From the Office of Clinical Informatics

Quick Reference Guide (QRG)
PowerChart Maternity Workflow

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This Quick Reference Guide (QRG) reviews the PowerChart maternity workflow for clinical staff.

Common Buttons & Icons

Tracking Board	**Tracking Board** button
Patient List	**Patient List** button
	Blue arrow icon
Result Copy	**Result Copy** button
	Screen Refresh icon

Related Records	**Related Records** toolbar option
	Blood Loss Calculator expansion icon
	Clock icon
	Rocket Ship icon
	Toolbar expansion arrow
	Sign icon

Document OB Admission

- **Once the provider has entered admission orders, the patient is registered, and has a FIN, from the Tracking Board:**

STEP 1: Click the patient's name to select it.

STEP 2: Double-click the **Blue** arrow next to the patient's name to open the chart.

STEP 3: Click **Admission** in the left-side component list on the Triage/Antepartum/Labor MPage.

Document the Maternal Fetal Triage Index (MFTI)

- **From the Admission component within the Triage/Antepartum/Labor MPage of a patient chart:**

STEP 1: Click the **Admission** component down arrow.

STEP 2: Click Maternal Fetal Triage Index (MFTI).

STEP 3: Document the MFTI.

STEP 4: Sign when completed.

Document the Admission History OB Form:

- **From the Admission component within the Triage/Antepartum/Labor MPage:**

STEP 1: Click the **Admission** component down arrow.

STEP 2: Click Admission History OB Form.

STEP 3: Navigate to the appropriate sections for documentation using the left-side menu.

NOTE: An asterisk denotes that a section has required documentation fields.

STEP 4: Document as appropriate.

NOTE: To document an entire column at once click the column header.

STEP 5: Sign when completed.

Review Fetal Monitoring

- **From the Triage/Antepartum/Labor MPage of a patient chart:**

STEP 1: Click the **Media Gallery** component from the component list.

STEP 2: Select the check box of the fetal monitoring session you want to review.

STEP 3: Click **View**.

STEP 4: Click the PDF to open and view the episode.

STEP 5: Click the **X Close** button to close the Media Viewer.

Navigate to the Pre-Induction Checklist

- **From the Triage/Antepartum/Labor MPage of a patient chart:**

STEP 1: Click Patient Safety Checklists/Assessments in the component list.

STEP 2: Click the Pre-Induction hyperlink.

STEP 3: Document information as appropriate.

STEP 4: Click the **Sign** icon when completed.

Document Triage/Antepartum/Labor in iView

- **From the Admission component within the Triage/Antepartum/Labor MPage of a patient chart:**

STEP 1: Click the **Admission** component header.

STEP 2: Click the appropriate band based on what stage of Triage/Antepartum/Labor the patient is experiencing.

STEP 3: Document as appropriate.

Document WC OB Level Charges

- **From iView within the patient chart:**

STEP 1: Scroll to the bottom of the OB Triage band for documentation.

STEP 2: Click Maternal Charges.

NOTE: Click the WC OB Level Charges hyperlink from the grid to see charge explanation reference information as needed to set charges correctly. Most OB Specific charges will be automatically placed based on nursing documentation.

STEP 3: Double-click the appropriate field to activate for documentation.

STEP 4: Click the charge level from the list.

STEP 5: Click the **Sign** icon when all is documented.

Document Delivery Preparation

- **From iView within the patient chart:**

STEP 1: Click the **Labor and Delivery** band.

STEP 2: Click **Delivery Preparation**.

STEP 3: Double-click the **Delivery Preparation/Time** field.

STEP 4: Document in the **Stages of Labor Calculations** section – the Labor Onset Date/Time.

STEP 5: Document information as appropriate.

NOTE: Additional fields can display based on documentation.

STEP 6: Click the **Sign** icon.

Document Newborn Delivery Data

- **From iView within the patient chart:**

STEP 1: Click the **Newborn Delivery Data** band header.

STEP 2: Click Newborn Delivery Data.

STEP 3: Double-click the Newborn **Delivery Data/Time** field to activate the section for documentation.

STEP 4: Document as appropriate.

STEP 5: Click the **Sign** icon when complete.

Copy Information Using Result Copy

- **From the Triage/Antepartum/Labor MPage within a patient chart:**

STEP 1: Click **Result Copy** on the top toolbar.

STEP 2: Review that the source information is correct.

NOTE: This is listed as the Copy Data From information.

STEP 3: Select an Associate Type.

STEP 4: Click the correct available record to link.

NOTE: With multiple records listed be sure to select the correct record. Baby A needs to be completed first.

STEP 5: Review the Copy Data To for accuracy.

STEP 6: Click Next.

NOTE: Do not alter the Categories, they are preselected.

STEP 7: Review the Result Copy Wizard information for accuracy.

STEP 8: Click **Copy Data**.

STEP 9: Click the Screen **Refresh** icon to update the chart.

View Related Records

- **Once mother and infant charts are linked from the top toolbar:**

STEP 1: Click the toolbar expansion arrow next to Result Copy.

STEP 2: Click Related **Records.**

STEP 3: Click the chart you want to open to select it within the Person Search window.

STEP 4: Click **OK.**

STEP 5: Click Neonate **Overview** from the component list.

STEP 6: Click the **Neonate Overview** component header to access iView.

STEP 7: Click the **Newborn Copied Results** band.

NOTE: Checkmarks indicate where information was copied over.

STEP 8: Click the various sections with a checkmark to review information copied over correctly.

NOTE: Sections without a checkmark are areas where information was previously copied over.

Document Blood Loss

- **From the mother's chart:**

STEP 1: Click the **Blood Loss** MPage.

