STAR 2000™

STAR PATIENT CARE REFERENCE GUIDE
Care Planning and Documentation
Worksheets Volume

Preface

The *Care Planning and Documentation Worksheets Volume* of the *STAR Patient Care Reference Guide* contains worksheets you use to complete the build files of the base STAR Patient Care system. The worksheets enable you to gather and define the information you need to build the tables and standard files in your Care Planning and Documentation system.

Table of Contents

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
October 2011   *Release 17.0*   *v*
Proprietary to McKesson - Subject to Confidentiality Agreement

Introduction

The *STAR Care Planning and Documentation Worksheets Volume* of the *STAR Patient Care Reference Guide* provides worksheets which help explain the flexibility of building your STAR system.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Patient Care Reference Guide*. Successful use of the *STAR Care Planning and Documentation Worksheets Volume* depends upon your knowledge of the concepts covered in the General Information Volume.

This volume contains one section that includes worksheets that need to be completed prior to other build functions. A Table of Contents at the beginning of this volume provides a quick location reference for the worksheets discussed.

The following chapter is contained in this volume:

Chapter 1: Worksheets

All worksheets for the Care Planning and Documentation Module are contained in this chapter.

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
October 2011   *Release 17.0*   *vii*
Proprietary to McKesson - Subject to Confidentiality Agreement

Chapter 1 - Worksheets

NURSING FACILITY OPTIONS

These parameters and options are controlled by you through the Nursing Facility Parameters function.

Screen 1:

NURSING SHIFTS:

1. The number of shifts used by Nursing: ☐ 2 ㅤㅤ ☐ 3

2. The name of shift 1:_____
    (Defaults to **Day**)

3. Start time of shift 1:_____

4. PCR Housekeeping Time:_____

5. The name of shift 2:_____
    (Defaults to **Evening**)

6. Start time of shift 2:_____

7. PCR Housekeeping Time:_____

8. The name of shift 3:_____
    (Defaults to **Night**)

9. Start time of shift 3:_____

10. PCR Housekeeping Time:_____

OUTPATIENT SHIFTS:

11. Start time of shift 1:_____

12. Start time of shift 2:_____

13. End time:_____

PATIENT CARE PROFILE:

14. Patient Block Location:☐ TL   ☐ TR   ☐ BL   ☐ BR

15. PCP Sequence #:☐ Yes   ☐ No

16. Nursing Expected Outcomes Location: ☐ R   ☐ L

17. RX Orders: ☐ Meds   ☐ Solutions   ☐ Both

18. Print (S)cheduled, (P)RN or (B)oth Medications:☐ S   ☐ P   ☐ B

19. Solutions types to print on PCP:_____

Screen 2:

PATIENT ACUITY:

1. Admission Bed Override Code:_____

2. Transfer Bed Override Code:_____

3. Acuity Staffing Data Retention (1-99 days):_____

4. Historical Acuity Data Retention (0-999 days):_____

5. Historical Key, DRG(D) or Diagnosis (X):_____

ASSESSMENT/PLAN OF CARE:

6. Daily or Weekly Assessment File Maintenance:☐ D   ☐ W

7. Assessment History Retention (0-999 days):_____

8. Retain Master Problem List?☐ YES   ☐ NO

9. Use Pending Authorization Status? ☐ YES   ☐ NO

10. Log Text Changes?☐ YES   ☐ NO

11. Report Name to Log Text to:_____

CRITICAL PATHWAYS:

12. Critical Pathway information retention (0-999 days):_____

13. Print Frequency (Y/N) [N]   YES   NO

MATERNITY RETENTION DAYS:

14. Care Plan information retention (0-9125 days):_____

15. Assessment information retention (0-9125 days):_____

16. Labor and Delivery information retention (0-9125 days):_____

17. Vital Signs information retention (0-9125 days):_____

STATION PARAMETERS

These parameters and options are controlled by you through the Station Parameters function.

