

VA



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Veterans Health Administration
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Medical Center

DALLAS VA MEDICAL CENTER

CPRS Guide



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HELP! I'm starting a rotation at the VA and I don't know what to do!

It's OK, we've got you covered. Within this guide, you will find all the tips and tricks to survive your rotation at the VA.

Important Locations: (See Back Page for Campus Map)

- 1) **Clinical Addition:** This is the addition where PRIME clinic # 3 is located on the 1st floor.
- 2) **Wards rounding rooms:** Take the central elevator to the 8th floor. Walk down hall **AWAY from medical service** (where we have noon conference at VA), **take left**. There will be a small hallway on your right (With a large door w/ impressive Keycode), next to room 8C 201A. Team rooms are located in the back.
 - a. Hallway Door Code: **STAR-->3420-->Bottom R button**
 - b. Room Code → **3420**
 - **Team A – Room 8C – 210**
 - **Team B – Room 8C – 211**
 - **Team C – Room 8C – 212**
 - **Team D – Room 8C – 213**
- 3) **MICU rounding room:** Take the blue elevator in the clinical addition building to the **5th floor**. Rounding room is right on the back of the elevator, **room 5B-600**. Door Code: **1430**.
- 4) **ED:** Clinical addition building first floor (right by the piano lobby). ED Door Code changes frequently; Currently **1973 STAR**. Phone number for ER: 71975. If you want an order done down there, kindly ask the ER MD signing out to you to order the test/image/medication as your orders are only effective once patients arrive to the floor.
 - a. **To see what meds they have given, look under notes, then ER nursing medication administration note.**
- 5) **Morning Report (Mon – Thurs. 8 am):** Generally held in the conference room in Medical Service on 8th floor
- 6) **Multidisciplinary Rounds (Mon- Fri 9 am): *Mandatory attendance.** Usually Social worker (SW) will come to your room and you run the list with SW +/- case manager: They need:
 - a. **patient's last name, last 4SSN and room number.**
 - b. **Pt's one-liner**
 - c. **Anticipated barriers for discharge (SNF, PT, needs certain imaging done, etc.).**
- 7) The order for this meeting is 1. post call 9:00 – 9:10 / 2. On-call 9:10-9:15 / 3. Post-post call and pre-call 9:15 to 9:30. Please be prompt as this allows the meeting to be efficient.
- 8) **Grand Rounds (Fri 8 am)/ Noon conference:** 8th floor by the end to the medicine offices hallway (through glass double doors.)
- 9) **Call Rooms**
 - **Wards:** Intern/ Resident Call Rooms: 8th Floor, down main hall from where rounding rooms are located. (Turn right after exiting the small teamroom hallway where medicine rounding rooms are located. You are now in the larger hallway. There will be another small hallway located about 25 feet down the hall on the left.).
 - Call Room Code: 3420
 - **Call the following numbers if unclear:**
 - Mon-Fri: Mr. Ellis 817-937-8696 and Mr. Strain 214-929-7977
 - Weekends: Mr. Chism, 214-604-9068
 - If the above fails to resolve the issue or if no one answers the other lines, please call Eugene Uche 214-274-4680

- CPICU resident call rooms. 5A-118 and 5A-120 (5th floor in the hallway across from MICU/CCU). Code 145.

10) **Lactation space:**

The two call rooms can be used as space for residents who need to pump. These are dedicated rooms used only by residents at night and may be locked from the inside so should allow for privacy.

Assigning yourself to your patients/Paging:

Calling Pages Back: You can dial the 5-digit number back into a VA phone as you see it. Or, you can use your cell phone and type in **214-857-xxxx** (using the last 4 digits of the page).

Wards: There are 4 team pagers for each wards team (A/B/C/D). Team pager is shared by intern and resident. Intern should carry it, but resident should call back admissions along with the intern. Your team pager will be listed under the resident's name in CPRS as the contact number for your patient. You should be receiving all pages on your team pager; however, carry your personal pager.

Night intern should carry all 4 team pagers and your personal pager. You have to carry all pagers as you will get pages on all of them.

Units

1. Go to VAPaging.com
2. Enter the password (Amion password: dhjkazi2014) then click login
3. Select the unit from the drop-down menu (5A CCU / 5A MICU / 7C 100 / 7C 200) then click Go
4. Check the boxes next to the patients you are taking care of, click Assign (or de-assign to un-assign 1st/2nd call provider). If you click the checkbox at the very top, all beds will be selected
5. Type your name in the boxes/ select from the list

Note: You are required to enter 1st & 2nd call together rather than independently. Entering an assignment on a room removes all prior assignments. Leaving the 'To' date and time blank will keep the provider as 1st/2nd call until they are de-assigned or new assignments are made.

