POINT OF CARE

NURSING VISIT

<u>Point of Care (RN'S): Recommended Training Course Agenda</u>

Course Purpose: We recommend using the following training outline to ensure that training participants receive clear instructions on how to efficient use a Point of Care device for documentation of patient visits in the software. The sequence of courses can be changed based on agency training needs and schedule; however the content of each course should remain as stated.

Recommended Course Attendees: RN's

🕐 : 1 hour 30 minutes to 2 hours

COURSE TITLE	COURSE DESCRIPTION	🕐
Logging Into the Offline Version of Point of Care	Learn how to register and begin using the Point of Care device within the software.	10 Minutes
Syncing and What It Means: Explain What's Happening	Learn the importance of syncing and how to sync your Point of Care device.	10 Minutes
Other Options Button	Learn about the "Other Options" button while working on the POC device.	10 Minutes
View Messages	Learn how to view messages on a Point of Care device.	5 Minutes
Compose Messages	Learn how to write and send messages from the POC device.	5 Minutes
Communication Orders: Explain Why We Put this Option Here	Learn how to create a communication note while using a POC device.	10 Minutes
Task: Examples of How & What to Use It For	Learn how to create a task while using a POC device.	5 Minutes
Viewing Your Schedule	Learn how to view & navigate through your schedule on your device.	10 Minutes
Visit/Patient Mapping Feature	Learn about the patient mapping features in the software.	5 Minutes
Different Colors & Status You Will See	Learn what different colors and status' mean while using the Point of Care device.	10 Minutes
Different Filters & Grouping Options	Learn about and how to use various filter option for your Schedule in the Point of Care device.	5 Minutes

COURSE TITLE	COURSE DESCRIPTION	🕐
Clicking on a Visit	Learn how to start a visit from a device.	<5 Minutes
Additional Patient Info & How to Start Your Visit	Learn how to locate and navigate to review additional patient information in your device.	5 Minutes

POINT OF CARE (NURSING VISIT)

| COURSE TITLE	COURSE DESCRIPTION	🕐
View Medical Record	Learn how to locate and navigate through a patients medical record.	5 Minutes
How to Choose Start Date and Time	Learn how to enter the Start Date and Time in a visit.	< 5 Minutes
Special Features/Previous Answers	Learn how to locate previous answers to questions for a particular patient.	5 Minutes
Medication Profile	Learn how to locate, review, add & edit. medications within the Point of Care program.	10 Minutes
Wounds: Editing or inputting New Wounds, Wound Care Orders & Documentation	Learn how to add, edit & document wound care for a patient.	10 Minutes
Documenting Instructions and Procedures	Learn how to document instructions and procedures completed during a visit.	10 Minutes
Patient Signature/ Alternate Signing Options	Learn how to locate and allow the patient to sign a visit has been completed.	< 5 Minutes
Clinician Signature/ Alternate Signing Options	Learn how to locate and complete the clinician signature for a particular visit.	< 5 Minutes
End Date and Time	Learn how to enter and change the End Date and Time of a visit.	< 5 Minutes
Saving Incomplete Visit for Later	Learn how to use the red 'X' button to save incomplete documentation.	< 5 Minutes
Turning in Your Visit	Learn how to finish and turn in a completed visit documentation.	< 5 Minutes
Correcting Failed Visits	Learn how to review and correct visits that have been failed back.	5 Minutes

Point of Care (Nursing Visit)
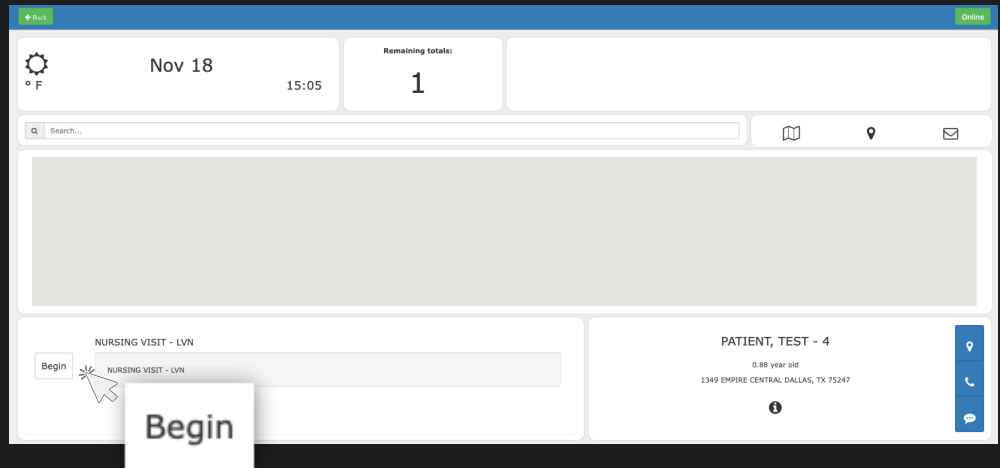
1

Go to 'Travel Mode' Tab
- On your home page, click the 'Travel Mode' tab at the top tool bar.
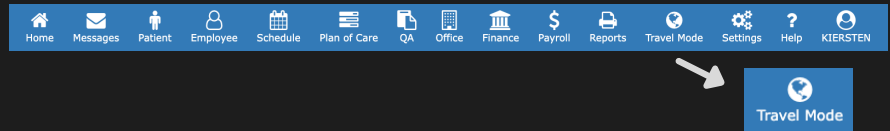
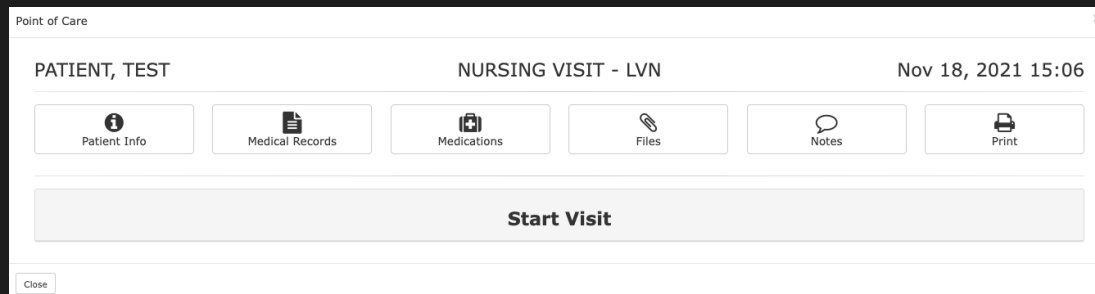**2**

Click on the Scheduled Visit
- The page will present a list of your visits for that day. Click on the 'Begin' button next to the scheduled visit with the specific patient you are assessing.

3

Start Visit
- On the Point of Care page, click the 'Start Visit' button and begin your patient assessment process.

4

Complete the Start Visit Section
- When you click on 'Start Visit,' there will be drop down open.
- For 'Purpose of Visit' choose 'Routine' from the drop down menu.

Point of Care (Nursing Visit)

5 **Additional Documents to Complete**
- If you click on the 'Additional Documents to Complete' button, a drop down will open. Use the check boxes for any items relevant to the patient assessment.

Additional Documents to Complete

☑	Admission Documents
☐	Homebound Assessment
☐	Authorization Request
☐	Employee Supervision
☐	Patient Supervision
☐	Progress Summary
☐	Discharge Summary
☐	Care Coordination Summary
☑	Create HHA Plan of Care
☑	OASIS
☐	Hospice Information Set
☐	Bereavement Assessment
☐	Spiritual Assessment

01 - Start of Care (further visits planned)

6 **Save Section**
- Record the time you clocked in and the travel information by dragging the toggle buttons.
- Once you have completed the Start Visit items, click the 'Save Section' button.

Start Visit

Purpose of Visit: Routine

Additional Documents to Complete

Time In: 3:06 PM

Mileage: 9 Miles   0 ———●——— 100

Travel Time: 12 Minutes   0 Minutes ———●——— 2 Hours

Save Section

Save Section

Point of Care (Nursing Visit)

1 **COVID Screening**
- After you have started the visit, the visit items to go through will be listed. Click on the 'Covid Screening' button.

Start Visit
Covid Screening
Since Previous En...
Current Health Status
EENT
Respiratory

Covid Screening

2 **Answer the Screening Questions**
- When the 'COVID Screening' section opens, the screening questions will be automatically populated to 'No'. If you select 'Yes' for any of the questions, use the open text box at the bottom to explain.
- Use the open field to input their temperature.
- Once you have completed the screening, click the 'Close Section' button.

Covid Screening

Clinician Screening

Has a negative COVID screening already been conducted for this clinician today? Yes No

Does the clinician have fever higher than 100.3 degrees or new respiratory symptoms such as cough, shortness of breath, or sore throat? Yes No

Has the clinician had close contact with a person with COVID-19 or suspected of having COVID-19 in the past 14 days? Yes No

Has the clinician been diagnosed with COVID-19 or told by a healthcare professional they might have COVID-19? Yes No

Current Temperature: _____

Is the clinician experiencing any chills, cough, shortness of breath, fatigue, muscle or body aches, or headaches that might indicate COVID-19? Yes No

Does the clinician have a new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea that might indicate COVID-19? Yes No

If you answered yes to any of the above questions, please provide more details here:

Close Section

Close Section

3 **Save 'Covid Screening' Section**
- When you click the 'Close Section' button, it will condense. You will repeat the same process for the 'Patient Screening' and 'Family Screening' sections.
- After they are complete, click the red 'Save Section' button.

Covid Screening

Clinician Screening ✔

Patient Screening ✔

Family Screening ✔

Save Section

Save Section

Point of Care (Nursing Visit)

1 **Since Previous Encounter**
- Click on the 'Since Previous Encounter' button on the visit list.

Start Visit

Covid Screening

Since Previous Encounter

Current Healt   Since Previous Encounter

2 **Complete the Questions**
- When the drop down opens on the 'Since Previous Encounter' section, answer the 5 questions by clicking the 'Yes' or 'No' buttons.
- If you click the 'Yes' button, a form will appear where you can provide more information.

Since Previous Encounter

Is the patient experiencing any new problems not already covered by the Care Path?   Yes | No

Has the patient communicated with the physician since the last visit?   Yes | No

Were any changes made to the treatment plan?   Yes | No

Does the patient have any new, changed, or discontinued medications?   Yes | No

Have there been any changes to the patient's homebound status since the last visit?   Yes | No

Save Section

Since Previous Encounter

Is the patient experiencing any new problems not already covered by the Care Path?   Yes | No

Has the patient communicated with the physician since the last visit?   Yes | No

How?   Phone | Visit

Why?

Were any changes made to the treatment plan?   Yes | No

Does the patient have any new, changed, or discontinued medications?   Yes | No

Have there been any changes to the patient's homebound status since the last visit?   Yes | No

Save Section

3 **Save 'Previous Encounter' Section**
- Once you have answered all questions and completed the required fields, click the red, 'Save Section' button.

Save Section

Point of Care (Nursing Visit)

1 **Current Health Status**
- Click on the 'Current Health Status' button on the visit list.

Start Visit
Covid Screening
Since Previous Encounter
Current Health Status

Current Health Status
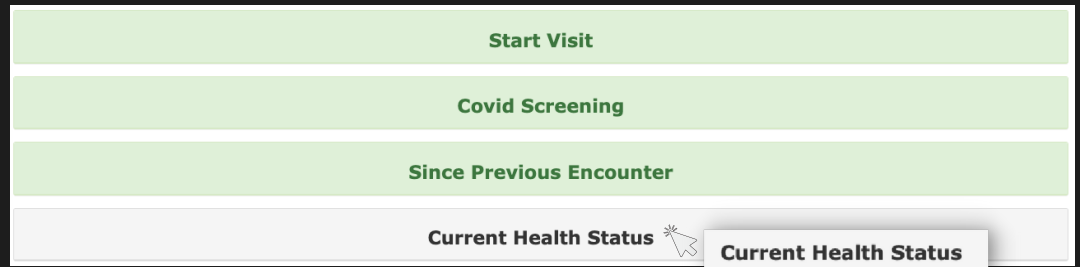
2 **Record the Vitals**
- A drop down will open. Go through the categories below and record the vitals for each item.
- To update the vital, click on the item so a form opens up.
- Complete the form's fields for that vital and then click the 'Update' button on the bottom right. The vital information will be shown next to the item.
- Repeat this process for the remaining vitals.

BP	Temp	Pulse
Ab. Girth	Blood Sugar	Temp	Respirations
O2 %	HT / WT	/	Head / Chest
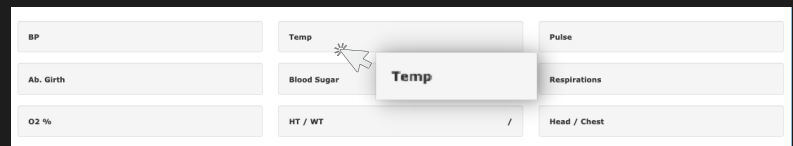
Update Vital Signs ✕

Temperature:

[   ] [▼]

UPDATE

UPDATE

BP	Temp	Temp	99
Ab. Girth	Blood Sugar		Respirations
O2 %	HT / WT	/	Head / Chest
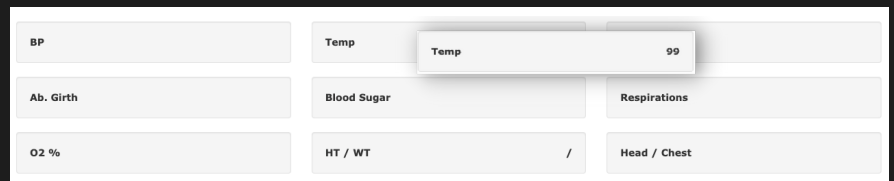
Bowel Sounds, Heart Sounds, Peripheral Pulses, Edema, Lung Sounds, and Dyspneic
- Use the toggle button to indicate the patient's Bowel Sounds and Level of Dyspnea
- Use the buttons below to choose the option that reflects the patient's status for the additional line items.

Bowel Sounds: 0 ——————————————————— 3
Normal

X 4 | Other

Heart Sounds: Regular | Irregular

Peripheral Pulses: Regular | Irregular

Edema: No | Yes

Lung Sounds: Clear | Adventitious

Dyspneic: 00 ——————————————————— 04
Patient is not short of breath

Point of Care (Nursing Visit)

3

Pain Assessment
The Pain Assessment provides you with different options for assessing the patient's pain level. Simply click on the method you would like to use.

1-10
- For this option, use the toggle button to drag to the number indicating the patient's pain level.

Smiley Scale
- For this option, select the face that best reflects their pain.

Mankoski
- If you select Mankoski, it will display a pain scale from 0-10 with the pain level description and suggested treatment associated to that pain level.

Mankoski Pain Scale:

☐	0	Pain Free	No medication needed
☐	1	Very minor annoyance - occasional minor twinges	No medication needed
☐	2	Minor annoyance-occasional strong twinges	No medication needed
☐	3	Annoying enough to be distracting	Mild painkillers are effective. (aspirin, ibuprofen)
☐	4	Can be ignored if you are really involved in an activity, but still distracting	Mild painkillers relieve pain for 3 to 4 hours
☐	5	Can't be ignored for more than 30 minutes	Mild painkillers relieve pain for 3 to 4 hours
☐	6	Can't be ignored for any length of time, but you can still participate in your normal activities	Stronger painkillers (Codeine, Vicodin) reduce pain for 3 to 4 hours
☐	7	Makes it difficult to concentrate, interferes with sleep. You can still function with effort	Stronger painkillers are only partially effective. Strongest painkillers relieve pain (Oxycontin, Morphine)
☐	8	Normal physical activity severly limited. You can converse with effort. Nausea and dizziness set in as factors of pain	Stronger painkillers are minimally effective. Strongest painkillers reduce pain for 3 to 4 hours
☐	9	Unable to speak. Crying out or moaning uncontrollably - near delirium	Strongest painkillers are only partially effective
☐	10	Unconscious. Pain makes you pass out	Strongest painkillers are only partially effective

FLACC (Face, Legs, Activity, Cry, Consolability)
- Selecting FLACC will display 5 categories where you will select the patient's actions associated with the category.

4

Complete Health Status Items
- Once you have completed the Pain Assessment, use the toggle buttons and status buttons to indicate the remaining items in the Health Status Section.

5

Save Health Status Section
- Once you have completed the 'Health Status' section, click the red 'Save Section' button.

Point of Care (Nursing Visit)

1 **Open EENT**
- Click the 'EENT' button in the Visit list.

Since Previous Encounter
Current Health Status
EENT
Respiratory
Integumentary

EENT

2 **Input Information**
- When the drop down opens, use the check boxes to select all problems related to that patient for the following categories:
  - Eyes
  - Ears
  - Nose
  - Mouth
  - Throat
- Use the open text box to report any notes or other problems they are having that are not listen in the options.

EENT

Eye Problems
- ☐ None   ☐ WNL for patient
- ☐ PERRL   ☐ Glasses
- ☐ Cortical Blindness   ☐ Jaundice
- ☐ Infections   ☐ Displaced Position
- ☐ Discharge   ☐ Inflammation
- ☐ Itch   ☐ Pain
- ☐ Blurred Vision   ☐ Epicanthal Folds
- ☐ Entropion   ☐ Bitot's spot

Other

Ear Problems
- ☐ None   ☐ WNL for patient
- ☐ Left ear Pain   ☐ Right ear Pain
- ☐ Loss of hearing (left ear)   ☐ Loss of hearing (right ear)
- ☐ Hearing Aid (left ear)   ☐ Hearing Aid (right ear)
- ☐ Cochlear Implants   ☐ Tinnitis
- ☐ Drainage   ☐ Other

Other

Nose Problems
- ☐ None   ☐ WNL for patient
- ☐ Congestion   ☐ Epistaxis
- ☐ Loss of smell   ☐ Sinus problems
- ☐ Patency (Left)   ☐ Patency (Right)

Other

Mouth Problems
- ☐ None   ☐ WNL for patient
- ☐ Abnormal mucosa appearance ☐ Masses or Tumors
- ☐ Gingivitis   ☐ Ulcerations
- ☐ Gum problems   ☐ Toothache
- ☐ Problem chewing   ☐ Problem swallowing

Other

Throat Problems
- ☐ None   ☐ WNL for patient
- ☐ Dysphagia   ☐ Hoarseness
- ☐ Lesions   ☐ Sore throat

Other

Comments

Save Section

3 **Save EENT Section**
- Once you have completed the EENT evaluation, click the red 'Save Section' button.

