

Fetal Non-Stress Test Documentation for Clinical Staff

Cerner PowerChart Ambulatory EDUCATION

Fetal Non-Stress Test Documentation Creation			
Following the Fetal Non-Stress Test, clinical staff will create a Note documenting the test results.			
Followi 1. 2. 3. 4.	ng the Fetal Non-Stress Test, clinical st Click Select Other Note under Create Search for Diagnostic Report Note in Select the Diagnostic Report Note. a. Clicking the star next to the R use. Select the Type Obstetrics NST Procedure.	taff will create a Note documenting the test results e Note from the Workflow page. In the search bar. Report name will add it as a favorite for future All (152) Favorites (1) Note Templates Name Desc	AMB Prenatal Workflow Create Note Ambulatory Visit Summary Select Other Note 1 2 diagnostic × ription
	Obstetrics NST Proce Title: Diagnostic Report No	Diagnostic Report Note 3 Diagnostic Report Not	ostic Report Note
5.	Click OK Cancel	Diagnostic Report Note X List	
6.	The Note will generate. a. The header with the office location is based on the current encounter.	MHC Prudenville Community Health Center OBGYN 2585 W Houghton Lake Dr Prudenville, MI 48651-9624 Phone: (989) 366-2900 THIS DIAGNOSTIC EXAM WAS PERFORMED IN THE LOCAL OFFICE AND AT THIS TIM REASON FOR EXAM: Decreased Fetal Movement	TE IMAGES ARE ONLY AVAILABLE IN THE OFFI
7. 8.	Type the Reason for Exam. Use the autotext: ,ob_nst	RADIOGRAPHIC EVALUATION: ,ob_nl ,ob_nst ,ob_nst ,ob_nst Procedures <u>Fetal Non-Stress Test</u> : Date of Service Date:	
9.	Fill in the test result information. a. Enter the correct diagnosis, which may be different from the Reason for Exam.	Gestational Age Weeks! -γ Clinical Indication for Test Dx: Test Results Test Results Fetal Activity Reactive- Contraction Frequency Contraction Pattern Contraction Pat	
10.	Click Sign/Submit. Sign/Submit	Time off monitor: Time Duration Minutes: NST Reviewed and Verified Provider Comments:	
11. 12.	Search for the responsible provider w sign off on the note. Click the Sign radio button.	vho will Recipients 11 $$ Default Name $$ Nigrelli DO, Joanna L Unspecified - Physician - Primary	Comment Sign Review/CC
13.	Click Sign at the bottom of the screer	n. Sign Cancel	

14. The Note will be sent to the selected provider's inbox to sign.