EHR Screen/Tables/Domains and

Drop Down Box (DDB) Information

Want to login and see options of Current Patient List and Create new patient.

* Clicking into current patient: we see list of patient names with MR#, DOB that are already created, and students or faculty have entered information on them. To be used during a simulation or testing.
* Create new patient: we can start from scratch working up a new patient.

**Front Screen: Patient Summary**—able to view this data screen when we click on the patient’s name or scan their barcoded wristband. This is a summary screen that shows some pertinent data entered in on another table. Gives us a quick summary of the patient and what is going on with them.

In this table: Can items 1-6 and 8-18 populate (Link) from data entered in Patient Information area of Provider Chart Table?

1. **Patient name**
2. **Age**
3. **Date of Birth**
4. **Biological Sex**
5. **Gender**
6. **Height**
7. **Weight (can this populate from Vital sign table?)**
8. **Unit/Room number**
9. **Health care Provider**
10. **Diagnosis**
11. **Admit date**
12. **Allergies**
13. **Code status**
14. **Isolation status**
15. **Activity Level**
16. **Diet**
17. **Account number**
18. **Medical record number**
19. **Display of most recent vital signs (B/P, temp, pulse, resp, O2 saturation). Can this populate from Vital sign table?**
20. **Fall risk score (can this populate from safety table?)**
21. **Braden Score (can this populate from Integumentary area of Patient Assessment Chart table?)**

The following tables 1-10 to be flow sheet (tabs) to the left of the Patient Summary screen and all linked to that particular patient/account number. Kathi has example picture

* When a student clicks into a particular flow sheet tab, I would still like to see a “banner” across the top of the screen with the patient’s name, room #, Date of birth, age, Account/medical record #, gender, allergies. Provider name, Admit date, and code status.
* Wanting students to enter data and save. Next student completing assessment on same Manikin/patient would then get to see previous assessment as well as chart the new assessment data. This is where we see trends and can compare findings.
* Is there a way to sign our names/credentials to text boxes that students are required to type into?

**Table 1: Vital sign table-**

1. **Blood Pressure**- systolic pressure over diastolic pressure. (Students need be able to type into this text box or two text boxes stacked). A B/P measurement looks like 120/80. Students also need to select **Site** of b/p measurement from a drop down box#1: Left arm, Right arm, Left leg, Right leg, Monitor. Students also need to be able to select **Position** of patient during b/p measurement from drop down box#2: Lying, Sitting, Standing.
2. **Pulse Rate** (students need to be able to type this into a text box). Students also need to select **site of pulse measurement** from a drop down box#1: Radial, Brachial, Apical, Pedal, Monitor). 2nd pulse drop down box: **Pulse Rhythm**: Regular or Irregular, 3rd pulse drop down box: **Pulse Amplitude**: 0/absent or unable to palpate, +1/diminished or weaker than expected, +2/ Brisk (normal), +3/bounding
3. **Respiratory Rate** (students need to be able to type this into a text box). From a drop down box, Students also need to select: Unlabored/Eupnea or Labored/Dyspnea.
4. **Temperature** (students need to be able to type this into a text box). Students also need to select **site of temperature measurement** from a drop down box: Temporal, tympanic, oral, axillary, rectal.
5. **Oxygen saturation** (students need to be able to type this into a text box). Students also need to select **site of measurement** from a drop down box: finger, toe, earlobe)
   1. Example table:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date/time | Blood  Pressure | Pulse  Beats/Min | Respirations  Breaths/Min | Temperature  Fahrenheit | Oxygen sat% | comments | Entered by: |
| 6/9/2021 0715 | 120/80  Site: left arm  Position:  Sitting | 88/min  Site:  Radial, Regular, +2 | 12/min  Unlabored | 99.3  Site: Oral | 99%  Site:  finger | Just drank coffee | KStute MSN RN |
| 6/8/2021  0800 | 124/72  Site:  Right arm  Position:  Lying | 90/min  Site:  Apical, Regular,  +2 |  |  |  |  |  |

Newer date/data at top row. Older measurements go down rows as newer measurements are entered.

Would also like to see data in a graph-like history for trends? Not sure I want parameters in here, my thinking is-students need to think about this and seek sources rather than have it given to them.

1. **Weight:**
   1. **Time**: Students need to be able to select from a drop down box: Admission Weight, Daily AM Weight, Other (students need to be able to enter time weight was obtained in military time).
   2. Students need to be able to enter a weight into either a **Pounds box** or **Kilograms** b**ox**. Can this date populate to front summery screen and Patient banner?
   3. **Method**: (students need to be able to select from a drop down box: Standing scale, Wheelchair scale, bed scale, Patient/family stated (NOT safe for medication dosing), Estimated (NOT safe for medication dosing).
2. **Pain Assessment**
   1. Level (Students need to be able to select a number on a 0-10 pain scale with 0 as no pain to 10 as worst pain/ or indicate if patient is unable to state
   2. L**ocation** (Students need to be able to type into this text box)
   3. **Frequency**: Students should be able to select from a drop down box: constant, intermittent, Brief, unable to state)
   4. **Pain quality** (Students need to be able to select choices from a dropdown box: sharp, dull, diffuse, stabbing, burning, sore, aching, tingling, cramping, shifting, vise-like pressure)
   5. **Behavioral and Physiologic Responses to pain** (students need to be able to type into this text box)
   6. **Pain Interventions** (students need to be able to type into this text box a list)
3. **Input/output**- students need to be able to type numbers into this text box with ability for amount columns to calculate (add) throughout a 24 hour time period then start over the next day.
   1. Example: Intake Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time | Type | Amount | comments | Entered by: |
| 6/9/2021 0700 | Oral fluids | 300ml | breakfast | KStute MSN RN |
| 6/9/2021 | IV fluids | 500ml |  | KS |
| 6/9/2021 | Gastric irrigation | 100ml | Gtube clogged | KS |
|  |  | 600 |  |  |
|  |  | 400 |  |  |
|  |  | With a 24 hour calculated total somewhere? |  |  |
|  |  |  |  |  |