I have VA/CPRS access, now what?

Put in your **non-PIV card**, type in **your 6-digit pin**.

When you are logged in (may take several minutes), on your desktop, click on the star icon (**NTX GUI executables**) and then on **CPRSChart NTX**, then log in with your **CPRS username and password**.

The old way to log-in is to use your windows username (vhantx*****) and password – for those of you starting on July 1, you will use a temporary windows username and password until your non-PIV card is printed and picked up.

Tip: You can open multiple CPRS at a time. However only one will be “linked” and is the only one you’ll be able to open images from. A good way of doing things is to start your note in an un-linked CPRS, and then use the linked CPRS to look up other notes, labs, images, etc. You can press **Alt+tab** to quickly switch between the CPRS windows.

Set up a printer (Must be done on all 'new' computers)

1. Click on the star icon on your desktop- > NTX shortcuts -> NTX printserver
2. Find the name of your printer (label on the front of the printer) and double click on it

Once you add it on one computer under your login, you never have to do it again.

Fax machine:

Is located in **Room 8C-213**. The fax number is **214-462-4792**.

Create your patient list

- Open up any patient's chart -> Go to tools (top of your screen) -> options -> Lists/Teams> Personal List -> New list -> type in name of your new list (if you make multiple lists, it is a good idea to start your list with your initials since when you select your list, you select it from a list of many people's lists)
- To add a new patient: Type the first letter of their last name followed by the last 4 of their SSN- > add to list
- To default your list: File (top of your screen)-> Select new patient to get to the Patient selection screen -> select team/personal-> type in name of your list -> click Save patient list settings on right hand corner ~~save as default~~
- You can set your list public or private by clicking the *** box
- All updates from your patient list will automatically be pulled into your "inbox"

Notes

Set up your notes view - Why should I do this?

This will group the notes by title, which makes chart checking so much easier, but still allow you to view all notes by date rather than note title.

How do I do this?

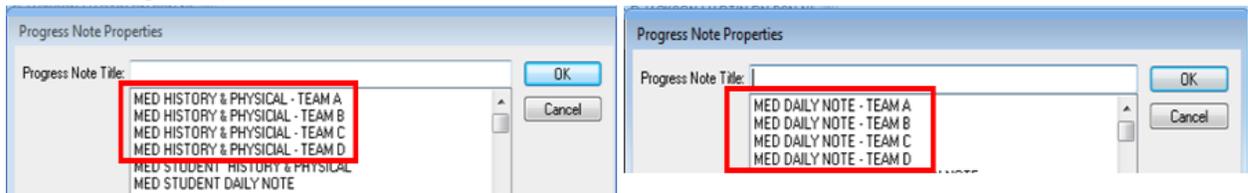
Go to "notes" -> view -> custom view. Select group by title, max return of 1000 (can make it higher if the patient is a VA frequent flier, but note that this will make CPRS run slower). Then click "view" and save as default view.

If you want to just view all notes by date, you just click All signed notes on the left, and the top right panel will display all notes in descending date order.

BE AWARE: D/c summaries are under a different tab, as are operative notes.

Templates:

- **Starting June 2018 the VA would like us to start using the following Note Titles when creating new notes on ward rotations:**



- Or: Create and insert your own template: go to notes and then in the bottom there is a tab called templates. Select "new template" and paste the template (ask your resident) or grab if from <http://valabformatter.com/templates.asp>
- To find useful labs to insert into your note press "Ctrl+I" while editing your template. This will allow you to search for other available items
- For PRIME: also consider adding Immunization history (|IMMUNIZATION HISTORY OBJ) or colonoscopy reports (|LAST COLONOSCOPY 5Y) so you don't have to search for them each time.

Writing Notes

- H&P: select "history and physical" (there is one above it that says History and physical template - DO NOT CHOOSE THAT ONE, IT IS A TRAP)
- Progress note: "Med Daily" then, drag your template to the blank page
- Cross cover note: "Med Interim note" or "Med Cross Cover Note" ***
- Procedures: "Procedure note" -> template will pop up
- Send patient to SNF: "inter-facility transfer note"

To pend a note: right click and select “**save note without signature**”

To sign a note, right click on the page and select “sign note”

NOTE: *You CANNOT modify notes in CPRS (you have to add an addendum that shows up as a separate note), so avoid accidentally signing your note when leaving a patient’s chart. You can accomplish this by unchecking the note box when it asks you to sign all orders upon exit (NOTE: this is very easy to overlook, so make sure you don’t accidentally sign your note if it is not complete).*

Finding Useful Information

I. Vitals

- Wards: On the cover page. If you click on one of the VS, a box with the trends will pop up.
- ICU: Open “Essentris” from the desktop. Use same login as you do for CPRS.

