This Quick Reference Guide (QRG) outlines the steps to complete perioperative information.

Common Buttons & Icons

	Add Segment folder icon
X	**X Close** button
>	**Move Right** arrow icon
<	**Move Left** arrow icon
	Case Attendee icon
	PreOp Case Times icon
	Case Details icon
✓	**Sign** icon
	Finalize Flag icon
Next>>	**Next** button

Document the Preoperative Summary

From the Perioperative Summary Screen:

1. Click Menu if it is not already expanded.
2. Click **Perioperative Doc.**
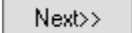3. Select the document needed from the Document Selection window.
4. Click **OK.**
5. Click **Case Times** in the Documentation tab.
6. Document the required time and date information, noting other information as appropriate.

NOTE: If an item is highlighted gray it is required documentation.

7. Click **Pre-Care Activity**, then click the Comments field to free text information as appropriate.

   ➢ **Add Case Attendees**

   From the Perioperative Doc:

   1. Click the **Case Attendee** icon.
   2. Click the **Case Attendee Magnifying Glass** icon if you need to search for attendees.
   3. Click the Role Performed drop-down arrow to set the role the attendee performed.
   4. Click **OK.**

   ➢ **Modify Preop Case Times**

   From the Perioperative Doc:

1. Click the **PreOp Case Times** icon.
2. Click the appropriate Time and Date fields to document case times.

NOTE: Items with a gray check box are required.

3. Click **OK.**

Document the Preprocedure Checklist

From the Perioperative Doc within the patient chart:

1. Click Menu if it is not already expanded.
2. Click **Nurse View.**
3. Click **Admission Documentation**.
4. Click the Admission Documentation component down arrow.
5. Click the **Preprocedure Checklist Form.**

NOTE: Some information flows over from the Preadmission PowerForm. Sections with a red asterisk indicates there is required items for documentation within that section. Yellow highlighted items are required documentation.

6. Click **Checklist.**
7. Document the appropriate information for the checklist.

NOTE: If you are documenting bedside, do not complete the Urine Pregnancy POC Result field if you are sending it out by lab.

8. Click **Perioperative Protocols.**
9. Document required information.
10. Complete the rest of the required documentation.
11. Click the **Sign** icon once all required documentation is complete.

Document Outside Labs

From the Nurse View within the patient chart:

1. Click the Admission Documentation component down arrow.
2. Click **Outside Labs.**
3. Change the Performed On to Collection Date for the lab you are documenting if that has not already been completed.
4. Click **Yes** once this the change has been made.
5. Click the lab that completed the one you are documenting.

NOTE: If the one you need isn't listed, use the Other option.

6. Click the lab for documentation from the list on the left side.
7. Document lab information as appropriate.

8. Click the **Sign** icon once documentation for the outside lab is complete.
9. Click the **Refresh** icon back at the Nurse View screen to update.

Document Periop Systems Assessments

From the Nurse View screen within the patient chart:

1. Click the Admission Documentation down arrow.
2. Click **Periop Systems Assessments**.
3. Utilize the bands in Interactive View and I&O to document as appropriate.

NOTE: Be sure to focus on the Periop Lines Devices procedures, Periop Systems Assessment, and the Periop Quick View.