Save Section

Point of Care (Nursing Visit)

1 **Open 'Respiratory'**
- Click the 'Respiratory' button in the Visit list.

Current Health Status
EENT
Respiratory
Integumentary

Respiratory

2 **Input Respiratory Information**
- When the drop down opens, use the check boxes to select all respiratory problems related to that patient.
- Repeat this process for the 'Cough' section.

Respiratory

Respiratory Problems
- ☑ None
- ☐ Clear lung sounds
- ☐ Dyspnea
- ☐ Diminished (give location)
- ☐ Wheezing on inspiration (give location)
- ☐ WNL for patient
- ☐ Orthopnea
- ☐ Flushing
- ☐ Rales (give location)
- ☐ Wheezing on expiration

Cough
- ☑ None
- ☐ Cough type
- ☐ Sputum
- ☐ WNL for patient
- ☐ Frequency
- ☐ Unable to cough/expectorate independently

3 **Input Respiratory Equipment**
- Under 'Respiratory Equipment' use the check boxes to select the necessary equipment the patient needs.
- Input your comments in the open field that appear when you select an item.

Respiratory Equipment
- ☐ Ventilator
- ☐ Tracheostomy
- ☐ Oxygen
- ☐ Nebulizer
- ☐ CPAP
- ☑ Cough Assist
- ☐ IPV
- ☐ Other

Save Section

4 **Save Respiratory Section**
- Once you have completed the Respiratory evaluation, click the red 'Save Section' button.

Save Section

Point of Care (Nursing Visit)

1 **Open Integumentary**
- Click the 'Integumentary' button in the Visit list.

EENT
Respiratory
Integumentary
Infusion

Integumentary
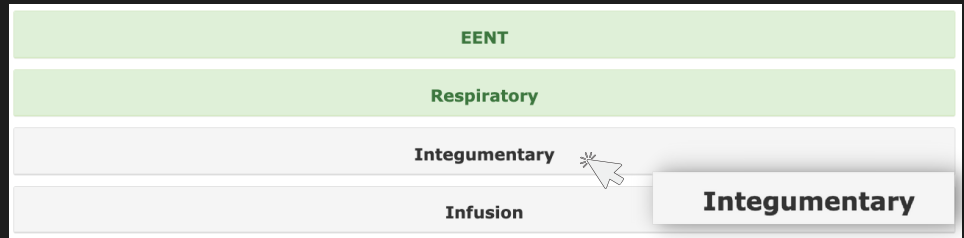
2 **Body/Wound Assessment**
- When the drop down opens, you will see a Body/Wound assessment. Simply click on the area of wound on the patient's body so it is highlight red.
- When you click on the area, a form will open. Complete the required fields with the details of the wound and then click the 'Submit' button.

Wound Care

Location:
FRONT LOWER RIGHT ARM

Description:

Wound Number:
##

Start Date:
11/12/2021

Start Time:
2:21 PM

Type:

Length(cm):   Width: Depth:

Drainage Odor: Amount: Type:

Wound Bed:

Tunneling Description: Measurement:

Undermining Description: Measurement:

Surrounding Tissue:

Status:

Cancel   Submit

Submit
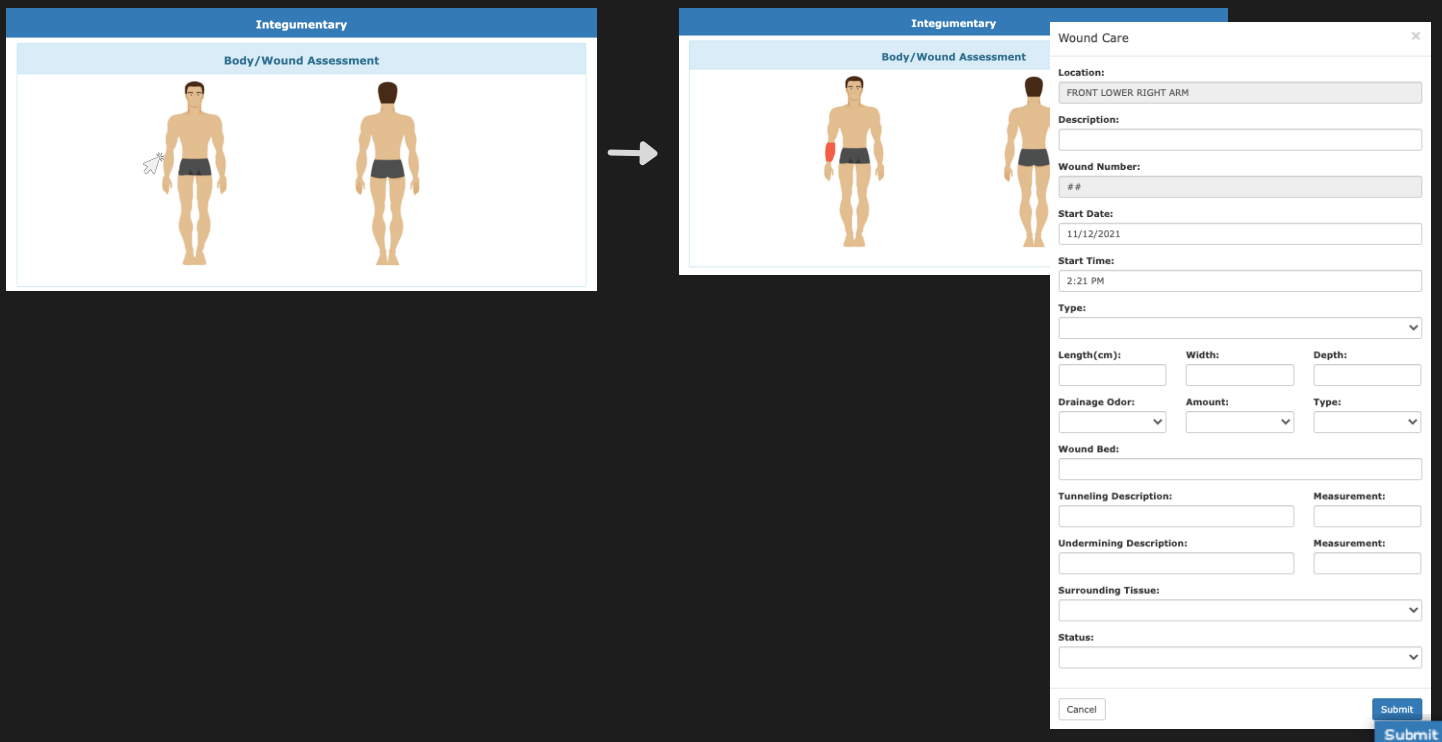
3 **Skin Assessment**
- Move onto the Skin Assessment and click on the button that reflects the patient's skin condition. Include any additional comments you have in the open text box.