II. Ins and Outs:

- Wards: Tools -> clinical flowsheet. You have to sign in with your CPRS username & pw. Select Ins & Outs, then pick the start and end times
- ICU: Go to “Essentris” from the desktop --> I/O flowsheet

III. Medications:

Cover page, medication tab at the bottom of the screen, or orders tab

- If you double click on the order you can see if the medication was given or held
- If you want to see the MAR that is under “Reports” tab, and then “Med Admin History”
- To see specific active antibiotics, right click on the antibiotics order and choose Details.
- To see all medications prescribed at the VA ever: Reports tab -> Clinical Reports -> Pharmacy -> All medications

IV: Etcetera

Immunization summary: Reports tab -> health summary -> immunization summary

Anticoagulation: Reports tab -> clinical report- anticoagulation flowsheet

EGD/Colonoscopies: Reports tab -> health summary -> ????

Review consults: Consult results may show up in a note, but you also may find them under the “Consults” tab. If you click in the upper left hand corner on the consult that you previously ordered. Just scroll down in this consult order and often you’ll find the consultant’s reply.

Imaging (radiology, ECGs)

- See the image: Tools (Top Horizontal Bar) -> vista imaging
- Read the report: Reports tab (Bottom Horizontal Tabs) -> imaging

Cardiac reports: Click on the “Notes” tab on the bottom of your screen and look for the “Cardiology echo reports” (older echo’s may be found in Tools, Cardio reports). Additionally, you may have a lot of success by (after your notes are set up with the above filter) looking for “Cardiac Echo Report” notes.

Micro: Same place as “Labs” but there is a separate “micro” section in the left hand column. Beware that this is mainly cultures, and will not have PCRs and other serological micro-related tests. **Be sure to check your micro results daily as there is no “Results flag” to tell you when new information returns.**

Pathology: Reports tab-> anatomic pathology

Outside VA records: Tools -> vista web

Admitting a Patient

Admission Orders:

- Click Orders tab
- Click "Write delayed orders" (top left corner) (this is important otherwise the orders will D/C when pt is moved to the floor.)
- Select your orders: you can admit someone under medical observation, medical admission, telemetry admission, step down or ICU. If you do medical observation and want telemetry, do medical obs and at the end it will give you an option to click telemetry (this is useful for chest pain rule out.)
- Enter your orders: Write all orders under "**delayed orders**" (not active orders).
- Location:
 - Wards: All of our patients except for step down go to 7c. If 7c isn't an option, just click 7amed. 7c200 has tele, 7c100 does not have tele. Those patients go to the 5th floor.
 - CPICU: Select MICU or CCU if you know, but doesn't matter too much
- Medications: Under Meds tab, highlight any outpatient medications and then right click and select "transfer to inpatient".
 - A lot of orders and "order sets" are under "**service specific orders-> Medicine Orders**"
 - To choose from **admission order sets**, select the **Admit to ... Order menu**
 - **Hold down CTRL** while you click all the admission orders you want, and the computer will "guide" you through the admission process – for example, hold down CTRL while you click Admit Single order, Vitals, Activity Orders, Patient Care Orders, CALL MD, Diet, DVT Prophylaxis
 - You can also click under "Patient care orders" for a lot of the admission type orders
 - If you need a complex diet (like multiple things such as fluid restrict, low fat, consistent carb, etc.), click on diet, then other diet orders on far right. It will allow you to click multiple specifications.

Must have orders on admission (to avoid pages)

- Vital signs
- Notify MD (remember to review the thresholds for when you want RN to notify you)
- Patient care orders (I/O, weight)
- Diet
 - Expiration of an NPO order may have the undesirable consequence of automatically reinstating the patient's previous diet order
 - Rather than manually discontinuing or cancelling an NPO order, a new diet order should be entered when clinically appropriate, which will allow the NPO order to be replaced with an appropriate order.