* 1. Example: Output Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time | Type | Amount | comments | Entered by: |
| 6/9/2021 0700 | Urine | 300ml | Foley emptied | KStute MSN RN |
| 6/9/2021 | emesis | 500ml |  | KS |
| 6/9/2021 | Gastric irrigation | 100ml | Gtube clogged | KS |
|  |  | 600 |  |  |
|  |  | 400 |  |  |
|  |  | With a 24 hour calculated total somewhere? |  |  |

**Table 2: Patient Assessment**- Once clicking on this, students should have access to the following “sub-tables” and further domains within these sub tables:

1. **Daily Care:**
   1. Mobility
      * **Activity Level** (students to ‘select all that apply’ choices from a drop down box: No restrictions, Bedrest, Bathroom privileges only, Bedside commode, Dangle at edge of bed, Up to bedside chair).
      * **Ambulation Ability** (students to ‘select all that apply’ choices from a drop down box: Ambulates independently, Cannot ambulate independently, Ambulates with 1-person assistance, Ambulates with 2 person assistance, Ambulates with more than 2 people)
      * **Device**s (students need to be able to ‘select all that apply’ choices from a drop down box: No devices needed, Gait belt, Wheelchair, Walker, Rolling Walker, Cane, 4-prong cane, Crutches).
      * Body Positioning: (Students need to be able to select choice from a drop down box: Supine, Prone, Right lateral , Left Lateral, Fowlers, Semi-Fowler’s, High Fowler’s)
      * **Level of Assistance with Body Positioning** (students need to be able to ‘select all that apply’ choices from a drop down box: Unable to turn self independently, Able to turn self independently, 2-person assistance with turning, Refuses to turn, Must log-roll).
      * **Additional Mobility Nursing Notes**: (Students need to be able to type in this box)
   2. Hygiene Care
      * **Bathin**g (students need to be able to ‘select all that apply’ choices from a drop down box: Shower, Bed bath with assist, Bed bath total care, Sitz bath, Perineal care, Pre-surgical Skin cleanser/prep, Refused)
      * **Dressin**g (students need to be able to ‘select all that apply’ choices from a drop down box: Applies hospital gown independently, Applies own clothes independently, Needs assistance with dressing, Needs total dressing care)
      * **Oral Care** (students need to be able to ‘select all that apply’ choices from a drop down box: Independent oral care, Needs assistance with oral care, Needs total oral care, Refused.)
      * **Line**n (students need to be able to select choice from a drop down box: No linen change needed, Complete Linen change, Partial linen change, Gown only, Refused).
      * **Additional Hygiene Care Nursing Notes**: (Students need to be able to type in this box)
   3. Intake Assessment
      * **Food Intake Pattern**: (students need to be able to ‘select all that apply’ choices from a drop down box: NPO, Eats independently, Needs assistance, Total feed, Total Parenteral Nutrition, Refuses to eat)
      * **Fluid Intake Pattern**: (students need to be able to ‘select all that apply’ choices from a drop down box: NPO, ice chips only, Drinks independently, Drinks with assistance, Intravenous fluids, Fluids given via feeding tube, Restricted fluids, Refuses to drink.)
      * **Feeding tube**: (students to select from DDB: None, Continuous, Intermittent)
        + Residual (student must be able to type into this box**)**
      * **Additional Intake Assessment Nursing Notes**: (Students need to be able to type in this box)
   4. Elimination Patterns
      * A**bilit**y (students need to be able to ‘select all that apply” choices from a drop down box: Independent with toileting, Needs assistance with toileting, Total assistance with toileting, incontinent of bladder, incontinent of bowel).
      * **Device**s (students need to be able to ‘select all that apply’ choices from a drop down box: Bedside commode, Urinal, Bedpan, Briefs/bedpads, External Catheter, Indwelling Catheter, Suprapubic Catheter)
      * **Additional Elimination Nursing Notes**: (Students need to be able to type in this box)
2. **General Head Assessment:** 
   1. **Head/Scalp** (students to select from DDB: symmetrical, skin intact, lesions, lumps, tenderness, Infestations)
   2. **Hair** (students to select all that apply from DDB: Evenly distributed, Thinning, patches, alopecia, Hirsutism, dry, oily)
   3. F**ace** (students to select from DDB: symmetrical, unusual size, unusual contour, Muscle tone intact, facial droop, Muscle strength strong, muscle strength week,
   4. **Eye**s (students to select from DDB: Does not wear corrective lenses, wears glasses, wears contacts)
      * S**cler**a (students to select from DDB: Clear/white, pink, red, yellow)
      * Co**njunctiva**e (students to select form DDB: Pink, Red, Pale, Yellow)
      * **Drainage** (students to select: Yes or NO)
      * **Pupils equal in size** (students to select: Yes or No)
      * **Pupils round** (students to select: yes or no)
      * **Pupils reactive to light** (students to select: yes or no, for right eye and yes/no for left eye
      * **Pupil accommodation** ( students to select: yes or no, for right eye and yes/no for left eye
      * **Pupil convergence** (students to select: yes or no, for right eye and yes/no for left eye
      * **Cardinal fields of vision** (Students to select all that apply from DDB: smooth movement, nystagmus, parallel movement, coordinated, uneven movement, uncoordinated)
   5. Ears (students to select from DDB: able to hear, Hard of hearing, unable to hear, wears device)
      * **Ears** Symmetrical (students to select: Yes or No)
      * **Ear Canal** (students to select from DDB: Clear, Cerumen, Edema, Drainage, Foreign body, Obstruction).
   6. Nose
      * P**atenc**y (students to select: yes or no, for right nare and yes/no for left nare)
      * **Nasal Mucosa** (students to select from DDB: pink, pale, red, moist, dry, lesions, edema, drainage)
   7. Oral Cavity
      * **Oral mucosa** (students to select all that apply from DDB: Pink, Pale, Erythema, White patches, lesions)
      * **Teeth**: (Students to select from DDB: teeth intact, teeth broken, no natural teeth, dentures, bridges)
3. **Cardiovascular and Peripheral Vascular Assessment**
   1. Cardiac Assessment:
      * **Drop Down Box(DDB) #1** (students need to be able to ‘select all that apply” choices from a drop down box: No cardiac concerns noted, Chest Pain, Palpitations, Tachycardia, Bradycardia, Hypertension, Hypotension, Postural hypotension, Dyspnea, Orthopnea, Jugular Venous Distension)
      * **DDB#2**:Apical Pulse: Students need to be able to type into 3columns: rate, rhythm, quality
      * **DDB#3**-Apical/Radial Pulse Deficit: Students need to be able to select choice from drop down box: yes, no)
      * **DDB#4**-Telemetry: Students need to be able to select choice from Drop down box: (Yes, No). If yes: student/faculty need to be able to type into a box titled “Cardiac Rhythm”
      * **DDB#5**: Murmur (Students need to be able to select choice from DDB: No murmur, Aortic area, Pulmonic Area, Tricuspid area, Mitral area.)
   2. Peripheral Perfusion:
      * **Right Upper Extremity:** (students need to be able to ‘select all that apply” choices from a drop down box: Capillary Refill less than 3 seconds, Capillary Refill greater than 3 seconds, No edema, Generalized nonpitting edema, 1+ Pitting Edema, 2+ Pitting Edema, 3+ Pitting Edema, 4+ Pitting Edema, Brawny Edema, pain, pallor, paresthesia, paralysis, pressure)
      * **Left Upper Extremity:** (students need to be able to ‘select all that apply” choices from a drop down box: Capillary Refill less than 3 seconds, Capillary Refill greater than 3 seconds, No edema, Generalized nonpitting edema, 1+ Pitting Edema, 2+ Pitting Edema, 3+ Pitting Edema, 4+ Pitting Edema, Brawny Edema pain, pallor, paresthesia, paralysis, pressure)
      * **Right Lower Extremity**: (students need to be able to ‘select all that apply” choices from a drop down box: Capillary Refill less than 3 seconds, Capillary Refill greater than 3 seconds, No edema, Generalized nonpitting edema, 1+ Pitting Edema, 2+ Pitting Edema, 3+ Pitting Edema, 4+ Pitting Edema, Brawny Edema pain, pallor, paresthesia, paralysis, pressure)
      * **Left Lower Extremity**: (students need to be able to ‘select all that apply” choices from a drop down box: Capillary Refill less than 3 seconds, Capillary Refill greater than 3 seconds, No edema, Generalized nonpitting edema, , 1+ Pitting Edema, 2+ Pitting Edema, 3+ Pitting Edema, 4+ Pitting Edema, Brawny Edema pain, pallor, paresthesia, paralysis, pressure).
      * **Peripheral pulses:** would like to see a plain human body avatar that the students could “drag and drop” the name of the pulse to the correct body site. Pulse names are: carotid pulse, brachial pulse, radial pulse, femoral pulse, popliteal pulse, posterior tibial pulse, and dorsalis pedis pulse. A left and right to each pulse.
      * **Peripheral pulse Assessment:**

**Left Carotid**: students need to be able to select choice from four separate drop down boxes:

#1 Pulse Assessment: Palpated or Audible per Doppler

#2 Pulse Rhythm: Regular or Irregular,

#3 Pulse Amplitude: 0/absent or unable to palpate, +1/diminished or weaker than expected, +2/ Brisk (normal), +3/bounding

#4 Bruit: yes or no

**Right Carotid** students need to be able to select choice from four separate drop down boxes:

#1 Pulse Assessment: Palpated or Audible per Doppler

#2 Pulse Rhythm: Regular or Irregular,

#3 Pulse Amplitude: 0/absent or unable to palpate, +1/diminished or weaker than expected, +2/ Brisk (normal), +3/bounding

#4 Bruit: yes or no

**Left Brachial** students need to be able to select choice from three separate drop down boxes:

#1 Pulse Assessment: Palpated or Audible per Dopplar

#2 Pulse Rhythm: Regular or Irregular,

#3 Pulse Amplitude: 0/absent or unable to palpate, +1/diminished or weaker than expected, +2/ Brisk (normal), +3/bounding

