CERNER TRAINING MANUALS

COMMENTS AND NOTES

Contents

Introduction

Comments and Notes can be added to Orders, Results, and Collections. They are used to provide additional[1] information or instructions and to document events[2].

Comments can be added by Providers to give the laboratory additional information, or they can be added by the laboratory to give Providers additional information.

Notes are internal to the laboratory. They cannot be seen by providers.

[1] *e. g. Collection Instructions.*

[2] *e. g. Documenting critical calls.*

Comments vs. Notes

When entering Comments, you have the option to enter it as a Comment or as a Note. The main difference between the two is that Notes are internal to the laboratory.

Comments: Additional information that can be viewed by anyone with access to the order or result.

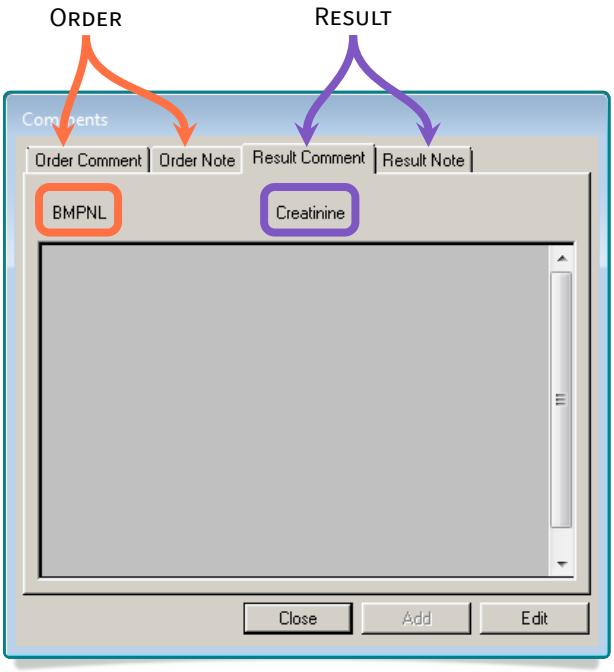
> ⚠ **IMPORTANT:** Result Comments are part of the result. After a result has been verified, the **Result Comment** can not be modified without "Correcting" the result[3].

Notes: Additional information for the laboratory only. Note cannot be seen by the floors.

[3] 🖹 Refer to the Accession Result Entry (ARE) procedure for more information.

Order Comment vs. Result Comment

ARE will differentiate Comments and Notes between an order and a specific result.



In this example, Result Comments and Notes will only apply to the Creatinine.
Order Comments and Notes will apply to the entire Basic Metabolic Panel

Order Comment/Note: Will be attached to the entire Order.

Result Comment/Note: Will be attached to a specific result.

Adding Comments

Comments can be Viewed, Edited and Added in most applications by clicking the comment icon[4] from the Tool-Bar.

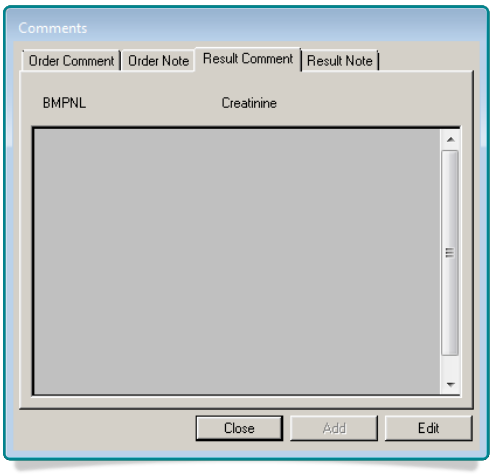
info: For detailed information on opening comments within a specific application, refer to the application's documentation.

[4]  The piece of paper with a paper clip.

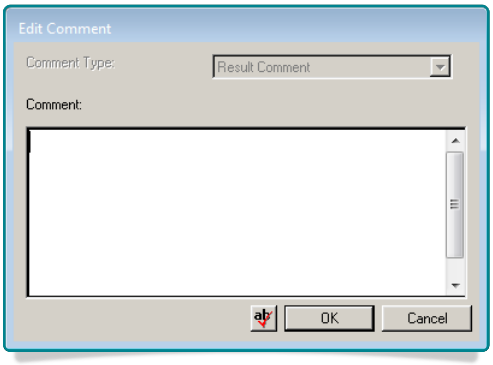
With the Comments Window open.

