EMR Tutorial for Nursing Home Suite of Templates

For many reasons, the long-term residential-care setting presents serious and unique challenges to excellence of care for patients who require such placement. Perhaps the most significant challenges are in the following areas:

- Nutritional Risk
- Fall Risk
- Depression Risk
- Skin Care Risk
- Hydration Risk

SETMA's commitment to dignified, personal and excellent care for all who require long-termresidential care, whether due to advanced age and infirmity, disability and infirmity, or other reasons, has resulted in the forming of a team of healthcare professionals to coordinate and deliver that care. This team is supported by a reference laboratory, mobile x-ray service and hospital-care team which provide a continuity of care between the outpatient, inpatient, and residential-care settings.

With this commitment SETMA has expanded the use of electronic patient records, and, electronic patient management, into the long-term residential-care setting. The Nursing Home Suite of Templates is the foundation of that expansion.

How to find the Nursing Home Master Template

AAA Home

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Preventive Care <u>SETMA's LESS Initiative T</u> Last Updated 06/22/2011 Preventing Diabetes T Last Updated 03/02/2011 Preventing Hypertension T <u>Smoking Cessation T</u> <u>Care Coordination Review</u> <u>Needs Attention!!</u> <u>HEDIS NOF PORS</u> <u>Elderly Medication Summary</u> Exercise	Template Suite Master GP T Pediatrics Nursing Home Ophthalmology Physical Thera Podiatry Rheumatology Hospital Care Hospital Care S Daily Progress	I PY Summary I	Disease Managerr Diabetes I Hypertension I Lipids I Acute Coronary S Anoina I Asthma Cardiometabolic Ri CHF I Diabetes Education Headaches	vn I	Last Updated 06/07/2011 06/07/2011 /// /// /// /// /// // // // //	Special Functions Lab Present Lab Future T Lab Results T Hydration T Nutrition T Guidelines T Pain Management T Immunizations Information Charge Posting Tutorial Drug Interactions T
Exercise T <u>CHF Exercise</u> T <u>Diabetic Exercise</u> T Patient's Pharmacy	Admission Orde	<u>ers</u> <u>T</u>	<u>Renal Failure</u> <u>Weight Manageme</u>		11	E&M Coding Recommendations Insulin Infusion
Brookshire Bros - Lumberton	Status	Priority	Referral	Referring	Provider	- Chart Note
Phone (409)755-0451	Completed	Stat	Abdominal U/S	Duncan		Return Info
Fax (409)755-0466	Completed	Routine	Sotolongo, Rodolfo	Deiparine		Return Doc
i dati j të s	Completed	Routine		Holly		Email
Rx Sheet - Active	Completed	Immediate		Colbert		Telephone
Rx Sheet - New	Completed	Routine		Colbert		Records Request
Rx Sheet - Complete Home Health	•					Transfer of Care Doc

Master Tool Bar Icon



- When the Template button is clicked you will be presented with the preference list.
- If the Nursing Home Master template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and scroll down until you find it in the list. Then you may select the template by either double-clicking on the name or single click on the name (so that it is highlighted in blue) and then click the OK button.

NOTE: For more on how to set up your preferences, Click Here

The Nursing Home Suite of Templates consists of:

- 1. Master Nursing Home Template
- 2. <u>Nursing</u>
- 3. <u>Histories</u>
- 4. Health
- 5. <u>Questionnaires</u>
- 6. <u>HPI</u>
- 7. System Review

- 8. <u>Physical Exam</u>
- 9. <u>Radiology</u>
- 10. Procedures
- 11. Assessment
- 12. <u>Plan</u>
- 13. Guidelines for Care
- 14. Hydration
- 15. Nutrition
- 16. <u>Skin Lesions</u>
- 17. Mini Mental Status
- 18. Fall Risk
- 19. Depression
- 20. Lab Results
- 21. Call to Family
- 22. Call/Nursing Home
- 23. E-mail
- 24. Chart note
- 25. Admission Orders

Vursing Home Patient	Nursing I	lom	e Mast	er Alert		Home
Medication List				rsing Home Meas	urae	Nursing
medication List		-		10100	ures	Histories
Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room#	Sex	M		Last H&P	11	HPI Chief
Source of Information	BP	<u> </u>	F	Last Flu Shot	11/04/2011	System Review
Complaints	Temp Pulse		1994	Last Tetanus	03/02/2011	
Complaints	Resp		/min	Last Pneumonvax	and the second se	Physical Exam
	Weight	<u> </u>	ibs.	Last TB Skin test		Radiology
	Height	72.00	in.	Last Chest Xray		Procedures
	BMI	0.00	-	VRE status	11	Assessment
	Body Fat	22	%	MRSA status	<u> </u>	Plan
	BMR		cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions	Protein Req		grams/day			Hydration
COPD (chronic obstructive pulm						Nutrition
Allergic rhinitis AA Urea Cycle Metabolism Distu			intia	DNR		Skin Lesions
DM Impaired Fasting Glucose						
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		Hist	ory and Phys	sical Today		Fall Risk
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		Sc	ript Review	Updated	04/30/2011	Email
		Comm	ents			
						Chartnote
						Admission Orders

Templates 2-15, 20 and 25 are discussed and dealt with elsewhere. Links to each of these are provided above to avoid redundancy in this tutorial. Please refer to those links for how to use those templates.

This tutorial will focus upon:

- Master Nursing Home
- Skin Lesions
- Mini Mental Status
- Fall Risk
- Depression
- Call to Family
- Call/Nursing Home

- E-mail
- Chart Note

I Nursing Home Patient	Nursing I	lom	e Mast	er Alert		Home
Medication List				rsing Home Meas	ures	Nursing
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Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room #	Sex	М		Last H&P	11	HPI Chief
Source of Information	BP			Last Flu Shot	11/04/2011	
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	Body Fat	22	%	MRSA status		Plan
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Allergic rhinitis			muse [DNR		Nutrition
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Master Nursing Home Template

At the top of the template are the following information and functions:

- A box for designating that this patient is a **Nursing Home Patient** this is administrative and allows the querying of the system to evaluate the care of all patients in the nursing home.
- The title of the template

• Alert – this is a button which launches a template with a number of special circumstances which can be documented about this patient. Such as: patient is deaf,; patient is legally blind, etc.

Vursing Home Patient	Nursing I	lom	e Mas	ter Alert		Home
Medication List				ursing Home Meas	urae	Nursing
medication List		-		1000	ures	Histories
Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room#	Sex	М		Last H&P	11	HPI Chief
Source of Information	BP		1	Last Flu Shot	11/04/2011	
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	Body Fat	0.00	%	MRSA status		Plan
	BMR	22	cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions	Protein Reg					
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Allergic rhinitis						Nutrition
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		Comm	ents			Chartnote
						Admission Orders

Patient is deaf	C Substance alert	Retur
A second seco	Confidential labs	
Patient is hard of hearing, left ear Patient is hard of hearing, right ear	Medical Power of Attorney	
Patient is hard of hearing, right ear	Advanced Directives	
Patient is legally blind	Patient speaks no English	
Patient has vision impairment	Literacy alert	
No information to family	Patient name alert	
Spouse estranged	Nutritonal support	
Patient requires wheelchair	Patient is mute	
Ambulance transit required	Patient undergoes dialysis	
No BP on left arm	Allergen Injections	
No BP on right arm	 Adergen injections 	
CPS alert		
Adult Protective Services alert		
	<u></u>	
C Research participant		
Patient has been fire	d by	
	01	
Comments		

Beneath the name of the template is a button entitled **Medication List Updated**. Next to this button is a date field. When this button is depressed, the current date appears in the date field.

One of the most important and complex tasks in long-term residential care is the maintaining of an accurate, up-to-date list of the current medications which the patient is receiving, while at the same time maintaining an accurate history of the patient's medication use. This function allows the healthcare provider to know when the medication list was last updated so as to have some degree of confidence that the mediation list is complete and correct.

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Beneath the **Medication List Updated** button is the patient's name and to the left of that is the name of the Nursing Home, the Current Unit and the patient's room number. The **Current Unit** addresses the type of unit, i.e., Alzheimer, Long Term Care, or Skilled Nursing Unit.

☑ Nursing Home Patient	Nursing I	lom	e Mast	Alert	ĺ.	Home
Medication List Up		-		sing Home Meas	urae	Nursing
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Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room #	Sex	M		Last H&P	11	HPI Chief
Source of Information	BP			Last Flu Shot Last Tetanus	11/04/2011	System Review
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	Weight	<u> </u>	lbs.	Last TB Skin test	and the second se	Radiology
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	BMI	0.00	-	VRE status		Assessment
	Body Fat	22	%	MRSA status		Plan
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Chronic Conditions	Protein Req		grams/day			Hydration
COPD (chronic obstructive pulm Allergic rhinitis						Nutrition
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The Master Nursing Home Template is then divided into three sections vertically, with the middle section having two columns.

The left-hand section consists of:

- **Source of Information** the options on the pick list are: Caregiver, family member, patient.
- **Complaints** this is the same as the **Chief Compliant** on the Master GP. For information on how to complete this function see the <u>Chief Compliant</u> tutor.
- **Chronic Conditions** for information on using the Chronic Conditions function see the tutorial on <u>Chronic Conditions</u>.
- **Comments** this is a box for typing in free texts for information which does not easily fit into a structured field above.

The second section consists of:

Column 1 – Vital signs

Column 2 – a list of important information which is unique to the long-term care setting as to its need to be on the Master Template:

- Last Visit
- Last H&P
- Last Flu Shot
- Last Tetanus
- Last Pneumovax
- Last Rectal Exam
- Last TB Skin Test
- Last Chest X-ray
- VRE Status
- MRSA Status
- Hepatitis Status

Vursing Home Patient	Nursing I	lom	e Maste	Alert		Home
Medication List Up		-		sing Home Meas		Nursing
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Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room #	Sex	M		Last H&P	11	HPI Chief
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Complaints	Pulse		/min	Last Pneumonvax	03/02/2011	Physical Exam
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	Height	72.00	in.	Last Chest Xray	11	Procedures
	BMI	0.00		VRE status	Í	Assessment
	Body Fat	22	%	MRSA status		Plan
	BMR		cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions COPD (chronic obstructive pulm	Protein Req	-	grams/day			Hydration
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2						Admission Orders

At the bottom of this second section are the following:

• **DNR Status**. – the following options are on the pick list

☑ Nursing Home Patient	Nursing I	lom	e Mast	er Alert	ĺ.	Home
- Medication List				sing Home Meas	urae	Nursing
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Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room#	Sex	М		Last H&P	11	HPI Chief
Source of Information	BP	<u> </u>		Last Flu Shot	11/04/2011	System Review
Complaints	Temp Pulse	<u> </u>	F /min	Last Tetanus	03/02/2011	
complaints	Resp	<u> </u>	A1100	Last Pneumonvax	the second strength and the second strength and the second strength and the	Physical Exam
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	Body Fat	22	%	MRSA status		Plan
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- **Visit Today** this allows the provider to document that a visit was completed today. This updates the Last Visit function above.
- **H&P Today** this allows the provider to document that a history and physical was completed today. This updates the Last H&P function above.
- **Consent** for details see below
- **Consent Form Signed** this allows the provider to document whether or not the patient and/or family has signed the **Disclosure and Consent to Admission** document. For an explanation of this document, see below.

I Nursing Home Patient	Nursing I	lom	e Mast	er Alert	i.	Home
Medication List				rsing Home Meas	urae	Nursing
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Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room#	Sex	М		Last H&P	11	HPI Chief
Source of Information	BP	<u> </u>		Last Flu Shot	11/04/2011	
Complaints	Temp		F	Last Tetanus	03/02/2011	System Review
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	Body Fat	22	%	MRSA status		Plan
	BMR		cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions	Protein Req		grams/day			Hydration
COPD (chronic obstructive pulm	-	_				Nutrition
Allergic rhinitis AA Urea Cycle Metabolism Distu			intere i	DNR		Skin Lesions
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• **Dietary Review** – this template is entitled **Nursing Home Dietary Review**. This allows the provider to review the recommendations of the nursing home dietician and to print a document which can be placed on the patient's chart with the details of that review.

Vursing Home Patient	Nursing I	Hom	e Mas	ter	Alert	l.	Home
Medication List U					Home Meas	urae	Nursing
Medication List o	11			ursing i	100	ures	Histories
Nursing Home	Patie	nt Rob	ert		Test Jr		Health
Current Unit	Age	41	years	Last		11	Questionnaires
Room#	Sex	M		Last		11	HPI Chief
Source of Information	BP	<u> </u>			Flu Shot Tetanus	11/04/2011	System Review
Complaints	Temp Pulse		/min	1.000000	Pneumonvax	03/02/2011	-
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	Weight		lbs.		TB Skin test	and the second se	Radiology
	Height	72.00	in.		Chest Xray		Procedures
	BMI	0.00	-	VRE	status		Assessment
	Body Fat	22	%	MRS	A status		Plan
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Chronic Conditions COPD (chronic obstructive pulm	Protein Req		grams/day	8			Hydration
Allergic rhinitis							Nutrition
AA Urea Cycle Metabolism Distu			totes		DNR		Skin Lesions
DM Impaired Fasting Glucose		E area					Mini Mental Status
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• Script Review – This template is entitled Nursing Home Prescription Review. This allows the provider to review the recommendations of the nursing home pharmacist and to print a document which can be placed on the patient's chart with the details of that review.

Vursing Home Patient	Nursing I	Hom	e Mast	ter	Alert	ĺ.	Home
Medication List U				Irsing Hor	no Mono	urae	Nursing
Medication List o	11		-	1792		ures	Histories
Nursing Home	Patie	nt Rob	ert		est Jr		Health
Current Unit	Age	41	years	Last Vis		11	Questionnaires
Room#	Sex	M		Last H&		11	HPI Chief
Source of Information	BP	<u> </u>		Last Flu		11/04/2011	System Review
l Comulaista	Temp		F	Last Tet	- 100 C	03/02/2011	
Complaints	Pulse	<u> </u>	/min			03/02/2011	Physical Exam
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	BMI	72.00		VRE sta		11	Assessment
	Body Fat	22	%	MRSAs			Plan
	BMR		cal/day	Hepatitis	s status		Guidelines for Car
Chronic Conditions	Protein Req		grams/day				Hydration
COPD (chronic obstructive pulm Allergic rhinitis							Nutrition
AA Urea Cycle Metabolism Distu			tatus:		DNR		Skin Lesions
DM Impaired Fasting Glucose							Mini Mental Status
			t Today				
		Hist	ory and Phy	sical Toda	iy		Fall Risk
1			Consent	-1	Dain	Assessment	Depression
		Con	sent Form Sig	ned	Contraction of the local division of the loc	04/30/2011	Lab Results
				1.00	Updated		Call to Family
			tary Review cript Review	-1	-	al Assessment 04/30/2011	Call/Nursing Home
		30	anpi Keview		Updated	04/30/2011	Email
		Comm	ents				Chartnote
							Admission Orders
1							

		ursing Ho		ription Rev			
Pati	tient Dottie	Test	Sex F	DOB 09/28/1920	Age 89		Retur
							Docum
	Today's Date 12	//23/2009	Date of	Review //			
	Physician		Pharmac	cist			
Pharma	acist Recomme	ndation(s)/Plan				0211	
	Vec Lan	ee with the ab	ove recommenda	tions k	nitials		
	101003380082650		he above recomm	NAME OF CONTRACTOR OF			
	the second second second						
	Plan						
	These are she	red fields from th	e plan template so t	that you may enter th	e appropriate inst	ructions.	
	1						
	3						
	1						

The button discussed above entitled "Consent," launches a template entitled "Disclosure and Consent to Admission."

☑ Nursing Home Patient	Nursing I	lom	e Mas	ter Alert		Home
Medication List		_		ursing Home Meas	urae	Nursing
		-		19952	lares	Histories
Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room #	Sex	М	- Lar	Last H&P	11	HPI Chief
Source of Information	BP	<u> </u>		Last Flu Shot	11/04/2011	System Review
Complaints	Temp Pulse		r /min	Last Tetanus Last Pneumonvax	03/02/2011	
Complainta	Resp		/1101	Last Rectal Exam	the second se	Physical Exam
	Weight	<u> </u>	ibs.	Last TB Skin test		Radiology
	Height	72.00	in.	Last Chest Xray		Procedures
	BMI	0.00	-	VRE status		Assessment
	Body Fat	22	%	MRSA status	<u> </u>	Plan
	BMR		cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions COPD (chronic obstructive pulm	Protein Req		grams/day			Hydration
Allergic rhinitis						Nutrition
AA Urea Cycle Metabolism Distu			tatus	DNR		Skin Lesions
DM Impaired Fasting Glucose		- 10-1	it Today			Mini Mental Status
			tory and Phy	rsical Today		Fall Risk
		mo	ory una ring			Depression
		ļ	Consent	Pain /	Assessment	Lab Results
		Con	sent Form Sig	Updated	04/30/2011	
		Die	atary Review	Function	alAssessment	Call to Family
		Sc	cript Review	Updated	04/30/2011	Call/Nursing Home
		en Arres antes a	en e			Email
		Comm	ents			Chartnote
						Admission Orders

The template contains:

