

Cerner PowerChart Ambulatory EDUCATION

Follow the below workflow steps when seeing a patient for their first Obstetrics (OB) clinic visit.

				· · ·		
mbu	latory Organizer					
1.	Locate the patient on the Ambulatory Organizer and click on the patient's name to open the chart to the	H	lome			
	correct clinic visit encounter.	æ	à <b>m</b>   <b>- m</b>	🔍 🔍   100% -	·   © ● 🏠	
		١	List (55) D	Day Week 🔇	Today 义 01 / 30 / 2023 📲	1
			Time	Duration	Patient	
			⊿ Clinic - Mun	ison Family Practice	Center	
			10·30 AM	15 mins	AMBCERNED, HANNAH	
			10.50 AT	10 11110	34 Years, Female	

### Add a Pregnancy

Α

A Pregnancy must be added first for the Prenatal Workflow documentation to become available. Follow the steps below to add a pregnancy:

- 1. Navigate to the AMB Prenatal Workflow.
- 2. Click the Add Pregnancy Component.
  - 3. Click **Add a pregnancy**.

Ambulatory Nursin $ imes$	Amb	ulatory Summ $ imes$	Clinical Staff Orders $ imes$	Code Status - Adv $ imes$	Demographics	X	AMB Prenatal Wor $ imes$
	¥	Add Pregnan	су				
Add Pregnancy 2 Create Note		The patient do	es not have an active pregnar	ncy. Add a pregnancy <mark>o</mark> r Reop	en last active pregna	incy.	

4. Search for the Responsible provider.

## 5. Enter the Onset

- Date. 6. Select Use as LMP or ART Date.
  - Indicate the Number of Gestations, if known.
  - 8. Update the Confirmed date, if needed.
  - 9. Select the Confirmation method.
- 10. The Estimated Date of Delivery (EDD) will display based on information entered.
  - 11. Click OK.





### Cerner PowerChart Ambulatory EDUCATION

#### **Patient Pharmacy**

The patient's pharmacy should be reviewed with the patient at the initial patient clinic visit and as needed.

- Click on Patient Pharmacy on the top toolbar.
- 2. Enter the name of the desired pharmacy.
- 3. Click Search.
- 4. Highlight the correct pharmacy and click OK.

P Review Patient Preferred Pharmacy	Anna Anna	👸 Patient Pharmacy			×
□ No Preferred Pharmacy Reason: The default pharmacy is displayed ir Patient Preferred <b>Search</b>	the Patient Preferm	ed tab with bold text.		Last F	leviewed
Pharmacy Name 2 Pharmacy Type Filter Results By: Retail Mail Order Long-term Care Search Clear	Pharmacy Name	Address	Cross-Street	City	9
	<				>
			4 ок	0	ancel

### **Antepartum Intake**

- 1. Click on the Ambulatory Prenatal Workflow page.
- 2. Click on the Prenatal Visits Component.
- 3. Click on the drop-down arrow.
- 4. Select Antepartum Intake.
- 5. The Antepartum Intake PowerForm opens.
  - a. Fill out all required fields (indicated by red asterisks and yellow fields) and any other needed information per practice guidelines.





Antepartum Intake - AMBWAVE

### Cerner PowerChart Ambulatory EDUCATION

### **General Information OB**

- 1. Complete all known fields.
- 2. Complete the required question: Patient Use of Bloo Products.

Complete all known	🗸 🖬 🛇 🖄 🕅 🛧 🕈				
fields.	*Performed on: 02/06/2023	● ▼ 0932 ●	ST		
Complete the	General Information OB				
required question.	Vital Signs and Measurem	Chier Comple	aint		
Patient Lice of Plood	Detailed Vitals and Measu	Chief Complaint		Communicati	on
	Transcribed Prenatal Tes			No Preferer	nce
Products.	Allergies and Medications			O Printed Lett	ter David
	Obstetrical History				Keset Submit
	Additional Pregnancy Info	History of Present Illn	ess, Nursing Note		
	Problems and Diagnosis				
	Procedure and Surgical F				
	Family History	General Inf	ormation		
	Social History	Preferred Name		Support Person's	s Name
	Psychosocial and Spiritua				
	PHQ-2 and PHQ-9	Support Person Relat	ionship to Patient	Other Support P	eople
	Domestic Violence/Patier		ignificant other 🗖 Sister		
	Feeding History, Plan and	Boyfriend M	other Friend		
	Anesthesia/Sedation	Father of baby	ather 🗌 Other:		
	Transfusion Reaction	Father of Baby Involu	ved	Father of the Ba	by's Name
	Infectious Disease Risk S	O Yes O No			
	Genetic Screen	Information Chuon Bu		Reason Informat	ion Not Obtained
	Antepartum Risk Factors	Information Given By	tion of	Reason Informat	Jon Not Obtained
	* Education Needs	O Self O F	arent		
		O Spouse O S	ibling		
		O Daughter O S O Family member O S	on		
				1	
		Patient Use of Blood I	Products?		
		O Patient accepts use of b	lood products	2	
If Dations dealines		O Patient declines use of t	blood products	9	
If Patient declines	Antepartum Risk Facto	ors - OB - AMBWAVE,			
use of blood	() × m			3	
products is selected,					
an additional	5		Antepartun	n Risk Fac	ctors
Antepartum Risk	Antenartum Bisk Fa	ctors Current Pred	ancy		
Factors page will	Antenartum Risk Fa	ctors default across r	atient visits. Verify info	ormation is correct	and current, adjust appropriately
onen	none		Hemoglobinopathies		
Colort Dotiont	Age 15 or younger		Herpes, active		Post term pregnancy
Select Patient	Age 16 or 17		Hyperemesis gravidarum		Pre-Eclampsia
declines use of	Alcohol use during pregn	ancy	Hx abnormal Pap		Previous jaundiced baby
blood products.	Behavioral health disorde	er -	Hx LEEP		Previous macrosomic babies
Click the return	Chronic hypertension, su	perimposed pre-eclampsia	Hx postpartum hemorrhage	e	Previous uterine incision
arrow to close the	Diabetes: Gestational dia	betes - diet controlled			
nage and return to	Diabetes: Gestational dia	betes - requiring insulin	Intrauterine fetal demise		Relative BMI greater than 30
the main	Diabetes (Type I)		IV administration of glucos	e Fourier than (Luisita)	Relative BMI less than 16.5      Reproductive
	Drug abuse during pregn	ancy	Magnesium sulfate during	pregnancy/labor	ROM > 18 hours
PowerForm.	Eclampsia	-	Maternal trauma		Suspected Macrosomia
	Ethnicity: Asian/African-A	American/Mediteranean	Multiple gestation		Third trimester bleeding
	Group B Streptococcus f	Positive	Oligonyaramnios Patient declines use of blo	od products	Tocolvtic use
	GBS status unknown		Placenta previa		Other:
	HELLP syndrome		Placental abruption		

4. Select Patient declines use of blood products. 5. Click the return arrow to close the page and return to the main

3. If Patient declines use of blood



### Cerner PowerChart Ambulatory EDUCATION

### Vital Signs and Measurements

Vital Signs and Measurements documentation is required at each visit. Vitals

- Document the patient's Blood Pressure and Blood Pressure Source. The Blood Pressure documentation is required to open a pregnancy card for provider documentation.
- 2. Document Pulse Rate beats per minutes when auscultated or palpated. Document as Heart Rate Monitored when a machine is used to record beats per minute.

