

## CRIS Hot Spots from Nursing & Patient Care Services

Thursday, September 02, 2004

This a.m.'s scheduled CRIS down-time went smoothly and we thank you for your hard work. The down-time allowed for required systems maintenance. For future down-times, please remember NOT to continue documenting in CRIS. During down-time procedures, CRIS appears to be available to the user. However, if you document in CRIS during the down-time, it is probable all your documentation will be lost.

### **Here's an update on outstanding issues:**

#### **Pharmacy Information**

1. **Equianalgesic Table** – when a prescriber enters an order for a controlled substance, they can gain access to the equianalgesic table (if needed) by clicking on “Item Info” button on the Order Entry Form.
2. **Drugs and Conditional Orders** – While the option of creating a “conditional” order is available on a drug Order Entry form, it has been recommended that drug orders not be entered as “conditional” orders.
  - **Sliding Scale Insulin** – should NOT be entered as a “conditional” order. We have learned though that it is only possible to order this as a “scheduled” task . . . a PRN option is not available at this time and is being addressed by the CRIS Team. In the meantime, 2 sliding scale order sets are available (Insulin Sliding Scale Human Regular **and** Insulin Sliding Scale Lispro) and a prescriber can tailor the orders to a patient's unique needs. Because the order set has to be a “scheduled” task, a nurse is required to document against the order. Therefore, if your patient's blood glucose does not require a sliding scale intervention, you should document the sliding scale task, “Not Done” and then, “Treatment not indicated.” You have the option of recording additional comments, e.g., BG = 72.
3. **Vaccines, Serum Protein Albumin, and Other Human-Derivative Drug Products** – when these drug products are dispensed from the Pharmacy, the product's Lot Number and manufacturer will be recorded on a green label affixed to the product. Nursing documentation of the product's administration cannot be completed until the Lot Number and the manufacturer have been recorded.
4. **Ordering Twice Weekly** – When ordering a drug twice a week (i.e. Monday and Friday), the prescriber should select user schedule in the frequency field, and then select the desired days of the week and the desired time.

#### **Lab Information**

1. **Pending Verification** – you reported “pending verification” was appearing on some Child Health lab orders. This has been corrected . . . thank-you.
2. **STAT Lab Results** – you asked if repeating labs can be ordered with a STAT result reporting. . . . yes, this is possible when the order is first entered. Rationale for STAT reporting status must be requested by the prescriber.

#### **Clinical Documentation**

1. **Editing Medication Documentation** – if you want to edit your medication documentation, right click on the cell in question, select edit from the drop down menu, and select either “Change to Done,” or “Change to Not Done” or “Reset Task Status” (the latter makes this task available for future documentation)
2. **Sequential Compression Devices and Compression Stockings** – as reported earlier, documentation forms do not exist yet in CRIS. Alternatively, consider documenting on the Nursing/Mobility Observation Flowsheet/Supports and Binders. In a cell, type in the device being used, ie., TEDS or Jobst, and then select the “add comments’ icon located at the top of the flow sheet to document required assessments and interventions.

#### **DTM Documentation –**

1. All patient care areas transfusing blood products should document pre- and post-transfusions assessments in CRIS in addition to the start and end times of the transfusion. You can find the flowsheet in Nursing/Blood Component Administration.
2. More information to come on DTM order statuses.

#### **Admission, Pass, Discharge and Transfers (ADT)**

1. **Patient Transfers and Discharges** - where a patient is transferred in the CC drives what actions a nurse should take. Here are a few situations that you might find useful but for a complete list of transfer situations, refer to the on-line CRIS User Manual on pp. 6 – 11.

([http://cris.cc.nih.gov/public/CRIS\\_User\\_Manual/CRIS\\_User\\_Manual\\_01\\_Policies.pdf](http://cris.cc.nih.gov/public/CRIS_User_Manual/CRIS_User_Manual_01_Policies.pdf)).

##### ■ PCU → OR/PACU:

- Prescriber enters a medical order that is active at time of order entry.
- RN manually suspends all active orders at time of transfer.
- RN marks the task as done on the Work List upon transfer . . . this action removes the patient from the PCU census list.

##### ■ PCU → to another PCU (other than OR or ICU):

- Prescriber enters a medical order that must be activated by RN
- RN manually suspends all active orders at time of transfer.
- RN marks the task as done on the Work List upon transfer. . . this action removes the patient from the PCU census list.

##### ■ Routine Discharge from Inpatient

- Prescriber enters a medical order that must be activated by RN
- Orders for take-home meds (if needed) are entered (prescriber selects “take-home meds” session type).
- RN marks the task as done on the Work List upon discharge . . . this action removes the patient from the PCU census list.

#### **Miscellaneous**

1. **Scheduling Appointments with Ancillary Departments** – as always, prior to entering a medical order for a scheduled diagnostic test or consultation, call that

department first to secure an appointment date and time. Then, enter the order. This will prevent patients from showing up in departments without an appointment.

2. **Printouts**

- Interim Summary – does not exist
- Lab Results not appearing – call CRIS Café.
- Currently the Interdisciplinary Notes (IDN) cannot be requested by a nurse. CRIS is configured to print IDNs only at 0200 daily. Currently, the print-by-request function has been disabled.