

Top changes for nurses when Computerized Provider Order Entry (CPOE) and advanced functions of the electronic health record (EHR) are live at their site*:

- Use EHR functionality such as CareCompass and task lists, to prioritize patient care activities, including medication administration and nurse lab collection.
 - **Note:** A regularly scheduled glucose check will show on CareCompass, and nursing will use CareCompass to complete the task and the documentation.
- Complete orders, including nurse-initiated protocols, and view results, including lab (internal and external) and point of care are reviewable electronically.
 - **Note:** when CPOE is live unit clerks/nursing unit assistants do not have the ability to place orders. Providers directly enter orders for medications, diagnostic tests, and patient care via CPOE.
- Verbal and Telephone orders can still be entered, although you must keep the ordering provider on the phone/in communication for the duration of order entry and read back to ensure all clinical alerts and prompts are appropriately addressed.
- ED, ICU and Perioperative areas will use bedside monitors, connected to PowerChart, to automatically pull in patient vitals in areas with biomedical device integration.
- Access the electronic MAR to document medication administration, using a closed loop process, with a new medication label barcode to support scanning, where applicable.
- Use of range dosing is restricted to certain medications, and they are preconfigured in the system and result in alerting to the end user. For example: Tylenol 500-1000mg q 4 hr.
- Perform specimen collection and bedside labeling using the Specimen Collection Wizard for barcode scanning and documentation, except for nurses in the OR and in Medical Imaging.
- Use the Transfusion Medicine Summary CPOE mPage to check if the ordered blood product is ready for pick up.
- Access the paper chartlet for documentation that remains on paper and for forms that require patient signatures, like consent or forms or Mental Health Act (scanned upon discharge).

**More comprehensive workflow changes, based on specific roles and/or specialties, will be covered in engagement and training activities.*



Important to remember!

- Using the EHR does not replace the need for interdisciplinary communication.
- MAR re-scheduling: one time rescheduling of a dose can be done by a nurse; ongoing dose scheduling must be coordinated with pharmacy except in Critical Care and NICU
- Chart checking and order remediation are still required on a routine and ongoing basis. Nurses and allied health professionals continue to work with Providers to ensure that orders are appropriate for the current patient situation.



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