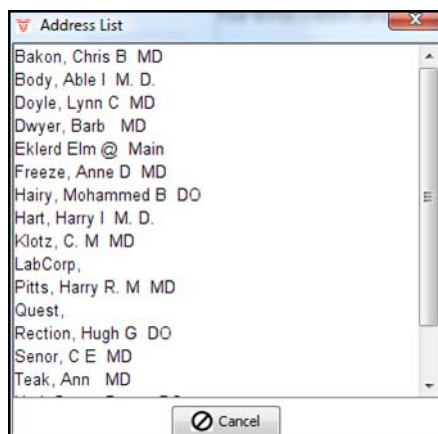
Rationale: Test descriptions for test reports are created and edited by selecting Edit>Tests Explanations from the main screen.

Exercise 5.2

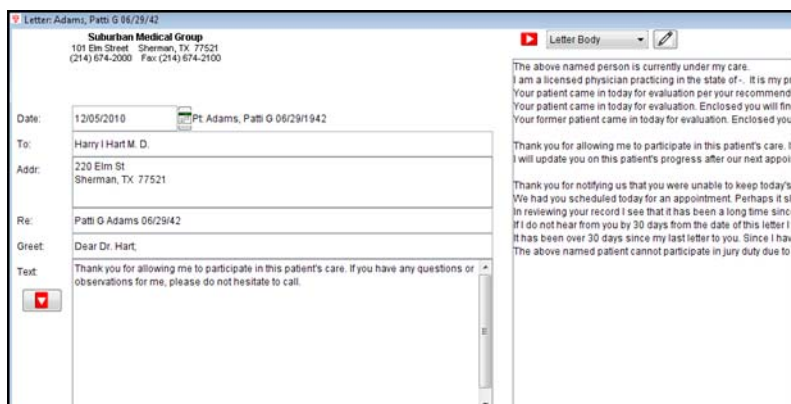
Creating a New Letter About a Patient

1. Click *Actions, Open a Chart*. Type an "a" in the blank and click in the binocular icon to search. Click on Adams, Patti G. Under the *New* menu select *New Letter ABOUT Pt*.

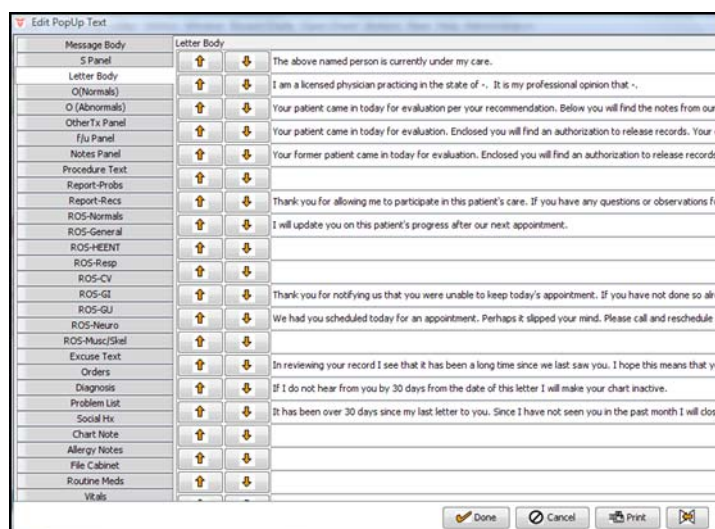
2. Select the referring physician, Dr. Harry Hart, from the [Get Address Book] button.



3. Choose the pop-up text that begins with: "Thank you for allowing me to participate . . ."



4. Click on the edit pop-up text icon. Select the *Letter Body* category on the left-hand side of the *Edit PopUp Text* window.



5. Add the following sentence on an empty line: *Below please find a copy of the patient's recent lab results.* Click on the [Done] button.

6. Back in the *Letter* window, place the cursor in the letter body on a new line and select the newly added pop-up text sentence. Also, click on the sentence: *I will update you on this patient's progress after our next appointment.*

7. Click on the [Add Chart Notes] button and select the lipid panel results from the *Chart Entry* window. The lab test results are added to the body of the letter. Select the Signature icon and select a signature.

Letter: Adams, Patti G 06/29/42

Suburban Medical Group
101 Elm Street Sherman, TX 77521
(214) 674-2000 Fax (214) 674-2100

Date: 12/05/2010 Pt: Adams, Patti G 06/29/1942

To: Harry I Hart M. D.

Addr: 220 Elm St
Sherman, TX 77521

Re: Patti G Adams 06/29/42

Greet: Dear Dr. Hart,

Text: Thank you for allowing me to participate in this patient's care. If you have any questions or observations for me, please do not hesitate to call. Below please find a copy of the patient's recent lab results. I will update you on this patient's progress after our next appointment.

04/26/2003 Lipid Panel

Cholesterol	170.0	Normal:0.0-180.0 mg/dl
HDL Cholesterol	40.0	Normal:40.0-100.0 mg/dl
LDL Cholesterol	100.0	Normal:0.0-130.0 mg/dl
Triglycerides	100.0	Normal:0.0-180.0 mg/dl
Chol/HDL Ratio	4.2	H Normal:0.0-4.0

Close: Sincerely,

John O. Smith, R.N.