Select the appropriate Comment/Note Tab[5] at the top of the window.

[5] In this example the options are:
- **Order Comment**
- **Order Note**
- **Result Comment**
- **Result Note**

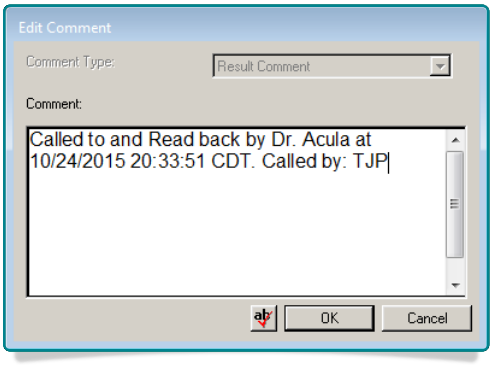


Click 



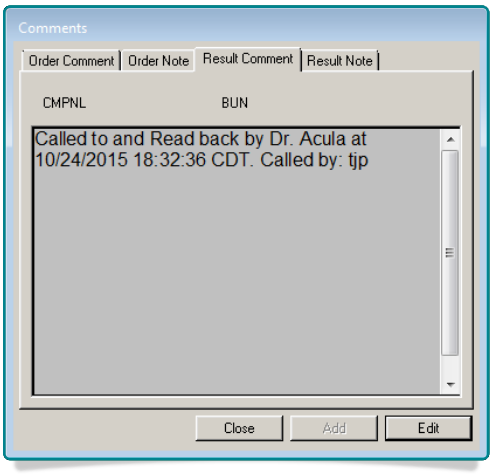
Enter the COMMENT or TEMPLATE[6].

[6] Refer to: USING TEMPLATES *pg. 7* for information on using templates



Click to check for spelling errors.

Click OK to save.



Click Close

ADDING COMMENTS TO MULTIPLE RESULTS

There are situations where the same comment needs to be placed on multiple results.

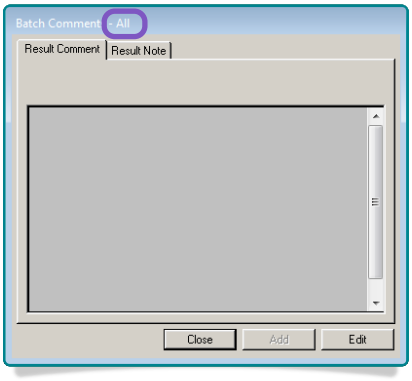
ADD COMMENTS TO SELECTED RESULTS

The ALL COMMENTS WINDOW is used to add a comment to all the ☑ results.

Procedure		Result	Flags	Status
Glucose Level	☐			Pending
BUN	☑	> 300	HN	Pending
Creatinine	☑	> 25.0	HN	Pending
Sodium Level	☐			Pending
Potassium Level	☐	5.0		Pending
Chloride	☐			Pending
CO2	☐			Pending
AGAP	☐			Pending
Calcium	☐			Pending

Hit ☑ CTRL+A.[7]

[7] In this example, the comment will be placed on the BUN and CREATININE.

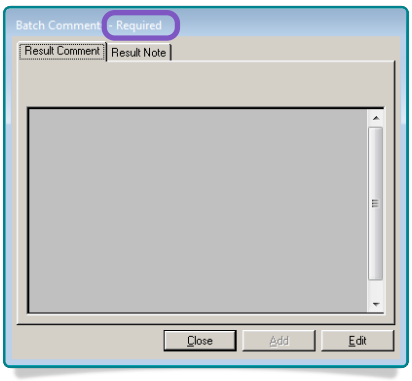


ADD COMMENTS TO ALL CRITICAL RESULTS

The BATCH COMMENT WINDOW is used to add a comment to all the CRITICAL results on an accession.

Hit ⌨ CTRL+B.[8]

[8] The comment entered into this window will apply to every CRITICAL result.



