WMUNSON HEALTHCARE

Pacemaker/ICD/CRT Follow Up

Pacemaker/ICD/CRT Documentation

1. While in patient's chart, click on the dropdown next to **Vital Signs**, and select *Pacemaker/ICD/CRT Follow-Up*

< 🔉 🔹 🛉 Ambulatory Workflow							
👫 🐚 📥 📄 🔍 🔍 100%	- • • 🗳						
Cardiology Nursing Workflow $ imes$	Cardiovascular Clinic	Sum ×	Cardiology Clinic Orders	×			
Vital Signs	Vital Signs 🕂	-					
Chief Complaint		Cardiology	Ambulatory Intake				
Patient Provided Health Information URLs	BP	Ambulatory Anticoagula	/ Vitals Height Weight ation Therapy Management	120			
Documents (50)	Documents (50) HR Pacemaker/(CD/CRT Follow-Up LVAD Inter, Jation						
Problem List	Temp		37 7 whe	3 m			
Allergies	Respiratory Rate		16	16			

 Powerform opens. Enter all appropriate data from device interrogation into the powerform. After completing all of the appropriate fields, select the green checkmark in the upper left hand corner of the powerform

Note: The powerform will be blank the first time it is used. All times the powerform is used after that, will include some of that previously entered data and will be noted by this icon:

Indication for	Date of last	
Device:	Interrogation	
Device Type:	Mode:	C Ohr
O Pacenaker O DRT O Leadess PM	C AAIR C DODR C WIR	C 008.
Patient Pacemaker O Yes O No O inte Dependent:	miter	
LRL born URL born USR born	PAV ms SAV ms AV Sea	arch ms
Underlying Rhythm:		
Battery Status: Voltage V Estimated Rem Battery Impedence: ohms	aining Longevitiy: (months/years)	
Atrial Right	/entricle Left Ventricle	Left Ventricle 2 Defib
Thresholds: V @ ms] V @ ms V @ ms	s V @ ms
Sensing: mV P-waves	mV R-waves mV R-waves	mV R-waves
Prog. Sensitivity		
Lead Impedence: ohms	ohms ohms	ohms ohms
Percent Paced: 2		2
Output: V © ms	V Ø ms V Ø ms	s vo ms
AICD Zones and Therapies:		
Zone 1 BPM, ATP x	Shocks	Comments:
Zone 2 BPM, ATP x	Shocks	Comments:
Zone 3 BPM, ATP x	Shocks	Comments:
Atrial Fib Burden		
Atrial Fib Count Mode Switch Ep	isodes VF Count	NSVT Count
PVC Count Atrial ATP Episo	des Fast VT Count	
Shock Count Ventricular ATP E	pisodes Slow VT Count	
Changes Performed/Summary:		



Job Aid

Cerner Ambulatory

3. Navigate to the **Documents** component of the **Cardiology Nursing Workflow** M-page and refresh that component. Double-click on the *Pacemaker/ICD/CRT Follow-Up* that was just completed.

Documents (50) 🕇				Last 50	Notes Last 18 months Last 1 months More 🔻 発
	2			My notes only	Group by encounter Display: Multiple note types
Time of Service	Subject	Note Type	Author	Last Updated	Last Updated By
05/11/18 08:53	Pacemaker/ICD/CRT Follow-Up	Pacemaker/ICD/CRT Follow-Up Form	Ambulatory, Cardiology Technologist	05/11/18 08:53	Ambulatory, Cardiology Technologist