Screen 1:

STATION PARAMETERS:

1. Is this station *Live* on STAR Patient Care Nursing?   ☐ Yes ☐ No

2. Defining Characteristics Menu (Table Lookup)

_____

3. ADL Menu (Table Lookup)

_____

4. Option to print Plan of Care at Discharge?   ☐ Yes ☐ No

5. Standard Text for Patient History (Table Lookup)

_____

6. Set default prompt for editing treatment order text to yes or no?   ☐ Yes ☐ No

ACUITY PARAMETERS:

7. Is the Acuity Module *Live* for this station?   ☐ Yes ☐ No

8. Patient Attribute Menu (Table Lookup)

_____

9. Second Patient Attribute Menu (Table Lookup)

_____

10. Station Attribute Menu (Table Lookup)

_____

11. Bed Override Menu (Table Lookup)

_____

PCP PARAMETERS:

12. User-formatted PCP?   ☐ Yes   ☐ No

13. Does this station use a laser printer?   ☐ Yes   ☐ No

14. Default PCP Format Name *(If field 12 is Yes)*

_____

15. Print Plan of Care Name on PCP? (*If field 12 is No*)   ☐ Yes   ☐ No

16. Print Requested Date/Time above treatments on PCP? *(If field 12 is No)*

                                                       ☐ Yes   ☐ No

17. Print Frequency code, Frequency and Scheduled Days codes,
    or Neither for ADLs on PCPs: _____

Screen 2:

WORKSHEET PARAMETERS:
(not used with User-Defined Worksheets)

1. Categories for ADL Worksheet (Table Lookup)   ☐ ALL

Specific: _____

_____

_____

2. Departments for Active Order Worksheet (Table Lookup)   ☐ ALL

Specific: _____

_____

_____

3. PRN Departments on Worksheet? (Table Lookup)

_____

4. Include Treatments on Active Order Worksheet?   ☐ Yes   ☐ No

5. Include Consultations on Active Order Worksheet?   ☐ Yes   ☐ No

6. Include Patient History on Active Order Worksheet? ☐ Yes   ☐ No

7. Include Precautions on Active Order Worksheet? ☐ Yes ☐ No

ASSESSMENT PARAMETERS:

8. Assessment Menu (Table Lookup)

_____

9. Spooler name for where Assessment Order Notice prints

_____

10. Sound tone for each assessment? ☐ Yes ☐ No

11. Sound tone for each assessment group? ☐ Yes ☐ No

12. Display the *Update Problem List* prompt
    during discharge? ☐ Yes ☐ No

13. Print Problem List on Patient Care Profile? ☐ Yes ☐ No

14. Print Problem List on Active Order Worksheet? ☐ Yes ☐ No

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1–9

STAR PATIENT CARE TABLES BUILD/EDIT MONITORING CARE PLANNING AND DOCUMENTATION TABLES

Under the column *Type*, the following codes apply:

G = Relates to a General Table in the *STAR Patient Care Reference Guide Tables Volume*

H = Relates to a High Level table in the *STAR Patient Care Reference Guide Tables Volume*

N = Relates to tables found in the Care Planning and Documentation Module

S = Simple table, generally limited to Code, Description, and 1-2 other entries

M = Moderately complex table, may have additional fields beyond an S table and/or may have dependencies upon lower level tables

C = Complex table; be sure to refer to documentation.

