Electronic Medical Records (EMR)

TRAINING MANUAL

2.0

03.04.2013

State of Georgia

Department of Behavioral Health and Developmental Disabilities

Revision History

Version	Date	Reason for Issue	Author
1.0	08.7.2012	Manual Created	Bradlee Ward, Amy Gardner
1.1	10/09/2012	Pre-Admission, Integrated Admission Assessment Report and Integrated Psychosocial Assessment Report manuals were added. The Order Entry manual was modified.	Amy Gardner
2.0	3/4/2013	The AIMS, Recovery Tab, Orders Due for Renewal, CWS Assessments and Diagnosis manuals were modified.	Amy Gardner

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I. Section – General Information

Avatar Glossary

PURPOSE – The ***Avatar Glossary of Terms*** provides users with a common lexicon of the basic terms used in Avatar.

OVERVIEW – The ***Avatar Glossary of Terms*** is provided to all OSH Avatar users. This document is not an inclusive glossary but rather contains the most common terms and icons used in Avatar.

PREREQUISITES –

- There are no prerequisites for the ***Avatar Glossary of Terms***.

Avatar Glossary of Terms

	Definition
Accounting Period (CFMS)	An accounting period is a regular interval of time in which accounts are kept open for business transactions. At the end of the interval, the accounting period is closed. No more transactions can be accredited to that period. This is typically a monthly time frame.
Agency (CFMS)	The agency is the facility that maintains the client accounts.
Assessment	An **Assessment** is a **Data Collection Instrument** used to document a client's condition. Assessments are used to evaluate the status of a client's mental health, level of functioning, daily habits and behaviors to understand how events or behavior relate to precipitating factors, previous behavior, and other events in the client's life.
Available Balance (CFMS)	The available balance is the amount of money that can be withdrawn from the account. Funds reserved on hard hold are not a part of this balance.
Avatar	Avatar is a comprehensive software solution that provides a common gateway to a suite of options for tracking, scheduling, and client care.
Avatar Clinician Workstation (CWS)	Avatar Clinician Workstation (CWS) supports multi-disciplinary electronic health records. Avatar CWS references the identical client and staff files created in Avatar PM.

Avatar Glossary of Terms

Definition	
Avatar Practice Management (PM)	Avatar PM is the application where clients are admitted, schedules are maintained, and billing and claims processing occur.
Banking File (CFMS)	The banking file in the Dictionary Update option contains all of the locked and unlocked data element dictionary value files for the data elements contained in banking related options.
Batch Transaction Posting (CFMS)	Provides the ability to post transactions for multiple patients at one time.
Bundles	Options are launched either simultaneously or sequentially as a way to enforce a basic workflow process.
Caseload	Caseloads define the clinician's client workload. Clients who are in a clinician's caseload will appear in the My Caseload frame of the clinician's Avatar Home Page.
Category of Account (CFMS)	The **Category of Account** option is used for reporting purposes only and to further identify the type of account; for example, a facility may have the type of account as checking with a category of the account as personal spending.
Client	The person who is receiving the services.
Client Funds Management System (CFMS)	The **Client Funds Management System** provides all of the necessary tools to create and maintain client bank accounts. These accounts are maintained by clients to provide the funds for non-service related expenses.
Close Code (CFMS)	A close code is attached when an account is closed as a reason for closure to categorize the account. The code is assigned to the account using the Close Client Account option and is displayed in the Closed Accounts Inquiry report.
Credit (CFMS)	For client accounts a credit is a transaction that increases the account balance. For hold codes, a credit increases the balance in the hold account. In the case of the hard hold, a credit decreases the available balance of the client account.
Daily (Compound) Interest (CFMS)	Daily Interest is an interest posting method designed for posting at intervals shorter than monthly. When posting more frequently than monthly the system posts the total interest per day times the number of days between postings. The agency total interest amount to distribute is entered in the Enter Monthly Interest Amt. For Daily Posting option. This amount is divided by the number of days in the month to determine the

Avatar Glossary of Terms

	Definition
	total interest per day for all accounts. The system computes the average daily balance for each of the interest bearing accounts (sum of the account balances for all of the days between postings divided by the number of days between postings) and then divides the result by the average total daily balance of all of the accounts (sum of the system totals for all of the days between postings divided by the number of days between postings). Finally, it multiplies the quotient by the total interest per day and adds that to the account.
Data Collection Instrument (DCI)	Data Collection Instruments are the various option screens used to input the data into Avatar. DCIs are product or user defined. Product defined DCIs are system specific and cannot be modified. User defined DCIs are customizable based on the agency's specific needs.
Database	Where the data that is entered into Avatar is stored.
Debit (CFMS)	For client accounts a debit is a transaction that decreases the account balance. For hold codes a debit decreases the balance in the hold account. In cases of a hard hold this increases the available balance of the client account.
Dictionary	Dictionaries are listings of the predefined responses for specified fields used within the system Dictionaries are either user defined or system defined.
Draft	Draft is a workflow function that allows users to save DCIs to the database as a draft so they can be edited and completed at a later date. Workflow will send a To Do notification to the submitting user to remind them the DCI is in draft and needs to be finalized.
Episode/Episode of Care	An episode consists of all of the services provided to a client in all of the programs between admission and discharge. A client can be admitted in multiple episodes simultaneously. A maximum of one Inpatient/ Residential and/or Partial Hospitalization episode may be concurrent with other active episodes. There is no restriction on the number of active Outpatient episodes. This is determined by the treatment setting assigned to the Program where the client was admitted.
Field	A Field is the level of data input; examples include date fields, dictionary fields, and text fields
Final	Final is a workflow function that allows a user to finalize an item previously saved as Draft to make it a permanent and

Avatar Glossary of Terms

Definition	
	unchangeable part of the database.
Frequency Codes (OE)	Frequency codes are used to indicate the frequency that an order should be performed or administered.
Hard Hold (CFMS)	A hard hold code is used to prevent withdraw of money from an account. An attempt to withdraw any or all of the money results in a warning message stating the account exceeds the available balance. Applying a hard hold to a client account results in a decrease in the available balance of the account.
Inquiries	Basic reports typically used to display information on the user's screen.
Interest Bearing Account (CFMS)	An interest bearing account is an account that is included when either daily or monthly interest is posted. Accounts are assigned interest bearing status using the Account Registration option.
Interest Posting Transaction Code (CFMS)	An interest posting transaction code is a code that can be used when posting daily or monthly interest.
Lock Option (CFMS)	A system administrator can lock an option to prevent any further access to the option by any user in the system. Users currently using the option are unaffected until they close the option.
Master Account Number (CFMS)	A facility account number which patient account numbers can be associated with for the facility's banking information
Menu Frame	The bar across the top of the Avatar Home Page that displays all of the menu options. The menus contain a comprehensive inventory of the available user options.
Monthly (Simple) Interest (CFMS)	This interest posting is based on the average daily balance of each account in relation to the total average daily balance of all accounts and is posted monthly usually at the end of the month. The agency's total interest amount to be distributed is entered in the Interest Amount field of the Monthly Interest Posting option. The system computes the average daily balance for each of the interest bearing accounts (sum of the account balances for all of the days between postings divided by the number of days between postings) and then divides this figure by the average total daily balance of all of the accounts (sum of the system totals for all of the days between postings divided by the number of days between postings). Finally, it multiplies the quotient by the total interest

Avatar Glossary of Terms

	Definition
	entered in the Interest Amount field and adds that to the account.
My Session	The My Session frame displays the clients that the user is actively charting. The options that are open for the active clients will display under each user's name in the My Sessions frame. Client specific options can be accessed by right clicking on the client's name.
Namespace	The Namespace is the location where your organization's Avatar databases are stored.
Netsmart Technologies	The vendor who provides the Avatar software.
Option	Options provide the method for data input and output in Avatar. Options are accessed through the various menus. Input options are DCIs and output options are reports and inquiries.
Order Codes (OE)	Order Codes are used to code various orders including procedures, tasks, tests, medication, etc., that will be entered in the Order Entry system
Order Type Codes (OE)	Order Type Codes are used to categorize orders for dietary, lab, restraint, therapy, and pharmacy
Password	A Password is the user's key to access Avatar. The user's initial password is assigned by the system but must be changed at the user's first login. The password must be alpha/numeric and contain at least 9 characters. Passwords are case sensitive.
Pending Approval	Pending Approval is a Workflow function that allows a user to complete the option and forward the information to another user's To Do list for review. The reviewing user will have the ability to accept or reject the submission noting the reason. This workflow functionality will not be available in rollout one but will be implemented in a future rollout.
Post (CFMS)	Post is an option used to file the credit and debit transactions to the client bank accounts. These transactions can be individual, recurring, and interest postings.

Avatar Glossary of Terms

Definition	
Practitioner	A Practitioner is any staff member who supplies services to clients. Practitioners include Doctors, Dentists, Psychiatrists, Social Workers, Nurses, and other Direct Care Staff.
Practitioner Assignment (OE)	The Practitioner Assignment option provides the ability to limit the staff members for whom a particular user is allowed to create orders. This option is used most frequently in facility settings where practitioners are not directly inputting their own orders, but instead are writing orders (by hand) and then those orders are input by other staff
Pre-Display	The Pre-Display is a screen that displays upon re-entering an Option that was previously filed. Upon re-entering an Option with a pre-display component, the Pre-Display appears and lists the previously completed fields. A variety of information (up to five data fields) can be displayed in a Pre-Display.
Process Search	A Process Search is a method of searching a dictionary for a term or response. A word or part of a word or name is typed in a designated space. The system searches for matching responses, and produces them when they exist. When a matching response does not exist a message appears indicating that no matches were found.
Process Search Help Hint	The Process Search looks for exact matches so, if a user searches “education” the search will produce only exact phrases that contain the exact word. However if the search is for “educa” the result will produce phrases containing the words like education, educate, educated etc. Searches result in much higher yields by not being too specific.
Program	Each client is admitted to a specific program at admission. The program is a clinical definition related to the type of care a client will receive and is related to the primary service provided to clients. Each program must have a treatment setting, treatment service, and Revenue Reporting Group associated. Examples of programs include Bridges (Transition), Harbors (Admission), Harbors (Behavioral), Harbors (Corrections), etc.

Avatar Glossary of Terms

	Definition
Progress Notes	**Progress Notes** are DCIs used capture information about how a client is progressing towards their treatment goals and their use of treatment services. Progress Notes are used to help determine the current and future needs of the client's treatment. **Progress Notes** can be related to a treatment plan's objectives and the actions taken to deal with a client's problems. Progress note documentation is included in the client's chart and used for medical, legal, and billing purposes.
RADplus Utilities	**RADplus Utilities** control how the user interacts with Avatar, and how Avatar communicates with the Cache database
Recurring Transactions (CFMS)	**Recurring Transactions** occur on a regular basis (e.g., weekly, monthly, annually). The Transactions can be either credit or debit.
Required Field	A required field is a field designated as mandatory and must be filled out in order to **File/Save** the DCI. The label of a required field is displayed in red text. If a required field is missing data upon filing a red flag will appear next to the field so users can quickly identify where the missing data is located.
Revenue Reporting Group (RRG)	A Revenue Reporting Group (RRG) is a code assigned to a program that determines how revenue is reported; revenue groups are related to programs and must be assigned when a program is defined. RRG are based on the most common fiscal type of reporting required. This association allows the agency to determine programs by clinical requirements and RRG's by fiscal requirements. It is important to note that while many programs can consolidate to a single RRG, there must be at least one corresponding program for each RRG.
Room	When a client is admitted to a program with an inpatient treatment setting the system requires the client to be assigned to a **Bed. Beds** are associated to **Rooms** which are associated to **Units. Units** are considered to be the physical location of a client while **Programs** are considered to be a clinical reference.
Screen	A **Screen** is an electronic version of a page in a book.

Avatar Glossary of Terms

	Definition
Search for Option	The **Search for Option** option is located in the Help menu. This option enables the user to quickly find options based on key word searches. The options can be opened from the resulting grid or added to the user's Favorites.
Soft Hold (CFMS)	A **Soft Hold** is a code used to display a warning if withdraws from an account exceeds the available account balance. With a soft hold the warning does not stop the transaction from occurring.
Source Client (CFMS)	In the **Bank Account Merge** option the **Source Client** is the original client where the account exists.
Status Bar	The **Status Bar** is located at the bottom of the Avatar Home Page and displays the Namespace with the current System Code in parentheses. The server time is also displayed.
Submenu	**Submenus** are subordinate menus to the menus in the Menu Frame. Submenus are part of the menu structure that creates a path to the options.
System Code	A **System Code** is a partition in the **Namespace** that acts like a separate database.
System Defined	**System Defined** is a term used to denote all of the functionality in Avatar that is authored by Netsmart. **System Defined** functionality cannot be modified.
Tabs	A **Tab** is a divider that separates **Option** components.
Target Client (CFMS)	In the **Bank Account Merge** option the **Target Client** is the client where the account will be moved.
Task Bar	The **Task Bar** is located right below the **Menu Frame** and contains **Task** icons used to launch frequently used **Task** options.
Tasks	**Tasks** is a menu item located on the **Menu Frame** and contains all of the **Task** options.
Tasks Frame	The **Tasks Frame** is located on the left side of the **Avatar Home Page** right below the **Task Bar** and contains most of the same icons that appear in the **Task Bar**. The **Task** icons launch frequently used **Task** options.
To Do List	See **Workflow Notifications**.

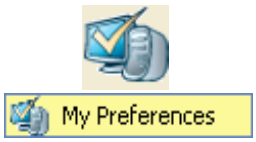
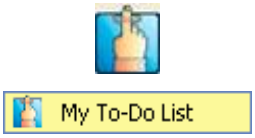
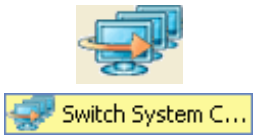
Avatar Glossary of Terms

	Definition
Transaction Code (CFMS)	A **Transaction Code** defines the type of credit or debit activity that is posted to the account. The **Transaction Code** determines whether the amount is added or subtracted from the account. The **Add/Edit Transaction Codes** option is used to define these codes. There are several types of possible codes to be used in individual postings, Holds (hard and soft), interest postings, and recurring postings.
Treatment Plan	**Treatment Plans** are guides to help the clinician develop client goals and to monitor the progression of a client's therapy. **Treatment Plans** can be edited to accommodate changes in a client's therapy. Client assessments evaluate a client's condition, their mental health, level of functioning, daily habits and behaviors. **Treatment Plans** are developed to address client problems and difficulties documented in client assessments.
Type of Account (CFMS)	**Types of Accounts** are accounts like checking and savings that the agency sets for clients.
User	A person with a valid **User ID** and **Password** who uses Avatar.
User Defined	**User Defined** is a term that denotes any aspect of the system that can be altered by the agency or a **User**.
User ID	A unique identification assigned to a **User** which determines the user's security access level and user's roles.
Workflow	**Workflow** is used by CWS to generate **To Do** lists for users. **Workflow** also enables users to send their work to other users for review. This workflow functionality will not be enabled in rollout one.
Workflow Notifications	Workflow Notifications are **To-Do** items that are sent to the user's **To-Do List** to inform and remind the user that an action is expected. **Workflow Notifications** include: FYIs; requests for approvals; treatment plan next review notifications; treatment plan end date review notifications; progress note to be written reminders; and, co-signature required notifications for progress notes. Only the FYI notification functionality will be enabled for rollout one. The remaining notification functionality will be enabled in future rollouts.

Avatar Icons

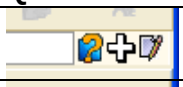
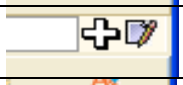
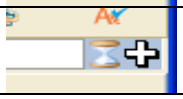
Icon	Description
Help	Displays help documentation provided by the facility.
Lock Application	Locks the application when the user's computer will be left unattended for any length of time.
Logoff	Logs the user out of Avatar.
My Applications	Displays the user's shortcuts to third party programs like Microsoft Excel or Word.
My Appointments	Displays the user's upcoming appointments.
My Courses	Displays the user's Netsmart University courses. Netsmart University courses are not available for rollout one.
My Favorites	Displays the user's My Favorites folder which contains the Avatar options the user has added as favorites.

Avatar Icons

Icon	Description
My Preferences 	Displays the user's My Preferences option.
My To-Do List 	Displays the user's To-Do List items.
Select Client	Launches the Select Client search option.
Switch System Code 	Enables the user to login to another Avatar system code in the facility's namespace.

Quick Launch Legend

Quicklink Picture	Option Linked
	Online Documentation
	Diagnosis
	AIMS
	CWS Vital Signs
	Allergies and Hypersensitivities

Option	Quick Launch Icons Present
Psychiatry Note	
Psychiatric Evaluation	
Admission Assessment Part One: Physician Intake	
Admission Assessment Part Two: Physician Assessment	

General System

Logging On and Changing Password

Logging On

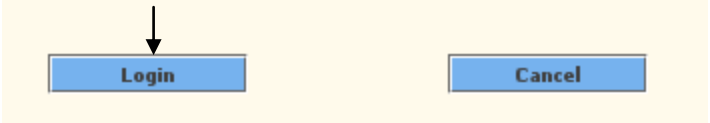
Purpose: To log into Avatar to perform an Avatar function

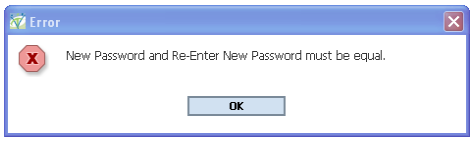
- Log into Avatar via your desktop Avatar Icon
- Click User Authentication

- Enter System Code, User ID, and Password
  - Each user will be given a login ID, which will include a System Code, User Name and Password. This information should be typed into the appropriate fields. Once these fields have been populated, the login button located at the bottom left will be activated.

Requirements

- System Code And User Id
  - Must Be In All Caps
- New Password Requirements
  - Six (6) Character Minimum
  - Eight (8) Character Maximum
  - Must contain at least one number
  - Cannot re-use previous password
- Click Login at the bottom of the page





Change Current Password

Avatar PM → RADplus Utilities → System Security → Change Current Password

To change the current password:
Position the mouse pointer over the text box in the **Current Password** field, single click the left mouse button to activate the field and type the logged in user's current password into the text box.

Position the mouse pointer over the text box in the **New Password** field, single click the left mouse button to activate the field and type the new password for the logged in user into the text box.

Position the mouse pointer over the text box in the **Re-Enter New Password** field, single click the left mouse button to activate the field and type the new password for the logged in user into the text box.

To submit the password change, position the mouse pointer over the Submit icon and single click the left mouse button.

The option will submit and close to the main Avatar home page.

Navigating Avatar

Purpose The purpose of this training is to familiarize the user with Avatar's layout, screens, and menu choices to enable them to quickly and efficiently locate the option that needs to be opened in order to perform a work function.

Overview Navigating in Avatar is how users move from option-to-option to perform their daily work functions. There are several methods of navigating in Avatar to launch the various options. For the purposes of this training only navigating through the Menu Frame will be discussed.

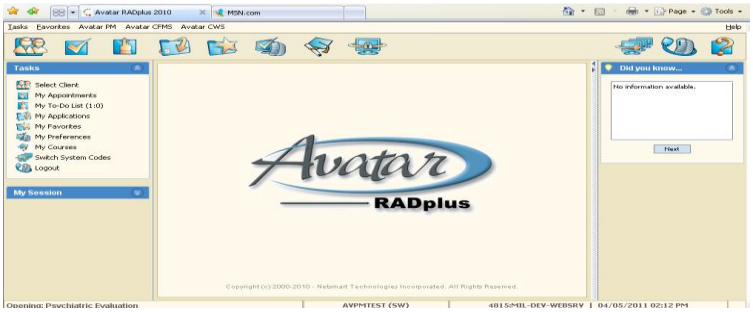
Process Matters

- For training purposes, users will only be shown how to navigate using the Menu Frame. Users will learn the other methods of navigation thru use of the system.
- Avatar resides in the user's web browser, but Avatar is an intranet system. All of the web browser's options such as search, favorites, as well as menu items and icons should not be used from the Avatar session window or the user session can end or become locked. Users should ignore all non-Avatar options including web browser menus, buttons, icons, and URL and search frames.
- Drop-down menus will only contain those options associated with your user role.

Procedures

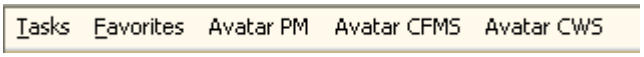
Navigating in Avatar

1 - Log into Avatar following the procedures specified in the Logging In to and Out of and Locking Avatar training guide. When successfully logged in the following screen will appear:



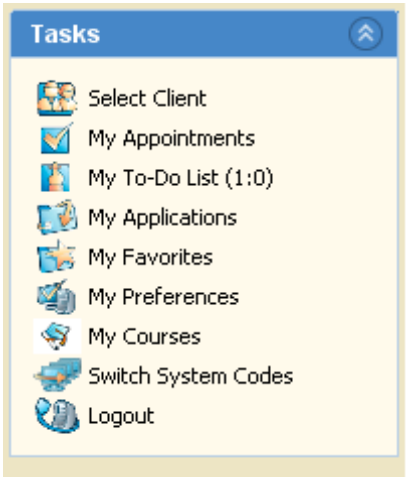
The only portion of the screen to be concerned with are the items shown in the screen shot shown above.; all other areas above the Avatar Menu Frame are browser icons, menus, and search fields that must be ignored. This screen is called the Avatar Home Screen.

The Avatar Home Screen is divided into six areas:
The Menu Frame (this is initially where all users will be trained to navigate in Avatar).

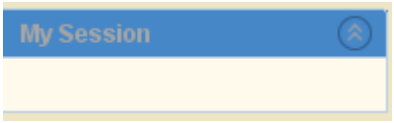


The Task Bar is located directly below the Menu Frame.

The Tasks Frame is located on the left side of the Avatar Home Screen and is directly below the Task Bar



The My Session Frame is located on the left side of the Avatar Home Screen and is directly below the Tasks Frame.



The My Caseload Frame is located on the left side of the Avatar Home Screen and is directly below the My Session Frame. The My Caseload Frame is only available and will only appear f or users who have clients in their caseload.

The Avatar Work Area is the area located directly below the Task Bar and to the right of the Tasks, My Session, and My Caseload Frames.

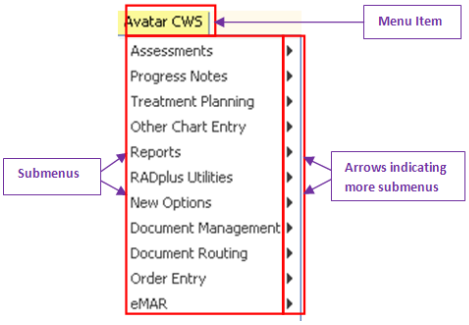
Again, for the purposes of this training, all options will be accessed through the Menu Frame.

The Menu Frame consists of all of the areas that can be accessed in Avatar. In this example, the areas of access include:

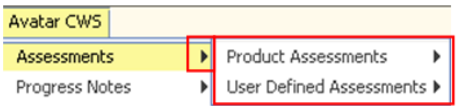
Tasks
Favorites
Avatar PM
Avatar CFMS
Avatar CWS
Help

The primary method of accessing options through the Menu Frame is by using a mouse.

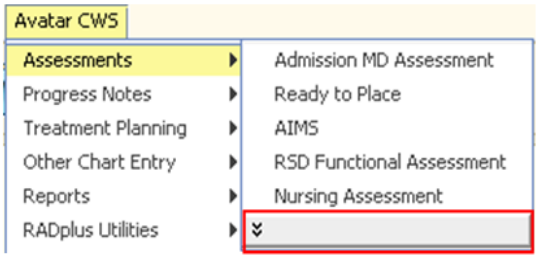
To open an item, move the mouse pointer over the Menu Item in the Menu Frame and single click the left mouse button. The Menu Item will highlight in yellow and a list of submenus will appear. When a submenu displays with a triangle pointing to the right means there are additional submenus containing options related to the first submenu's specific topic.



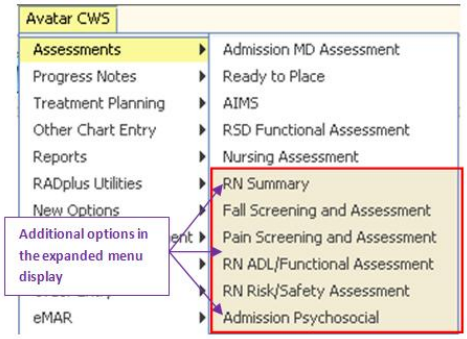
In this example, the Main Menu item is Avatar CWS. Its Submenus include items like Assessments, Progress Notes, etc. Because these items have a right pointing arrow, that means there is another layer of Submenus.



The process will continue until a termination point is reached. You will notice on the final submenu screen a double set of arrows pointing down.



This indicates that there are other options available for selection. To view the other items, expand the menu by moving the mouse pointer over the double arrows and single click the left mouse button. The menu will expand and display all of the options to this submenu.



At this point you are at the option level and can open the specific option by moving the mouse pointer over the option and single clicking the left mouse button.

My Favorites

Purpose – Avatar's Favorites is a storage area for the options that users use most often in their day-to-day work making it easier for them to navigate in Avatar.

Overview – ***My Favorites*** are set up for each User Role based on the Avatar forms that the Users in each role will use most often. In the User Role Definition option a template is created of Favorites by User Role.

Each user can customize their Favorites which then severs the linkage from the original User Role template to enable each user to add or remove items from their Favorites.

Process Matters –

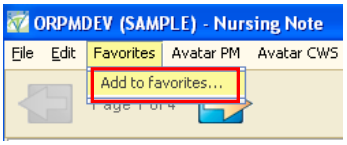
- User Roles will be set up with Favorites specifically for the role.
- Users can modify (add or remove) Favorites in their My Favorites folder based on individual versus User Role needs.

How do I set up My Favorites?

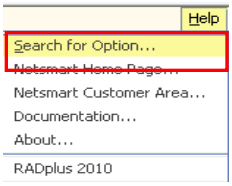
Procedures –

There are two methods for users to add options to their Favorites menu:

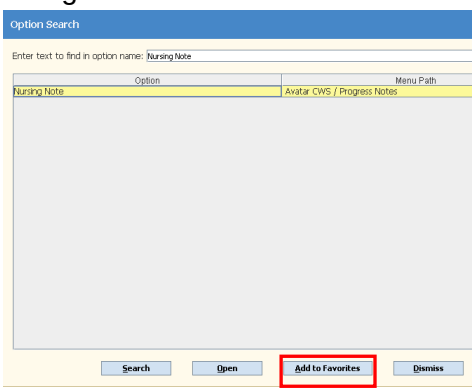
Open an option that you want to add to ***My Favorites***. From the Favorites menu choose "Add to favorites…".



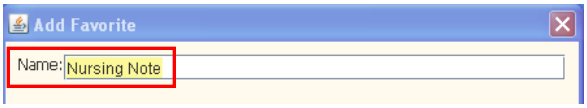
From the Search Screen option of the Help Menu;



Using either method select **Add to Favorites**.

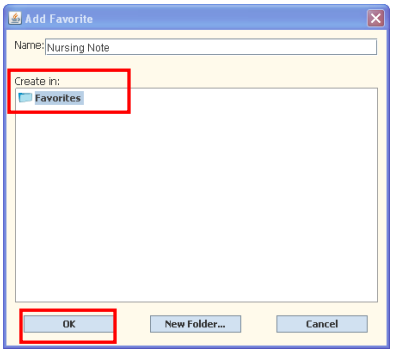


A window will pop up with the Option Name (Nursing Note) to be added to the Favorites folder.

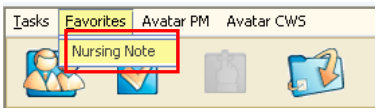


The 'Create in' section displays all of the current folders contained in the Favorites Folder. In this example only the Favorites Folder exists.

Position the mouse pointer over the OK button and single click the left mouse button to add the Option to the Favorites folder. The window will close.

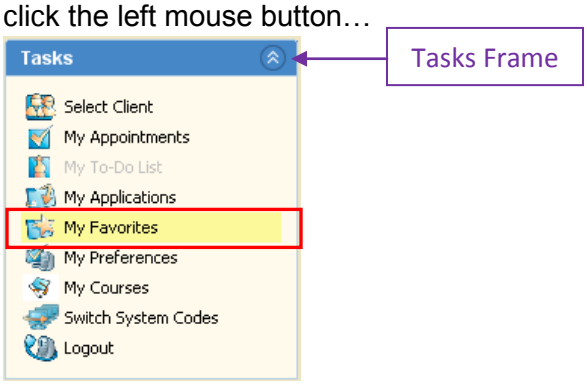


Now when you go to **Favorites** in the Menu Frame, the Nursing Note will display in the drop down.

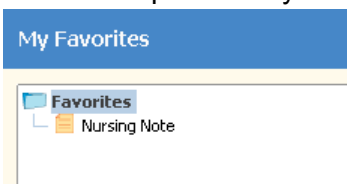


The option can now be launched by clicking on Favorites in the Menu Frame and then clicking on the option.

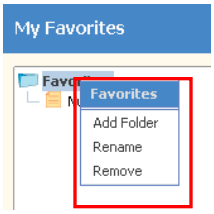
Users can create folder structures to store their favorites following the steps outlined below:
Move the mouse pointer over the My Favorites option in the Tasks Frame and single click the left mouse button…



…this will open the My Favorites screen.

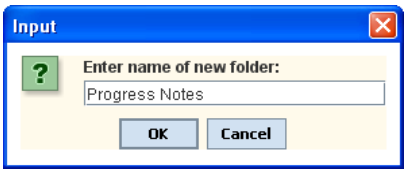


Position the mouse pointer over the Favorites folder and single click the right mouse button. A submenu will appear with three options: Add Folder, Rename, and Remove.

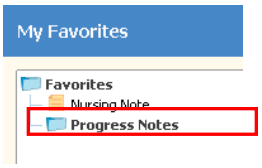


Position the mouse pointer over Add Folder and single click the left mouse button.

An Input screen to enter the name of the folder will appear. Enter the name of folder and single click the left mouse button on OK.

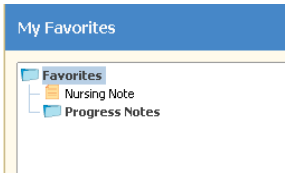


The Progress Notes folder will appear in the My Favorites window.

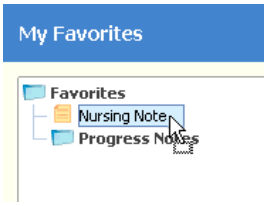


How do I Move Items in My Favorites?

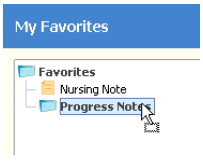
Favorites can be moved in the folder structure simply by dragging and dropping the item from one location to another. In this example we will move the Nursing Note from the Favorites folder into the Progress Notes folder.



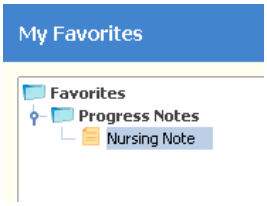
Position the mouse pointer over the Nursing Note and left click and hold the left mouse button.



Continue holding the left mouse button and drag the item into the Progress Notes folder.

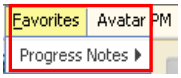


Release the left mouse button and the Nursing Note will drop into the Progress Notes folder.

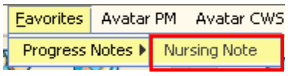


Click the save button to save your work.

Now when you go to the Favorites in the Menu Frame the submenu Progress Notes will appear with a right pointing triangle and the Nursing Note will display in the submenu.

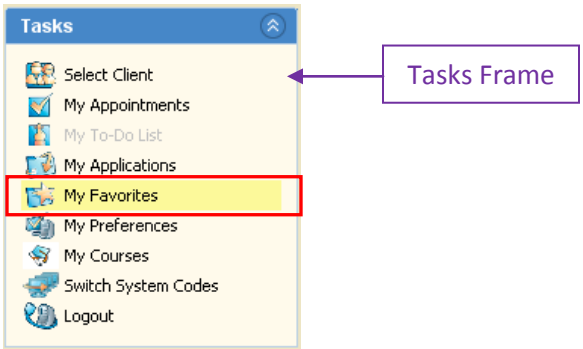


The Nursing Note displays from the Progress Notes submenu.

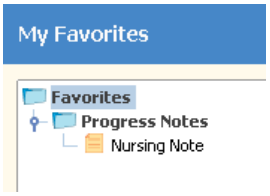


How do I Delete Items from My Favorites?

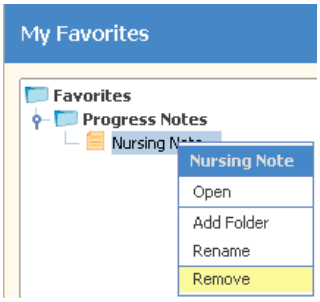
Users can delete items from their favorites following the steps outlined below; for the purpose of this example the Nursing Note will be deleted from the Progress Notes folder: Move the mouse pointer over the My Favorites option in the Tasks Frame and single click the left mouse button.



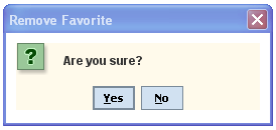
This will open the My Favorites screen.



Move the mouse pointer over Nursing Note and single click the right mouse button then Position the mouse pointer over Remove and single click the left mouse button.

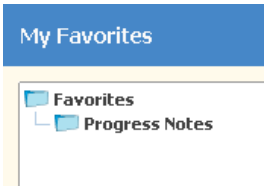


A Remove Favorite message will appear to make sure you want to remove the favorite.



Position the mouse pointer over 'Yes' and single click the left mouse button.

The Nursing Note will be removed from the Progress Notes folder.

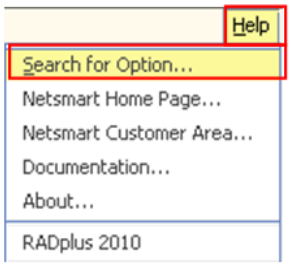


Search for an Option in Avatar

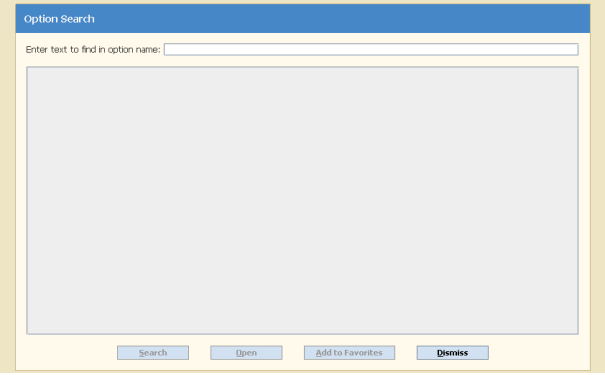
How Do I Search for an Option in Avatar?

Procedures

1- Another method for accessing options from the Menu Frame is by using Search for Option…under the Help Menu.

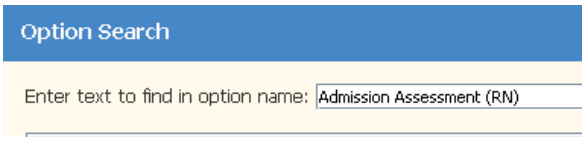


The Search Option method allows the user to find an option by typing in all or parts of the option name in the Option Search box.

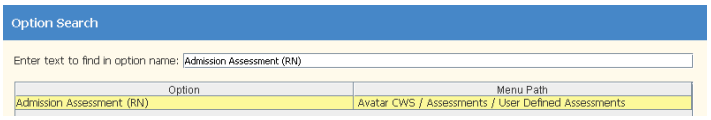


For example, if the user is trying to open the Admission Assessment (RN) option, they would type in all or part of the option.

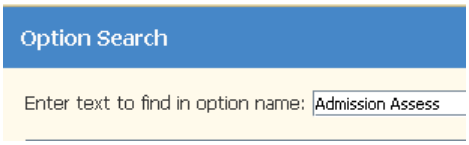
If the user types in the entire option name…



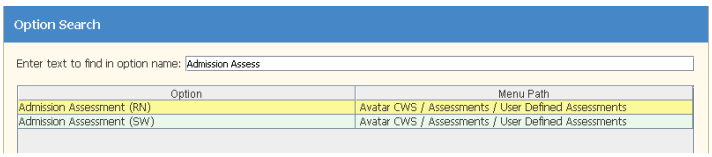
…the Admission Assessment (RN) and its menu path will display.



If the user types in part of the option name…

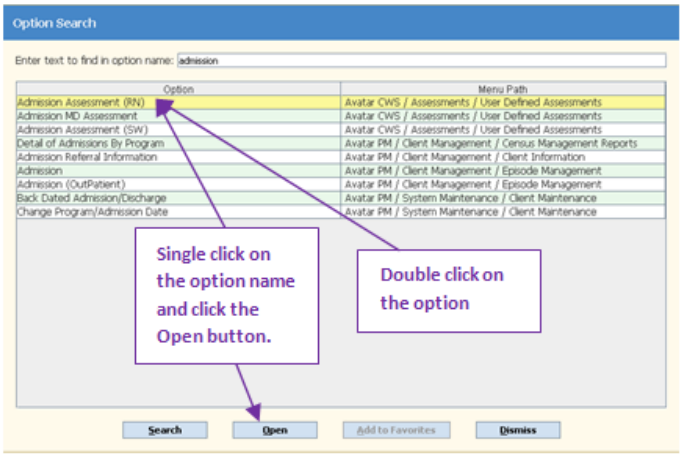


…then all of the options that contain the search criteria will display. In this case, by typing in Admission Assess, both Admission Assessment (RN) and Admission



Assessment (SW) display.

The less information the user types into the search field, the more options that will display, for example, if just Admission is typed into the search field the following options display:



There are two methods to open the option at this point.

a. Move the mouse pointer over the option and click the left mouse button and then press the Open button.

b. Move the mouse pointer over the option and double click the left mouse button.

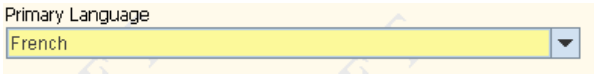
How do I Clear Fields in Avatar?

Procedures

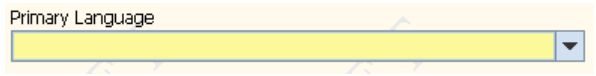
1- From time-to-time data needs to be cleared from fields that were inadvertently selected in a drop-down list or in a radio button field. In either case, from inside the field, simply press the F5 key to clear the selections.

a. To clear the word “French” from the Primary Language field…

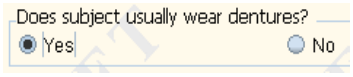
…double click in the field. The Primary Language field will become active; you can tell because the field will be highlighted in yellow.



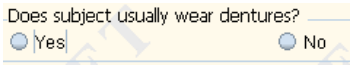
Press the F5 key (usually located above the number 5 key on your keyboard) and the field contents will clear out.



b. To clear the "Yes" selection from the "Does subject usually wear dentures?" field…



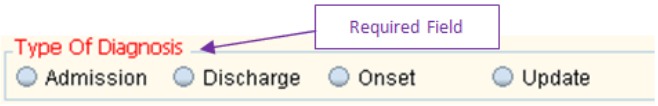
…click on the field to make sure the field is activated and then press the F5 key to clear the selection.



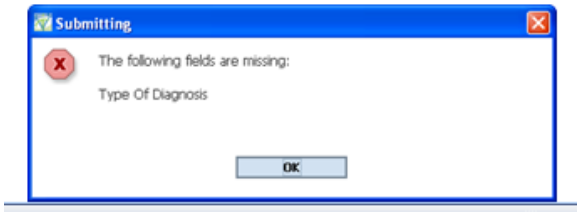
How Do I Know Which Fields are Required in Avatar?

Procedures

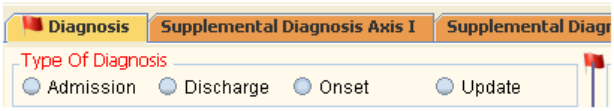
1- Some options contain required fields. Required fields can be identified by the red text in the field's label.



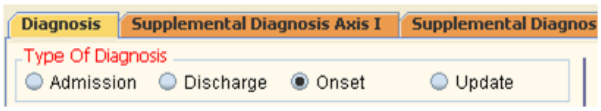
In this example, Type of Diagnosis is a required field. If this option is submitted and is missing data from a required field, an error message will display showing the missing required field.



When the error message is cleared by clicking OK, red flags will display on the Tab and Field where the required information is missing so that the user can easily find the missing information.



When the information is entered, the red flags will disappear.



How Do I Use Keyboard Shortcuts in Avatar?

Procedures

Keyboard Shortcuts – the following keyboard shortcuts are provided for easier navigation:

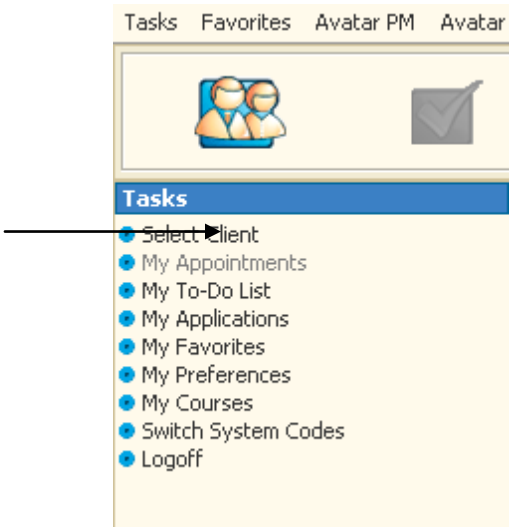
- Press the F6 key to move from one option tab to the next.
- Press the “Ctrl” key simultaneously with the following keys to:
  - F – Move to the next page on an option tab.
  - B – Move to the previous page on an option tab.
  - S – Submit an option
  - C – Close an option

Selecting A Client

Procedures

Use this procedure to select a client already in Avatar. If you are lucky enough to have a case load, you may be able to simply right click on the client there. If you do have a caseload, it will appear to the left of the screen, above MY SESSION.

1. Click on Select Client under Tasks or click on the Select Client Icon



2. Add Last Name of Client in

field. NOTE: Less is better when you are doing a search. If the last name is Anderson, type Ander for the search criteria.
3. Click on

.
4. Choose the correct patient from the drop down
5. Click

at bottom of screen

Alternate Client Search Methods

Purpose – The ***Alternate Client Search Methods*** allows users alternate methods to search for clients in Avatar.

Overview – The ***Alternate Client Search Methods*** provides all users the ability to search for clients if the client's name or ID number is not known, for example, if the user only has the client's social security number and needs to locate the client records in Avatar the **Alternate Lookup** method would be used to find and select the client.

How do I Launch the Select Client Option in Avatar?

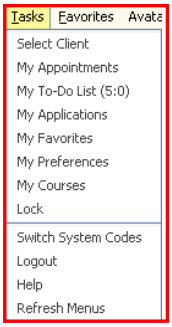
Procedures –

Menu Path:

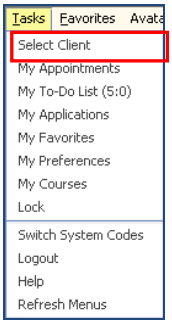
Tasks → Select Client

To launch the ***Select Client*** option in Avatar:

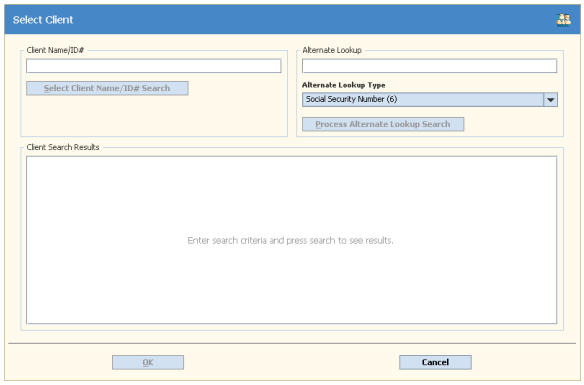
Position your mouse pointer over **Tasks** in the Menu Frame and single click the left mouse button. The menu will expand displaying menu options.



Position your mouse pointer over the **Select Client** option and single click the left mouse button.



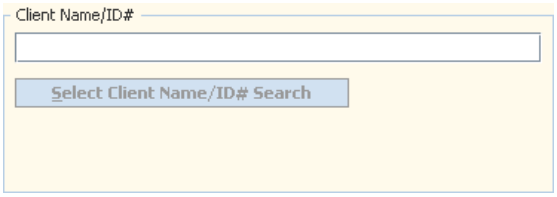
The ***Select Client*** option will launch.



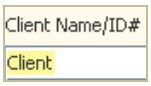
How do I Select a Client in Avatar?

To find a client to select in Avatar:

Position the mouse pointer over the **Client Name/ID#** field in the ***Select Client*** search screen and single click the left mouse button to activate the field.



Type all or part of the client's last name and first name separated by a comma (no space between the comma and the first name) or all or part of the client's ID number into the **Client Name/ID#** field.



Position the mouse pointer over the **Select Client Name/ID# Search** button and single click the left mouse button to process the search.

The client search results will display in the Client Search Results window.

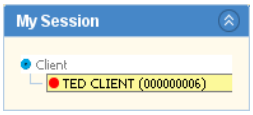
Client Search Results

Name	Date Of Birth	Alias
DAVE CLIENT (000000106)		DC
NEW CLIENT (000000084)	12/25/1952	Jimmy
TED CLIENT (000000006)	08/23/1959	Theo
UAT CLIENT (000000045)	01/01/1901	Tester

Position the mouse pointer over the desired client's name and single click the left mouse button to make the selection.

Position the mouse pointer over the OK button to finalize the selection.

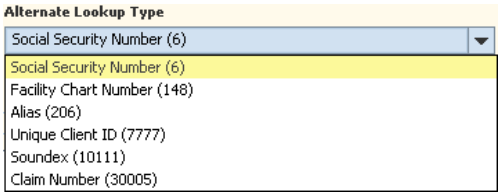
The client is selected and added to the My Session frame.



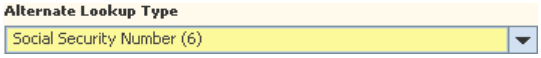
How do I Select a Client Using an Alternate Lookup Method?

To find a client to select using the alternate lookup methods:

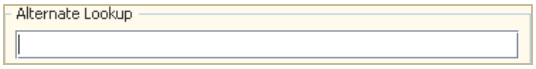
Position the mouse pointer over the drop-down arrow in the **Alternate Lookup Type** field and single click the left mouse button to display the available choices.



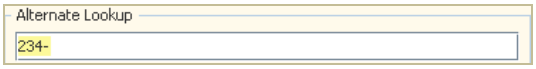
To find a client using the **Social Security Number** as the alternate look up type: Position the mouse pointer over the desired alternate lookup type method and single click the left mouse button to make the selection.



Position the mouse pointer over the Alternate Lookup text box field and single click the left mouse button to activate the field.

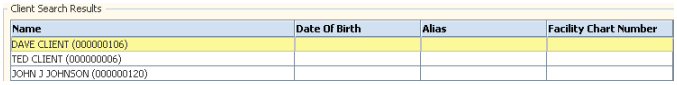


Type all or part of the client's Social Security Number into the Alternate Lookup text box field.



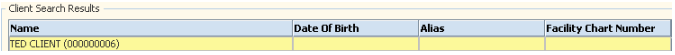
Position the mouse pointer over the Process Alternate Lookup Search button and single click the left mouse button to process the client search by Social Security Number.

The client's whose social security numbers match the portion of the social security number that was entered into the Alternate Lookup text box field will display in the Client Search Results field.



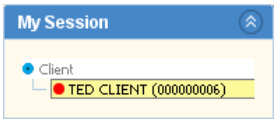
To narrow the search results, type more information into the Alternate Lookup text box field. Typing the entire Social Security Number should yield a single result (unless a duplicate SSN exists in the system).

Voila



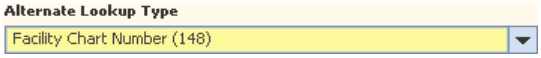
To make the client selection, position the mouse pointer over the OK button and single click the left mouse button otherwise, select the Cancel button to quit the selection and return to the Avatar Home Page.

The client is selected and added to the My Session frame.



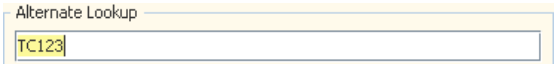
To find a client using the **Facility Chart Number** as the alternate look up type:

Position the mouse pointer over the desired alternate lookup type method and single click the left mouse button to make the selection.



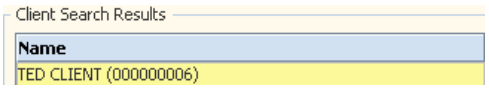
Position the mouse pointer over the Alternate Lookup text box field and single click the left mouse button to activate the field.

Type all or part of the client's Facility Chart Number into the Alternate Lookup text box field.



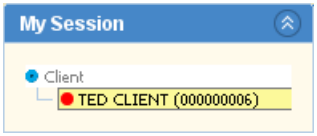
Position the mouse pointer over the Process Alternate Lookup Search button and single click the left mouse button to process the client search by Social Security Number.

The client's whose Facility Chart Numbers match will display in the Client Search Results field.



To make the client selection, position the mouse pointer over the OK button and single click the left mouse button otherwise, select the Cancel button to quit the selection and return to the Avatar Home Page.

The client is selected and added to the My Session frame.



To find a client using the remaining Alternate Lookup Types, follow the steps previously described for the Social Security Number and the Facility Chart Number as the alternate look up types.

Import Client Picture

Purpose The Avatar ***Import Client Picture*** option captures a current image of the individual being served in the hospital. This image will be used to identify the individual when placing orders in Avatar and administering medications via eMAR.

Overview The ***Import Client Picture*** option is completed by users with roles assigned to run the ***PM Import Client Picture*** option in Avatar.

Prerequisites User must be assigned to a User Role authorized to run the ***PM Import Client Picture*** option.

User must be logged into Avatar.

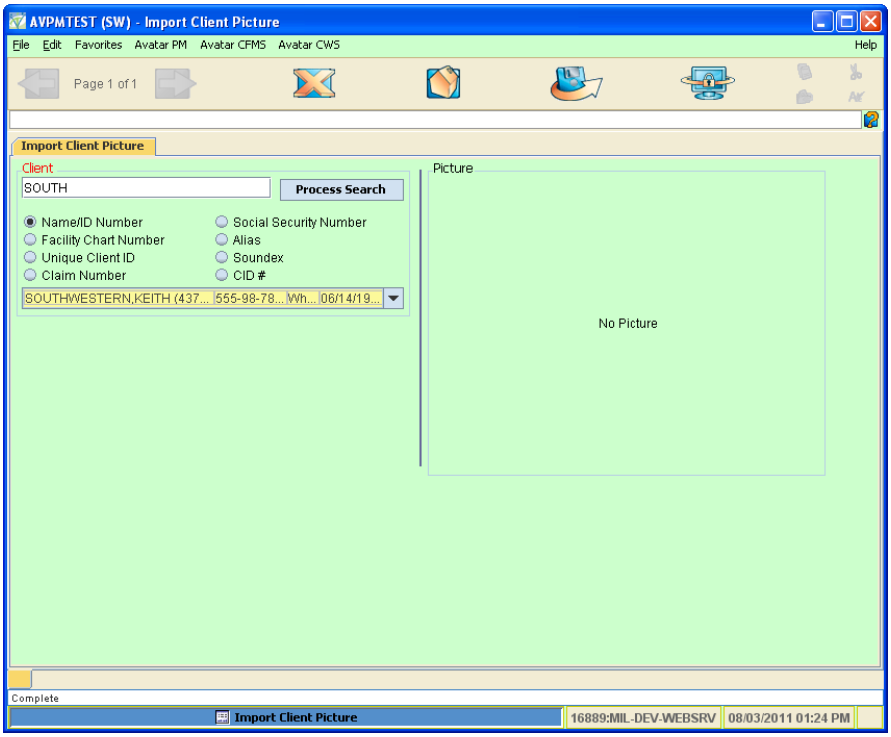
Procedures

How Do I Launch Import Client Picture in Avatar?

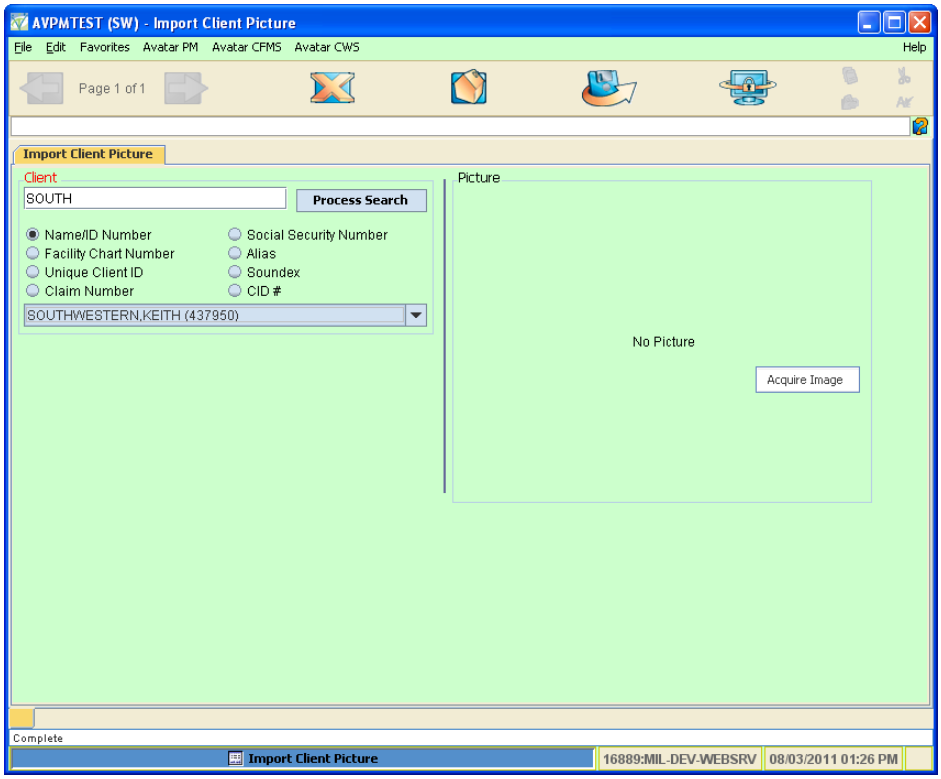
Avatar PM → RADplus Utilities → Database Management → Import Client Picture

How Do I Import the Client Picture?

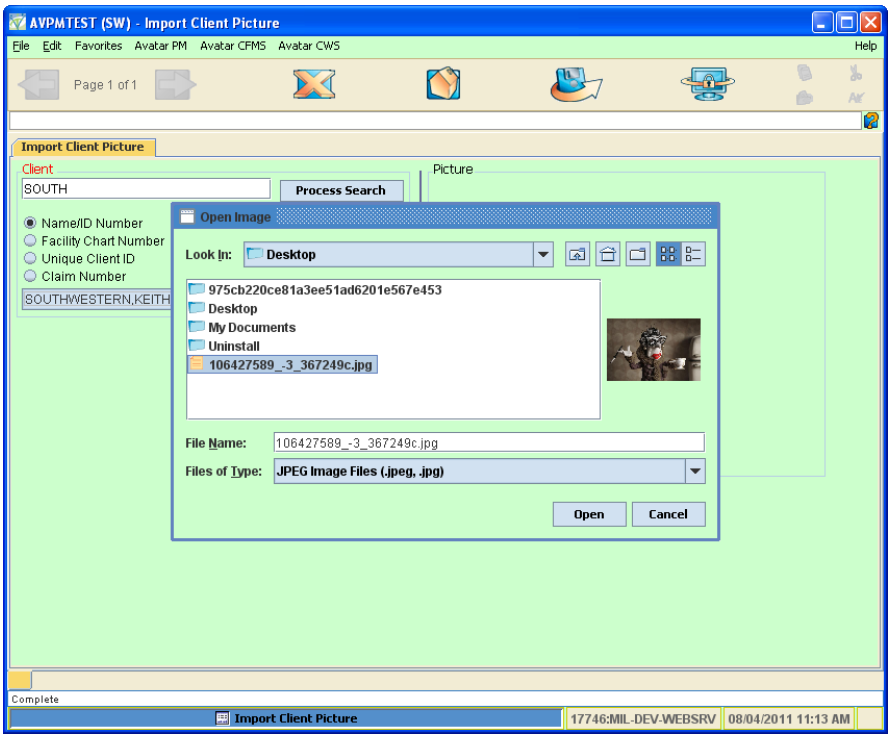
Tab Name – Import Client Picture



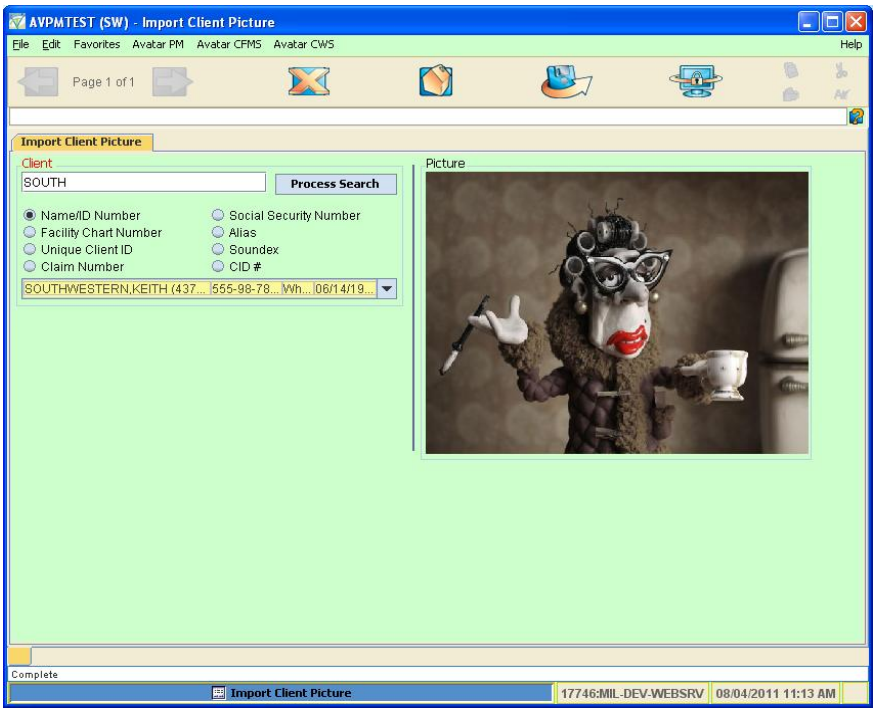
Field Name	Instructions
Client Lookup	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the individual's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The individual's name will appear in the blue field below the search options.



Field Name	Instructions
Picture	Place the cursor any place in this field and right click to display the Acquire Image box. Left click the Acquire Image box.



Field Name	Instructions
Open Image	Navigate to the folder on the computer where the picture is saved. Click on the picture name to import. Click the Open button.

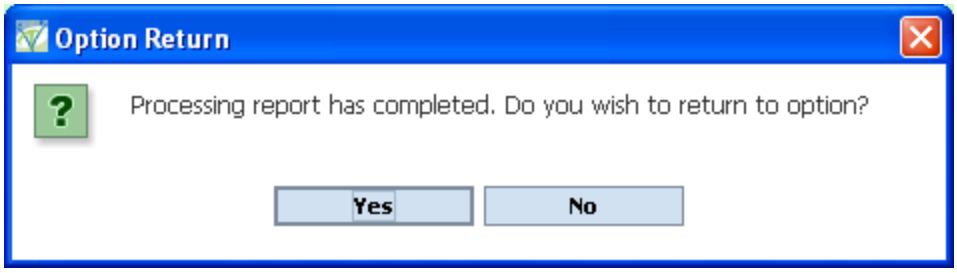


Place the mouse over the “Save” icon and left click the mouse to save the picture.

How Do I Close the Import Client Picture screen?

If you have more pictures to import, click “Yes”, select the next individual and repeat the steps to import client picture.

If you are finished, Click “No” to the pop up box that asks if you want to return to the option.



Diagnosis

Purpose The Diagnosis option is used to create or modify a client's principle diagnosis record.

This option allows a multi-axial evaluation, which means Axis I, II, III, IV and V (GAF Scores) can be documented.

Diagnosis data is filed historically by date and allows an infinite number of diagnosis records. The Diagnosis option uses the DSM-IV and ICD-9 codes.

Overview The Diagnosis option is completed by users with roles assigned to maintain client records in Avatar.

Prerequisites

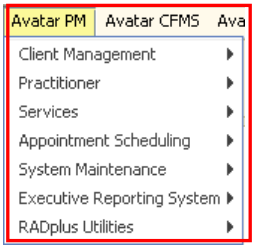
- User must be assigned to a user role authorized to use Diagnosis.

Procedures

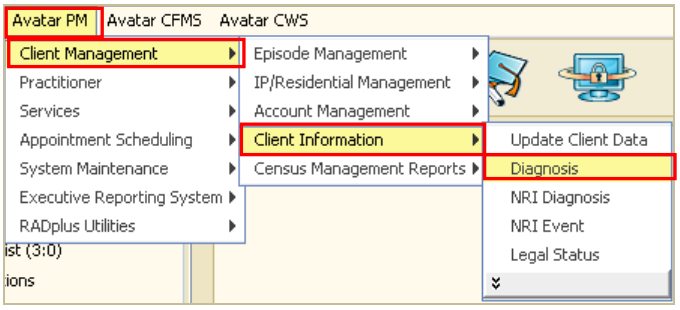
How Do I Launch a Diagnosis in Avatar?

Avatar PM → Client Management → Client Information → Diagnosis

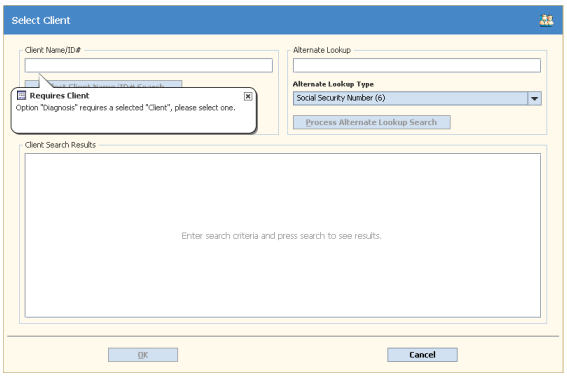
Position your mouse pointer over **Avatar PM** in the Menu Frame and single click the left mouse button. The menu will expand displaying menu options.



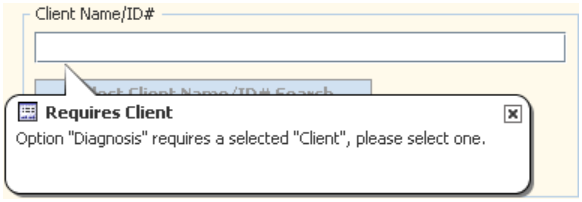
Position your mouse pointer over the **Client Management** menu; submenus will appear to the right. Position your mouse pointer over **Client Information** submenu and then the ***Diagnosis*** option and single click the left mouse button.



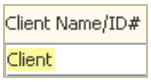
The ***Diagnosis*** option will launch to the **Select Client** search screen.



Position the mouse pointer over the **Client Name/ID#** field in the **Select Client** search screen and single click the left mouse button to activate the field.

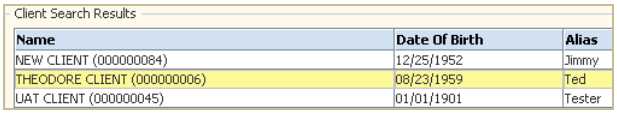


Type all or part of the client's last name and first name separated by a comma (no space between the comma and the first name) or all or part of the client's ID number into the **Client Name/ID#** field.



Position the mouse pointer over the **Select Client Name/ID# Search** button and single click the left mouse button to process the search.

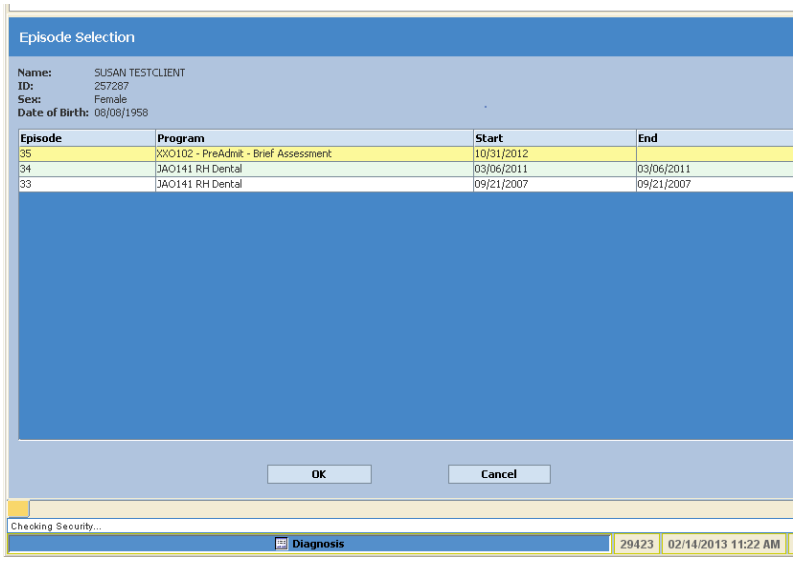
The client search results will display in the **Client Search Results** window.



Position the mouse pointer over the desired client's name and single click the left mouse button to make the selection.

Position the mouse pointer over the **OK** button to finalize the selection.

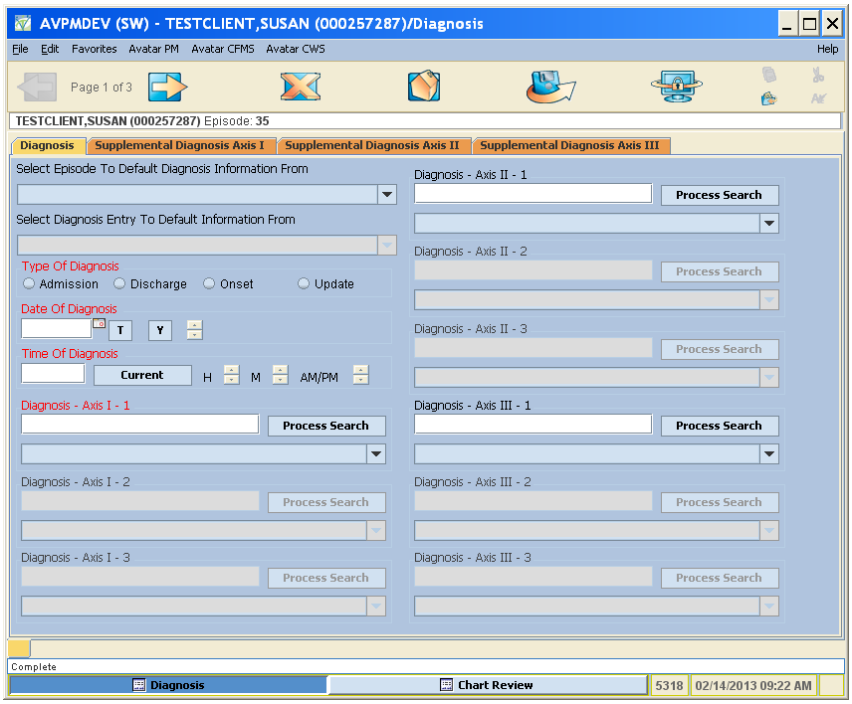
If the client has more than one episode, the Episode Selection screen will display.



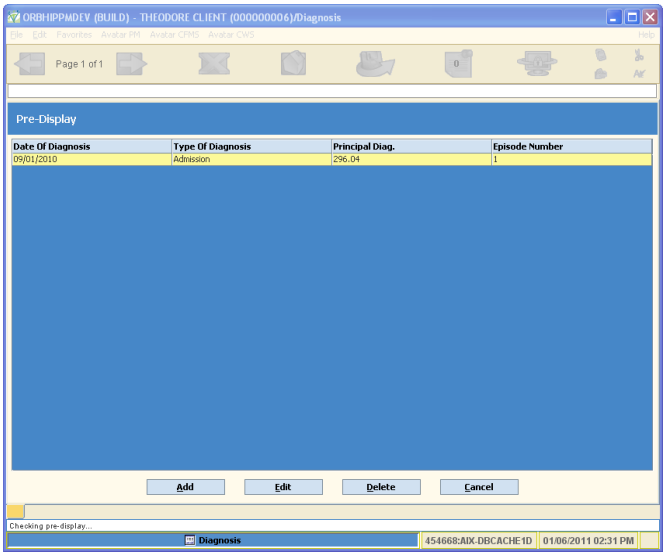
Position the mouse pointer over the desired episode and single click the left mouse button to make the selection.

Position the mouse pointer over the **OK** button to finalize the selection.

If the client does not have any previous diagnoses the Diagnosis option will launch.



If the client has previous diagnoses entries, A **Pre-Display** screen will launch.



a. The diagnosis **Pre-Display** has four columns that show the previous diagnoses by date of diagnosis, type of diagnosis, principal diagnosis and episode.

Date Of Diagnosis	Type Of Diagnosis	Principal Diag.	Episode Number
09/01/2010	Admission	296.04	1

b. The **Pre-Display** provides the user with four functions:

1) **Add** a new diagnosis
2) **Edit** an existing diagnosis
3) **Delete** an existing diagnosis
4) **Cancel** to exit the option without performing any of the previous functions.

c. To add a new diagnosis, position the mouse pointer over the **Add** button and single click the left mouse button.

d. The ***Diagnosis*** option will launch (see screen shot at bottom of Page 5).

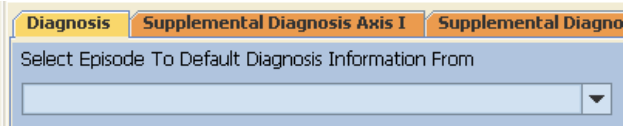
How do I Complete the Diagnosis Option?

Notice that the Diagnosis option has four tabs: **Diagnosis**; **Supplemental Diagnosis Axis I**; **Supplemental Diagnosis Axis II**; and **Supplemental Diagnosis Axis III**.

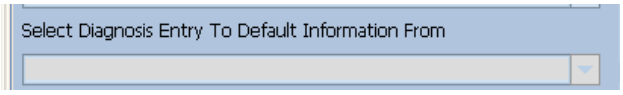
To complete the ***Diagnosis*** option:

By default the Diagnosis option opens to the Diagnosis tab.

To pull forward diagnoses previously entered on an episode for the individual, position the mouse pointer over the drop down arrow for the Select Episode To Default Diagnosis Information From field and single click the left mouse button to make the appropriate Episode selection.

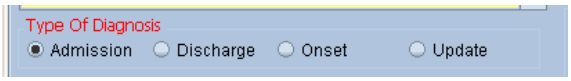


To indicate which diagnosis entry on the selected episode to be used to pull forward for this diagnosis input, position the mouse pointer over the drop down arrow for the Select Diagnosis Entry To Default Information From field and single click the left mouse button to make the selection.



This selection will populate all the appropriate diagnosis fields on the screen with what was previously entered for the individual.

To select the diagnosis type, position the mouse pointer over the radio button next to Admission, Discharge, Onset or Update in the Type Of Diagnosis field and single click the left mouse button to make the selection.

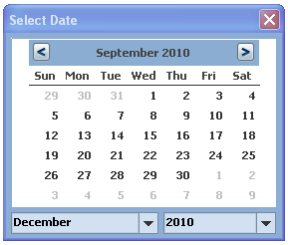


To enter the diagnosis date, position the mouse pointer over the Date Of Diagnosis field and single click the left mouse button to activate the field.

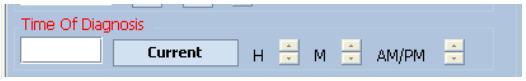
Type the new date into the Date of Diagnosis field using the MM/DD/YYYY date format.

Dates can also be entered or changed by left clicking on the “T” button to enter today’s date or by clicking on the “Y” button to enter yesterday’s date into the date fields.

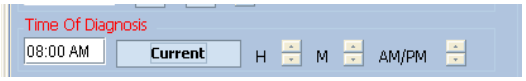
The method to enter or change dates is by left clicking on the calendar icon to display a calendar view for date selection. Simply single click the desired date to populate the date field.



To enter the diagnosis time, position the mouse pointer over the Time Of Diagnosis field and single click the left mouse button to activate the field.

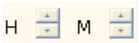


Type the desired admission time into the Time Of Diagnosis field using the HH:MM AM/PM time format.

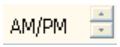


Times can also be entered by left clicking on the "**Current**" button to enter the current time.

The times can be adjusted by left clicking the up and down arrows next to the Hour "H", Minute "M" and, AM/PM "AM/PM" buttons. The up arrows increment the time and the down arrows decrement the time for the hours and minutes.

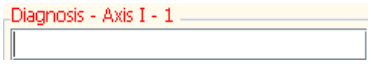


The arrows next to AM/PM change the selection from or to AM or PM.

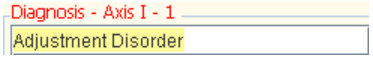


To enter a diagnosis into the **Diagnosis - Axis I - 1** through **Diagnosis - Axis I - 3** fields:

Position the mouse pointer over the Diagnosis - Axis I - 1 text box field and single click the left mouse button to activate the field.

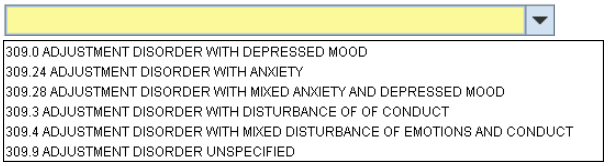


Type all or part of the diagnosis name into the Diagnosis - Axis I - 1 text box field.

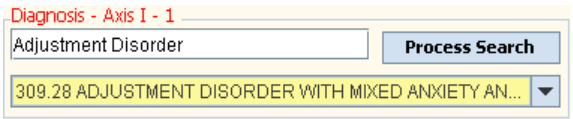


Position the mouse pointer over the Process Search button and single click the left mouse button.

To display the available choices, position the mouse pointer over the drop-down arrow in the process search display dropdown box and single click the left mouse button. All of the available choices will display.

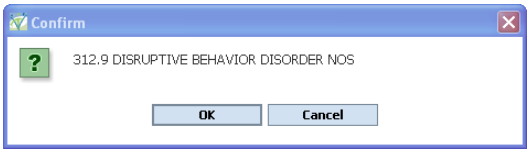


Position the mouse pointer over the desired choice and single click the left mouse button to make the selection.

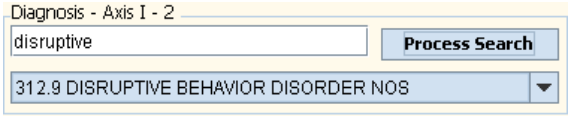


The **Diagnosis - Axis I - 2** field will become enabled. If a second Axis I diagnosis is needed, repeat the steps previously described for the **Diagnosis - Axis I - 1** field otherwise, go to the next step.

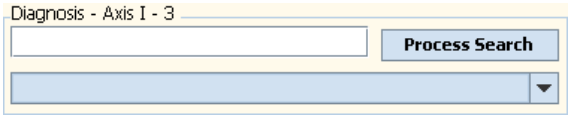
If the diagnosis that is entered into the process search field returns a single result then a confirmation message will display prompting the user to confirm if the diagnosis presented is the desired diagnosis.



Position the mouse pointer over the **OK** button and single click the left mouse button to select the diagnosis and clear the message otherwise, click the **Cancel** button to return to the process search field and re-enter the search parameters.

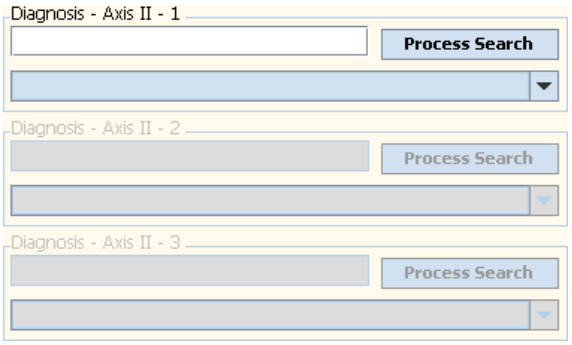


If the **Diagnosis - Axis I - 2** field is completed then the **Diagnosis - Axis I - 3** field will become enabled, if a third Axis I diagnosis is needed, repeat the steps previously described for the **Diagnosis - Axis I - 1** field otherwise, go to the next step.

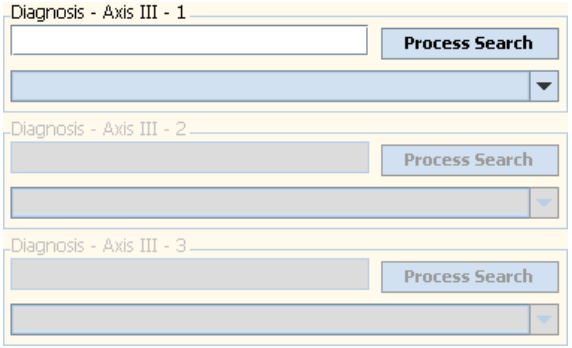


To enter a diagnosis into the **Diagnosis - Axis II - 1** through **Diagnosis - Axis II - 3** fields:

If Axis II diagnoses are needed, repeat the steps previously described for the **Diagnosis - Axis I - 1** field for each of the needed **Diagnosis - Axis II** fields otherwise, go to the next step.

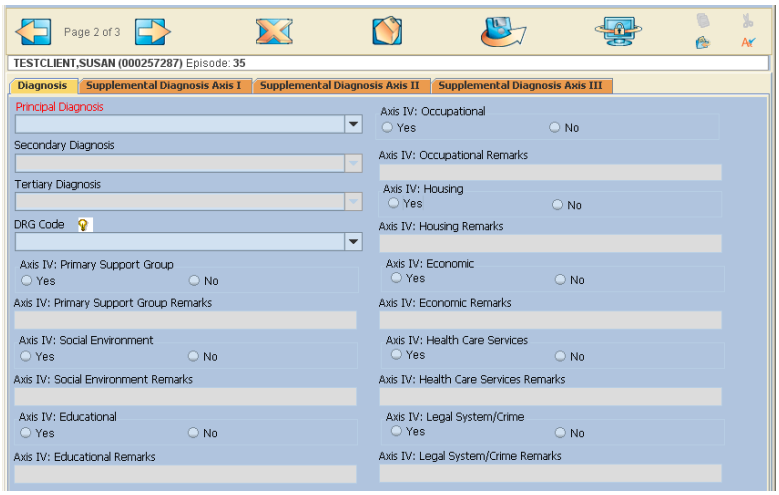


If Axis III diagnoses are needed, repeat the steps previously described for the **Diagnosis - Axis I - 1** field for each of the needed **Diagnosis - Axis III** fields otherwise, go to the next step.



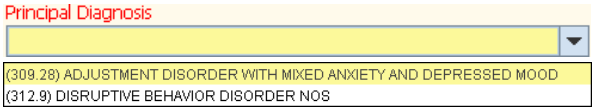
Go to page 2 of 3: To advance to page 2 of 3, position the mouse pointer over the **Forward** icon and single click the left mouse button.

Page 2 of 3 will display:

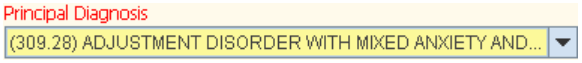


To select a principal diagnosis:

Position the mouse pointer over the drop-down arrow in the **Principal Diagnosis** field and single click the left mouse button to display the choices.



Position the mouse pointer over the desired choice and single click the left mouse button to make the selection.



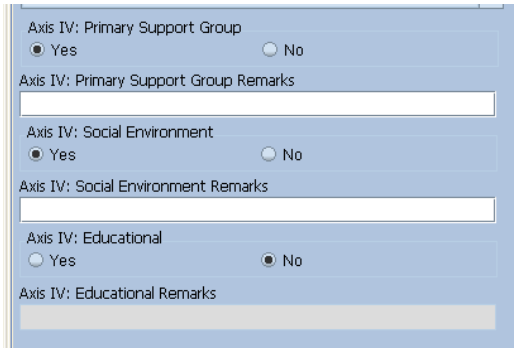
The **Secondary Diagnosis** field will become enabled. If a second diagnosis is needed, repeat the steps previously described for the **Principal Diagnosis** field otherwise, go to the next step.

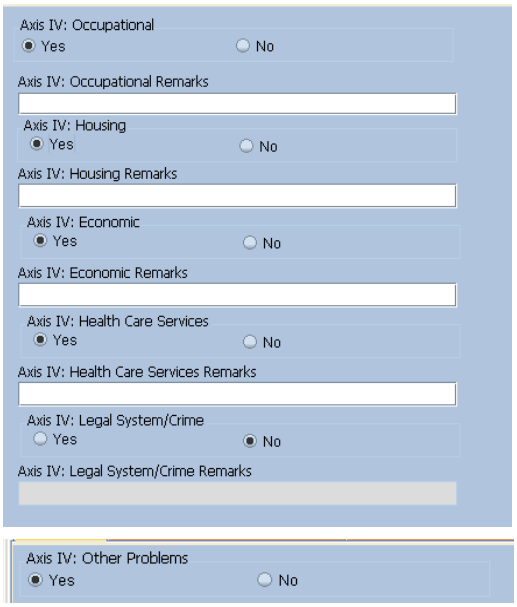
If a Secondary Diagnosis is entered, the **Tertiary Diagnosis** field will become enabled. If a second diagnosis is needed, repeat the steps previously described for the **Principal Diagnosis and Secondary Diagnosis** fields otherwise, go to the next step.

To make the **Axis IV** choices:
All of the **Axis IV** choices are single select dictionaries with **Yes** or **No** choices. Each Axis IV choice will have an accompanying Remarks field if further information needs to be added to be a Yes response for that choice.

To select either yes or no, position the mouse pointer over the radio button next to the **Yes** or the **No** and single click the left mouse button to make the selection.

The following are the **Axis IV** fields:

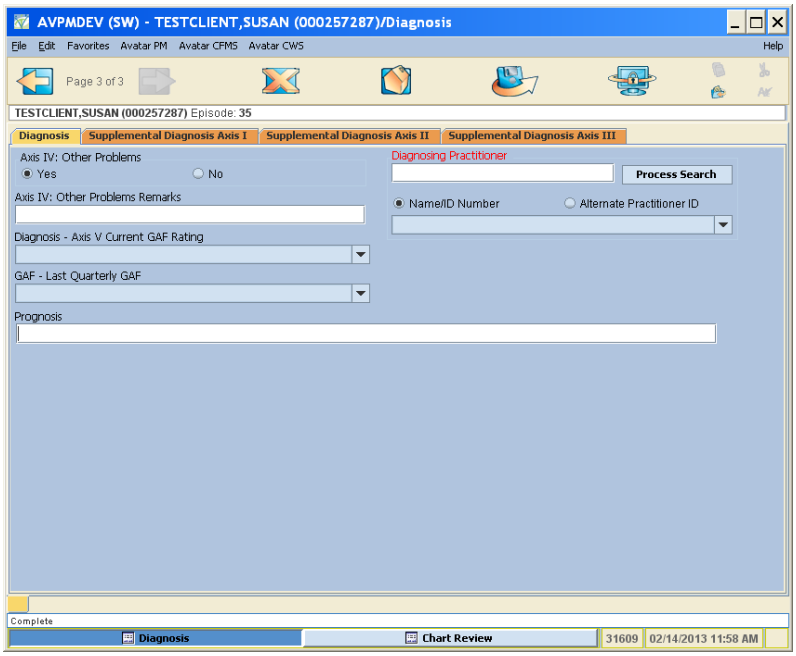




Go to page 3 of 3:

To advance to page 3 of 3, position the mouse pointer over the **Forward** icon and single click the left mouse button.

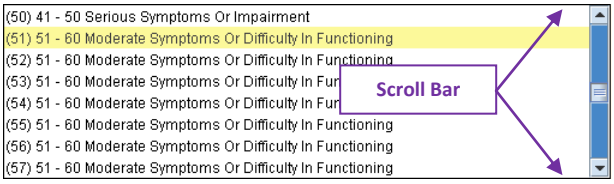
Page 3 of 3 will display:



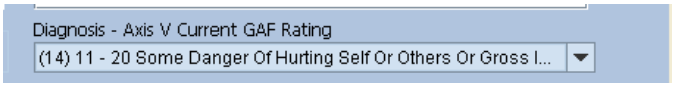
To select the **Diagnosis - Axis V Current GAF Rating**:

Position the mouse pointer over the drop-down arrow in the **Diagnosis - Axis V Current GAF Rating** field and single click the left mouse button to display the available choices.

Use the scroll bar on the right side of the screen to scroll up and down to view all of the available choices.



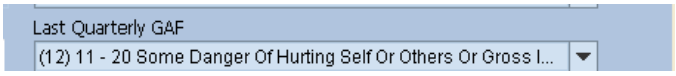
Position the mouse pointer over the desired choice and single click the left mouse button to make the selection.



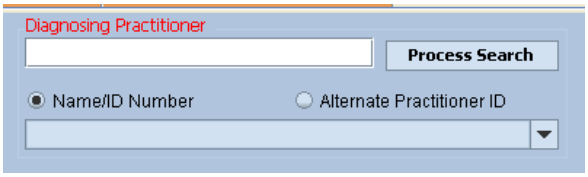
Position the mouse pointer over the drop-down arrow in the Diagnosis – Axis V Last Quarterly GAF field and single click the left mouse button to display the available choices.

Use the scroll bar on ther right side of the screen to scroll up and down to view all of the choices as described on page 12.

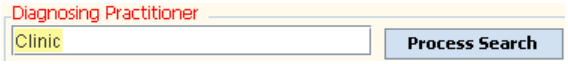
Position the mouse pointer over the desired choice and single click the left mouse button to make the selection.



To select the diagnosing practitioner, position the mouse pointer over the **Diagnosing Practitioner** field and single click the left mouse button to activate the field.

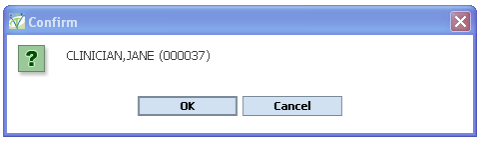


Type all or part of the practitioner's name or **ID Number** into the **Diagnosing Practitioner** field.



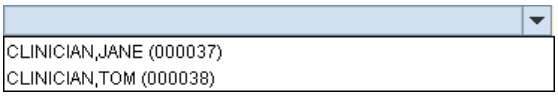
Position the mouse pointer over the **Process Search** button and single click the left mouse button.

If the search result returns only one practitioner, a message window will display to confirm the selection of the practitioner.

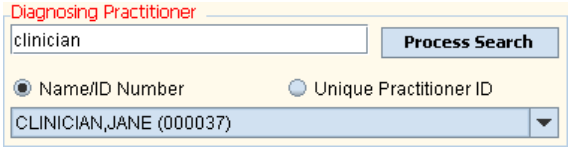


Position the mouse pointer over the **OK** button and single click the left mouse button to clear the screen and continue otherwise, select the **Cancel** button to clear the screen and return to the option to refine the search parameters.

If the search result returns multiple practitioners, the practitioners will be displayed in the **Process Search** dropdown field.



Position the mouse pointer over the desired practitioner and single click the left mouse button to make the selection.



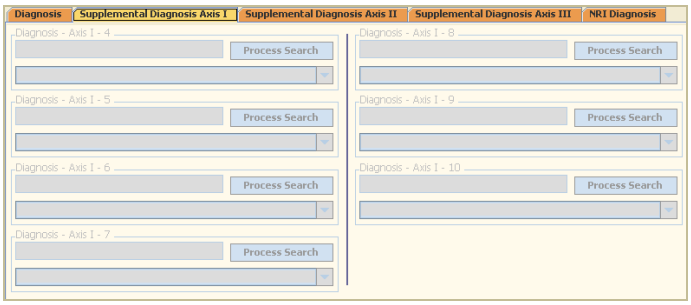
To enter the prognosis, position the mouse pointer over the **Prognosis** text box field and single click the left mouse button to activate the field. Type the prognosis text into the **Prognosis** field.

There are three supplemental Axis diagnosis tabs: **Supplemental Diagnosis Axis I**; **Supplemental Diagnosis Axis II**; and, **Supplemental Diagnosis Axis III.**

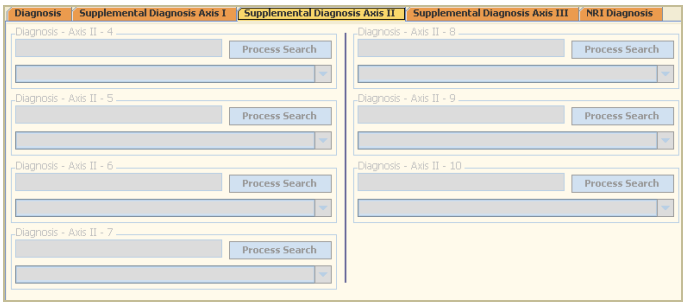
These tabs are only used to capture additional **Axis I**, **Axis II** and **Axis III** diagnoses as needed.

If the **Axis I - 3**, **Axis II - 3**, or **Axis III - 3**, fields are not completed from the **Diagnosis** tab then all of the supplemental diagnoses fields in the respective tabs will remain disabled.

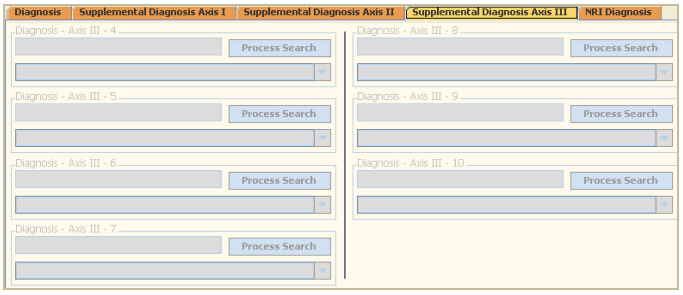
Supplemental Diagnosis Axis I



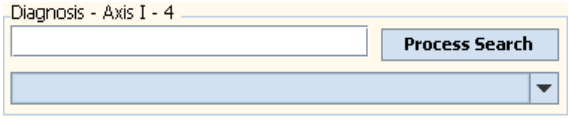
Supplemental Diagnosis Axis II



Supplemental Diagnosis Axis II



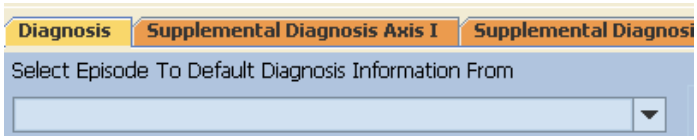
If any of the **Supplemental Diagnosis Axis** fields are needed, repeat the steps previously described for the **Diagnosis - Axis I - 1** field for each of the needed **Supplemental Diagnosis Axis** fields otherwise, go to the next step.



How do I Edit an Existing Diagnosis?

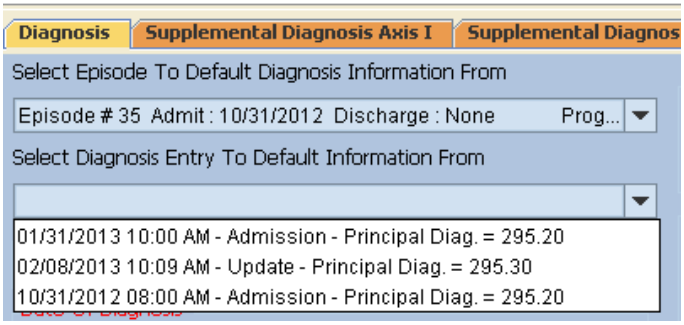
To edit an existing diagnosis:

To select the episode to default the diagnosis information from, position the mouse pointer over the drop-down arrow in the Select Episode To Default Diagnosis Information From field and single click the left mouse button to display the available choices.

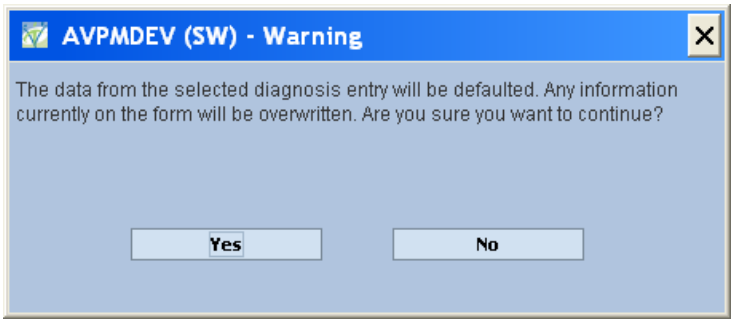


Position the mouse pointer over the desired episode and single click the left mouse button to make the selection. Click on the OK button to continue.

To select an existing diagnosis to default information in from, position the mouse pointer over the drop-down arrow in the Select Diagnosis Entry To Default Information From field and single click the left mouse button to display the available choices.

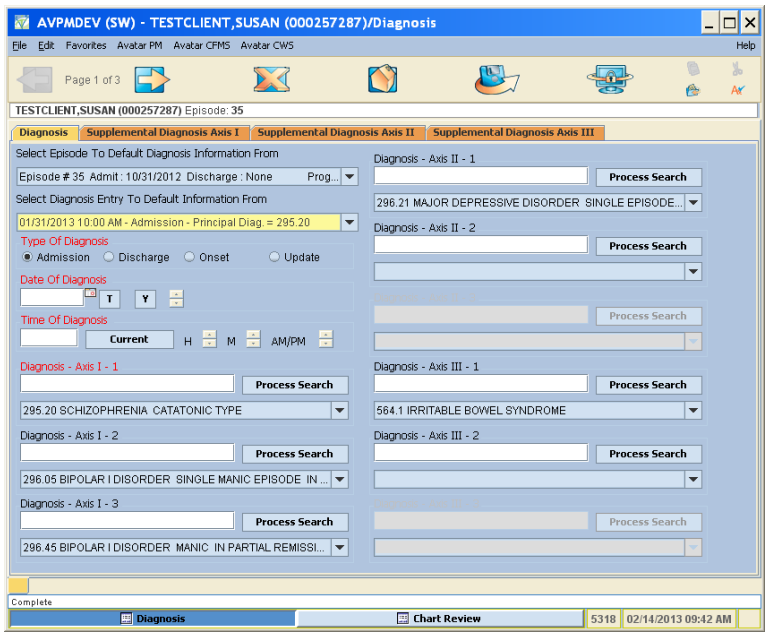


Position the mouse pointer over the desired diagnosis and single click the left mouse button to make the selection. Click on the OK button to continue.



This warning message displays to confirm that diagnosis information will default and any information entered into the fields on the screen will be overwritten. Click on the Yes button to continue.

The option will launch with all of the information defaulted in from the original diagnosis entry.

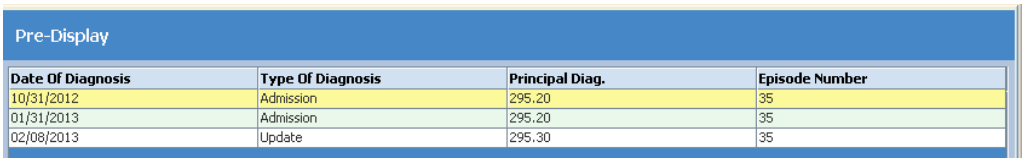


Make the edits following the steps previously described in the How do I Complete the Diagnosis Option section.

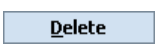
How do I Delete an Existing Diagnosis?

To delete an existing diagnosis:

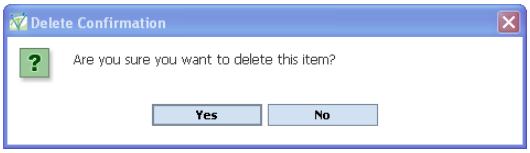
Position the mouse pointer over the desired diagnosis to be deleted in the **Pre-Display** and single click the left mouse button to make the selection.



Position the mouse pointer over the **Delete** button and single click the left mouse button.

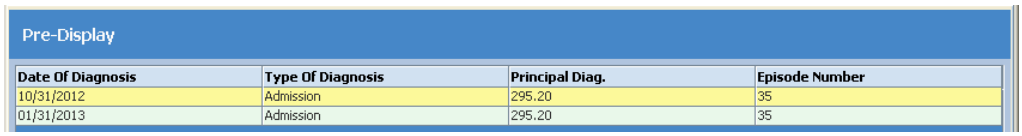


A message will display prompting the user to confirm the deletion.



Position the mouse pointer over the **Yes** button to clear the message and delete the selected diagnosis otherwise, select the **No** button to cancel the deletion and return to the option pre-display.

If yes is selected the diagnosis will be deleted and is removed from the pre-display.



How do I Submit the Data?

To file and save the data and/or data changes entered:

Position the mouse pointer over the **Submit** icon and single click the left mouse button.

The option will submit the data and exit back to the main Avatar page.

Pre-Admit Process

Purpose – To enter a Pre-Admit episode when the individual presents to the Admissions Department at the facility.

In order to enable HST's, Nurses and Physicians to enter Vital Signs, Allergies, the Admission Pre-Evaluation Screen, Part One of the Admission Assessment, and Progress Notes, **all** individuals who present in the Admissions Department need to have a Pre-Admit episode created in Avatar PM. This Pre-Admit episode must be created as soon as the individual presents in the Admissions Department.

All individuals will be assigned the XXO102-PreAdmit - Brief Assessment program when the Pre-Admit episode is first created.

Overview – The Pre-Admit episode must be created so that Admissions Staff and Health Care Providers can enter critical clinical information into Avatar CWS.

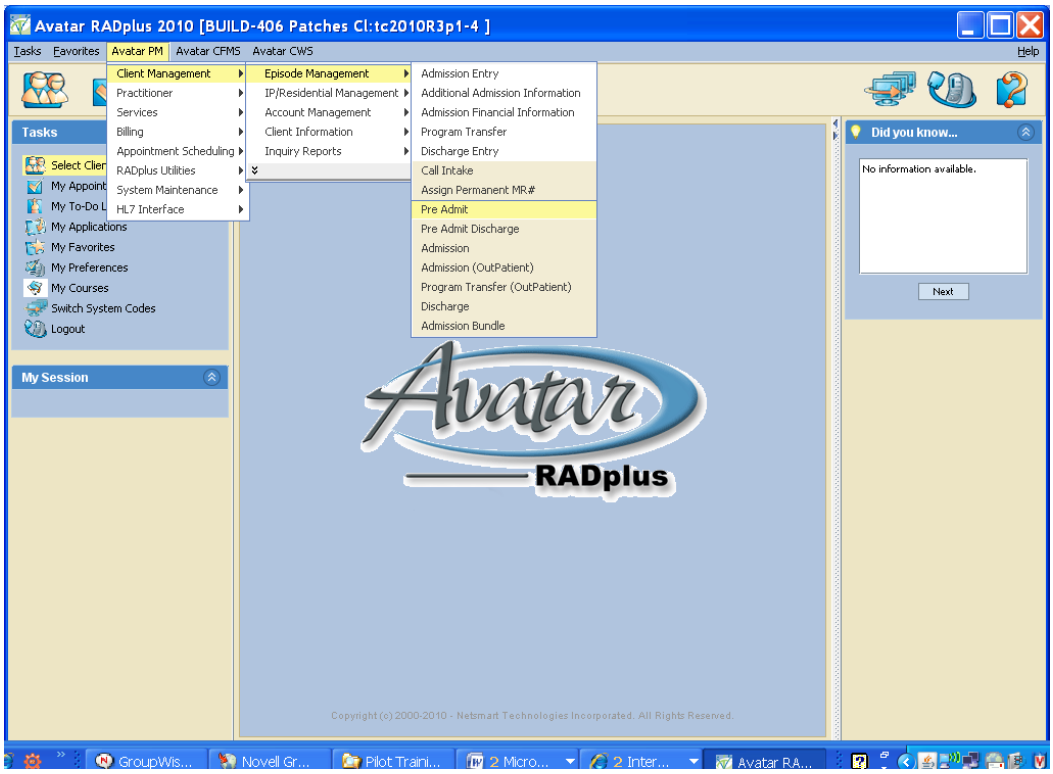
Prerequisites

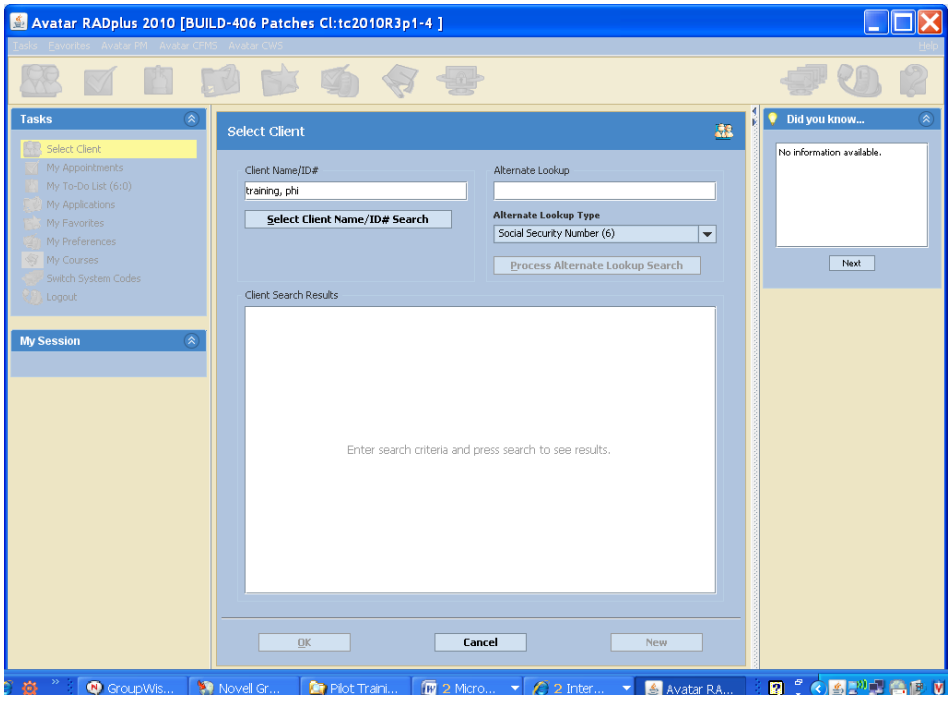
- User must be assigned to a user role authorized to file the Pre-Admit episode.
- User must be logged into **Avatar**.

Procedures

How Do I Enter a Pre-Admit in Avatar?

Avatar PM → Episode Management → Pre-Admit


Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks Favorites Avatar PM Avatar CFMS Avatar CWS Help
Client Management
Practitioner
Services
Billing
Appointment Scheduling
RADplus Utilities
System Maintenance
HL7 Interface
Episode Management
IP/Residential Management
Account Management
Client Information
Inquiry Reports
Admission Entry
Additional Admission Information
Admission Financial Information
Program Transfer
Discharge Entry
Call Intake
Assign Permanent MR#
Pre Admit
Pre Admit Discharge
Admission
Admission (OutPatient)
Program Transfer (OutPatient)
Discharge
Admission Bundle
Tasks
Select Client
My Appointments
My To-Do List
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Did you know...
No information available.
Next
Avatar
RADplus
Copyright (c) 2000-2010 - Netsmart Technologies Incorporated. All Rights Reserved.


Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks
Select Client
My Appointments
My To-Do List (6:0)
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Select Client
Client Name/ID#
training, phi
Select Client Name/ID# Search
Alternate Lookup
Alternate Lookup Type
Social Security Number (6)
Process Alternate Lookup Search
Client Search Results
Enter search criteria and press search to see results.
OK
Cancel
New
Did you know...
No information available.
Next

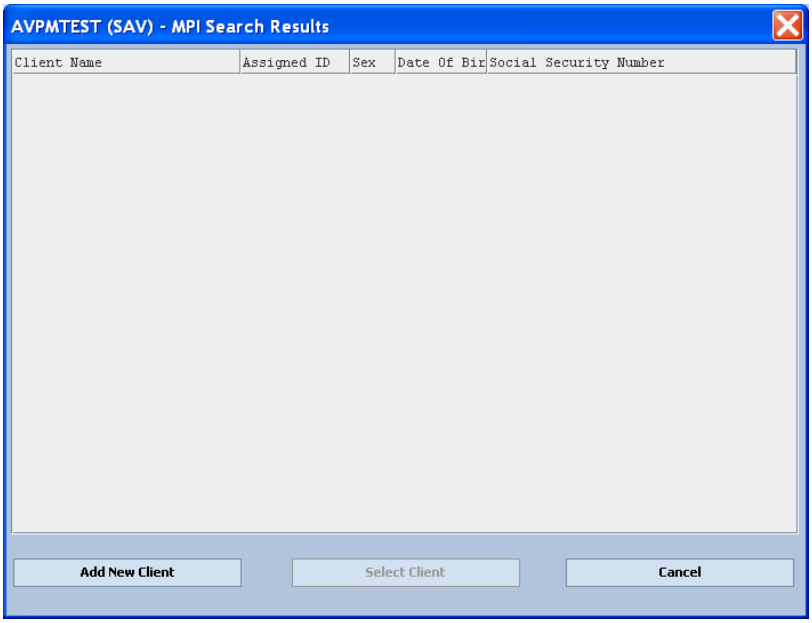
- Type the individual's Last Name, first couple characters of First Name in the Client Name/ID# field. For example: Training, Phi.

- Click on the Select Client Name/ID# Search button.

- If the individual has not been admitted before, you will receive a "Client Not Found" message. Click on OK.

- Click on the New button at the bottom of the page.

- Type the First Name of the individual in the First Name field.
- Type the Last Name of the individual in the Last Name field.
- Click on the Search button at the bottom of the screen. An MPI Search screen will display.



- If a list of clients is presented and the client is on that list, click on the appropriate client's name and then click on the Select Client button at the bottom of the screen.

- If the appropriate client is not on the list, click on the Add New Client button at the bottom of the screen.

There are a total of **9** required fields to create the Pre-Admit episode using the Pre Admit screens:

- **Pre-Admit Tab Page 1**

  Client Name

  Sex

  Preadmit/Admission Date

  Preadmit/Admission Time

  Program

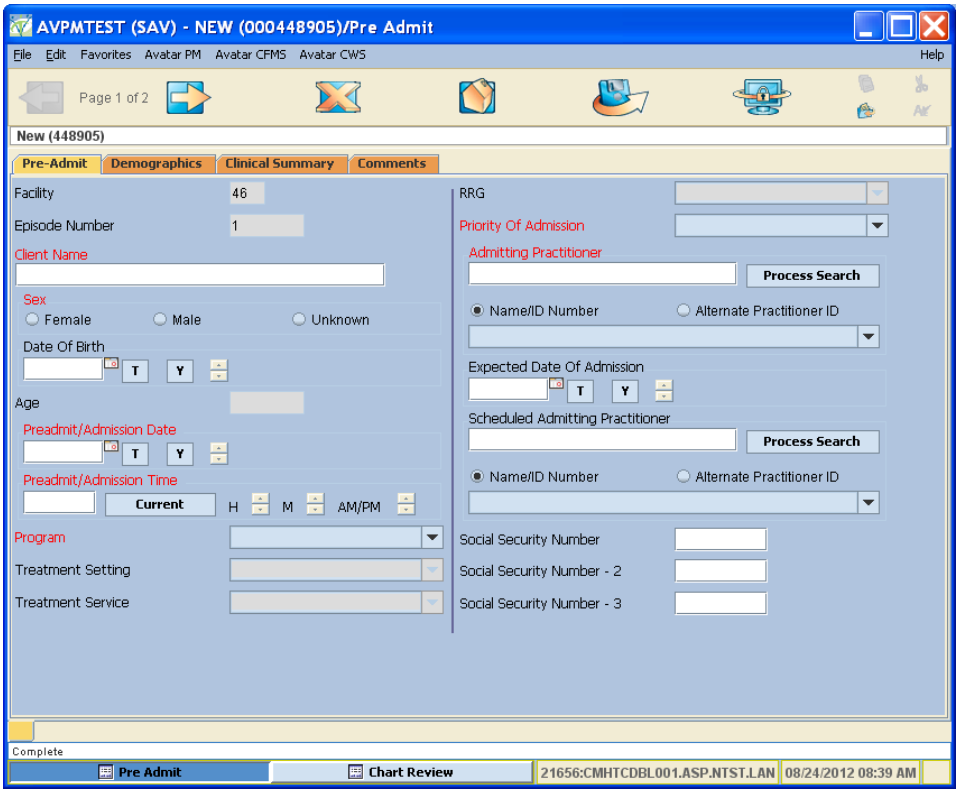
Priority of Admission

Admitting Practitioner

- **Demographics Tab Page 1**
  Client Race

- **Demographics Tab Page 2**
  Ethnic Origin

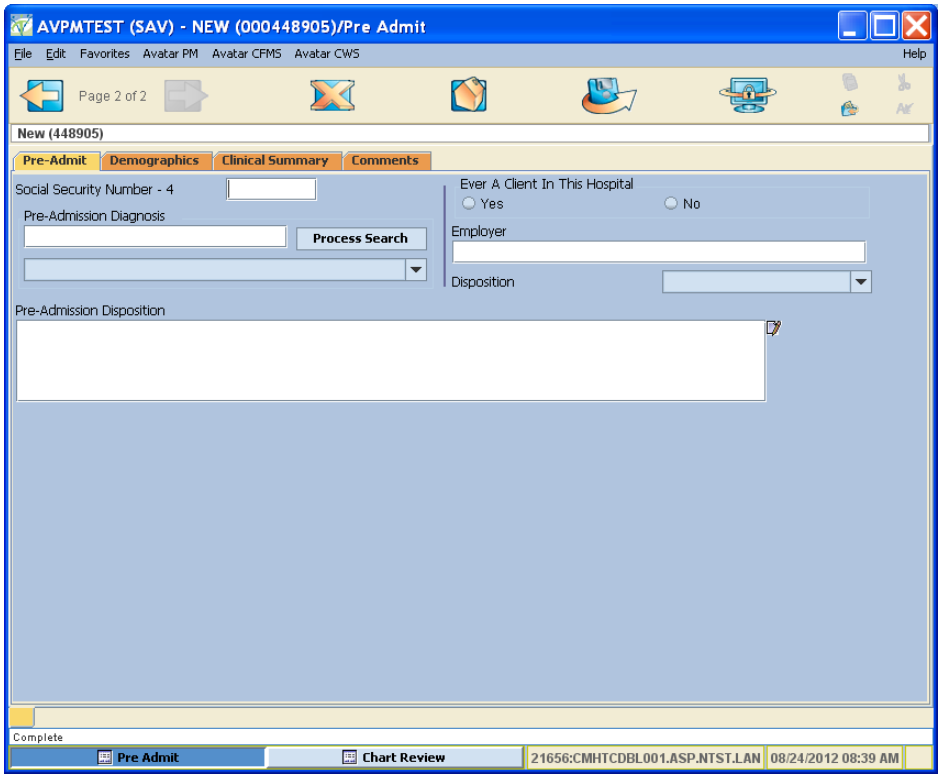
Tab Name – Pre-Admit Page 1



Field Name	***Instruction***
Facility	The system will default the Facility number.
Episode Number	The system will automatically assign the episode number for the individual.
Client Name	This is required field #1. Type the individual's name in this format: Last Name,First Name. Do not insert

	a space between the coma and first name.
Sex	This is required field #2. Click in the appropriate radio button to the left of the description.
Date of Birth	This is an optional field and does not need to be answered to create the pre-admit episode. If known, type the date of birth in MM/DD/YYYY format.
Age	The system will calculate the individual's age from the date of birth entered.
Preadmit/Admission Date	This is required field #3. Enter the appropriate date in MM/DD/YYYY format.
Preadmit/Admission Time	This is required field #4. Enter the appropriate time in the field.
Program	This is required field #5. *Always select the XX0102-PreAdmit-Brief Assessment Program in this field for the Pre-Admit.*
Treatment Setting	The system will default this information based on the program selected in the Program field.
Treatment Service	The system will default this information based on the program selected in the Program field.
RRG	The system will default this information based on the program selected in the Program field.
Priority of Admission	This is required field #6. Select the appropriate priority from the drop down list.
Admitting Practitioner	This is required field #7. Enter the first few characters of the practitioner's last name and click on the Process Search button. Select the practitioner from the list displayed.
Expected Date of Admission	This is an optional field and does not need to be answered to create the pre-admit episode. Enter date in MM/DD/YYYY format, if known.
Scheduled Admitting Practitioner	This is an optional field and does not need to be answered to create the pre-admit episode. Enter the first few characters of the practitioner's last name and click on the Process Search button. Select the practitioner from the list displayed.
Social Security Number	This is an optional field and does not need to be answered to create the pre-admit episode. Enter the SSN if known.
Social Security Number – 2	This is an optional field and does not need to be answered to create the pre-admit episode. Enter only if the individual has more than one SSN.
Social Security Number – 3	This is an optional field and does not need to be answered to create the pre-admit episode. Enter only if the individual has more than one SSN.

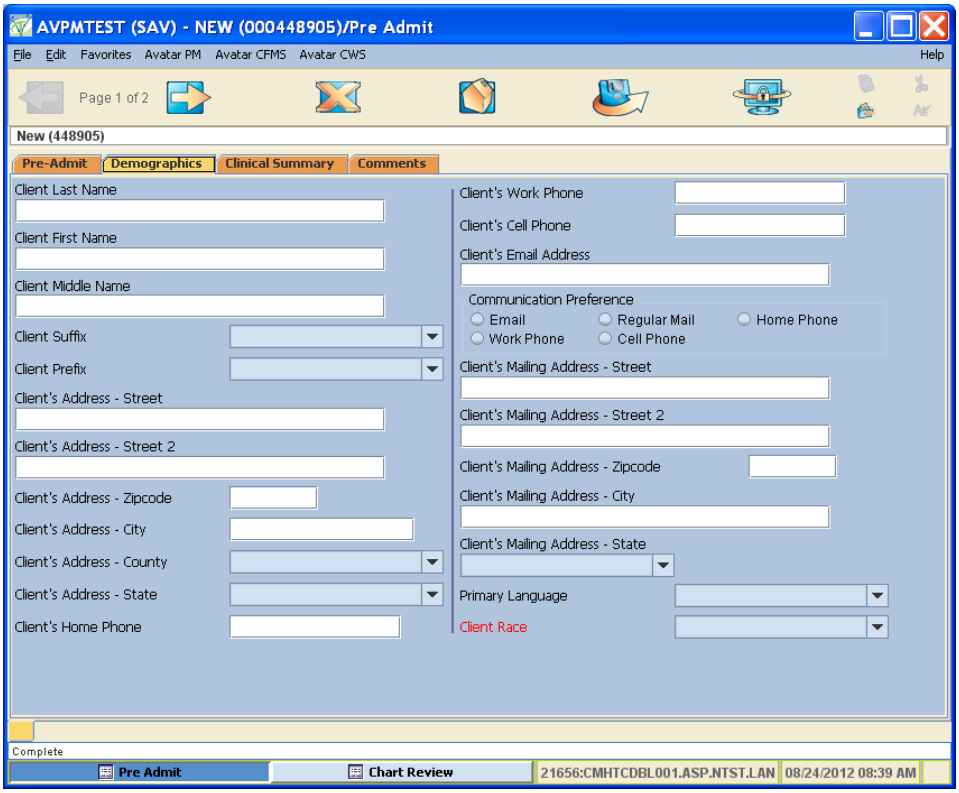
Tab Name – Pre-Admit Page 2



Field Name	***Instruction***
Social Security Number – 4	This is an optional field and does not need to be answered to create the pre-admit episode. Enter only if needed.
Pre-Admission Diagnosis	This is an optional field and does not need to be answered to create the pre-admit episode. Enter the first few characters of the diagnosis description or the diagnosis code and click on the Process Search button. Select the appropriate diagnosis from the list displayed.
Ever a Client In This Hospital	This is an optional field and does not need to be answered to create the pre-admit episode. Click in the radio button to the left of the description.
Employer	This is an optional field and does not need to be answered to create the pre-admit episode. Enter the employer's name in this field
Disposition	This is an optional field and does not need to be answered to create the pre-admit episode. Do not enter this information at the time the pre-admit episode is created.

Pre-Admission Disposition	This is an optional field and does not need to be answered to create the pre-admit episode. Do not enter this information at the time the pre-admit episode is created.

Tab Name – Demographics Page 1

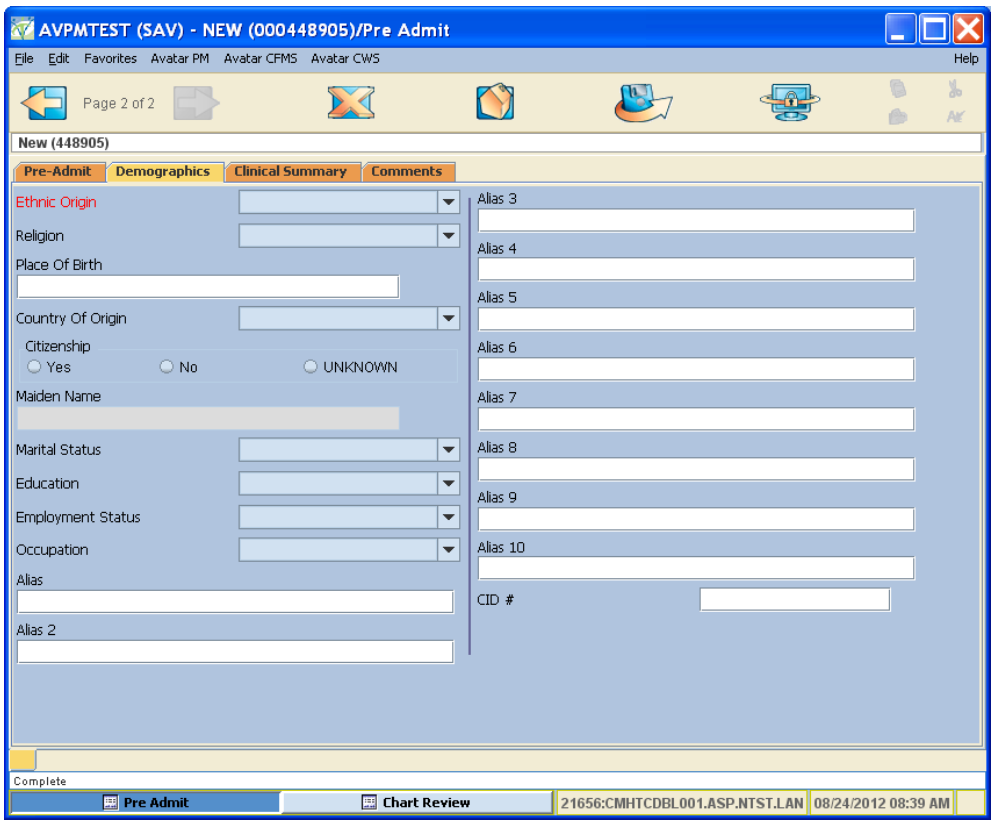


Field Name	***Instruction***
Client Last Name	This is an optional field and does not need to be answered to create the pre-admit episode. The system will default this from what is entered into the Client Name field on the Pre-Admit tab.
Client First Name	This is an optional field and does not need to be answered to create the pre-admit episode. The system will default this from what is entered into the Client Name field on the Pre-Admit tab.
Client Middle Name	This is an optional field and does not need to be answered to create the pre-admit episode. Type this information if known.
Client Suffix	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.

Client Prefix	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Client's Address – Street	This is an optional field and does not need to be answered to create the pre-admit episode. Type the address in the field
Client's Address – Street 2	This is an optional field and does not need to be answered to create the pre-admit episode. Type the address in the field.
Client's Address – Zip Code	This is an optional field and does not need to be answered to create the pre-admit episode. Type the zip code in the field.
Client's Address – City	This is an optional field and does not need to be answered to create the pre-admit episode. Type the city in the field.
Client's Address – County	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate county from the drop down list.
Client's Address – State	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate state from the drop down list.
Client's Home Phone	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's home phone number in the field.
Client's Work Phone	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's work phone number in the field.
Client's Cell Phone	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's cell phone number in the field.
Client's Email Address	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's email address in the field.
Communication Preference	This is an optional field and does not need to be answered to create the pre-admit episode. Click in the radio button to the left of the description.
Client's Mailing Address – Street	This is an optional field and does not need to be answered to create the pre-admit episode. Type in the client's mailing address in the field.
Client's Mailing Address – Street 2	This is an optional field and does not need to be answered to create the pre-admit episode. Type in the client's mailing address in the field.
Client's Mailing Address – Zip Code	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's mailing zip code in the field.
Client's Mailing Address – City	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's mailing city in the field.
Client's Mailing Address – State	This is an optional field and does not need to be answered to create the pre-admit episode. Type the client's mailing state in

	the field.
Primary Language	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate response from the drop down list.
Client Race	This is required field #8. Select the appropriate answer from the drop down list.

Tab Name – Demographics Page 2

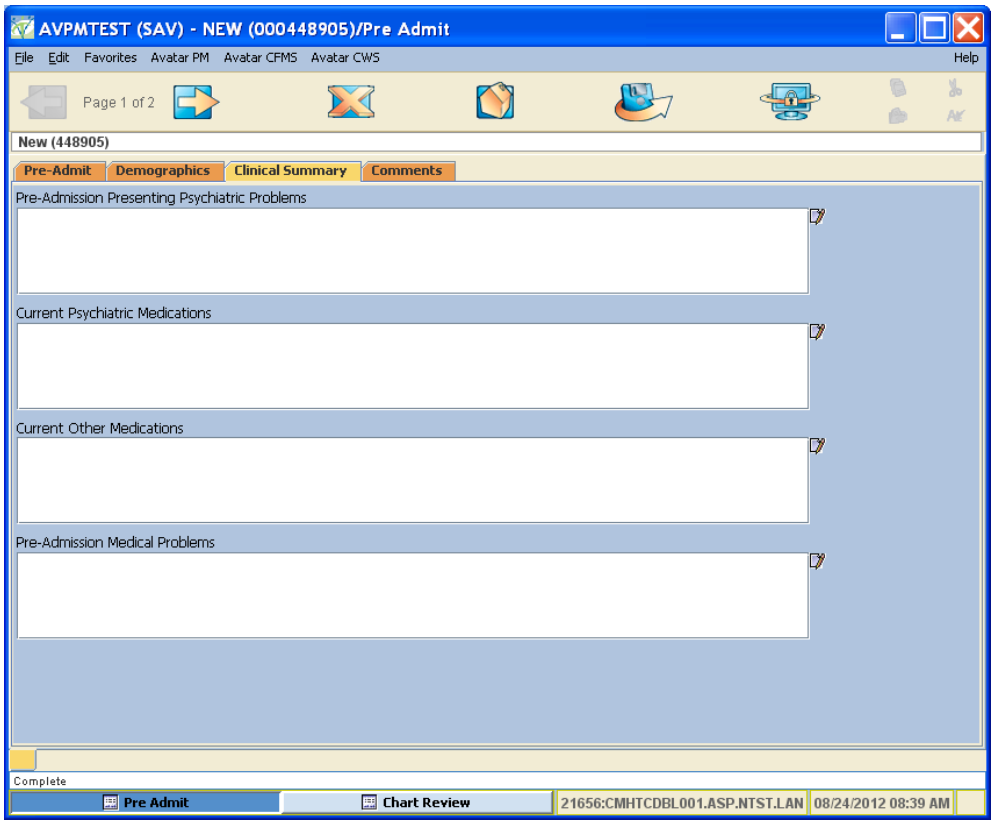


Field Name	Instruction
Ethnic Origin	This is required field #9. Select the appropriate answer from the drop down list.
Religion	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Place of Birth	This is an optional field and does not need to be answered to create the pre-admit episode. Type in the place of birth in this field.
Country of Origin	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Citizenship	This is an optional field and does not need to be

	answered to create the pre-admit episode. Click in the radio button to the left of the appropriate response.
Maiden Name	This is an optional field and does not need to be answered to create the pre-admit episode. Type maiden name in this field.
Marital Status	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Education	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Employment Status	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Occupation	This is an optional field and does not need to be answered to create the pre-admit episode. Select the appropriate answer from the drop down list.
Alias	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 2	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 3	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 4	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 5	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 6	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 7	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 8	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 9	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.
Alias 10	This is an optional field and does not need to be answered to create the pre-admit episode. Type the alias in the field.

CID #	This is an optional field and does not need to be answered to create the pre-admit episode. Type the CID # in the field.

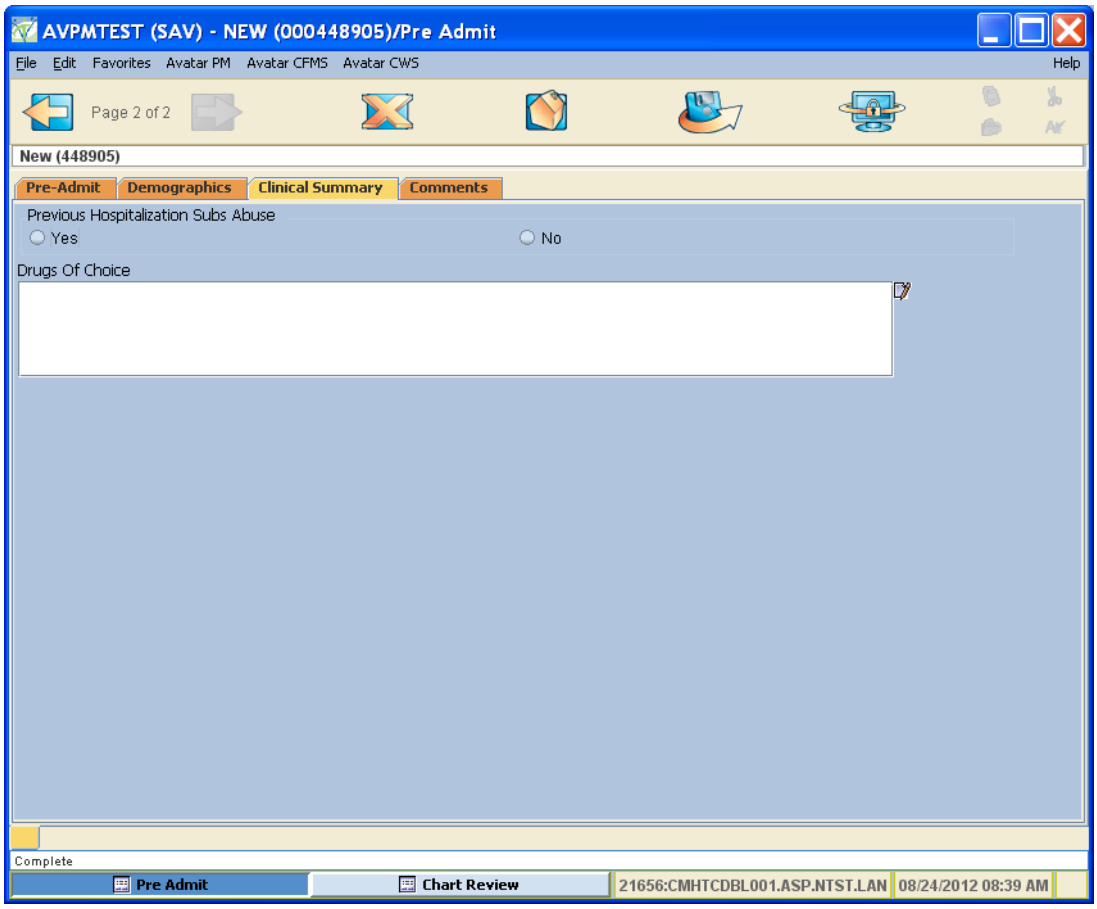
Tab Name – Clinical Summary Page 1



Field Name	***Instruction***
Pre-Admission Presenting Psychiatric Problems	This is an optional field and does not need to be answered to create the pre-admit episode. Type any presenting psychiatric problems in this field.
Current Psychiatric Medications	This is an optional field and does not need to be answered to create the pre-admit episode. Type the current psychiatric medications in this field.
Current Other Medications	This is an optional field and does not need to be answered to create the pre-admit episode. Type the current other medications in this field.
Pre-Admission Medical Problems	This is an optional field and does not need to be answered to create the pre-admit episode. Type any pre-admission medical problems in

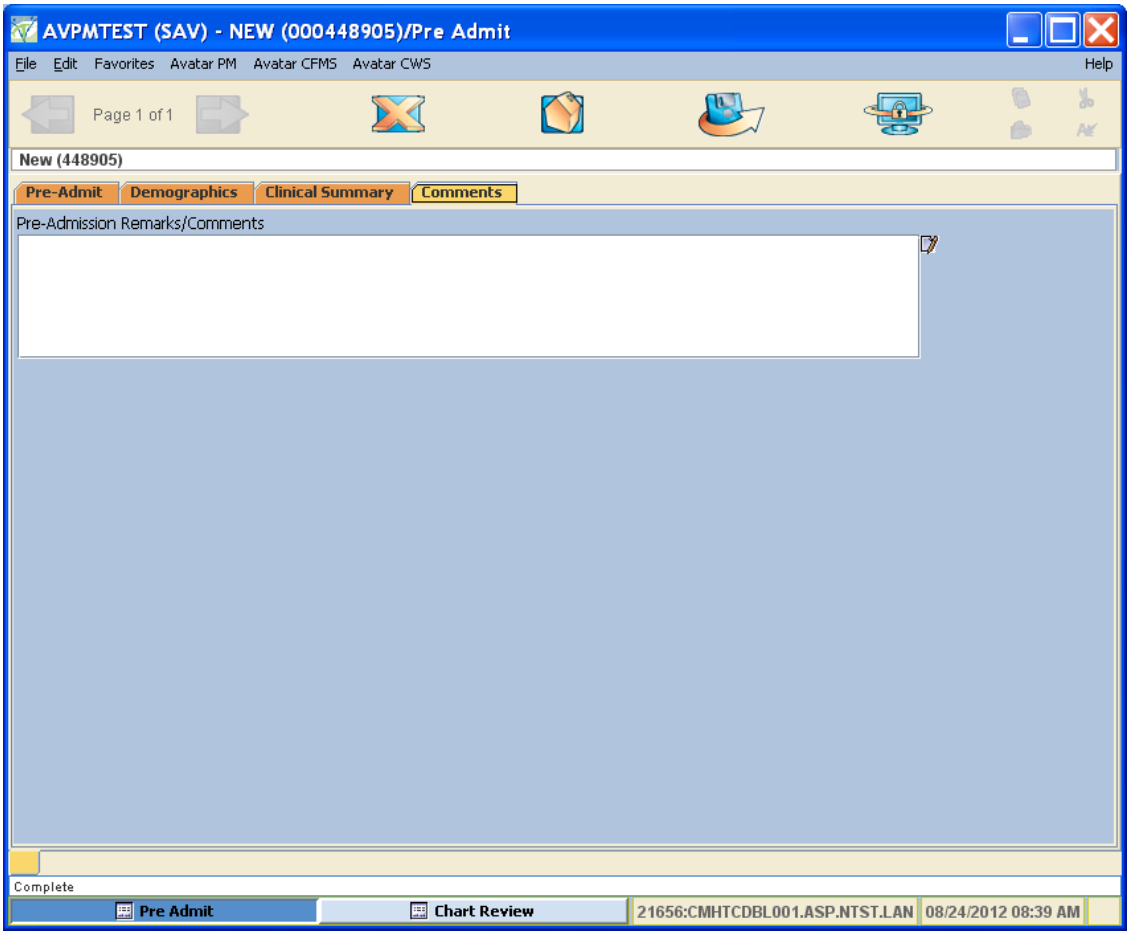
	this field.

Tab Name – Clinical Summary Page 2



Field Name	***Instruction***
Previous Hospitalization Subs Abuse	This is an optional field. Click in the radio button to the left of the description for the appropriate answer.
Drugs of Choice	This is an optional field and does not need to be answered to create the pre-admit episode. Type in the drugs of choice as stated by the individual.

Tab Name – Comments Page 1



Field Name	***Instruction***
Pre-Admission Remarks/Comments	This is an optional field and does not need to be answered to create the pre-admit episode.

How do I SAVE the Pre-Admit episode?

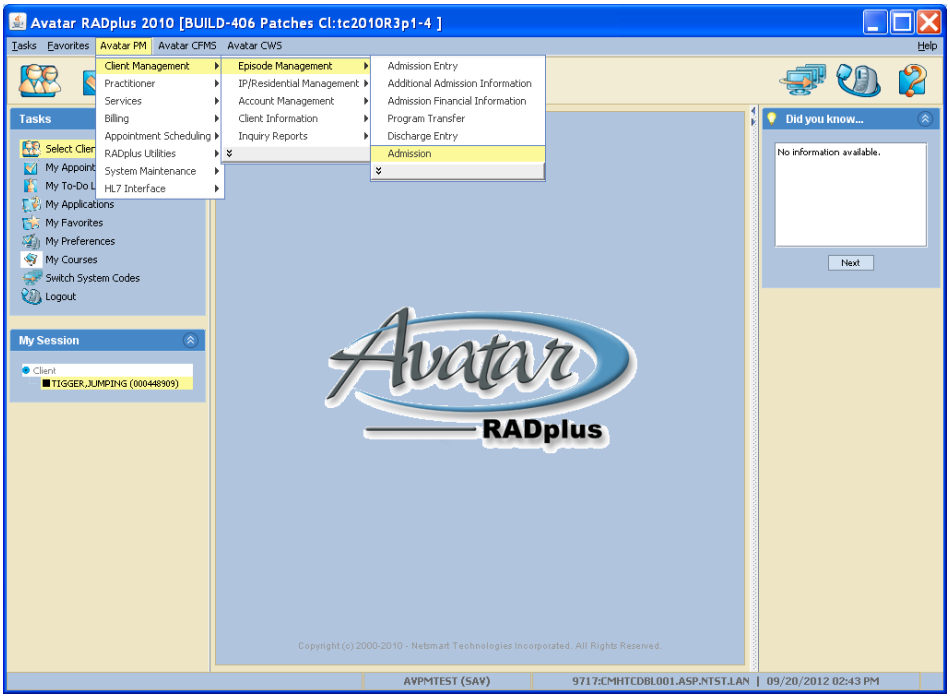
Position the mouse pointer over the **Submit** icon and single click the left mouse button.

What do I do with the Pre-Admit episode when the individual's disposition is decided?

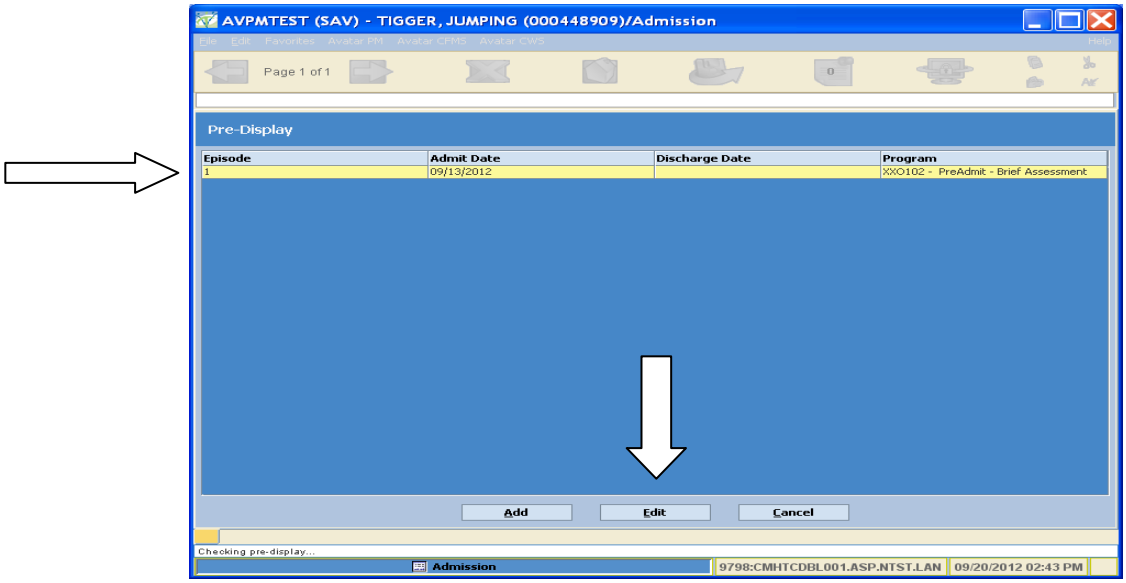
Scenario #1 = Individual is discharged from the facility

Action = Create an Admission episode and then discharge that Admission episode.

Avatar PM → Client Management → Episode Management → Admission



Highlight the appropriate pre-admit episode on the Pre-Display screen and click on the Edit button at the bottom of the screen

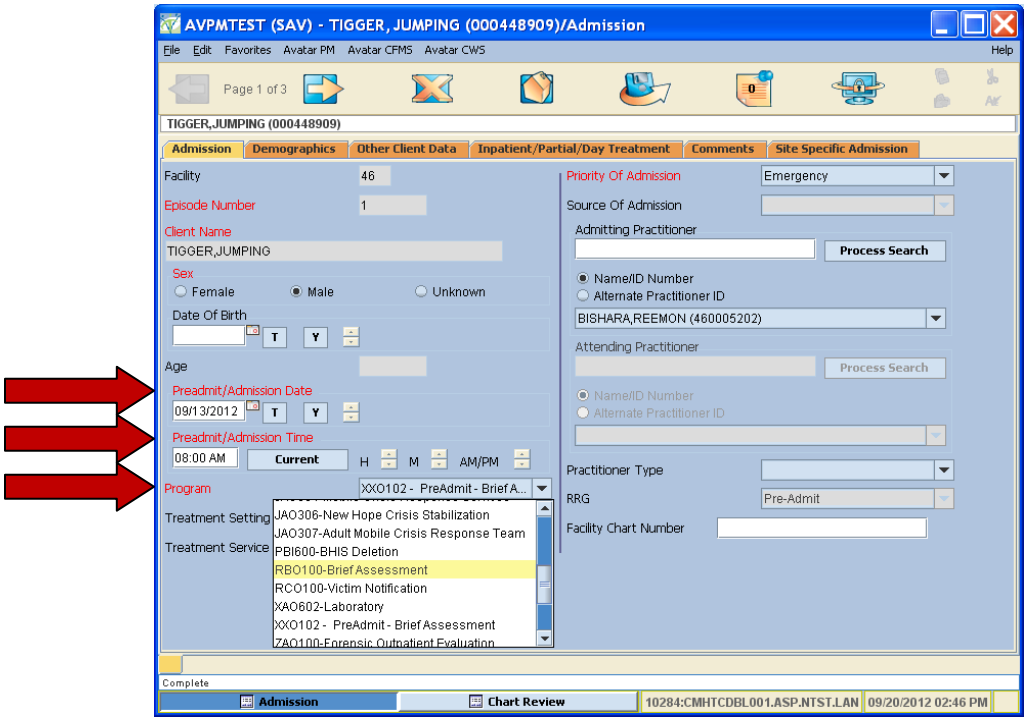


and do the following:

Update/Change Pre-Admit/Admission Date if appropriate

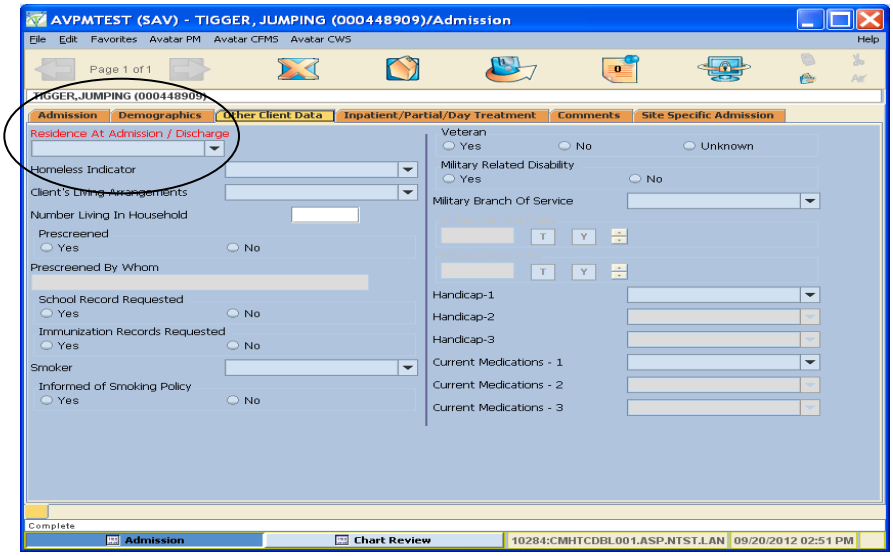
Update/Change Pre-Admit/Admission Time if appropriate

Update/Change the Program to the RBO100-Brief Assessment program as designated by the Admitting Physician.

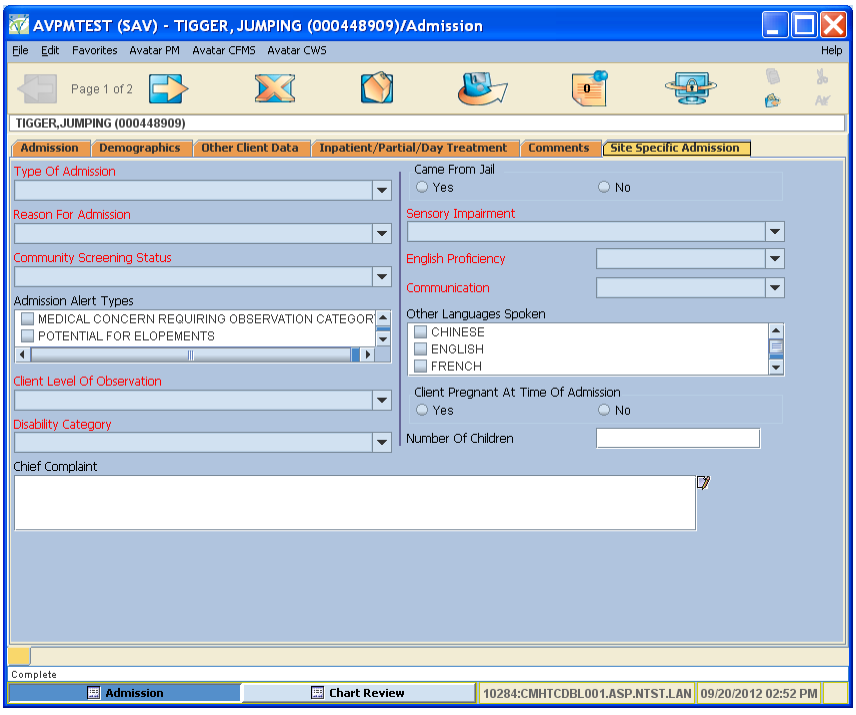


Once the Brief Assessment program is selected, the following fields will become required:

Other Client Data Tab → Residence At Admission / Discharge



Site Specific Admission Tab → Type of Admission, Reason for Admission, Community Screening Status, Client Level of Observation, Disability Category, Sensory Impairment, English Proficiency, and Communication



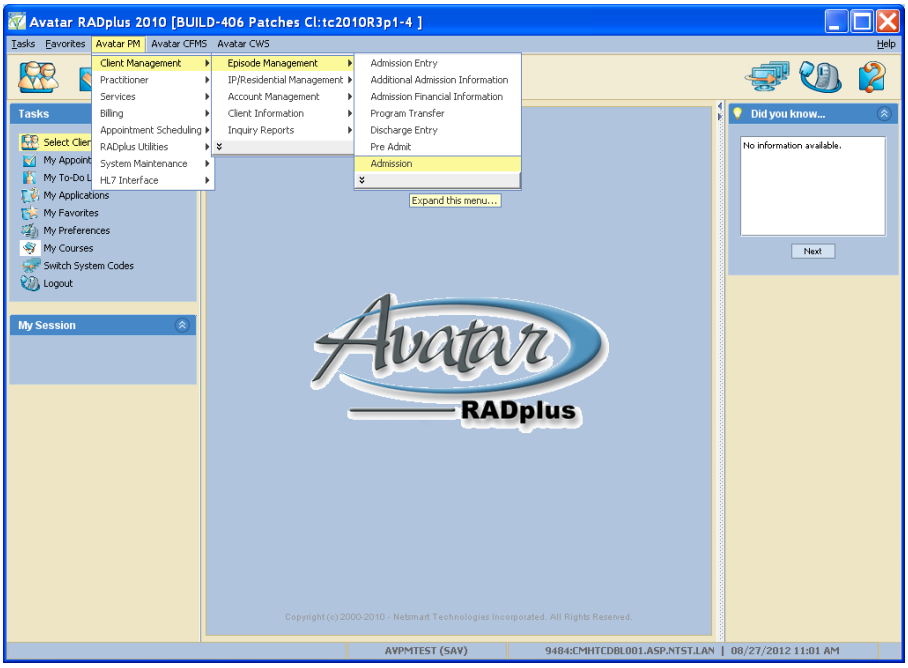
****NOTE: Once these required fields are completed and the information is submitted, continue through the Admission bundle as normally is done. Once the Brief Assessment episode is created and submitted, discharge the Brief Assessment episode as is normally done.**

Submit the Brief Assessment episode by by the positioning the mouse pointer over the **Submit** icon and single click the left mouse button.