4. What was documented in the powerform, is now displayed as a printable document. Click on the *Forward* icon.

	P AMBMUNSON, LAUREN K - AG	0000009 - Pacemakar/ICD/CRT Follow-Up - 11 May 2018 08:53
	41 🖬 👔 🔈	≣ < * ≧ ≪ + + ≙ 🗉 💁 [4
	AMBMUNSON	LAUREN K Female 18 years DOB:01/15/2000
	Type: Date: Status: Title: Performed By: Verified By: Encounter info:	Pacemaker/ICD/CRT Follow-Up Form May 11, 2018 8:53 Auth (Verified) Pacemaker/ICD/CRT Follow-Up Ambulatory, Cardiology Technologist on May 11, 2018 8:53 Ambulatory, Cardiology Technologist on May 11, 2018 8:53 A0054002909, Traverse Heart & Vascular - TC, Clinic, 05/11/2018 -
		Pacemaker/ICD/CRT Follow-Up Entered On: 05/11/2018 9:15 Performed On: 05/11/2018 8:53 by Ambulatory, Cardiology Technologist
	Pacemaker/ICD/CF Indication for Devic Device Tvde. Cardi	RT Follow-Up e. Sick sinus syndrome b. Pacemaker
5.	In the dropo	lown, select Sign. Next fill in the To: field with the correct cardiologist that will be

signing the document. Select OK.

Forward Only: Documents: AN	IBMUNSON, LAUREN K		
Additional Forward Action: Comments:	Sign 🗸	To: Recchia MD Dina X	
(Limit 255)			

Placing Charges/Orders

6. Navigate to the **Problem List** component of the **Cardiology Nursing Workflow** M-page, and select *This Visit* for the diagnosis that applies to the reason the device was implanted for.

Problem List	All Visits 🌏 =
	Classification: Medical and Patient Stated 🔻
	dd new as: This Visit + Q Problem name
Name	Classification Actions
1 * Sick sinus syndrome	Medical 6 This Visit Chronic Resolve
Hypertension	Medical This Visit Chronic Resolve

- 7. Navigate to **Cardiology Clinic Orders** M-page, open the **Cardiac Implantable Devices** component (if not already open), and select the appropriate order(s).
- 8. Click on the Orders For Signature icon.



Job Aid

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MBMUNSON, LAWREN K			👘 List 👘 Recent -	Name • Q
MBMUNSON, LAUREN K 18:01/15/2000 Age:18 years	MRN:A0000009 SexFemale Location:Traverse Heart Vas A0054002909 Clinic[05/11/2	FIN:A0054002909 cular - TC; Device Room 204 Code Status: 218 8:52 Active)	Allergies: Lactose, sulfa drugs, Pea Portal:Accepted 12/18/17 Con	nuts, amoxicillin, Banana nEx
< 💈 - 者 Ambulatory Workflow			D, Full screen 🖷	🗿 Print 🛛 📀 56 minutes ago
A				
Cardiology Nursing Workflow × Cardiovascular Clinic	Sum × Cardiology Clinic Orders × Demog	aphics X Future Orders X +	8 📷	
Ambulatory - In Office Orders Ambulatory (Meds as Ro) All			
E&M	= Cardiac Implantable Devices	■• Procedures	New Order Entry 💠	≡•⊗ ˆ
⊿ Established Patient Office Visit	⊿ In Clinic Device Checks	∠ Echocardiography	Ambulatory - In Office Orders Ambulatory	(Meds as Rx)
Office Visit Level 1 Est 99211	Electrocardiogram report 93010	Echocardiography Complete		No health plans found.
⊿ Medicare Wellness Visits	PM program single lead eval 93279	Echocardiography Limited		
Ppps, Initial Visit G0438	PM program dual lead eval 93280	Echocardiogram with Contrast	10	
Ppps, Subseq Visit G0439	PM program multiple lead eval 93281	TEE with Contrast Use Contrast	Search New Order	
Ppps, Welcome Visit G0402	ICD program single lead eval 93282	3D TTE (Cardiothoracic and Cardiologist order only)	Personal Public SI	nared
⊿ Care Management	ICD program dual lead eval 93283	Echo, Limited w/3D	Eavorities	
Telephone assessment 5-10 minutes of medical discussion	10D program dual multiple lead eval 93284	A EKG and Monitors		

9. When the **Orders For Signature** pop-up displays, make sure the diagnosis is associated to the order, then select *Modify*

Orders for Signature (1)		×
		Clear All
Click a cell to associate a diagnosis to an order. Click a diagnosis name to associate it to all orders	(149.5) Sick sinus syndrome	
Procedures		
PM program dual lead eval 93280	1	9
☑ Show Diagnosis Table		Sign Save Modify Cancel

10. In the **Ordering Physician** pop-up, select *Proposal*, enter provider's name, and then select the appropriate communication type.