Using Templates

Templates are pre-written comments which can be accessed using their mnemonics[9].

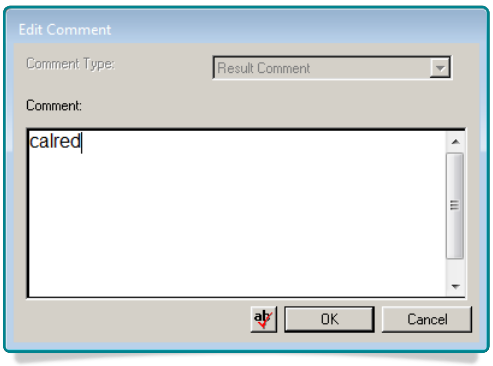
Some Templates include blank fields where additional information needs to be entered. These fields will appear as Underscores (_).

[9] Refer to: **Templates and Mnemonics** *pg. 11* for a complete list of Templates and their mnemonics.

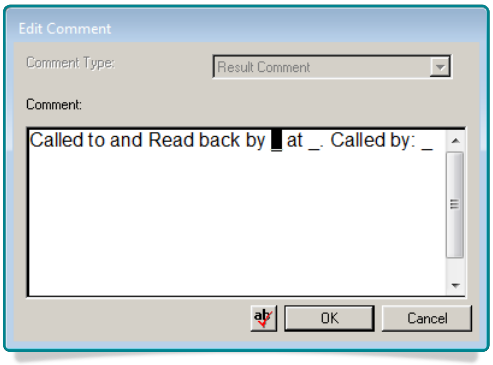
Expanding Templates

With the Edit Comment Window open

Type the Mnemonic of the template



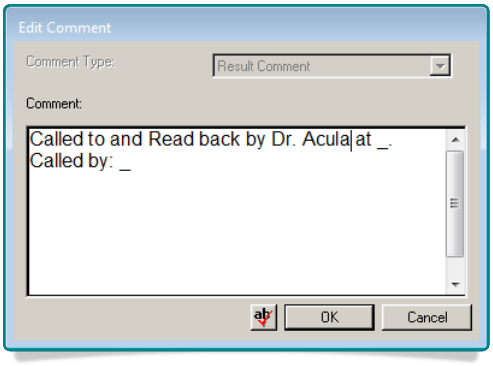
Hit **F9** key.



If the Template needs to be filled out, the Cursor[10] will immediately move to the first field.

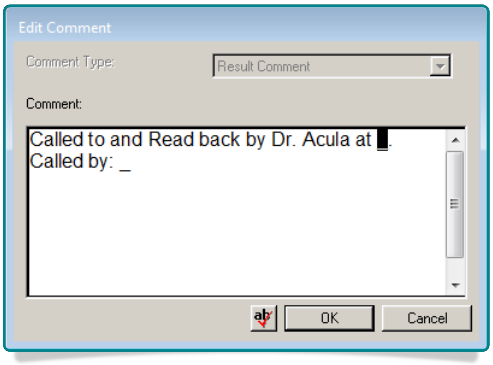
[10] The black square

Enter the information on the first field.

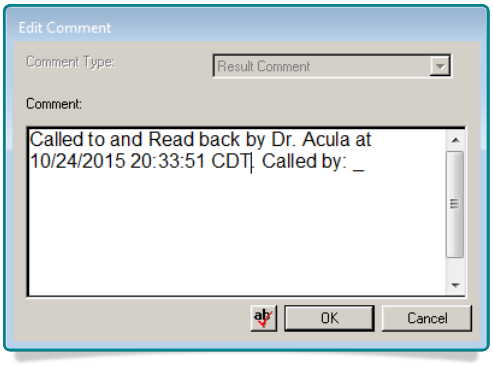


Hit **F3** key to move to the next field[11].

[11] **F3** will cycle through all of the Underscores in the template.