Skin Assessment

Pressure Ulcer Assessment: None   Adult Braden   Pedi Braden   Norton

Turgor: Brisk   Sluggish

Cap Refill: Brisk   Sluggish

At Risk of Developing Pressure Ulcers: No   Yes

OASIS

Comments:

Save Section

4 **Save Assessment Section**
- Once you have completed the Assessment, click the red 'Save Section' button.

Save Section
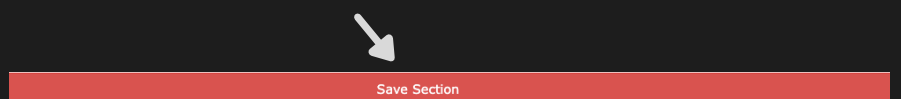
Point of Care (Nursing Visit)

1 **Open Infusion**
- Click the 'Infusion' button in the Visit list.

Respiratory
Integumentary
Infusion
Equipment and Supplies
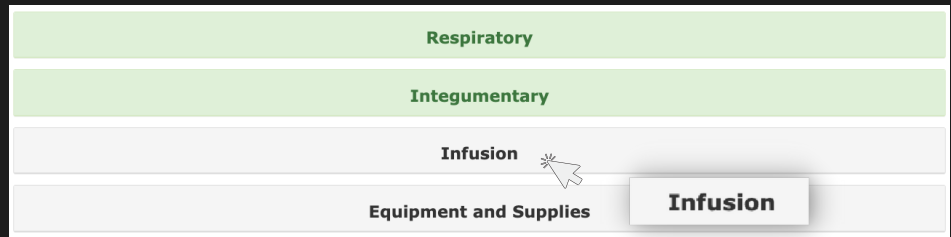
Infusion

2 **Choose the Infusion**
- When the drop down opens, you will see a line item titled 'Infusion' and you will click on the drop down and see a list of options to choose from.
- Click the appropriate option and a form will appear.

Infusion

Infusion:

Labs Drawn:

None
Central
Arterial VAD
Intrathecal
Peripheral
Midline
Venous VAD
Epidural Catheter
PICC
Hickman
Peritoneal VAD
Other

Comments:

H1	H2	H3	H4	H5	H6	P	pre	"	B	I	U	≡	≣	↺	↻	⊘		Templates
																		Prev Answer

Infusion: Central

Location: Prev Answer

Date Last Accessed: MM/DD/YYYY

Date Inserted: MM/DD/YYYY

Date Dressing Changed: MM/DD/YYYY
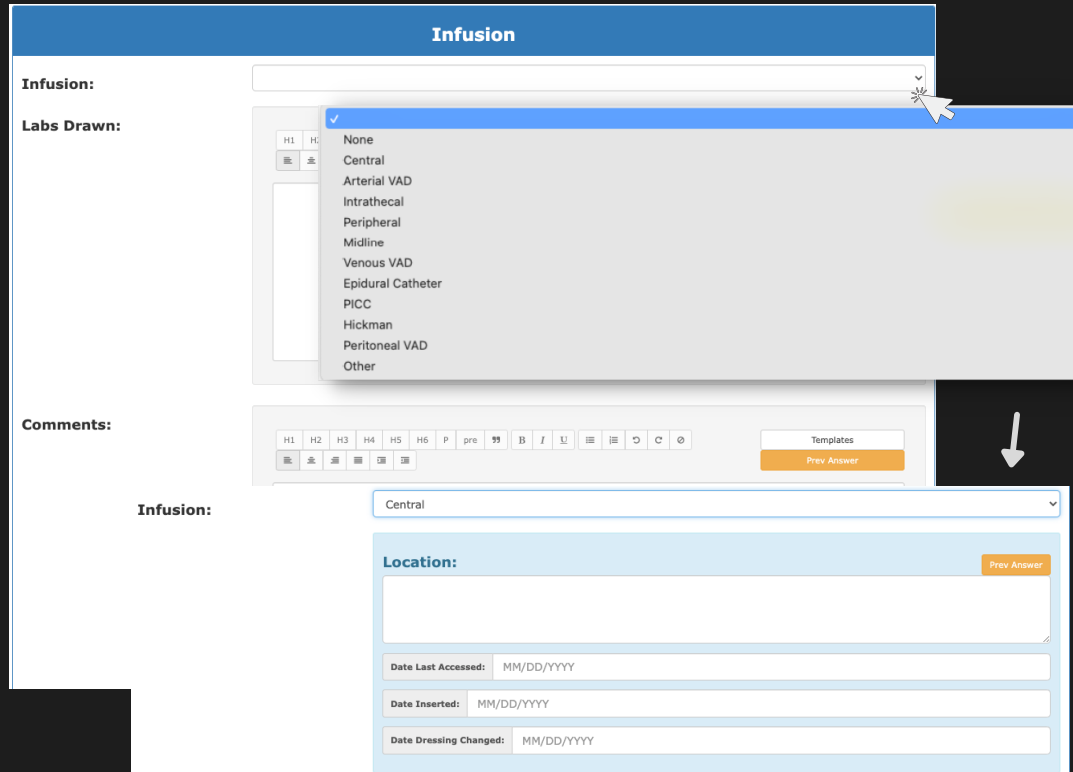
3 **Complete Open Fields**
- Use the open text boxes to input the information for 'Labs Drawn' and any other comments you want to include.