**Right Brachial** (same as left brachial, Three DD boxes)

**Left Radial** (same as left brachial, Three DD boxes

**Right Radial** (same as left brachial, Three DD boxes

**Left Femoral** same as left brachial, Three DD boxes

**Right Femoral** (same as left brachial, three DD boxes)

**Left Popliteal**(same as left brachial, Three DD boxes)

**Right Popliteal**(same as left brachial, Three DD boxes)

**Left Posterior tibial**(same as left brachial, Three DD boxes)

**Right Posterior tibial**(same as left brachial, Three DD boxes)

**Left dorsalis pedis**(same as left brachial, three DD boxes)

**Right dorsalis pedis** (same as left brachial, three DD boxes)

\*\*\*there is probably a cleaner and easier way to do this, like a table? I am open to suggestions for the pulses above\*\*

* 1. **Additional Cardiovascular Assessment Nursing Notes**: Students need to be able to type in this box.
  2. **Cardiovascular Interventions**: (Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”) Large box

1. **Gastrointestinal Assessment**
   1. **Abdomen Inspection** (students to select all that apply from DDB: symmetrical, umbilicus intact, umbilicus piercings, umbilicus drainage, flat, rounded, concave, distended, visible masses, visible pulsations, visible peristalsis)
   2. **Abdomen Auscultation** (students to select from drop down box: Active in all quadrants, hyperactive, hypoactive, Absent, Other (describe in notes)
   3. **Abdomen palpation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RLQ | RUQ | LUQ | LLQ |
| Nontender |  |  |  |  |
| tender |  |  |  |  |
| Painful |  |  |  |  |
| Soft |  |  |  |  |
| Firm |  |  |  |  |
| Rigid |  |  |  |  |
| Guarding |  |  |  |  |

* 1. **Last Bowel Movement**: (Student to be able to type into box)small box.
     + **Stool type**: Students to select all that apply from DDB: Formed, Hard, Soft, Watery, Bloody,Tarry, Other (describe in notes)
  2. **Ostomy** (students to select: Yes or No) Directions noted: “See Integumentary Assessment”
  3. T**ubes**: (Has GI tube in place: students to select: Yes or No) Directions noted: “See Drains/Tube Assessment”
  4. **Additional Gastrointestinal Assessment Nursing Notes**: (students need to be able to type into this box)
  5. **Gastrointestinal Interventions**: Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)

1. **Genitourinary Assessment**
   1. **Mode of Urination** (student to select from DDB: voids, Indwelling catheter, Straight catheter, suprapubic catheter, urostomy).
   2. **Urinary Conditions** (students to select all that apply from DDB: No urinary conditions applicable, Anuria, Dysuria, Frequency, Nocturia, Oliguria, Polyuria, Pyuria, Urgency, Urinary Incontinence, Burning on urination, Urinary retention)
   3. **Urine Color** (students to select from (transparent, pale yellow, yellow, dark yellow, amber, dark brown, Bloody, other (describe in notes)
   4. **Urine Odor** (students to select from: No odor, Ammonia odor, Sweet odor, Fetid Odor)
   5. **Urine Turbidity** (students to select from DDB: Clear, Cloudy, Milky, Sediment, Blood Clots)
   6. **External Genitalia** (Students to select from DDB: No concerns, Lesions, Inflammation, Edema, Warts, Drainage, Other (describe in notes)
   7. **Additional Genitourinary Assessment** (students need to be able to type in this box)
   8. **Genitourinary Interventions**: Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)
2. **Integumentary Assessment**
   1. Color (students to select from DDB: As expected, Erythema, Cyanotic, Jaundice, Pallor, Vitiligo)
   2. Vascularity (students to select from DDB: None, Ecchymosis, Petechiae, Other (describe in notes)
   3. Temperature (Students to select from DDB: Warm, Cool, Hot)
   4. Texture: (students to select from DDB: Smooth, Rough, Loose, Wrinkled)
   5. Moisture (students to select from DDB: Dry, Clammy, Diaphoretic)
   6. Turgor (Students to select from DDB: Brisk recoil, Slow Recoil, Tents)
   7. Piercings (Students to be able to select: Yes or No).
      * Location and condition (students to be able to mark on avatar or type to a box)
   8. Tattoos (Students to be able to select: Yes or No).
      * Location and condition (students to be able to mark on avatar or type to a box)
   9. Integrity (students to select all that apply from DDB: All skin intact, Rash, Surgical Incision, Skin Tear, Laceration, Gun Shot, Pressure Ulcer)
      * Location and Condition (students to be able to type into this box—Or Avatar to mark location and text box for Condition
   10. Wound Assessment
       * Measurements Students to be able to type into boxes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time | Wound Location | Length (mm) | Width (mm) | Depth (mm) |
|  |  |  |  |  |