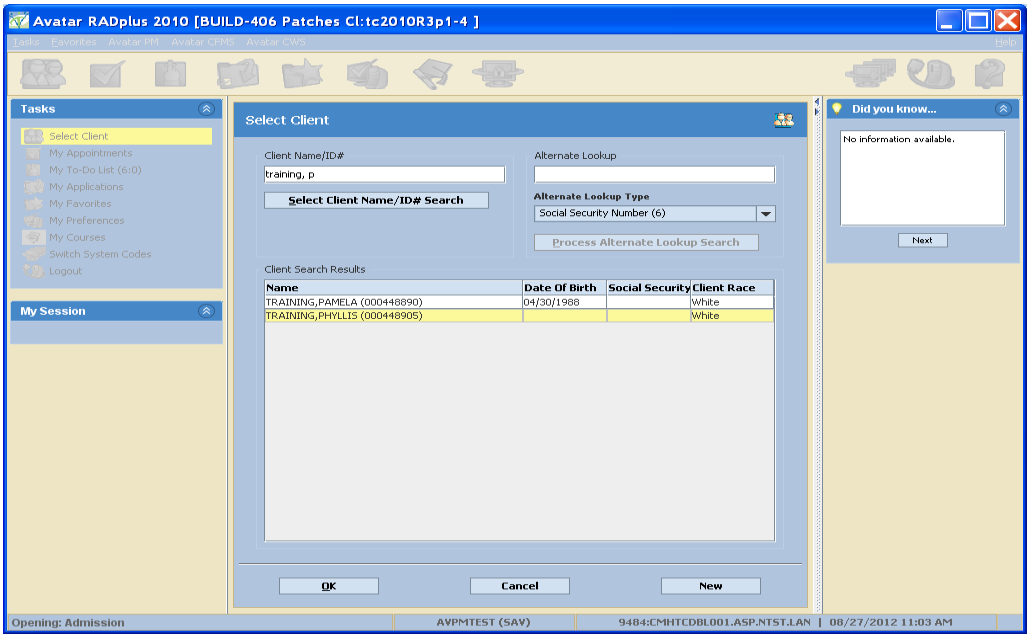
Scenario #2 = Individual is sent to 23 Hour Observation

Action = Create an Outpatient Admission Episode

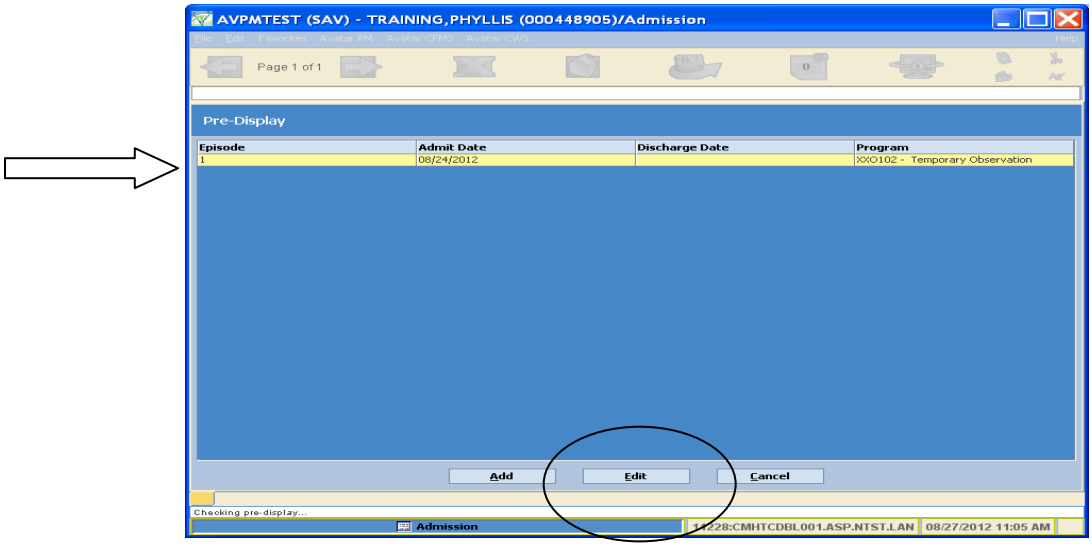
Avatar PM → Client management → Episode Management → Admission



Select the Individual



Click on the appropriate Pre-Admit Episode and then click the Edit Button at the bottom of the screen

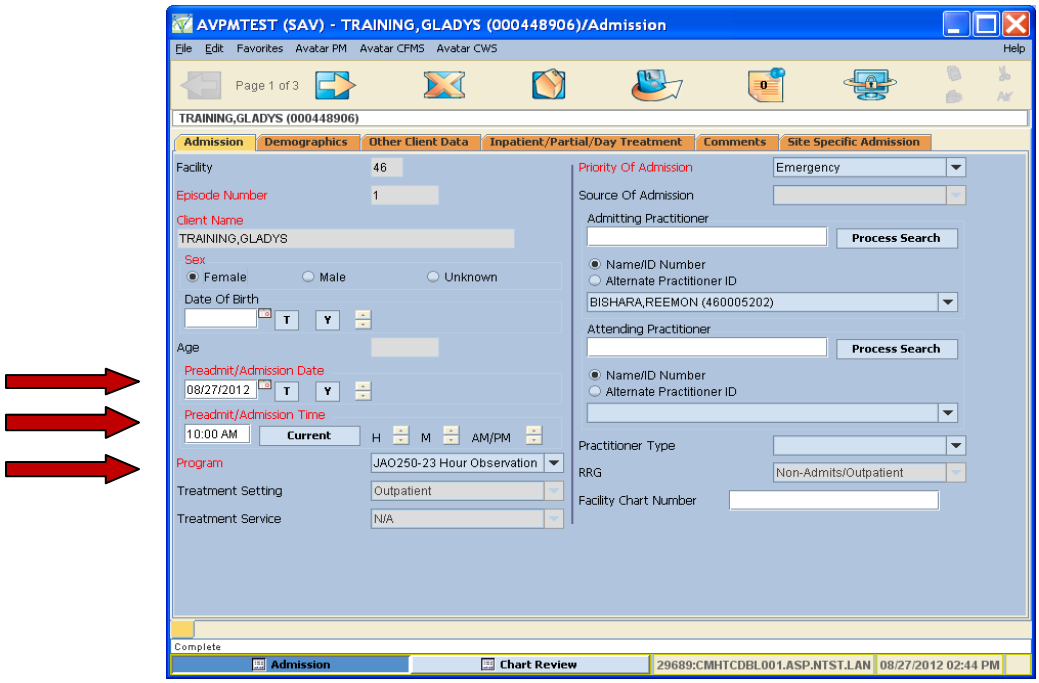


and do the following:

Update/Change Pre-Admit/Admission Date if appropriate

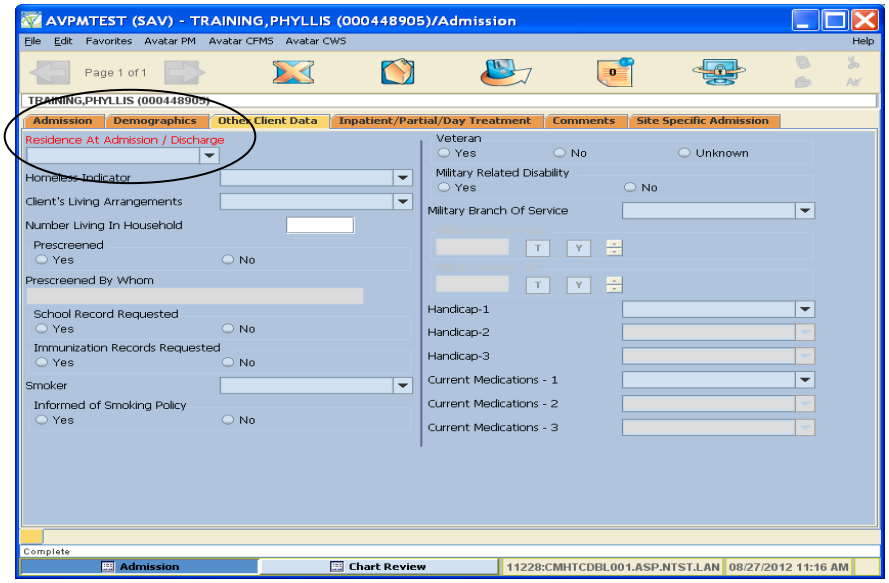
Update/Change Pre-Admit/Admission Time if appropriate

Update/Change the Program to the JAO2050 23 Hour Observation program as designated by the Admitting Physician.

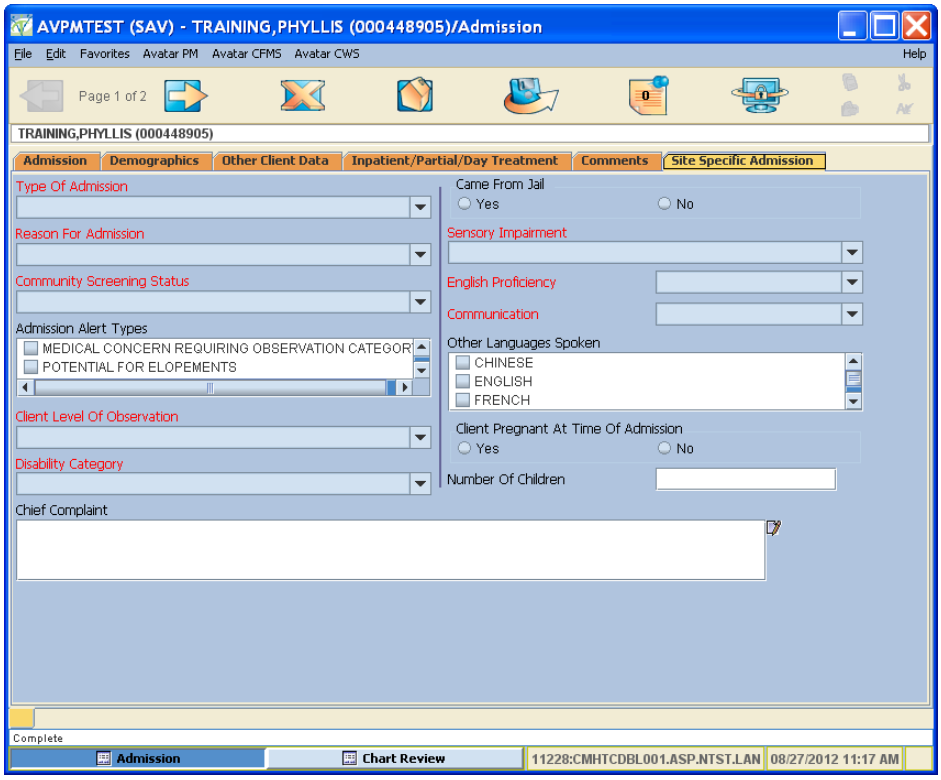


Once the 23 Hour Observation Program is selected, the following fields will become required:

<u>Other Client Data Tab</u> → Residence at Admission/Discharge



Site Specific Admission Tab → Type of Admission, Reason for Admission, Community Screening Status, Client Level of Observation, Disability Category, Sensory Impairment, English Proficiency, and Communication



****NOTE: If the physician decides to admit the individual from 23 Hour Observation, discharge the 23 Hour Observation episode and create an Inpatient episode for the individual. This is exactly how this process is currently done.**

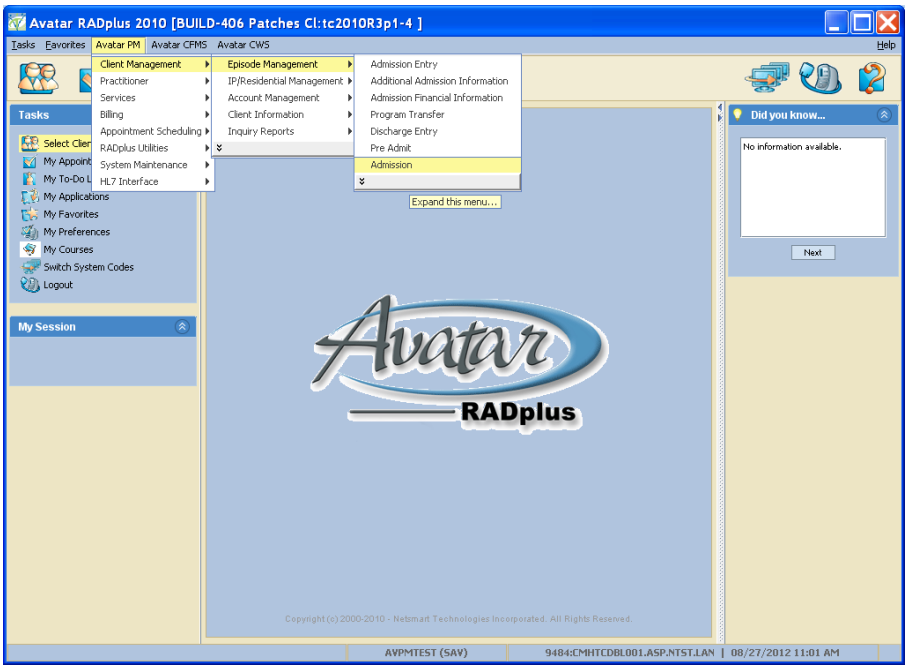
Save the 23 Hour Observation episode by the positioning the mouse pointer over the **Submit** icon and single click the left mouse button.

Scenario #3 = Individual is admitted to an inpatient unit without going to 23 Hour Observation

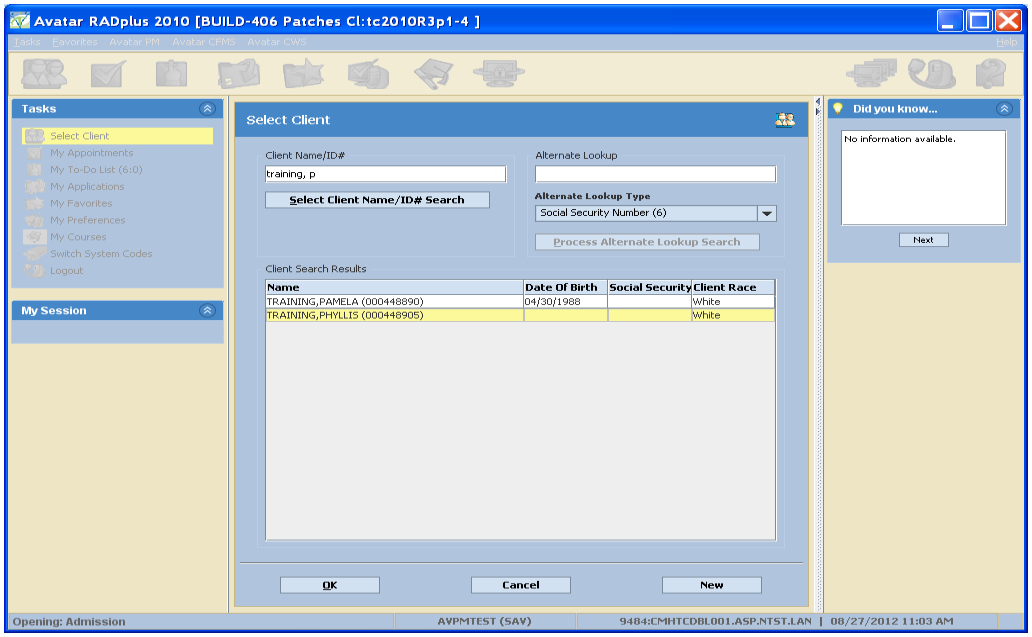
Action = Create an Inpatient Admission Episode

When the physician decides the individual's disposition is to admit, open the Pre-Admit Episode using the following steps:

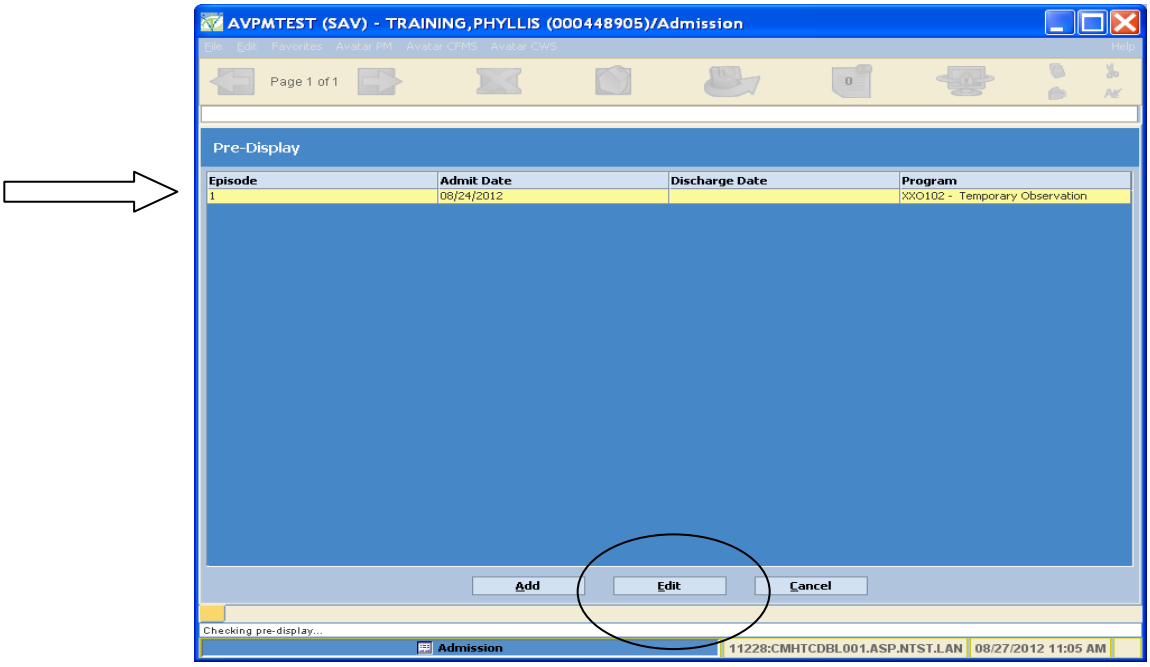
Avatar PM → Client Management → Episode Management → Admission



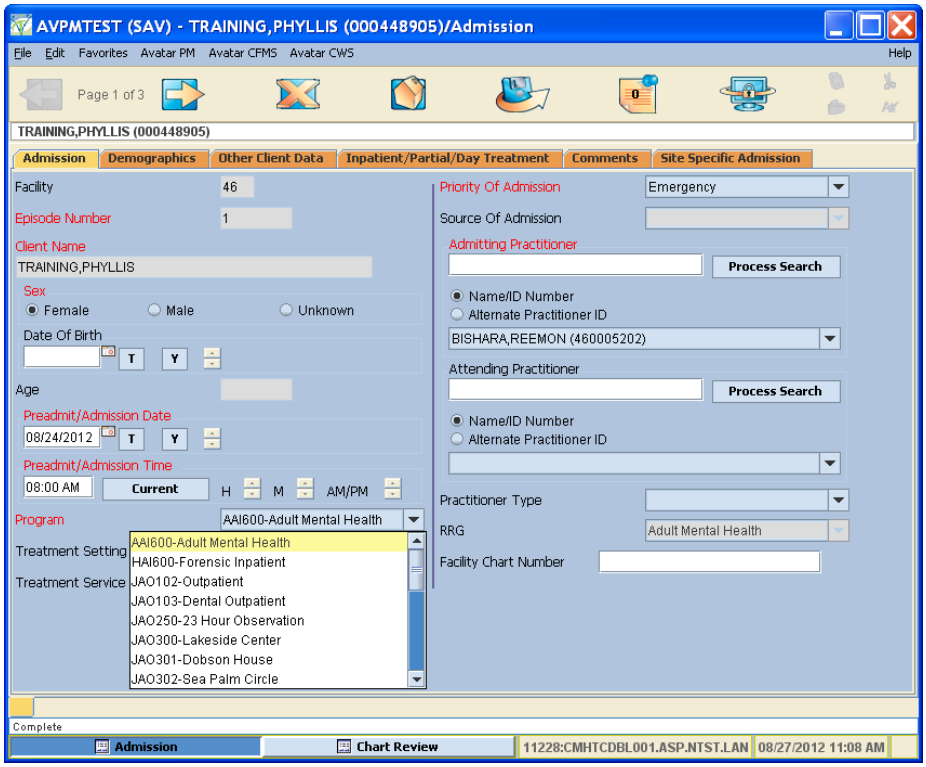
Select the Individual



Click on the appropriate Pre-Admit Episode and then click the Edit Button at the bottom of the screen

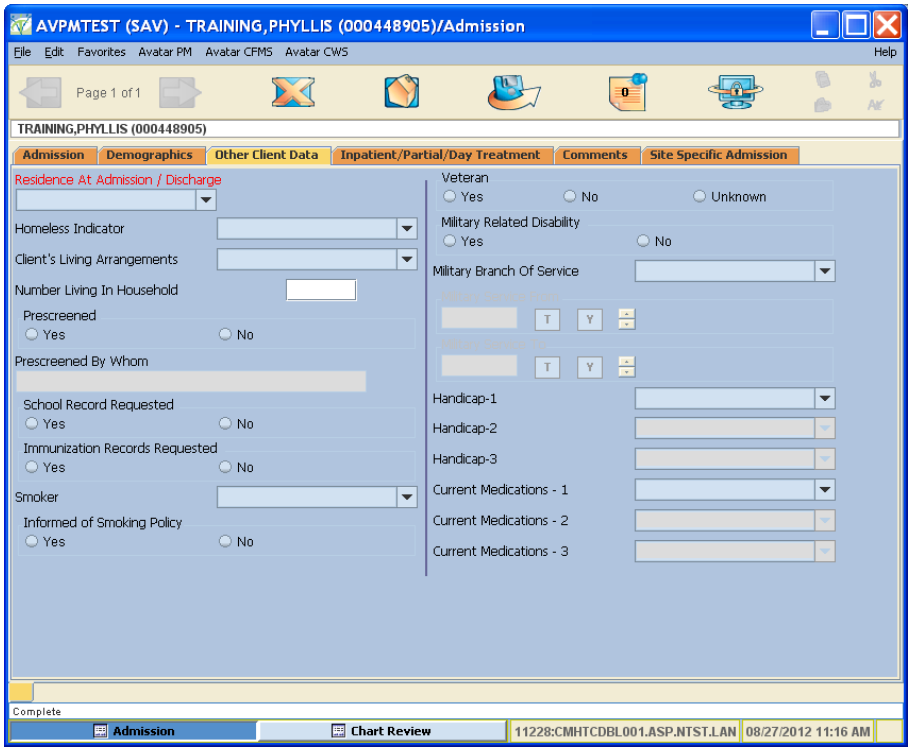


Select the appropriate Inpatient Program from the drop down list.

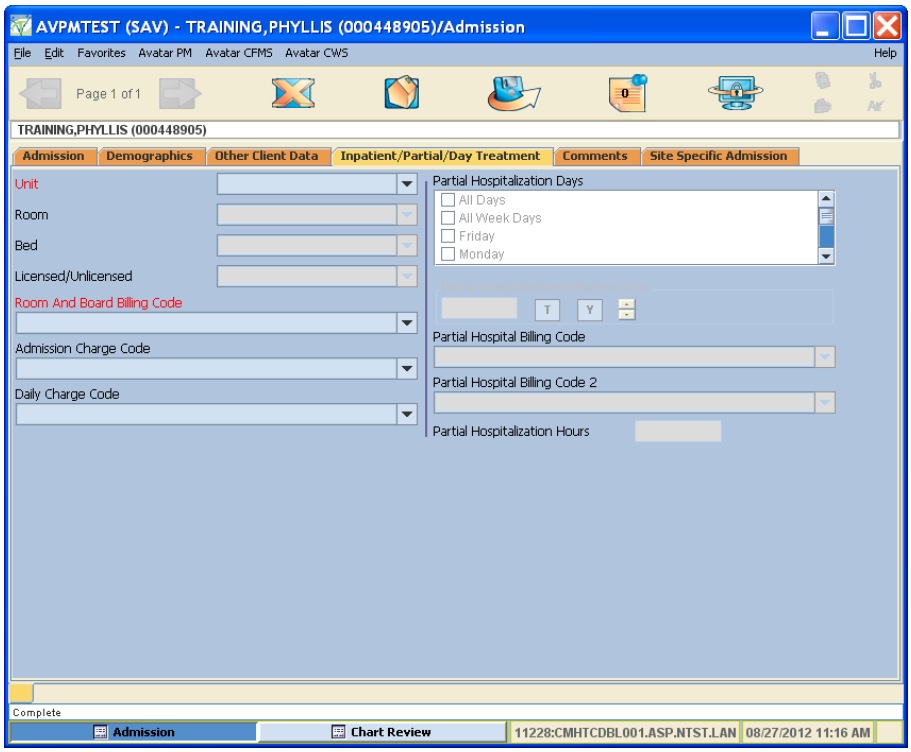


Once the Inpatient Program is selected, the following fields will become required:

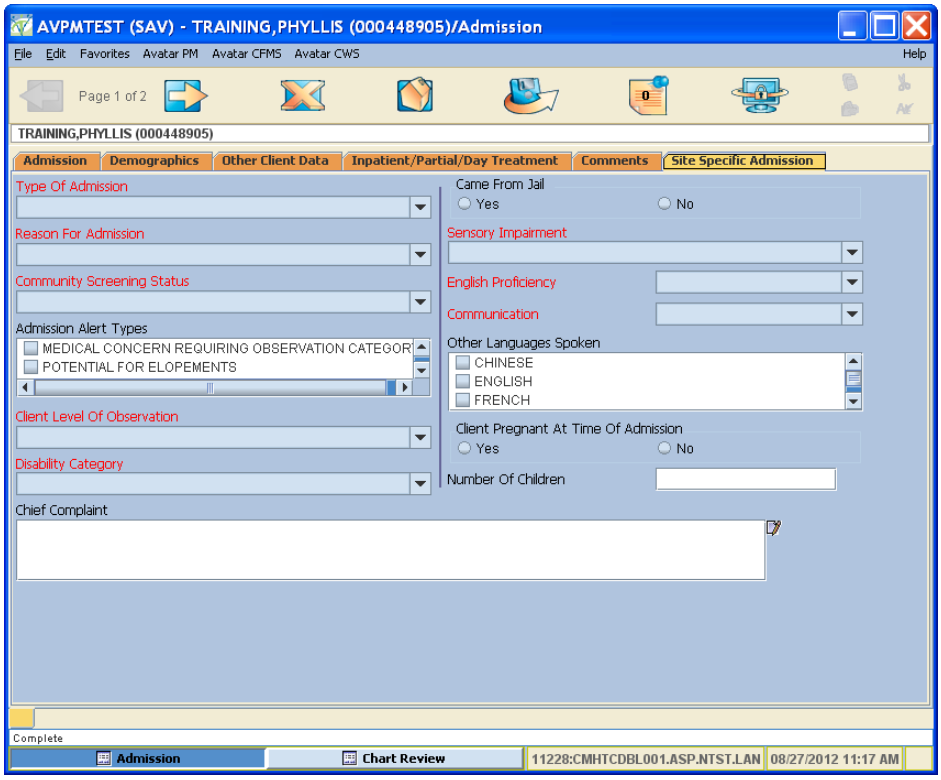
Other Client Data Tab → Residence at Admission/Discharge



Inpatient/Partial/Day Treatment Tab → Unit, Room, Bed and Room And Board Billing Code



Site Specific Admission Tab → Type of Admission, Reason for Admission, Community Screening Status, Client Level of Observation, Disability Category, Sensory Impairment, English Proficiency, and Communication



Complete all required fields for the Inpatient Admission, position the mouse pointer over the **Submit** icon and single click the left mouse button to save the Inpatient episode.

II. Section – Assessments

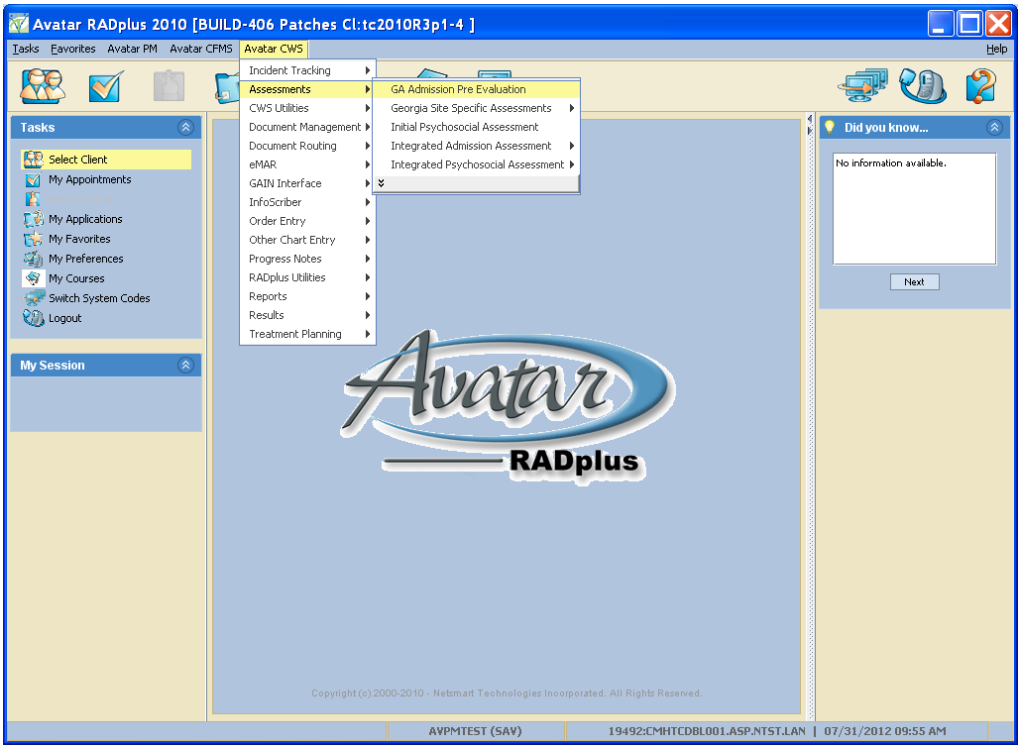
Admissions Pre-Evaluation Screen

Purpose
The Admissions Pre-Evaluation Screen: Adult Mental Health & Forensics is used to perform medical triage of the individual at the time he/she arrives at the facility.

Overview
The Admissions Pre-Evaluation Screen: Adult Mental Health & Forensics is completed by the Admissions Staff when the individual presents at the facility. The admission physician reviews the responses to determine what level of evaluation needs to occur (i.e., urgent/emergent or routine).

Prerequisites
- Individual must have an open Avatar episode.
- Staff must have an Avatar user id/log in.
- Individual should be selected before form is opened.

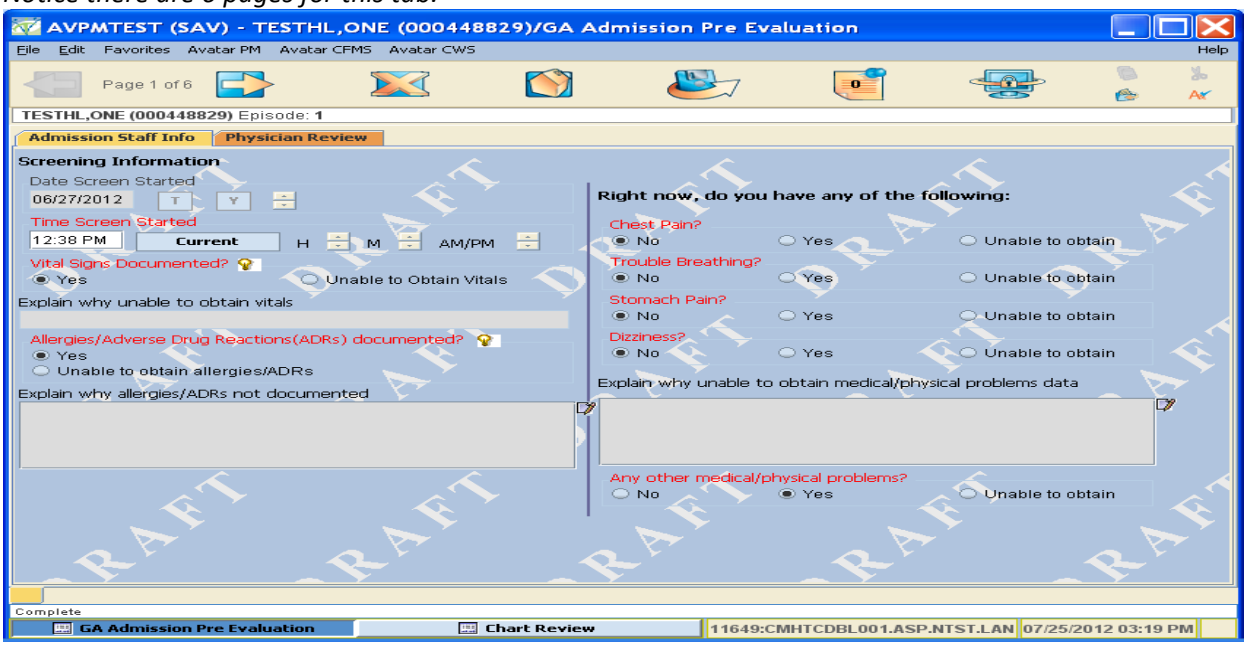
Procedures
How Do I Launch a Admissions Pre-Evaluation Screen in Avatar?
Menu Path - Avatar CWS → Assessments → GA Admission Pre-Evaluation



How Do I Enter/Complete a new Admissions Pre-Evaluation?

Tab 1 – Admission Staff Info (1 of 6)

Notice there are 6 pages for this tab.

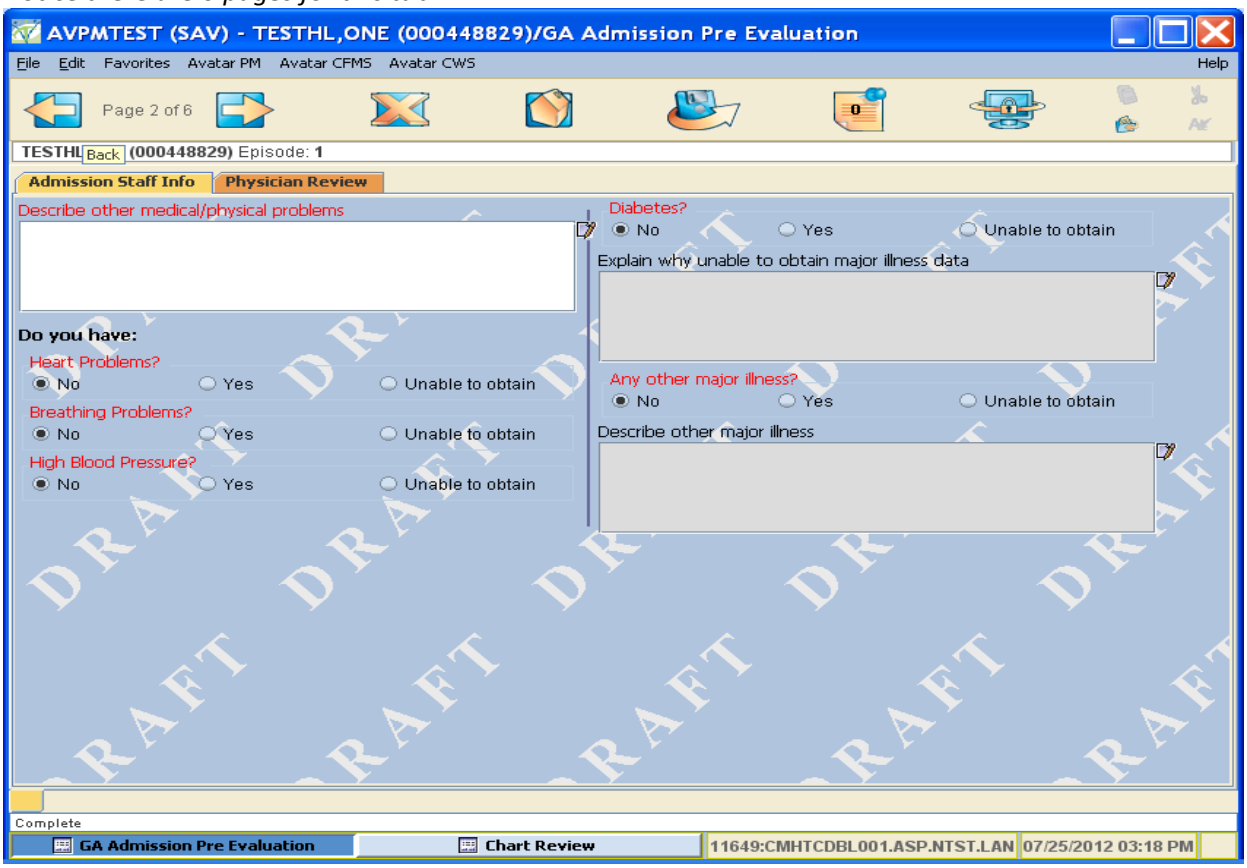


Field Name	***Instruction***
Date Screen Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Screen Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Vital Signs Documented?	This is a required field. To view and/or document vital signs, click on the hour glass shape in the upper right hand corner of the screen. This will open the vital signs screen. You can enter vital signs or review the vital signs that have already been entered. Close the vital signs screen and then indicate the correct response to this question by clicking in the radio button to the left of the response.
Vital Signs Documented?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why unable to obtain vitals	This field is only required if the response to 'Vital Signs Documented?' is "Unable to obtain vitals". Type the reason that vital signs were not able to be done.
Allergies/Adverse Drug Reactions (ADRs) documented?	This is a required field. To view and/or document allergies/adverse drug reactions, click on the binoculars shape in the upper right hand corner of the screen. This will open the allergies screen. You can enter allergies/adverse drug reactions or review the

	allergies/adverse drug reactions that have already been entered. Close the allergies screen and then indicate the correct response to this question by clicking in the radio button to the left of the response.
Allergies/Adverse Drug Reactions (ADRs) documented?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why allergies/ADRs not documented	This field is only required if the response to 'Allergies/Adverse Drug Reactions (ADRs) documented?' is "Unable to obtain allergies/ADRs". Type the reason that allergies/ADRs were not able to be done.
Chest Pain?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Trouble Breathing?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Stomach Pain?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Dizziness?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Explain why unable to obtain medical/physical problems data	This field becomes required if "Unable to obtain" is selected for 'Chest Pain?', 'Trouble Breathing?', 'Stomach Pain?', 'Dizziness?', and/or 'Any other medical/physical problems?'. Type the reason the symptom/problem was unable to be obtained. NOTE: If "Unable to obtain" is selected in error for any of the five (5) symptom questions, this field will remain a required field. Enter "NA" in this field after clicking in the appropriate radio button to correct the erroneous response.
Any other medical/physical problems?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.

Tab 1 – Admission Staff Info (2 of 6)

Notice there are 6 pages for this tab.

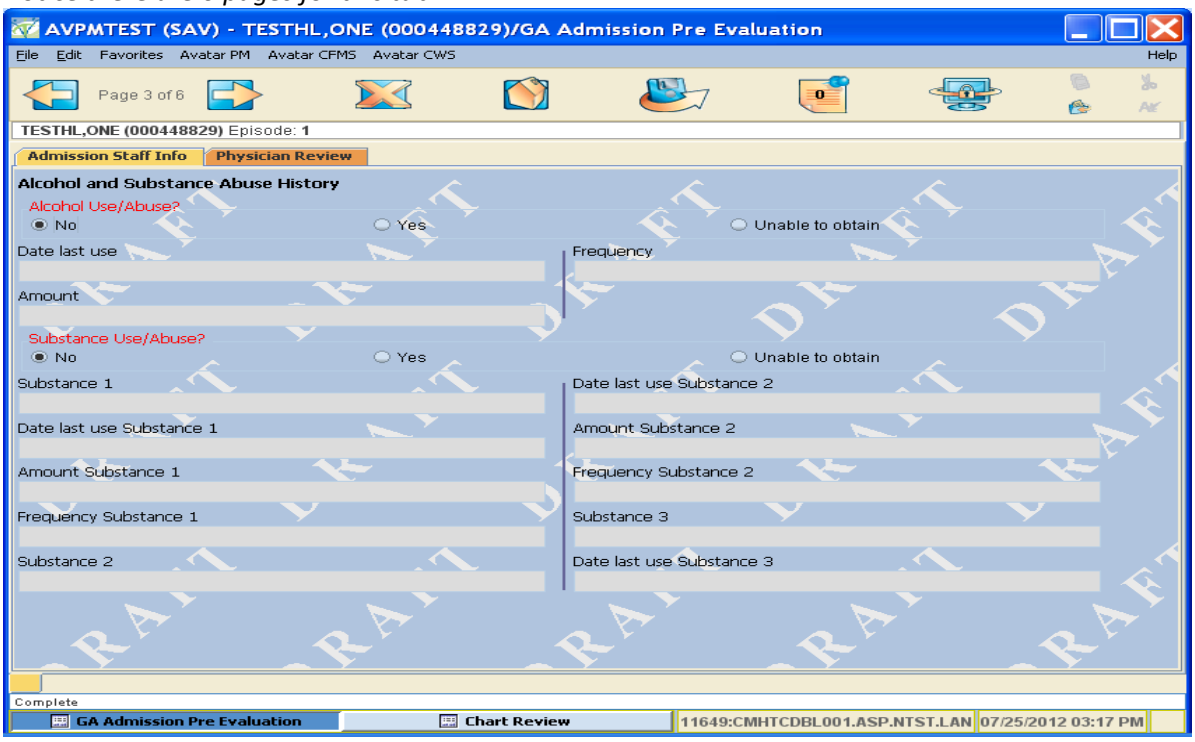


Field Name	***Instruction***
Describe other medical/physical problems	This field becomes required if "Yes" is selected for 'Any other medical/physical problems?'. Type a description of the other medical/physical problems the individual is experiencing.
Heart Problems?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Breathing Problems?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
High Blood Pressure?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Diabetes?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Explain why unable to obtain major illness data	This field becomes required if "Unable to obtain" is selected for 'Heart Problems?', 'Breathing Problems?', 'High Blood Pressure?', 'Diabetes?', and/or 'Any other major illness?'. Type the reason the illness information was unable to be obtained. NOTE: If "Unable to obtain" is selected in error for any of the five (5) illness questions, this field will remain a required field.

	If truly no information is to be entered into the " Explain why unable to obtain major illness data" field – meaning none of the illness questions is unable to obtain, than enter NA in the field.
Any other major illness?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Describe other major illness	This field becomes required if "Yes" is selected for 'Any other illness?'. Type a description of the other illness(es) the individual is experiencing.

Tab 1 – Admission Staff Info (3 of 6)

Notice there are 6 pages for this tab.

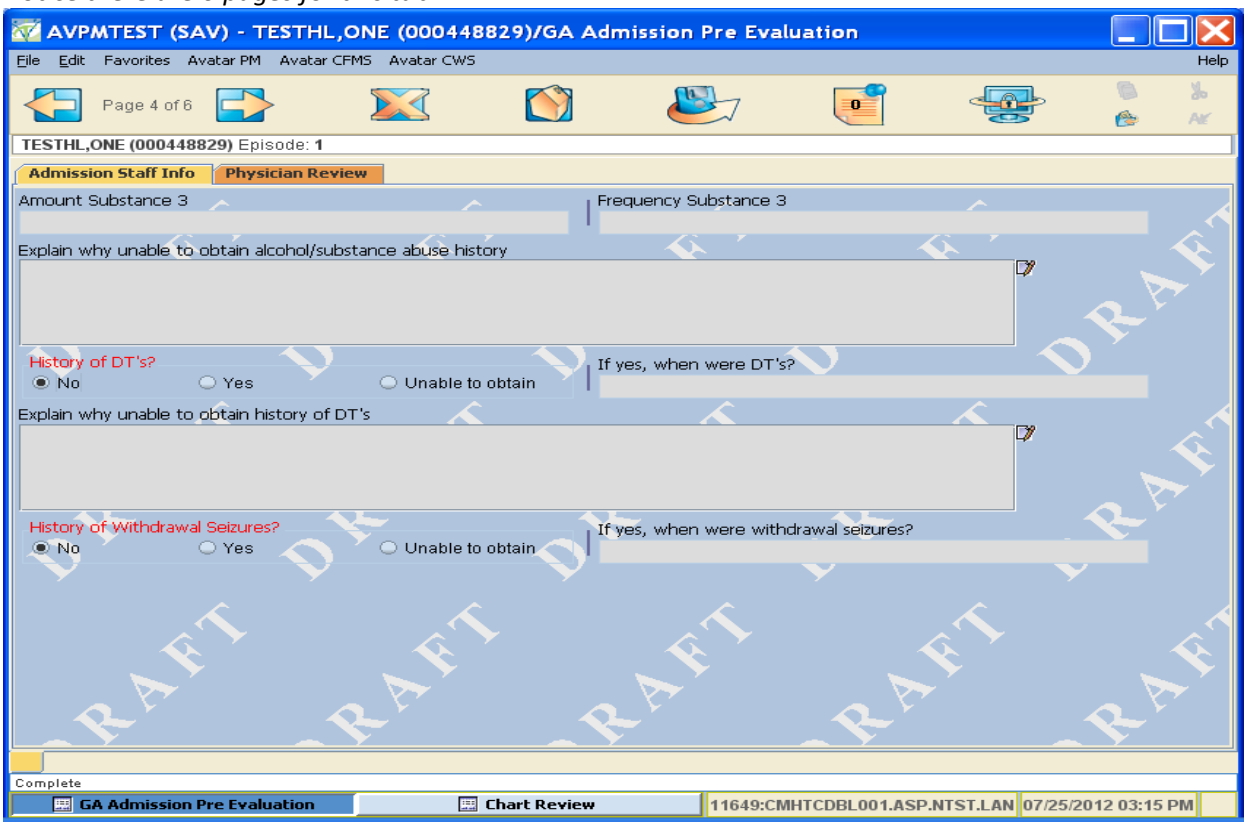


Field Name	***Instruction***
Alcohol Use/Abuse?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Date last use	This field becomes required if 'Yes' is selected for "Alcohol Use/Abuse?". Enter the date, in MM/DD/YYYY format, that the individual indicates in this field.
Amount	This field becomes required if 'Yes' is selected for "Alcohol Use/Abuse?". Enter the amount that the individual indicates in this field.
Frequency	This field becomes required if 'Yes' is selected for "Alcohol Use/Abuse?". Enter the frequency that the individual indicates in this field.
Substance Use/Abuse?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Substance 1	This field becomes required if 'Yes' is selected for "Substance Use/Abuse?". Enter the name of the substance that the individual indicates in this field.
Date last use Substance 1	This field becomes required if 'Yes' is selected for "Substance Use/Abuse?". Enter the date, in MM/DD/YYYY format, that the individual indicates in this field.
Amount Substance 1	This field becomes required if 'Yes' is selected for "Substance

	Use/Abuse?". Enter the amount of the substance that the individual indicates in this field.
Frequency Substance 1	This field becomes required if 'Yes' is selected for "Substance Use/Abuse?". Enter the frequency for the substance that the individual indicates in this field.
Substance 2	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". Use this field to enter the name of the second substance if indicated by the individual. Leave this field blank if no second substance is indicated by the individual.
Date last use Substance 2	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a second substance is used, enter the date, in MM/DD/YYYY format, that the individual indicates substance two was last used in this field. Leave this field blank if no second substance is indicated by the individual.
Amount Substance 2	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a second substance is used, enter the amount of the second substance the individual indicates in this field. Leave this field blank if no second substance is indicated by the individual.
Frequency Substance 2	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a second substance is used, enter the frequency for the second substance the individual indicates in this field. Leave this field blank if no second substance is indicated by the individual.
Substance 3	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". Use this field to enter the name of the third substance if indicated by the individual. Leave this field blank if no third substance is indicated by the individual.
Date last use Substance 3	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a third substance is used, enter the date, in MM/DD/YYYY format, that the individual indicates substance three was last used in this field. Leave this field blank if no third substance is indicated by the individual.

Tab 1 – Admission Staff Info (4 of 6)

Notice there are 6 pages for this tab.



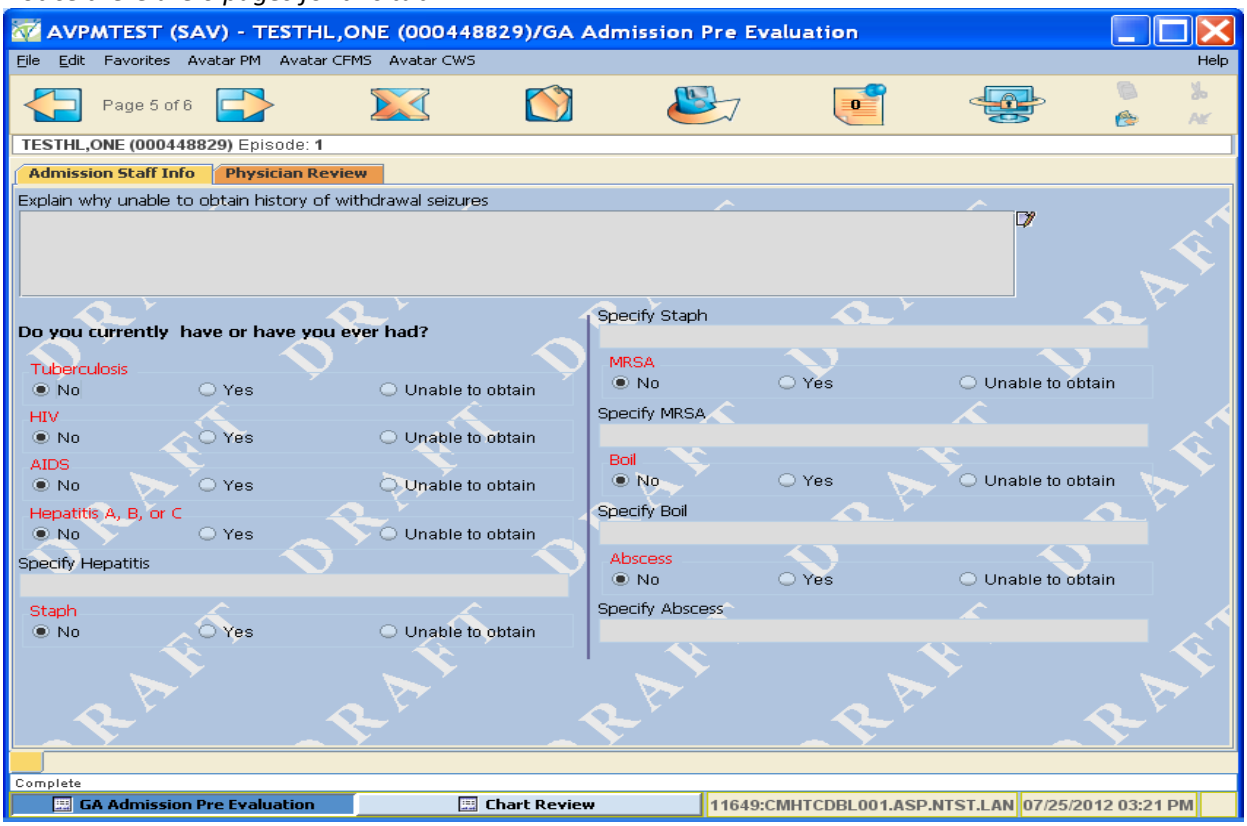
Field Name	***Instruction***
Amount Substance 3	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a third substance is used, enter the amount of the third substance the individual indicates in this field. Leave this field blank if no third substance is indicated by the individual.
Frequency Substance 3	This field is not required, but becomes enabled if 'Yes' is selected for "Substance Use/Abuse?". If the individual indicates a third substance is used, enter the frequency for the third substance the individual indicates in this field. Leave this field blank if no third substance is indicated by the individual.
Explain why unable to obtain alcohol/substance abuse history	This field becomes required if 'Unable to obtain' is selected for "Alcohol Use/Abuse?" and/or "Substance Use/Abuse?". NOTE: If "Unable to obtain" is selected in error for either of the two questions, this field will remain a required field. **Example 1:** "Alcohol Use/Abuse?" answered 'Yes' correctly and "Substance Use/Abuse?" answered 'Unable to Obtain' by mistake. This will

	make the "Explain why unable to obtain alcohol/substance abuse history" field required. Action Required: Click in the radio button of correct response for "Substance Use/Abuse?". ("Explain why unable to obtain alcohol/substance abuse history" field remains required.) Enter "NA" in the "Explain why unable to obtain alcohol/substance abuse history" field. **Example #2:** "Alcohol Use/Abuse?" answered 'Unable to obtain' by mistake and "Substance Use/Abuse?" answered 'Unable to Obtain' by mistake. This will make the "Explain why unable to obtain alcohol/substance abuse history" field required. Action Required: Click in the radio button of correct response for "Alcohol Use/Abuse?" and "Substance Use/Abuse?". ("Explain why unable to obtain alcohol/substance abuse history" field remains required.) Enter "NA" in the "Explain why unable to obtain alcohol/substance abuse history" field. **Example #3:** "Alcohol Use/Abuse?" answered 'Unable to obtain' correctly and "Substance Use/Abuse?" answered 'Unable to obtain' by mistake. This will make the "Explain why unable to obtain alcohol/substance abuse history" field required. Action Required: Click in the radio button of correct response for Substance Use/Abuse?". ("Explain why unable to obtain alcohol/substance abuse history" field remains required.) Enter the reason why "Alcohol Use/Abuse?" was not able to be obtained in the "Explain why unable to obtain alcohol/substance abuse history" field.
History of DT's?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
If yes, when were DT's?	This field becomes required when "History of DT's?" is answered 'Yes'. Enter the date, in MM/DD/YYYY format, that the individual indicates
Explain why unable to obtain history of DT's	This field becomes required when "History of DT's?" is answered 'Unable to obtain'. Enter the reason that the history of DT's was not obtained.
History of Withdrawal Seizures?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
If yes, when were withdrawal	This field becomes required when "History of Withdrawal Seizures?"

seizures?	is answered 'Yes'. Enter the date, in MM/DD/YYYY format, that the individual indicates.

Tab 1 – Admission Staff Info (5 of 6)

Notice there are 6 pages for this tab.

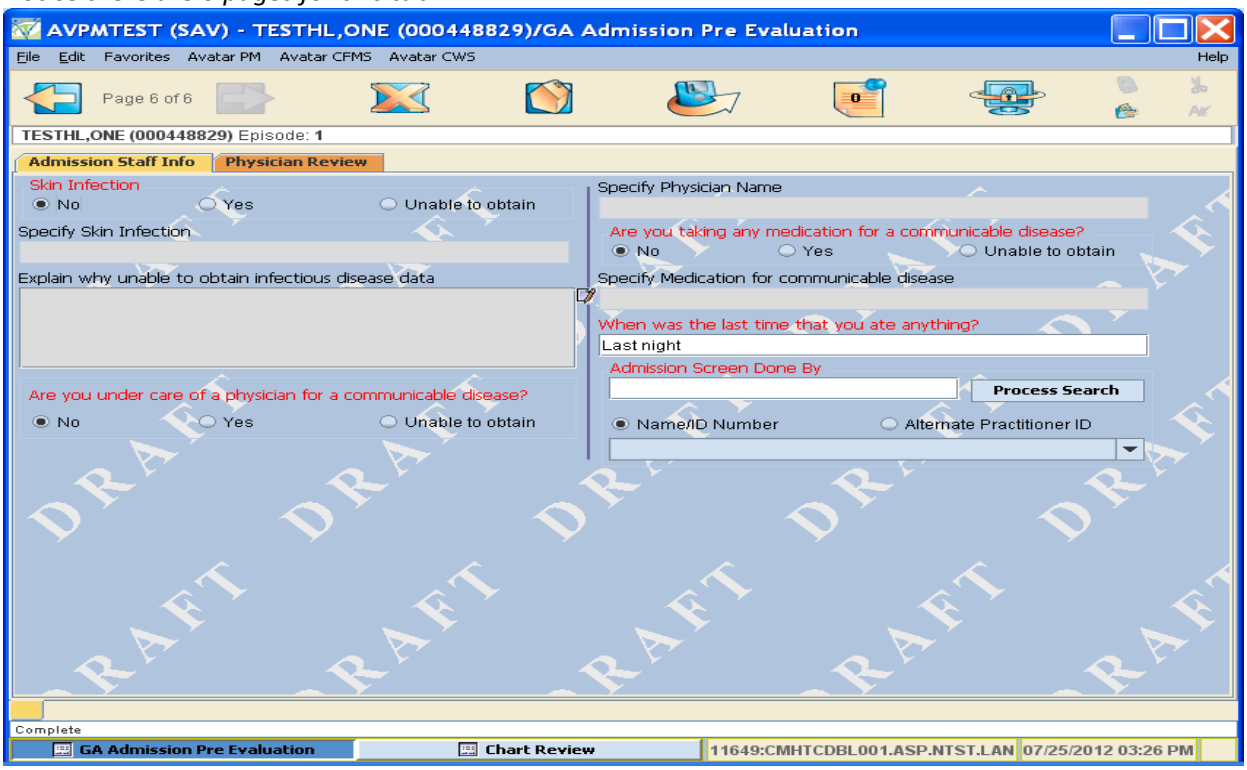


Field Name	***Instruction***
Explain why unable to obtain history of withdrawal seizures	This field becomes required when the "History of Withdrawal Seizures?" is answered 'Unable to obtain'. Enter the reason that the history of withdrawal seizures was not obtained.
Tuberculosis	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
HIV	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
AIDS	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Hepatitis A, B, or C	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Hepatitis A, B, or C	This field becomes required when "Hepatitis A, B, or C" is answered 'Yes'. Enter the type of Hepatitis in this field.
Staph	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Staph	This field becomes required when "Staph" is answered 'Yes'. Enter the specifics of the Staph infection in this field.
MRSA	This is a required field. Indicate the correct response by clicking in

	the radio button to the left of the response.
Specify MRSA	This field becomes required when “MRSA” is answered ‘Yes’. Enter the specifics of the MRSA infection in this field.
Boil	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Boil	This field becomes required when “Boil’ is answered ‘Yes’. Enter the specifics about the boil in this field.
Abscess	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Abscess	This field becomes required when “Abscess” is answered ‘Yes’. Enter the specifics about the abscess in this field.

6. Tab 1 – Admission Staff Info (6 of 6)

Notice there are 6 pages for this tab.

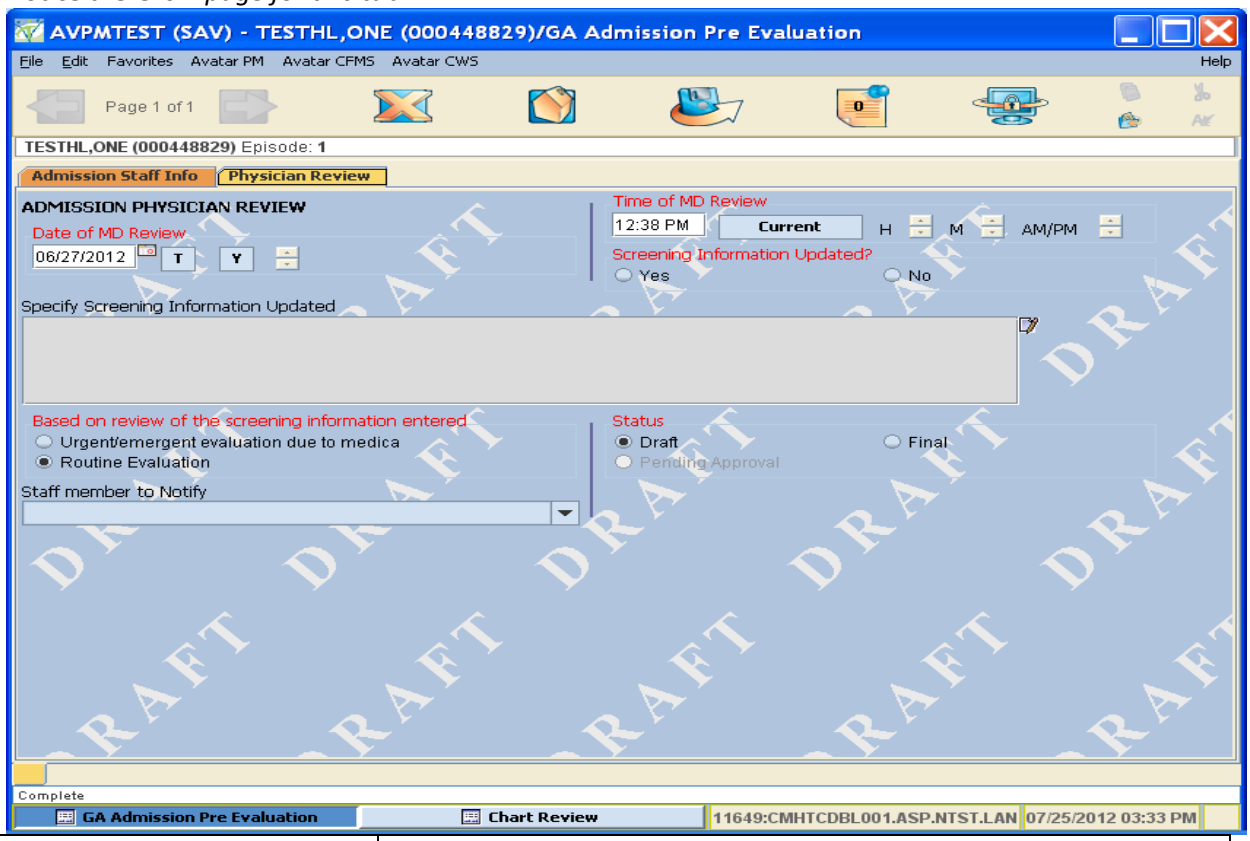


Field Name	*Instruction*
Skin Infection	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Skin Infection	This field becomes required when “Skin Infection” is answered ‘Yes’. Enter the specifics about the skin infection in this field.
Are you under care of a physician for communicable disease?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Physician Name	This field becomes required with “Are you under care of a physician for communicable disease?” is answered ‘Yes’. Enter the physician’s name as indicated by the individual.
Are you taking any medication for a communicable disease?	This is a required field. Indicate the correct response by clicking in the radio button to the left of the response.
Specify Medication for communicable disease	This field becomes required when “Are you taking any medication for communicable disease?” is answered ‘Yes’. Enter the names of the medication as indicated by the individual.
Explain why unable to obtain infectious disease data	This field becomes required when “Tuberculosis”, “HIV”, “AIDS”, “Hepatitis A, B, or C”, “Staph”, “MRSA”, “Boil”, “Abscess”, and/or “Skin Infection” is answered ‘Unable to obtain’. NOTE: If “Unable to obtain” is selected in error for any of the nine (9)

	communicable disease questions, this field will remain a required field. If one of the questions is marked 'Unable to obtain' and it should not be, reselect the appropriate answer by clicking on the radio button to the left of the response. If the "Explain why unable to obtain infectious disease data" field is not needed, then enter "NA" in the field.
When was the last time that you ate anything?	This is a required field. If this information is not able to be obtained, then indicate the reason in this field.
Admission Screen Done By:	Enter the first 4-5 characters of the staff name who completed the Admissions Pre-Evaluation Screen. Click on the 'Process Search' button. A list of name matches will display. Click on the appropriate staff name to indicate who completed the form
	When all fields are complete, click on the disk wrapped in an arrow icon to save your work. The form should always be saved as Draft.

Tab 2 – Physician Review (1 of 1)

Notice there is 1 page for this tab.



Field Name	***Instruction***
Date of MD Review	This is a required field. The date will
Time of MD Review	This is a required field.
Screening Information Updated?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the response choice.
Specify Screening Information Updated	This field becomes required when the answer to "Screening Information Updated?" is 'Yes'. Enter what information was updated in this field.
Based on review of the screening information entered:	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the response choice.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the response choice. When all information on the form is correct, click on 'Final' to save the information as a final document. No changes will be allowed once the form is made final.

How Do I Save ?

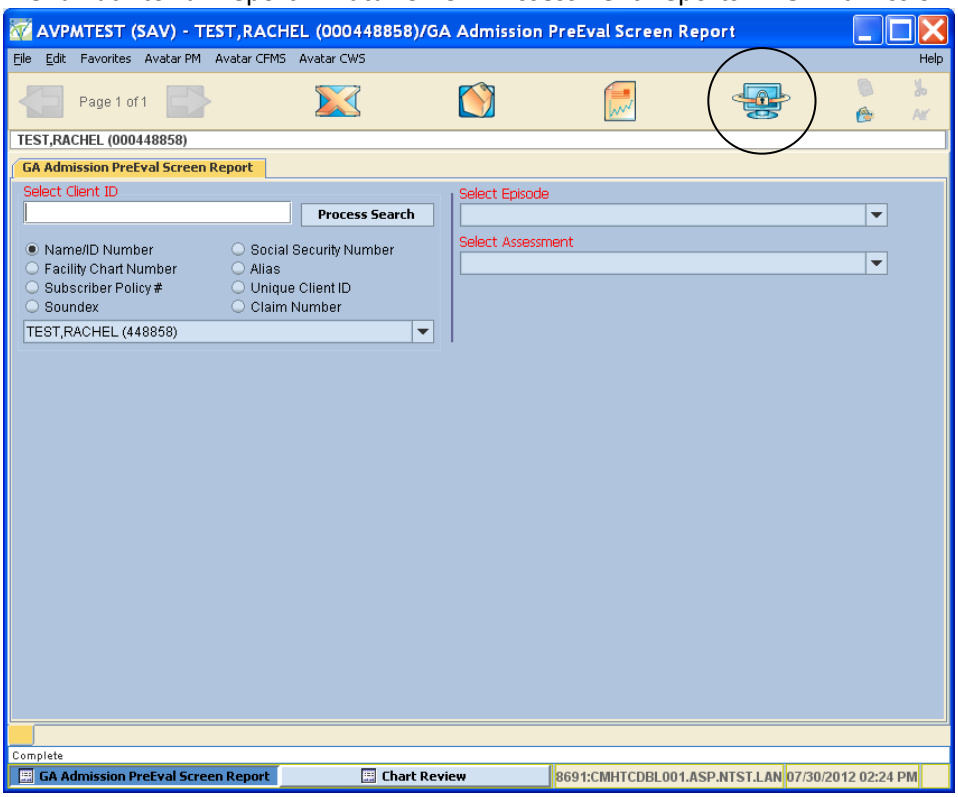
Admission staff completing the form will always save the form in “Draft”. This will allow the physician to review the information entered by the Admission Staff and update where necessary. Position the mouse pointer over the Submit icon and single click the left mouse button.
The Physician completing the Physician Review will review the information entered by the Admission Staff and make any updates if necessary. The Physician will change the status to “Final” when all information entered is correct. Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit ?

The Admission Pre-Evaluation Screen: Adult Mental Health & Forensics may only be edited when the form is in “Draft” status.
Menu Path to edit a Draft form: Avatar CWS → Assessments → GA Admission Pre-Evaluation
Double click on the GA Admission Pre-Evaluation that needs to be edited.
Selected GA Admission Pre-Evaluation Screen displays and changes are now able to be made as needed.
Re-save the document has instructed in Section E of this document.

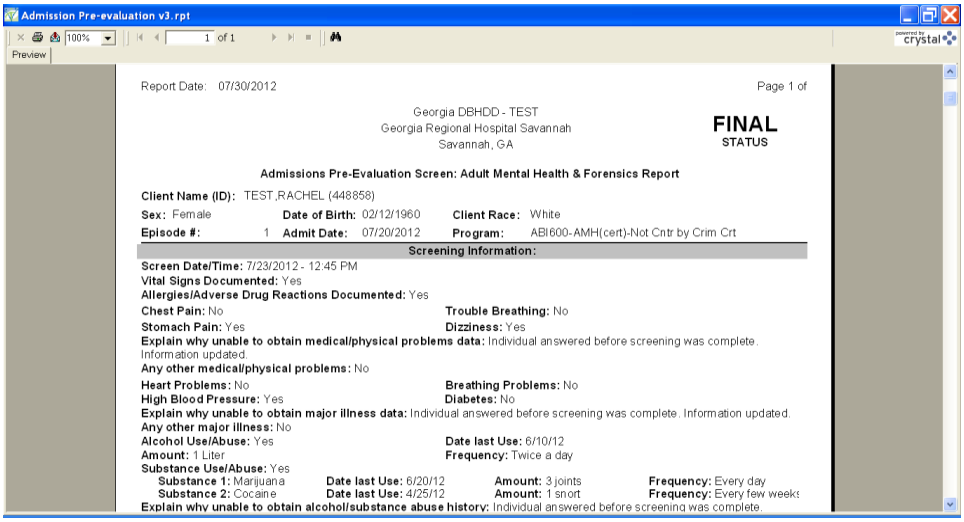
How Do I Run the report ?

Menu Path to run report: Avatar CWS → Assessment Reports → GA Admission PreEval Report.



1. Position the mouse pointer over the drop down arrow of “Select Episode” field. Click on the episode that contains the Admission Pre-Evaluation Screen to display.
2. Position the mouse pointer over the drop down arrow of “Select Assessment” field. Click on the Admission Pre-Evaluation Screen to display.
3. Position the mouse pointer over the report icon to run the GA Admission Pre-Evaluation Screen report.

Sample Report



When done reviewing report, it can be printed or closed to return to Avatar.

How Do I Exit the Admission Pre-Evaluation Screen form?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

Vital Signs

Purpose The Avatar ***CWS Vital Signs*** option captures basic physiological information, such as pulse, blood pressure, and temperature in order to assess the most basic body functions.

Overview The ***CWS Vital Signs*** option is completed by users with roles assigned to run the ***CWS Vital Signs*** option in Avatar.

Prerequisites User must be assigned to a User Role authorized to run the ***CWS Vital Signs*** option.

User must be logged into Avatar.

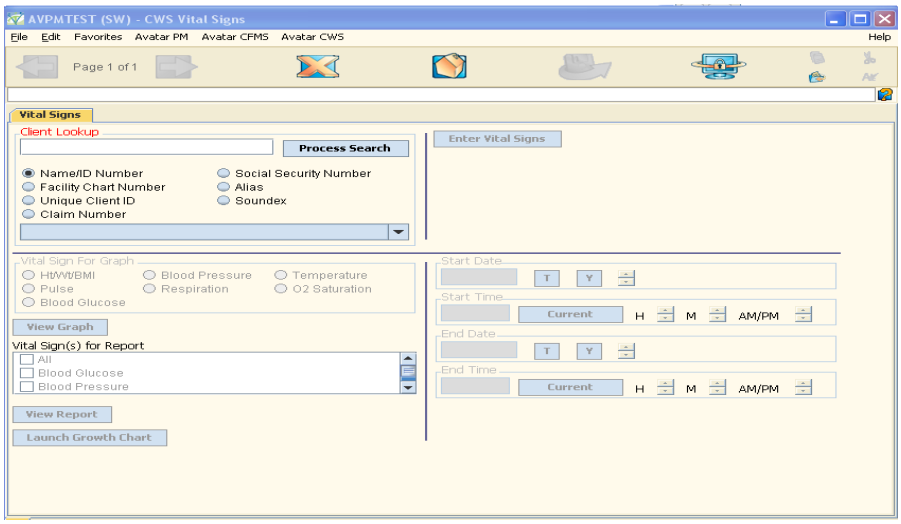
Procedures

How Do I Launch Vital Signs in Avatar?

Avatar CWS → Other Chart Entries → CWS Vital Signs

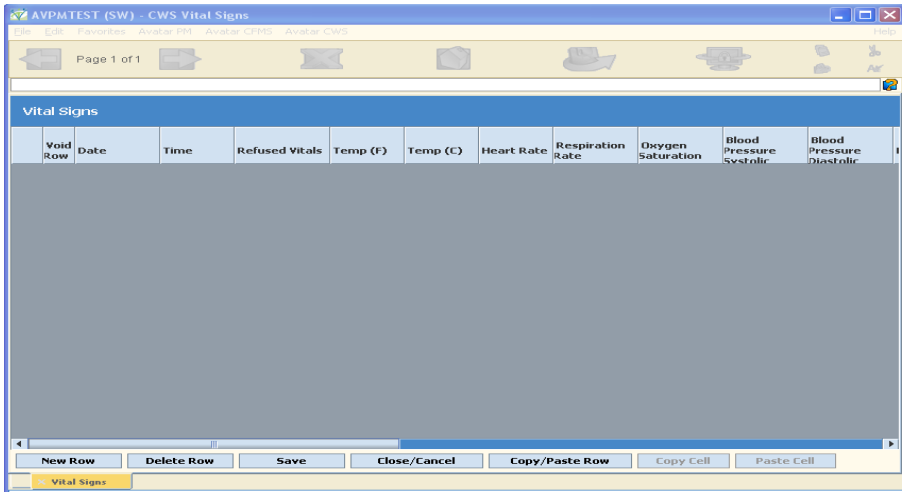
How Do I Enter New Vital Signs?

Tab Name – Vital signs



Field Name	*Instructions*
Client Lookup	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the individual's last name. Click on the Process Search button. This will display a list of possible name matches.

	Double click on the correct name to select. The individual's name will appear in the blue field below the search options. Note: Once the individual is selected, all the fields on the screen become available for use.
Enter Vital Signs button	Click on this to go to the screen for entering vital signs.
Vital Sign for Graph	To select the appropriate criteria, click in the radio button to the left of the description. Only one may be selected at a time.
Vital Sign(s) for Report	Select the appropriate criteria by clicking in the square box to the left of the description. More than one may be selected at a time.
Start Date	Enter Date for the Vital Sign for Graph or the Vital Sign(s) for Report to start.
Start Time	Enter Time for the Vital Sign for Graph or the Vital Sign(s) for Report to start.
End Date	Enter Date for the Vital Sign for Graph or the Vital Sign(s) for Report to end.
End Time	Enter Time for the Vital Sign for Graph or the Vital Sign(s) for Report to end.
View Graph button	Click on this to display a graph for the vital sign criteria selected in the "Vital Sign for Graph" field.
View Report button	Click on this to display the report for the criteria selected in the "Vital Sign(s) for Report" field.
Launch Growth Chart	Click on this to display a growth chart.



Field Name	*Instructions*
Multi Iteration Table for Vital Signs	<u>To add a new item to the table:</u> Click on Add New Row button at the bottom of the table This will add a row to the table Information to fill the fields is collected with the fields

	on the screen below the table. <u>To delete an entry in the table:</u> Highlight the row to be deleted Click on the Delete Selected Item button at the bottom of the table. <u>To save an entry in the table:</u> Click on the Save button at the bottom of the table. <u>To Close/Cancel without saving:</u> Click on the Close/Cancel button at the bottom of the table.
Void Row	Position the mouse pointer over the cell in the **Void Row** column for the row to be voided and double click the left mouse button. A popup screen will display that contains a checkbox to confirm that the row is to be voided. To void the entire row of data, position the mouse pointer over the checkbox next to "**(Y) Yes**" and single click the left mouse button; a check mark will appear in the checkbox. Position the mouse pointer over the **OK** button and single click the left mouse button to clear the confirmation window and void the row. "**Y:Yes**" will display in the cell at the intersection of the **Void Cell** column and the voided row.
Date	Position the mouse pointer over the **Date** cell and double click the left mouse button; type in the date using the MM/DD/YYYY format. The Calendar may also be used by positioning the mouse pointer over the **Down Arrow** icon and single click the left mouse button. A calendar will display. To select a date, position the mouse pointer over the desired date and single click the left mouse button.
Time	Position the mouse pointer over the **Time** cell and single click the left mouse button. Type the time into the cell using the HH:MM AM or PM time format.
Refused Vitals	Position the mouse pointer over the **Refused Vitals** cell and double click the left mouse button. A table will display, position the mouse pointer over the desired value (**N No** or **Y Yes**) and double click the left mouse button

	***Note** – If **Yes** is selected the remaining cells in the row become unavailable for data entry*
Temp (F)	Position the mouse pointer over the **Temp (F)** cell and single click the left mouse button. Type the individual's Fahrenheit temperature into the cell using numeric characters no more than 3 digits and one decimal place.
Temp (C)	Position the mouse pointer over the **Temp (C)** cell and single click the left mouse button. Type the individual's Celsius temperature into the cell using numeric characters no more than 3 digits and one decimal place. **Note** – The **Temp (F)** and **Temp (C)** cells are tied together. Data entered in either one of the cells will automatically be calculated in the proper format and entered into the other cell.
Heart Rate	Position the mouse pointer over the **Heart Rate** cell and single click the left mouse button. Type the individual's heart rate into the cell using whole numbers no more than three digits long.
Respiration Rate	Position the mouse pointer over the **Respiration Rate** cell and single click the left mouse button. Type the individual's respiration rate into the cell using whole numbers no more than three digits long. ***Note** –Red numbers in the cell indicates that the value entered is outside of the acceptable range for this client based on the standard for the individual's sex and age.*
Oxygen Saturation	Position the mouse pointer over the **Oxygen Saturation** cell and single click the left mouse button. Type the individual's oxygen saturation level into the cell using whole numbers no more than 3 digits long.
Blood Pressure Systolic	Position the mouse pointer over the **Blood Pressure Systolic** cell and single click the left mouse button. Type the individual's Systolic blood pressure into the cell using whole numbers no more than 3 digits long.
Blood Pressure Diastolic	Position the mouse pointer over the **Blood Pressure Diastolic** cell and single click the left mouse button. Type the individual's Diastolic blood pressure into the cell using whole numbers no more than 3 digits long.
Position	Position the mouse pointer over the **Position** cell and double click the left mouse button; this will display a table of the following choices: Lying, Sitting, Standing.

	Position the mouse pointer over the desired value and double click the left mouse button.
Height (ft in)	Position the mouse pointer over one of the three **Height** cells (Height (ft in), Height (in), or Height (cm) and single click the left mouse button. Type the individual's Height using the following formats: **Height (ft in):** The format for this cell is numeric. Enter the feet first as a whole number, then type a space, then type the inches using one decimal place; for example, 6 ft. 2½ inches would be entered as **6 2.5**). There is a space between the feet and the inches. **Height (in):** The format for this cell is numeric with one decimal place. 6ft. 2 ½ in. would be entered as 74.5 inches. **Height (cm):** The format for this cell is numeric with one decimal place. 6ft. 2 ½ in. would be entered as 189.2 centimeters. **Note** – Once the individual's height is entered in any one of the Height cells (Height (ft in), (in), or (cm)), the other two cells are automatically calculated and entered by the system.
Weight (lbs)	Position the mouse pointer over either the **Weight (lbs)** or **Weight (kgs)** cell and single click the left mouse button. Type the individual's weight using the following formats: **Weight (lbs):** The format for this cell is numeric with one decimal place. 205 ½ lbs is entered as 205.5. **Weight (kgs):** The format for this cell is numeric with one decimal place. 205 ½ lbs is entered as 93.4. **Note** – Once the individual's weight is entered in either one of the Weight cells (Weight (lbs) or (kgs)), the other of the weight cells is automatically calculated and entered by the system.
BMI	When the **Height** and **Weight** are entered, the BMI is automatically calculated and entered by the system.
Pain Scale	Position the mouse pointer over the **Pain Scale** cell and double click the left mouse button. Position the mouse pointer over the desired value and double click the left mouse button
Blood Glucose	Position the mouse pointer over the **Blood Glucose** cell and single click the left mouse button. Type the individual's blood glucose using whole

	numbers.
Comments	Position the mouse pointer over the **Comments** cell and single click the left mouse button. Type the comments or notes about the individual, vital signs or other relevant items.
Tympanic Temp	Position the mouse pointer over the **Tympanic Temp** cell and single click the left mouse button. Type the individual's Tympanic Temp using whole numbers.
Waist Circumference (inches)	Position the mouse pointer over the **Waist Circumference** cell and single click the left mouse button. Type the individual's waist circumference using whole numbers.
SAVE	Once all of the vital sign information has been entered into the cells, position the mouse pointer over the Save button at the bottom of the screen and single click the left mouse button to file and save the record. The **Enter Vital Signs** screen will close back to the **CWS Vital Signs** option screen

Shortcuts – The **Tab** key on the keyboard is used to tab from one field to the next.

Windows shortcut keys also work; for example, pressing and holding the **Ctrl** key down and pressing the "**C**" key will copy the contents of a cell to the clipboard. Pressing and holding the **Ctrl** key down and pressing the "**V**" key will paste the contents from the clipboard to a cell.

How Do I Save Vital Signs?

Place mouse over the "Save" button at bottom of the Enter Vital Signs screen, and left click on the left mouse button. Click on the submit icon to save the Vital Signs

How Do I View Vital Signs?

Left click the mouse on the "Enter Vital Signs" button.

How Do I Close the Vital Signs screen?

To leave the Enter Vital Signs screen without saving the data, Place mouse over the "Close/Cancel" button at bottom of the Enter Vital Signs screen, and left click on the left mouse button. Any data that was on the screen will not be saved.

How Do I Navigate the Reports?

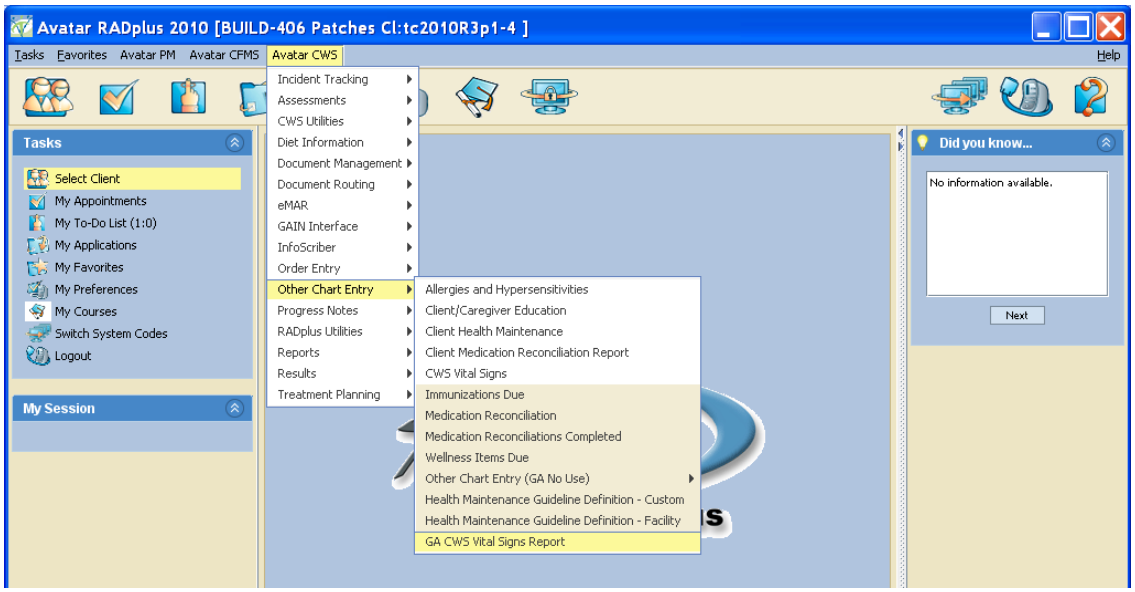
Choose vital signs to appear on the graph, then left click mouse over View Graph button.

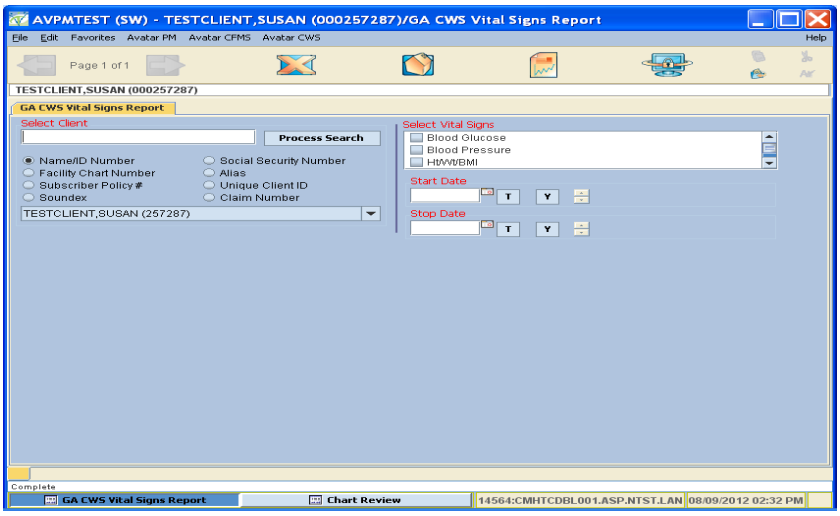
Choose vital signs to appear on the report, then left click mouse over View Report.

Left click mouse over Launch Growth Chart.

Run the GA CWS Vital Signs Report to view vital signs as well as to see how often the individual refuses his/her vital signs to be taken.

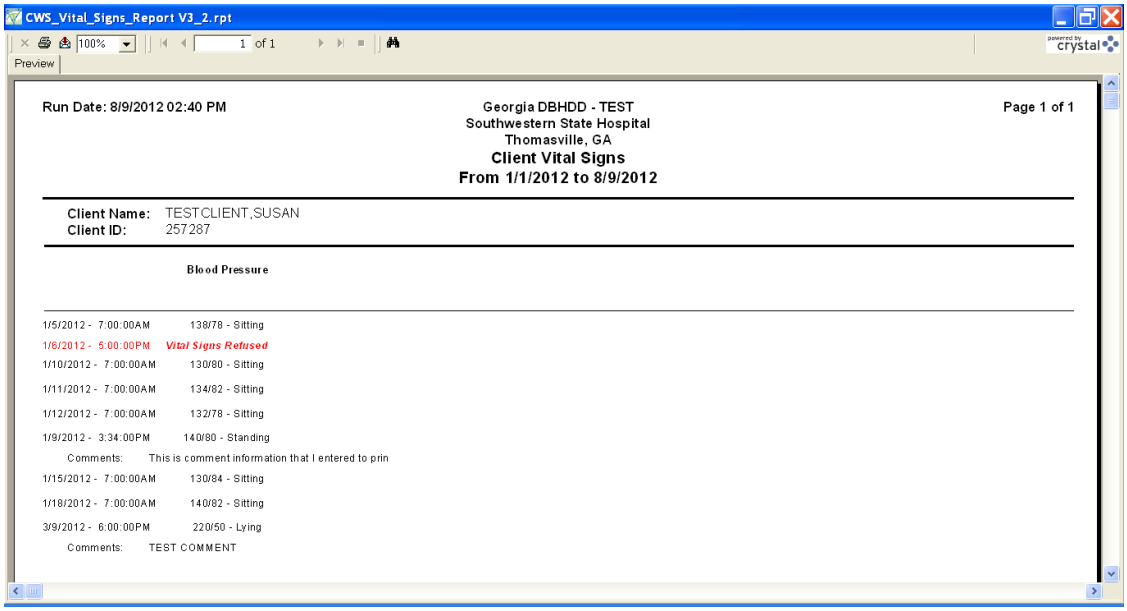
Avatar CWS → Other Chart Entry → GA CWS Vital Signs Report





Field Name	***Instruction***
Select Vital Signs	This is a required field. Indicate the Vital Signs to be included in the report by clicking in the check box to the left of the vital sign description. More than one may be selected.
Start Date	This is a required field. Enter the date for the vital signs report to start.
Stop Date	This is a required field. Enter the date for the vital signs report to stop.
	Click on the report icon to run the report.

Sample Report



How Do I Exit the GA CWS Vital Signs Report?

To print the report prior to closing the screen, click on the printer icon in the top left corner of the screen.

To Exit the report without saving information: Position the mouse pointer over the red "X" in the upper right corner of the screen and single click the left mouse button.

Allergies and Hypersensitivities

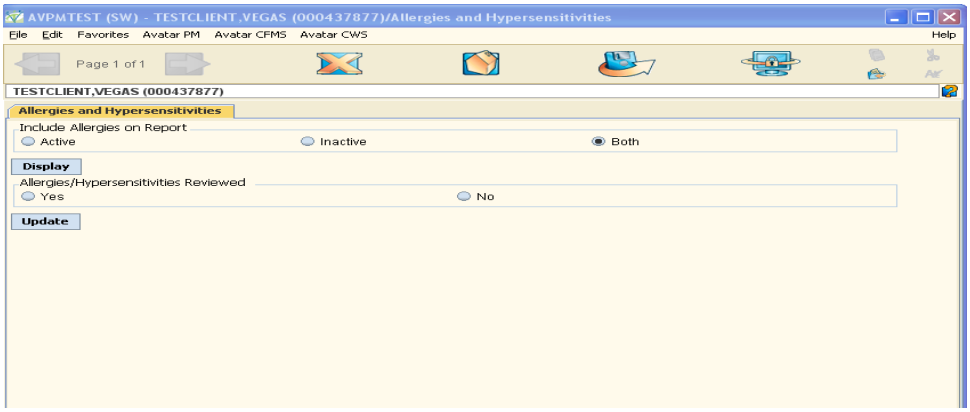
How Do I Launch Allergies and Hypersensitivities in Avatar?

Avatar CWS → Other Chart Entries → Allergies and Hypersensitivities

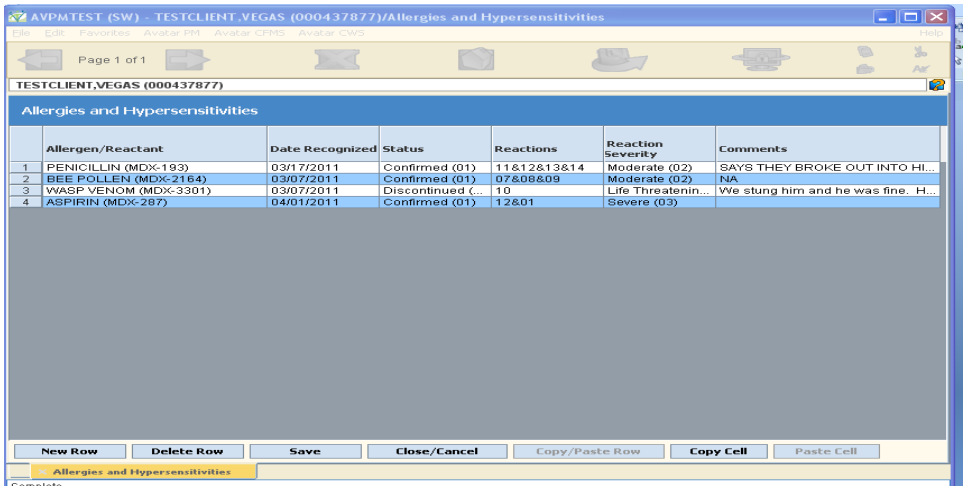
How Do I Enter/Complete a New Allergies and Hypersensitivities?

Tab Name – Allergies and Hypersensitivities

Notice there are 2 pages for this tab



Field Name	***Instructions***
Include Allergies on Report	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Display	Click on this button to display a report that includes the criteria selected in the "Include Allergies on Report" field above.
Allergies/Hypersensitivities Reviewed	Indicate Yes or No by clicking in the radio button to the left of the response. Only one may be selected.
Update	Click on this button to update the individual's allergies and hypersensitivities.



Field Name	***Instructions***
Multi Iteration Table for Allergies and Hypersensitivities	<u>To add a new item to the table:</u> Click on Add New Row button at the bottom of the table This will add a row to the table Information to fill the fields is collected with the fields on the screen below the table. <u>To delete an entry in the table:</u> Highlight the row to be deleted Click on the Delete Selected Item button at the bottom of the table. <u>To save an entry in the table:</u> Click on the Save button at the bottom of the table. <u>To Close/Cancel without saving:</u> Click on the Close/Cancel button at the bottom of the table.

Allergen/Reactant	Double click in the field and enter the first 3-4 characters of item that is an allergy. Hit the Enter key – a list of possible matches will display. Highlight the appropriate item. Click on the 'Select' button.
Date Recognized	Double click in the field Click on drop down arrow to display a calendar to select the date or simply type the date into the field.
Status	Double click in the field A list of options will display Highlight the appropriate option Click on the 'Select' button.
Reactions	Double click in the field A list of options will display Highlight the appropriate option – be sure the square box has a check mark in it Click on the 'OK' button.
Reaction Severity	Double click in the field A list of options will display Highlight the appropriate option Click on the 'Select' button.
Comments	Click in the field A comments box will appear for entering any pertinent information. Type comments and click on 'OK' button.

If additional items need to be added, click on the 'New Row' button and repeat the process described above.

Once all information is entered, click on the 'SAVE' button. This will return to the Allergies and Hypersensitivities screen that contains the option to run a report.

To completely exit the option, click on Submit - the disc wrapped in an arrow at the top of the screen.

How Do I Save Allergies/Hypersensitivities?

Once all information is entered, click on the 'SAVE' button. This will return to the Allergies and Hypersensitivities screen that contains the option to run a report.

How Do I View Allergies/Hypersensitivities?

Left click the mouse on the "Enter Allergies/Hypersensitivities" button.

How Do I Close the Allergies/Hypersensitivities screen?

To leave the Enter Allergies/Hypersensitivities screen without saving the data, Place mouse over the "Close/Cancel" button at bottom of the Enter Allergies/Hypersensitivities screen, and left click on the left mouse button. Any data that was on the screen will not be saved.

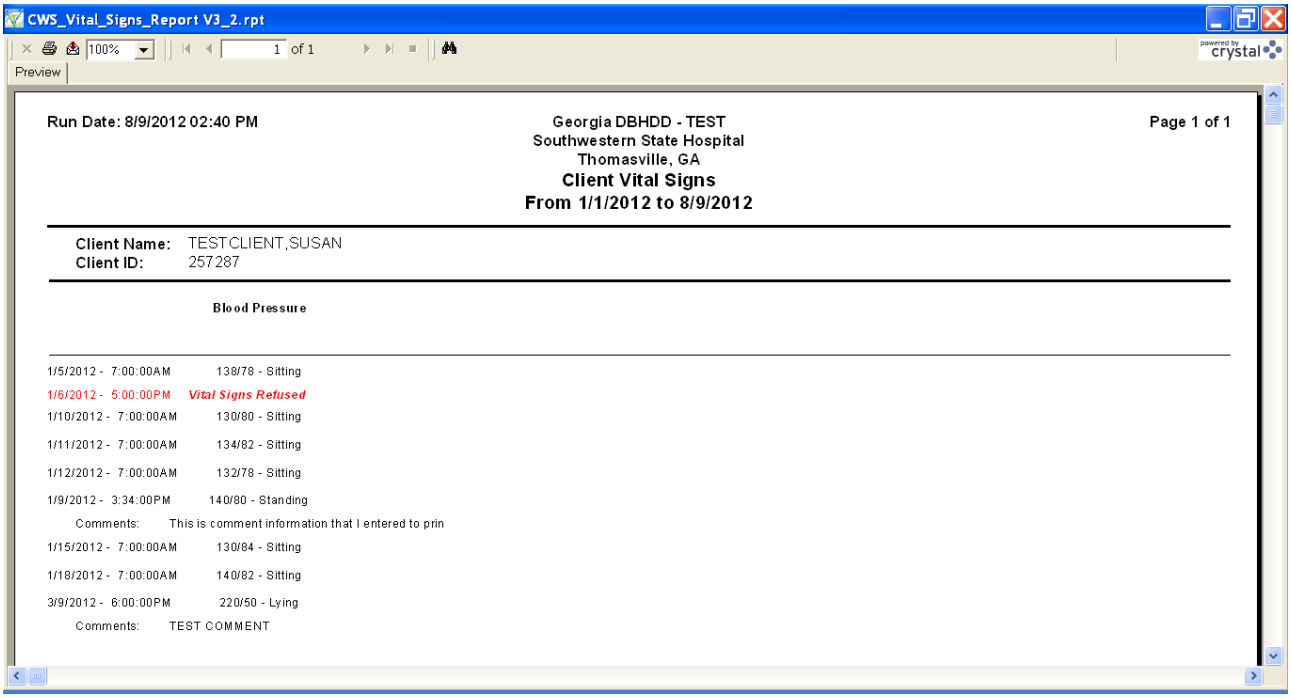
How Do I Navigate the Reports?

Left click mouse over Display button to view Report of Allergies/Hypersensitivities.

Left click mouse on Update to review and/or Update Allergies/Hypersensitivities.

Run the GA CWS Vital Signs Report to view vital signs as well as to see how often the individual refuses his/her vital signs to be taken.

Avatar CWS → Other Chart Entry → GA CWS Vital Signs Report


CWS_Vital_Signs_Report V3_2.rpt
100%
1 of 1
Preview
crystal
Run Date: 8/9/2012 02:40 PM
Georgia DBHDD - TEST
Southwestern State Hospital
Thomasville, GA
Client Vital Signs
From 1/1/2012 to 8/9/2012
Page 1 of 1
Client Name: TESTCLIENT,SUSAN
Client ID: 257287
Blood Pressure
1/5/2012 - 7:00:00AM 138/78 - Sitting
1/6/2012 - 5:00:00PM Vital Signs Refused
1/10/2012 - 7:00:00AM 130/80 - Sitting
1/11/2012 - 7:00:00AM 134/82 - Sitting
1/12/2012 - 7:00:00AM 132/78 - Sitting
1/9/2012 - 3:34:00PM 140/80 - Standing
Comments: This is comment information that I entered to prin
1/15/2012 - 7:00:00AM 130/84 - Sitting
1/18/2012 - 7:00:00AM 140/82 - Sitting
3/9/2012 - 6:00:00PM 220/50 - Lying
Comments: TEST COMMENT

Integrated Admission Assessment Part One: Physician Intake

Purpose
The Admission Assessment is a comprehensive picture of the circumstances from whence the individual originates as well as the precipitating conditions and factors that preceded the individual presenting for possible hospitalization.

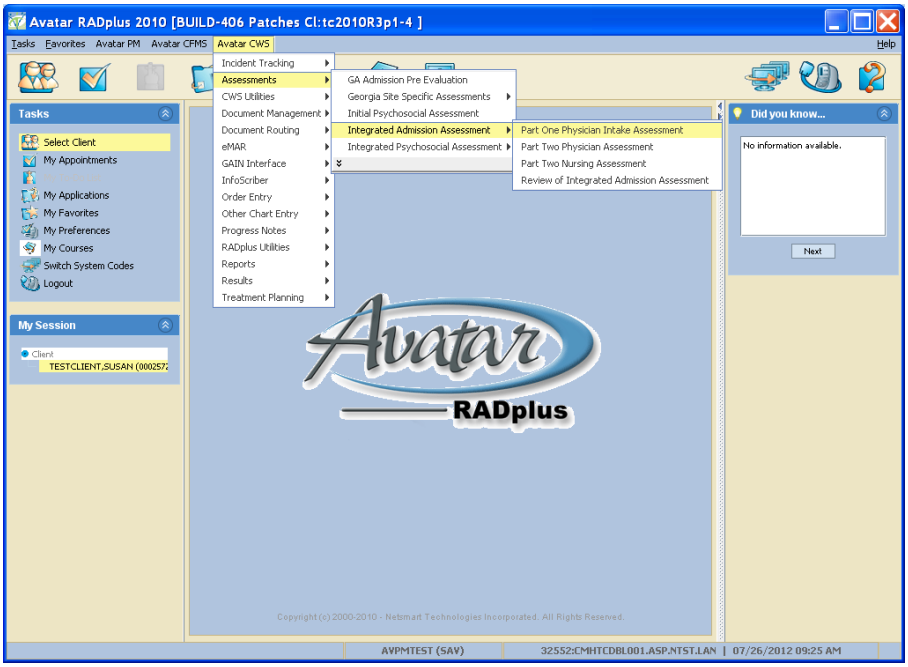
Overview
The “Admission Assessment” is completed by nursing and medical staff. The Admission Assessment is comprised of multiple parts. Part One is completed by the Admissions Physician/APRN/Intern/Resident for everyone who presents to the Admissions Areas at time of evaluation. This section is signed by the Admissions Physician/APRN/Intern/Resident. Part Two is completed by the physician/APRN/intern/resident and RN for individuals who are placed in Temp Obs or admitted to the hospital. Part Two has a first section called “Physician Assessment” and is completed and signed by the Physician/APRN/Intern/Resident. This is followed by a second section called “Nursing Assessment” which is completed by a Registered Nurse within 8 hours of individual being placed in Temp Obs or admitted to the hospital. This time requirement does not apply to the sub-section “Personal Safety Interview”, which is to be completed within 24 hours of being admitted to the hospital. Sub-sections in the “Nursing Assessment” that are unable to be assessed within the 8 hours will be documented as such with reason for inability to assess. These sections can be assessed at a later time when possible. This “Nursing Assessment” section is signed by the RN who completed the assessment.
For any areas unable to be assessed by initial user, we will not use the addendum methodology for a second user to complete or add more information. Instead, the second user will either initiate a new Admission Assessment or will document the additional information in a progress note.
For individuals who are admitted to the hospital, the information gathered in the Admission Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Admission Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Nurse”, “RPT Facilitator”, and “Psychologist”.

Prerequisites
- Individual must have an episode in Avatar
- Staff member must have an active id and access to the form in Avatar

Procedures

How Do I Launch an Admission Assessment Part One: Physician Intake in Avatar?

Menu Path - Avatar CWS → Assessments→Integrated Admission Assessment → Part One Physician Intake Assessment

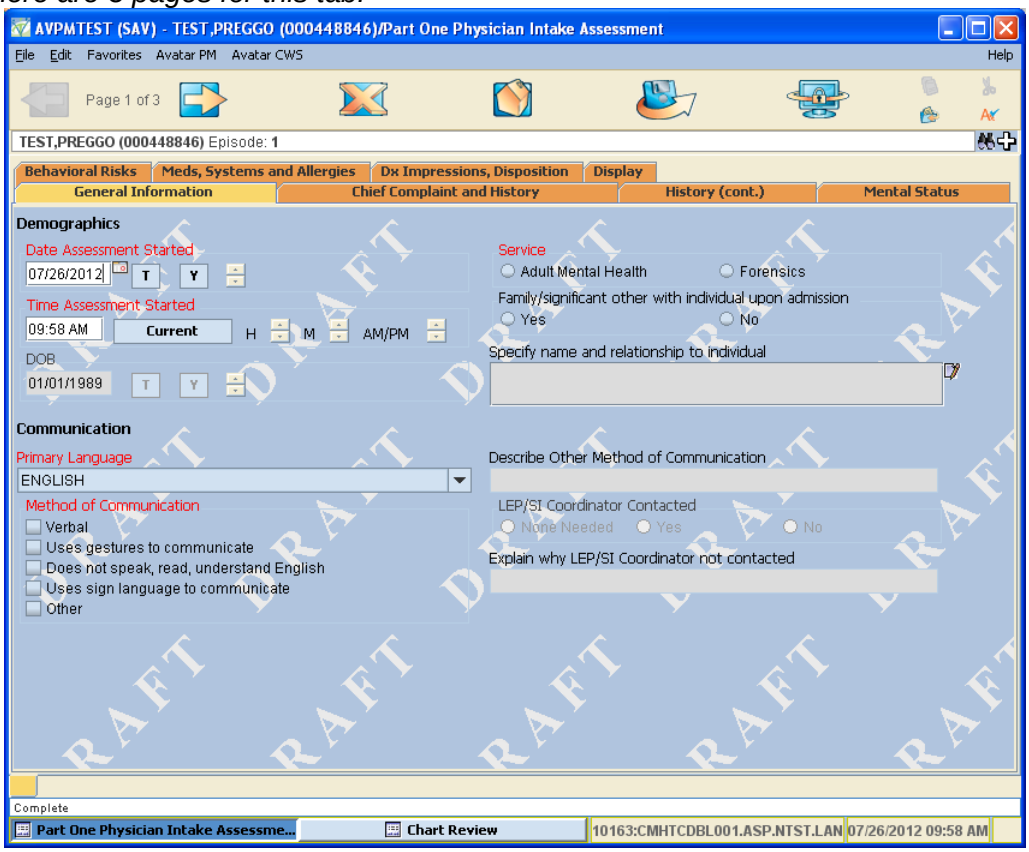


How Do I Enter/Complete a New Integrated Admission Assessment Part One: Physician Intake?

Go to page 5.

Tab Name - General Information (1 – 3)

Notice there are 3 pages for this tab.

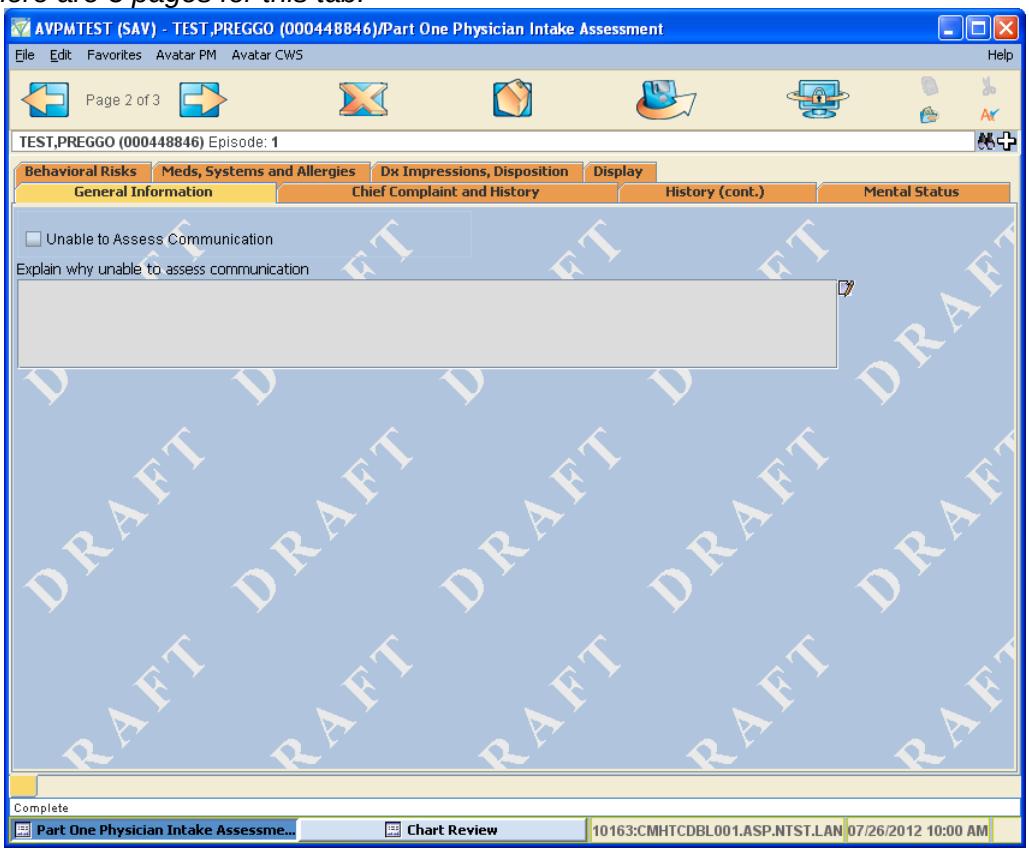


Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
DOB	This field will be populated by the information in Avatar PM. This field may not be changed on this screen. If an update needs to be made, it must be done in Update Client Data in Avatar PM.
Service	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Family/significant other with individual upon admission	This is an optional field. If known, indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify name and relationship to individual?	This field becomes required when the answer to "Family/significant other with individual upon admission" is

	'Yes'. Enter the name and relationship of the person accompanying the individual in this field.
Primary Language	This field will be populated by the information in Avatar PM. This field may be changed/updated on this screen.
Method of Communication	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Other Method of Communication	This field becomes required if the answer to "Method of Communication" is 'Other'. Enter the method of communication used by the individual in this field.
LEP/SI Coordinator Contacted	This field becomes required if the answer to "Method of Communication" is 'Does not speak, read, or understand English', 'Uses sign language to communicate', and/or 'Uses gestures to communicate'. NOTE: If one of these answers is selected by error and the field remains required, simply uncheck the answer that was included incorrectly in the "Method of Communication" field and select 'None Needed' in this field.
Explain why LEP/SI Coordinator not contacted	This field becomes required if the answer to "LEP/SI Coordinator Contacted" is 'No'. Enter the reason the LEP/SI Coordinator was not contacted in this field.

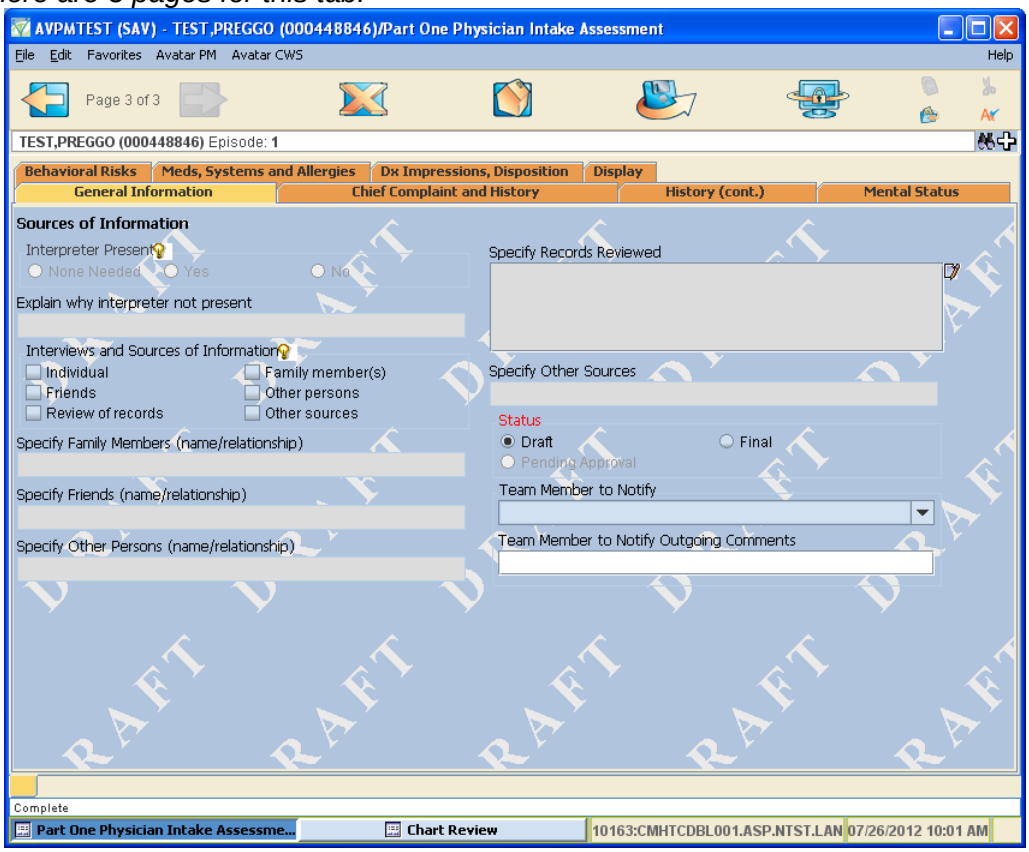
Tab Name – General (2 – 3)

Notice there are 3 pages for this tab.



Field Name	***Instruction***
Unable to Assess Communication	If the individual's communication methods are not able to be assessed at the time Part One of the Admission Assessment is being done, check the box to the left of this field. This will change the following fields to "un-required", meaning that no information must be entered into them: "Primary Language" "Method of Communication" "Describe Other Method of Communication" "LEP/SI Coordinator Contacted" "Explain why LEP/SI Coordinator not contacted"
Explain why unable to assess communication	This field becomes required if "Unable to Assess Communication" is checked. Enter the reason why the individual's communication methods are not able to be assessed.

Tab Name – General Information (3 – 3)
Notice there are 3 pages for this tab.

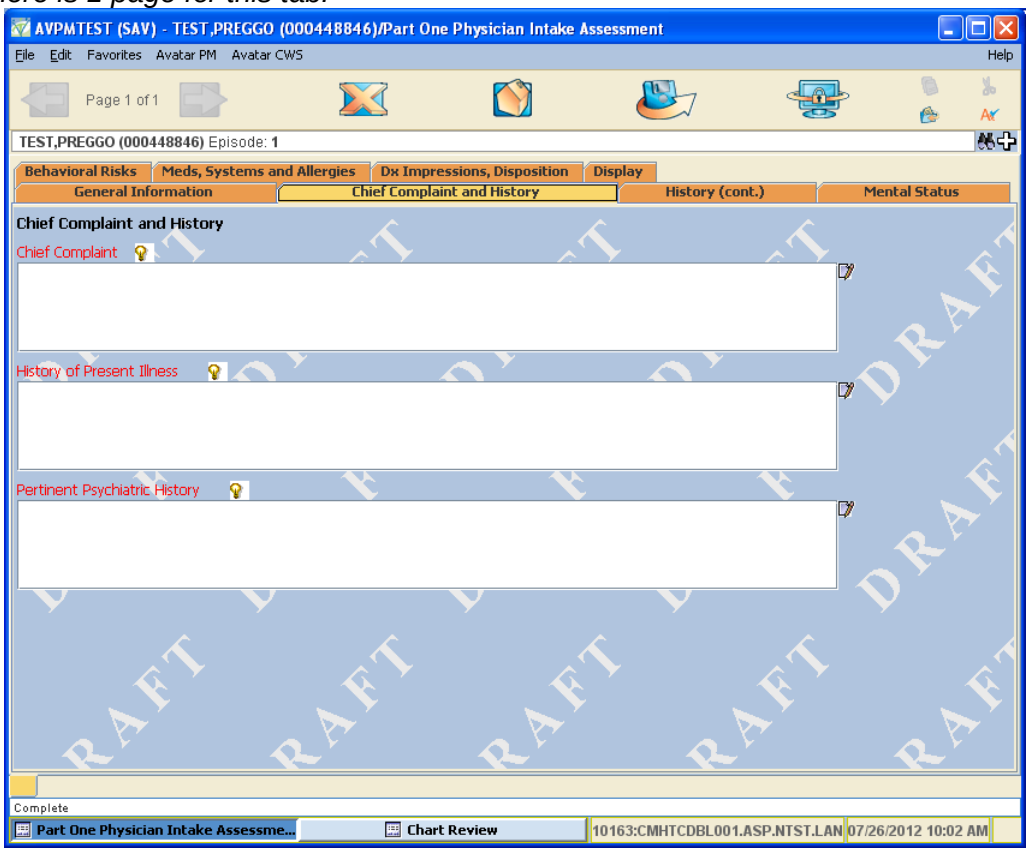


Field Name	***Instruction***
Interpreter Present	This field becomes required if the answer to “Method of Communication” is ‘Does not speak, read, or understand English’, ‘Uses sign language to communicate’, and/or ‘Uses gestures to communicate’. NOTE: If one of these answers is selected by error and the field remains required, simply uncheck the answer that was included incorrectly in the “Method of Communication” field and select ‘None Needed’ in this field.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why interpreter not present	This field becomes required if the answer to “Interpreter Present” is ‘No’. Enter the reason the interpreter was not present in this field.
Interviews and Sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and Sources of	Click on the light bulb to view the Help Message that is

Information	associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Family Members (name/relationships)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify Friends (name/relationships)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify Other Persons (name/relationships)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify Records Reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify Other Sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Team Member to Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team Member to Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name - Chief Complaint and History (1 – 1)

Notice there is 1 page for this tab.

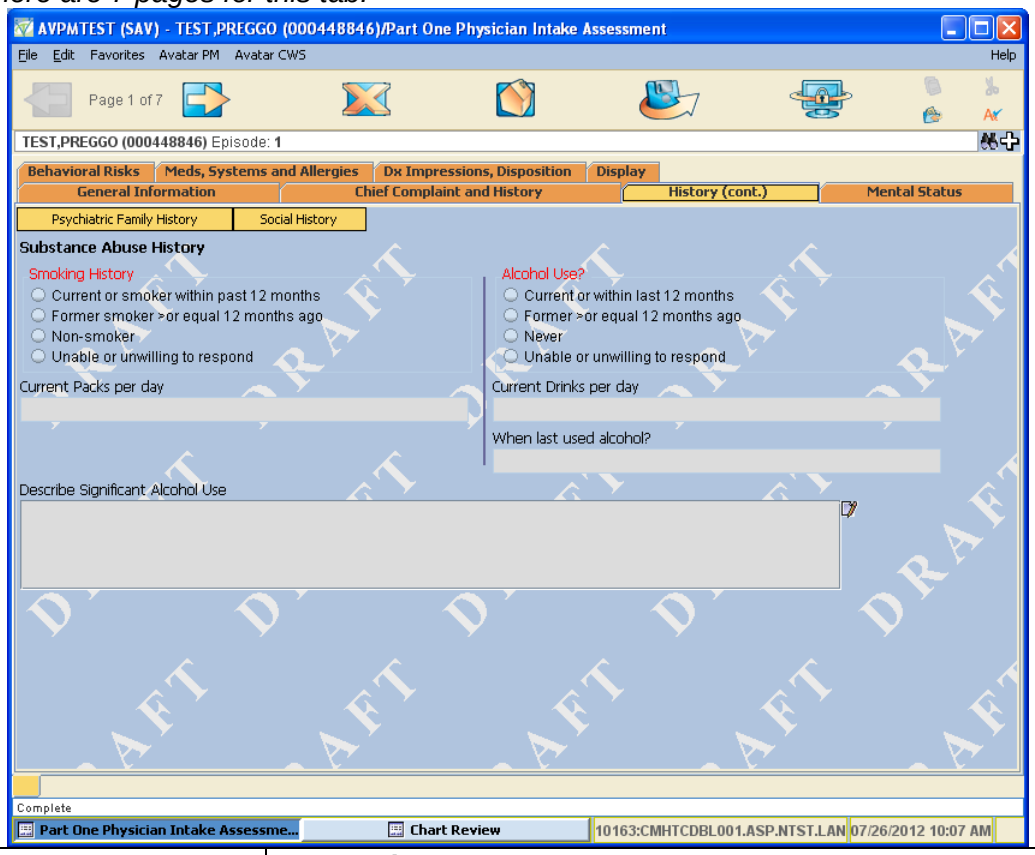


Field Name	***Instruction***
Chief Complaint	This is a required field. Enter information about any unmet needs for additional equipment. If there are none, enter "N/A' in the field.
Chief Complaint	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
History of Present Illness	This is a required field. Enter information about any unmet needs for additional equipment. If there are none, enter "N/A' in the field. NOTE: There is a template available for entering information in this field. To access/use the template: right click in the white space of the field. Click on 'System Template' from the menu drop down and then click on the name of the template to use. The outline will now be in the field. It can be use just like a word document and information may be added or deleted as necessary. This History of Present Illness template includes the following: Reason for referral/admission: Description of the specific incident leading to this

	referral/admission: Precipitants to the episode of decompensation: Onset of symptoms: Pertinent psychiatric symptoms the individual is or is not experiencing: Treatment attempts for this episode, if applicable: Other comments:
History of Present Illness	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Pertinent Psychiatric History	This is a required field. Enter information about any unmet needs for additional equipment. If there are none, enter "N/A' in the field.
Pertinent Psychiatric History	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

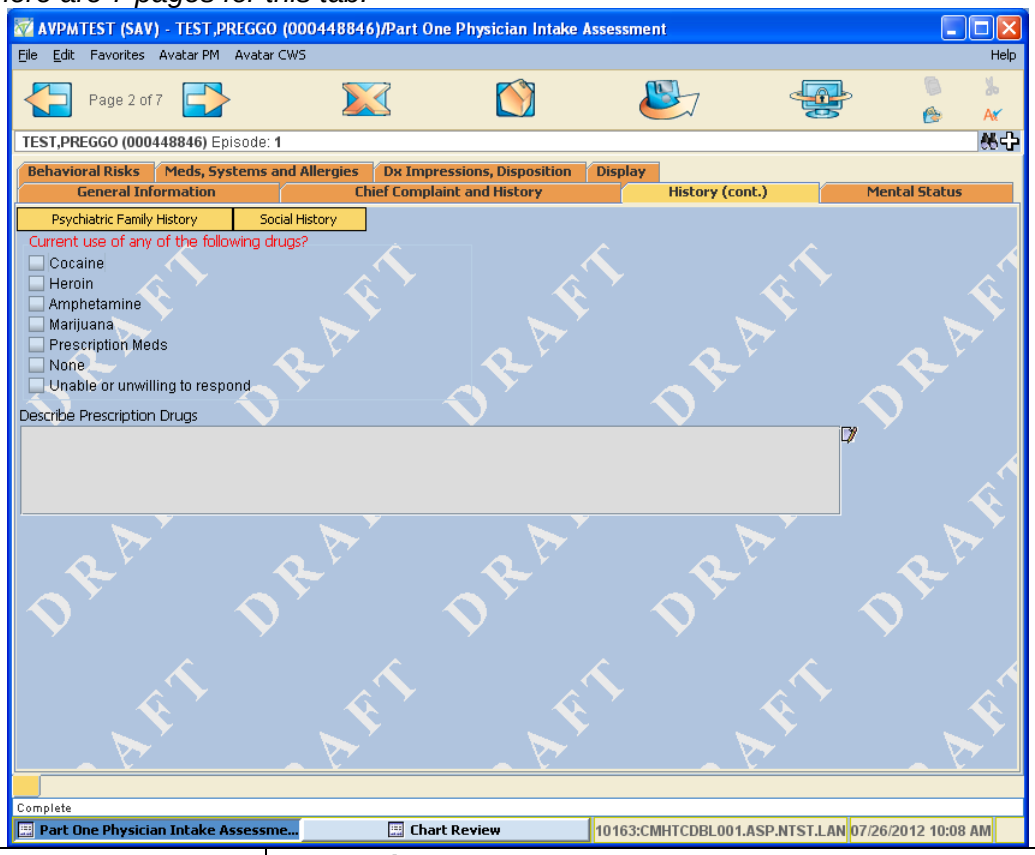
Tab Name - History (cont.) (1 – 7)

Notice there are 7 pages for this tab.



Field Name	***Instruction***
Smoking History	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Current Packs per day	This field becomes required if the answer to “Smoking History” is ‘Current or smoker within past 12 months’. Enter the number of packs smoked per day as indicated by the individual.
Alcohol Use?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Current Drinks per day	This field becomes required if the answer to “Alcohol Use?” is ‘Current or within last 12 months’. Enter the number of drinks per day as indicated by the individual.
When last used alcohol?	This field becomes required if the answer to “Alcohol Use?” is ‘Current or within last 12 months’ or ‘Former >or equal 12 months ago’. Enter the last time alcohol was used by the individual in this field.
Describe Significant Alcohol Use	This field becomes enabled and information is able to be entered if the answer to “Alcohol Use?” is ‘Current or within last 12 months’ or ‘Former >or equal 12 months ago’. Enter the any information pertinent to the individual’s significant alcohol use in this field.

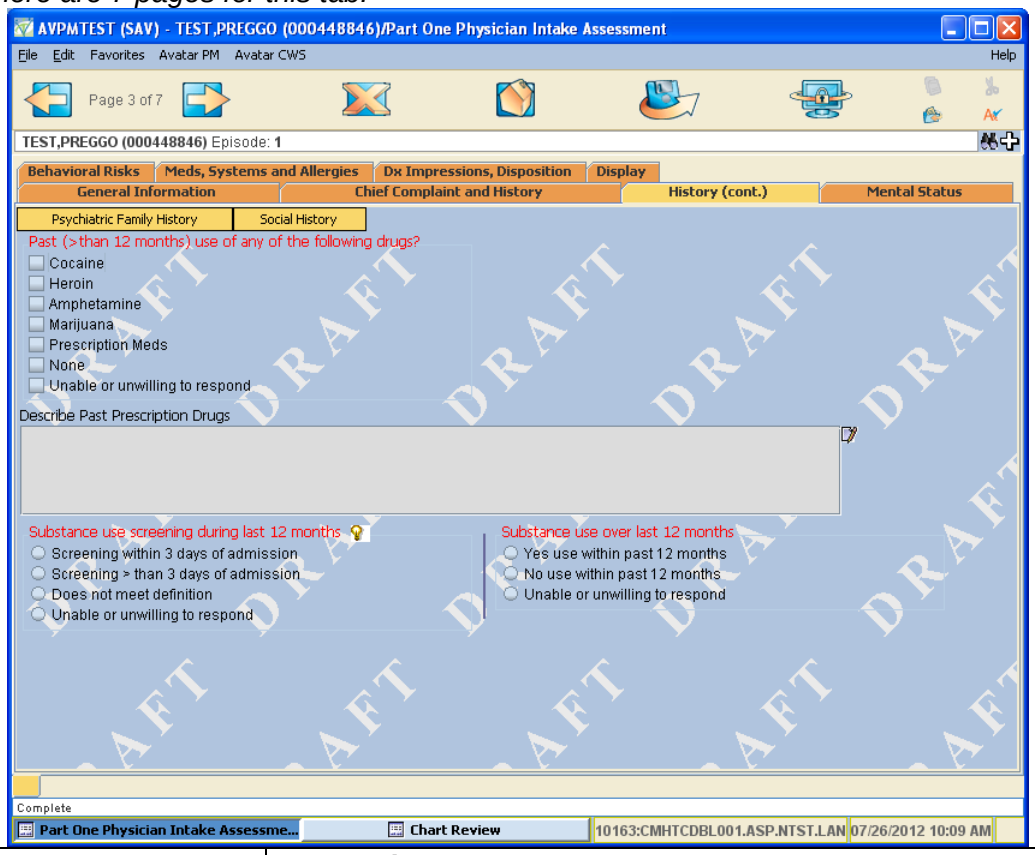
Tab Name – History (cont.) (2 – 7)
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Current use of any of the following drugs?	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Prescription Drugs	This field becomes required when the answer to “Current use of any of the following drugs?” is ‘Prescription Meds’. Enter all prescription drugs the individual is currently taking in this field.

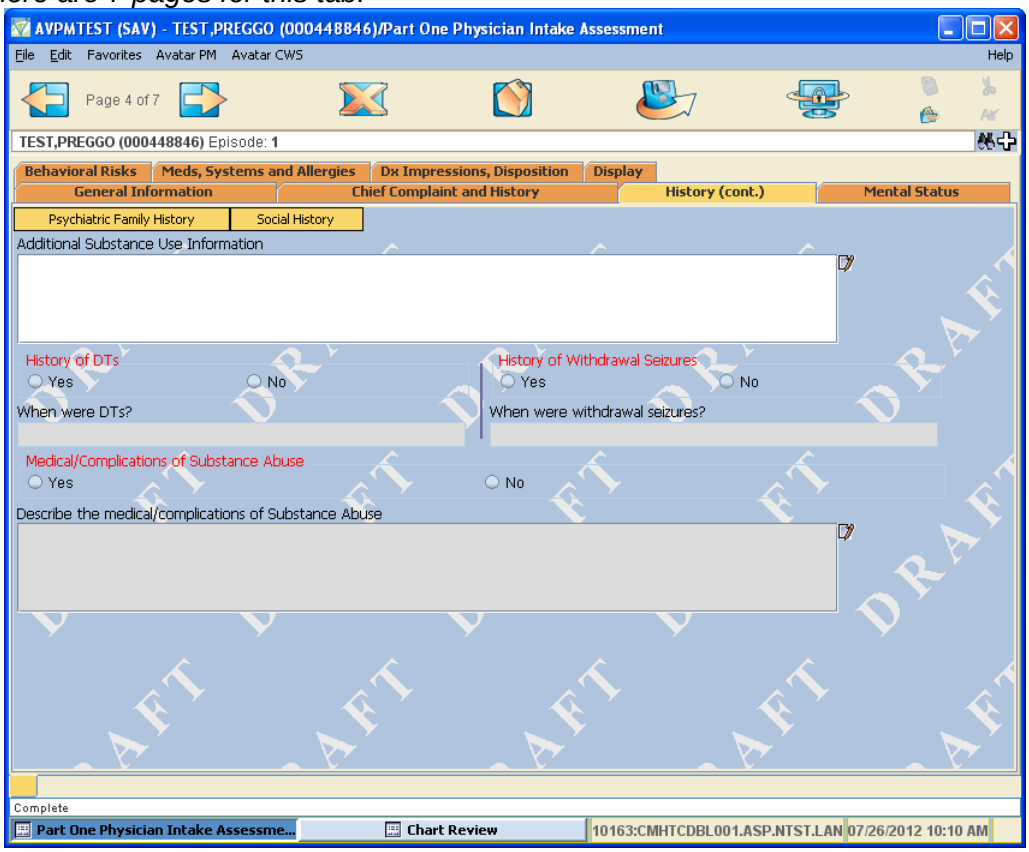
Tab Name – History (cont.) (3 – 7)

Notice there are 7 pages for this tab.



Field Name	***Instruction***
Past (> than 12 months) use of any of the following drugs?	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Past Prescription Drugs	This field becomes required when the answer to “Past (> than 12 months) use of any of the following drugs?” is ‘Prescription Meds’. Enter all prescription drugs the individual has taken in the past (> 12 months) in this field.
Substance use screening during last 12 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Substance use screening during last 12 months	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Substance use over last 12 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

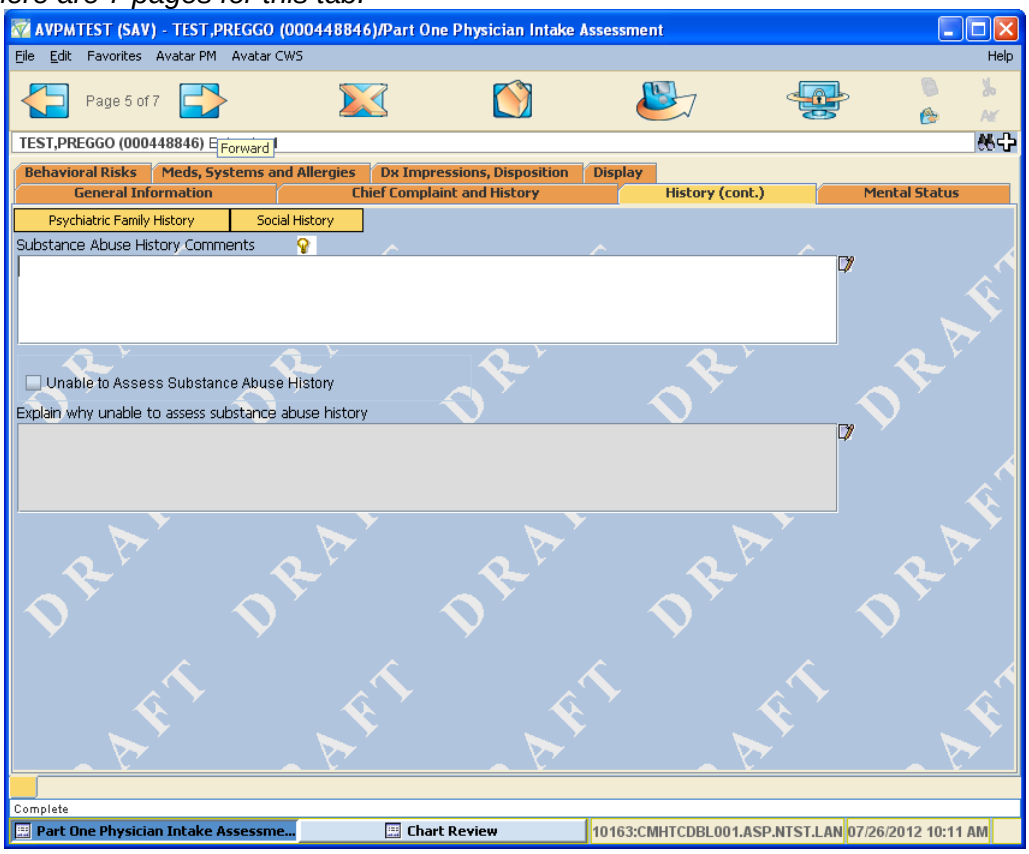
Tab Name – History (cont.) (4 – 7)
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Additional Substance Use Information	This is an optional field. Enter any additional information about the individual's substance abuse if appropriate.
History of DTs	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
When were DTs?	This field becomes required when the answer to "History of DTs" is 'Yes'. Enter information about when the individual had DTs. If date is known, enter in MM/DD/YYYY format.
History of Withdrawal Seizures	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
When were withdrawal seizures?	This field becomes required when the answer to "History of Withdrawal Seizures" is 'Yes'. Enter information about when the individual had withdrawal seizures. If date is known, enter in MM/DD/YYYY format.
Medical/Complications of Substance Abuse	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe the medical/complications of Substance Abuse	This field becomes required when the answer to "Medical/Complications of Substance Abuse' is 'Yes'. Enter information about the complications in this field.

Tab Name – History (cont.) (5 – 7)

Notice there are 7 pages for this tab.

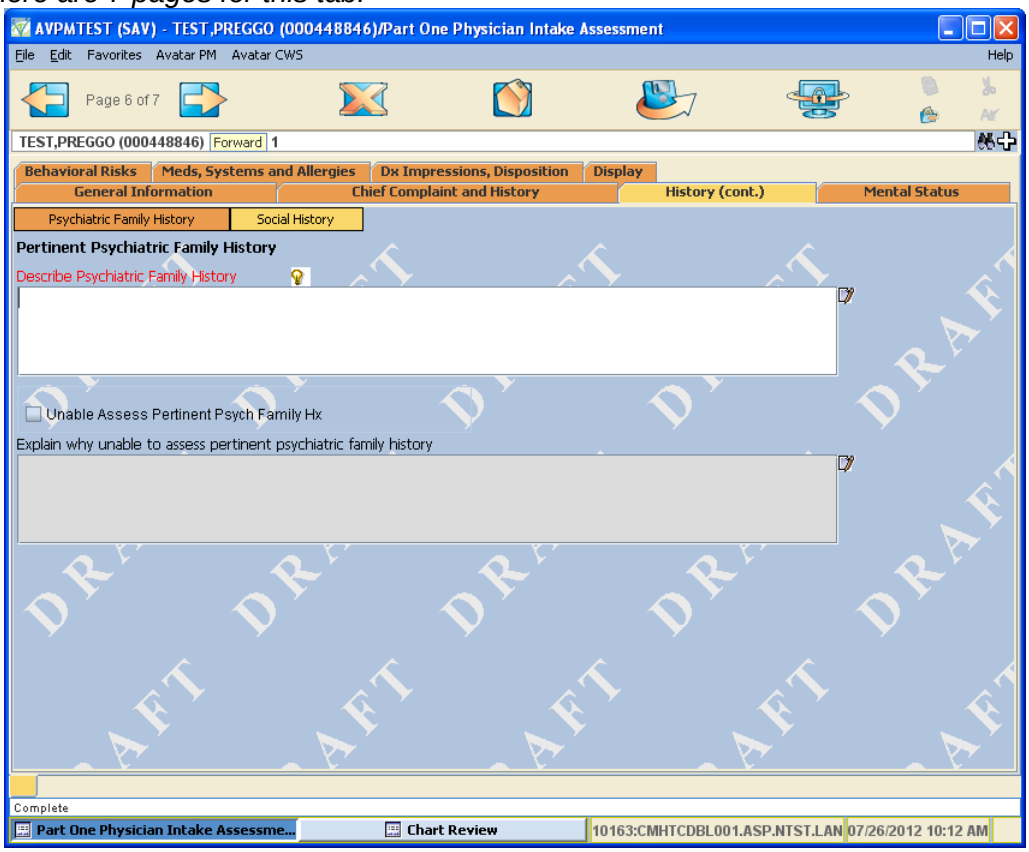


Field Name	***Instruction***
Substance Abuse History Comments	This is an optional field. Enter any comments about the individual's substance abuse if appropriate.
Substance Abuse History Comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Unable to assess Substance Abuse History	If the individual's substance abuse history is not able to be assessed at the time Part One of the Admission Assessment is being done, check the box to the left of this field. This will change the following fields to "un-required", meaning that no information must be entered into them: " Smoking History" "Current Packs per day" "Alcohol Use?" "When last used alcohol?" "Current Drinks per day" "Current use of any of the following drugs?" "Describe Prescription Drugs" " Past (>than 12 months) use of any of the following drugs?"

	"Describe Past Prescription Drugs" "Substance use screening during last 12 months" "Substance use over last 12 months" "Additional Substance Use Information" "History of DTs" "When were DTs?" "History of Withdrawal Seizures" "When were withdrawal seizures?" "Medical/Complications of Substance Abuse" "Describe medical/complications of substance abuse?"
Explain why unable to assess substance abuse history	This field becomes required if "Unable to Assess Substance Abuse History" is checked. Enter the reason why the individual's communication methods are not able to be assessed.

Tab Name – History (cont.) (6 – 7)

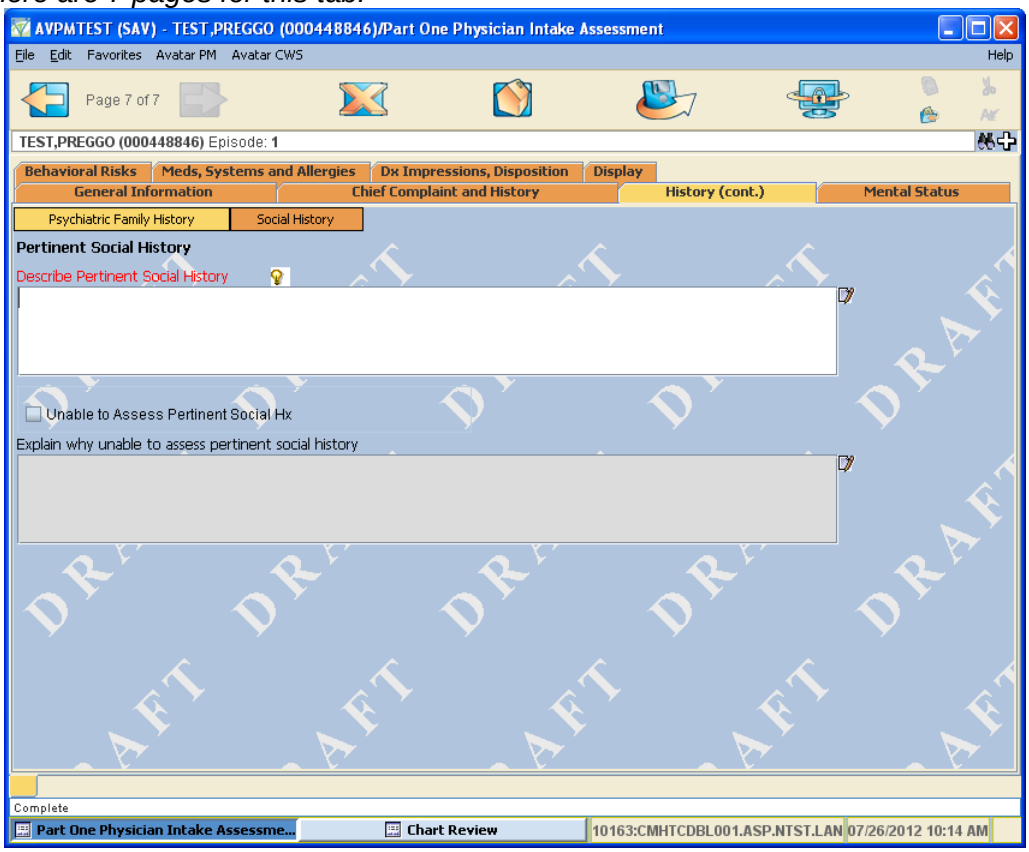
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Describe Psychiatric Family History	This is a required field. Enter information about the individual's psychiatric family history. If there is no history, enter N/A.
Describe Psychiatric Family History	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Unable Assess Pertinent Psych Family Hx	If the individual's pertinent psychiatric family history is not able to be assessed at the time Part One of the Admission Assessment is being done, check the box to the left of this field. This will change the "Describe pertinent psychiatric family history" field to "un-required", meaning that no information must be entered in that field.
Explain why unable to assess pertinent psychiatric family history	This field becomes required if "Unable Assess Pertinent Psych Family Hx" is checked. Enter the reason why the individual's pertinent psychiatric family history is not able to be assessed.

Tab Name – History (cont.) (7 – 7)

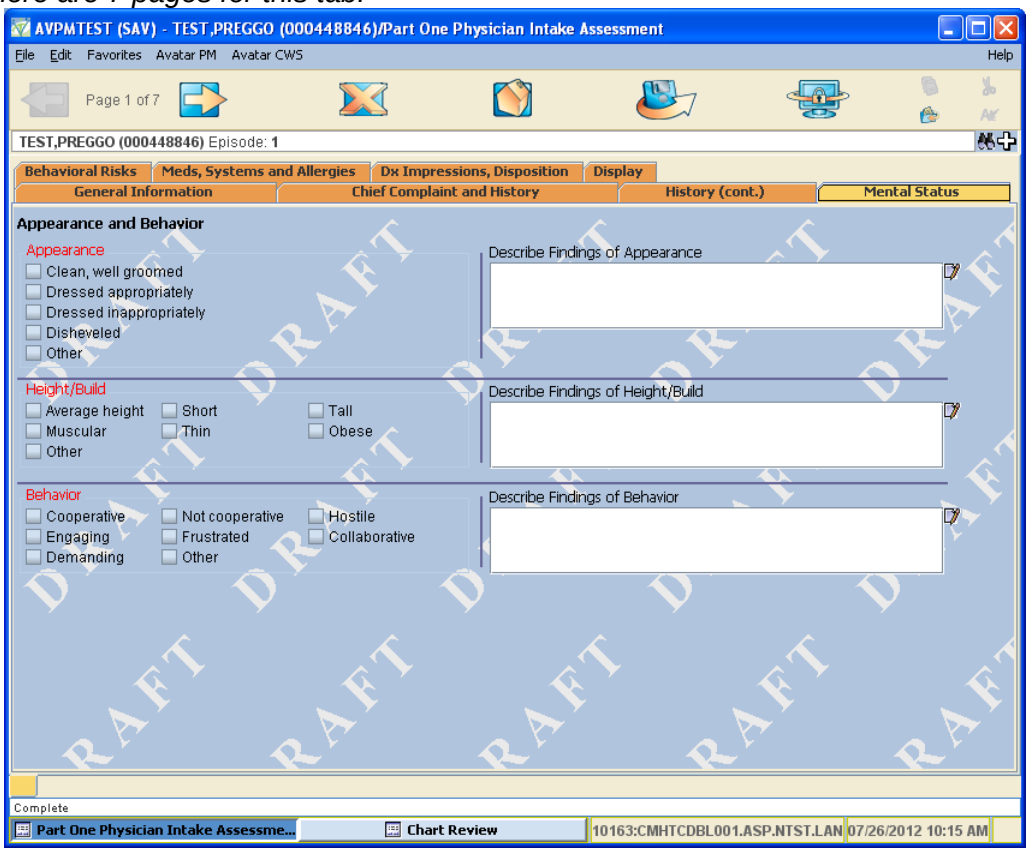
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Describe Pertinent Social History	This is a required field. Enter information about the individual's pertinent social history. If there is no history, enter N/A.
Describe Pertinent Social History	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Unable to Assess Pertinent Social Hx	If the individual's pertinent social history is not able to be assessed at the time Part One of the Admission Assessment is being done, check the box to the left of this field. This will change the "Describe pertinent social history" field to "un-required", meaning that no information must be entered in that field.
Explain why unable to assess pertinent social history	This field becomes required if "Unable to Assess Pertinent Social Hx" is checked. Enter the reason why the individual's pertinent social history is not able to be assessed.

Tab Name - Mental Status (1 – 7)

Notice there are 7 pages for this tab.

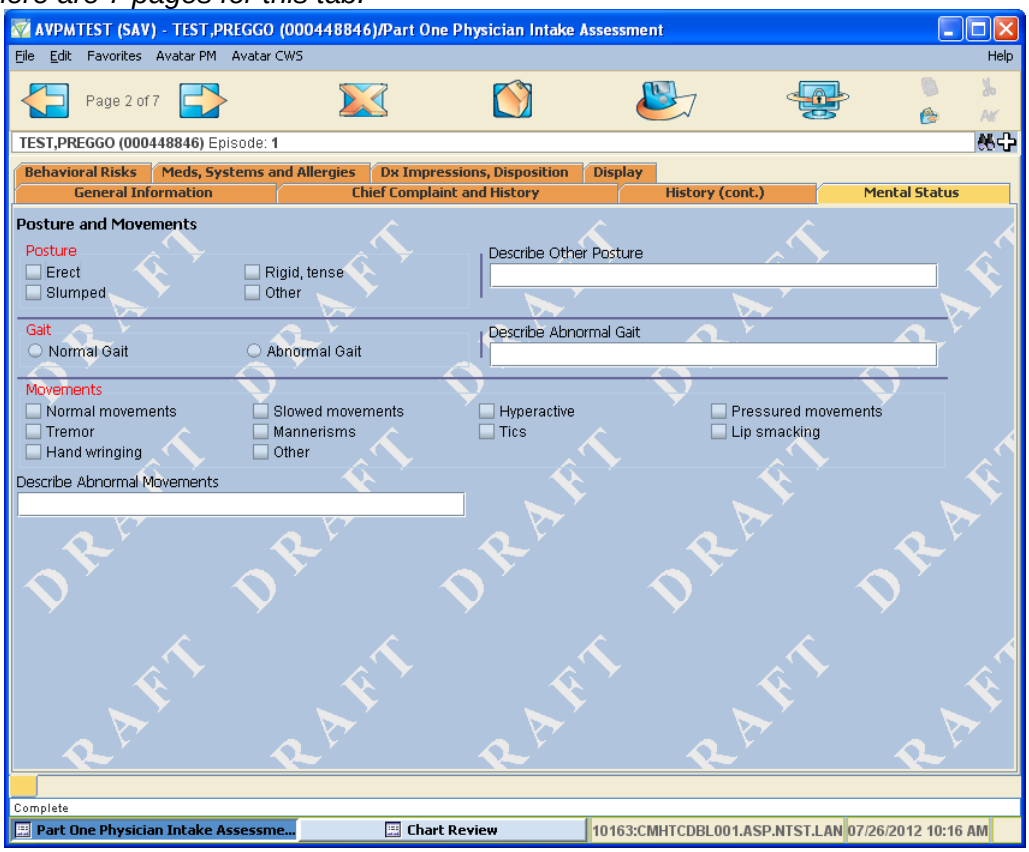


Field Name	***Instruction***
Appearance	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Findings of Appearance	This field becomes required when the answer to “Appearance” is ‘Other’, ‘Dressed inappropriately’, and/or ‘Disheveled’. Enter additional information about the individual’s appearance in this field.
Height/Build	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Findings of Height/Build	This field becomes required when the answer to “Height/Build” is ‘Other’. Enter additional information about the individual’s height/build in this field.
Behavior	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Findings of Behavior	This field becomes required when the answer to “Behavior” is ‘Other’, ‘Not Cooperative’, ‘Hostile’, ‘Frustrated’, and/or

	'Demanding'. Enter additional information about the individual's behavior in this field.