8. Print or electronically create the letter, including letterhead and submit to your instructor. (See page XXVII in front matter for instructions on submitting electronic document.)
9. Click on the [Done] button and select *Correspondence* as the category to which the letter will be stored in the patient's Care Tree.

Save As

Save to Tab: Correspondence

Save As: Letter

Save

10. In your chart, click on the “+” expand symbol beside the *Correspondence* category in the Care Tree to see the saved copy of the letter.

Patient
Adams, Patti G 06/29/42
Age: 68 yrs 5 mns 6 days.
198 Elm St
Sherman, TX 77521
Mother's Last Name:
Home # (214) 766-7676
Mobile # (214) 777-7987
Email: mom5645586@aol.com
SS#: 876-45-6676
Marital Status: Married
Sex: F
Employer: Home Engineer

Problem List
HTN 401.9
DM, Adult Onset/NID, Controlled 250.00
Hypercholesterolemia 272.0
Arthritis 716.90
Bronchitis 466.0
Fatigue/Malaise 780.79
JOSMD 08/06/2009 4:46 PM

Routine Meds
Diovan 80mg i po q am
Glucophage XR 500mg i po bid
Lipitor 10mg i po q am
Aleva 275 mg i q 12 hrs
Aspirin 325mg ii po qid pm
Albuterol Inhaler 90 mcg/spray ii puffs qid
Synthroid 0.1 mg i po q d
OTC Meds:
fish oil, glucosamine
Calcium supplements
Omega-3

Allergies
Codeine, Penicillins, Peanut
Containing Prod, Shellfish
Other Sensitivities:
erythromycin causes nausea

PMH
HTN 401.9
Tonsillitis 463
TIA 435.9
Pneumonia, Bacterial 482.89
High Cholesterol
Asthma
Bronchitis
Diabetes
PAST SURGERIES:
Appendectomy - 1998

Family History
Father:
Diabetes
Mother Died At Age: 69 Cause Of
Death: Breast Cancer

12/05/2010 Letter
Harry I Hart M.D.
220 Elm St
Sherman, TX 77521
Re: Patti G Adams 06/29/42
Dear Dr. Hart,
Thank you for allowing me to participate in this patient's care. If you have any questions or observations for me, please do not hesitate to call. Below please find a copy of the patient's recent lab results. I will update you on this patient's progress after our next appointment.
04/26/2003 Lipid Panel
Cholesterol 170.0 Normal:0.0-180.0 mg/dl
HDL Cholesterol 40.0 Normal:40.0-100.0 mg/dl

Exercise 5.3

Creating a Test Report for a Patient

1. Click *Actions, Open a Chart*. Type an "a" in the blank and click in the binocular icon to search. Click on Adams, Patti G. Under the *New* menu select *New Test Report*.

Problems:

Recommendations:

Select Test

01/09/2005 CBC
01/09/2005 SMAC
12/15/2004 CBC
04/15/2002 TSH
04/15/2002 T4 Thyroxine Total
04/26/2003 CBC
04/26/2003 SMAC
04/26/2003 Lipid Panel
04/26/2003 HGBA1C
01/16/2005 Mammogram
01/16/2005 Colonoscopy
01/16/2005 EKG

Report-Prbs

Weight above ideal.
BP above 140/90.
Poor Hearing.
Elevated Cholesterol.
Anemia.
Elevated Liver Enzymes.
Elevated Glucose.
Elevated hemoglobin A1c. Less than 7.

Done Cancel Print EMail

- Highlight the lipid panel in the *Select Test* window. The program automatically adds the test description to the bottom of the test results.

New Report

04/26/2003 Lipid Panel
 Cholesterol: 170.0 Normal:0.0-180.0 mg/dl
 HDL Cholesterol: 40.0 Normal:40.0-100.0 mg/dl
 LDL Cholesterol: 100.0 Normal:0.0-130.0 mg/dl
 Triglycerides: 100.0 Normal:0.0-180.0 mg/dl
 Chol/HDL Ratio: 4.2 Normal:0.0-4.0

Test Description: These four tests measure different fats in the bloodstream. Their main importance is in determining the risk of blood vessel disease. Elevated Cholesterol, LDL cholesterol and Triglycerides are all associated with increased risk of heart disease and strokes. A high HDL cholesterol is currently thought to be protective against heart disease and strokes.

The ratio of total cholesterol to HDL cholesterol (also called the coronary risk factor) is a calculation which yields a number useful in prediction overall risk from abnormal tests.

Problems:

Recommendations:

Select Test

- 01/09/2005 CBC
- 01/09/2005 SMAC
- 12/1 5/2004 CBC
- 04/1 5/2002 TSH
- 04/1 5/2002 T4 Thyroxine Total
- 04/26/2003 CBC
- 04/26/2003 SMAC
- 04/26/2003 Lipid Panel**
- 04/26/2003 HGBA1C
- 01/1 6/2005 Mammogram
- 01/1 6/2005 Colonoscopy
- 01/1 6/2005 EKG

Report-Probs

Weight above ideal.
 BP above 140/90.
 Poor Hearing.
 Elevated Cholesterol.
 Anemia.
 Elevated Liver Enzymes.
 Elevated Glucose.
 Elevated hemoglobin A1c. Less than 7.