Vitals		
SBP / DBP	Blood Pressure Source	
mmHg / mmHg	It arm w/BP machine         It arm, manually           It leg w/BP machine         It leg, manually           It arm w/BP machine         It leg, manually	It arm, palpated     It leg, palpated     It leg, palpated     Right forearm, radial cuff     t arm, palpated
Repeat SBP / DBP	Ort leg w/BP machine Ort leg, manually	O rt leg, palpated
mmHg / mmHg		
Heart Rate Pulse Rate Monitored Resp. F	Temperature Rate O2 Sat Oral	Temperature Temperature Temporal Tympanic
bpm bpm br/r	nin % DegC	DegC DegC
Heart Rhythm Pain Sc	ale Used Pain Level	Pain Comments
O Irregular	<b>v</b> v	
Right c above Refere	lick in field to see ence Text	

3. Document all other fields as needed or per practice guidelines.

#### Measurements

- 1. Measured and Non Measured Height and Weight fields are available for documentation.
- 2. Enter the information in the correct field.
  - Measured Height and Weight must be entered yearly.
  - Both Height and Weight need to be measured to calculate a Body Mass Index (BMI).

Measurer	ne	nts			
Weight Measured		Height/Length Measured	BMI Measured	Waist Circumference	
Weight Non Measured		Height/Length Non Measured	BMI Non Measured	Pre-Pregnancy Weight	Calculated Cumulative Weight Gain

### **Detailed Vitals and Measurements**

Select Open to open the Detailed Vitals and Measurements page with field to document Orthostatic Vitals, Respiratory information, such as O2 use, and Weight Changes.

Detailed Vitals an	d Measurements
Document Detailed Vitals and Measurements	O Open



### Cerner PowerChart Ambulatory EDUCATION

### Allergies and Medications

Allergies and Medications are required to be reviewed at each patient clinic visit and may be done from the Workflow page or within the Intake PowerForm. Complete the following steps to Review and/or update Allergy and Medications. For more detailed information please see either Clinical Reconciliation or Medication History Documentation on the <u>Clinical EHR Education website</u>.

- 1. Click on the +Add button to add patient allergy.
- 2. If the patient has no known allergies, click the No Know Allergies button.
- 3. If the patient has an environmental or food allergy, but no medication allergies, click on No Know Medication Allergies.
- 4. If not done on the Workflow page, click Document Medication by Hx to complete the review of medications and Add any medications not listed.
  - a. Follow the process on Medication History Documentation on the <u>Clinical EHR Education</u> <u>website</u>.

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* General Informatic	Allergies				
Vital Signs and M	7 morgreo				-
Detailed Vitals and	Mark All as Reviewed	lter by Status 🛛 All			
Transcribed Prena		2 3			
Allergies and Med	TAdd Modify Q No	Known Allergies	Reverse Allergy Check	κ	
Obstetrical History	Substance Terminology	Category Reactions Seve Type C. Est. C	Onset Reaction S Up	odated By Source R	Revi
Additional Pregna					
Anesthesia/Sedat					
Transfusion Reac	<				>
Infectious Disease	Medications				
Genetic Screen					
Antepartum Risk I	0			🚽 Print 🍣 0 minute	s ago
* Education Needs	🕂 Add 🎧 Document Medicatio	n by Hx 📕 External Rx History 🗸 🛛 Rx Plans (0): Error 🕶	Reconciliation Status		
Review of System		1	Heds History	Admission 🙂 Disch	harge
Behavioral Pain S	View	Display: All Active Medications, All Inactive Medications 24 H	rs Back 🧹 🛄	Customize	View
FLACC Pain Scon	Orders for Signature	\$ Order Name/Details	Order Com	Ordering Physician	Stat
NIPS Pain Score	Medication List     Non Categorized	△ Medications			
NPASS Pain Scol	Patient Care    Vital Signs	digoxin 0.125 mg, Oral, 1700 Daily		Test MD, Physician	Orc
	Activity     Diet/Nutrition	warfarin (Coumadin) 2.5 mg, Oral, 1700 Daily	HD. PPE: Single glove	Test MD, Physician	Orc
		<			>
		T Details			
	Diagnoses & Problems	Displayed: All Active Orders   All Inactive Orders		Show More O	Irders
	Related Results	Dx Table Orders For Nurse Review		Orders For Sign	ature
	<				



### Cerner PowerChart Ambulatory EDUCATION

5. Medication Compliance is required when reviewing or adding medications to the patient's Home

Medications. Right click on each medication and click Add/Modify Compliance. Select the appropriate compliance status, information source and add comments, if needed.

