

Adding a Patient List

1. Click on **List Maintenance** (wrench) icon in the **Patient List** and click **New**.
2. Click on **Provider Group**, then click **Next**.



Patient List Type

Select a patient list type:

- CareTeam
- Custom
- Location
- Medical Service
- Provider Group**
- Relationship

Buttons: Back, **Next**, Finish, Cancel

3. Check the **MI Medicine Telestroke Services** box, then click **Finish**.

Provider Group Patient List

- *Provider Groups [MI Medic
- Encounter Types
- Medical Services
- Locations
- Time Criteria

- Members Health Medical Center
- MHC Great Lakes Plastic Surgery
- MI Medicine Neurocritical Care Telemed
- MI Medicine Telestroke Services**
- Mid Michigan Beaverton
- MMC Pathology
- MMC Physical Medicine & Rehabilitation

Enter a name for the list: (Limited to 50 characters)

MI Medicine Telestroke Services

Buttons: Back, Next, **Finish**, Cancel

4. Choose **MI Medicine Telestroke Service** from the Available lists column and then use the arrow to move it to the Active lists.

5. Click **OK**.

Modify Patient Lists

Available lists:

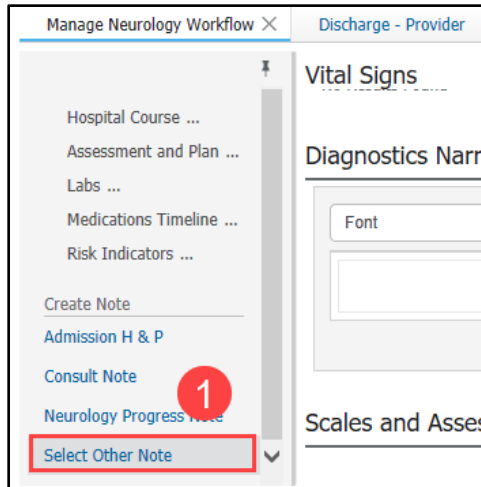
- A7
- ED - MMC
- MI Medicine Telestroke Services**

Active lists:

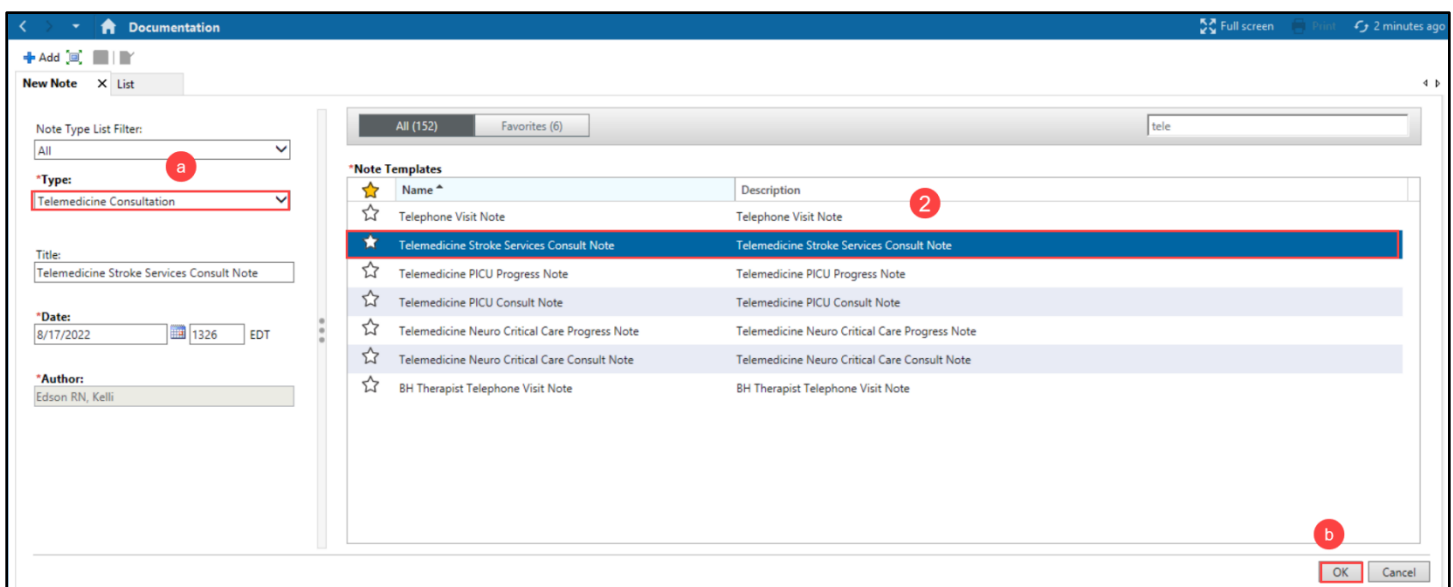
Buttons: New, **OK**, Cancel

Creating a Consult Note

- At the bottom of the Manage Workflow, click **Select Other Note**.



- Search for **Telemedicine Stroke Service Consult Note** (use the star to add it to the Favorites tab).
 - Fill in the required Type area as **Telemedicine Consultation** using the drop-down menu.
 - Click **OK**.



U of M Telestroke: Patient List and Consult Notes for Providers

Cerner PowerChart EDUCATION

3. Document the needed information and click **Sign/Submit**.

Referring Provider

Video Statement
 A telemedicine visit was completed for this patient. Patient was in the Emergency Department. The patient or patient's legally authorized representative was informed and understands the benefits and limitations of telemedicine visits and technology. The patient and/or patient's legally authorized representative agreed to proceed with this visit via video. I have seen and communicated with the patient or patient's representative only via the video link, and given the limitations of technology and with the clinical facts as described to me, my recommendations are as follows.

I spent _ minutes on this acute telestroke consult. This time is inclusive of discussion with other providers, discussion with the patient's family or associates, record and imaging review, and gathering of ancillary information when relevant. Time spent on video (if relevant): _

Home Medications
 No active medications

Medications
Infusion (att) Intravenous (IV) Vasoactive Medication (Most Recent)

Assessment/Plan

Reason for Consultation

Subjective

Objective
[Vitals and Measurements \(Most Recent - Last 24 Hours\)](#)
[Weight \(All Results - Last 48 Hours\)](#) [Intake and Output](#)
[Select Laboratory Data \(Most Recent - Last 24 Hours\)](#)

Note Details: Edson RN, Kelli, 7/5/2022 12:21 PM EDT, Telemedicine Stroke Services Consult Note

Sign/Submit Save Save & Close Cancel

4. Search for a provider to send the note to if desired (this is not required). Click **Sign**.

Sign/Submit Note

*Type: **Telemedicine Consultation** Note Type List Filter: **All**

*Author: **Edson RN, Kelli** Title: **Telemedicine Stroke Services Consult Note** *Date: **8/17/2022 1326 EDT**

Forward Options Create provider letter

Favorites **Recent** **Relationships**

Contacts **Recipients**

Sign **Cancel**