**VA Basic How-Tos:**

* Allowing your computer to access UW websites
	+ Open Internet Explorer
	+ Tools (top right) 🡪 Click “Compatibility View Settings”
	+ Type in uw.edu 🡪 Click “Add”
	+ Type in Washington.edu 🡪 Click “Add”
* Install a printer (each user has to do this every time)
	+ Windows Start tool 🡪 Devices and Printers🡪 Add a printer🡪Network printer
	+ Select “S1\_219\_RICOHCOLOR on VHAPUGFPC2”
	+ This will print to the huge printer to the right when you walk into the room 219.

**CPRS**

* Make a patient list:
	+ Tools 🡪 Options 🡪List/Teams🡪Personal Lists 🡪 New List
	+ Name your list: something like 1st initial & last name, i.e. twright. (If you choose something generic like “ID consults”, no one else will be able to find your list).
	+ Who should be able to see and use the selected list? 🡪 Click All CPRS users.
	+ Add/delete patients by using first letter of last name and last 4 of SSN
* How to print a list:
	+ Tools 🡪Hand off tool 🡪 log in
	+ Click submit.
	+ This will print the primary team’s sign off. DON’T edit it. It will mess it up for the primary team.
* How to figure out teams and to page
	+ Click “Orders” tab
	+ First order should contain Team Hot Pager with team name and intern’s pager number
	+ Can numeric page or use Amion. Tools 🡪 WHO’S ON CALL 🡪 click the hot link to <http://www.amion.com/cgi-bin/ocs?Lo=VAPSHCS> or just visit that site
* How to write a note:
	+ Click “Notes” tab
	+ Create or select the proper encounter (so can be credited properly since the VA doesn’t bill)
		- Click on patient’s location (Top banner bar, just to the right of the name)
		- If writing consult note: Click New Visit Tab and enter “PUG HSM ID PROV \_”

(Provider 2 is Garvin, Provider 3 is Miller, Provider 4 is Shah)

* + - If writing progress note: select the “Pug HSM ID Prov \_” encounter that was already created. If none exists, ok to create a new one as above.
		- Click OK
	+ Click “New Note” (bottom left)
		- Fill in title: Infectious Disease…
		- Select either Consult Report (will need to associated this with the consult request that will appear. If none appears, make sure team put in consult and if not check with Mercy and ensure access) or Progress Note
		- Enter Expected Cosigner
		- Click OK
	+ Cancel and Yes (to avoid using CPRS template)
	+ Enter your own templated note:
		- Click templates on the bottom left hand column 🡪Click “My templates” 🡪
		- Choose template you want.
	+ Signing a note:
		- Right click 🡪 Edit encounter information 🡪 fill in attendings name 🡪 click “Add” 🡪 click “Primary” 🡪 Click “OK”
		- Right click again 🡪 “Sign Note Now”
* How to make a templated note:
	+ CRPS 🡪 Options 🡪 New template
	+ Name it.
	+ To enter patient’s data, you can build your template with them using Shared Templates
		- Open Shared Templates 🡪 Patient Data Objects🡪 Select whichever ones you want to your heart’s content and hit “copy” into your Personal Templates file.
		- Each has a code of sorts, so CBC is written |CBC|. Copy and paste these into your template in whatever order/format you’d like.
		- Add your signature at the bottom so you don’t have to type it again and again.
	+ If you don’t want to make a template from scratch, use this one as a base. Copy and paste as a new template and edit as you’d like.

INFECTIOUS DISEASE CONSULT

We are consulted by Dr. \_\_ for evaluation/management of \_\_.

HPI:

|PATIENT NAME| is

REVIEW OF SYSTEMS:

All systems reviewed and negative unless otherwise specified in HPI.

PAST MEDICAL HISTORY

|ACTIVE PROBLEMS|

ANTIBIOTICS:

MEDICATIONS:

|MEDS INPATIENT|

OUTPATIENT MEDICATIONS:

|MEDS OUTPATIENT|

ALLERGIES:

|ALLERGIES/ADR|

SOCIAL HISTORY:

FAMILY HISTORY:

EXAM:

|VITALS 24HR|

General: awake, alert, oriented x3, conversant, no acute distress

Head: Normocephalic atraumatic

Eyes: PERRL, EOMI, anicteric, no conjunctival injection

ENT: moist mucous membranes, OP clear

Lungs: clear to auscultation b/l, breath sounds equal

Heart: RRR, no murmur, S1, S2. No distal edema.

Ab: soft, nontender, nondistended, BS normoactive

Musk: equal tone, moves all 4 extremities spontaneously, no joint tenderness or

effusions

Neuro: CN II-XII grossly intact, sensation intact

Skin: no rashes, lesions. Warm & dry.

Lines:

LABS:

|CBC|

|PLT|

|COMPREHENSIVE METABOLIC PANEL (LAST)|

MICROBIOLOGY:

RADIOLOGY:

ASSESSMENT/PLAN:

-We will continue to follow. Please page with questions.

Patient was seen and discussed with ID attending physician Dr. \*\*\*.

Name

Infectious Disease Fellow

Pager:

INFECTIOUS DISEASE PROGRESS NOTE

Assessment/Plan:

-We will continue to follow. Please page with questions.

Name

Infectious Disease Fellow

Pager:

Patient was seen and discussed with ID attending physician Dr. \*\*\*.

----------------------------------------------------------------------------

|PATIENT NAME|

Interval:

Antibiotics:

Exam:

|VITALS 24HR|

General: awake, alert, oriented x3, conversant, no acute distress

HEENT: moist mucous membranes, OP clear

Lungs: clear to auscultation b/l, breath sounds equal

Heart: RRR, no murmur, S1, S2. No distal edema.

Ab: soft, nontender, nondistended, BS normoactive

Extr:

Lines:

Labs:

|CBC LAST 4|

|BASIC METABOLIC PANEL (LAST)|

Vanco trough:

Micro:

Radiology: