

## Order Entry for Labs and Imaging for Providers and Clinical Staff

Cerner PowerChart Ambulatory EDUCATION

Upon order entry for labs and imaging, additional order specifications (i.e., future date range, recurring order, or PRN order) may be entered, as needed.

#### Lab Order Entry

- 1. In a patient's chart, navigate to the AMB QOC MPage.
- 2. Click on the appropriate order.
- 3. Click on the Orders for Signature icon.
- **a** 3
- 4. Associate orders with appropriate diagnoses.
- 5. Click Modify Details.

| Orders for Signature List View Association View                       |                                  | Associate orders w appropriate diagnos |           | vith                                  |                   |
|---|----------------------------------|--|-----------|---------------------------------------|-------------------|
|   |                                  |  |           | Ses                                   |                   |
| * Required This Visit problem association Click a cell to             | o associ                         | iate a This Visit p                    | oblem 🗹 A | lways de                              | fault association |
|   | Atrial fi<br>(I48.91<br>Clear co | fibrillation<br>(1)<br>column          |           | Hypertension<br>(I10)<br>Clear column |                   |
| ▼ Radiology (1)   |                                  |  |           |                                       |                   |
| & * CHEST 2 V Remove<br>Future Order, A Routine, 11/17/2023 Clear row |                                  | 1                                      |           |                                       | 2                 |
| · · · · ·   |                                  | Sig                                    | n Save    | Modif                                 | y Details         |

| Provider View  |  |  |  |  |
|--|--|--|--|--|
| 🔍 🔍   100% 🔹   🌑 🜑   | ₫ 🚺                                    |  |  |  |
| Wor $	imes$ AMB QOC - Primary Care $	imes$ AMB QOC - Pedia |  |  |  |  |
| charge Meds as Rx All                                      |  |  |  |  |
| rges ≡• o  | Labs                                   |  |  |  |
| nt Preventive  | ⊿ Common Labs                          |  |  |  |
| entive   | 25(OH) Vitamin D Deficiency<br>ALT/GPT |  |  |  |

- 6. To place an order with additional specifications, either:
  - a. Enter the Future Date To Have Drawn if the patient is going to the lab on the specified date or after.
     The future date is needed for Munson labs to ensure the correct lab draw date displays.
     OR
  - b. Use the **Instructions For Lab** field and/or **Order Comments** tab to add the additional specification (i.e., Draw in 6 weeks).
- Entered Order Comments or 7. Click Sign. Instructions For Lab will appear ✓ Details for B12 Level on the printed order. 🖀 Details 🛛 🔃 Order Comments 🕞 Diagnoses  $\Downarrow ~ \stackrel{\scriptstyle <}{\leftarrow}$ 🕇 🖀 III. Note: Leave the \*Priority: as Routine. \*Priority: Routine × Start Date/Time: 05/18/2023 1220 📫 EDT \* Note: The patient will not be Stop Date/Time: \*\*/\*\*/ 📮 EDT able to have the ordered lab Nurse Collect: 🔿 Yes 🔎 No b drawn prior to the Future Date nbulatory Copy-to Provider: To Have Drawn date, if utilized. isition for Outside Lab: 🔿 Yes No Future Date To Have Drawn: **•** • Instructions For Lab: Missing Required Details Dx Table Sign Cancel



# Order Entry for Labs and Imaging for Providers and Clinical Staff

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### Cerner PowerChart Ambulatory EDUCATION

### Imaging Order Entry

- 1. In the patient's chart, navigate to the AMB QOC MPage.
- 2. Click on the appropriate order.

| AMB QOC - Prima<br>Ambulatory (Med | ry Care × 1 MB QOC - Pediatric ×                  | AMB | Anticoagulation W >              | AMB QOC - Anticoa             |
|------------------------------------|---|-----|----------------------------------|-------------------------------|
| ≣∗⊗                                | Labs  | ≡•⊗ | Radiology                        | =                             |
| е                                  | ⊿ Common Labs                                     |     | ⊿ XR                             |                               |
| less than 1 year Est               | 25(OH) Vitamin D Deficiency Assessment<br>ALT/GPT |     | ABDOMEN COMPLE<br>ANKLE COMPLETE | TE W/ 1 V CHEST<br>MIN 3 V LT |
| 1 to 4 years Est                   | AST/GOT<br>B12 Level                              |     | ANKLE COMPLETE I                 | MIN 3 V RT                    |
| 5 to 11 years Est                  | Basic Metabolic Panel                             |     | ELBOW COMP MIN                   | 3 V LT                        |

- 3. Click on the Orders for Signature icon.
- 4. Associate orders with appropriate diagnoses.
- 5. Click Modify Details.

- 6. To place an order with additional specifications by:
  - Adding the order specification in the Notes to Scheduler field, Special Instructions field, or Order Comments (ex: 4-6 weeks).
- 7. Click Sign.

| Orders for Signature  | Associat                                      | Associate orders with     |                    |  |
|---|---|---------------------------|--------------------|--|
| * Required This Visit problem association Click a cell to             | associate a This Visit                        | : poblem 🗹 Always d       | efault association |  |
|   | trial fibrillation<br>148.91)<br>Clear column | 4 Hyper<br>(I10)<br>Clear | tension<br>column  |  |
| ▼ Radiology (1)   |   |                           |                    |  |
| & * CHEST 2 V Remove<br>Future Order, A Routine, 11/17/2023 Clear row | 1   |                           | 2                  |  |
|   | s   | ign Save Mod              | ify Details 5      |  |

| Orders for Signature                   |           |       |         |      |        |
|--|-----------|-------|---------|------|--------|
|  | Chedura   | Chart | Dataila |      |        |
| Details for CHEST 2 V                  | Diagnoses |       |         |      |        |
| Details Gree Comments La               | Diagnoses |       |         |      |        |
| + 🖀 lh. 🔱 💈                            |           |       |         |      |        |
| Prior Authorization Effective To Date: |           |       | ► EDT   |      | ^      |
| Prior Authorization Number:            |           |       |         |      |        |
| Prior Authorization Location:          |           |       |         |      |        |
| Ambulatory Prior Authorization:        |           |       | . ∎     |      |        |
| Notes to Scheduler:                    |           |       |         |      |        |
| Special Instructions:                  |           |       |         |      |        |
| Is Pt on Anticoagulant?:               |           |       | •       |      |        |
| Procedure/Attn To:                     |           |       |         | _7   | *      |
| 1 Missing Required Details Dx Table    |           |       |         | Sign | Cancel |