Document Medication by Hx				
Order Name	Status	Details	Information Source	Complian C
⊿ Home Medications	Documente	- 1 Tab each doca Oral Daile		
mg oral t Cancel Delete, Add/M	/ /DC /Void lodify Compli	iance 5		
O Missing Required Details			Document History	> Cancel

### **Obstetrical History**

Record all previous pregnancies. Fill out any yellow required fields.

P Antepartum Intake	
*Performed on: 01/10/2023 • V 1318 • EST	
Obstetrical History	
Baby A	
📲 Add Baby	
*Delivery/Outcome Date/Time *Pregnancy Outcome / Result Length of Labor	
👘 🖉 👘 👘 Weeks Days 🔿 Unknown or Approximate	
Child's Sex Infant's Weight Anesthesia Type Delivery Hospital Preterm Labor	
s lbs oz/ gms v	~
Mother Complications Fetal Complications *Neonate Outcome Neonate Complications Newborn's Name	
None         V         None         V	
<	>



### Cerner PowerChart Ambulatory EDUCATION

### **Problems and Diagnosis**

Review and update Diagnosis (Problem) being Addressed this Visit if needed. Do not alter any Problems, as these are chronic problems and are managed by the provider. For more detailed information please see the Problem List Component Guide on the Clinical EHR Education website <u>Ambulatory Clinical EHR Education</u>

Munson Healthcare.

- Click +Add to add a Diagnosis (Problem) being Addressed this Visit.
- Click Convert to add a chronic problem to the Diagnosis (Problem) being Addressed this Visit list.

