



Promoting Evidence- Based Practice through IT Initiatives

Sheri Matter

**Vice President of Nursing,
PinnacleHealth**

Evidence-Based Practice

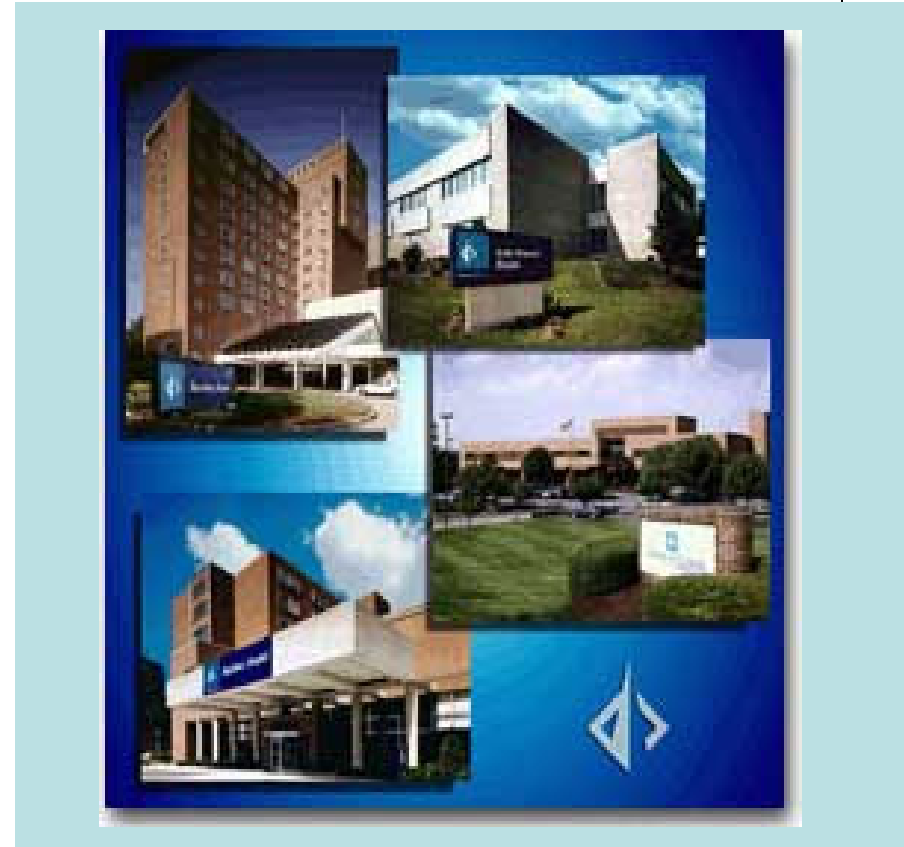
- “The conscientious explicit and judicious use of current best evidence in making decisions about the care of individual patients.” (Sackett 1998)

Overview

- Pinnacle Health Nursing Structure
- Embracing the Evidence
- Embedding the Evidence
- Utilizing Documentation to Achieve Outcomes
- Future

Pinnacle Health System

- Located in Central PA
- 4 Hospital System
- 500 Plus Beds
- Magnet System
- Heart, and Transplant programs
- Second largest Women's Program in the State
- Large Psychiatric Program
- 2 Outpatient Surgical Centers





PinnacleHealth System

- One Information System
- Wireless Network on the Clinical Units
- Data Warehouse with Clinical Results
- Point of Care Automated Documentation
- Zynx Knowledge Content



Nursing Structure

- Magnet designation for the Pinnacle Health System
- Flat Organization with 2 Vice Presidents of Nursing and 4 Directors of Nursing: Acute Care Nursing, Psychiatric Nursing, Home Care and Hospice Nursing, and Surgical Nursing.
- 10 CNSs
- Documentation Committee

Nursing Structure

- Shared Decision Making Model
- Nurse Practice Council
- Quality Council
- Research Council
- Pride Council
- Professional Development Council
- Leadership Council
- 1000 Registered Nurses
- Many RNs Educated at the local Community College
- 27 Percent of all RNs are Certified in their Area of Practice
- Synergy Model of Practice

Evidence-Based Practice

- Factors that Promote EBP in an Organization

Organizational Requirements & Their Effectiveness

- **Cultivation of support:**

- Governance structure*
- EBP Education*
- EBP- Focused Clinical Ladder*

- **Facilitation of Practice Standards:**

- **Tailored Education Plans****
- **Evidence-Based Documentation****
- **Evidence-Based Monitoring Protocols****
- **Automatic Practice Alerts*****

- **Overcoming Resistance:**

- **Physician Partnerships****
- **Unit EBP Ambassadors****

***** Strong positive effect. **Moderate positive effect. *Slight positive effect.**

The Advisory Board, 2005.

Pilot Phases

- **Phase I** – integration of Zynx evidence links into automated documentation screens
- **Phase II** – implementation of six evidence-based care plans utilizing Zynx content
- **Phase III** – integration of Zynx evidence into Sorian assessment and care planning modules



Embracing the Evidence

- Nationally 64.5% of nurses report needing information weekly yet only 26.7% have received the tools to access evidence, and only 11% cite searching information.
- Nearly half of all nurses are not familiar with the terms Evidence-Based Practice. (Pravikoff, Pierce, Tanner, AJN, September 2005)

Embracing the Evidence

- Pinnacle staff had little to no formal training in EBP
- It has not been an easy journey at Pinnacle
- Early adoption occurred by the CNSs and the Management Team
- Nurse Practice Council's role in the progress of Evidence Based Practice
- Educate and re-educate all staff, and then educate again
- Educate all newly hired staff during orientation



Embracing the Evidence

- Understanding what evidence is reliable
- Zynx Author Space has made working with the evidence “fun” for the staff.
- Evidence needs to be accessible to be meaningful it needs to be available throughout the workflow
- Expectations need to be set by the CNO
- The proof is in the outcomes

Embedding the Evidence

- Evidence links are available on the intranet page
- Evidence links are available in the daily documentation
- Evidence is embedded in the daily flow sheets for example falls screen
- Reminders are embedded in the workflow
 1. Statements within the daily documentation
 2. Reminder Screens that pop up- falls- 2 hour pain reassessment

Embedding the Evidence

- The work on careplans begins in Author Space with Zynx care planning. This is completed in the Nurse Practice Council
- Plans of care are part of the electronic medical record
- Documentation is locked at the end of 24 hours unless the plan of care is updated.
- Plans of care are printed on the nurses daily work list.