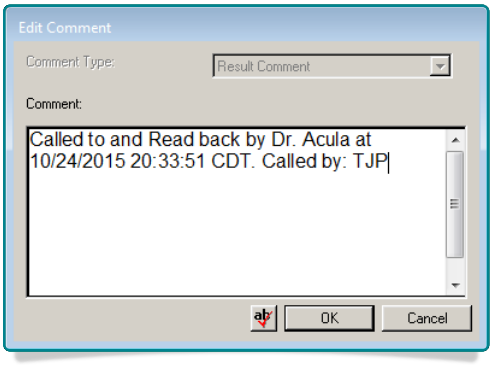


Hit **F5** to enter the current Date and Time.



Hit **F3** key to move to the last field.

Enter The last bit of information.



Templates and Mnemonics

Name	Template Text
<12	Less than 12 mls of urine received.
AGRAN	Atypical granulation of neutrophils
ALB	Albumin Smear
ALBDIF	Differential performed on albumin smear.
ALYMPH	Atypical lymphocytes present
ASYNMAT	Asynchronous maturation
BIZRBCS	Bizarre RBC's present
BLOODPROD	Patient received blood products
BUFFY	Buffy coat smear
CALRED	Called to and Read back by _ at _. Called by: _
CLOTBF	Specimen clotted, unable to perform cell count. Clot was resuspended for cytospin differential
CLOTDIS	Disregard results, specimen was clotted
CLOTRES	Interpret with caution, specimen partially clotted
CLOTSP	Specimen clotted, please recollect
COLORCAN	Macroscopic exam not performed due to urine color interference
COLORUA	The results are questionable due to color interference
CONTAMINANT	Probable Contaminant. Please resubmit.
COR	Corrected Result. Called to and Read back by _ at _. Called by: _
CRYSTALS	Crystals observed
EPICLUMPS	Clumps of Epithelial Cells seen
FEWALYMPH	Few atypical lymphocytes present
FIBRINSTR	Fibrin strands seen on smear
GROSSHEM	Specimen is grossly hemolyzed
HARDCD	Stool sample is formed. C. difficile PCR assay has been validated for use with unformed (liquid or soft) stool specimens only. Sample is not consistent with C. difficile disease. C. difficile testing is not clinically indicated on non-diarrheal stools.
HARDNV	Stool sample is formed and unacceptable for use with this assay. The Cepheid Xpert Norovirus PCR assay has been validated for use with unformed (liquid or soft) stool specimens collected from individuals with symptoms of acute gastroenteritis.
HEMOLPRE	Hemolysis present
HEMOMD	Hemolyzed specimen., tests run at MD request

HEMRES	No result available due to presence of marked hemolysis
HEMRESULTS	Interpret with caution, hemolysis can impact test results. Recollection of specimen is suggested
HYPERSEG	Hypersegmented neutrophils present
ICTRES	No result available due to Icteric interference.
ICTSPEC	Icteric; Results may be affected
IMMO	Immature mononuclear cells present
KLEIHB	Reviewed by Dr. _, _/_/20_ at _ hours. Give _ vial(s) of Rh immune globulin if deemed clinically necessary.
LIPADJ	Values for Hemoglobin, MCH, & MCHC have been adjusted for Lipemia
LIPSPUN	Serum grossly lipemic, specimen clarified by high speed/ultra centrifugation
LIPSSP	Lipemic specimen
MA12	Recalculated using activator MA of 12.0
MALFINNEG	No Malaria parasites observed; reviewed by pathologist.
MALFINPOS	Malaria parasites observed; reviewed by pathologist.Results called to and Read back by _ at _. Called by: _
MALPRENEG	Preliminary ResultFinal result can be found under: “Malaria - Final” No Malaria observed on peripheral smear.Slides to be reviewed by pathologist.
MALPREPOS	Preliminary ResultFinal result can be found under: “Malaria - Final” Inclusions resembling malaria observed; pending pathologist review.Called to and Read back by _ at _. Called by: _
MANPLTS	Manual platelet count done
MANYALYMPH	Many atypical lymphocytes present
MICCONT	Microtainer sample
MODHEM	Specimen is moderately hemolyzed
MPP	Malarial parasites observed.
NEGKB	Negative for fetomaternal bleed.
NMAL	No malarial parasites observed.
NNSAADPKU	_ : _*Screening Result Notes*Possible PKU. Recommend plasma phenylalanine or plasma amino acids. Refer to a metabolic specialist.
NNSAADTPN	_ : _*Screening Result Notes*Possible TPN. Please repeat the newborn screen when TPN is discontinued.
NNSCAHABN	17-Hydroxy-Progesterone: Abnormal*Screening Result Notes*17-OH Progesterone Abnormal for birth weight less than 2500 grams. Possible CAH. Please repeat the newborn screen.
NNSCAHELE	17-Hydroxy-Progesterone: Slightly Elevated*Screening Result Notes*17-OH Progesterone Slightly Elevated for birth weight greater than or equal to 2500 grams. Possible CAH. If this is the second newborn screen, please follow recommendations received from Clinical Care Coordination. Otherwise, please repeat the newborn screen.