Note: When filling out admit orders for resident, type in your intern's name

Placing Orders

Go to "Orders" tab. All types of orders should be available in your left-hand column

- Meds: most of them will be under "Inpatient medications" -> other inpatient meds -> and type whatever you want.
- Fluids: IV Solutions
- IV electrolytes: Service specific orders -> Medicine service -> IVs -> IV medications
- Order blood: Orders -> blood products -> select your blood product and then follow the order set

NOTE: All orders have an expiration date for some reason. This becomes an issue with long-term stay patients, for example: DVT ppx expires after 7 days, daily weights expire after 7 days. Antibiotics typically expire after 7 days. You have to check the meds for expiration dates at least once every few days, and if someone stays for longer than a week, make it a point to review all their orders to make sure there are no issues.

Labs

Ordering:

Go to Order -> lab orders (tab on the left) -> scroll down and click on "other order" then hand type them. There are pre-selected options but sometimes they don't work. It's better to do it this way. If your patient is on the wards, they'll be "lab collect", unless they have a PICC or are in the unit, then they will be "unit collect". If you want a STAT lab it will be "immediate collect". After you select all the labs you want, go to the first tab on the top left and select "sign/release orders" and sign them.

Note 1: You have to order your morning labs EVERY DAY and for every occurrence (no BID labs you have to order am and pm labs every day). **So put this on your to-do list and remember to do this EVERY DAY** (you can order daily labs by selecting AM Lab tests and holding down CTRL while clicking all the AM labs you want – **if you are in the MICU/CPICU, don't forget to change the collection to ward collect.**) While many orders give you the option to order for many days in a row, or multiple times a day, these labs will often NOT BE COLLECTED unless you reorder them every day. Don't be fooled!

Note 2: If you cannot search for the order, it may need to be ordered as a Miscellaneous lab. Call lab to clarify. You will need a Tissue Examination form for cytology (If you cannot find any in the rounding room, you can pick up the form at the lab). Specimen needs to be turned in with the form to be processed.

Note 3: You can do an add-on by ordering it as ward collect, and then calling the lab at 70666 to request an add-on. They will ask you for the old order number and new order number, which you can see on the orders tab. Fun fact, there are many labs you can add on to a patient's BMP, so always call first if you have one before reordering.

Labs Status:

Go to "Labs" tab and select "Labs status". Here you will find whether labs are scheduled to be collected, cancelled (patient refused, or "something" happened), collected, in process, etc. It is better to go to this tab instead of "Orders" because sometimes the order disappears and you don't know why (cancelled, collected already, never ordered).

Reviewing Labs:

Go to the "Labs" tab on the bottom of your CPRS screen. Click "worksheet" on your left hand column. You can steal others worksheets (CBC, LFTs, BMP) or create your own. This way you can trend the labs rather than clicking through the most recent only.

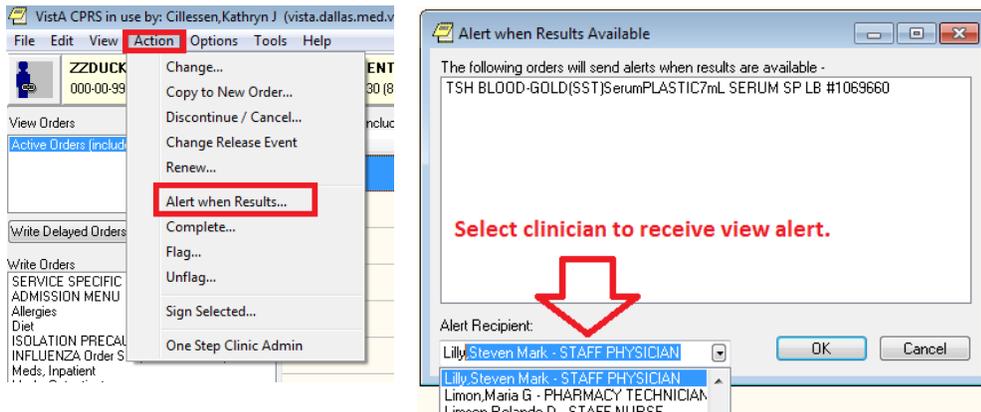
To Create Your Own Worksheet: "Labs" tab -> "worksheet" on the left column -> under the labs drop down, select labs (you can add any number to for your group) and these will show up in the box to the right. Once you have you group, click "new" at the upper right of the box, and this will create a pre-set group of labs.

If you would like to receive an alert (or assign the alert to another provider like your intern/resident, etc.) on any lab or imaging that you order, CPRS allows for this. After placing the order, highlight the order under the ORDERS tab, then on the toolbar go to **Action** → **Alert when results** → **then select the person the alert should be sent to** (see graphic).