Infusion

Infusion:

Labs Drawn:

H1	H2	H3	H4	H5	H6	P	pre	"	B	I	U	≡	≣	↺	↻	⊘		Templates
																		Prev Answer

Comments:

H1	H2	H3	H4	H5	H6	P	pre	"	B	I	U	≡	≣	↺	↻	⊘		Templates
																		Prev Answer
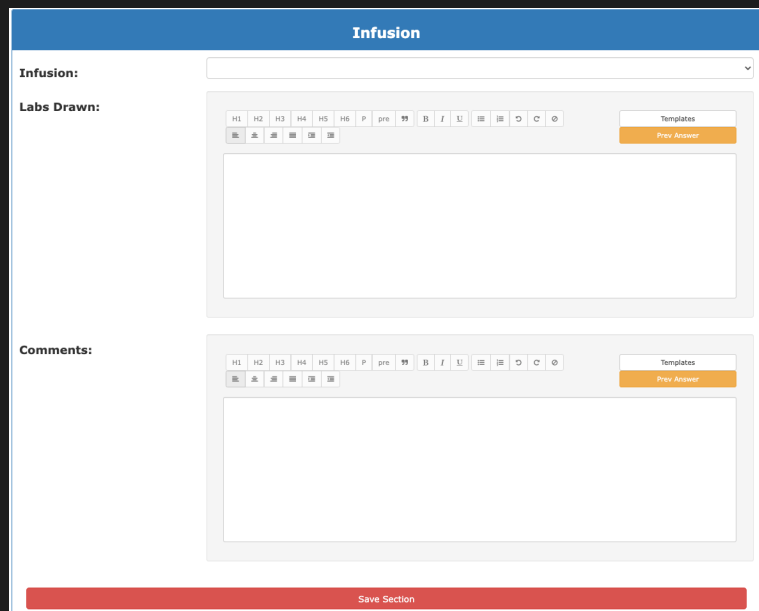
Save Section

4 **Save Infusion Section**
- Once you have completed the Infusion section, click the red 'Save Section' button.
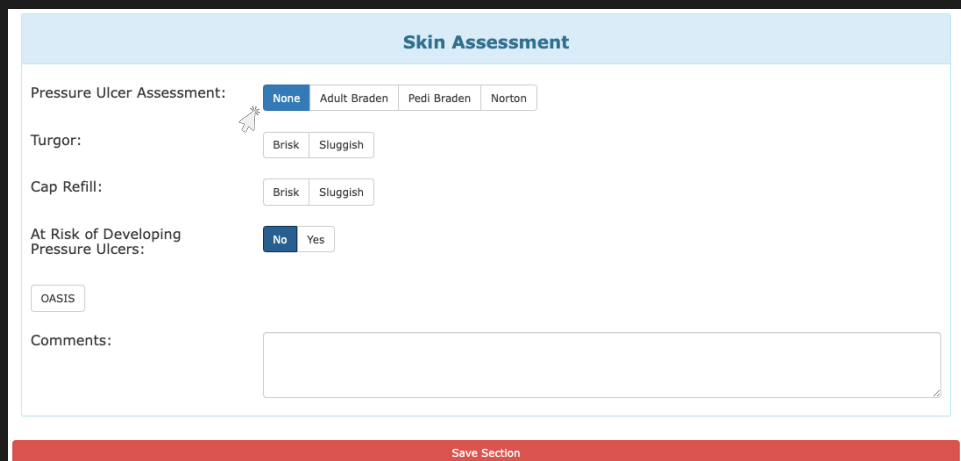
Save Section

Point of Care (Nursing Visit)

1 **Open Equipment and Supplies**
- Click the 'Equipment and Supplies' button in the Visit list.

| Integumentary |
| Infusion |
| Equipment and Supplies |
| Progress Toward Goals |

Equipment and Supplies

2 **Input Equipment Information**
- When the drop down opens, you will click on the 'Equipment' button and a secondary drop down will appear.
- Use the search bar to input the equipment they used for the visit, the equipment needed, and the quantities.
- Use the 'Yes' or 'No' buttons to indicate if the equipment was cleaned before and after the encounter.

Equipment and Supplies

Equipment

Equipment

Save Section

Equipment

Equipment used:

| Equipment | Qty |
| Search... | |

Equipment needed:

| Equipment | Qty |
| Search... | |

Equipment Cleaned Before Encounter: Yes No

Equipment Cleaned After Encounter: Yes No

Save Section

3 **Save Equipment & Supplies Section**
- Once you have input the equipment used and needed, click the red 'Save Section' button.

Save Section

Point of Care (Nursing Visit)

1 **Open Progress Towards Goals**
- Click the 'Progress Towards Goals' button in the Visit list.

Infusion
Equipment and Supplies
Progress Toward Goals
Interventions

Progress Toward Goals

2 **Update Existing Goals**
- When the drop down opens, you will see a list of existing Goals. To update a goal's progress click on the open check box next to it. A form will open.
- Complete the required questions and fields within the form. Once all of your updates are in for the goal's progress, click the 'Submit' button.

Progress Toward Goals

Plan of Care	⌄	✕

☐	CUSTOM
☐	BEHAVIORAL HEALTH GOAL
☐	CUSTOM
☐	BEHAVIORAL HEALTH GOAL
☐	GI/GU GOAL
☐	CATHETER GOAL

Add Goals

Task Documentation ✕

BEHAVIORAL HEALTH GOAL

Progress Towards Goal

- ○ Patient is progressing, as evidenced by:
- ○ Patient is **not** progressing, as evidenced by:
- ● Patient has met goal, as evidenced by:

% of Accuracy	100	⌄

Time Completed

15:57

Comment

H1	H2	H3	H4	H5	H6	P	pre	99	B	I	U	☰	☰	↺	↻	⊘	☰	☰	☰	☰	☰	☰

Cancel   Submit

- Repeat this process for the remaining goals within the list.