NNSCFITE	Immunoreactive Trypsinogen: Elevated*Screening Result Notes*Many unaffected infants have an elevated immunoreactive trysinogen (IRT) level on the first specimen. The second screening specimen (collected after 7 days of age) is required to determine if result is significant. Please repeat the newborn screen.
NNSCFREVELE	_ : _* Revised Report Notes *Revised Screening Result for Cystic Fibrosis. Additional testing using a CFTR 40 Mutation Panel has been performed. No further evaluation necessary unless clinically indicated. Although there is minimal risk for Cystic Fibrosis (CF) in the absence of detected mutations, an elevated immunoreactive trysinogen (IRT) result may be indicative of CF due to a mutation not included in the 40-mutation panel. Recommend sweat testing and possible genetic evaluation only if clinically indicated. [The specimen was originally reported as Indeterminate for Cystic Fibrosis showing Immunoreactive Trysinogen as Elevated. The original screening note read "Many unaffected infants have an elevated immunoreactive trysinogen (IRT) level on the first specimen. The second screening specimen (collected after 7 days of age) is required to determine if result is significant. Please repeat the newborn screen."]
NNSCFREVVEL	_ : _*Revised Report Notes*Revised Screening Result for Cystic Fibrosis. Additional testing using a CFTR 40 Mutation Panel has been performed. Although there is minimal risk for Cystic Fibrosis (CF) in the absence of detected mutations, a very elevated immunoreactive trysinogen (IRT) result may be indicative of CF due to mutations not included in the 40-mutation panel. Recommend referral for confirmatory sweat testing and consider genetic counseling. [The specimen was originally reported as Indeterminate for Cystic Fibrosis showing Immunoreactive Trysinogen as Elevated. The original screening note read "Many unaffected infants have an elevated immunoreactive trysinogen (IRT) level on the first specimen. The second screening specimen (collected after 7 days of age) is required to determine if result is significant. Please repeat the newborn screen."]
NNSFADBORD	_: _*Screening Result Notes*Borderline Result. Possible Metabolic Disorder. If this is the second screening, please follow recommendations received from Clinical Care Coordination. Otherwise, please repeat the newborn screen in a week.
NNSFADMCAD	_: _*Screening Result Notes*Possible MCAD. Recommend plasma acylcarnitine profile, and urine organic acids (including acylglcines). Refer to a metabolic specialist. DNA report to follow.
NNSFADVLCAD	_: _*Screening Result Notes*Possible VLCAD. Recommend plasma acylcarnitine profile and urine organic acids. Refer to a metabolic specialist.
NNSHGBAF	Hemoglobin: A, F*Screening Result Notes*Probable Normal. If result is due to transfusion, repeat in one to three months post transfusion.
NNSHGBAFS	Hemoglobin: A, F, S*Screening Result Notes*Probable S Trait. Notify family of test results. DNA report to follow.
NNSHGBFAB	Hemoglobin: F, A, Barts*Screening Result Notes*Probable Alpha Thalassemia Trait. Notify family of test results.
NNSHGBFAC	Hemoglobin: F, A, C*Screening Result Notes*Probable C Trait. Notify family of test results.