- The Patient's Name
- Chronic Conditions
- Chief Complaints
- Dietary Review
- Other Conditions or changes that warrant admission to a Long-Term Care Facility

atient		Return
Dottie Test		Print Form
hronic Conditions	Chief Complaints	Date Last Printed
DM II Renal Manifestat Con	rol	12/08/2009
Hyperten Malig Essential		
CHF Diastolic Acute		Copy on File
Thyroid Toxic Other Spec (rigi	Copy not on file
Renal Stage II Chron Disea	se	1000
Metab Cardiometabolic Risk	Syn Dietary Review	Complete
COPD		Incomplete
Angina Pectoris Stable		
OA Local Primary Foot Ank	e	
ther conditions or chan	es that warrant admission to a Long Term Care Facility	
ther conditions of chang	es that warrant authosolor to a cong ferrir care racinty	

The **Disclosure and Consent to Admission Template** also has the following options for documentation:

- Print Form
- Date Last Printed
- Copy on File
- Copy Not on File
- Complete
- Incomplete

atient		Return
Dottie Test		Print Form
hronic Conditions	Chief Complaints	Date Last Printed
DM II Renal Manifestat Control		12/08/2009
Hyperten Malig Essential		
CHF Diastolic Acute		Copy on File
Thyraid Taxic Other Spec Origi		Copy not on file
Renal Stage II Chron Disease		200 00
Metab Cardiometabolic Risk Syn	Dietary Review	Complete
COPD		1 incomplete
Angina Pectoris Stable		
OA Local Primary Foot Ankle		
ther conditions or changes that w	varrant admission to a Long Term Care Facility	
-		
	18	

Once the nursing home admission history and physical examination is completed, this document should be generated and presented to the family and/or patient for signing. A signed copy should go to the Nursing Home, to the Family and a signed copy should be scanned into the patient's electronic medical record.

The **Disclosure and Consent to Admission** document has the following content. Attached to this text below will be the evaluation of the patient's:

- Hydration status,
- Nutritional status,
- Fall risk assessment,
- Skin evaluation and
- Depression evaluation.

Text of the Form DISCLOSURE AND CONSENT TO ADMISSION To A Long Term Care Facility

This form must be completed after disclosure and consent is obtained by a physician.

It has been determined that (Patient's Name) is no longer able to function without assistance in carrying out the activities of daily living. This deterioration is critical and has been caused by problems associated with aging, as well as the following acute and chronic medical diagnosis (list):

Patient's Diagnoses will be automatically entered here

The patient is currently on the following medications:

Patient's Medication list will be automatically entered here

Most of the medical conditions are irreversible and progressive, and the patient is not expected to survive these underlying medical conditions. In conjunction with pathological changes associated with aging and necessary treatment, the medical conditions may cause the following complications and problems:

Musculo-skeletal neurologic changes including weakness, loss of sensation, loss of motor function and mobility, loss of balance and fractures, paralysis, loss of bowel and bladder function, memory loss, confusion, inability to communicate, blood pressure problems, disorientation, weight loss, inability to swallow, depression, anxiety, hostility, aggressiveness, loss of appetite, dementia, hallucinations, pathological fractures, emboli, joint contractures, joint swelling, joint and muscle pain, degenerative changes, of the spine, head, neck, back and extremity pain, loss of consciousness, coma and death;

Cardiovascular changes including chest, back and extremity pain, skin lesions/wounds/ulcers, weakness, cardiac arrhythmias, congestive heart failure, heart attack, stroke, loss of consciousness, coma, weight loss, fluid and electrolyte imbalance, blood clots, emboli, thrombosis, occlusion of major small vessels (aorta, major arteries to internal organs, brain periphery-extremities), difficulty breathing, aspiration, kidney damage, inability to repair damaged tissue, blood pressure problems and death;

Immunologic & hematologic changes including infections and repeated infections, antibiotic therapy and complications of resistance to antibiotics, loss of immune response, gastrointestinal disturbances, skin lesions/wounds/ulcers, loss of appetite, weight loss, skin reactions, inability to repair damaged tissue, fluid and electrolyte imbalance, connective tissue damage, difficulty breathing, anemia, kidney damage, adrenal gland dysfunction, coma and death;

Gastrointestinal and nutritional changes including inability to absorb nutrients, loss of immune response, infections and repeated infections, protein loss, inability to swallow, aspiration, choking, liver and pancreas dysfunction, weight loss, inability to repair damaged tissue, skin lesions/wounds/ulcers, gastrointestinal pain, fluid and electrolyte imbalance, esophageal-gastrointestinal lesions/ulcers, coma, diarrhea, constipation and fecal impaction, anemia, hemorrhage and death;

Pulmonary changes including pneumonia, infections and repeated infections, drug reaction, choking, hemorrhage, skin lesions/wounds/ulcers, bronchitis, heart problems, arrhythmias, lack

of tissue oxygenation, inability to repair damaged tissue/heal, loss of appetite, weight loss, confusion, disorientation, brain damage, coma, death, and

There are inherent risks to being admitted to a facility that has an aging population:

The above enumerated problems are usually worsened, or may appear for the first time, after a patient moves into a new environment, especially a long term care facility, as that move is associated with the end of life. Withdrawal of familiar people and family also is associated with medical and psychological deterioration. Neither the resident nor responsible persons can expect the facility staff and physicians to replace the attention that only can be provided by family and those who are familiar with this patient. It is essential to the health of the resident that family be involved in his/her care and decisions.

The patient neither will be living in a private home nor cared for by a member of the family who is familiar with the resident. The standard of services in a long term care facility does not include one care provider for every patient. Staff will periodically monitor, observe and provide care and treatment based on physician orders. At times, the patient will be left alone.

When care and services are refused by the patient, they will not be forced upon the patient. Staff and physicians will not over-ride the patients will and choice.

This patient will be living in a community of people who also are aging and have the problems of aging which exposes the patient to communicable disease, unpredictable reactions from other residents and accidents.

The food and recipes are institutional, and it is important for the family to stay involved with nutrition, as loss of appetite commonly results from change and loss of familiar surroundings and people.

RELEASE AND WAIVER OF LIABILITY BY PATIENT

I have been fully informed and I understand that the physicians and medical practitioners who prescribe and provide medical treatment (including, but not limited to, the medical director, psychiatrists, dentists, optometrists, nurse practitioners and physicians assistants) are not employees, agents or representatives of the long term care facility, but are independent practitioners.

I understand that I have a choice of nursing home and long term care facilities to which I/the patient will be admitted.

In consideration for admission into the long term care facility, I hereby release Southeast Texas Medical Associates, L.L.P. ("SETMA") and its staff, for all liability for personal injury or death that results from negligence or gross negligence in following the physicians and medical practitioners orders and instructions, and I also release SETMA and its staff from all liability for negligence and gross negligence that results in personal injury or death. I further release the physicians from liability for personal injury or death by negligence or gross negligence that results from following the physicians and medical practitioners orders and instructions, and from actions taken by employees of the long term care facility of my choice.

I have been fully informed and I understand that this release of liability is binding on me, my family, estate, heirs and assignees.

I certify that I have been informed of the contents of this document, that I have read it, or it has been read to me, it has been fully explained to me, and I have been given the opportunity to ask questions about the document, including the fact that I am releasing and waiving liability, and I have sufficient information to give this release and waiver of liability.

I understand that if any part of this release and waiver of liability should later be found void, voidable, or ineffective, the finding shall have no effect on the remainder, which shall remain in full force and effect.

Patient Signature

Date

I understand that I have a choice of nursing home and long term care facilities to which I/the patient will be admitted.

I certify that I have been informed of the contents of this document, that I have read it or it has been read by me, it has been fully explained to me, and I have been given opportunity to ask questions about the document, my/the patients condition, long term care, care and treatment, associated risks and hazards involved, and I certify that no warranty or guarantee has been made to me, and I have sufficient information to give this consent to admission.

I hereby consent to admission of (Patient's Name) to Southeast Texas Medical Associates, LLP.