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Custom Worksheets	N-M								
Labor and Delivery Clinical Questions	N-C								
Level of Care	N-S								
Nursing Care Type	N-S								
Nursing Skill Level	N-S								
Priorities-ADLs	N-M								
Priorities-Discharge Plan	N-M								
Priorities-Intervention	N-M								
Priorities-Outcome	N-M								
Priorities-Problem	N-M								
Priorities-Treatment	N-M								
Titles	N-S								

TABLE	TYPE	EDIT	ASSIGNED	DUE	1	2	3	4	COMMENTS
Plan of Care	N-C								
Problem Statuses	N-S								
Discharge/Expected Outcome	N-C								
Discharge Plan	N-C								
Problem/Expected Outcome	N-C								
Interventions/Treatments	N-C								
ADLs	N-C								
Treatment Orders	N-C								
Vital Signs/Fluid Bal	N-M								
Critical Pathway Categories	N-M								
Variance Causes	N-M								
Critical Pathways	N-C								
Action Taken	N-S								
PCP/Wrksheet Report Cells	N-C								
Patient Demographic Block	N-C								
PCP Format Parameters	N-C								
Worksheet Format Parameters	N-C								

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

October 2011

PRIORITY CODES

Complete one worksheet for each ordering department for Critical Pathways. (Problems, Outcomes, Interventions, and Discharge Plans)

DEPARTMENT:_____

CODE	DESCRIPTION	SHORT DESC	ADDL CHARGE	START D, T, N, B	RECURRING	CUT OFF TIME	ADDL DAYS	ORDER CATEGORY/ STATUS

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1–11

LABOR AND DELIVERY CLINICAL QUESTIONS WORKSHEET

CODE(5NC)	DESCRIPTION (20AN)

PROBLEM STATUSES WORKSHEET

CODE(1N)	DESCRIPTION (33AN)

TITLES WORKSHEET

CODE(3AC)	DESCRIPTION (19AN)

PLAN OF CARE WORKSHEET

CODE (4N):_____

DESCRIPTION (33 AN): _____

ALIAS DESCRIPTION #1:_____

ALIAS DESCRIPTION #2:_____

ALIAS DESCRIPTION #3:_____

ALIAS DESCRIPTION #4:_____

ALIAS DESCRIPTION #5:_____

ALIAS DESCRIPTION #6:_____

PCR CODE: _____

ITEMS LINKED TO THIS PLAN OF CARE (LIST IN THE ORDER TO BE LINKED)

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

PLAN OF CARE WORKSHEET *Continued*

Page _____

CODE:_____

DESCRIPTION:

_____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

FILE TYPE: _____ CODE: _____ DESCRIPTION: _____

DISCHARGE PLAN/DISCHARGE OUTCOME/PROBLEM OUTCOME WORKSHEET

FILE TYPE: DP   DG   PG   CODE (4N): _____

DESCRIPTION (33 AN): _____

ALIAS DESCRIPTION #1: _____

ALIAS DESCRIPTION #2: _____

ALIAS DESCRIPTION #3: _____

ALIAS DESCRIPTION #4: _____

ALIAS DESCRIPTION #5: _____

ALIAS DESCRIPTION #6: _____

PCR CODE: _____ TEXT TYPE: PLAN   OUT   PROB   PROB/OUT

TEXT (3 LINES, 75 AN CHARACTERS EACH)

_____

_____

_____

LINKED INTERVENTIONS:

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

DISCHARGE PLAN/DISCH. OUTCOME/PROBLEM OUTCOME WORKSHEET *Continued*

Page _____

FILE TYPE: DP   DG   PG   CODE (4N): _____

DESCRIPTION (33 AN): _____

LINKED INTERVENTIONS *Continued*:

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

CODE: _____ DESCRIPTION: _____ T or I

TREATMENT/INTERVENTIONS WORKSHEET

CODE (4N): _____   PRINT ON PCP? (Y/N): _____

DESCRIPTION (33 AN): _____

ALIAS DESCRIPTION #1: _____

ALIAS DESCRIPTION #2: _____

ALIAS DESCRIPTION #3: _____

ALIAS DESCRIPTION #4: _____

ALIAS DESCRIPTION #5: _____

ALIAS DESCRIPTION #6: _____

PCR CODE: _____   DEFAULT CATEGORY: _____

TEXT: (3 LINES, 75 AN CHARACTERS EACH)