Want your labs to look professional?

- Go to labs -> all labs by date -> today -> select all and copy

- Go to valabformatter.com paste all that stuff and click submit. This will automatically calculate MELD, FENa, FEUrea, correct Na for glucose, etc.
- Voila! pretty labs for your note! (I personally did this on all my HP's, daily notes I just put "labs reviewed notable for ***)



Consults / Pages

- Place a consult: go to "Consult" at the bottom of your screen -> "new consult" -> you will mainly use "inpatient medicine" Most inpatient consults require that you also page and talk to someone on that team! (read below)
- To find out who's on call for other services, there will be a list of word documents found: Start Button (lower left hand corner of computer screen) -> Computer -> NTX WorkGroup Drive -> Call Rosters
- Alternate Way: Call a consult: <http://vaww.northtexas.va.gov> -> on call schedule -> select your service -> click on the month and the schedule will pop up with the pager number of the person on call
- To send a text page once you have the pager number: Go to spok.com.

Orders that Are Not Orders

This is when it gets trickier. Below are orders that are not obvious, since they are not listed under orders but instead under consults or are accessed from some other random place. This is the greatest pain of the VA CPRS system.

Orders that require extra clicking

- 1) PICC/midline: Patient care orders or service specific orders -> Medicine -> IV orders
- 2) Duonebs, O2, ABG is all under respiratory care orders.
- 3) IV Fluids are all under IV solutions.
- 4) Drips: you can either enter it under IV solutions and additives or look for it under Service specific orders -> SICU/TICU.
- 5) If you have Vanc on any patient, your pharmacist will manage the troughs and dosing. You just have to cosign the orders. NOTE: Team pharmacists are not at the VA on weekends/holidays, so clarify when you need to be the one ordering, monitoring troughs and adjusting dosing.
Note: there is a helpful antibiotics and vancomycin dosing guidelines on <http://vaww.northtexas.va.gov>.
- 6) If you order Zosyn, order the extended infusion option.
- 7) 1:1 sitters or 2:1 obs: Service specific orders -> mental health -> acute psych patient care orders -> close observation choices. If you can't find this, you can also click on Patient care order -> Text order to unit and type in the request.
- 8) Insulin orders are under service specific orders, medicine orders, scroll down to medications and then click insulin management protocol
- 9) SCDs: Patient care order
- 10) Restraints: Service specific orders -> medicine -> restraints OR service specific orders -> mental health -> acute psych text order. This will need to be renewed daily (expires every midnight)
- 11) For insulin, go to "Orders" > "service specific orders, medicine" in your left hand column > "medications" > "insulin management" > "basal + meal"; NOTE: If you want an ISS only, just don't

order basal, and do order the meal but then cancel the actual pre-meal dose and just continue through with the rest of the order set which will be ISS + hypoglycemia protocol

- 12) Insulin drip: Service specific orders -> SICU/TICU
- 13) Telemetry: Service specific -> medicine -> telemetry
- 14) ECG: Service Specific Menu -> EKG in Right column

Orders Listed under Notes

- 1) Heparin drip: Go to notes and select "Heparin protocol note" under notes tab. It will bring up all the orders for it.
- 2) Restricted drug requests: (NOACs, Plavix, ARBs) Start a note called "RDR Restricted drug request" and follow the instructions
- 3) Discharge Order: "Inpatient Discharge Instructions".

Order Listed under Consults

- 1) PT/OT : Consults -> PM&R services
- 2) Home health : GEC Outpatient -> skilled nursing (Many times you will have to network with your social worker to understand exactly what type of GEC therapy is needed, they are right down hall from inpt team rooms, just ask them). The GEC orders need to be signed by the attending. Otherwise, it will be cancelled. Also, if it is during the week – feel free to ask the SW/CM to walk you through this ordering process the first few times. There can be many questions that arise, they will often know the answer for these order sets to ensure they actually are approved.
- 3) Echos: Consult -> medicine inpatient -> cardiology services
- 4) PFTs: Consults -> Medicine service -> pulmonary service
- 5) Doppler carotid: consults -> surgery -> vascular surgery
- 6) Vein mapping: consult -> surgery -> vascular surgery
- 7) Wound care: Consults -> nursing services -> Inpatient Wound Care
- 8) EEG: Consult -> Medicine Svc inpt -> Neurology Services
- 9) Speech therapy: Inpatient medicine -> audiology
- 10) Non-formulary Medications: Consults -> Pharmacy services
- 11) Sleep Study: Consult tab -> medicine outpatient -> Neurology -> sleep study
- 12) Colonoscopy: Consult tab (do not click new consult button) -> "New Procedure"
- 13) Any Devices/Prosthetics: Consults tab -> Prosthetics
- 14) Travel Request (for discharge): Note tab -> New note -> type in Beneficiary travel. This is extremely complicated to do, ask your social worker for the multi-page document that shows you how to appropriately fill it out). Noted that the discharge order should be signed to have the consult for travel request looked at. To facilitate the request, ask the clerk on your patient's floor to call for transport once the consult is in.
- 15) Referral to Anticoagulation Clinic – Consult tab -> Pharmacy
- 16) Prosthetics Request (includes Wheelchair, Artificial Limbs, Braces, Shoes, Compression Socks, Wound Care, Glasses, Respiratory Supplies): Consults -> Prosthetics Request
- 17) Non-Formulary Medications: Consults -> Pharmacy Services -> Non-Formulary Drug Request
 - a. Does not apply to certain medications (e.g. Chantix (Varenicline)): Notes -> Restricted Drug Request or RDR

