

Provider Documentation of Point of Care Tests for Providers

Cerner PowerChart Ambulatory EDUCATION

Point of Care Tests

There are a few Point of Care (POC) tests that a provider will need to document. Examples include KOH Fungal Prep POC, Vaginal Wet Mount POC, and Urine Microscopy POC. Follow the steps below to complete the documentation of these POC's.

1. In a patient's chart, click Ad Hoc in the top toolbar.

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- 2. Click on the Provider Documentation folder.
- 3. Select the Provider Ambulatory Care folder.
- 4. Place a check in the box next to the appropriate POC(s) to document on.
- 5. Click Chart.

P Ad Hoc Charting					\times
🖆 Acute Care Nursing	Abnormal Involuntary Movement Scale (AIMS)	M-CHAT-R Screening			
ED/UC Department	Anticoagulation Therapy Management	🔲 🗈 Mid Parental Height - Fernale			
🛅 Care Management	AUA BPH Symptom Screening	🔲 🗈 Mid Parental Height - Male			
Respiratory Care	🔲 🗈 AUDIT Alcohol Use Disorders Identification Test	🔲 🗈 Modified Mini Mental Exam 3MS			
Ambulatory Care	🗖 🖹 Care Team	🔲 🗈 Opioid Risk Tool - Opioid Use Disorder			
Ancillary Services	CHA2DS2-VASc Screening	Pacemaker/ICD/CRT Follow-Up			
Provider Documentation	🔽 🖹 Code status	Patient Provided Vital Signs			
Provider Acute Care Provider Ambulatory Care	🗈 Conley Fall Risk Scale	PHQ-2 and PHQ-9			
Provider Ambulatory Care COVID 19 Testing	🗾 🗈 COPD Assessment Task (CAT)	🔲 🗈 PTSD Checklist PCL-5			
Provider Emergency Medicine	🗖 🖹 Croup Score	🔲 🖹 Quality Measures			
All Items	🔲 🖹 C-SSRS Suicide Severity Screening	🔲 🖹 Request/Accept SOC Denominator Exclusion			
	DAST-10 Screening Test	🔲 🗈 SHIM Screening			
	🔲 🗈 Diabetes Eye Exam	🔲 🖹 Smoking Cessation			
	🔲 🗈 Diabetes Foot Exam	🔲 🖹 STOP BANG Questionnaire			
	🔲 🗈 Domestic Abuse Assessment	🔲 🖹 Subjective Opiate Withdrawal Scale - SOWS			
	🔲 🖹 Edinburgh Postnatal Depression Scale	🔲 🗈 Teen Risk Assessment			
	🔲 🖹 Fetal Genetic Screening	🔲 🗈 TOLAC Patient Safety Checklist			
	🗖 🖻 GAD-7 Anxiety Severity	🔲 🗈 Urine Microscopy POC			
	🔲 🖹 Geriatric Depression Scale-15	🔲 🖹 Vaginal Wet Mount POC			
	🔲 🖹 Healthcare Decision Maker - Amb	🔲 🖹 Vanderbilt ADHD Parent Follow Up			
	🗖 🖻 Hearing Screen 🛛 🛃 🧧	🔲 🖹 Vanderbilt ADHD Parent Informant			
	🗹 🖹 KOH Fungal Prep POC	🔲 🖹 Vanderbilt ADHD Teacher Follow Up			
	LVEF Results	🔲 🖹 Vanderbilt ADHD Teacher Informant			
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6. The specified POC PowerForm will display. Note the Performed by field is auto populated with the user's name. Complete the desired fields about the specimen and the required field in yellow by selecting the appropriate Performing location. Click the green checkmark in the upper left corner to sign the PowerForm.