



Checklist for EPIC/Carealign Inpatient Workflow

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To access the EPIC/PennChart playground test environment: (no synching in training environment to Medview or Carealign)

-From the UPHS Intranet (using VPN or on an on-campus computer), go to “Applications via Citrix” -Click on “PennChart-Training Playground”

-To access Citrix use your actual Penn email username/password

-You should now see a list of apps including PennChart. Choose any of the PennChart-ACE ones, do not choose regular PennChart

-Within PennChart ACE: Login username: “PULXX” and password “train” where the XX is a number 01-20 for example “PUL15” and “train”. If someone else is practicing at the same time just choose a different number. -Environment is “HUP Internal Medicine Virtual”

-In this training view you can write fake notes and place fake orders

Patients you can practice on:

-Go to the Top Left where it says “EPIC” and click on “Patient Care” and “Hospital Chart”

-In the patient name section you can just type in “ZZZ” and that will take you to a bunch of test patients.

Training Environment for Carealign:

<https://carealign.uphs.upenn.edu/staging/v2/application/#/home>

For username and password use the same one you’d use for your Penn email. You can use real patients (synched 24hrs prior) or any of the following test patients (some may have already had pre-populated stuff from other people using it for training) -ZZZTRAINING-PATIENT, CAREALIGNXX A – where XX represents a two-digit odd number between 11-79 then a space then A -ZZZTRAINING-PATIENT, CAREALIGNXX B – where XX represents a two-digit even number between 10-78 then a space then B. In this training environment you can write comments, make flags, etc without affecting true patient care.

SIGNING IN FOR EXISTING PATIENTS

1. Top left section click on the icon with the patient with three yellow lines
2. Under “Available Lists” click on “HUP System Lists” or “PPMC System Lists” aka Presby. Note that PAH refers to Pennsylvania Hospital (different residency program)
3. Click on “Provider Teams – Medicine – HUP”
4. Select the team you will be starting on: ex) “Medicine HUP, Martin 1A”
5. For the team you will be starting on you also want to select the Incoming version of that list (bed management will automatically put new admissions into this list and it is up to you and your resident to distribute it between interns). For example the above intern would select “Medicine HUP, Martin 1 Incoming” and also “Medicine HUP, Martin 1 All” and potentially also “Medicine HUP, Martin 1B and 1C” to include your co-intern and sub-I.
6. You select each of these lists by right clicking on the list name and click “Send to: Rounding List”
7. Now when you click on the list you can click in the top left “Sign In” to sign in as covering provider in the morning for the whole list rather than doing it for each individual patient.
8. Note that you must type in your cell phone number (otherwise defaults to your department’s secretary’s number) and select 16 hours as your sign-in length. If you choose 12 hours and the

next covering provider signs in even a second after 12hrs, the covering provider slot disappears and the nurses won't know who to reach for questions.

ADMITTING A PATIENT

1. Find the patient in PennChart by clicking on "Hospital Chart"
2. Right click on the name to:
 - a. Assign the team: example: HUP Medicine, Martin 1A
Add yourself as covering provider and reassign the attending name if needed
3. Click on "Notes" and then "ED Notes" to read the ED clinical course so far and "Consults" for any consultant notes from the ED
4. Click on "Admission" from the left menu bar
5. Click on Review PTA (prior to admission aka home) Meds
 - a. Add a home med that is not currently listed
 - b. Click on either "Today" "Yesterday" or "Unknown" for when the patient last took the medication, click on the red "X" to delete the medication if erroneous
6. Click on "Admission Orders"
 - a. It will first bring you to "Review Current Orders" but go back to "Review Home Medications"
 - b. Choose to Continue, Discontinue, or Modify home meds
 - c. Click on "Review Current Orders" (these are usually the ED ones). Choose to Continue, Discontinue, or Modify these. You are choosing which of these should be continued after the patient arrives up to the floor.
 - d. Click on "Reconcile Home Medications" to ensure you did not duplicate between the Review Current Orders section and the Home Meds section
 - e. Click on "New Orders" (remember if you enter orders here they will not be activated until the patient physically leaves the ED to come to the floor, so if you want a stat dose of antibiotics or insulin you would finish off the whole admission order set and then put the antibiotic/insulin order in as a stat order separately)
 - i. Under Order Sets and Pathways, type in "Admission" and search. Go to "Medical Admission Order Set IP Gen Med" (IP stands for inpatient)
 - ii. Choose code status, admitting team and attending, diet, frequency of vital signs, etc. And then close out the order set. DO NOT select the patient's floor status as "CCH-Telemetry". That is an erroneous order that will actually shuttle the patient to the Chester County Hospital queue line. You will just click on either "Med/Surg" or "Intensive Care" and then put in a separate telemetry order.
 - iii. Under "Place New Orders" click "+New Order"
 1. Add additional orders here like telemetry, nebulizers, standing antibiotics that can wait until the patient comes the floor, etc.
 - iv. Go to "Review and Sign". These orders will be "Signed and Held" meaning the nurse will activate the orders when the patient arrives on the floor. Again, if you want a stat order to go in you should not place it within the admissions order set. You should finish the admission orders and then go back into the orders section and place a stat order. This is important for routing of physical medications to either the ED or the floor on arrival.
 - v. Remember that things like subcutaneous insulin, Coumadin, heparin subQ and therapeutic dosing, etc come as order sets only, not as individual orders.
7. Still within the Admission section click on "Problem List"
 - a. Add hospital problems (will form the basis of your assessment/plan in Carelign)