* + - Wound Bed
      * Tissue type(Students to select from DDB: Granulating, Slough, Necrotic)
      * Exudate (students to select from DDB: Serous, Serosanguineous, Sanguineous, Purulent)
      * Tunneling (students to select Yes or No)
    - Wound Edges (students need to select all that apply from DDB: Well approximated, staples intact, Sutures intact, gaping, Macerated, Dehydrated, Undermining, Rolled edges).
    - Periwound (Students need to select all that apply from DDB: Skin without deficit, Maceration, Excoriation, Dry, Hyperkeratosis, Callus, Edema, Warm, Pain)
    - Dehiscence (students need to select Yes or No)
    - Evisceration (students need to select Yes or No)
    - Dressing change:

|  |  |  |  |
| --- | --- | --- | --- |
| Date/time | Completed By | Wound Location | Comments |
|  |  |  |  |

* 1. **LINK**: Braden Scale For Predicting Pressure Score Risk (See form, we do have a three year licensure agreement) Must have proper source/copyright information.
  2. Additional Integumentary Assessment Nursing Notes (students need to be able to type in this box)
  3. Integumentary Interventions: Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)

1. **Musculoskeletal Assessment**
   1. Muscle Tone and Strength
      * Left arm (students need to be able to select all that apply from drop down box: symmetry, atrophy, tremors, flaccid, Full ROM, Decreased ROM, Immobile, Strong movement, Weak movement, Coordinated movement, Uncoordinated movements, swelling, pain, crepitation on movement).
      * Right arm (students need to be able to select all that apply from drop down box: symmetry, atrophy, tremors, flaccid, Full ROM, Decreased ROM, Immobile, Strong movement, Weak movement, Coordinated movement, Uncoordinated movements, swelling, pain, crepitation on movement).
      * Left Leg (students need to be able to select all that apply from drop down box: symmetry, atrophy, tremors, flaccid, Full ROM, Decreased ROM, Immobile, Strong movement, Weak movement, Coordinated movement, Uncoordinated movements, swelling, pain, crepitation on movement).
      * Right leg (students need to be able to select all that apply from drop down box: symmetry, atrophy, tremors, flaccid, Full ROM, Decreased ROM, Immobile, Strong movement, Weak movement, Coordinated movement, Uncoordinated movements, swelling, pain, crepitation on movement).
      * Neck (students need to be able to select all that apply from drop down box: symmetry, atrophy, tremors, flaccid, Full ROM, Decreased ROM, Immobile, Strong movement, Weak movement, Coordinated movement, Uncoordinated movement, swelling, pain, crepitation on movement).
   2. Amputation (students to select Yes or No)
      * Location/Description: (students to be able to type into this box).
   3. Additional Musculoskeletal Assessment Nursing Notes (Students need to be able to type in this box.
   4. Musculoskeletal Interventions ( students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)
2. **Neurological Assessment**
   1. Mental Status:
      * Level of Consciousness (students can select from DDB: Awake and alert, Lethargic, Stuporous, Comatose)
      * Orientated x4: Students can select “yes or No” to each of the following: Person (Y/N), Place (Y/N), Time (Y/N), Situation (Y/N).
      * Disorientated x4: Students can select “yes or No” to each of the following: Person (Y/N), Place (Y/N), Time (Y/N), Situation (Y/N).
      * Speech: students can select all that apply: Clear, Fluent, Fast, Slow, Aphonia, Dysphonia, Dysarthria, Aphasia)
   2. Cranial Nerve Assessment: Kathi wants students to fill this out

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nerve (Number) | Nerve Name | Type:  Sensory/Motor/  or Both | Functions | Method for Examining | Results |
| CN 1 |  |  |  |  |  |
| CN 2 |  |  |  |  |  |
| CN 3 |  |  |  |  |  |
| CN 4 |  |  |  |  |  |
| CN 5 |  |  |  |  |  |
| CN 6 |  |  |  |  |  |
| CN 7 |  |  |  |  |  |
| CN 8 |  |  |  |  |  |
| CN 9 |  |  |  |  |  |
| CN 10 |  |  |  |  |  |
| CN 11 |  |  |  |  |  |
| CN 12 |  |  |  |  |  |

|  |
| --- |
| Key for CN chart:  \*Remember to Assess both Left and Right Side of each CN and document accordingly  \*Sensory Nerve Results may be identified as: Intact, Poor, Not intact  \*Motor Nerve Results may be identified as: Strong, Brisk, Weak, Sluggish, No reaction  \*Pupil Gauge (mm) |

* 1. Seizure Assessment:
     + Duration of seizure: (student to be able to type in box)
     + Preictal Phase (yes or No), Reported Aura (students can type in this text box)
     + Type of seizure: Students can select choice from DDB: Tonic-clonic, Tonic, Clonic, Myoclonic, Atonic (Akinetic) Simple partial, Complex partial, Unclassified)
     + Loss of consciousness: (Y/N)
     + Postictal confusion: (Y/N)
     + Postictal amnesia: (Y/N)
     + Describe Seizure activity: (students need to be able to type in text box)
  2. Additional Neurological Assessment Nursing Notes (Students need to be able to type in this box.) PERRLA in box
  3. Neurological Interventions : (Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”) Large box