Done Cancel Print EMail

- Place the cursor in the body of the report under the section heading *Problems*. Select *Elevated Cholesterol* from the pop-up text in the lower right panel.

New Report

04/26/2003 Lipid Panel
 Cholesterol: 170.0 Normal:0.0-180.0 mg/dl
 HDL Cholesterol: 40.0 Normal:40.0-100.0 mg/dl
 LDL Cholesterol: 100.0 Normal:0.0-130.0 mg/dl
 Triglycerides: 100.0 Normal:0.0-180.0 mg/dl
 Chol/HDL Ratio: 4.2 Normal:0.0-4.0

Test Description: These four tests measure different fats in the bloodstream. Their main importance is in determining the risk of blood vessel disease. Elevated Cholesterol, LDL cholesterol and Triglycerides are all associated with increased risk of heart disease and strokes. A high HDL cholesterol is currently thought to be protective against heart disease and strokes.

The ratio of total cholesterol to HDL cholesterol (also called the coronary risk factor) is a calculation which yields a number useful in prediction overall risk from abnormal tests.

Problems:Elevated Cholesterol.

Recommendations:

Select Test

- 01/09/2005 CBC
- 01/09/2005 SMAC
- 12/1 5/2004 CBC
- 04/1 5/2002 TSH
- 04/1 5/2002 T4 Thyroxine Total
- 04/26/2003 CBC
- 04/26/2003 SMAC
- 04/26/2003 Lipid Panel**
- 04/26/2003 HGBA1C
- 01/1 6/2005 Mammogram
- 01/1 6/2005 Colonoscopy
- 01/1 6/2005 EKG

Report-Probs

Weight above ideal.
 BP above 140/90.
 Poor Hearing.
 Elevated Cholesterol.
 Anemia.
 Elevated Liver Enzymes.
 Elevated Glucose.
 Elevated hemoglobin A1c. Less than 7.

Done Cancel Print EMail

- Click on the down arrow in the pop-up text category window to reveal the list of pop-up text categories. Select *Report-Recs*. Place your cursor under the section heading *Recommendations*. Now select the following pop-up text line items: *Low cholesterol diet*. *Regular exercise program*. *Please make an appointment to see your primary care provider as soon as possible*.

New Report

04/26/2003 Lipid Panel
 Cholesterol: 170.0 Normal:0.0-180.0 mg/dl
 HDL Cholesterol: 40.0 Normal:40.0-100.0 mg/dl
 LDL Cholesterol: 100.0 Normal:0.0-130.0 mg/dl
 Triglycerides: 100.0 Normal:0.0-180.0 mg/dl
 Chol/HDL Ratio: 4.2 Normal:0.0-4.0

Test Description: These four tests measure different fats in the bloodstream. Their main importance is in determining the risk of blood vessel disease. Elevated Cholesterol, LDL cholesterol and Triglycerides are all associated with increased risk of heart disease and strokes. A high HDL cholesterol is currently thought to be protective against heart disease and strokes.

The ratio of total cholesterol to HDL cholesterol (also called the coronary risk factor) is a calculation which yields a number useful in prediction overall risk from abnormal tests.

Problems:Elevated Cholesterol.

Recommendations:Low cholesterol diet.
 Regular exercise program.
 Please make an appointment to see the doctor as soon as possible.

Select Test

- 01/09/2005 CBC
- 01/09/2005 SMAC
- 12/15/2004 CBC
- 04/15/2002 TSH
- 04/15/2002 T4 Thyroxine Total
- 04/26/2003 CBC
- 04/26/2003 SMAC
- 04/26/2003 Lipid Panel**
- 04/26/2003 HGBA1C
- 01/16/2005 Mammogram
- 01/16/2005 Colonoscopy
- 01/16/2005 EKG

Report-Recs

- Weight loss.
- Low fat diet.
- Low cholesterol diet.
- Regular exercise program.
- Please make an appointment to see the

Done Cancel Print EMail

- Print or electronically create the test report and submit to your instructor.
- Click on the [Done] button and store a copy of the report under the *Reports to Patient* category in the Care Tree. A "+" expand symbol is placed beside the *Reports to Patients* header in the Care Tree. Click the "+" symbol to see the saved report.

Save As

Save to Tab: Reports To Patient

Save As: Report To Patient

Save

The screenshot displays a medical software interface for a patient named Adams, Patti G, born 06/29/42. The interface is divided into several sections:

- Patient Information:** Includes age (69 yrs 5 mos 6 days), address (198 Elm St, Sherman, TX 77521), phone numbers, email, SSN, marital status (Married), sex (F), and employer (Home Engineer).
- Problem List:** Lists conditions such as HTN 401.9, DM Adult Onset/NID, Controlled 250.00, Hypercholesterolemia 272.0, Arthritis 716.90, Bronchitis 466.0, and Fatigue/Malaise 780.79.
- Routine Meds:** Lists medications like Diovan 80mg, Glucophage XR 500mg, Lipitor 10mg, Aleve 275 mg, Aspirin 325mg, Albuterol Inhaler, Synthroid 0.1 mg, and various OTC meds.
- Allergies:** Lists allergies to Codeine, Penicillins, Peanut, Containing Prod, Shellfish, and erythromycin causes nausea.
- PMH (Past Medical History):** Lists conditions like HTN 401.9, Tonsillitis 463, TIA 435.9, Pneumonia, Bacterial 482.89, High Cholesterol, Asthma, Bronchitis, Diabetes, and PAST SURGERIES: Appendectomy - 1998.
- Family History (FMH):** Lists family members and their conditions: Father (Asthma, Diabetes), Mother (Died At Age: 69 Cause Of Death: Breast Cancer).
- Uncharted Tests:** Lists pending tests like CBC and Troponin I.
- Chart Evaluation:** Notes a patient has an abnormal result for lab test: Chol/HDL Ratio 4.2.
- 12/05/2010 Report To Patient:** Includes a lipid panel report showing cholesterol levels and a test description explaining the importance of cholesterol and triglycerides.

LO 5.6 Creating an Excuse Note and Order Form for a Patient

Power Point Slides: 15, 16

LO 5.7 Using Practice Guidelines

Power Point Slides: 17, 18

LO 5.8 Using “My Websites”

Power Point Slides: 19, 20

LO 5.9 Using the Calculator Utilities

Power Point Slides: 21, 22

Concept Checkup 5.3

A. What items are ordered using Order Forms?

Answer:

1. Labs
2. Imaging
3. Medical Tests

Rationale: Order forms are used to record orders for lab, imaging, and medical tests that are conducted at a third-party facility.

- B. Which menu item would a nurse select within the Nurse Note to document a plan of care guideline?

Answer: The nurse selects the Tools menu from within the Nurse Note screen and chooses Care Plan.

Rationale: To access a practice guideline, the nurse selects the Tools menu from within the Nurse Note screen and chooses Care Plan.

- C. What are the three types of calculators available in SpringCharts?

Answer:

1. Conversion Calculator
2. Pregnancy Expected Date of Delivery
3. Simple Calculator

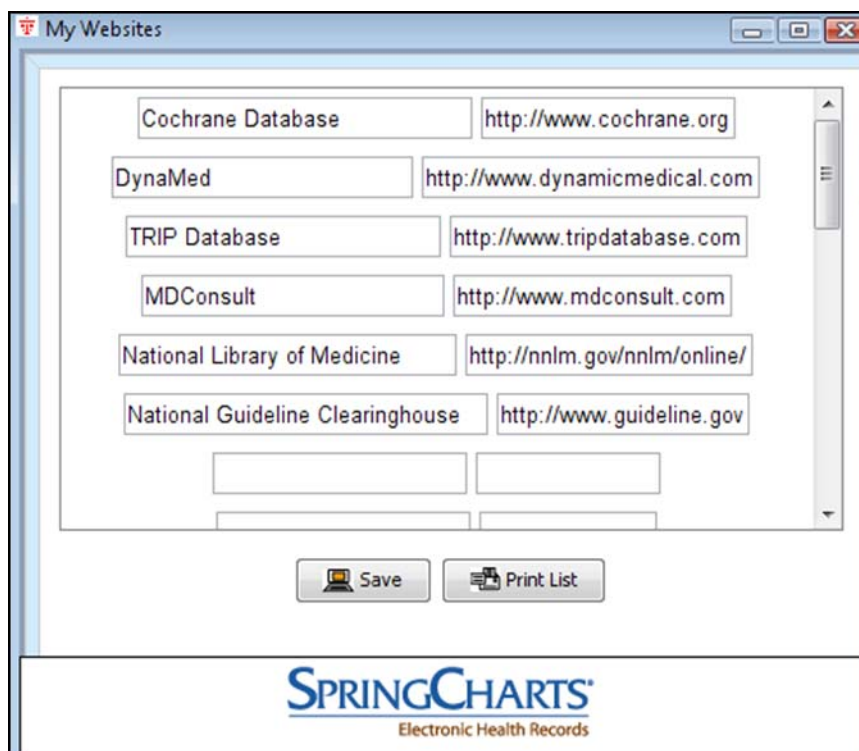
Rationale: SpringCharts contains three types of calculators: a Conversion Calculator, a Pregnancy Expected Date of Delivery (EDD) Calculator, and a Simple Calculator.

The three types of calculators may be selected either from the Utilities menu from the main screen, or from the Tools menu in the Nurse Note screen.