Embedding the Evidence

- Two hour reminder for pain reassessment in the MAK system
- Constant monitoring of the system through the data warehouse
- Monthly reporting at the Nurse Quality Council
- Transparency within the department of Nursing and on the internet
- Morse Fall Scale embedded in the daily documentation
- Evidence is pushed and pulled in the documentation

Phase I - 2005

OAS/Gold Client - Microsoft Internet Explorer

FIX236 ,KIT3 M 19 C7 / 702--D HIN Pt #: 260000372

Atn Dr : KAMBIC DANIEL M

Adm Dt : 10/20/2005 IA Last Assess Dt/Tm : 10/25/2005 MR # : 910000036

Cardiology Education

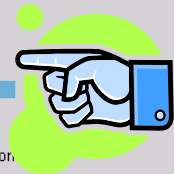
<input type="checkbox"/> Activity Restrictions	<input type="checkbox"/> Echocardiogram	<input checked="" type="checkbox"/> Pain Scale Mgmt
<input type="checkbox"/> Anticoagulant Therapy	<input type="checkbox"/> Endocarditis Prophylax	<input checked="" type="checkbox"/> Pressure Ulcer Prev
<input type="checkbox"/> Blood Pressure Control	<input type="checkbox"/> Equipment	<input type="checkbox"/> Procedure
<input type="checkbox"/> Cardiac Rehab	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sodium Restriction
<input type="checkbox"/> Chest Tubes/Drains	<input checked="" type="checkbox"/> Fall Precautions	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Chest Pain Management	<input type="checkbox"/> Fluid Restrictions	<input type="checkbox"/> Stress Testing
<input type="checkbox"/> Cholesterol Levels	<input type="checkbox"/> Hemodynamic Monitor	<input checked="" type="checkbox"/> Tobacco Cessation
<input type="checkbox"/> Daily Weights	<input type="checkbox"/> IABP	<input type="checkbox"/> Weight Loss/Management
<input type="checkbox"/> Diet-LFLC	<input type="checkbox"/> ICD Restrictions	<input type="checkbox"/> Other
<input type="checkbox"/> Diet-Low Sodium	<input type="checkbox"/> Incision/Wound Care	
<input type="checkbox"/> Discharge Plan	<input type="checkbox"/> ISB	
<input type="checkbox"/> Disease Process	<input type="checkbox"/> Medications	
<input type="checkbox"/> Driving Restrictions	<input type="checkbox"/> Pacemaker Restrictions	

Pt Menu Pending Review ZYNX

Assessment Menu Complete Enter

[OVR] PVEDTP02-P [03/30/2006 14:46]

Start 5 Microsoft Outlook Removable Disk (E:) 7 Internet Explorer Zynx Education Powe... Microsoft PowerPoint... 2:48 PM





Print

Reminder

Consider incorporating patient and family education as part of fall prevention in hospitals.

Rationale

A systematic review by Rutledge et al (2003) of fall prevention and risk assessment in hospitalized patients finds that patient and family education are among the components of a successful fall prevention program.

A randomized controlled trial by Haines et al (2006) finds that in subacute/aged rehabilitation hospital inpatients, a patient education intervention for falls prevention reduces the incidence of falls as compared with no education program.

A nonrandomized prospective study by Yardley et al (2006) shows that adults 61 to 94 years of age understand falls prevention to be primarily involved with hazard reduction, restriction of activity, and use of aids. The study also shows that falls advice is seen as useful but not relevant or appropriate and is regarded as potentially distressing or patronizing.

In a guideline for the prevention of falls and fall injuries in older adults, the Registered Nurses' Association of Ontario (RNAO, 2005) recommends that all patients assessed as high risk for falling receive falls education regarding their risk of falling. This recommendation is described by the RNAO as Level of Evidence IV (ie, evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities).

References Sort by: Year then by: Class Go Reset

1. Haines TP, Hill KD, Bennell KL, Osborne RH. Patient education to prevent falls in subacute care. Clin Rehabil. 2006;20:970-979. [PubMed](#)
Class of Evidence: A
2. Yardley L, Donovan-Hall M, Francis K, Todd C. Older people's views of advice about falls prevention: a qualitative study. Health Educ Res. 2006;21:508-517. [PubMed](#)
Class of Evidence: B
3. Registered Nurses' Association of Ontario. Prevention Falls and Fall Injuries in the Older Adult. Nursing Best Practice Guideline. 2005.
Class of Evidence: E
4. Rutledge D, Donaldson N, Pravikoff D. Update 2003: fall risk assessment and prevention in hospitalized patients. OJCI. 2003;6:1-55.
Class of Evidence: S

Embedding the Evidence

OAS/Gold Client - Microsoft Internet Explorer

CLOSER, TEST M 38 C7 / 700--D HIN Pt#: 260000014
Atn Dr: TECAU ROBERT L
Adm Dt: 7/14/2005 IA Last Assess Dt/Tm: MR #: 800104523

Fall Risk Assessment

Previous Risk Level:

Hx of Falls Yes No (Immed Hx or Current Adm)

Secondary Dx Yes No (Greater than 1 Medical Dx)

Ambulatory Aid None/Bedrest/Nurse Assist
 Crutches/Cane/Walker
 Holds onto Furniture

Cont IV Infusn Yes No

Gait Normal/Bedrest/Immobile
 Weak (Uses Touch for Balance)
 Impaired (Unsteady, Difficult Rising)

Mental Status Oriented to Own Ability
 Unconscious
 Forgets Limitations

Recalculate

Total Points 35
Risk Level Moderate

**Risk Level has changed !
Make sure to
Update Plan of Care per new risk
level.**

Pt Menu Pending Review Evidence
Assessment Menu Complete Enter

OVR PVSHFR01:P 03/29/2006 07:34

Start Inbox - Microsoft Out... OAS-Gold Launch (Pro... OAS/Gold Client - Mic... 7:34 AM

Phase II - 2006

- Integrated Zynx evidence into nursing assessment screens and six plans of care
- Quality and Practice Councils selected the plans of care to customize:
 - Falls
 - Pain
 - Risk of Surgical Site Infection
 - Risk for Ventilator Associated Pneumonia
 - Impaired Mobility
 - Altered Tissue Perfusion

Embedding the Evidence

DAS/Gold Client - Microsoft Internet Explorer

CLOSER, TEST M 38 M6 / 601--W HIN Pt#: 260000014

Atn Dr: TECAU ROBERT L

Adm Dt: 7/14/2005 IA Last Assess Dt/Tm: MR #: 800104523

Problem: MOBILITY, IMPAIRED

TYPE	DESCRIPTION
(O)	1. ABILITY TO AMBULATE INDEPENDENTLY
(O)	2. ABILITY TO AMBULATE USING APPROPRIATE ASSISTIVE DEVICE
(O)	3. ABILITY TO PERFORM PRESCRIBED PHYSICAL THERAPY
(O)	4. ABILITY TO PERFORM RANGE-OF-MOTION INDEPENDENTLY
(O)	5. UNDERSTANDS NEED FOR INCREASED MOBILITY
(O)	6. INTERVENTIONS
(I)	ALTERNATE REST/ACTIVITY PERIODS
(I)	ASSESS ACTIVITY TOLERANCE QSHIFT
(I)	ASSESS GAIT DAILY
(I)	ASSESS KNOWLEDGE RE: ASSISTIVE DEVICES, MEDICATIONS, ACTIVITY
(I)	ASSESS MOBILITY DAILY Evidence
(I)	CONSULT SOCIAL SERVICES Evidence
(I)	MONITOR FOR PROPER POSITIONING
(I)	MONITOR VITAL SIGNS DURING ATTEMPTS TO MOBILIZE AN ICU PT Evidence
(I)	PLAN AND IMPLEMENT PROGRAM OF PROGRESSIVE AMBULATION

Pt Menu Accept

Skip Problem Save

11441: PATIENT REVISION COMPLETED OVR PVOCIM1:P 03/29/2006 07:27

Start Inbox - Microsoft Outl... DAS-Gold Launch (Pro... DAS/Gold Client - Mic... 7:27 AM

Embedding the Evidence Continued

The screenshot shows a Microsoft Internet Explorer browser window. The address bar contains the URL: <https://www.zynx.com/Reference/Content.aspx?ItemID=179930&ver=1>. The page title is "Patient Problems > Functional Domain > Mobility - Impaired > Assessment/Diagnosis > Impaired Mo - Microsoft Internet Explorer". The breadcrumb navigation path is "Patient Problems > Functional Domain > Mobility - Impaired > Assessment/Diagnosis > Impaired Mobility - Risk Factors".