NNSHGBFAO	Hemoglobin: F, A, Other*Screening Result Notes*Probable Unidentified Hb Variant Trait. Notify family of test results. Recommend consultation with pediatric hematologist.
NNSHGBFAS	Hemoglobin: F, A, S*Screening Result Notes*Probable S Trait. Notify family of test results.
NNSHYPTBG	_ : _*Screening Result Notes*Possible TBG Excess. Recommend thyroid profile.
NNSHYPTHY	_ : _*Screening Result Notes*Possible Hypothyroidism. If this is the second screen, please follow recommendations received from Clinical Care Coordination. Otherwise, please repeat the newborn screen.
NNSSCIDTL	Low TREC*Screening Result Notes*Borderline low number of T-cell receptor excision circles (TREC). Please repeat the newborn screen.
NNSSCIDTVL	Very Low TREC*Screening Result Notes*Very low number of T-cell receptor excision circles (TREC). Please follow recommendations received from the DSHS newborn screening Clinical Care Coordination team.
NNSSCIDUNSAT	Unsatisfactory-Please Resubmit: Specimen inadequate for accurate detection of TREC (T-cell receptor excision circles).
NOLIP	No result available due to lipemic interference.
NONFDA	Caution, this specimen type has not been approved by the FDA for this test method and there is no established reference ranges. Interpret results accordingly.
NORMRBC	RBC Morphology Normal
NPIO	No pathology interpretation ordered.
NR30	No results after 30 Minutes.
NR60	No results after 60 Minutes.
NRBCS	WBC count corrected due to presence of NRBC's.
PADEQ	Platelet count may not be accurate due to clumping; Platelets appear adequate.
PATH	See separate Pathology report _.
PATHREV	To be reviewed by Pathologist
PCLU	Platelet count may not be accurate due to clumping; Platelets too clumped for accurate estimate.
PCOLD	Possible cold agglutinin present
PDEC	Platelet count may not be accurate due to clumping; Platelets appear decreased.
PINC	Platelet count may not be accurate due to clumping; Platelets appear increased.
PLTCLUMPS	Presence of platelet clumps
PLTCOUNT	Platelet count out of range
PLTCT	PLT Count Verified by Peripheral Smear Review
PLTGA	Platelets adequate; Giant platelets increased.
PLTGD	Platelets decreased; Giant platelets increased.
PLTGI	Platelets increased; Giant platelets increased.
PLTRA	Platelets appear adequate; increased RBC fragments.
PLTRD	Platelets appear decreased; increased RBC fragments.
PLTREV	Platelet count verified by slide review
PLTRI	Platelets appear increased; increased RBC fragments.

POSKB	Positive. Recommended number of RHIG vials is _.
QNS	Quantity Insufficient
QRN	Questionable results. Recollection requested.
RBP	Reviewed by pathologist.
RECOLLECT	Specimen recollect requested. Called to: _
SALINEICT	Saline replacement for icteric specimen
SALINELIP	Saline replacement for lipemic specimen
SEMIQ	Semiquantitative interpretation: _+
SLHEM	Specimen is slightly hemolyzed
SMDG	Smudge cells present
SPUN	Spun Hematocrit
SPUNUA	Urine chemistries done on spun urine due to color of specimen
TBR	To be reviewed by pathologist.
TRIG3K	Unable to perform test, Triglycerides > 3000
UNSPUNUA	Microscopic examination performed off of unspun urine
VTMDIL	*NOTE: Submitting the sample in viral transport media may result in reduced test sensitivity due to dilution of sample.
WARM	Specimen warmed to 37 degrees prior to testing
WBCLMP	WBC count elevated due to platelets clumps
WBCLUMPS	Clumps of WBC's seen
WBCPLT	WBC count elevated due to giant platelets
WOOD	Interpret with Caution: Specimen collected/submitted with wood shaft swab. Wood may inhibit cytopathic effect and yield false-negative results.
WPPROB	Note: Delays of more than 1 hour will compromise the ability to detect Trichomonas due to the reduction in organism motility.
YSC	Unable to interpret: DFA evaluation indicates insufficient cellular material for adequate interpretation and is an indication of poor specimen quality. Further examination will provide little to no clinical information and results may be misleading. Recollect if clinically indicated.

Table 1: Comment Templates

Template Hotkeys

Template Shortcuts

F2	Open Template Search
F3	Jump to Next Field
F5	Enter Current Date and Time
F9	Expand Template

Table 2: Comment Hot-keys