Custom Document_____

_____

_____

ADL WORKSHEET

CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No
CATEGORY (2N):	DESCRIPTION (24 AN)
SUBCATEGORY:	DESCRIPTION:
ELEMENT:	DESCRIPTION:
PCR CODE:	DESCRIPTION CHANGE? Yes No

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
1–20   *Release 17.0*   *October 2011*
Proprietary to McKesson - Subject to Confidentiality Agreement

TREATMENT ORDER WORKSHEET

CODE (4N): _____

DESCRIPTION (33 AN): _____

ALIAS DESCRIPTION #1:_____

ALIAS DESCRIPTION #2:_____

ALIAS DESCRIPTION #3:_____

ALIAS DESCRIPTION #4:_____

ALIAS DESCRIPTION #5:_____

ALIAS DESCRIPTION #6:_____

PCR CODE: _____

LINKED TREATMENTS/INTERVENTIONS

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CODE: _____ DESCRIPTION: _____

CRITICAL PATHWAY WORKSHEET

CODE (5N) :_____

DESCRIPTION(33 AN)_____

EXPECTED LOS (3N):_____ (0-999 days)

DAYS LINKED TO THIS CRITICAL PATHWAY:

Day #	DAY DESCRIPTION (20AN)	CUSTOM DOCUMENT

CRITICAL PATHWAY ITEMS PER DAY WORKSHEET

CRITICAL PATHWAY :_____

DAY:_____

CATEGORY	DEPT	SIM CODE/DESC	COMMENT (23AN)	ONGOING DAYS

CRITICAL PATHWAYS CATEGORIES WORKSHEET

CODE =   2 NUMERIC CHARACTERS

DESCRIPTION =   15 ALPHANUMERIC CHARACTERS

SEQUENCE # =   2 NUMERIC CHARACTERS

CODE	DESCRIPTION	SEQUENCE #

VARIANCE CAUSES WORKSHEET

CODE =   3 NUMERIC
                    CHARACTERS

DESCRIPTION =   33 ALPHANUMERIC CHARACTERS

VARIANCE TYPE =   1. PATIENT/FAMILY   3. INTERNAL SYSTEM

                    2. PROVIDER/CLINICIAN   4. EXTERNAL SYSTEM

CODE	DESCRIPTION	VARIANCE TYPE #

ACTION TAKEN WORKSHEET

CODE =   4 NUMERIC CHARACTERS

DESCRIPTION =   33 ALPHANUMERIC CHARACTERS

CODE	DESCRIPTION

ACTIVE ORDERS REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN)

_____

CELL PRINT DESCRIPTION/TITLE (78AN)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8

CELL TYPE (TABLE LOOKUP): Active Order Cell Type

TEST SORT   INCLUDE PREPS & SPECIAL INSTRUCTIONS   ☐ Yes   ☐ No

☐ Alphabetical   PRINT ORDER TEXT   ☐ Yes   ☐ No

☐ Requested Date/Time

☐ Reverse Chronological

☐ System

DEPARTMENTS (TABLE LOOKUP)

ACTIVE ORDERS REPORT CELL WORKSHEET *Continued*

CODE _____   CELL DESCRIPTION _____

LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.

ACTIVE ORDERS REPORT CELL WORKSHEET *Continued*

CODE _____   CELL DESCRIPTION (32AN) _____

LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.
LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.
LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.