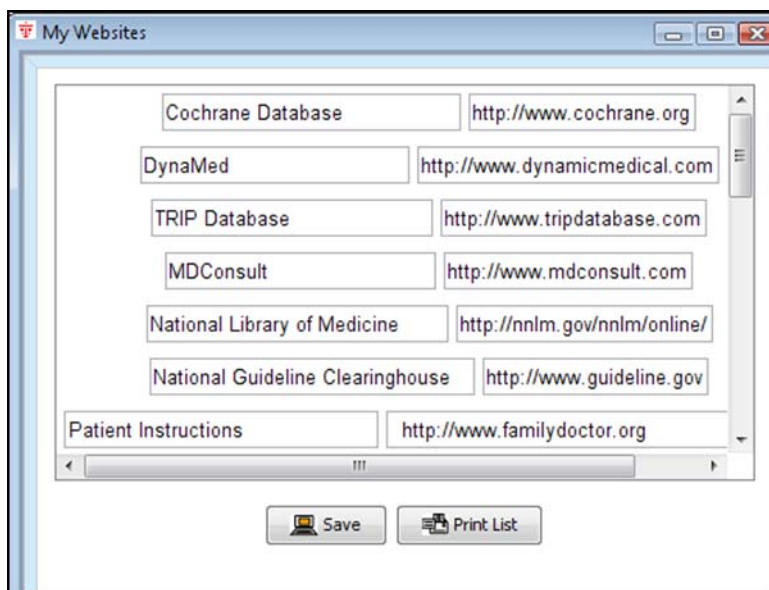
Exercise 5.4

Adding a New My Website Link

1. Under the Productivity Center open the My Websites option. In the *My Websites* window click on the [Edit] button.



- In the next available field, place the cursor to the far left and type in the subject: *Patient Instructions*. In the right-side field, place the cursor to the far left of the field and type in the URL address: <http://www.familydoctor.org>. Follow the same format as the other links. Save your Website addition.



- In the *My Websites* window click on the newly added *Patient Instructions* link. The Internet browser is activated and the Website is accessed directly from SpringCharts. This Website has a wealth of patient instructional sheets that can be copied into SpringCharts as patient instructions or printed directly from this Website. The nurse is responsible to ensure that the instructions obtained from any Website are accurate.

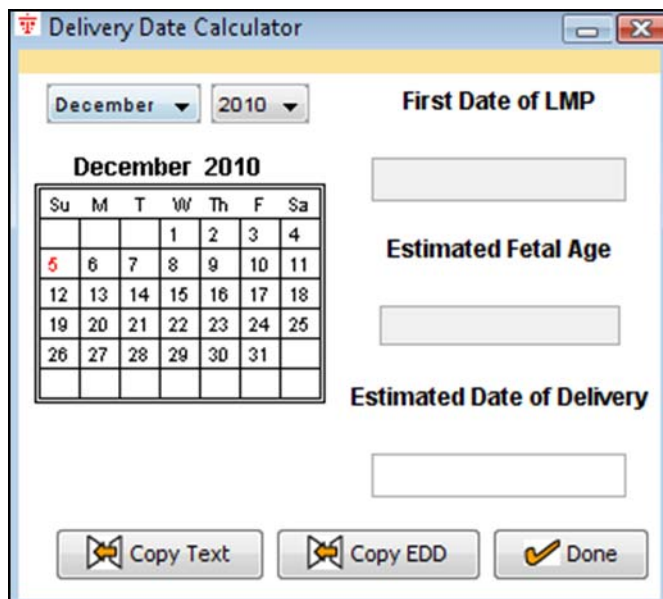


- Close the Internet browser and the *My Websites* windows.

Exercise 5.5

Calculating an Estimated Delivery Date

1. Open the Pregnancy calculator under the *Utility* menu.



Delivery Date Calculator

December 2010

Su	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

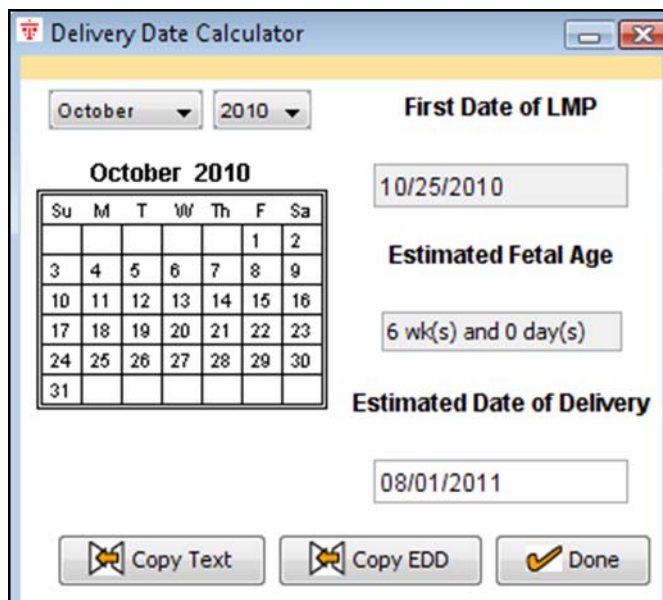
First Date of LMP

Estimated Fetal Age

Estimated Date of Delivery

Copy Text Copy EDD Done

2. Your patient's last menstrual period was 6 weeks ago. Select that date from the calendar. The date is automatically entered into the LMP field and the estimated gestational age of your patient's fetus is calculated along with the estimated date of delivery.



Delivery Date Calculator

October 2010

Su	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

First Date of LMP

10/25/2010

Estimated Fetal Age

6 wk(s) and 0 day(s)

Estimated Date of Delivery

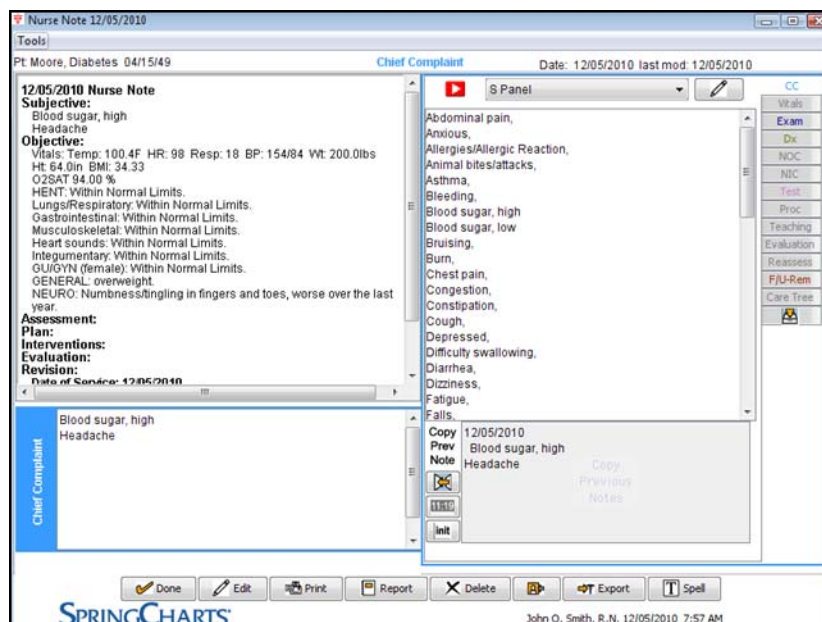
08/01/2011

Copy Text Copy EDD Done

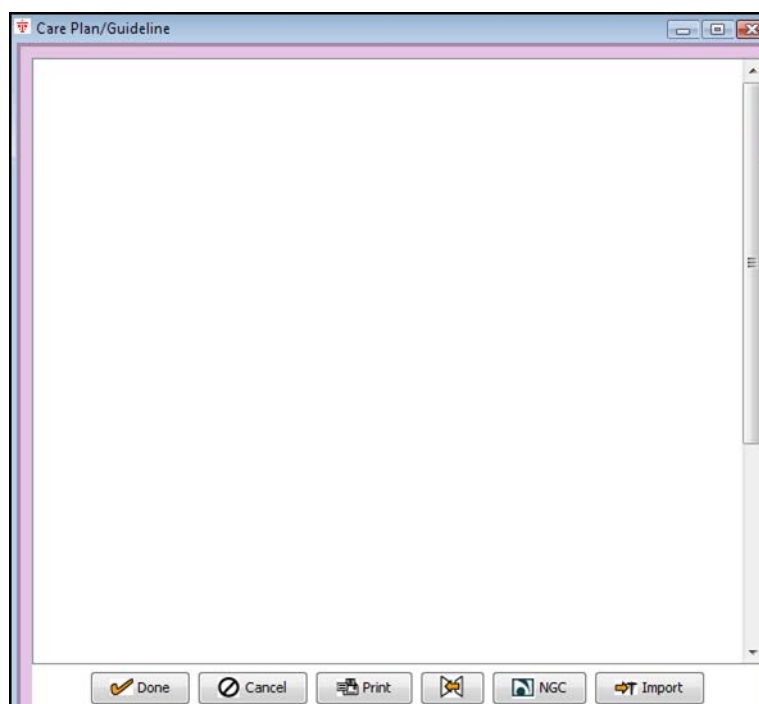
Exercise 5.6

Adding a Practice Guideline

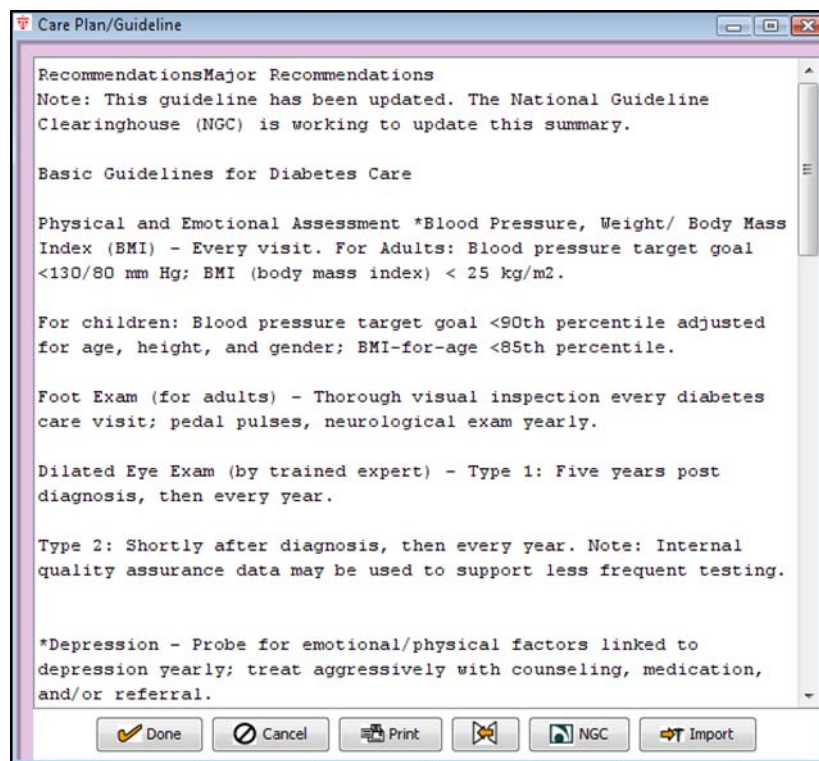
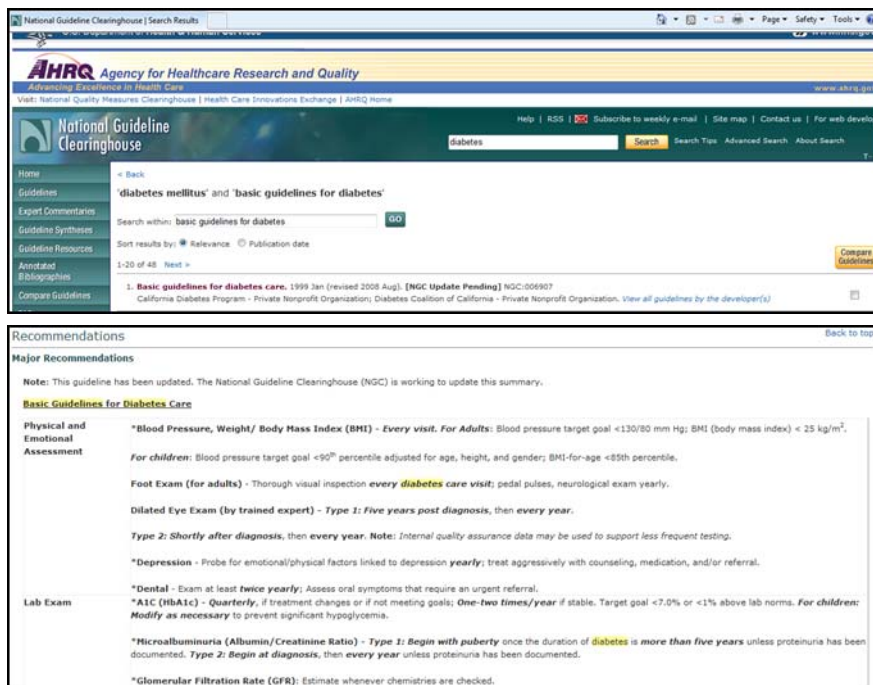
1. Add a practice guideline to a patient's chart. Open the chart for your patient with diabetes. Select the *Nurse Note* in the Care Tree that dealt with the diabetes symptoms. Edit the *Nurse Note*.



2. In the *Nurse Note* screen select the *Tools* menu and choose *Care Plan*. In the *Care Plan/Guideline* window click on the [NGC] button. (Care plan guidelines can be attached from a location stored on the computer, stored on a computer on the network, or downloaded from the *National Guidelines Clearinghouse*.)



- On the NGC Website type: *diabetes* in the search field and search for the guidelines. Locate and open the *Basic guidelines for diabetes care* plan. Highlight the recommendations section, copy the information using the [Ctrl]+[C], and close the Web browser. Paste the material into the *Care Plan/ Guideline* window by using the [Ctrl]+[V] keys. Click the [Done] button, close the *Nurse Note* screen, and skip billing.



4. Notice the practice guideline added to the bottom of the *Nurse Note* in the lower right corner on the patient's chart.
5. Print or electronically create the Nurse Note by clicking on the [Print] button in the lower right. Submit the document to your instructor. (See page XXVII in front matter for instructions on submitting electronic document.)
6. Close the patient chart.

Chapter 5 Review Key

Using Terminology

1. F
2. F
3. T
4. T
5. F