3 **Add Goals**
- To add a new goal, click on the 'Add Goals' button on the bottom right. A form will open.
- Input the information for the new goal you are adding. Once the form is complete, click the 'Submit' button.

4 **Confirm Information**
- Once you have confirmed the information in the Progress Towards Goals, you can condense that section and move on.

Point of Care (Nursing Visit)

1 **Open Interventions**
- Click the 'Interventions' button in the visit list.

Equipment and Supplies
Progress Toward Goals
Interventions
Additional Docs

Interventions

2 **Update Existing Interventions**
- When the drop down opens, you will see a list of existing tasks. To update a task's progress click on the open check box next to it. A form will open.
- Complete the required questions and fields within the form. Once all of your updates are in for the task's progress, click the 'Submit' button.

Interventions

Plan of Care		✕

☐	AVOID IV, IM, SC INJECTIONS
☐	MONITOR PATIENT'S LABS
☐	MONITOR PULSE OXIMETRY
☐	TEACHING: ABUSE, NEGLECT, OR EXPLOITATION
☐	TEACHING: DYSRHYTHMIA

Add Tasks

Task Documentation

MONITOR PATIENT'S LABS

This Task Was:
- ○ Performed According to Protocol
- ○ Performed Using Different Method
- ○ Not Performed

Time Completed

16:40

Comment

| H1 | H2 | H3 | H4 | H5 | H6 | P | pre | 99 | B | I | U | ≡ | ≡ | ↺ | C | ⊘ | ≡ | ≡ | ≡ | ≡ | ≡ | ≡ |

Cancel   Submit

- Repeat this process for the remaining tasks within the list.

Point of Care (Nursing Visit)

3

Add Tasks
- To add a new task, click on the 'Add Tasks' button on the bottom right. A form will open.
- Input the information for the new task you are adding. Once the form is complete, click the 'Submit' button.

Interventions

| | Plan of Care | ✕ |

	AVOID IV, IM, SC INJECTIONS
	MONITOR PATIENT'S LABS
	MONITOR PULSE OXIMETRY
	TEACHING: ABUSE, NEGLECT, OR EXPLOITATION
	TEACHING: DYSRHYTHMIA

Add Tasks

Add Tasks ✕

Title

Description

H1 H2 H3 H4 H5 P pre 99 ☰ ☰ ∅ B I U S %

Options

Files

Labels

Members

Forms

Notes

Start
Date MM/DD/YYYY   Time HH:MM

End
Date MM/DD/YYYY   Time HH:MM

Status

Assigned To
Employee | All Employees | Employee Team | Patient | Job Title | Service Category

Goal
🔍 Search...

Repeat
times | every | for

Close   Submit

4

Confirm Information
- Once you have confirmed the information in the Interventions, you can condense that section and move on.

Point of Care (Nursing Assessment)

1 Open 'Additional Docs'
- Click the 'Additional Docs' button in the Visit list.
- A drop down will open.

Progress Toward Goals
Interventions
Additional Docs
Care Coordination
End Visit

Additional Docs
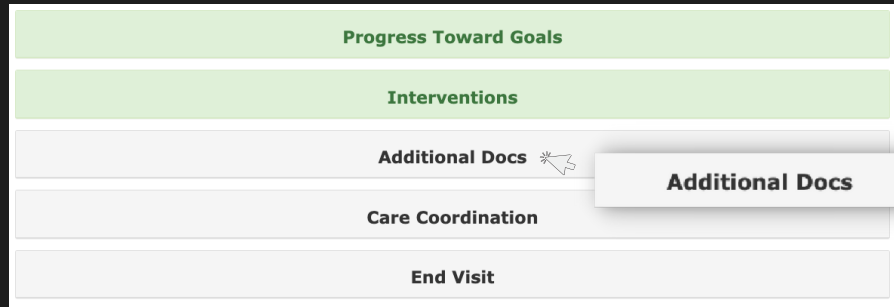
2 Add Documents
- In the listed options, you can select the document type you want to add.
- Click the '+' button to the right of the item you want to include. A form will open.
- Complete the required fields in the form and then click the 'Submit' button.

Additional Docs

+	Plan of Care	▾	+	Aide Care Plan	▾	+	Physician Order	3 ▾
+	Communication	▾	+	Authorization	▾	+	Incident Report	▾
+	Discharge Summary	▾	+	Transfer Summary	▾	+	Supervision	▾
+	Missed Visit	▾						

Add Authorization

Patient
PATIENT, TEST - 4

Payer
Search...

Pan/Cert #/Par Letter

Effective From   Effective Thru
MM/DD/YYYY   MM/DD/YYYY

Pre-Auth Date
MM/DD/YYYY

Date Issued   Date Sent
MM/DD/YYYY   MM/DD/YYYY

Type

Status

(Users may add authorized items if status is Pending Authorization, Verbal Auth Recieved, or Confirmed)

Cancel   Submit

Submit

3 Save Additional Docs Section
- Once you have included all documents and input their information in the Additional Docs section, click the red 'Save Section' button.

Additional Docs

+	Plan of Care	▾	+	Aide Care Plan	▾	+	Physician Order	3 ▾
+	Communication	▾	+	Authorization	▾	+	Incident Report	▾
+	Discharge Summary	▾	+	Transfer Summary	▾	+	Supervision	▾
+	Missed Visit	▾						

Save Section

Save Section
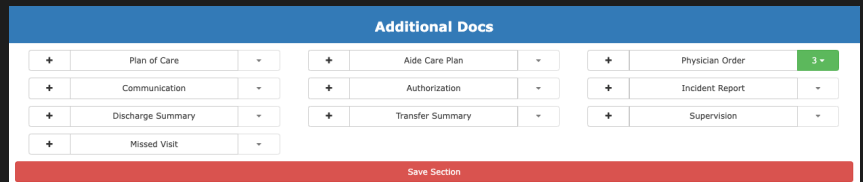
Point of Care (Nursing Visit)

1 **Open Care Coordination**
- Click the 'Care Coordination' button in the Visit list.
- A drop down will open.