Patient Signature

Date

Master Nursing Home Right-hand Section

25 Navigation Buttons identified above.

✓ Nursing Home Patient	Nursing I	lom	e Mast	ter Alert	ĺ.	Home
Medication List				Irsing Home Meas	uroo l	Nursing
medication List		-	-	1000	ures	Histories
Nursing Home	Patie	nt Rob	ert	Test Jr		Health
Current Unit	Age	41	years	Last Visit	11	Questionnaires
Room #	Sex	М		Last H&P	11	HPI Chief
Source of Information	BP			Last Flu Shot	11/04/2011	
Completeda.	Temp		F	Last Tetanus	03/02/2011	System Review
Complaints	Pulse	<u> </u>	/min	Last Pneumonvax	the second se	Physical Exam
	Resp	<u> </u>	ibs.	Last Rectal Exam		Radiology
	Weight	70.00	100000	Last TB Skin test Last Chest Xrav	11	Procedures
	Height BMI	72.00	in.	VRE status	11	Assessment
	Body Fat	22	%	MRSA status		Plan
	BMR		cal/day	Hepatitis status		Guidelines for Care
Chronic Conditions	Protein Req		grams/day			Hydration
COPD (chronic obstructive pulm						Nutrition
Allergic rhinitis AA Urea Cycle Metabolism Distu			tatie	DNR		Skin Lesions
DM Impaired Fasting Glucose						
			t Today			Mini Mental Status
		Hist	ory and Phy	sical Today		Fall Risk
			-	1		Depression
			Consent		Assessment	Lab Results
		Con	sent Form Sig	ned Updated	04/30/2011	Call to Family
		Die	tary Review	Function	alAssessment	Call/Nursing Home
		So	cript Review	Updated	04/30/2011	Email
		Comm	ents			
						Chartnote
						Admission Orders

Skin Lesions Template

The next template which is unique to the Nursing Home Suite of Templates is Skin Lesions. The full name of the template is "**Clinically Unavoidable Skin Lesions**." Skin lesions are common in long-term care facilities, and often are unavoidable. This template helps identify the patients who are at risk of unavoidable skin lesions.

The template is organized into three vertical sections.

The left-hand section has two columns.

Risk Factors – 22 conditions are listed which contribute to the patient's being at risk for "Clinically Unavoidable Skin Lesions." These should be reviewed and any risk factors which

apply to the patient should be documented by checking the box next to it. These are in demographic fields, which means that once they are checked, they remain checked in subsequent visits until they are unchecked.



Laboratory Results -

There are six laboratory results here which impact the ability of the patient to heal wounds and/or which indicate the presence of chronic malnutrition which would prevent wound healing. There is a button entitled **Check for New Lab** which allows you to import the most recent lab values on this patient. Additional information on the patient's nutritional status can be found on the Nutrition Template. To learn more about the Nutrition template, visit the <u>Nutrition</u> tutor. To review the tests necessary to evaluate the patient's nutritional status, see the **Lab Charge Posting** template

sk Factors		Skin Condition		Return	
C Severe COPD	Chr. ES Liver DX.	Poor skin turgor		Return	
T Diabetes	Chr. ES Heart DX.	Muscle wasting		Wound Protocol	
Severe PVD	Immunosuppresion	Cachexia		Call to Family	
Chr. Bowel Inc.	Full Body Cast	Calf tenderness		Cartor anny	
Chr. Urinary Inc.	Steroid Therapy	🗖 Bilateral edema		Document	
T Paraplegia	Radiation Therapy	Reduced urinary output		10 M	
HOB Increase	F Renal Dialysis	Weight loss (more than 5% in	one month)	Risk Assessment	
Quadraplegia Terminal liness Sepsis Bed Bound		History of healed decubitus	History of healed decubitus		
		Mobility			
Chr. ESRD	Comatose/Semicomatose due to medical condition	Mental status		Norton Risk Assessment	
Unable to turn and				Braden Risk Assessment	
aboratory Results (*	may indicate mainutrition/dehydration)	Check for New Labs			
MCV	// Serum Transf	errin 11	*(< 180 mg)	Help Documents	
MCH	11 Serum Alb	330703	*(< 3.0 g/d) *(< 5.1 g/d)	Skin Care in Elderly Patients	
() (consect				2003/00/02/2003	
Hgb T	11 Total Pro			Skin Integrity	
Hgb tervention kin Care		Mobility		Skin Integrity Skin Care Glossary	
Hgb tervention kin Care	th Dial soap and water and ninse well	Mobility		All Contractions and Contraction	
Hgb tervention kin Care	th Dial soap and water and rinse well	Mobility Turn off affected area Do not get up in chair		Skin Care Glossary	
Hgb tervention kin Care Cleanse v Granules	th Dial soap and water and ninse well	Mobility	hours dail	Skin Care Glossary	
Hgb tervention kin Care Cleanse v Granules Panifil Oint	th Dial soap and water and rinse well nent	Mobility Turn off affected area Do not get up in chair		Skin Care Glossary	

Intervention ---

This section addresses 6 skin-care options and 3 Mobility options for improving skin care. However, in the presence of the above mentioned Risk Factors and in the presence of clinically unavoidable malnutrition, maintaining the integrity of the skin is not possible.

Granules Panifi Ontr Bactoban O TAO Accuzyme	nent	for Dry Skin	C Do not	get up in chair up for	hours daily		
kin Care	th Dial soap and wa		lobility	t attected are		Skin Care Glossary	
tervention		and a second second			1	Skin Integrity	
Hgb	11	Total Protein	<u> </u>	TL	*(< 5.1 q/d)	Skin Care in Elderly Patier	
MCV MCH		Serum Transferrin Serum Albumin		11	*(< 180 mg) *(< 3.0 g/d)	Help Documents	
		tion/dehydration) Chec	k for New Labs				
Unable to turn and p				1		Braden Risk Assessmer	
Chr. ESRD	due to medical	Provide States and the second states of the second states and the				Norton Risk Assessmen	
Sepsis Bed Bound Terminal Cancer Comatose/Semicomatose			Mobility Mental status			Waterlow Risk Assessment	
Severe PVD Immunosuppresion Chr. Bowel Inc. Full Body Cast Chr. Urinary Inc. Steroid Therapy Paraplegia Radiation Therapy HOB Increase Renal Dialysis Quadraplegia Terminal Illness		•	F History of healed decubitus //			Risk Assessment	
			Veight loss				
		F Reduced unit	ary output		10 V		
		Biateral eder	335.0		Document		
		Cachexia	1000		Call to Family		
Diabetes	Chr. ES Heart		Muscle wast	ng		Wound Protocol	
C Severe COPD	Chr. ES Liver (X.	Poor skin tur	jor.		Return	
			cin Condition				

At the very bottom of this left-hand section is a button entitled **Care for Dry Skin**. When launched 8 options for caring for dry skin appear. There are boxes which allow the selecting of certain options which will then appear on the chart note.

k Factors		Skin Condition	Return	
Severe COPD	Chr. ES Liver DX	Poor skip turger	Return	
Diabetes	Chr. ES Heart DX	Guides Dry Skin		×
Severe PVD	Immunosuppresk			
Chr. Bowel Inc.	Full Body Cast	Skin Care for Dry Ski		
Chr. Urinary Inc.	Steroid Therapy	Skill Care for Dry Ski	11	
Paraplegia	Radiation Therap			
HOB Increase	Renal Dialysis	Take fewer showers or baths (2 to 3 per week is fine). Keep them	short and use warm not hot w	nter
Quadraplegia	Terminal liness			201
Sepsis	F Bed Bound	Apply lotion over your whole body after you towel off		
Terminal Cancer	Comatose/Semic	Always apply lotion immediately after swimming or in a chlorinated p	oool or sitting spa	
Chr. ESRD	due to medical o	T Avoid seunes		
Unable to turn and	i position	Apply lotion all over your body at bedtime		
boratory Results (*	may indicate malnutritio	Use scaps for designed for dry skin, such as glycering scap with c	Internet of the second second second	
		1 Construction of the statement of th	searching cream, and mise wee	
MCV		Consider using a humidifier on cold, dry winter days		
MCH	11	Drink more fluids but avoid alcohol, spicy foods, and ceffeine		
Hgb	111			
ervention		OK Cancel	Í.	
in Care		Canca	1	
	vith Dial scap and water			
Granules	all the second state of the	Do not get up in chair		-
Panifi Oint	tment	May be up for hours dail	N	
E Bactoban	Ointment Care for	r Dry Skin		
T TAO				
Accuzyme				

Middle Section of Clinically Unavoidable Skin Lesions Template

Skin Condition – this provides the opportunity to document 10 skin conditions which contribute to Clinically Unavoidable Skin Lesions.