ADLS REPORT CELL WORKSHEET

CODE (3AN) _____ CELL DESCRIPTION (32AN)_____

CELL PRINT DESCRIPTION/TITLE (78AN)

1										2										3										4										5										6										7								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

CELL TYPE (TABLE LOOKUP): ADLs

ADL CATEGORIES (TABLE LOOKUP)

October 2011

STAR Patient Care Reference Guide - Care Planing and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1-31

ASSOCIATED PATIENT BLOCK REPORT CELL WORKSHEET

CODE (3AN) _____ CELL DESCRIPTION(32AN)_____

CELL PRINT DESCRIPTION/TITLE (78AN)

1										2										3										4										5										6										7								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

CELL TYPE (TABLE LOOKUP): Associated Patient Block

									1										2										3								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

1–32

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

October 2011

MEDICAL INFORMATION REPORT CELL WORKSHEET

CODE _____   CELL DESCRIPTION _____

CELL PRINT DESCRIPTION/TITLE (78AN)

CELL TYPE (TABLE LOOKUP): Medical Information

MEDICAL INFORMATION REPORT CELL WORKSHEET *Continued*

CODE _____   CELL DESCRIPTION _____

									1										2										3								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1-33

MEDICAL INFORMATION REPORT CELL WORKSHEET *Continued*

CODE _____   CELL DESCRIPTION (32AN) _____

LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.
LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.
LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1–35

MEDICATION ORDERS REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

CELL TYPE (TABLE LOOKUP): Medication Orders

PRINT SCHEDULED/PRN   PRINT ADMINISTRATION TIMES?   ☐ Yes   ☐ No

☐   Scheduled Medications (S)

☐   PRNs (P)

☐   Both Scheduled and PRNs

1–36

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

October 2011

PATIENT HISTORY REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

	1										2										3										4										5										6										7								

CELL TYPE (TABLE LOOKUP): Patient History

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

PHYSICIAN CONSULTATIONS REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

	1										2										3										4										5										6										7								
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8

CELL TYPE (TABLE LOOKUP): Physician Consultations

PLAN OF CARE REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

1	2	3	4	5	6	7
1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8

CELL TYPE (TABLE LOOKUP): Plan of Care

INCLUDE PLAN OF CARE NAME?   ☐ Yes   ☐ No

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1–39

PROBLEM LIST REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

1	2	3	4	5	6	7
1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8

CELL TYPE (TABLE LOOKUP): Problem List

PROGRESS NOTES REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | |
|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7 8 9|0|1 2 3 4 5 6 7|8|

CELL TYPE (TABLE LOOKUP): Progress Notes

October 2011

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
Proprietary to McKesson - Subject to Confidentiality Agreement

1-41

SOLUTION ORDERS REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

1									2										3										4										5										6										7									

CELL TYPE (TABLE LOOKUP): Solution Orders

PRINT ADMINISTRATION TIMES?   ☐ Yes   ☐ No

SOLUTION TYPES (TABLE LOOKUP)

TEXT REPORT CELL WORKSHEET

CODE (3AN) _____   CELL DESCRIPTION (32AN) _____

CELL PRINT DESCRIPTION/TITLE (78AN)

```
      1                   2                   3                   4                   5                   6                   7
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8
```
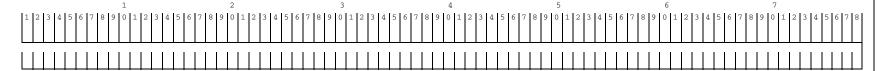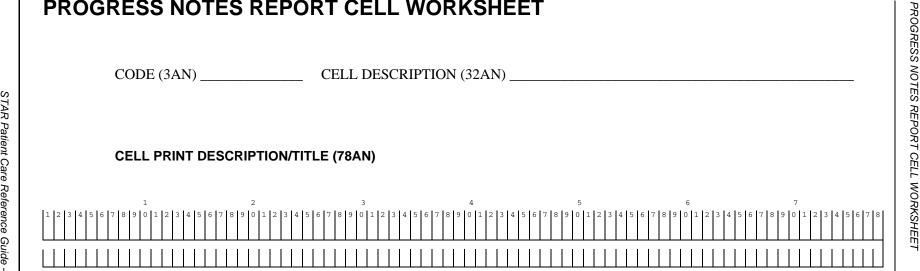
CELL TYPE (TABLE LOOKUP): Solution Orders

NUMBER OF TEXT LINES (UP TO 18) _____ (*Enter text on next page*)

