



# Computerized Provider Order Entry (CPOE)

## **PowerChart Electronic Orders**

PowerOrders, QuickOrders and PowerPlans are intended to facilitate the use of patient care, consults, medications, diagnostic, and laboratory test orders within the electronic medical record. These tools are primarily designed to ease the workload of the physician. The co-sign function allows nurses to place orders as a verbal or telephone order that can be verified by the physician via Message Center. Orders can be searched at any time from the orders window; any predefined order sentences will be available in this search window as well.

### QuickOrders

The Quick Orders *MPages* view is a summary view focused on providing clinicians with the most commonly placed orders using public and personal folders. The view allows clinicians to select predefined orders for medications, laboratory tests, diagnostic imaging and so on, that can be added to and then signed in the Orders for Signature dialog box.

New Order Entry 🕂	=- •	Patient Care	=• <u>•</u>
All Orders Discharge Meds as Rx		Code Status	
		▶ Activity	
Q Search New Order		▶ Diet	
Search New Order		General Communication	
Mine Public Shared		Monitoring & Care	
Favorites		▶ Lines/Tubes/Drains	
💋 Imaging		⊿ Patient Disposition	
📮 Laboratory		Admit to Inpatient	
Medications		Discharge Patient Change Attending Physician	
		Transfer Patient	
Monitoring		Transfer Patient out of Hospital	
🧭 My Plan Favorites		Registered Nurse (RN) to Pronounce Death	
🔎 New Folder		Respiratory Therapy	
DowerPlan Favorites		▶ Vitals	
Imaging and Diagnostics		Meds	≡∗⊗
		▶ Analgesics	
▶ CT		▶ Anticoagulants	
⊿ ECG		▶ Antimicrobials	
ECG Standard 12-Lead T;N, P1 - STAT ECG Standard 12-Lead T;N, P1 - 24 hours		▶ Antiplatelets	
ECG Pediatric 12-Lead (<2 yr) T;N, P1 - STAT		▶ Beta Blockers	
ECG Pediatric 12-Lead (<2 yr) T:N, P1 < 24 hours		Antihypertensives	
ECG Pediatric 12-Lead (2 - 16 yr) T;N, P1 - STAT		▶ Corticosteroids	
ECG Pediatric 12-Lead (2 - 16 yr) T;N, P1 < 24 hours		▶ Diuretics	
► Echocardiogram		Electrolyte Management	
Orders for Signature		×	
List View Association View			
✓ Laboratory (3)			
레 CBC w/ Diff Blood, STAT collect, 2024-04-23 14:17 PDT, Once, Stop date 2024-04-23 14:17 PDT		Remove	
ඩු International Normalization Ratio (INR) Blood, STAT collect, 2024-04-23 14:17 PDT, Once, Stop date 2024-04-23 14:17 PDT		Remove	
Partial Thromboplastin Time (PTT) Blood, STAT collect, 2024-04-23 14:17 PDT, Once, Stop date 2024-04-23 14:17 PDT		Remove	
Sig	n Save M	odify Details Cancel	







### **PowerPlan Features and Benefits:**

• PowerPlans may be saved as favourites unique to each physician, as well as saving any additions the physician has made to that plan.

• Predefined order sentences allow physicians to quickly select order details.

• PowerPlans can be planned and initiated when they become appropriate. If not initiated, they become discontinued upon discharge.

- Reference text and evidence are imbedded to provide best practice decision support.
- Any number of plans may be associated with a single patient.

• Accommodates multiple phase PowerPlans, allowing clinicians to manage groups of orders over time and encounter changes, as well as concurrently (for example: pain, mobility, and infection) to meet the changing needs of the patient.