Tab Name – Mental Status (2 – 7)

Notice there are 7 pages for this tab.

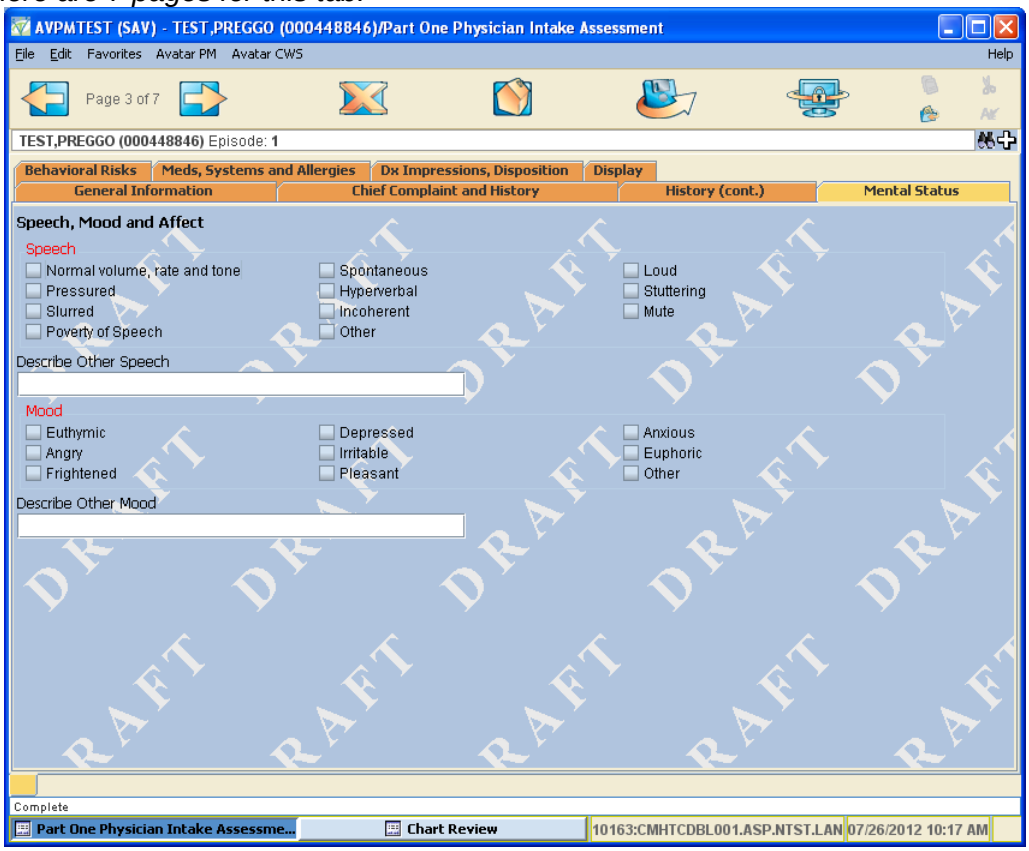


Field Name	***Instruction***
Posture	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Other Posture	This field becomes required when the answer to "Posture" is 'Other'. Enter additional information about the individual's posture in this field.
Gait	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Abnormal Gait	This field becomes required when the answer to "Gait" is 'Abnormal Gait'. Enter additional information about the individual's gait in this field.
Movements	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More

	than one answer may be selected.
Describe Abnormal Movements	This field becomes required when the answer to “Movements” is ‘Other’, ‘Pressured Movements, ‘Tremor’, ‘Mannerisms’, and/or ‘Tics’. Enter additional information about the individual’s abnormal movements in this field.

Tab Name – Mental Status (3 – 7)

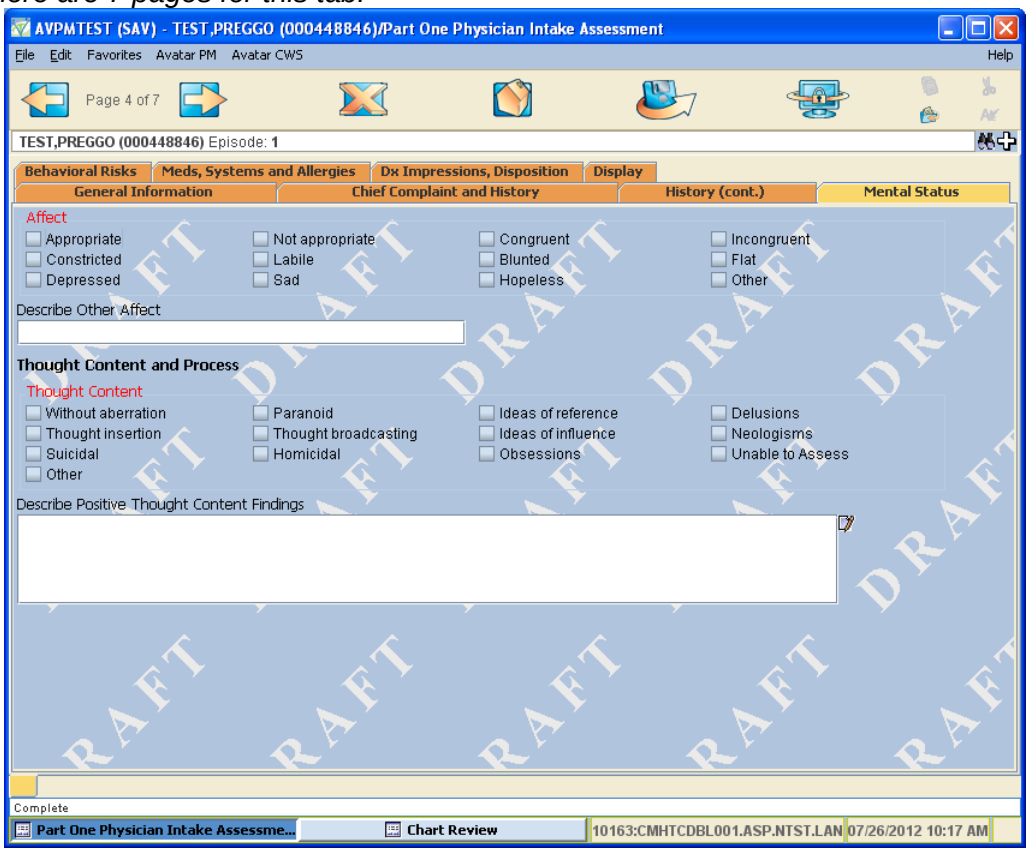
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Speech	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Other Speech	This field becomes required when the answer to “Speech” is ‘Other’. Enter additional information about the individual’s speech in this field.
Mood	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Other Mood	This field becomes required when the answer to “Mood” is ‘Other’. Enter additional information about the individual’s mood in this field.

Tab Name – Mental Status (4 – 7)

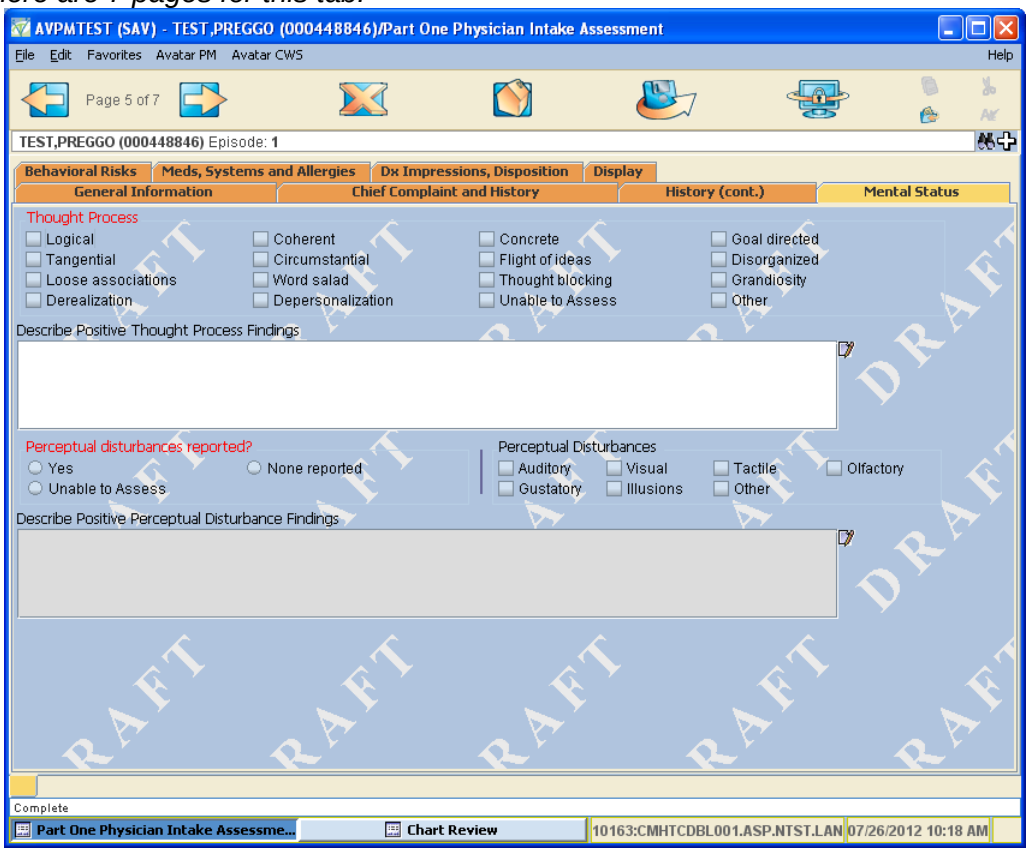
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Affect	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Other Affect	This field becomes required when the answer to “Appearance” is ‘Other’, ‘Not appropriate, and/or ‘Incongruent’. Enter additional information about the individual’s appearance in this field.
Thought Content	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Positive Thought Content Findings	This field becomes required when the answer to “Thought Content” is ‘Paranoid’, ‘Ideas of reference’, ‘Delusions’, ‘Thought insertion’, ‘Thought broadcasting’, ‘Ideas of reference’, ‘Neologisms’, ‘Suicidal’, ‘Homicidal’, ‘Obsessions’, ‘Other’, and/or ‘Unable to Assess’. Enter additional information about the individual’s thought content or why his/her thought content is unable to be assessed in this field.

Tab Name – Mental Status (5 – 7)

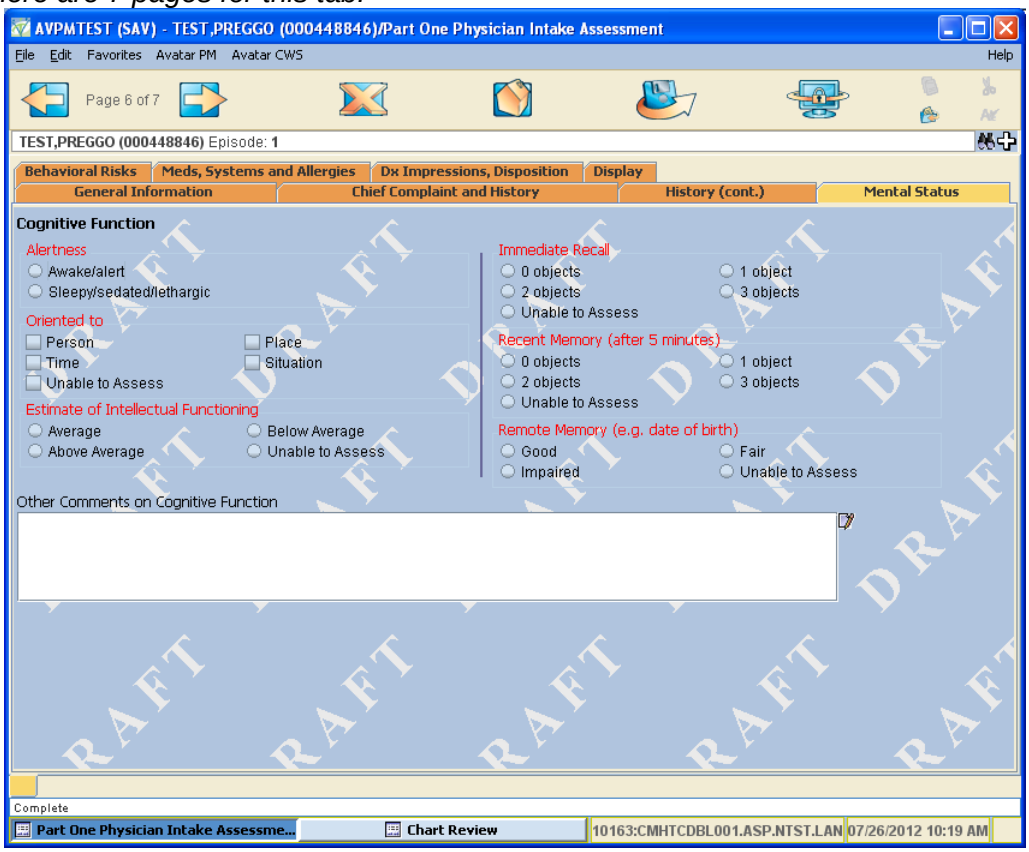
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Thought Process	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Positive Thought Process Findings	This field becomes required when the answer to “Thought Process” is ‘Other’ or ‘Unable to Assess’. Enter additional information about the individual’s thought process in this field.
Perceptual disturbances reported?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Perceptual Disturbances	This field becomes required when the answer to “Perceptual disturbances reported?” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe Positive Perceptual Disturbance Findings	This field becomes enabled (able to enter information) when the answer to “Perceptual disturbances reported?” is ‘Yes’ or ‘Unable to Assess’. This field becomes required when any of the answers to “Perceptual Disturbances” are checked. Enter information about the individual’s perceptual disturbances in this field.

Tab Name – Mental Status (6 – 7)

Notice there are 7 pages for this tab.

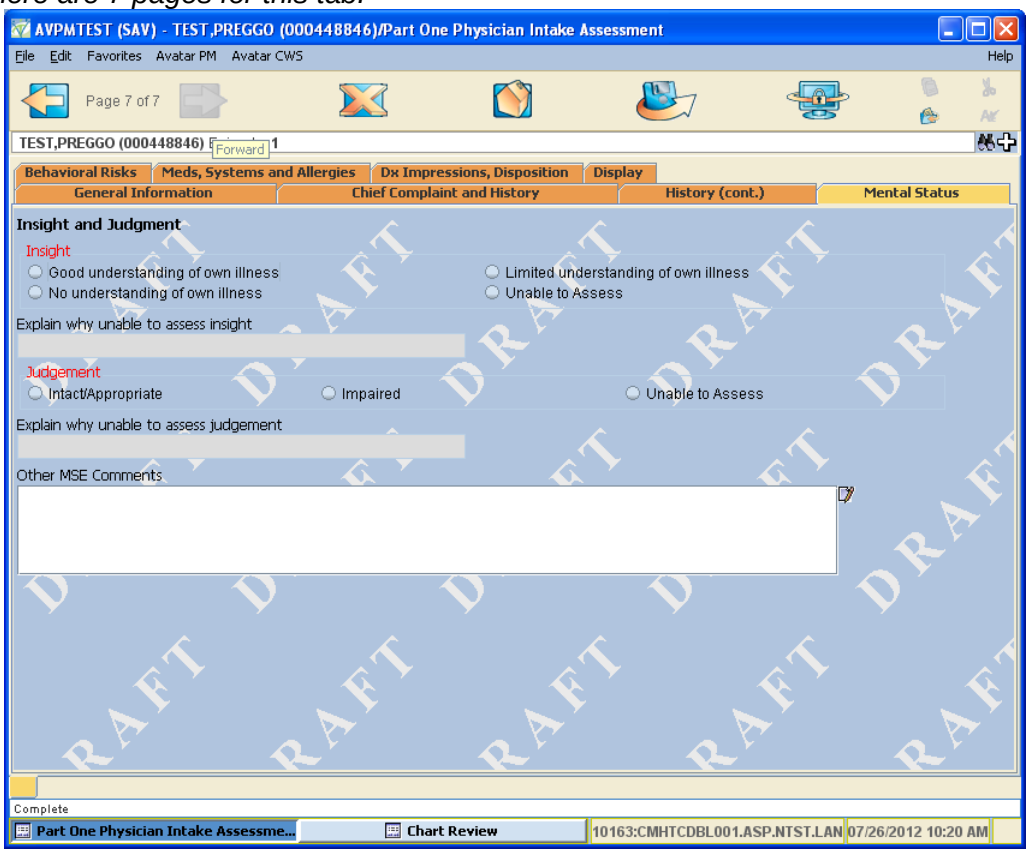


Field Name	***Instruction***
Alertness	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Oriented to	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one response may be selected.
Estimate of Intellectual Functioning	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Immediate Recall	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Recent Memory (after 5 minutes)	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Remote Memory (e.g. date of birth)	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Comments on Cognitive Function	This field is always enabled for information to be entered. This field becomes required when under the following circumstances: “Oriented to” equals ‘Unable to Assess’ “Estimate of Intellectual Functioning” equals ‘Unable to Assess’

	"Immediate Recall" equals '0 objects', '1 object', '2 objects' or 'Unable to Assess' "Recent Memory (after 5 minutes)" equals '0 objects', '1 object', '2 objects' or 'Unable to Assess' "Remote Memory (e.g. date of birth) equals 'Fair', 'Impaired' or 'Unable to Assess

Tab Name – Mental Status (7 – 7)

Notice there are 7 pages for this tab.

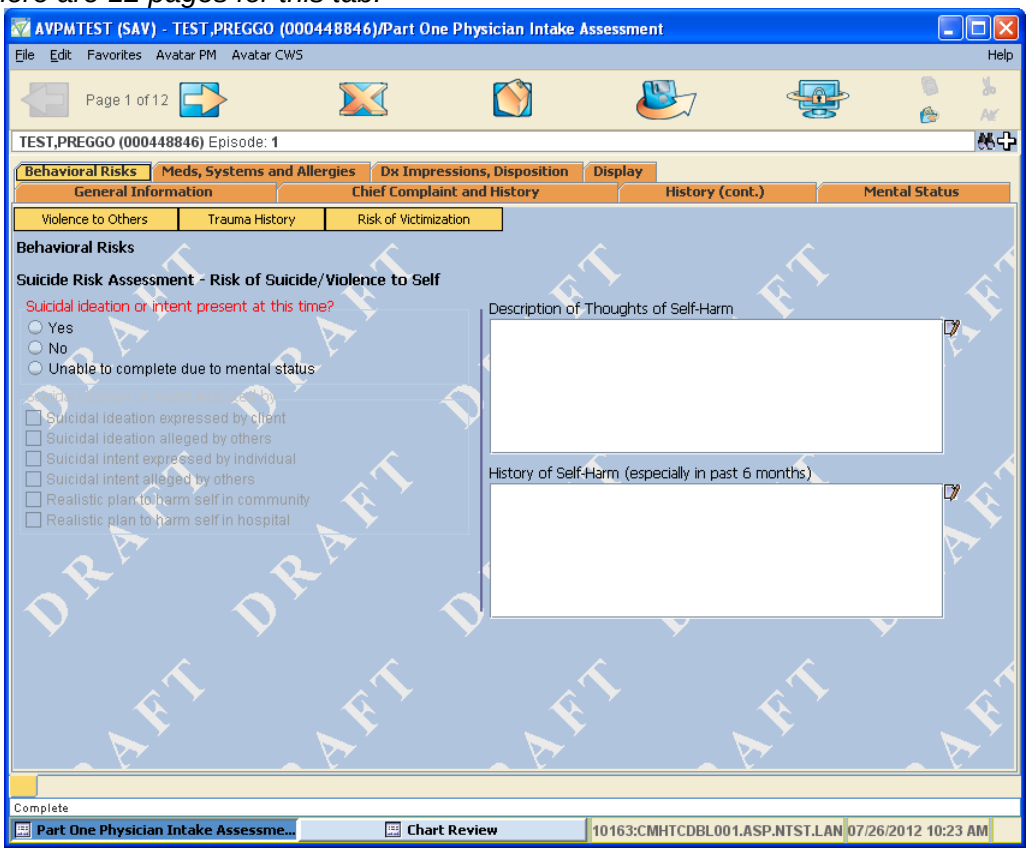


Field Name	***Instruction***
Insight	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess insight	This field becomes required when the answer to "Insight" is 'Unable to Assess'. Enter the reason that the individual's insight was not able to be assessed.
Judgment	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess judgment	This field becomes required when the answer to "Judgment" is 'Unable to Assess'. Enter the reason that the individual's judgment was not able to be assessed.

Other MSE Comments	This is an optional field that is always enabled for information entry. NOTE: All positive findings for “Insight” and “Judgment” are to be entered in this field.

Tab Name – Behavioral Risk (1 – 12)

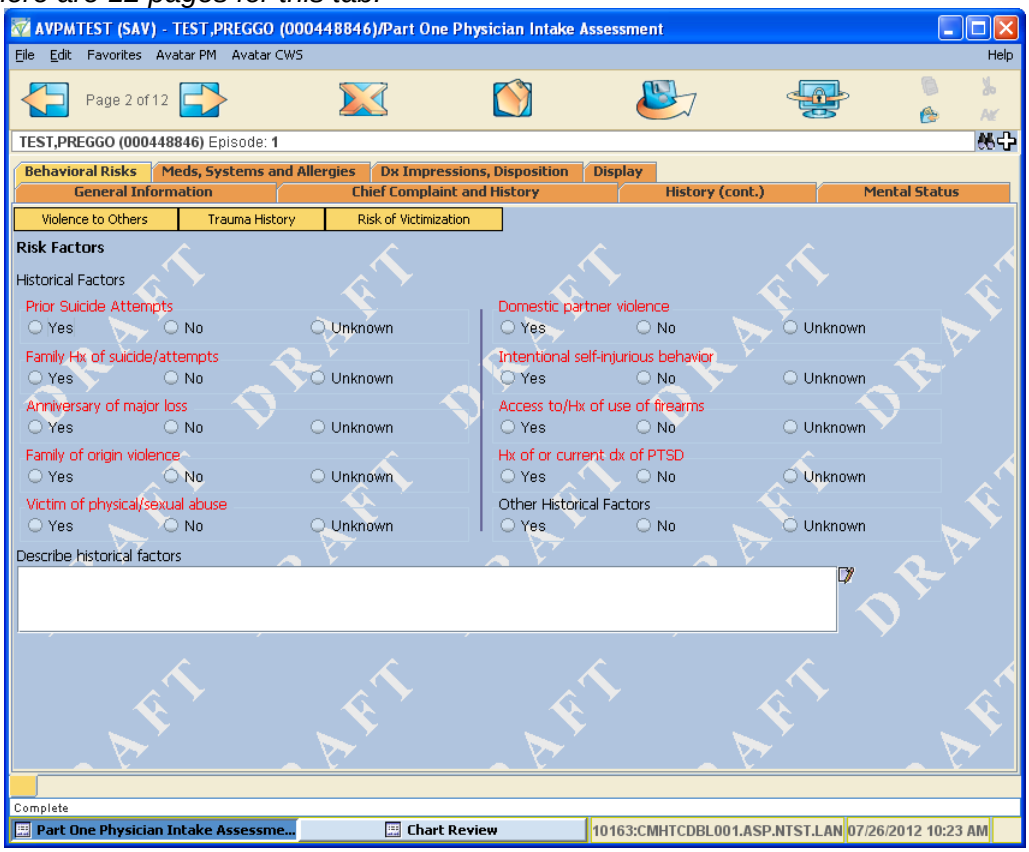
Notice there are 12 pages for this tab.



Field Name	***Instruction***
Suicidal ideation or intent present at this time?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Suicidal ideation or intent indicated by:	This field becomes required when the answer to "Suicidal ideation or intent present at this time?" is 'Yes'. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one response may be selected.
Description of Thoughts of Self-Harm	This is an optional field that is always enabled for information entry. This field becomes required when the answer to "Suicidal ideation or intent present at this time?" is 'Yes'. Enter information about the individual's thoughts of self-harm in this field.
History of Self-Harm (especially in past 6 months)	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's suicidal ideation or intent that is not covered in detail in the other fields on this screen, should be entered into this field.

Tab Name – Behavioral Risks (2 – 12)

Notice there are 12 pages for this tab.

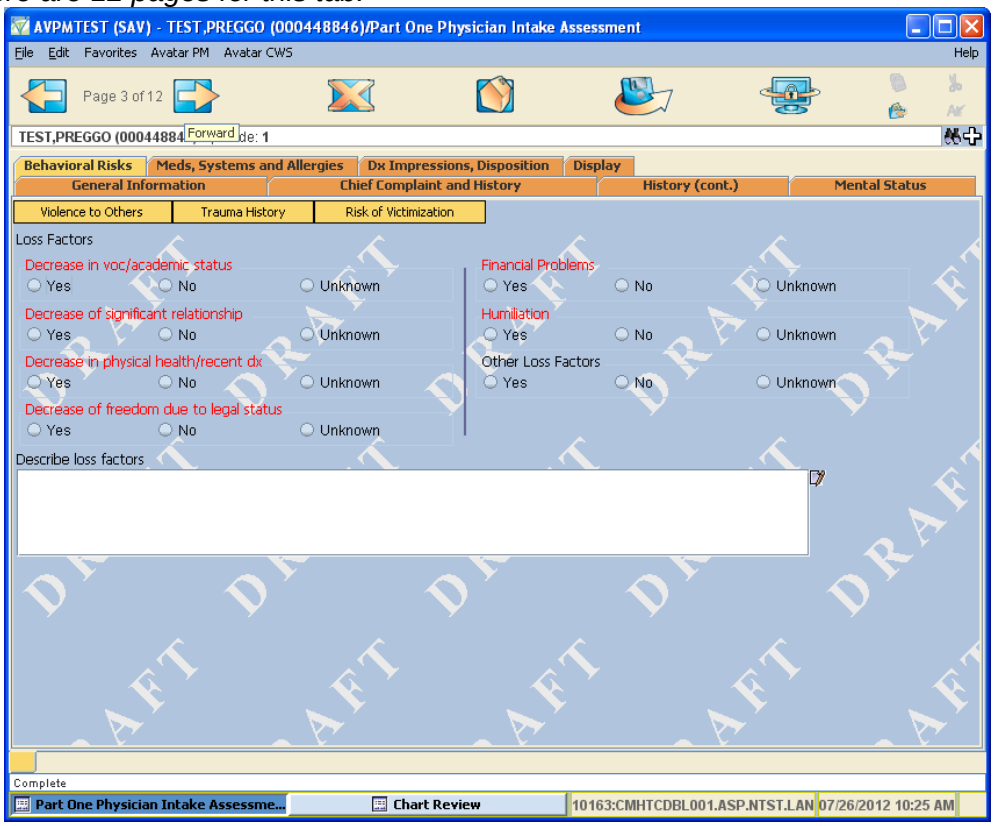


Field Name	***Instruction***
Prior Suicide Attempts	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Family Hx of suicide/attempts	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Anniversary of major loss	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Family of origin violence	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Victim of physical/sexual abuse	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Domestic partner violence	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Intentional self-injurious behavior	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Access to/Hx of use of firearms	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hx of or current dx of PTSD	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Other Historical Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe historical factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's historical factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Historical Factors" is 'Yes'. Enter the other historical factors in this field.

Tab Name – Behavioral Risks (3 – 12)

Notice there are 12 pages for this tab.

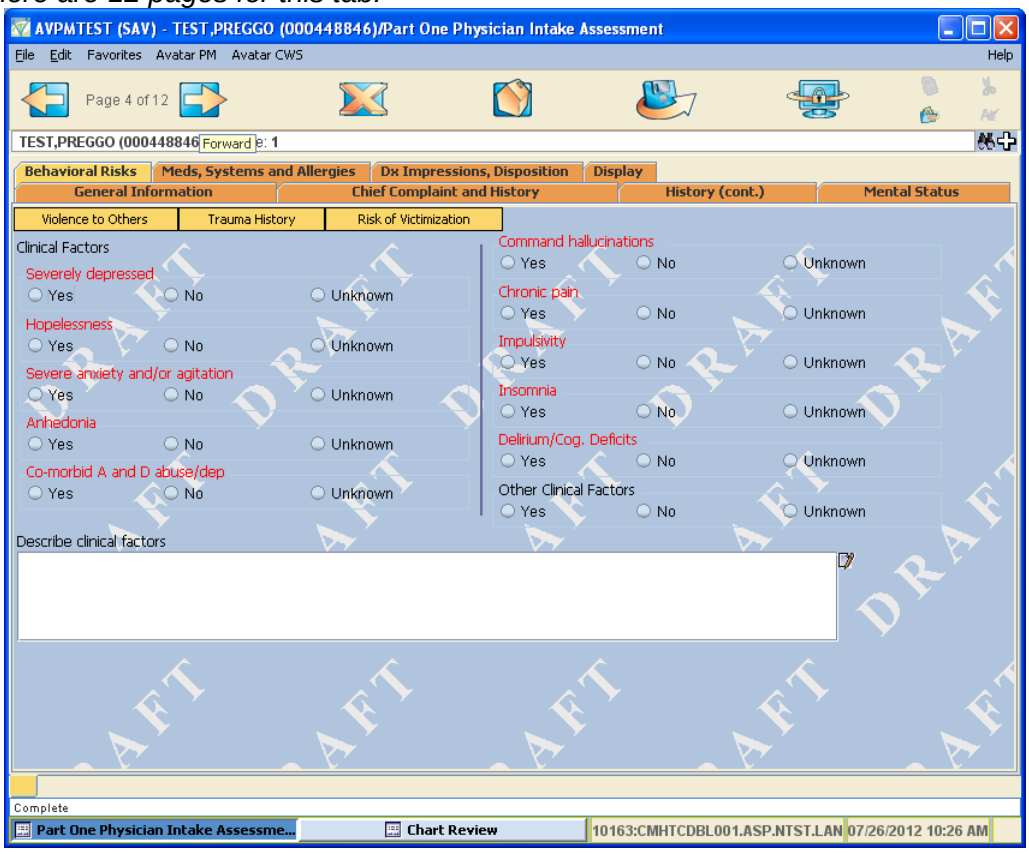


Field Name	***Instruction***
Decrease in voc/academic status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Decrease of significant relationship	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Decrease in physical health/recent dx	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Decrease of freedom due to legal status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Financial Problems	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Humiliation	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Loss Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe loss factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's loss factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Loss Factors" is 'Yes'. Enter the other historical factors in this field.

Tab Name – Behavioral Risks (4 – 12)

Notice there are 12 pages for this tab.

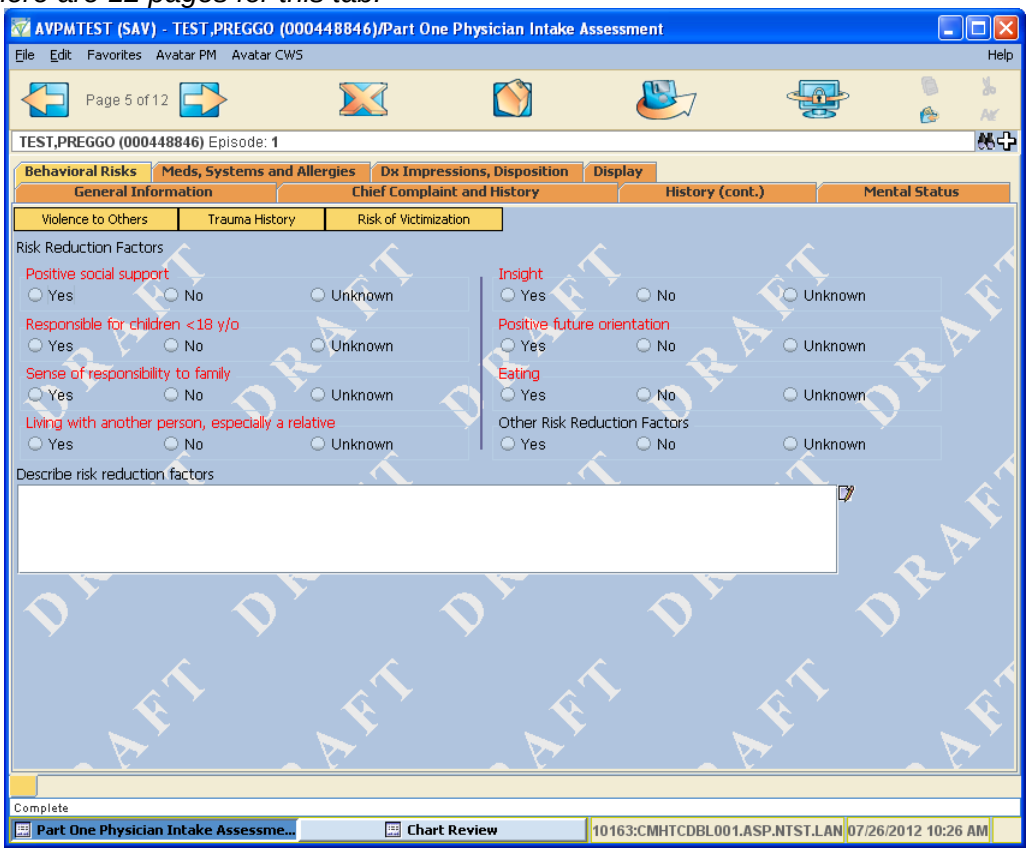


Field Name	***Instruction***
Severely depressed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hopelessness	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Severe anxiety and/or agitation	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Anhedonia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Co-morbid A and D abuse/dep	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Command hallucinations	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Chronic pain	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Impulsivity	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Insomnia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Delirium/Cog. Deficits	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Clinical Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe clinical factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's loss factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Clinical Factors" is 'Yes'. Enter the other clinical factors in this field.

Tab Name – Behavioral Risks (5 – 12)

Notice there are 12 pages for this tab.

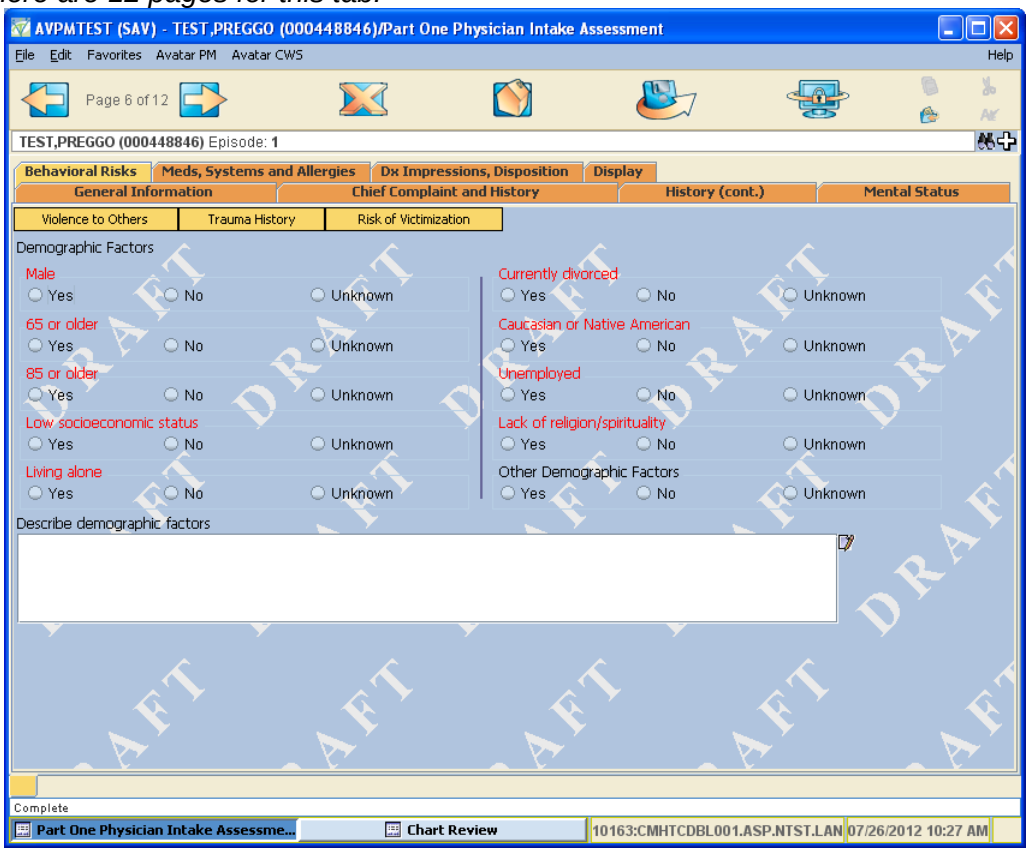


Field Name	***Instruction***
Positive social support	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Responsible for children <18 y/o	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Sense of responsibility to family	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Living with another person, especially a relative	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Insight	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Positive future orientation	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Eating	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Risk Reduction Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe risk reduction factors	This is an optional field that is always enabled for information entry. Although not required, any information about the

	individual's loss factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Risk Reduction Factors" is 'Yes'. Enter the other risk reduction factors in this field.

Tab Name – Behavioral Risks (6 – 12)

Notice there are 12 pages for this tab.

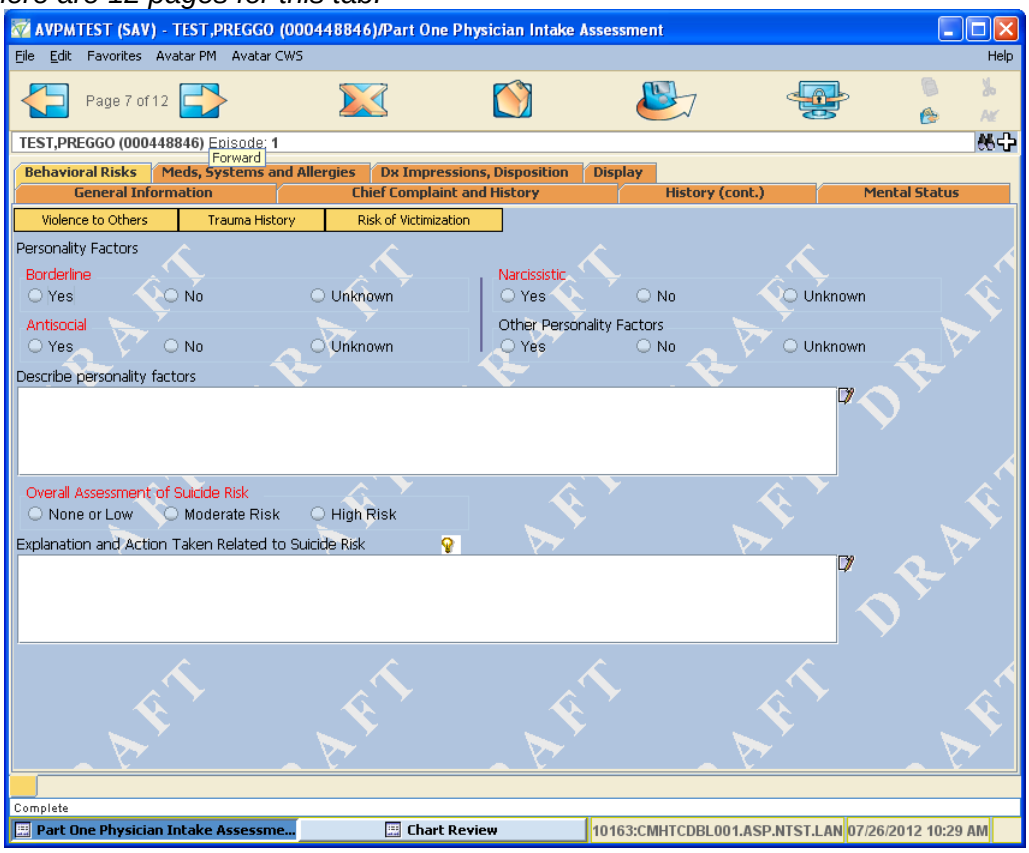


Field Name	***Instruction***
Male	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
65 or older	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
85 or older	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Low socioeconomic status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Living alone	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Currently divorced	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Caucasian or Native American	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Unemployed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Lack of religion/spirituality	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Demographic Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe demographic factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's loss factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Demographic Factors" is 'Yes'. Enter the other demographic factors in this field.

Tab Name – Behavioral Risks (7 – 12)

Notice there are 12 pages for this tab.

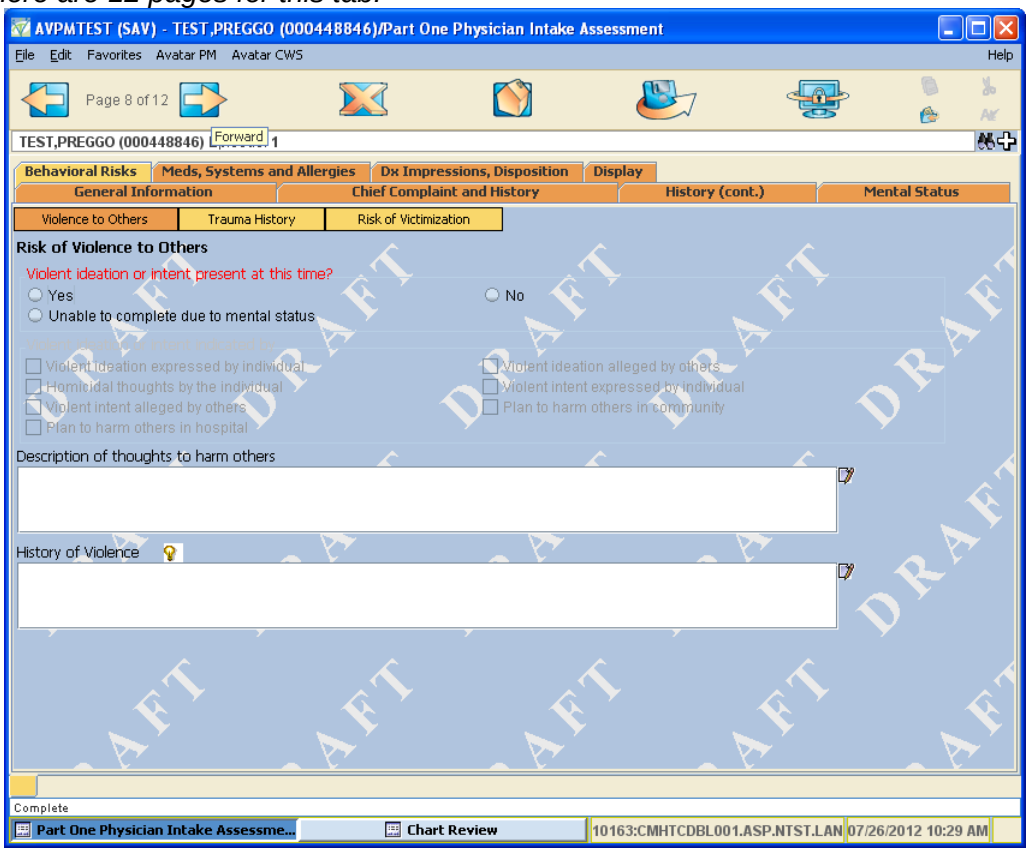


Field Name	***Instruction***
Borderline	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Antisocial	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Narcissistic	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Personality Factors	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe personality factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's loss factors that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Personality Factors" is 'Yes'. Enter the other personality factors in this field.
Overall Assessment of Suicide Risk	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. If the answer to this field is 'Moderate Risk', an alert that reads "Individual has a Moderate Suicide Risk" will display when Orders are placed and when the individual's Recovery Plan is opened. If the answer to this field is "High Risk", an alert that reads, "Individual has a High Suicide Risk" will display when Orders are placed and when the individual's Recovery Plan is opened.
Explanation and Action Taken Related to Suicide Risk	This field becomes required when the answer to "Overall Assessment of Suicide Risk" is 'Moderate Risk' or 'High Risk'. Enter information about the individual's overall suicide risk in this field.
Explanation and Action Taken Related to Suicide Risk	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Behavioral Risks (8 – 12)

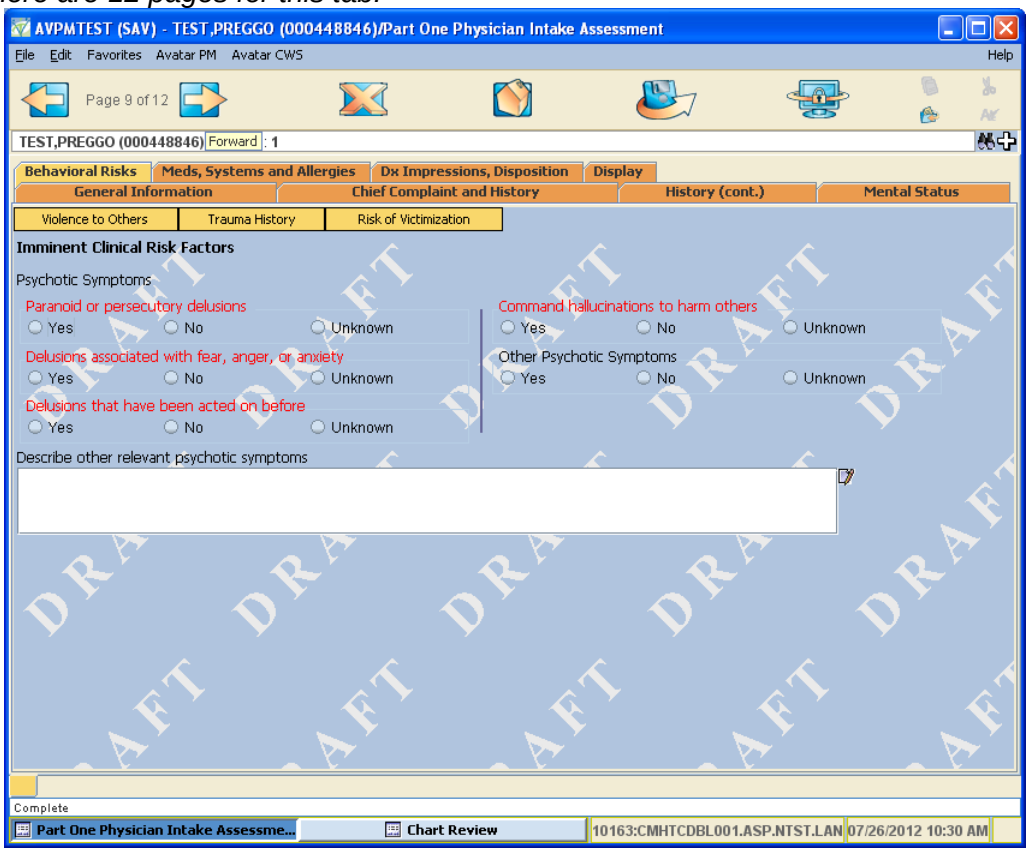
Notice there are 12 pages for this tab.



Field Name	***Instruction***
Violent ideation or intent present at this time?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Violent ideation or intent indicated by	This field becomes required if the answer to "Violent ideation or intent present at this time?" is 'Yes'. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one may be selected.
Description of thoughts to harm others	This field becomes required if the answer to "Violent ideation or intent present at this time?" is 'Yes'. Enter a description of the individual's thoughts to harm others in this field.
History of Violence	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's history of violence that are not covered in detail in the other fields on this screen, should be entered into this field.
History of Violence	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Behavioral Risks (9 – 12)

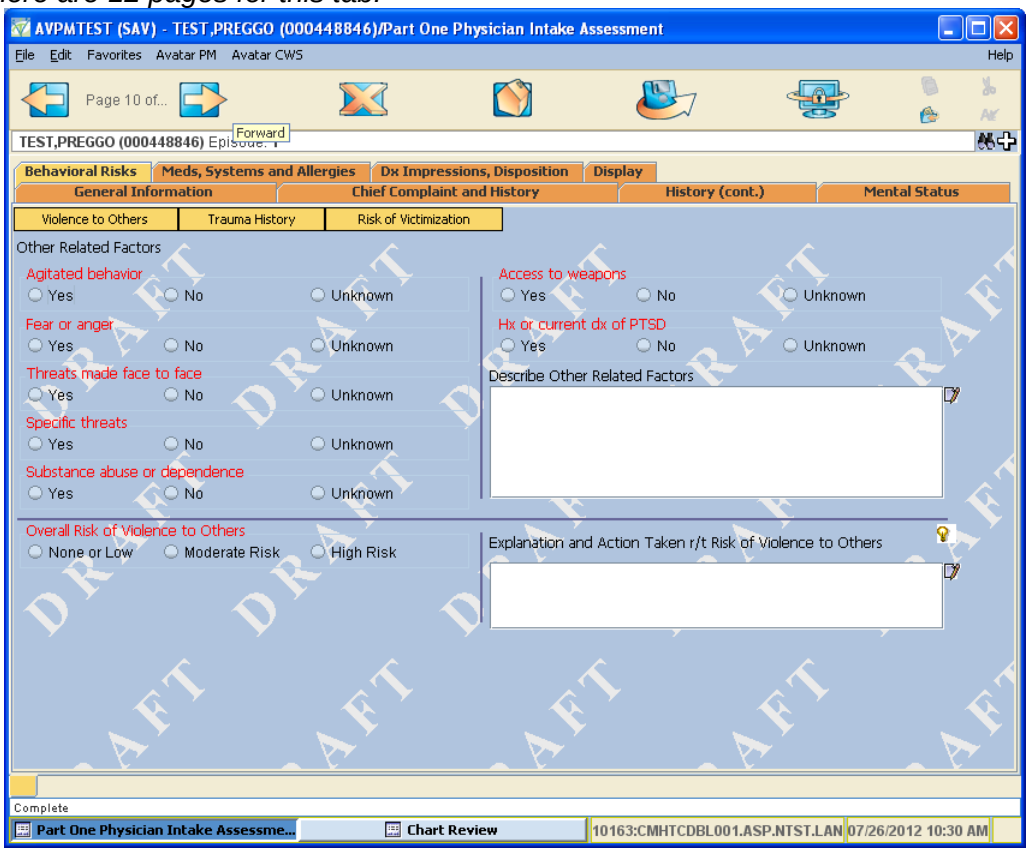
Notice there are 12 pages for this tab.



Field Name	***Instruction***
Paranoid or persecutory delusions	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Delusions associated with fear, anger, or anxiety	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Delusions that have been acted on before	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Command hallucinations to harm others	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Psychotic Symptoms	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe other relevant psychotic symptoms	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's psychotic symptoms that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required when the answer to "Other Psychotic Symptoms" is 'Yes'. Enter the other psychotic symptoms in this field.

Tab Name – Behavioral Risks (10 – 12)

Notice there are 12 pages for this tab.

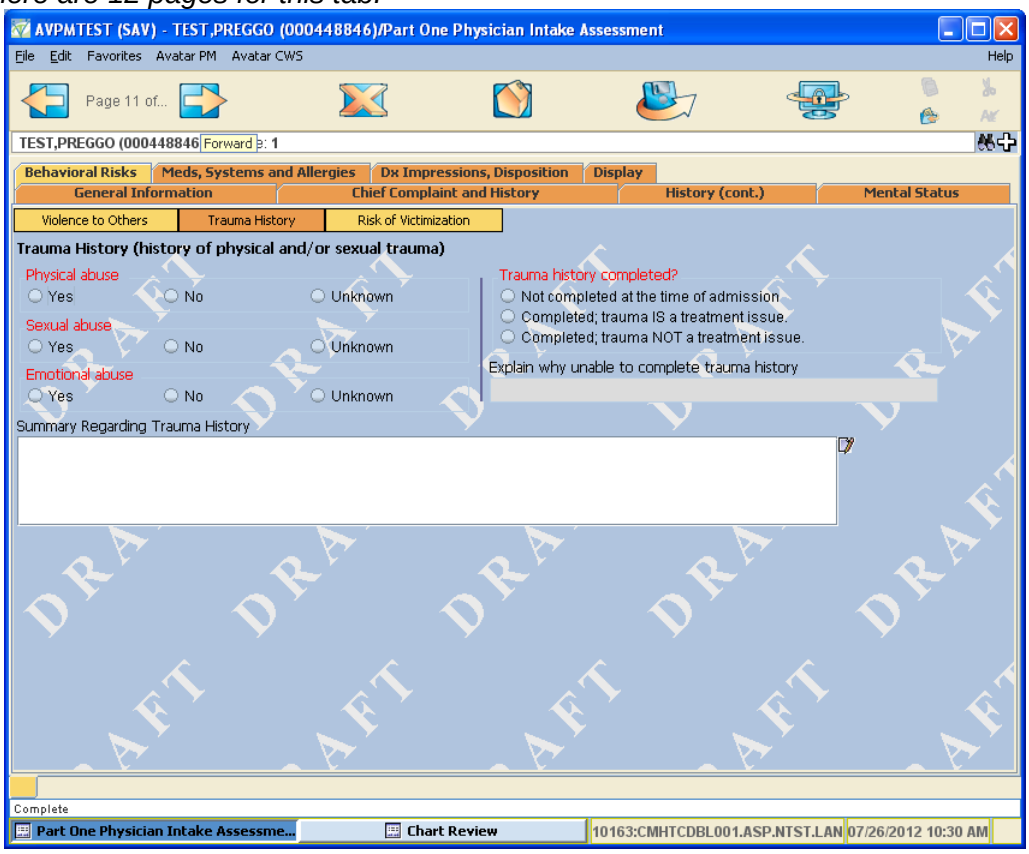


Field Name	***Instruction***
Agitated behavior	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Fear or anger	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Threats made face to face	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specific threats	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Substance abuse or dependence	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Access to weapons	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hx or current dx of PTSD	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe Other Related Factors	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's psychotic symptoms that are not covered in detail in the other fields on this screen, should be entered into this

	field.
Overall Risk of Violence to Others	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. If the answer to this field is 'Moderate Risk', an alert that reads "Violence to Others – Moderate Risk" will display when Orders are placed and when the individual's Recovery Plan is opened. If the answer to this field is "High Risk", an alert that reads, "Violence to Others – High Risk" will display when Orders are placed and when the individual's Recovery Plan is opened.
Explanation and Action Taken r/t Risk of Violence to Others	This field becomes required when the answer to "Overall Risk of Violence to Others" is 'Moderate Risk' or 'High Risk'. Enter information about the individual's overall risk of violence to others in this field.

Tab Name – Behavioral Risks (11 – 12)

Notice there are 12 pages for this tab.

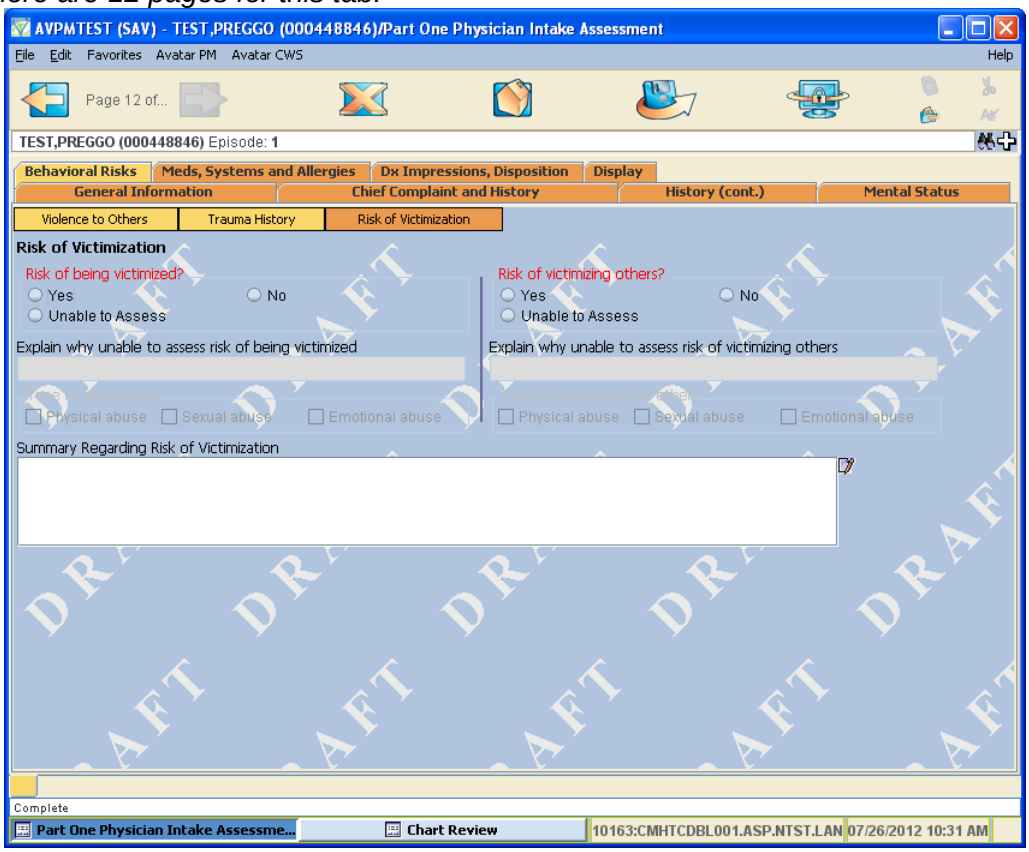


Field Name	***Instruction***
Physical abuse	This is a required field. Indicate the correct answer by clicking

	in the radio button to the left of the appropriate response.
Sexual abuse	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Emotional abuse	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Trauma history completed?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to complete trauma history	This field becomes required when the answer to "Trauma history completed?" is 'Not completed at the time of admission'. Enter the reason the trauma history was not able to be completed in this field.
Summary Regarding Trauma History	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's trauma history that are not covered in detail in the other fields on this screen, should be entered into this field. This field becomes required when the answer to "Trauma history completed?" is 'Completed; trauma IS a treatment issue'. Enter appropriate information in this field.

Tab Name – Behavioral Risks (12 – 12)

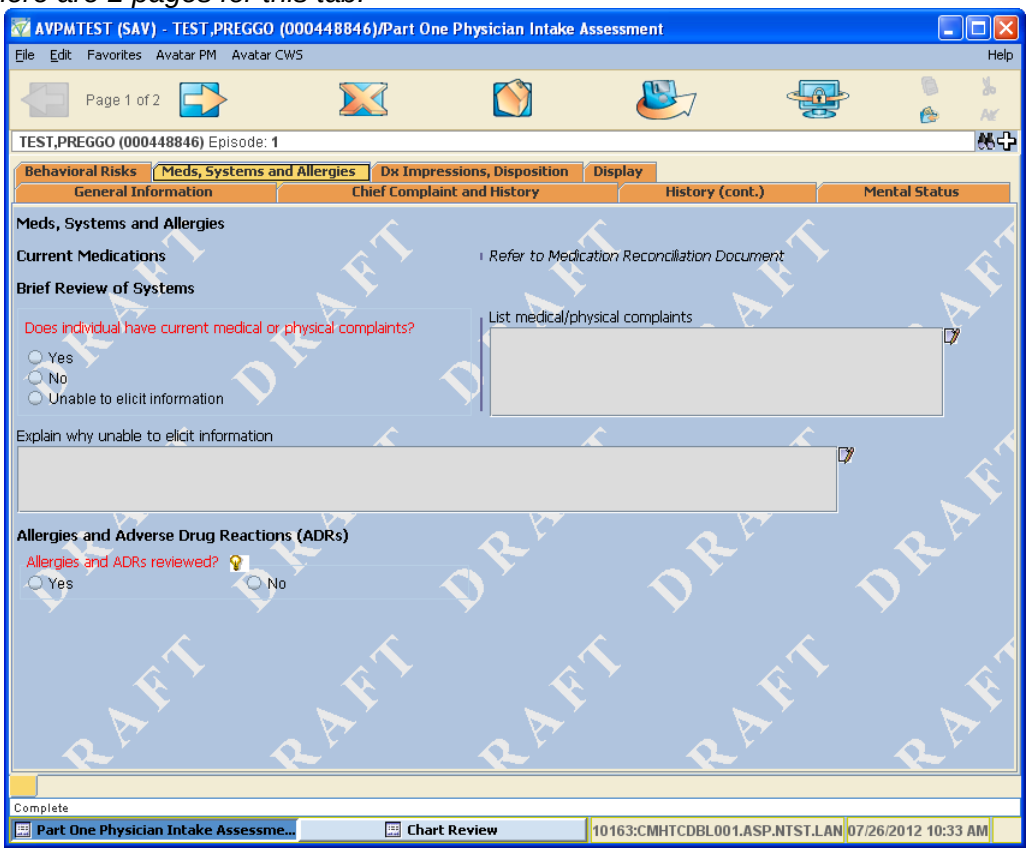
Notice there are 12 pages for this tab.



Field Name	***Instruction***
Risk of being victimized?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess risk of being victimized	This field becomes required when the answer to "Risk of being victimized?" is 'Unable to Assess'. Enter the reason that the individual's risk of being victimized was unable to be assessed in this field.
Type of victimization	This field becomes required when the answer to "Risk of being victimized?" is 'Yes'. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Risk of victimizing others?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess risk of victimizing others	This field becomes required when the answer to "Risk of victimizing others?" is 'Unable to Assess'. Enter the reason that the individual's risk of victimizing others was unable to be assessed in this field.
Type of victimization of others	This field becomes required when the answer to "Risk of victimizing others?" is 'Yes'. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Summary Regarding Risk of Victimization	This is an optional field that is always enabled for information entry. Although not required, any information about the individual's risk of victimization that are not covered in detail in the other fields on this screen, should be entered into this field. NOTE: This field becomes required under the following circumstances: "Risk of being victimized?" equals 'Yes' "Risk of victimizing others?" equals 'Yes'

Tab Name - Meds, Systems and Allergies (1 – 2)

Notice there are 2 pages for this tab.

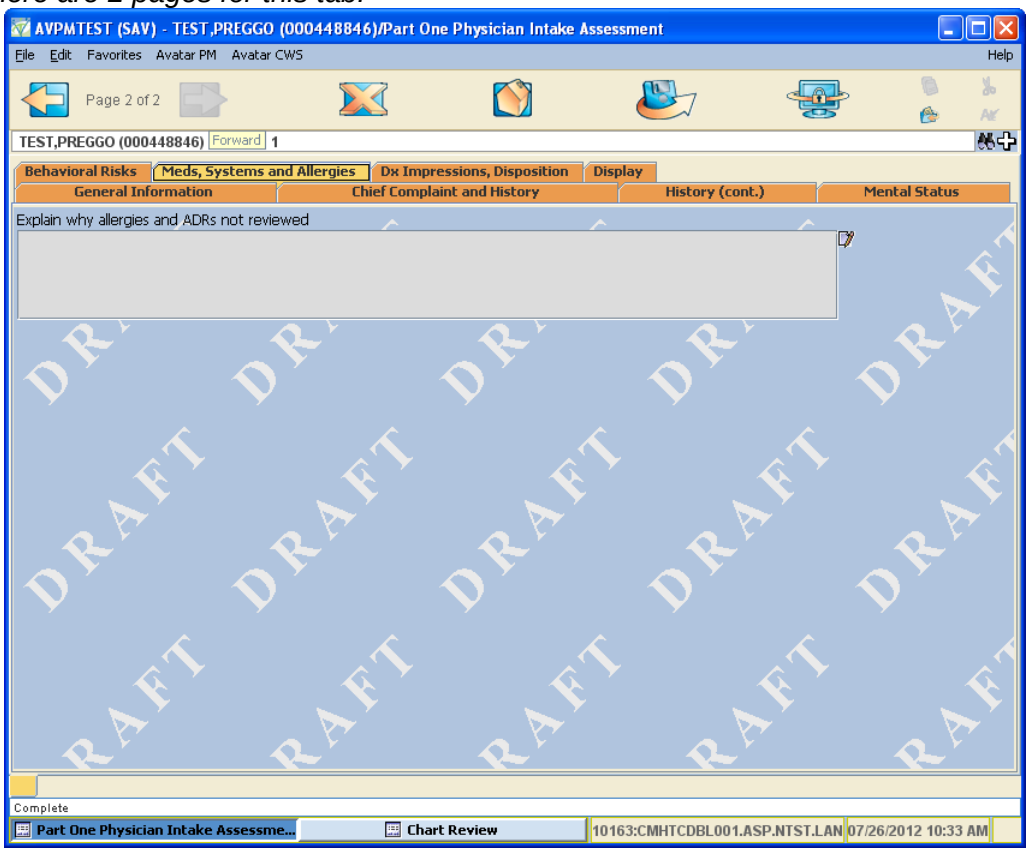


Field Name	***Instruction***
Does individual have current medical or physical complaints	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
List medical/physical complaints	This field becomes required when the answer to “Does individual have current medical or physical complaints” is ‘Yes’. Enter the medical/physical complaints voiced by the individual in this field.
Explain why unable to elicit information	This field becomes required when the answer to “Does individual have current medical or physical complaints” is ‘Unable to elicit information’. Enter the reason that the medical/physical complaints were unable to be obtained from the individual.
Allergies and ADRs reviewed	This is a required field. To view and/or document the individual’s allergies and ADRs, click on the binoculars shape in the upper right hand corner of the screen. This will open the Allergies and Hypersensitivities screen. You can enter the individual’s allergies, hypersensitivities and ADRs or review the allergies, hypersensitivities and ADRS that have already been

	entered. Close the Allergies and Hypersensitivities screen and then indicate the correct answer to this question by clicking in the radio button to the left of the appropriate response.
Allergies and ADRs reviewed	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Meds, Systems and Allergies (2 – 2)

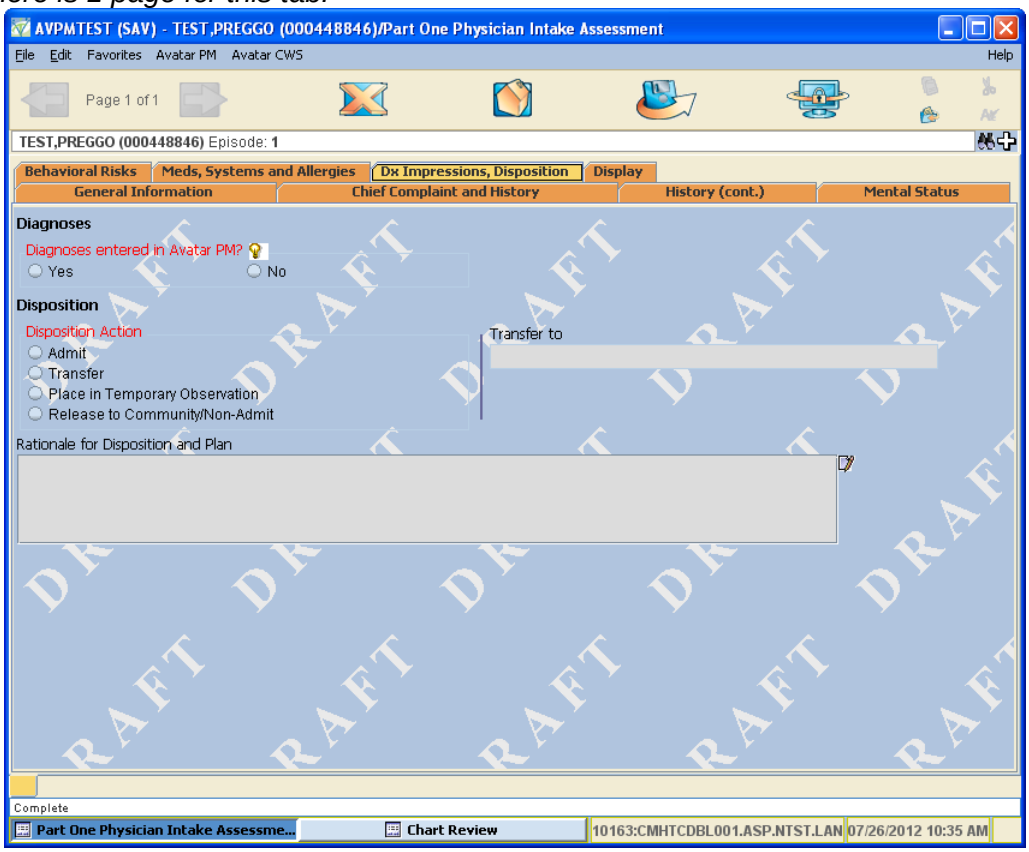
Notice there are 2 pages for this tab.



Field Name	***Instruction***
Explain why allergies and ADRs not reviewed	This field becomes required when the answer to “Allergies and ADRs reviewed” is ‘No’. Enter the reason that the individual’s allergies and ADRs were not reviewed in this field.

Tab Name - Dx Impressions, Disposition (1 – 1)

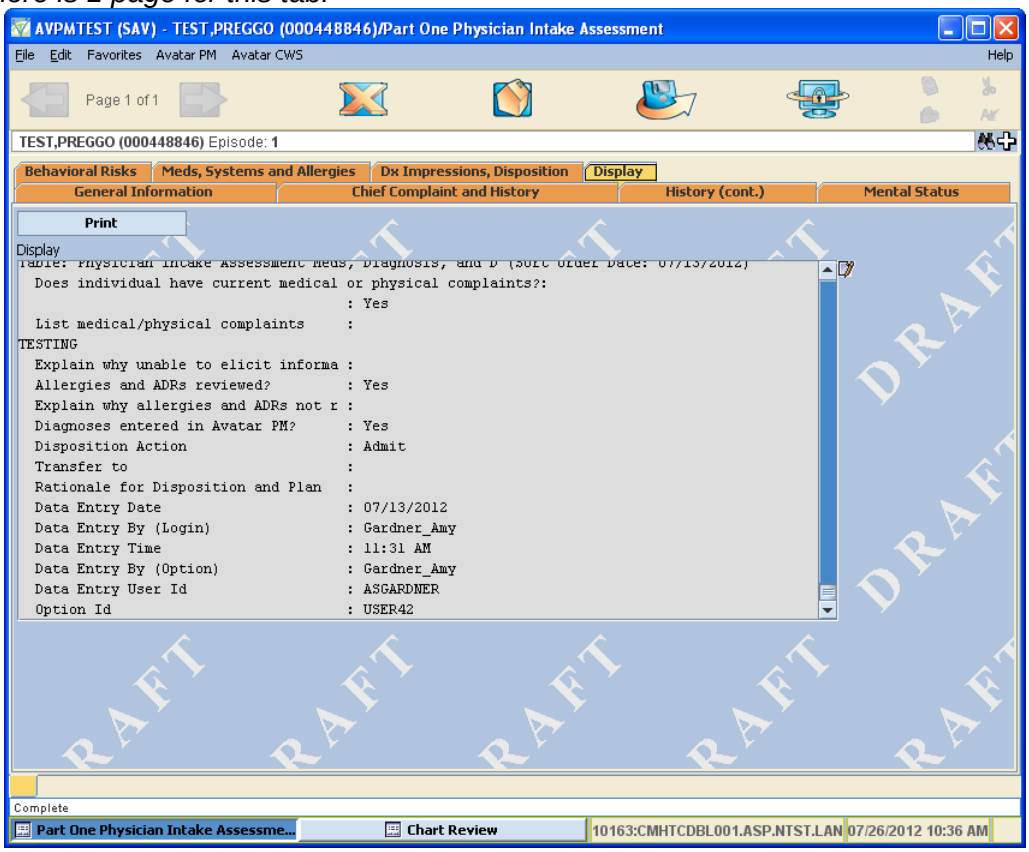
Notice there is 1 page for this tab.



Field Name	***Instruction***
Diagnoses entered in Avatar PM?	This is a required field. To view and/or document the individual's diagnosis, click on the cross shape in the upper right hand corner of the screen. This will open the Diagnosis screen that resides in the Avatar Patient Management module. You can enter the diagnosis or review the diagnosis that has already been entered. Close the Diagnosis screen and then indicate the correct answer to this question by clicking in the radio button to the left of the appropriate response.
Diagnoses entered in Avatar PM?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Disposition Action	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. If the answer to this field is 'Admit', a pop up message will display that reads "Proceed to Part Two of the Admissions Assessment". Click OK, finish and save Part One. Continue to Part Two of the Admissions Assessment as appropriate.

	If the answer to this field is 'Place in Temporary Observation', a pop up message will display that reads "Proceed to Part Two of the Admissions Assessment and complete Temporary Observation Physician Orders". Click OK, finish and save Part One. Continue to Part Two of the Admissions Assessment and then the Temporary Observation Physician Orders as appropriate. If the answer to this field is "Release to Community/Non-Admit", then a pop up message displays that reads "Do not complete Part Two of the Admissions Assessment". Click OK, finish and save Part One of the Admissions Assessment.
Transfer to	This field becomes required when the answer to "Disposition Action" is 'Transfer'. Enter where the individual is being transferred to in this field.
Rationale for Disposition and Plan	This field becomes required when the answer to "Disposition Action" is 'Release to Community/Non-Admit'. Enter the rationale for this disposition in this field.

Tab Name - Display (1 – 1)
Notice there is 1 page for this tab.



This Display Tab allows the Physician to view previously entered Part One: Physician Intake Assessments for the individual. Just click on the Display Tab and all previously entered Part Ones for the individual will display and can be reviewed by moving the scroll bar up and down on the right of the window.
If needed, this information can be printed by clicking on the “Print Button” just above the display window.

How Do I Save a Integrated Admission Assessment Part One: Physician Intake?

If the Admission Assessment Part One is to be saved in ‘Draft’ status, then position the mouse pointer over the Submit icon and single click the left mouse button.

If the Admission Assessment Part One is ready to be saved in ‘Final’ status (all information is entered and verified as accurate and correct), then click on the General Information Tab, and then click on the right arrow to go to page 3 of the General Information Tab. Click in the radio button to the left of ‘Final’ in the “Status” field. A pop up message will display that reads

"Selecting Final prevents future edits". Click OK. Then position the mouse pointer over the Submit icon and single click the left mouse button.

NOTE: If there are any required fields that have not had information entered when Final is selected in the Status field, a pop up message will display that reads "The following required object(s) do not contain information:" All fields that need to be answered are listed in the pop up message window. Click OK and another pop up message displays that reads " "Final" cannot be selected until all of the required objects in the option contain information". Click OK, complete all required fields and re-save as instructed above.

How Do I Edit Integrated Admission Assessment Part One: Physician Intake?

The Admission Assessment Part One: Physician Intake may only be edited when the form is in "Draft" status.
Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Admission Assessment → Part One: Physician Intake Assessment
Double click on the Part One: Physician Assessment that needs to be edited.
Selected Part One: Physician Assessment displays and changes are now able to be made as needed.
Re-save the document has instructed in Section C of this document.

How Do I Run the Integrated Admission Assessment Part One: Physician Intake report?

See instructions in the Integrated Admission Assessment: Running the Report manual.
How Do I Exit Integrated Admission Assessment Part One: Physician Intake?
Position the mouse pointer over the Close icon and single click the left mouse button.

Integrated Admission Assessment Part Two: Physician Assessment

Purpose

The Admission Assessment is a comprehensive picture of the circumstances from whence the individual originates as well as the precipitating conditions and factors that preceded the individual presenting for possible hospitalization.

Overview

The “Admission Assessment” is completed by nursing and medical staff. The Admission Assessment is comprised of multiple parts. Part One is completed by the Admissions Physician/APRN/Intern/Resident for everyone who presents to the Admissions Areas at time of evaluation. This section is signed by the Admissions Physician/APRN/Intern/Resident. Part Two is completed by the physician/APRN/intern/resident and RN for individuals who are placed in Temp Obs or admitted to the hospital. Part Two has a first section called “Physician Assessment” and is completed and signed by the Physician/APRN/Intern/Resident. This is followed by a second section called “Nursing Assessment” which is completed by a Registered Nurse within 8 hours of individual being placed in Temp Obs or admitted to the hospital. This time requirement does not apply to the sub-section “Personal Safety Interview”, which is to be completed within 24 hours of being admitted to the hospital. Sub-sections in the “Nursing Assessment” that are unable to be assessed within the 8 hours will be documented as such with reason for inability to assess. These sections can be assessed at a later time when possible. This “Nursing Assessment” section is signed by the RN who completed the assessment.

For any areas unable to be assessed by initial user, we will not use the addendum methodology for a second user to complete or add more information. Instead, the second user will either initiate a new Admission Assessment or will document the additional information in a progress note.

For individuals who are admitted to the hospital, the information gathered in the Admission Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Admission Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Nurse”, “RPT Facilitator”, and “Psychologist”.

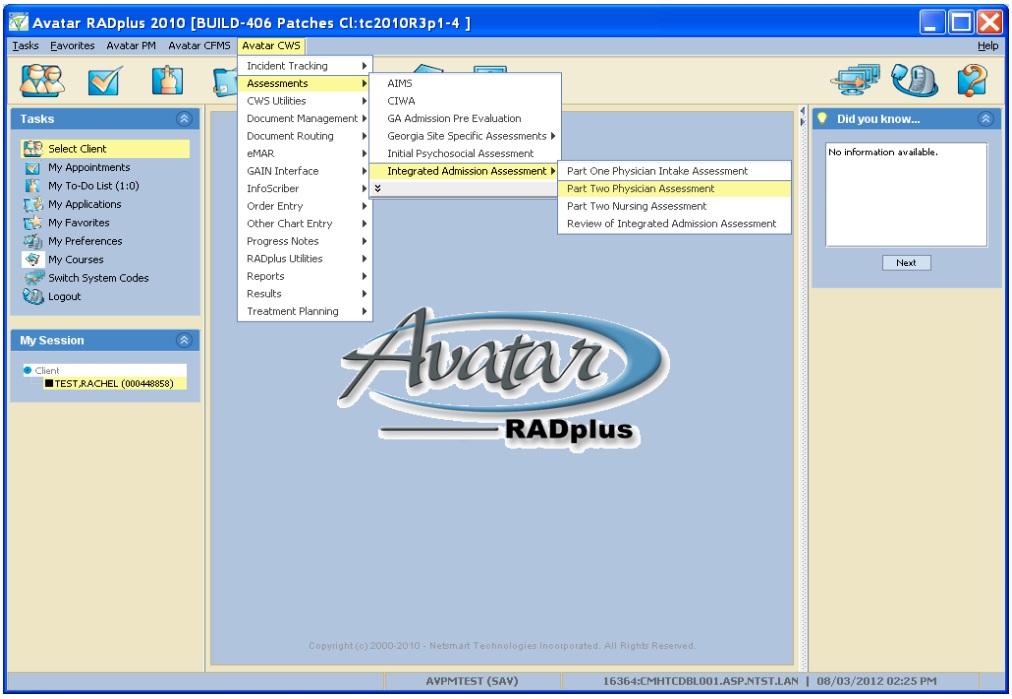
Prerequisites

- Individual must have an open episode in Avatar
- Individual must have an Admissions Assessment Part One: Physician Intake completed for the same episode.
- Staff member must have an active user id and access to the form in Avatar

Procedures

How Do I Launch an Integrated Admission Assessment Part Two: Physician Assessment in Avatar?

Menu Path: Avatar CWS → Assessments→Integrated Admission Assessment → Part Two: Physician Assessment

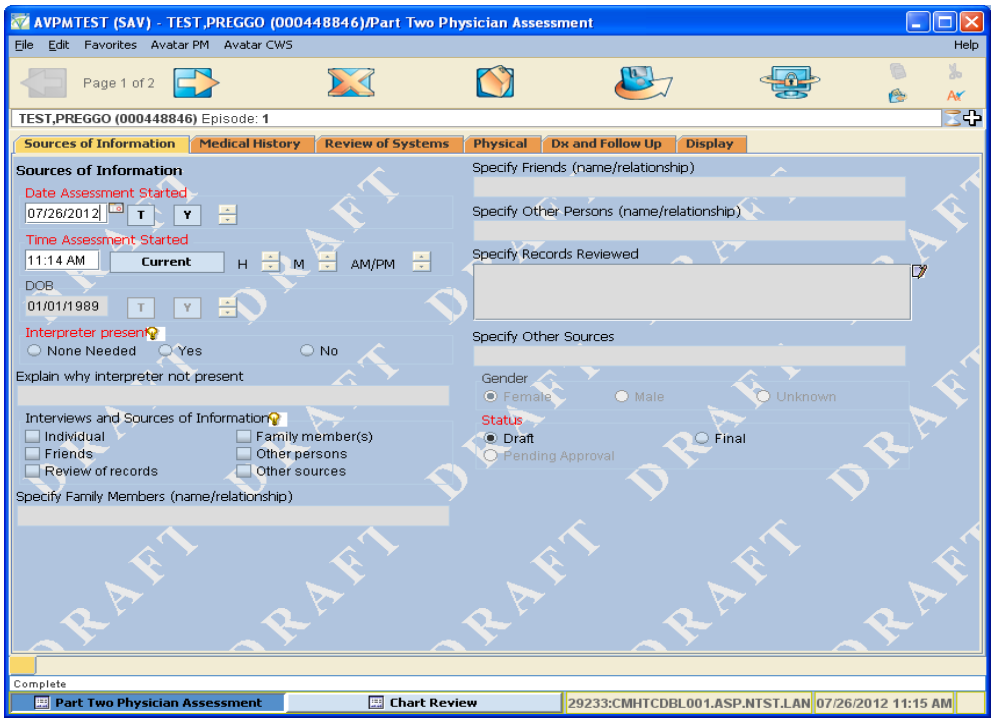


How Do I Enter/Complete a New Admission Assessment Part Two: Physician Assessment?

Go to page 5.

Tab Name – Sources of Information (1 of 2)

Notice there are 2 pages for this tab.

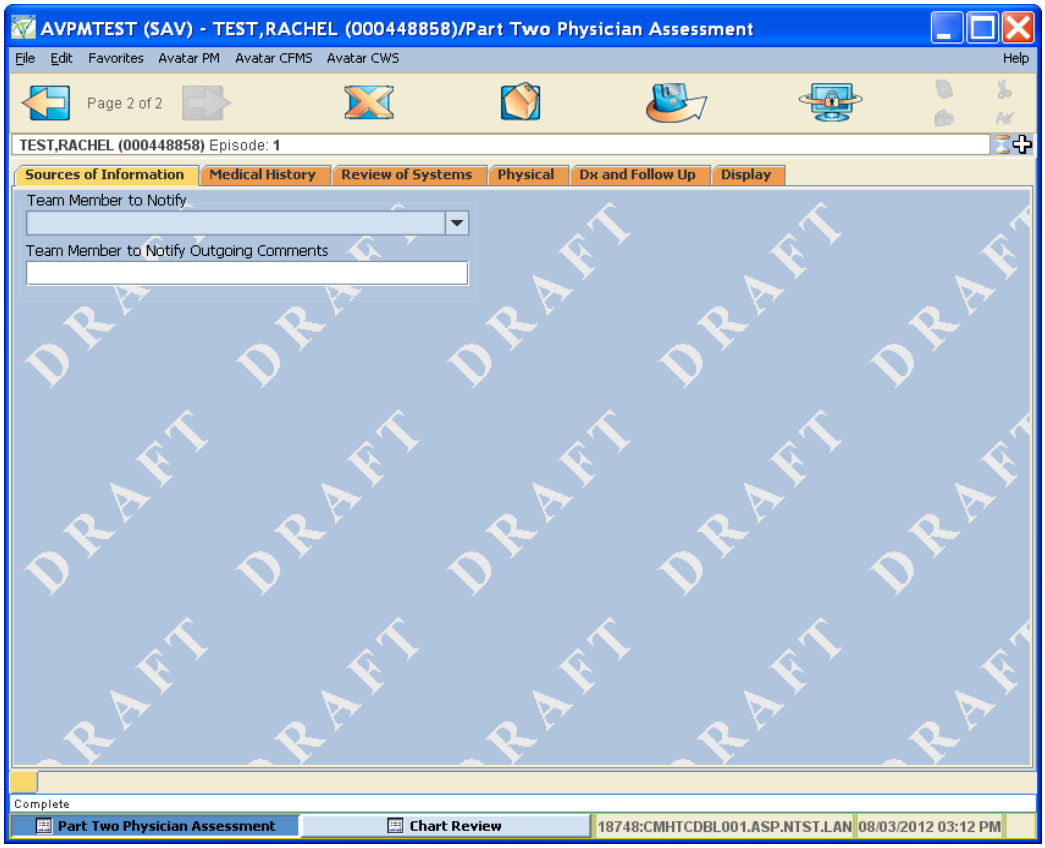


Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
DOB	This field will be populated by the information in Avatar PM. This field may not be changed on this screen. If an update needs to be made, it must be done in Update Client Data in Avatar PM.
Interpreter Present	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Explain why interpreter not present	This field becomes required if the answer to “Interpreter Present” is ‘No’. Enter the reason the interpreter was not present in this field.
Interviews and Sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and Sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Family Members (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify Friends (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify Other Persons (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify Records Reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify Other Sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.
Gender	This field will be populated by the information in Avatar PM. This field may not be changed on this screen. If an update needs to be made, it must be done in Update Client Data in Avatar PM.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Tab Name – Sources of Information (2 of 2)

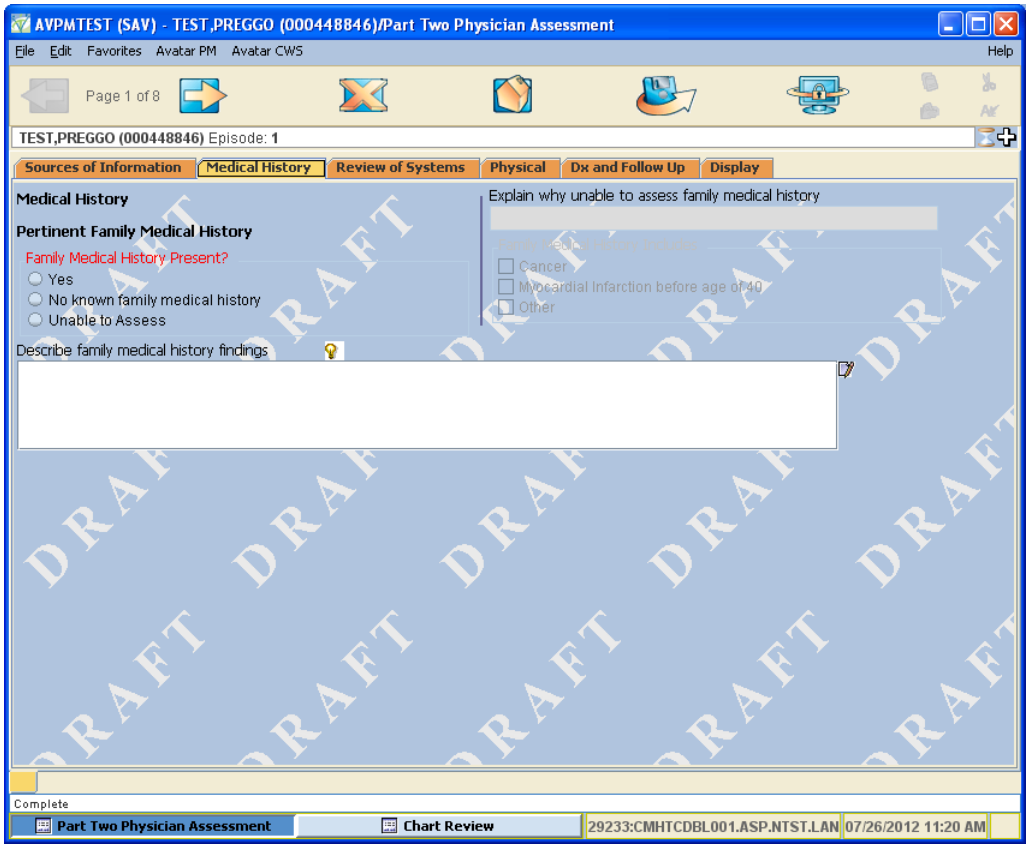
Notice there are 2 pages for this tab.



Field Name	***Instruction***
Team Member to Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team Member to Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Medical History (1 of 8)

Notice there are 8 pages for this tab.

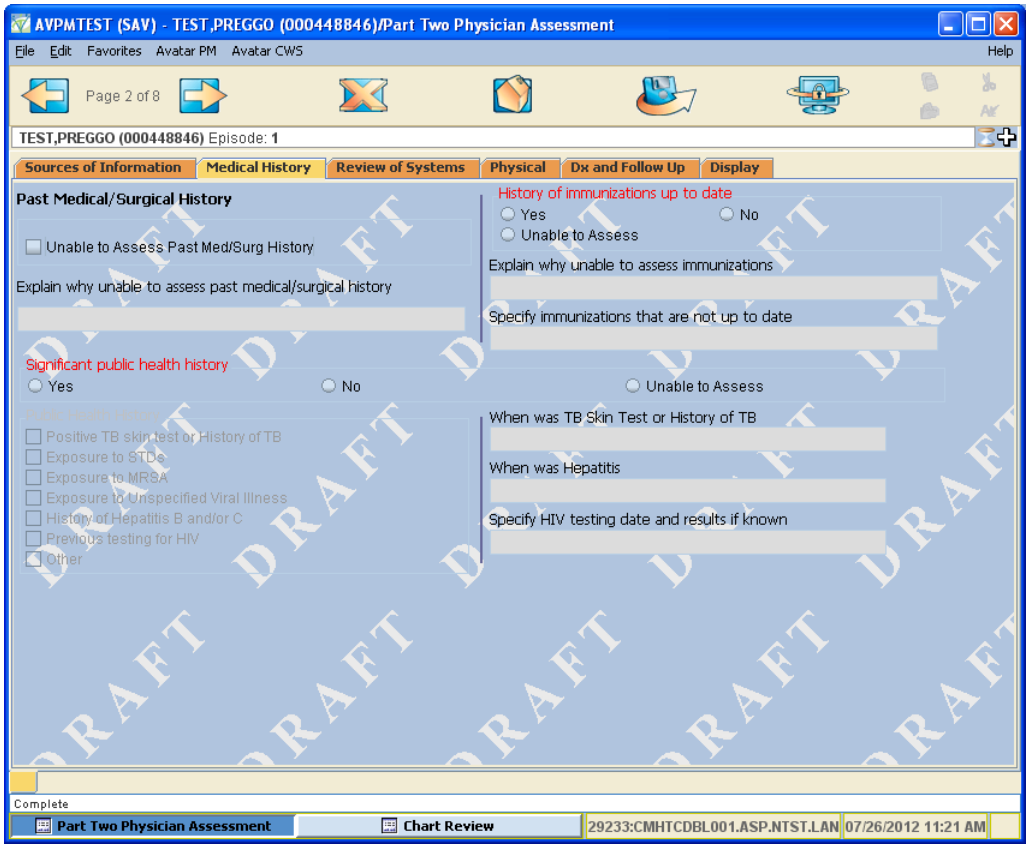


Field Name	***Instruction***
Family Medical History Present?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess family medical history	This field becomes required when the answer to “Family Medical History Present” is ‘Unable to Access’. Explain why the family medical history was not obtained or unable to assess in this field.
Family Medical History Includes	This field becomes required when the answer to “Family Medical History Present” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Describe family medical	This is an optional field that is always enabled for information

history findings	to be entered. This field becomes required under the following circumstances: The answer to “Family Medical History Present?” is ‘Yes’. Enter information about the family medical history information in this field. The answer to “Family Medical History Includes” is ‘Other’. Enter information about the individual’s other family medical history in this field.
Describe family medical history findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Medical History (2 of 8)

Notice there are 8 pages for this tab.



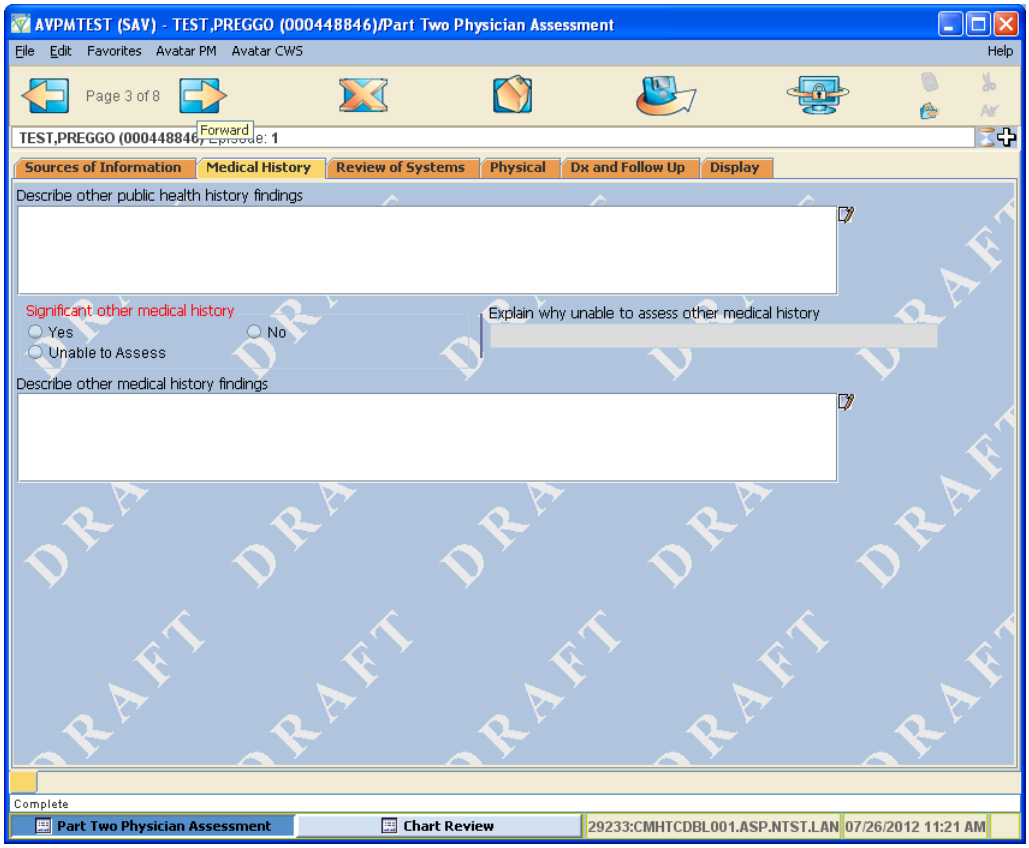
Field Name	***Instruction***
Unable to Assess Past Med/Surg History	Click in the check box to the left of this field if the individual's past medical/surgical history is not able to be assessed. If checked, all required fields in this tab (pages 2 – 8) become un-required. NOTE: If not all, but most of the required fields in this tab are not able to be assessed, click in this check box. Then scroll to the information that was able to be assessed and enter the response(s) that were obtained.
Explain why unable to assess past	This field becomes required when the check box to the left of "Unable to Assess Past Med/Surg History" is checked. Enter the reason that the individual's past medical/surgical history

medical/surgical history	was not able to be assessed.
History of immunizations up to date	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess immunizations	This field becomes required if the answer to "History of immunizations up to date" is 'Unable to Assess'. Enter the reason why the individual's immunization history is not able to be assessed.
Specify immunizations that are not up to date	This field becomes required when the answer to "History of immunizations up to date" is 'No'. Specify which immunizations are not up to date in this field.
Significant public health history	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Public Health History	This field becomes required when the answer to "Significant public health history" is 'Yes'. Indicate the correct answers by clicking in the check box to the left of the appropriate response. More than one answer may be selected. If the answer to this field includes 'Positive TB skin test or History of TB', an alert that reads "History of TB exists" will display when Orders are entered and/or the Individual Recovery Plan is opened. If the answer to this field includes 'Exposure to STDs', an alert that reads "Exposed to STD" will display when Orders are entered and/or the Individual Recovery Plan is opened. If the answer to this field includes 'Exposure to MRSA', an alert that reads "Exposed to MRSA" will display when Orders are entered and/or the Individual Recovery Plan is opened. If the answer to this field includes 'Exposure to Unspecified Viral Illness', an alert that reads "Recently exposed to viral

	illness" will display when Orders are entered and/or the Individual Recovery Plan is opened. If the answer to this field includes 'History of Hepatitis B and/or C', an alert that reads "History of Hepatitis B and/or C" will display when Orders are entered and/or the Individual Recovery Plan is opened.
When was TB Skin Test or History of TB	This field becomes required when the answer to "Public Health History" includes 'Positive TB skin test or History of TB'. Enter information (e.g. the date) about when the skin test was performed or the individual had TB in this field.
When was Hepatitis	This field becomes required when the answer to "Public Health History" includes 'History of Hepatitis B and/or C'. Enter information (e.g. date or period of time) about when the individual had hepatitis in this field.
Specify HIV testing date and results if known	This field becomes required when the answer to "Public Health History" includes 'Previous testing for HIV'. Enter the date tested and the results of the test (if known) in this field.

Tab Name – Medical History (3 of 8)

Notice there are 8 pages for this tab.

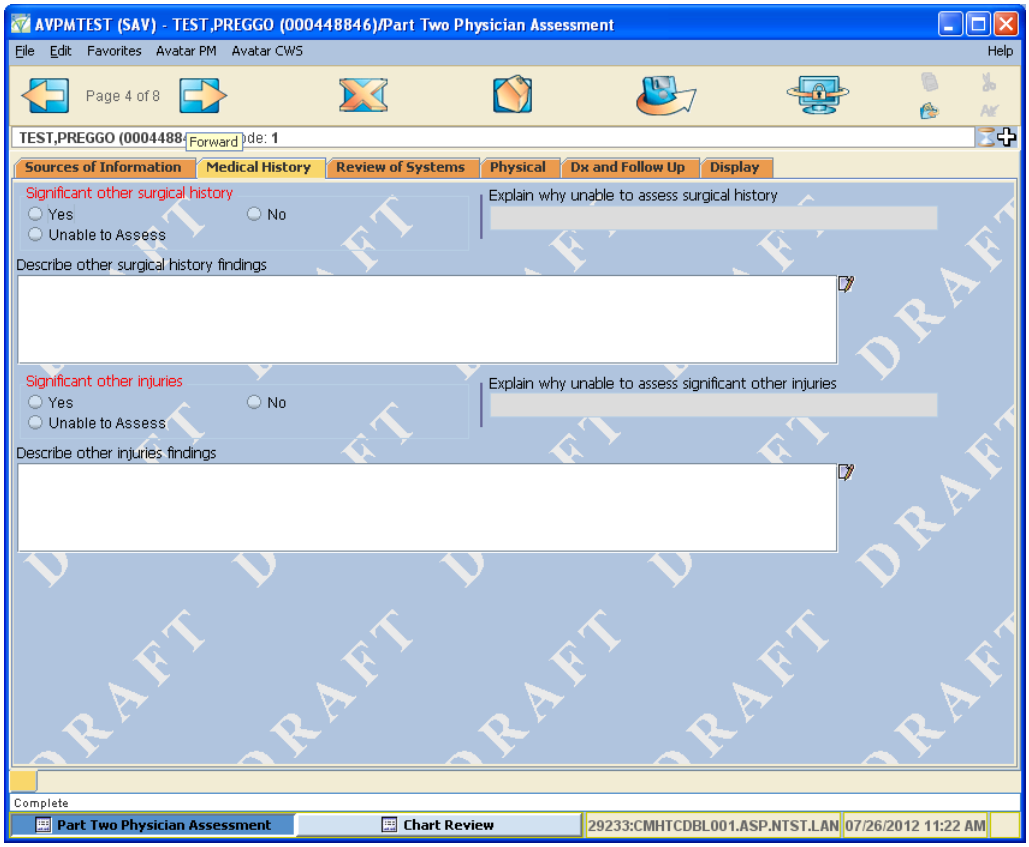


Field Name	***Instruction***
Describe other public health history findings	This field becomes required when the answer to “Public Health History” includes ‘Other’. Enter information about the individual’s other public health history, not already captured, in this field.
Significant other medical history	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess other medical history	This field becomes required when the answer to “Significant other medical history” is ‘Unable to Assess’. Enter the reason why the individual’s medical history is not able to be assessed.
Describe other medical history findings	This is an optional field that is always enabled for information to be entered.

	This field becomes required when the answer to “Significant other medical history” is ‘Yes’. Enter information about the individual’s medical history in this field.

Tab Name – Medical History (4 of 8)

Notice there are 8 pages for this tab.

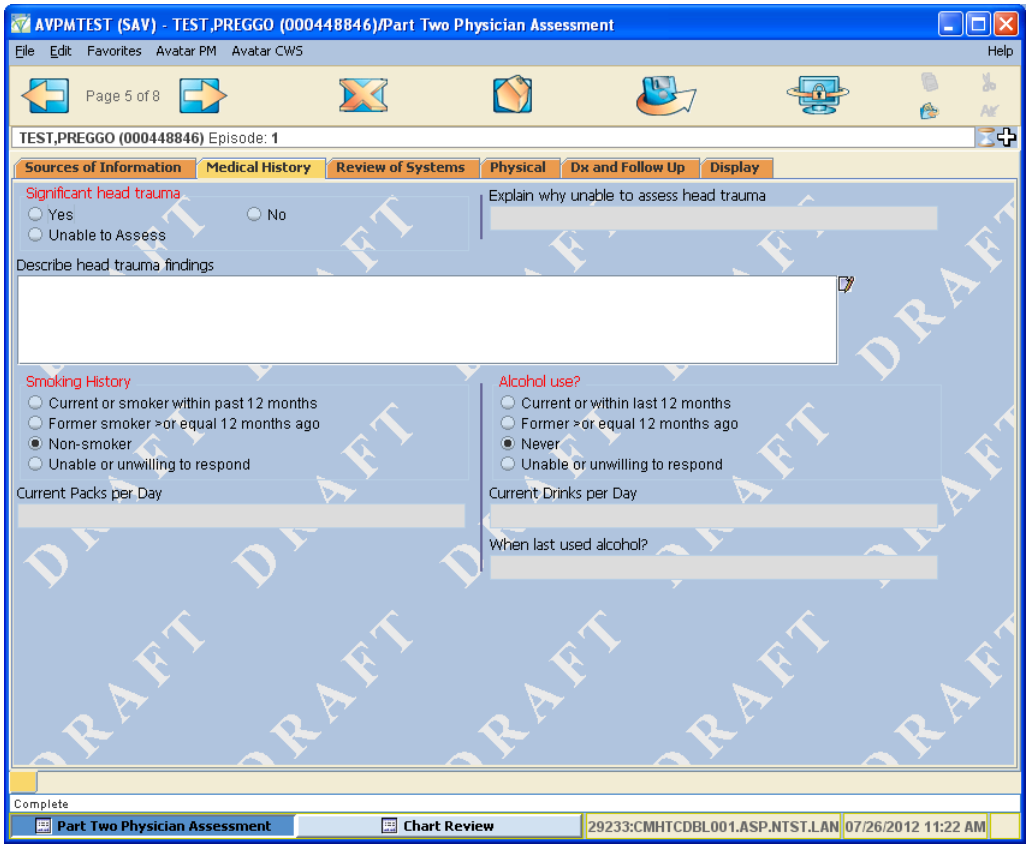


Field Name	***Instruction***
Significant other surgical history	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess surgical history	This field becomes required when the answer to “Significant other surgical history” is ‘Unable to Assess’. Enter the reason why the individual’s surgical history is not able to be assessed.

Describe other surgical history findings	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Significant other surgical history" is 'Yes'. Enter information about the individual's surgical history in this field.
Significant other injuries	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess significant other injuries	This field becomes required when the answer to "Significant other injuries" is 'Unable to Assess'. Enter the reason why the individual's other injuries is not able to be assessed.
Describe other injuries findings	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Significant other injuries" is 'Yes'. Enter information about the individual's other injuries in this field.

Tab Name – Medical History (5 of 8)

Notice there are 8 pages for this tab.

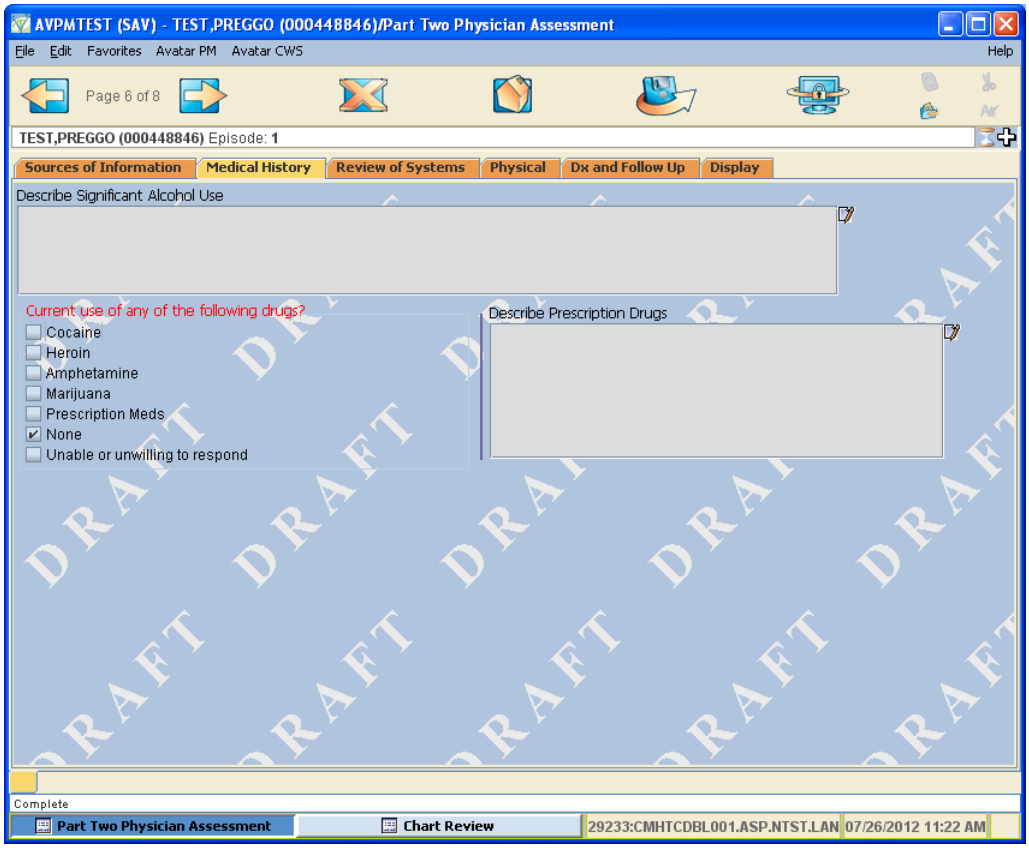


Field Name	***Instruction***
Significant head trauma	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why unable to assess head trauma	This field becomes required when the answer to “Significant head trauma” is ‘Unable to Assess’. Enter the reason why the individual’s head trauma history is not able to be assessed.
Describe head trauma findings	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Significant head trauma” is ‘Yes’. Enter information about the individual’s

	head trauma in this field.
Smoking History	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Current Packs per Day	This field becomes required when the answer to "Smoking History" is 'Current or smoker within past 12 months'. Enter the current number of packs smoked per day in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Alcohol use?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Current Drinks per Day	This field becomes required when the answer to "Alcohol Use?" is 'Current or within last 12 months'. Enter the current number of drinks per day in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
When last used alcohol?	This field becomes required when the answer to "Alcohol Use?" is 'Current or within last 12 months' or 'Former > or equal 12 months ago'. Enter information about when the individual last used alcohol in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.

Tab Name – Medical History (6 of 8)

Notice there are 8 pages for this tab.

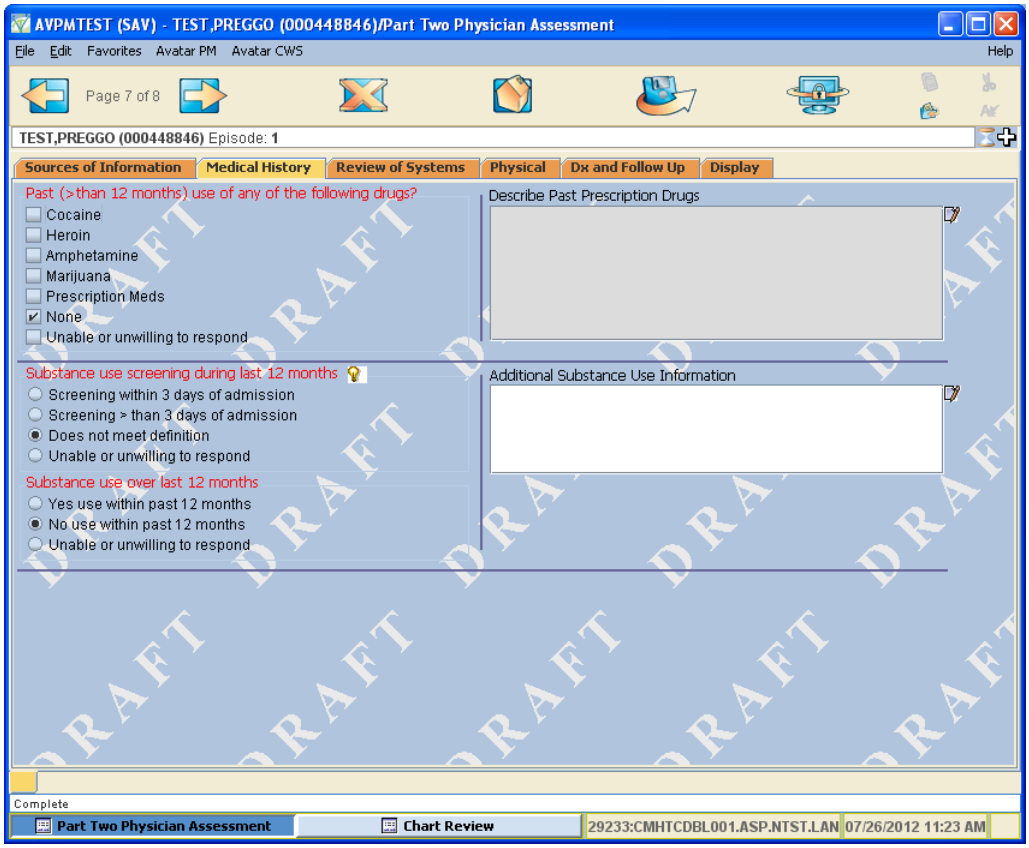


Field Name	***Instruction***
Describe Significant Alcohol Use	This field becomes enabled allowing information to be entered when the answer to “Alcohol Use?” is ‘Current or within last 12 months’ or ‘Former > or equal 12 months ago’. Enter information about any significant alcohol use in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Current use of any of the following drugs?	This is a required field. Indicate the correct answer(s) by clicking in the box to the left of the appropriate response(s). More than one may be selected. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and

	change if appropriate.
Describe Prescription Drugs	This field becomes required when the answer to “Current use of any of the following drugs?” is ‘Prescription Meds’. Enter information about the individual’s current use of prescription drugs in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.

Tab Name – Medical History (7 of 8)

Notice there are 8 pages for this tab.

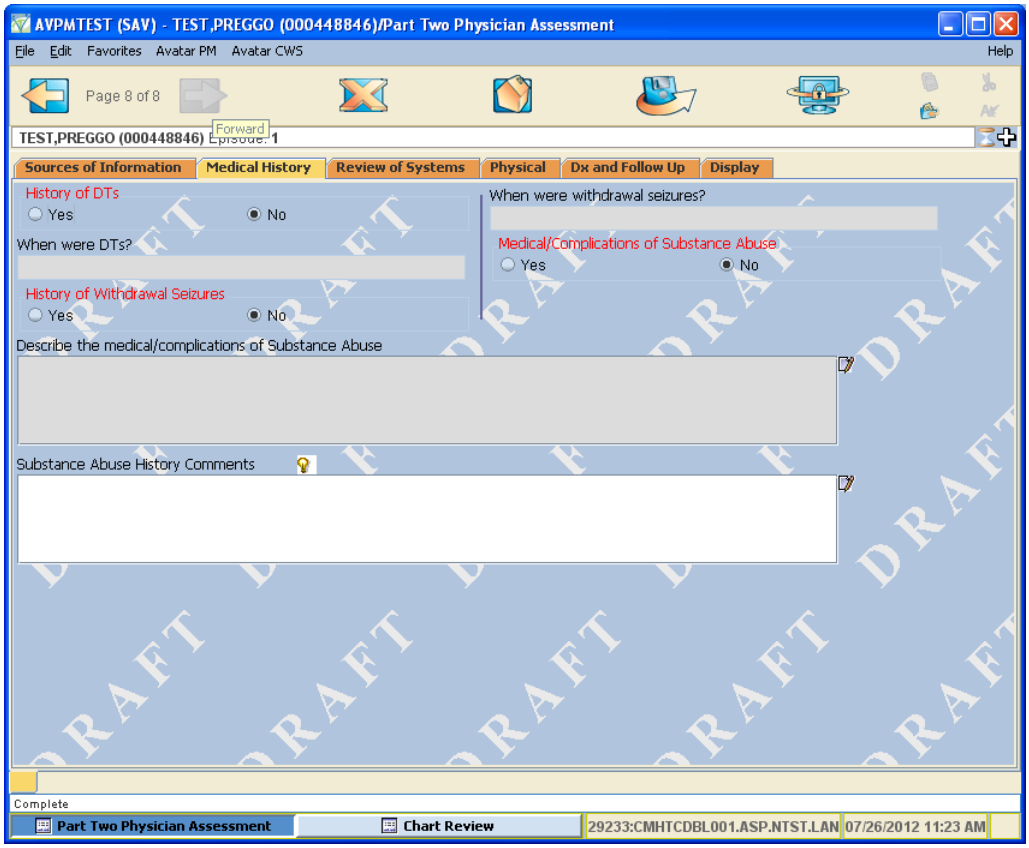


Field Name	***Instruction***
Past (> than 12 months) use of any of the following drugs?	This is a required field. Indicate the correct answer(s) by clicking in the box to the left of the appropriate response(s). More than one may be selected. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Describe Past Prescription Drugs	This field becomes required when the answer to “Past (> than 12 months) use of any of the following drugs?” is ‘Prescription Meds’. Enter information about the individual’s past use of prescription drugs in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and

	change if appropriate.
Substance use screening during last 12 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Substance use screening during last 12 months	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Substance use over last 12 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Additional Substance Use Information	This is an optional field. Enter any additional information about the individual's substance abuse that has not been previously captured in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.

Tab Name – Medical History (8 of 8)

Notice there are 8 pages for this tab.

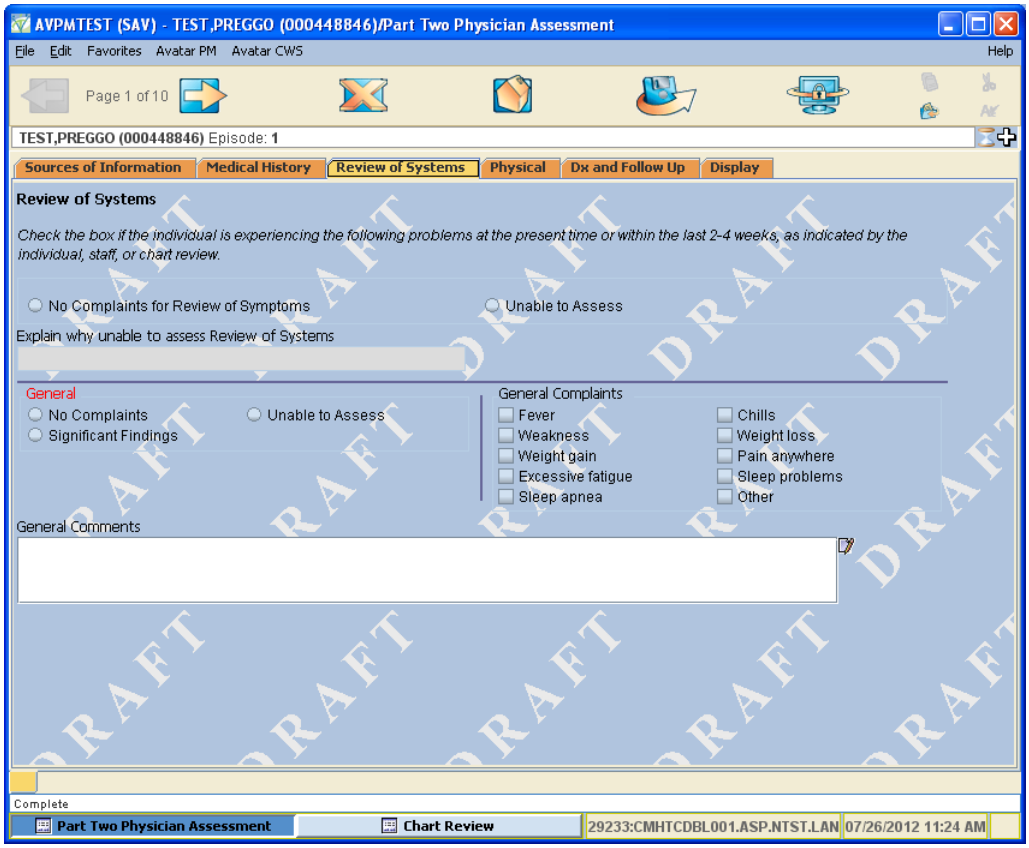


Field Name	***Instruction***
History of DTs	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
When were DTs?	This field becomes required when the answer to “History of DTs” is ‘Yes’. Enter when the individual experienced DTs in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.

History of Withdrawal Seizures	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
When were withdrawal seizures?	This field becomes required when the answer to "History of Withdrawal Seizures" is 'Yes'. Enter when the individual experienced withdrawal seizures in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Medical/Complications of Substance Abuse	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Describe the medical/complications of Substance Abuse	This field becomes required when the answer to "Medical/Complications of Substance Abuse" is 'Yes'. Enter information about the individual's medical/complications of substance abuse in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.
Substance Abuse History Comments	This is an optional field. Enter any comments about the individual's substance abuse history that has not been previously captured in this field. NOTE: This field will be pre-populated by the answer given in the Admission Assessment Part One. Verify it is still true and change if appropriate.

Tab Name – Review of Systems (1 of 10)

Notice there are 10 pages for this tab.

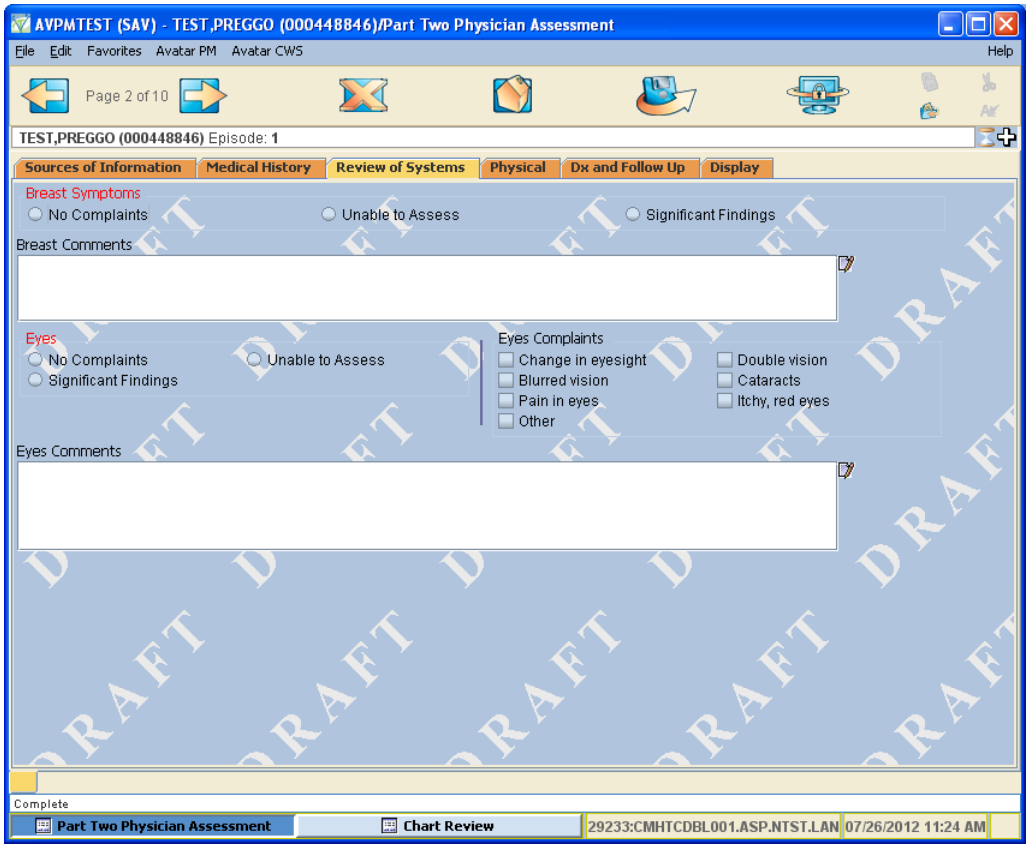


Field Name	***Instruction***
Review of Systems	Click in the radio button to the left of 'No Complaints for Review of Symptoms' if the individual is not experiencing any problems or does not have any complaints in the review of symptoms. This will set each of the fields included in the Review of Symptoms to 'No Complaints'. Click in the radio button to the left of 'Unable to Assess' if the Review of Systems is not able to be assessed. This will set each of the required fields included in the Review of Symptoms to 'Unable to Assess'.

	If neither of these selections are true, leave both blank.
Explain why unable to assess Review of Systems	This field becomes required if the radio button to the left of "Unable to Assess" is selected. Enter the reason why the Review of Systems was not able to be assessed in this field.
General	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
General Complaints	This field becomes required if the answer to "General" is 'Significant Findings'. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
General Comments	This is an optional field that is always enabled for information to be entered about the General review of systems. This field becomes required under the following circumstances: The answer to "General" is 'Unable to Assess'. The answer to "General Complaints" is 'Other'.

Tab Name – Review of Systems (2 of 10)

Notice there are 10 pages for this tab.

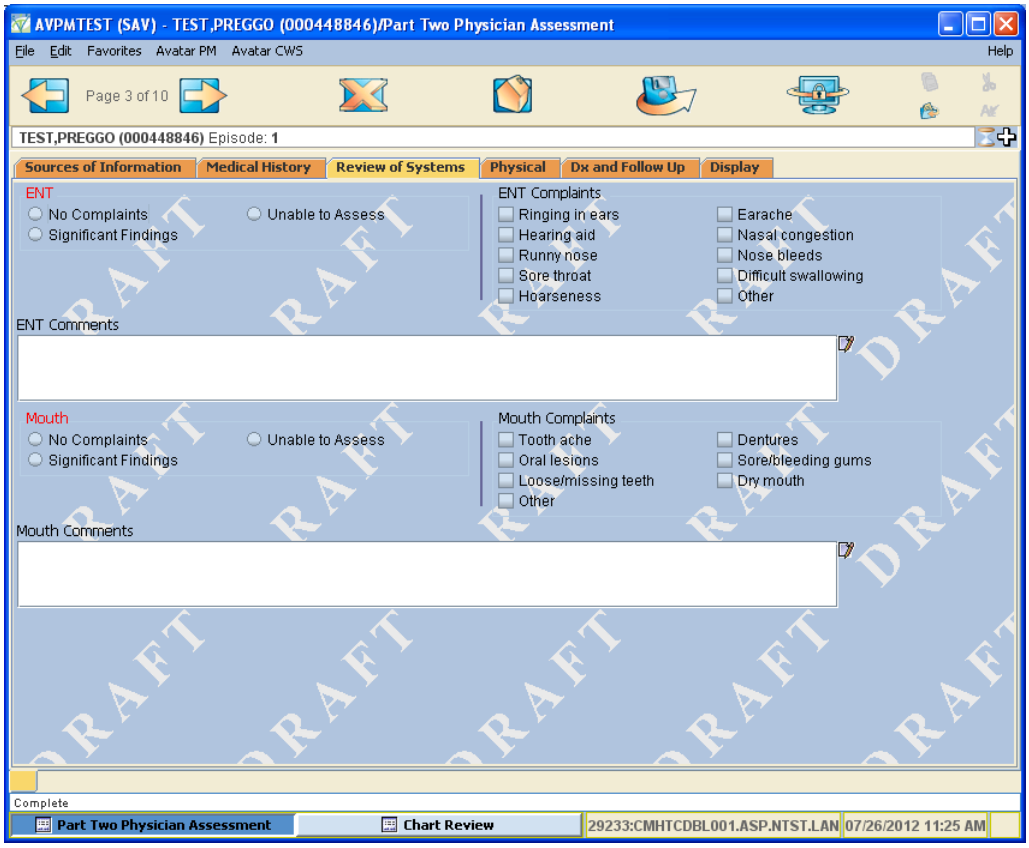


Field Name	***Instruction***
Breast Symptoms	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Breast Comments	This is an optional field that is always enabled for information to be entered about the individual's breast symptoms. This field becomes required when the answer to "Breast Symptoms" equals 'Significant Findings'.
Eyes	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Eyes Complaints	This field becomes required if the answer to “Eyes” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Eyes Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “Eyes” is ‘Unable to Assess’. 2. The answer to “Eyes Complaints” is ‘Other’.

Tab Name – Review of Systems (3 of 10)

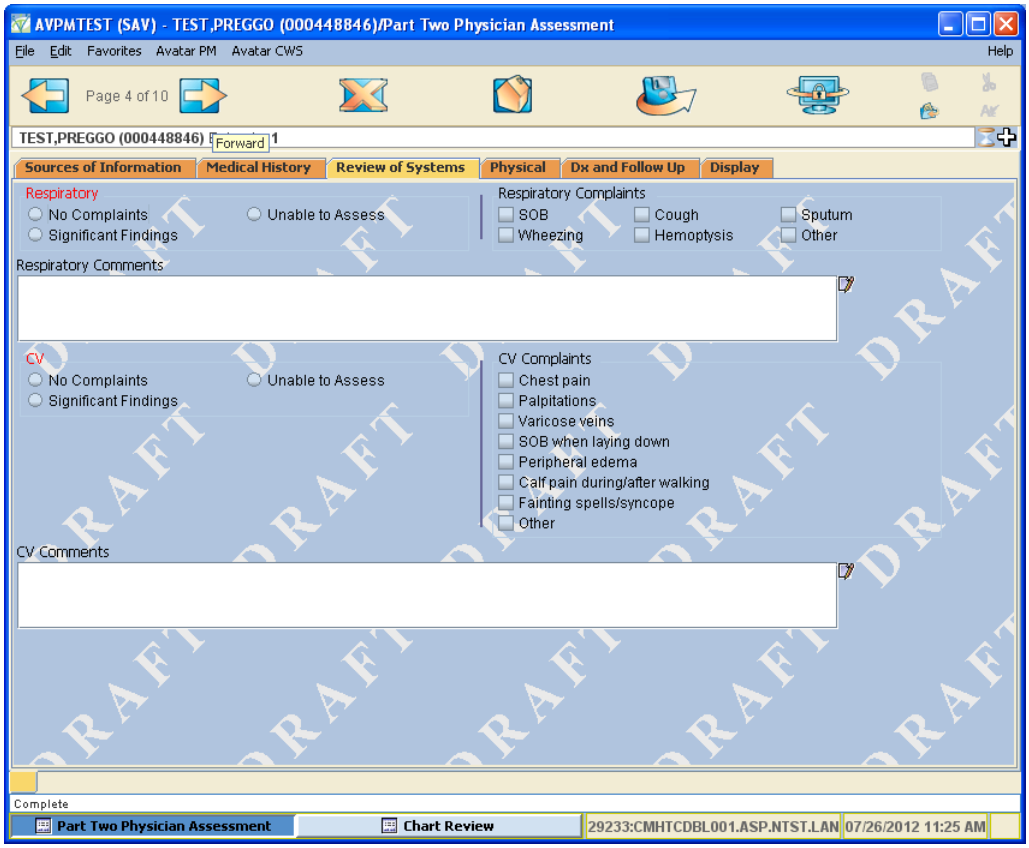
Notice there are 10 pages for this tab.



Field Name	***Instruction***
ENT	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
ENT Complaints	This field becomes required if the answer to “ENT” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
ENT Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “ENT” is ‘Unable to Assess’. 2. The answer to “ENT Complaints” is ‘Other’.
Mouth	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Mouth Complaints	This field becomes required if the answer to “Mouth” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Mouth Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “Mouth” is ‘Unable to Assess’. 2. The answer to “Mouth Complaints” is ‘Other’.

Tab Name – Review of Systems (4 of 10)

Notice there are 10 pages for this tab.

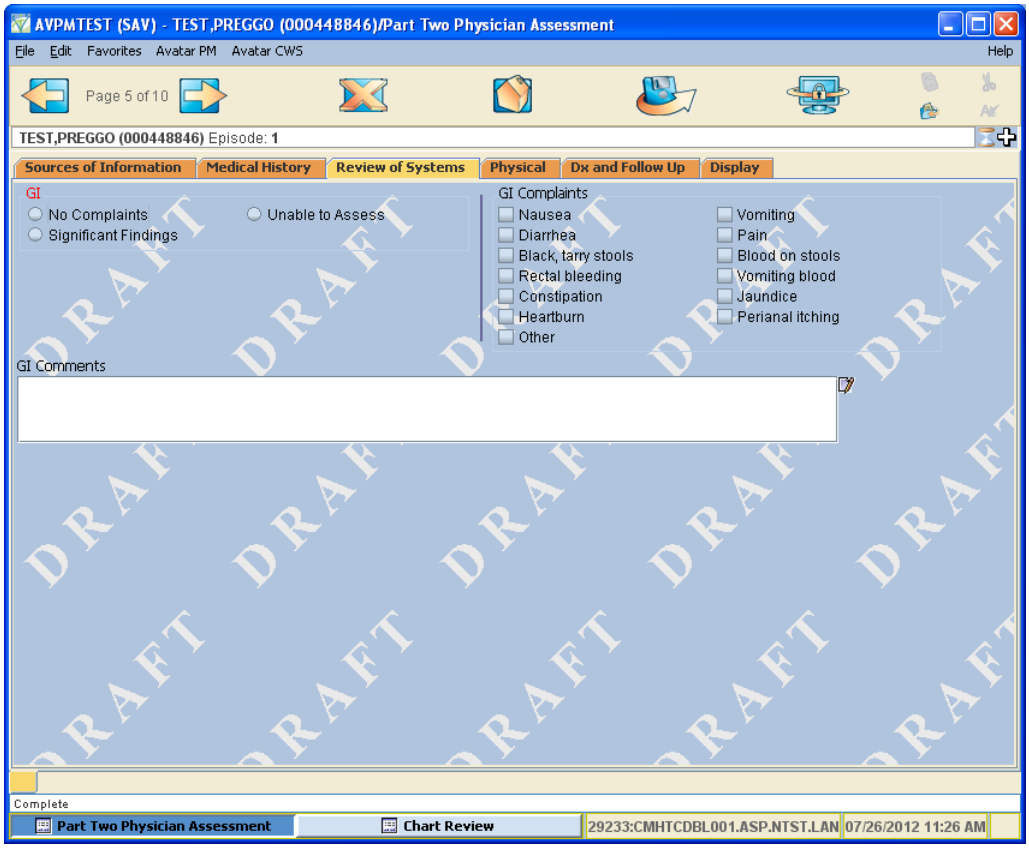


Field Name	***Instruction***
Respiratory	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Respiratory Complaints	This field becomes required if the answer to “Respiratory” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Respiratory Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances:

	1. The answer to “Respiratory” is ‘Unable to Assess’. 2. The answer to “Respiratory Complaints” is ‘Other’.
CV	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
CV Complaints	This field becomes required if the answer to “CV” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
CV Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “CV” is ‘Unable to Assess’. 2. The answer to “CV Complaints” is ‘Other’.

Tab Name – Review of Systems (5 of 10)

Notice there are 10 pages for this tab.

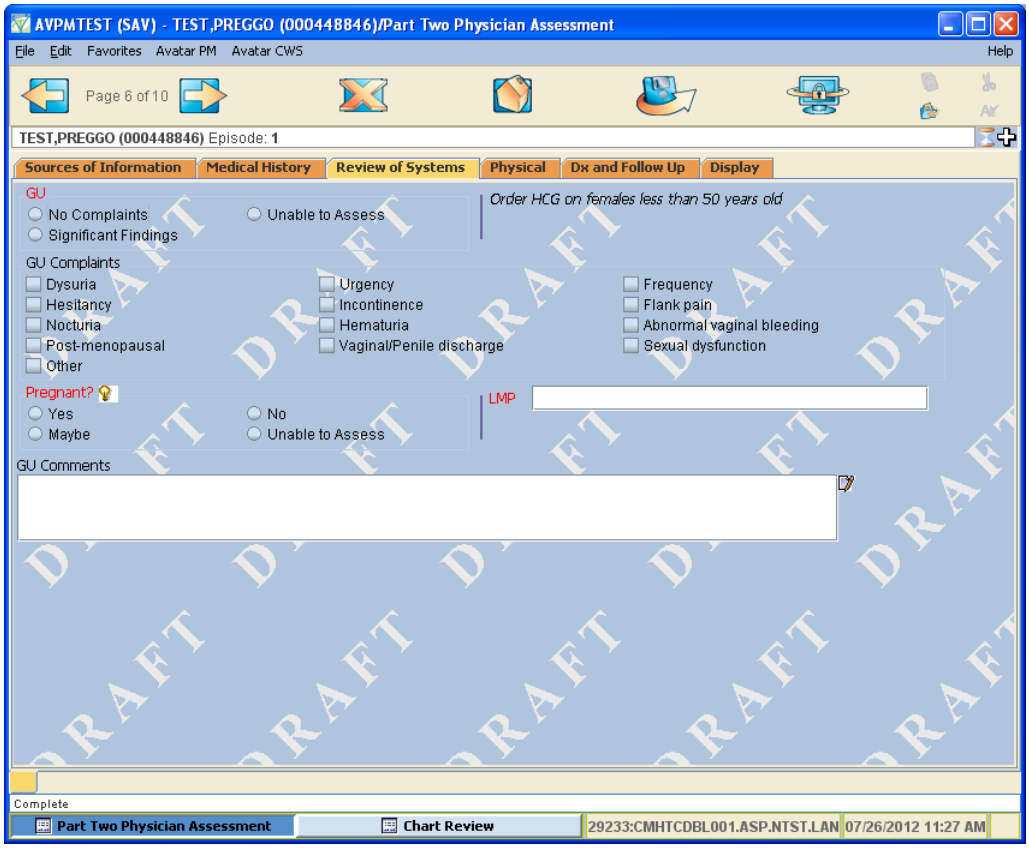


Field Name	***Instruction***
GI	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
GI Complaints	This field becomes required if the answer to "GI" is 'Significant Findings'. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
GI Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances:

	1. The answer to “GI” is ‘Unable to Assess’. 2. The answer to “GI Complaints” is ‘Other’.

Tab Name – Review of Systems (6 of 10)

Notice there are 10 pages for this tab.

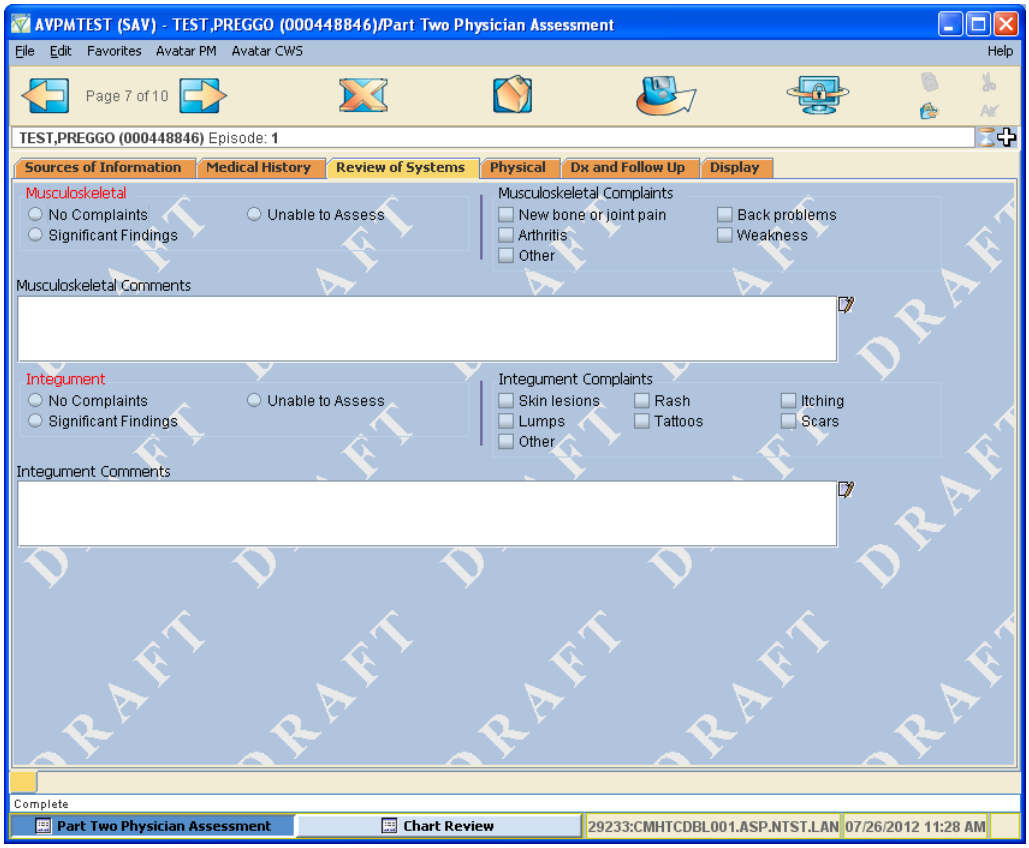


Field Name	***Instruction***
GU	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
GU Complaints	This field becomes required if the answer to “GU” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.

Pregnant	This field will only be required if the individual is a female. If required, indicate the correct answer by clicking in the radio button to the left of the appropriate response. If the answer to this field is 'Yes' or 'Maybe', an alert that reads "Individual is or may be pregnant" will display when Orders are entered and/or the Individual Recovery Plan is opened.
LMP	This field will only be required if the individual is a female. If required, enter the date or timeframe of the individual's LMP.
GU Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to "GU" is 'Unable to Assess'. 2. The answer to "GU Complaints" is 'Other'.

Tab Name – Review of Systems (7 of 10)

Notice there are 10 pages for this tab.

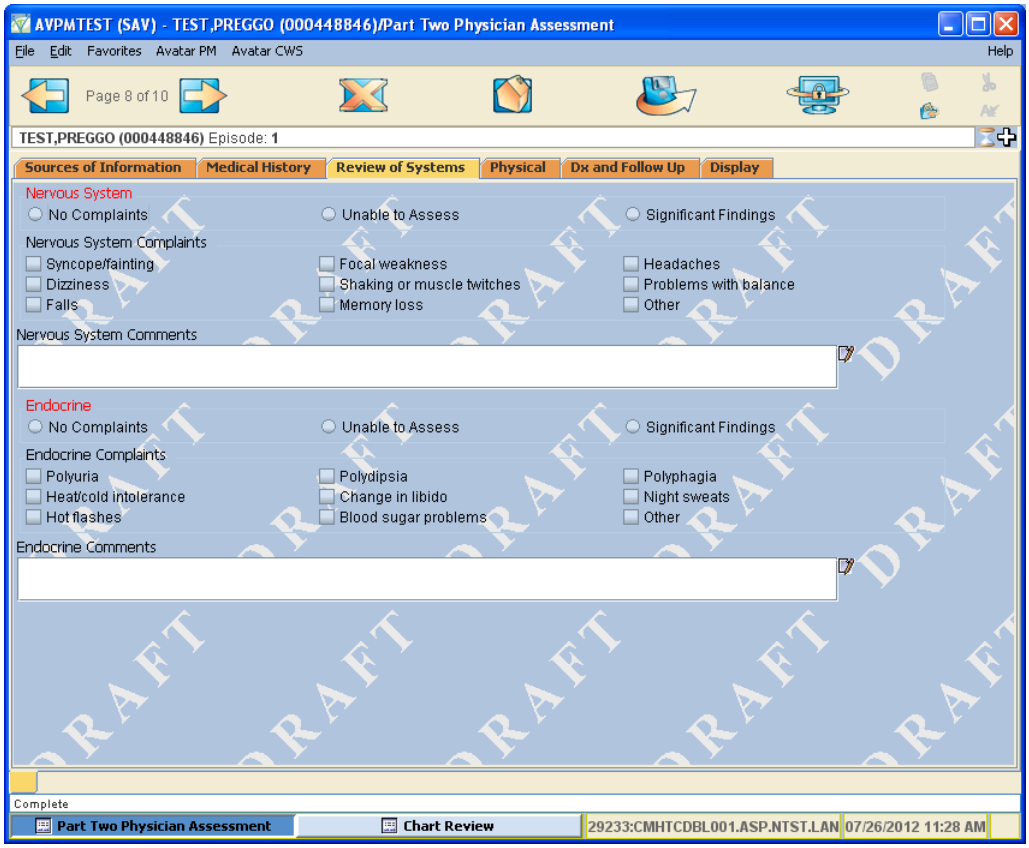


Field Name	***Instruction***
Musculoskeletal	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Musculoskeletal Complaints	This field becomes required if the answer to “Musculoskeletal” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Musculoskeletal Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances:

	1. The answer to “Musculoskeletal” is ‘Unable to Assess’. 2. The answer to “Musculoskeletal Complaints” is ‘Other’.
Integument	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Integument Complaints	This field becomes required if the answer to “Integument” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Integument Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “Integument” is ‘Unable to Assess’. 2. The answer to “Integument Complaints” is ‘Other’.

Tab Name – Review of Systems (8 of 10)

Notice there are 10 pages for this tab.

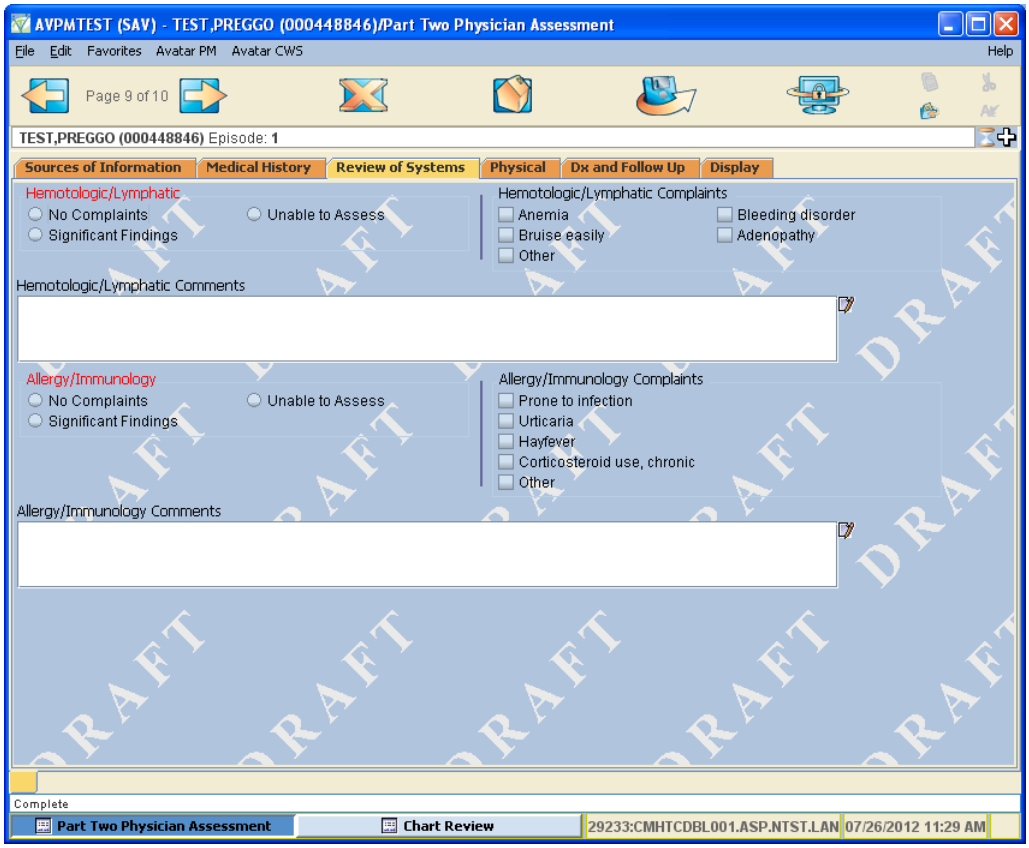


Field Name	***Instruction***
Nervous System	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Nervous System Complaints	This field becomes required if the answer to “Nervous System” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Nervous System Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances:

	1. The answer to “Nervous System” is ‘Unable to Assess’. 2. The answer to “Nervous System Complaints” is ‘Other’.
Endocrine	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Endocrine Complaints	This field becomes required if the answer to “Endocrine” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Endocrine Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “Endocrine” is ‘Unable to Assess’. 2. The answer to “Endocrine Complaints” is ‘Other’.