Transfer a Patient (or make them full admit from observation)

- 1) Go to: Medicine specific orders -> medicine service -> admit/transfer single order (tele, wards, ICU, etc.)
- 2) Then you have to redo all the orders **under delayed orders**.
- 3) To continue active orders: Copy all the orders you want -> right click -> copy to new order.
- 4) For new orders: Orders-> write delayed orders -> type of admission -> highlight all the orders you'd like to transfer.

Change Treatment Team

Change inpatient Provider Order under Write Orders on left side of Orders tab -> send message to unit clerk (right side)-> type "change attending/team/resident to XXX".

Discharging a Patient

Follow this order

1. **Medication reconciliation:** You do this manually.
Delete old medications from outpatient medication list.
For new medications:
 - Select the medication listed under inpatient: Action-> "transfer to outpatient" OR
 - Place an outpatient order (orders -> outpatient orders -> medications).
 - New IP Medications: select "pick up at the window". If you order them after 4:30, call the outpatient pharmacy (number on board) to remind them to fill it soon so that the patient can pick up on way out.
2. Write the **Medication reconciliation note:** Go to notes -> title "Medication Reconciliation Note" -> fill it out -> sign.
3. "**Inpatient discharge instructions**" note -> fill it out -> sign. After you sign it a discharge order will pop up. Sign this and order whatever immunizations you want and write your discharge instructions.
4. Go to **orders tab** -> you will have discharge orders to sign. Select them and sign them.
5. For the "**Return to clinic order**" write the name located in the information box in the top (usually starting with DAL MH ...). If you cannot find it (you usually won't) just type ****, **specify what clinic in the instructions**, and the unit clerk will make the appointment. In the next box under clinic name, you can write what labs you want. NOTE: If the patient has not been seen in the outpatient clinic previously and you want a **new referral**, it is an **outpatient consult** (not 'return to clinic').
6. **Discharge summary:** Go to the discharge summaries tab at the bottom of the screen. Create a new discharge summary. You don't have to use the box template they provide you, you can just put a "space" in each of their boxes to get through it and then delete it all and then put your own discharge template into the now blank note. Add PCP as a co-signer once you have signed your note by right clicking on the completed signed note and clicking identify additional co-signers.

Tips

- *If they need a prosthetic (cane, walker), it is under consults, prosthetics. The patient can pick up on way out or they will mail it.*
- *If they need a ride: it is a travel request and you'll need to open a new note Beneficiary Travel (ask the SW for the document on how to do this step by step)*

Sign Out: This info is carried across providers, so if another resident updates it, you can see these changes.

- Go to tools -> Shift Handoff tool.
- Use your own list, click submit, fill it out, and print it.
- Sometimes this can be bugged, especially if multiple people are editing the lists. This sometimes requires you to delete the patient on the list and re add them.

PRIME CLINIC:

Clinic Work Flow and Steps:

- 1) Patient list will typically be laying on computer in your assigned room
- 2) Check if vitals or labs drawn for the day. If not, it is possible they are not going to show up or they are late (sometimes the lab can take a while), but call them and check (To find number, click on their name box)
- 3) Start looking them up, once the patient has a nursing note in that says "Preventative Health Screening Note" they are ready for you to go out and call them.
- 4) During Visit, complete: medication reconciliation and ensure their current medications have refills. Order any Refill, Renew, and enter new medications.
 - a. **REFILL:** (patient has refills remaining) Click on the Meds tab, check the expiration date. If the prescription will expire before the next scheduled visit, right click and choose Refill (note: refills may only be mailed).