Additional Docs

Care Coordination

Care Coordination

End Visit
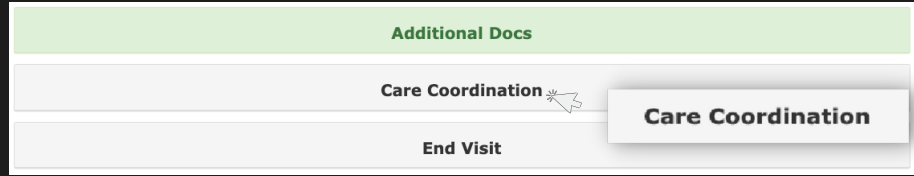
2 **Input Care Coordination Info**
- In the listed options, you can select who the care coordination is with by clicking on the check box.
- You can input any comments you have in the open comments box below.
- Indicate whether there are any problems to monitor or anything else that needs to be reported to the care team members by using the 'Yes' or 'No' buttons. If you click, 'Yes', a text box will open where you can input the information.

Care Coordination

Care Coordination with:

- N/A
- SN
- HHA
- PT/PTA
- SLP/SLPA

- OT/COTA
- MSW
- ☑ Physician
- Family/Caregiver
- Other

Care Coordination Comments:

| H1 | H2 | H3 | H4 | H5 | H6 | P | pre | 99 | B | I | U | | | ↺ | C | ∅ |

Templates

Prev Answer

Any problems to monitor?   No Yes

Anything else to report to other members of the care team?   No Yes

Save Section

3 **Save Care Coordination Section**
- Once you have completed the Care Coordination section, click the red 'Save Section' button.

Save Section
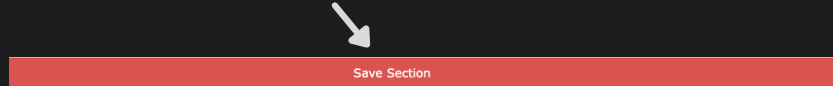
Point of Care (Nursing Visit)

1 **Open 'End Visit'**
- Click the 'End Visit' button in the Visit list.
- A drop down will open.

Goals
Interventions
Additional Docs
End Visit

End Visit

2 **Input Signatures**
- Next to the 'Patient Signature' item, click the 'Sign Patient Signature' button. A form will open.
- Using the mouse, the patient or caregiver will sign the open box. Click the 'Submit' button in the bottom right.

End Visit

Patient Signature: Sign Patient Signature

Patient Signature Options:

Employee Signature: E-Sign

Care Turned Over To: Patient   Caregiver   Nurse

Name: Name

Date: 11/10/2021

Time Out: 11:43 AM

Total Visit Time (Hours:Minutes):   -1:-40

Save Section

Clear signature   Cancel   Submit → **Submit**

- Click the 'Patient Signature Options' drop down and select who signed for this visit.

End Visit

Patient Signature: Sign Patient Signature

Patient Signature Options:

Employee Signature: E-Sign

Care Turned Over To: Patient

Name: Name

Date: 11/10/2021

Time Out: 11:43 AM

Total Visit Time (Hours:Minutes):   -1:-40

Save Section

✓
Signed by Patient
Signed by Caregiver
Signed by Other
Signature on File
Not Signed Due To

3 **Employee Signature**
- Next to the 'Employee Signature' item, click the 'E-Sign' button to the left of the open field. A pop-up message will open.
- It will ask if you are sure you want to electronically sign the document. Click the 'Ok' button. You electronic signature will be populated into the Employee Signature Field.

End Visit

Patient Signature: Sign Patient Signature

Patient Signature Options:

Employee Signature: E-Sign

Care Turned Over To: Patient   Caregiver   Nurse

Name: Name

Date: 11/10/2021

Time Out: 11:43 AM

Total Visit Time (Hours:Minutes):   -1:-40

sprint.goodlooking.company says

Are you sure you want to electronically sign this document?

Your e-signature is a legally-recognized signature.

Cancel   OK → **OK**

4 **Finish the Form & Save the End Visit Section**
- Input the required information in the form's remaining line items.
- Once every field is complete and all signatures have been included, click the red 'Save Section' button.

End Visit

Patient Signature: P4   Edit Patient Signature

Patient Signature Options: Signed by Patient

Employee Signature: E-SIGNED BY KIERSTEN RATHKE ON 2021-11-10 11:44:27   Unsign

Care Turned Over To: Patient   Caregiver   Nurse

Name: Patient 4

Date: 11/10/2021

Time Out: 11:43 AM

Total Visit Time (Hours:Minutes):   -1:-40

Save Section

Save Section

Point of Care (RN Assessment)

1

Review Sections
- Once you have gone through every section, they will be highlighted green.
- You are able to review any section simply by clicking on the button and it will drop down.

Point of Care

PATIENT, TEST | NURSING VISIT - LVN | Nov 18, 2021 16:30

Patient Info | Medical Records | Medications | Files | Notes | Print

Start Visit
Covid Screening
Since Previous Encounter
Current Health Status
EENT
Respiratory
Integumentary
Infusion
Equipment and Supplies
Progress Toward Goals
Interventions
Additional Docs
Care Coordination
End Visit

Close | Save + Submit

2

Save & Submit
- When you are ready, click the 'Save + Submit' button on the bottom right.

Point of Care

PATIENT, TEST | NURSING VISIT - LVN | Nov 18, 2021 16:30

Patient Info | Medical Records | Medications | Files | Notes | Print

Start Visit
Covid Screening
Since Previous Encounter
Current Health Status
EENT
Respiratory
Integumentary
Infusion
Equipment and Supplies
Progress Toward Goals
Interventions
Additional Docs
Care Coordination
End Visit

Close | Save + Submit

★ Visit has been Completed Successfully! ★

↩ Return