Tab Name – Review of Systems (9 of 10)

Notice there are 10 pages for this tab.

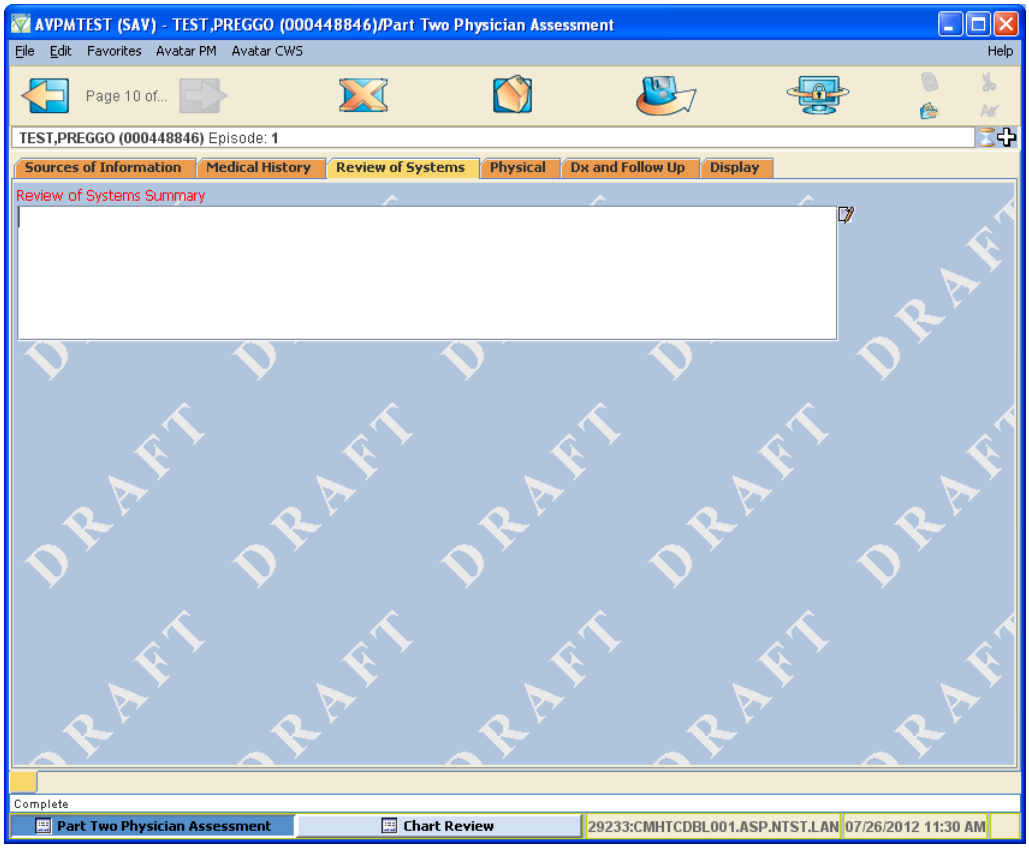


Field Name	***Instruction***
Hemotologic/Lymphatic	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hemotologic/Lymphatic Complaints	This field becomes required if the answer to "Hemotologic/Lymphatic" is 'Significant Findings'. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Hemotologic/Lymphatic Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances:

	1. The answer to “Hemotologic/Lymphatic” is ‘Unable to Assess’. 2. The answer to “Hemotologic/Lymphatic Complaints” is ‘Other’.
Allergy/Immunology	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Allergy/Immunology Complaints	This field becomes required if the answer to “Allergy/Immunology” is ‘Significant Findings’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Allergy/Immunology Comments	This is an optional field that is always enabled for information to be entered. This field becomes required under the following circumstances: 1. The answer to “Allergy/Immunology” is ‘Unable to Assess’. 2. The answer to “Allergy/Immunology Complaints” is ‘Other’.

Tab Name – Review of Systems (10 of 10)

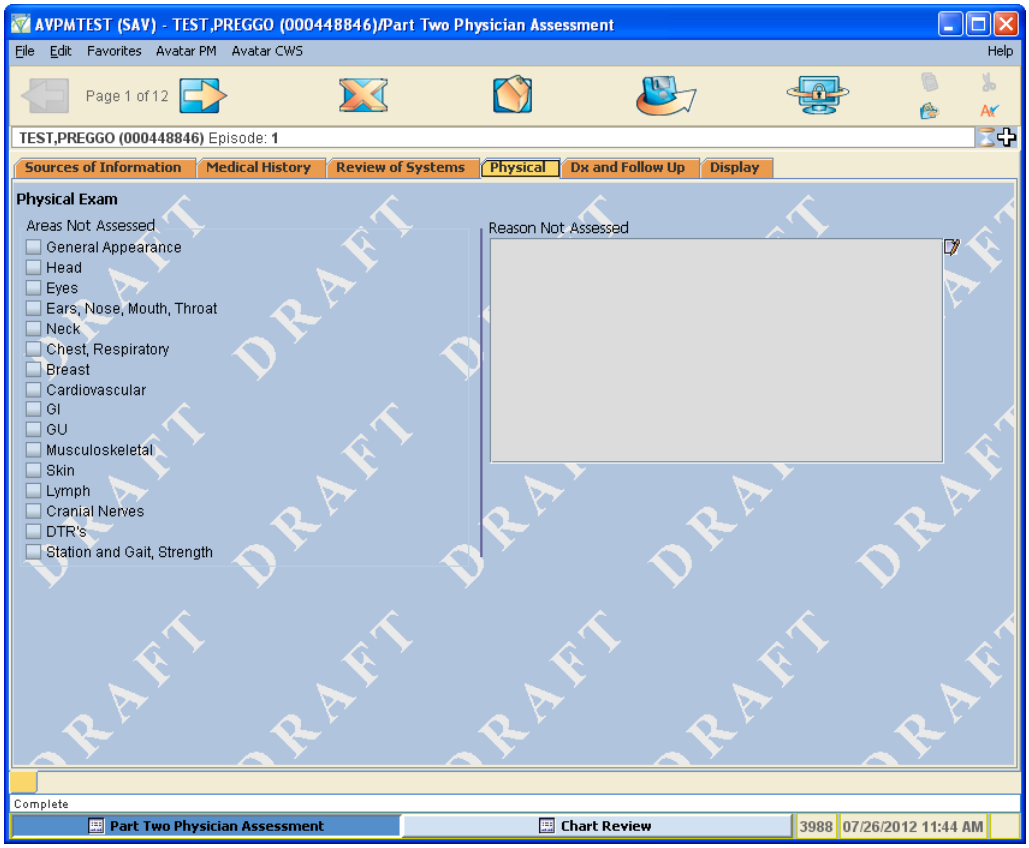
Notice there are 10 pages for this tab.



Field Name	***Instruction***
Review of Systems Summary	This is a required field. Enter a summary of findings for the review of systems assessment in this field.

Tab Name – Physical (1 of 12)

Notice there are 12 pages for this tab.



Field Name	***Instruction***
Areas Not Assessed	If any areas of the Physical Exam are not able to be assessed, indicate the area by placing a check in the box to the left of the appropriate area(s). For the areas checked, those required fields will become un-required for the assessment.
Reason Not Assessed	If any areas are selected in “Areas Not Assessed”, this field will become required. Enter the reason the area(s) selected were not able to be assessed in this field.

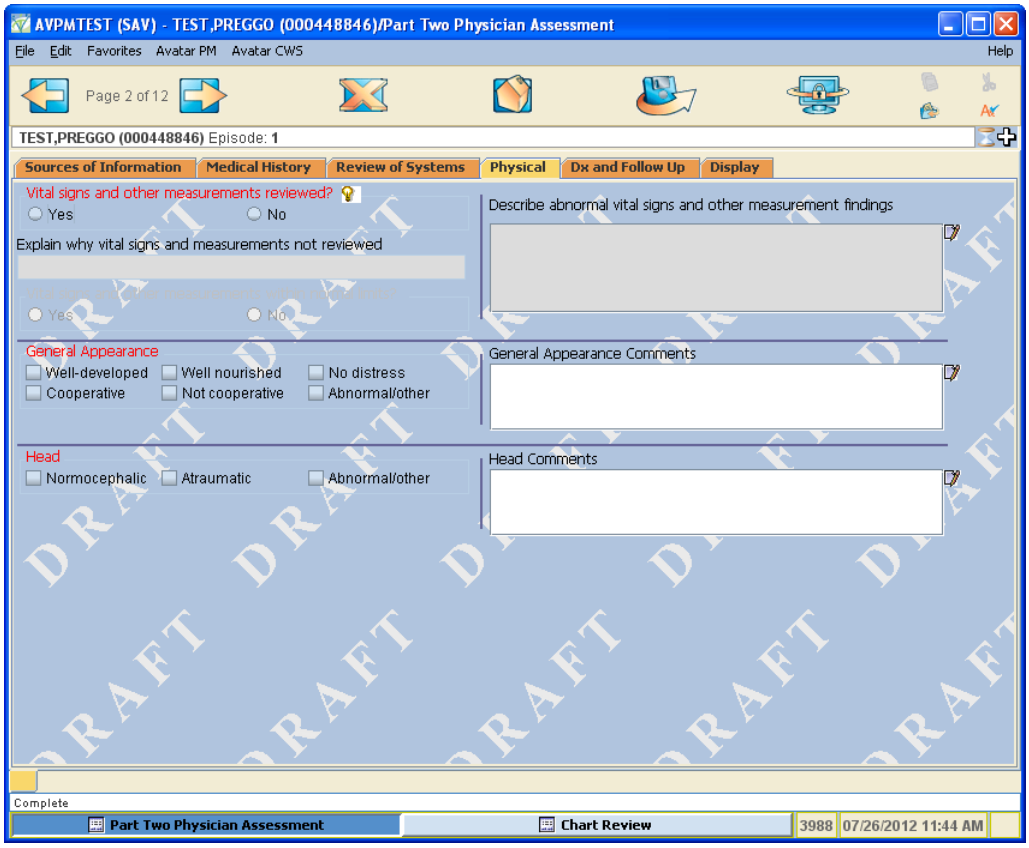
If an area is selected as not assessed, the Reason Not Assessed field becomes required.

If the area was selected in error, simply click in the check box in error to remove the check mark.

If all areas are selected in error, remove all check marks from check boxes and enter “N/A” in the Reason Not Assessed field.

Tab Name – Physical (2 of 12)

Notice there are 12 pages for this tab.

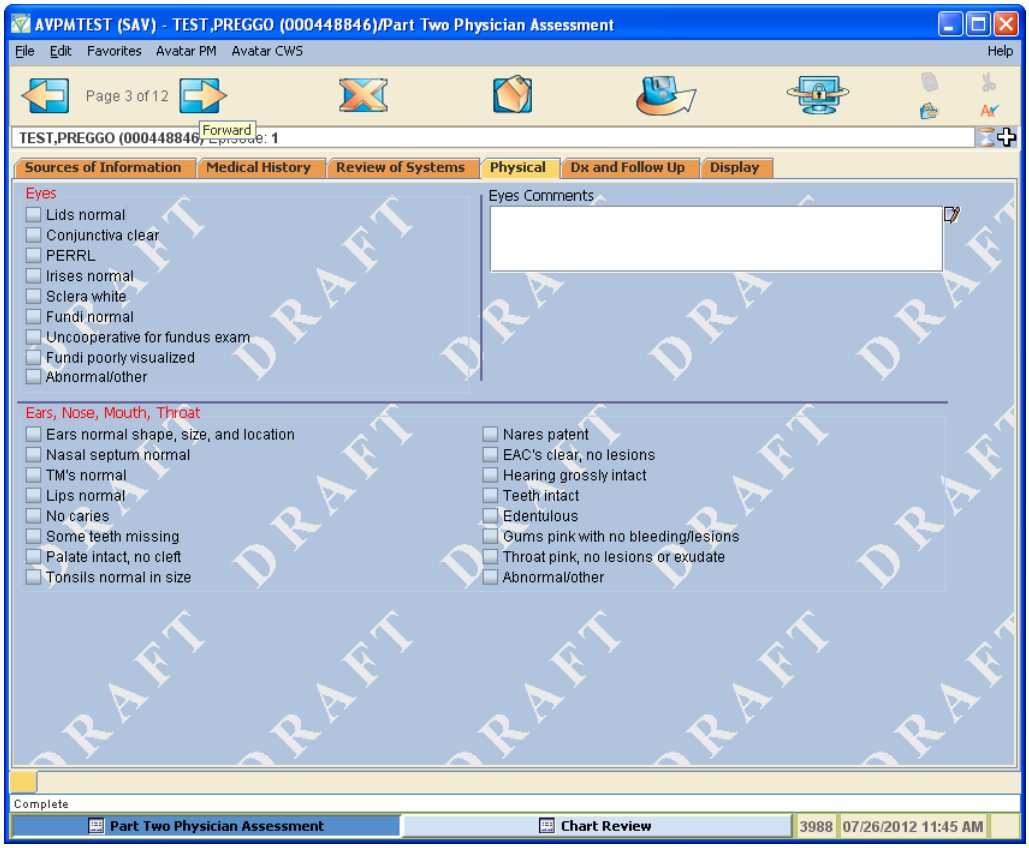


Field Name	***Instruction***
Vital signs and other measurements reviewed?	This is a required field. To view and/or document vital signs and other measurements, click on the hour glass shape in the upper right hand corner of the screen. This will open the vital signs screen. You can enter vital signs or review the vital signs that have already been entered. Close the vital signs screen and then indicate the correct response to this question by clicking in the radio button to the left of the response.
Vital signs and other measurements reviewed?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Vital signs and other measurements within normal limits	This field becomes required if the answer to "Vital signs and other measurements reviewed?" is 'Yes'. Indicate the correct response to this question by clicking in the radio button to the left of the response.
Explain why vital signs and measurements not reviewed	This field becomes required if the answer to "Vital signs and other measurements reviewed?" is 'No'. Enter the reason why the individual's vital signs were not reviewed in this field.
Describe abnormal vital signs and other measurement findings	This field becomes required if the answer to "Vital signs and other measurements within normal limits" is 'No'. Enter information about the vital signs in this field.
General Appearance	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
General Appearance Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "General Appearance" is 'Abnormal/Other'. Enter the abnormal/other comments in this field.
Head	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Head Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Head" is 'Abnormal/Other'. Enter the abnormal/other comments in this field.

Tab Name – Physical (3 of 12)

Notice there are 12 pages for this tab.

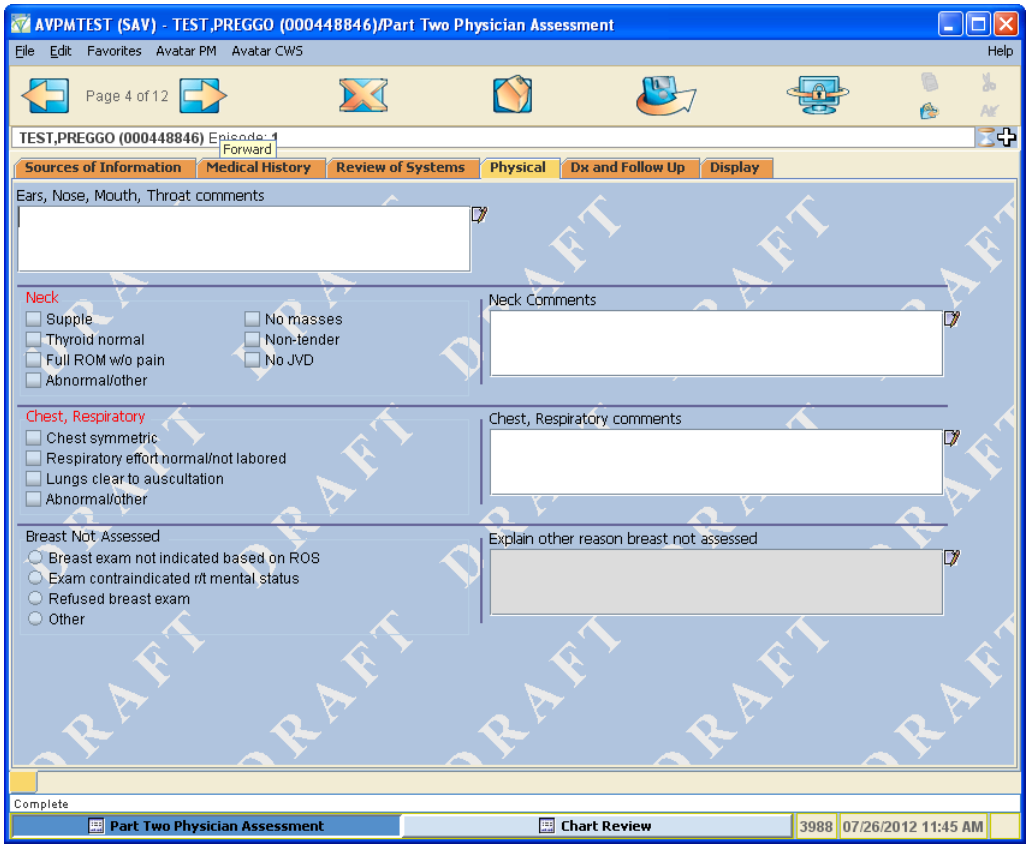


Field Name	***Instruction***
Eyes	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Eyes Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Eyes” is ‘Abnormal/Other’. Enter the abnormal/other comments in this

	field.
Ears, Nose, Mouth, Throat	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.

Tab Name – Physical (4 of 12)

Notice there are 12 pages for this tab.



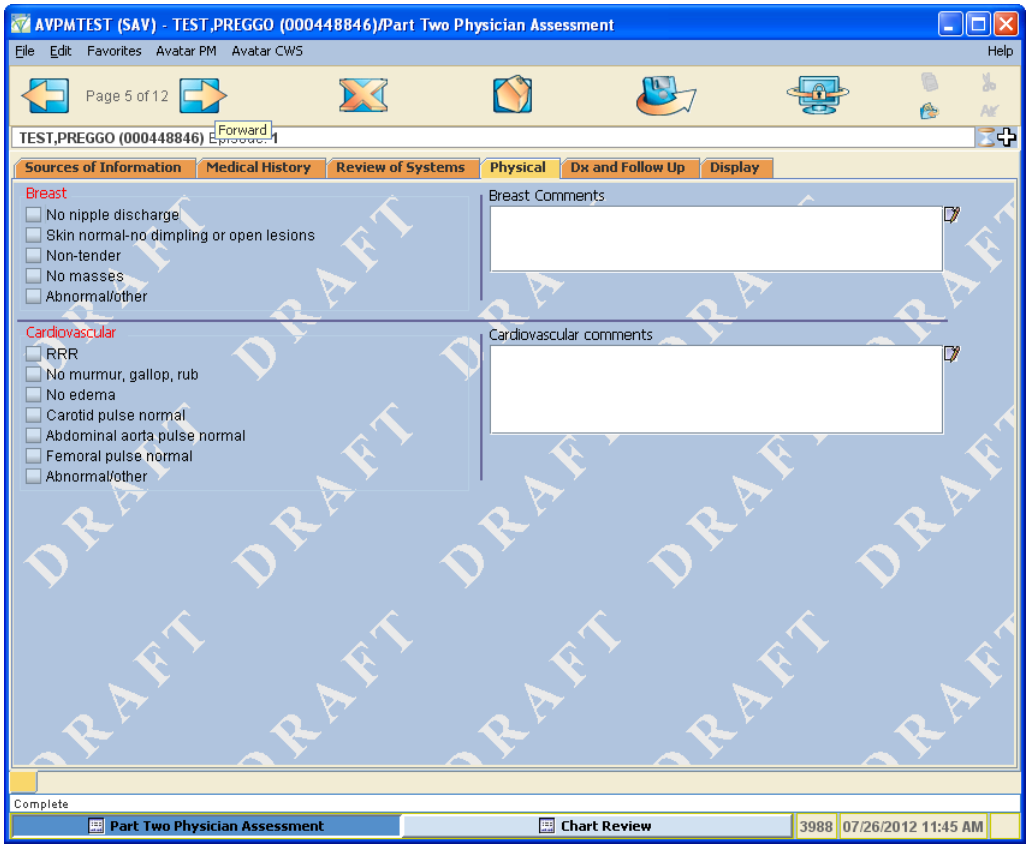
Field Name	***Instruction***
Ears, Nose, Mouth, Throat comments	This is an optional field that is always enabled for information to be entered.

	This field becomes required when the answer to “Ears, Nose, Mouth, Throat” is ‘Abnormal/Other’. Enter the abnormal/other comments in this field.
Neck	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Neck Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Neck” is ‘Abnormal/Other’. Enter the abnormal/other comments in this field.
Chest, Respiratory	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Chest, Respiratory comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Chest, Respiratory” is ‘Abnormal/Other’. Enter the abnormal/other comments in this field.
Breast Not Assessed	This is an optional field. If appropriate, indicate the correct answer by clicking in the radio button to the left of the response.
Explain other reason breast not assessed	This field becomes required if the answer to “Breast Not Assessed” is ‘Other’. Enter the other reason for not assessing

	the breast in this field.

Tab Name – Physical (5 of 12)

Notice there are 12 pages for this tab.

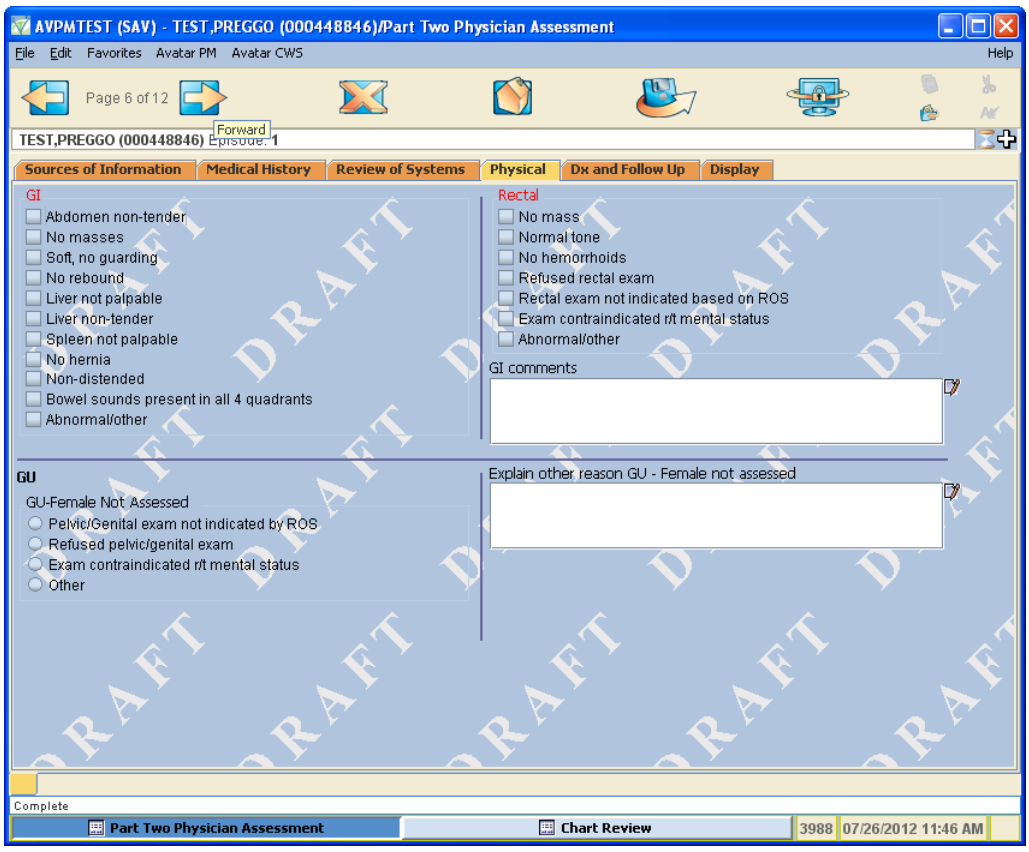


Field Name	***Instruction***
Breast	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Breast Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Breast” is ‘Abnormal/Other’. Enter the abnormal/other comments in this

	field.
Cardiovascular	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Cardiovascular comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Cardiovascular" is 'Abnormal/Other'. Enter the abnormal/other comments in this field.

Tab Name – Physical (6 of 12)

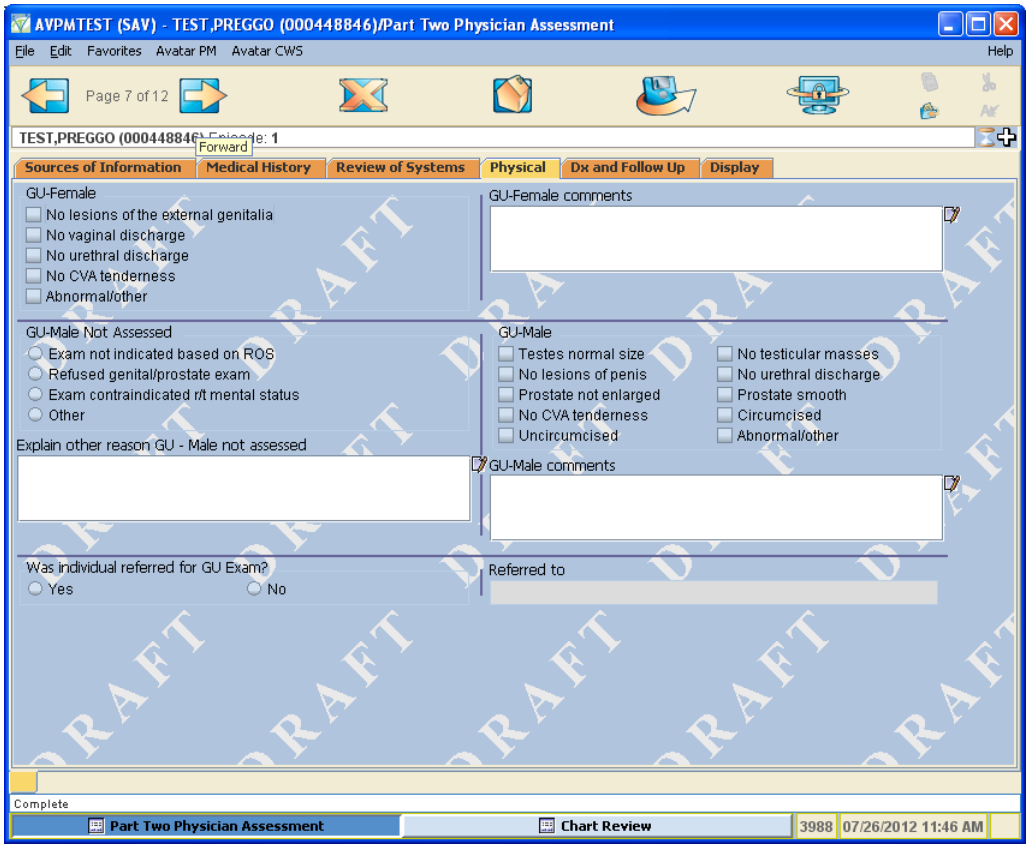
Notice there are 12 pages for this tab.



Field Name	***Instruction***
GI	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Rectal	This is a required field. Indicate the correct answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
GI Comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “GI” and/or “Rectal” is ‘Abnormal/Other’. Enter the abnormal/other comments in this field.
GU-Female Not Assessed	This is an optional field. If appropriate, indicate the correct answer by clicking in the radio button to the left of the response.
Explain other reason GU-Female not assessed	This field becomes required if the answer to “GU-Female Not Assessed” is ‘Other’. Enter the other reason for not assessing the GU-Female in this field.

Tab Name – Physical (7 of 12)

Notice there are 12 pages for this tab.

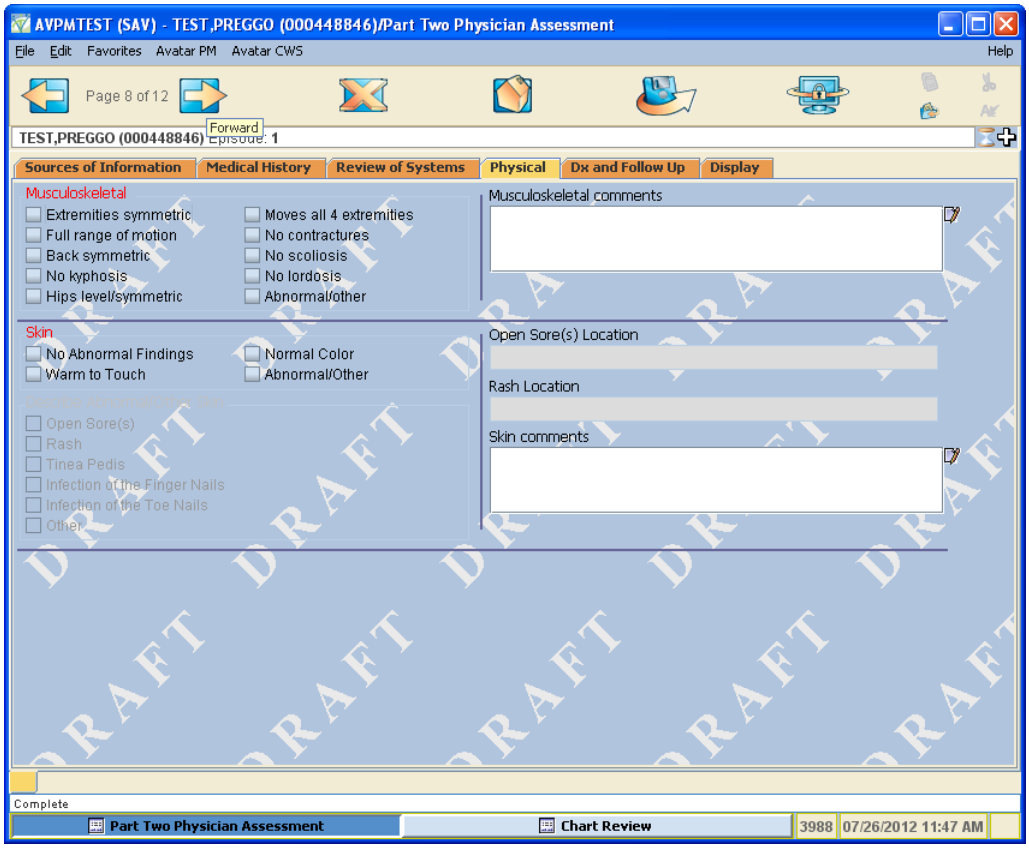


Field Name	***Instruction***
GU-Female	This is an optional field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
GU-Female comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "GU-Female" is 'Abnormal/Other'. Enter the abnormal/other comments in this

	field.
GU-Male Not Assessed	This is an optional field. If appropriate, indicate the correct answer by clicking in the radio button to the left of the response.
Explain other reason GU-Male not assessed	This field becomes required if the answer to "GU-Male Not Assessed" is 'Other'. Enter the other reason for not assessing the GU-Female in this field.
GU-Male	This is an optional field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
GU-Male comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "GU-Male" is 'Abnormal/Other'. Enter the abnormal/other comments in this field.
Was individual referred for GU Exam?	This is an optional field. Indicate the appropriate answer(s) by clicking in the radio button to the left of the appropriate response.
Referred to	This field becomes required when the answer to "Was individual referred for GU Exam?" is 'Yes'. Enter where the individual was referred in this field.

Tab Name – Physical (8 of 12)

Notice there are 12 pages for this tab.

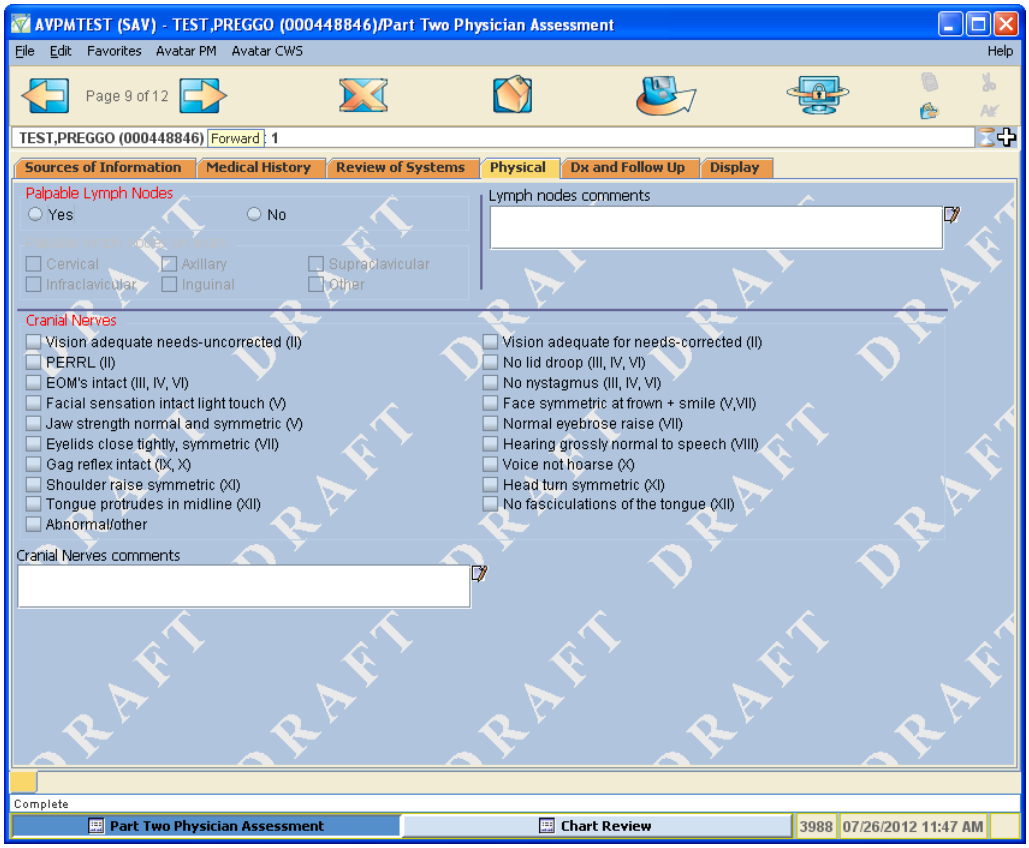


Field Name	***Instruction***
Musculoskeletal	This is a required field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Musculoskeletal comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Musculoskeletal" is 'Abnormal/Other'. Enter the

	abnormal/other comments in this field.
Skin	This is a required field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Describe Abnormal/Other Skin	This field becomes required if the answer to “Skin” is ‘Abnormal/Other’. Enter the abnormal/other skin description in this field.
Open Sore(s) Location	This field becomes required if the answer to “Describe Abnormal/Other Skin” includes ‘Open Sore(s)’. Enter the location(s) of the open sore(s) in this field.
Rash Location	This field becomes required if the answer to “Describe Abnormal/Other Skin” includes ‘Rash’. Enter the location(s) of the rash in this field.
Skin comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Describe Abnormal/Other Skin” is ‘Other’. Enter the other comments in this field.

Tab Name – Physical (9 of 12)

Notice there are 12 pages for this tab.

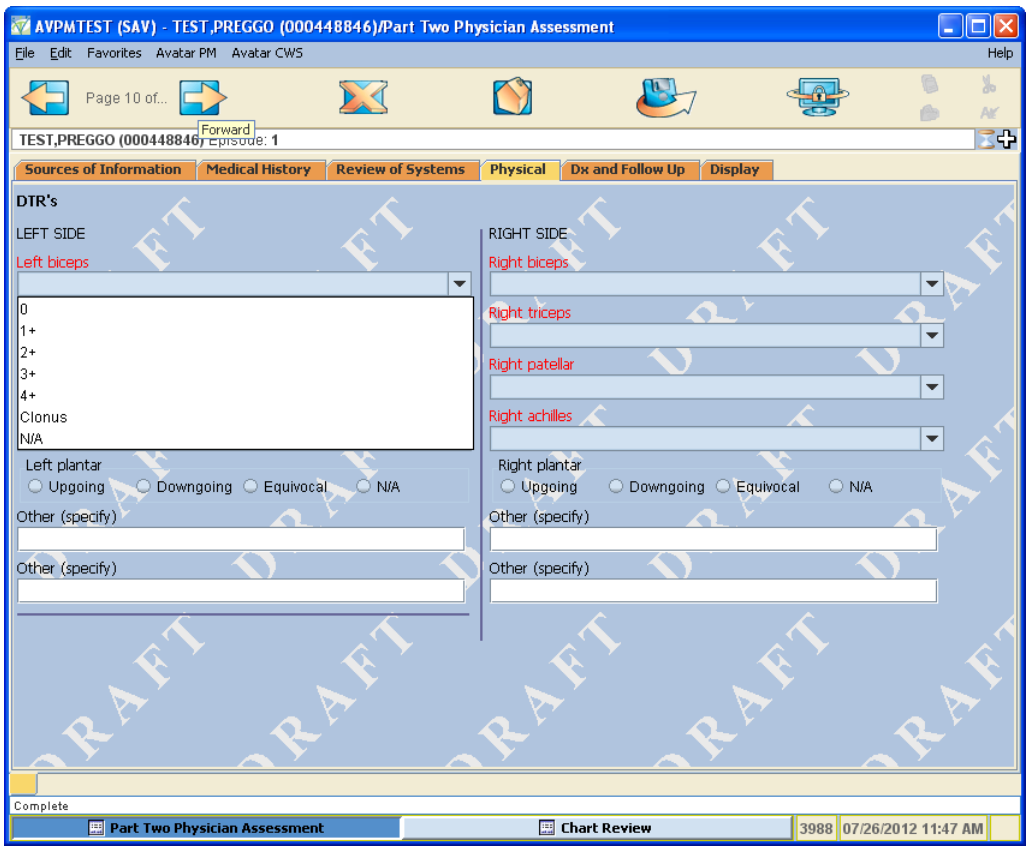


Field Name	***Instruction***
Palpable Lymph Nodes	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Palpable Lymph Nodes on exam	This field becomes required when the answer to “Palpable Lymph Nodes” is ‘Yes’. Indicate the correct answer(s) by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Lymph nodes comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to “Palpable Lymph Nodes on exam” is ‘Other’. Enter the other lymph nodes

	comments in this field.
Cranial Nerves	This is a required field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Cranial Nerves comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Cranial Nerves" is 'Other'. Enter the other cranial nerves comments in this field.

Tab Name – Physical (10 of 12)

Notice there are 12 pages for this tab.

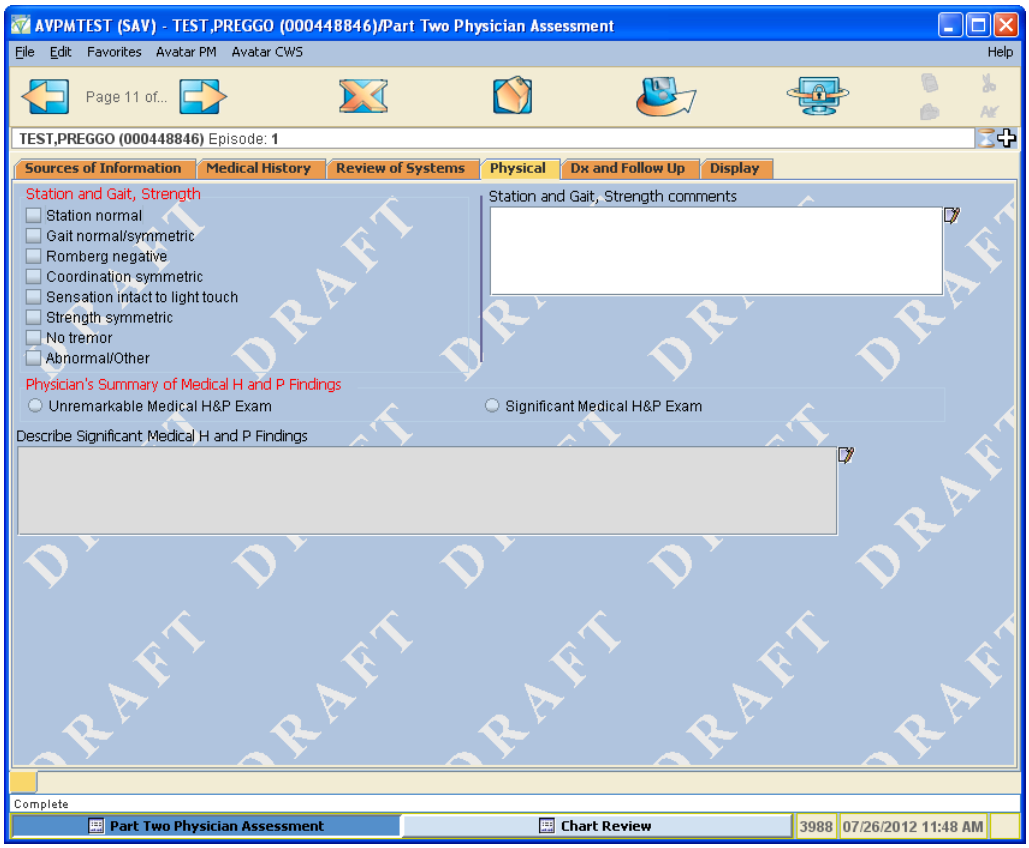


Field Name	*Instruction*
Left biceps	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Left triceps	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Left patellar	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Left achilles	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Left plantar	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Other (specify)	This is an optional field. Enter information about any other left side DTR's as appropriate.
Other (specify)	This is an optional field. Enter information about any other left side DTR's as appropriate.
Right biceps	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Right triceps	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Right patellar	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Right achilles	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.

Right plantar	This is a required field. Indicate the correct answer by clicking on the appropriate response in the drop down list. Only one may be selected.
Other (specify)	This is an optional field. Enter information about any other right side DTR's as appropriate.
Other (specify)	This is an optional field. Enter information about any other right side DTR's as appropriate.

Tab Name – Physical (11 of 12)

Notice there are 12 pages for this tab.

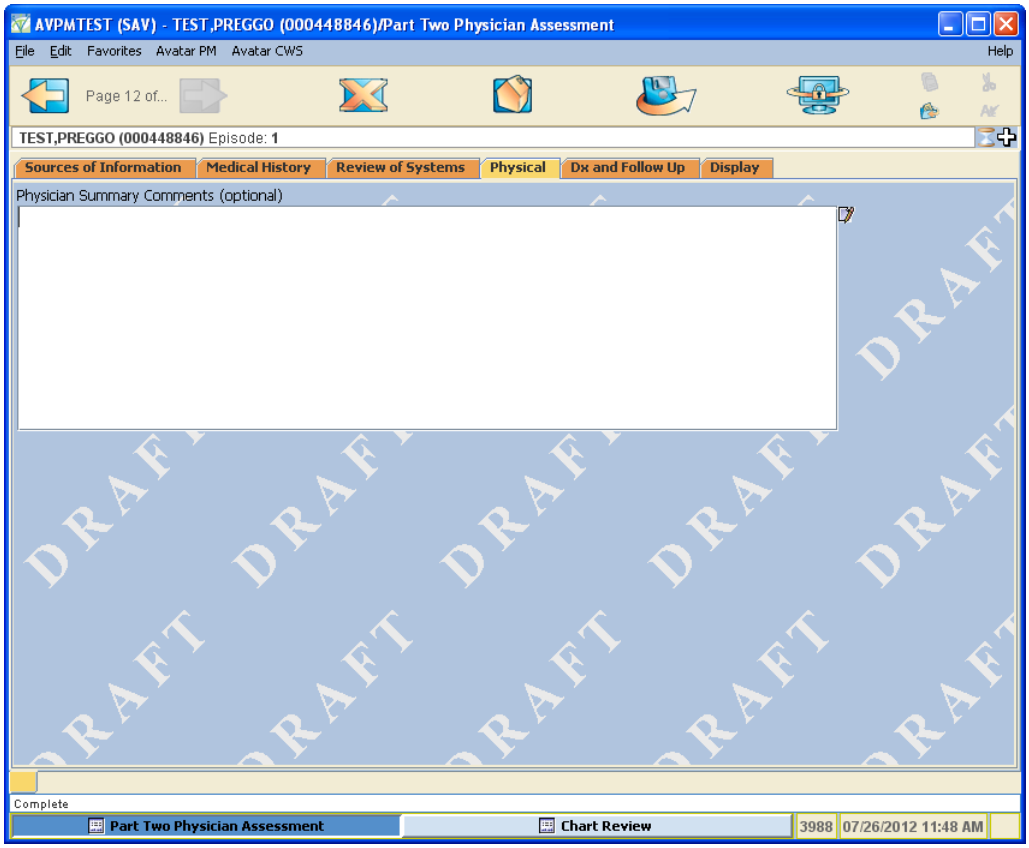


Field Name	***Instruction***
Station and Gait, Strength	This is a required field. Indicate the appropriate answer(s) by checking the check box to the left of the appropriate

	response(s). More than one may be selected. If selecting more than one, be careful that the answers do not contradict each other.
Station and Gait, Strength comments	This is an optional field that is always enabled for information to be entered. This field becomes required when the answer to "Station and Gait, Strength" is 'Abnormal/Other'. Enter the abnormal/other comments in this field.
Physician's Summary of Medical H and P Findings	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe Significant Medical H and P Findings	This field becomes required when the answer to "Physician's Summary of Medical H and P Findings" is 'Significant Medical H&P Exam'. Enter the significant H&P findings in this field.

Tab Name – Physical (12 of 12)

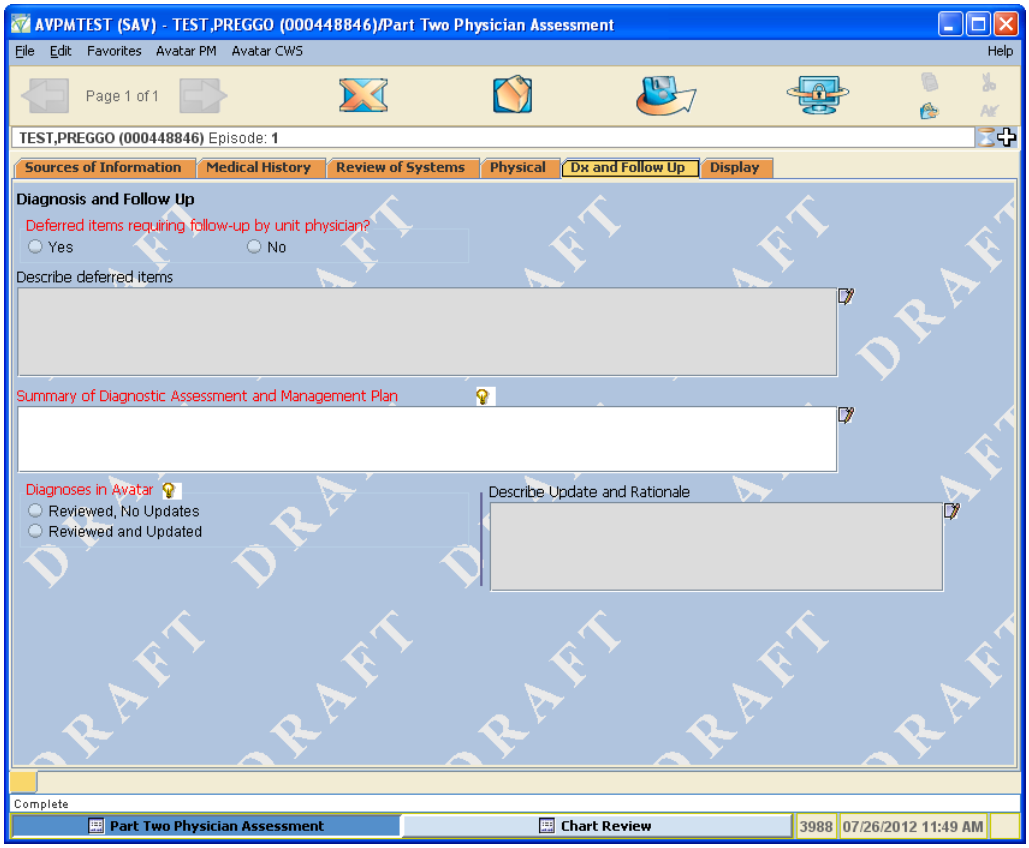
Notice there are 12 pages for this tab.



Field Name	***Instruction***
Physician Summary Comments (optional)	This is an optional field. Enter any comments that have not been previously captured in the physical exam in this field.

Tab Name – Dx and Follow Up (1 of 1)

Notice there is 1 page for this tab.

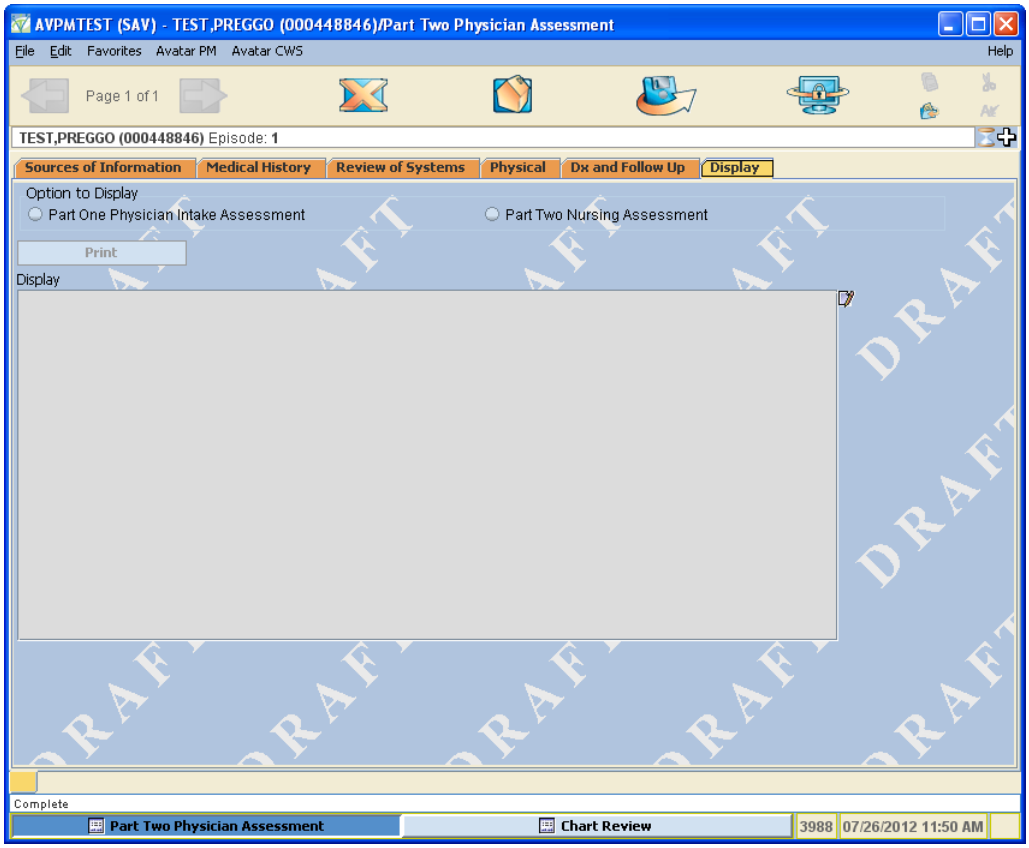


Field Name	***Instruction***
Deferred items requiring follow-up by unit physician?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe deferred items	This field will become required when the answer to "Deferred items requiring follow-up by unit physician?" is 'Yes'. Enter a description of the deferred item(s) in this field.
Summary of Diagnostic Assessment and Management Plan	This is a required field. Enter the summary of this assessment and identify the management plan for the individual in this field. NOTE: There is a template available for entering information in this field. To access/use the template: right click in the white space of the field. Click on 'System Template' from the menu drop down and then click on the name of the template to use. The outline will now be in the field. It can be use just like a

	word document and information may be added or deleted as necessary. This Summary of Diagnostic Assessment and Management Plan template includes the following: Medical Issue: Intervention: Intervention: Intervention:
Diagnosis in Avatar	This is a required field. To view and/or document the individual's diagnosis, click on the cross shape in the upper right hand corner of the screen. This will open the Diagnosis screen that resides in the Avatar Patient Management module. You can enter the diagnosis or review the diagnosis that has already been entered. Close the Diagnosis screen and then indicate the correct answer to this question by clicking in the radio button to the left of the appropriate response.
Diagnoses in Avatar	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Update and Rationale	This field becomes required when the answer to "Diagnoses in Avatar" is 'Reviewed and Updated'. Enter what was updated with an explanation of why the information was updated.

Tab Name – Display (1 of 1)

Notice there is 1 page for this tab.



This Display Tab allows the Physician to view previously entered Part One: Physician Intake Assessment and/or Part Two: Nursing Assessment for the individual. Just click in the radio button to the left of the assessment and all previously entered Part Ones or Part Twos for the individual will display and can be reviewed by moving the scroll bar up and down on the right of the window.

If needed, this information can be printed by clicking on the “Print Button” just above the display window.

How Do I Save an Integrated Admission Assessment Part Two: Physician Assessment?

If the Admission Assessment Part Two is to be saved in ‘Draft’ status, then position the mouse pointer over the Submit icon and single click the left mouse button.

If the Admission Assessment Part Two is ready to be saved in 'Final' status (all information is entered and verified as accurate and correct), then click on the Sources of Information Tab, and then click on the right arrow to go to page 2 of the Sources of Information Tab. Click in the radio button to the left of 'Final' in the "Status" field. A pop up message will display that reads "Selecting Final prevents future edits". Click OK. Then position the mouse pointer over the Submit icon and single click the left mouse button.

NOTE: If there are any required fields that have not had information entered when Final is selected in the Status field, a pop up message will display that reads "The following required object(s) do not contain information:" All fields that need to be answered are listed in the pop up message window. Click OK and another pop up message displays that reads " "Final" cannot be selected until all of the required objects in the option contain information". Click OK, complete all required fields and re-save as instructed above.

How Do I Edit Integrated Admission Assessment Part Two: Physician Assessment?

The Admission Assessment Part Two: Physician Assessment may only be edited when the form is in "Draft" status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Admission Assessment → Part Two: Physician Assessment

Double click on the Part Two: Physician Assessment that needs to be edited.

Selected Part Two: Physician Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Integrated Admission Assessment Part Two: Physician Assessment report?

See instructions in the Integrated Admission Assessment: Running the Report manual.

How Do I Exit Integrated Admission Assessment Part Two: Physician Assessment?

Position the mouse pointer over the Close icon and single click the left mouse button.

Integrated Admission Assessment Part Two: Nursing Assessment

Purpose

The Admission Assessment is a comprehensive picture of the circumstances from whence the individual originates as well as the precipitating conditions and factors that preceded the individual presenting for possible hospitalization.

Overview

The “Admission Assessment” is completed by nursing and medical staff. The Admission Assessment is comprised of multiple parts. Part One is completed by the Admissions Physician/APRN/Intern/Resident for everyone who presents to the Admissions Areas at time of evaluation. This section is signed by the Admissions Physician/APRN/Intern/Resident. Part Two is completed by the physician/APRN/intern/resident and RN for individuals who are placed in Temp Obs or admitted to the hospital. Part Two has a first section called “Physician Assessment” and is completed and signed by the Physician/APRN/Intern/Resident. This is followed by a second section called “Nursing Assessment” which is completed by a Registered Nurse within 8 hours of individual being placed in Temp Obs or admitted to the hospital. This time requirement does not apply to the sub-section “Personal Safety Interview”, which is to be completed within 24 hours of being admitted to the hospital. Sub-sections in the “Nursing Assessment” that are unable to be assessed within the 8 hours will be documented as such with reason for inability to assess. These sections can be assessed at a later time when possible. This “Nursing Assessment” section is signed by the RN who completed the assessment.

For any areas unable to be assessed by initial user, we will not use the addendum methodology for a second user to complete or add more information. Instead, the second user will either initiate a new Admission Assessment or will document the additional information in a progress note.

For individuals who are admitted to the hospital, the information gathered in the Admission Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Admission Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Nurse”, “RPT Facilitator”, and “Psychologist”.

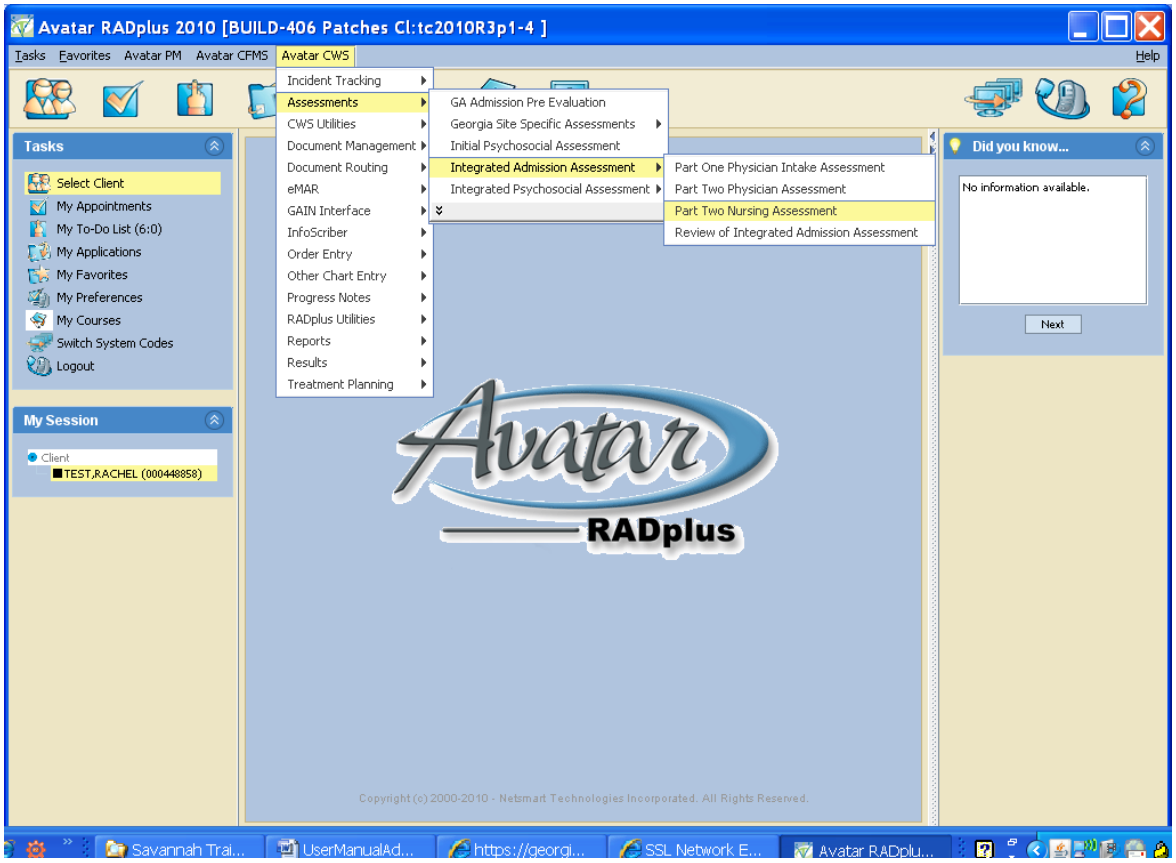
Prerequisites

- Individual must have an open episode in Avatar
- Individual must have an Admission Assessment Part One completed
- Staff member must have an active user id and access to the form in Avatar

Procedures

How Do I Launch an Integrated Admission Assessment Part Two: Nursing Assessment in Avatar?

Menu Path: Avatar CWS → Assessments→Integrated Admission Assessment → Part Two: Nursing Assessment

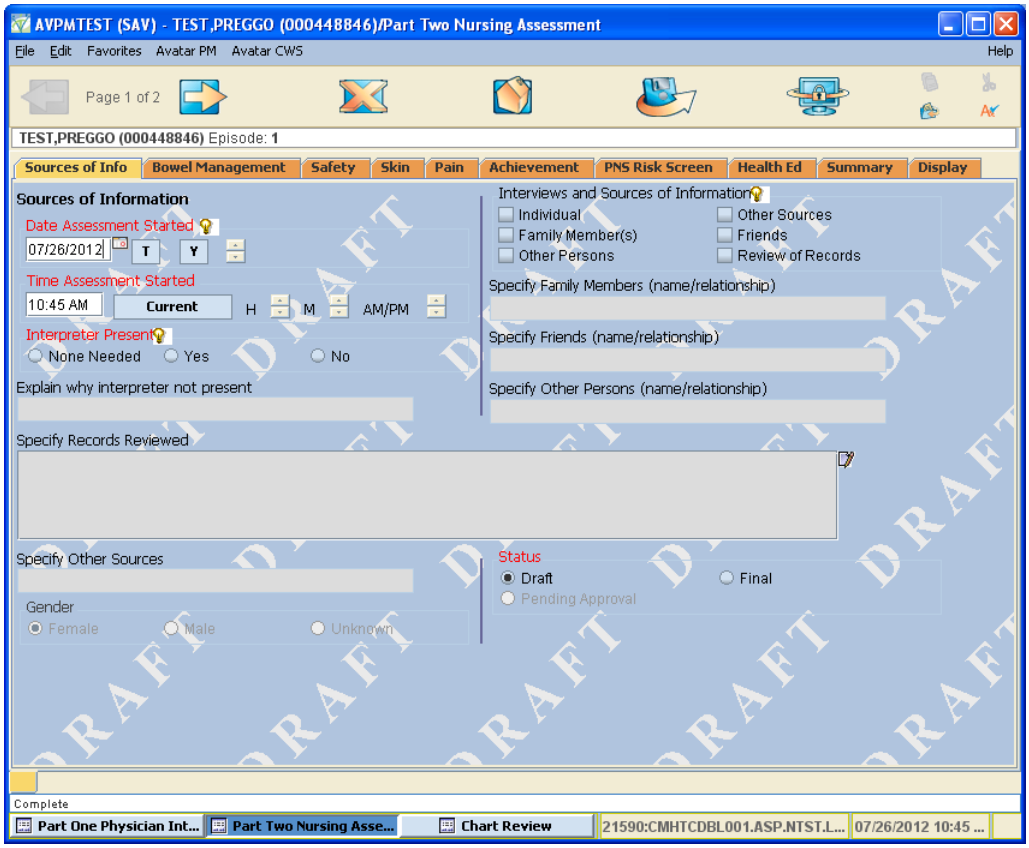


How Do I Enter/Complete a New Integrated Admission Assessment Part Two: Nursing Assessment?

Go to page 5

1. Tab Name – Sources of Info (1 of 2)

Notice there are 2 pages for this tab.

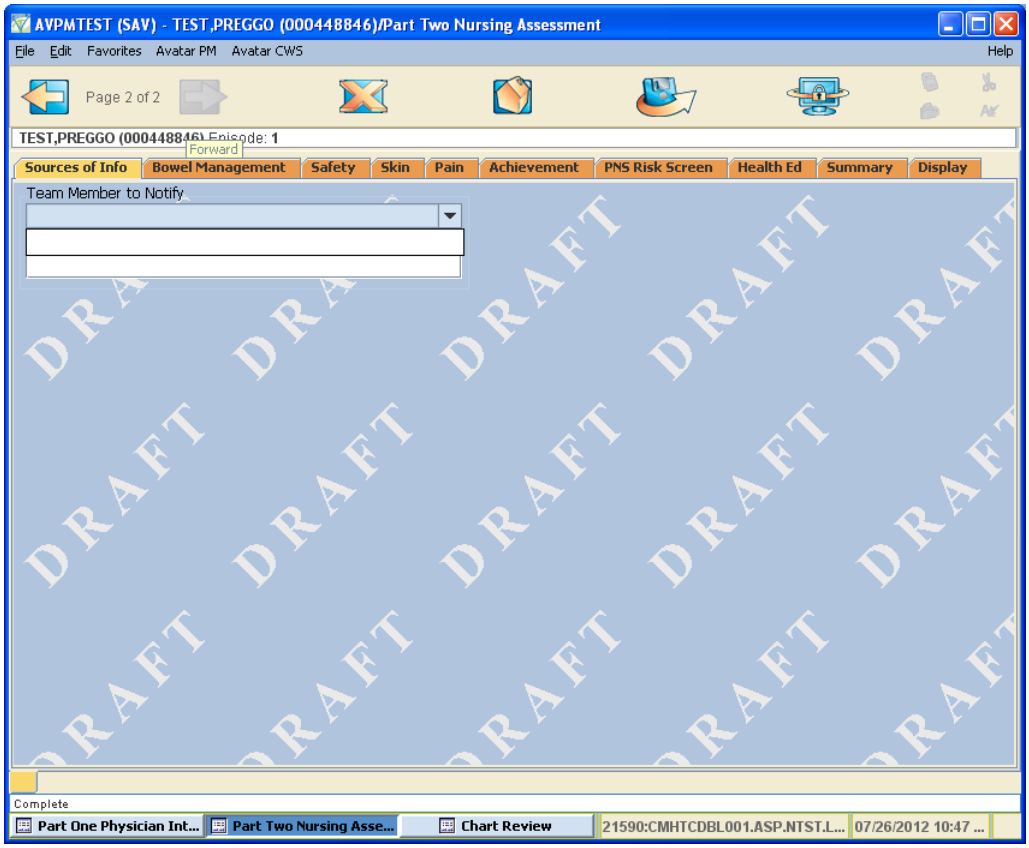


Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Interpreter Present	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Explain why interpreter not present	This field becomes required when the answer to “Interpreter Present” is ‘No’. Enter the reason that an interpreter was not present in this field.
Interviews and Sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Family Members (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify Friends (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify Other Persons (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify Records Reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify Other Sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.
Gender	This field will be pre-populated from the demographic information entered into Avatar PM. If the information needs to be changed, it must be updated in Avatar PM → Update Client Data.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. Selecting final will not allow any further changes to be made on the form.

Tab Name – Sources of Info (2 of 2)

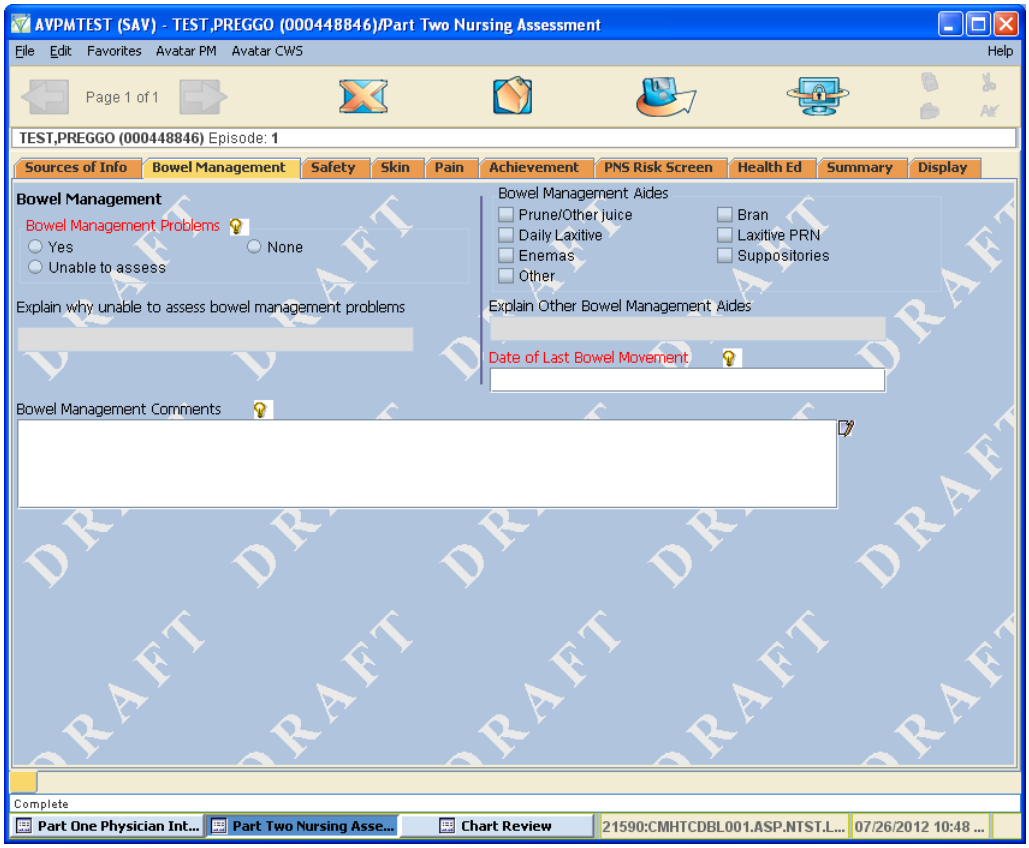
Notice there are 2 pages for this tab.



Field Name	***Instruction***
Team member to Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team member to Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Bowel Management (1 of 1)

Notice there is 1 page for this tab.

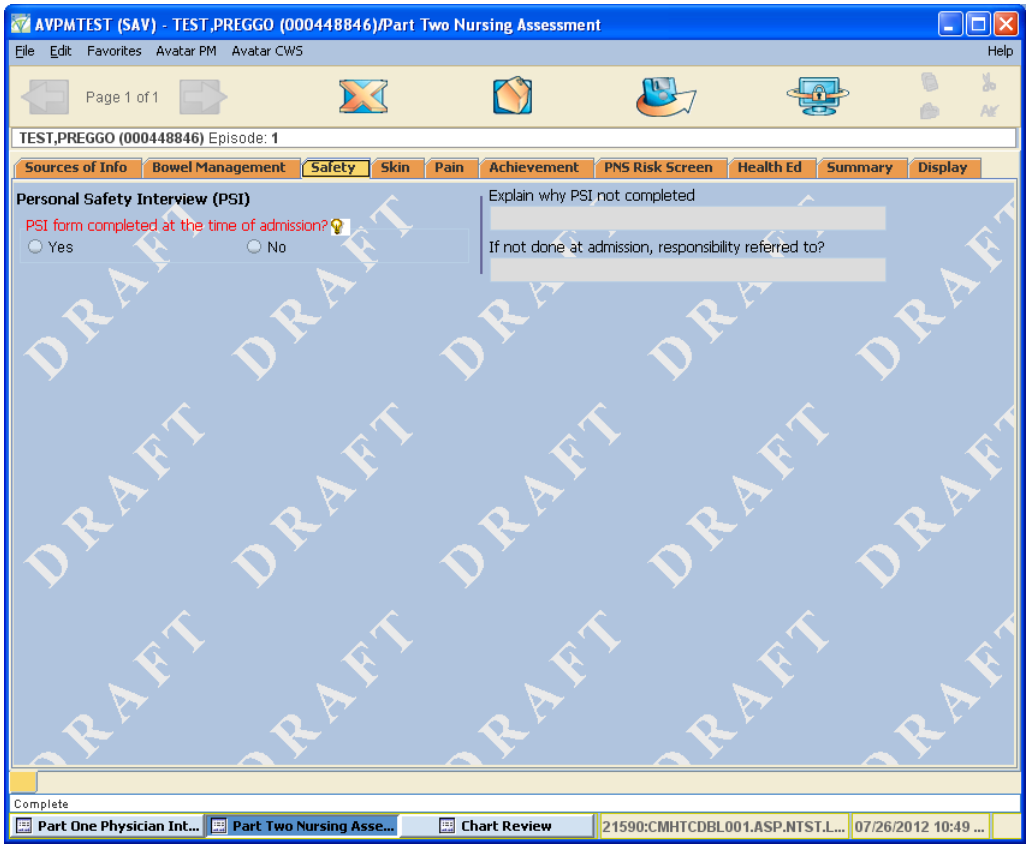


Field Name	***Instruction***
Bowel Management Problems	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Bowel Management Problems	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why unable to assess bowel management problems	This field becomes required if the answer to “Bowel Management Problems” is ‘Unable to Assess’. Enter the reason that the individual’s bowel management problems were not able to be assessed.
Bowel Management Aides	This is an optional field. If the individual utilizes bowel management aides, select the aide used by clicking in the check box to the left of the appropriate response. More than

	one may be selected.
Explain Other Bowel Management Aides	This field becomes required when the answer to “Bowel Management Aides” is ‘Other’. Enter information about the other bowel management aide used by the individual.
Date of Last Bowel Movement	This is a required field. Enter the date of the individual’s last bowel movement in MM/DD/YYYY format.
Date of Last Bowel Movement	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Bowel Management Comments	This field is always enabled to allow information to entered as needed. This field becomes required when the answer to “Bowel Management Problems” is ‘Yes’. Enter information about the individual’s bowel management problems in this field.
Bowel Management Comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Safety (1 of 1)

Notice there is 1 page for this tab.

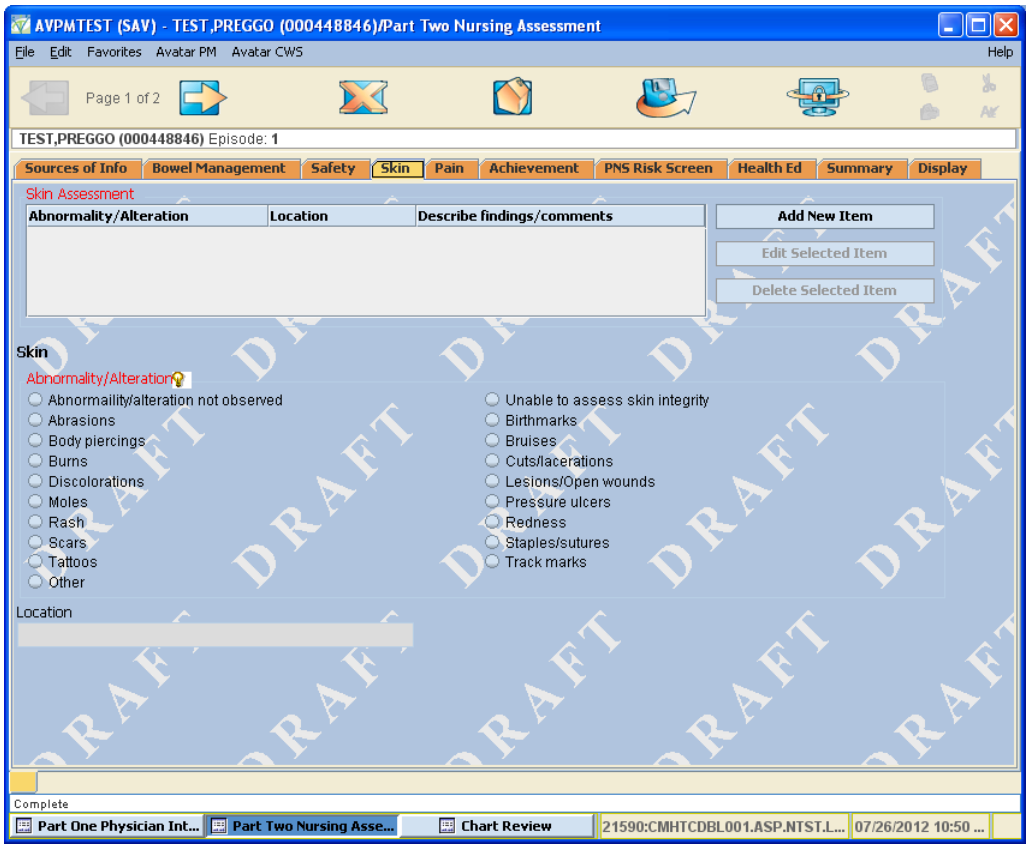


Field Name	***Instruction***
PSI from completed at the time of admission?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
PSI from completed at the time of admission?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why PSI not completed	This field becomes required when the answer to “PSI from completed at the time of admission?” is ‘No’. Enter the reason that the PSI was not completed at the time of admission in this field.
If not done at admission, responsibility referred to?	This field becomes required when the answer to “PSI from completed at the time of admission?” is ‘No’. Enter to whom the

	responsibility for completing the PSI is referred in this field.

Tab Name – Skin (1 of 2)

Notice there are 2 pages for this tab.



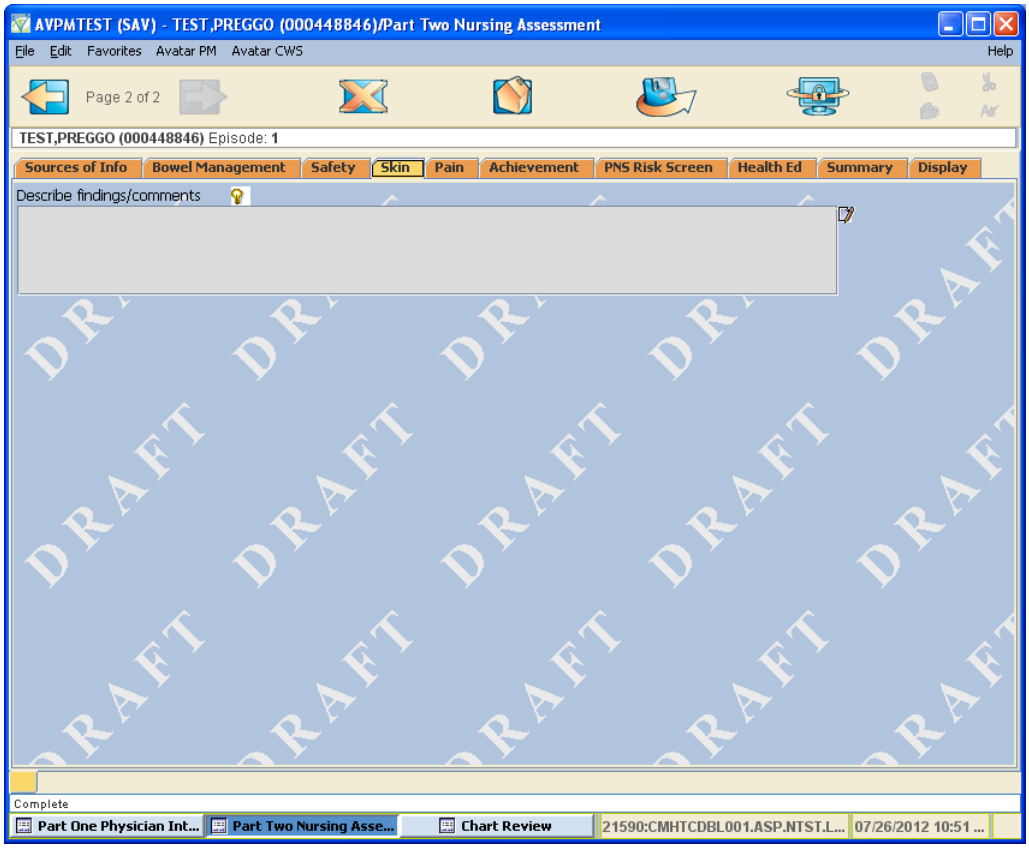
** Click on right arrow to enter “Describe findings/comments” field.

Field Name	***Instruction***
Skin Assessment Multi Iteration Table	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. First, click on the “Add New Item” button to create a new row in the table. Second, answer the questions under the table as appropriate
Abnormality/Alteration	This is a required field. Indicate the correct answer by clicking

	in the radio button to the left of the appropriate response.
Abnormality/Alteration	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Location	This field becomes required when the following selection is made for Abnormality/Alteration: Abrasions Birthmarks Body piercings Bruises Burns Cuts/lacerations Discolorations Lesions/ Open wounds Moles Pressure ulcers Rash Redness Scars Staples/sutures Tattoos Track marks Other

Tab Name – Skin (2 of 2)

Notice there are 2 pages for this tab.

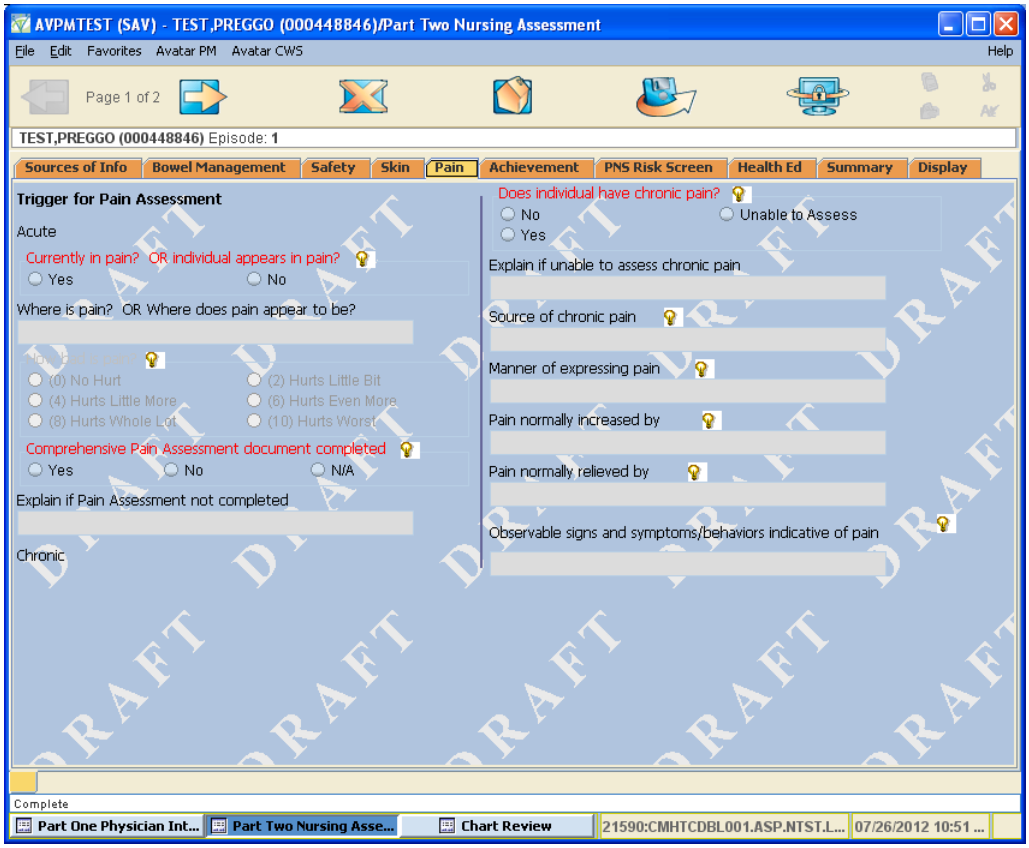


Field Name	***Instruction***
Describe findings/comments	This field becomes required when the following selection is made for Abnormality/Alteration: Unable to assess skin integrity Abrasions Bruises Burns Cuts/lacerations Discolorations

	Lesions/ Open wounds Pressure ulcers Rash Redness Scars Staples/sutures Track marks Other
Describe findings/comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Pain (1 of 2)

Notice there are 2 pages for this tab.



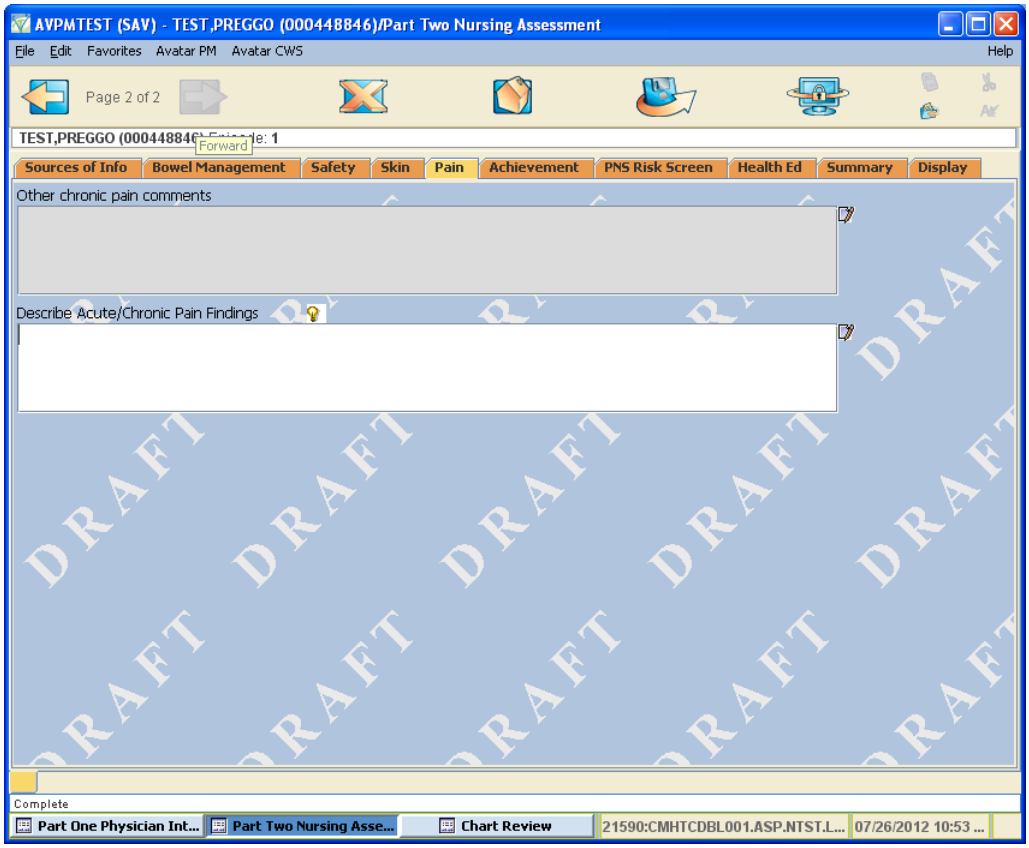
Field Name	***Instruction***
Currently in pain? OR individual appears in pain?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: If the answer to this field is 'No', then the "Comprehensive Pain Assessment document completed" field will be set to 'N/A'.
Currently in pain? OR individual appears in pain?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Where is pain? OR Where does pain appear to be?	This field becomes required when the answer to "Currently in pain? OR individual appears in pain?" is 'Yes'. Enter the pain location information in this field.

How bad is pain?	This field becomes required when the answer to "Currently in pain? OR individual appears in pain?" is 'Yes'. Indicate the individual's rating of his/her pain by clicking in the radio button to the left of the matching response.
How bad is pain?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Comprehensive Pain Assessment document completed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Comprehensive Pain Assessment document completed	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain if Pain Assessment not completed	This field becomes required when the answer to "Comprehensive Pain Assessment document completed" is 'No'. Enter the reason the comprehensive pain assessment document was not completed for the individual in this field.
Does individual have chronic pain?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Does individual have chronic pain?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain if unable to assess chronic pain	This field becomes required when the answer to "Does individual have chronic pain?" is 'Unable to Assess'. Enter the reason the assessment of the individual's chronic pain was not able to be assessed in this field.
Source of chronic pain	This field becomes required when the answer to "Does individual have chronic pain?" is 'Yes'. Enter the source of chronic pain, as indicated by the individual, in this field.
Source of chronic pain	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Manner of expressing pain	This field becomes required when the answer to "Does individual have chronic pain?" is 'Yes'. Enter the manner of

	expressing pain, as indicated by the individual, in this field.
Manner of expressing pain	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Pain normally increased by	This field becomes required when the answer to “Does individual have chronic pain?” is ‘Yes’. Enter information about what normally increases pain for the individual in this field.
Pain normally increased by	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Pain normally relieved by	This field becomes required when the answer to “Does individual have chronic pain?” is ‘Yes’. Enter information about what normally relieves pain for the individual in this field.
Pain normally relieved by	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Observable signs and symptoms/behaviors indicative of pain	This field becomes required when the answer to “Does individual have chronic pain?” is ‘Yes’. Enter information about the signs and symptoms/behaviors exhibited by the individual that indicates he/she is in pain.
Observable signs and symptoms/behaviors indicative of pain	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Pain (2 of 2)

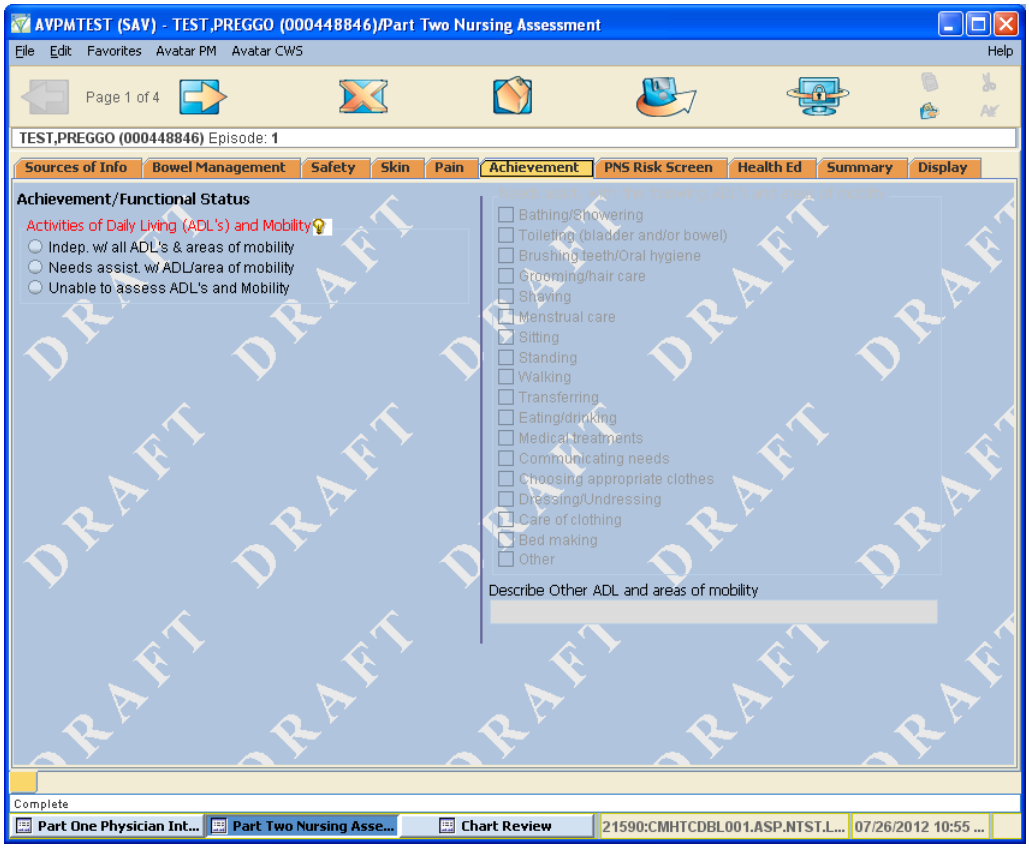
Notice there are 2 pages for this tab.



Field Name	***Instruction***
Other chronic pain comments	This field becomes required when the answer to "Does individual have chronic pain?" is 'Yes'. Enter any other comments about the individual's chronic pain in this field.
Describe Acute/Chronic Pain Findings	This field is always enabled to allow information about the individual's pain findings that are not previously addressed in the assessment.
Describe Acute/Chronic Pain Findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Achievement (1 of 4)

Notice there are 4 pages for this tab.

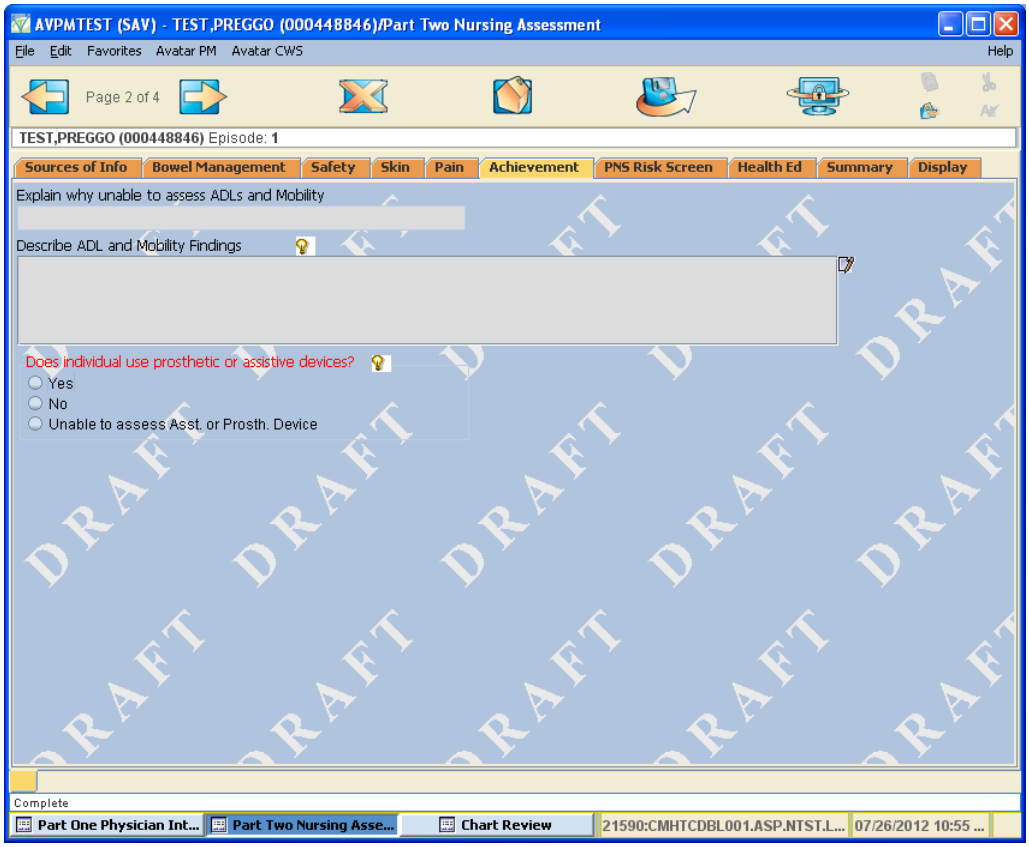


Field Name	***Instruction***
Activities of Daily Living (ADL's) and Mobility	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Activities of Daily Living (ADL's) and Mobility	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Needs assistance with the following ADL's and areas of mobility	This field becomes required when the answer to "Activities of Daily Living (ADL's) and Mobility" is 'Needs assist w/ADL/area of mobility'. Indicate the areas that the individual needs assistance by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Describe Other ADL and	This field becomes required when the answer to "Needs assistance with the following ADL's and areas of mobility" is

areas of mobility	'Other'. Enter the other ADL and/or area of mobility for which the individual requires assistance in this field.

Tab Name – Achievement (2 of 4)

Notice there are 4 pages for this tab.

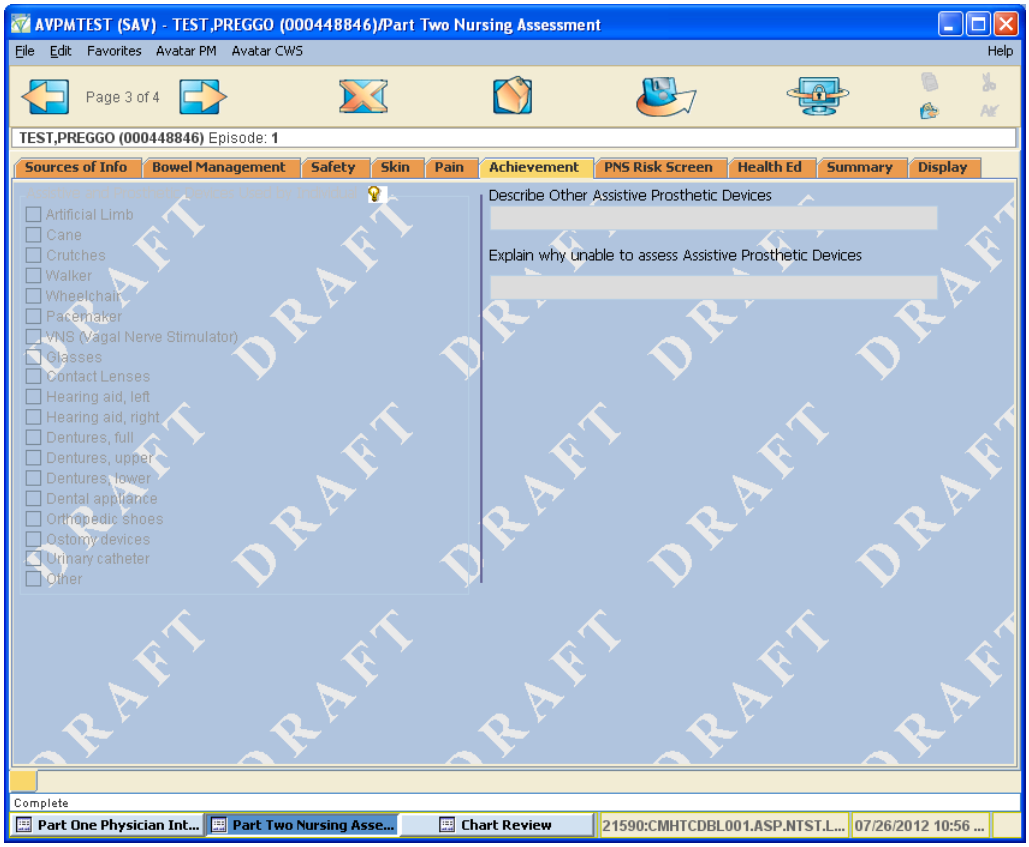


Field Name	***Instruction***
Explain why unable to assess ADLs and Mobility	This field becomes required when the answer to "Activities of Daily Living (ADL's) and Mobility" is 'Unable to Assess ADL's and Mobility'. Enter the reason that the individual's ADL's and Mobility was unable to be assessed in this field.
Describe ADL and Mobility Findings	This field becomes required when the answer to "Activities of Daily Living (ADL's) and Mobility" is 'Needs assist w/ADL/area of mobility'. Enter all ADL and Mobility Findings in this field.
Describe ADL and Mobility	Click on the light bulb to view the Help Message that is

Findings	associated to this field. It may contain instructions or provide examples of what is entered into the field.
Does individual use prosthetic or assistive devices?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Does individual use prosthetic or assistive devices?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Achievement (3 of 4)

Notice there are 4 pages for this tab.

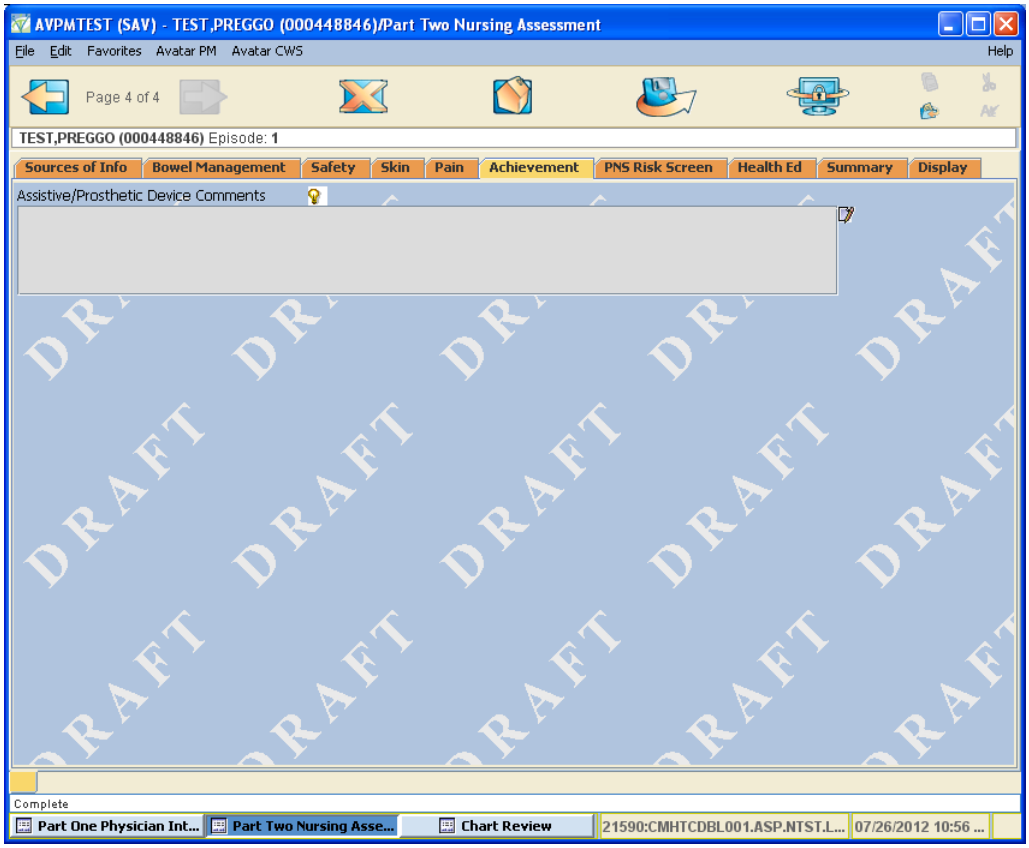


Field Name	***Instruction***
Assistive and Prosthetic	This field becomes required when the answer to “Does individual use prosthetic or assistive devices?” is ‘Yes’.

Devices Used by Individual	Indicate the assistive/prosthetic device(s) that the individual uses by clicking in the check box to the left of the appropriate response(s). More than one may be selected.
Assistive and Prosthetic Devices Used by Individual	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Other Assistive Prosthetic Devices	This field becomes required when the answer to “Assistive and Prosthetic Devices Used by Individual” is ‘Other’. Describe the other assistive/prosthetic devices used by the individual in this field.
Explain why unable to assess Assistive Prosthetic Devices	This field becomes required when the answer to “Does individual use prosthetic or assistive devices?” is ‘Unable to assess Assist or Prosth Device’. Enter the reason the use of assistive or prosthetic devices was not able to be assessed in this field.

Tab Name – Achievement (4 of 4)

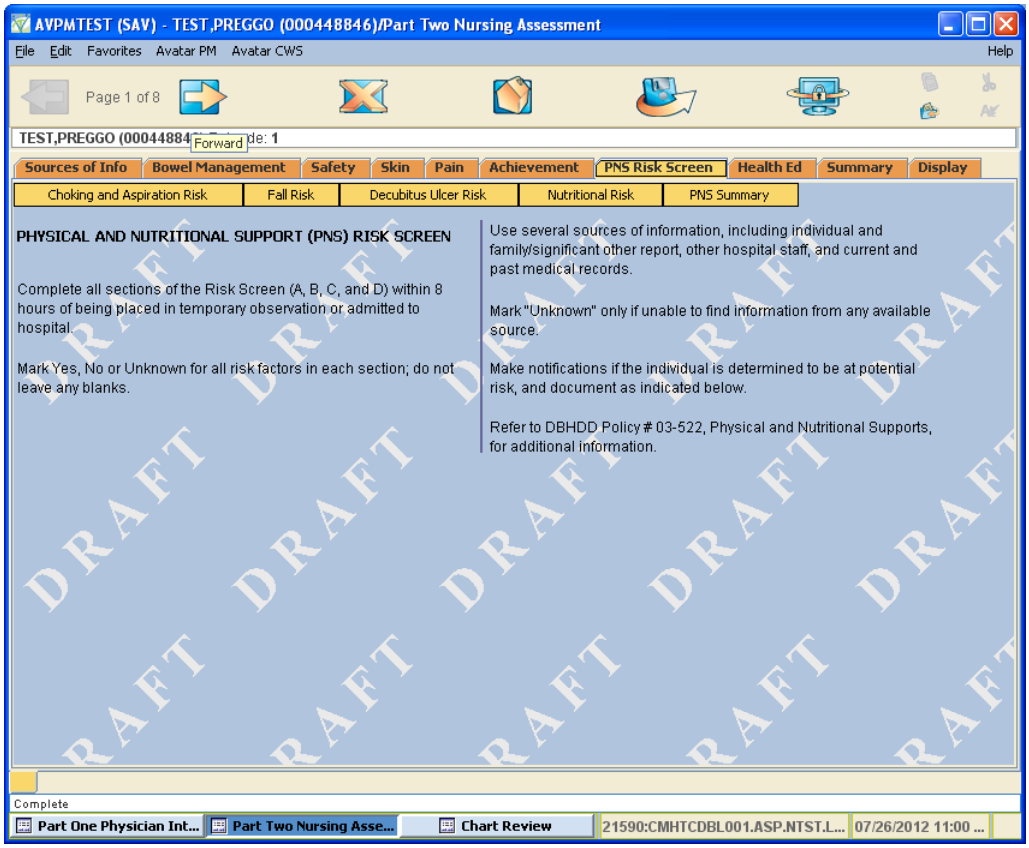
Notice there are 4 pages for this tab.



Field Name	***Instruction***
Assistive/Prosthetic Device Comments	This field becomes required when the answer to "Does individual use prosthetic or assistive devices?" is 'Yes'. Enter all assistive/prosthetic device comments for the individual in this field.
Assistive/Prosthetic Device Comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name –PNS Risk Screen (1 of 8)

Notice there are 8 pages for this tab.

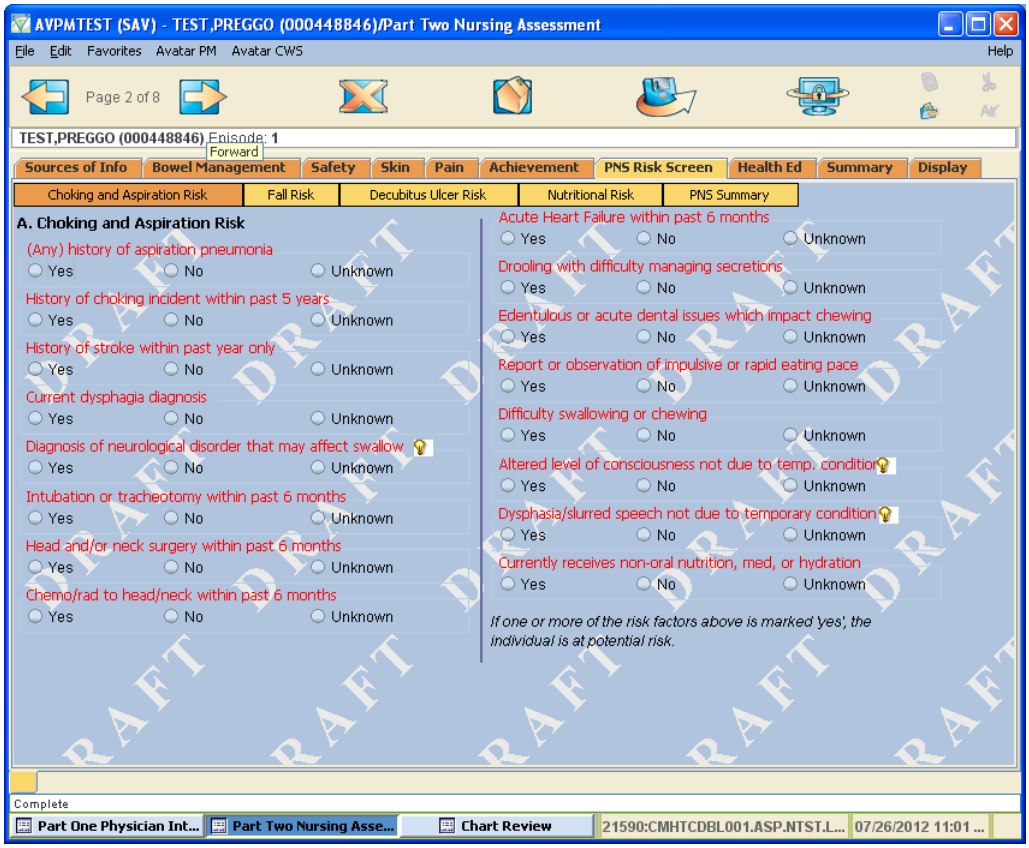


Field Name	***Instruction***
PHYSICAL AND NUTRITIONAL SUPPORT (PNS) RISK SCREEN	This screen provides instruction for completing the PNS Risk Screens.

Notice the bookmarks directly under the tab names. Each bookmark takes the user directly to the information indicated on the bookmark title. For example, clicking on the Fall Risk bookmark goes directly to the Fall Risk data entry screen. Use these bookmarks to move through the PNS Risk Screens for the individual.

Tab Name – PNS Risk Screen (2 of 8)

Notice there are 8 pages for this tab.



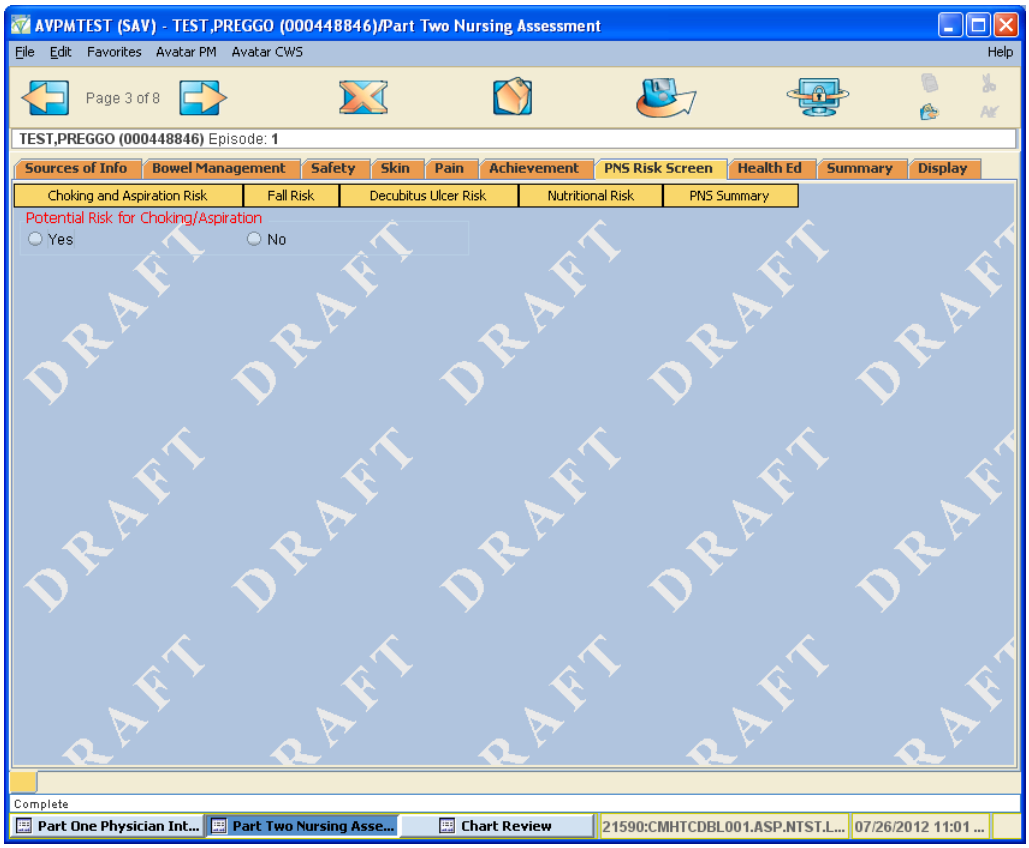
Field Name	***Instruction***
(Any) History of aspiration pneumonia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
History of choking incident within past 5 years	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
History of stroke within past year only	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Current dysphasia diagnosis	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Diagnosis of neurological disorder that may affect	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

swallow	
Diagnosis of neurological disorder that may affect swallow	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Intubation or tracheotomy within past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Head and/or neck surgery within past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Chemo/rad to head/neck within past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Acute Heart Failure within past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Drooling with difficulties managing secretions	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Edentulous or acute dental issues which impact chewing	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Report or observation of impulsive or rapid eating pace	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Difficulty swallowing or chewing	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Altered level of consciousness not due to temp. condition	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Altered level of consciousness not due to temp. condition	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Dysphasia/slurred speech not due to temporary condition	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Dysphasia/slurred speech	Click on the light bulb to view the Help Message that is

not due to temporary condition	associated to this field. It may contain instructions or provide examples of what is entered into the field.
Currently receives non-oral nutrition, med, or hydration	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Tab Name – PNS Risk Screen (3 of 8)

Notice there are 8 pages for this tab.

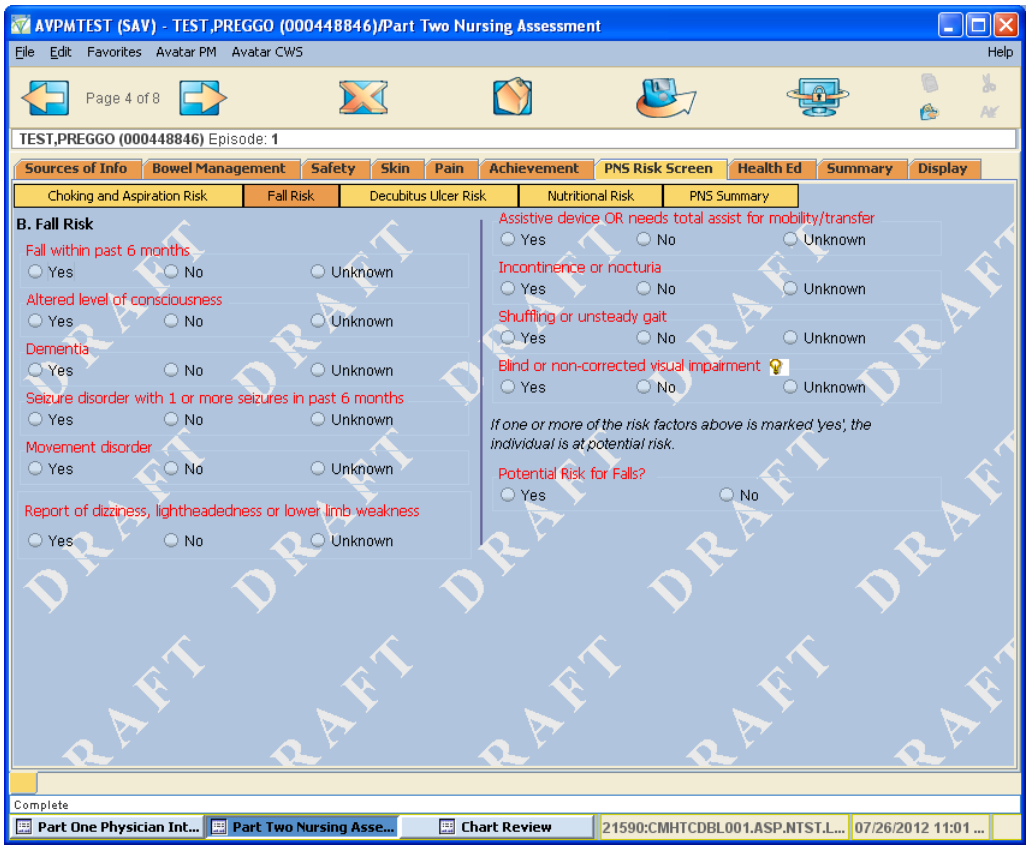


Field Name	***Instruction***
Potential Risk for Choking/Aspiration	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. When the answer is 'Yes', the following things happen:

	A pop-up message displays that reads “Immediately notify Unit Charge Nurse, & notify the Physician to write referral for Choking and Aspiration Risk Eval”. Click “OK” to proceed. The “Choking and aspiration?” risk indicator is set to ‘Yes’ on the PNS Summary screen (page 7).

Tab Name – PNS Risk Screen (4 of 8)

Notice there are 8 pages for this tab.

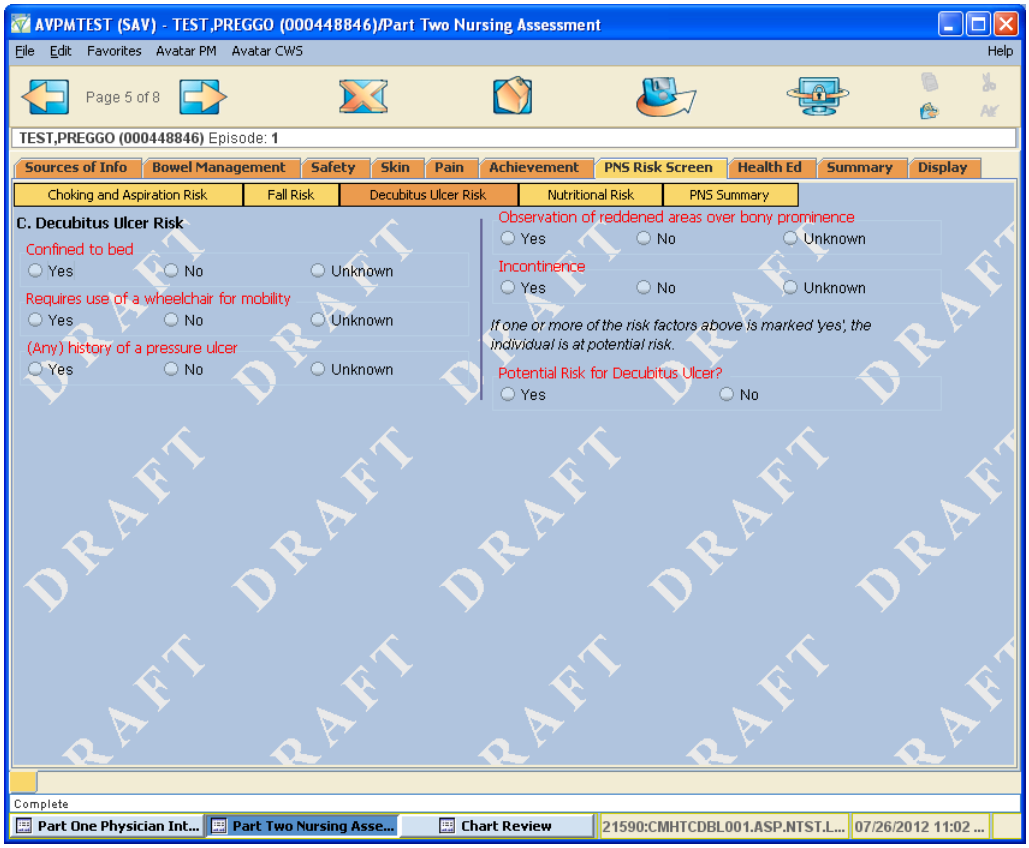


Field Name	***Instruction***
Fall within past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Altered level of consciousness	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Dementia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Seizure disorder with 1 or more seizures in past 6 months	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Movement disorder	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Report of dizziness, lightheadedness or lower limb weakness	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Assistive device OR needs total assists for mobility/transfer	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Incontinence or nocturia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Shuffling or unsteady gait	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Blind or non-corrected visual impairment	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Blind or non-corrected visual impairment	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Potential Risk for Falls?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. When the answer is 'Yes', the following things happen: A pop-up message displays that reads "Fall Risk Assessment is indicated. Immediately notify the Physician/APRN and Unit Charge Nurse". Click "OK" to proceed. The "Falls?" risk indicator is set to 'Yes' on the PNS Summary screen (page 7).

Tab Name – PNS Risk Screen (5 of 8)

Notice there are 8 pages for this tab.

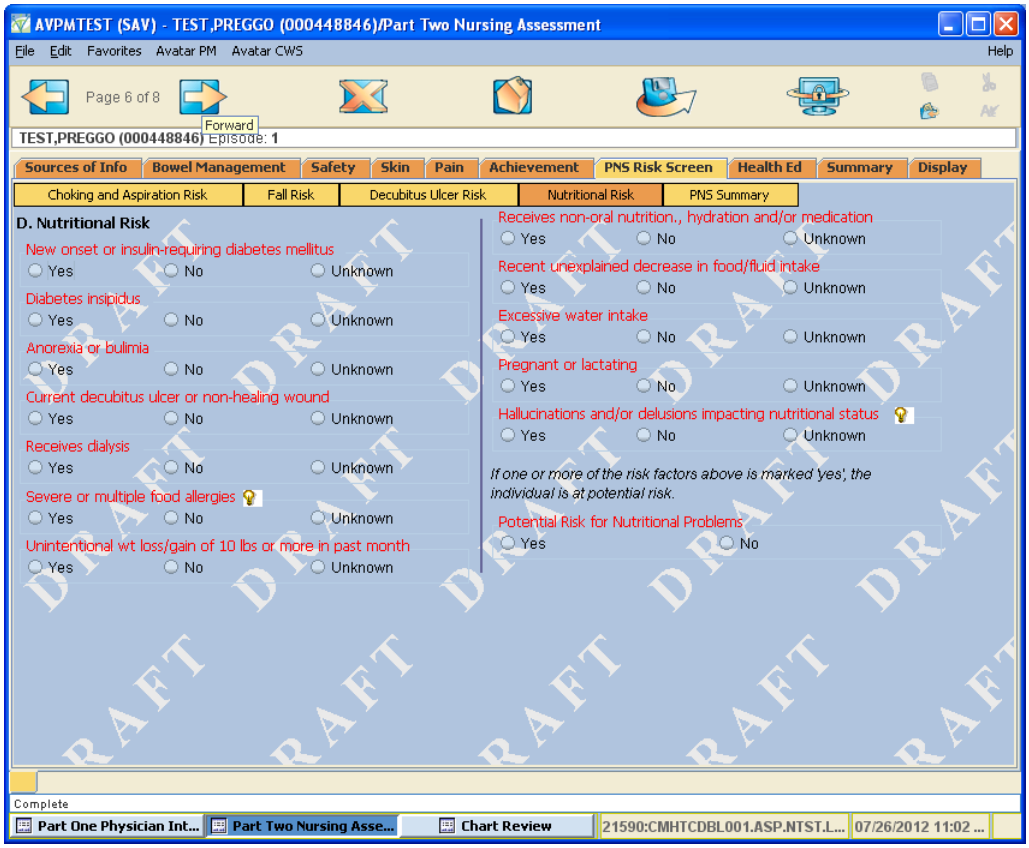


Field Name	***Instruction***
Confined to bed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Requires use of a wheelchair for mobility	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
(Any) history of a pressure ulcer	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Observation of reddened areas over bony prominence	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Incontinence	This is a required field. Indicate the correct answer by clicking

	in the radio button to the left of the appropriate response.
Potential Risk for Decubitus Ulcer?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. When the answer is 'Yes', the following things happen: A pop-up message displays that reads "Decubitus Ulcer Risk Assessment is indicated. Immediately notify the Physician/APRN and Unit Charge Nurse". Click "OK" to proceed. The "Decubitus Ulcer?" risk indicator is set to 'Yes' on the PNS Summary screen (page 7).

Tab Name – PNS Risk Screen (6 of 8)

Notice there are 8 pages for this tab.

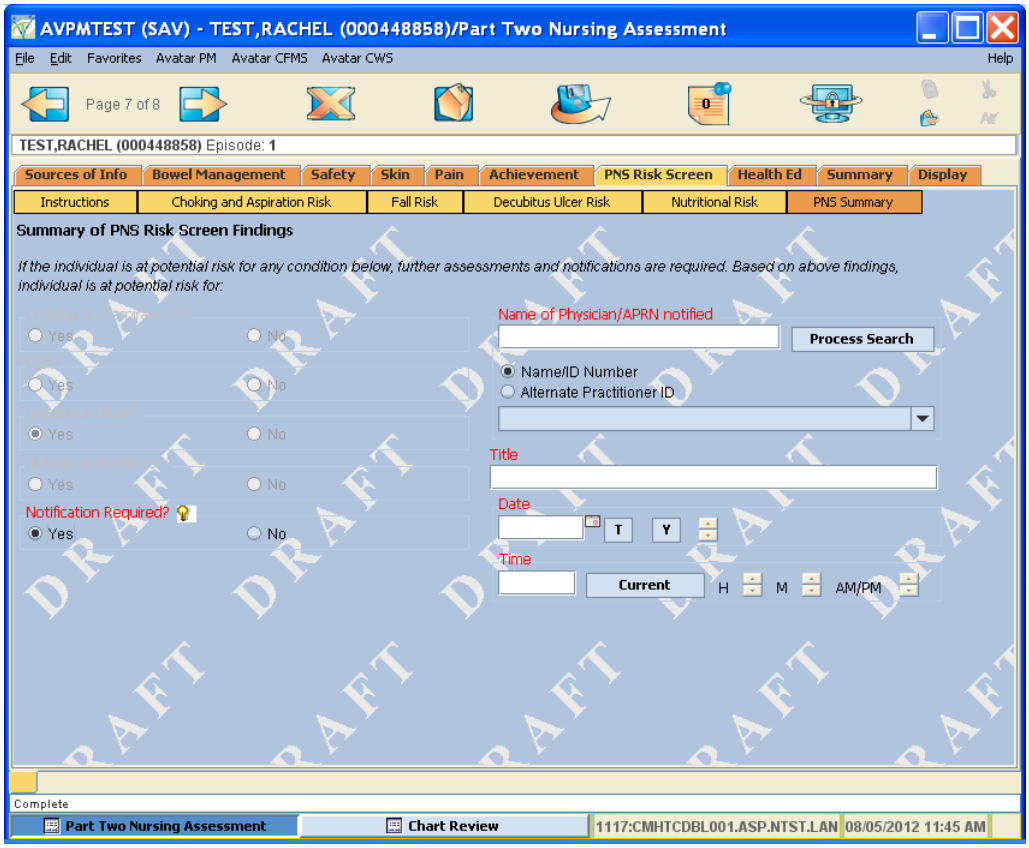


Field Name	***Instruction***
New onset or insulin requiring diabetes mellitus	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Diabetes insipidus	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Anorexia or bulimia	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Current decubitus ulcer or non-healing wound	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Receives dialysis	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Severe or multiple food allergies	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Severe or multiple food allergies	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Unintentional wt loss/gain of 10 lbs or more in past month	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Receives non-oral nutrition, hydration and/or medication	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Recent unexplained decrease in food/fluid intake	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Excessive water intake	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Pregnant or lactating	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hallucinations and/or delusions impacting nutritional status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Hallucinations and/or delusions impacting nutritional status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Potential Risk for Nutritional Problems	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. When the answer is 'Yes', the following things happen: A pop-up message displays that reads "Nutrition Assessment is indicated. Immediately notify the Physician/APRN, Unit Charge Nurse, and Dietician". Click "OK" to proceed. The "Nutritional Problems?" risk indicator is set to 'Yes' on the PNS Summary screen (page 7).

Tab Name – PNS Risk Screen (7 of 8)

Notice there are 8 pages for this tab.

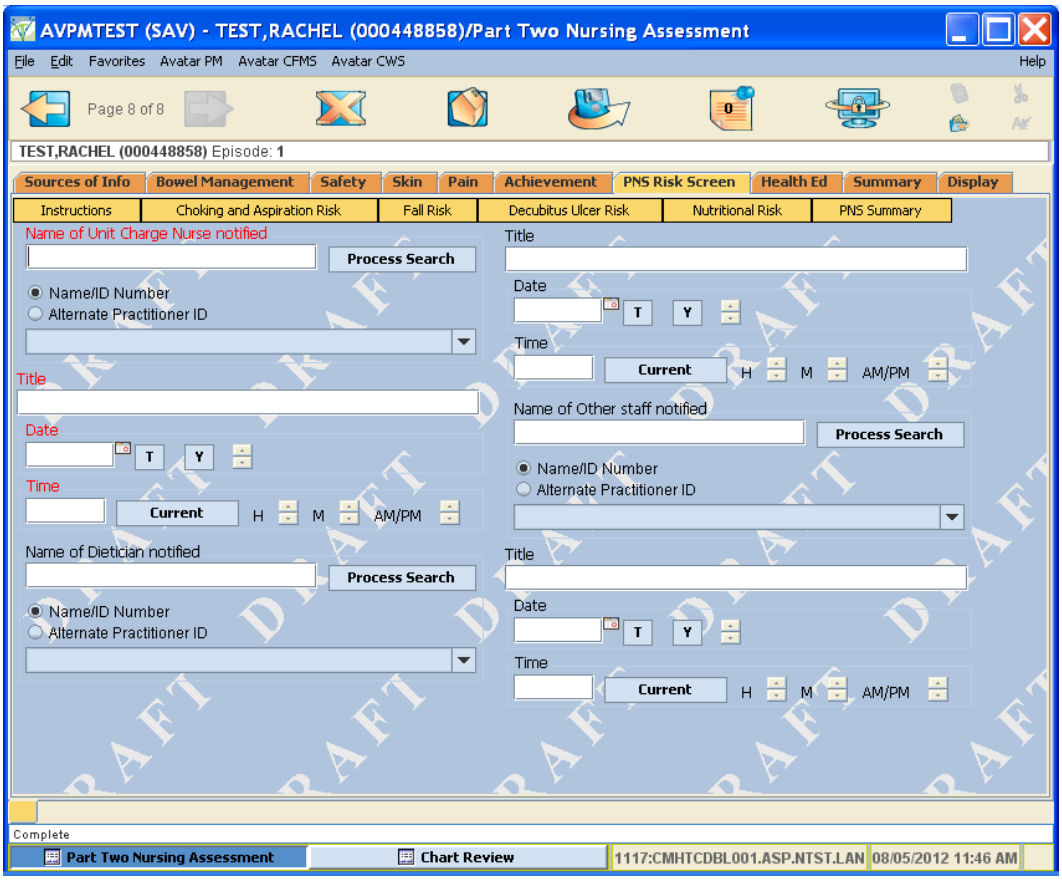


Field Name	***Instruction***
Summary of PNS Risk Screen Findings	This provides an overall look at risks identified for the individual. The radio buttons are filled-in based on the answers previously entered on the screens in the PNS Risk Screens tab
Choking and aspiration?	This radio button defaults from the answer provided on the “Potential for Choking/Aspiration” field on page 3.
Falls?	This radio button defaults from the answer provided on the “Potential Risk for Falls?” field on page 4.
Decubitus Ulcer?	This radio button defaults from the answer provided on the “Potential Risk for Decubitus Ulcer?” field on page 5.
Nutritional Problems?	This radio button defaults from the answer provided on the

	"Potential Risk for Nutritional Problems?" field on page 6.
Notification Required?	This is a required field. The answer will default to 'Yes' if there are any positive risk indicator radio buttons set to 'Yes'. It will default to 'No' if risk factor indicator radio buttons are set to 'No'. If the risk indicators are originally set to 'Yes' and then change to 'No', then "Notification Required?" will not automatically change to 'No' and will need to be manually changed to 'No' on this screen.
Notification Required?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Name of Physician/APRN notified	This field becomes required when the answer to "Notification Required?" is 'Yes'. Enter the first few characters of the provider's/APRN's last name and click on the Process Search button. A list of potential name matches will display. Click on the appropriate provider's/APRN's name to populate the field.
Title	Enter the title of the provider entered into the "Name of Physician/APRN notified" field above.
Date	Enter the date that the provider/APRN was notified in this field.
Time	Enter the time that the provider/APRN was notified in this field.

Tab Name – PNS Risk Screen (8 of 8)

Notice there are 8 pages for this tab.

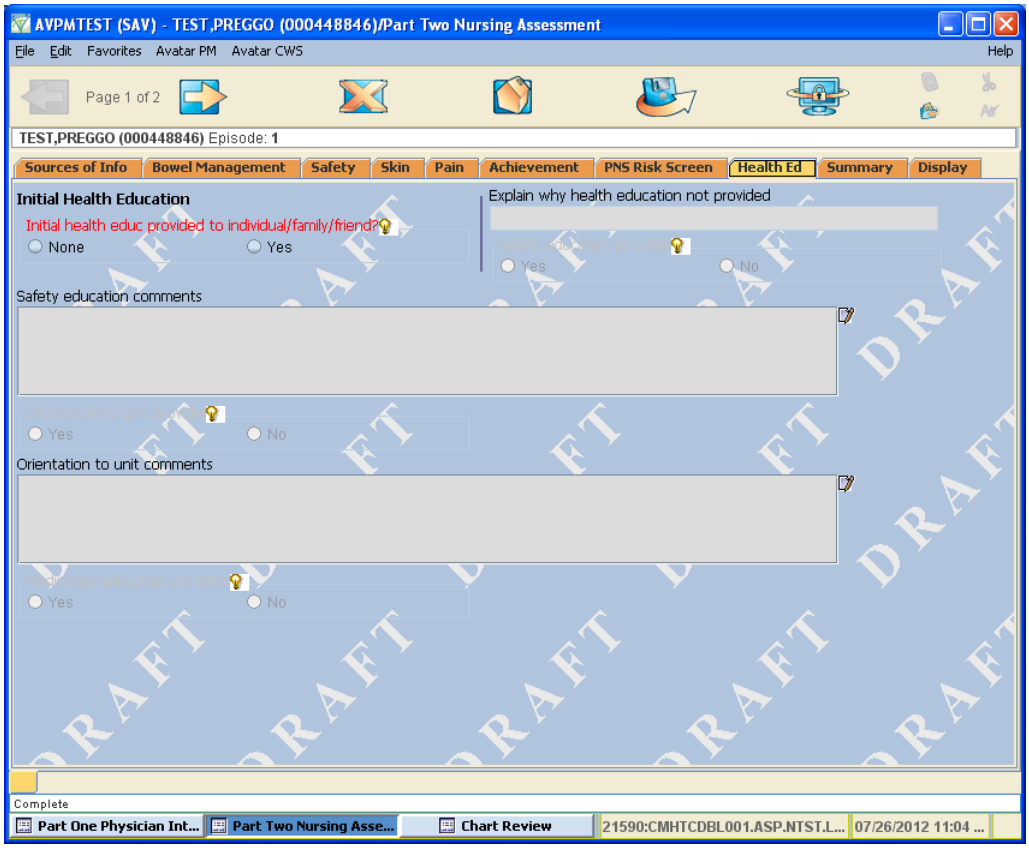


Field Name	***Instruction***
Name of Unit Charge Nurse notified	This field becomes required when the answer to “Notification Required?” is ‘Yes’. Enter the first few characters of the Unit Charge Nurse’s last name and click on the Process Search button. A list of potential name matches will display. Click on the appropriate unit charge nurse’s name to populate the field.
Title	Enter the title of the unit charge nurse entered into the “Name of Unit Charge Nurse notified” field above.
Date	Enter the date the unit charge nurse was notified in this field.
Time	Enter the time the unit charge nurse was notified in this field.

Name of Dietician notified	This field becomes required when the answer to “Potential Risk for Nutritional Problems” is ‘Yes’ and the “Decubitus Ulcer?” indicator is set to ‘Yes’. Enter the first few characters of the Dietician’s last name and click on the Process Search button. A list of potential name matches will display. Click on the appropriate dietician’s name to populate the field.
Title	Enter the title of the dietician entered into the “Name of Dietician notified” field above.
Date	Enter the date the dietician was notified in this field.
Time	Enter the time the dietician was notified in this field.
Name of Other staff notified	This field is always enabled to allow entry of other staff notified. Enter the first few characters of the staff member’s last name and click on the Process Search button. A list of potential name matches will display. Click on the appropriate staff member’s name to populate the field.
Title	Enter the title of the staff member entered into the “Name of Other staff member notified” field above.
Date	Enter the date the other staff member was notified in this field.
Time	Enter the time the other staff member was notified in this field.

Tab Name –Health Ed (1 of 2)

Notice there are 2 pages for this tab.

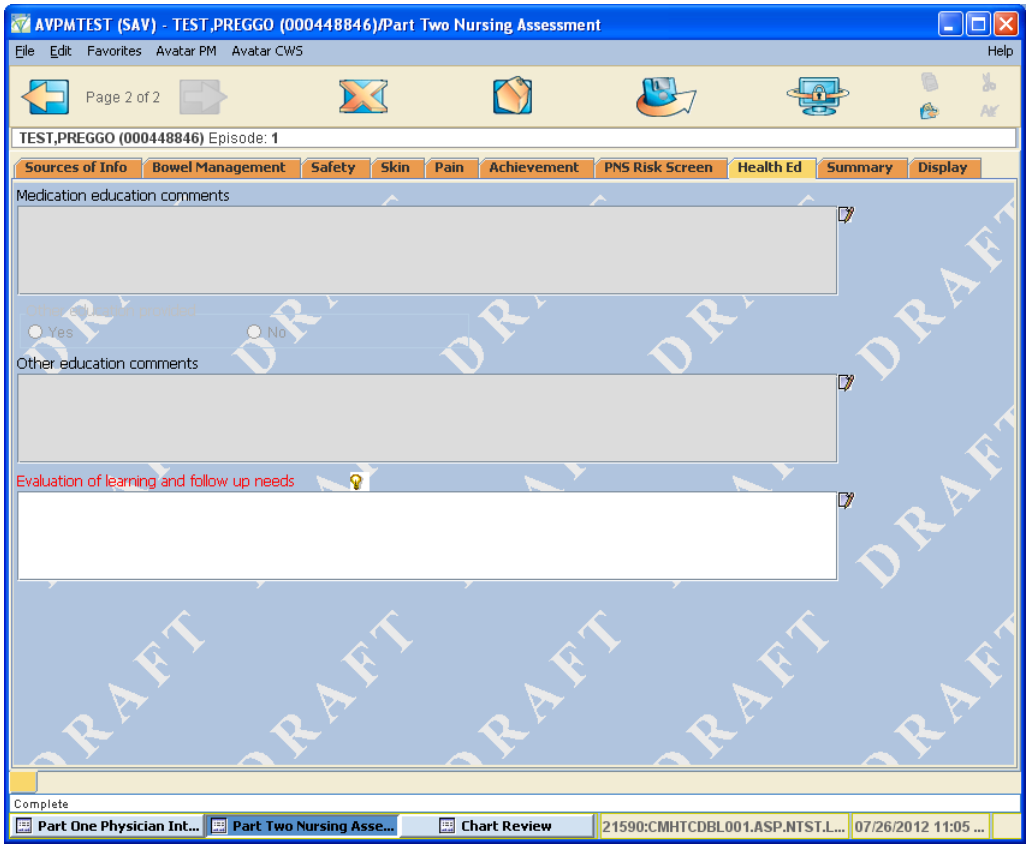


Field Name	***Instruction***
Initial health educ provided to individual/family/friend?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why health education not provided	This field becomes required when the answer to “Initial health educ provided to individual/family/friend?” is ‘No’. Enter the reason that health education was not provided for the individual in this field.
Safety education provided	This field becomes required when the answer to “Initial health educ provided to individual/family/friend?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Safety education provided	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Safety education comments	This field becomes required when the answer to “Safety education provided” is ’Yes’. Enter all comments about the safety education provided to the individual in this field.
Orientation to unit provided	This field becomes required when the answer to “Initial health educ provided to individual/family/friend?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Orientation to unit provided	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Orientation to unit comments	This field becomes required when the answer to “Orientation to Unit provided” is ’Yes’. Enter all comments about the orientation to unit provided to the individual in this field.
Medication education provided	This field becomes required when the answer to “Initial health educ provided to individual/family/friend?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Medication education provided	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Health Ed (2 of 2)

Notice there are 2 pages for this tab.

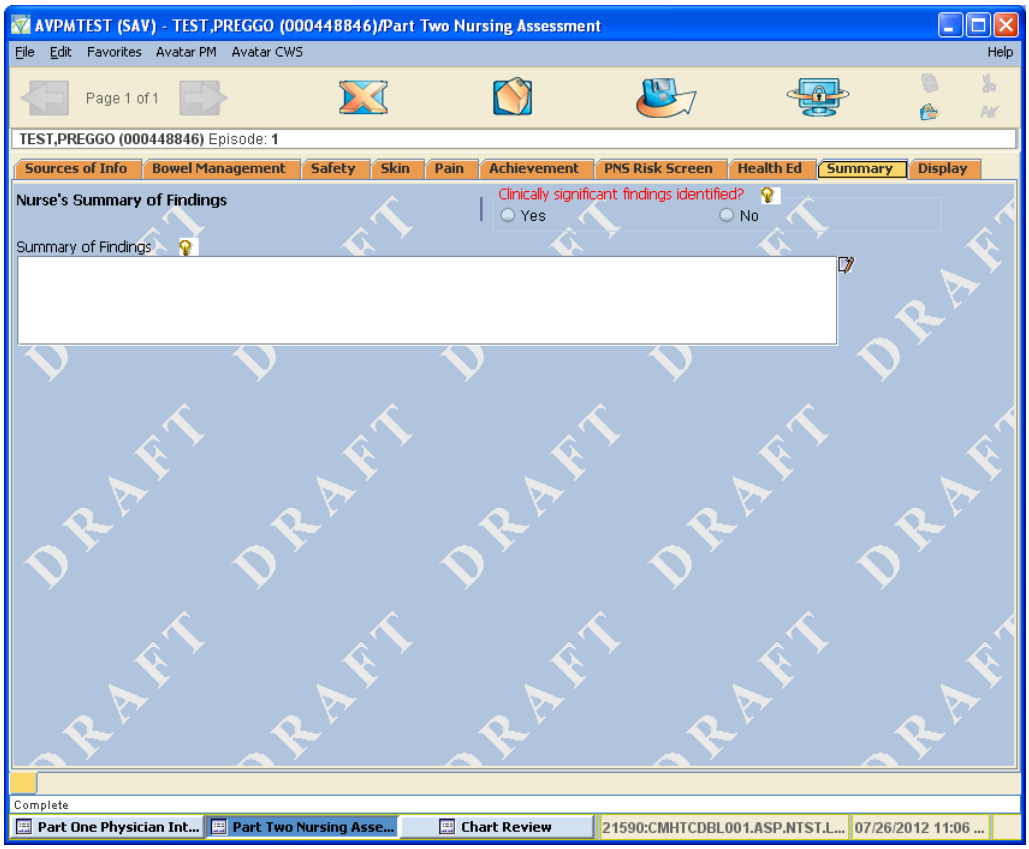


Field Name	***Instruction***
Medication education comments	This field becomes required when the answer to “Medication education provided” is ’Yes’. Enter all comments about the medication education provided to the individual in this field.
Other education provided	This field becomes required when the answer to “Initial health educ provided to individual/family/friend?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other education comments	This field becomes required when the answer to “Other education provided” is ’Yes’. Enter all comments about the other education provided to the individual in this field.
Evaluation of learning and	This is a required field. Enter the evaluation of the individual’s learning and follow up needs for the education provided to the

follow up needs	individual in this field.
Evaluation of learning and follow up needs	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name –Summary (1 of 1)

Notice there is 1 page for this tab.



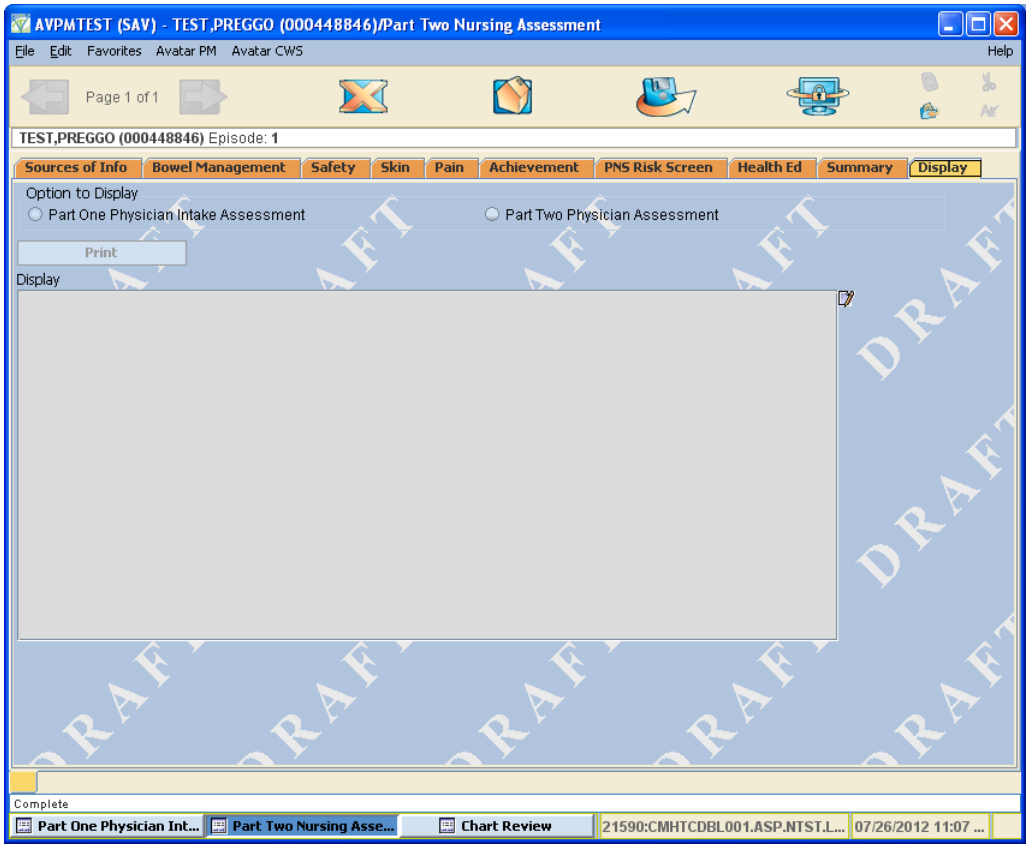
Field Name	***Instruction***
Clinically significant findings identified?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Clinically significant findings identified?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Summary of Findings	This field is an optional field that is always enabled so that information may be entered at all times. This field becomes required when the answer to “Clinically significant findings identified?” is ‘Yes’. Enter the summary of the clinically significant findings for the individual in this field.
Summary of Findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

**** If all the information was not obtained in the first administration of this assessment, then a second entire assessment should be done, or a progress note completed, as appropriate.**

Tab Name –Display (1 of 1)

Notice there is 1 page for this tab.



This Display Tab allows the Registered Nurse to view previously entered Part One: Physician Intake Assessment and/or Part Two: Physician Assessment for the individual. Just click in the radio button to the left of the assessment and all previously entered Part Ones or Part Twos for the individual will display and can be reviewed by moving the scroll bar up and down on the right of the window.

If needed, this information can be printed by clicking on the “Print Button” just above the display window.

How Do I Save a Integrated Admission Assessment Part Two: Nursing Assessment?

If the Admission Assessment Part Two is to be saved in ‘Draft’ status, then position the mouse pointer over the Submit icon and single click the left mouse button.