TEXT REPORT CELL WORKSHEET *Continued*

CODE _____   CELL DESCRIPTION _____

```
          1                   2                   3
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
```

	1	2	3	4	5	6	7	8	9	1 0	1	2	3	4	5	6	7	8	9	2 0	1	2	3	4	5	6	7	8	9	3 0	1	2	3	4	5	6	7	8	9

PATIENT DEMOGRAPHIC BLOCK WORKSHEET

1-44

STAR Patient Care Reference Guide - Care Planning and Documentation Worksheets Volume
Release 17.0
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October 2011

	1	2	3	4	5	6	7	8	9	1 0	1	2	3	4	5	6	7	8	9	2 0	1	2	3	4	5	6	7	8	9	3 0	1	2	3	4	5	6

LINE # COLUMN #	LINE # COLUMN #	LINE # COLUMN #
LIB. NAME	LIB. NAME	LIB. NAME
DESC. (78AN)	DESC.	DESC.
EXAMPLE (78AN)	EXAMPLE	EXAMPLE
DISP. LGTH.	DISP. LGTH.	DISP. LGTH.

PATIENT DEMOGRAPHIC BLOCK WORKSHEET *Continued*

LINE #	COLUMN #	LINE #	COLUMN #	LINE #	COLUMN #
LIB. NAME		LIB. NAME		LIB. NAME	
DESC. (78AN)		DESC.		DESC.	
EXAMPLE (78AN)		EXAMPLE		EXAMPLE	
DISP. LGTH.		DISP. LGTH.		DISP. LGTH.	
LINE #	COLUMN #	LINE #	COLUMN #	LINE #	COLUMN #
LIB. NAME		LIB. NAME		LIB. NAME	
DESC. (78AN)		DESC.		DESC.	
EXAMPLE (78AN)		EXAMPLE		EXAMPLE	
DISP. LGTH.		DISP. LGTH.		DISP. LGTH.	
LINE #	COLUMN #	LINE #	COLUMN #	LINE #	COLUMN #
LIB. NAME		LIB. NAME		LIB. NAME	
DESC. (78AN)		DESC.		DESC.	
EXAMPLE (78AN)		EXAMPLE		EXAMPLE	
DISP. LGTH.		DISP. LGTH.		DISP. LGTH.	

PCP FORMAT WORKSHEET

PCP CODE (3AN) _____

PCP NAME (32AN) _____

PATIENT BLOCK LOCATION:

    ☐ TL (Top Left)   ☐ TR (Top Right)   ☐ BL (Bottom Left)   ☐ BR (Bottom Right)

ASSOCIATED PATIENT BLOCK (TABLE LOOKUP) _____

PAGE FOOTER (TABLE LOOKUP) _____

SKIP BLANK CELL?   ☐ Yes   ☐ No

BLANK LINES AT TOP (0-9) _____

CELL PRINT ORDER (TABLE LOOKUP)

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

WORKSHEET FORMAT WORKSHEET

WORKSHEET CODE (3AN) _____

WORKSHEET NAME (32AN) _____

INCLUDE CELL TITLES?   ☐ Yes   ☐ No

CELL PRINT ORDER (TABLE LOOKUP)

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

■ R e a d e r C o m m e n t F o r m ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Care Planning and Documentation Worksheets Volume* of the *STAR Patient Care Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

_____

_____

_____

_____

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Other Comments:

_____

_____

_____

Thanks for your help in improving the documentation.

Your Name and Position

Hospital/Organization Name

Telephone Number

May we contact you?   Yes or No (circle one)

Fold here

- -

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┌ ─ ─ ─ ┐
│  Place  │
│  Stamp  │
│  Here   │
└ ─ ─ ─ ┘
```

STAR 2000 Documentation Team
McKesson
Mail Stop ATHQ-3302
5995 Windward Parkway
Alpharetta, GA 30005

- -

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