NOTE: Information populates based on data entered into iView and I&O by count and volume.

STEP 2: Click the Scale **Weight** field.

STEP 3: Enter the weight.

STEP 4: Click the + icon to add items by count.

STEP 5: Enter the number of items used.

STEP 6: Scroll down for additional items as needed.

STEP 7: Complete documentation as appropriate.

STEP 8: Scroll up.

STEP 9: Click the **Blood Loss Calculator** expansion arrow.

NOTE: The calculation displays based on the dry weight subtracted from the total weight.

STEP 10: Click Sign in the This calculation pane.

Use Conversation Launcher

➢ **Conversation Launcher replaced PM Conversation. From the patient chart:**

STEP 1: Click the toolbar expansion arrow next to Result Copy.

STEP 2: Click **Conversation Launcher**.

NOTE: Use Conversation Launcher multiple times during the hospital stay. Document an Isolation Disease Alert or register a patient for the patient portal, for example.

STEP 3: Document as appropriate.

STEP 4: Click the **Sign** icon when complete.

Document a Breast Exam

➢ **From the Tracking Board:**

STEP 1: Click the patient name to select them.

NOTE: Be sure the Blue arrow icon is next to the selected name.

STEP 2: Click the toolbar expansion arrow at the end of the top row.

STEP 3: Click **Lactation Organizer**.

STEP 4: Click the patient name you need to open the patient chart.

STEP 5: Click the **Pregnancy Overview** component header to navigate to iView and I&O.

STEP 6: Click the **OB Systems Assessment**.

STEP 7: Scroll down the band sections.

STEP 8: Click **Breasts**.

STEP 9: Double-click the **Breast/Date Time** field to activate for documentation.

STEP 10: Document information as appropriate.

STEP 11: Click the **Sign** icon when complete.

Document a Breastfeeding Assessment

- **From the mother's chart:**

STEP 1: Click the toolbar expansion icon next to Result Copy.

STEP 2: Click Related **Records.**

NOTE: If already in the infant chart you can skip the first two steps.

STEP 3: Click the **Neonate Overview** header to navigate to iView and I&O.

Document a Quick Assessment

- **From iView and I&O within the infant chart:**

STEP 1: Click the Newborn Quick View band.

STEP 2: Click **Breastfeeding Assessment.**

STEP 3: Document as needed.

NOTE: Breastfeeding count and appropriate values flow to the Intake and Output section in the newborn's chart.

STEP 4: Document WC$ Charges.

STEP 5: Review charges in the mother's chart as needed in iView.

Document a Detailed Breastfeeding Assessment

- **From iView and I&O within the infant chart:**

STEP 1: Click Newborn Breastfeeding Assessment band.

STEP 2: Click Newborn **Feeding.**

STEP 3: Document the assessment as needed.

NOTE: There is a more detailed report.

STEP 4: Click the **LATCH Score** band.

STEP 5: Document as appropriate.

STEP 6: Click Lactation **Consultant Intervention** if needed and document.

STEP 7: Document WC$ Charges.

STEP 8: Review charges in the newborn's chart in iView.

Document Expiration Record Form

- **Use the Expiration Record Form for stillbirth and neonate death. From the mother's chart using the Women's Health View:**

STEP 1: Click **AdHoc** in the toolbar.

STEP 2: Select the **Expiration Record Form** check box.

STEP 3: Click **Chart.**

STEP 4: Click the **Expiration Record** section.

STEP 5: Document information regarding the death, patient details, communication, and other pertinent information.

STEP 6: Click OB **Fetal Demise/Neodeath**.

STEP 7: Document additional information as appropriate.

STEP 8: Click the **Sign** icon.

STEP 9: Result Copy the bereavement documentation to the infant chart.

Document Fetal Death

- **From the mother's chart:**

STEP 1: Navigate to iView and I&O using a component header link.

STEP 2: Click the **Newborn Delivery Data** band.

STEP 3: Activate the appropriate fields and document as appropriate.

STEP 4: Click the **Sign** icon.

Document Fetal Death Event

- **From the Tracking Board:**

STEP 1: Click the mother's name to select.

STEP 2: Click the **Clock** icon.

STEP 3: Click the **Request Event** expansion arrow.

STEP 4: Click Fetal/Neo Demise.

STEP 5: Click the **Screen Refresh** icon.

STEP 6: Scroll right to confirm the Grief Leaf appears.

Document a Final Result Copy

- **From the Tracking Board:**

STEP 1: Double-click the patient name to navigate to the chart.

STEP 2: Click **Result Copy** in the toolbar.

STEP 3: Select the infant name in the Result Copy Wizard window.

STEP 4: Review that the Copy Data From, and Copy Data To sections are correct.

STEP 5: Click **Next**.

STEP 6: Review the preselected categories but do not alter them.

STEP 7: Review the information to be copied over, scrolling down as needed.

NOTE: New information displays highlighted in green.

STEP 8: Click **Next**.

STEP 9: Click Copy Data.

STEP 10: Click the **Screen Refresh** icon.

Close the Pregnancy

- **From the Triage MPage Pregnancy Overview component in the mother's chart:**

STEP 1: Click the **Close Pregnancy** hyperlink.

STEP 2: Review the close date and time; alter as needed.

NOTE: This defaults to the current date and time.

STEP 3: Review information and update as needed.

NOTE: Any problems with the pregnancy will display.

STEP 4: Click **OK** when information is updated and accurate.

Discharge from the Tracking Board for Mother or Infant

- **From the Tracking Board:**

STEP 1: Click the patient's name to select.

STEP 2: Click the **Rocket Ship** icon.

STEP 3: Click **NLH Discharge Visit**.

STEP 4: Document the information as needed.

STEP 5: Click **OK**.