1. **Psychosocial Assessment**
   1. LINK: The Patient Health Questionnaire-9 (PHQ-9). Please put this source at bottom of questionnaire*: Source: From Patient Health Questionnaire (PHQ) Screeners. Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display, or distribute. Retrieved from*: <http://www.phqscreeners.com>
   2. Additional Psychosocial Nursing Assessment Notes: Students need to be able to type in this box.
   3. Psychosocial Interventions: (Students need to be able to type in this box with a header “List appropriate psychosocial interventions”. Large box
2. **Respiratory Assessment**
   1. Breathing Patterns: (students need to be able to select choices from a drop down box: Eupnea, Tachypnea, Bradypnea, Hyperventilation, Hypoventilation, Cheyne-Stokes respirations, Biot’s respirations, Apnea)
   2. Breathing Effort (students need to be able to select choices from a drop down box: dyspnea at rest, dyspnea on exertion, Using accessory muscles, Orthopnea).
   3. Cyanosis: (students need to be able to select Yes or No)
   4. Anterior Lung Auscultation (students need to be able to select choices from a drop down box: Clear, Diminished, Wheeze, Rhonchi, Crackles, Stridor, Friction Rub)
   5. Right Lateral Lung Auscultation (students need to be able to select choices from a drop down box: Clear, Diminished, Wheeze, Rhonchi, Crackles, Stridor, Friction Rub)
   6. Left Lateral Lung Auscultation (students need to be able to select choices from a drop down box: Clear, Diminished, Wheeze, Rhonchi, Crackles, Stridor, Friction Rub)
   7. Posterior Lung Auscultation (students need to be able to select choices from a drop down box: Clear, Diminished, Wheeze, Rhonchi, Crackles, Stridor, Friction Rub)
   8. Oxygenation:
      * students need to be able to select: ‘Room Air’ or ‘Oxygen delivery system in use’ and a “L/min” box for students to type in an amount
      * Oxygen delivery device: students need to be able to select from a drop down box: No device, Nasal cannula, Simple mask, Partial rebreather mask, Nonrebreather mask, Venturi mask, Face tent, Other)
      * Incentive Spirometer (Students need to be able to select from a drop down box: frequently uses, occasionally when prompted, refuses) Also a “level attained” box for students to type a number into.
   9. Airway Suctioning (students need to be able to select from a drop down box: No suction needed, Yankauer, Bulb syringe, Open suction system, Closed suction system)
      * Drainage Characteristics: Students need to type in this box. Need Color, Odor, Amount, Consistency words in this box.
   10. Artificial Airway Type(students need to be able to select from a drop down box: No artificial airway in use, oropharyngeal airway, Nasopharyngeal airway (Nasal Trumpet), Endotracheal tube, Tracheostomy, Other)
   11. Artificial Airway size: Students need to be able to type into this box.
   12. Tracheostomy Care: Students need to select all that apply in drop down box: Stoma site pink, Stoma site pale, Stoma site red/excoriated, Stoma site bleeding, Inner cannula changed, sutures intact, no sutures, Neck ties/Velco intact and secure)
       * Drainage Characteristics: Students need to type in this box. Need Color, Odor, Amount, Consistency words in this box.
   13. Additional Respiratory Nursing Assessment Notes: (Students need to be able to type in this text box.
   14. Respiratory Nursing Interventions: (Students need to be able to type in this box with a header “List appropriate respiratory interventions”. Large box
3. **Safety Assessment**
   1. Level of Safety (students need to select choices from a drop down box: No supervision required, 1:1 Supervision/Sitter at bedside, Safety check every 30 minutes, Safety check every hour)
   2. LINK: Fall Risk Assessment Form (from AHRQ) Must use Citation. Needs to calculate a fall risk and populate to summary screen.
   3. Fall Precautions (students need to be able to type into this text box with a header: List Appropriate Fall Precautions) Students to seek sources and apply info
   4. Additional Safety Interventions (students need to be able to type into this text box with instructions: List Additional Safety Interventions relevant for this patient) Students to seek sources and apply info
4. **Infection Control**  (Kathi wants students to seek sources and enter info)
   1. Patient isolation status to populate to here from Table 3 Provider chart.
   2. Standard Precautions (students need to be able to type into this text box with a header/instructions that read: List appropriate Centers for Disease Control and Prevention Guidelines)
   3. Airborne Precautions (students need to be able to type into this text box with a header/instructions that read: List appropriate CDC Guidelines)
   4. Droplet Precautions (students need to be able to type into this text box with a header/instructions that read: List appropriate CDC Guidelines)
   5. Contact Precautions (students need to be able to type into this text box with a header/instructions that read: List appropriate CDC Guidelines)
   6. Additional Infection Control Nursing Notes (Students need to be able to type in this text box.
5. **Vascular Access**
   1. Type of Vascular Access (students need to be able to select from DDB: Peripheral venous catheter, Midline peripheral catheter, Peripherally inserted central catheter (PICC), Nontunneled percutaneous central venous catheter, Tunneled central venous catheter, Implanted Port). Can this selected choice be linked to summary screen?
   2. Date initiated (students need to be able to type into this box)
   3. Catheter size (students need to be able to select from DDB: 18 Gauge, 20 Gauge, 22 Gauge, 24 Gauge, Other (describe in notes)
   4. Lumens (students to select from DDB: 1,2,3,4)
   5. Location (students need to be able to type in this box) small
   6. Skin Assessment: (Students to select from all that apply DDB: Clean and dry, Edema, pallor, cold, warm, tender, erythema, drainage, palpable cord, other (describe in notes))
   7. Dressing: (Students to select from DDB: Clean and dry, Soiled, Wet) Dressing Changed (yes or no)
   8. Patency (students to select from DDB: Patent catheter with Saline Lock, Patent catheter with Infusion fluids, Not patent)
   9. Additional Vascular Access Nursing Notes:(Students need to be able to type in this text box)
   10. Interventions (Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)
6. **Drains/Tubes**
   1. Type of tube: Students to select all that apply from DDB:External Catheter, Indwelling Catheter, Suprapubic Catheter, chest tube, T-tube, Jackson-Pratt(JP) drain, Hemovac drain, Penrose drain, Nasogastric tube, Nasointestinal tube, Gastrostomy tube, Jejunostomy tube, Dobhoff, Levin tube) Can these selected choices be linked to the summary screen?
   2. Size of tube (Students to be able to type into this box) small
   3. Drainage Type: (students to be able to type into this box)
   4. Suction (Students to be able to select: yes or no) Amount: (Students to be able to type in this box) small
   5. Functionally Patent (students to be able to select: yes or no)
   6. Additional Drains/Tubes Nursing Notes:(Students need to be able to type in this text box)
   7. Interventions (Students need to be able to type in this box with a header “List appropriate interventions to improve patient condition and prevent complications”)

