Admit Bed Request
Consult Request
Discharge

indicates a required field that needs to be completed before Sign is available.

Sticky note entered.

Write Prescriptions

1. Click Pt Education in PowerNote in the Impression and Plan section.

2. Either the Suggested or All folder will open. Double-click the leaflet you wish to use. Leaflets are based on the diagnosis. You MUST select at least one.

3. To find a leaflet that is not suggested, Click All or Custom.

4. Type a search word into the Search field.

5. Double-click the leaflet you wish to use.

6. Type any additional instructions directly into the form.

Follow Up

7. Click Follow Up tab while in Patient Education.

8. Select Free Text Follow-up radio button and type follow-up instructions. When finished, click Add. (Alternatively, select a Quick Pick.)

9. Click Sign. The PowerNote appears.

10. Sign the PowerNote. (not shown)

Ready for Discharge

1. Click Depart on the FirstNet toolbar.

2. Click Ready for Discharge pencil to discharge the patient.

3. Click Print and then click Sign.

NOTE: A Discharge icon is placed on the trackine board.

Discharge continued

Patient Education

1. Click Pt Education in PowerNote in the Impression and Plan section.

NOTE: If this appears, select ED Tracking Group and OK.

Login and Check-in

1. Login to FirstNet.

2. Check in at the start of your shift.
   a. Click Yes at the Provider Check-in prompt.
   b. Enter your initials for Display Name.
   c. Assign your Provider Role.
   d. Assign Default Relation.
   e. Click the Associated Provider Color checkbox and set color. The system saves the entered information.
   f. Ensure the Available Provider and Available Reviewer checkboxes at bottom are selected.

Tracking Board Tabs

The tabs indicate the patient locations by pod. Click a tab to view:

• Gray box – Double-click to open patient chart. Displays a star to indicate abnormal (yellow) or critical (red) results.
• Bed – Location of the patient.
• LOS Indicator – Length of Stay Indicator.
• LOS – Length of Stay.
• MRN – Medical Record Number.
• Name – Patient Name.
• Age – Of the patient. (Pink is female and Blue is male.)
• Reason for Visit – Complaint entered during nurse triage.
• Acuity – 5 levels of Acuity. (A is highest.)
• Temp – Temporal Temperature.
• HR – Monitored Heart Rate.
• BP – Blood Pressure.
• RR – Respiratory Rate.
• SpO2 – Oxygen Saturation.

• MSE – Medical Screening Examination.
• Orders – Lists existing orders. Rest mouse on icon to view description.

Tracking Board Columns:

- Name - Patient Name.
- Age - Age of the patient.
- Temp - Temporal Temperature.
- HR - Monitored Heart Rate.
- BP - Blood Pressure.
- RR - Respiratory Rate.
- SpO2 - Oxygen Saturation.
- MSE - Medical Screening Examination.
- Orders - Lists existing orders.
- Bed - Location of the patient.
- Note - Sticky note entered.
- Admission - Displays initial and assigned admitting information.
- Discharge - Displays initial and assigned Discharge.
- Provider Role - Assign your Provider Role.
- Default Relation - Assign Default Relation.
- Status - Displays current patient status.
- Length of Stay - Displays length of stay for patient.
Open Patient Chart
There are two methods for opening a patient chart:
- Double click gray box at the beginning of the patient row.
- Right-click the patient name row, then Open Patient Chart, then click the area of the chart to open from the Menu.

View Result Details
1. Double click within any of the below columns to open the Quick flowsheet.
2. Click tabs at top to view category results.
3. Click flowsheet to view the All Results Flowsheet.

Chart Search
Chart Search allows searches within a patient’s chart for text such as in clinical notes, diagnostic reports, labs, etc.
- Click Chart Search on the left hand table of contents.
- Type a search word into the Search Bar. Chart Search automatically offers suggestions.
- Select a suggested search word or leave the word you typed and then click the Search button. A list displays.
- Use the left hand menu to narrow returned options.
- Click a link to open the document.

PowerOrders
To enter orders:
1. Right-click the patient’s name on the Tracking List and select Add Order.
2. Click Add.

The order window opens. Orders may be added using any of 3 options: Caresets, PowerPlans, and single orders.

Caresets
Caresets are a convenient way to enter the most frequently used orders in the ED.
- Be sure to familiarize yourself with the orders contained in each Careset! As an example, ED Labs contains orders for serum, recurring labs, iStat & POC, urine, microbiology, toxicology, paracentesis, blood bank and more.
- Click a Careset to select. The Careset window opens.
- Click each order box to select orders.
- Complete order details for each order in the lower pane.
- Click OK.

PowerPlans
1. Click a PowerPlan & then click Done. The PowerPlan window opens. (Some PowerPlans are found in listed folders.)
2. Click each order box to select orders.
3. Right-click order to Modify details.
4. Complete order details for each order in the lower pane.
5. Click Initiate.
6. Click Orders for Signature (not shown) and then Sign.

Search for Order
1. Type the order name into the Find field.
2. Click the desired order. For additional orders, repeat.
3. Click Done. The Search window closes.
4. Highlight order for completion.
5. For each order, click field on left pane.
6. Make selection on right pane.
7. Click Sign when finished.

Discharge
From within Impression and Plan in PowerNote, complete the following items for discharge:
- **Diagnosis:** Each note must have a diagnosis recorded.
  - Emergent medical condition exists
  - Emergent medical condition stabilized
  - Medical screening exam determination ongoing
- **MSE:** Select an MSE (Medical Screening Exam) Status and enter a time.
- **Disposition:** Each note must have a disposition recorded.
  - Emergent medical condition exists
  - Emergent medical condition stabilized
  - Medical screening exam determination ongoing

Medication Reconciliation and Prescriptions:
1. Click Prescription Writer. The Medication List opens.
2. Click Reconciliation, and then Discharge.
3. Use the radio buttons to indicate: Continue, Create and Discontinue. Discontinued medications will not be listed on the discharge paperwork that is given to the patient.

Note: When a patient is no longer taking a medication, this icon will display.