Image: Second state of the second	Ant	epartum Intake						
roblems and Visit Diagnosis         Mark all as Reviewed         Diagnosis (Problem) being Addressed this Visit         Add       Modify       Convert       Display:       All       Image: Confirmation         Priority       Condition Name       Clinical Dx +       Image: Confirmation       Confirmed         Image: Condition Name       Clinical Dx +       Image: Confirmation       Confirmed         Image: Condition Name       Clinical Dx +       Image: Confirmed       Confirmed         Image: Condition Name       ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: Convert       Image: Convert       Image: Confirmed       Image: Confirmed         Image: Condition Name       Convert       Image: Convert       Image: Confirmed         Image: Condition Name       Convert       Image: Convert       Image: Confirmed         Image: Condition Name       Name of Problem Image: Confirmed       Image: Condition       Image: Confirmed         Image: Condition Name       Name of Problem Image: Confirmed       Image: Condition       Image: Confirmed         Image: Condition Name       Name of Problem Image: Confirmed       Image: Confirmed       Image: Confirmed         Image: Condition Name       Name of Problem Image: Confirmed       Image: Confirm	Н	🛇   🖏 🌠 🛧 🕂   (	🖬 🔛 🗎					
Mark all as Reviewed Diagnosis (Problem) being Addressed this Visit  Add Modify Sconvert Display: All Priority Condition Name Clinical Dx A Confirmation Confirmed Clinical Dx A Confirmation Confirmed Confir	rol	blems and Vi	sit Diag	nosis				
Mark all as Reviewed Diagnosis (Problem) being Addressed this Visit  Add Modify Convert Display: All  Priority Condition Name Clinical Dx  Confirmation Clinical Dx  Confirmation Clinical Dx  Confirmed Clinical Dx								_
Diagnosis (Problem) being Addressed this Visit  Add Modify Sconvert Display: All  Priority Condition Name Clinical Dx A Confirmation  ST elevation (STEMI) myo ST elevation (STEMI) myo Confirmed  ST elevation (STEMI) myo ST elevation (STEMI) myo Problems Add Modify Convert No Chronic Problems Display: All  Condition Name Name of Problem A Vocabulary Last Updated By Atrial fibrillation Atrial fibrillation SNOMED CT Hartman RN, Mary J Pregnant Pregnant Pregnant	М	lark all as Reviewed						
Add       Modify       Convert       Display:       All         Priority       Condition Name       Clinical Dx         Confirmation <ul> <li> <li></li></li></ul>	Diag	nosis (Problem) being Addres	sed this Visit —					
Priority       Condition Name       Clinical Dx •       Image: Confirmation         Image: Problems       Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: Convert       Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: Convert       Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: Convert       Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: Convert       Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       Image: Convert       Image: Convert       Image: Convert         Image: Condition Name       Name of Problem Image: Convert       <		Add 🗐 Modifu	tonvert	Display: All				1
Priority       Condition Name       Clinical Dx *       Image: Confirmation         Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: ST elevation (STEMI)       Image: ST elevation (STEMI) myo       ST elevation (STEMI) myo       Confirmed         Image: ST elevation (STEMI)         Image: ST elevation (STEMI)	Т			Dispidy.			· · ·	
<ul> <li>ST elevation (STEMI) myo ST elevation (STEMI) myo Confirmed</li> <li>Confirmed</li> <li>Problems</li> <li>Add Modify</li> <li>Convert</li> <li>No Chronic Problems</li> <li>Display: All</li> <li>Condition Name</li> <li>Name of Problem          <ul> <li>Vocabulary</li> <li>Last Updated By</li> <li>Atrial fibrillation</li> <li>Atrial fibrillation</li> <li>Atrial fibrillation</li> <li>Pregnant</li> <li>Pregnant</li> </ul> </li> </ul>		Priority Condition Name	•	Clinical Dx 🔺	(	))	Confirmation	_
<ul> <li></li> <li>Problems</li> <li>Add Modify S Convert No Chronic Problems Display: All</li> <li>Condition Name Name of Problem ▲ Vocabulary Last Updated By</li> <li>Atrial fibrillation Atrial fibrillation SNOMED CT Hartman RN, Mary J</li> <li>Pregnant Pregnant SNOMED CT AmbrnIpn, 19</li> </ul>			STEMI) myo	ST elevation (ST	EMI) myo		Confirmed	
Problems     Problems              Add	<							
Condition Name     Name of Problem ▲     Vocabulary     Last Updated By       Modify     Atrial fibrillation     Atrial fibrillation     SNOMED CT     Hartman RN, Mary J       Pregnant     Pregnant     SNOMED CT     AmbrnIpn, 19								
	Prob	lems						
Condition Name     Name of Problem     Vocabulary     Last Updated By       Atrial fibrillation     Atrial fibrillation     SNOMED CT     Hartman RN, Mary J       Pregnant     Pregnant     SNOMED CT     AmbrnIpn, 19	÷	Add 🛒 Modify	ち Convert	🔂 No Chroni	ic Problems	D	)isplay: All	
Atrial fibrillation         Atrial fibrillation         SNOMED CT         Hartman RN, Mary J           Pregnant         Pregnant         SNOMED CT         AmbrnIpn, 19		Condition Name	Name of Pro	blem 🔺	Vocabulary		Last Updated By	_
Pregnant Pregnant SNOMED CT AmbrnIpn, 19	Dx	Atrial fibrillation	Atrial fibril	ation	SNOMED CT	r	Hartman RN, Mary J	
<	Dx	Pregnant	Pregnant		SNOMED CT	r i	Ambrnlpn, 19	
	<							

### **Procedure and Surgical History**

Procedure and Surgical History is required to be documented at a patient's initial visit and at least annually thereafter. Follow practice guidelines regarding additional documentation requirements. For more detailed information please see the Procedure History Component Overview on the Clinical EHR Education website Ambulatory Clinical EHR Education | Munson Healthcare.

- 1. Click on the +Add button to add Procedure/Surgical History.
- 2. Click Mark all as Reviewed to document the review of existing Procedure/Surgical History.