View		🕈 Add to Phase • 🛕 Check Alerts 🗐 Comm		Prove and a second second	None		
- Orders for Signature		Gomponent	Status	Dose	Desails.		
Plant		(Failure Management (Module) (Version 1.79))	(Planned Pending)				
Medical	A Admit/	Transfen/Discharge					
CARD Heart Failure Management (Module) (Version 1.79) (Plann		3 Use clinical criteria to determine functio	nal levels and stagin	g ·			
Suggested Plans (0)		G For patients with reduced EF (Left Ver	stricular Election Fra	ction less than	or equal to 40%) who are hemodynamically stable		
- Orders	d Patient				the state of the s		
Admit/Transfer/Discharge	M	Vital Signa (VS)			T:N. OID for 48 hr, If V/S stable after 48hrs; assess daily		
Patient Care		Oxygen Therapy (02)		_	T/N, Q/D For 48 hr, If V/S stable after 48hrs, assess daily		
Activity	P	Weight (Wt)			T:N. CID. Constant Order		
Diet/Nutrition	5	Intake and Output (I&O)				D	
Continuous lefusions	5	Saline Lock (SL) IV			T:N, q6hr		
T Medications	17	Notify Provider			T:N, # symptomatic hypotension		
Laboratory		Heart Failure Education			T:N. Constant Order, Provide patient with Cardiac Rehabilitation Rack Card		
Diagnostic Tests		Patient Education			T;N, Nurse to provide regarding daily weight monitoring, fluid restriction, sod	And a state of the lange of the second state of the second s	
		Patient Education			1,14, Huise to provide regarding daily weight monitoring, huid restriction, tod	num restriction, activity, immunications, medications, smoking cessation	
Respiratory Alived Health	d Activity	Activity as Tolerated (AAT)			TN		
Consults/Referrals	E.	Bedrett (BR)			T:N. Constant Order, With bathroom privileges		
Communication Orders	A Diet/Ma				134, Constant Urber, with betribbin poweges		
		Fluid Restriction			T-N. Total fluids on more than 1500 mL		
Procedures		Healthy Heart (HH) Diet (Cardiac Diet)			T.N. Fluid: 1500 cc's. Na: Low		
INon Categorard		Low Sodium (Na) Diet			T.N. Na: Low		
Medication History	d Metica				1, N. ME LOW		
Medication History Snapshot					ANTE OF COMPANY		
w Reconciliation History	Avoid using NSAIDs, steroids, non-dhydropyridine calcium channel blockers, rosigitazone AND/OR pioglitazone						
	If beta blocker not ordered, document contraindication						
	Beta Blackers						
	G For patients with reduced EF (Left Ventricular Ejection Fraction less than or equal to 40%) who are hemodynamically stable						
	Special Authority required for carvedilol						
		a obecent tennenti, technice ter constant					
Courses & Politeria	C. Onizila						
Related Results	- J/10/00						
Formulary Details	Die Theler	Save at My Favorit				Plan for	
Contracting Debates		adia at reference	C13			1.4110	

#### **Co-Sign and Message Center**

Nurses will still be able to place orders after conferring with a physician. This order will still be placed under the physician's name, and the physician will receive notice of the order in their Message Center where they can co-sign it. The order will be active before the co-signature, so nurses may act upon it, however the system does note the time at which the physician actually co-signs the order.

P Ordering Physician 🛛 🕹 🗙	Original order entered and electronically signed by NURSE_PRIMARY or Phone order by PHYSICIAN, OBSTETRICS Phomesy Oppartment dimenhyDRINATE (dimenhyDRINATE 10 mg/mL i	
*Physician name	Details Additionennia Pesary Commence Resolts	$ \rightarrow$
PHYSICIAN, OBSTETRICS	dimentlyORINATE (dimentlyORINATE 10 mg/mL injectable solution) Details Strength dose	50 mg, 5 mL, 1 vial(s)
*Order Date/Time	Strength dose unit Volume dose	mg5
2024-04-23 • V 1037 • PDT	Volume dose unit Route of administration Drug Form	mL. IV Push
*Communication type	Frequency PRN	lnjection g6hr Ves
Phone	PRN reason PAR doses	Nausea 4
verbai Protocol/Standing Order	Requested start date and time Next dose date and time Duration	2024-04-23 11:38 PDT 2024-04-23 11:38 PDT 180
Protocolystanting of the	Duration unit Stop type	day(s) Physician Stop
OK Cancel	Action Pane	

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Physician webpage

