

## Social History Documentation for Nurses

Cerner PowerChart EDUCATION

#### **Accessing Social History Documentation**

Social History is documented as part of the Admission Profile. To access this form:

- 1. Select Nurse View in the dark blue menu.
- 3. Click the drop-down arrow in the Admission PowerForms header.
- 2. Select the appropriate Intake tab.
- 4. Select the appropriate Admission Profile.



- 5. Select the Social History-Acute Care section.
- Add, Modify or Remove results by following the instructions on the page. Existing results must be modified to update Last Updated and Last Updated by fields.

*Performed on: 01/17/2023	► V 1146 ► EST	
<ul> <li>General Information - Acute</li> </ul>	See.	
* Healthcare Decision Maker	5001	al History
STOP BANG Questionnaire	Instructions for making changes to Social History documentation	on 6
Interpreter Interaction	If no documentation present, right click and Add	- <b>*</b>
Infectious Disease Risk Screen - Acut	If documentation present, and no error message, right click and modify	
<ul> <li>Influenza Vaccine</li> </ul>	If documentation present, and error message present, right click Add	then right click and remove old documentation
* COVID-19 Vaccine	a documentation present, and enor message present, light click Add,	
<ul> <li>Nutrition Screening</li> </ul>		
* AUDIT-C Questionnaire - Acute	Button not	
Social History - Acute Care 5	Mark all as Reviewed functional	
* Education Needs Assessment	Social	
* Early Screen for Discharge Planning	🕂 Add 🗹 Modify 🛛 Display: Active 🧹	🗌 Unable to Obtain
	Category Details * Tobacco	Last Updated Last Updated By
Required	Electronic Cigarette/Va	
sections are	Alcohol	Add Electronic Cigarette/Vaping History
in diasta di bu	Substance Use	Modify Electronic Cigarette/Vaping History
indicated by	Exercise	Remove Electronic Cigarette/Vaping History
a red 📃 💳	* Sexual	View Electronic Cigarette/Vaping History
asterisk 💌.	Home/Environment	Properties
	Employment/School	
	* Abuse/Neglect	

**Note:** Social History is also accessed by selecting Histories from the dark blue menu and selecting the Social tab.

Menu	Ŧ	< > 🔹 🔒 Histories
Form Browser	^	Procedure Family Social Pregnancy Implants
Histories		



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#### Social History Error Messages

If an error message appears after right clicking and selecting Modify, the data is outdated and cannot be modified.

For example, the error message shown will display when an attempt to modify information entered prior to a system update (documented before 9/14/21).

# Social History Error × The Tobacco section of the form has been retired and cannot be modified. There is a new replacement section. Please select add and use the new Tobacco section, or if already added, modify the newest row. OK

#### **Abuse/Neglect Screening Details**

The Abuse/Neglect Screening must be documented for all patients in all settings. The screening contains 5 mandatory fields for patients 18 and older (1 field for pediatric patients).

- 1. Screen the patient and document the patient's response to each question.
  - Documenting a response of 'No' in the Safe place to go field will automatically trigger a consult to Case Management/ MSW. The screening is considered complete and will not be retasked.
  - b. Selecting 'Unable to respond' for any question will prompt staff to provide a reason the patient could not be assessed by triggering the Abuse/Neglect Unable to Screen Task.
  - c. If the patient states that they 'Prefer not to respond' or is 'Cognitively impaired' the assessment is considered complete and will not be retasked.
  - d. Document whether clinical evidence of Abuse/Neglect Risk is present. **Pediatric screenings** will contain this question only.

*Has anyone tried to harm you in any way?	~
*Do you feel unsafe at home?	~
a *Do you have a safe place to go?	No ~
*Do you fear a partner or other person?	~
	No
	Yes
D	Unable to respond

 Abuse/Neglect Unable to Screen Task 12/23/22 11:45:09 EST, ONCE, 12/23/22 11:45:09 EST Comment: SYSTEM GENERATED due to documented Abuse/Neglect Screening result of Unable to assess

Reason why patient was	unable to respond
Altered mental status/confused     Cognitively impaired	O Prefer not to answer     O Speech impaired
<ul> <li>Family/caregiver present</li> <li>Intubated</li> </ul>	O Unresponsive O Other:

*Is there clinical evidence of Abuse/Neglect?		~
d	Yes No	



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e. If 'Yes' is selected, the screening will direct the user to reference the facility policy for interventions and follow up. The screening is considered complete and will not be retasked.

*	Abuse/Neglect	No No, Yes, Yes, No	10/11/2022 4:39 Derks, Annette 12/1/2022 1:54 P Derks, Annette	
		Unable to assess, Unable to assess, Yes, No	12/1/2022 2:19 P Derks, Annette	~
A res Refe	sponse of 'No' to Do rence Policy for Int	you have a safe place to go question will trigger a erventions if Abuse/Neglect is suspected	Consult to Patient Care Management - excl	uding Urgent Care

2. An Update Social History Task will fire in 12hrs and daily at 0900 until all questions are answered.

Update Social History Task 12/23/22 12:13:26 EST, ONCE, 12/23/22 12:13:26 EST
 Comment: SYSTEM GENERATED Documented Abuse/Neglect Screening in Social History as unable to assess

Documenting the Sexual Orientation and Gender Identity (SOGI) Information

The following questions are now required fields for each patient 18 years and older. (*Recommendations pending for those under 18.*)

• In the inpatient setting the requirement is that this data be collected once during the admission process.

Sexually active:       Yes       No         Sexually active:       Yes       No         Current partners:       Identifies as female         Sexually active:       Yes         Gender identifies as female       Identifies as female         Male-to-Female (MTF)/ Transgender Fer       Genderqueer, neither exclusively male no         Add gender category or other       Passe or         Sexually active:       Yes         Straight or heterosexual       Here active:	ual	
Sexually active:       Yes       No         *What is your current gender identify? (Check all that apply)       Identifies as male         Current partners:       Image: Control of the second		
*Self described Straight or heterosexual Genderqueer, neither exclusively male no	Sexually active: O Yes O No	*What is your current gender identity? (Check all that apply) Female-to-Male (FTM)/ Transgender Male/Tran
Choose not to disclose     Bisexual     Bisexual	*Self described orientation: Lesbian, gay o	Male-to-Female (MTF)/ Transgender Female (Tr.     Genderqueer, neither exclusively male nor femal     Addl gender category or other, please specify (se     Choose not to disclose     Other:

- 1. Enter the patient's self-described sexual orientation.
- Select the patient's self-described gender identity. Please note that this is a multi-select field. If "Addl gender category..." is selected, a comment field will open. Enter the patient's comment using their words.

**Note:** Sexual History can be edited within the Providers Workflow Histories component.