8. Access Carealign to enter admission information
 - a. You can access Carealign (the actual live version, not the test version) by going to the Intranet (click home on any browser on campus) and on the right side blue bar is Carealign. Alternatively you can access it within EPIC/PennChart in the bottom left corner by clicking on More and then "Carealign".
 - b. On the bottom menu, click on Care Plan
 - c. At the top right click on "Action" and "Import PennChart Problem List"
 - d. Now go through and enter information about each problem and plan
 - e. Under "Assessment" click on the pen in the top right corner. Now enter in your one-liner (this part should be kept as up to date as possible with an ending such as "...presented with cough and fever, now found to have HCAP, on cefepime/vancomycin, currently weaning oxygen")
 - f. Then write out the subjective part of your HPI
 - g. It is highly encouraged that you flesh out the problem list and plan first, then the one liner, then the HPI. This allows your resident to be able to run the plan with you early on in the admission, whereas they may not be as concerned about your HPI portion.
9. Creating the EPIC/PennChart admission note
 - a. In PennChart click on "Notes", go to the H&P section, and click on "New Note". If asked the note type is "H&P" for a new admit note.
 - b. Be careful that the "Service" will auto-default to whatever your most recent service was. If you are on Martin or Presby gen med it should say "Hospitalist".
 - c. For prelim interns, they may accidentally auto-default to "Psychiatry" or "Radiation Oncology" or "Neurology" or "Anesthesia" for example so please make sure to change that each time.
 - d. The *** triple asterisk means you can type "F2" to pull open the menu of options and you cannot close a note if there are *** smart sets in the note.
 - e. Go back to Carealign, right click and copy your HPI part (by clicking on the pen next to "Assessment")
 - f. Paste this into the "History of Present Illness" section
 - g. Go back to Carealign, in the "Actions" section click on "Create A/P". This will copy the one-liner and the problem list/plan into the clipboard.
 - h. Paste this into the "Assessment and Plan" section of your PennChart note.
 - i. Pend the note if you are not finished yet. Sign the note if you are finished.

DISCHARGING A PATIENT

1. Go to "Discharge" in the left menu.
2. Go to "Follow-up Providers" to enter information on post-discharge appointments (even if you write it out in the discharge summary, you must also put it here otherwise their After Visit Summary (in patient language) will list that there are no post-discharge appointments since it auto-pulls from this section.
3. Go to "Instructions" to type in wound care instructions for the home nursing agency, etc.
4. "Go to "Discharge Ord/Rec" to do the Med Reconciliation for discharge. BEWARE: it will auto-populate with the discharge order. Do not accidentally sign this or it will discharge the patient. You must click delete.
5. Under "Review Orders for Discharge" click on "Prescribe, Don't Prescribe" for orders in the hospital or "Modify, Resume, Stop Taking" in reference to home medications. When you see the hospital bed that means it's an inpatient order. When you see a home icon that's a home med.

When you see a patient with a quote balloon, that's a patient reported home med. Review and sign at the end.