If the Admission Assessment Part Two is ready to be saved in 'Final' status (all information is entered and verified as accurate and correct), then click on the Sources of Information Tab, and then click on the right arrow to go to page 2 of the Sources of Information Tab. Click in the radio button to the left of 'Final' in the "Status" field. A pop up message will display that reads "Selecting Final prevents future edits". Click OK. Then position the mouse pointer over the Submit icon and single click the left mouse button.

NOTE: If there are any required fields that have not had information entered when Final is selected in the Status field, a pop up message will display that reads "The following required object(s) do not contain information:" All fields that need to be answered are listed in the pop up message window. Click OK and another pop up message displays that reads " "Final" cannot be selected until all of the required objects in the option contain information". Click OK, complete all required fields and re-save as instructed above.

How Do I Edit Integrated Admission Assessment Part Two: Nursing Assessment?

The Admission Assessment Part Two: Nursing Assessment may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Admission Assessment → Part Two: Nursing Assessment

Double click on the Part Two: Nursing Assessment that needs to be edited.

Selected Part Two: Nursing Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Integrated Admission Assessment Part Two: Nursing Assessment report?

See instructions in the Integrated Admission Assessment: Running the Report manual.

How Do I Exit Integrated Admission Assessment Part Two: Nursing Assessment?

Position the mouse pointer over the Close icon and single click the left mouse button.

Review of Integrated Admission Assessment

Purpose

The Admission Assessment is a comprehensive picture of the circumstances from whence the individual originates as well as the precipitating conditions and factors that preceded the individual presenting for possible hospitalization.

Overview

The “Admission Assessment” is completed by nursing and medical staff. The Admission Assessment is comprised of multiple parts. Part One is completed by the Admissions Physician/APRN/Intern/Resident for everyone who presents to the Admissions Areas at time of evaluation. This section is signed by the Admissions Physician/APRN/Intern/Resident. Part Two is completed by the physician/APRN/intern/resident and RN for individuals who are placed in Temp Obs or admitted to the hospital. Part Two has a first section called “Physician Assessment” and is completed and signed by the Physician/APRN/Intern/Resident. This is followed by a second section called “Nursing Assessment” which is completed by a Registered Nurse within 8 hours of individual being placed in Temp Obs or admitted to the hospital. This time requirement does not apply to the sub-section “Personal Safety Interview”, which is to be completed within 24 hours of being admitted to the hospital. Sub-sections in the “Nursing Assessment” that are unable to be assessed within the 8 hours will be documented as such with reason for inability to assess. These sections can be assessed at a later time when possible. This “Nursing Assessment” section is signed by the RN who completed the assessment.

For any areas unable to be assessed by initial user, we will not use the addendum methodology for a second user to complete or add more information. Instead, the second user will either initiate a new Admission Assessment or will document the additional information in a progress note.

For individuals who are admitted to the hospital, the information gathered in the Admission Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Admission Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Nurse”, “RPT Facilitator”, and “Psychologist”.

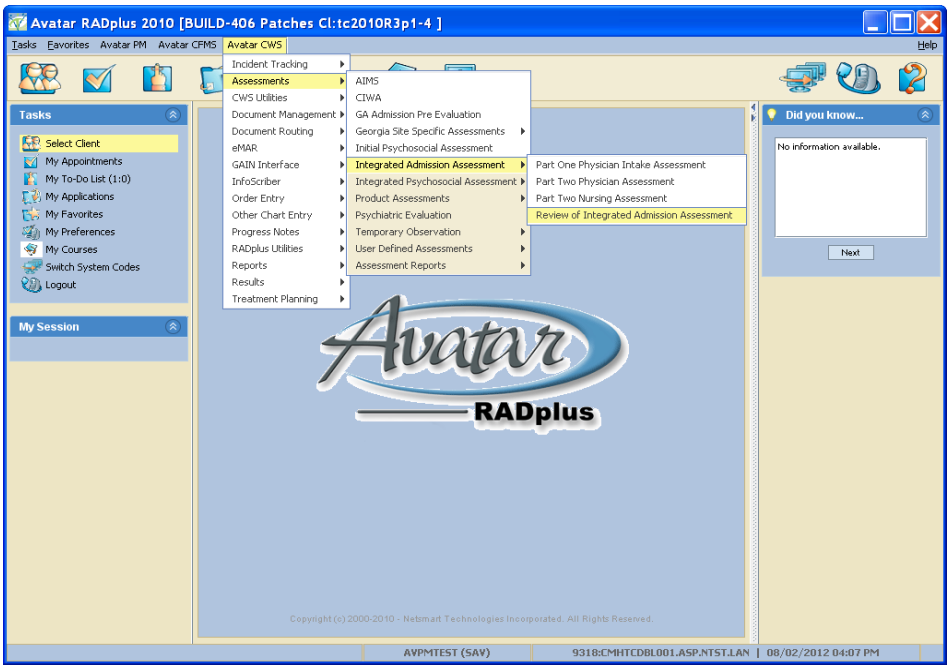
Prerequisites

- The Admission Assessment Part One: Physician Intake; Admission Assessment Part Two: Physician Assessment and Admission Assessment Part Two: Nursing Assessment must be completed in Avatar.

Procedures

How Do I Launch a Review Integrated Admission Assessment in Avatar?

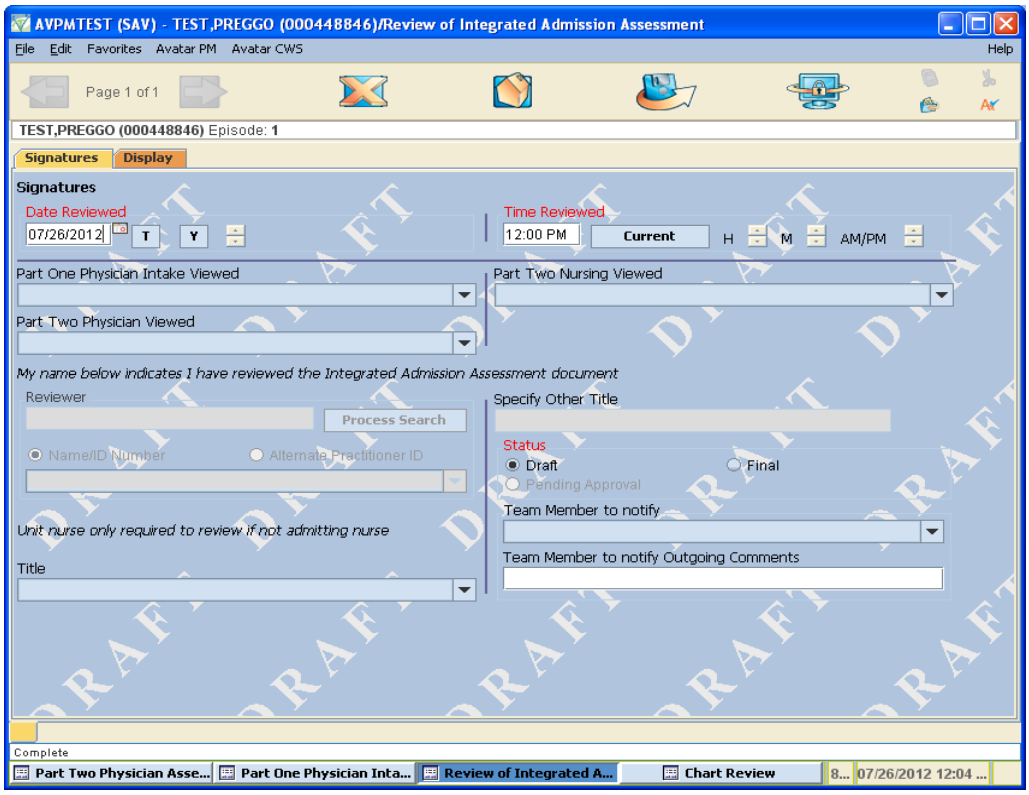
Menu Path - Avatar CWS → Assessments→Integrated Admission Assessment → Review Integrated Admission Assessment



How Do I Enter/Complete a New Review Integrated Admission Assessment?

Tab Name - Signatures (1 – 1)

Notice there is 1 page for this tab.

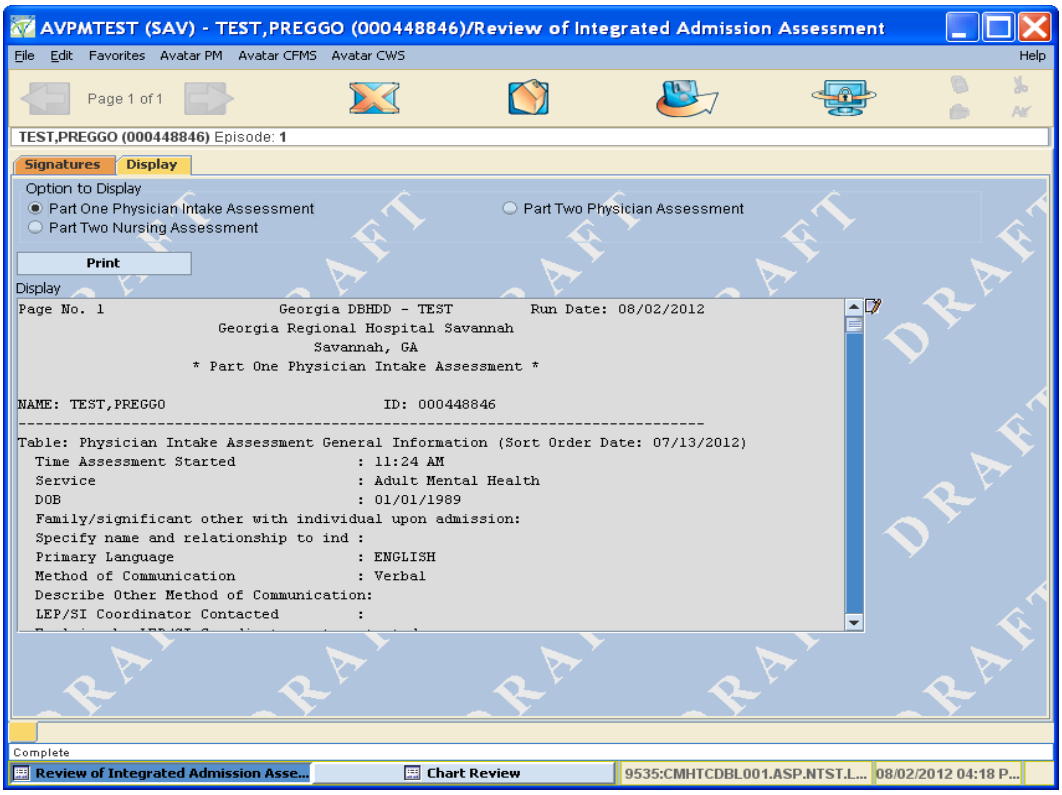


Field Name	***Instruction***
Date Reviewed	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Reviewed	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Part One Physician Intake Viewed	Select the appropriate Part One: Physician Intake that was reviewed on the Display Tab from the drop down in this field.
Part Two Physician Viewed	Select the appropriate Part Two: Physician Assessment that was reviewed on the Display Tab from the drop down in this field.

Part Two Nursing Viewed	Select the appropriate Part Two: Nursing Assessment that was reviewed on the Display Tab from the drop down in this field.
Reviewer	This field will be populated with the Practitioner's name that is associated with the login for that session.
Title	This is a required field. Select the appropriate title from the drop down list in this field.
Specify Other Title	This field becomes required if the answer to "Title of Reviewer" is 'Other'. Enter the appropriate title for the practitioner in this field.
Status	This is a required field. Change the status to final after the review of the assessments has been completely reviewed.
Team Member to notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team Member to notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Display (1 – 1)

Notice there is 1 page for this tab.



This tab allows the Practitioner to view information entered into other assessments while completing the Review of Integrated Admission Assessment. This information viewed can also be printed by clicking on the "Print" button.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the "Part One Physician Intake Assessment", "Part Two Physician Assessment, and "Part Two Nursing Assessment". Click in the radio button to the left of the form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Review Integrated Admission Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Review Integrated Admission Assessment?

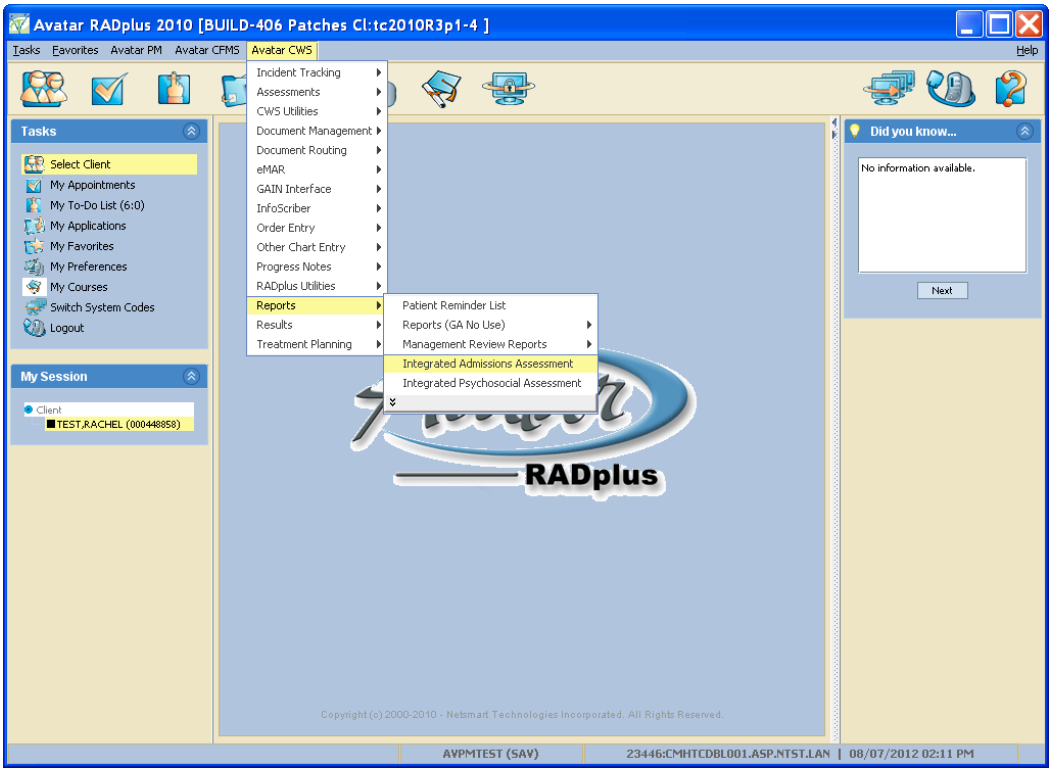
Menu Path - Avatar CWS → Assessments→Integrated Admission Assessment → Review Integrated Admission Assessment

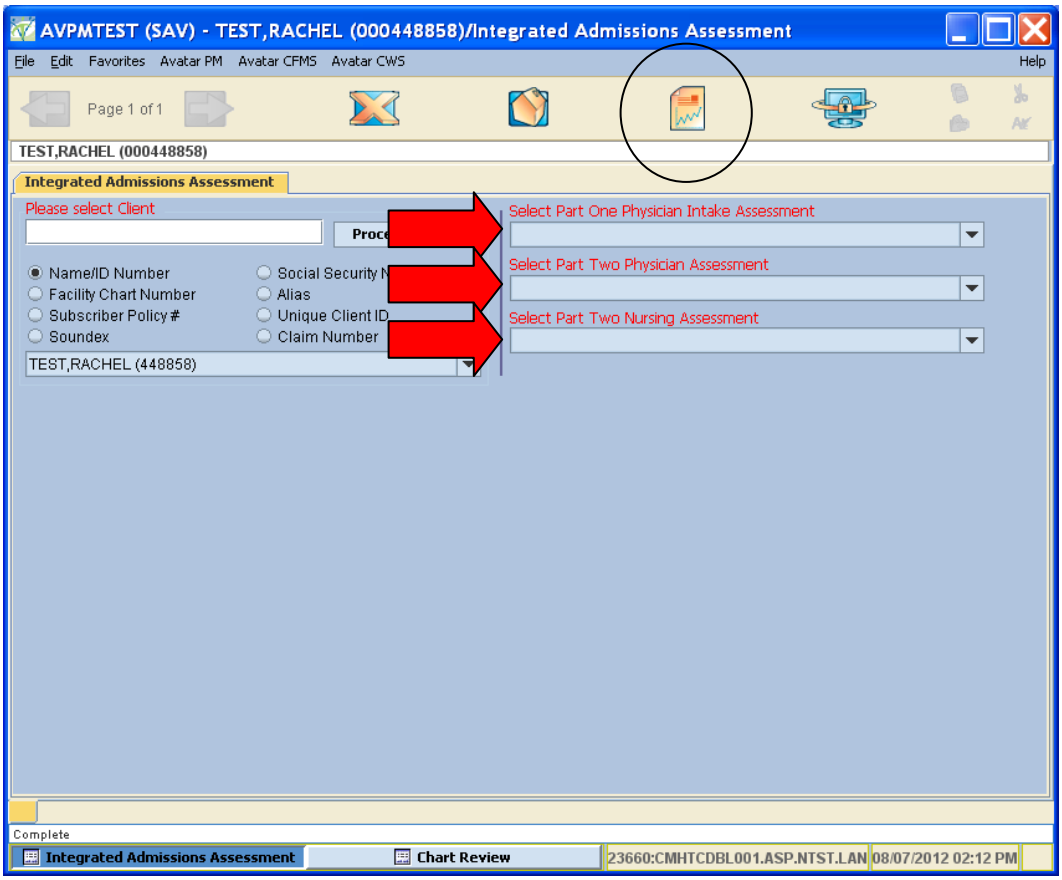
Double click on the Review that needs to be edited.

Selected Review Integrated Admission Assessment displays

How Do I Run the Review Integrated Admission Assessment report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment





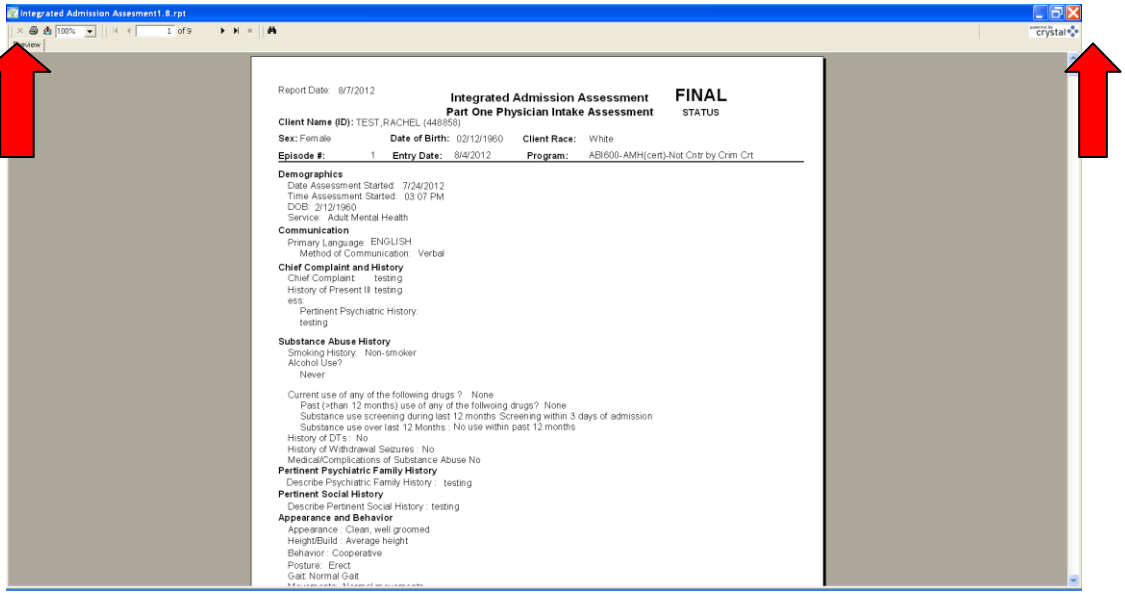
Select the appropriate Part One Physician Intake Assessment from the drop down field.

Select the appropriate Part Two Physician Assessment from the drop down field.

Select the appropriate Part Two Nursing Assessment from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Review Integrated Admission Assessment?

Position the mouse pointer over the Close icon and single click the left mouse button.

Integrated Admission Assessment Report

Purpose

The Integrated Admission Assessment Report provides one place to view the results of the 3 Sections that comprise the Integrated Admission Assessment:

1. Part One: Physician Intake
2. Part Two: Physician Assessment
3. Part Two: Nursing Assessment

Prerequisites

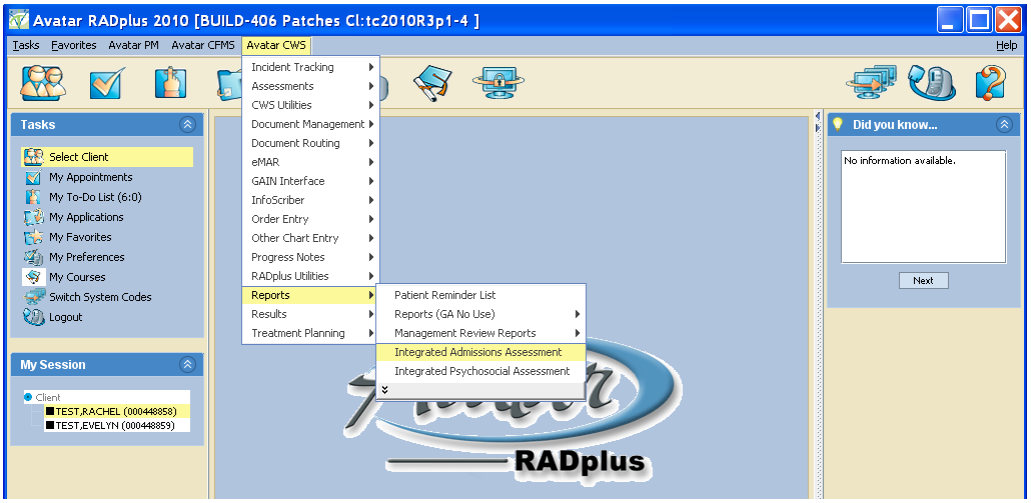
- The individual must have an open episode in Avatar.
- The individual must have the 3 sections listed above completed in Avatar.
- The staff member must have an active user id with access to the report in Avatar.

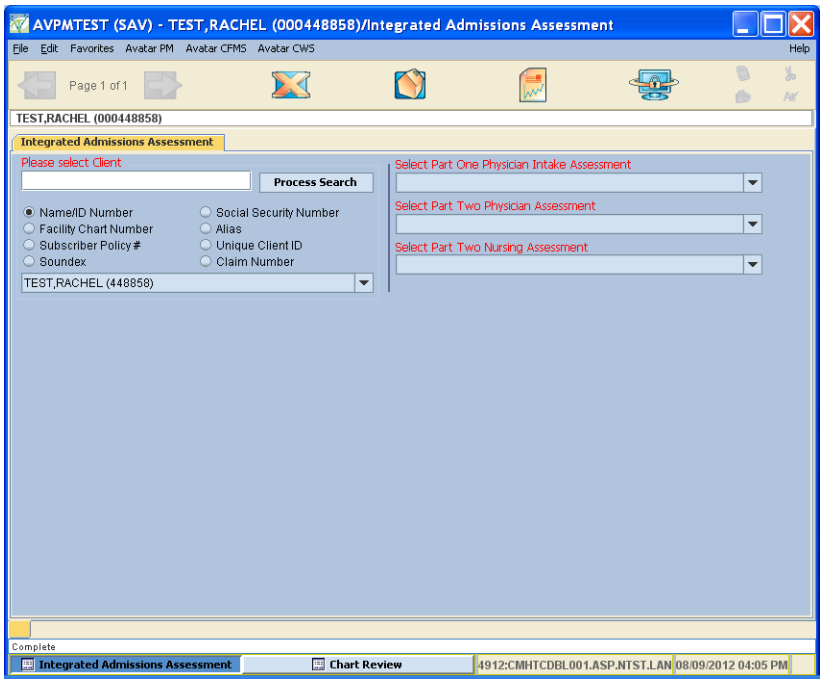
Procedures

How Do I Launch an Integrated Admission Assessment Report?

Select Client

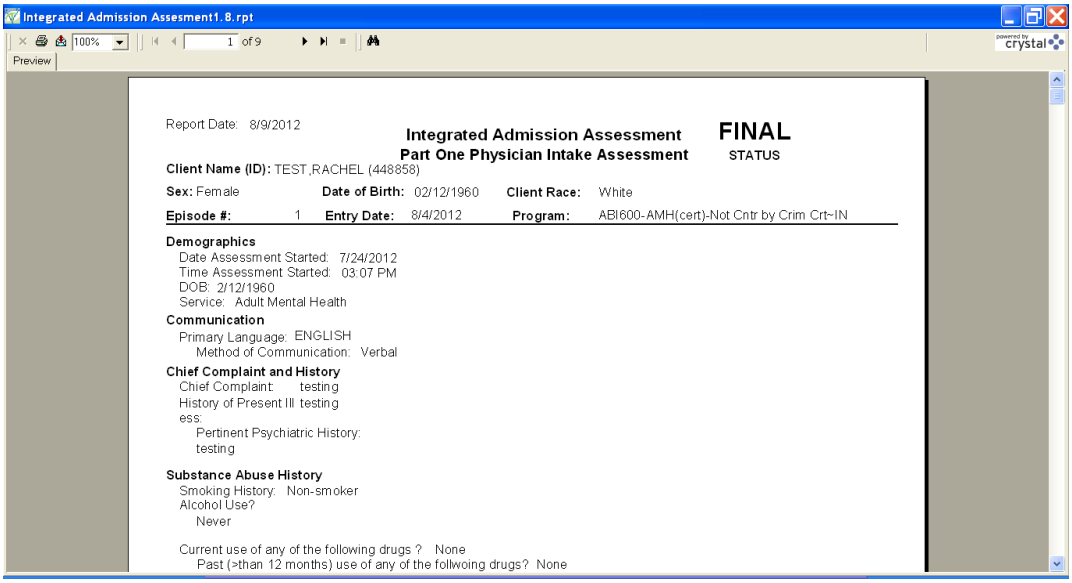
Menu Path: Avatar CWS → Reports → Integrated Admission Assessment





Field Name	***Instruction***
Select Part One Physician Intake Assessment	This is a required field. Click on the drop down arrow to display a list of Part One Physician Intake Assessments that have been completed for the individual. Click on the appropriate Part One Physician Intake Assessment to be included in the report.
Select Part Two Physician Assessment	This is an optional field, but must be populated for the Part Two Physician Assessment to be part of the report. Click on the drop down arrow to display a list of Part Two Physician Assessments that have been completed for the individual. Click on the appropriate Part Two Physician Assessment to be included in the report.
Select Part Two Nursing Assessment	This is an optional field, but must be populated for the Part Two Nursing Assessment to be part of the report. Click on the drop down arrow to display a list of Part Two Nursing Assessments that have been completed for the individual. Click on the appropriate Part Two Nursing Assessment to be included in the report.
	Click on the report icon to run the report.
NOTE	Be patient – this is a large report and may take a few minutes to run and display on the screen.

Sample Report



How Do I Exit the Integrated Admission Assessment Report?

To print the report prior to closing the screen, click on the printer icon in the top left corner of the screen.

To Exit the report without saving information: Position the mouse pointer over the red "X" in the upper right corner of the screen and single click the left mouse button.

Temporary Observation Health Service Technician Flow Sheet

Purpose

The Temporary Observation HST Flow Sheet is used to document the individual's status at least once every shift.

Overview

The Temporary Observation HST Flow Sheet is completed by the Health Service Technician at least once during every shift.

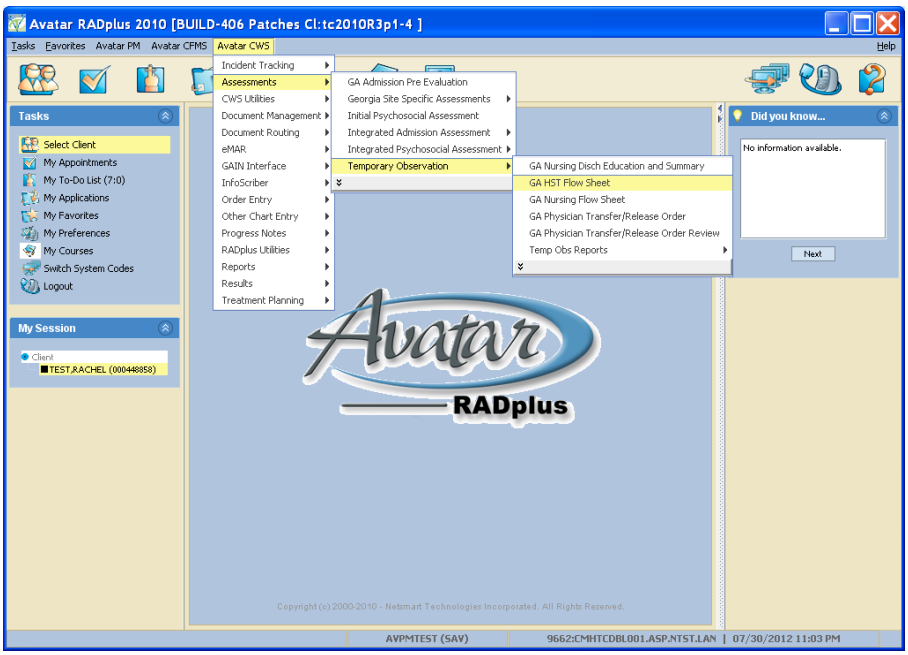
Prerequisites

- The individual must have an open episode in Avatar.
- The HST must have an active user id with access to the form in Avatar.

Procedures

How Do I Launch a Temporary Observation HST Flow Sheet in Avatar?

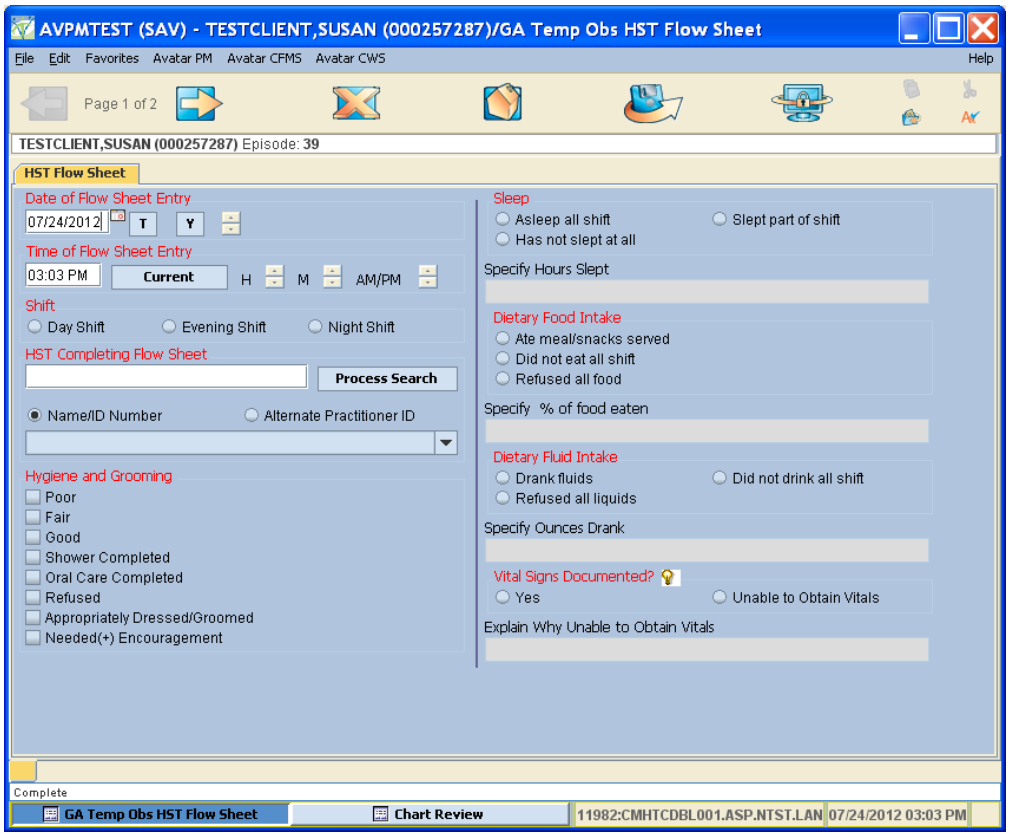
Menu Path: Avatar CWS → Assessments →Temporary Observation →GA Temp Obs HST Flow Sheet



How Do I Enter/Complete a New HST Flow Sheet?

Tab Name – HST Flow Sheet (1 of 2)

Notice there are 2 pages for this tab.

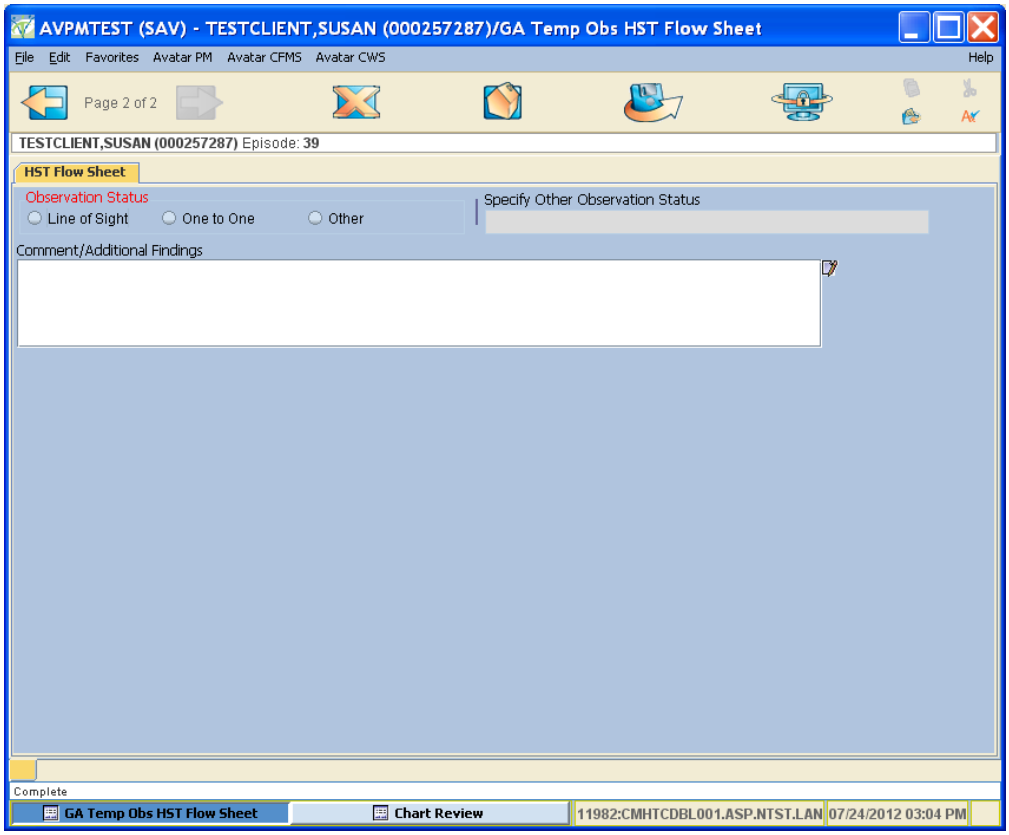


Field Name	***Instruction***
Date of Flow Sheet Entry	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time of Flow Sheet Entry	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Shift	This is a required field. Indicate the correct shift by clicking in the radio button to the left of the appropriate response.
HST Completing Flow	This is a required field and the HST's name associated to the

Sheet	login will default into this field.
Hygiene and Grooming	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Sleep	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Hours Slept	This field becomes required when the answer to “Sleep” is ‘Slept part of shift’. Enter the number of hours the individual slept during the shift in this field.
Dietary Food Intake	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify % of food eaten	This field becomes required when the answer to “Dietary Food Intake” is ‘Ate meals/snacks served’. Indicate the percentage of food eaten in this field.
Dietary Fluid Intake	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Ounces drank	This field becomes required when the answer to “Dietary Fluid Intake” is ‘Drank Fluids’. Specify the amount of fluids in ounces in this field.
Vital Signs Documented?	This is a required field. To document vital signs, click on the hour glass shape in the upper right hand corner of the screen. This will open the vital signs screen. You can enter vital signs here. Save the vital signs and close the vital signs screen. Indicate the correct answer to this question by clicking in the radio button to the left of the response.
Vital Signs Documented?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain Why Unable to Obtain Vitals	This field is only required if the response to ‘Vital Signs Documented?’ is “Unable to obtain vitals”. Type the reason that vital signs were not able to be done.

Tab Name – HST Flow Sheet (2 of 2)

Notice there are 2 pages for this tab.



Field Name	***Instruction***
Observation Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Other Observation Status	This field becomes required when the answer to “Observation Status” is ‘Other’. Enter the Other type of observation for the individual in this field. Example: Two to One
Comment/Additional Findings	This is an optional field. Enter any data that is pertinent, but not captured elsewhere on the form.

How Do I Save a HST Flow Sheet?

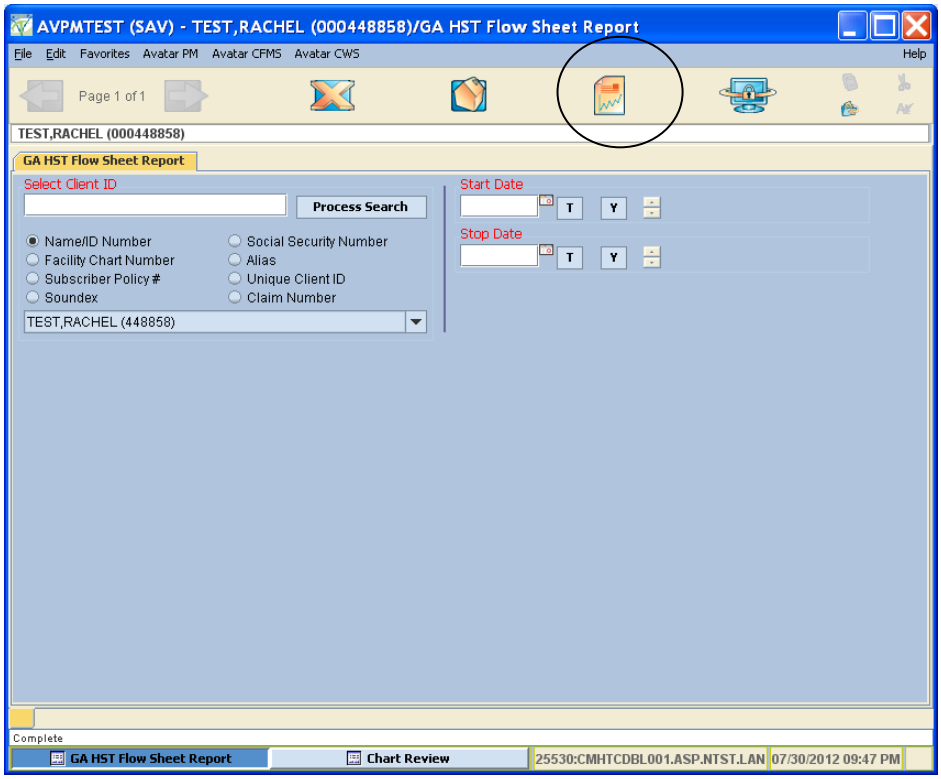
Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit HST Flow Sheet?

The HST Flow Sheet is never saved in Draft status. Therefore, once the information is saved, it is not able to be edited.

How Do I Run Report?

Menu Path to run the report: Avatar CWS → Assessments → Temporary Observation → Temporary Observation Reports → GA HST Flow Sheet

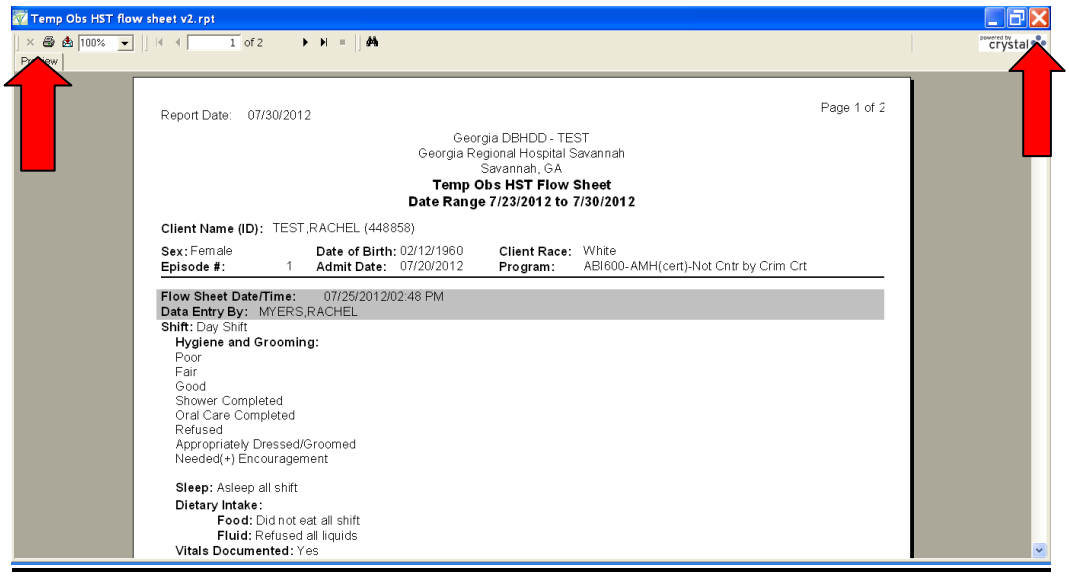


1. Position the mouse pointer in the “Start Date” field. Enter the start date for the HST Flow Sheet to display.

2. Position the mouse pointer in the “Stop Date” field. Enter the stop date for the HST Flow Sheet to display.

3. Position the mouse pointer over the report icon to run the GA HST Flow Sheet report.

Sample Report



When done reviewing report, it can be printed or closed to return to Avatar.

How Do I Exit HST Flow Sheet?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

GA Nursing Flow Sheet

Purpose

The Temporary Observation (GA) Nursing Flow Sheet is used to document the individual's status every 4 hours.

Overview

Overview The Temporary Observation (GA) Nursing Flow Sheet is completed by the Registered Nurse every four (4) hours.

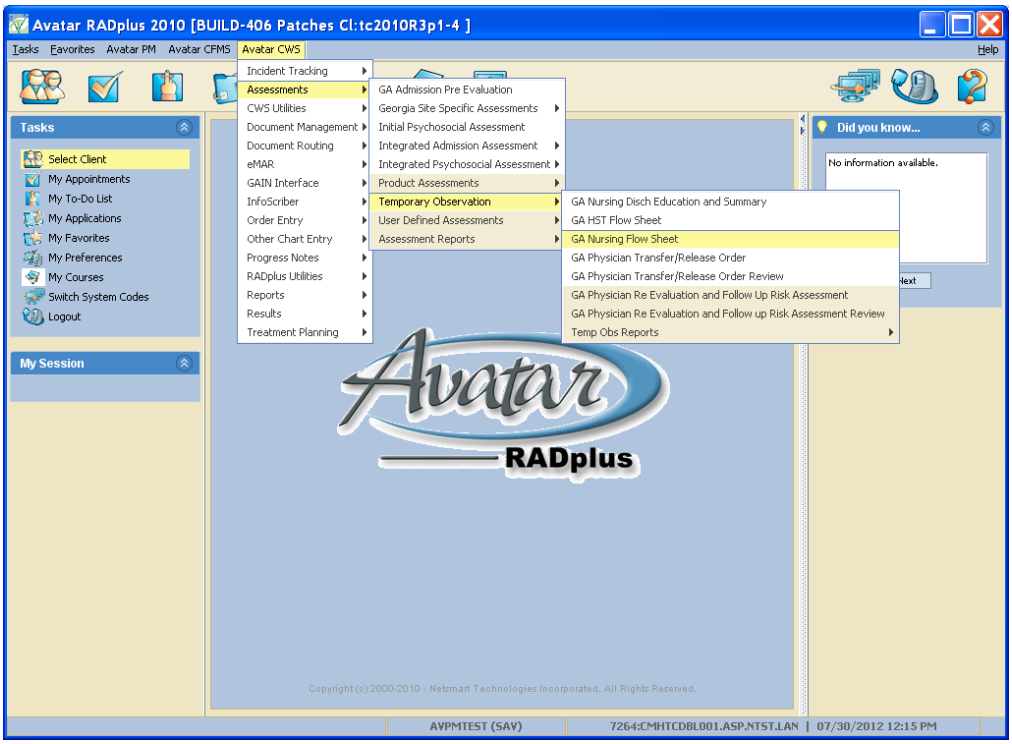
Prerequisites

- The individual must have an open episode in Avatar
- The staff member must have an active user id with access to the form in Avatar

Procedures

How Do I Launch a GA Nursing Flow Sheet in Avatar?

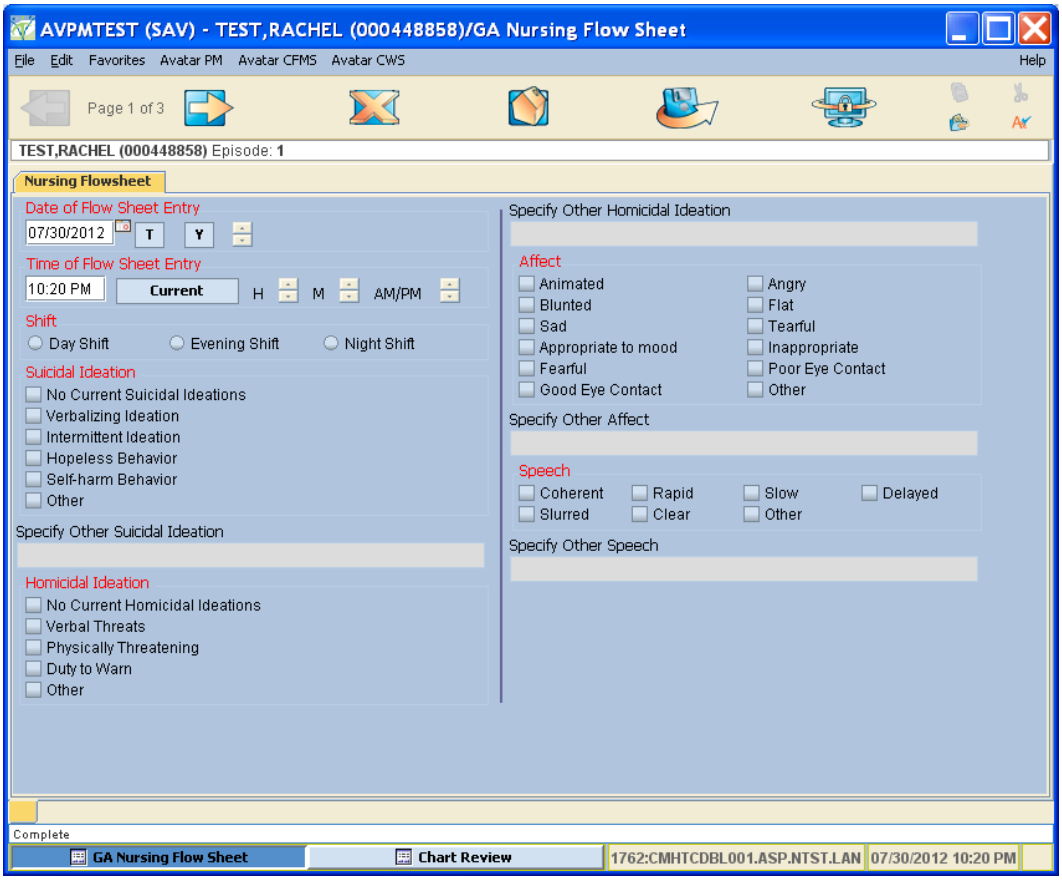
Menu Path - Avatar CWS → Assessments → Temporary Observation → GA Nursing Flow Sheet


Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks Favorites Avatar PM Avatar CFMS Avatar CWS Help
Incident Tracking
Assessments
CWS Utilities
Document Management
Document Routing
eMAR
GAIN Interface
InfoScriber
Order Entry
Other Chart Entry
Progress Notes
RADplus Utilities
Reports
Results
Treatment Planning
GA Admission Pre Evaluation
Georgia Site Specific Assessments
Initial Psychosocial Assessment
Integrated Admission Assessment
Integrated Psychosocial Assessment
Product Assessments
Temporary Observation
User Defined Assessments
Assessment Reports
GA Nursing Disch Education and Summary
GA HST Flow Sheet
GA Nursing Flow Sheet
GA Physician Transfer/Release Order
GA Physician Transfer/Release Order Review
GA Physician Re Evaluation and Follow Up Risk Assessment
GA Physician Re Evaluation and Follow up Risk Assessment Review
Temp Obs Reports
Tasks
Select Client
My Appointments
My To-Do List
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Did you know...
No information available.
Avatar
RADplus
Copyright (c) 2000-2010 - Netsmart Technologies Incorporated. All Rights Reserved.
AVPMTEST (SAV)
7264:CMHTCDBL001.ASP.NTST.LAN | 07/30/2012 12:15 PM

How Do I Enter/Complete a New GA Nursing Flow Sheet?

Tab Name – Nursing Flow Sheet (1 of 3)

Notice there are 3 pages for this tab.

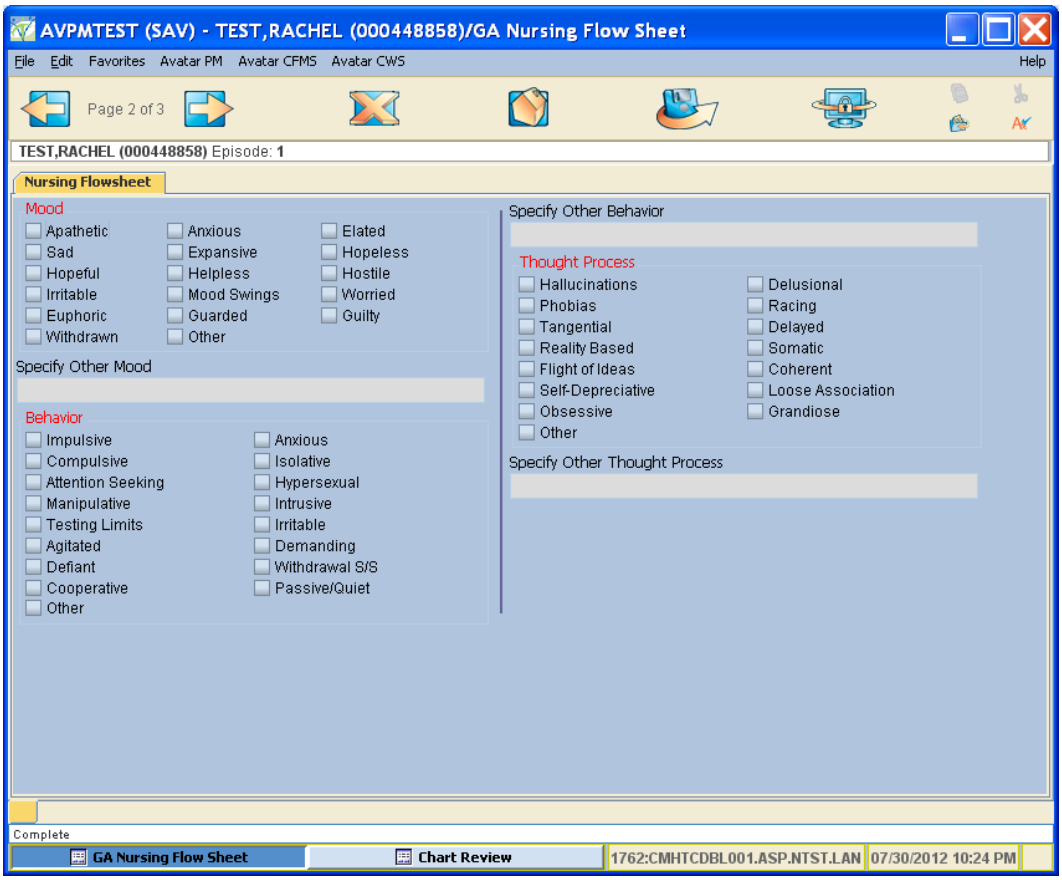


Field Name	***Instruction***
Date of Flow Sheet Entry	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time of Flow Sheet Entry	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.

Shift	This is a required field. Indicate the correct shift by clicking in the radio button to the left of the appropriate response.
Suicidal Ideation	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Suicidal Ideation	This field becomes required when the answer to “Suicidal Ideation” is ‘Other’. Specify the other suicidal ideation in this field.
Homicidal Ideation	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Homicidal Ideation	This field becomes required when the answer to “Homicidal Ideation” is ‘Other’. Specify the other homicidal ideation in this field.
Affect	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Affect	This field becomes required when the answer to “Affect” is ‘Other’. Specify the other affect in this field.
Speech	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Speech	This field becomes required when the answer to “Speech” is ‘Other’. Specify the other speech in this field.

Tab Name – Nursing Flow Sheet (2 of 3)

Notice there are 3 pages for this tab.

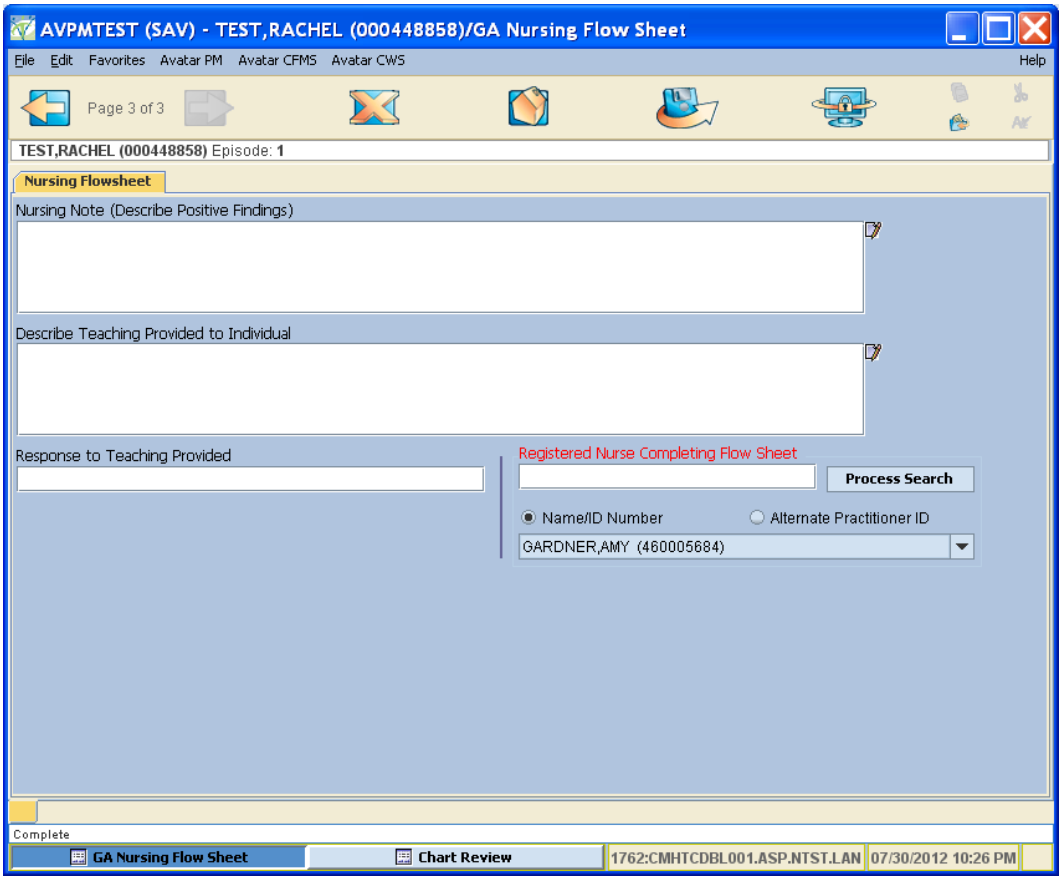


Field Name	***Instruction***
Mood	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Mood	This field becomes required when the answer to “Mood” is ‘Other’. Specify the other mood in this field.
Behavior	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Behavior	This field becomes required when the answer to “Behavior” is ‘Other’. Specify the other behavior in this field.

Thought Process	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Other Thought Process	This field becomes required when the answer to “Thought Process” is ‘Other’. Specify the other thought process in this field.

Tab Name – Nursing Flow Sheet (3 of 3)

Notice there are 3 pages for this tab.



Field Name	***Instruction***
Nursing Note (Describe Positive Findings)	This is an optional field. Enter all positive findings from the nursing check in this field.
Describe Teaching	This is an optional field. Enter information about any teaching

Provided to Individual	that was done with the individual in this field.
Response to Teaching Provided	This is an optional field. Enter the individual's response to the teaching provided in this field.
Registered Nurse Completing Flow Sheet	This is a required field and the Registered Nurse's name associated to the login will default into this field.

How Do I Save a GA Nursing Flow Sheet?

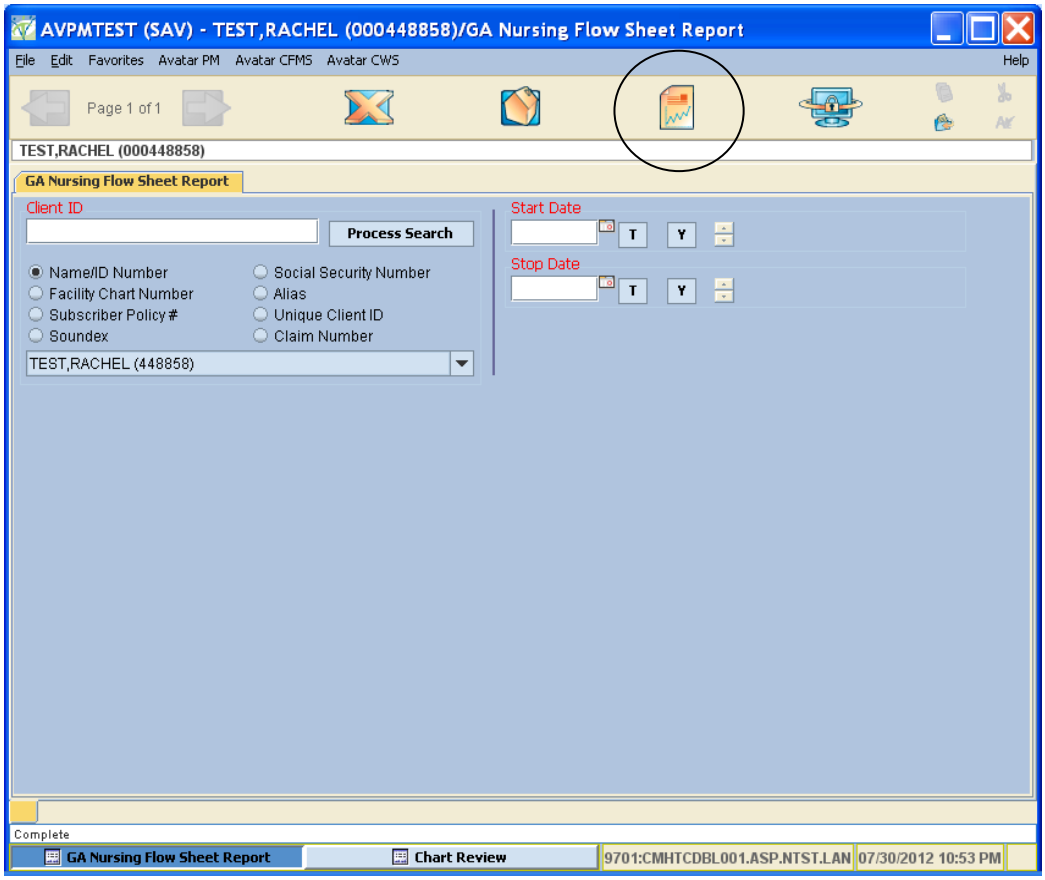
Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit GA Nursing Flow Sheet?

The Nursing Flow Sheet is never saved in Draft status. Therefore, once the information is saved, it is not able to be edited.

How Do I Run the GA Nursing Flow Sheet Report?

Menu Path to run the report: Avatar CWS → Assessments → Temporary Observation → Temporary Observation Reports → GA Nursing Flow Sheet Report

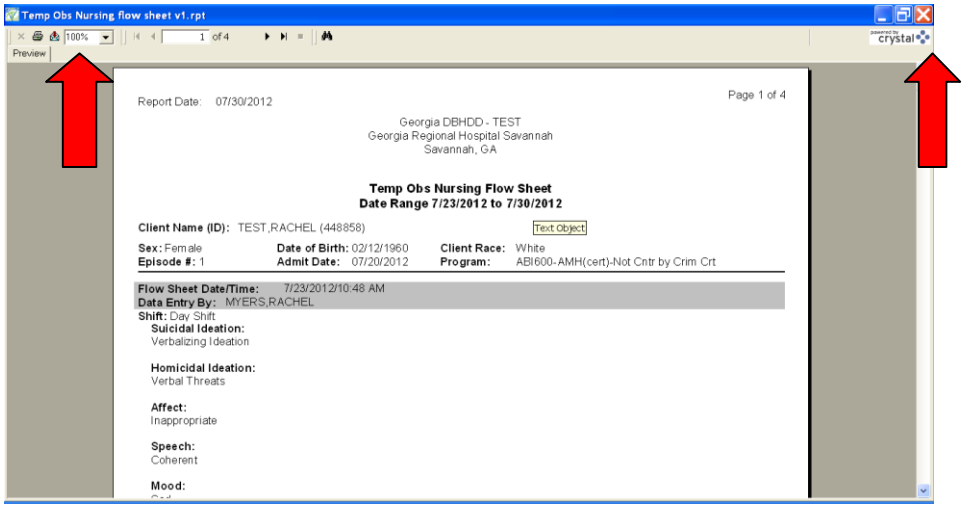


1. Position the mouse pointer in the “Start Date” field. Enter the start date for the Nursing Flow Sheet to display.

2. Position the mouse pointer in the “Stop Date” field. Enter the stop date for the Nursing Flow Sheet to display.

3. Position the mouse pointer over the report icon to run the GA Nursing Flow Sheet Report.

Sample Report



When done reviewing report, it can be printed or closed to return to Avatar.

How Do I Exit GA Nursing Flow Sheet?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

Physician Re-Evaluation and Follow-Up Risk Assessment

Purpose

The Temporary Observation Physician Re-Evaluation and Follow-Up Risk Assessment is used to assist the provider in determining the disposition of the individual who is currently in Temporary Observation.

Overview

The Temporary Observation Physician Re-Evaluation and Follow-Up Risk Assessment is completed by the Physician/APRN/Resident.

The information gathered in the Temporary Observation Physician Re-Evaluation and Follow-Up Risk Assessment will be used to determine the disposition of the individual. If the individual is admitted to the hospital, other practitioners in the hospital review this Temporary Observation Physician Re-Evaluation and Follow-Up Risk Assessment and apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Psychologist”, “Unit Nurse” and “RPT Facilitator”.

Prerequisites

- Individual must have an active episode in Avatar
- Staff member must have an active user id for Avatar

Procedures

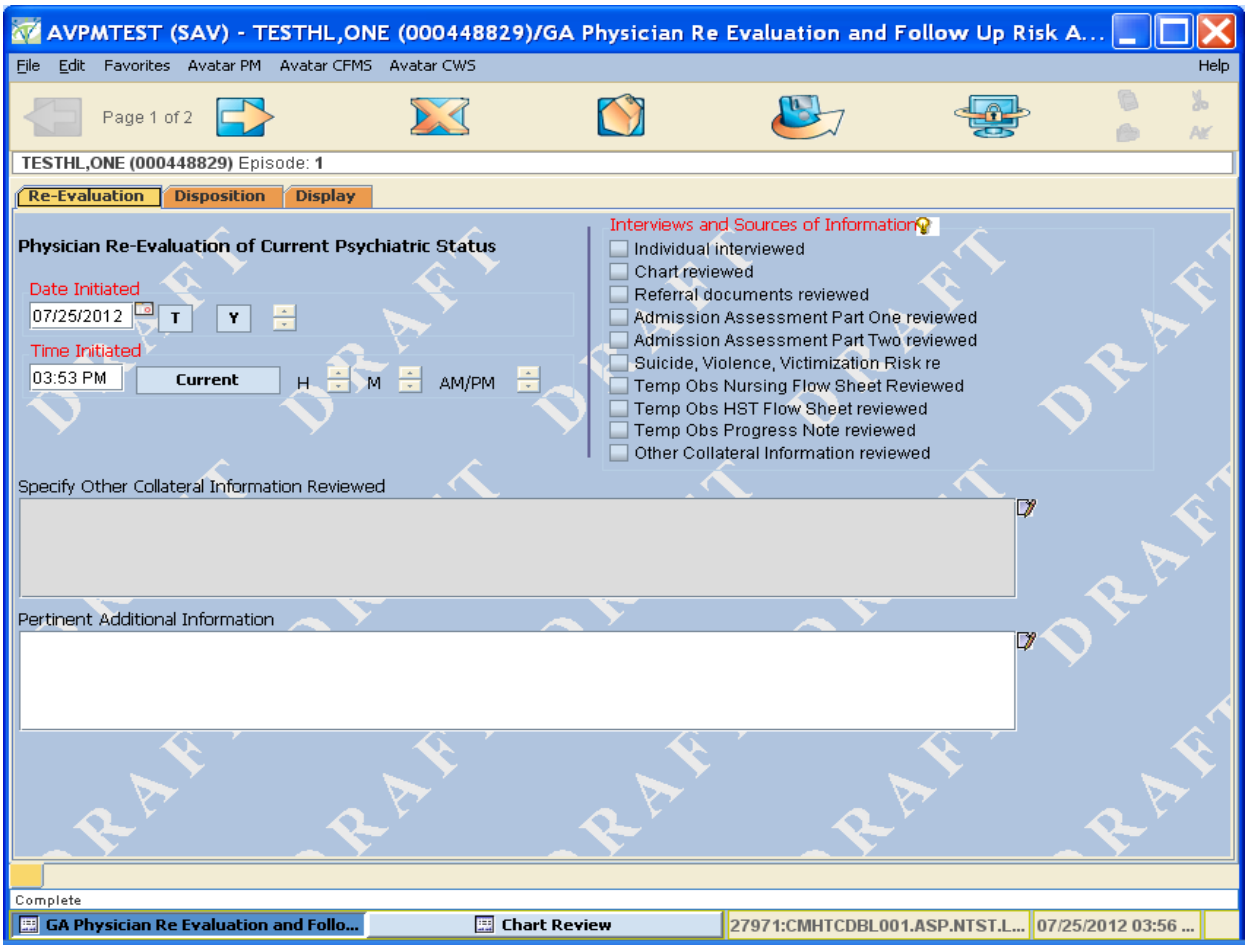
How Do I Launch the Physician Re-Evaluation & Follow Up Risk Assessment in Avatar?

Menu Path - Avatar CWS → Temporary Observation → GA Physician Re-Evaluation and Follow-Up Risk Assessment

How Do I Enter/Complete a New Physician Re-Evaluation & Follow Up Risk Assessment?

Tab 1 – Re-Evaluation (1 of 2)

Notice there are 2 pages for this tab.

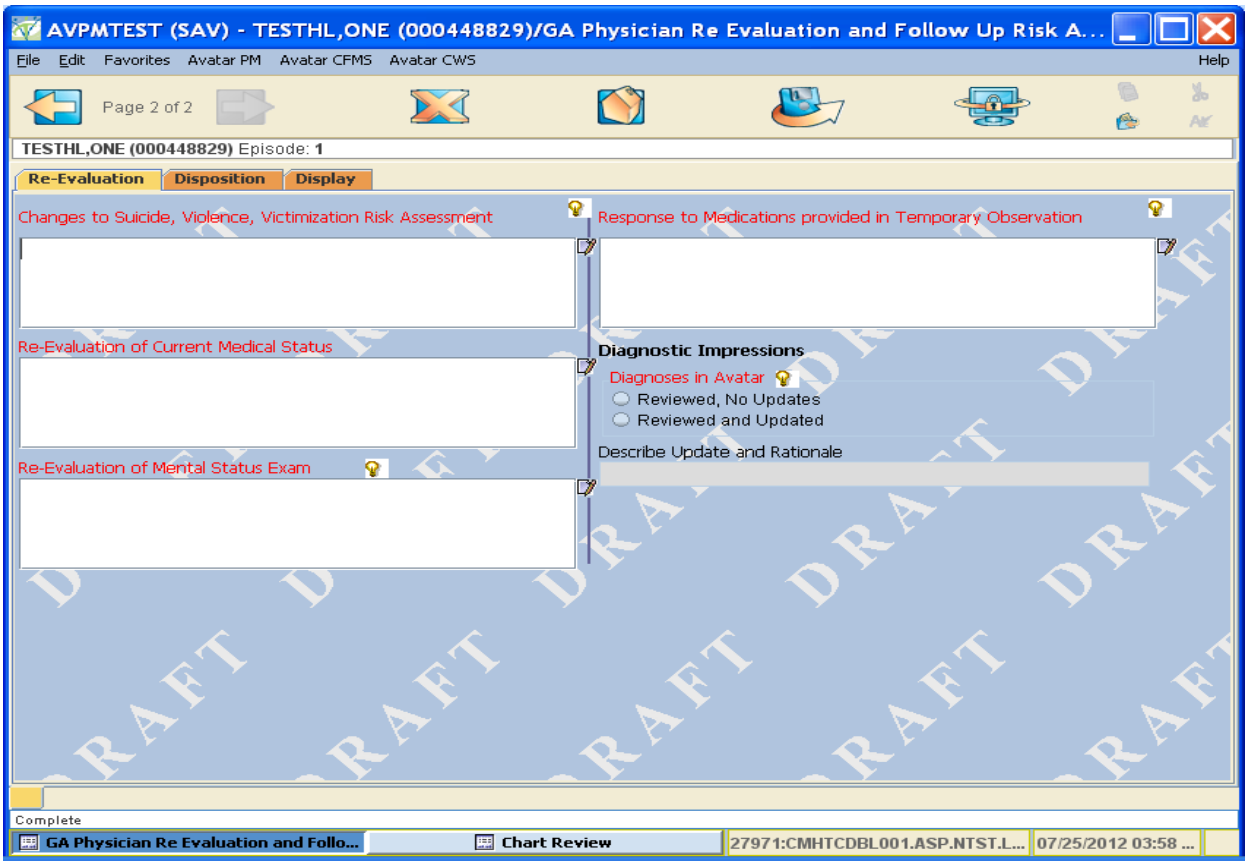


Field Name	*Instruction*
Date Initiated	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Initiated	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Interviews and Sources of	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More

Information	than one answer may be selected. NOTE: One answer must be selected.
Interviews and Sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Other Collateral Information Reviewed	This field becomes required when the answer to “Interviews and Sources of Information” is ‘Other collateral information reviewed’. Enter the description of the other collateral information reviewed.
Pertinent Additional Information	This is an optional field. If any further information exists that is pertinent to the care of the individual, enter it in this field.

Tab 1 – Re-Evaluation (2 of 2)

Notice there are 2 pages for this tab.

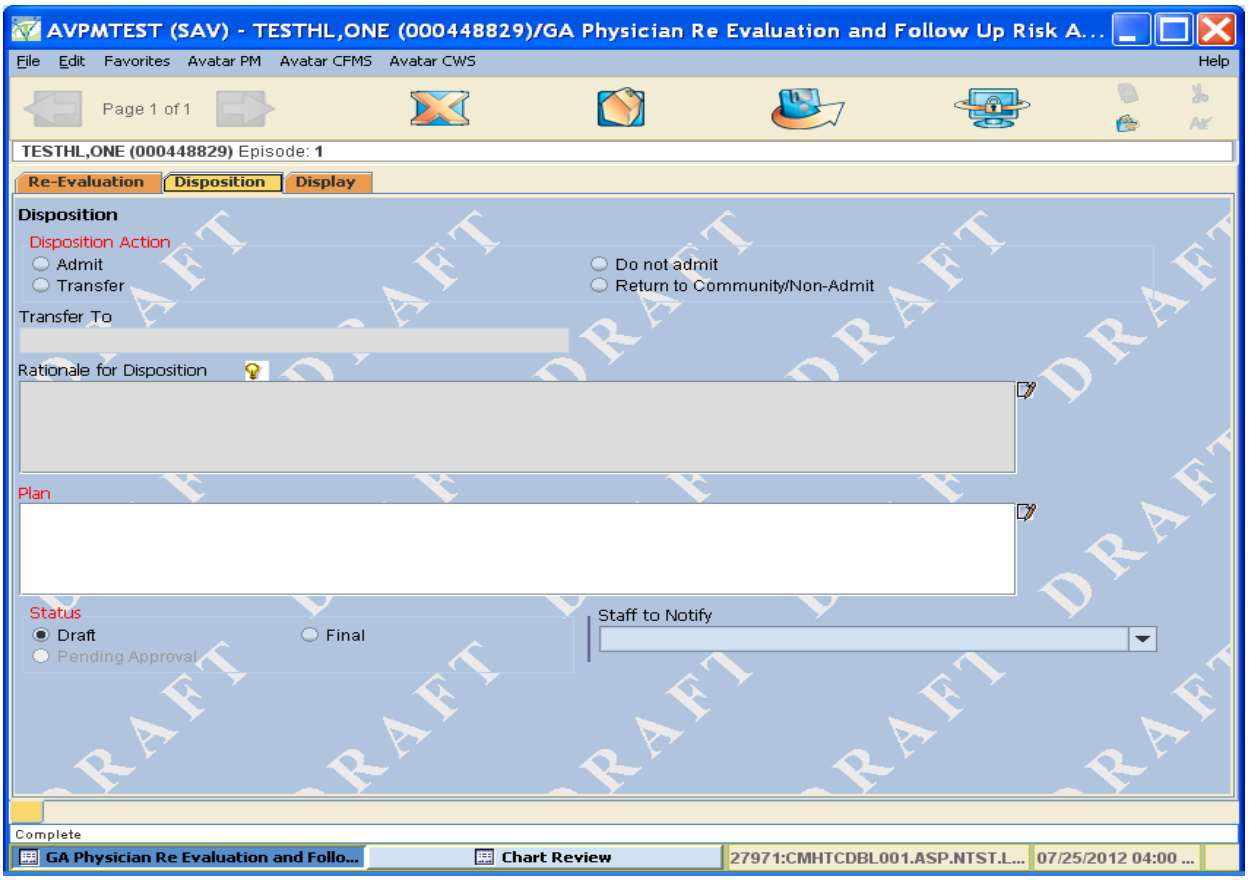


Field Name	*Instruction*
Changes to Suicide, Violence, Victimization Risk Assessment	This is a required field. Enter the appropriate information in the field. This field will expand as more space is needed.
Changes to Suicide, Violence, Victimization Risk Assessment	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Re-Evaluation of Current Medical Status	This is a required field. Enter the appropriate information in the field. This field will expand as more space is needed.
Re-Evaluation of Current Medical Status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Re-Evaluation of Mental Status Exam	This is a required field. Enter the appropriate information in the field. This field will expand as more space is needed.
Re-Evaluation of Mental Status Exam	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Response to Medications provided in Temporary Observation	This is a required field. Enter the appropriate information in the field. This field will expand as more space is needed.
Response to Medications provided in Temporary Observation	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Diagnoses in Avatar	This is a required field. To view and/or document the individual's diagnosis, click on the cross shape in the upper right hand corner of the screen. This will open the Diagnosis screen that resides in the Avatar Patient Management module. You can enter the diagnosis or review the diagnosis that has already been entered. Close the Diagnosis screen and then indicate the correct answer to this question by clicking in the radio button to the left of the appropriate response.
Diagnoses in Avatar	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Update and Rationale	This field becomes required when the answer to "Diagnoses in Avatar" is 'Reviewed and Updated'. Enter what was updated with an explanation of why the information was updated.

Tab 2 – Disposition (1 of 1)

Notice there is 1 page for this tab.

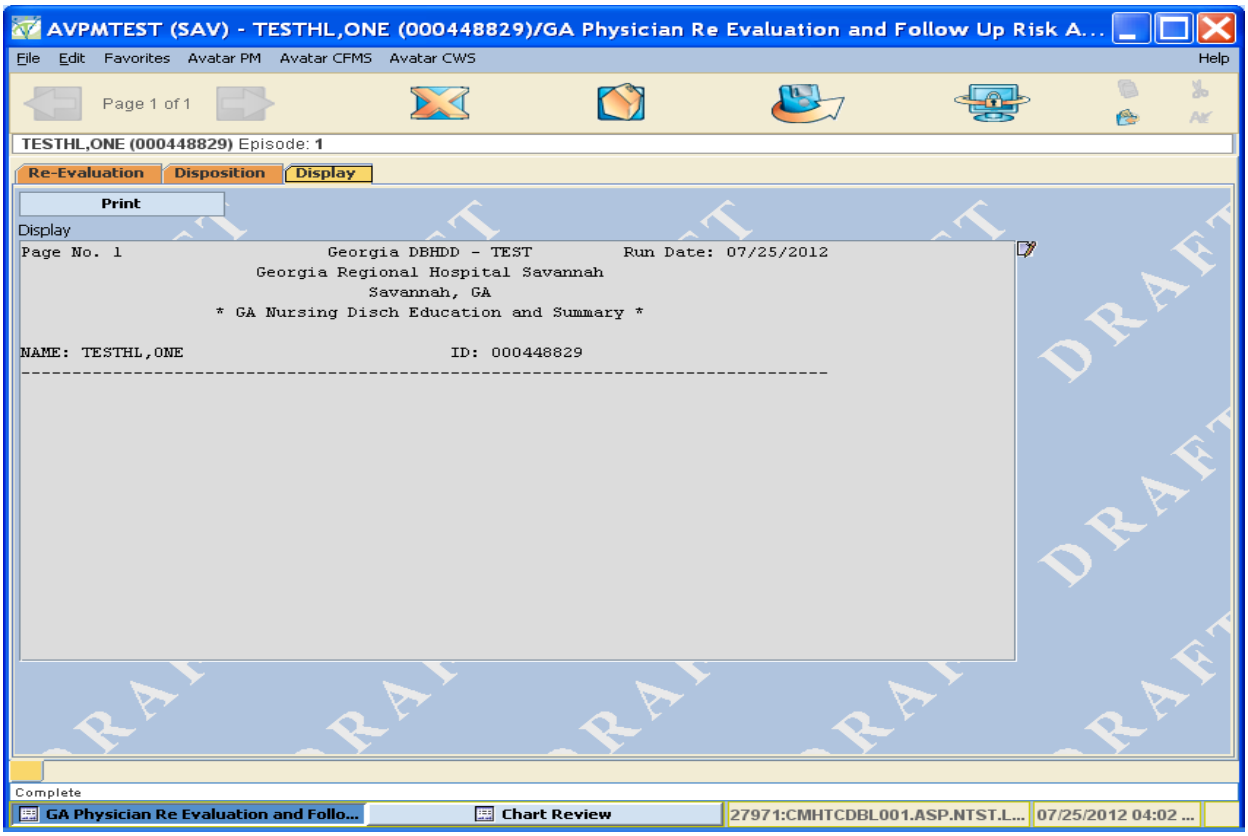


Field Name	*Instruction*
Disposition Action:	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Transfer To:	This field becomes required when the answer to “Disposition Action” is ‘Transfer’. Enter the location to which the individual will be transferred.
Rationale for Disposition	This field becomes required if the answer to “Disposition Action” is ‘Transfer’ or ‘Return to Community/Non-Admit’. Enter the rationale for the appropriate disposition in this field.
Rationale for Disposition	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Plan	This is a required field. Enter the appropriate information in the field. This field will expand as more space is needed.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Tab 3 – Display (1 of 1)

Notice there is 1 page for this tab.



Field Name	*Instruction*
Display Tab	The Display tab will display all of the Nursing Discharge Education and Summary forms that have been completed for that episode. This gives the Physician the opportunity to review what Nursing has done and to incorporate that information into their completion of this form. When the

	Physician opens this form, this is the first tab that should be opened, so the information can be reviewed.
Print Button	If there is a need to print what is displayed, simply click on the "Print Button".

How Do I Save a New Physician Re-Evaluation & Follow Up Risk Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How do I edit a Physician Re-Evaluation and Follow Up Risk Assessment?

The Physician Re-Evaluation and Follow Up Risk Assessment may only be edited when the form is in "Draft" status.

Menu Path to edit a Draft form: Avatar CWS → Assessment → Temporary Observation → GA Physician Re Evaluation and Follow up Risk Assessment

Double click on the Physician Re Evaluation and Follow Up Risk Assessment that needs to be edited.

Selected Physician Re Evaluation and Follow Up Risk Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Enter/Complete a Review of a Physician Re-Evaluation & Follow Up Risk Assessment?

Purpose

The main purpose of this form is to give an easy to use location to review the Physician Re-Evaluation and Follow-Up Risk Assessment. It will give the user the opportunity to review the information, verify that the information was reviewed and at what date and time it was reviewed.

Overview

If the individual is admitted to the hospital, other practitioners in the hospital review the Physician Re-Evaluation and Follow-Up Risk Assessment and apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, “Unit Psychologist”, “Unit Nurse” and “RPT Facilitator”.

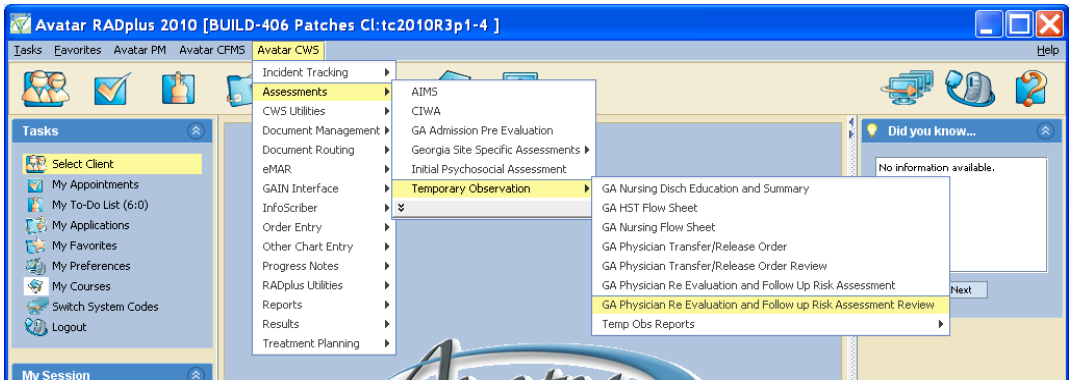
Prerequisites

- The individual must have an open episode in Avatar
- The staff member must have a user id in Avatar
- A Physician Re-Evaluation and Follow Up Risk Assessment must be completed.

Procedures

How Do I Launch a Review of Physician Re-Evaluation & Follow Up Risk Assessment?

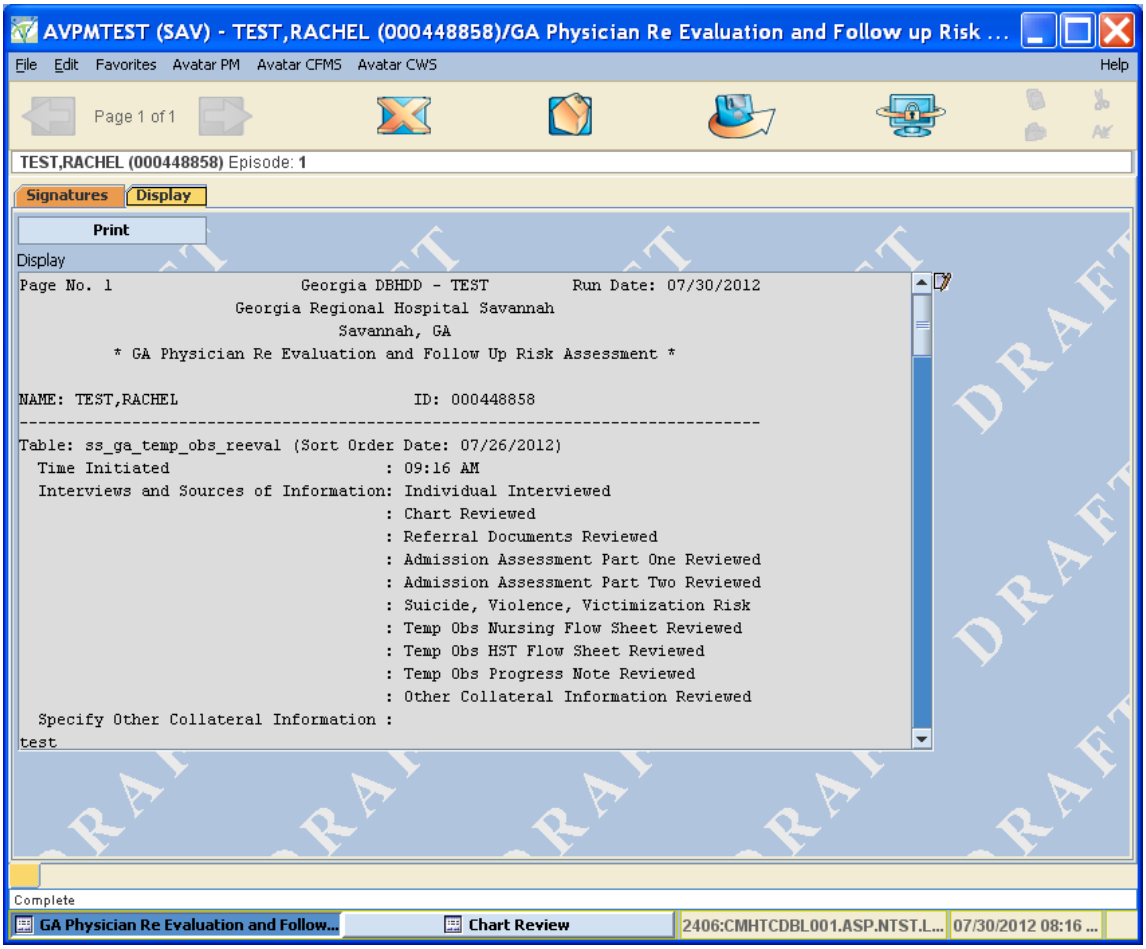
Menu Path - Avatar CWS → Assessment → Temporary Observation → GA Re Evaluation and Follow up Risk Assessment Review



How Do I Enter/Complete a Review of Physician Re-Evaluation & Follow Up Risk Assessment?

Tab 1 – Display (1 of 1)

Notice there is 1 page for this tab.

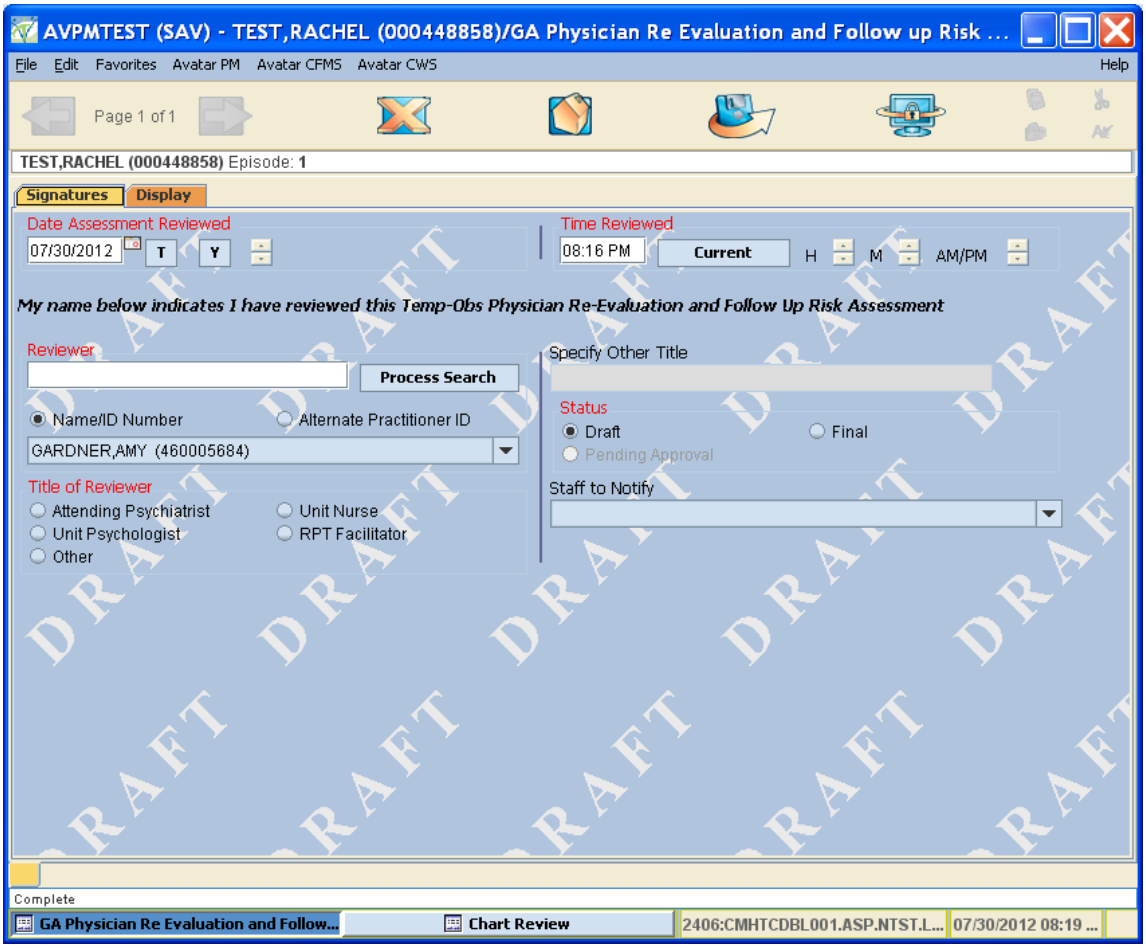


Field Name	*Instruction*
Display Tab	The Display tab will display all of the GA Physician Re Evaluation and Follow Up Risk Assessment forms that have been completed for that episode. This gives the staff member the opportunity to look at the information entered before signing they have reviewed the information. When this form is opened, this is the first tab that should be opened, so the

	information can be reviewed.
Print Button	If there is a need to print what is displayed, simply click on the "Print Button".

Tab 2 – Signatures (1 of 1)

Notice there is 1 page for this tab.



Field Name	*Instruction*
Date Assessment Reviewed	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.

Time Assessment Reviewed	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Reviewer	This is a required field and the Practitioner's name associated to the login will default into this field.
Title of Reviewer	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Other Title	This field becomes required if the answer to "Title of Reviewer" is 'Other'. Enter the appropriate Title of the Reviewer in this field.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

How Do I Save a Review of Physician Re-Evaluation & Follow Up Risk Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit a Review of Physician Re-Evaluation & Follow Up Risk Assessment?

The Review of Physician Re-Evaluation and Follow Up Risk Assessment may only be edited when the form is in "Draft" status.

Menu Path to edit a Draft form: Avatar CWS → Assessment → Temporary Observation → GA Physician Re Evaluation and Follow up Risk Assessment Review

Double click on the Review of Physician Re Evaluation and Follow Up Risk Assessment that needs to be edited.

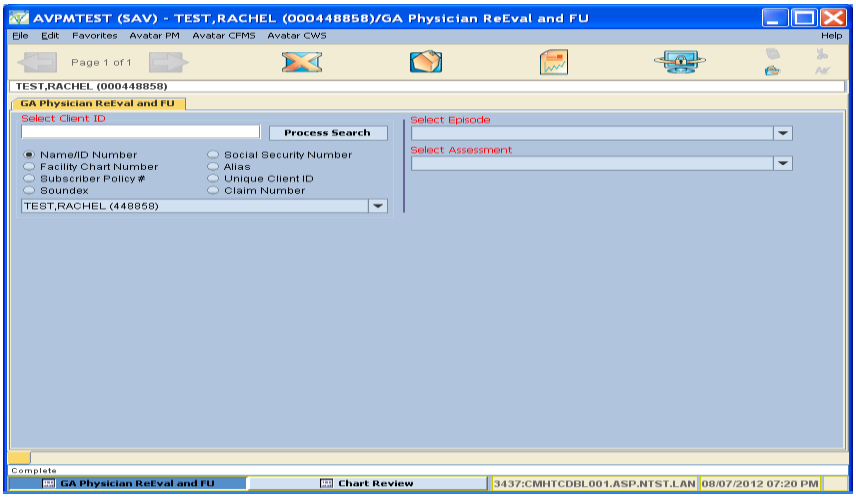
Selected Review of Physician Re Evaluation and Follow Up Risk Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the report?

The Physician Re-Evaluation and Follow Up Risk Assessment Report will be comprised of two parts: The Physician Re-Evaluation and Follow Up Risk Assessment and the Review of Physician Re-Evaluation and Follow Up Risk Assessment.

Menu Path to run GA Physician ReEval and F/U report: Avatar CWS →Assessments → Temporary Observation → Temporary Observation Reports → GA Physician ReEval and F/U

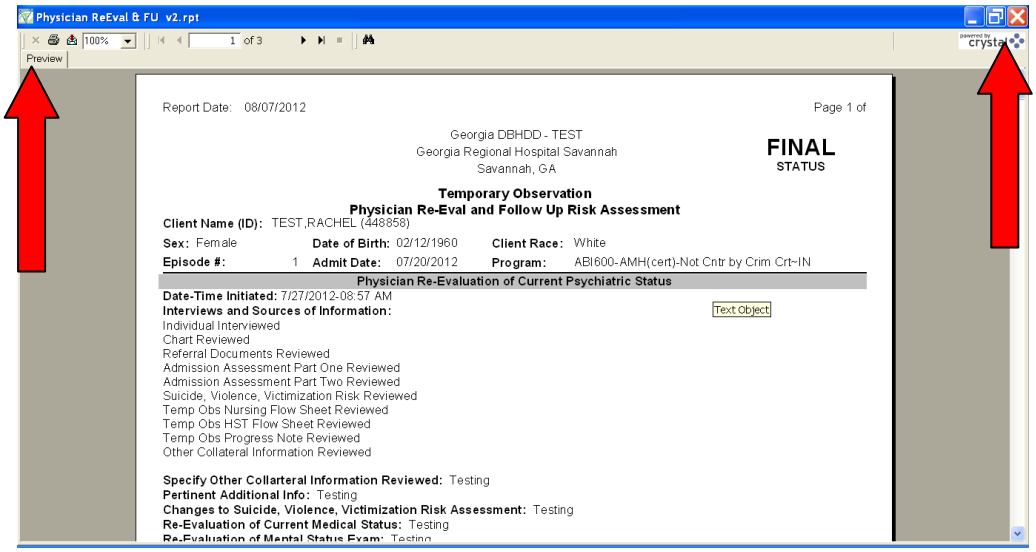


1. Position the mouse pointer over the drop down arrow of “Select Episode” field. Click on the episode that contains the Physician Re-Evaluation and Follow Up Risk Assessment to display.

2. Position the mouse pointer over the drop down arrow of “Select Assessment” field. Click on the Physician Re-Evaluation and Follow Up Risk Assessment to display in the report.

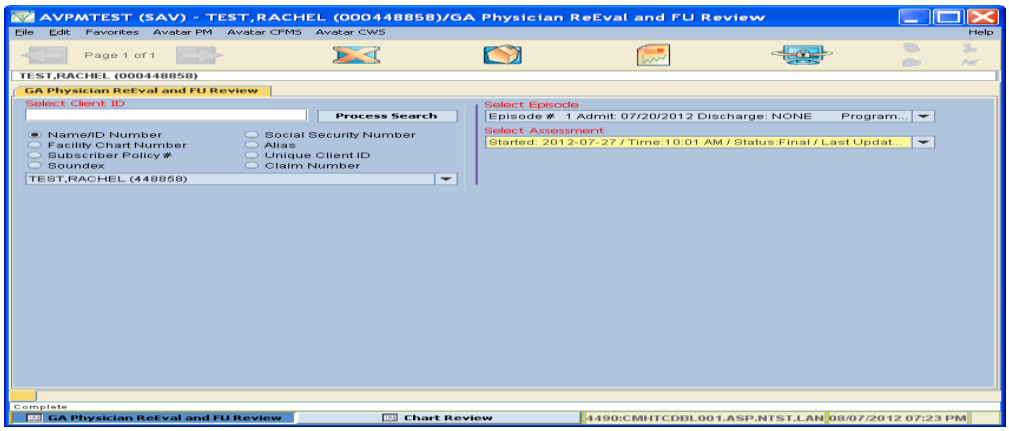
3. Position the mouse pointer over the report icon to run the GA Physician ReEval and FU report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

Menu Path to run GA Physician ReEval and F/U Review report: Avatar CWS →Assessments → Temporary Observation → Temporary Observation Reports → GA Physician ReEval and F/U Review

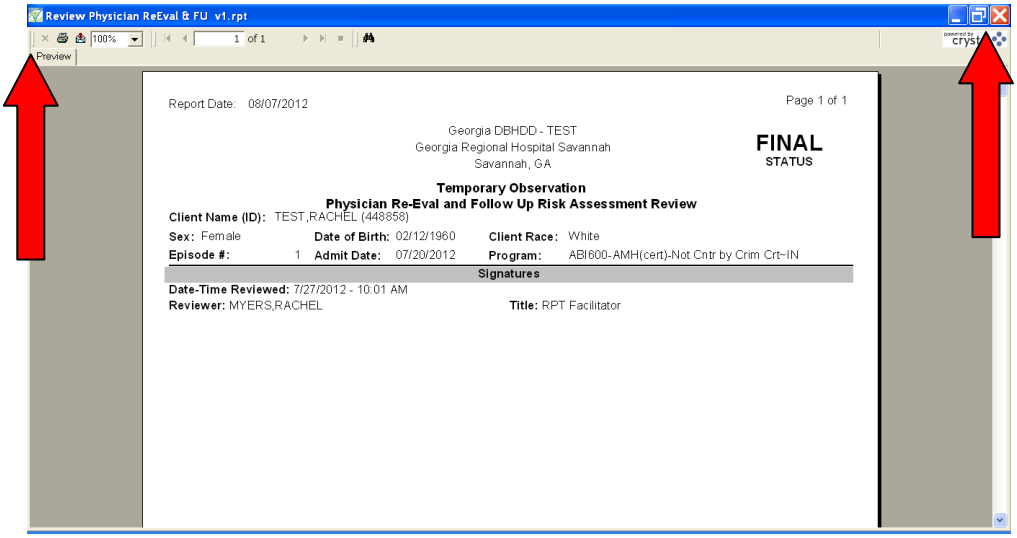


1. Position the mouse pointer over the drop down arrow of “Select Episode” field. Click on the episode that contains the Physician Re-Evaluation and Follow Up Risk Assessment Review to display.

2. Position the mouse pointer over the drop down arrow of “Select Assessment” field. Click on the Physician Re-Evaluation and Follow Up Risk Assessment Review to display in the report.

3. Position the mouse pointer over the report icon to run the GA Physician ReEval and FU Review report.

Sample Report



How Do I Exit a Review of Physician Re-Evaluation & Follow Up Risk Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

Nursing Discharge Education and Summary

Purpose

The Admissions and Temporary Observation Nursing Discharge Education and Summary is used to document education and medications provided while the individual is in Temporary Observation status. In addition, it is used to record follow up appointments if the individual is discharged to the community from Temporary Observation status.

Overview

The Admissions and Temporary Observation Nursing Discharge Education and Summary is completed by the Registered Nurse at the time the individual is discharged from Temporary Observation.

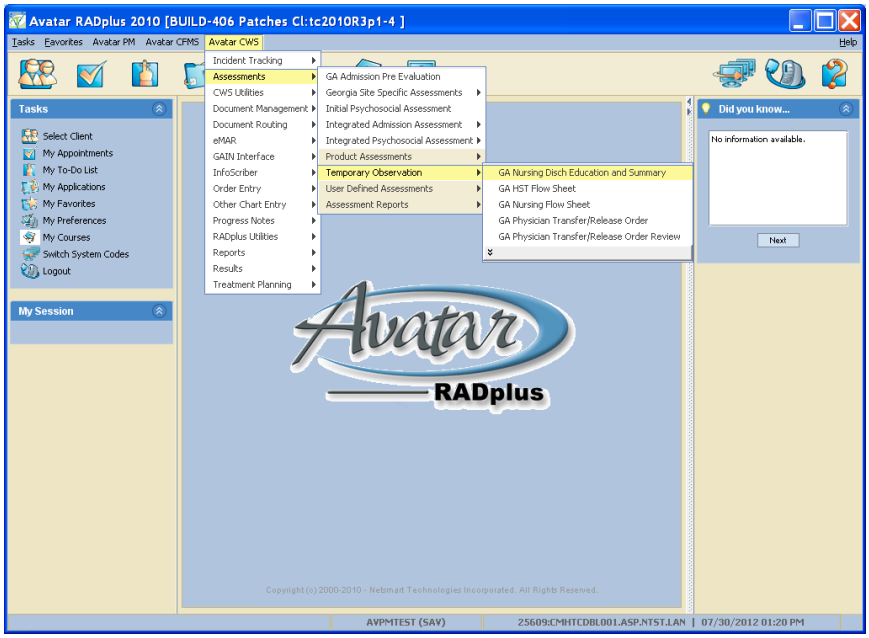
Prerequisites

- Individual must have an open episode in Avatar.
- Staff member must have an active user id and access to the form in Avatar.

Procedures

How Do I Launch a Nursing Discharge Education and Summary in Avatar?

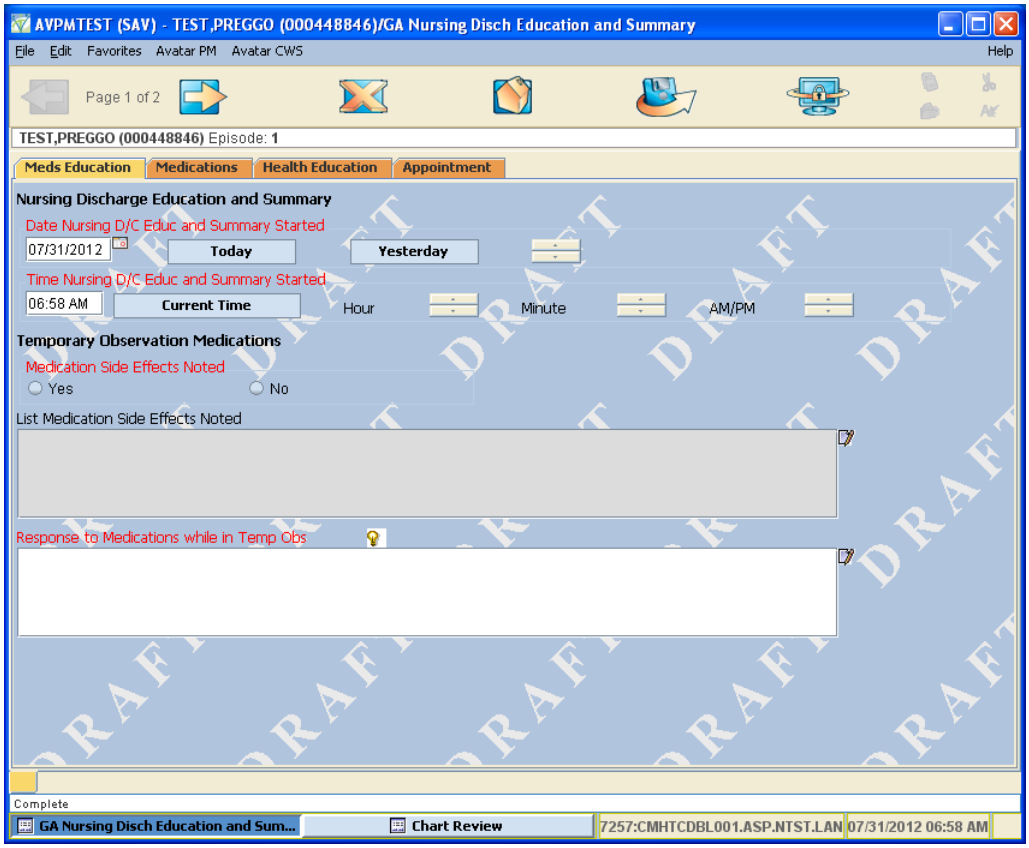
Menu Path - Avatar CWS → Assessments →Temporary Observation →GA Nursing Disch Education and Summary



How Do I Enter/Complete a New Nursing Discharge Education and Summary?

Tab Name – Meds Education (1 of 2)

Notice there are 2 pages for this tab.

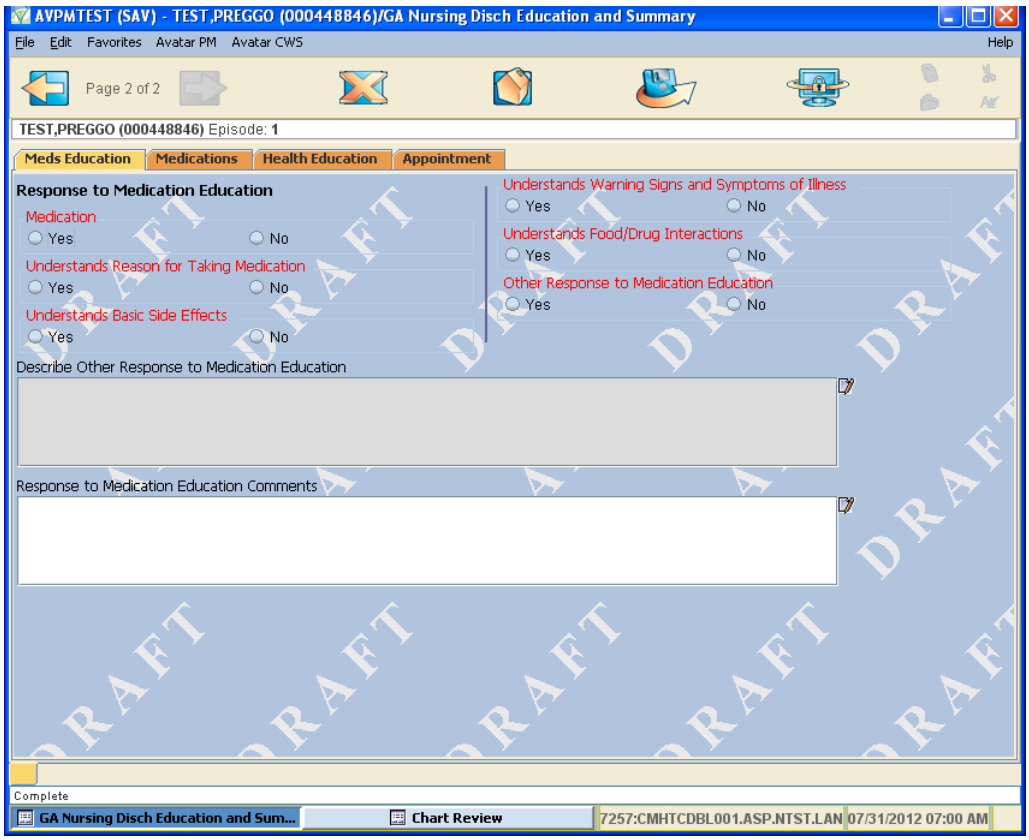


Field Name	***Instruction***
Date Nursing D/C Educ and Summary Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Nursing D/C Educ and Summary Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Medication Side Effects Noted	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
List Medication Side Effects Noted	This field becomes required when the answer to “Medication Side Effects Noted” is ‘Yes’. Enter the side effects that the individual experiences with medications in this field.
Response to Medications while in Temp Obs	This is a required field. Enter the individual’s response to all medications he/she received while in Temporary Observation in this field.

Response to Medications while in Temp Obs	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Meds Education (2 – 2)

Notice there are 2 pages for this tab.

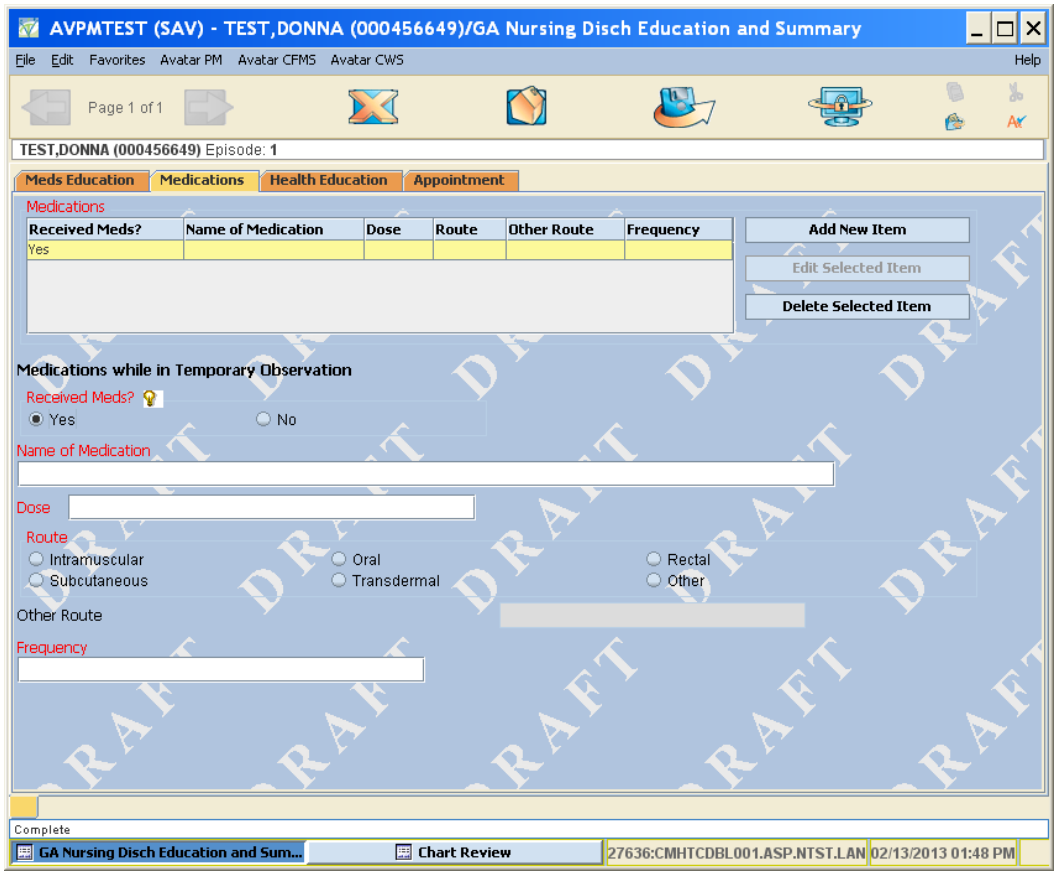


Field Name	***Instruction***
Medication	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Understands Reason for Taking Medication	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Understands Basic Side Effects	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Understands Warning Signs and Symptoms of Illness	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Understands Food/Drug Interactions	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Response to Medication Education	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Describe Other Response to Medication Education	This field becomes required when the answer to “Other Response to Medication Education” is ‘Yes’. Enter the other response that the individual experiences in this field.
Response to Medication Education Comments	This is an optional field. Enter any comments about education provided to the individual in this field.

Tab Name – Medications (1 of 1)

Notice there is 1 page for this tab.

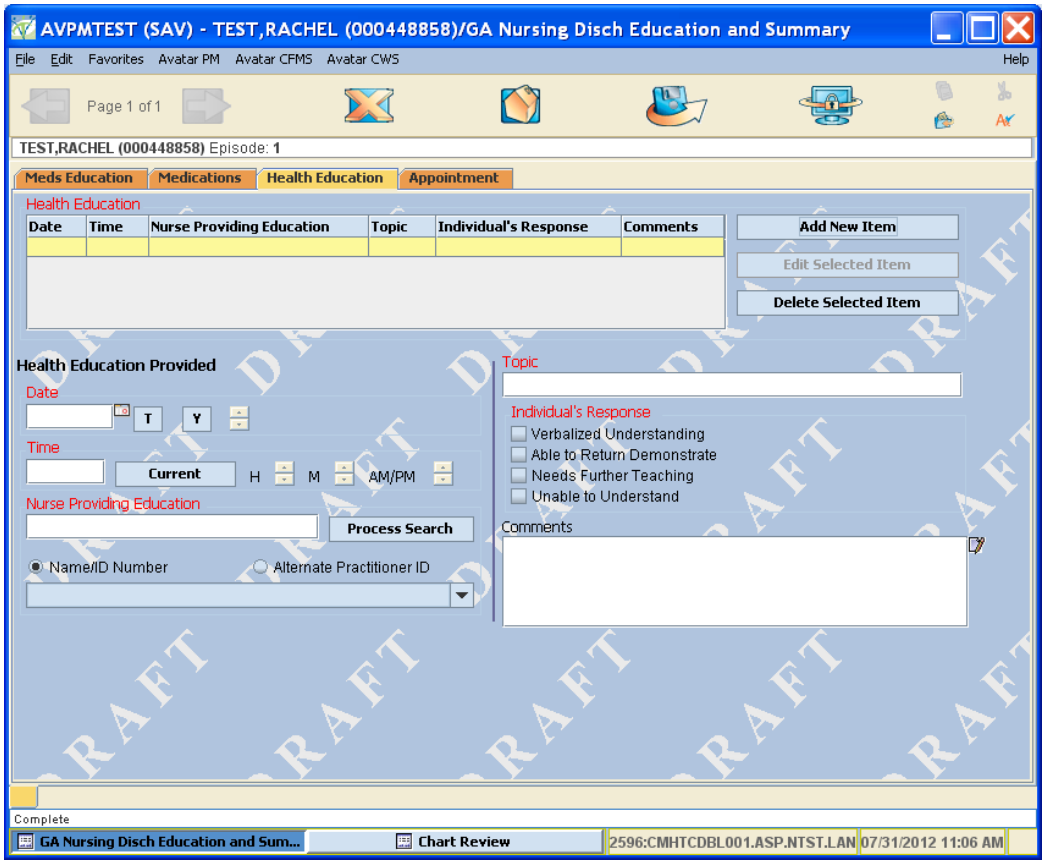


Field Name	***Instruction***
Medications Multi-Iteration Table	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. Click on the “Add New Item” button to create a new row in the table. Answer the questions under the table as appropriate
Received Meds?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Received Meds?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Name of Medication	This field becomes required when the answer to “Received Meds?” is ‘Yes’. Enter the name of the medication in this field.
Dose	This field becomes required when the answer to “Received Meds?” is ‘Yes’. Enter the dose of the medication in this field.
Route	This field becomes required when the answer to “Received Meds?” is ‘Yes’. Enter the route for the medication in this field.
Other Route	This field becomes required when the answer to ”Route” is ‘Other’. Type the Other Route in this field.
Frequency	This field becomes required when the answer to “Received Meds?” is ‘Yes’. Enter the frequency for the medication in this field.

Edit	To edit a particular entry, click on the row to be edited. Then click the “Edit Selected Item” button. Make the correction and tab out of the field. Continue with data entry.
Delete	To delete a particular entry, click on the row to be deleted. Click on the “Delete Selected Item” button. Confirm the deletion on the pop up message by clicking OK. Continue with data entry.

Tab Name – Health Education (1 of 1)

Notice there is 1 page for this tab.

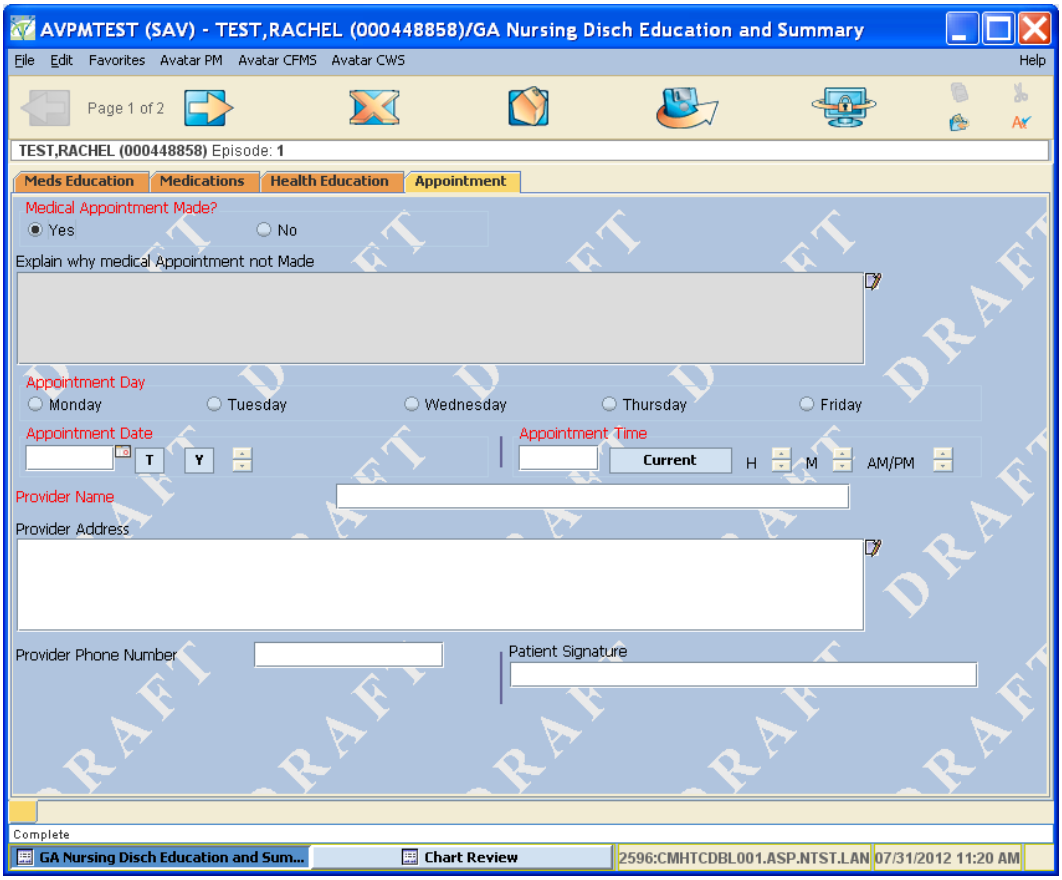


Field Name	***Instruction***
Health Education Multi Iteration Table	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. First, click on the “Add New Item” button to create a new row in the table. Second, answer the questions under the table as appropriate
Date	This is a required field. Enter the date that the health education was completed with the individual.
Time	This is a required field. Enter the time that the health education was completed with the individual.

Nurse Providing Education	Enter the first few characters of the last name of the nurse that provided the health education with the individual. Click on the "Process Search" button to retrieve a list of potential matches to the characters of the last name. Click on the appropriate nurses name to populate the field.
Topic	This is a required field. Enter the topic of the health education in this field.
Individual's Response	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected. NOTE: Pay close attention to the responses selected so that the answers do not contradict each other.
Comments	This is an optional field. Enter any comments related to the health education provided in this field. Example: If the individual requires further teaching, indicate a plan for providing that education in this field.
Edit	To edit a particular entry, click on the row to be edited. Then click the "Edit Selected Item" button. Make the correction and tab out of the field. Continue with data entry.
Delete	To delete a particular entry, click on the row to be deleted. Click on the "Delete Selected Item" button. Confirm the deletion on the pop up message by clicking OK. Continue with data entry.

Tab Name – Appointment (1 of 2)

Notice there are 2 pages for this tab.

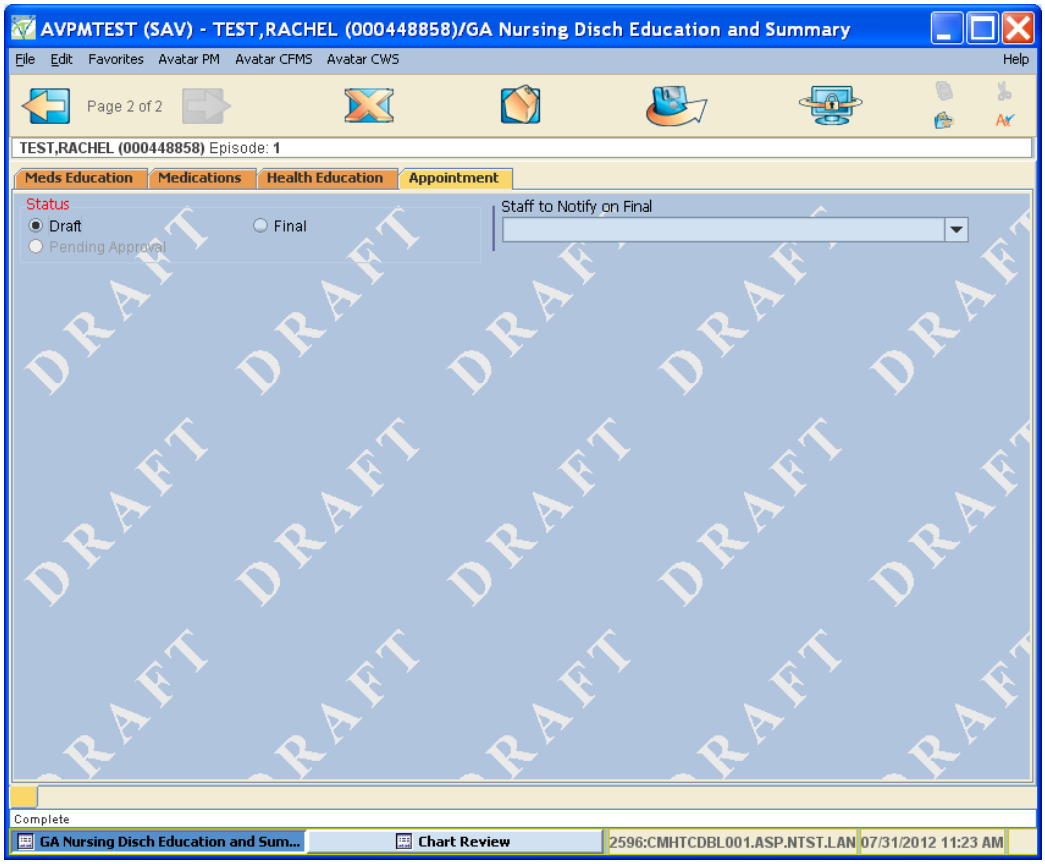


Field Name	***Instruction***
Medical Appointment Made?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why medical appointment not made	This field becomes required when the answer to “Medical Appointment Made?” is ‘No’. Enter the reason a medical appointment was not made for the individual in this field.
Appointment Day	This field becomes required when the answer to “Medical Appointment Made?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Appointment Date	This field becomes required when the answer to “Medical Appointment Made?” is ‘Yes’. Enter the date of the

	appointment for the individual in MM/DD/YYYY format in this field.
Appointment Time	This field becomes required when the answer to “Medical Appointment Made?” is ‘Yes’. Enter the time of the appointment for the individual in this field.
Provider Name	This field becomes required when the answer to “Medical Appointment Made?” is ‘Yes’. Enter the name of the provider for the medical appointment made in this field.
Provider Address	This is an optional field. Enter the address for the provider, if known, in this field.
Provider Phone Number	This is an optional field. Enter the phone number for the provider, if known, in this field.
Patient Signature	This field creates a space on the printed on the Nursing Discharge Education and Summary Report for the individual to sign their name.

Tab Name – Appointment (1 of 2)

Notice there are 2 pages for this tab.



Field Name	***Instruction***
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Staff to Notify on Final	This field will need to be populated if the staff member entering the information for this form is required to notify another staff member when this form is final. This will be set up in workflow and will only be required in the situation described.

How Do I Save a Nursing Discharge Education and Summary?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Nursing Discharge Education and Summary?

The Nursing Discharge Education and Summary may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessment → Temporary Observation → GA Nursing Disch Education and Summary

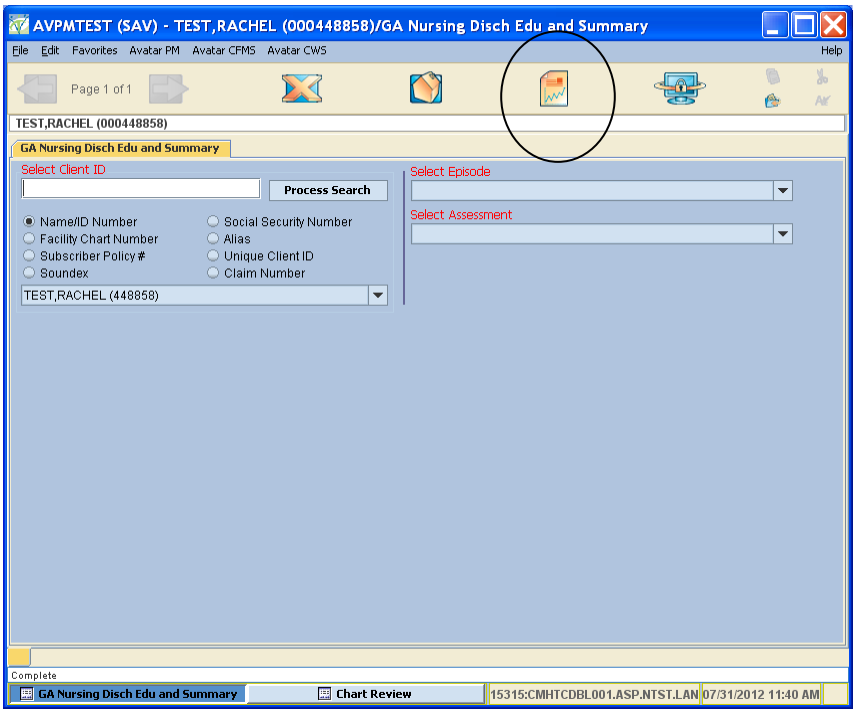
Double click on the Nursing Discharge Education and Summary that needs to be edited.

Selected Nursing Discharge Education and Summary displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Nursing Discharge Education and Summary report?

Menu Path to run report: Avatar CWS → Assessments → Temporary Observation → Temporary Observation Reports → GA Nursing Disch Edu and Summary

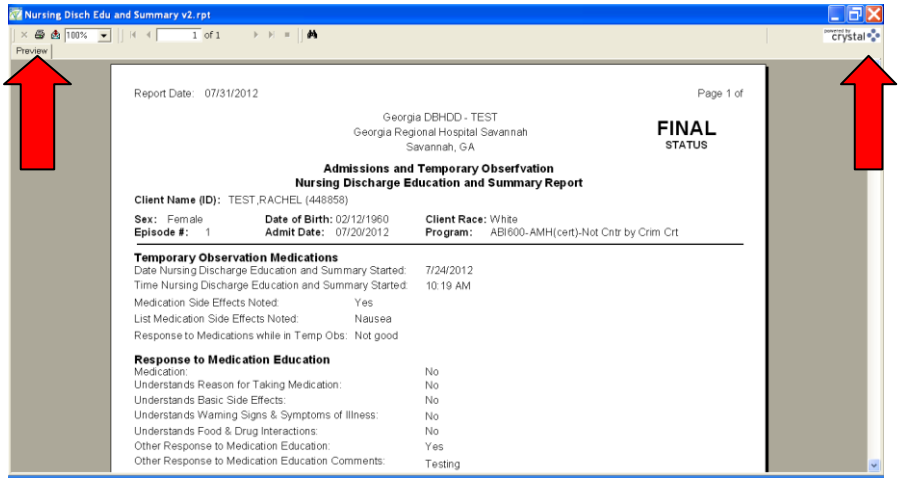


1. Position the mouse pointer over the drop down arrow of “Select Episode” field. Click on the episode that contains the Nursing Discharge Education and Summary to display.

2. Position the mouse pointer over the drop down arrow of “Select Assessment” field. Click on the Nursing Discharge Education and Summary to display.

3. Position the mouse pointer over the report icon to run the GA Nursing Disch Edu and Summary report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit the Nursing Discharge Education and Summary?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Physician Transfers/Release Order

Purpose

The Physician Transfer/Release Order is used to transfer individuals from Temporary Observation to an inpatient program or another facility, or to release them to the community.

Overview

The Physician Transfer/Release Order is completed by the Physician and is used to transfer individuals from Temporary Observation to an inpatient program or another facility, or to release them to the community.

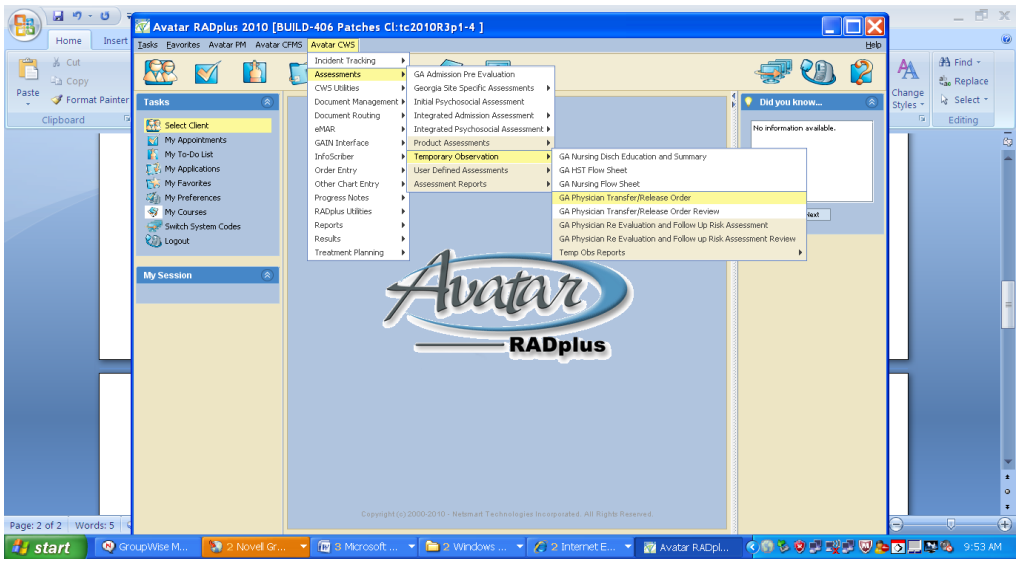
Prerequisites

- The individual must have an open episode in Avatar.
- The staff member must have a user id/log in for Avatar.
- Individual should be selected before opening the form.

Procedures

How Do I Launch a Physician Transfer Release in Avatar?

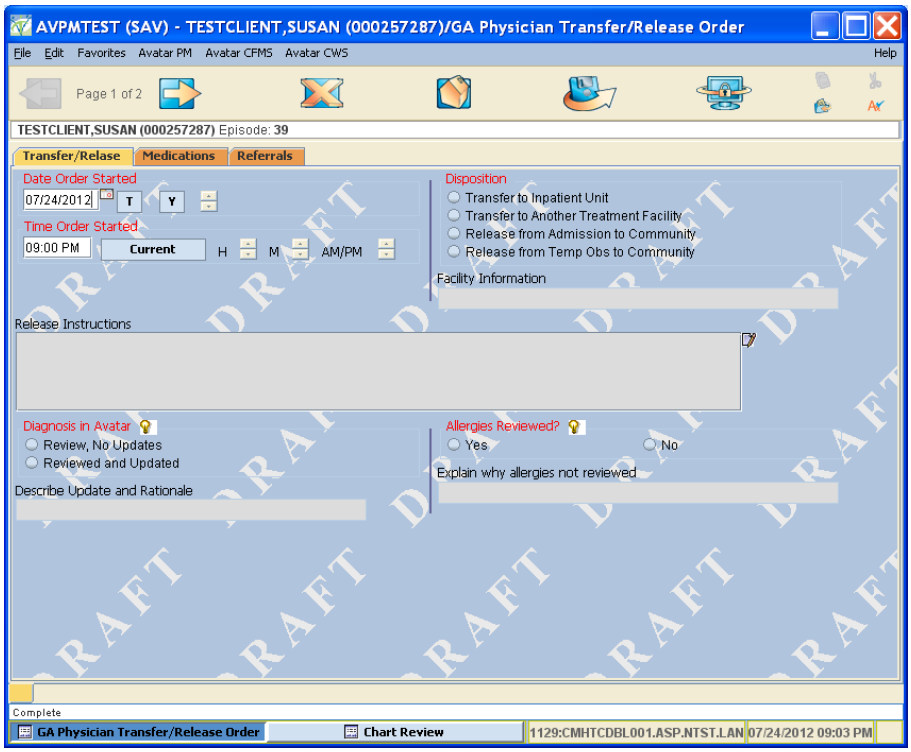
Menu Path - Avatar CWS → Assessment → Temporary Observation → GA Physician Transfer/Release Order



How Do I Enter/Complete a New Physician Transfer Release?

Tab 1 – Transfer/Release (1 of 2)

Notice there are 2 pages for this tab.

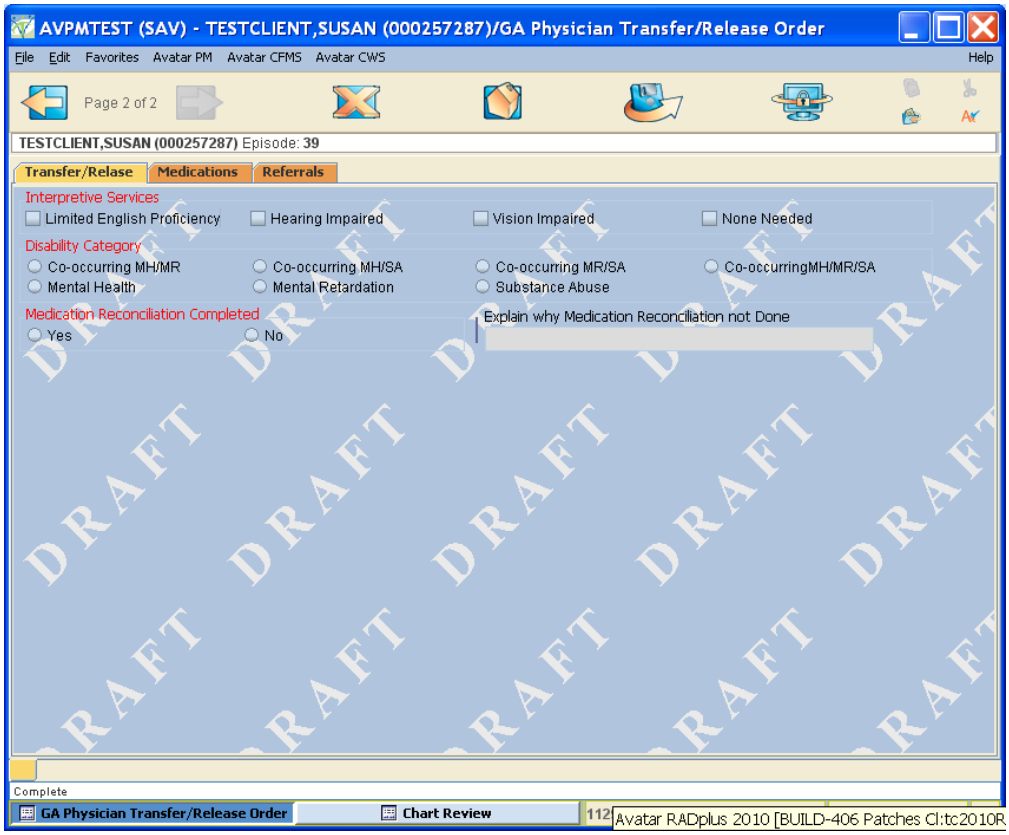


Field Name	*Instruction*
Date Order Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Order Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Disposition	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Facility Information	This field becomes required when the answer to “Disposition” is ‘Transfer to Another Treatment Facility’. Enter the name of the facility where the individual is going.
Release Instructions	This field becomes required when the answer to “Disposition” is ‘Release from Admission to Community’ or ‘Release from Temp Obs to Community’. Enter the release instructions in this field.
Diagnoses in Avatar	This is a required field. To view and/or document the individual’s diagnosis, click on the cross shape in the upper right hand corner of the screen. This will open the Diagnosis screen that resides in the Avatar Patient Management module. You can enter the diagnosis or review the diagnosis that has already been entered. Close the Diagnosis screen and then indicate the correct answer to this question by clicking in the radio button to the left of the appropriate response.
Diagnoses in Avatar	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Update and Rationale	This field becomes required when the answer to “Diagnoses in Avatar” is ‘Reviewed and Updated’. Enter what was updated with an explanation of why the information was updated.
Allergies Reviewed?	This is a required field. To view and/or document allergies/adverse drug reactions, click on the binoculars shape in the upper right hand corner of the screen. This will open the allergies screen. You can enter allergies/adverse drug reactions or review the allergies/adverse drug reactions that

	have already been entered. Close the allergies screen and then indicate the correct response to this question by clicking in the radio button to the left of the response.
Allergies Reviewed?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why allergies not reviewed	This field is only required if the response to “Allergies Reviewed?” is ‘No’. Type the reason that the individual’s allergies were not reviewed.

Tab 1 – Transfer/Release (2 of 2)

Notice there are 2 pages for this tab.

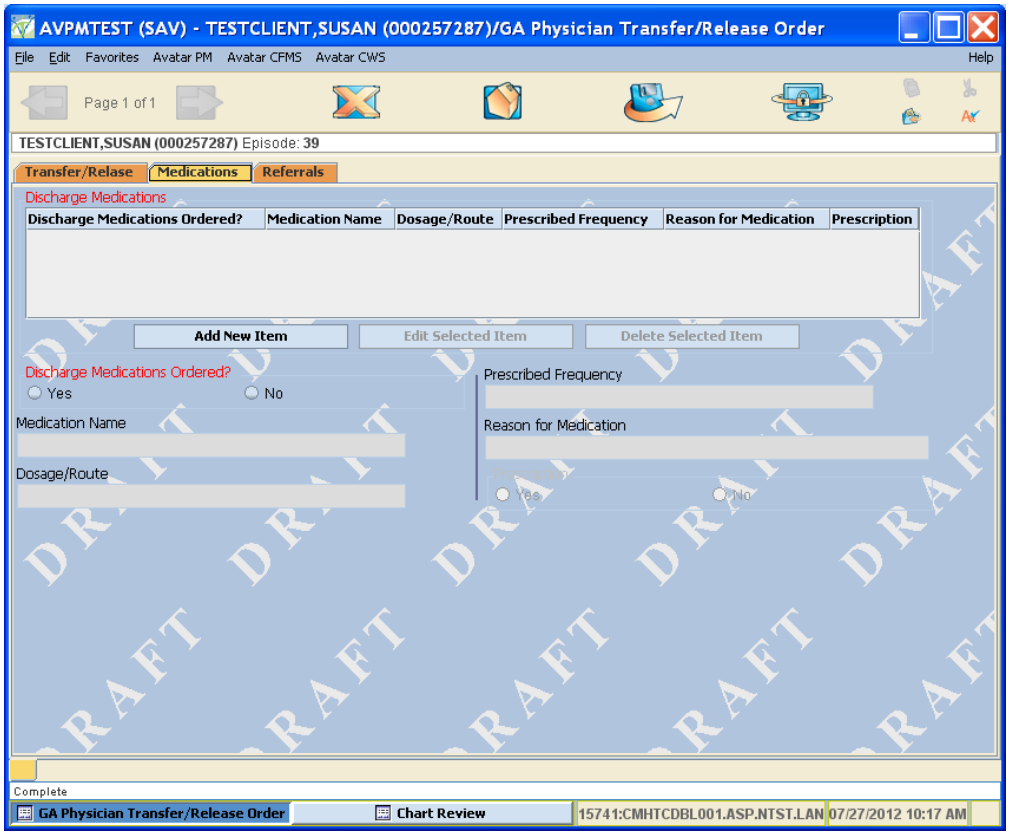


Field Name	***Instruction***
Interpretive Services	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected. NOTE: If 'None Needed' is selected, no other choice should be checked.
Disability Category	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Med Reconciliation Completed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain why medication	This field becomes required when the answer to "Med Reconciliation Completed" is 'No'. Enter the reason that

reconciliation not done	medication reconciliation was not done.

Tab 2 – Medications (1 of 1)

Notice there is 1 page for this tab.

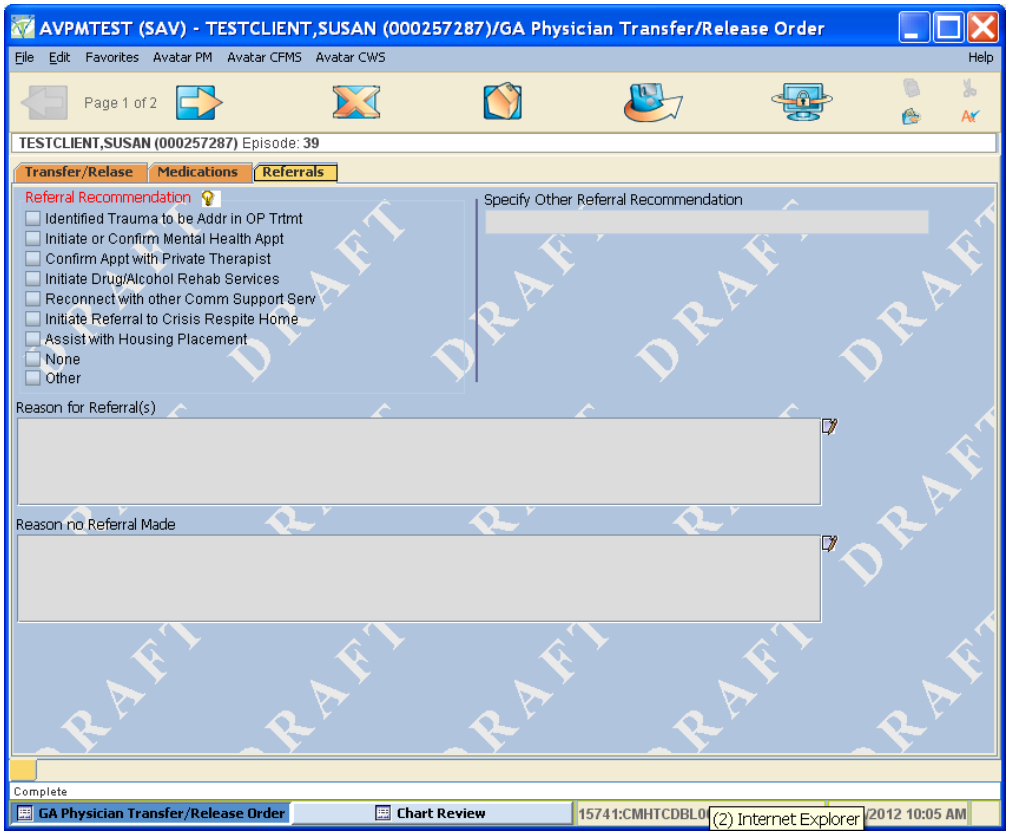


Field Name	***Instruction***
Discharge Medications	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. First, click on the “Add New Item” button to create a new row in the table. Second, answer the questions under the table as appropriate
Discharge medications ordered?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. NOTE: If the answer to this question is ‘No’, there is no need to answer any more of the questions
Medication Name	This field becomes required when the answer to “Discharge

	medications ordered?" is 'Yes'. Enter the name of the medication as indicated by the individual.
Dosage/Route	This field becomes required when the answer to "Discharge medications ordered?" is 'Yes'. Enter the dosage and route for the medication as indicated by the individual.
Prescribed Frequency	This field becomes required when the answer to "Discharge medications ordered?" is 'Yes'. Enter the prescribed frequency as indicated by the individual.
Reason for Medication	This field becomes required when the answer to "Discharge medications ordered?" is 'Yes'. Enter the reason for the medication as indicated by the individual.
Edit	To edit a particular entry, click on the row to be edited. Then click the "Edit Selected Item" button. Make the correction and tab out of the field. Continue with data entry.
Delete	To delete a particular entry, click on the row to be deleted. Click on the "Delete Selected Item" button. Confirm the deletion on the pop up message by clicking OK. Continue with data entry.

Tab 3 – Referrals (1 of 2)

Notice there are 2 pages for this tab.

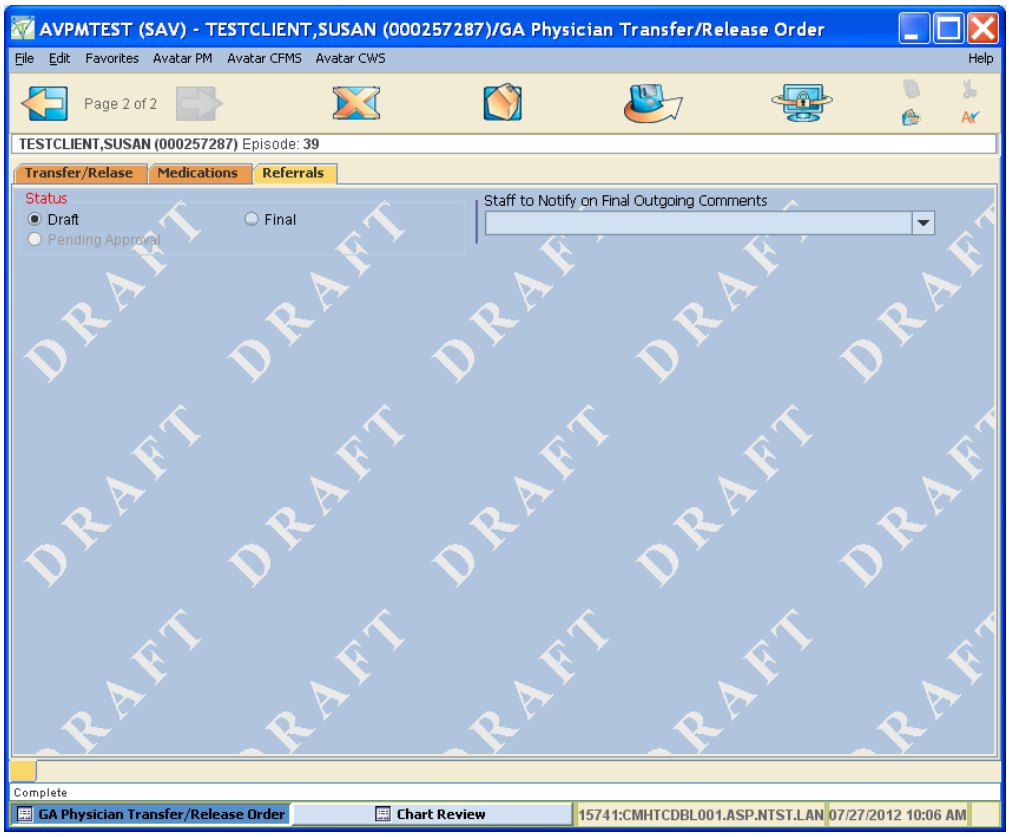


Field Name	***Instruction***
Referral Recommendation	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected. NOTE: If 'None' is selected, no other choice should be checked.
Referral Recommendation	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Other Referral Recommendation	This field becomes required when the answer to "Referral Recommendation" is 'Other'. Enter the specific referral information in this field.