Right-hand section of Clinically Unavoidable Skin Lesions Template

NH Master – this is a navigation button back to NH Master Template

Severe COPD	Chr. ES Liver	100	kin Condition			Return
Diabetes	Chr. ES Liver	7/////	Muscle wasti	5762		Wound Protocol
Severe PVD	T Innunosuppri	2011	Cachexia	19		
Chr. Bowel Inc.	Full Body Cas		Calf tenderne	25		Call to Family
Chr. Uninary Inc.	Steroid Thera		Elisteral eden	a		Document
Paraplegia	Radiation The	C.94	F Reduced urin	ary output		
F HOB Increase	Renal Dialysis		History of her		5% in one month)	Risk Assessment
C Sepsis	F Bed Bound		T Mobility			Waterlow Risk Assessment
Terminal Cancer	Cornetose/Ser due to medica	1000000-000000	Mental status	8		Norton Risk Assessment
Unable to turn an	Contrary .	tion/dehydration) Chec	k for New Labs			Braden Risk Assessment
MCV		Serum Transferrin		11	*(< 180 mg)	Help Documents
MCH Hab	11	Serum Albumin Total Protein			*(< 3.0 q/d) *(< 5.1 q/d)	Skin Care in Elderly Patients
tervention		(char) (char)		ation .	(Skin Integrity
kin Care	with Dial soap and wa		lobility	f attected i		Skin Care Glossary
Granules	tment Ointment	e for Dry Skin	Carlo Cheller and State	get up in ch	12-D	

Wound Protocol – this launches the Wound Protocol pop-up which gives treatment guidelines for Stage II wounds and for Stage III/IV Wounds. This is a different guideline than that for the <u>Skin Tear Guidelines</u>

Risk Factors Severe COPD Diabetes Severe PVD Chr. Bowel Inc.	Chr. ES Liver DX. Chr. ES Heart DX. Inmunosuppresion Full Body Cast	Skin Condition Poor skin turgor Muscle wasting Cachexia Call tendemess	Wound Protocol Call to Pamily
Chr. Uninary Inc. Paraplegia HOB Increase Quadraplegia Sepsis	Steroid Therapy Radiation Therapy Renal Dialysis Terminal Illness Bed Bound	ound Protocal Wound	⊻ Guidelines
MCV MCH Hgb Intervention Skin Care Cleanse w Granules	may indicate malnutrition/dehyv	Stage II Wound Vitamin C 500 mg. 1 po BID Zinc Sulfate 220 mg. 1 po QD for 1 month Albumin Level Transferrin Level Muttivitamin with minerals 1 po QD Prealbumin Level if weight loss occurs OK	Stage III / IV Wound Vitamin C 500 mg: 1 po BID Zinc Sulfate 220 mg: 1 po QD until resolved Albumin Level Transferrin Level Multivitamins with minerals 1 po QD Prealbumin Level if weight loss occurs Cancel
Panift Ointr Bactoban (TAO Accuzyme Other	Dintment Care for Dry Skir	May be up for	hours daily

Call to Family – this launches the Call to Family Record. For details see below. **Document** – this creates a document for the chart from the evaluation of **Clinically Unavoidable Skin Lesions.**

Beneath this are two functions

Risk Assessment

• Waterlow Risk Assessment -- this is a standardized risk assessment from 11 categories which indicates whether or not the patient has a clinically unavoidable skin lesion risk.

Bukk/Weight for Height Average Above Average Desse Below Average Consides/Catheter Consides/Catheter Consides/Catheter Costieter/Ancotinence Feces Doubly Incontinent Doubly Incontinent Star Type and Visual Risk Areas Healthy Tissue Paper, Dry, Eidematous, Clammy Discolored Broken Mobility Fully Fully Restess/Fulgety Apithetic Restess/Fulgety Chair-Bound Vipuete Average Poor Notice or Fluids Only Note or Fluids Only Note or Fluids Only	Sex Male Fenale Age So - 64 So - 65 - 74 So - 65 - 74 So - 65 - 74 So - 75 - 90 Tosue Mainutation Tentinal Cachesia Cardiac Failure or Peripheral Vascular Disease Anerria Sincking Medication Medication Medication None of the Above Major Surgery/Trauma Orthopsedic Below Waist, Spinal OR > 2 Hours Neurological Defot Diabetes, CVA, MS, Paraplegia None of the Above
revious Braults	
	stment

• Norton Risk Assessment – this is the Norton Risk Assessment Clinically Unavoidable Skin Lesions which assesses the patient from 5 categories. A score is produced and indicates the patient's risk for clinically unavoidable skin lesions.

Physical Condition Mobility C Good C Full C Fair C Slightly Limited C Poor C Very Limited C Bad C Immobile Mental Condition Incontinence C Alert C Not C Apathetic C Occasionally C Confused C Usually of Urine C Stuporose C Doubly	Clinica	Ily Unavoidable Skin Lecione	
Good Ful Fair Slightly Limited Poor Very Limited Bad Inmobile Mental Condition Incontinence Alert Occasionally Confused Usually of Urine Stuporose Doubly Activity Ambulant Viaks with Help Chair-Bound A score less than 16 indicates patient at risk. Previous Results: A score less than 16 indicates patient at risk.	Cillica	ily onavoidable okin Lesions	Return
Fair Slightly Limited Poor Very Limited Bad Incontinence Alert Apathetic Confused Confused Confused Doubly Activity Ambulant Viaks with Help Score Chair-Bound A score less than 16 indicates patient at risk. Previous Results: A score less than 16 indicates patient at risk.	Physical Condition	Mobility	
Poor Very Limited Bad Incontinence Alert Apathetic Occasionally Occasionally Occasionally Occasionally Oubly Activity Anbulant Walks with Help Chair-Bound A score less than 16 indicates patient at risk. Previous Results: A score less than 16 indicates patient at risk.		and a second	
Bed Immobile Mental Condition Incontinence Alert Apathetic Apathetic Confused Confused Cusually of Unine Stuporose Doubly Activity Anbulant Walks with Help Score Chair-Bound A score less than 16 indicates patient at risk. Previous Results: A score less than 16 indicates patient at risk.			
Mental Condition Incontinence Alert Not Apathetic Occasionally Confused Usually of Urine Stuporose Doubly Activity Score Anbulant Chair-Bound Bed-Bound A score less than 16 indicates patient at risk.	11 <u>11 11 (6 (6 (</u>))		
Alert Apathetic Apathetic Confused Usually of Urine Stuporose Doubly Activity Anbulant Walks with Help Chair-Bound A score less than 16 indicates patient at risk. Previous Results: A score less than 16 indicates patient at risk.	C Bad	C Immobile	
Apathetic Occasionally Occasionally Occasionally Occasionally Occasionally Outsually of Unine Stuporose Obubly Activity Activity Activity Activity C Ambulant Walks with Help Score C Chair-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.			
Confused CUsually of Urine Stuporose Doubly Activity C Ambulant VValks with Help C Chair-Bound Bed-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.			
C Stuporose C Doubly Activity C Ambulant VVialks with Help C Chair-Bound Bed-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.			
Activity C Ambulant Walks with Help C Chair-Bound Bed-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.			
Ambulant Walks with Help Score Chair-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.	C Stuporose	C Doubly	
Welks with Help Chair-Bound Chair-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.	Activity		
C Chair-Bound Score C Bed-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.	C Ambulant		
Chair-Bound Bed-Bound A score less than 16 indicates patient at risk. Previous Results A score less than 16 indicates patient at risk.	Vvalks with Help	Santa	
Previous Results A score less than 16 indicates patient at risk.		score	
	C Bed-Bound	A score less than 16 indicates patient at risk.	
Encounter Date: Time Score			
	Enc	ounter Date: Time Score	
		Sone Store	

• **Braden Risk Assessment** – Baden Scale Clinically Unavoidable Skin Lesions. This is based on 6 categories of evaluation and gives a score which indicates whether or not the patient is susceptible to clinically unavoidable skin lesions.

Cirricali	y Onavoida	ble Skin Lesions
ensory Perception Completely Limited Very Limited Slightly Limited No Impairment		Mobility C Completely Immobile Very Limited Slightly Limited No Limitation
kin Moisture Completely Moist Very Moist Coccasionally Moist Rarely Moist ctivity Bedfast Chairfast Walks Occasionally Walks Frequently Score] Assessment	Nutrition C Very Poor Probably Inadequate Adequate Excellent Friction and Shear Help Problem Potential Problem No Apparent Problem
	Score	Assessment
Encounter Date: Time		

Note: On **the Braden Assessment** there is a pop-up entitled **Friction and Shear** which expands on this risk factor.