**Table 3: Provider Chart:**

1. **Patient Information:** 
   1. **Patient Name** Last, first middle (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner. This name will not change.
   2. **Age** (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner.
   3. **Date of Birth** (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner. This will not change.
   4. **Biological Sex** (faculty/ students need to be able to select choices from a drop down box: Male, Female, Intersex). And information put in here to populate over to Patient Summary screen and Banner. This will not change.
   5. **Identified Gende**r (faculty/students need to be able to select choices from a drop down box: Male, Female, Transgender, Nonbinary, Other). And information put in here to populate over to Patient Summary screen and Banner. This will not change
   6. **Height** (faculty/students need to be able to select choice from DDB#1 **Fee**t:3,4,5,6,7 and DDB#2 **Inches**: 0 through 11). And information put in here to populate over to Patient Summary screen and Banner. This will not change.
   7. **Unit/Room number** (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner. This will not change
   8. **Health Care Provider** (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner.
   9. **Diagnosis** (faculty/students need to be able to type this into text box and enough room for multiple diagnosis, may even label rows with “primary, secondary, tertiary” diagnosis). And information put in here to populate over to Patient Summary screen and Banner.
   10. **Admit Date** (faculty/students need to be able to type this into text box) And can this populate to front summary screen and patient banner?
   11. **Allergies** (faculty/students need to be able to type this into text box). And information put in here to populate over to Patient Summary screen and Banner.
   12. **Code Status** (faculty/students need to be able to select choice from DDB: Full Code, Don Not Resuscitate, Comfort Measures Only, Do Not Intubate, Terminal Weaning). And information put in here to populate over to Patient Summary screen and Banner
   13. **Isolation Status** (faculty/students need to be able to select choices from dropdown box: standard, contact, droplet, airborne). And information put in here to populate over to Patient Summary screen and Banner, and Table 2: patient assessment /Infection control area
   14. **Activity Level** faculty/students need to be able to select from DDB: Bedrest, BRP only, Bedside commode only, Dangle, Up as tolerated). And information put in here to populate over to Patient Summary screen and Banner
   15. **Diet** faculty/students need to be able to select all that apply choices from DDB: NPO, Ice chips only, Clear liquid, Full liquid, Pureed, Mechanically soft, Regular, Consistent-carbohydrate, fat-restricted, High-fiber, Low-fiber, Sodium restricted, Renal, Vegetarian, enteral nutrition only, parenteral nutrition only). And information put in here to populate over to Patient Summary screen and Banner
   16. **Account number** (this needs to be a unique ID for each patient that will not change) Do I really need this since they are having a medical record number? Data dictionary has both. Used to link to other tables. Link to banner
   17. **Medical Record number** (this needs to be a unique ID that will not change)link to banner
2. **History and Physical** Kathi/faculty will be using this part to create a patient, will I have ability to make some words **“bold”?**
   1. **Chief Complaint** (faculty need to be able to type this into text box). And information put in here to populate over to Patient Summary screen.
   2. **Medical History**: (faculty need to be able to type this into text box. Large box)
   3. **Family History**: (faculty need to be able to type this into text box. Large box)
   4. **Review of Systems**: (faculty need to be able to type this into text box. Large box)
3. **Progress Notes** (faculty need to be able to type this into a text box)
4. **Consultation Notes** (faculty need to be able to type this into a text box)

**Table 4: Order Entry-** Once clicking into this, banner of 4 columns: Start/end date, order, priority and provider name. Faculty need to be able to type the specific information into a text box in each column. **Priorit**y: DDB: Routine, Stat, Now, ASAP) Want the newer dated orders to stack at the top of the text box, so we see newer orders first and would need to scroll down to see older orders. Need to be able to shade/strike the discontinued orders, need to still be able to read it and see that it existed.

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date/End Date | Order | Priority | Ordered By |
| 6/20/2021-6/20/2021 | Remove staples to R leg and steri strip | Routine | KStute |
| 6/19/2021- no end date | Tylenol 650mg PO prn pain | Now | KStute |
| ~~6/12/2021-6/14/2021~~ | ~~Ancef 2grams IV every 12 hours for 2 days~~ | ~~Routine~~ | ~~Kstute~~ |

**Table 5: Medication Administration** Need to be able to look at ordered drug on this screen (see the 5 tables below) and have option to “scan medication” or “override barcode”. Students should select “scan medication” not select the override option. then Scan the barcode on drug package and have drug/dose/route/time pop up on screen with a DDB#1: Give, Deny Refused, Partial Dose.