Reminder
Elderly inpatients are at risk for decline in mobility and function during hospitalization.

Rationale
A nonrandomized prospective study by [Brown et al \(2004\)](#) finds that in hospitalized medical patients age > 70 years who do not require total assistance with basic ADL on admission, 29% experience a new decline in nonmobility ADL at discharge. The authors also show that patients with low mobility are more likely to experience functional decline in ADL performance as compared with those without mobility problems. A nonrandomized prospective study by [Hirsch et al \(1990\)](#) shows that in medical patients > 74 years of age, a significant decrease in ability to mobilize, transfer, toilet, feed, and groom independently occurs during hospitalization. The authors note that functional impairment improves at a slower rate as compared with the acute illness and that patients ≥ 80 years experience longer hospital stays as compared with the patients age 75 to 80 years.

References Sort by: Year then by: Class Go Reset

1. Brown CJ, Friedkin RJ, Inouye SK. Prevalence and outcomes of low mobility in hospitalized older patients. *J Am Geriatr Soc.* 2004;52:1263-1270. [PubMed](#)
Class of Evidence: B
2. Hirsch CH, Sommers L, Olsen A, Mullen L, Winograd CH. The natural history of functional morbidity in hospitalized older patients. *J Am Geriatr Soc.* 1990;38:1296-1303. [PubMed](#)
Class of Evidence: B

Date of last review/minor update: 01/31/2006 Evidence ID: 179930

The browser's taskbar shows several open applications: Start, Inbox - Microsoft Outl..., OAS-Gold Launch (Pro..., OAS/Gold Client - Mic..., Patient Problems > F..., and the system clock shows 7:28 AM.

Risk for Falls Care Plan

OAS/Gold Client - Microsoft Internet Explorer

Address: http://gldp0mbt1.rsodm20.smsrsm.com/CO2B/html/unsecured/clientPOOLP0MBC02BICSRCT4.html

MAXIMA ,NISSAN M 31 M7 / M7HL-1 HIN Pt #: 250000678
Atn Dr : PIPER JAMES A Adm Dt : 3/29/2005 IA Last Assess Dt/Tm : MR #:800104324

Problem : FALLS-RISK OF

Limited evidence exists to support the validity of fall risk assessment tools in the neurologic patient.
Several studies have validated certain fall risk assessment tools as predictors of accidental falls.

Reminder Orders

TYPE	DESCRIPTION	Evidence
(O)	1. ABSENCE OF FALLS	Evidence
(O)	2. ABSENCE OF SIGNS AND SYMPTOMS OF PHYSICAL INJURY	Evidence
(O)	3. DEMONSTRATE CORRECT USE OF ASSISTIVE DEVICE	
(O)	4. KNOWLEDGE OF FALL PREVENTION	
(O)	5. INTERVENTIONS	
(I)	ASSESS FALL RISK:ON ADMIT,DAILY,UPON TX,CHANGE IN CONDITION	Evidence
(I)	CONSULT SOCIAL SERVICES	Evidence
(I)	FALL PREVENTION ACTIVITY,A,HIGH:MONITOR AND DOCUMENT	Evidence
(I)	FALL PREVENTION ACTIVITY,HIGH:ASSESS MEDS ONCE AND PRN	Evidence
(I)	FALL PREVENTION ACTIVITY,HIGH:BED/CHAIR ALARMS	Evidence
(I)	FALL PREVENTION ACTIVITY,HIGH:OBSERVATION 1:1	Evidence
(I)	FALL PREVENTION ACTIVITY,HIGH:POSITIONING DEVICES	Evidence
(I)	FALL PREVENTION ACTIVITY,HIGH:RAISED EDGE PILLOWS	Evidence

Evidence Links

Source Links

Pt Menu Accept Skip Problem Save

11441: PATIENT REVISION COMPLETED OVR PVPOCFL1:P 03/31/2006 11:57

Applet started Local intranet

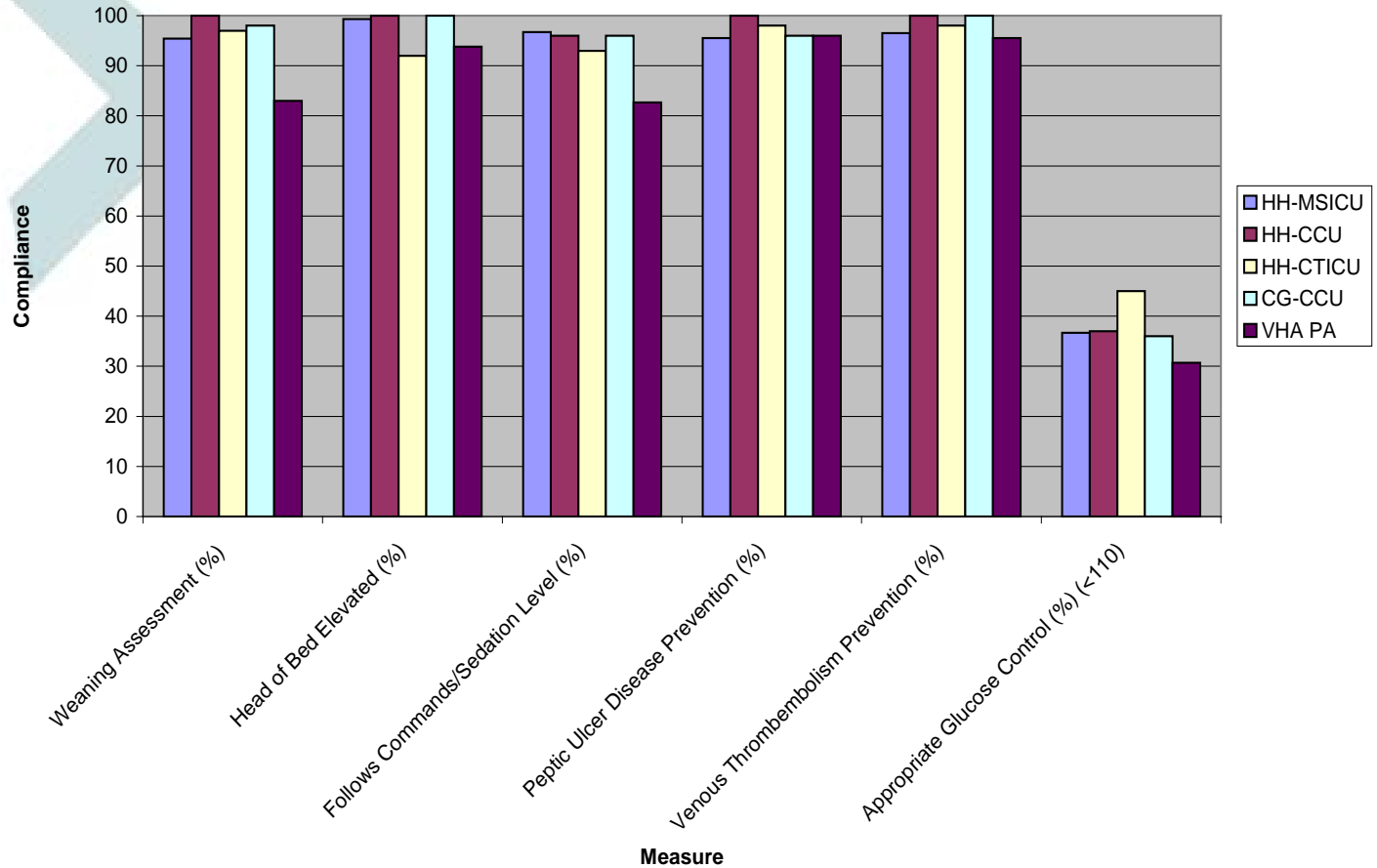
Start Inbox - Microsoft Outlook SIEMENS PINNA... OAS/Gold Client - Mic... 11:57 AM