Clinical	y Unavoida	ble Skin I	Lesions
			Recuiri
Completely Limited Very Limited Slightly Limited No Imperment		Mic	bility Completely Immobile Very Linited Sightly Linited No Linitation
Skin Moisture		Nut	trition
C Completely Moist Very Moist C Occasionally Moist Rarely Moist			C Very Poor C Probably Insdequate C Adequate C Excellent
Activity		Fri	ction and Shear Help
C Bedfast C Chairfast			C Problem
Walks Occasionally			Skin Braden Fric
C Walks Frequently			Friction and Shear
Score	Assessment		Friction and Oneal
Previous Results			Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.
Encounter Date Time	Score	Assessment	
12/02/2009 08:29 AM	14	The patient has	Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some
			extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slide down. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair. OK Cancel

Help Documents

- Skin Care in Elderly Patients this document gives more detail about skin care in the elderly.
- Skin Integrity this is an excellent discussion with pictures of the integrity or lack of integrity of the skin.
- Skin Care Glossary this defines 16 terms commonly used in evaluating the skin.

sk Factors		Skin Condition		Return
Severe COPD	Chr. ES Liver DX.	Poor skin turge	a.	
Diabetes	Chr. ES Heart DX.	Muscle wastin	9	Wound Protocol
Severe PVD	T Immunosuppresion	Cachexia		Call to Family
Chr. Bowel Inc.	Full Body Cast	Calf tendernes	5	Control carriery
Chr. Urinary Inc.	Steroid Therapy	Ellateral edema	1	Document
Paraplegia	Radiation Therapy	Reduced urina	ry output	
HOB Increase	Renal Dialysis	Veight loss (m	ore than 5% in one mon	th) Risk Assessment
Guadraplegia	Terminal liness	History of heal	ed decubitus //	Nak Naataaliitik
Sepsis	F Bed Bound	Mobility		Waterlow Risk Assessmen
Terminal Cancer	Comatose/Semicomatose	Mental status		
Chr.ESRD	due to medical condition			Norton Risk Assessment
Unable to turn and	I position			Braden Risk Assessment
aboratory Results (may indicate malnutrition/dehydratic	n) Check for New Labs		Drauen nisk Assessment
MCV	// Serum Tr	ansferrin	// *(< 180	
22705203		10160/000000		nep breamons
MCH		n Albumin	// *(« 3.0 c	SNIT Care in Eulery Papers
Hgb	11 Tot	al Protein	// *(< 5.1 c	TRADE TRADE TO A CONTRACT OF THE OWNER
tervention				Skin Integrity
ikin Care		Mobility		Skin Care Glossary
Cleanse v	with Dial scop and water and rinse w	ell Turn off	affected area	Skin Care Glossary
Granules		C Do not g	et up in chair	
	tment	May be u	up for	hours daily
Panifil Oin			HOI 117.	
T Bectoben	Ointment Care for Dry Skin			
1 NO150100151	Care for bry skill			

Mini Mental Status Exam Template

This is a test which assesses the presence of dementia. The scale allows for the assessment over time to evaluate the patient's changing state of mental capacity. The questionnaire is self explanatory as to its use.
Max Score	Score	Orientation	ini-Mental State Examinat	tion	(MMSE)	
5		Score 1-5 X	late) (day) (month)?	Trigg	jer Symptoms Indicative of Dementia:	NH Master
3		0 1 2 3 4 5	se. 1) (town or city) (hospital) (floor)? se. "apple,table, penny"). se.		the person have increased difficulty with the activities listed below? Learning and retaining new information. For exa repetitive; has more trouble remembering recent events, appointments; more frequently misplace Handling complex tasks. For example: has more	conversations, s objects
					complex train of thought, performing tasks that r such as balancing a checkbook or cooking a me	equire many steps
5		Close One point for each correct res	boint for each correct response. Dackwards. ponse.	г	Reasoning ability. For example, is unable to resp able plan to problems at work or home, such as do if the bathroom is flooded; shows uncharacter for rules of social conduct.	knowing what to
3		Recall Ask for the 3 objects repeate One point for each correct respo		Г	Spatial ability and orientation. For example: has t organizing objects around the house, finding his around familiar places.	
2		Language Name a pencil and a watch. Repeat the following: "No ifs	ande or hute "	Г	Language: For example: has increasing difficulty words to express what he or she wants to say conversations.	
3	-	Follow a 3-stage command: hand, fold it in half, and put One point for each part correctly	"Take a paper in your right it on the floor."	Π	Behavior. For example: appears more passive a more irritable than usual, is more suspicious that prets visual or auditory stimuli.	
1		Read and obey the following Write a sentence.	: CLOSE YOUR EYES.	clinics	ition to failure to arrive at the right time for appoint in can look for difficulty discussing current event irrest and changes in behavior or dress.	
1 Max	-	Copy the following design.			it also be helpful to follow up on area of concern atent or family members relevant questions.	by asking
Total 3	0	SCORE			tive findings in any of these areas generally for further assessment for the presence of d	
	Contraction of the local data	STIONS IN THE DEMENTIA HISTO of symptoms?	<mark>xxy:</mark> lay(s) ← week(s) ← month(s) ← yea	v(s)		
0	1000000000	t onset C Gradual onset nuous deterioration C Ste	pwise deterioration			

Fall Risk Assessment Template

This is one of the greatest health threats to all elderly patients but particularly to those who are in long-term residential care. Through the review of seven categories, a score is developed which indicates whether the patient is at high risk or low risk of falls.

Fall Risk Asses	ment
Check this box if you are unable to complete this assess	sment to due medical or other reasons.
I. Level of ConsciousnessMental Status Alert Disoriented Intermittent Confusion	2. History of Falls (In past 3 months) No Falls 1-2 Falls Guidelines
Ambulation/Elimination Status Ambulatory/Continent Chair Bound (Requires restraints and assist with elimination) Ambulatory/Incontinent	4. Vision Status (Alth or without glasses) Adequate Poor Legally Blind
5. Gait/Balance Instructions Gait/Balance Normal Balance problem while standing Balance Problem while walking Decreased muscular coordination Requires usage of assistive devices (i.e. cane, w/c, walker, furniture) Jerking or unstable when making turns Change in gait pattern when walking through the doorway	6. Systolic Blood Pressure (Between lying and standing) No noted drop Drop LESS THAN 20 mm Hg Drop MORE THAN 20 mm Hg None present 1-2 present
7. Medications Instructions NONE of thee medication tatken currently or within last 7 days Takes 1-2 of these medictions currently and/or within last 7 days Takes 3-4 of these medications currently and/or within last 7 days Change in medication or dosage in last five days	Total Score 0 Past Scores

In addition to the seven categories for review with the elements of each, the template has three Instruction pop-ups.

One Instruction pop-up is on the Gait/Balance Category

Level of Consciousness/Mental Status	Fall Gait Instr		×	
C Disoriented	To assess the resident's (all/Balance, have him or her stand	Lop hoth	Return
Intermittent Confusion		nything, walk straight forward, w		Guidelines
Ambulation/Elimination Status	through a doorway, and m	and the second		
Ambulatory/Continent Chair Bound (Requires restraints and	-			
Ambulatory/ncontinent		Cancel		
	1	C. C. white Stand Damage (Date		
ait/Balance Instructions Gat/Balance Normal		 Systolic Blood Pressure (Betv No noted drop 	veen lying and stand	ang)
Balance problem while standing		Drop LESS THAN 20 mm H	a	
Balance Problem while walking		Drop MORE THAN 20 mm H		
Decreased muscular coordination		8. Predisposing Diseases	Instructions	
Requires usage of assistive devices (i.e Jerking or unstable when making turns	cane, w/c, walker, furniture)	None present	- Instructions	
Change in gait pattern when walking thr	ough the doorway	1-2 present		
Medications Instructions		3 or more present		
NONE of thee medication tatken currently	and the second second			
		Total Score 0	Past Score	

Another instruction pop-up is on the **Medications Category**

Check this box if you are unable to con	nplete this assessment to due medical or other reasons.
1. Level of Consciousness/Mental Status Alert Disoriented Intermittent Confusion	2. History of Falls (In past 3 months) No Falls 1-2 Falls 3 or more Falls Guideline
Ambulation/Elimination Status Ambulatory/Continent Chair Bound (Requires restraints and assist wit Ambulatory/Incontinent	A Meion Statue (Mith or without disease) Fall Meds Instr
S. Geit/Balance Instructions Gait/Balance Normal Balance problem while standing Balance Problem while standing Decreased muscular coordination Requires usage of assistive devices (i.e. cane, w Jerking or unstable when making turns Change in gait pattern when walking through the Change in gait pattern when walking through the NONE of these medication for ourrently and/or w Takes 1-2 of these medications currently and/or w Takes 3-4 of these medications currently and/or w Change in medication or dosage in last five days	Respond based on the following types of medications: Anesthetics Antihistamines Antihypertensives Antiseizure Bendodiazepines Cathartics Diuretics Narcotics Sedetives/Hypnotics OK Cancel

The last instruction button is on Predisposing Disease Category

	Fall Risk Asses	ment [12/23/2009	J	
Check this bo	x if you are unable to complete this asses	sment to due medical or of	ther reasons.	
Level of ConsciousnessM	ental Status	2 History of Falls (In past	3 months)	
Disoriented	all Predis Instr	×		Return
T Intermittent Confusic				Guidelines
Ambulation/Elimination S Ambulatory/Continer Chair Bound (Requ Ambulatory/Incontine	Respond below based on the following pred Hypotension, Vertigo, CVA, Parkinson's dise Seizures, Arthritis, Osteoporosis, Fractures.	ase, Loss of limb(s),	thout glasses)	
Gait/Balance In Gait/Balance Normal Balance problem wh	OK	ncel	Between lying and sta un Hg	nding)
Balance Problem while Decreased muscular c		I DIOD MORE LUNATED	him Hg	
	istive devices (i.e. cane, w/c, walker, furniture)	8. Predisposing Diseases	Instructions	
Jerking or unstable wh Change in gait pattern	en making turns when walking through the doorway	None present 1-2 present 3 or more present		-
. Medications Instr	uctions	a sor more present		
	on talken currently or within last 7 days	Total Score	Past Sco	res
Takes 3-4 of these me	dictions currently and/or within last 7 days dicatons currently and/or within last 7 days r dosage in last five days	Total score above	e 10 indicates HIGH	

Under the navigation button for NH Master at the right hand side of the template is a link to the **Guidelines for Fall Prevention**.