IF they select Give or partial dose”, DDB#2 appears: “Enter Appropriate Data to safely administer this drug” with:

* B/P (students need to be able to type in box)
* Pulse ( students need to be able to type into this text box)
* RR ( students need to be able to type into this text box)
* Temp ( students need to be able to type into this text box)
* Weight ( students need to be able to type into this text box)
* Lab Result ( students need to be able to type into this text box)
* Other (students need to be able to type into this text box)
* OVERRDE this Alert

Example: I scan the med label and “Lanoxin 0.25 mg PO” and a drop down box appears. Students can select: **Give,** **Deny, refused**, or **Partial Dose** button. If student clicks deny, they have realized they selected wrong drug /dose and they are putting the drug back. If they click “give or partial dose” they must select something from drop down box#2 or the process halts until they do.

If the student hits any override button- I need a big pop up screen with noise and a hard stop stating

OVERRIDES ARE UNSAFE AND CAUSE :----------------------------------------------------------------------, from here the student will have to go back and provide assessment data to move on. Once drug is given, it needs to be shaded or turn a different color

Medication tables on screen: Faculty need to be able to enter in the specific drug, dose, route, time due, start/end date, students will enter information into comment box if needed.

1. Scheduled Medications:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug | Dose | Route | Frequency | Time Due | Start date | Comments |
| Lanoxin | O.25 mg | PO | Every day | 0900 | 9/14/21 |  |
|  |  |  |  |  |  |  |

1. PRN medications:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug | Dose | Route | Frequency | Time Due | Start date | Comments |
| Lanoxin | O.25 mg | PO | Every day | 0900 | 9/14/21 |  |
|  |  |  |  |  |  |  |

1. Continuous Intravenous Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug | Rate | Route | Frequency | Time Due | Start date | Comments |
| 0.45 Normal Saline | 50 mL/hr | IV | Continuous | 0900 | 9/14/21 |  |
|  |  |  |  |  |  |  |

1. Respiratory Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug | Dose | Route | Frequency | Time Due | Start date | Comments |
| Lanoxin | O.25 mg | PO | Every day | 0900 | 9/14/21 |  |
|  |  |  |  |  |  |  |

1. Discontinued/Inactive Medications (this set of rows and columns need to be entirely shaded yellow.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Drug | Dose | Route | Frequency | Time Due | StartEnd date /end date | Comments |
| Lanoxin | O.25 mg | PO | Every day | 0900 | 9/14/21 |  |
| bbbbbbbbbb |  |  |  |  |  |  |

**Table 6: Results-**

Sub tables:

1. **Lab** (faculty need to be able to type into columns: date/time/lab test/results/notes. Example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time | Lab test | results | parameters | notes |
| 6/9/2021 | **Blood Glucose** | 95mg/dL | 70-105mg/dL | Before breakfast |
| 6/8/2021 | **Complete Blood Count**  WBC  RBC  Hemoglobin  Hematocrit  MCV  MCH | 12.6  1.69  4.3  13.6  76  24 | 3-10  5.5-8.8  12.9-18g/dL  37-57  60-77  18-24 | Blood draw from PICC line |

Faculty will most likely be adding this information and to then be “stagnant” for a long while. Would like to be able to see most current labs on top

1. **Imaging** (faculty need to be able to type into columns: date/time/lab test/results/notes. Example:

|  |  |  |  |
| --- | --- | --- | --- |
| Date/time | Imaging test | results | notes |
| 6/9/2021 | **Ultra sound of abdomen** | Obstruction to bowel | LRQ |
| 6/8/2021 | **Head cat scan** | Right parietal subdural hematoma | Confused, lethargic |

Faculty will most likely be adding this information and to then be “stagnant” for a long while. Would like to be able to see most current imaging on top

\*\*Too many labs and imaging out there–faculty can hand select and type pertinent data\*\*\*

**Table 7: Care Plan:** Once clicking into this, students need to be able to type into this text box with a header/instructions that read: “Create an effective and appropriate care plan”

**Table 8: Patient Education:** Once clicking into this, students has areas to complete:

1. Education Content (students need to be able to type into this text box),
2. Person taught (drop down box of choices: patient, significant other, family member, friend),
3. Method of Education (Students need to be able to select choices from a dropdown box:
   * Given verbal instruction,
   * Given reading material,
   * Viewed video,
   * Given demonstration Teach back technique provided by patient/SO.
4. Evaluate Outcomes (Students need to be able to select choices from a dropdown box: can select all that apply):
   * Able to restate the instructions
   * Unable to restate the instructions
   * Able to answer questions
   * Feedback and comments do not confer understanding
   * Able to perform a return demonstration
   * Unable to perform return demonstration
   * Verbalizes lack of understanding
   * Needs more practice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/time | Education Content | Person Taught | Method of Evaluation | Evaluate Outcomes |
|  |  |  |  |  |
|  |  |  |  |  |

1. Additional Notes: ( students need to be able to type into this text box)
2. Barriers to Learning: (students need to be able to type into this text box with a header that reads: List Patient Barriers to Learning).

**Table 9: Forms:**

1. SBAR/Handoff Form: Students need to be able to type into the right column:

|  |  |
| --- | --- |
| Situation |  |
| Background |  |
| Assessment |  |
| Recommendation |  |