Utilizing Documentation to Achieve Outcomes

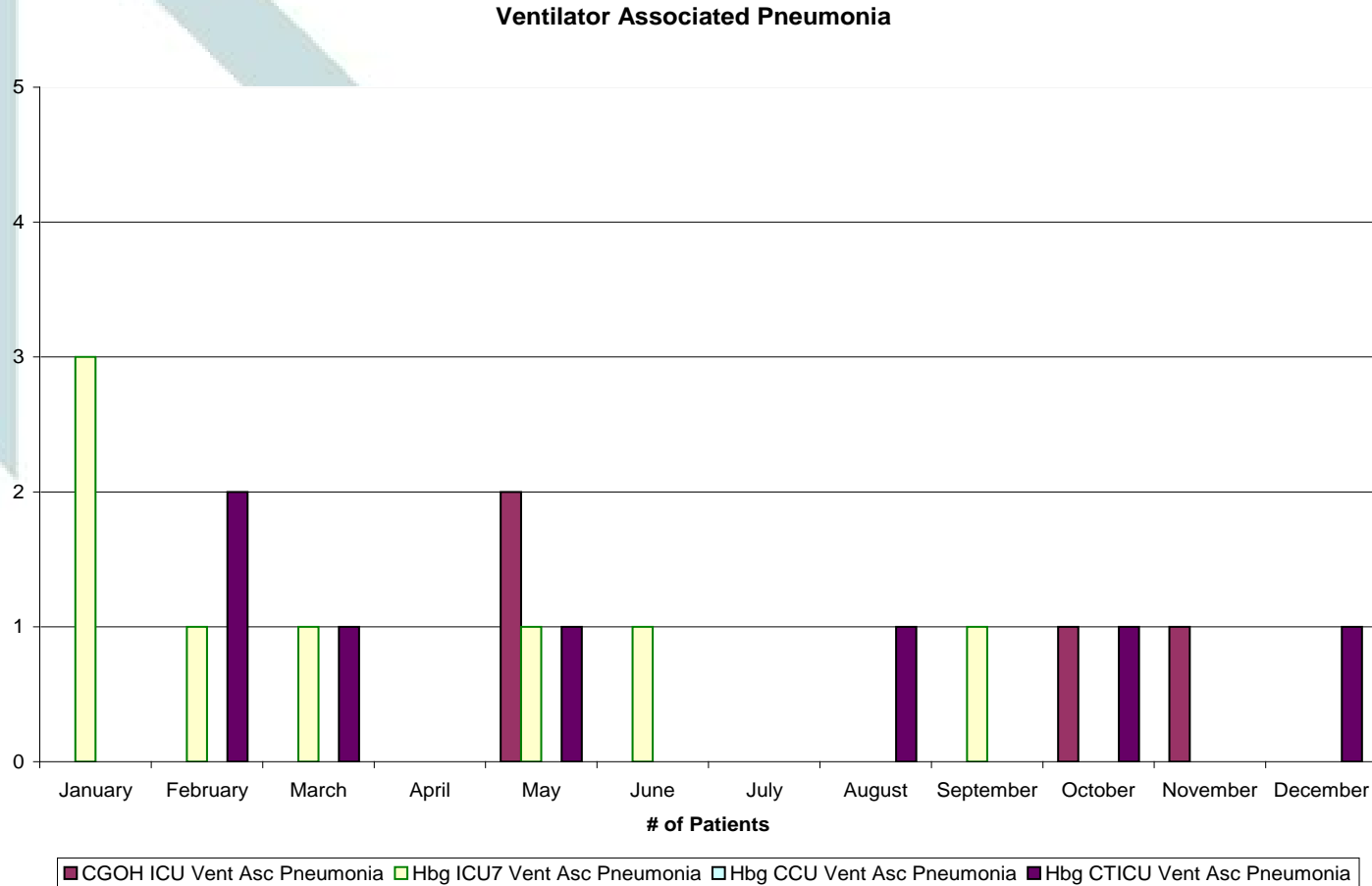
- Noted success within nursing documentation
 1. Smoking Cessation improved from a baseline of 82% to a consistent of 97%
 2. Central line infections
 3. Ventilator Associated Pneumonia Rates
 4. 100% of our plans of care are updated daily

Ventilator Associated Pneumonia

Compliance with Ventilator Associated Pneumonia Prevention Bundle

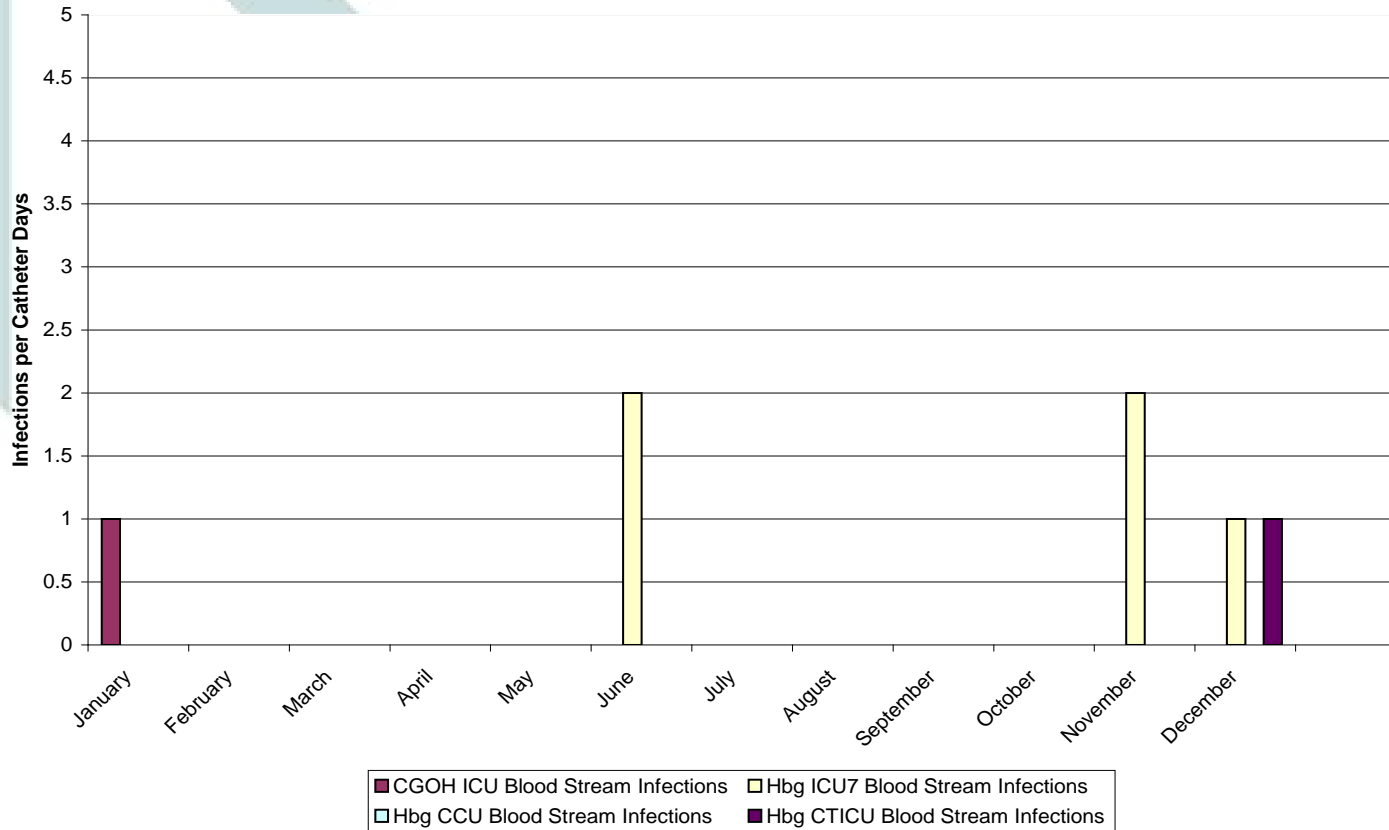


Ventilator Associated Pneumonia

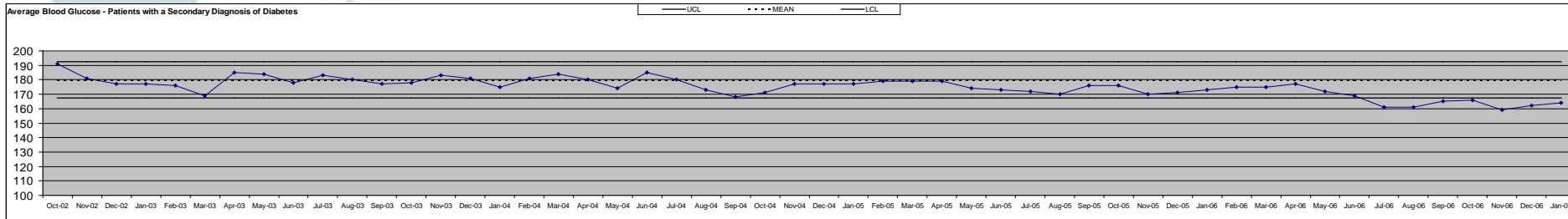


Central Line Infection

Catheter Related Blood Stream Infections

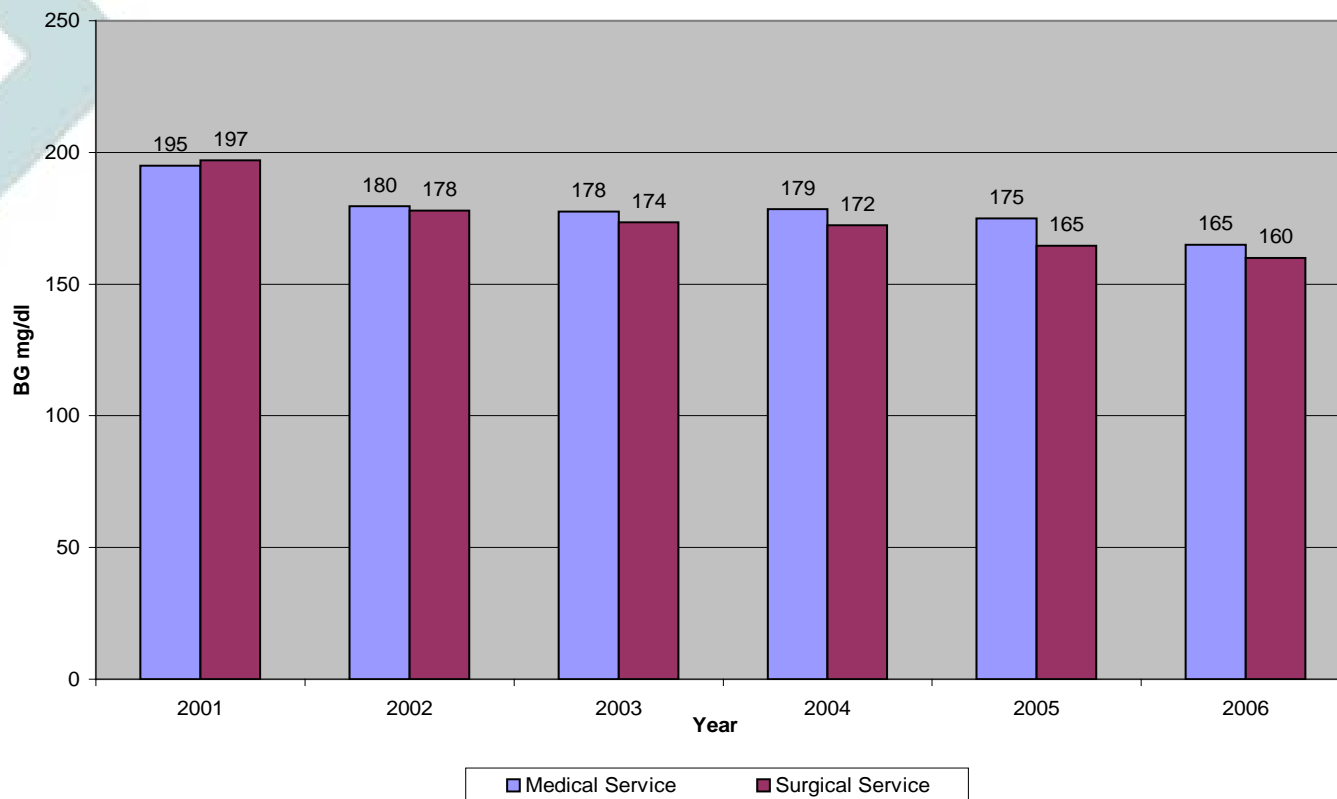


Blood Glucose Control

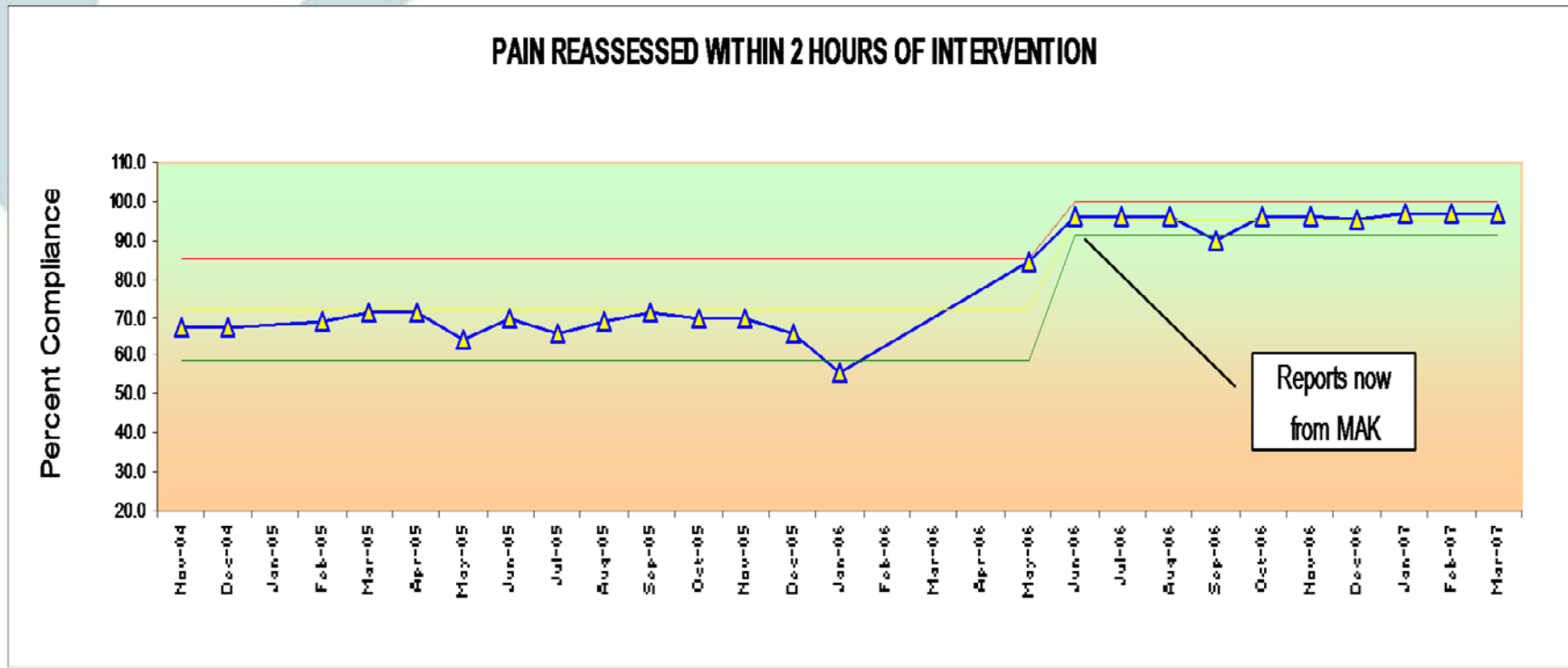


Cardiac Blood Glucose Control

Average Glycemic Control by Service
Patients With a Secondary Diagnosis of Diabetes

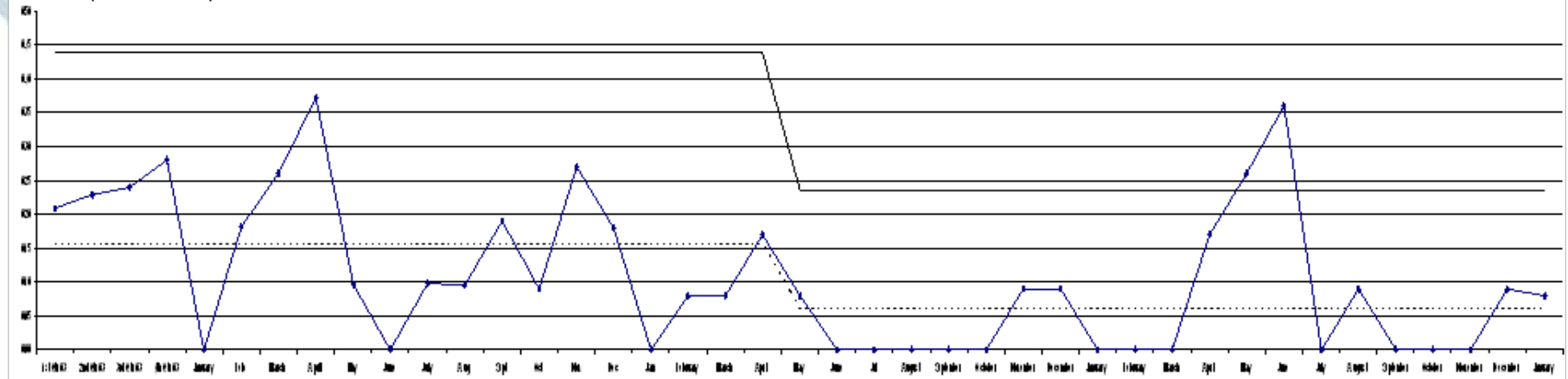


Pain Reassessment in MAK

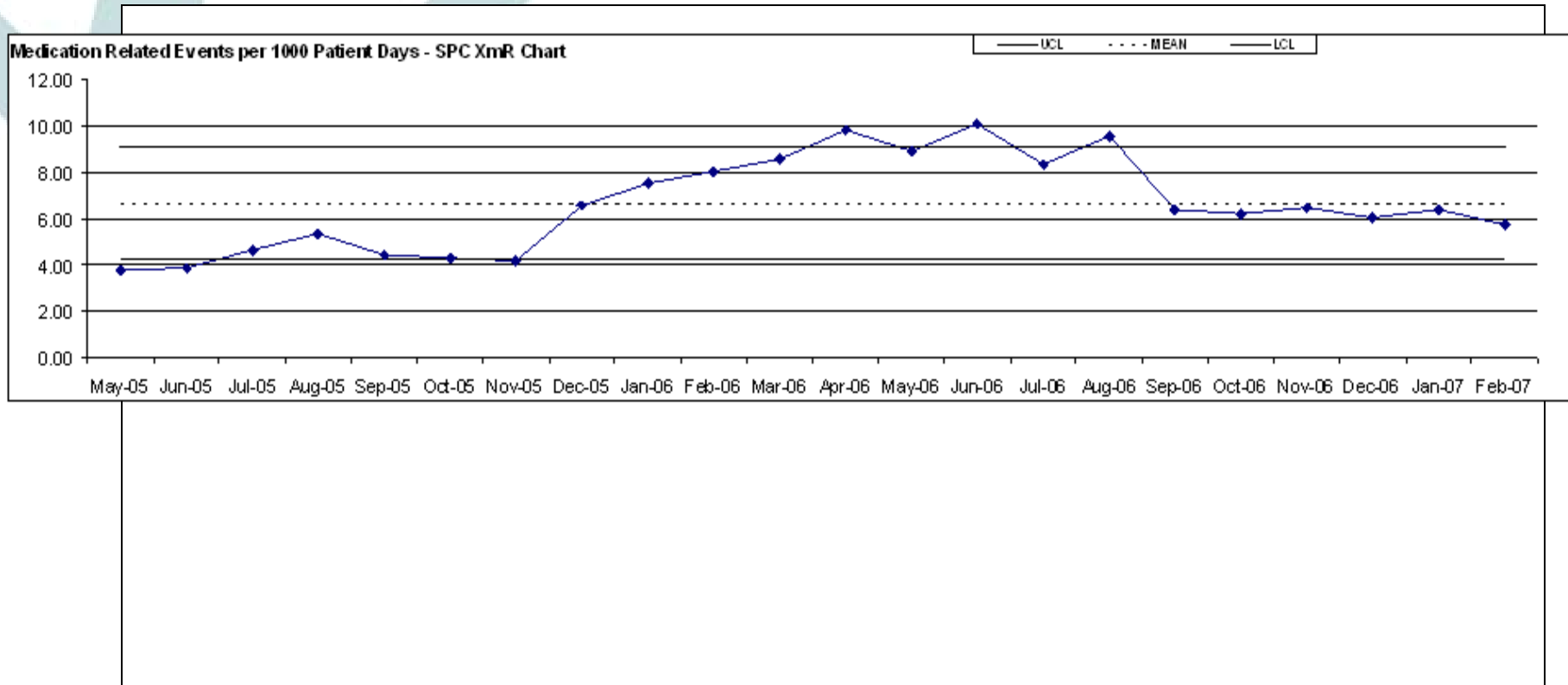


Falls with Serious Injuries

Serious Falls per 1000 Patient Days - Acute Care



Not Always Good News at First Glance



Pinnacle's Staff Survey Results

- Supported the previously mentioned studies.
 1. The staff nurses struggled to find the connection between EBP and the nursing care delivery process.
 2. The organization supports EBP.
 3. The CNO as a champion support was required throughout phase 1- not just the kick off.
 4. The Nurse Educators needed to provide additional face to face education with the staff nurses after the initial educational session.
 5. Finding external educational sources on evidence based practice was difficult.