6. If you are intending to send a new prescription to MyPennPharmacy you must use the following steps. MyPennPharmacy is HUP's prescription delivery service. If a patient is being discharged, you can have meds filled at HUP and they will be delivered to the patient's room prior to discharge and the patient will pay the copay while in the room. Note that this can delay discharge by several hours. Two options: send paper scripts (mandatory for controlled substances) in person to Ravdin 1 outpatient pharmacy (with the door on the left side for MyPennPharmacy) or E-Prescribe (NOT E-fax) it. When E-prescribing, you must go to the top left corner in the discharge med rec and change the pharmacy to "HUP O/P Pharmacy" and then in the Notes to Pharmacy portion say "For MyPennPharmacy". You CANNOT choose the option under pharmacies as "HUP MyPennPharmacy". Unfortunately that order still exists but does not actually get routed anywhere.
7. If you want to print the medication then you must select "Print" or it will automatically be E-prescribed to the patient's outpatient pharmacy.
8. Go to "Problem List" and make sure the problem list reflects the problems that occurred during the hospitalization and that the primary problem is listed first.
9. Now finally go to "Discharge Summary" and edit.
10. REMEMBER: the medications, vital signs, etc do not auto-refresh. So if the DC summary was created before you just did the med rec, you will need to click on the refresh (looks like a circular recycle sign with green arrows) and ensure that it says "Continue taking" "Stop taking" etc. If it says "Ask your nurse about" then it has not refreshed.
11. You can go to Carealign and under "Actions" click on "Copy Discharge Summary to Clipboard". This will place the one liner and current problem list into the clipboard that you can paste into the Hospital Course section of the DC summary to aid in its creation.
12. When you are actually ready to enter the discharge order, now go back to the Discharge section and "Discharge Ord/Rec". Under "New Orders" now fill out the Discharge Order. You must also go to "Order Sets and Pathways" and type in "Discharge" which will bring you to "Discharge Order Set IP Gen Med" so that you can select Remove IV on discharge, diet on discharge, call your doctor if you have X vital sign or symptom, etc"
13. Of note you can use the discharge order set to prescribe non-medicine scripts such as rolling walkers, home nursing, PICC care and supplies, etc using this "Discharge Order Set IP Gen Med". Try ordering a rolling walker script. Notably the scripts print out where the patient is physically located, not at the printer your computer is next to.

ADMITTING AN OUTSIDE HOSPITAL TRANSFER PATIENT

1. At the top menu bar of EPIC click on "Prep for Hospital". If you do not have this icon then go to the "wrench" icon at the top right and add this "Prep for Hospital" icon. You will then be prompted to enter the patient's name or MRN. If the patient is registered already you can start this process. If the patient is new to Penn and has not been registered yet then you will need to call bed management to have them registered in the system first.

COMMON ORDERS TO PLACE

Try to place each of the following orders:

1. Potassium chloride, 60mEq IV via central line (stat)
2. Magnesium oxide, 800mg PO routine

3. CBC: AM draw once tomorrow morning
4. BMP: Scheduled phlebotomy draw at 13:00 today
5. ABG: Stat provider draw
6. POC VBG conditional stat (if you enter the frequency for a stat order as “Conditional,” an RN can activate it as needed – this is helpful for many scenarios, for example drawing point-of-care SvO2s in the MICU)
7. Blood culture: once, stat, peripheral/non-line
8. IP Consult to IV Team (PICC, midline, ultrasound IV during the weekdays)
9. Nursing Communication (aka infogram) for “Okay to leave the floor with family member”
10. Cefepime stat dose 1gm and maintenance dose 1gm every 8 hours
11. Vancomycin stat dose 20mg/kg and maintenance dose 15mg/kg every 12 hours
12. Vancomycin random level after the third dose as AM draw
13. Coumadin 5mg tonight with a PT/INR tomorrow morning (use the ‘warfarin’ order set)
14. Heparin treatment dose drip (from order sets)
15. 2 units of FFP (use the ‘blood product’ order set), with a stat type & screen if needed
16. Subcutaneous Insulin (use the ‘Subcutaneous Insulin’ order set)
17. US Lower Extremity Veins Unilateral (Dopplers)
18. XR Chest 1 View stat
19. Transthoracic echocardiogram
20. CT Abdomen/Pelvis w IV Contrast
21. Diatrizoate meglumine (Gastrograffin) oral solution 66-10% with 30mL (oral contrast for CT scans)
22. Telemetry-IP
23. Consult to Infectious Disease
24. Isolation Status