Crdaring Physician
Cidar Phoposal Photisin nams Recchia MD, Dino Order Data/Time OS/11/2018 V 1031 Communication type
Per Protocol/Policy/Existing Order
Cosign Required Verbal Order with Read Back Written/Fa×
OK Cancel

11. Review the order(s) placed, add in any missing details, and then select *Sign*.

AMB	MUN /15/2	SON, L	AUR Si ye	EN K an Sexfemale	MRNLA Location A005400	00000009 n Traverse Heart 12909 Clivic[05/	FIN: A0054002909 Vescular - T Code Status: 11/2918-852 Active]	Allergies: Lactose, sulfa d Portal Accepted 1ComEx	rugs, Pe
+ Add Orders	Med	locument fication Li	Medic at Do	ation by He 🔂 Extern current in Plan	i fa History -	Rx Plans (D) 7	io Benefit Found •	- Tecnolation Service O Matic Harry O Administra	Dogun
4	S Transf		9, P 9, 9	Onto Yana Danka Rasa (M. KNAADI AN Mila ali hali yeng an ikud hal KDD Pri yeng ali kud hal an	Datus 2005 Aduat DUr Nas Oniar Napoar	Dunt LUTIOLE DE CO DE EDIT	Denis		
×	Detai	ls Required	Detals	Dw Table Ord	ers For Nurse I	Review		11 5000	ancel

12. If a *Return to Clinic* order needs to be placed, select the appropriate order from the **Clinic Follow Up** component of the **Cardiology Clinic Orders** M-page



Job Aid Cerner Ambulatory

Clinic Follow Up	≡•⊗
Return to Clinic 1 Week, 0	
Return to Clinic 1 Month, 0	
Return to Clinic 3 Months, 0	
Return to Clinic 1 Year, 0	
Return to Clinic	

13. Follow steps 8-11 from above, except choose Order instead of Proposal

Note: When the *Return To Clinic* order is scheduled, it is assumed by the scheduling staff that the visit will be with the same resource, unless otherwise stated. For example: If today's device check was in person, scheduling will schedule that *Return To Clinic* as another in person visit. If however the next visit should be a remote device check, instead of in person like it was today, then click on the order. The details of that order will display, select the **Order Comments** tab, and add in that additional information. Then click sign.

MBMUN	SON, LAU	REN K	MRN	A00000009	FIN:A0054002909	Allergies: Lactose, sulfa drugs, Pr
KOB:01/15/2	2000 Age:18 y	oars Seicfremal	ke Locati A0054	ors Traverse Heart % 002909 Christ 05/11	ascular - T., Code Status: /2018 852 Active]	Portal:Accepted 1ComEx
- Add 8	Document Medi	cation by Ha 🔂 Ext	ernal Rx History	Rx Plans (0) No	Benefit Found •	Bestelater Brut D Massiany D Astronom D Curput
wders Mo	dication List D	ocument in Plan				
Orders for	Signature					
\$	· · · · · ·	Deartana	Status .	Det .	Detala	
A 7000	we Heart & Vercular - 1	C Denice Rosew 204 1016-000	G-IDEORDY Admit 0	V11/2018 08:52:29 KD1		
2	8	National Sector	514-	and and and a	a Marenia di Statutica acco facio fic Acesaria di Alfordi caroa stato in amante	
I Deta	ate for Retur	n to Clinic				
Beer	D Order Comme	- Dispress				
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Schelyled	1040/5 serve (here)	1				
-						
Consecution in the		1	a an an an an an an			
O Missing	g Nequied Cretar	Dix Lable	Orders from Hurs	6-Rieview]		Sign Cancel