Reason for Referral(s)	This field becomes required when the answer to “Referral Recommendation” is **not** ‘None’ or ‘Other’. Enter the reason that the referral is being made in this field.
Reason no referral made	This field becomes required when the answer to “Referral Recommendation” is ‘None’. Enter the reason that a referral was not made for the individual in this field.

Tab 3 – Referrals (2 of 2)

Notice there are 2 pages for this tab.



Field Name	***Instruction***
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. This form may be saved in “Draft” if unable to answer all questions at that particular time.

How Do I Save a Physician Transfer/Release Order?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Physician Transfer/Release Order?

The Admission Pre-Evaluation Screen: Adult Mental Health & Forensics may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessment → Temporary Observation → GA Physician Transfer/Release Order

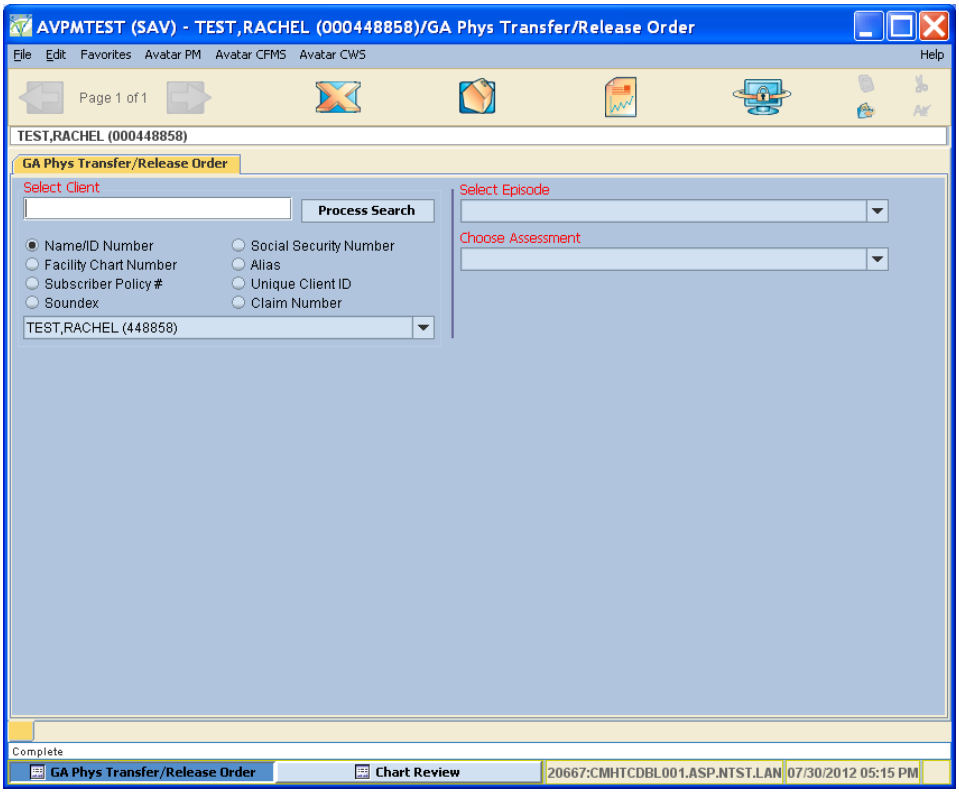
Double click on the Physician Transfer/Release Order that needs to be edited.

Selected Physician Transfer/Release Order displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Physician Transfer/Release Order report?

Menu Path to run report: Avatar CWS → Assessments → Temporary Observation → Temp Obs Reports → GA Phys Transfer/Release Order

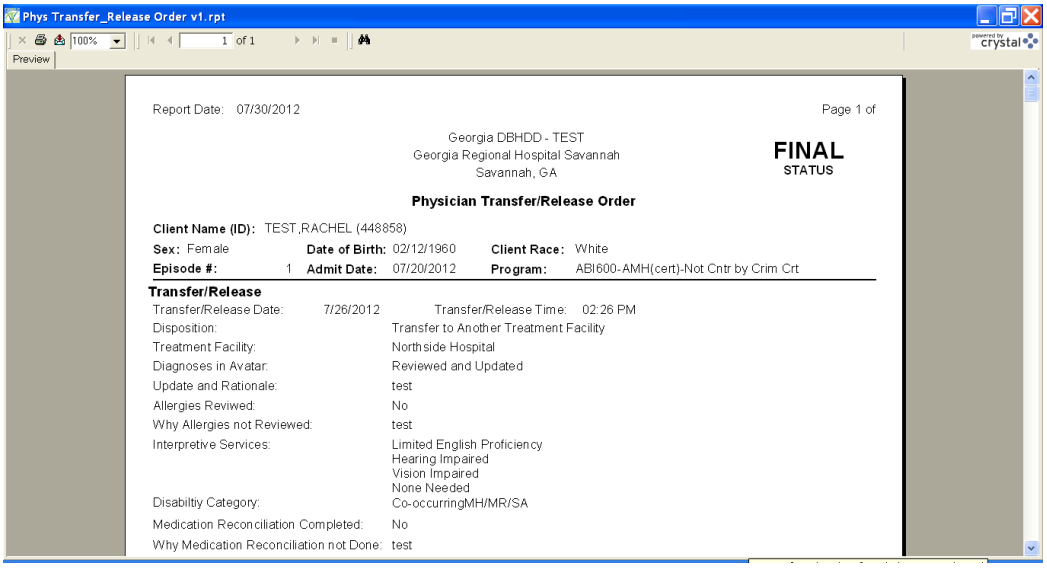


1. Position the mouse pointer over the drop down arrow of “Select Episode” field. Click on the episode that contains the Physician Transfer/Release Order to display.

2. Position the mouse pointer over the drop down arrow of “Select Assessment” field. Click on the Physician Transfer/Release Order to display.

3. Position the mouse pointer over the report icon to run the GA Physician Transfer/Release Order report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Physician Transfer/Release Order?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

Initial Psychosocial Assessment

Purpose The Initial Psychosocial Assessment is used to document pertinent psychosocial information relevant to treatment and discharge planning.

Overview The Initial Psychosocial Assessment is completed by the Social Service Provider (SSP). In rare circumstances, a Social Service Technician (SST) will complete the Initial Psychosocial Assessment. In this case, a SSP will be required to co-sign the work done by the SST.

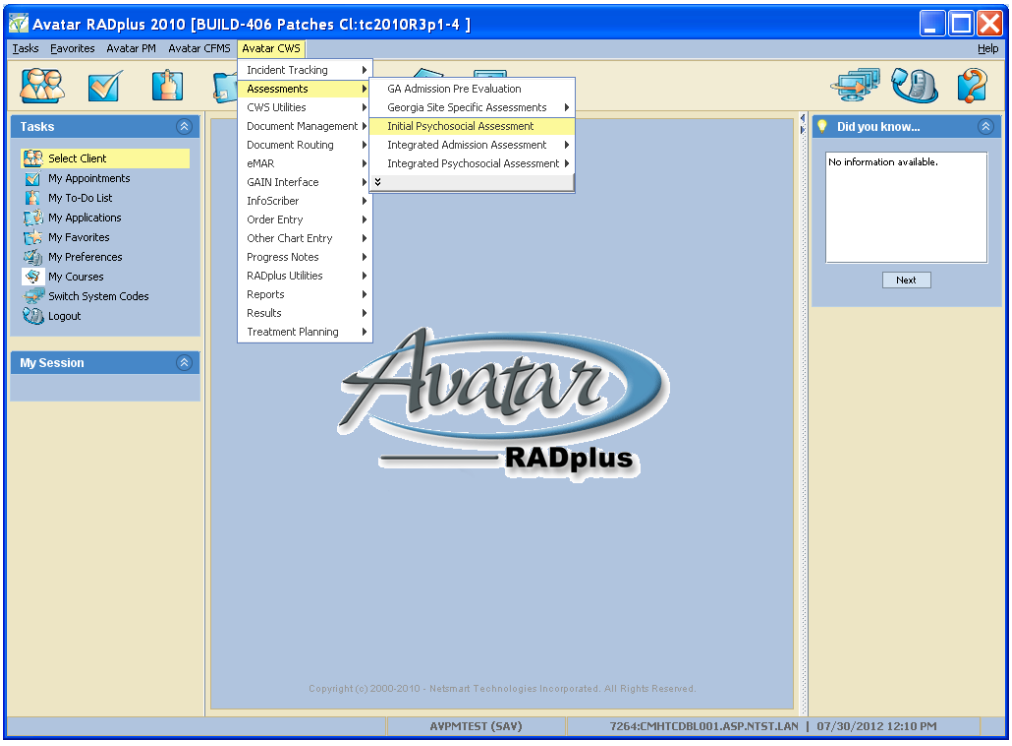
Prerequisites

- Staff member must have an active user id and access to the form in Avatar.

Procedures

How Do I Launch a Initial Psychosocial Assessment in Avatar?

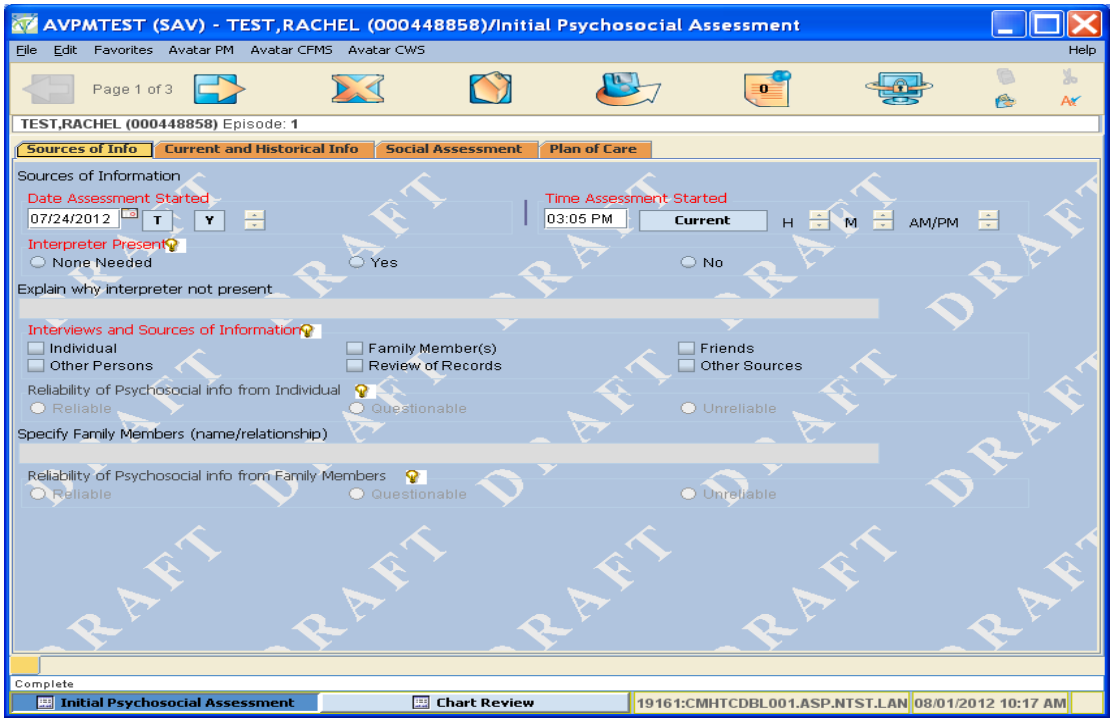
Menu Path - Avatar CWS → Assessments → Initial Psychosocial Assessment



How Do I Enter/Complete a New Initial Psychosocial Assessment?

Tab Name – Sources of Info (1 – 3)

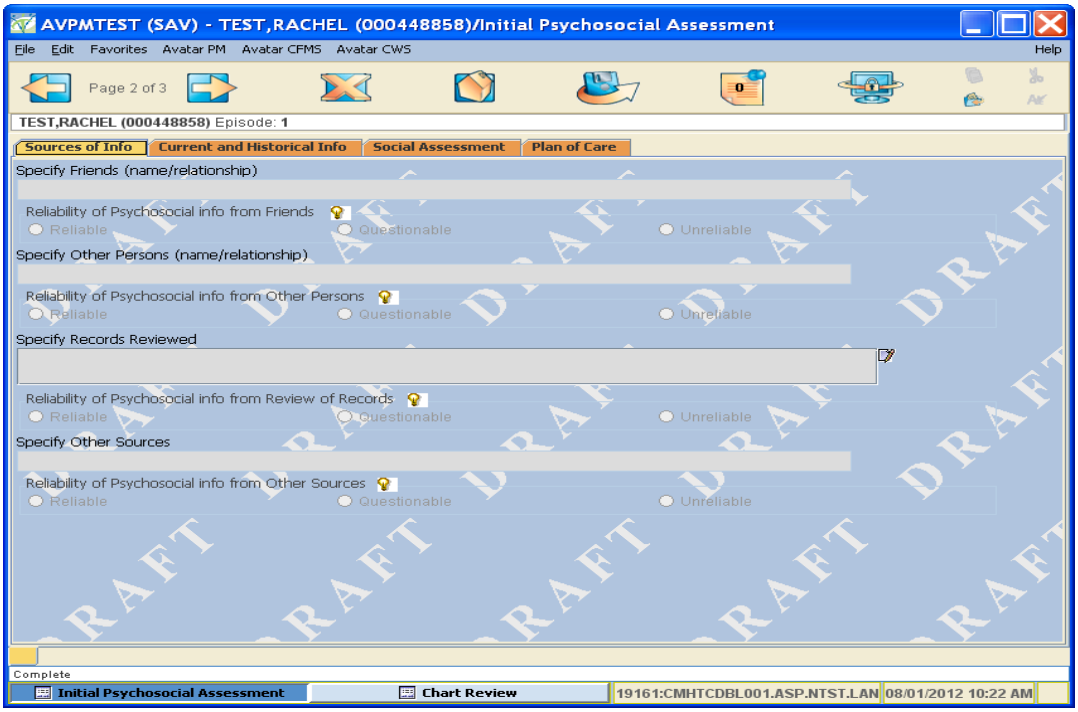
Notice there are 3 pages for this tab.



Field Name	***Instruction***
Date Assessment Started	Required. Current date is populated in the field. Click 'Y' to enter yesterday date or "T" for today or click small icon calendar next to field to select a date.
Time Assessment Started	Required. The form opens with the current time. To change the time, enter the time the assessment started. Click the 'current' button for the current time.
Interpreter Present	Required. Click 'not needed' option or 'Yes' option
Explain why interpreter not present	Initially disabled

Interviews and Sources of Information	Click any of the appropriate check boxes.
Reliability of Psychosocial Info from Individual	Enabled if the 'individual' box is checked from the source of information option. Click one of the reliability options: reliable, questionable, or unreliable.
Specify Family Members (name/relationship)	Enabled if the 'family member' box is checked from the source of information option. Enter the family member full name and relationship.
Reliability of Psychosocial Info from Family Members	Enabled if the 'family member' box is checked from the source of information option. Click one of the reliability options: reliable, questionable, or unreliable.

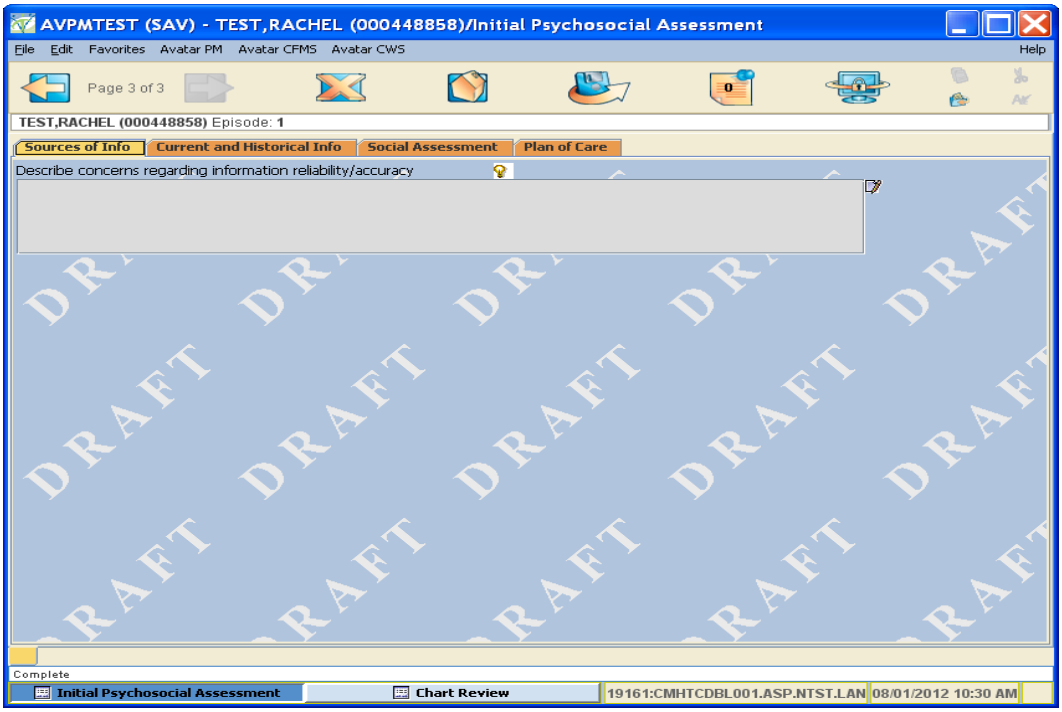
Tab Name – Sources of Info (2 – 3)



Field Name	***Instruction***
Specify Friends	Enabled if the 'friends' box is checked from the source of

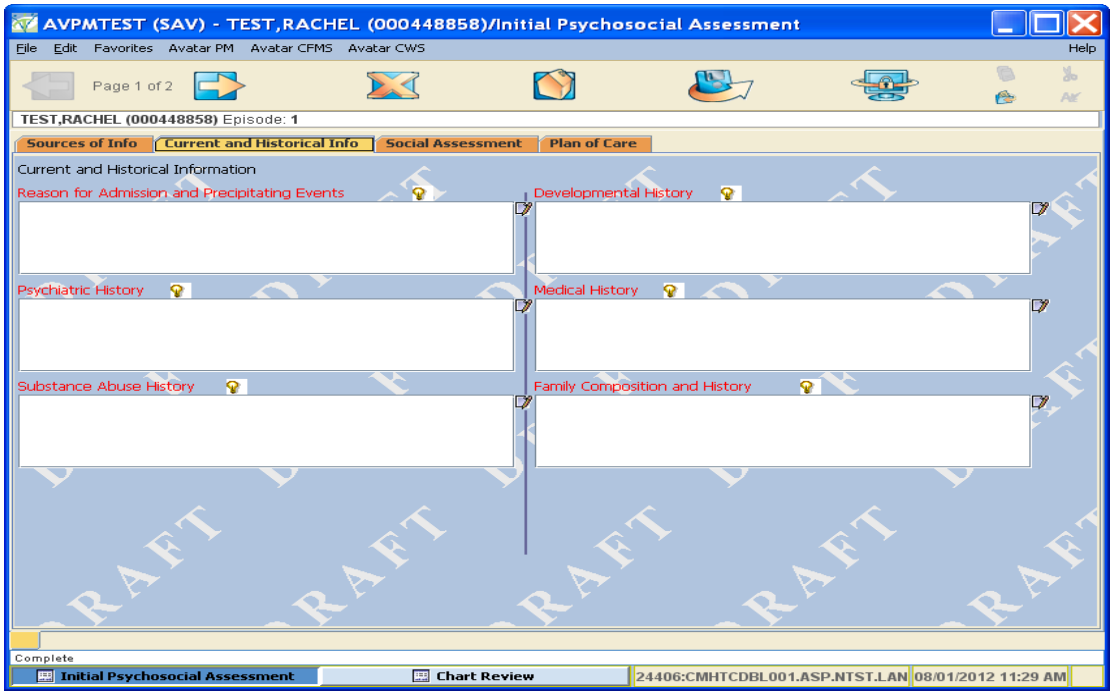
(name/relationship)	information option on page 1. Enter the name of the friend(s) and enter the relationship in the field
Reliability of Psychosocial Info from Friends	Enabled if the 'friends' box is checked from the source of information option on page 1. Click one of the reliability options: reliable, questionable, or unreliable.
Specify Other Persons (name/relationship)	Enabled if the 'other persons' box is checked from the source of information option on page 1. Enter the name of the person and relationship in the field.
Reliability of Psychosocial Info from Other Persons	Enabled if the 'other persons' box is checked from the source of information option on page 1. Click one of the reliability options: reliable, questionable, or unreliable.
Specify Records Reviewed	Enabled if the 'review records' box is checked from the source of information option on page 1. Enter the type records that were reviewed in this field.
Reliability of Psychosocial Info from Review of Records	Enabled if the 'review records' box is checked from the source of information option on page 1. Click one of the reliability options: reliable, questionable, or unreliable
Specify Other Sources	Enabled if the 'other sources' box is checked from the source of information option on page 1. Enter the other sources information in this field.
Reliability of Psychosocial Info from Other Sources	Enabled if the 'other sources' box is checked from the source of information option on page 1. Click one of the reliability options: reliable, questionable, or unreliable.

Tab Name – Sources of Info (3 – 3)



Field Name	***Instruction***
Describe concerns regarding information reliability/accuracy	Enter any concerns regarding the accuracy of the information provided in the required field.

Tab Name – Current and Historical Info (1 – 2)

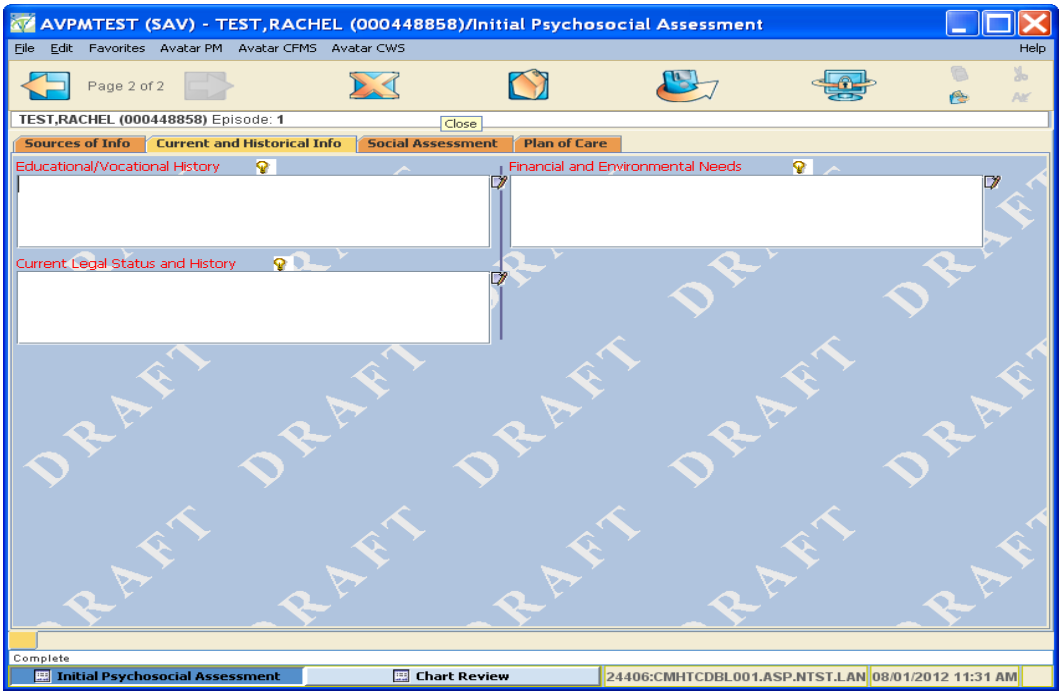


Note: Click on the light bulb icon next to the field name on the screen for more details.

Field Name	***Instruction***
	All field are required
Reason for Admission and Precipitating Events	Enter the reason, sudden event, occurrences, or condition which led to the admission.
Psychiatric History	Enter the patient psychiatric history in this field. If the information is not available, type in the words Not Available and state why.
Substance Abuse History	Enter substance abuse information in this field. If the information is not available, type in the words Not Available and state why.
Developmental History	If the information is not available at the current time, type in the words Not Available and state why.
Medical History	If the information is not available at the current time, type in the words Not Available and state why.

Family Composition and History	Identify immediate family members and individuals that grew up in the home of the patient. If the information is not available at the current time, type in the words Not Available and state why.

Tab Name – Current and Historical Info (2 – 2)

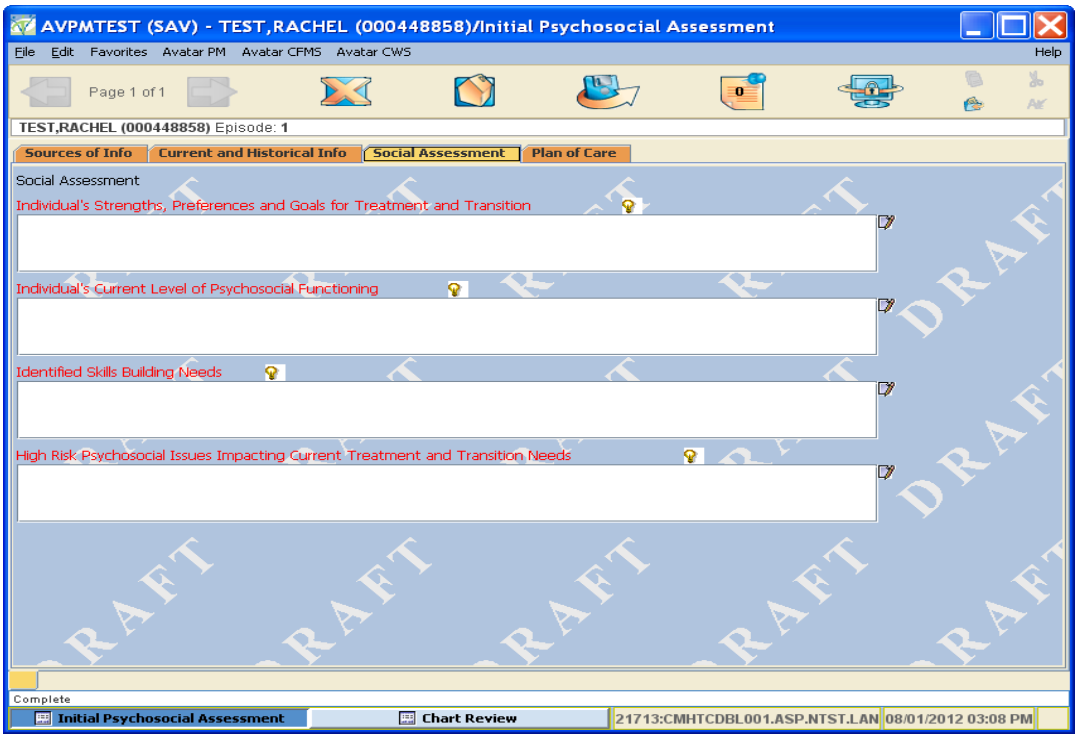


Note: Click on the light bulb icon next to the field name on the screen for more details.

Field Name	***Instruction***
	All fields are required
Educational/Vocational/Occupational History	Enter highest level education and if there are any special educational needs. Enter name of schools attended and identify if there are any language or learning barriers. If there are no needs/barriers, type in the field “No language or learning barriers or needs noted”.
Current Legal Status and History	Describe the person involvement with the legal system. This includes probation or parole, current/pending

	charges, and sentences. If not applicable, enter none.
Financial and Environmental Needs	Enter all sources of income if known and indicate if the individual has a representative that receives his or her check. Enter representative full name, address, and phone number in this field.

Tab Name – Social Assessment (1 – 1)

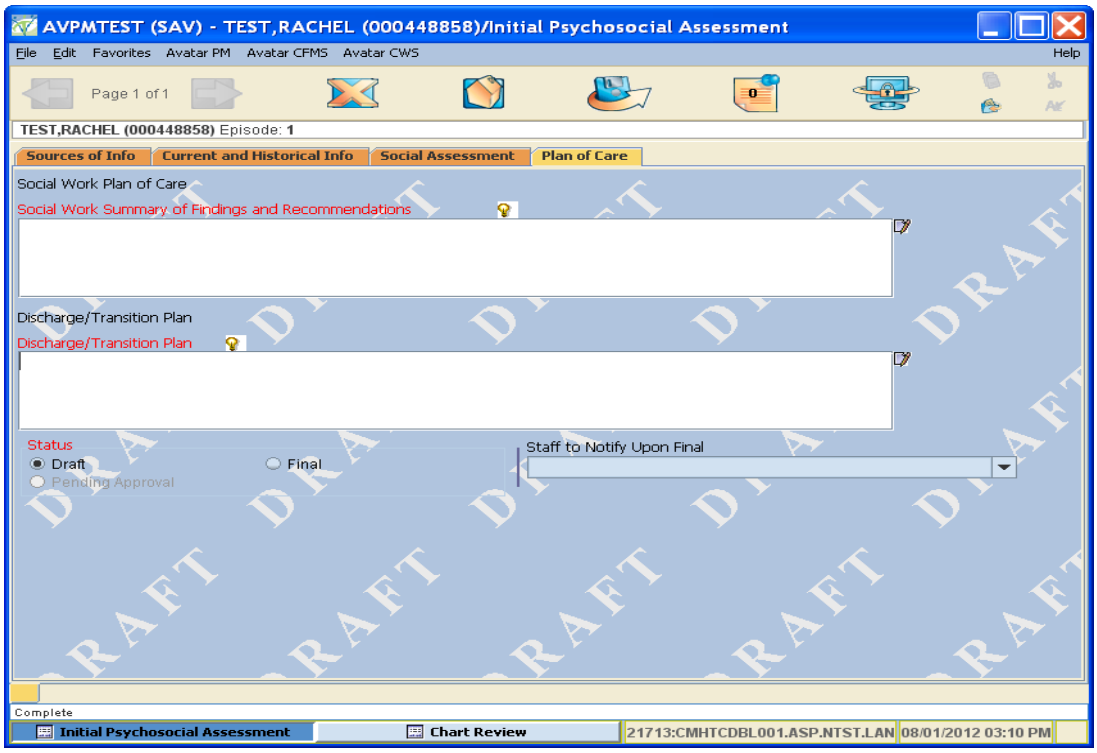


Note: Click on the light bulb icon next to the field name on the screen for more details

Field Name	***Instruction***
	All field are required
Individual's Strengths, Preferences and Goals for Treatment and Transition	Enter the individual's strengths and abilities that will help in the successful transition to the community. Discuss in the individuals own word his or her preferences to include their quotes.

Individual's Current Level of Psychosocial Functioning	Enter in this field a clinical impression of the individual's ability to function in self care, occupational, and social/relationships. Discuss impairments in self care due to psychosocial issues or barriers. Click the light bulb next to the field for more detail.
Identified Skills Building Needs	Include any skill building, training/habilitation or PSR necessary for the individual to be successful in the community.
High Risk Psychosocial Issues Impacting Current Treatment and Transition Needs	Enter any risk factors that may influence the individual needs and discuss barriers to obtaining necessary services that may cause relapse.

Tab Name – Plan Of Care (1 – 1)



Field Name	***Instruction***
Social Work Summary of Findings and	Write a brief summary of findings synthesizing all relevant information affecting treatment. Provide any

Recommendations	recommendations that relate to transition/discharge planning needs of the individual, including aftercare services and supports.
Discharge/Transition Plan	List in chronological sequence all tasks that hospital staff (i.e., SW, Case Manager, RPT, etc) and/or community agencies will initiate and complete that will enable the individual to be discharged. Ensure the discharge plan includes specific, individualized action steps.
Status	After completing the review, change the status to final.
Staff to Notify Upon Final	Select a staff to notify.

How Do I Save an Initial Psychosocial Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Initial Psychosocial Assessment?

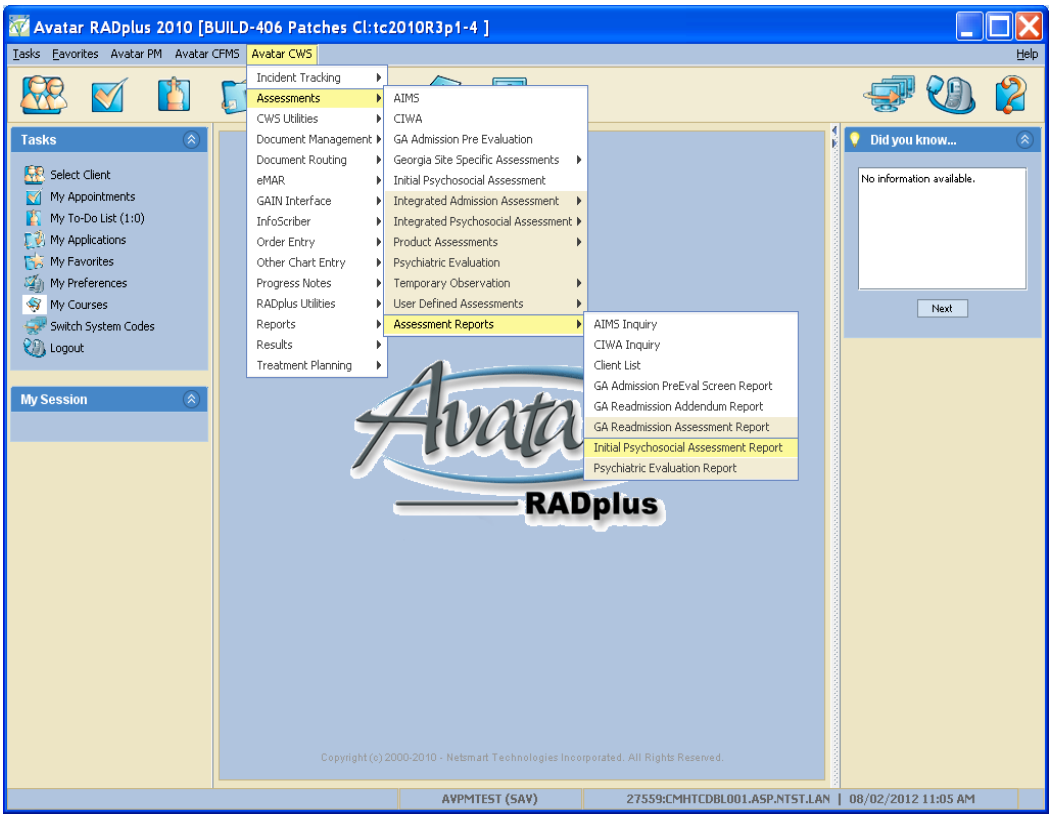
Menu Path - Avatar CWS → Assessments → Initial Psychosocial Assessment

Double click on the

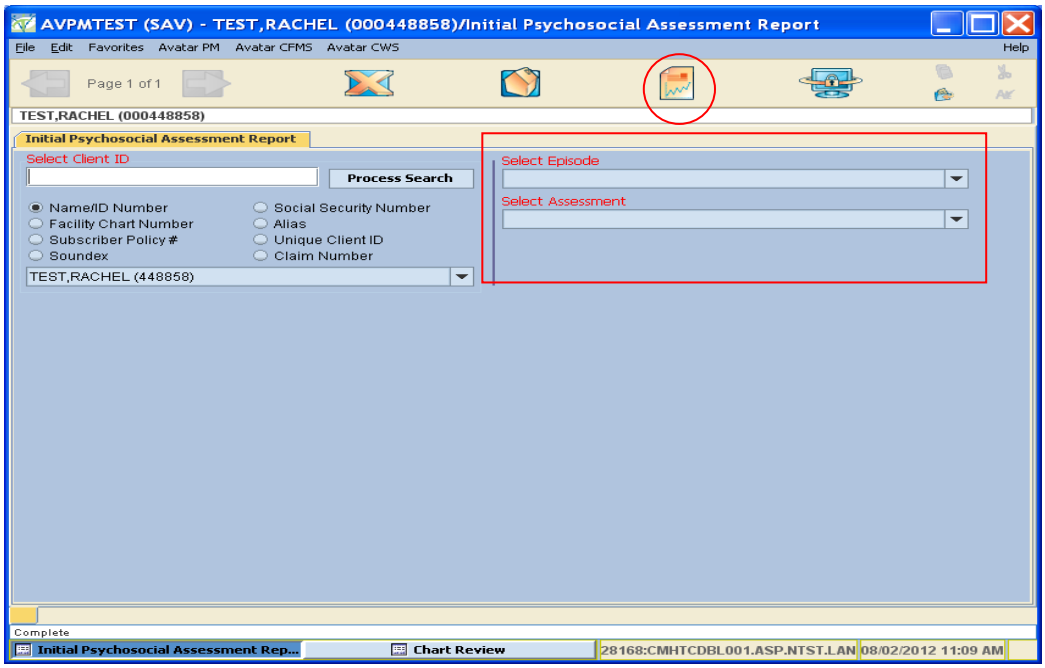
Selected Initial Psychosocial Assessment displays

How Do I Run the Initial Psychosocial Assessment report?

Menu Path - Avatar CWS → Assessments → Assessments Reports→ Initial Psychosocial Assessment Report



*Next, select a client name from the **Select Client screen** and the screen on the next page will open. If a client is selected under My Session, the below screen will also open.*

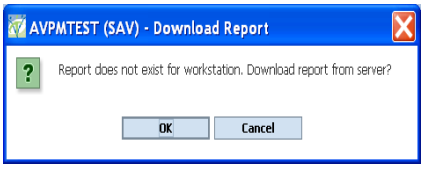


1. Click on the episode in the drop down box of the Select Episode field.

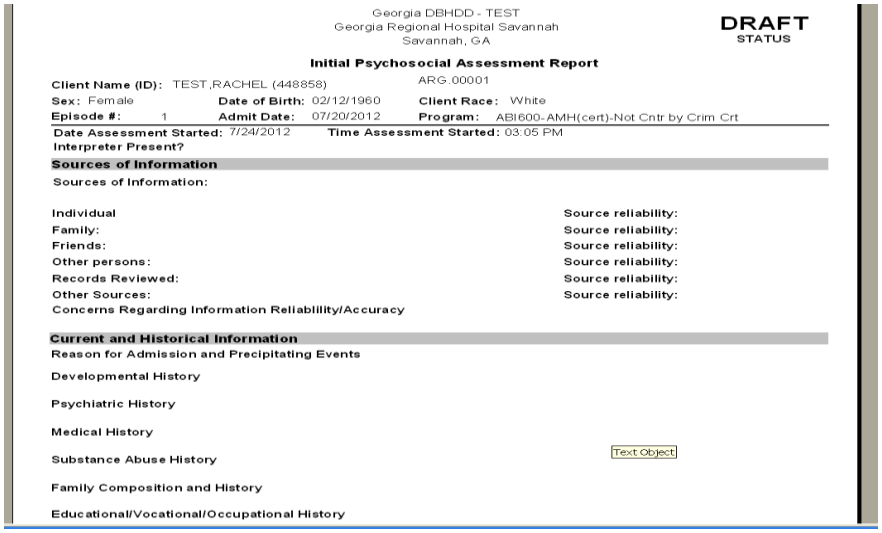
2. Click on the assessment in the Select Assessment field.

3. Position the mouse pointer over the report icon and click it to run the Initial Psychosocial Assessment Report.

4. If the download message appear, click OK to download the report.



Sample Report



Georgia DBHDD - TEST
Georgia Regional Hospital Savannah
Savannah, GA

DRAFT
STATUS

Initial Psychosocial Assessment Report

Client Name (ID): TEST,RACHEL (448858) ARG.00001
Sex: Female **Date of Birth:** 02/12/1960 **Client Race:** White
Episode #: 1 **Admit Date:** 07/20/2012 **Program:** ABI600-AMH(cert)-Not Cntr by Crim Crt
Date Assessment Started: 7/24/2012 **Time Assessment Started:** 03:05 PM
Interpreter Present?

Sources of Information

Sources of Information:

Individual — Source reliability:
Family: — Source reliability:
Friends: — Source reliability:
Other persons: — Source reliability:
Records Reviewed: — Source reliability:
Other Sources: — Source reliability:
Concerns Regarding Information Reliability/Accuracy

Current and Historical Information

Reason for Admission and Precipitating Events
Developmental History
Psychiatric History
Medical History
Substance Abuse History
Family Composition and History
Educational/Vocational/Occupational History

Text Object

After reviewing report, it can be printed or closed to return to Avatar.

How Do I Exit Initial Psychosocial Assessment?

Position the mouse pointer over the Close icon and single click the left mouse button.

Integrated Psychosocial Assessment Social History and Assessment

Purpose

The Integrated Psychosocial Assessment is a comprehensive and holistic picture of the current circumstances for the individual, as well as the pertinent psychosocial history of the individual.

Overview

The “Integrated Psychosocial Assessment” is completed jointly by a social service provider, an activity therapist, a psychologist and the Recovery Planning Team (RPT) Facilitator for individuals who are admitted to the hospital. The Integrated Psychosocial Assessment is comprised of multiple sections. The first section is the “Social History and Assessment” and is completed by the social worker/social service provider. Section two is the “Activity Therapy Assessment” and is completed by the activity therapist. The third section is the “Psychology Assessment” and is completed by the psychologist. The fourth and final section is the “Recovery Planning Team Facilitator Synthesis” which summarizes all of the other three sections and is completed by the RPT Facilitator. The “Integrated Psychosocial Assessment” must be completed within 12 days of admission.

The information gathered in the Integrated Psychosocial Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Integrated Psychosocial Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, and “Unit Nurse”.

Prerequisites

- Individual must have an open episode in Avatar
- Staff member must have an active user id and access to the form in Avatar

Procedures

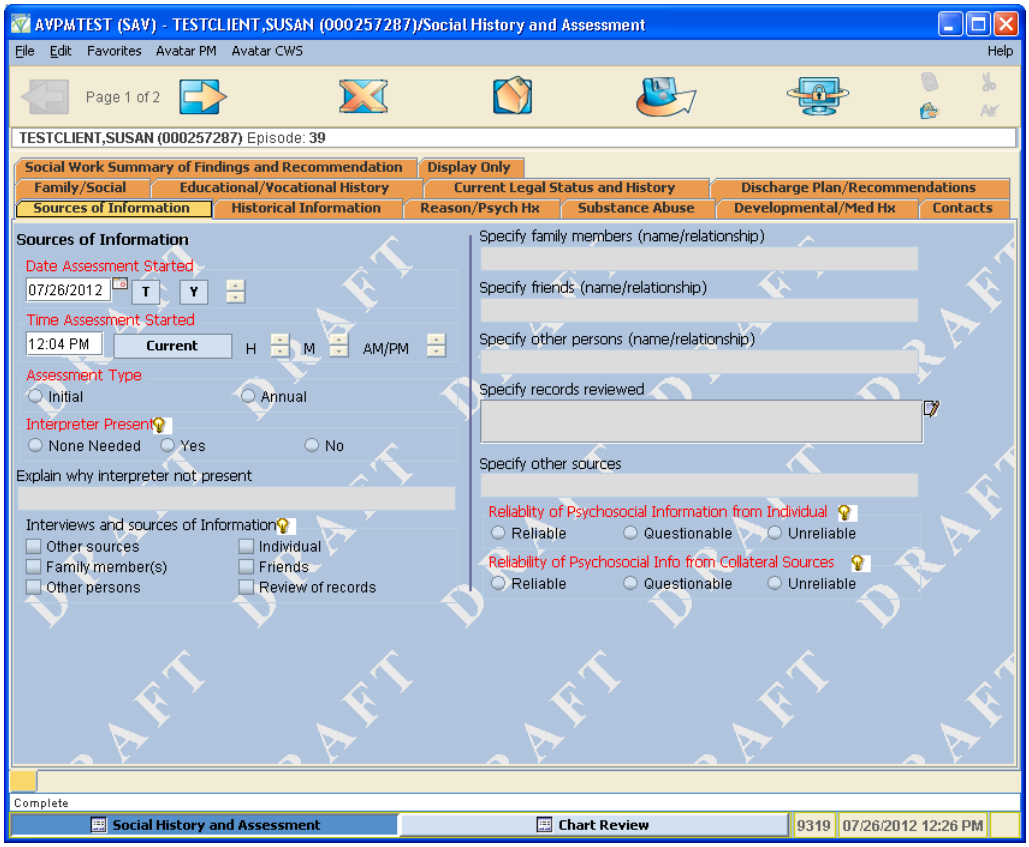
How Do I Launch a Social History Assessment in Avatar?

Menu Path - Avatar CWS → Assessment → Integrated Psychosocial Assessment → Social History and Assessment

How Do I Enter/Complete a New Social History Assessment?

Tab Name – Sources of Information (1 of 2)

Notice there are 2 pages for this tab.



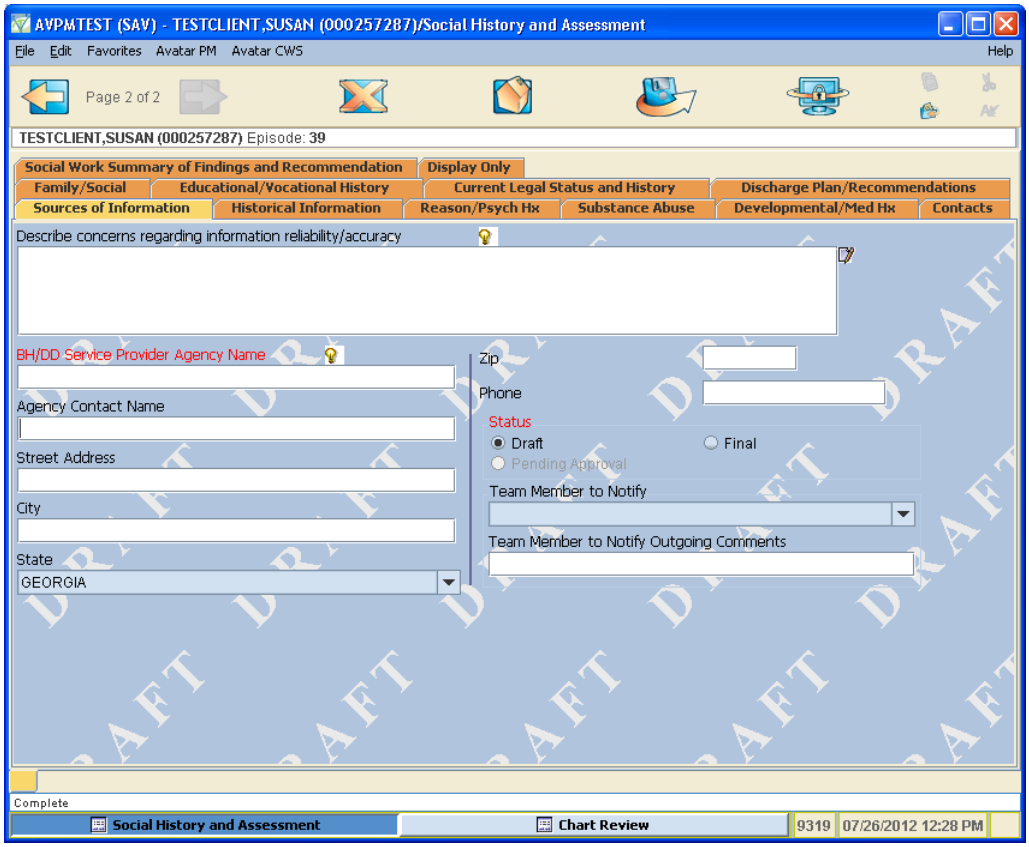
Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Assessment Type	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter Present	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Explain why interpreter not present	This field becomes required when the answer to “Interpreter Present” is ‘No’. Enter the reason that an interpreter was not present in this field.
Interviews and sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify family members (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify friends (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify other persons (name/relationship	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify records reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify other sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.
Reliability of Psychosocial Information from Individual	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Reliability of Psychosocial Information from Individual	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Reliability of Psychosocial Info from collateral sources	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Reliability of Psychosocial Info from collateral sources	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Sources of Information (2 of 2)

Notice there are 2 pages for this tab.



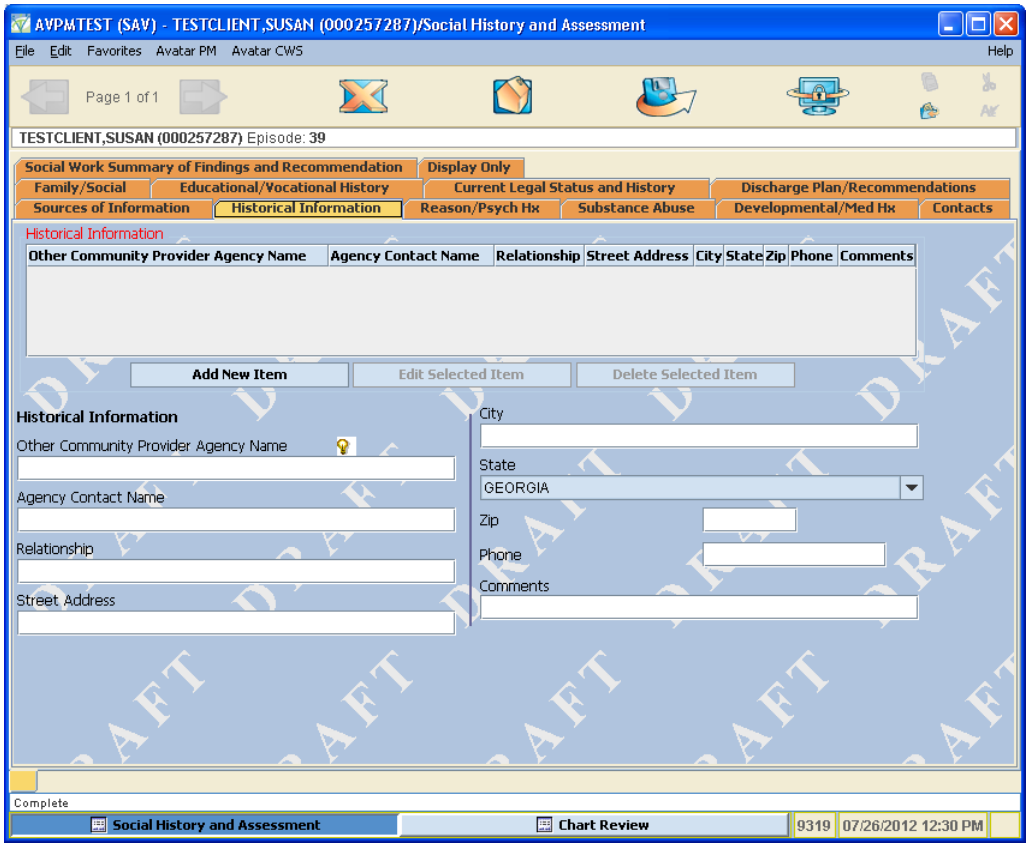
Field Name	***Instruction***
Describe concerns regarding information reliability/accuracy	This field becomes required when the answer to "Reliability of Psychosocial Information from Individual' and/or "Reliability of Psychosocial Info from collateral sources" is 'Questionable' and/or 'Unreliable'. Enter the concerns about the sources reliability in this field.

	NOTE: If 'Questionable' or 'Unreliable' is selected in error for either of the two (2) reliability questions, this field will remain a required field. If truly no information is to be entered into the "Describe concerns regarding information reliability/accuracy" field – meaning neither of the reliability questions is questionable nor unreliable, than enter NA in the field.
Describe concerns regarding information reliability/accuracy	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
BH/DD Service Provider Agency Name	This is a required field. Enter the name of the BH/DD Service Provider Agency in this field. If this information is unknown, then enter "Unknown" in the field.
BH/DD Service Provider Agency Name	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Agency Contact Name	This is an optional field. Enter the name of the Agency Contact, if known, in this field.
Street Address	This is an optional field. Enter the address of the BH/DD Service Provider Agency, if known, in this field.
City	This is an optional field. Enter the city of the BH/DD Service Provider Agency, if known, in this field.
State	This is an optional field. Enter the state of the BH/DD Service Provider Agency, if known, in this field.
Zip	This is an optional field. Enter the zip code of the BH/DD Service Provider Agency, if known, in this field.
Phone	This is an optional field. Enter the phone number of the BH/DD Service Provider Agency, if known, in this field.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. Selecting final will not allow any further changes to be made on the form.

Team member to Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team member to Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Historical Information (1 of 1)

Notice there is 1 page for this tab.



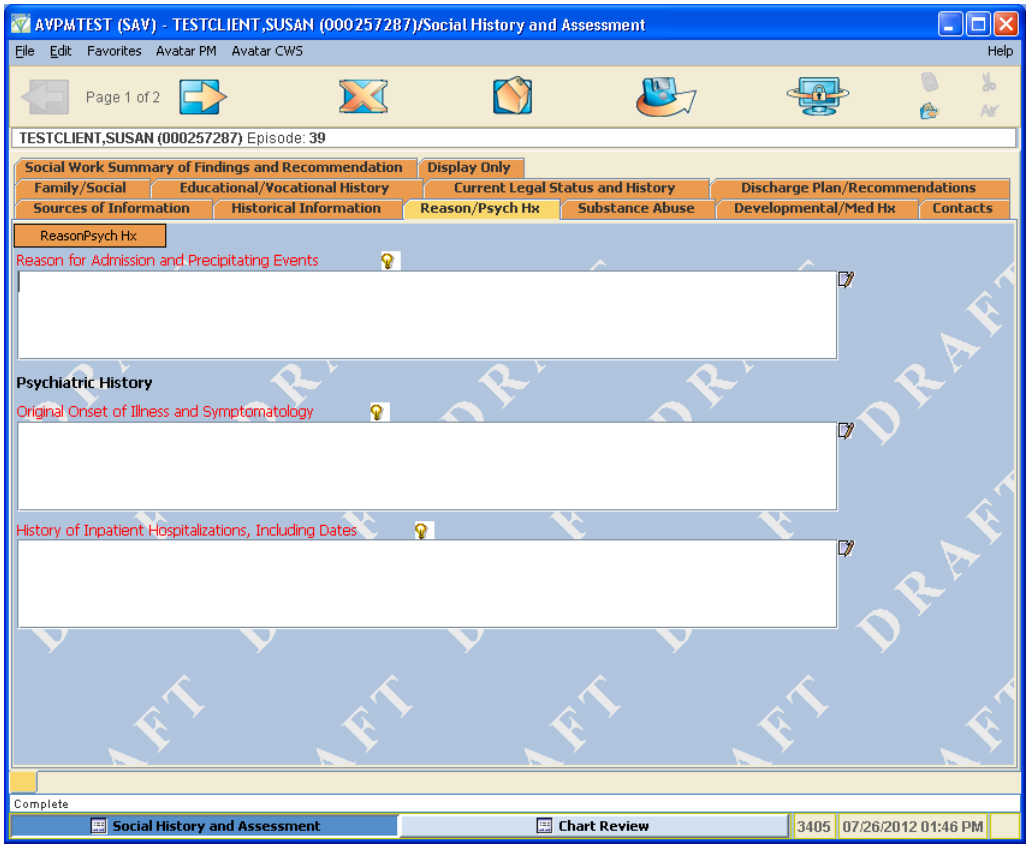
Field Name	***Instruction***

Historical Information Multi Iteration Table	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. First, click on the “Add New Item” button to create a new row in the table. Second, answer the questions under the table as appropriate for the community provider history.
Other Community Provider Agency Name	This is an optional field. Enter the name of the community provider agency in this field.
Other Community Provider Agency Name	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Agency Contact Name	This is an optional field. Enter the name of the community agency contact in this field.
Relationship	This is an optional field. Enter the relationship of the community provider agency to the individual in this field.
Street Address	This is an optional field. Enter the address of the community provider agency in this field.
City	This is an optional field. Enter the city of the community provider agency in this field.
State	This is an optional field. Enter the state of the community provider agency in this field.
Zip	This is an optional field. Enter the zip code for the community provider agency in this field.
Phone	This is an optional field. Enter the phone number for the community provider agency in this field.
Comments	This is an optional field. Enter any comments about the historical community provider agency and the individual in this field.
Edit	To edit a particular entry, click on the row to be edited. Then click the “Edit Selected Item” button. Make the correction and tab out of the field. Continue with data entry.

Delete	To delete a particular entry, click on the row to be deleted. Click on the “Delete Selected Item” button. Confirm the deletion on the pop up message by clicking OK. Continue with data entry.

Tab Name – Reason/Psych Hx (1 of 2)

Notice there are 2 pages for this tab.

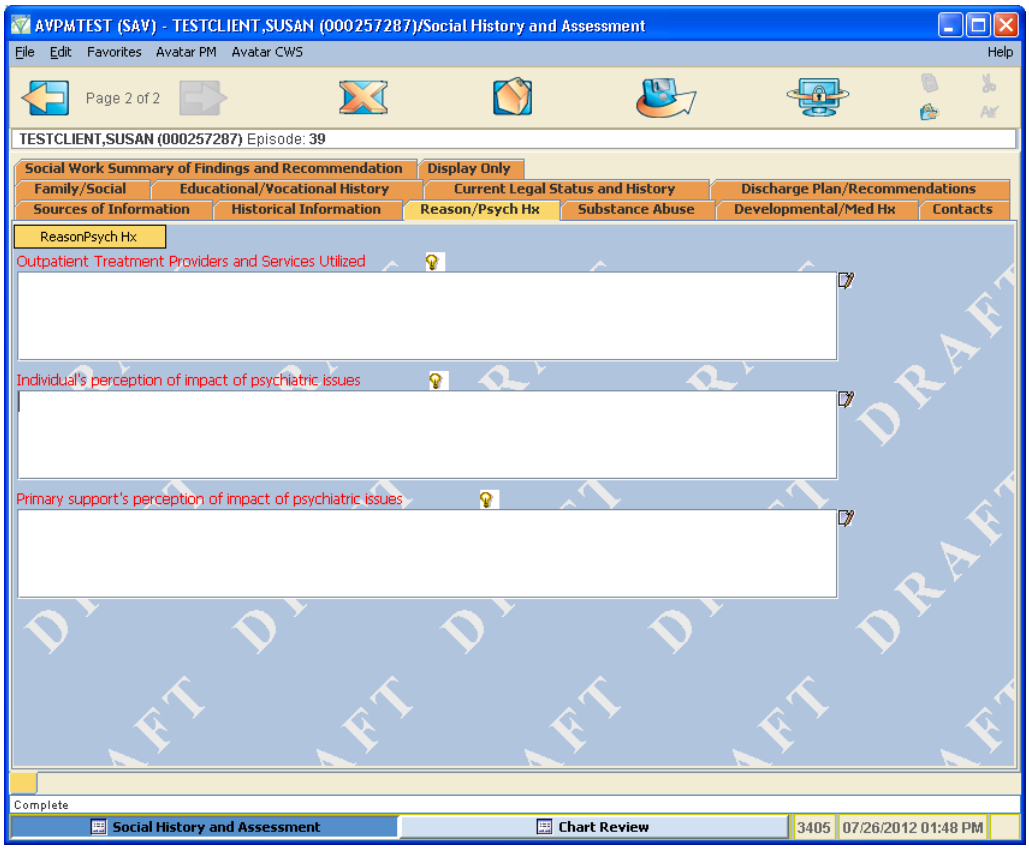


Field Name	***Instruction***
Reason for Admission and Precipitating Events	This is a required field. Enter information obtained about the precipitating events and reason for admission in this field.
Reason for Admission and Precipitating Events	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Original Onset of Illness and Symptomatology	This is a required field. Enter information obtained about the onset of the individual's illness and symptoms in this field.
Original Onset of Illness and Symptomatology	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
History of Inpatient	This is a required field. Enter information obtained about the

Hospitalizations, Including Dates	history of the individual's hospitalizations in this field.
History of Inpatient Hospitalizations, Including Dates	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Reason/Psych Hx (2 of 2)

Notice there are 2 pages for this tab

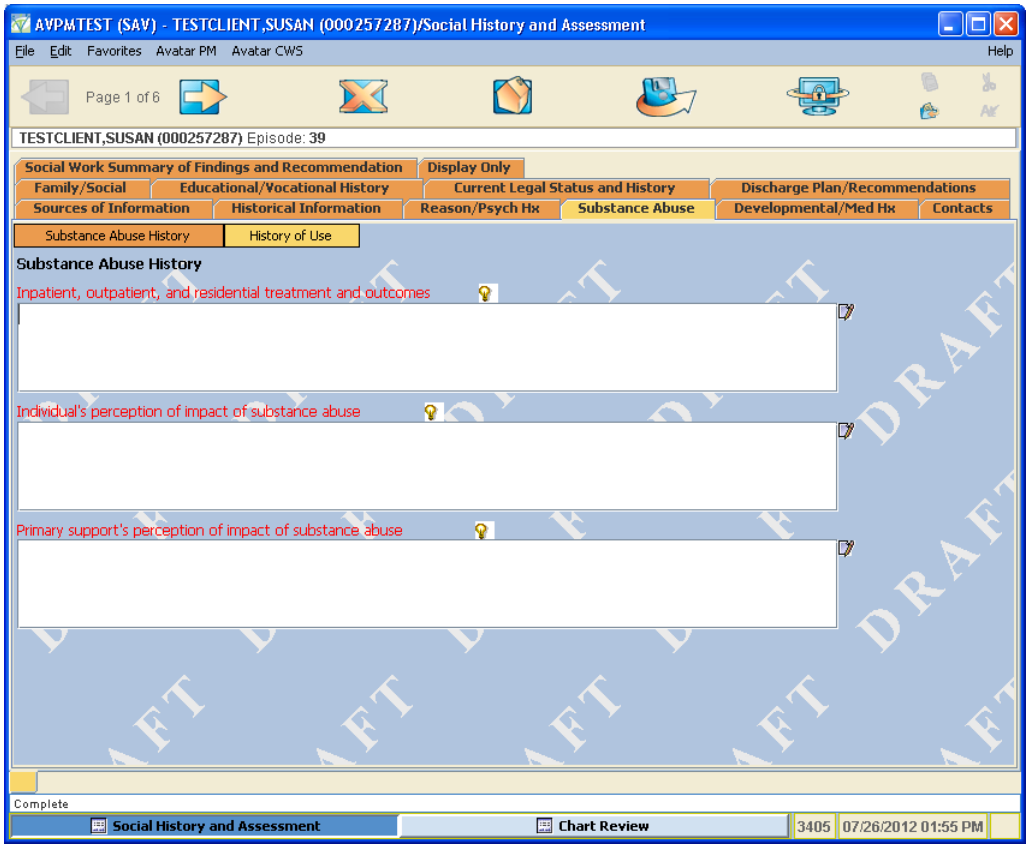


Field Name	***Instruction***
Outpatient Treatment Providers and Services Utilized	This is a required field. Enter information obtained about the outpatient providers and services used by the individual in this field.
Outpatient Treatment Providers	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or

and Services Utilized	provide examples of what is entered into the field.
Individual perception of Impact of psychiatric issues	This is a required field. Enter information obtained about the individual's perceptions of his/her issues in this field.
Individual perception of Impact of psychiatric issues	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Primary support's perception of impact of psychiatric issues	This is a required field. Enter information obtained about the primary support's perception of the individual's issues in this field.
Primary support's perception of impact of psychiatric issues	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Substance Abuse (1 of 6)

Notice there are 6 pages for this tab.

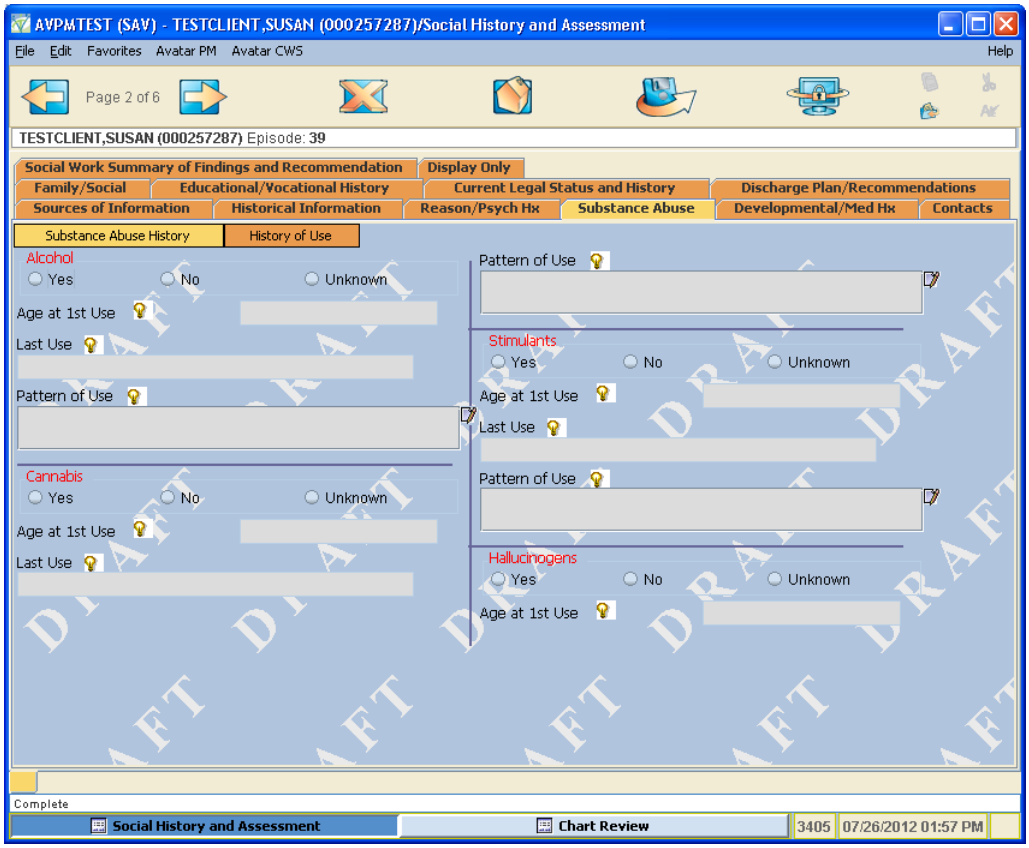


Field Name	***Instruction***
Inpatient, outpatient, and residential treatment and outcomes	This is a required field. Enter information obtained about the individual's prior treatment and outcomes of the treatment in this field.
Inpatient, outpatient, and residential treatment and outcomes	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Individual's perception of impact of substance abuse	This is a required field. Enter information obtained about the individual's perceptions of the impact of substance abuse in this field.
Individual's perception of impact of substance abuse	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Primary support's perception of	This is a required field. Enter information obtained about the primary support's perceptions of the impact of the

impact of substance abuse	individual's substance abuse in this field.
Primary support's perception of impact of substance abuse	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Substance Abuse (2 of 6)

Notice there are 6 pages for this tab.



Field Name	***Instruction***
Alcohol	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Alcohol” is ‘Yes’. Enter the age that the individual first used alcohol in this field.
Last Use	This field becomes required if the answer to “Alcohol” is ‘Yes’. Enter when the individual last used alcohol in this field.
Pattern of Use	This field becomes required if the answer to “Alcohol” is ‘Yes’. Enter the individual’s pattern of alcohol use in this field.
Cannabis	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Age at 1st Use	This field becomes required if the answer to “Cannabis” is ‘Yes’. Enter the age that the individual first used cannabis in this field.
Last Use	This field becomes required if the answer to “Cannabis” is ‘Yes’. Enter when the individual last used cannabis in this field.
Pattern of Use	This field becomes required if the answer to “Cannabis” is ‘Yes’. Enter the individual’s pattern of cannabis use in this field.
Stimulants	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Stimulants” is ‘Yes’. Enter the age that the individual first used stimulants in this field.
Last Use	This field becomes required if the answer to “Stimulants” is ‘Yes’. Enter when the individual last used stimulants in this field.
Pattern of Use	This field becomes required if the answer to “Stimulants” is ‘Yes’. Enter the individual’s pattern of stimulants use in this field.
Hallucinogens	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Hallucinogens” is ‘Yes’. Enter the age that the individual first used hallucinogens in this field.

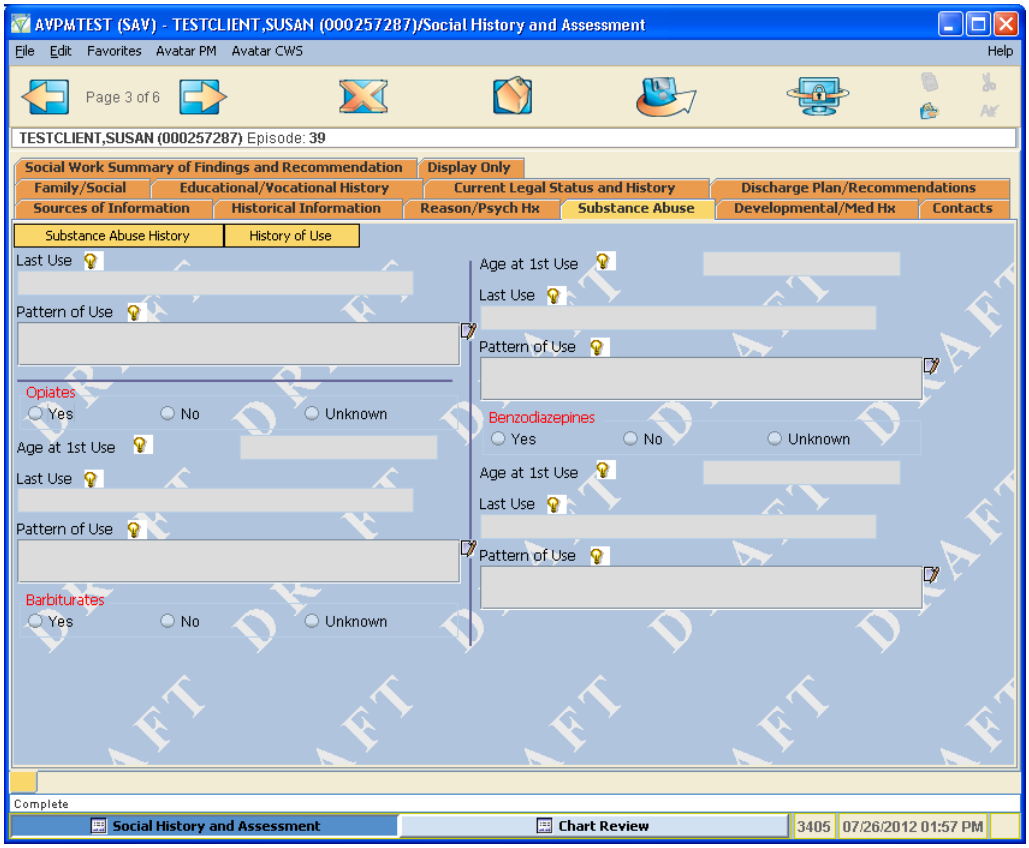
Help Messages for Pages 2 – 5 of the Substance Abuse Tab are as follows:

Field Name	***Instruction***
Age at 1st Use	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Last Use	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Pattern of Use	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of

	what is entered into the field.

Tab Name – Substance Abuse (3 of 6)

Notice there are 6 pages for this tab.

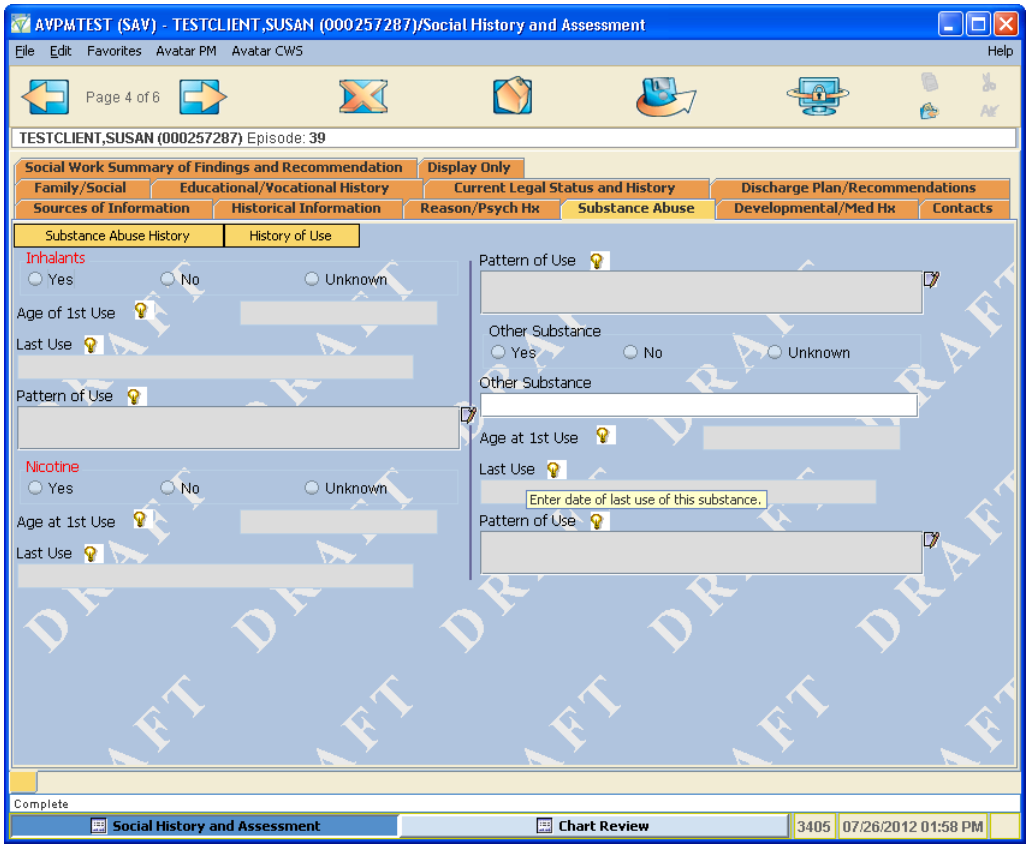


Field Name	***Instruction***
Last Use	This field becomes required if the answer to “Hallucinogens” is ‘Yes’. Enter when the individual last used hallucinogens in this field.
Pattern of Use	This field becomes required if the answer to “Hallucinogens” is ‘Yes’. Enter the individual’s pattern of hallucinogens use in this field.
Opiates	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Opiates” is ‘Yes’. Enter the age that the individual first used opiates in this field.
Last Use	This field becomes required if the answer to “Opiates” is ‘Yes’. Enter when the individual last used opiates in this field.

Pattern of Use	This field becomes required if the answer to “Opiates” is ‘Yes’. Enter the individual’s pattern of opiates use in this field.
Barbiturates	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Barbiturates” is ‘Yes’. Enter the age that the individual first used barbiturates in this field.
Last Use	This field becomes required if the answer to “Barbiturates” is ‘Yes’. Enter when the individual last used barbiturates in this field.
Pattern of Use	This field becomes required if the answer to “Barbiturates” is ‘Yes’. Enter the individual’s pattern of barbiturates use in this field.
Benzodiazepines	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age at 1st Use	This field becomes required if the answer to “Benzodiazepines” is ‘Yes’. Enter the age that the individual first used benzodiazepines in this field.
Last Use	This field becomes required if the answer to “Benzodiazepines” is ‘Yes’. Enter when the individual last used benzodiazepines in this field.
Pattern of Use	This field becomes required if the answer to “Benzodiazepines” is ‘Yes’. Enter the individual’s pattern of benzodiazepines use in this field.

Tab Name – Substance Abuse 4 of 6

Notice there are 6 pages for this tab.

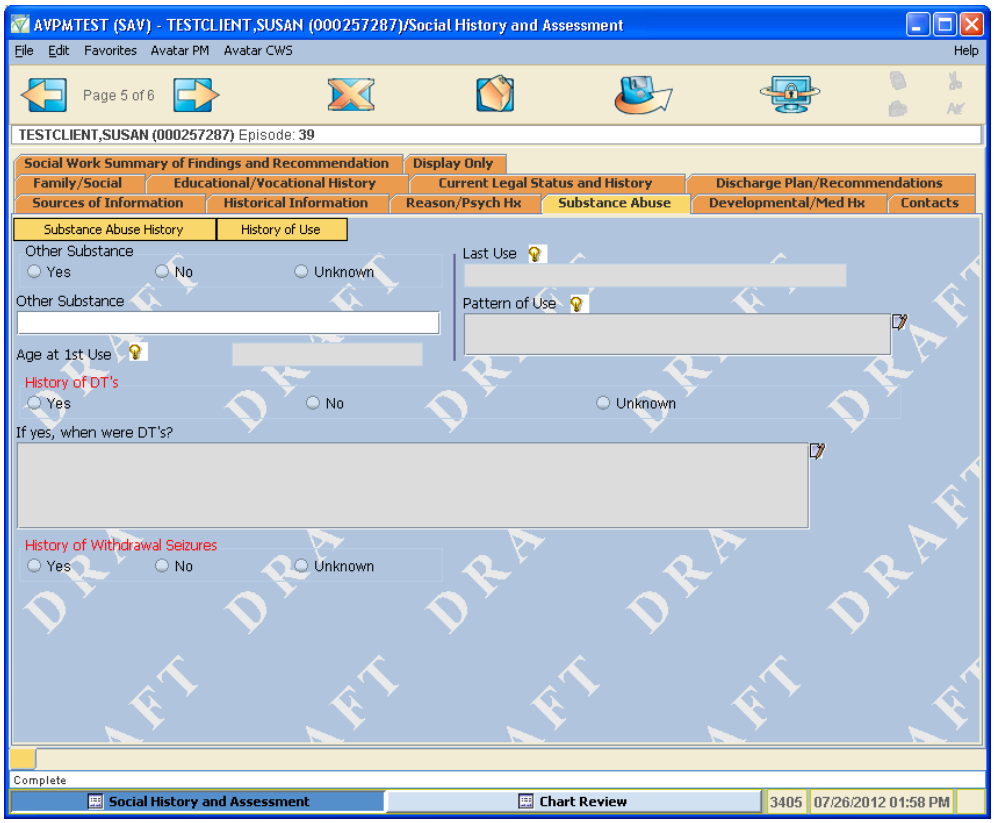


Field Name	***Instruction***
Inhalants	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Age of 1st Use	This field becomes required if the answer to “Inhalants” is ‘Yes’. Enter the age that the individual first used inhalants in this field.
Last Use	This field becomes required if the answer to “Inhalants” is ‘Yes’. Enter when the individual last used inhalants in this field.
Pattern of Use	This field becomes required if the answer to “Inhalants” is ‘Yes’. Enter the individual’s pattern of inhalants use in this field.
Nicotine	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Age at 1st Use	This field becomes required if the answer to “Nicotine” is ‘Yes’. Enter the age that the individual first used nicotine in this field.
Last Use	This field becomes required if the answer to “Nicotine” is ‘Yes’. Enter when the individual last used nicotine in this field.
Pattern of Use	This field becomes required if the answer to “Nicotine” is ‘Yes’. Enter the individual’s pattern of nicotine use in this field.
Other Substance	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Substance	Enter the name of the other substance in this field if the answer to “Other Substance” is ‘Yes’.
Age at 1st Use	This field becomes required if the answer to “Other Substance” is ‘Yes’. Enter the age that the individual first used the other substance in this field.
Last Use	This field becomes required if the answer to “Other Substance” is ‘Yes’. Enter when the individual last used the other substance in this field.
Pattern of Use	This field becomes required if the answer to “Other Substance” is ‘Yes’. Enter the individual’s pattern of the other substance use in this field.

Tab Name – Substance Abuse (5 of 6)

Notice there are 6 pages for this tab.

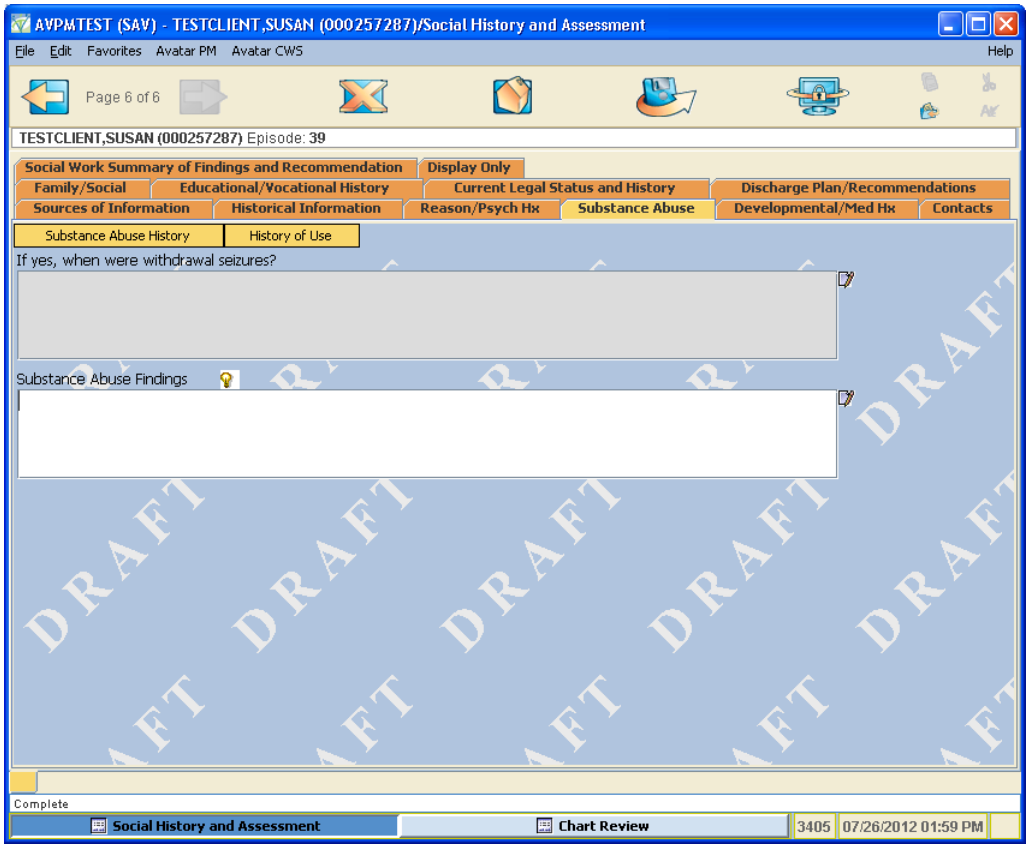


Field Name	***Instruction***
Other Substance	This is an optional field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Other Substance	Enter the name of the other substance in this field if the answer to “Other Substance” is ‘Yes’.
Age at 1st Use	This field becomes required if the answer to “Other Substance” is ‘Yes’. Enter the age that the individual first used the other substance in this field.
Last Use	This field becomes required if the answer to “Other Substance” is ‘Yes’. Enter when the individual last used the other substance in this field.
Pattern of Use	This field becomes required if the answer to “Other Substance”

	is 'Yes'. Enter the individual's pattern of the other substance use in this field.
History of DT's	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
If yes, when were DT's	This field becomes required when the answer to "History of DT's" is 'Yes'. Enter information about when the individual last experienced DT's.
History of Withdrawal Seizures	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Tab Name – Substance Abuse 6 of 6

Notice there are 6 pages for this tab.

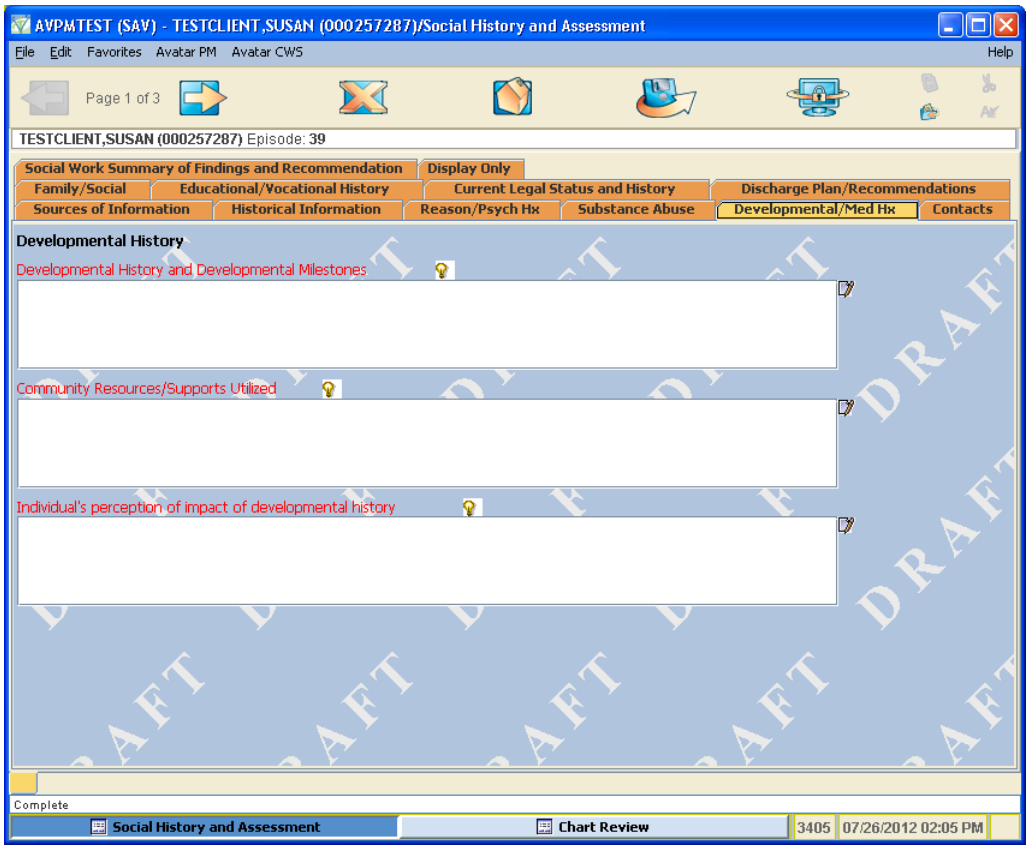


Field Name	***Instruction***

If yes, when were withdrawal seizures?	This field becomes required when the answer to “History of Withdrawal Seizures” is ‘Yes’. Enter information about when the individual last experienced withdrawal seizures.
Substance Abuse Findings	This is an optional field. Enter information about the substance abuse findings in this field.
Substance Abuse Findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Developmental/Med Hx (1 of 3)

Notice there are 3 pages for this tab.

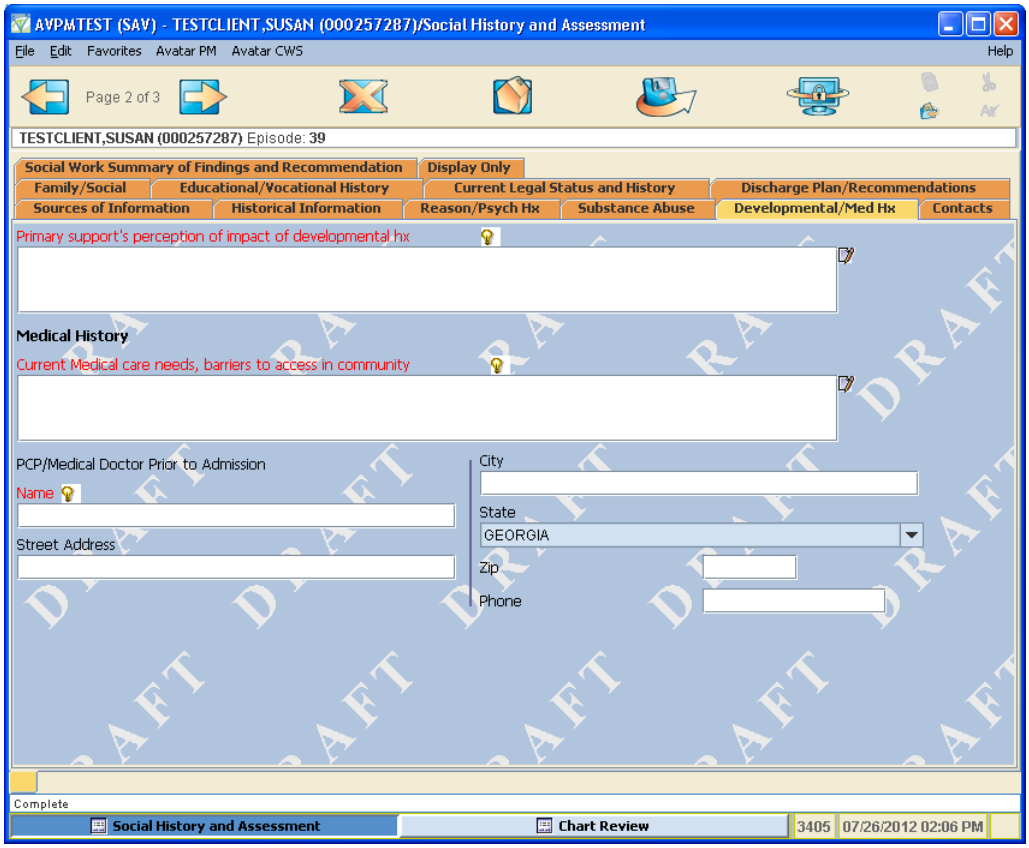


Field Name	***Instruction***

Developmental History and Developmental Milestones	This is a required field. Enter information obtained about the individual's developmental history and milestones in this field.
Developmental History and Developmental Milestones	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Community Resources/Supports Utilized	This is a required field. Enter information obtained about the individual's community supports in this field.
Community Resources/Supports Utilized	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Individual's perception of impact of developmental history	This is a required field. Enter information obtained about the individual's perception of impact of his/her developmental history in this field.
Individual's perception of impact of developmental history	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Developmental/Med Hx (2 of 3)

Notice there are 3 pages for this tab.

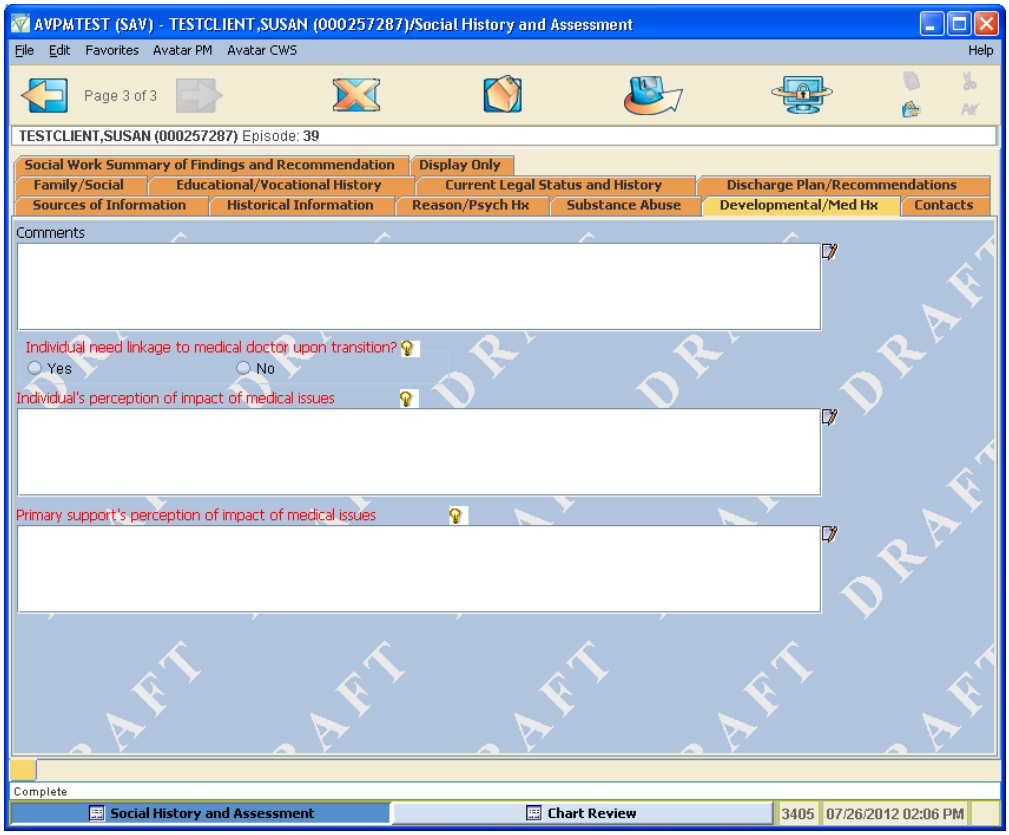


Field Name	***Instruction***
Primary support's perception of impact of developmental hx	This is a required field. Enter information obtained about the primary support's perception of impact of the individual's developmental history in this field.
Primary support's perception of impact of developmental hx	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Current Medical care needs, barriers to access in community	This is a required field. Enter information obtained about the current medical care and access barriers for the individual in this field.
Current Medical care needs, barriers to access in	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

community	examples of what is entered into the field.
Name	This is a required field. Enter the name of the individual's PCP or Medical Doctor in this field.
Name	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Street Address	This is an optional field. Enter the address of the individual's PCP or Medical Doctor in this field.
City	This is an optional field. Enter the city of the individual's PCP or Medical Doctor in this field.
State	This is an optional field. Enter the state of the individual's PCP or Medical Doctor in this field.
Zip	This is an optional field. Enter the zip code for the individual's PCP or Medical Doctor in this field.
Phone	This is an optional field. Enter the phone number for the individual's PCP or Medical Doctor in this field.

Tab Name – Developmental/Med Hx (3 of 3)

Notice there are 3 pages for this tab.

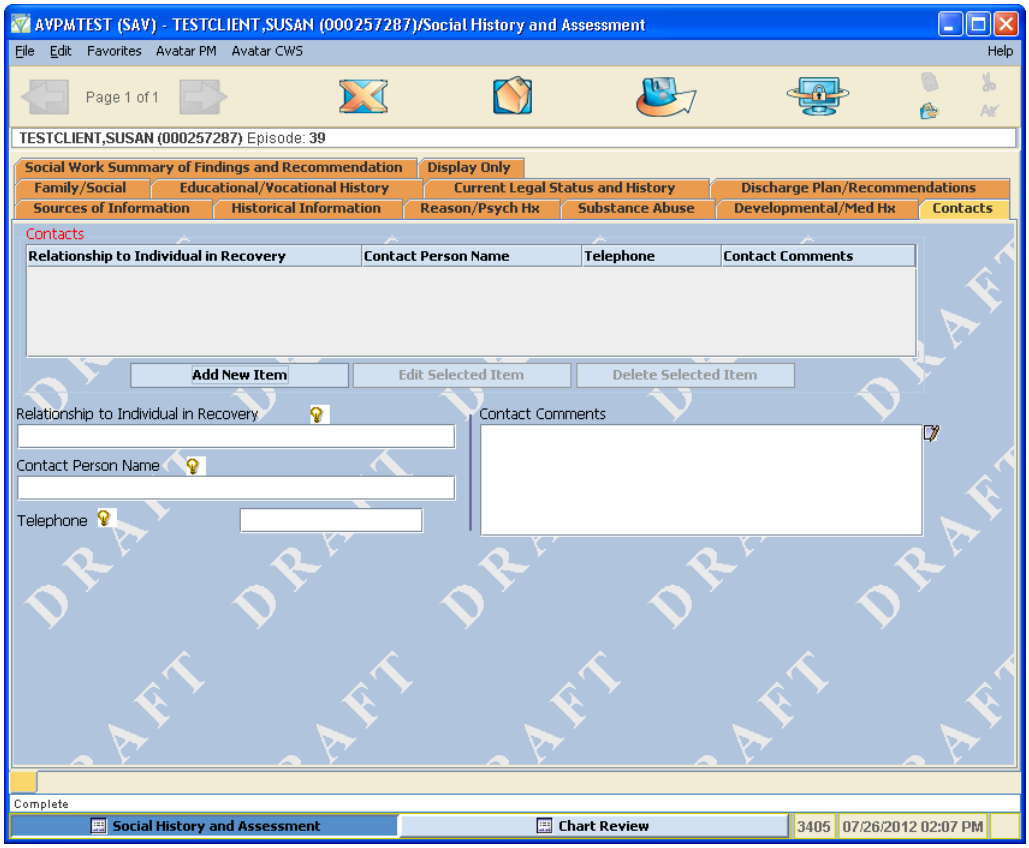


Field Name	***Instruction***
Comments	This is an optional field. Enter any comments about the individual's medical history in this field.
Individual need linkage to medical doctor upon transition?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Individual need linkage to medical doctor upon transition?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Individual's perception of impact of medical issues	This is a required field. Enter information obtained about the individual's perception of impact of his/her medical issues in this field.

Individual's perception of impact of medical issues	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Primary support's perception of impact of medical issues	This is a required field. Enter information obtained about the primary support's perception of impact of the individual's medical issues in this field.
Primary support's perception of impact of medical issues	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Contacts (1 of 1)

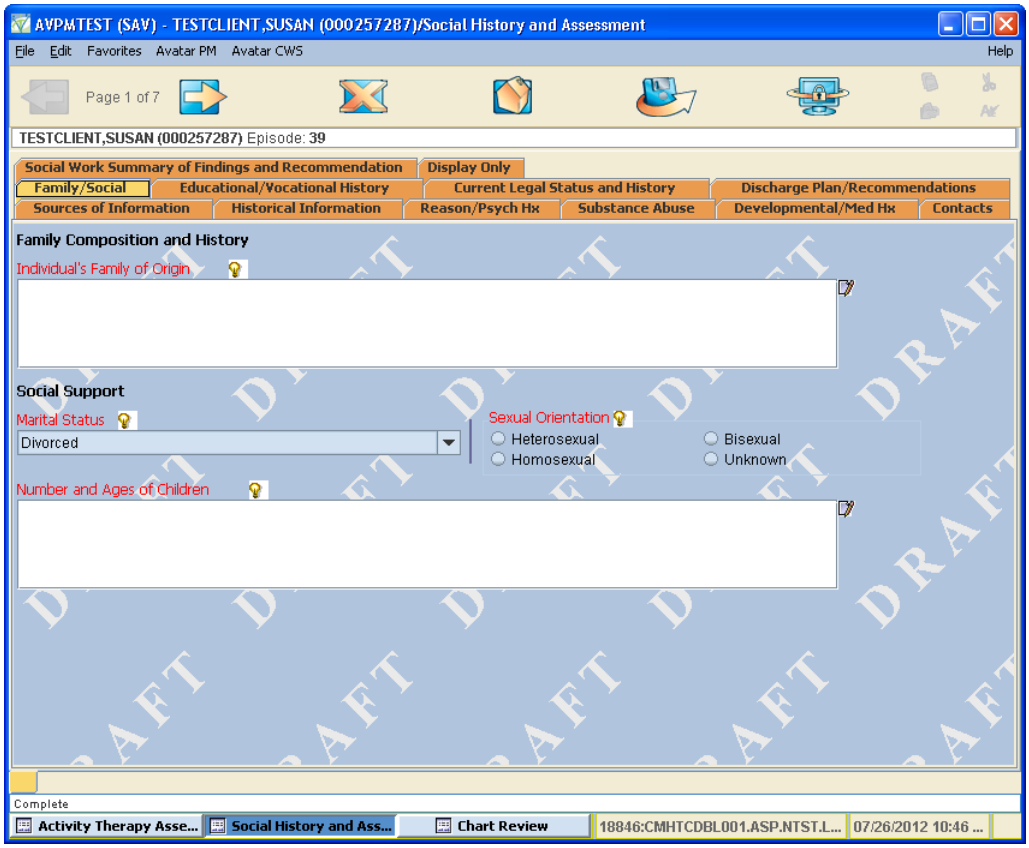
Notice there is 1 page for this tab.



Field Name	***Instruction***
Contacts Multi Iteration Table	This is a multi-iteration table that allows multiple pieces of information to be entered into one place. First, click on the "Add New Item" button to create a new row in the table. Second, answer the questions under the table as appropriate for the community provider history.
Relationship to individual in Recovery	This is an optional field. Enter the relationship of the contact to the individual in this field.
Relationship to individual in Recovery	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Contact Person Name	This is an optional field. Enter the contact's name in this field.
Contact Person Name	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Telephone	This is an optional field. Enter the telephone number for the contact in this field.
Telephone	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Contact Comments	This is an optional field. Enter any comments about the contact in this field.
Edit	To edit a particular entry, click on the row to be edited. Then click the "Edit Selected Item" button. Make the correction and tab out of the field. Continue with data entry.
Delete	To delete a particular entry, click on the row to be deleted. Click on the "Delete Selected Item" button. Confirm the deletion on the pop up message by clicking OK. Continue with data entry.

Tab Name – Family/Social (1 of 7)

Notice there are 7 pages for this tab.

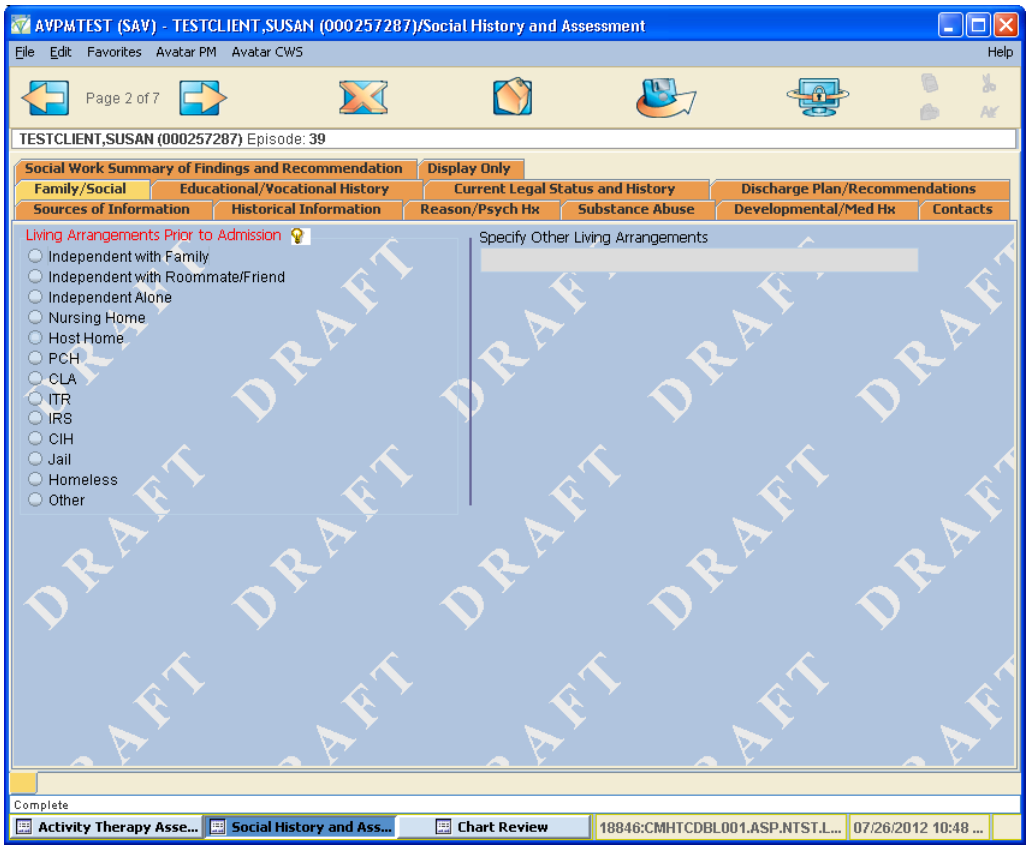


Field Name	***Instruction***
Individual's Family of Origin	This is a required field. Enter information about the individual's family in this field.
Individual's Family of Origin	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Marital Status	This is a required field. The marital status will be populated by information entered into Avatar PM. If no information is entered in Avatar PM, then select the individual's marital status from the drop down menu on this screen. NOTE: If blank in Avatar PM, the marital status in PM should be updated.

Marital Status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Number and Ages of Children	This is a required field. Enter the number and ages of children the individual has in this field.
Number and Ages of Children	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Sexual Orientation	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Sexual Orientation	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Family/Social (2 of 7)

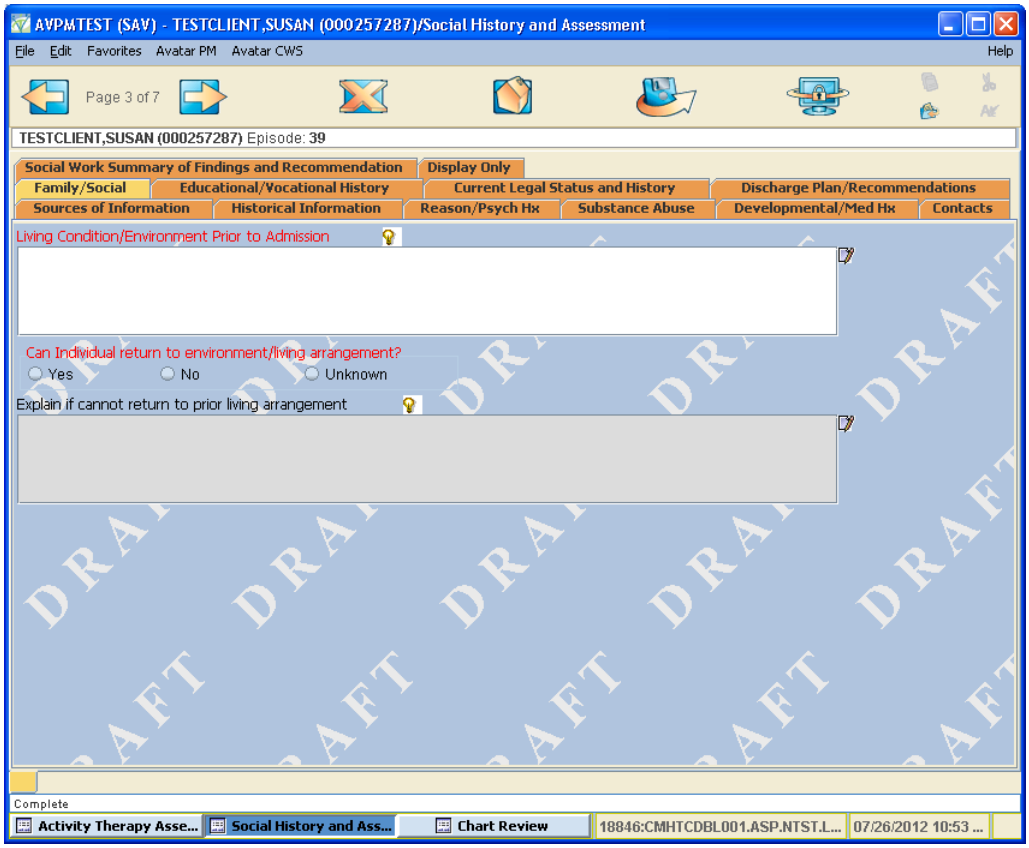
Notice there are 7 pages for this tab.



Field Name	***Instruction***
Living Arrangements Price to Admission	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Living Arrangements Price to Admission	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Other Living Arrangements	This field becomes required if the answer to “Living Arrangements Prior to Admission” is ‘Other’. Enter information about the individual’s other living arrangements in this field.

Tab Name – Family/Social (3 of 7)

Notice there are 7 pages for this tab.

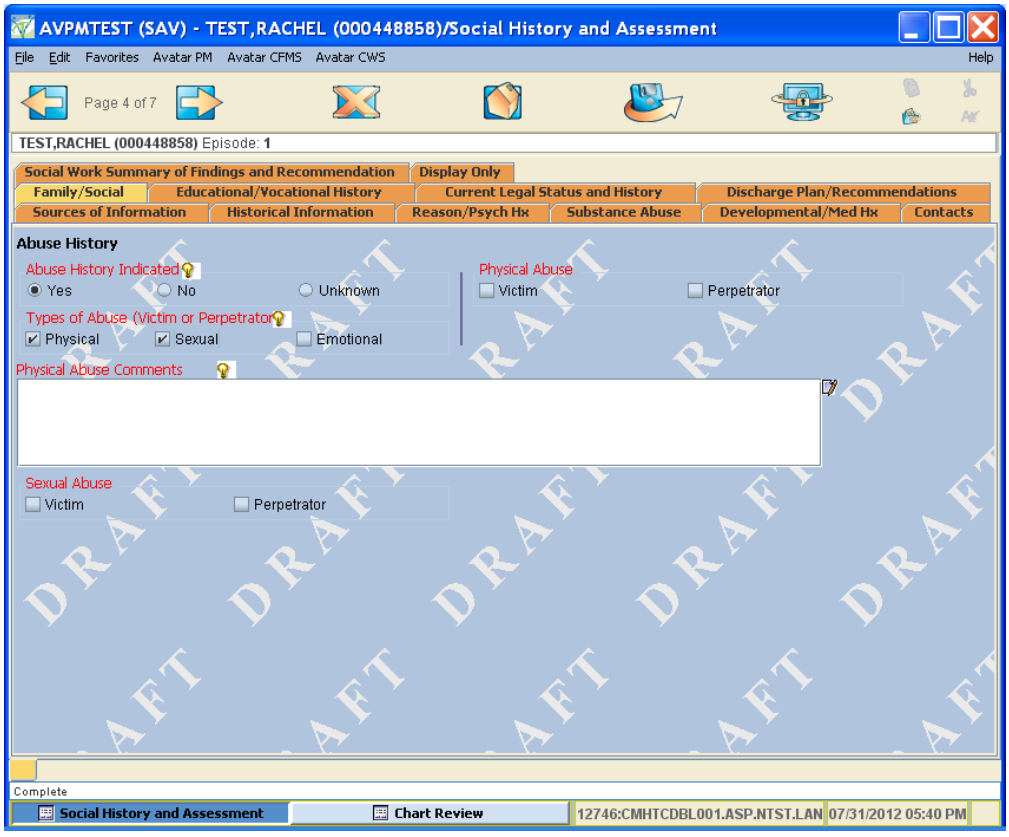


Field Name	***Instruction***
Living Condition/Environment Prior to Admission	This is a required field. Enter the individual's living conditions prior to admission in this field.
Living Condition/Environment Prior to Admission	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Can Individual return to environment/living arrangement?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Explain if cannot return to prior living arrangement	This field becomes required if the answer to "Can Individual return to environment/living arrangement?" is 'No'. Enter

	information about why the individual cannot return to his/her prior living arrangement in this field.
Explain if cannot return to prior living arrangement	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Family/Social (4 of 7)

Notice there are 7 pages for this tab.

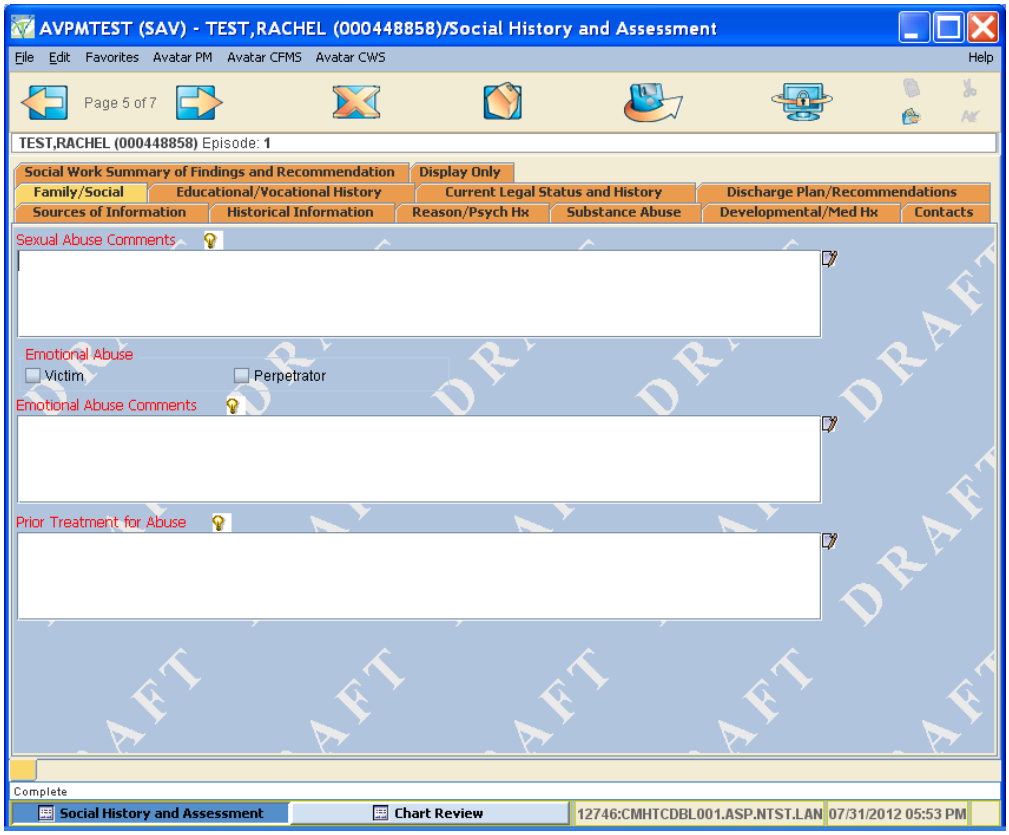


Field Name	***Instruction***
Abuse History Indicated	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Abuse History Indicated	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Types of Abuse (Victim or Perpetrator)	This field becomes required if the answer to “Abuse History Indicated” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Types of Abuse (Victim or Perpetrator)	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Physical Abuse	This field becomes required if the answer to “Types of Abuse” includes ‘Physical’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Physical Abuse Comments	This field becomes required if the answer to “Types of Abuse” includes ‘Physical’. Enter any comments about the physical abuse in this field.
Physical Abuse Comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Sexual Abuse	This field becomes required if the answer to “Types of Abuse” includes ‘Sexual’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.

Tab Name – Family/Social (5 of 7)

Notice there are 7 pages for this tab.

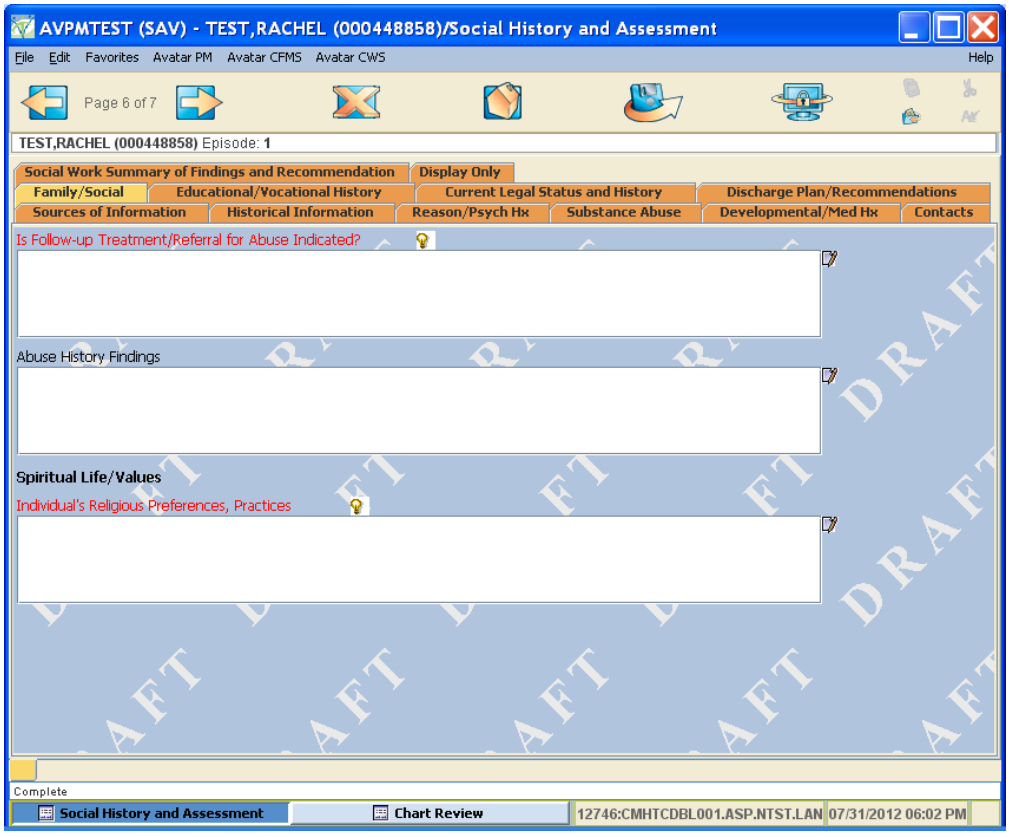


Field Name	***Instruction***
Sexual Abuse Comments	This field becomes required if the answer to “Types of Abuse” includes ‘Sexual’. Enter any comments about the physical abuse in this field.
Sexual Abuse Comments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Emotional Abuse	This field becomes required if the answer to “Types of Abuse” on page 4 includes ‘Emotional’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.

Emotional Abuse Comments	This field becomes required if the answer to “Types of Abuse” includes ‘Emotional’. Enter any comments about the physical abuse in this field.
Emotional Abuse Commetns	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Prior Treatment for Abuse	This field becomes required when the answer to “Abuse History Indicated” is ‘Yes’. Enter information about prior treatment in this field.
Prior Treatment for Abuse	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Family/Social (6 of 7)

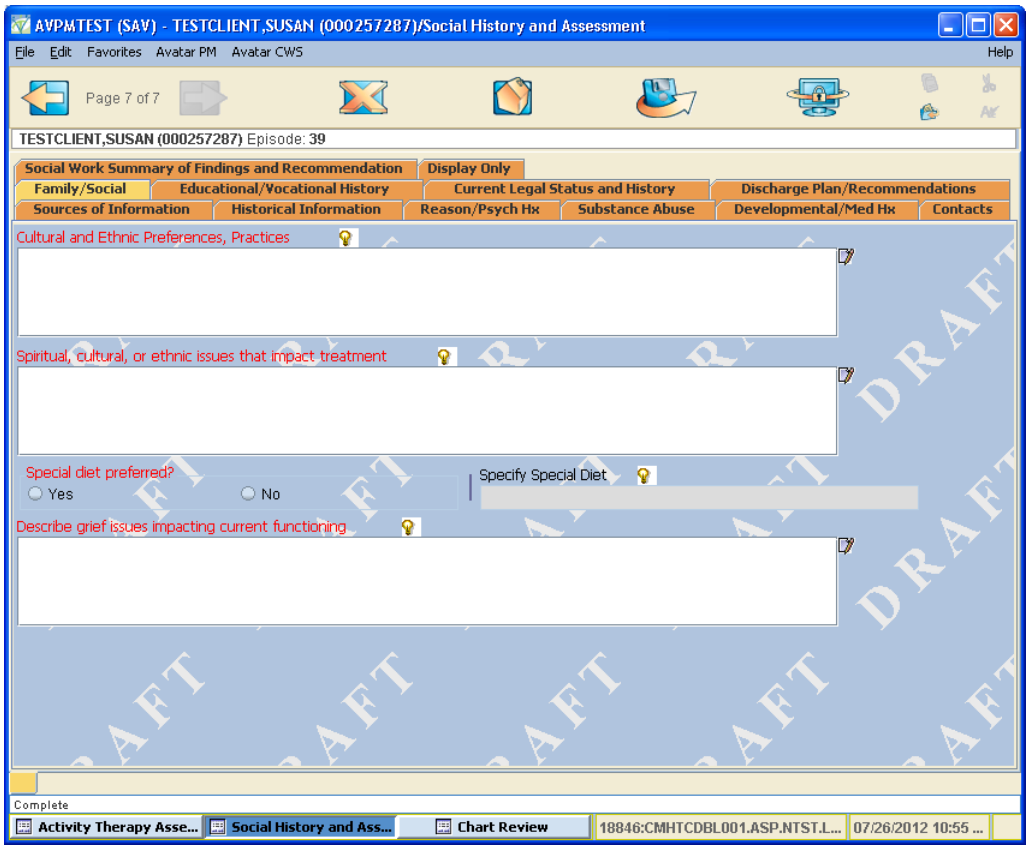
Notice there are 7 pages for this tab.



Field Name	*Instruction*
Is Follow-up Treatment /Referral for Abuse Indicated?	This field becomes required when the answer to “Abuse History Indicated” is ‘Yes’. Enter information about follow up treatment needs in this field.
Is Follow-up Treatment /Referral for Abuse Indicated?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Abuse History Findings	This is an optional field. Enter information about abuse history findings if needed and as appropriate.
Individual’s Religious Preferences, Practices	This is a required field. Enter information about the individual’s religious preferences/practices in this field.
Individual’s Religious Preferences, Practices	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Family/Social (7 of 7)

Notice there are 7 pages for this tab.

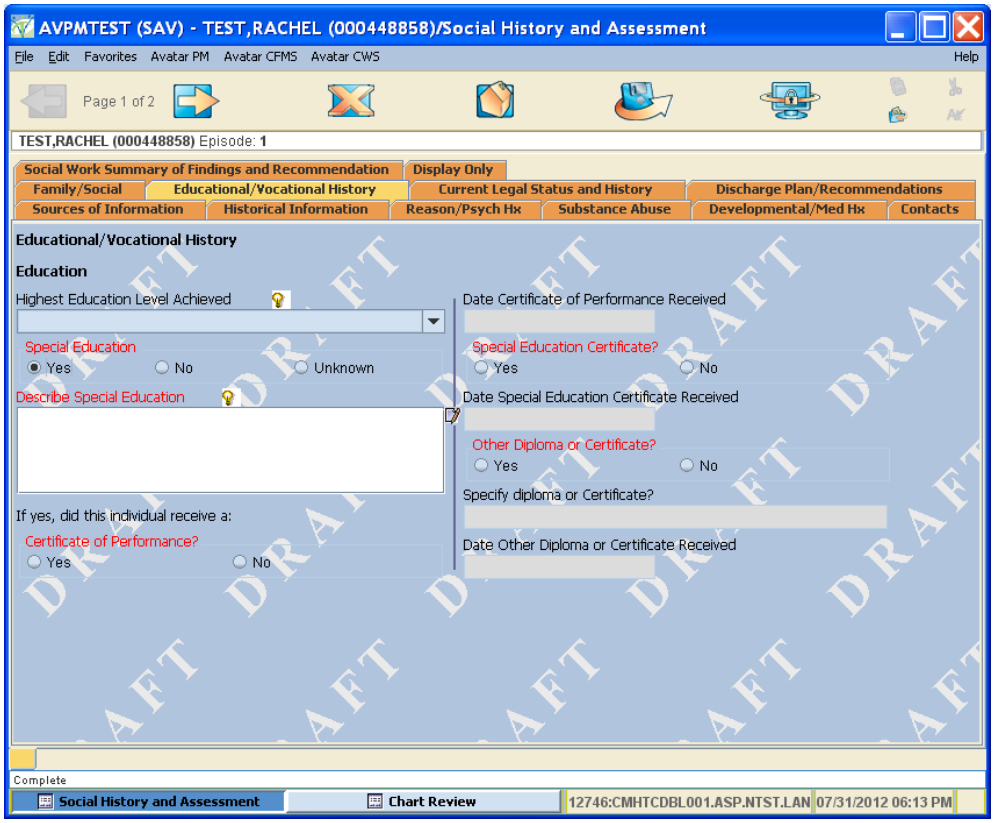


Field Name	***Instruction***
Cultural and Ethnic Preferences, Practices	This is a required field. Enter information about the individual's cultural/ethnic preferences/practices in this field.
Cultural and Ethnic Preferences, Practices	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Spiritual, cultural, or ethnic issues that impact treatment	This is a required field. Enter information about the impact of the individual's spiritual/cultural/ethnic issues in this field.
Spiritual, cultural, or ethnic issues that impact treatment	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or

	provide examples of what is entered into the field.
Special diet preferred?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Special Diet	This field becomes required if the answer to “Special diet preferred?” is ‘Yes’. Enter the special diet in this field.
Specify Special Diet	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe grief issues impacting current functioning	This is a required field. Enter information about the impact of the individual’s grief issues in this field.
Describe grief issues impacting current functioning	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Educational/Vocational History (1 of 2)

Notice there are 2 pages for this tab.

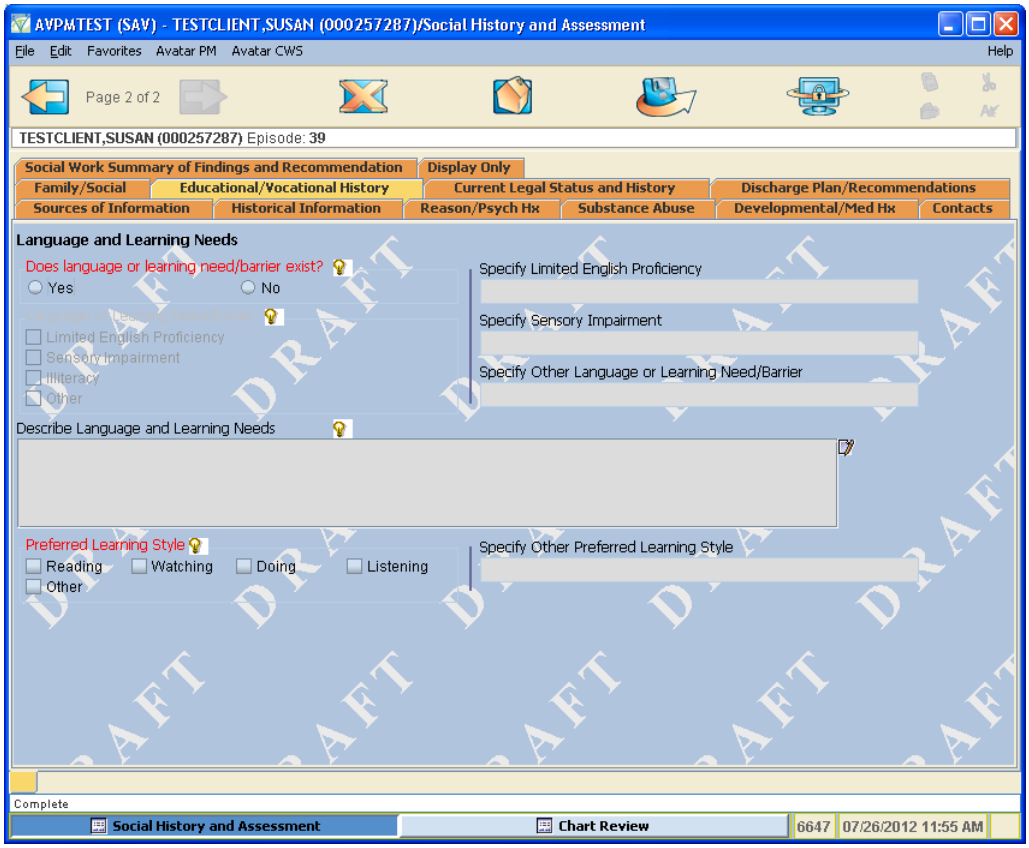


Field Name	***Instruction***
Highest Education Level Achieved	This is an optional field. The highest education level achieved will be populated by information entered into Avatar PM. If no information is entered in Avatar PM, then select the individual's highest education level achieved from the drop down menu on this screen. NOTE: If blank in Avatar PM, the highest education level achieved in PM should be updated.
Highest Education Level Achieved	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Special Education	This is a required field. Indicate the correct answer by clicking

	in the radio button to the left of the appropriate response.
Describe Special Education	This field becomes required if the answer to “Special Education” is ‘Yes’. Describe the special education in this field.
Describe Special Education	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Certificate of Performance?	This field becomes required if the answer to “Special Education” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Date Certificate of Performance Received	This field becomes required if the answer to “Certificate of Performance?” is ‘Yes’. Enter the date certificate received in this field.
Special Education Certificate?	This field becomes required if the answer to “Special Education” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Date Special Education Certificate Received	This field becomes required if the answer to “Special Education Certificate?” is ‘Yes’. Enter the date certificate received in this field.
Other Diploma or Certificate?	This field becomes required if the answer to “Special Education” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify diploma or Certificate?	This field becomes required if the answer to “Other Diploma or Certificate?” is ‘Yes’. Enter the specifics for the diploma or certificate in this field.
Date Other Diploma or Certificate Received	This field becomes required if the answer to “Other Diploma or Certificate?” is ‘Yes’. Enter the date the diploma or certificate was received in this field.

Tab Name – Educational/Vocational History (2 of 2)

Notice there are 2 pages for this tab.

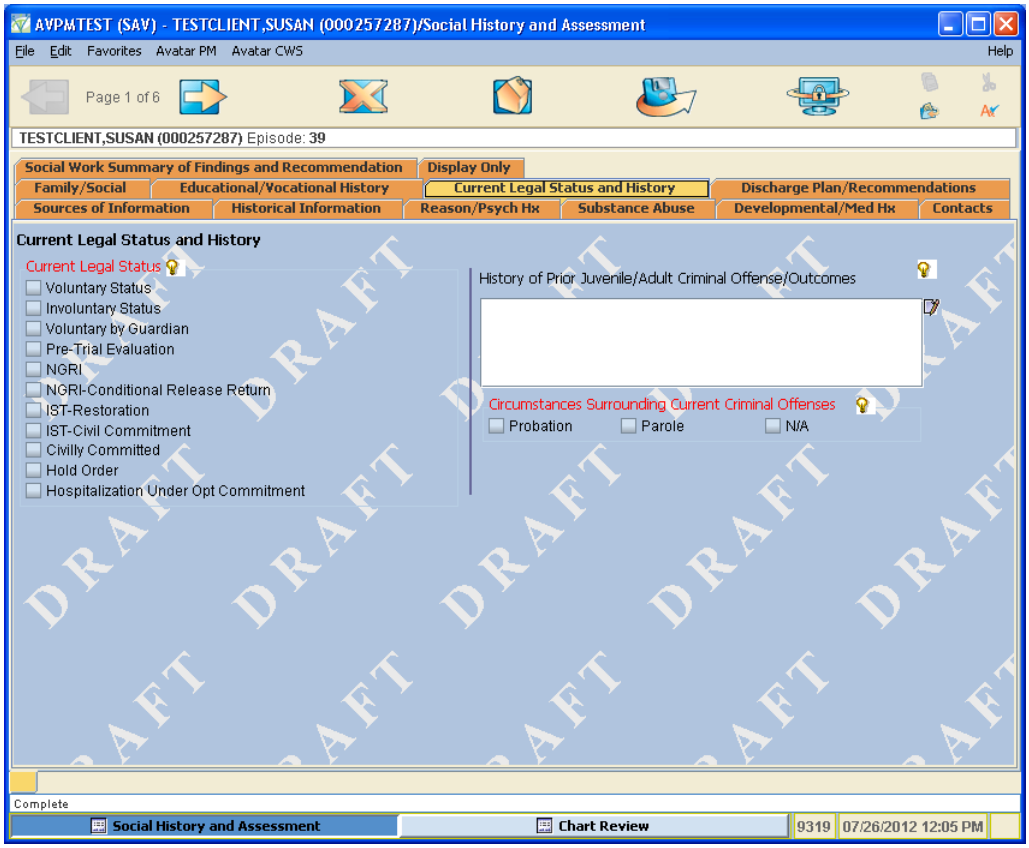


Field Name	***Instruction***
Does language or learning need/barrier exist?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Does language or learning need/barrier exist?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Language or Learning Need/Barrier	This field becomes required if the answer to “Does language or learning need/barrier exist?” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Language or Learning Need/Barrier	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Specify Limited English Proficiency	This field becomes required if the answer to “Language or Learning Need/Barrier” includes ‘Limited English Proficiency’. Enter information about the individual’s limited English proficiency in this field.
Specify Sensory Impairment	This field becomes required if the answer to “Language or Learning Need/Barrier” includes ‘Sensory Impairment’. Enter information about the individual’s sensory impairment in this field.
Specify Other Language or Learning Need/Barrier	This field becomes required if the answer to “Language or Learning Need/Barrier” includes ‘Other’. Enter information about the individual’s other language or learning need/barrier in this field.
Describe Language and Learning Needs	This field becomes required if the answer to “Does language or learning need/barrier exist?” is ‘Yes’. Describe the language and learning needs in this field.
Describe Language and Learning Needs	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Preferred Learning Style	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Preferred Learning Style	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Other Language or Learning Style	This field becomes required when the answer to “Preferred Learning Style” is ‘Other’. Describe the individual’s other language or learning style in this field.

Tab Name – Current Legal Status and History (1 of 6)

Notice there are 6 pages for this tab.

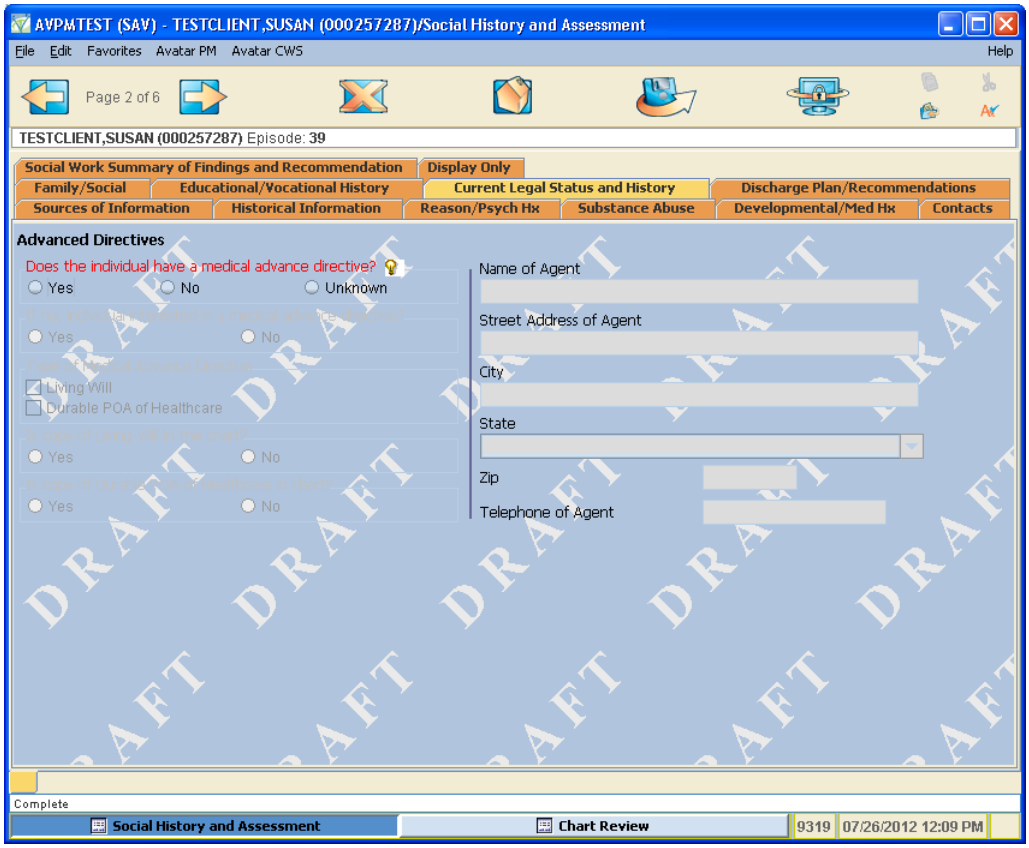


Field Name	***Instruction***
Current Legal Status	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Current Legal Status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
History of Prior Juvenile/Adult Criminal Offense/Outcomes	This is an optional field. Enter information about the individual's criminal offenses if appropriate in this field.
History of Prior Juvenile/Adult Criminal Offense/Outcomes	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Circumstances Surrounding Current Criminal Offenses	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Circumstances Surrounding Current Criminal Offenses	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Current Legal Status and History (2 of 6)

Notice there are 6 pages for this tab.



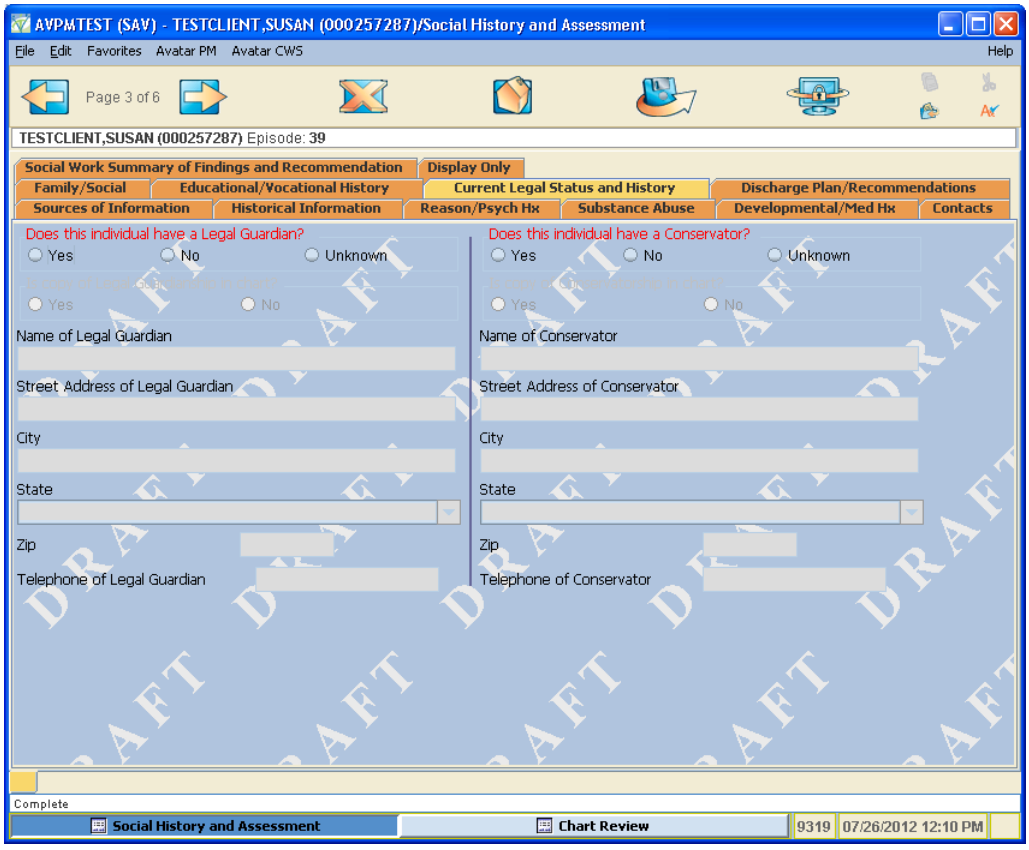
Field Name	***Instruction***
Does the individual have a medical advance directive	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Does the individual have a	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

medical advance directive	examples of what is entered into the field.
If no, individual interested in a medical advance directive?	This field becomes required if the answer to "Does the individual have a medical advance directive" is 'No'. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Type of Medical Advance Directive	This field becomes required if the answer to "Does the individual have a medical advance directive" is 'Yes'. Indicate the correct answer for the type of medical advance directive by clicking in the check box to the left of the appropriate response. More than one response may be selected.
Is copy of Living Will in the chart?	This field becomes required if "Type of Medical Advance Directive" is 'Living Will'. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Is copy of Durable POA of Healthcare in chart?	This field becomes required if "Type of Medical Advance Directive" is 'Durable POA of Healthcare'. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Name of Agent	This field becomes required if the answer to "Type of Medical Advance Directive" includes 'Living Will' and/or 'Durable POA of Healthcare'. Enter the name of the individual's agent in this field.
Street Address of Agent	This field becomes required if the answer to "Type of Medical Advance Directive" includes 'Living Will' and/or 'Durable POA of Healthcare'. Enter the address of the individual's agent in this field.
City	This field becomes required if the answer to "Type of Medical Advance Directive" includes 'Living Will' and/or 'Durable POA of Healthcare'. Enter the city of the individual's agent in this field.
State	This field becomes required if the answer to "Type of Medical Advance Directive" includes 'Living Will' and/or 'Durable POA of Healthcare'. Enter the state for the individual's agent in this field.

Zip	This field becomes required if the answer to “Type of Medical Advance Directive” includes ‘Living Will’ and/or ‘Durable POA of Healthcare’. Enter the zip code for the individual’s agent in this field.
Telephone of Agent	This field becomes required if the answer to “Type of Medical Advance Directive” includes ‘Living Will’ and/or ‘Durable POA of Healthcare’. Enter the telephone number of the individual’s agent in this field.

Tab Name – Current Legal Status and History (3 of 6)

Notice there are 6 pages for this tab.



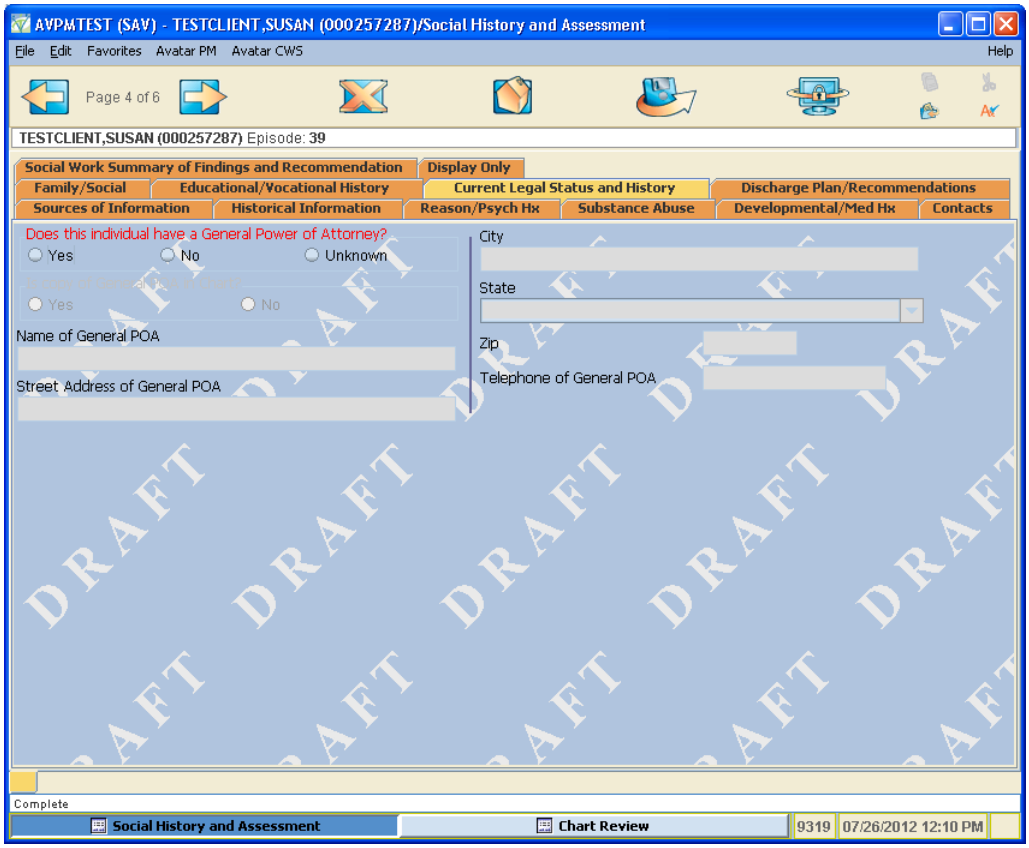
Field Name	***Instruction***
Does the individual have a Legal Guardian?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Is copy of Legal Guardianship in chart?	This field becomes required when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Name of Legal Guardian	This field becomes required when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Enter the name of the individual’s legal guardian in this field.
Street Address of Legal Guardian	This field becomes enabled when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Enter the street address of the individual’s legal guardian in this field.
City	This field becomes enabled when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Enter the city of the individual’s legal guardian in this field.
State	This field becomes enabled when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Select the state of the individual’s legal guardian from the drop down list.
Zip	This field becomes enabled when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Enter the zip code for the individual’s legal guardian in this field.
Telephone of Legal Guardian	This field becomes enabled when the answer to “Does the individual have a Legal Guardian?” is ‘Yes’. Enter the telephone number for the individual’s legal guardian in this field.
Does this individual have a Conservator?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Is copy of Conservatorship in chart?	This field becomes required when the answer to “Does the individual have a Conservator?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Name of Conservator	This field becomes required when the answer to “Does the individual have a Conservator?” is ‘Yes’. Enter the name of the individual’s conservator in this field.
Street Address of	This field becomes enabled when the answer to “Does the individual have a Conservator?” is ‘Yes’. Enter the street

Conservator	address of the individual's conservator in this field.
City	This field becomes enabled when the answer to "Does the individual have a Conservator?" is 'Yes'. Enter the city of the individual's conservator in this field.
State	This field becomes enabled when the answer to "Does the individual have a Conservator?" is 'Yes'. Select the state of the individual's conservator from the drop down list.
Zip	This field becomes enabled when the answer to "Does the individual have a Conservator?" is 'Yes'. Enter the zip code for the individual's conservator in this field.
Telephone of Conservator	This field becomes enabled when the answer to "Does the individual have a Conservator?" is 'Yes'. Enter the telephone number for the individual's conservator in this field.