Pinnacle Staff Survey Results

- Provided information they didn't know or forgot
- Provided evidence for the new information reflected in the literature
- Provided valuable information that is not sought out due to lack of time during care delivery
- Information was useful during rounds and shift report
- Information was accessed the most during care provision but not during documentation

Future

- Plans of Care in Sorian will be interdisciplinary
- Imbed the 5 Million lives campaign into the Nursing Plans of Care
- Push required documentation to the nurses work list from the Plans of Care
- Ability to extract data from the data warehouse to document progress of the campaign.
- Establish a monitoring system for performance improvement projects.
- Nursing Research will continue to grow
- CPOE will further our standardization and improve outcomes

Transformation of the Nursing Plan of Care

Beta site project

Nurse Practice Council, ongoing customization

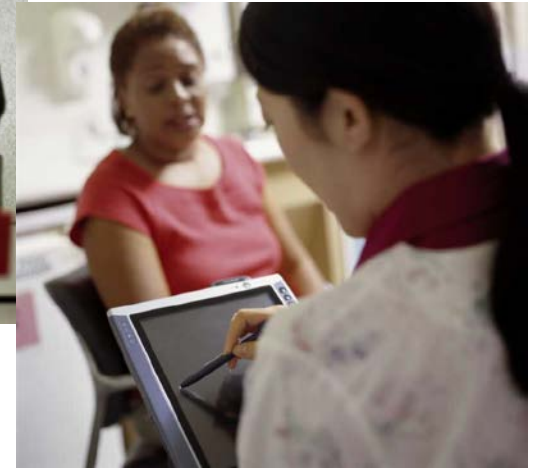
ZYNXHEALTH
A Subsidiary of The Hearst Corporation



SIEMENS

→ **PINNACLEHEALTH**  **Proven**

Pinnacle - Siemens – Zynx Evidence Based Nursing Pilot



ZYNXHEALTH
A Subsidiary of The Hearst Corporation

SIEMENS

→ **PINNACLE**HEALTH  **Proven**

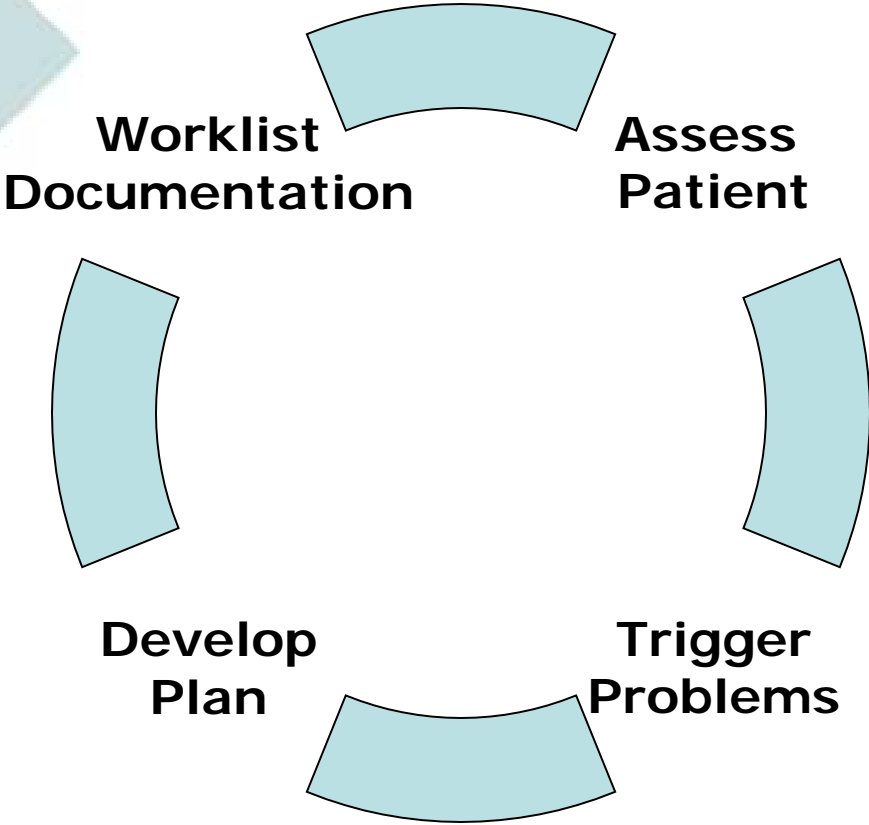
Phase III - 2007

- Plans to utilize Zynx evidence to develop assessment triggers for patient problems in Sorian
- Customize additional Zynx plans of care
- Utilize Zynx evidence to drive nursing care on Sorian worklist
- Pilot will begin on one nursing unit in June 2008

Phase III Careplans

- Ineffective Airway Clearance
- Aspiration, Risk of
- Nutrition Risk
- Impaired Fluid Balance
- Altered Urinary Elimination
- Abnormal Serum Glucose Levels
- Risk of Pressure Ulcer
- Pressure Ulcer
- Risk of Impaired Skin Integrity/Wound
- Risk of Infection
- Risk of Injury R/T Confusion
- Altered Cerebral Perfusion

Care Planning Process



Customization of Plans of Care

Risk for impaired skin integrity/wound

Abnormal Serum Glucose Level

Triggers Work list

Impaired skin integrity/wound	<ul style="list-style-type: none">• dressing with drainage• incision with drainage	<ul style="list-style-type: none">• repositioning• wound measurement q. M&Th; M&F with vac
Abnormal serum glucose level	<ul style="list-style-type: none">• diabetes on admission• A1C > 7	<ul style="list-style-type: none">• review blood glucose levels >150 each 24 hours

Process for Care plan Development and Renewal

1. NPC will compare Zynx plans with evidence to current PHS plans
2. Revisions made based on evidence and PHS policies
3. Finalized plans will be submitted to Leadership Council for consent agenda
- view plan of care document

SIEMENS Soarian® - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://srcp0mb-prd2.asp.siemensmedical.com/020540215_P0MB_p/dsk/dkLogon.pba

SIEMENS Anthony Tasca, ICU1

CRUZ, ELSIE V | DOB: 05/01/1976 (31y) ♀ ICU1-ICU110 | Attending: Myers, Ill, Franklin J | Nurses:

Allergies: (0) NKA | Diagnoses: (0) | MR#: 800085346 | ACCT#: 280229707 | CIN | Admit Date: 03/17/2008(32) | IP

[Patient Record](#)
[Clinical Summary](#)
[Charting](#)
[Plan of Care](#)
[Orders](#)
[Visit](#)

Pressure Ulcers	04/18/2008	Collected Date	Collected Date	Collected Date
Collected Time	11:07			
Pressure Ulcer #1				
Site	Heel			
Side	Right			
Dressing	none			
Type of Dressing				
Stage	III			
Drainage	Serosanguinous			
Appearance	wound edges			
Measurement	0.5 cm x 1 cm			
Comment				
Pressure Ulcer #2				
Site				
Side				
Dressing				
Type of Dressing				

Done

Start | Inbox - Microsoft Out... | RE: link to beta site - ... | SIEMENS Soarian® - ... | Document1 - Microso... | Local intranet | 11:08 AM