P Antepartum Intake			
12 🛇   🗞 🖪 🛧	🗣 🔲 🗱 📴		
Procoduro /	Surgical Histor	1	
FIOCEDUIE /	Surgical Histor	Y	
Mark all as Reviewed			
Mark all as Reviewed			
Mark all as Reviewed	lodifu Display: Active		~
Mark all as Reviewed	lodify Display: Active		~



### Cerner PowerChart Ambulatory EDUCATION

### **Family History**

Family History review is required at every patient visit. Family history includes first degree relatives; parents, siblings, and offspring.

- 1. If there is no positive Family History, Select one of the following: Negative, Unknown, Unable to obtain, or Patient adopted.
- 2. Click Add to add additional family history.
- 3. Click Mark all as Reviewed to indicate that the existing documented Family History is correct.

F	amily History					
	Mark all as Reviewed				1	
2	🕂 Add 🗹 Modify Displ	ay: Family Member View (Positive Only) 🗸	Negative	Unknown	Unable to Obtain	Patient Adopted
	Family Member Information 🔺					
	Mother (Jill):					
	Hyperlipidemia					
	Father (Joe):					
	Hypertension					

• For more information on how to add family history please see Family History Component Overview on the Clinical EHR Education website <u>Ambulatory Clinical EHR Education | Munson Healthcare</u>.

### **Social History**

Social History is required to be reviewed at every patient visit. This includes documenting, at a minimum, tobacco status for meaningful use, Psychosocial/Spiritual, and Abuse/Neglect.

- For more detailed instructions please see Social History and Documentation Review on the Clinical EHR Education website <u>Ambulatory Clinical EHR Education</u> <u>Munson Healthcare</u>.
- 1. Click Add to add new information, or Modify to update existing information.
- 2. Review or Add the required Category(s), indicated by a red asterisk, and any others that apply or are required by practice guidelines.

-							
P Antepartum Intake							
Social History							
Mark all as Reviewed							
Social							
🕂 Add 🗹 Modify	Display: Active						
Category	Details .						
* Tobacco							
* Psychosocial/Spiritual	1						
* Abuse/Neglect							
If Current or Quit within 12 months, O Yes O No Smoking Cessation Counseling Provided							
the past 24 months, about the use of Tobacco							



### Cerner PowerChart Ambulatory EDUCATION

### **Depression Screening**

Document depression screening by selecting the PHQ2 and PHQ9 page. This is required to be documented at a patient's initial visit and at least yearly thereafter.

P Antepartum Intake								
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PHQ-2 and PHQ-9 Depression Screening Questionnaire								
Over the last 2 weeks, how often have you been bothered by any of the following problems?								
1. Little Interest or Pleasure in Doing Things	O Not at all O Several days	<ul> <li>More than half the days</li> <li>Nearly every day</li> </ul>						
2. Feeling Down, Depressed or Hopeless	<ul> <li>Not at all</li> <li>Several days</li> </ul>	O More than half the days O Nearly every day						
PHQ-2 Score	Score = 0 No further Score = 1-6 Complete	action required the PHQ9 below						
3. Trouble Falling or Staying Asleep	○ Not at all ○ Several days	<ul> <li>More than half the days</li> <li>Nearly every day</li> </ul>						

**Note:** The PHQ-2 Score is calculated once documented. If the Score is 1 or above, the PHQ-9 is required to be completed.

### **Education Needs/Learning Style**

Barriers to Learning is required to be documented at every visit.

Patient/Family Learning Style Preferences is to be documented once and updated as needed. Multiple learning styles can be selected by clicking in the boxes. The documented Preferences will be saved across visits.

Patient/Family Education Needs Comments is a free text box for any additional comments.

P Antepartum Intake							
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Education Needs/Learning Style							
Barriers to Learning							
None evident         Difficulty concentrating         Literacy           Desire/Motivation         Language barrier							
Patient/Family Learning Style Preferences							
None Patient Family	Demonstration	Printed materials	Verbal explanatio	on	Video/Educati	onal TV	
Patient/Family Education Needs Comments							
Segoe UI	~ !	9	<b>₿₿ ₿</b> ⊻ /	5 S	E = 3		

### Signing the Form

When documentation is complete, click the green check on the PowerForm toolbar to sign the Antepartum Intake PowerForm.