Tab Name – Current Legal Status and History (4 of 6)

Notice there are 6 pages for this tab.

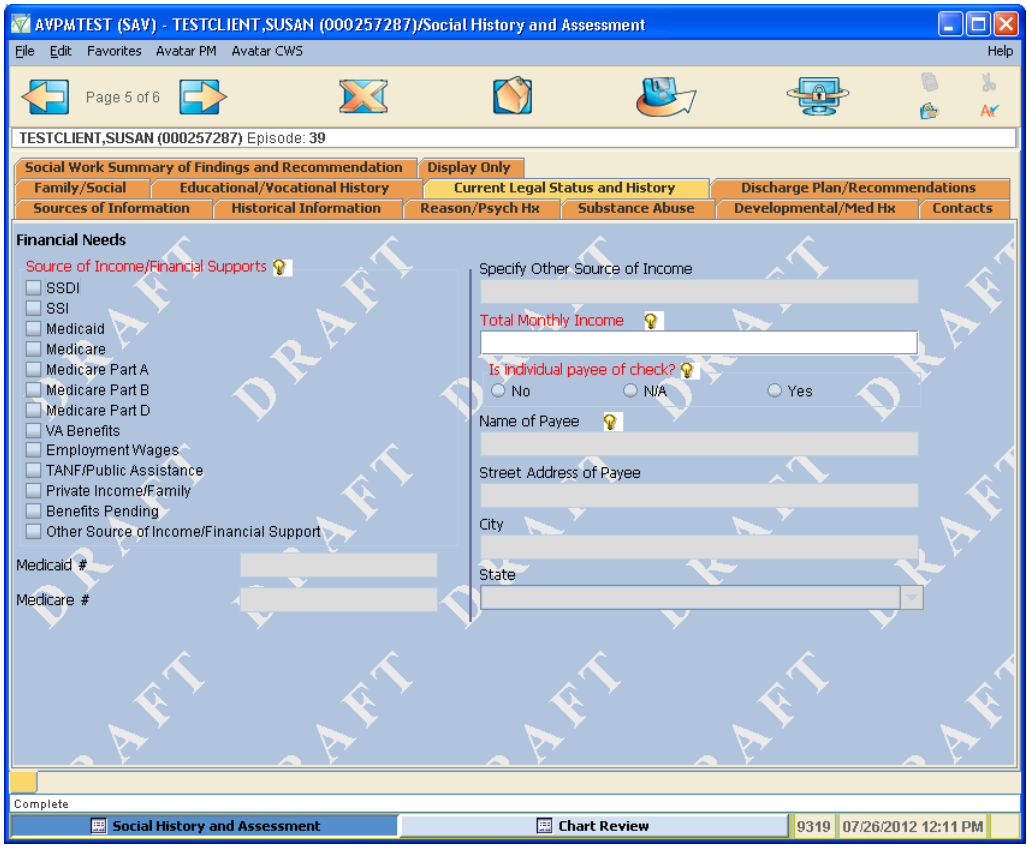


Field Name	***Instruction***
Does this individual have a General Power of Attorney?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Is copy of General POA in chart?	This field becomes required when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Name of General POA	This field becomes required when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Enter the name of the individual’s general POA in this field.
Street Address of General POA	This field becomes enabled when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Enter the street address of the individual’s general POA in this field.

City	This field becomes enabled when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Enter the city of the individual’s general POA in this field.
State	This field becomes enabled when the answer to “Does the individual have a General Power of Attorney” is ‘Yes’. Select the state of the individual’s general POA from the drop down list.
Zip	This field becomes enabled when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Enter the zip code for the individual’s general POA in this field.
Telephone of General POA	This field becomes enabled when the answer to “Does the individual have a General Power of Attorney?” is ‘Yes’. Enter the telephone number for the individual’s general POA in this field.

Tab Name – Current Legal Status and History (5 of 6)

Notice there are 6 pages for this tab.

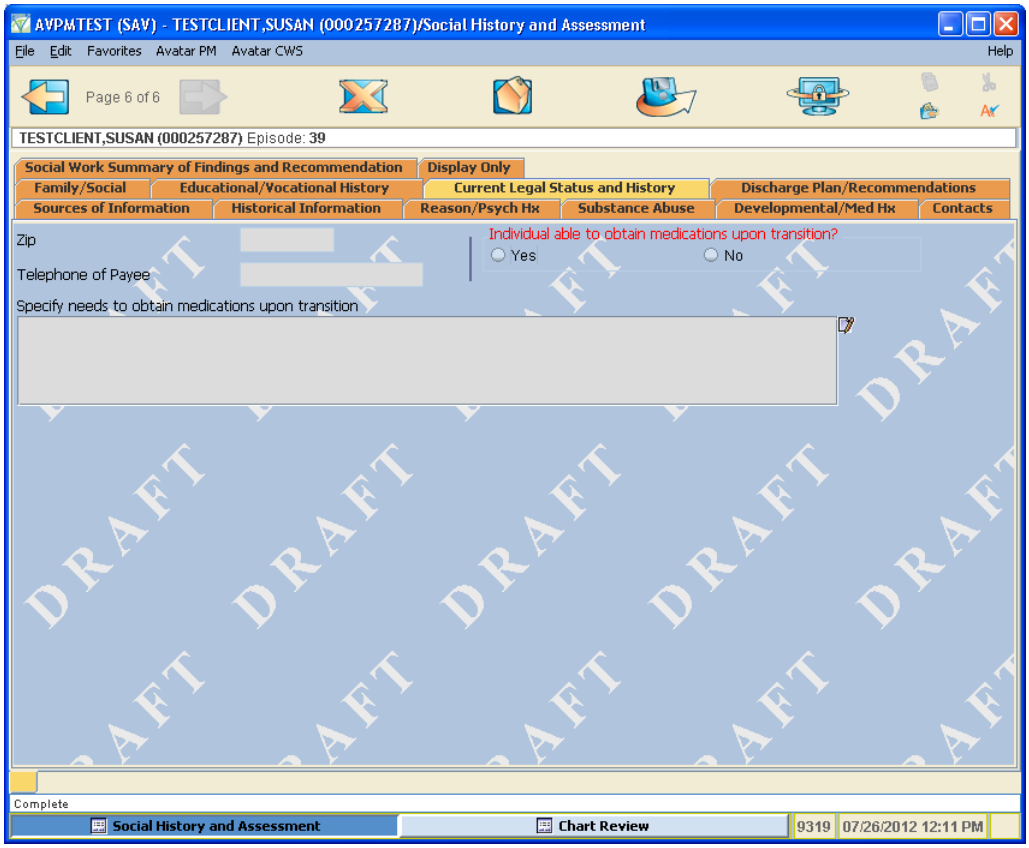


Field Name	***Instruction***
Source of Income/Financial Supports	This is a required field. Indicate the correct answer for the source of income by clicking in the check box to the left of the appropriate response. More than one response may be selected.
Source of Income/Financial Supports	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Medicaid #	This field becomes required if the answer to “Source of Income/Financial Supports” includes ‘Medicaid’. Enter the individual’s Medicaid # in this field.
Medicare #	This field becomes required if the answer to “Source of

	Income/Financial Supports" includes 'Medicare', 'Medicare Part A', 'Medicare Part B', and/or 'Medicare Part D'. Enter the individual's Medicare # in this field.
Specify Other Source of Income	This field becomes required if the answer to "Source of Income/Financial Supports" includes 'Other source of Income/Financial Support. Enter the other source in this field.
Total Monthly Income	This is a required field. Enter the individual's total monthly income in this field.
Total Monthly Income	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Is Individual payee of check?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Is individual payee of check?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Name of Payee	This field becomes required if the answer to "Is Individual payee of check?" is 'No'. Enter the name of the individual's payee in this field.
Street Address of Payee	This field becomes enabled if the answer to "Is Individual payee of check?" is 'No'. Enter the street address of the individual's payee in this field.
City	This field becomes enabled if the answer to "Is Individual payee of check?" is 'No'. Enter the city for the individual's payee in this field.
State	This field becomes enabled if the answer to "Is Individual payee of check?" is 'No'. Select the state for the individual's payee from the drop down field.

Tab Name – Current Legal Status and History (6 of 6)

Notice there are 6 pages for this tab.

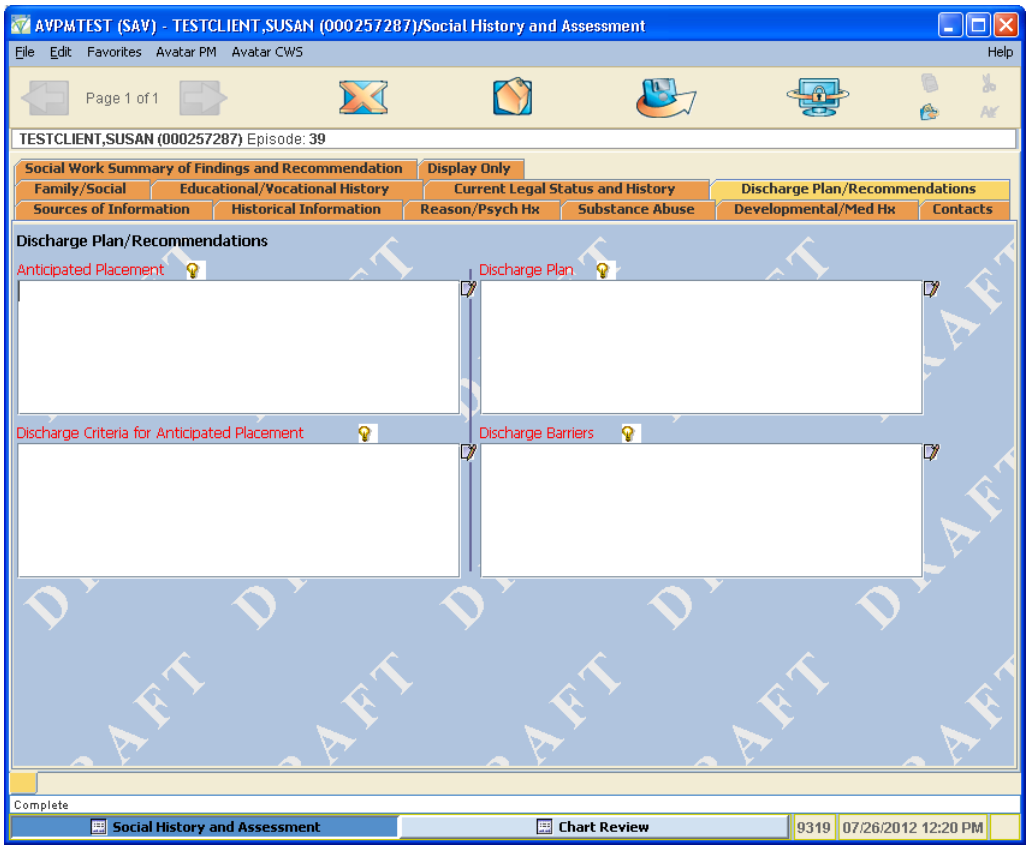


Field Name	***Instruction***
Zip	This field becomes enabled if the answer to “Is Individual payee of check?” is ‘No’. Enter the zip code for the individual’s payee in this field.
Telephone of Payee	This field becomes enabled if the answer to “Is Individual payee of check?” is ‘No’. Enter the telephone number for the individual’s payee in this field.
Individual able to obtain medications upon transition?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify needs to obtain medications upon transition	This field becomes required when the answer to “Individual able to obtain medications upon transition?” is ‘No’. Enter the

	individual's needs to obtain medications upon transition in this field.

Tab Name – Discharge Plan/Recommendations (1 of 1)

Notice there is 1 page for this tab.

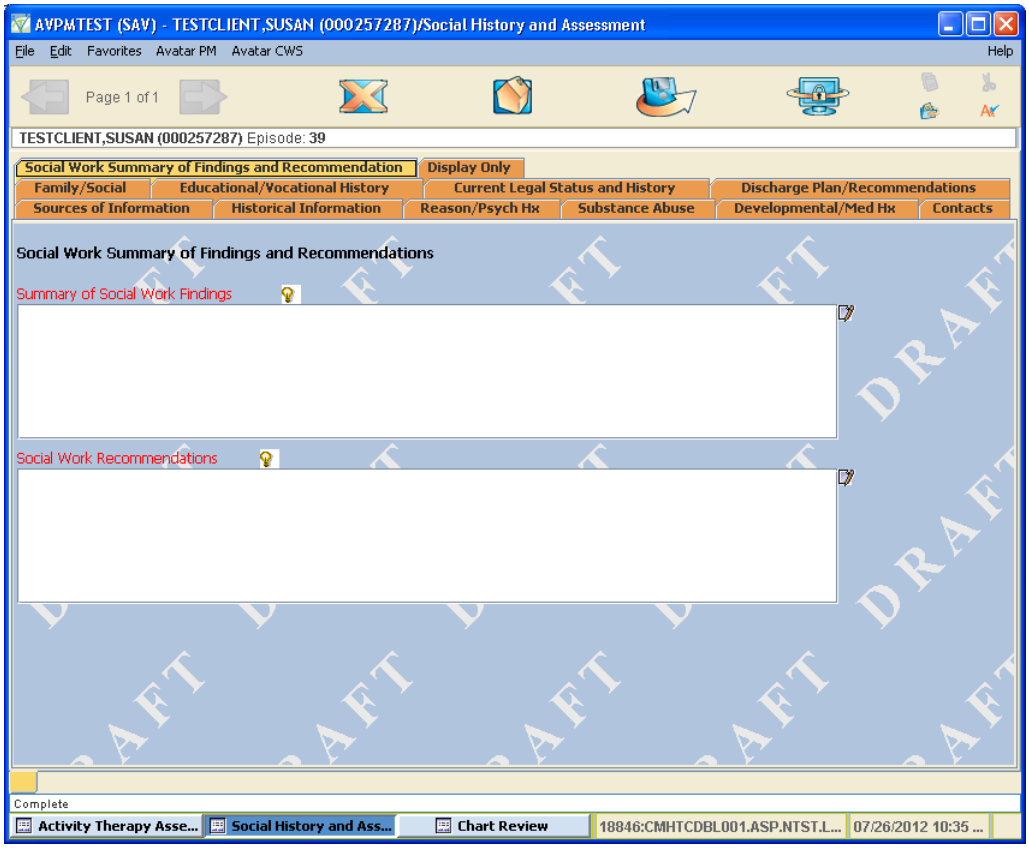


Field Name	***Instruction***
Anticipated Placement	This is a required field. Enter information about the individual's anticipated placement in this field.
Anticipated Placement	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Discharge Criteria for Anticipated Placement	This is a required field. Enter information about the individual's discharge criteria for anticipated placement in this field.

Discharge Criteria for Anticipated Placement	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Discharge Plan	This is a required field. Enter information about the individual's discharge plan in this field.
Discharge Plan	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Discharge Barriers	This is a required field. Enter information about the discharge barriers for the individual in this field.
Discharge Barriers	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Social Work Summary of Findings and Recommendations (1 of 1)

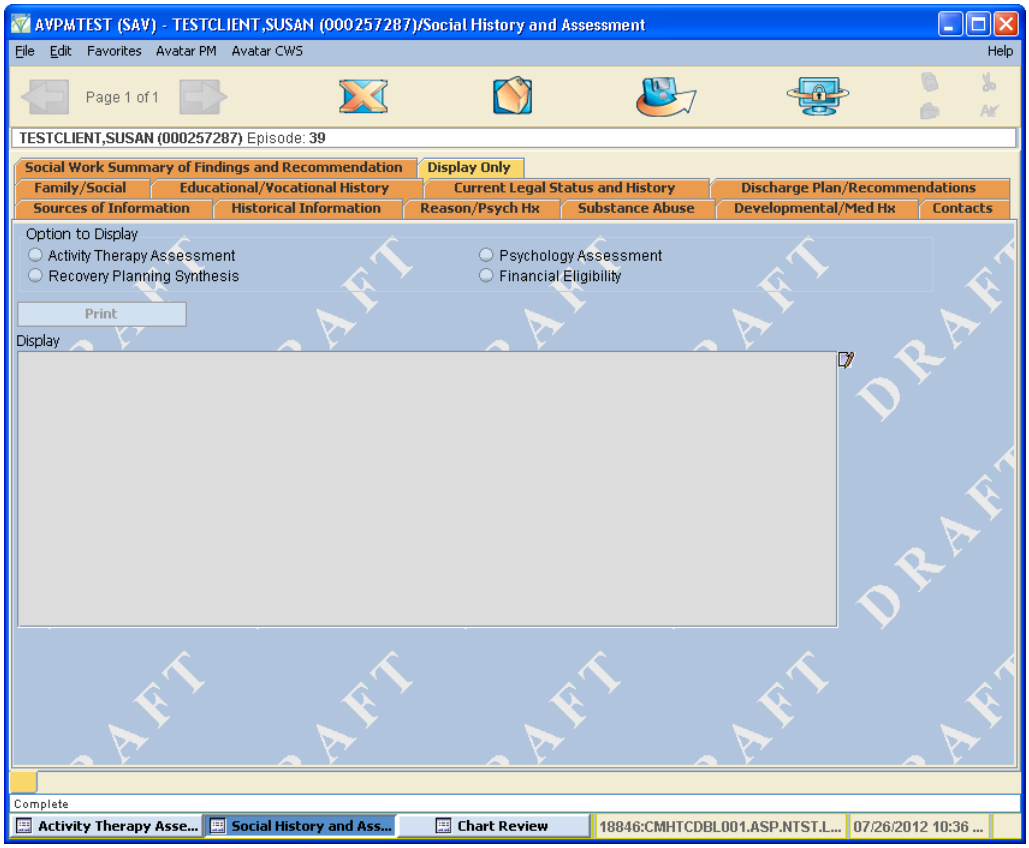
Notice there is 1 page for this tab.



Field Name	***Instruction***
Summary of Social Work Findings	This is a required field. Enter the summary of findings for the individual in this field.
Summary of Social Work Findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Social work Recommendations	This is a required field. Enter the social work recommendations for the individual in this field.
Social work Recommendations	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Display Only (1 of 1)

Notice there is 1 page for this tab.



This tab allows the social services provider to view information entered into other assessments while completing the Social History and Assessment.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the Financial Eligibility in PM, and the following forms: "Activity Therapist Assessment", " Psychology Assessment", and "Team Facilitator Synthesis". Click in the radio button to the left of the form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Social History and Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Social History and Assessment?

The Social History and Assessment may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Social History and Assessment

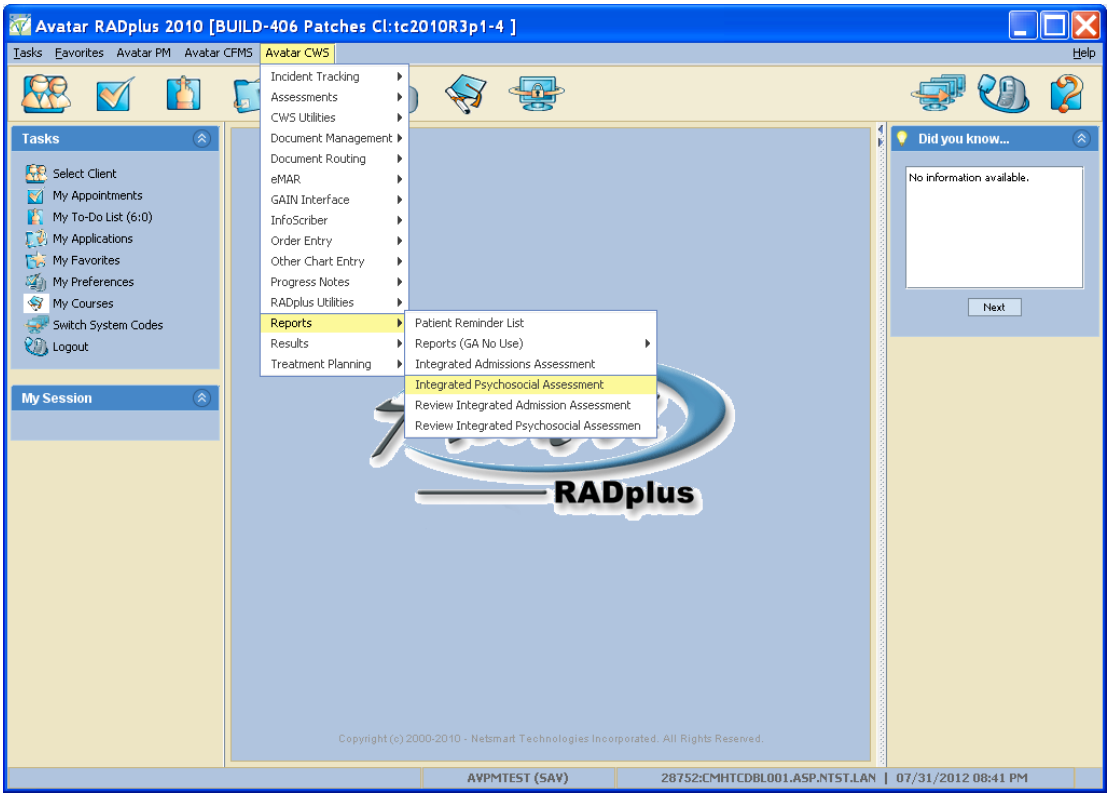
Double click on the Social History and Assessment that needs to be edited.

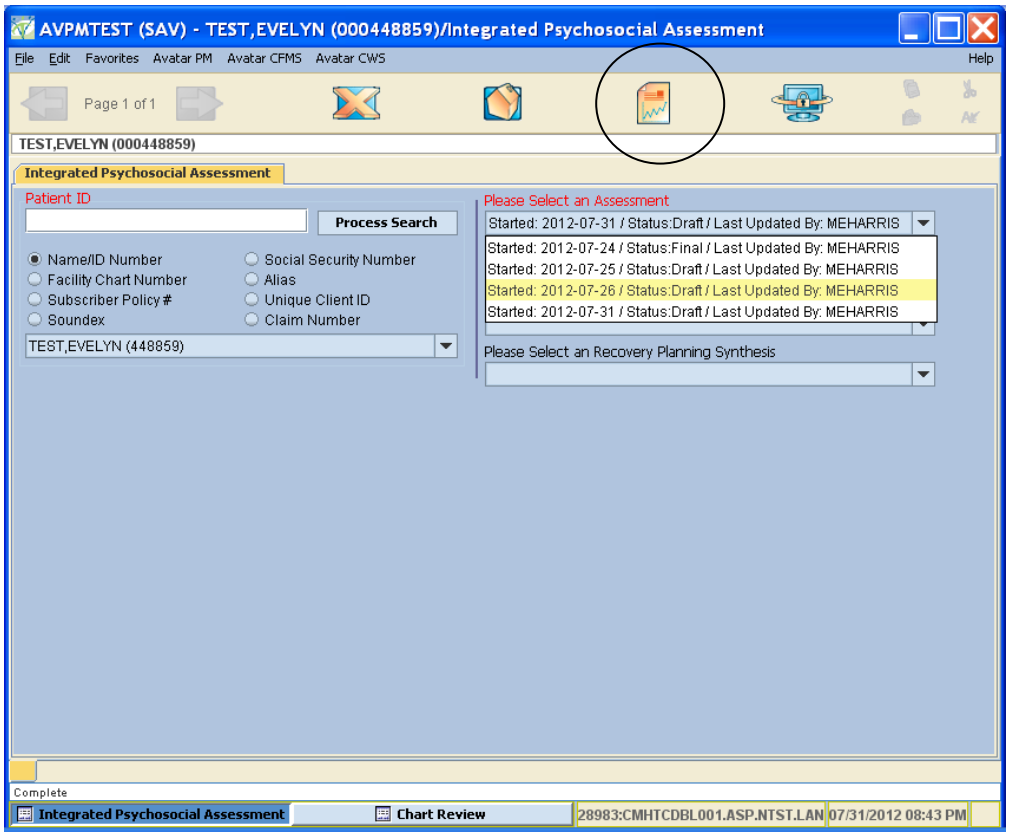
Selected Social History and Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment

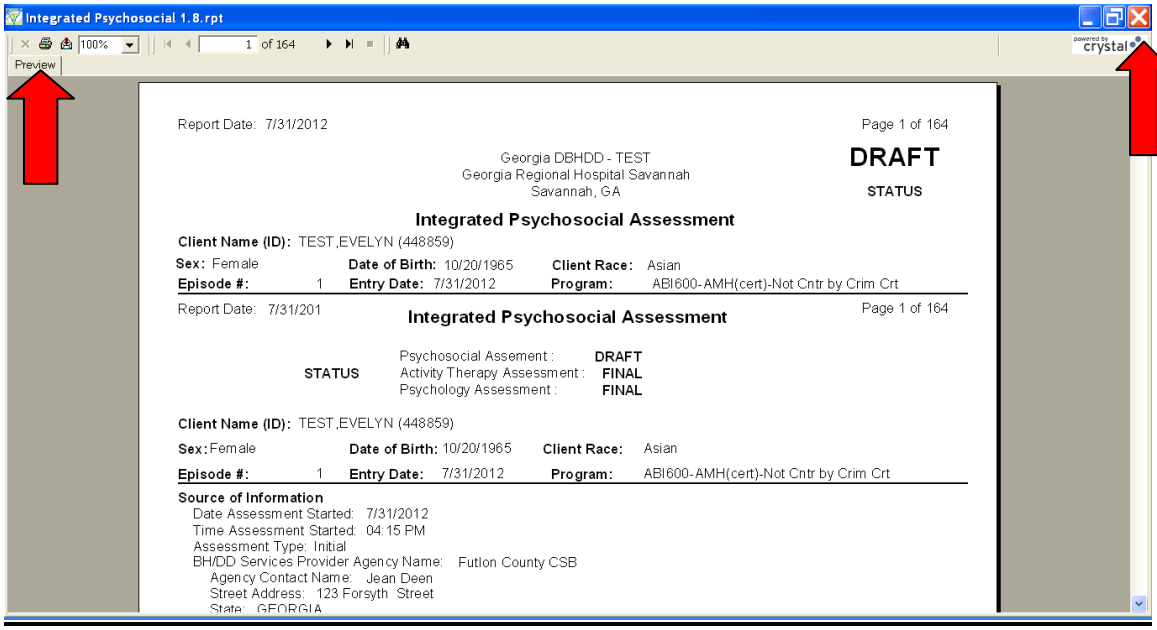




Select the appropriate Social History and Assessment from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Social History and Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Integrated Psychosocial Assessment Activity Therapy Assessment

Purpose

The Integrated Psychosocial Assessment is a comprehensive and holistic picture of the current circumstances for the individual, as well as the pertinent psychosocial history of the individual.

Overview

The “Integrated Psychosocial Assessment” is completed jointly by a social service provider, an activity therapist, a psychologist and the Recovery Planning Team (RPT) Facilitator for individuals who are admitted to the hospital. The Integrated Psychosocial Assessment is comprised of multiple sections. The first section is the “Social History and Assessment” and is completed by the social worker/social service provider. Section two is the “Activity Therapy Assessment” and is completed by the activity therapist. The third section is the “Psychology Assessment” and is completed by the psychologist. The fourth and final section is the “Recovery Planning Team Facilitator Synthesis” which summarizes all of the other three sections and is completed by the RPT Facilitator. The “Integrated Psychosocial Assessment” must be completed within 12 days of admission.

The information gathered in the Integrated Psychosocial Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Integrated Psychosocial Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, and “Unit Nurse”.

Prerequisites

- The individual must have an open episode in Avatar
- The staff member must have an active user id and access to the form in Avatar

Procedures

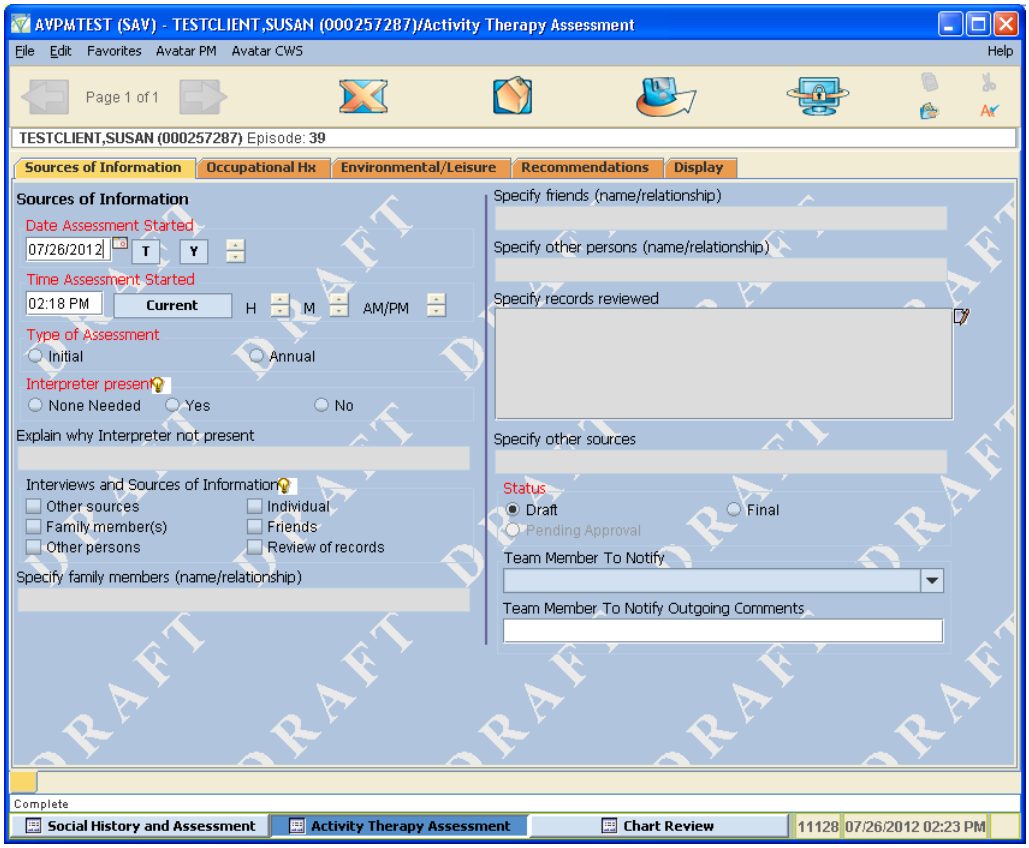
How Do I Launch a Activity Therapy Assessment in Avatar?

Menu Path - Avatar CWS → Assessments → Integrated Psychosocial Assessment → Activity Therapy Assessment

How Do I Enter/Complete a New Activity Therapy Assessment?

Tab Name – Sources of Information (1 of 1)

Notice there is 1 page for this tab.



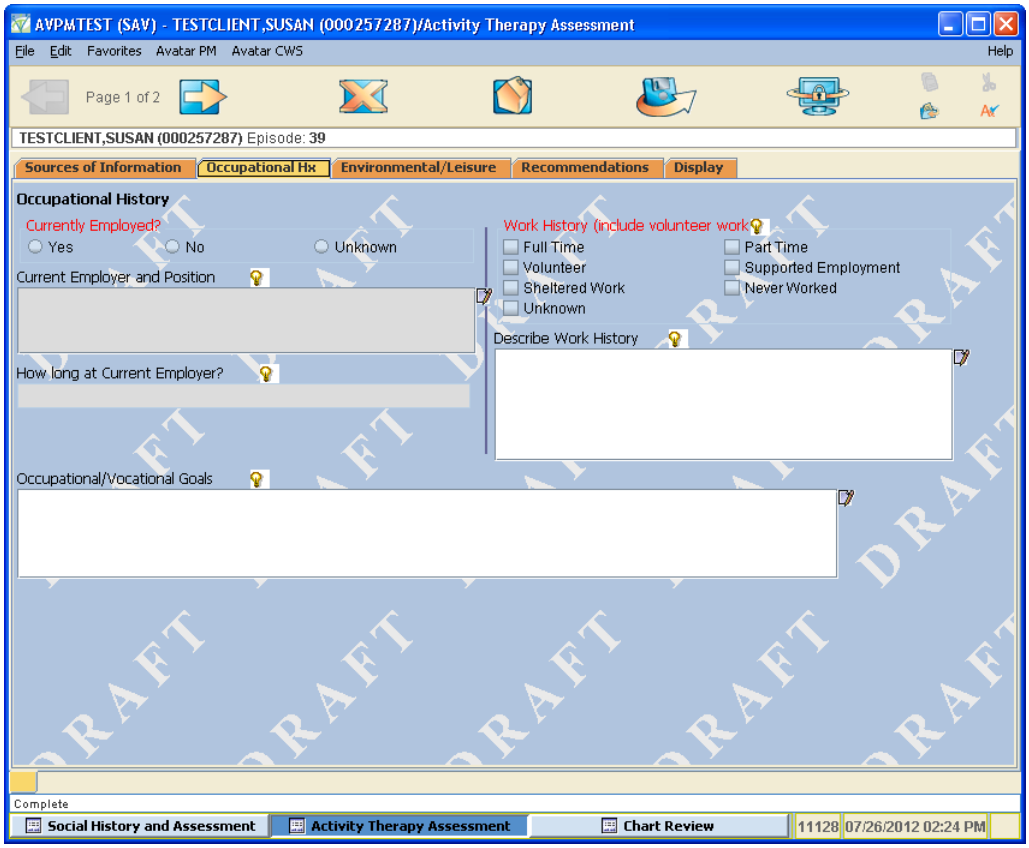
Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Type of Assessment	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter present	This is a required field. Indicate the correct answer by clicking

	in the radio button to the left of the appropriate response.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why Interpreter not present	This field becomes required when the answer to “Interpreter Present” is ‘No’. Enter the reason that an interpreter was not present in this field.
Interviews and Sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify family members (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify friends (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify other persons (name/relationship	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify records reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify other sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Team Member To Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team Member To Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Occupational Hx (1 of 2)

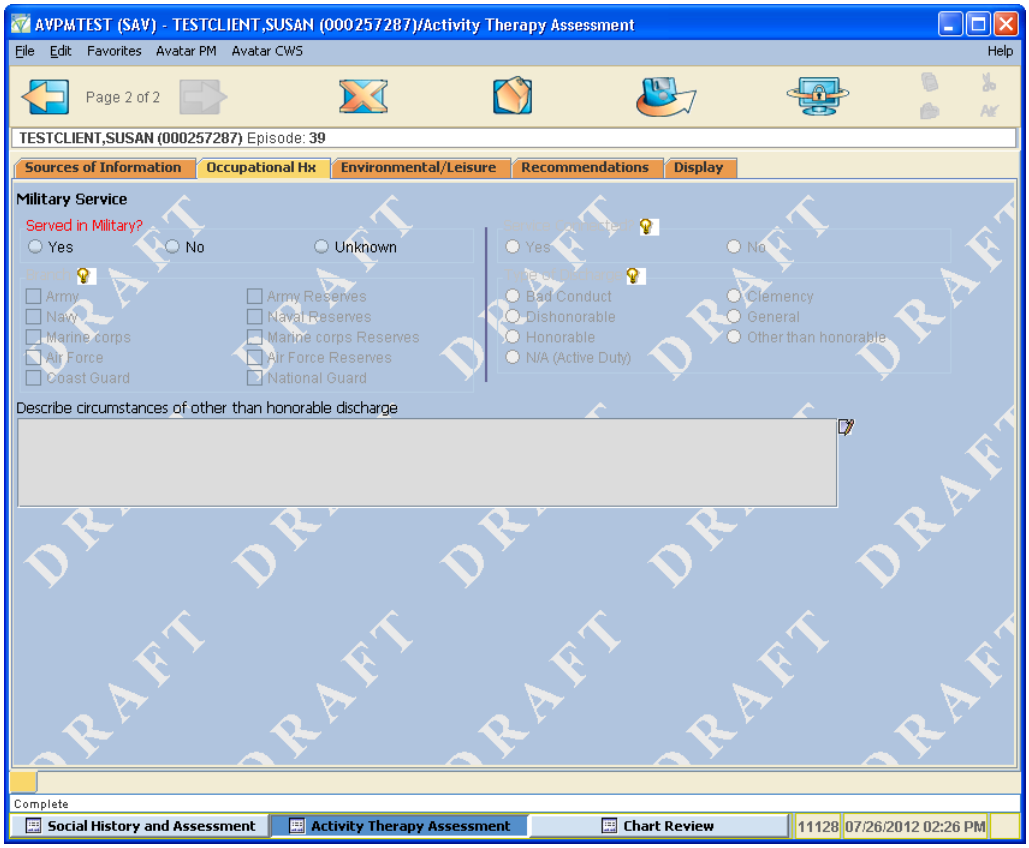
Notice there are 2 pages for this tab.



Field Name	***Instruction***
Currently Employed	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Current Employer and Position	This field becomes required when the answer to “Currently Employed” is ‘Yes’. Enter the current employer and position in this field.
Current Employer and Position	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
How long at current Employer?	This field becomes required when the answer to “Currently Employed” is ‘Yes’. Enter the length of time the individual has been at the current employer in this field.
How long at current Employer?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Work History (include volunteer work?	This is a required field. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Work History (include volunteer work?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Work History	This is an optional field. Enter information about the individual’s work history if appropriate in this field.
Describe Work History	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Occupational/Vocational Goals	This is an optional field. Enter information about the individual’s occupational/vocational goals in this field.
Occupational/Vocational Goals	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Occupational Hx (2 of 2)

Notice there are 2 pages for this tab.

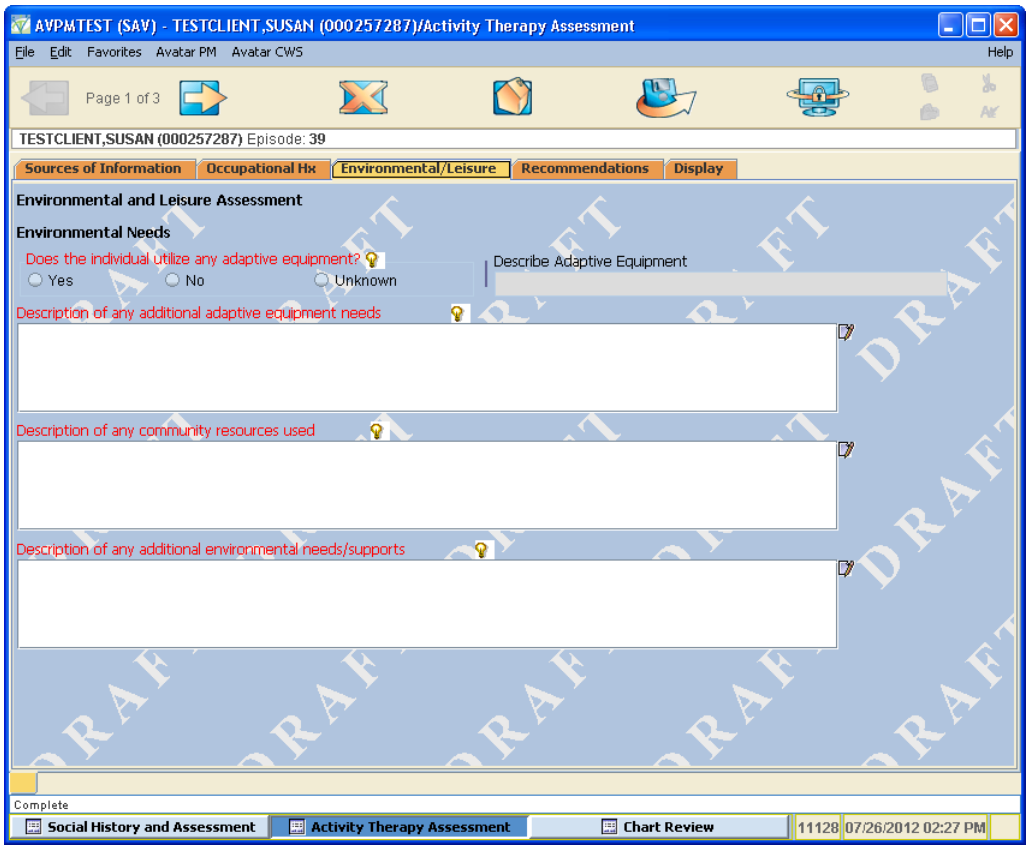


Field Name	***Instruction***
Served in Military	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Branch	This field becomes required if the answer to “Served in Military” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Branch	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Service Connected?	This field becomes required if the answer to “Served in Military” is ‘Yes’. Indicate the correct answer by clicking in the radio

	button to the left of the appropriate response.
Service Connected?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Type of Discharge	This field becomes required if the answer to “Served in Military” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Type of Discharge	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe circumstances of other than honorable discharge	This field becomes required when the answer to “Type of Discharge” is ‘Bad Conduct’, ‘Clemency’, ‘Dishonorable’, ‘General’, or ‘Other than Honorable’. Enter information about the individual’s military discharge in this field.

Tab Name – Environmental/Leisure (1 of 3)

Notice there are 3 pages for this tab.

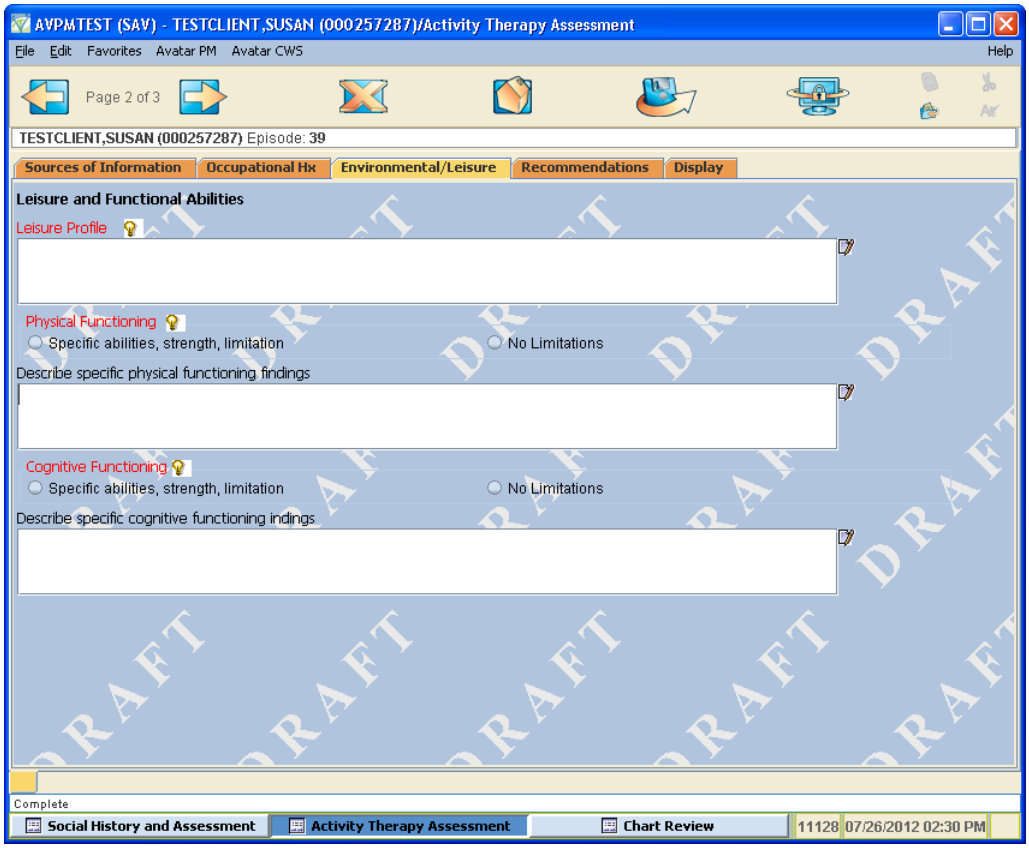


Field Name	***Instruction***
Does the individual utilize any adaptive equipment?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Does the individual utilize any adaptive equipment?	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe Adaptive Equipment	This field becomes required when the answer to “Does the individual utilize any adaptive equipment” is ‘Yes’. Enter the adaptive equipment used by the individual.
Description of any additional	This is a required field. Enter information about any unmet needs for additional equipment. If there are none, enter “N/A’

adaptive equipment needs	in the field.
Description of any additional adaptive equipment needs	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Description of any community resources used	This is a required field. Enter information about community resources used by the individual. If none, enter “N/A” in the field.
Description of any community resources used	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Description of any additional environmental needs/supports	This is a required field. Enter information about any community resource need for the individual. If none, enter “N/A” in the field.
Description of any additional environmental needs/supports	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Environmental/Leisure (2 of 3)

Notice there are 3 pages for this tab.

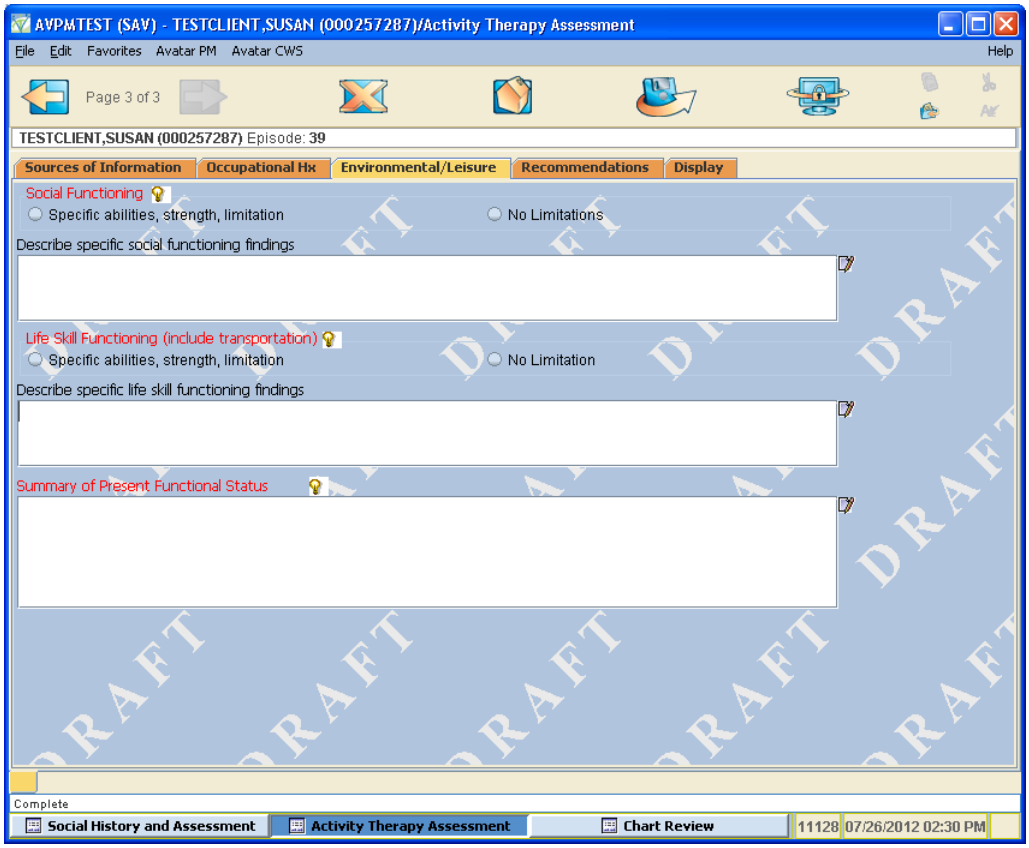


Field Name	***Instruction***
Leisure Profile	This is a required field. Enter information on how the individual spends his/her time in this field.
Leisure Profile	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Physical Functioning	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Physical Functioning	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe specific physical	This field becomes required when the answer to “Physical

functioning findings	Functioning" is 'Specific abilities, strengths and/or limitations'. Enter information about the individual's physical functioning in this field.
Cognitive Functioning	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Cognitive Functioning	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe specific cognitive functioning findings	This field becomes required when the answer to "Cognitive Functioning" is 'Specific abilities, strengths and/or limitations'. Enter information about the individual's cognitive functioning in this field.

Tab Name – Environmental/Leisure (3 of 3)

Notice there are 3 pages for this tab.

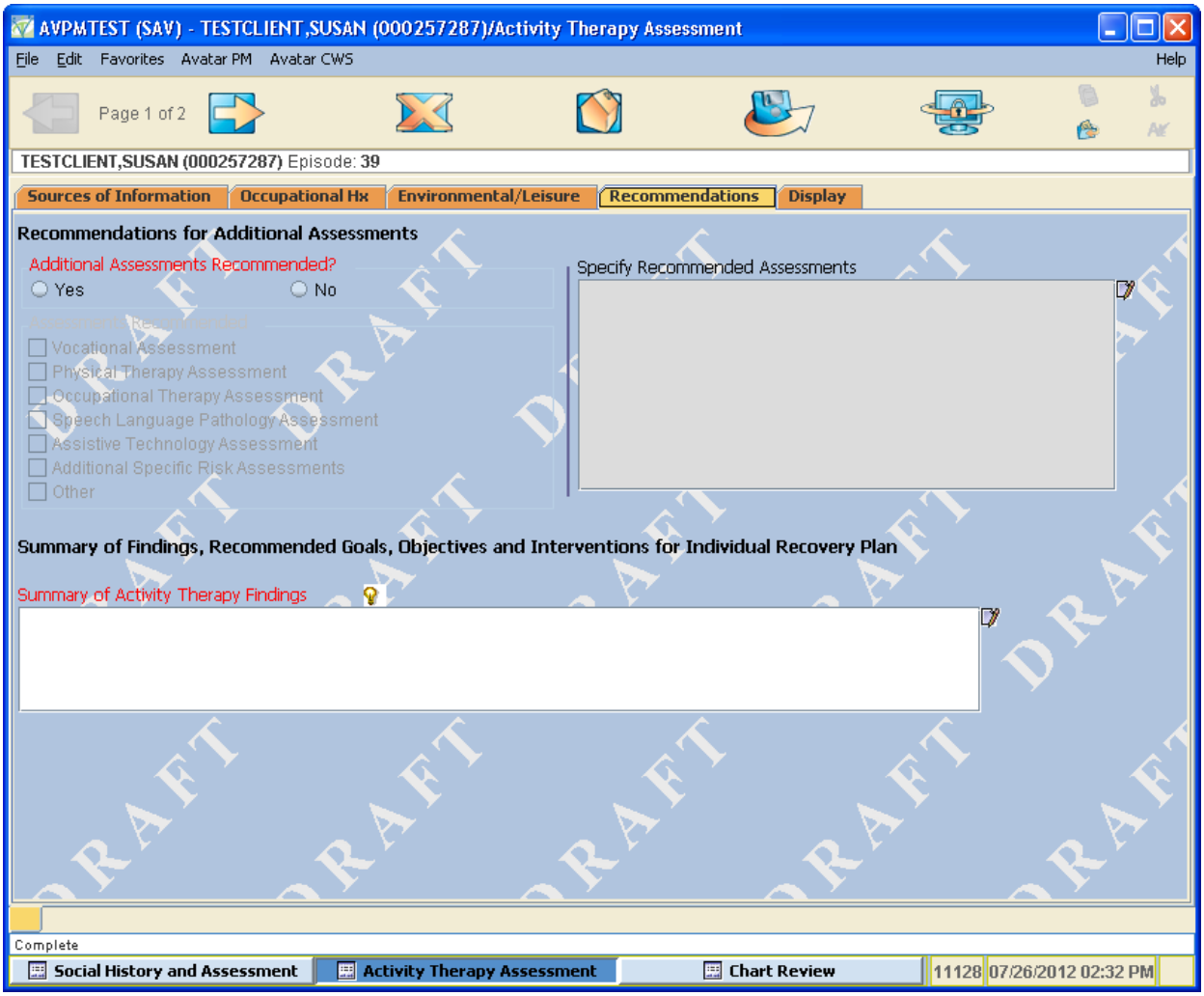


Field Name	***Instruction***
Social Functioning	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Social Functioning	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe specific social functioning findings	This field becomes required when the answer to “Social Functioning” is ‘Specific abilities, strengths and/or limitations’. Enter information about the individual’s social functioning in this field.
Life Skill Functioning (Include transportation)	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Life Skill Functioning (Include transportation)	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Describe specific life skill functioning findings	This field becomes required when the answer to “Life Skill Functioning” is ‘Specific abilities, strengths and/or limitations’. Enter information about the individual’s life skill functioning in this field.
Summary of Present Functional Status	This is a required field. Enter information for functional status functioning in this field.
Summary of Present Functional Status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Recommendations (1of 2)

Notice there are 2 pages for this tab.

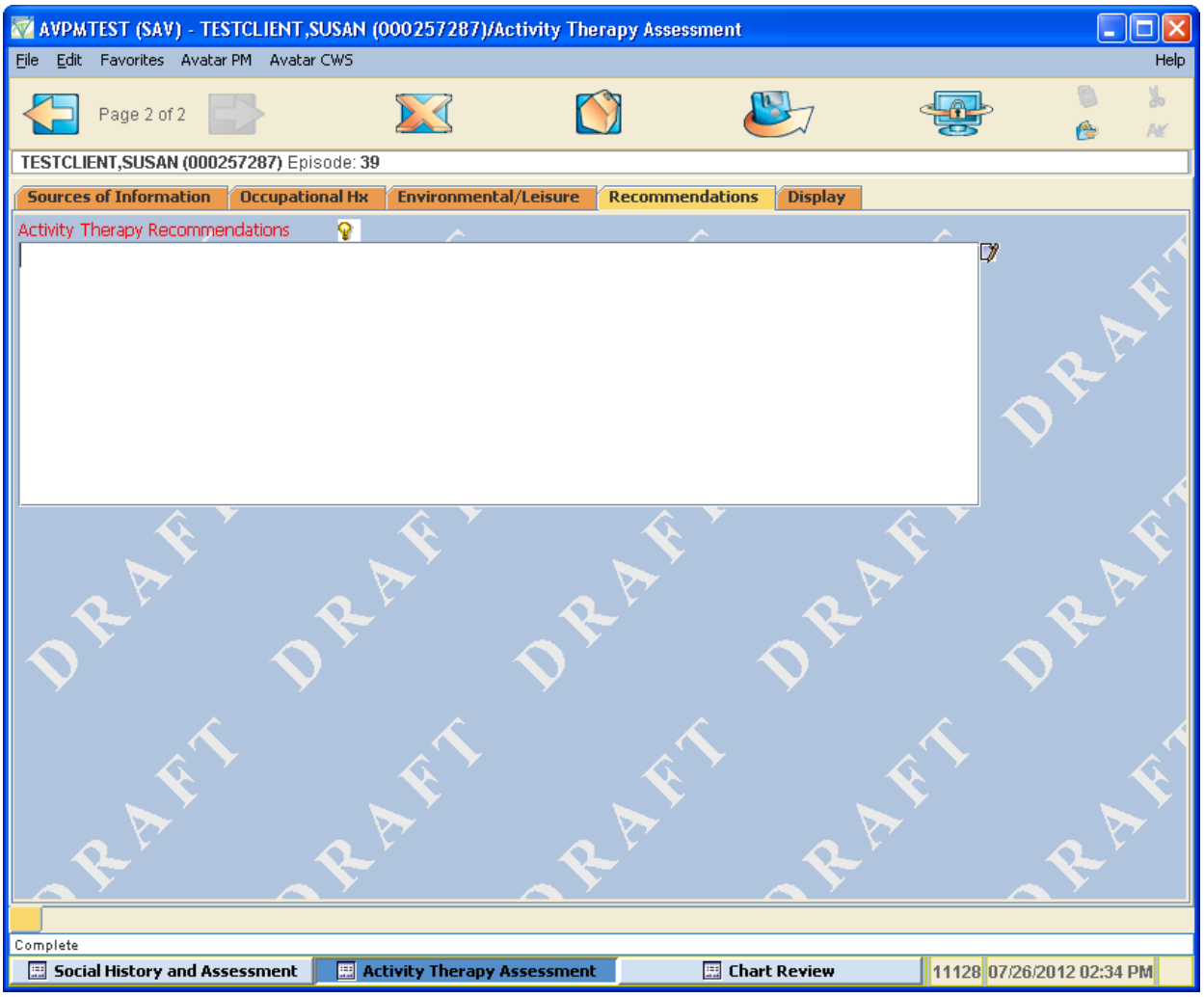


Field Name	***Instruction***
Additional Assessments Recommended?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Assessments Recommended	This field becomes required if the answer to “Specify Recommended Assessments” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Specify Recommended	This field becomes required if the answer to “Specify

Assessments	Recommended Assessments" is 'Yes'. Enter specifics about the recommended assessments for the individual in this field.
Summary of Activity Therapy Findings	This is a required field. Enter information about the summary of findings for Activity Therapy in this field.
Summary of Activity Therapy Findings	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Recommendations (2 of 2)

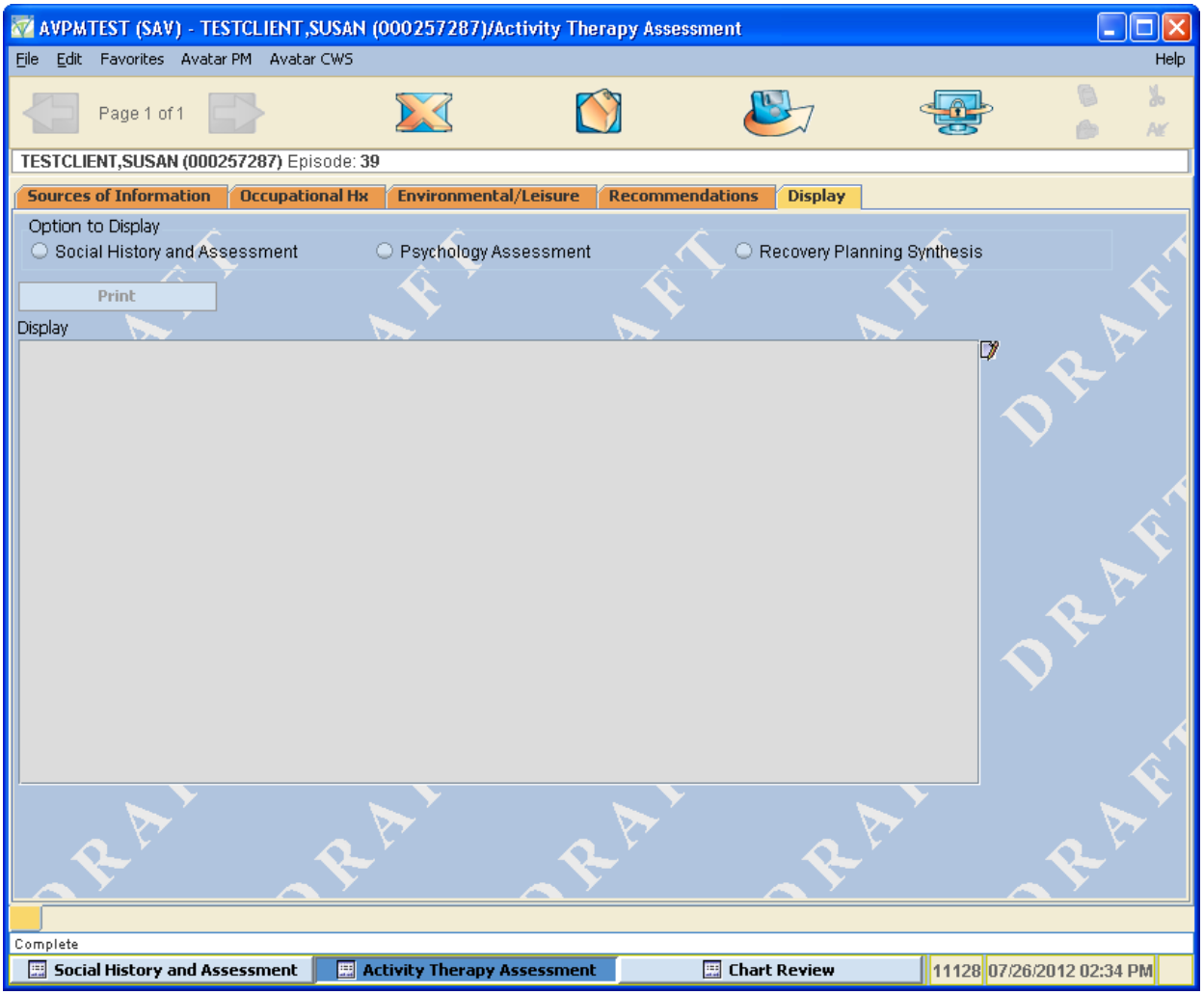
Notice there are 2 pages for this tab.



Field Name	*Instruction*
Activity Therapy Recommendations	This is a required field. Enter information about the Activity Therapy recommendations for the individual in this field. NOTE: There is a template available for entering information in this field. To access/use the template: right click in the white space of the field. Click on 'System Template' from the menu drop down and then click on the name of the template to use. The outline will now be in the field. It can be use just like a word document and information may be added or deleted as necessary. This Activity Therapy Recommendations template includes the following: Goal: Objective: Intervention: Other Recommendations:
Activity Therapy Recommendations	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Display (1 of 1)

Notice there is 1 page for this tab.



This tab allows the Activity Therapist to view information entered into other assessments while completing the Activity Therapy Assessment. This information viewed can also be printed by clicking on the "Print" button.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the "Social History and Assessment", " Psychology Assessment", and "Recovery Planning Synthesis". Click in the radio button to the left of the

	form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Activity Therapy Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Activity Therapy Assessment?

The Activity Therapy Assessment may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Activity Therapy Assessment

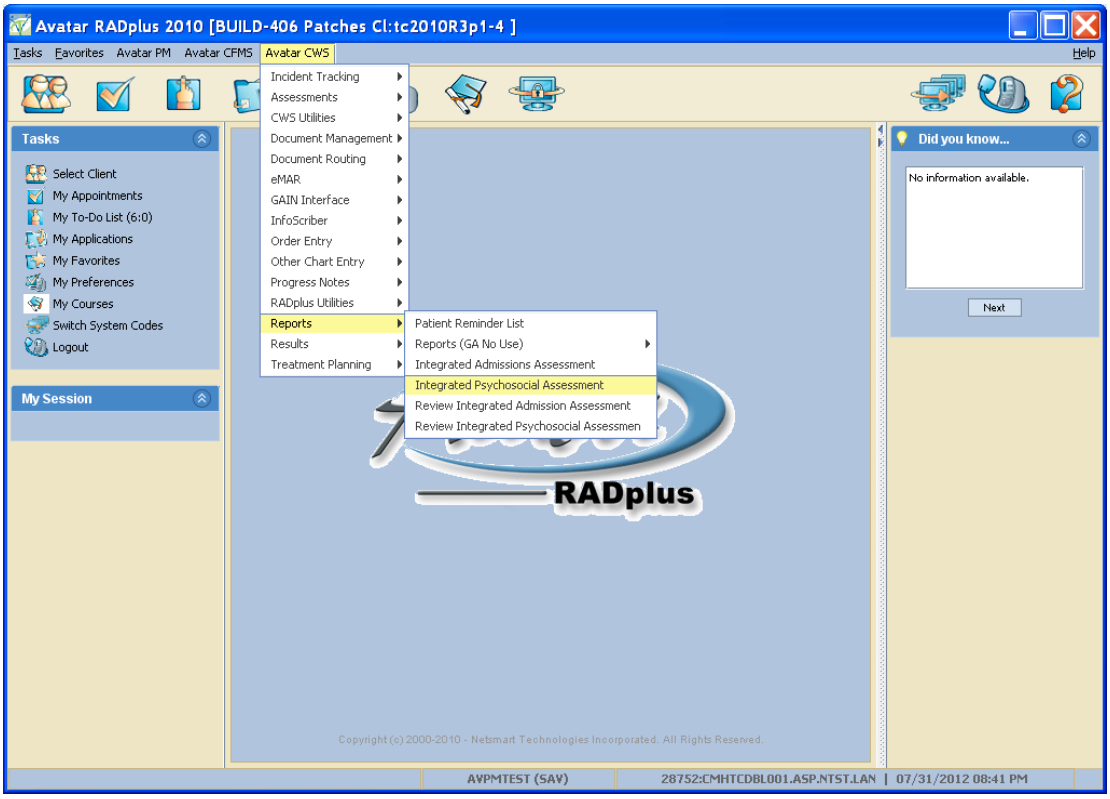
Double click on the Activity Therapy Assessment that needs to be edited.

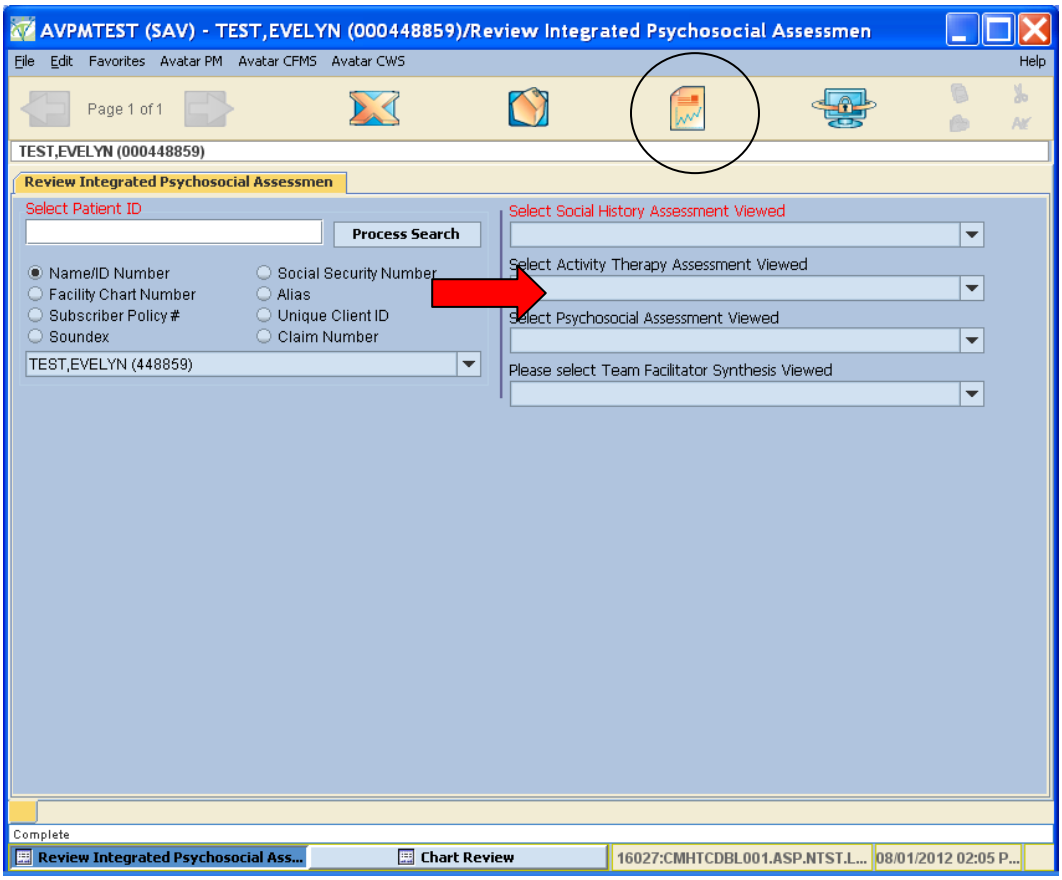
Selected Activity Therapy Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Activity Therapy Assessment report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment

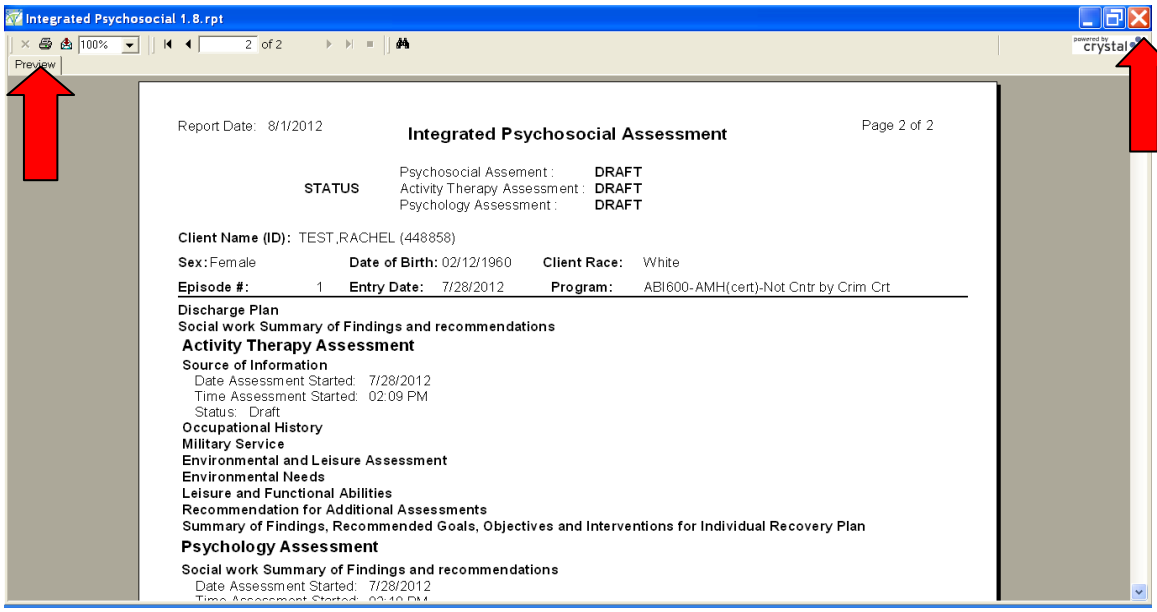

Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks Favorites Avatar PM Avatar CFMS Avatar CWS Help
Incident Tracking
Assessments
CWS Utilities
Document Management
Document Routing
eMAR
GAIN Interface
InfoScriber
Order Entry
Other Chart Entry
Progress Notes
RADplus Utilities
Reports
Results
Treatment Planning
Patient Reminder List
Reports (GA No Use)
Integrated Admissions Assessment
Integrated Psychosocial Assessment
Review Integrated Admission Assessment
Review Integrated Psychosocial Assessmen
Tasks
Select Client
My Appointments
My To-Do List (6:0)
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Did you know...
No information available.
Next
RADplus
Copyright (c) 2000-2010 - Netsmart Technologies Incorporated. All Rights Reserved.
AVPMTEST (SAV)
28752:CMHTCDBL001.ASP.NTST.LAN | 07/31/2012 08:41 PM



Select the appropriate Activity Therapy Assessment from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Activity Therapy Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Integrated Psychosocial Assessment Psychology Assessment

Purpose

The Integrated Psychosocial Assessment is a comprehensive and holistic picture of the current circumstances for the individual, as well as the pertinent psychosocial history of the individual.

Overview

The “Integrated Psychosocial Assessment” is completed jointly by a social service provider, an activity therapist, a psychologist and the Recovery Planning Team (RPT) Facilitator for individuals who are admitted to the hospital. The Integrated Psychosocial Assessment is comprised of multiple sections. The first section is the “Social History and Assessment” and is completed by the social worker/social service provider. Section two is the “Activity Therapy Assessment” and is completed by the activity therapist. The third section is the “Psychology Assessment” and is completed by the psychologist. The fourth and final section is the “Recovery Planning Team Facilitator Synthesis” which summarizes all of the other three sections and is completed by the RPT Facilitator. The “Integrated Psychosocial Assessment” must be completed within 12 days of admission.

The information gathered in the Integrated Psychosocial Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Integrated Psychosocial Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, and “Unit Nurse”.

Prerequisites

- Individual must have an open episode in Avatar
- Staff member must have an active user id and access to the form in Avatar

Procedures

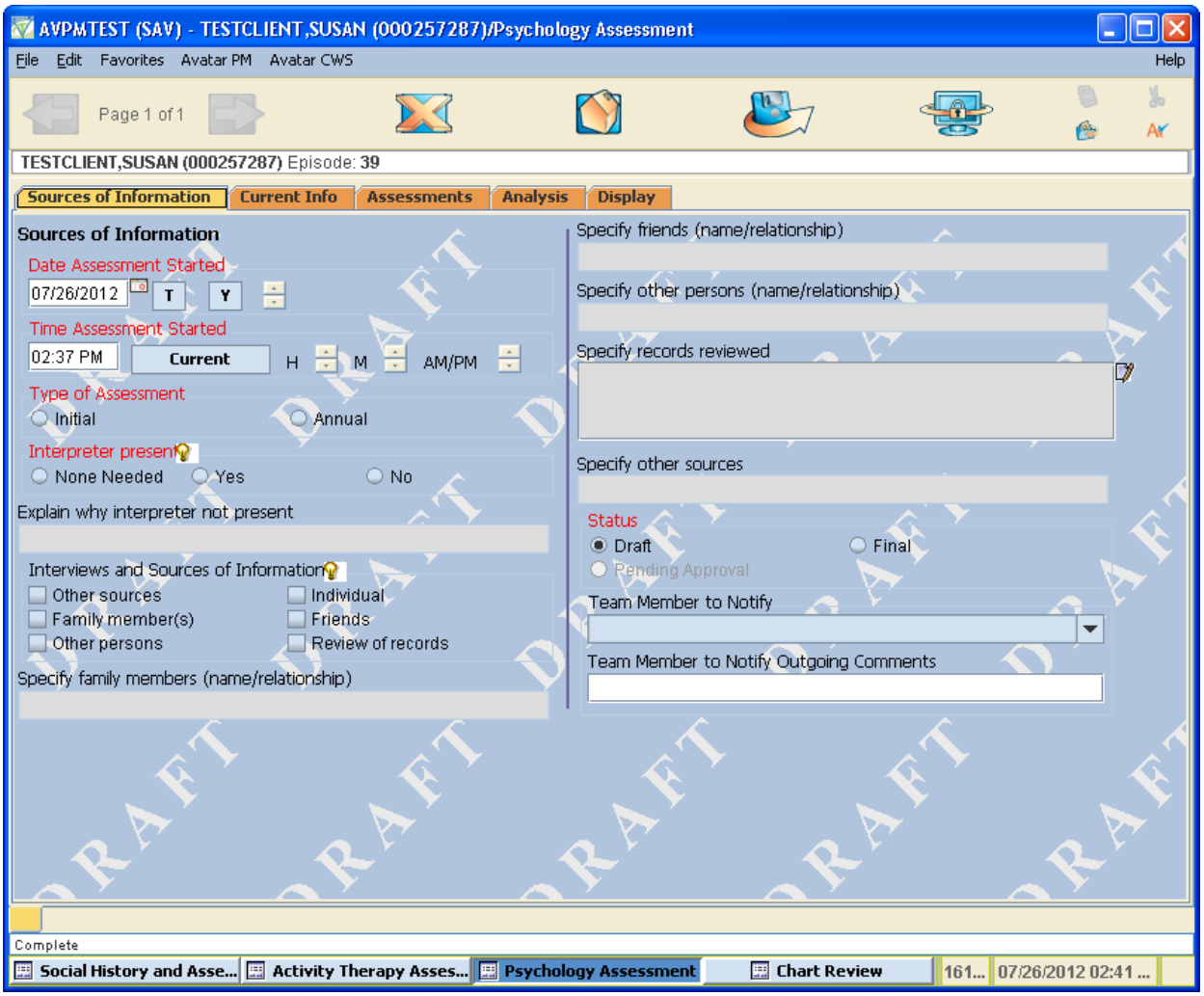
How Do I Launch a Psychology Assessment in Avatar?

Menu Path - Avatar CWS → Assessments → Integrated Psychosocial Assessment → Psychology Assessment

How Do I Enter/Complete a New Psychology Assessment?

Tab Name – Sources of Information (1 of 1)

Notice there is 1 page for this tab.



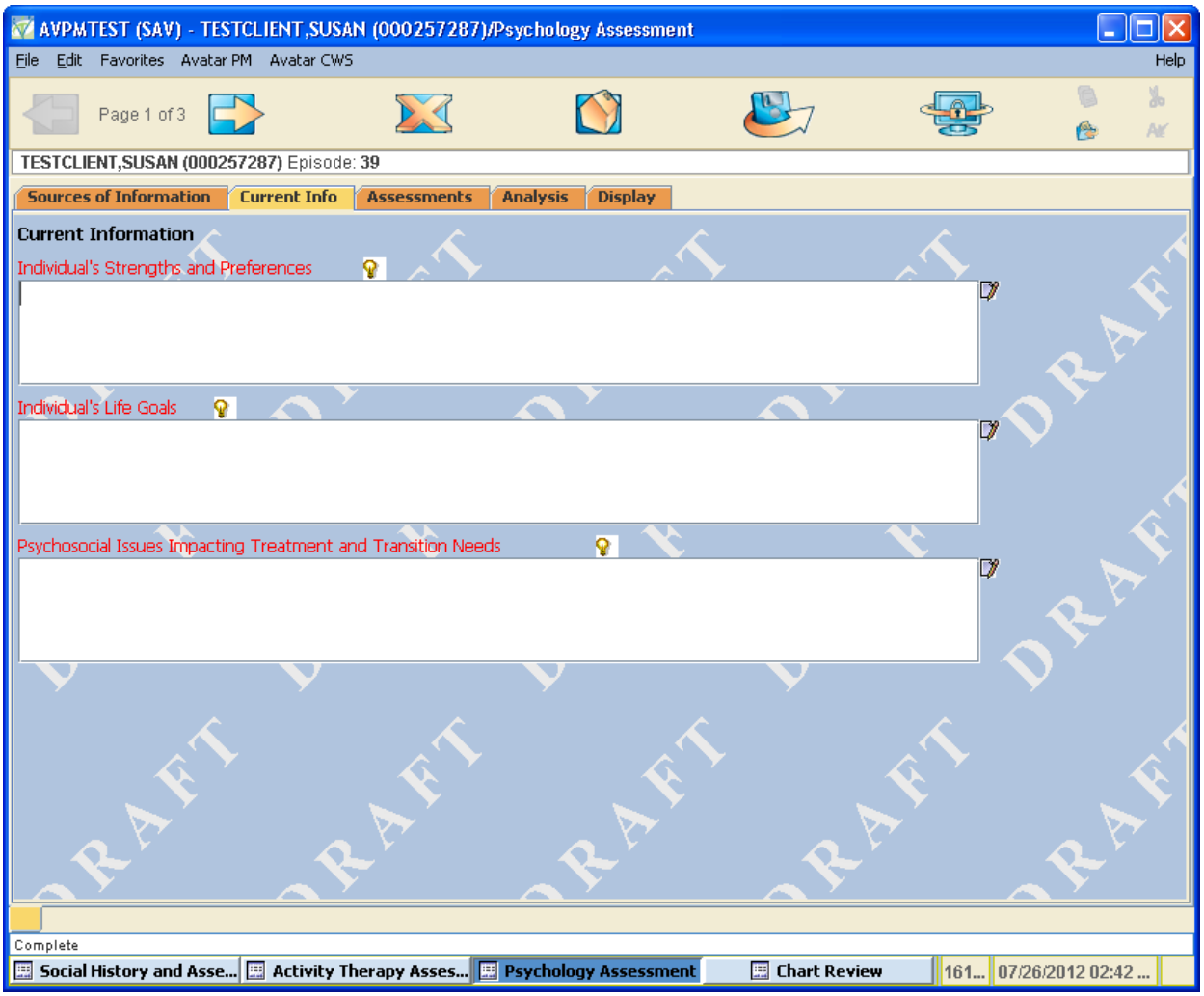
Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.

Type of Assessment	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter present	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Interpreter Present	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Explain why Interpreter not present	This field becomes required when the answer to “Interpreter Present” is ‘No’. Enter the reason that an interpreter was not present in this field.
Interviews and Sources of Information	Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Interviews and sources of Information	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify family members (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Family member(s)’. Enter the name and relationship of the family member(s) to the individual in this field.
Specify friends (name/relationship)	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Friends’. Enter the name and relationship of the Friends to the individual in this field.
Specify other persons (name/relationship	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Persons’. Enter the name and relationship of the other persons to the individual in this field.
Specify records reviewed	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Review of records’. Enter the records reviewed in this field.
Specify other sources	This field becomes required when the answer to “Interviews and Sources of Information” includes ‘Other Sources’. Enter the other sources reviewed in this field.

Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Tab Name – Current Info (1 of 3)

Notice there are 3 pages for this tab.

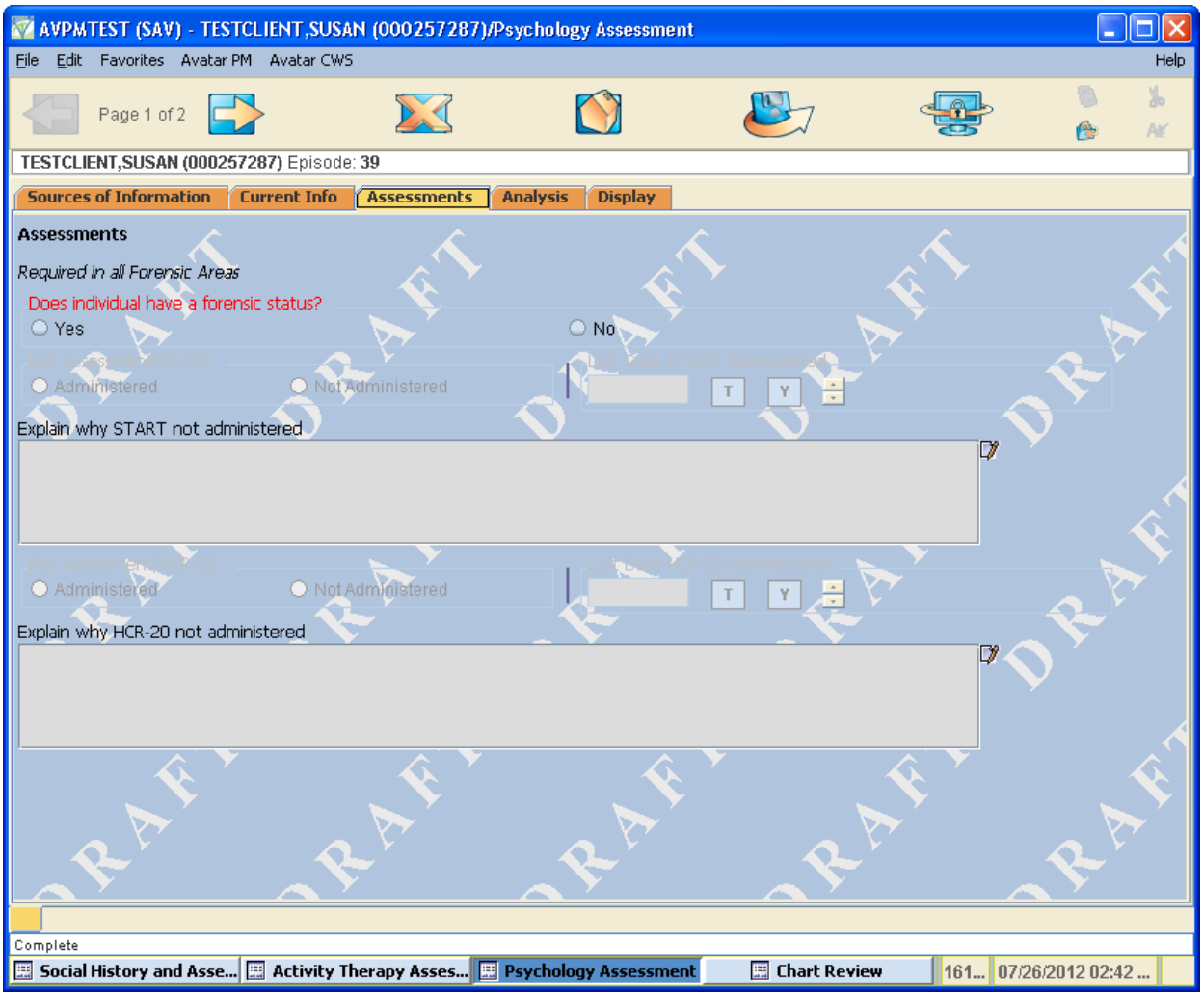


Field Name	***Instruction***
Individual's Strengths and Preferences	This is a required field. Enter information about the strengths and preferences of the individual in this field.
Individual's Strengths and Preferences	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Individual's Life Goals	This is a required field. Enter information about the individual's life goals in this field.
Individual's Life Goals	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Psychosocial Issues Impacting Treatment and Transition Needs	This is a required field. Enter information about the psychosocial issues impacting treatment and transition needs for the individual in this field.
Psychosocial Issues Impacting Treatment and Transition Needs	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Assessments (1 of 2)

Notice there are 2 pages for this tab.

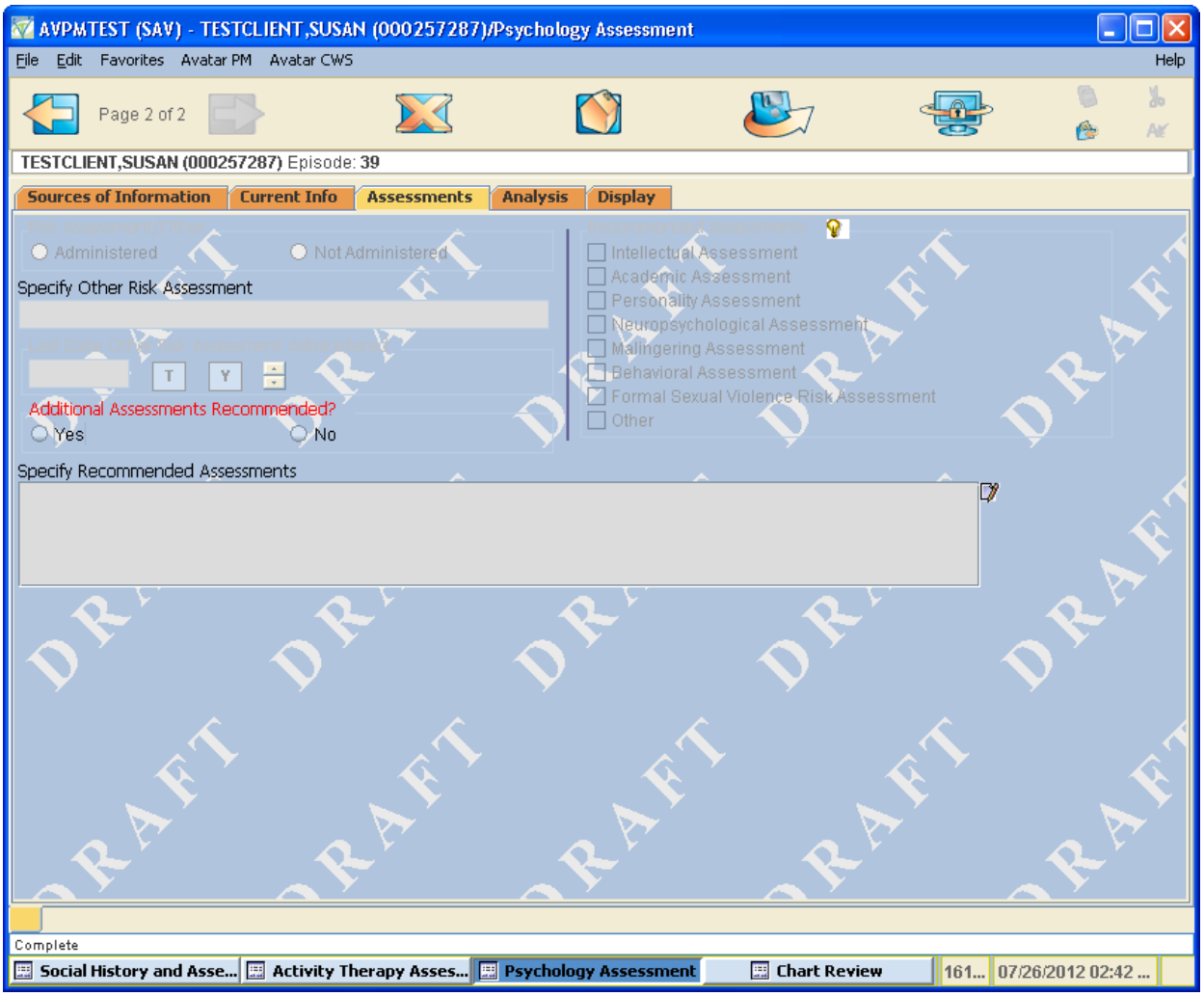


Field Name	***Instruction***
Does Individual have a forensic status?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Risk Assessment/START	This field becomes required when the answer to “Does Individual have a forensic status?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.

Last Date START Administered	This field becomes required when the answer to “Risk Assessment/START” is ‘Administered’. Enter the date for when the last START Assessment was administered in this field.
Explain why START not administered?	This field becomes required when the answer to “Risk Assessment/START” is ‘Not Administered’. Enter the reason the START was not administered in this field.
Risk Assessment/HCR-20	This field becomes required when the answer to “Does Individual have a forensic status?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Last Date HCR-20 Administered	This field becomes required when the answer to “Risk Assessment/HCR-20” is ‘Administered’. Enter the date for when the last HCR-20 was administered in this field.
Explain why HCR-20 not administered	This field becomes required when the answer to “Risk Assessment/HCR-20” is ‘Not Administered’. Enter the reason the HCR-20 was not administered in this field.

Tab Name – Assessments (2 of 2)

Notice there are 2 pages for this tab.

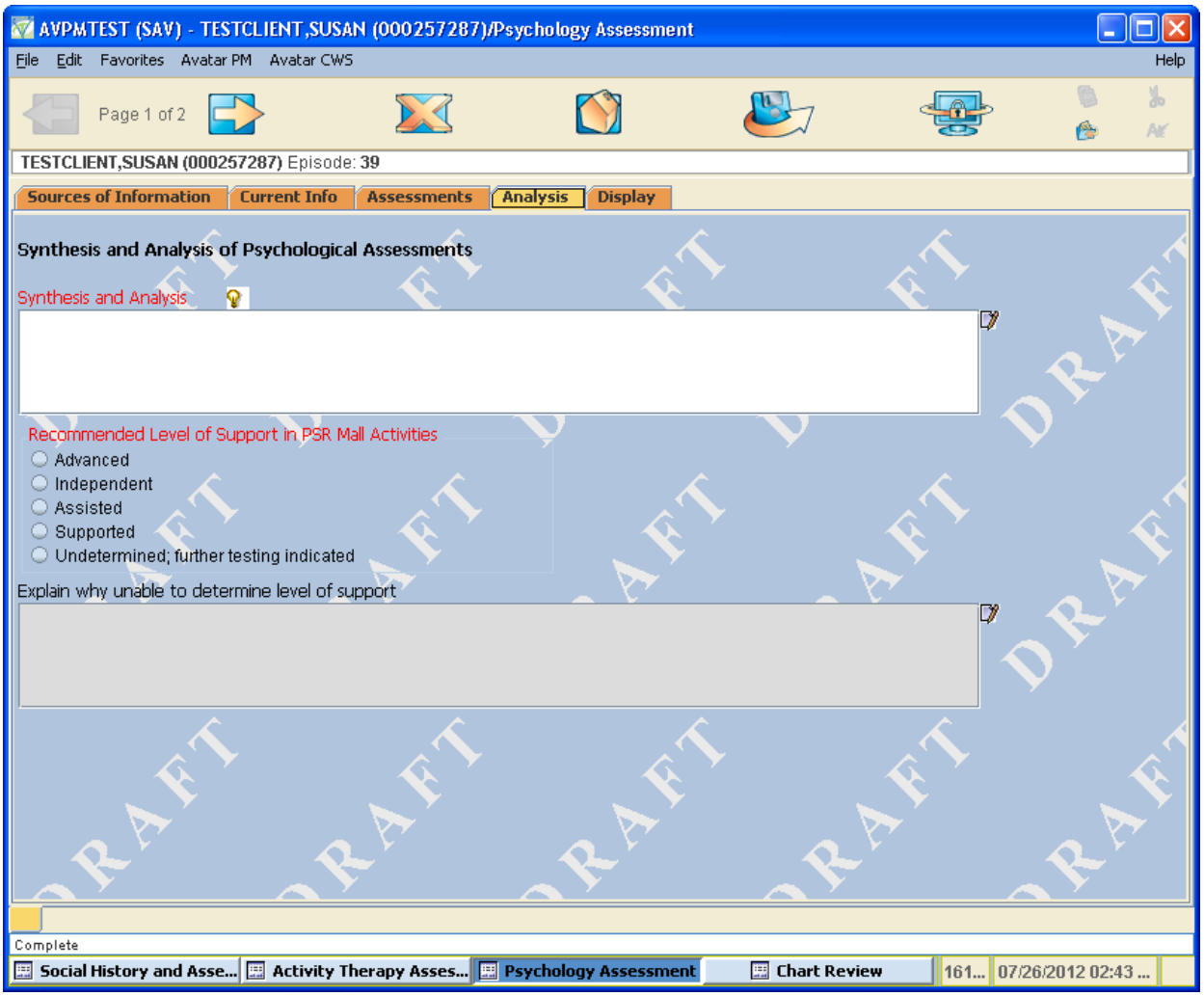


Field Name	***Instruction***
Risk Assessment/Other	This field becomes required when the answer to “Does Individual have a forensic status?” is ‘Yes’. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Specify Other Risk Assessment	This field becomes required when the answer to “Risk Assessment/Other” is ‘Administered’. Specify the other risk

	assessment in this field.
Last Date Other Risk Assessment Administered	This field becomes required when the answer to “Risk Assessment/Other” is ‘Administered’. Specify the last date the other risk assessment was administered in this field.
Additional Assessments Recommended?	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Recommended Assessments	This field becomes required when the answer to “Additional Assessments Recommended?” is ‘Yes’. Indicate the correct answer by clicking in the check box to the left of the appropriate response. More than one answer may be selected.
Recommended Assessments	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Specify Recommended Assessments	This field becomes required when the answer to “Additional Assessments Recommended?” is ‘Yes’. Enter information about the recommended assessments for the individual in this field.

Tab Name – Analysis (1 of 2)

Notice there are 2 pages for this tab.

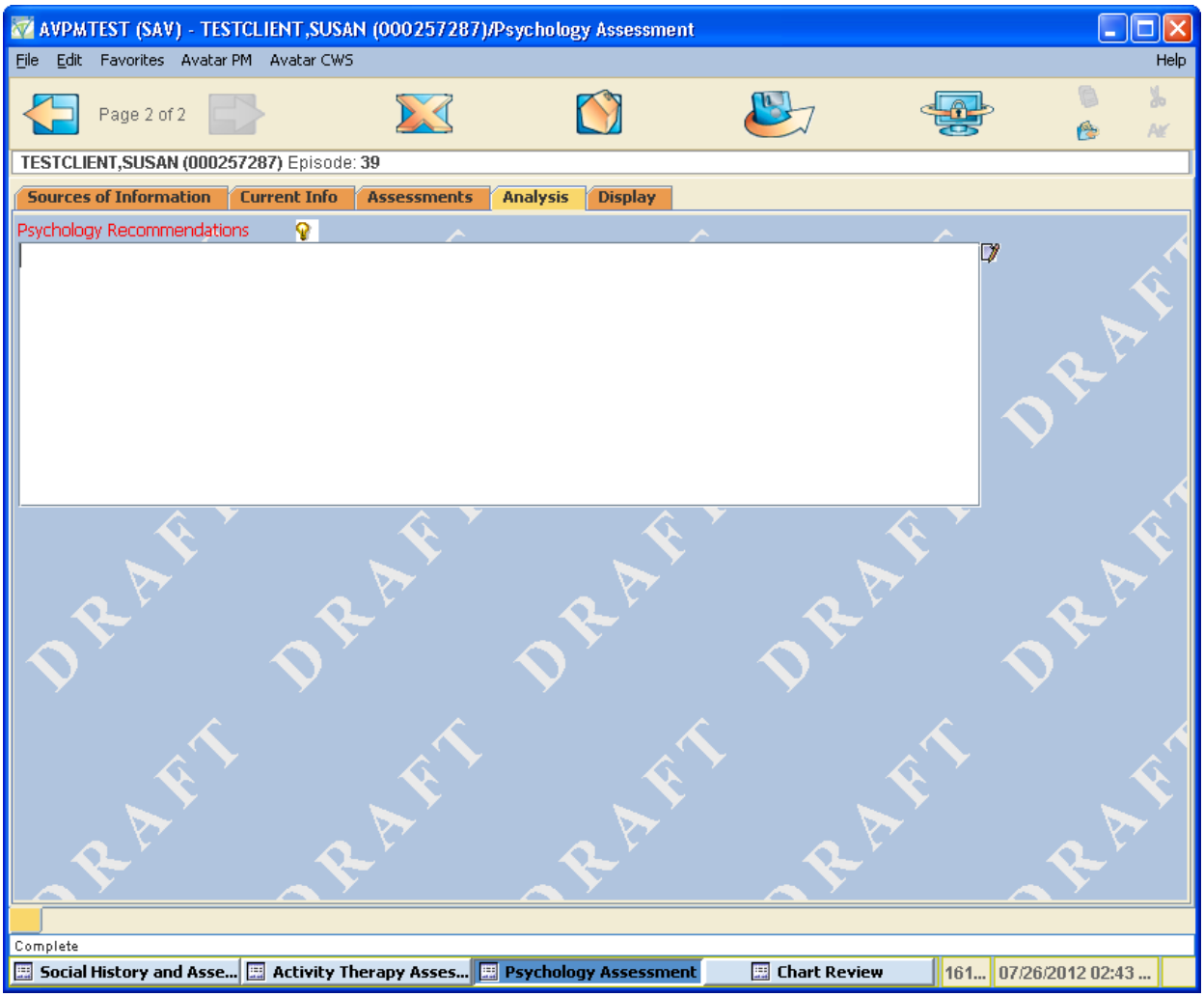


Field Name	***Instruction***
Synthesis and Analysis	This is a required field. Enter the analysis of findings for the individual in this field.
Synthesis and Analysis	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Recommended Level of	This is a required field. Indicate the correct answer by clicking

Support in PSR Mall Activities	in the radio button to the left of the appropriate response.
Explain why unable to determine level of support	This field becomes required when the answer to 'Recommended Level of Support in PSR Mall Activities' is 'Undetermined; further testing indicated'. Enter the reason why the level of support in PSR Mall activities is not able to be determined in this field.

Tab Name – Analysis (2 of 2)

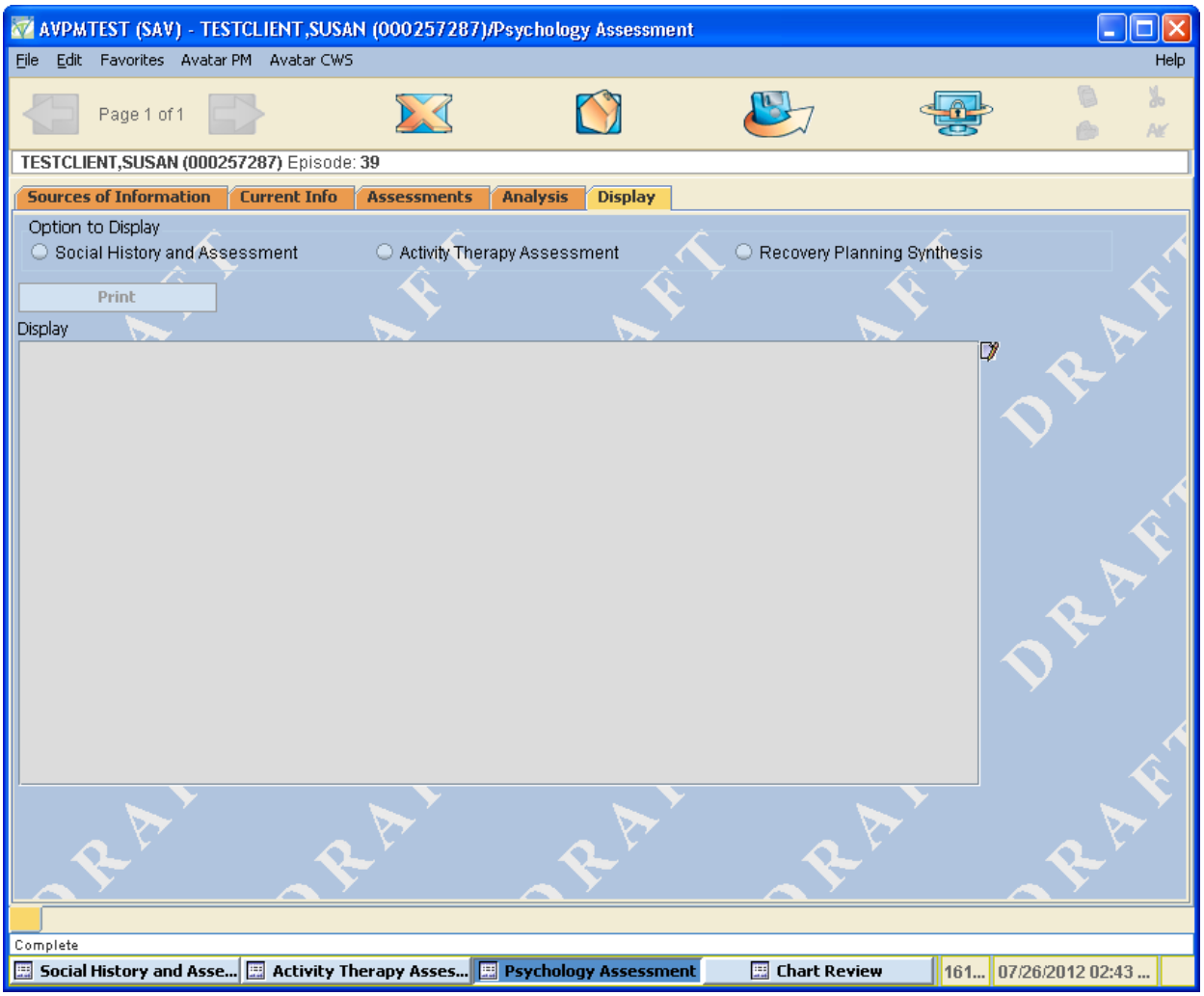
Notice there are 2 pages for this tab.



Field Name	*Instruction*
Psychology Recommendations	This is a required field. Enter the recommendations for the individual in this field. NOTE: There is a template available for entering information in this field. To access/use the template: right click in the white space of the field. Click on 'System Template' from the menu drop down and then click on the name of the template to use. The outline will now be in the field. It can be use just like a word document and information may be added or deleted as necessary. This Psychology Recommendations template includes the following: Goal: Objective: Intervention: Other Recommendations:
Psychology Recommendations	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Display (1 of 1)

Notice there is 1 page for this tab.



This tab allows the Psychologist to view information entered into other assessments while completing the Psychologist Assessment. This information viewed can also be printed by clicking on the "Print" button.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the Financial Eligibility in PM, and the following forms: "Social History and Assessment", " Activity Therapy Assessment", and "Recovery Planning Synthesis". Click in the radio button to the left of the

	form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Psychology Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit a Psychology Assessment?

The Psychology Assessment may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Psychology Assessment

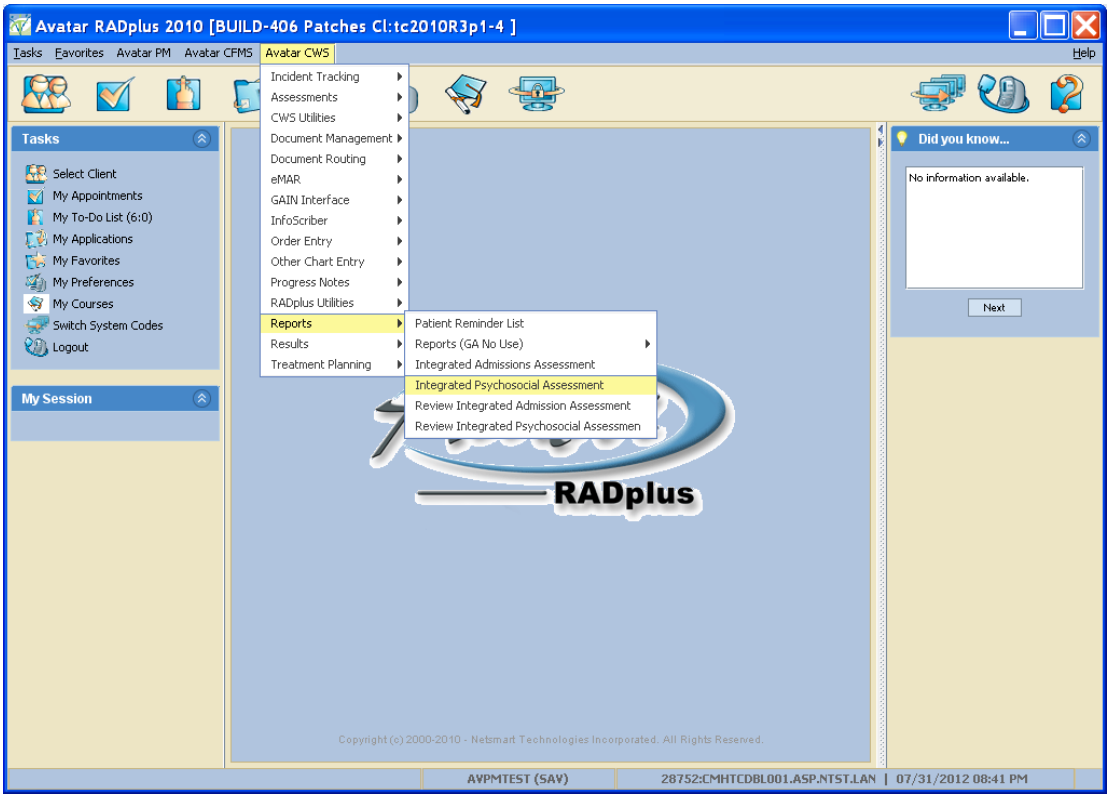
Double click on the Psychology Assessment that needs to be edited.

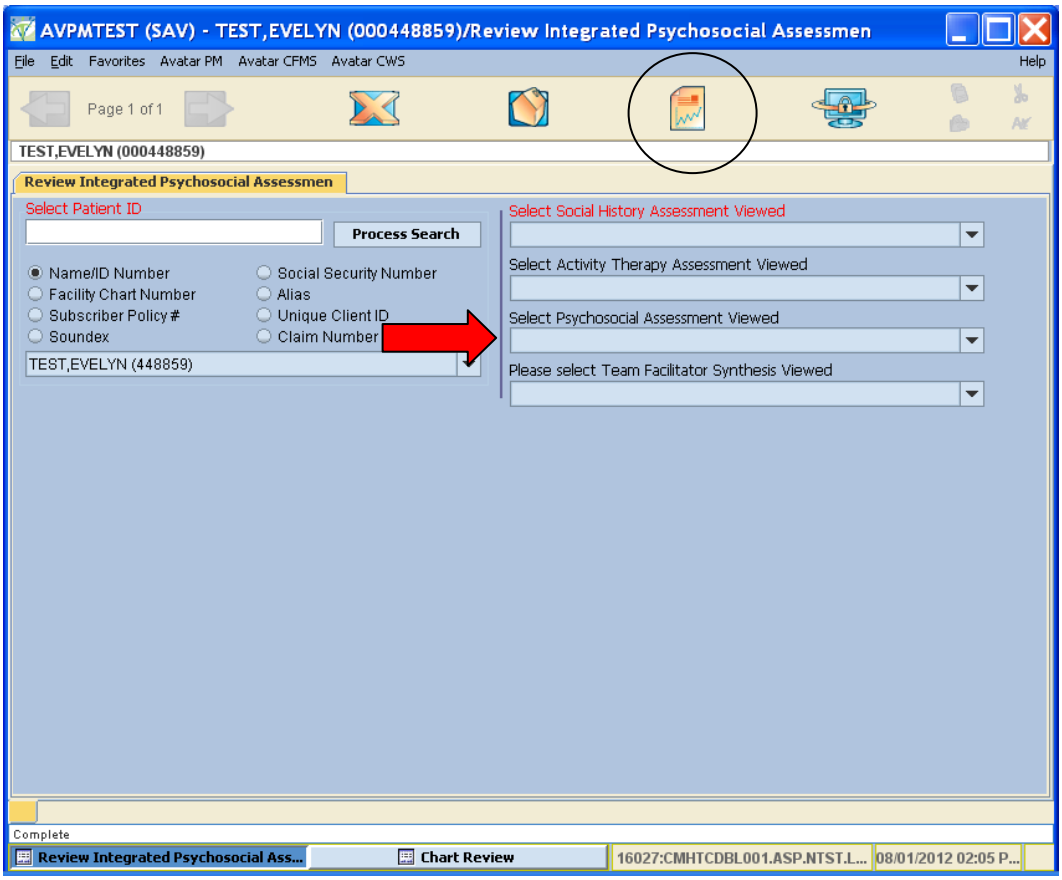
Selected Psychology Assessment displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Psychology Assessment report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment

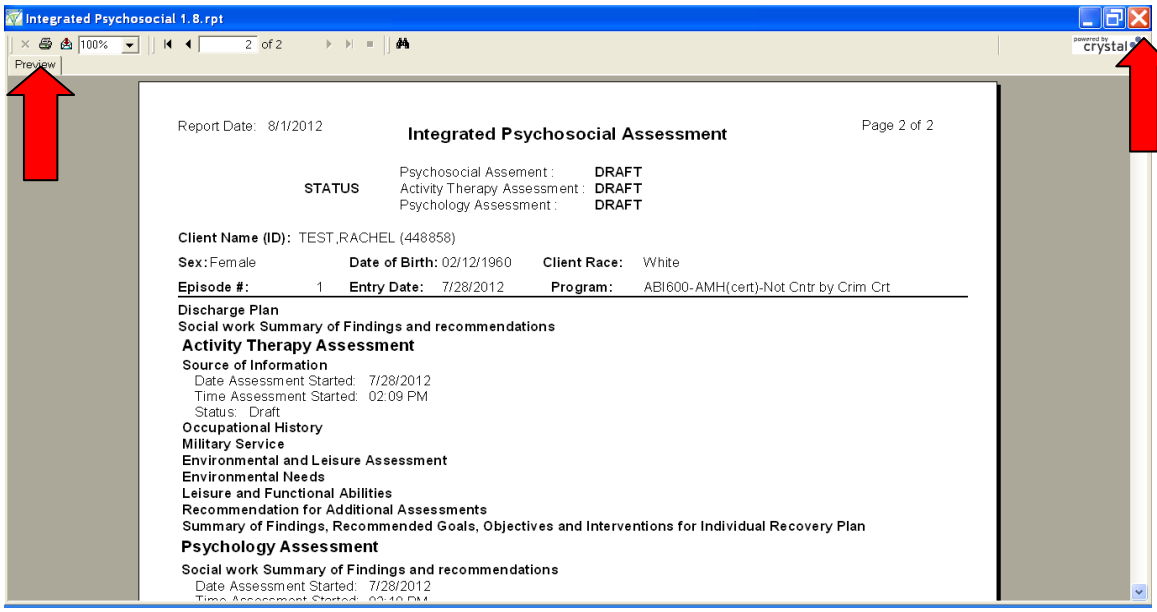

Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks Favorites Avatar PM Avatar CFMS Avatar CWS Help
Incident Tracking
Assessments
CWS Utilities
Document Management
Document Routing
eMAR
GAIN Interface
InfoScriber
Order Entry
Other Chart Entry
Progress Notes
RADplus Utilities
Reports
Results
Treatment Planning
Patient Reminder List
Reports (GA No Use)
Integrated Admissions Assessment
Integrated Psychosocial Assessment
Review Integrated Admission Assessment
Review Integrated Psychosocial Assessmen
Tasks
Select Client
My Appointments
My To-Do List (6:0)
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Did you know...
No information available.
Next
RADplus
Copyright (c) 2000-2010 - Netsmart Technologies Incorporated. All Rights Reserved.
AVPMTEST (SAV)
28752:CMHTCDBL001.ASP.NTST.LAN | 07/31/2012 08:41 PM



Select the appropriate Psychology Assessment from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit the Psychology Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Integrated Psychosocial Assessment Recovery Planning Synthesis

Purpose

The Integrated Psychosocial Assessment is a comprehensive and holistic picture of the current circumstances for the individual, as well as the pertinent psychosocial history of the individual.

Overview

The “Integrated Psychosocial Assessment” is completed jointly by a social service provider, an activity therapist, a psychologist and the Recovery Planning Team (RPT) Facilitator for individuals who are admitted to the hospital. The Integrated Psychosocial Assessment is comprised of multiple sections. The first section is the “Social History and Assessment” and is completed by the social worker/social service provider. Section two is the “Activity Therapy Assessment” and is completed by the activity therapist. The third section is the “Psychology Assessment” and is completed by the psychologist. The fourth and final section is the “Recovery Planning Team Facilitator Synthesis” which summarizes all of the other three sections and is completed by the RPT Facilitator. The “Integrated Psychosocial Assessment” must be completed within 12 days of admission.

The information gathered in the Integrated Psychosocial Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Integrated Psychosocial Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, and “Unit Nurse”.

Prerequisites

- Individual must have an open episode in Avatar
- Staff member must have an active user id and access to the form in Avatar

Procedures

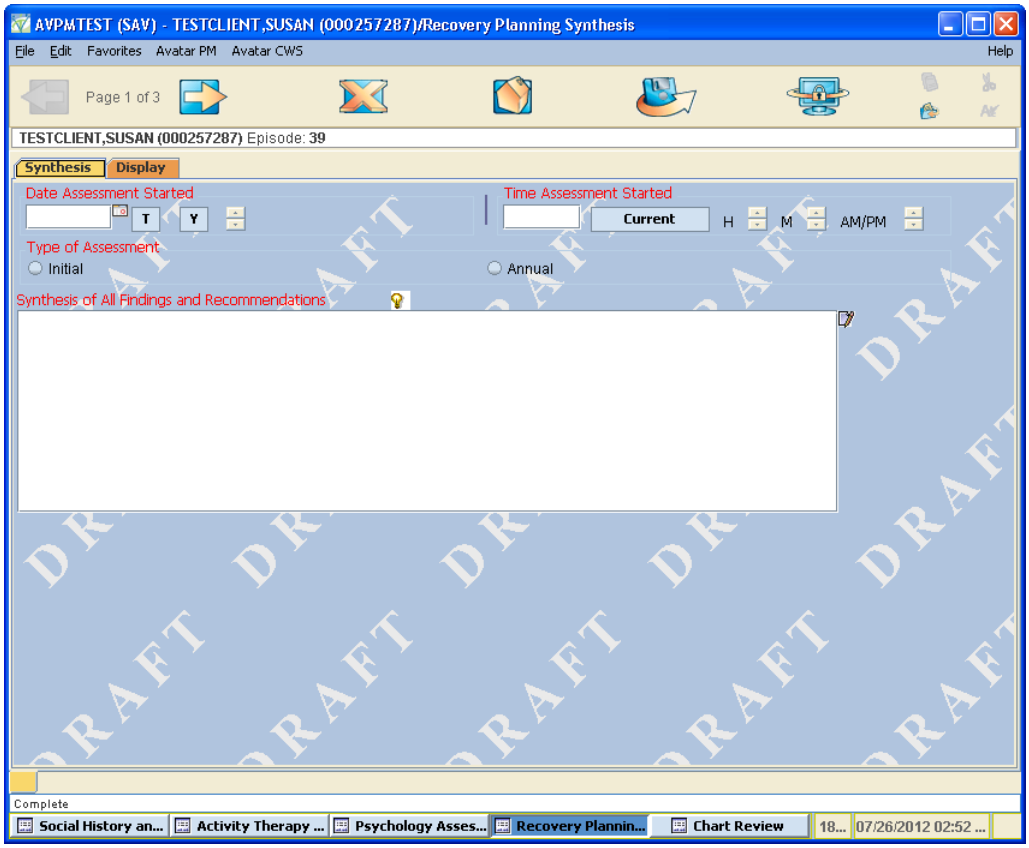
How Do I Launch a Recovery Planning Team Facilitator Synthesis Assessment in Avatar?

Menu Path: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Recovery Planning Synthesis

How Do I Enter/Complete a New Recovery Planning Team Facilitator Synthesis Assessment?

Tab Name – Synthesis (1 of 3)

Notice there are 3 pages for this tab.

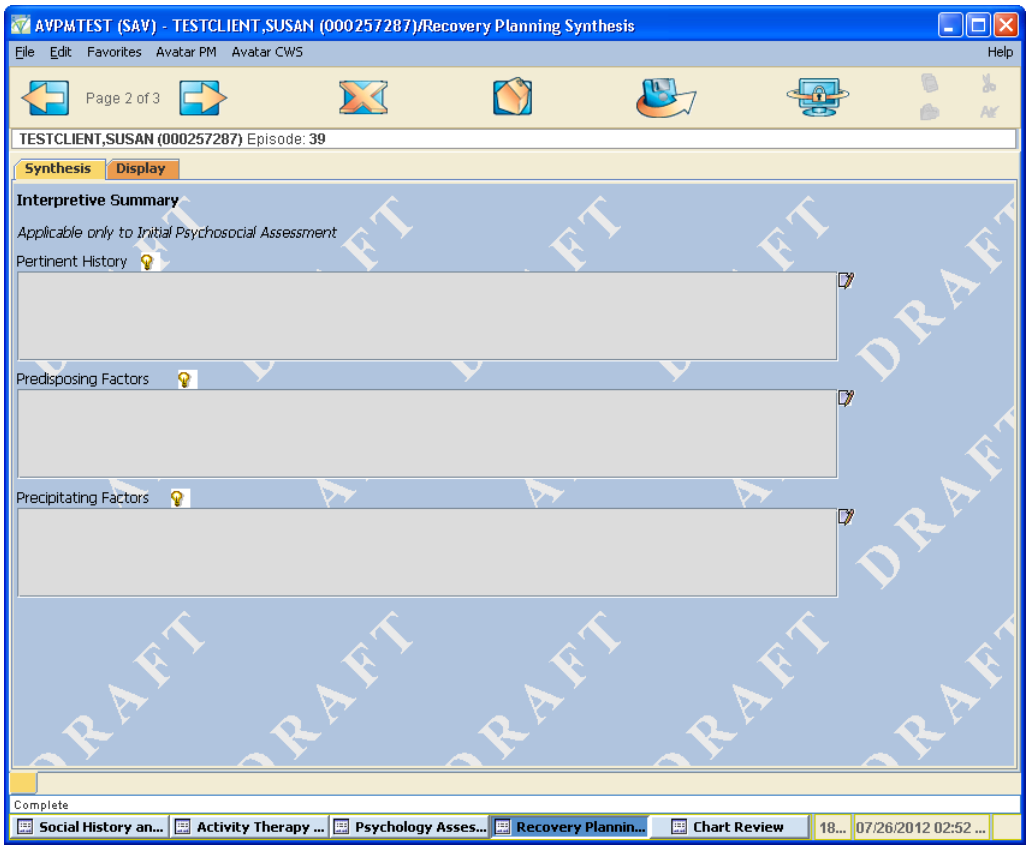


Field Name	***Instruction***
Date Assessment Started	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Assessment Started	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Type of Assessment	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response.
Synthesis of All Findings	This is a required field. Enter the synthesis of findings from the other sections of the Integrated Psychosocial Assessment and

and Recommendations	any recommendations for the individual in this field.
Synthesis of All Findings and Recommendations	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Synthesis (2 of 3)

Notice there are 3 pages for this tab.

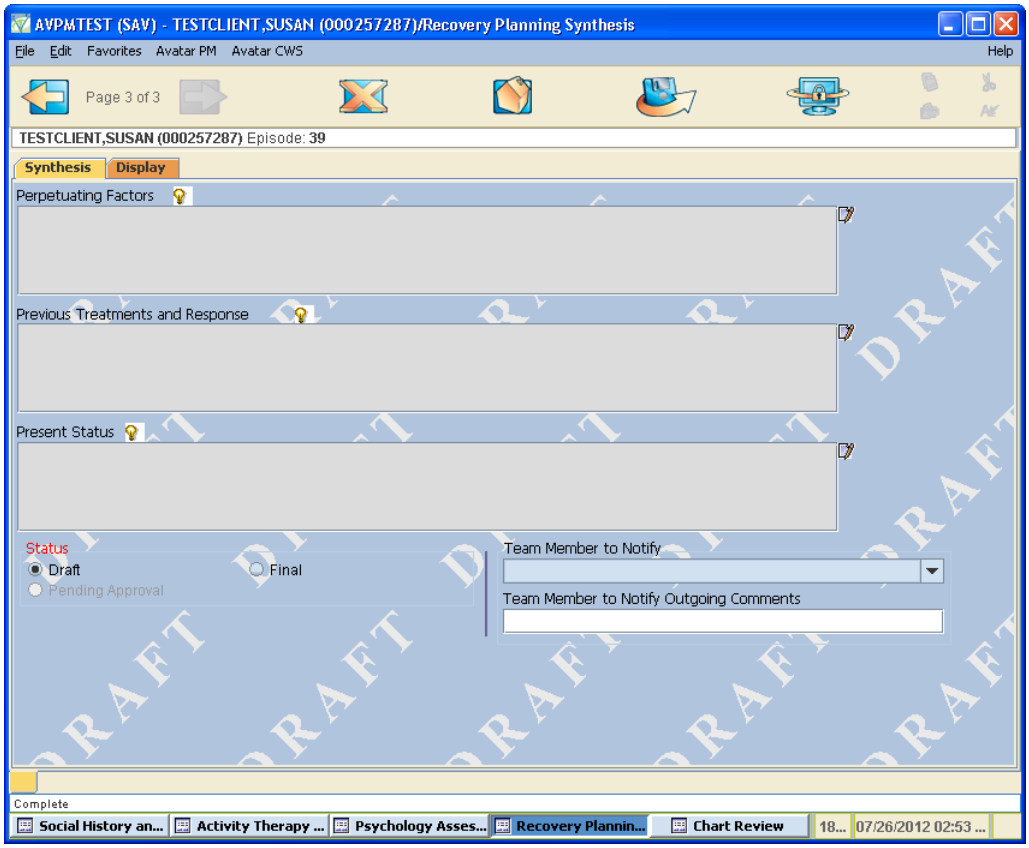


Field Name	***Instruction***
Pertinent History	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about the pertinent personal, psychiatric, behavioral, medical and legal history for the individual in this field.

Pertinent History	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Predisposing Factors	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about any potential predisposing factors in this field.
Predisposing Factors	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Precipitating Factors	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about any precipitating factors in this field.
Precipitating Factors	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.

Tab Name – Synthesis (3 of 3)

Notice there are 3 pages for this tab.

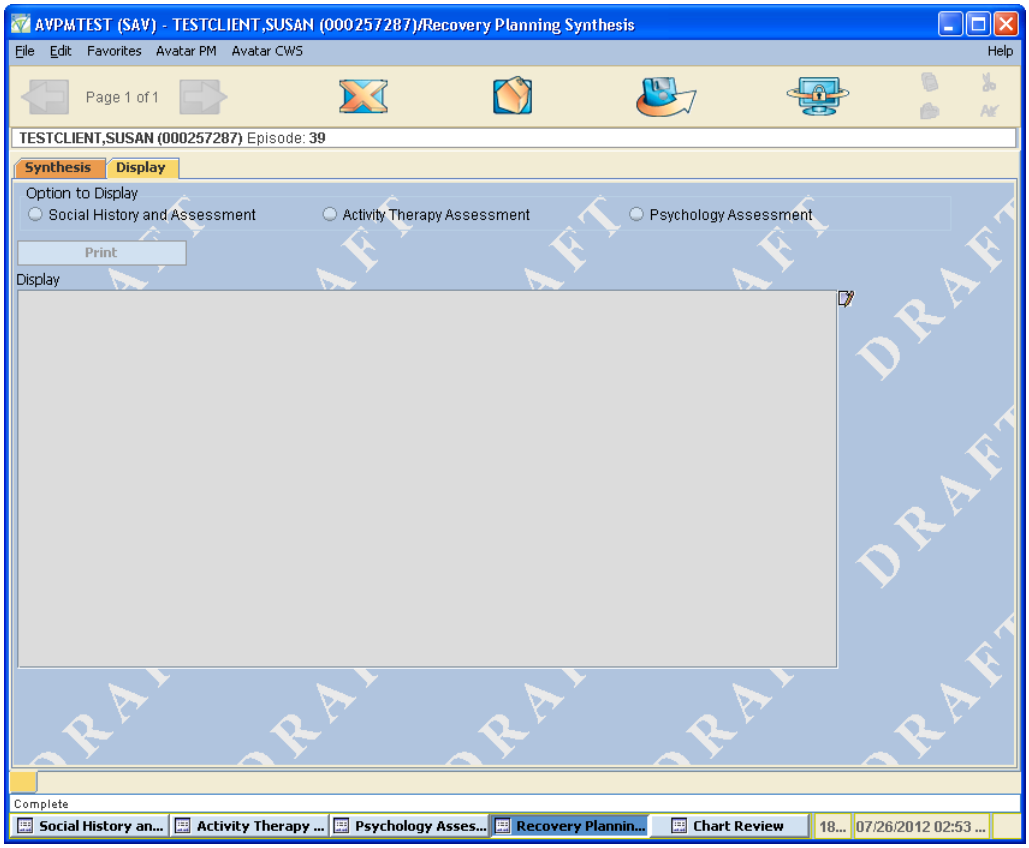


Field Name	***Instruction***
Perpetuating Factors	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about any potential perpetuating factors in this field.
Perpetuating Factors	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Previous Treatments and Response	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about the individual’s previous treatments and responses in this field.
Previous Treatments and Response	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide

	examples of what is entered into the field.
Present Status	This field becomes required if the answer to “Type of Assessment” on page 1 is ‘Initial’. Enter information about the individual’s current overall status in this field.
Present Status	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Status	This is a required field. Indicate the correct answer by clicking in the radio button to the left of the appropriate response. Selecting final will not allow any further edits to the form.
Team Member to Notify	This field will need to be populated if the staff member entering the information for this form is required to notify another team member when this form is complete. This will be set up in workflow and will only be required in the situation described.
Team Member to Notify Outgoing Comments	This field will need to be populated if the staff member entering the information for this form is required to notify another team member for outgoing comments when this form is complete. This will be set up in workflow and will only be required in the situation described.

Tab Name – Display (1 of 1)

Notice there is 1 page for this tab.



This tab allows the Recovery Team Plan Facilitator to view information entered into other assessments while completing the Recovery Planning Synthesis. This information viewed can also be printed by clicking on the "Print" button.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the following forms: "Social History and Assessment", "Activity Therapy Assessment" and "Psychology Assessment". Click in the radio button to the left of the form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Recovery Planning Team Facilitator Synthesis Assessment?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Recovery Planning Team Facilitator Synthesis Assessment?

The Recovery Planning Synthesis may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Recovery Planning Synthesis

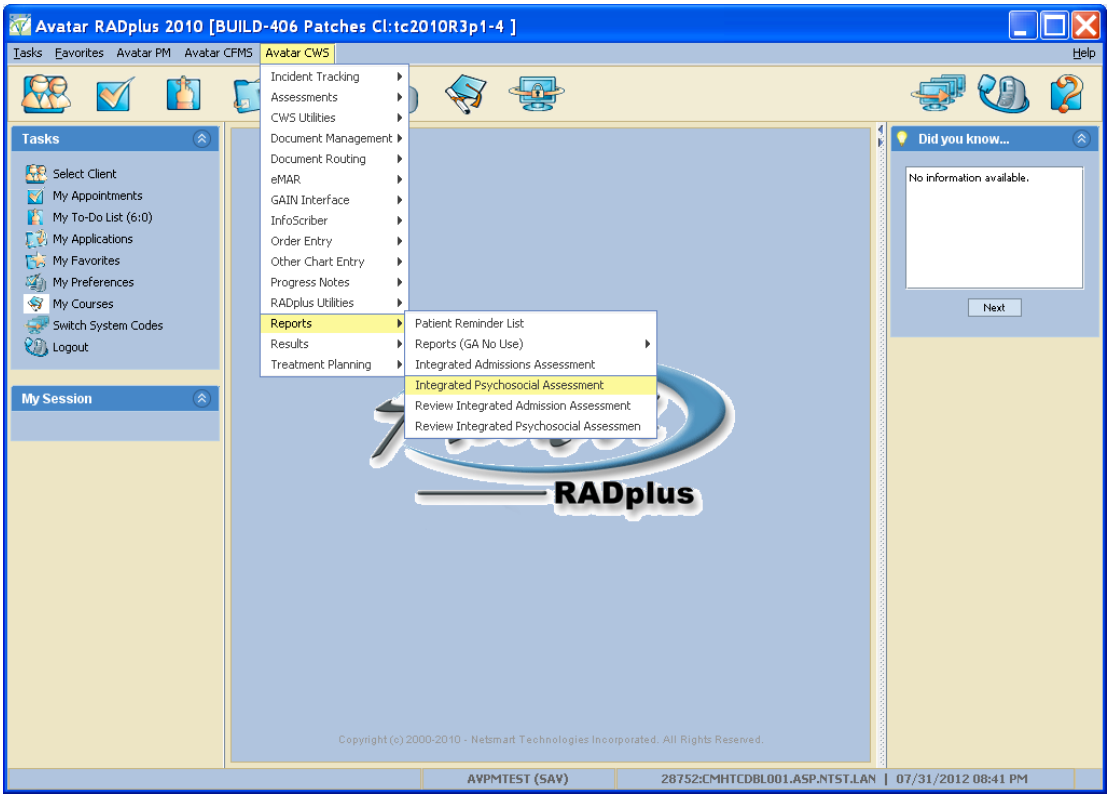
Double click on the Recovery Planning Synthesis that needs to be edited.

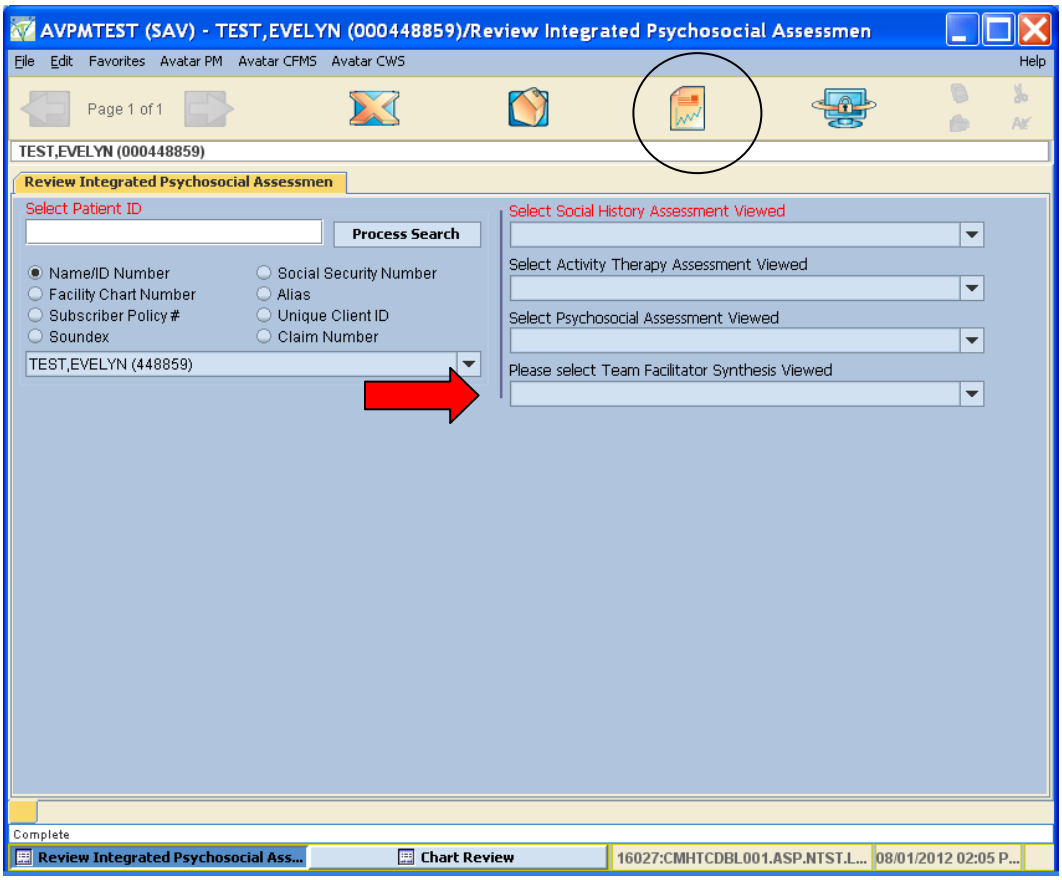
Selected Recovery Planning Synthesis displays and changes are now able to be made as needed.

Re-save the document has instructed in Section C of this document.

How Do I Run the Recovery Planning Team Facilitator Synthesis Assessment report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment

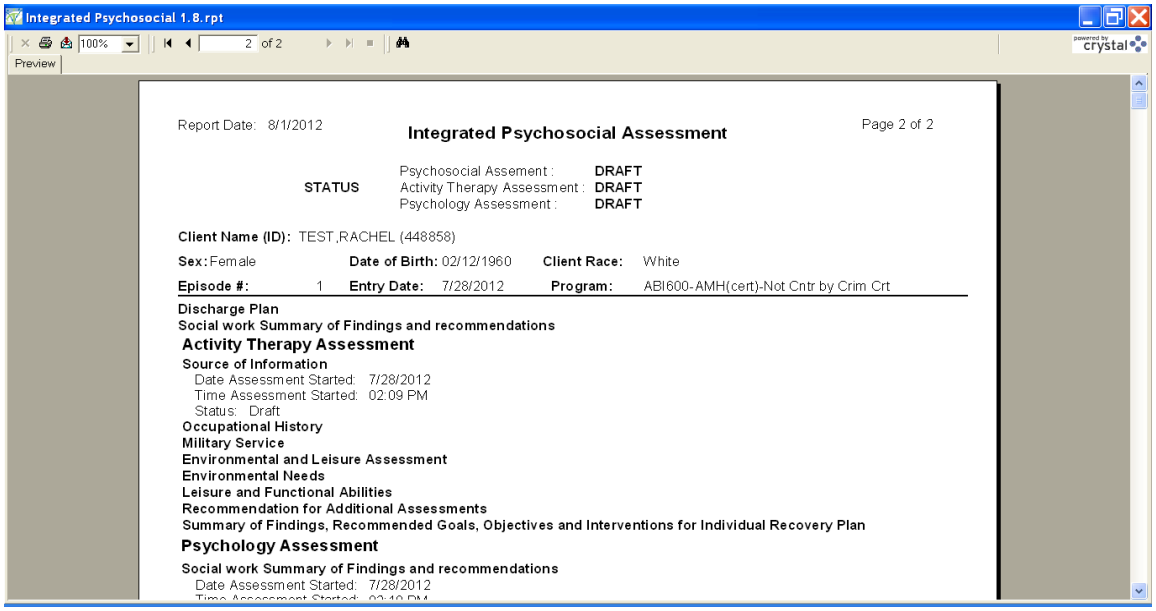

Avatar RADplus 2010 [BUILD-406 Patches Cl:tc2010R3p1-4]
Tasks Favorites Avatar PM Avatar CFMS Avatar CWS Help
Incident Tracking
Assessments
CWS Utilities
Document Management
Document Routing
eMAR
GAIN Interface
InfoScriber
Order Entry
Other Chart Entry
Progress Notes
RADplus Utilities
Reports
Results
Treatment Planning
Patient Reminder List
Reports (GA No Use)
Integrated Admissions Assessment
Integrated Psychosocial Assessment
Review Integrated Admission Assessment
Review Integrated Psychosocial Assessmen
Tasks
Select Client
My Appointments
My To-Do List (6:0)
My Applications
My Favorites
My Preferences
My Courses
Switch System Codes
Logout
My Session
Did you know...
No information available.
Next
RADplus
Copyright (c) 2000-2010 - Netsmart Technologies Incorporated. All Rights Reserved.
AVPMTEST (SAV)
28752:CMHTCDBL001.ASP.NTST.LAN | 07/31/2012 08:41 PM



Select the appropriate Recovery Planning Synthesis from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Recovery Planning Team Facilitator Synthesis Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Integrated Psychosocial Assessment Review of Integrated Psychosocial Assessment

Purpose

The Integrated Psychosocial Assessment is a comprehensive and holistic picture of the current circumstances for the individual, as well as the pertinent psychosocial history of the individual.

Overview

The “Integrated Psychosocial Assessment” is completed jointly by a social service provider, an activity therapist, a psychologist and the Recovery Planning Team (RPT) Facilitator for individuals who are admitted to the hospital. The Integrated Psychosocial Assessment is comprised of multiple sections. The first section is the “Social History and Assessment” and is completed by the social worker/social service provider. Section two is the “Activity Therapy Assessment” and is completed by the activity therapist. The third section is the “Psychology Assessment” and is completed by the psychologist. The fourth and final section is the “Recovery Planning Team Facilitator Synthesis” which summarizes all of the other three sections and is completed by the RPT Facilitator. The “Integrated Psychosocial Assessment” must be completed within 12 days of admission.

The information gathered in the Integrated Psychosocial Assessment will be used to develop Recovery Plans. As other practitioners in the hospital review this Integrated Psychosocial Assessment, they apply their signature to verify that they have reviewed the information. Among expected reviewers are: “Attending Psychiatrist”, and “Unit Nurse”.

Prerequisites

- Individual must have an open episode in Avatar
- The following assessments must be completed for the individual:
- A Social History and Assessment
- An Activity Therapy Assessment
- A Psychology Assessment
- A Recovery Planning Synthesis
- The staff member must have an active user id and access to the forms in Avatar

Procedures

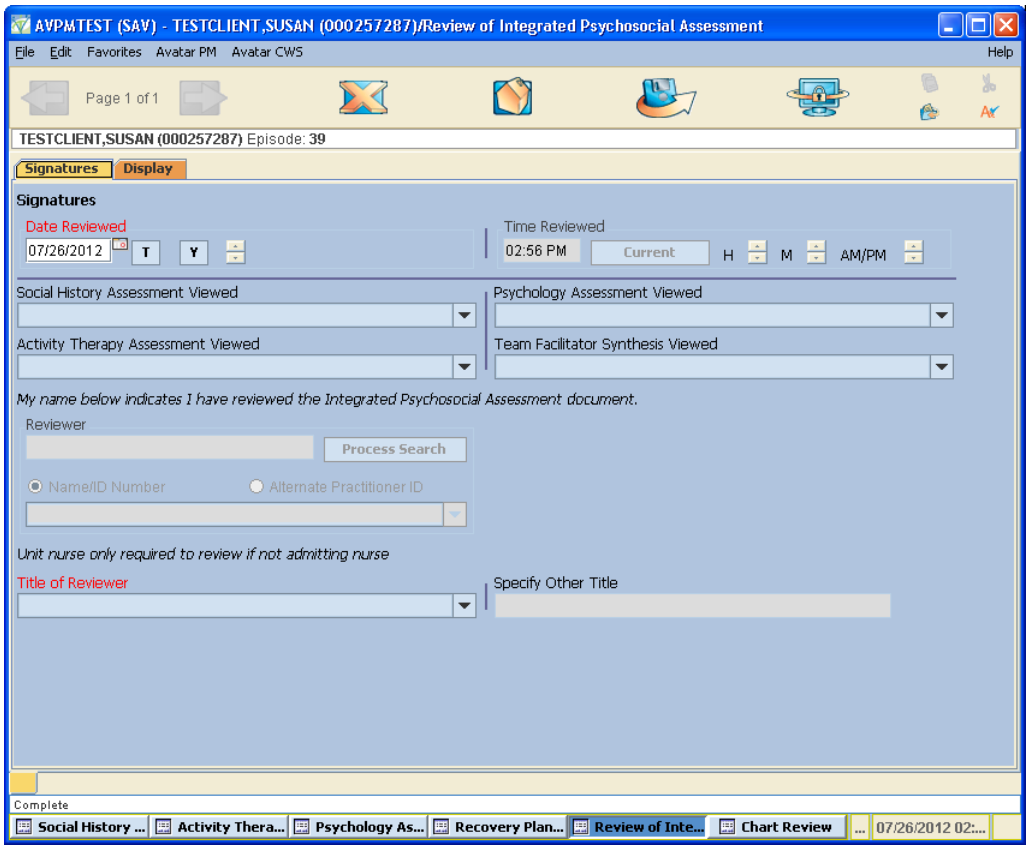
How Do I Launch a Review of Integrated Psychosoical Assessment in Avatar?

Menu Path: Avatar CWS → Assessments → Integrated Psychosocial Assessment → Review of Integrated Psychosocial Assessment

How Do I Enter/Complete a New Review of Integrated Psychosocial Assessment?

Tab Name – Signatures (1 of 1)

Notice there is 1 page for this tab.

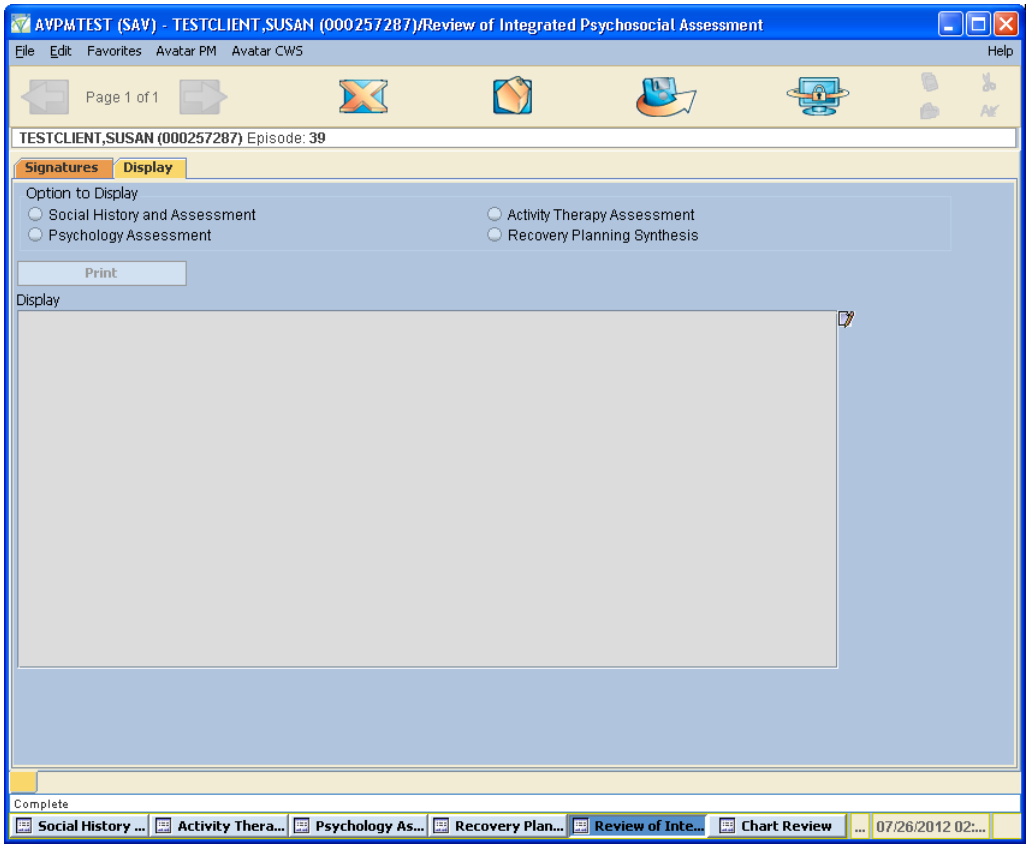


Field Name	***Instruction***
Date Reviewed	This is a required field and the date will default in the current date. If the date needs to change, click in the field to enter the correct start date for the form.
Time Reviewed	This is a required field and the time will default in the current time. If the time needs to change, click in the field to enter the correct start time for the form.
Social History Assessment	Select the appropriate Social History Assessment that was

Viewed	reviewed on the Display Tab from the drop down in this field.
Activity Therapy Assessment Viewed	Select the appropriate Activity Therapy Assessment that was reviewed on the Display Tab from the drop down in this field.
Psychology Assessment Viewed	Select the appropriate Psychology Assessment that was reviewed on the Display Tab from the drop down in this field.
Team Facilitator Synthesis Viewed	Select the appropriate Team Facilitator Synthesis that was reviewed on the Display Tab from the drop down in this field.
Reviewer	This field will be populated with the Practitioner's name that is associated with the login for that session.
Title of Reviewer	This is a required field. Select the appropriate title from the drop down list in this field.
Specify Other Title	This field becomes required if the answer to "Title of Reviewer" is 'Other'. Enter the appropriate title for the practitioner in this field.

Tab Name – Display (1 of 1)

Notice there is 1 page for this tab.



This tab allows the Practitioner to view information entered into other assessments while completing the Review of Integrated Psychosocial Assessment. This information viewed can also be printed by clicking on the “Print” button.

Field Name	***Instruction***
Option to Display	This field gives access to display/review the “Social History and Assessment”, “Activity Therapy Assessment”, “Psychology Assessment”, and “Recovery Planning Synthesis”. Click in the radio button to the left of the form to display that information in the Display window.
Display	Displays the form information selected in the Option to Display.

How Do I Save a Review of Integrated Psychosocial Synthesis Assessment?

