

Home Care Orders and Face-to-Face Document

Home Care orders are placed electronically for patients requiring home care services. Home Care powerplans have been developed by specialty to facilitate electronic ordering to meet CMS and CPOE requirements.

- Home Care orders can be placed on any encounter type and status.
- Home Care orders can be placed on discharged encounters to facilitate between visit needs.
- Diagnosis association is required and is prompted during ordering.
- 1. Select the specialty specific Home Care powerplan which includes the:
 - Children's Home Care Referral
 - Home Care Referral External (not Children's Home Care)

All Ordering Locations	All Ordering Locations Prescriptions home care XQ								
A Home	My Favorites		Public	Shared	Search Results				
Top 30 Matches									
Home Care Referra	al External	Ŷ	😫 Home Care Referral	Ŷ	1 VPRIV Home Care	\$			
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40482H260 Self-Ca (97535)	are/Home Mgmt Training	ŵ	🐹 Kanuma Home Care	\$	E Infectious Disease Home Care Infusion	6 🟠			
40482HREH Self-C (97535)	are/Home Mgmt Training	\$	🔀 Lumizyme Home Care	\$	Pain and Palliative Care Home Prescriptions	-			

2. Complete the appropriate Home Care order details.

rs Medication List Document In Plan				
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\$ ♥ Component	Statu	5 Details		
Hematology/Oncology Home Care Infusion (Initiated	Pending)			
⊿ Patient Care	2			
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🛛 🕅 🕅 Home Health Referral Exte	rnal (Home Care Referral Ex	Home Care Support Type Skilled N	ursing Visits. Procedure/Treatments IV Therap	ov Referra
Home Care Nursing Visits	•	Visits for IV Therapy Referrals		·
⊿ IV Solutions		17		
*Note: Medication D	elivery Supplies are Include	d with the IV Orders. No DME Supplies	s Order Needed	
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dextrose 5% with 0.45% Na/	L KCI 10 mEa/L (D5 1/2 N	= 1 EACH IV ODay, Days, EACH, Ka	te: 125 mL/m/m2 for 24 hours per day, Comp	ound
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3. Add the diagnosis to associate the referral.



Note: An alert displays as a reminder to enter the diagnosis within the referral order.

Problem List

	Vev	
Diagnose	s & Problems	
Diagnosis (Poblen) being Addresse	d the Vist	
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Diagnoses tab

⊿ Other Orders to Sign			
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▼ Details for Children's Hon	ne Health Referral		
🚰 Details 🛛 🕕 Order Comr	nents 🛛 🛞 Offset Details	Diagnoses	
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🗹 🛛 🔤 🗹	iagnoses		
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Labs

- 1. Select the Home Care Lab orders or the specialty Home Care powerplan.
- 2. Select the labs needed to be drawn together and then select **Orders for signature**.
- 3. Highlight all of the lab orders and then complete the timing details using the calendar icon:

lem/Onc Cl-M Acc aboratory	Harris Casa Estimat		Start	Details	
lem/Onc Cl-M Acc aboratory	Home Care Future L	.a Initiated		placing 3 order(s)	
aboratory	:t:31188432				
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4. Recurring orders can also be entered by selecting **Recurring Order**.



Notes:

- Children's Home Care nurses will activate future lab orders which will expedite lab resulting.
- The TPN Home Care Powerplan, contains common labs including preset timing.



Orders For Signature

Home Care Orders and Face-to-Face Document

Medications (Entered as Prescriptions)

1. Select the medication required from a powerplan:

đ	180+4	id to Pt	hase = 🛕 Check Alerts 🔮 Comments Start Now	- Duration:	None
	\$ P		Component	Status	Details
			sodium chloride 0.9% (sodium chloride 0.9% intraven		I EACH IV QDay, Days, EACH, Rate: 125 mL/he/m2 for 24 hours per day, Compound
4	Medications	30			
			ampicillin (ampicillin 500 mg injection)		▼ 1,000 mg N Q6H Days, EACH, _ 0 Refill(s), EACH = DOSES required for treatment completion
C	0	120	ampicillin-sulbactam (ampicillin-sulbactam 2 g-1 g in		▼ 50 mg/kg IV Q6H Days, EACH, 0 Refill(s), EACH = DOSES required for treatment completion
P	0	101	e ceFAZolin (ceFAZolin 1 g injection)		
			e cefepime (cefepime 1 g injection)		
Г		1	e celTAZidime (celTAZidime 1 g injection)		
	0		e celTRIAXone (celTRIAXone 1 g injection)		
	0		e cefTRIAXone (cefTRIAXone 1 g intravenous injection)		
C	0		DAPTOmycin (DAPTOmycin 500 mg intravenous inje		
-		-			

2. Complete the prescription details.

Note: Ensure that the pharmacy is *Children's Hospital of MN- Homecare* or if another agency, select the appropriate Home Care Pharmacy.



3. In the **Dispense** field, select **EACH.**



Dv Table Orders For Coognature Save as My Favorite

5. Associated flushes are prechecked.

-		\$ 7		Component	Status		Details
			ī	sulfamethoxazole-trimethoprim (sulfame	ethoxazole-tri		
			Ľ	• vancomycin (vancomycin 1 g injection)			
-		Other Medicatio	ns				
H			ľ	sodium chloride 0.9% LOCK			5 mL IV PRN lock, Give before and after meds, before and after lab draws, and as needed., # 240 mL, 99 Refill(s)
21	☑		ī	heparin lock (Heparin Lock 10 units/mL i	ntravenous s	▼	30 Units = 3 mL IV PRN, lock, Hickman/Broviac, # 240 mL, 99 Refill(s)
Щ	⊿	Laboratory					

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6. Click the drop-down to determine the type of line being used for the patient.



IV Fluids

1. IV Solutions can be ordered via subphase or powerplan.



- 2. Complete the required fields:
 - Frequency
 - Duration
 - Special Instructions
 - Send to pharmacy

	dextrose	e 5% with 0.45	5% NaCl (D5 1/2	2 NS intrave	enous solutio	n)			Send To: Select Routing 🔻
Send to P See Detai	Pharmacy is n ils	ot available because D5	1/2 NS intravenous solution	on is not eligible.					
🖀 😵 Details	🕕 Order C	omments 🛛 🕑 Offset	Details 🛛 📄 Diagnoses	Scompliance					
*Dose	*	Route of Administrati.	. *Frequency	*Duration	Dispense	30 90 Refill			
1 EACH		IV		Days	EACH	0	🕇 🔓 lh.	1 \approx	
Start	Date/Time: PRN:	**/**/**** ^	✓ CD ⁻	г	S	pecial Instructions:	Rate: 125 mL/hr/m2 for 24 hours per day)	<u>^</u>
*Type (Of Therapy:	Acute			Select	Prescriber Address:	¥]	=
		Maintenance				DAW:	C Yes 🖲 No	-	
Print DI	EA Number:	🔿 Yes 💿 No				Order Location:	~]	
Confidential	Medication:	🔿 Yes 🔿 No			eRx	Note to Pharmacy:			~

Reminder: Powerplans need to be **Initiated.** Orders will not be routed to Home Care or Pharmacy if the powerplan remains in a planned state.



Add to Phase

If the order needed is not in the powerplan, use the **Add to phase** option to locate the additional order(s) needed.

K	∢] % i	🛇 🕇 Add to	Phase▼	🛄 Comments	Start:	6/3/2021 15	5:24 CDT	Duration:	None	
<u> </u>	\$	Add	Order		- 6			Status		Detai
		Add	Outcome	/ Intervention	F	orim (sulfame	thoxazole-tri			
		Add	Prescripti	ion	1	g injection)				
	Other	r Meancations								
			📕 sodi	um chloride 0.9%	6 LOCK					5 mL
			📕 hep	arin lock (Heparir	n Lock 1	10 units/mL i	ntravenous s			Selection
	⊿ Labor	ratory								
		Q	🖄 ALT							Futur
			🖄 AST							Futur
			🖄 Bilin	ubin, T/D						Futur
			🖄 Basi	c Metabolic Pane	I (BMP)				Futur
		D	🖄 СВС	with Diff and Pla	telets					Futur

Note: If additional communication to Home Care is required, send the message to **Consult, Home Care Referral**.

5	New Messag	je	_ D X
Task Edit			
High & Notify 2 Mecage Journal	D- Portal Options		Claurch Order
Patient:	Caller	Caller #:	
To: Consult , Home Care Referral 3			M Include me
cc.	A Provider	To consur	ner Disable further replies
Subject		Save to Chart Ag Phone Msg	Ŷ
Attachments			
Browse Documents Oth	er Attachments		
Aessage			
Arial v 10	BU/S	<u> </u>	
			La contra c

Routing of the Home Care Orders and Face-to-Face Document

Children's Home Care

Children's Home Care orders automatically route to Home Care via Message Center. A Face-to-Face document is automatically created and sent to Children's Home Care, eliminating the need for the paper form. Children's Home Health clinical staff will save it to the chart.

Home Care External (not Children's Home Care)

Home Care External (not Children's Home Care) orders can be printed/faxed. A Face-to-Face document is created using the Message Center Patient Letter functionality

To create the external Face-to-Face document:

1. From the **Communicate** button in the tool bar, select **Patient Letter** from the drop-down.





2. Select Home Health Referral (Ext) Face-to-Face.

This letter is available for all encounter types and can be edited and reprinted when needed.



3. Print/fax or electronically forward using Medical Records Request Print (MRRP) on the toolbar.