6. F
7. T
8. T

Rationales:

1. SpringCharts automatically calculates the BMI from the height and weight of the patient.
2. *Graph Vital Signs* is accessed by selecting one of the two graph vital signs buttons located in the upper right area of the *Vitals* window. It is similar to vital sign graphs that can be viewed within the Nurse Note and provides graphic representation of blood pressure (BP), height/ weight, body mass index (BMI), and body fat percentage for adults. Head circumference is also graphed for infants.
3. All entries in the patient's Care Tree are also available to add into the body of the letter by selecting the [Add Chart Notes] button. This is useful when sending office visit notes, such as test results, encounter notes, or information from the face sheet to a referring physician.
4. In order to keep evidence-based guidelines readily available for a patient's condition, a nurse may attach a text document with *Plan of Care* or *Practice Guidelines* to a patient's Nurse Note so it remains a permanent record associated with that Nurse Note.
5. *My Websites* is a feature found in the *Productivity Center* menu. This window lists websites for rapid access. This feature is user-defined so all users can have their own unique list of website links.
6. The SpringCharts conversion calculator converts imperial units to metric measurements and vice versa.
7. *New Test Report* creates a blank test reporting form. A user may create a new test report by selecting *New>New Test Report* from the patient's chart screen.
8. Order forms are used to record orders for lab, imaging, and medical tests that are

conducted at a third party facility. Within the order window the user selects a medical diagnosis(es) from the patient's *Previous Dx* window to associate a relevant diagnosis with the test that is ordered.