Fall Risk Assesme	
evel of Consciousness/Mental Status 2 Alert Discriented Intermittent Confusion	History of Falls (In past 3 months) No Falls 1 2 Falls 3 or more Falls Vision Status (With or without glasses) Adequate
State Guideli B Inpatient/Nursing Home B Perform and record Neuro vital signs every D Pharmacy Review R CBC C EMP Identical Signs Edit Linalysis EKG T Consult Physical Therapy T Apply Lap Buddy when up in chair.	nes for Fall Precaution outpatient
C Apply Cab coddy whet do al Coar. Apply Pelvic Restraint when up in chair. Notity family of application of and rationale for restraint device. Implement Nursing Fail Precaution Protocol PRN. Consult Optometry	Referral to PT for evaluation for physical therapy Referral to PT for evaluation for motorized wheelchair. Home Health evaluation for safety. Recommend commode and bathtub device for mobility.

Depression Template

Depression is a serious and often life-threatening problem in the elderly and particularly in the elderly in long-term residential care facilities. In addition, the complexity of mediation treatment of the elderly is greater because they are often on multiple drugs which have serious interactions. While this template is mostly educational, it is key to the successful treatment of residents of long-term care facilities

	Depression	
Anhedonia - absence of pleasure Depressed mood throughout the d Fabigue Significant change in weight, + / - Insomnia or excessice sleep Loss of sense of self-value Loss of concentration Suicidal thoughts	from the performance of acts that would or av	ndinarily be pleasurable.
onnective Tissue Disease (lupus, po	shing's syndrome, B12 Deficiency) sease, post-stroke, dementia, seizure disor lymyalgia rheumatica)	rder)
Ū.	oskeletal pain, backache, and recurrent abo	iominal pain. and Hypertension
eadaches, recurrent diffuse muscuk	oskeletal pain, backache, and recurrent abo	1
eadaches, recurrent diffuse muscuk Depression Ri	sk Questionnaire	and Hypertension
eadaches, recurrent diffuse muscul Depression Ris Depression Information	sk Guestionnaire Depression Depression and Medications	and Hypertension Drug Information and the Elderly
eadaches, recurrent diffuse muscul Depression Ri Depression Information Types of Depression	sk Guestionnaire Depression Depression and Medications Depression Relief w/Meds	and Hypertension Drug: Information and the Elderly Drugs Not Suitable for NH Use
Depression Information Types of Depression Mental Health in Elderly Depression in Elderly	sk Guestionnaire Depression Depression and Medications Depression Relief w/Meds Meds Aggrevating Depression	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/ High Risks in Elderly
Depression Information Types of Depression Mental Health in Elderly Depression in Elderly	sk Guestionnaire Depression Depression and Medications Depression Relief w/Meds Meds Aggrevating Depression Serotonin-Reuptake Inhibitors	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/High Risks in Elderly Drugs w/Low Risks in Elderly
Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions	sk Guestionnaire Depression Depression and Medications Depression Relief w/Meds Medis Aggrevating Depression Serotonin-Reuptake Inhibitors Designer Antidepressants	and Hypertension Drugs Information and the Elderty Drugs Not Suitable for NH Use Drugs w/High Risks in Elderly Drugs w/Low Risks in Elderly Antidepressants and Rec Dosing
Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions Symptoms of Depression	sk Guestionnaire Depression Depression and Medications Depression Relief w/Meds Meds Aggrevating Depression Serotonin-Reuptake Inhibitors Designer Antidepressants Trycyclic Antidepressants	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/ High Risks in Elderly Drugs w/ Low Risks in Elderly Antidepressants and Rec Dosing Anixolytic and Sedative Drugs
eadaches, recurrent diffuse muscule Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions Symptoms of Depression Cognitive Treatment	bekeletal pain, backache, and recurrent abo sk Questionnaire Depression Depression and Medications Depression Relef w/Meds Meds Aggrevating Depression Serotonin-Reuptake Inhibitors Designer Antidepressants Trycyclic Antidepressants MAOIs	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/ High Risks in Elderly Drugs w/ Low Risks in Elderly Antidepressants and Rec Dosing Anixolytic and Sedative Drugs

Signs and Symptoms of Depression

	Depression	
igns and Symptoms of Depress Anhedonia - absence of pleasur Depressed mood throughout the Fatigue Significant change in weight, + / Insomnia or excessice sleep Loss of sense of self-value Loss of concentration Suicidal thoughts	e from the performance of acts that would o day	ndinarily be pleasurable.
	iteroids) ushing's syndrome, 812 Deticiency) disease, post-stroke, dementia, seizure diso olymyalgia rheumatica)	rder)
Headaches, recurrent diffuse music Depression F	loskeletal pain, backache, and recurrent abo	and Hypertension
Headaches, recurrent diffuse music Depression f Depression Information	Noskeletal pain, backache, and recurrent abo Nsk Questionnaire Depression Depression and Medications	and Hypertension Drug Information and the Elderly
Headaches, recurrent diffuse music Depression F Depression Information Types of Depression	Noskeletal pain, backache, and recurrent abo lisk Guestionnaire Depression Depression and Medications Depression Relief w/Meds	Drug Information and the Elderly Drugs Not Suitable for NH Use
Headaches, recurrent diffuse music Depression f Depression Information	Noskeletal pain, backache, and recurrent abo Nsk Questionnaire Depression Depression and Medications	and Hypertension Drug Information and the Elderly
Headaches, recurrent diffuse music Depression Information Types of Depression Mental Health in Elderly	Noskeletal pain, backache, and recurrent abo Itsk Questionnaire Depression Depression and Medications Depression Relief w/Meds Meds Aggrevating Depression	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/ High Risks in Elderly Drugs w/ Low Risks in Elderly
Headaches, recurrent diffuse musc Depression Information Types of Depression Mental Health in Elderly Depression in Elderly	Noskeletal pain, backache, and recurrent abo Nisk Questionnaire Depression Depression and Medications Depression Relief w/Meds Meds Aggrevating Depression Serotonin-Reuptake Inhibitors	and Hypertension Drug Information and the Elderly Drugs Not Suitable for NH Use Drugs w/ High Risks in Elderly
Headaches, recurrent diffuse music Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions	Noskeletal pain, backache, and recurrent abo tisk Questionnaire Depression Depression and Medications Depression Relief w/Meds Medis Aggrevating Depression Serotonin-Reuptake Inhibitors Designer Antidepressants	and Hypertension
Headaches, recurrent diffuse music Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions Symptoms of Depression	Noskeletal pain, backache, and recurrent abo Nisk Guestionnaire Depression Depression and Medications Depression Relief w/Medis Medis Aggrevating Depression Serotonin-Reuptake Inhibitors Designer Antidepressants Trycyclic Antidepressants	and Hypertension Drugs Information and the Elderly Drugs Not Suitable for NH Use Drugs w/High Risks in Elderly Drugs w/Low Risks in Elderly Antidepressants and Rec Dosing Anticolytic and Sedative Drugs
Headaches, recurrent diffuse music Depression Information Types of Depression Mental Health in Elderly Depression in Elderly Treatment Ideas and Cautions Symptoms of Depression Cognitive Treatment	Noskeletal pain, backache, and recurrent abo New York Content of the second se	and Hypertension Drugs Information and the Elderly Drugs Not Suitable for NH Use Drugs w/High Risks in Elderly Drugs w/Low Risks in Elderly Antidepressants and Rec Dosing Anticolytic and Sedative Drugs

Other Conditions That Can Cause Depressive Symptoms



Common Painful Symptoms Reported by Depressed Patients



Depression Risk Questionnaire

63	No	on an anna an	
3	5	1. Are you basically satisfied with your life?	Return
3	E	2. Have you dropped many of your activities or interests?	
4		3. Do you feel that your life is empty?	
1	Г	4. Do you often get bored?	
3	5	5. Are you hopeful about the future?	
3	Г	6. Are you bothered by thoughts you cannot get out of your head?	
- É	E	7. Are you in good spirits most of the time?	
		8. Are you atraid that something bad is going to happen to you?	
18	Γ.	9. Do you feel happy most of the time?	
.1	Г	10. Do you often teel helpless?	
	1	11. Do you often get restless and fidgety?	
1	Г	12. Do you prefer to stay at home, rather than going out and doing new things?	
	Г	13. Do you frequently worry about the future?	
Ē.	Г	14. Do you feel that you have more problems with memory than most?	
1	Г	15. Do you think that it is wonderful to be alive now?	
11	E	15. Do you often feel downhearted and blue?	
18	Г	17. Do you feel pretty worthless the way you are now?	
1	Г	18. Do you worry about the past?	
1	Г	19. Do you find life very exciting?	
-1	Г	20. Is it hard for you to get started on new projects?	
1	Г	21. Do you feel full of energy?	
	Г	22. Do you feel that your situation is hopeless?	
1	Γ.	23. Do you think that most people are better off than you are?	
	Г	24. Do you frequently get upset over little things?	
1	Г	25. Do you frequently feel like crying?	
76	Γ.	26. Do you have trouble concentrating?	
1	Г	27. Do you enjoy getting up in the morning?	
	Г	28. Do you prefer to avoid social gatherings?	
1	Γ.	29. Is it easy for you to make decisions?	
-1	Г	30. Is your mind as clear as it used to be?	