SIEMENS Soarian® - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://srp0mb-prd2.asp.siemensmedical.com/020540215_POMB_p/dsk/dkLogon.pba

SIEMENS Anthony Tasca, ICU1 Census Service Providers Search Links Print Help Log Off

CRUZ, ELSIE V DOB: 05/01/1976 (31y) ♀ ICU1-ICU110 Attending: Myers, III, Franklin J Nurses:

Allergies: (0) NKA Diagnoses: (0) MR#: 800085346 ACCT#: 280229707 CIN Admit Date: 03/17/2008(32) IP

Patient Record Clinical Summary Charting Plan of Care Orders Visit

Last Reviewed: Plan has not been marked as reviewed Mark Reviewed View Standards Add Plan

All Nursing Case Management Dietary Social Service Homecare/Hospice WOC Nurse Physician/Residents

Problems

Show All statuses Active For CIN 03/17/2008 08:30 IP Save Problems +

Problem Name	Note	Status	Rank ▲	Assigned Date
▶ Pressure Ulcer	+	Active		04/17/2008

.....

Expected Outcomes

Update All Outcomes Show All statuses Active Save Selected Outcome +

Expected Outcomes	Target Completion	Charting Status	Note	Last Charted ▲
<input type="checkbox"/> ▶ Decreased Pressure Ulcer Size comment	04/18/2008 23:59	Progressing		04/17/08 18:58
<input type="checkbox"/> ▶ Granulation of Tissue	Discharge	Progressing		04/17/08 18:58
<input type="checkbox"/> ▶ Healing of Skin	Discharge	Progressing		04/17/08 18:58
<input type="checkbox"/> ▶ Normal Skin Integrity	Discharge	Progressing		04/17/08 18:58
<input type="checkbox"/> ▶ Reposition Schedule Maintained	Discharge	Progressing		04/17/08 18:58

Orders

▼ Nursing Orders/Consults | Sort Options +

▼ Consult

- Enterostomal Therapy test
- Social Services test
- Dietitian test

▼ Nursing

- Wound Healing Monitoring (Healing stage; Tissue granulation; Wound exudate; Wound odor; Wound size) Q AM
- Nutritional Assessment (Appetite; Body weight; Nutritional status) Q AM
- Pressure Ulcer Assessment (Pressure ulcer stage; Surrounding skin; Skin temperature; Tunneling; Pressure ulcer management) Q AM
- Document Progress Toward Outcomes
- Patient History Assessment (Assistive device use; Level of independence; Level of mobility) Once Once for 1 Times
- Education, Position Change (Avoid dragging skin on bed sheets; HOB only slightly elevated; Position change frequently; Prone position) Once Once for 1 Times
- Measure Pressure Ulcer Once M/TH
- Education, Pain Management (Pain relief prior to dressing change) Once Once for 1 Times
- Pressure Ulcer Care Stage II (Partial thickness skin loss involving epidermis, dermis or both; The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater) Once

Done Local intranet

Start Inbox - Microsoft Outl... RE: link to beta site - ... SIEMENS Soarian® - ... 11:04 AM

SIEMENS Soarian® - Microsoft Internet Explorer

Address: http://srp0mb-prd2.asp.siemensmedical.com/020540215_POMB_p/dsk/dkLogon.pba

SIEMENS Anthony Tasca, ICU1

Service Providers | Search | Links | Print | Help | Log Off

Alerts

Clinical Documentation Page 1

ICU110 **CRUZ, ELSIE V**

- Measure Pressure Ulcer Once M/TH Uncharted 04/17/0818:56
- Nutritional Assessment (Appetite; Body weight; Nutritional status) Q AM Uncharted 04/18/0809:00
- Pressure Ulcer Assessment (Pressure ulcer stage; Surrounding skin; Skin temperature; Tunneling; Pressure ulcer management) Q AM Uncharted 04/18/0809:00
- Wound Healing Monitoring (Healing stage; Tissue granulation; Wound exudate; Wound odor; Wound size) Q AM Uncharted 04/18/0809:00
- Nutritional Assessment (Appetite; Body weight; Nutritional status) Q AM Uncharted 04/19/0809:00
- Pressure Ulcer Assessment (Pressure ulcer stage; Surrounding skin; Skin temperature; Tunneling; Pressure ulcer management) Q AM Uncharted 04/19/0809:00
- Wound Healing Monitoring (Healing stage; Tissue granulation; Wound exudate; Wound odor; Wound size) Q AM Uncharted 04/19/0809:00

CG	ICU1	ICU101	BOYER, HARVEY A JR	85	♂
CG	ICU1	ICU102	BRADY, DEBORAH	51	♀
CG	ICU1	ICU103	HARTMAN, SHELLEY	51	♀
CG	ICU1	ICU105	HAHN, LOIS D	74	♀
CG	ICU1	ICU106	HOFFER, JAMES O	67	♂
CG	ICU1	ICU107	JOHNSON, WALTER	58	♂
CG	ICU1	ICU108	SAUNDERS, MARCY A	40	♀
CG	ICU1	ICU109	TRAVICK, MICHAEL S	54	♂
CG	ICU1	ICU110	CRUZ, ELSIE V	31	♀
CG	ICU1	ICU111	CLEMSON, EDITH M	59	♀
CG	ICU1	ICU112	EDDINGER, JOHN M	60	♂
HH	M5	S24-D	POC, BOY	6	♂

CG ICU1 ICU110
LOS: 32Days
Acct#: 280229707
Diagnoses: (0)

MR#000
Allergies:

Results Notes
No results available within the specified time

SIEMENS Soarian® - Microsoft Internet Explorer

Address: http://srp0mb-prd2.asp.siemensmedical.com/020540215_POMB_p/dsk/dkLogon.pba

SIEMENS Anthony Tasca, ICU1

Census | Service Providers | Search | Links | Print | Help | Log Off

CRUZ, ELSIE V | DOB: 05/01/1976 (31y) ♀ ICU1-ICU110 | Attending: Myers, Franklin J. | Nurses:

Allergies: (0) NKA | Diagnoses: (0) | MR#: 800085346 | ACCT#: 280229707 | CIN | Admit Date: 03/17/2008(32) | IP

Patient Record | Clinical Summary | **Charting** | Plan of Care | Orders | Visit

Scheduled / Incomplete Assessments

- Measure Pressure Ulcer Once M/TH
- Nutritional Assessment (Appetite; Body weight; Nutritional status) Q AM
- Pressure Ulcer Assessment (Pressure ulcer stage; Surrounding skin; Skin temperature; Tunneling; Pressure ulcer management) Q AM
- Wound Healing Monitoring (Healing stage; Tissue granulation; Wound exudate; Wound odor; Wound size) Q AM

Begin New Assessment

Filtered | All

- 1-4 IV Invasive Line
- 5-8 IV Invasive Line
- ADL Equipment
- Administration of Vaccines
- Admission Assessment
- Admission History
- Alternative to restraints
- Belongings
- Cardiovascular
- Education
- Fall Risk
- Falls Risk Interventions
- Gastrointestinal
- Genitourinary
- HEENT
- Herbals-Alternatives
- Implantable Devices
- Incision Wound
- Intake and Output
- Integumentary
- Medication Hx 1-25
- Medication Hx 26-50
- Multidisciplinary Rds-DC Assess
- Musculoskeletal

Draft | In Progress

Done | Local intranet | 11:06 AM

Questions?????