- 9. 1) Conversion Calculator
- 2) Pregnancy Expected Date of Delivery Calculator
- 3) Simple Calculator

10. HC

- 11. 1) Patient's name and address
- 2) Greeting
- 3) Salutation

Rationales:

- 9. SpringCharts contains three types of calculators: a Conversion Calculator, a Pregnancy Expected Date of Delivery (EDD) Calculator, and a Simple Calculator. The three types of calculators may be selected either from the *Utilities* menu from the main screen, or from the *Tools* menu in the Nurse Note screen and the office visit screen.
- 10. The HC field is for recording the head circumference for infants.
- 11. *New Letter to Pt* creates a new letter addressed to the patient. To create a new letter to a patient, a user selects *New>New Letter to Pt* from the patient's chart screen. The program automatically inserts the patient's name, address, greeting, and salutation. The user completes the body of the letter by typing in the text field or by choosing appropriate pop-up text.

12. A, B, C

Rationale:

Leaving messages on an answering machine or with others may allow unauthorized persons to access private health information and may be a violation of HIPAA. Healthcare facilities have policies that determine how and to whom information may be given over the phone. Nurses should adhere to facility policy to protect themselves against liability.

Hospitals have policies governing the release of information to a patient's significant others. For example, some hospitals provide a personal identification number to individuals who may receive information about a patient. Strict adherence to facility policy is necessary to prevent release of private health information to unauthorized individuals.

Transmitting private health information via e-mail risks disclosure to unauthorized individuals since it travels over the Internet or may be accidentally sent to the wrong e-mail address. Nurses should adhere to facility policy to protect themselves against liability.

13. B

Rationale:

My Websites is a feature found in the *Productivity Center* menu. This window lists websites for rapid access. This feature is user-defined so all users can have their own unique list of website links.

14. C

Rationale:

SpringCharts provides access to the National Guideline Clearinghouse™ (NGC). The NGC is a comprehensive database of evidence-based clinical practice guidelines and related documents. The NGC website contains numerous healthcare treatment plans containing objective, detailed clinical information for physicians, nurses, and other healthcare professionals.

15. C

Rationale:

SpringCharts provides access to the National Guideline Clearinghouse™ (NGC). The NGC is a comprehensive database of evidence-based clinical practice guidelines and related documents. The NGC website contains numerous healthcare treatment plans containing objective, detailed clinical information for physicians, nurses, and other healthcare professionals.

16. A

Rationale:

New TC note creates a new telephone call encounter form. A user may create a *New TC note* by selecting *New>New TC note* from the patient's chart screen. Text can be chosen from predefined pop-up text in the displayed window.

17. B

Rationale:

My Websites is a feature found in the *Productivity Center* menu. This window lists Websites for rapid access. This feature is user-defined so all users can have their own unique list of Website links.

18. A

Rationale:

To create an order form for a patient, select *New>New Excuse/Note/Order>New Order* from the patient's chart screen. When completing an order form, the user is given the option to chart the order in the patient's Care Tree. Order forms are used to record orders for lab, imaging, and other diagnostic tests that are conducted at a third party facility.

19. B

Rationale:

New Letter to Pt creates a new letter addressed to the patient. To create a new letter to a patient, a user selects *New>New Letter to Pt* from the patient's chart screen. The program automatically inserts the patient's name, address, greeting, and salutation. The user completes the body of the letter by typing in the text field or by choosing appropriate pop-up text. Typically, letters *about* patients are written from one primary care provider to another, usually regarding a consultation. *New Letter ABOUT Pt* creates a new letter concerning the patient. To create a new letter about a patient, a user selects *New>New Letter ABOUT Pt* from the patient's chart screen.

20. BMI

Rationale:

SpringCharts automatically calculates the BMI from the height and weight of the patient.

21. C

Rationale:

Three additional customized fields can be created within the *Vitals* window to record other frequently monitored health measures. For example, in an intensive care setting, nurses may frequently measure and record pressures in the heart, lungs, and brain. In an outpatient setting, nurses may measure and record the height of a pregnant woman's uterus at each visit. Additional fields for such specialized measures are added in the *Administration* panel under the *Vitals* section.

22. A

Rationale:

New Test Report creates a blank test reporting form. A user may create a new test report by selecting *New>New Test Report* from the patient's chart screen.

23. B

Rationale:

New TC note creates a new telephone call encounter form. A user may create a *New TC note* by selecting *New>New TC note* from the patient's chart screen. Text can be chosen from predefined pop-up text in the displayed window. Text from previous telephone call notes appears in the lower right quadrant. This text can be highlighted and copied into the existing note using the *Copy Note* icon. The date stamp and initial stamp is also available in this window enabling the user to initial the note. The [Rx] navigation tab is displayed on the right side to access the patient's routine medications and a list of previous prescriptions. This function is useful in the outpatient setting, particularly if medication needs to be prescribed or renewed as a result of the conversation.

24. C

Rationale:

Height and weight for infants younger than 36 months of age are graphed against a backdrop showing the appropriate national percentiles. The graph type is automatically adjusted by the program based on the patient's age and gender.

25. A

Rationale:

To access a practice guideline, the nurse selects the *Tools* menu from within the *Nurse Note* screen and chooses *Care Plan*.