Depression and Hypertension

This is link to the Hypertension and Depression Template in the Hypertension Suite of Templates. For information on how to use this function see the <u>Hypertension and Depression</u> tutor.

Hypertension and Depression	
Depression As A Risk Factor For Hypertension	Return
Dual Risk of Depression and HPT Mechanisms of Depression Causing HPT	
High depression scores are an independent predictor of hypertension:	
* In white adults aged 45 to 64, with a relative risk of hypertension of 1.80. * In African-American adults aged 25 to 64, with a relative risk of hypertension of 2.99.	
Vigilance about the coexistence of depression and hypertension is particularly important in groups at high risk o	f depression:
* Elderly persons	
* Women	
* Separated or divorced persons * Those with a family history of depression.	
These miner and prove for adjuscement.	
Antihypertensive Drugs Can Worsen Depression	
A link between antihypertensive medications and depression has been suspected for more than four decades.	
Antihypertensive Medications Causing Depression	
Interactions Between Antihypertensives and Antidepressants	
Lifestyle aspects which may worsen depression and hypertension are	
Smoking	
T Alcohol	
T inactivity	
Poor Diet	

At the bottom of the template there are three columns of education documents:

Column 1 –

Depression Information

- Types of Depression
- Mental Health in Elderly
- Depression in Elderly
- Treatment ideas and Cautions
- Symptoms of Depression
- Cognitive Treatment
- Lifestyle and Depression

Column 2 –

- Depression Relief w Meds
- Meds Aggregating Depression
- Serotonin-Reuptake Inhibitors
- Designer Antidepressants
- Triclyclic Antidepressants
- MAOIs
- Herbal Remedies
- Augmetnation Strateies

• Review ALL Medications

Column 3 –

- Drugs Not Suitable for NH Use
- Drugs w/High Risk in Elderly
- Drugs w/Low Risks in Elderly
- Antidepressants and Rec Dosing
- Anixolytic and Sedative Drugs
- Common Antipsychotic Drugs

Lab Results Template

This is a standard function in SETMA's EMR. When accessed this template causes the most recent laboratory values for the tests listed on the template to populate the template. A document can then be created. In addition, once the Lab Results template has been accessed, the lab results will appear on the chart note for that encounter.

			Lab R	esu	ts				
CBC			BMP	SOCH		Lipids	_		
ABC .	4.2	12/02/2009	No	125	12/02/2009	Cholesterol	212	12/02/2000	Return
KGB .	12.5	12/02/2009	СК _	3.6	12/02/2009	HOL	36	12/02/2009	Document
cr	39.9	12/02/2009	a _	99.	12/02/2009	Reto	5.99	12/02/2009	Document
LT	213	12/02/2005	C02	27	12/02/2009	LDL	145	12/02/2009	
ec :	\$10	12/02/2009	Olucose		11	Triglycenides	312	12/02/2009	
65V	.82.4	12/02/2009	Fasting	_	11				
ICH	26.5	12/02/2009	BUN	36	12/02/2009	Occult B	bool		
ICHC	32.3	12/02/2009	Oratina	1.0	12/02/2009	OB1		111	
ynahil	0.0	12/02/2009	Ca L	8.0	12/02/2009	082		11	
Autop.ie	47.5	12/02/2009	CMP			083		11.	
05#	0.3	12/02/2009	ALD T	3.6	12/02/2009	and the			
00%	1.8	12/02/2009	AST	22	12/02/2009	Anylase		11	
٨	11	-	ALT	50	12/02/2009	Lipste			
skor			ALP	121	12/02/2009	Estrado	_	11	
irty 1			BLID	-	11	FSH.		11	
6			DUIT	t.t.	12/02/2009	LH		117	
pec Grav			TP	7.0	12/02/2009			1	
Aucose			1122		(here and here and	শ		11	
RO			Thyroid			PR.		<u></u>	
eluces			13		177	Fertin	187	12020009	
eukocytes			74		11	aton .		21.	
Brates		_	17		11	a second		1077	
Brubin		_	TSH		11	Fructosenine	9.2	12/02/2009	
book		_	T-Op		11	OlycoHem		1120212003	
icroll dow	m for mo		6		1573	Comme	in Neura	logy Orders	
ŧ₽		11	01	2	11	Carbona	cepine [11	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
PK Constants	<u> </u>	11	ES	8	11	Digoran	8	11	
H HB Tot	<u> </u>	11	- 00	1	11	Diardin	- 3	11	
roponin	<u> </u>	11	E LINA	n	11	Keppra		11	
			ю	1000	11	Phenobia	ietsi [11	
			Magnesiu			9 H1855			
			Micral Str	¥	1.11	_			
			Mor	0	11	3			
			Preskum	n	11				
			Pregnanc	۲	11	_			
			PS	ň	. 11	_			
			R	F	11	_			
			Testosterot	e	11	_			
			Theophylin		11	_			
			Linc Ac	C. Provenue	manuf (succession in successi	2			
			Valorde Ao	d	11				

Call to Family Template

This template allows for the documentation of a contact with the family. The template contains the ability to document:

- Call Made By
- Telephone Number Called
- Spoke With
- Relation to Patient

Issues Discussed -17 issues are listed with four boxes for free text entry of other issues which were addressed with the family.

		NH Master
Call Made By		
felephone Number Called () -		
Spoke With		
Relation to Patient		
Velandri to Panera I		
Issues Discussed		
Weight Loss	Clinically Unavoidable Skin Lesions	
F PEG Tube	Change of Condition	
Nutritional Problems	Safety Issues (Fall, Wandering, etc.)	
Code Status	Medication Changes	
Transfer to Hospital	Patient Conduct	
Comfort Measures	Patient Injury	
Labs or X-Ray	Other	
Non-compliance with Medications		
Non-comliance with Treatment		
Non-compliance with Diet		
T Hospice		
Commente		
Comments		

Call/Nursing Home Template

This template allows the provider to document a contact with the Nursing home or Hospital about the patient's care. The content is self-explanatory.

Primary Provider		- Partie	ate of Call		Time of Call	Time of Call	
Urgency of Situation		Ċ	Emergent C Urgent Date of Birth		rgent Gender	C Deferable	
Test	Dottie		09/2	8/1920	F		
Facility			Caller's Name		Phone	Ext.	
The Meadows							
Regarding		1 14			-	- 10 VI	
Current Medi	cations				3 N.		
Encounter		51		1 martine and the second	Lange and the second	date_stopped	
Date:Time	brand_name	dose	route_desc	sig_codes	date_last_refilled	date_stopped	
Vitals Signs B.P. 130		0.00 R			F		
Date Time	/[80 P[8						
Vitals Signs B.P. 130 Symptoms	/ 💿 p 🖲						

E-mail Link – this enables the provider to communicate via e-mail with others about this care.

Chart note – this creates the chart note

Admission Orders –For an explanation of how to use the Admission Orders for the creation of Hospital Admission Orders, <u>Click Here</u>.

amitting Physician Consults Consults Incility Incility I	Orders
cility cility Print Admit o Print Admit o Report Admiss Indition Ide Status Routine Orders Disease Specific Ide Status Id	Orders
Indition	
Indition Disease Specific Default Routine Orders Diagnostic Orders	ion to CBC
Default Default Routine Orders Diagnostic Orders	
Initing Diagnosis	
Routine Orders Diagnostic Orders	
dmitting Disgnosis	
Amitting Diagnosis Nursing Orders QAM Labs	
Respiratory Medications	
Critical Care Ventilator	
Hyperkalemia	
Sliding Scale	