- b. **RENEW:** (patient does not have refills remaining). Right click and click on **Renew**. If the current order is correct, click the **Accept Order button**. If the medication is not renewable, a New Order must be entered to continue the medication.
 - c. **NEW ORDERS:** Select **OUTPATIENT ORDERS** under the **Write Orders List** and select your service (**Medicine**) (use all CAPS for medication orders).
 - d. Sign Orders: go to the **File** drop-down menu and select **Review/Sign Changes**, enter your electronic signature, click OK.
- 5) While writing a note, click on the left-hand tab that says “**reminders.**” This will open up a window with several clinical reminders (ex. Colonoscopy screening) → may be due at this visit (sometimes there are inaccuracies and sometimes patients get screening done outside of the VA). If you believe a reminder is due, click on reminder, answers will autopopulate into your note. Don’t forget to put in the appropriate orders (ex. actually ordering the colonoscopy). **Tip:** complete the reminders one at a time, click finish after each instead of clicking next. If you do not fill out a reminder completely, you will have to quit the reminders set and abandon the previous work.
- 6) Once you see the patient, go staff them with your attending.
- 7) **THIS MUST BE DONE BEFORE YOUR PATIENT LEAVES:**
- a. “**Prime Clinic After Visit Summary**” and select “**Medication Reconciliation.**” Here you will click through the menu and will auto-generate patient discharge instructions. Once you click finish, you can edit your note with additional text (or write it with pen) that you would like your patient to know about their clinic visit. **Tip:** if you sign all of your orders before you start your After Visit Summary Note, it will automatically pull in your orders into the note, including changes to their medication list. Hand the After Visit Summary to the patient before they leave.
- 8) The **After Visit Summary Note** will automatically link to a “**Return To Clinic**” order. Fill in when you want your patient to come back (make in multiples of 5 weeks from today, unless they need to come back sooner for a PA visit). **Tip:** type “**t+5w**” to designate 5 weeks from today.
- 9) In the “**Return to Clinic**” order, the right side has boxes to select for commonly ordered labs. If your patient is to have labs done upon their next clinic visit, please select “labs, non-fasting, and select the boxes you deem fit (commonly ordered labs menu: CBC, BMP, CMP, lipid panel, hemoglobin A1c.) There is also an area to type additional notes and orders for the clerks. Here you can type other labs you would like them to order (e.g. HIV, HBV surface Ab, RPR, ESR, CRP).

Once you send the patient out, you must do a few things:

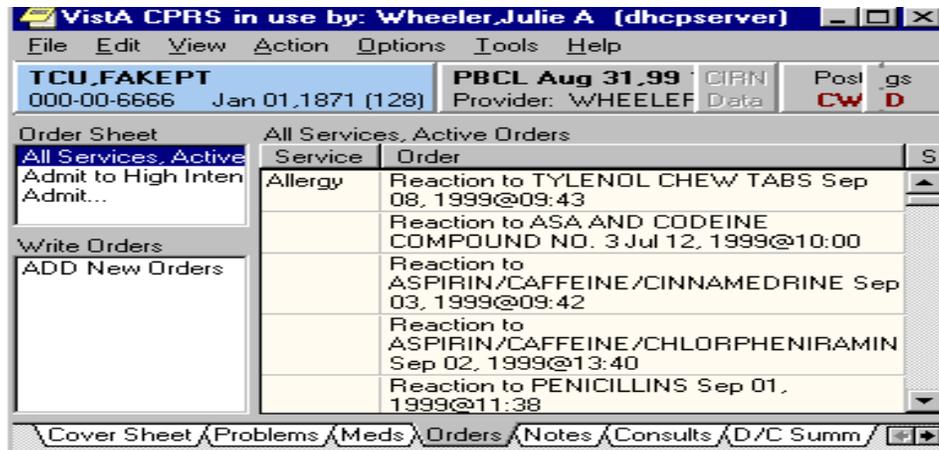
- a. A **manual med reconciliation note** must be completed (make sure their current meds have refills).
- b. THEN: Click the “**Encounter Tab**” on the Note tab, a new box will open up, under “**visit type**” click “**Expanded Problem Focus**” Under the section name box, for available providers, select your attending and put them as the Primary provider.
- c. THEN, click the **diagnoses tab** at the top of the **same pop-up box**. Select the diagnoses that applied to your patient. Make sure you **SIGN the return to clinic order** because if not, the schedulers will have to come into clinic and remind you to sign it so that they can schedule the follow up.

