

Home Sleep Testing Workflow for Providers

Cerner PowerChart Ambulatory EDUCATION

Home	Home Sleep Testing Workflow										
Providers will first need to order the Home Sleep Apnea Test. Within a patient's chart:											
1.	1. Navigate to the AMB QOC - Sleep Disorder MPage. AMB QOC - Sleep Disorder X										
2.	Select the appropriate order.	In Office Procedures =									
3.	Click Orders for Signature.	CPAP – Bilevels S 94660 CPAP – Bilevels ST 94660 SLEEP STUDY, UNATTENDED Home Sleep Apnea 95806									
4.	Associate the relevant diagnosis to the order.	Orders for Signature List View Association View * Required This Visit problem association Click a cell to associate a This Visit problem with an order ✓ Always default association									
5.	Select Modify Details to add or modify Order Details, as needed.	Sleep apnea (647.30) Clear column									
6.	Click Sign.	✓ Procedures (1)									
	-	& * SLEEP STUDY, UNATTENDED Ho Remove 9/5/2023, Future Order Clear row									
		Sign Save Modify Details 5									

Once the Home Sleep Apnea Test is completed, the provider will then read and document the completed test.

- 1. Review the Sleep Disorder Diagnostic Study in the Message Center Inbox.
- 2. Sign the result by choosing OK & Close or OK & Next.
- 3. Select the Sleep Disorder Diagnostic Report Note at the bottom of the AMB Sleep Disorder Workflow.
- 4. Document the Study details.
- 5. Click Sign/Submit.
- 6. Select the ordering provider as a recipient to receive the note and click Sign.

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Sleep Disorder Diagnostic R × List		4				
MHC Sleep Disorders Clinic 550 Munson Ave Suite 201	_	A Note Type List Filter: agnostic Report Position A Date: Search or Select Relationships to Disorder Diagnostic Report 9/5/2023 I 1212 EDT				
Phone: (231) 935-9307	P Sign/Submit Note				—	
	*Type:		Note Type List Filter:			
REASON FOR EXAM:	Sleep Disorder Diagnostic Report	~	Position	~		
STUDY:	Eduphys, 30	Search or Select	p Disorder Diagnostic Re	port	9/5/2023 1212 EDT	
INTERPRETATION:	➢ Forward Options □ Create	Relationships to				
RECOMMENDATION:	Favorites Recent Rela	tionships Q Provid	ships Q Provider Name			
Note Details: Sleep Disorder Diagnostic Report 5 Sign/Submit	Contacts		Recipients			
	🔶 Default Name		🔶 Default Name	Comme	nt Sign	Review/CC
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					Sign	Cancel

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	Next	OK & Close	OK & Next			
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