Common Tips and Orders:

- 10) **Consults:** Before placing a consult, it is REQUIRED that you enable to Decision Tool for consults by clicking on “Tools” -> “Consult Toolbox” -> “Enable Consult Toolbox. This has to be done once on EVERY computer you use in clinic. Once you place your consult, a screen will pop up that says “Launch DST” which you must click on. This will take you to another website where you must click through the questions and then make sure you link your answers to your consult. IF YOU DON’T FOLLOW THESE STEPS, YOUR CONSULT WILL GET BLOCKED NO MATTER WHAT. Again, it must be enabled on every computer you use. Once you enable it on each computer, you won’t have to do so ever again on that machine.
- 11) Add Non-VA Medications to their Medication List: Orders -> Meds Non VA -> Enter Non VA Medications
- 12) Advance Directive Reminders: Notes -> Advance Directive Notification and Discussion -> Complete Pop-Up for upload of their completed advance directive to Vista Imaging/CPRS or will consult chaplain/SW to start advance directive discussion
- 13) Consults without Orders: Audiology and Optometry have a walk-in set-up. You can direct your patient to their clinics directly or have the clerks direct them following your clinic visit
- 14) Clinic/Notable Locations:
 - a. PRIME: 3 (first floor)
 - b. Rheumatology: 3 (first floor)

- c. Renal: 5 (third floor)
 - d. Dermatology: 5 (third floor)
 - e. Diabetes: 8th floor (well women's center)
 - f. Radiology: Third floor
- 15) Common Forms (Now found online)
- a. Go to <http://vaww.northtexas.va.gov>
 - b. Click on services in the left column located towards the bottom of your screen
 - c. Click on your email address: firstname.lastname@va.gov. If your email does not work, contact Vicky Robertson at vickyl.robertson@va.gov
 - d. Locate and click on the Medical Service website
 - e. The Medical Service website will come up (PRIME clinic educational links on the right)

CONSULT – REQUESTING, RESULTING & TRACKING



Consult Requesting:

- ◆ Go to the orders tab.
- ◆ Click on Dallas Consult Services under Write Orders in the left-hand column.
- ◆ Click on the service you would like to send a consult to (inside gray box).
- ◆ Fill in the order entry box including Urgency, Place of Consultation, Provisional Diagnosis, and Reason for Request. Be sure to complete the template if it appears in the Reason for Request text box.
- ◆ Click accept order. The gray consult box will stay open anticipating another consult request. Click Done in the upper right corner of the gray consult request box when you have completed all your consult requests.
- ◆ Sign orders by highlighting each of your orders with the left mouse button, then right click and select Sign.

Notifications/Alerts:

EACH MONTH, the Medical Service ADPAC will change the FELLOW who will receive the Consult Alerts. All your notifications are listed at the bottom of the Select New Patient Screen (go to FILE on Windows menu bar). You can result/complete and track consults through your Notifications/Alerts.

Consult Tracking:

- ◆ Go to the consult tab. (If you are processing through your notifications you will be “magically” dropped into the consult tab.)
- ◆ Click on the consult you would like to track.
- ◆ View the consult on the right side of the screen to determine what tracking option to use.
- ◆ Go to the menu bar and choose Actions.
- ◆ Choose Consult Tracking.
- ◆ Choose the tracking option you would like to use: Receive, Cancel (Deny), Discontinue, Forward, Add Comment, etc.
- ◆ If the action you chose requires a comment (re: Add Comment, Forward) be sure to indicate if you want an alert sent with the comment.

****NOTE:** if you are trying to send a consult back to the requesting provider for reasons such as “lack of information” be sure to use the Cancel (Deny) tracking option. This is the only option that will give the requesting provider the opportunity to edit and resubmit the consult.

How To Look For Pending Consults In VistA (remember that the VistA program uses the same access codes as going into CPRS):

- Click on Vista and enter your access codes (these codes will be the same as you use to enter CPRS)
- Type “CRT” to enter the CRT Consult/Request Tracking Menu.
- Type “1” to enter the Service Consults Pending Resolution Menu.
- Type in the name of the consult service

Select Service/Specialty: Dermatology Inpatient

List From Starting Date: ALL DATES// HIT ENTER

VA lab formatter, note templates and paging system courtesy of Udayan Shah, Class of 2017

VA PARKING:

You can park in the **VA garages**, as well as any of the flat parking areas behind the VA. Always enter via the South Entrance or the Side Entrance off of Ann Arbor.