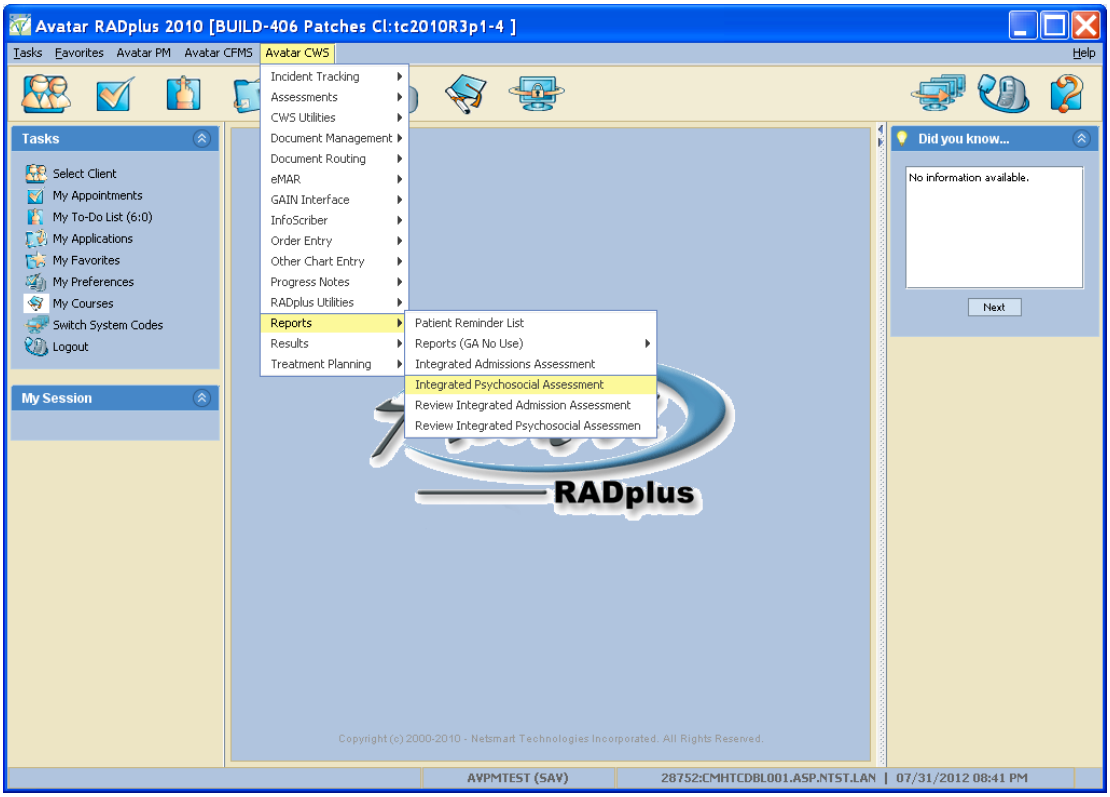
Position the mouse pointer over the Submit icon and single click the left mouse button.

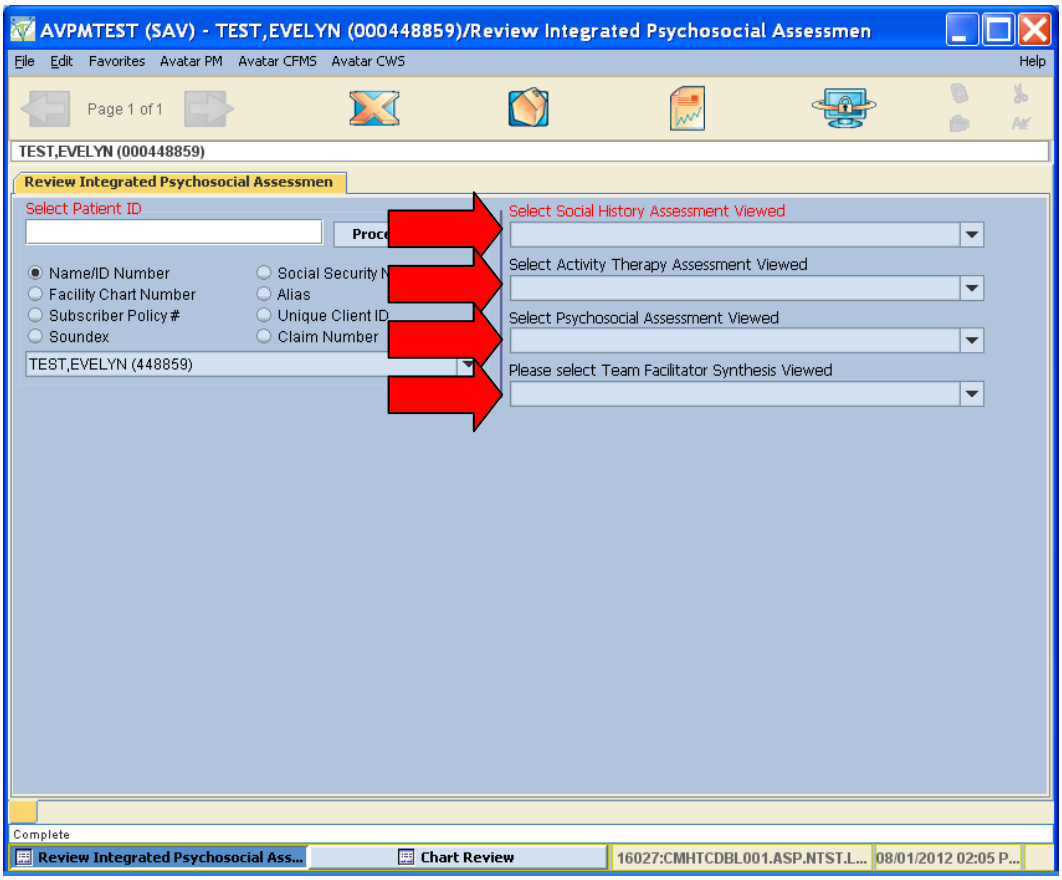
How Do I Edit Review of Integrated Psychosocial Assessment?

The Review of Integrated Psychosocial Assessment is never saved in Draft status. Therefore, once the information is saved, it is not able to be edited.

How Do I Run the Review of Integrated Psychosocial Assessment report?

Menu Path to run report: Avatar CWS → Reports → Integrated Psychosocial Assessment





Select the appropriate Social History and Assessment from the drop down field.

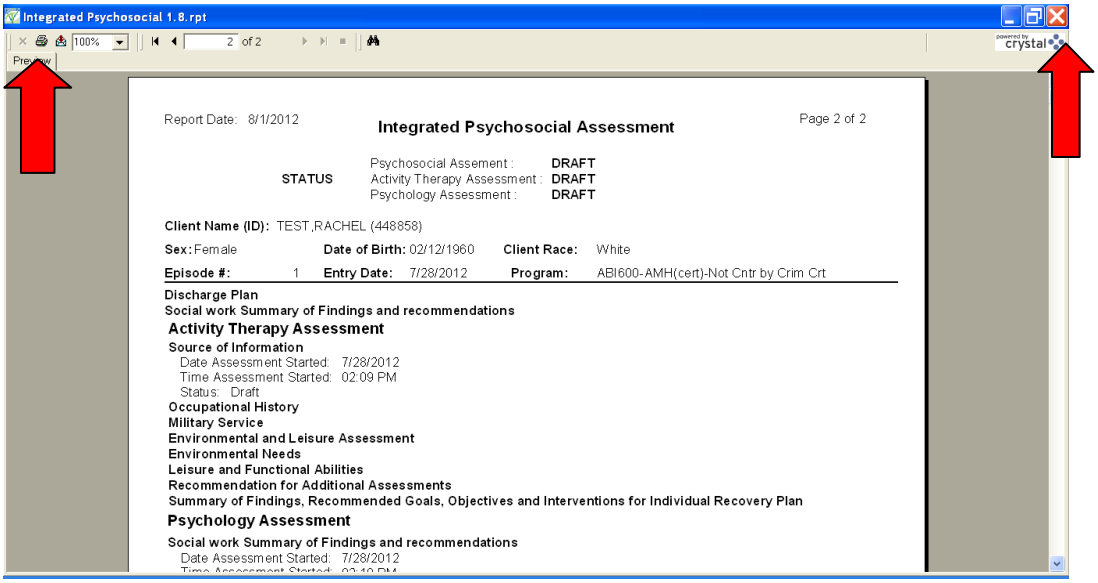
Select the appropriate Activity Therapy Assessment from the drop down field.

Select the appropriate Psychology Assessment from the drop down field.

Select the appropriate Team Facilitator Synthesis from the drop down field.

Click on the report icon to run the report.

Sample Report



When done reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit Review of Integrated Psychosocial Assessment?

To Exit the form without saving information: Position the mouse pointer over the Close icon and single click the left mouse button. And answer yes to the pop-up message: Are you sure you want to close without submitting?

To Exit the form and save information: Position the mouse pointer over the Save icon and single click the left mouse button.

Integrated Psychosocial Assessment Report

Purpose

The Integrated Psychosocial Assessment Report provides one place to view the results of the 4 Sections that comprise the Integrated Psychosocial Assessment:

1. Social History and Assessment
2. Activity Therapy Assessment
3. Psychology Assessment
4. Recovery Planning Synthesis

Prerequisites

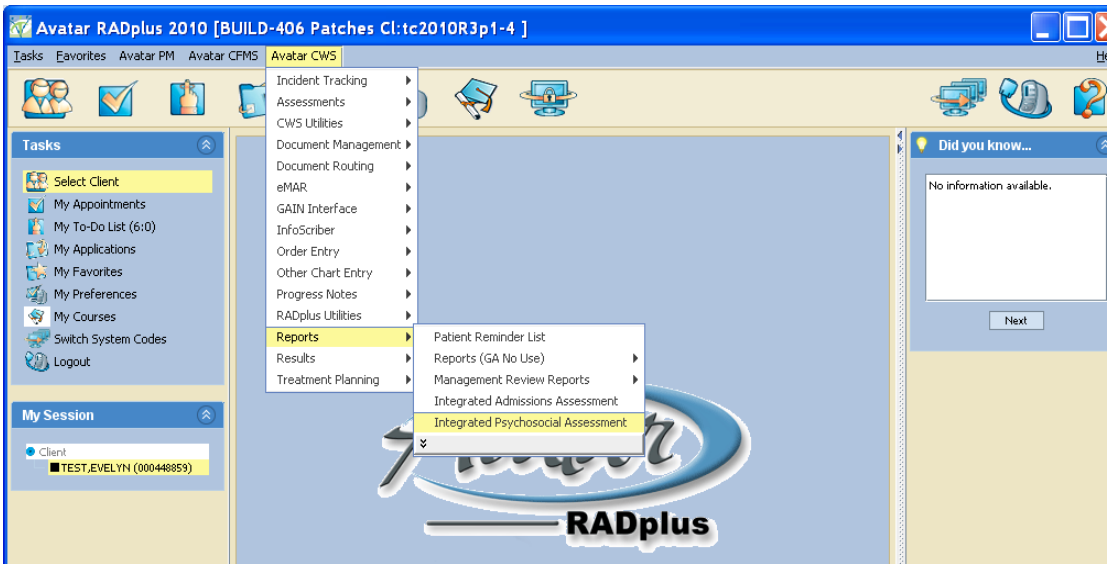
- The individual must have an open episode in Avatar.
- The individual must have the 4 sections listed above completed in Avatar.
- The staff member must have an active user id with access to the report in Avatar.

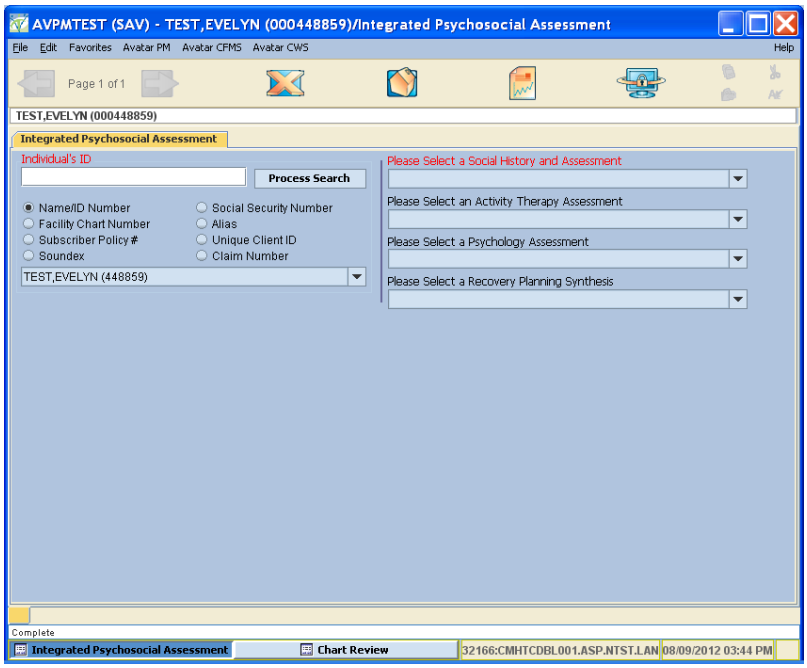
Procedures

How Do I Launch an Integrated Psychosocial Assessment Report?

Select Client

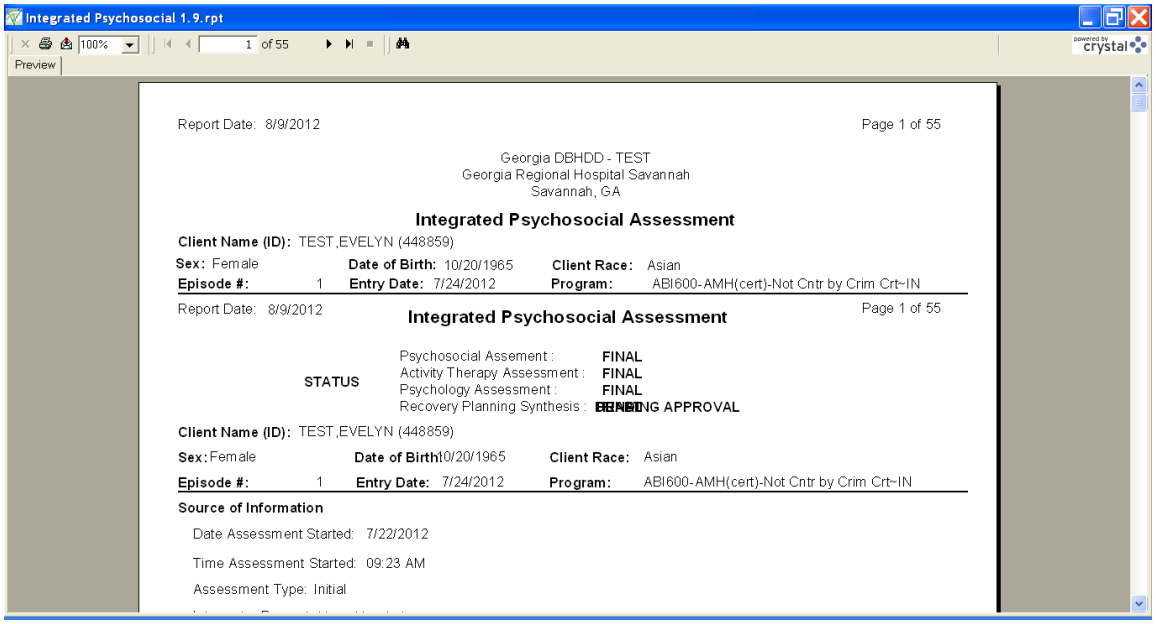
Menu Path: Avatar CWS → Reports → Integrated Psychosocial Assessment





Field Name	***Instruction***
Please Select a Social History and Assessment	This is a required field. Click on the drop down arrow to display a list of Social History and Assessments that have been completed for the individual. Click on the appropriate Social History and Assessment to be included in the report.
Please Select an Activity Therapy Assessment	This is an optional field, but must be populated for the Activity Therapy Assessment to be part of the report. Click on the drop down arrow to display a list of Activity Therapy Assessments that have been completed for the individual. Click on the appropriate Activity Therapy Assessment to be included in the report.
Please Select a Psychology Assessment	This is an optional field, but must be populated for the Psychology Assessment to be part of the report. Click on the drop down arrow to display a list of Psychology Assessments that have been completed for the individual. Click on the appropriate Psychology Assessment to be included in the report.
Please Select a Recovery Planning Synthesis	This is an optional field, but must be populated for the Recovery Planning Synthesis to be part of the report. Click on the drop down arrow to display a list of Recovery Planning Synthesis that have been completed for the individual. Click on the appropriate Recovery Planning Synthesis to be included in the report.
	Click on the report icon to run the report.
NOTE	Be patient – this is a large report and may take a few minutes to run and display on the screen.

Sample Report



How Do I Exit the Integrated Psychosocial Assessment Report?

To print the report prior to closing the screen, click on the printer icon in the top left corner of the screen.

To Exit the report without saving information: Position the mouse pointer over the red "X" in the upper right corner of the screen and single click the left mouse button.

Psychiatric Evaluation

Purpose The Psychiatric Evaluation is used to assess and enhance the safety of the individual and others, establish a provisional diagnosis, identify family or other sources of information, identify current and past treatments, determine if the individual is able and willing to form a therapeutic alliance, and to develop a specific plan of follow-up care.

Overview The Psychiatric Evaluation is completed by the Psychiatrists on staff within 60 hours of the individual being admitted to the hospital. Annual updates are also done.

The Psychiatric Evaluation has draft capability. When initially created, the record will default to “Draft” status. Required fields will not be required to file the record in DRAFT. Required fields will only be required to set the document to “Final”.

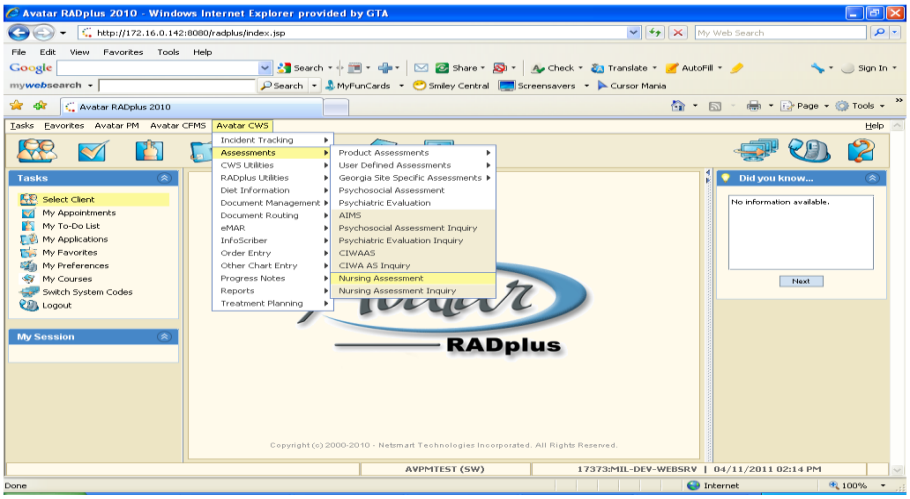
Prerequisites

- Individual must have an open inpatient episode.
- Individual must be selected before opening the form.

Procedures

How Do I Launch a Psychiatric Evaluation in Avatar?

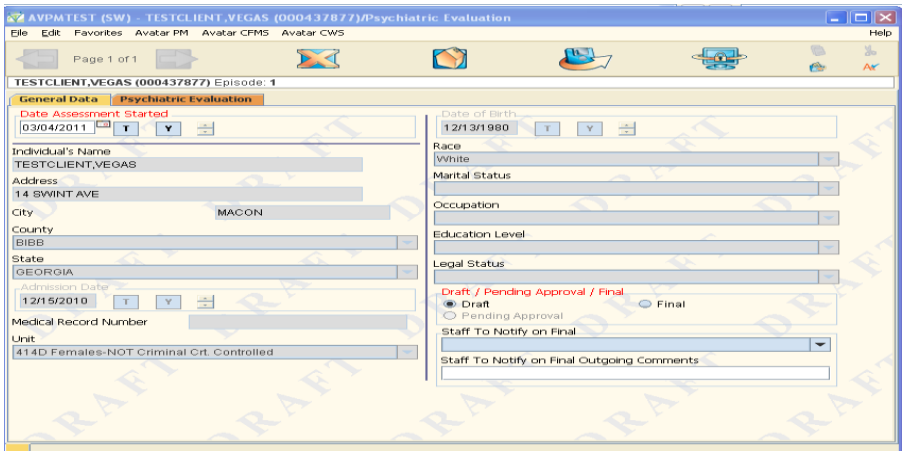
Menu Path - Avatar CWS → Assessments → Psychiatric Evaluation



How Do I Enter/Complete a New Psychiatric Evaluation?

To enter a new Psychiatric Evaluation:

Tab Name – General Data

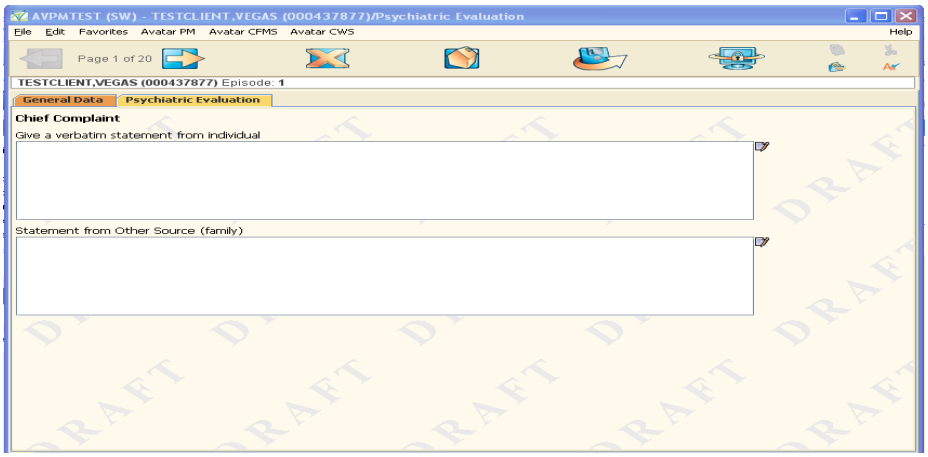


Field Name	***Instructions***
Date Assessment Started	This will default to today's date. To change, double click in the field and type the correct date or use the up and down arrows to change the date.
Individual's Name	This will default to the individual selected prior to opening the form.

Address	This will default from Avatar PM
City	This will default from Avatar PM
County	This will default from Avatar PM
State	This will default from Avatar PM
Admission Date	This will default in the Admission Date from Avatar PM
Medical Record Number	This will default from Avatar PM
Unit	This will default from Avatar PM
Date of Birth	This will default from Avatar PM
Race	This will default from Avatar PM
Marital Status	This will default from Avatar PM
Occupation	This will default from Avatar PM
Education Level	This will default from Avatar PM
Legal Status	This will default from Avatar PM

Tab Name – Psychiatric Evaluation (1 of 19)

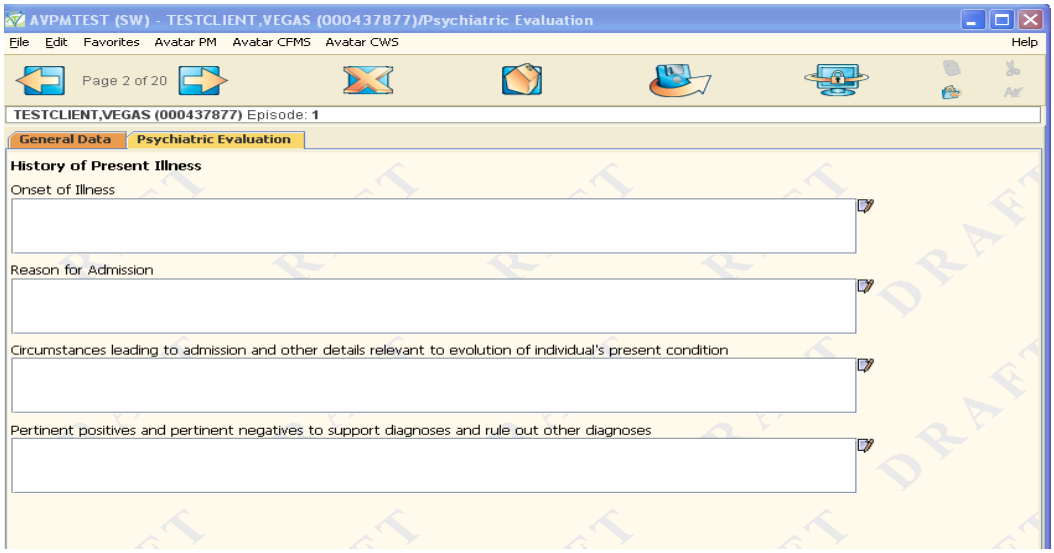
Notice there are 20 pages for this Option



Field Name	*Instructions*
Give a verbatim statement from the individual	Enter the appropriate information using the keyboard to type.
Statement from Other Source (family)	Enter the appropriate information using the keyboard to type.

Click on the arrow pointing to the right (upper left corner) to move to the next screen. (This needs to be inserted at the end of every screen instruction page.)

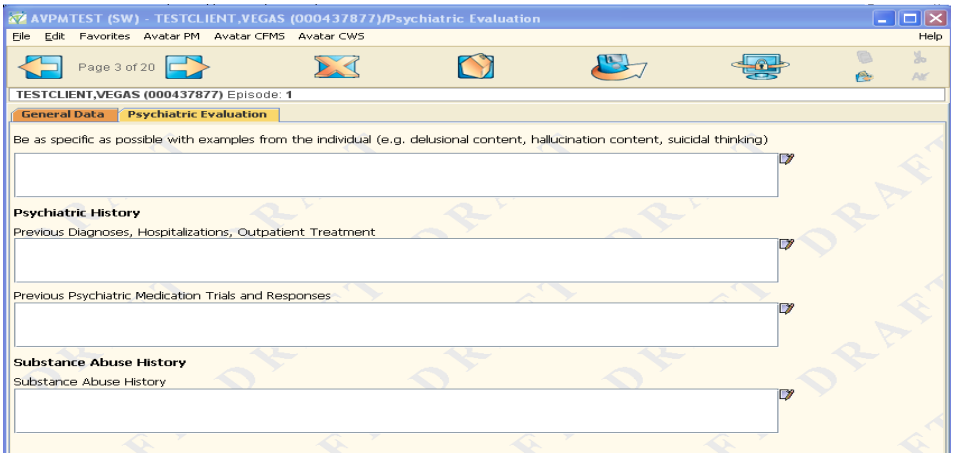
Tab Name – Psychiatric Evaluation (2 of 19)



Field Name	*Instructions*
Onset of Illness	Enter the appropriate information using the keyboard to type.
Reason for Admission	Enter the appropriate information using the keyboard to type.
Circumstances leading to admission and other details relevant to evolution of individual's present condition	Enter the appropriate information using the keyboard to type.

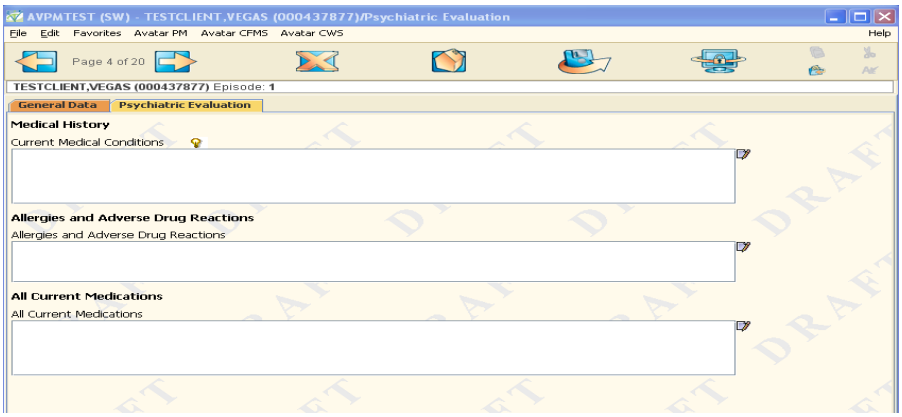
Pertinent positives and pertinent negatives to support diagnoses and rule out other diagnoses	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (3 of 19)



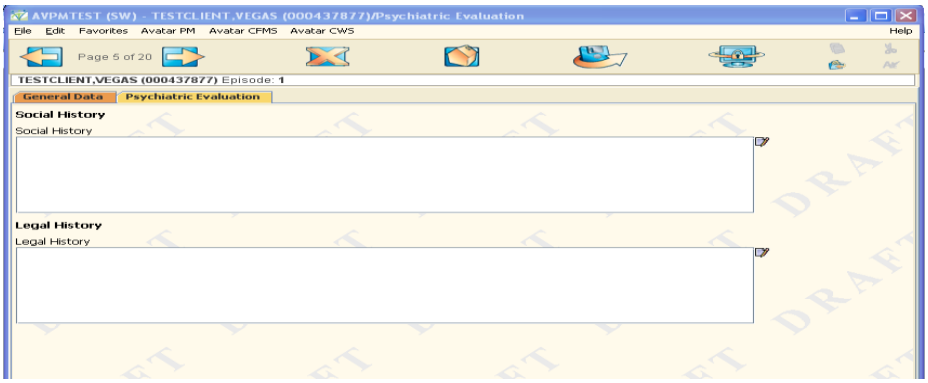
Field Name	***Instructions***
Be as specific as possible with examples from the individual (i.e. delusional content, hallucination content, suicidal thinking)	Enter the appropriate information using the keyboard to type.
Previous Diagnoses, Hospitalizations, Outpatient Treatment	Enter the appropriate information using the keyboard to type.
Previous Psychiatric Medication Trials and Responses	Enter the appropriate information using the keyboard to type.
Substance Abuse History	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (4 of 19)



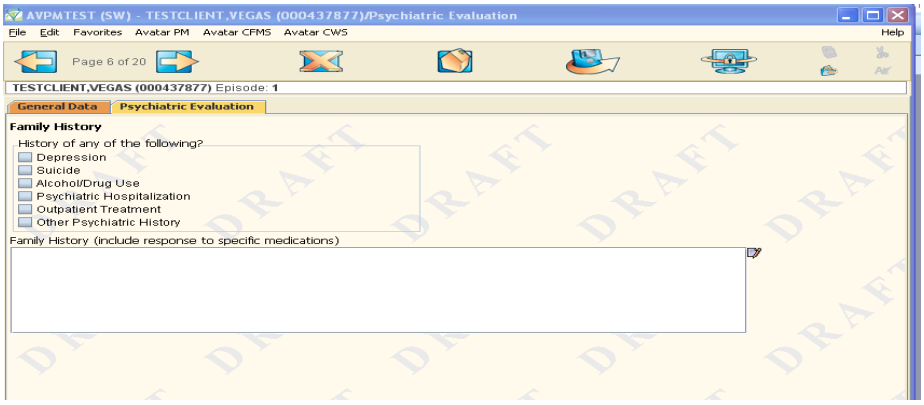
Field Name	***Instructions***
Current Medical Condition	Enter the appropriate information using the keyboard to type.
Current Medical Conditions light bulb	Click on the light bulb to display the help message associated with this field.
Allergies and Adverse Drug Reactions	Enter the appropriate information using the keyboard to type.
All Current Medications	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (5 of 19)



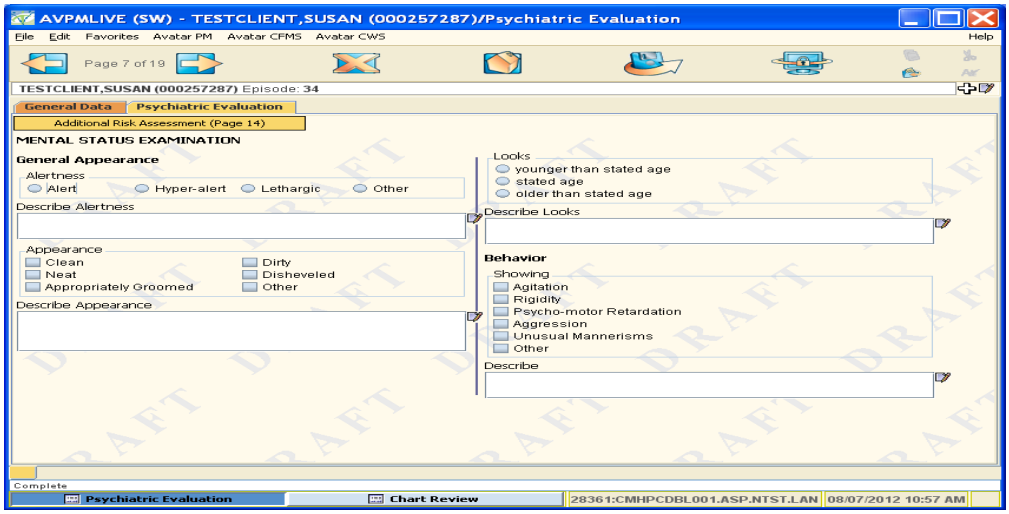
Field Name	Instructions
Social History	Enter the appropriate information using the keyboard to type.
Legal History	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (6 of 19)



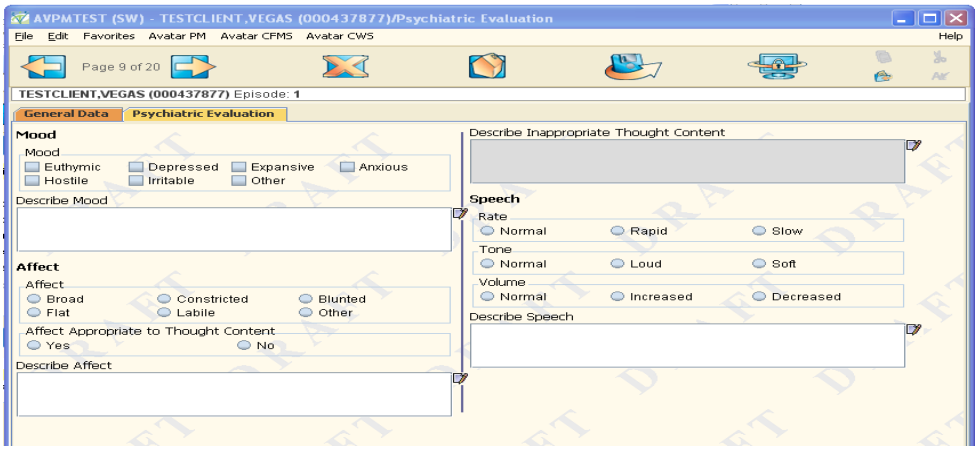
Field Name	Instructions
History of any of the following?	To select the appropriate choice for this field, click in the square box to the left of the description. More than one may be selected.
Family History (include response to specific medications)	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (7 of 19)



Field Name	***Instructions***
Alertness	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Describe Alertness	Enter the appropriate information using the keyboard to type.
Appearance	To select the appropriate choice for this field, click in the square box to the left of the description. More than one may be selected.
Describe Appearance	Enter the appropriate information using the keyboard to type.
Looks	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Describe Looks	Enter the appropriate information using the keyboard to type.
Showing	To select the appropriate choice for this field, click in the square box to the left of the description. More than one may be selected.
Describe	Enter the appropriate information using the keyboard to type.

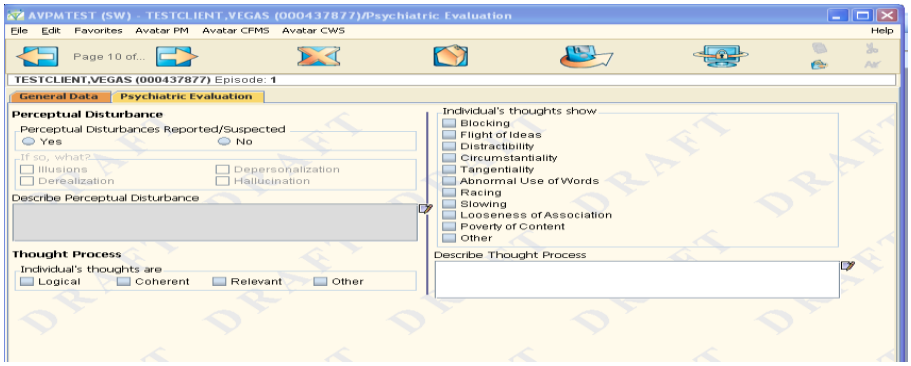
Tab Name – Psychiatric Evaluation (8 of 19)



Field Name	***Instructions***
Mood	To select the appropriate choice for this field, click in the square box to the left of the description. More than one may be selected.
Describe Mood	Enter the appropriate information using the keyboard to type.
Affect	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Affect Appropriate to Thought Content	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Describe Affect	Enter the appropriate information using the keyboard to type.
Describe Inappropriate Thought Content	This field will only be available to enter information if "Affect Appropriate to Thought Content" is answered No. Enter the appropriate information using the keyboard to type.
Rate	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Tone	To select the appropriate response, click in the radio button to the left

	of the description. Only one may be selected at a time.
Volume	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Describe Speech	Enter the appropriate information using the keyboard to type.

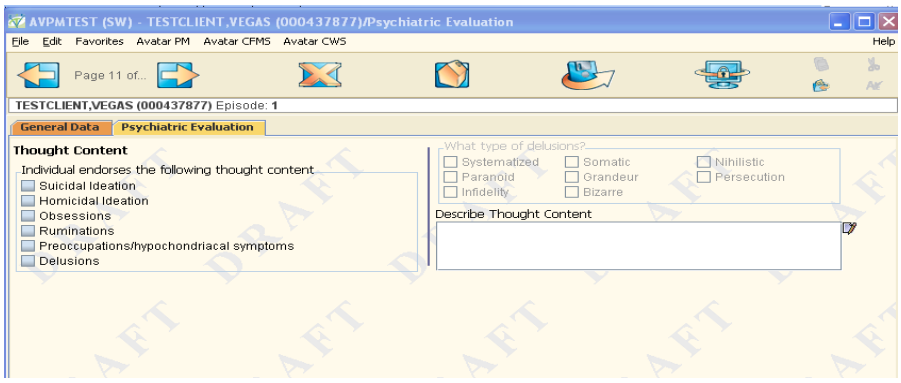
Tab Name – Psychiatric Evaluation (9 of 19)



Field Name	***Instructions***
Perceptual Disturbances Reported/ Suspected	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
If so, what?	This field will only be available to select information if the answer to “Perceptual Disturbances Reported/Selected” is yes. To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected.
Describe Perceptual Disturbance	Enter the appropriate information using the keyboard to type.
Individual’s thoughts are	To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected. If “Other” is selected, the “Describe Thought Process” field will require information to be entered to describe.

Individual's thoughts show	To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected. If "Other" is selected, the "Describe Thought Process" field will require information to be entered to describe.
Describe Thought Process	This field is required when "Other" is selected in the "Individual's thoughts are" or "Individual's thoughts show" fields. This field will always be available to enter any further appropriate information. Enter the appropriate information using the keyboard to type.

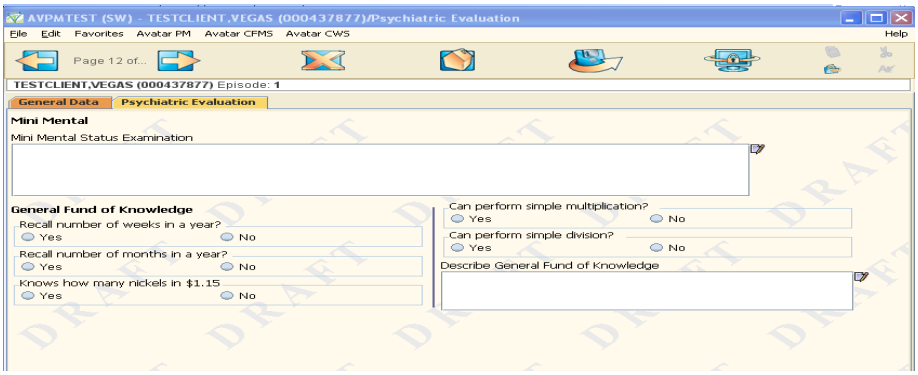
Tab Name – Psychiatric Evaluation (10 of 19)



Field Name	***Instructions***
Individual endorses the following thought content	To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected.
What type of delusions?	This field will only be available to select information if one of the selections for "Individual endorsed the following thought content" includes Delusions.

	To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected.
Describe Thought Content	This field will always be available to enter any further appropriate information. Enter the appropriate information using the keyboard to type.

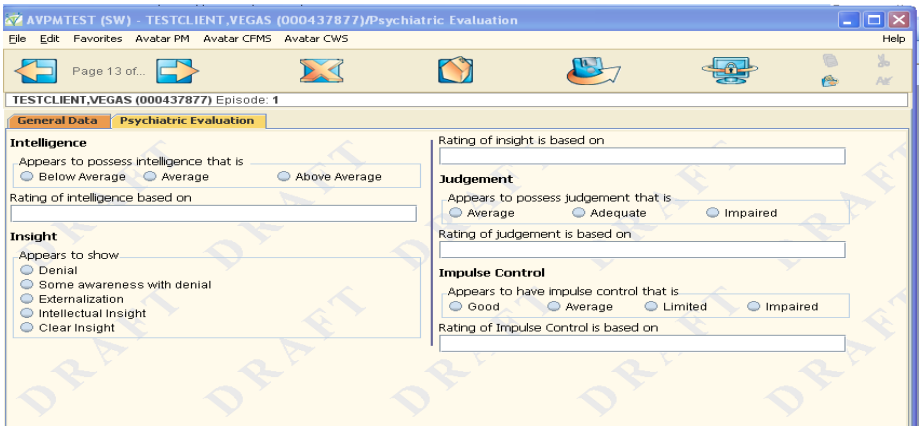
Tab Name – Psychiatric Evaluation (11 of 19)



Field Name	***Instructions***
Mini Mental Status Examination	Enter the appropriate information using the keyboard to type.
Recall number of weeks in a year?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Recall number of months in a year?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Knows how many nickels in $1.15?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Can perform simple multiplication?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.

Can perform simple division?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Describe General Fund of Knowledge	Enter the appropriate information using the keyboard to type.

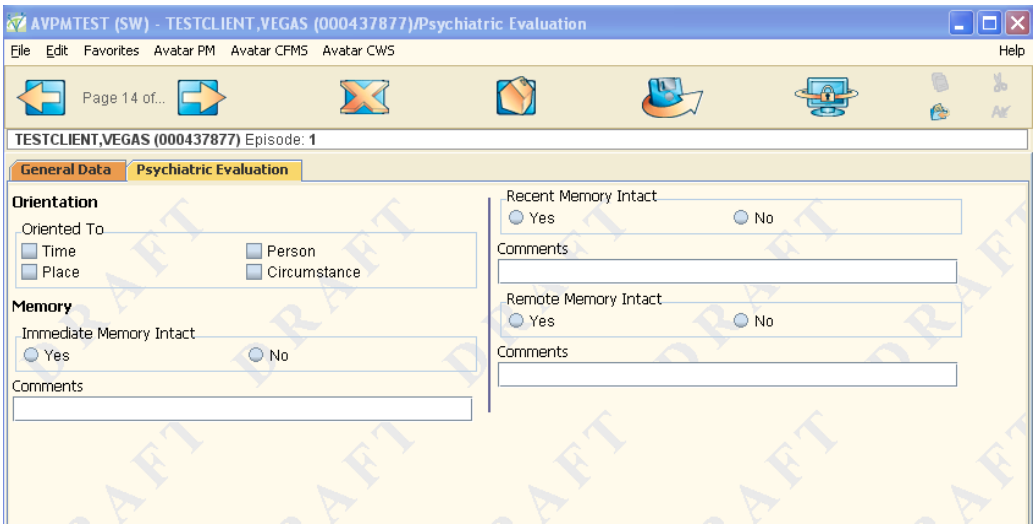
Tab Name – Psychiatric Evaluation (12 of 19)



Field Name	***Instructions***
Appears to possess intelligence that is	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Rating of intelligence based on	Enter the appropriate information using the keyboard to type.
Appears to show	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Rating of insight is based on	Enter the appropriate information using the keyboard to type.
Appears to possess judgment that is	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Rating of judgment is based on	Enter the appropriate information using the keyboard to type.
Appears to have impulse control that is	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Rating of Impulse Control is	Enter the appropriate information using the keyboard to type.

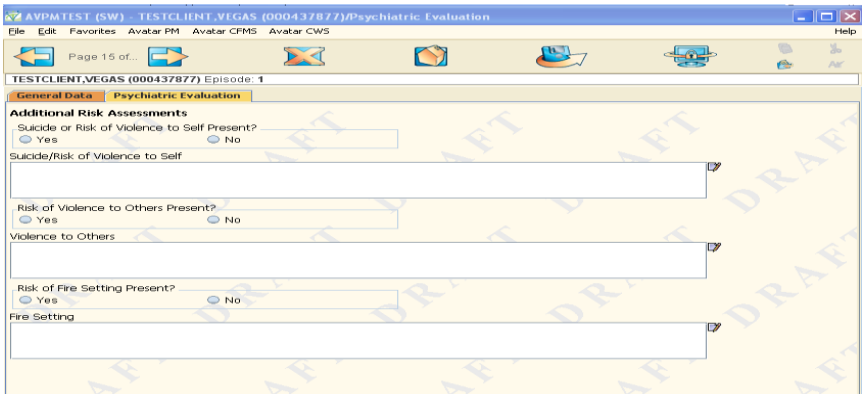
based on	

Tab Name – Psychiatric Evaluation (13 of 19)



Field Name	***Instructions***
Oriented to:	To select the appropriate choice(s) for this field, click in the square box to the left of the description. More than one may be selected.
Immediate Memory Intact	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Comments	Enter the appropriate information using the keyboard to type.
Recent Memory Intact	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Comments	Enter the appropriate information using the keyboard to type.
Remote Memory Intact	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Comments	Enter the appropriate information using the keyboard to type.

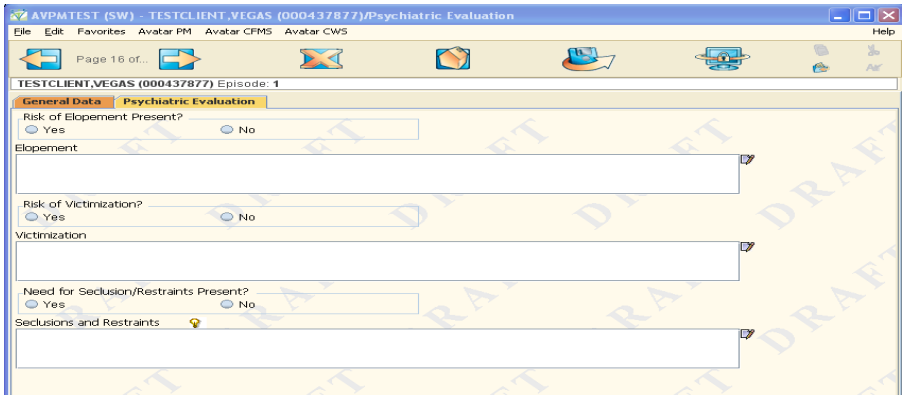
Tab Name – Psychiatric Evaluation (14 of 19)



Field Name	***Instructions***
Suicide or Risk of Violence to Self Present?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected. If yes is selected, an alert that reads “Psychiatric Evaluation indicates Suicide or Risk of Violence to Self is present”, will pop up for the clinician when the Recovery Plan option is opened.
Suicide/Risk of Violence to Self?	Enter the appropriate information to describe the Suicide/Risk of Violence to Self by using the keyboard to type.
Risk of Violence to Others Present?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected. If yes is selected, an alert that reads “Psychiatric Evaluation indicates Risk of Violence to Others is present”, will pop up for the clinician when the Recovery Plan option is opened.
Violence to Others	Enter the appropriate information to describe the Risk of Violence to Others by using the keyboard to type.
Risk of Fire Setting Present?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.

	If yes is selected, an alert that reads “Psychiatric Evaluation indicates Risk of Fire Setting is present”, will pop up for the clinician when the Recovery Plan option is opened.
Fire Setting	Enter the appropriate information to describe the Risk of Fire Setting Present by using the keyboard to type.

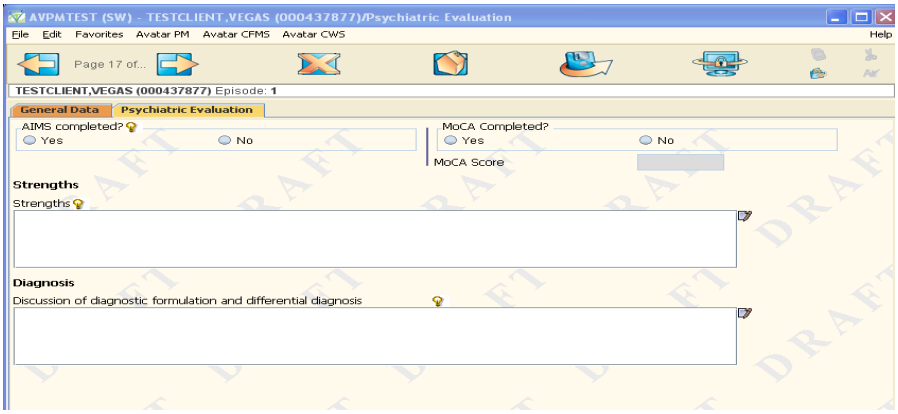
Tab Name – Psychiatric Evaluation (15 of 19)



Field Name	***Instructions***
Risk of Elopement Present?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected. If yes is selected, an alert that reads “Psychiatric Evaluation indicates Risk of Elopement is present”, will pop up for the clinician when the Recovery Plan option is opened.
Elopement	Enter the appropriate information to describe the Risk of Elopement by using the keyboard to type.
Risk of Victimization?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.

	If yes is selected, an alert that reads “Psychiatric Evaluation indicates Risk of Victimization is present”, will pop up for the clinician when the Recovery Plan option is opened.
Victimization	Enter the appropriate information to describe the Risk of Victimization by using the keyboard to type.
Need for Seclusion/Restraints Present?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected. If yes is selected, an alert that reads “Psychiatric Evaluation indicates Need for Seclusion/Restraints is present”, will pop up for the clinician when the Recovery Plan option is opened.
Seclusions and Restraints	Enter the appropriate information to describe the Need for Seclusion/Restraints by using the keyboard to type.

Tab Name – Psychiatric Evaluation (16 of 19)



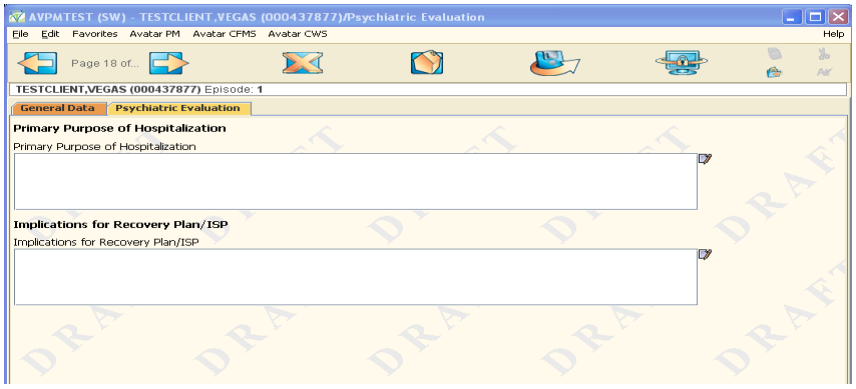
Field Name	***Instructions***
AIMS Completed?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
AIMS light bulb	Click on the light bulb to display the help message associated with this field.
MoCA Completed?	Indicate yes or no by clicking in the radio button to the left of the response.

	Only one may be selected.
MoCA Score	This field will only be available to enter the MoCA Score if the answer to "MoCA Completed?" is yes. Use the keyboard to enter the MoCA score. The MoCA does not exist in the system at this time. Therefore, the MoCA will continue to be documented on the current paper form. Only the score is entered.
Strengths	Enter the appropriate information using the keyboard to type.
Strengths light bulb	Click on the light bulb to display the help message associated with this field.
Discussion of diagnostic formulation and differential diagnosis	Enter the appropriate information using the keyboard to type.
Discussion of diagnostic formulation and differential diagnosis light bulb	Click on the light bulb to display the help message associated with this field.

Quicklinks

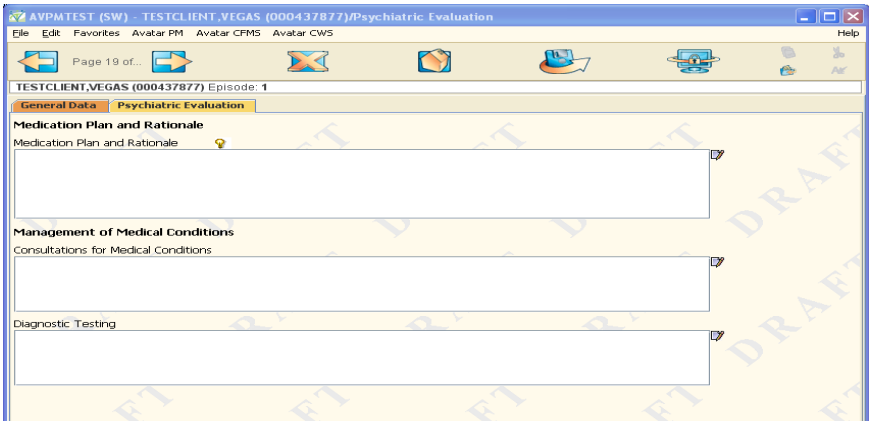
	Quick link to AIMS.
	Quick link to Diagnosis screen in Avatar PM.

Tab Name – Psychiatric Evaluation (17 of 19)



Field Name	***Instructions***
Primary Purpose of Hospitalization	Enter the appropriate information using the keyboard to type.
Implications for Recover Plan / ISP	Enter the appropriate information using the keyboard to type.

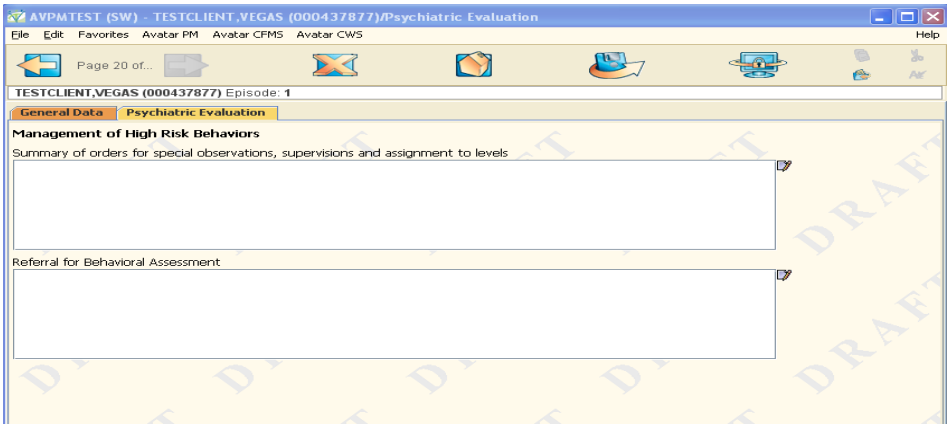
Tab Name – Psychiatric Evaluation (18 of 19)



Field Name	***Instructions***
Medication Plan and Rationale	Enter the appropriate information using the keyboard to type.

Medication Plan and Rationale light bulb	Click on the light bulb to display the help message associated with this field.
Consultations for Medical Conditions	Enter the appropriate information using the keyboard to type.
Diagnostic Testing	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatric Evaluation (19 of 19)



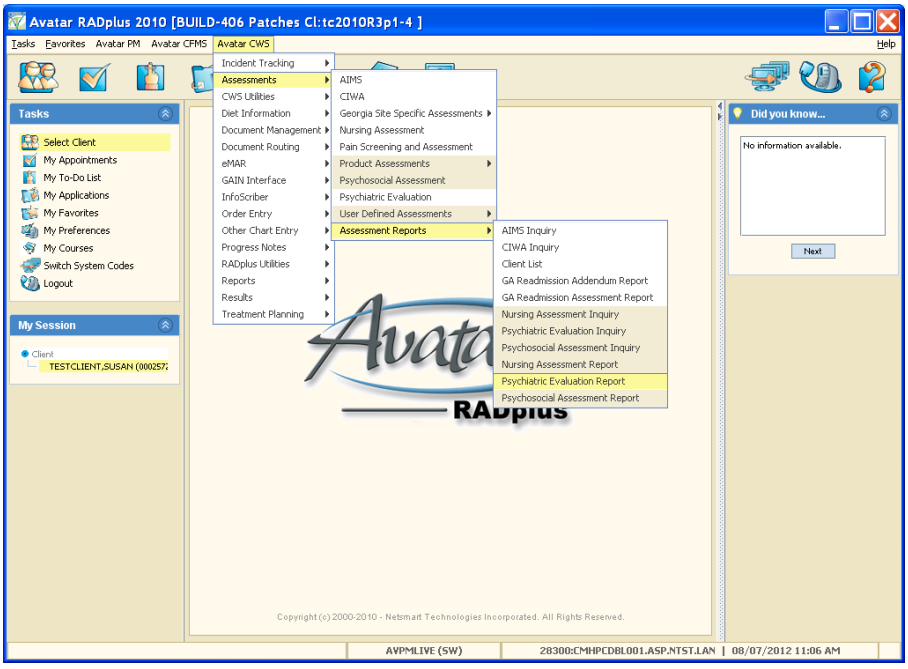
Field Name	***Instructions***
Summary of order for special observations, supervisions, and assignment to levels.	Enter the appropriate information using the keyboard to type.
Referral for Behavioral Assessment	Enter the appropriate information using the keyboard to type.

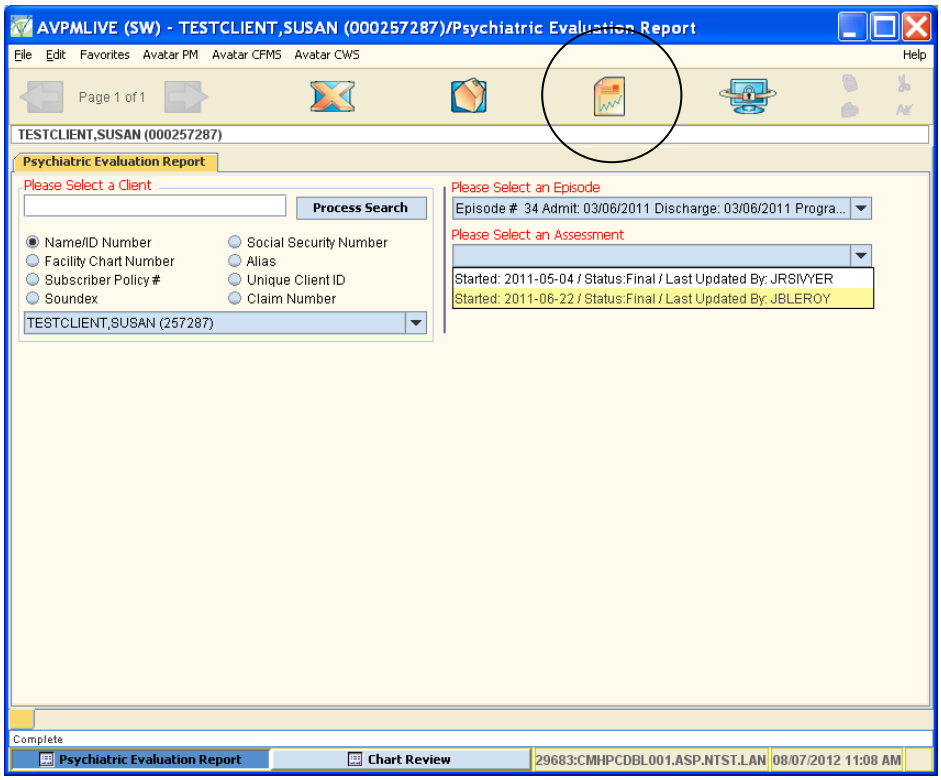
How Do I Save a Psychiatric Evaluation?

Position the mouse pointer over the **Submit** icon and single click the left mouse button.

How Do I View Psychiatric Evaluation that is in Draft status?

Select the individual → Avatar CWS → Assessments → Assessment Reports → Psychiatric Evaluation Report

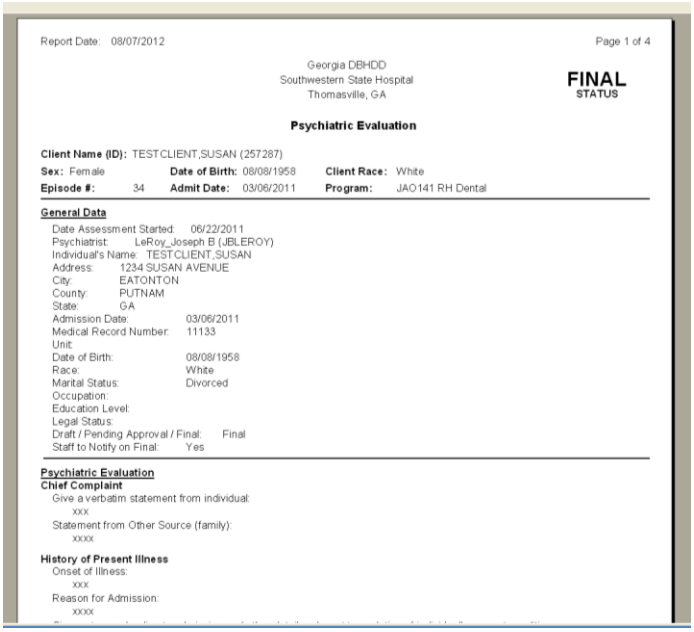




Select the episode from the drop down list in the Please Select an Episode field

Select the Psychiatric Evaluation to see in the report in the Please Select an Assessment field.

Click on the Report icon to run the report.



Report Date: 08/07/2012 Page 1 of 4

Georgia DBHDD
Southwestern State Hospital
Thomasville, GA

FINAL
STATUS

Psychiatric Evaluation

Client Name (ID): TEST,CLIENT,SUSAN (257287)
Sex: Female **Date of Birth:** 08/08/1958 **Client Race:** White
Episode #: 34 **Admit Date:** 03/06/2011 **Program:** JAO141 RH Dental

General Data

Date Assessment Started: 06/22/2011
Psychiatrist: LeRoy_Joseph B (JBLEROY)
Individual's Name: TEST,CLIENT,SUSAN
Address: 1234 SUSAN AVENUE
City: EATONTON
County: PUTNAM
State: GA
Admission Date: 03/06/2011
Medical Record Number: 11133
Unit:
Date of Birth: 08/08/1958
Race: White
Marital Status: Divorced
Occupation:
Education Level:
Legal Status:
Draft / Pending Approval / Final: Final
Staff to Notify on Final: Yes

Psychiatric Evaluation
Chief Complaint
Give a verbatim statement from individual:
xxx
Statement from Other Source (family):
xxxx

History of Present Illness
Onset of Illness:
xxx
Reason for Admission:
xxxx

How Do I Edit a Psychiatric Evaluation?

The Psychiatric Evaluation may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Assessments → Psychiatric Evaluation.

Double click on the Psychiatric Evaluation that needs to be edited.

Selected Psychiatric Evaluation displays and changes are now able to be made as needed.

Re-save the document has instructed in Section B of this document.

How Do I Exit Psychiatric Evaluation?

Position the mouse pointer over the **Submit** icon and single click the left mouse button.

Clinical Institute Withdrawal (CIWA) - Assessment

Purpose This system tool is used to assess and treat alcohol withdrawal syndrome and alcohol detoxification.

Overview This option contains ten assessment questions. Scoring will be done manually.

Prerequisites

- Individual needs to have an active episode

Procedures

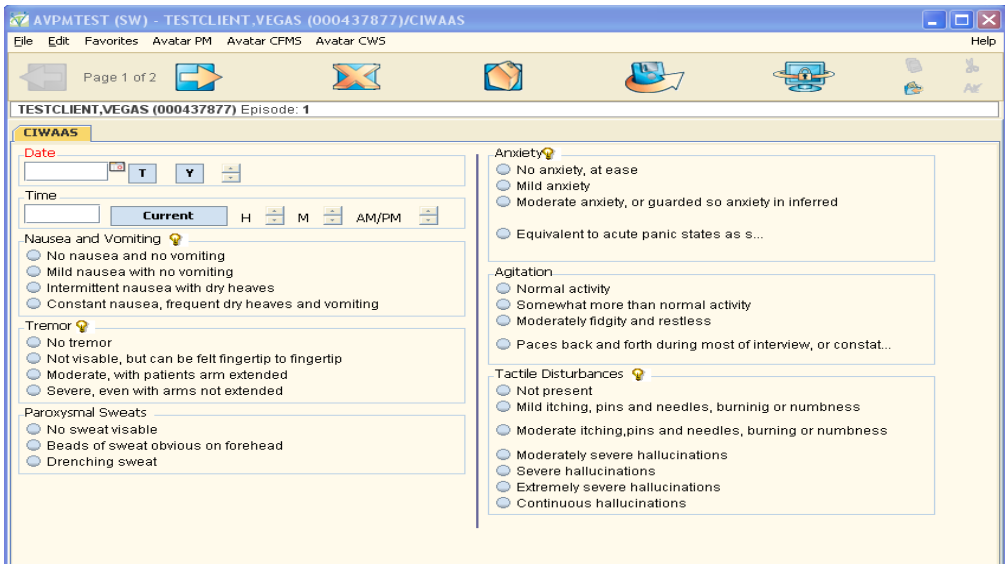
How Do I Launch a CIWA in Avatar?

Menu Path - Avatar CWS → Assessments → CIWAAS

How Do I Enter/Complete a New CIWA?

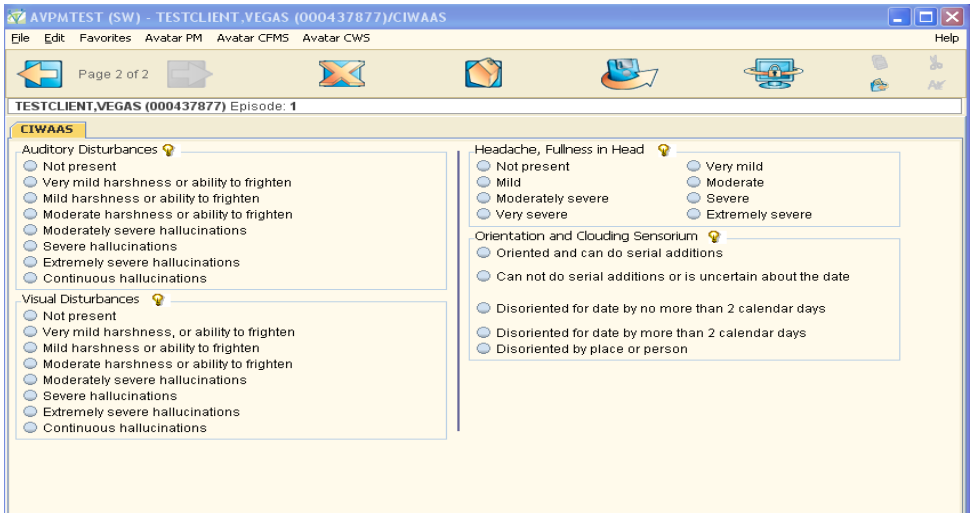
Tab Name – CIWAAS (1 – 2)

Notice there are 2 pages for this tab.



Field Name	***Instruction***
Date	Enter the Date for the assessment.

Time	Enter the time that the assessment is done.
Nausea and Vomiting	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Nausea and Vomiting light bulb	Click on the light bulb to display the help message associated with this field.
Tremor	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Tremor light bulb	Click on the light bulb to display the help message associated with this field.
Paroxysmal Sweats	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Paroxysmal Sweats light bulb	Click on the light bulb to display the help message associated with this field.
Anxiety	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Anxiety light bulb	Click on the light bulb to display the help message associated with this field.
Agitation	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Agitation light bulb	Click on the light bulb to display the help message associated with this field.
Tactile Disturbances	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Tactile Disturbances light bulb	Click on the light bulb to display the help message associated with this field.



Field Name	***Instruction***
Auditory Disturbances	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Auditory Disturbances	Click on the light bulb to display the help message associated with this field.
Visual Disturbances	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Visual Disturbances	Click on the light bulb to display the help message associated with this field.
Headache, Fullness in Head	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Headache, Fullness in Head light bulb	Click on the light bulb to display the help message associated with this field.
Orientation and Clouding Sensorium	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Orientation and Clouding Sensorium light bulb	Click on the light bulb to display the help message associated with this field.

How Do I Save a CIWA?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit CIWA?

Menu Path - Avatar CWS → Assessments → CIWAAS

Double click on the Line of the Assessment

Selected CIWA displays

How Do I Exit CIWA?

Position the mouse pointer over the Close icon and single click the left mouse button.

AIMS (Abnormal Involuntary Movement Scale)

Purpose - The Abnormal Involuntary Movement Scale (AIMS) is a widely used standardized rating scale and is used to record the presence and extent of a client's abnormal involuntary movements.

The ***AIMS Assessment*** option is a clinician-rated scale used to assess the severity of dyskinesias (specifically, orofacial movements and extremity and truncal movements) in patients taking neuroleptic medications. Additional items assess the overall severity, incapacitation, and the patient's level of awareness of the movements, and distress associated with them.

Overview - The ***AIMS Assessment*** option is completed by users with roles assigned to perform clinical assessment functions in Avatar.

Prerequisites

- User must be assigned to a user role authorized to run, file or view the ***AIMS Assessment*** option.
- User must be logged into **Avatar**.
- A client with an active episode must be selected to complete this option.

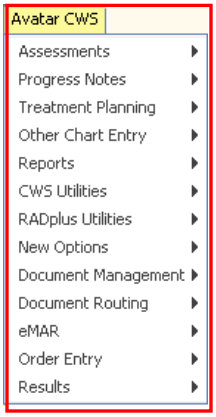
Procedures

How Do I Launch AIMS Assessment in Avatar?

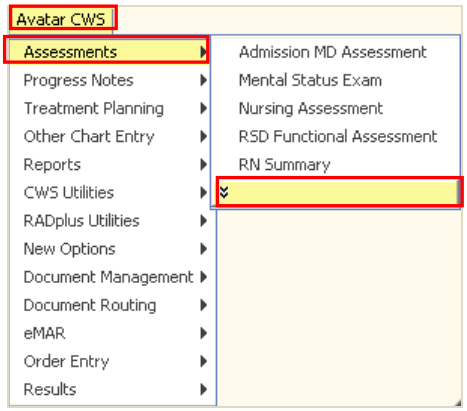
Avatar CWS → Client Management → Client Information → Client Contacts

Will launch the ***AIMS Assessment*** option in Avatar:

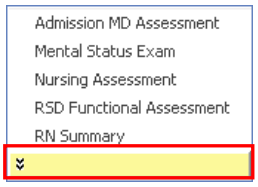
Position your mouse pointer over **Avatar CWS** in the Menu Frame and single click the left mouse button. The menu will expand displaying menu options.



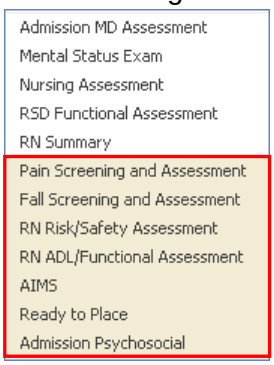
Position your mouse pointer over the Assessments menu; submenus will appear to the right. Notice at the bottom of the submenu on the far right there are two down arrows; these are called menu expanders.



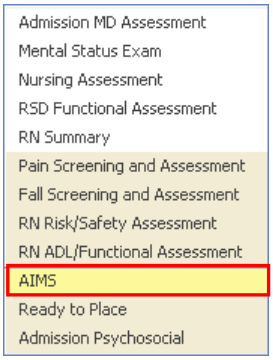
Position the mouse pointer over the menu expander and single click the left mouse button.



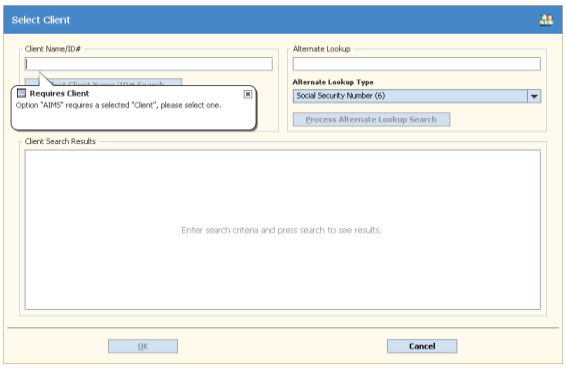
The remaining submenus will display in the highlighted area.



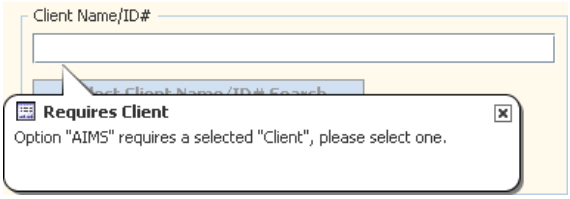
Position the mouse pointer over the AIMS option and single click the left mouse button.



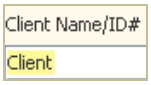
AIMS option will launch to the Select Client search screen.



Position the mouse pointer over the Client Name/ID# field in the AIMS search screen and single click the left mouse button to activate the field.

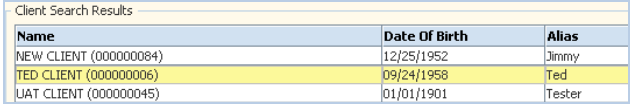


Type all or part of the client's last name and first name separated, by a comma (no space between the comma and the first name), or all or part of the client's ID number into the Client Name/ID# field.



Position the mouse pointer over the Select Client Name/ID# Search button and single click the left mouse button to process the search.

The client search results will display in the **Client Search Results** window.

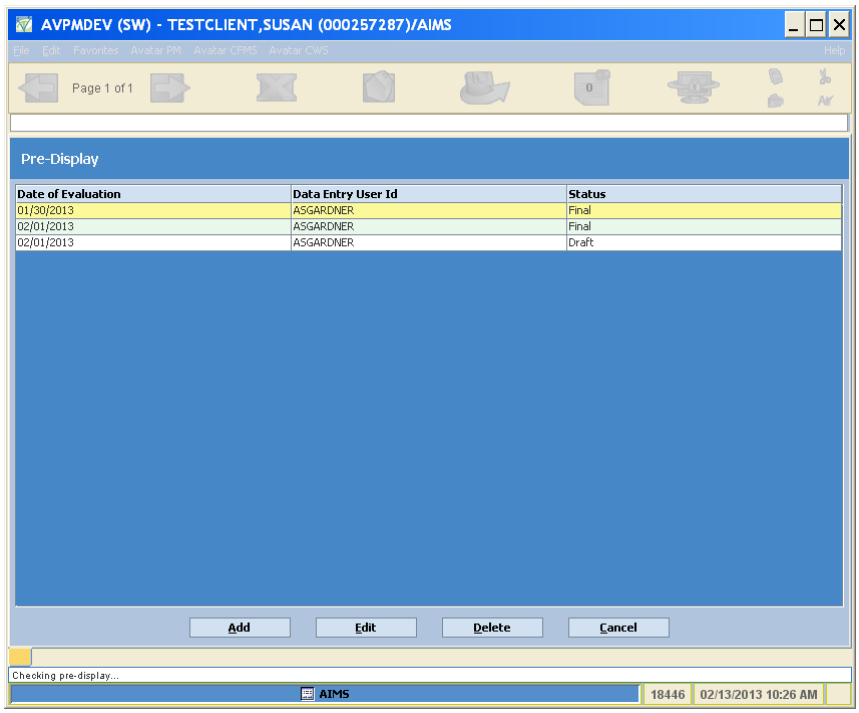


Position the mouse pointer over the desired client's name and single click the left mouse button to make the selection.

Position the mouse pointer over the **OK** button to finalize the selection.

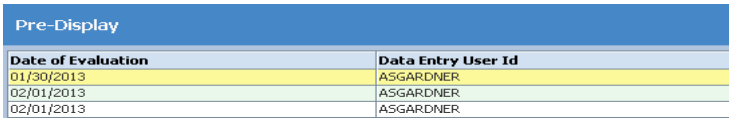
The ***AIMS*** option will launch.

Tab Name – Pre-Display



If there have been previous **AIMS** assessments performed, an option **Pre-Display** window will launch.

The pre-display displays a table that contains all of the **AIMS** assessments that have been conducted for the selected client to-date



The pre-display has three columns of information that displays.
Date of Evaluation
Data Entry User ID
Status

The assessments are ordered in the **Date of Evaluation** column with the latest assessment at the top to oldest at the bottom.

Date of Evaluation
01/03/2011
12/14/2010

The person's user ID, based on the person who was logged into Avatar that conducted the assessment is populated into the **Data Entry User Id** column.

Data Entry User Id
JCLINIC
JDAUGHTRY

The status of the assessment, either **Draft** or **Final**, is shown in the **Status** field.

Status
Draft
Draft

There are four command buttons that display at the bottom of the pre-display:

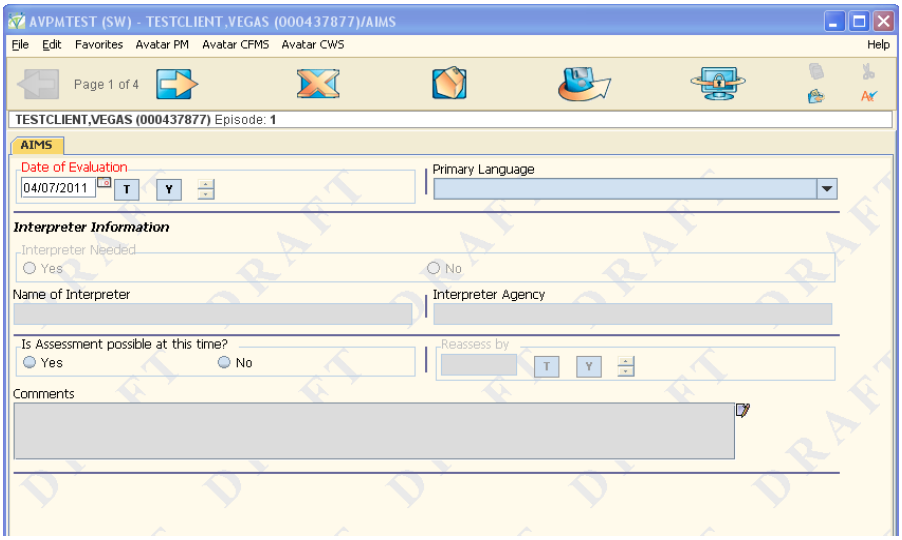
- **Add** – the Add button is used to add a new AIMS assessment for the selected client.
- **Edit** – The Edit button is used to edit or view one of the AIMS assessments displayed in the pre-display.
- **Delete** – The Delete button is used to delete one of the AIMS assessments in Draft status. A Final AIMS may not be deleted.
- **Cancel** – The Cancel button is used to exit from the pre-display screen and return to the main Avatar home page.

To launch the ***AIMS*** option from the pre-display window:

Position the mouse pointer over the Add button and single click the left mouse button. The AIMS option will launch.

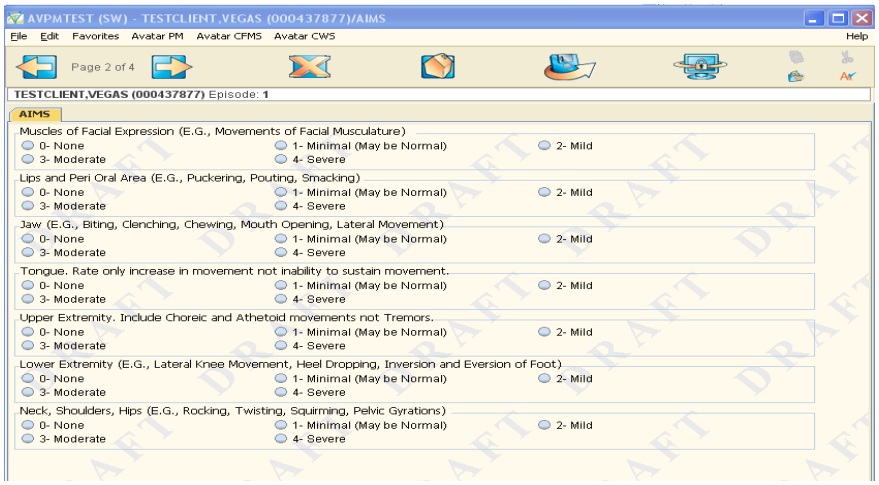
How Do I Enter/Complete a New AIMS Assessment?

Tab Name – AIMS 1 - 4



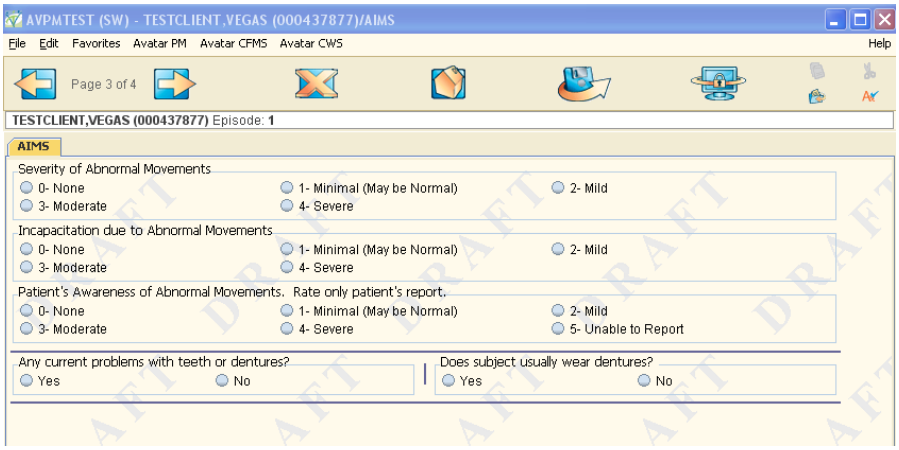
Field Name	*Instruction*
Date of Evaluation	The field is automatically populated using the current date. To change the evaluation date, position the mouse pointer over the month in the Date of Evaluation field and double click and hold the left mouse button and then drag the mouse over the day and year to select and highlight the entire field. Type the new date into the Date of Evaluation field using the MM/DD/YYYY date format. Dates can also be changed by left clicking on the "T" button to enter today's date or by clicking on the "Y" button to enter yesterday's date into the date fields. Another method of changing the dates is by left clicking on the calendar icon to display a calendar view for date selection. Simply single click the desired date to populate the date field.
Primary Language	Notice that the client's primary language automatically populates into the **Primary Language** field from the ***Admission*** or ***Pre-Admit*** option. To change the client's primary language, position the mouse pointer over the drop-down arrow in the **Primary Language** field and single click the left mouse button to display the available choices. Use the scroll bar on the right side of the drop-down screen to scroll up and down to view all of the available choices. Position the mouse pointer over the desired choice and single click the left mouse button to make the selection. It is important to note that once the **AIMS** is submitted as final, the **Primary Language** will be changed in the ***Update Client Data*** options.
Interpreter Needed	To indicate if an interpreter is needed, position the mouse pointer over the radio button next to Yes or No and single click the left mouse button to make the selection. If the Yes radio button is selected, the Name of Interpreter field will become required.
Name of Interpreter	To enter the name of the interpreter, position the mouse pointer over the Name of Interpreter field and single click the left mouse button to activate the field. Type the interpreter's name into the field.
Interpreter Agency	To enter the name of the interpreter agency, position the mouse pointer over the **Interpreter Agency** field and single click the left mouse button to activate the field. Type the interpreter's name into the field.
Is Assessment possible at this time?	To indicate if the assessment was able to be completed, position the mouse pointer over the radio button next to Yes or No in the "Is Assessment possible at this time?" field and single click the left mouse

	button to make the selection. If the assessment is not able to be completed and the No radio button is selected then the Reassess by and Comments fields will become enabled and required. Also, all of the fields on pages 2 through 4 with the exception of the Status field and the Staff Member to Notify and Staff Member to Notify Outgoing Comments fields on page 4 become disabled.
Reassess by	Enter the reassessment date into the Reassess by field following the steps previously described in the field. If a future date is entered, a window will display prompting the user to confirm that a future date is being entered. To clear the message and continue, position the mouse pointer over the OK button and single click the left mouse button otherwise, select the Cancel button to clear the message and return to the option to enter another date.
Comments	To enter details about why the assessment was not able to be completed into the Comments field, position the mouse pointer over the Comments field and single click the left mouse button to activate the field. Type the notes into the Comments field.

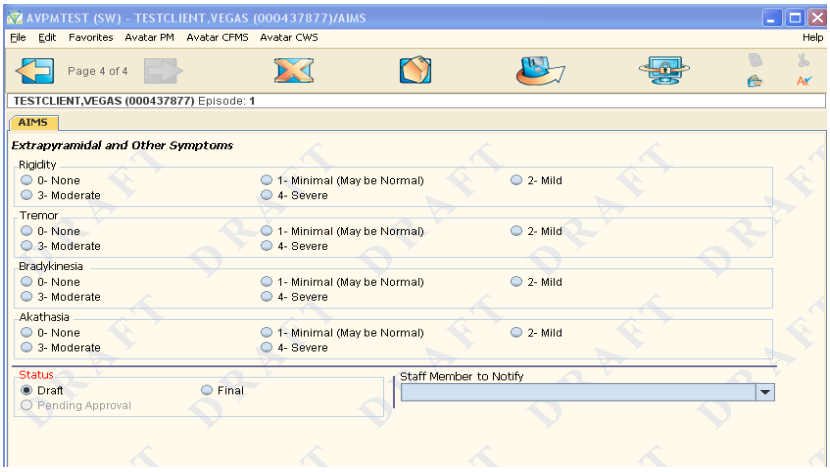


Field Name	Instruction
Muscles of Facial Expression	Position the mouse pointer next to the radio button in Muscles of Facial Expression and single click the left mouse button to make the selection.
Lips and Peri-Oral Area	Position the mouse pointer next to the radio button in Lips and Peri-oral and single click the left mouse button to make the selection.
Jaw	Position the mouse pointer next to the radio button in Jaw and single click the left mouse button to make the selection.

Tongue	Position the mouse pointer next to the radio button in Tongue and single click the left mouse button to make the selection.
Upper Extremity	Position the mouse pointer next to the radio button in Upper Extremity and single click the left mouse button to make the selection.
Lower Extremity	Position the mouse pointer next to the radio button in Lower Extremity and single click the left mouse button to make the selection.
Neck, Shoulders, Hips	Position the mouse pointer next to the radio button in Neck, Shoulders and Hips and single click the left mouse button to make the selection.



Field Name	***Instruction***
Severity of Abnormal Movements	Position the mouse pointer next to the radio button in Severity of Abnormal Movements and single click the left mouse button to make the selection.
Incapacitation due to Abnormal Movements	Position the mouse pointer next to the radio button in Incapacitation due to Abnormal Movements and single click the left mouse button to make the selection.
Patient's Awareness of Abnormal Movements	Position the mouse pointer next to the radio button in Patient's Awareness of Abnormal Movements and single click the left mouse button to make the selection.
Any current problems with teeth or dentures?	To indicate if the client is having problems with teeth or dentures, position the mouse pointer over the radio button next to **Yes** or **No** in the ***"Any current problems with teeth or dentures?"*** field and single click the left mouse button to make the selection.
Does subject usually wear dentures?	To indicate if the client is having problems with teeth or dentures, position the mouse pointer over the radio button next to **Yes** or **No** in the ***"Does subject usually wear dentures"*** field and single click the left mouse button to make the selection.

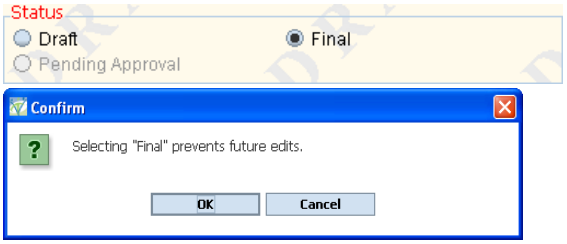


Field Name	***Instruction***
Rigidity	Position the mouse pointer next to the radio button in Rigidity and single click the left mouse button to make the selection.
Tremor	Position the mouse pointer next to the radio button in Tremor and single click the left mouse button to make the selection.
Bradykinesia	Position the mouse pointer next to the radio button in Bradykinesia and single click the left mouse button to make the selection.
Akathasia	Position the mouse pointer next to the radio button in Akathasia and single click the left mouse button to make the selection.
Status	Use the **Status** field to set the document to **Draft** or **Final**. The default for all documents is **Draft** and documents will remain in draft mode until **Final** is selected. Documents in draft mode are identifiable by the **DRAFT** watermark. Documents saved in draft mode can be reopened at a future time for editing. Documents that are finalized cannot be edited and can only be viewed.
Staff Member to Notify	Not utilized in Rollout

How Do I Save a AIMS Assessment?

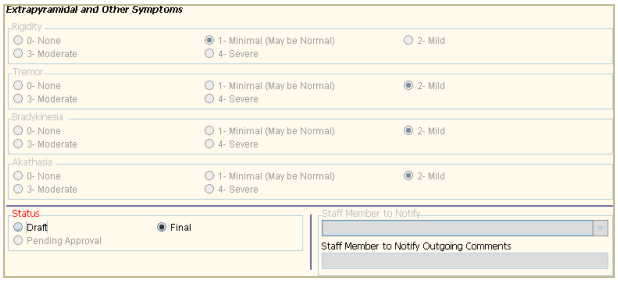
To file and save the assessment in draft mode, position the mouse pointer over the radio button next to Draft otherwise, select the Final radio button.

If the Final radio button is selected a message will display letting the user know that selecting Final will prevent future edits.



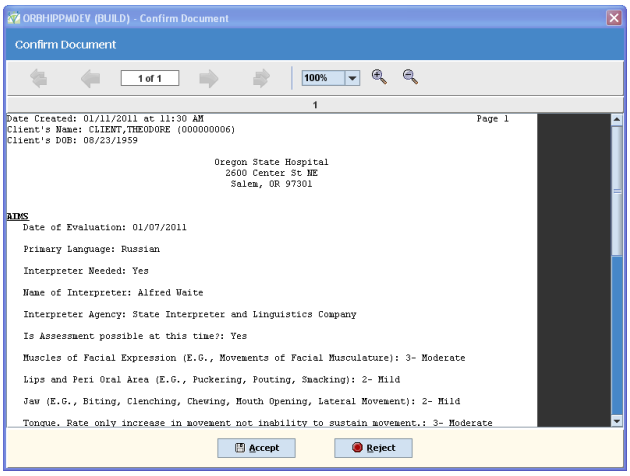
Position the mouse pointer over the OK button and single click the left mouse button to clear the message and continue otherwise, select the Cancel button to return to the option to resubmit in draft mode.

Notice that when the **Final** radio button is selected, the **DRAFT** watermark is no longer visible and all of the fields except the **Status** field become grayed out and disabled.



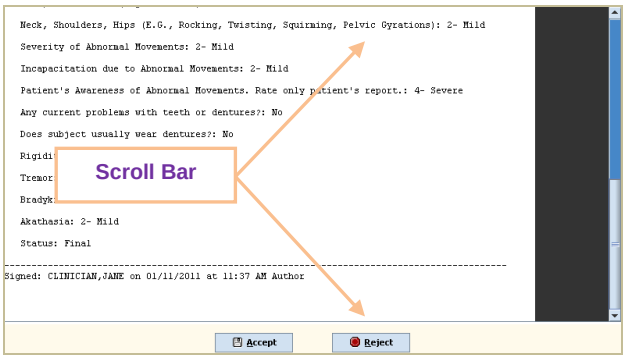
Position the mouse pointer over the **Submit** icon and single click the left mouse button.

The option will submit and a **Confirm Document** screen will display.



This screen displays the **TIFF** file that is created for **Document Management** and allows the user to review and accept or reject the document.

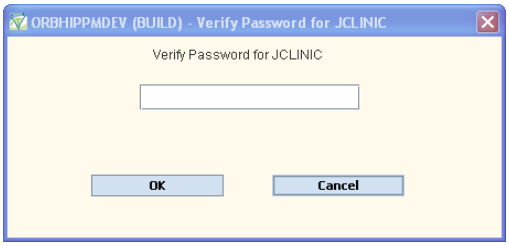
Use the scroll bar on the right side of the confirmation message screen to scroll up and down to review the entire document.



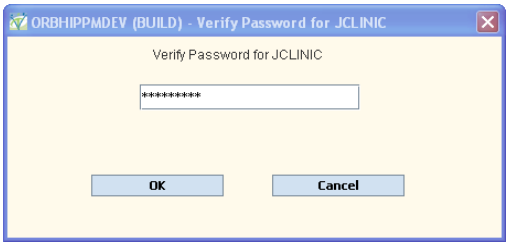
To accept the document position the mouse pointer over the **Accept** button to clear the confirmation message and continue with the file submission otherwise, select the **Reject** button to return to the option.

If the document is rejected and at any point before the document submission is completed, the assessment can be returned and submitted in draft mode by selecting the **Draft** radio button.

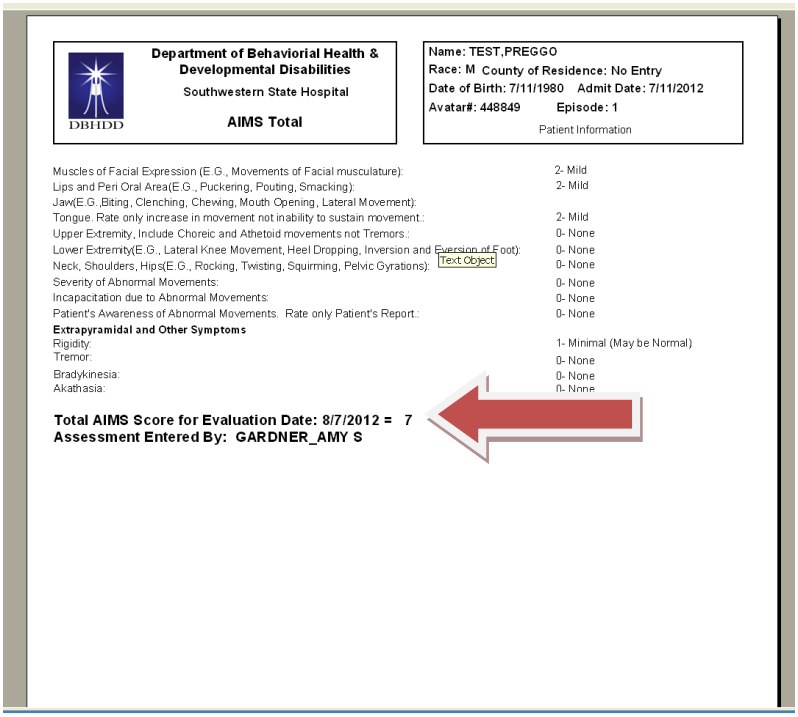
If the **Accept** button is selected a window will display for the logged in user to verify their password. This is done for security purposes to make sure the user submitting the document is in fact the actual user.



To enter the password, position the mouse pointer over the text box field and single click the left mouse button to activate the field. Type the password into the field and click the **OK** button to clear the screen and continue.



Once password is entered, a post filing report will run that will display all of the answers entered into the AIMS Assessment and will present the AIMS Score to the provider (see below). This report may be printed if necessary.



Department of Behaviorial Health & Developmental Disabilities
Southwestern State Hospital
AIMS Total

Name: TEST,PREGGO
Race: M County of Residence: No Entry
Date of Birth: 7/11/1980 Admit Date: 7/11/2012
Avatar#: 448849 Episode: 1
Patient Information

Muscles of Facial Expression (E.G., Movements of Facial musculature):	2- Mild
Lips and Peri Oral Area(E.G., Puckering, Pouting, Smacking):	2- Mild
Jaw(E.G.,Biting, Clenching, Chewing, Mouth Opening, Lateral Movement):	
Tongue. Rate only increase in movement not inability to sustain movement.:	2- Mild
Upper Extremity, Include Choreic and Athetoid movements not Tremors.:	0- None
Lower Extremity(E.G., Lateral Knee Movement, Heel Dropping, Inversion and Eversion of Foot):	0- None
Neck, Shoulders, Hips(E.G., Rocking, Twisting, Squirming, Pelvic Gyrations):	0- None
Severity of Abnormal Movements:	0- None
Incapacitation due to Abnormal Movements:	0- None
Patient's Awareness of Abnormal Movements. Rate only Patient's Report.:	0- None
Extrapyramidal and Other Symptoms	
Rigidity:	1- Minimal (May be Normal)
Tremor:	0- None
Bradykinesia:	0- None
Akathasia:	0- None

Text Object

Total AIMS Score for Evaluation Date: 8/7/2012 = 7
Assessment Entered By: GARDNER_AMY S

Close the report by clicking on the red X in the top right corner of the screen. The option will close and exit back to the Avatar main home page.

How do I Edit or View an AIMS Assessment?

To edit a draft AIMS assessment:
Launch the option as previously described in the **"How do I Launch the AIMS Option?"** section.

From the option's pre-display, position the mouse pointer over the assessment to be edited and single click the left mouse button to make the selection.
***Note** – assessments in Draft mode may be edited but assessments in Final mode can only be viewed.*

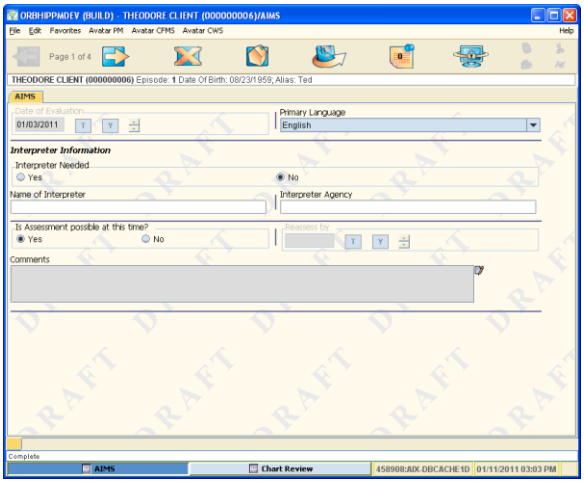
Pre-Display

Date of Evaluation	Data Entry User Id	Status
01/07/2011	JCLINIC	Final
01/03/2011	JCLINIC	Draft
12/14/2010	JDAUGHTRY	Draft

Position the mouse pointer over the **Edit** button and single click the left mouse button.

Edit

The selected assessment will open.



Make the edits as previously described in the ***"How do I Complete the AIMS Option?"*** section and submit the document as draft or final.

How do I View a Finalized AIMS Assessment In Avatar?

Go back to ***How Do I Launch AIMS Assessment in Avatar*** and follow the steps for selecting a previously saved Assessment. Note, the fields will be grayed out and the Assessment cannot be edited after it is marked as final.

How Do I Exit AIMS Assessment?

Position the mouse pointer over the **Submit** icon and single click the left mouse button.

The screen will close and take you back to the Main Avatar Screen.

How Do I View an AIMS Assessment for a Client not in My Caseload?

Go back to ***How Do I Launch AIMS Assessment in Avatar*** and follow the steps for selecting a previously saved Assessment. Note, the fields will be grayed out and the Assessment cannot be edited after it is marked as final.

III. Section – IRP

Initial Recovery Plan (24-HR-IRP)

Purpose

The Initial Recovery Plan (24-HR IRP) is used to document the immediate care of the individual, especially with regard to providing psychiatric, medical and behavioral stability. The Initial Recovery Plan (24-HR IRP) provides critical information that can be used by the individual's RPT to develop the 72-HR IRP and the Individualized Recovery Plan on the 3rd day (+ 3 days) and 15th day (+ or – 3 days) following admission respectively.

Overview

The Admitting Physician/PA/Resident/APRN and Registered Nurse complete the Admission Assessment and develop the Initial Recovery Plan (24-HR IRP) within the first 24 hours of admission. The individual's RPT meets on the second business day of admission and begins the process of updating the 24-HR IRP as new information and assessment data become available. When updated at the 72 hour RPTC (on the 3rd day [+ 3 days] of admission), the Initial Recovery Plan provides information that is used to develop the Individualized Recovery Plan on the 15th day (+ or – 3 days) following admission. It remains current until the IRP is finalized.

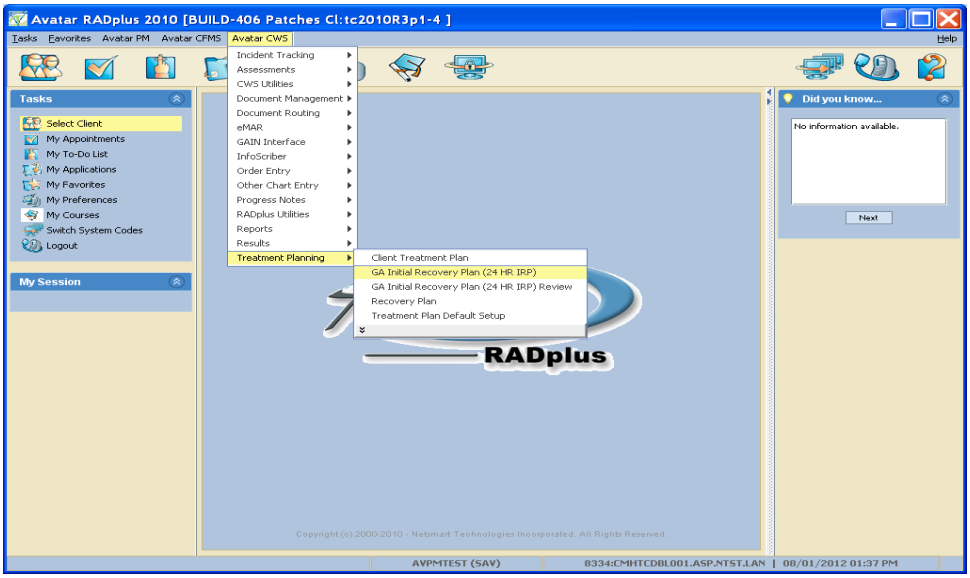
Prerequisites

Staff member must have an active user id and access to the form in Avatar

Procedures

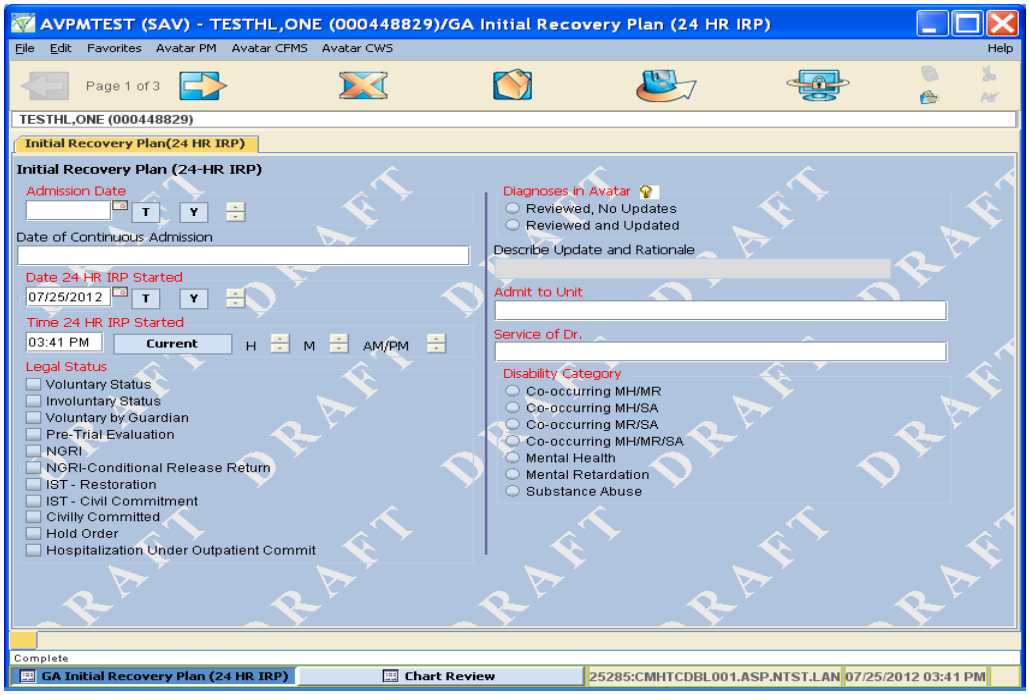
How Do I Launch an Initial Recovery Plan in Avatar?

Menu Path – Avatar CWS → Treatment Planning → GA Initial Recovery Plan (24 HR IRP)



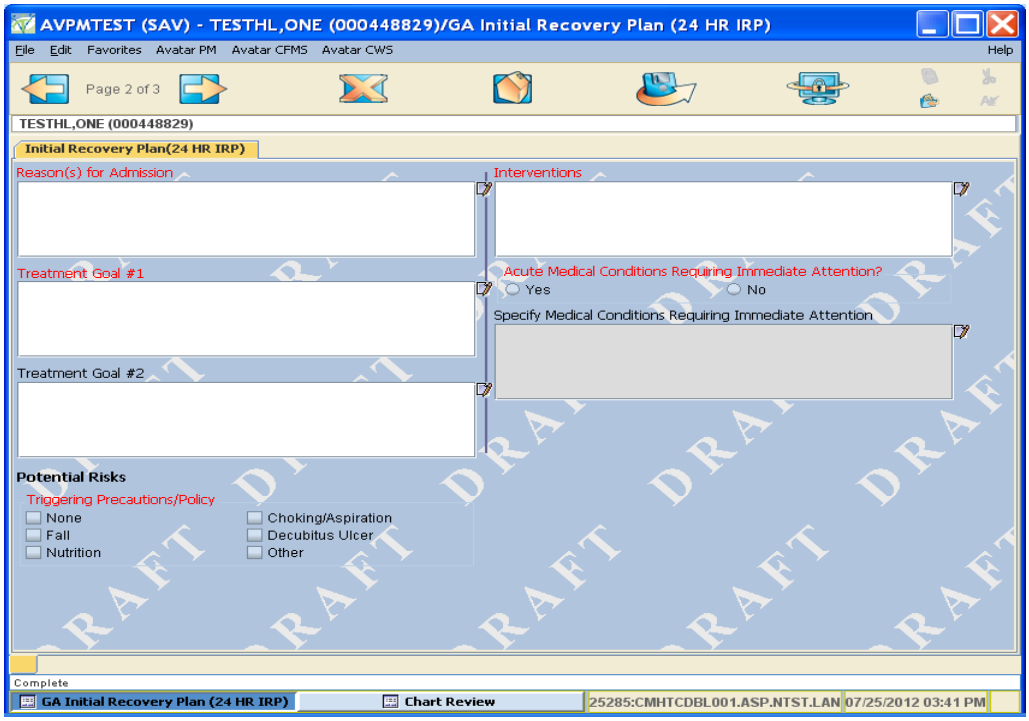
How Do I Enter/Complete an Initial Recovery Plan?

Tab Name – Initial Recovery Plan 24HR IRP (1 – 3)



Field Name	*Instruction*
Admission Date	Required Field. Defaults from Avatar PM but can be changed by typing in the date or click the “T” button next to the field.
Date of Continuous Admission	Enter date of a continuous admission
Date 24 HR IRP Started	Required Field. Defaulted from Avatar PM but can be changed by typing in the date or click the “T” button next to the field.
Time 24 HR IRP Started	Required Field. Defaulted from Avatar PM but can be changed by typing in the correct time or click the button “current” to enter the current IRP start time.
Legal Status	Required Field. Click a legal status option. Multiple status options can be selected.
Diagnoses in Avatar	Required Field. The default setting is reviewed no updates. Click the reviewed and update button if there are any changes
Describe update and Rationale	This field is enabled if the diagnosis in Avatar is changed to reviewed and updated. Enter the reason or rationale of the change in this field.
Admit to Unit	Required Field. Enter the unit name using the keyboard to type.
Service of Dr	Required Field. Enter the unit name using the keyboard to type.
Disability	Required Field. Click a disability category.

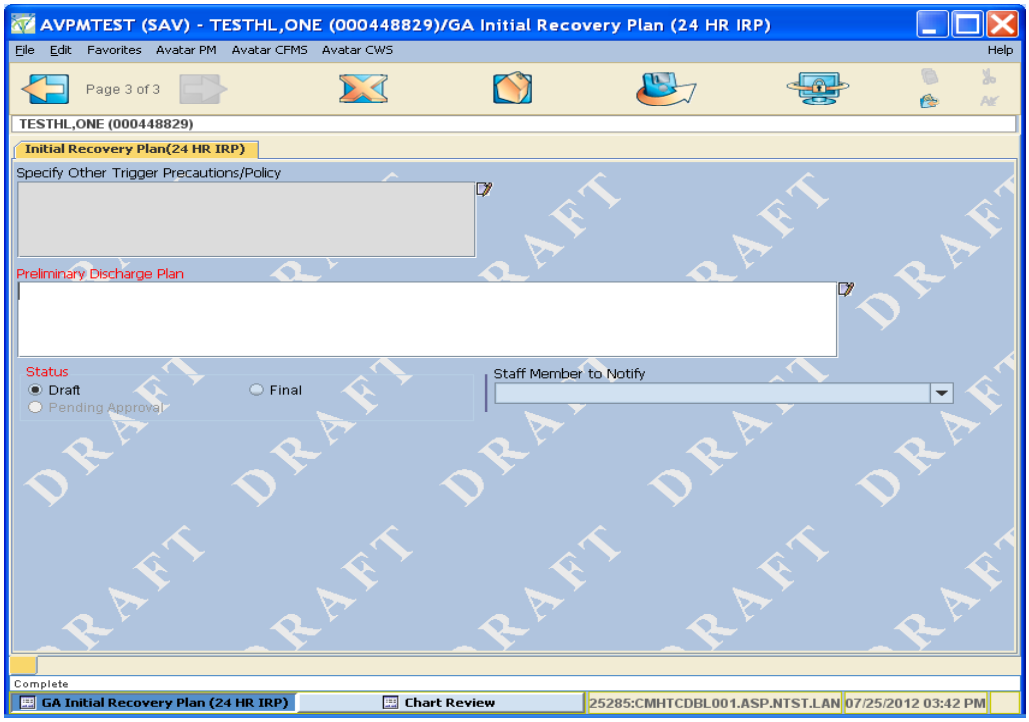
Tab Name – Initial Recovery Plan 24HR IRP (2 – 3)



Field Name	***Instruction***
Reason(s) for Admission	Required Field. Type in the reason(s) for admission in this field.
Treatment Goal #1	Required Field. In this field, enter the first treatment goal.
Treatment Goal #2	In this field, enter the second treatment goal.
Triggering Precautions/Policy	Required Field. Select any applicable risk trigger or other.
Interventions	Required Field. In this field, enter the type of intervention(s) used.
Acute Medical Conditions Requiring	Required Field. If there is an acute medical conditions requiring immediate attention, click the Yes button and enter the reason in the immediate attention field.
Immediate Attention?	If no immediate attention is needed, click no.
Specify Medical	Disabled by default. Must be completed if acute medical condition

Conditions Requiring Immediate Attention	option is changed to Yes.

Tab Name – Initial Recovery Plan 24HR IRP (3 – 3)



Field Name	***Instruction***
Specify Other Trigger Precautions/Policy	Field is enabled if potential risk trigger “other” is selected on page 1 of the form. Enter other trigger precautions/policy text in this field.
Preliminary Discharge Plan	Required Field. Enter any preliminary discharge plan(s) in this field.
Status	Required Field. The default is set to draft.
Staff Members to Notify	Select staff member(s) to notify

How Do I Save an Initial Recovery Plan (24 HR IRP)?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Initial Recovery Plan (24 HR IRP)?

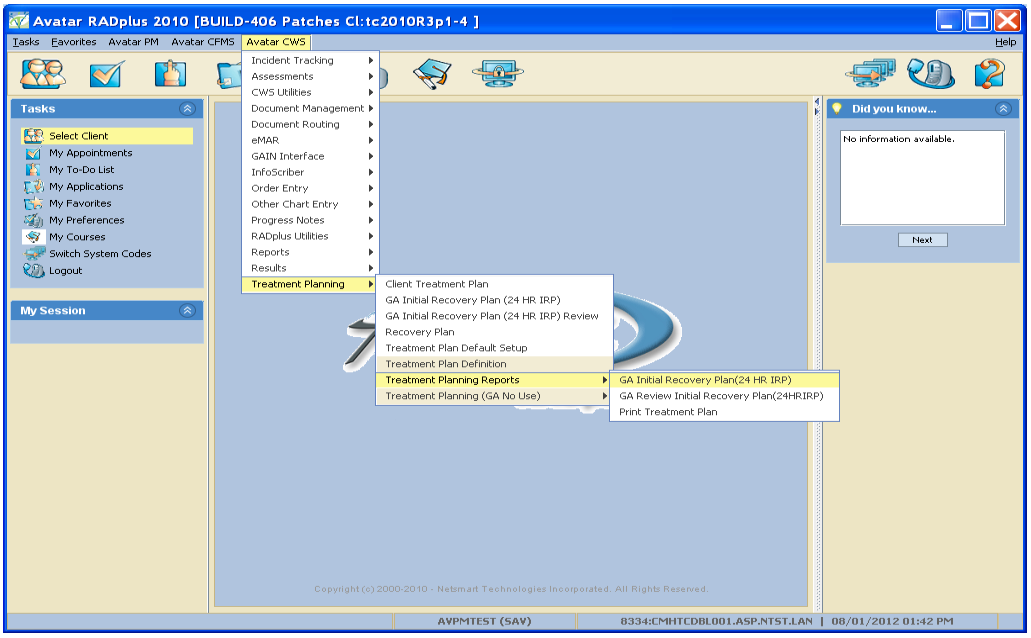
Menu Path - Avatar CWS → Treatment Planning → GA Initial Recovery Plan (24 HR IRP)

Double click on the

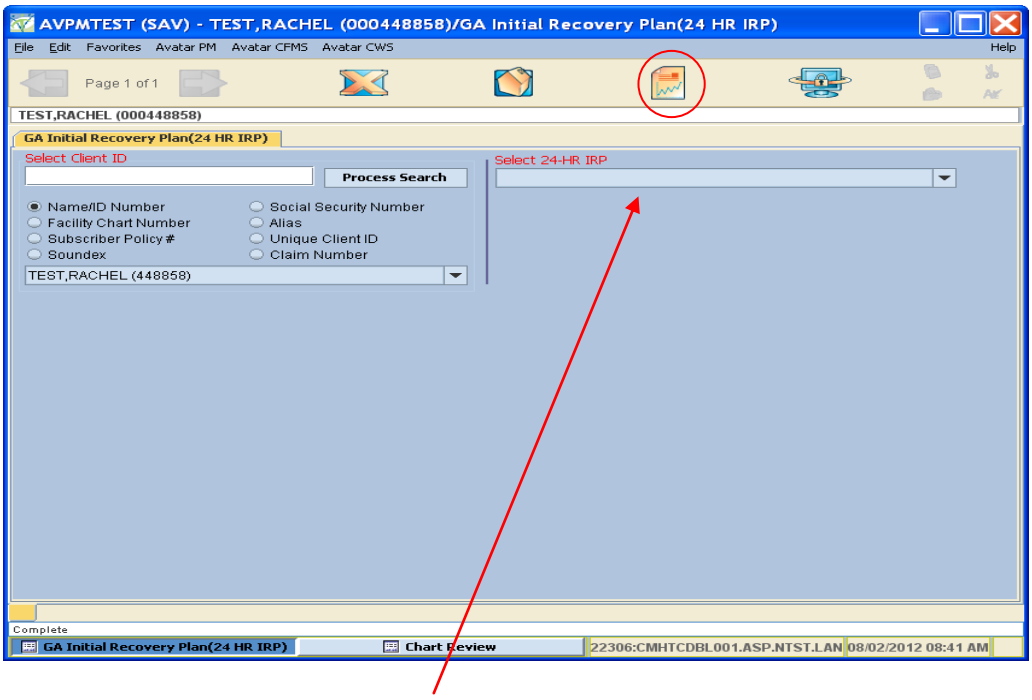
Selected Initial Recovery Plan (24 HR IRP) displays

How Do I Run the report?

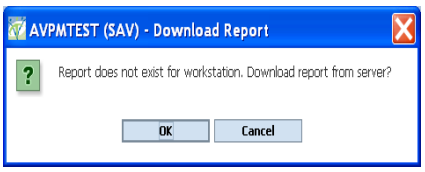
Menu Path - Avatar CWS → Treatment Planning → Treatment Planning Reports → GA Initial Recovery Plan (24 HR IRP)



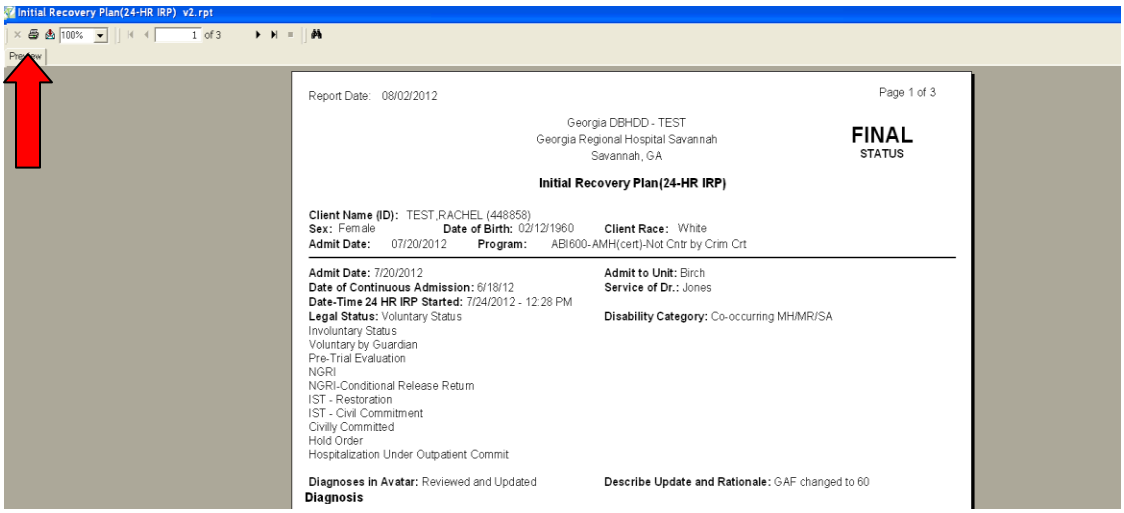
*Next, select a client name from the **Select Client screen** and the below screen will open. If a client is selected under My Session, the below screen will open.*



1. Click on the Select 24-HR IRP field and select the plan in the drop down.
2. Position the mouse pointer over the report icon and click on it to run the report.
3. If download message appear, click OK to download the report.



Sample Report



After reviewing the report, it can be printed or closed to return to Avatar.

How Do I Exit the form?

Position the mouse pointer over the Close icon and single click the left mouse button.

Review of Initial Recovery Plan (24-HR IRP)

Purpose The Initial Recovery Plan (24-HR IRP) is used to document the immediate care of the individual, especially with regard to providing psychiatric, medical and behavioral stability. The Initial Recovery Plan (24-HR IRP) provides critical information that can be used by the individual's RPT to develop the 72-HR IRP and the Individualized Recovery Plan on the 3rd day (+ 3 days) and 15th day (+ or – 3 days) following admission respectively.

Overview The Admitting Physician/PA/Resident/APRN and Registered Nurse complete the Admission Assessment and develop the Initial Recovery Plan (24-HR IRP) within the first 24 hours of admission. The individual's RPT meets on the second business day of admission and begins the process of updating the 24-HR IRP as new information and assessment data become available. When updated at the 72 hour RPTC (on the 3rd day [+ 3 days] of admission), the Initial Recovery Plan provides information that is used to develop the Individualized Recovery Plan on the 15th day (+ or – 3 days) following admission. It remains current until the IRP is finalized.

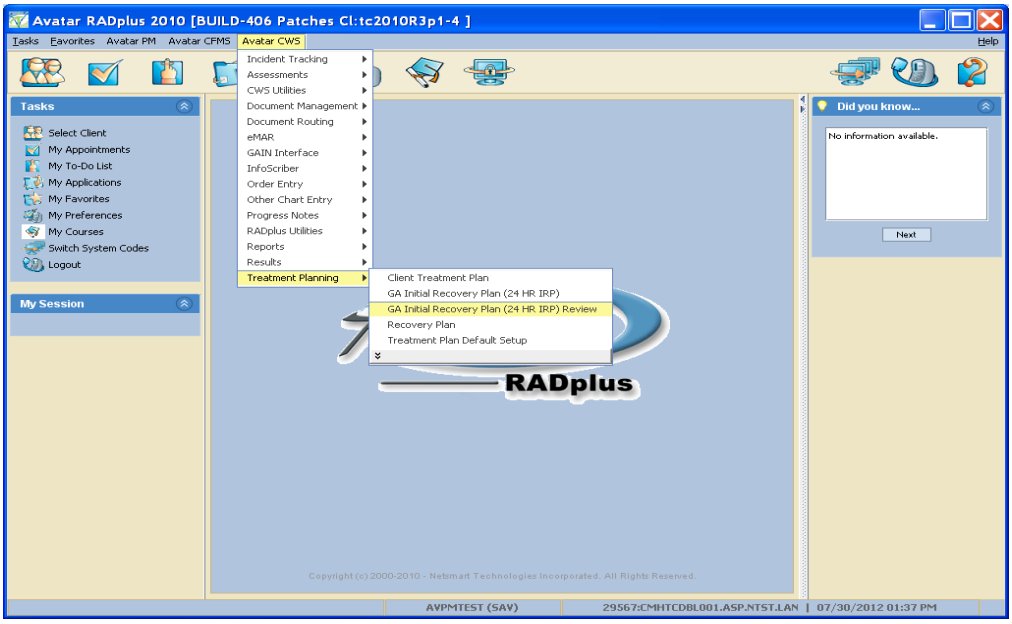
Prerequisites

- Staff member must have an active user id and access to the form in Avatar.

Procedures

How Do I Launch a Review of Initial Recovery Plan (24-HR IRP) in Avatar?

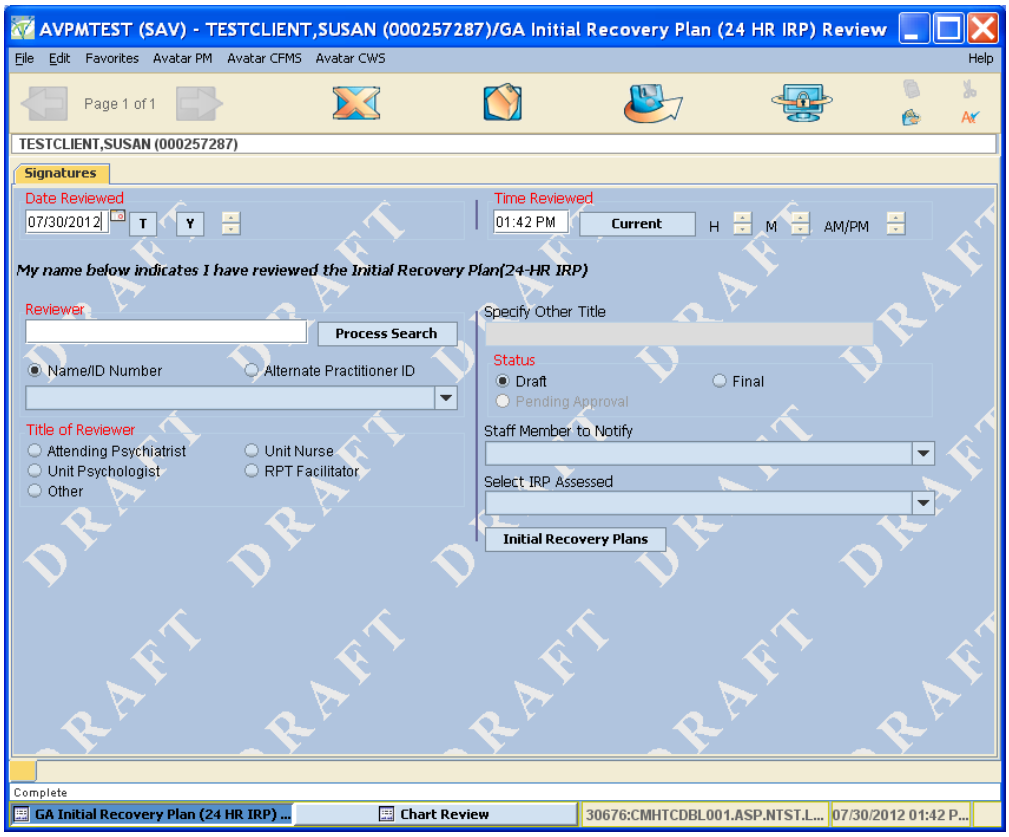
Menu Path - Avatar CWS → Treatment Planning → GA Initial Recovery Plan (24 HR IRP) Review



How Do I Enter/Complete a New Review of Initial Recovery Plan (24-HR IRP)?

Tab Name – Signature (1 – 1)

Notice there are 1 page for this tab.



Field Name	***Instruction***
Date Reviewed	The date defaults to the initial review date.
Time Reviewed	Enter the time reviewed.
Reviewer	Enter the last name of the reviewing person and click the process search button. Select the name of the reviewing person.
Title of Reviewer	Select a title for the reviewing person or click other.
Specify Other Title	By default this field is disabled. If the title is changed to other, this field is enabled. Once enabled, enter a title.
Status	Leave form in draft until the review is ready to be finalized. Change status to final once the review is complete.
Select IRP	Select an assessment to view and click the Initial Recovery

Assessed	Plan button to review the plan.
Staff member to Notify	Select a staff member to notify

How Do I Save a Review of Initial Recovery Plan (24-HR IRP)?

Position the mouse pointer over the Submit icon and single click the left mouse button.

How Do I Edit Review of Initial Recovery Plan (24-HR IRP)?

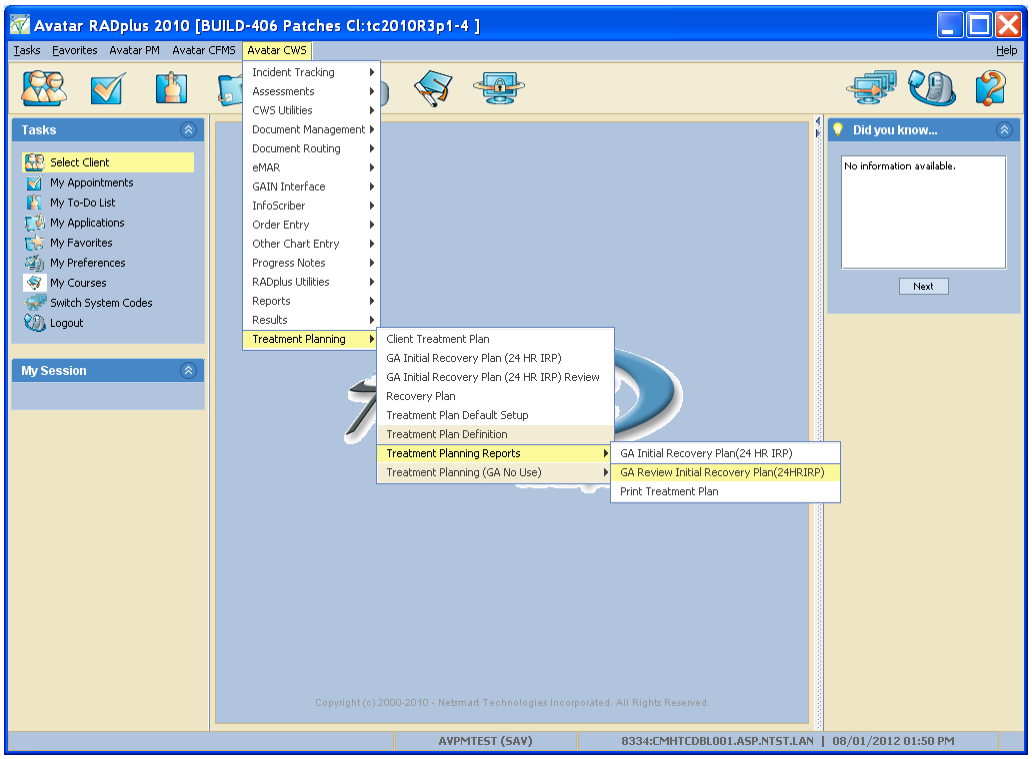
Menu Path - Avatar CWS → Treatment Planning → GA Review Initial Recovery Plan (24 HR IRP)

Double click on the

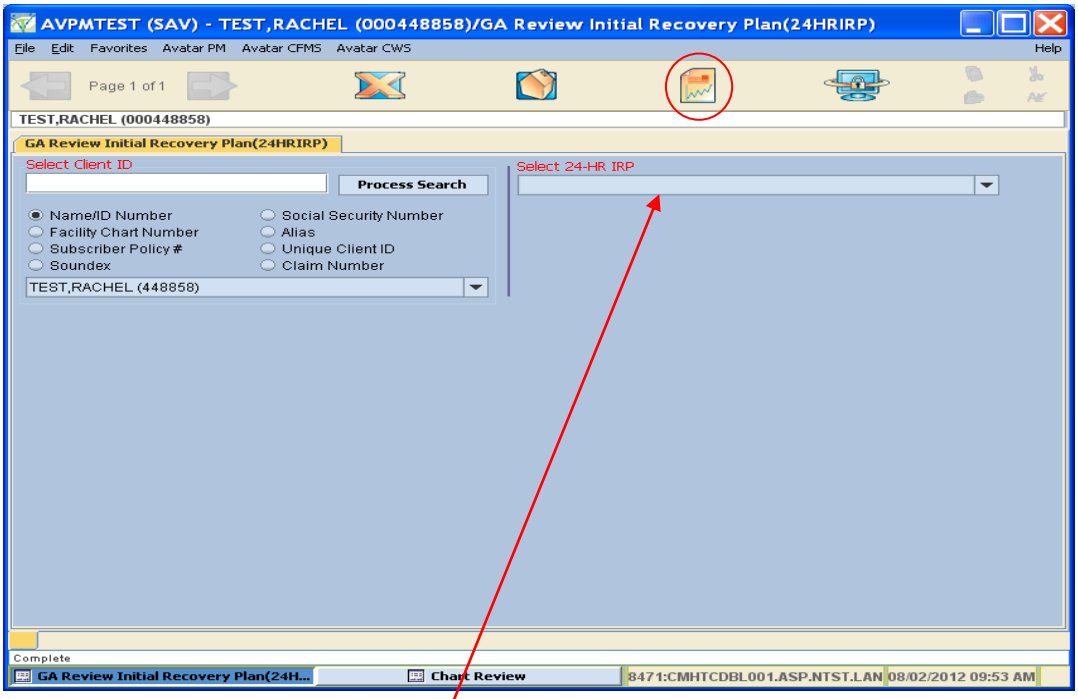
Selected Review of initial Recovery Plan (24-HR IRP) displays

How Do I Run the Review of Initial Recovery Plan (24-HR IRP) report?

Menu Path - Avatar CWS → Treatment Planning → Treatment Planning Reports → GA Review Initial Recovery Plan (24 HR IRP)



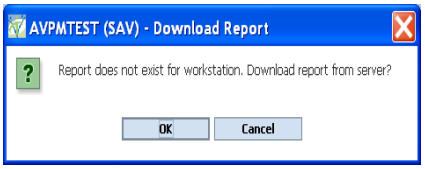
*Next, select a client name from the **Select Client screen** and the screen on the next page will open. If a client is selected under My Session, the below screen will also open.*



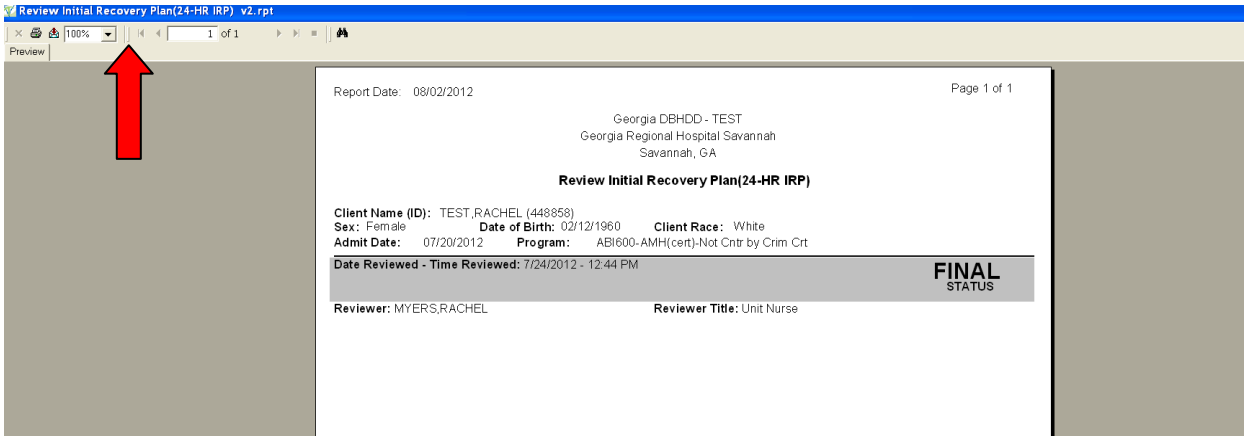
1. Click on the Select 24-HR IRP field and select the plan in the drop down.

2. Position the mouse pointer over the report icon and click on it to run the report.

3. If download message appear, click OK to download the report.



Sample Report



After reviewing report, it can be printed or closed to return to Avatar.

How Do I Exit Review of Initial Recovery Plan (24-HR IRP)?

Position the mouse pointer over the Close icon and single click the left mouse button.

Individual Recovery Plan

Individualized Recovery Plan (IRP)

Purpose

The Individualized Recovery Plan is used to guide and standardize an individual's care across disciplines, units and malls for all direct care and clinical staff.

Overview

Individuals who are admitted to DBHDD hospitals come in as either new admissions (not previously admitted) or as a re-admission. In either case, an IRP must be developed for that episode of care within 24 hours. The "Initial Recovery Plan – 72 hour" plan must be completed within 72 hours of admission. An Individualized Recovery Plan must be completed within 15 days. If the admission is a re-admit and the latest discharge happened in the recent past, the previous plan can be re-instated, but should be evaluated for any changes or updates. If the individual is re-admitted within 30 days, then the previous plan can be used as a starting point.

The IRP is associated to the individual, not an episode. This means that a new plan can be created from scratch whenever policy and procedures dictate.

After the initial plan is filed, all persons noted as requiring notification on the 'Participation Tab' will receive an alert to the upcoming review. This "Review To Do" Item will be sent to the persons indicated five days prior to the "Next Review Date".

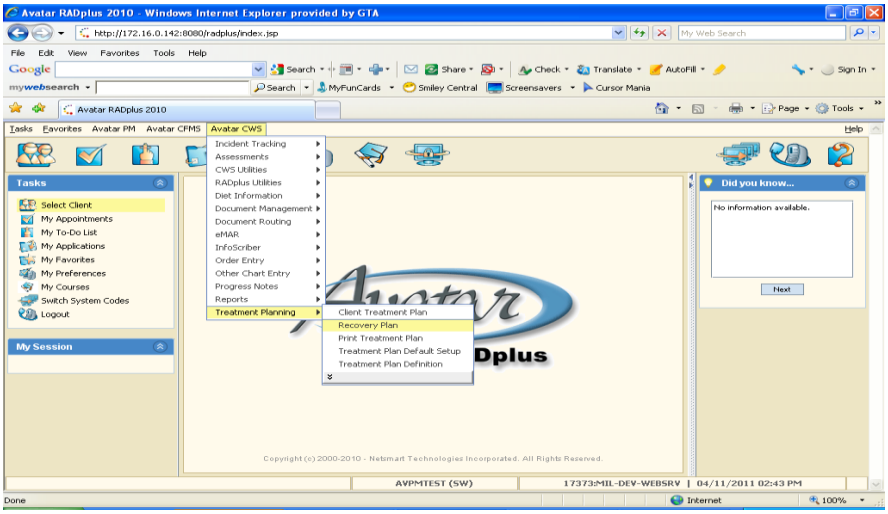
Prerequisites

- Individual must be in Avatar

Procedures

How Do I Launch an Individualized Recovery Plan in Avatar?

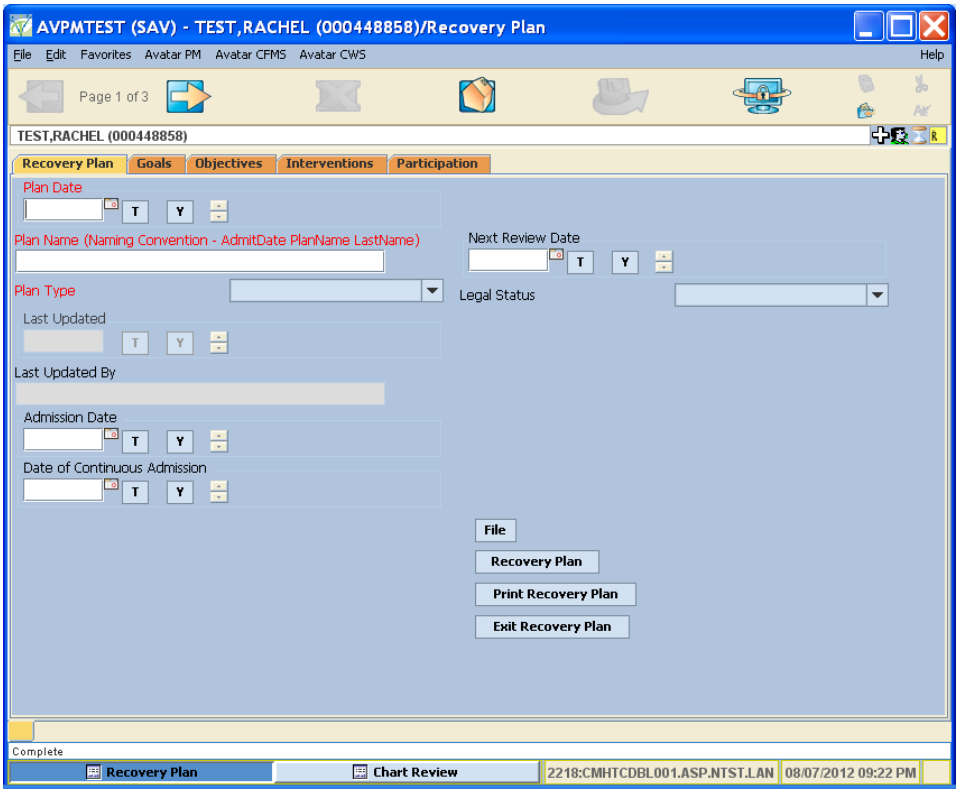
Menu Path - Avatar CWS → Treatment Planning → Recovery Plan



How Do I Enter/Complete a New Individualized Recovery Plan?

Tab Name – Recovery Plan (1 of 3)

Notice there are 3 pages for this Tab



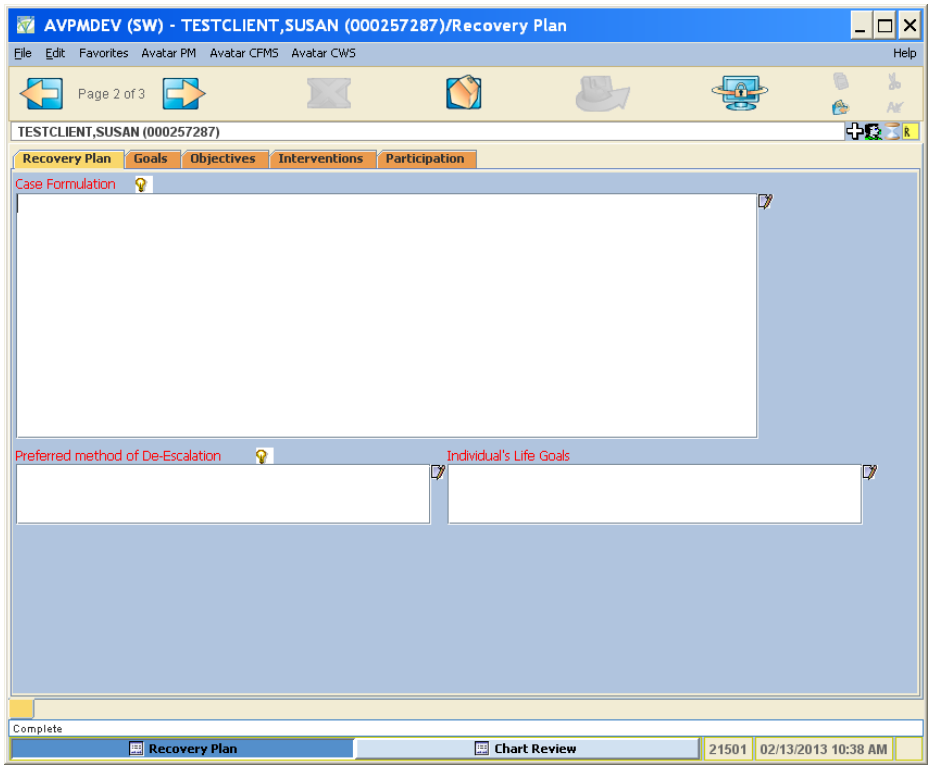
Field Name	*Instruction*
Plan Date	Enter the date the plan is created.
Plan Name	Use the following plan naming convention: **Admit Date Plan Name Last Name** Use a space between Admit Date, Plan Name and Last Name. No space between the components of Plan Name. For example – 3/1/2011 InitialIRP Jones or 3/1/2011 15DayIRP Jones or 3/1/2011 30DayIRP Jones
Plan Type	Click on the drop down arrow and select the appropriate plan type from the list by clicking on it.
Last Updated	This field will be populated by the system.
Last Updated By	This field will be populated to the user that is logged on for that session. This may be changed as needed.
Admission Date	Enter the date the individual was admitted.
Date of Continuous Admission	Enter the date the individual was admitted to the DBHDD system (at any of the hospitals) on this current episode.
Next Review Date	Enter the date the Recovery Planning Team will meet next for a scheduled IRP conference.
Legal Status	Click on the drop down arrow and select the appropriate legal status from the list by clicking on it.
File	Click on this button to save the data entered on this tab. Once the data is filed, the system allows the entry of Goals.
Recovery Plan	Click on this button to display a high level overview of the items on the plan.
Print Action Plan	Click on this button to run the Crystal Report that shows the complete, detailed plan. This report can be printed.
Exit Recovery Plan	Click on this button to close the form. Note: The 'Submit' button on this form is disabled. This supports the "file as you go" approach for the form. The "Exit Recovery

	Plan" button is the only way to close out of the form.

To move to page 2 of this tab, click on the arrow pointing to the right at the top left of the screen

Tab Name – Recovery Plan (2 of 3)

Notice there are 3 pages for this Tab

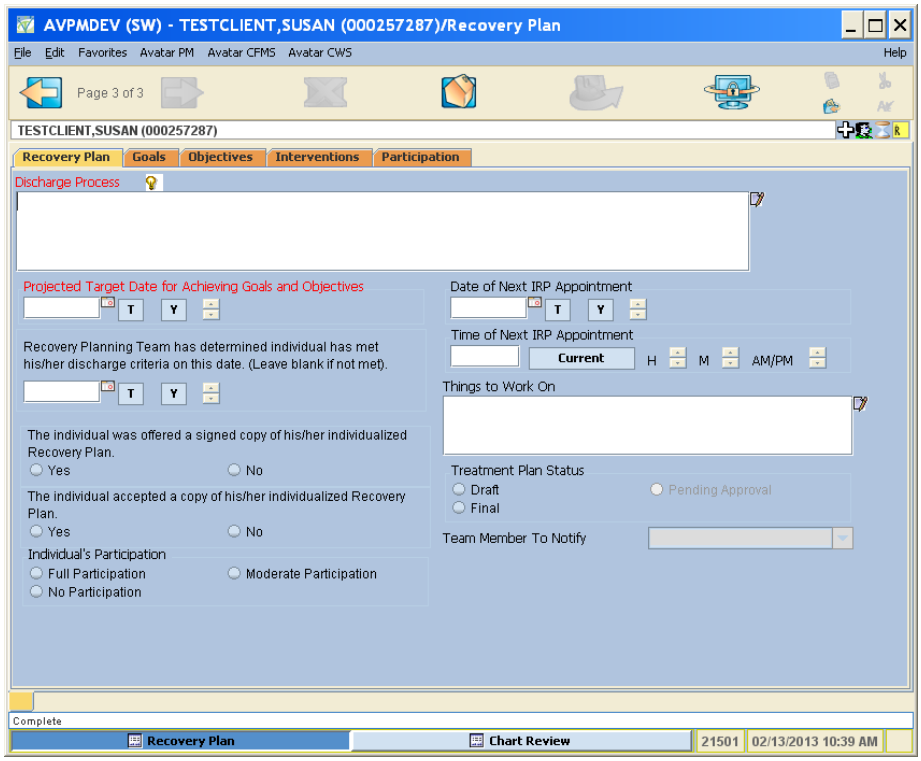


Field Name	***Instruction***
Case Formulation (Required)	There are two templates available for this field. Right click in this field to use the templates: *72-hour Initial Plan Template* Present Status: *IRP Template* Pertinent History: Predisposing Factors: Precipitating Factors: Perpetuating Factors: Previous Treatments and Response: Present Status: Deferred Issues:

	Enter the appropriate information for each header using the keyboard to type.
Case Formulation	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Preferred Method of De-Escalation (Required)	Enter the appropriate information using the keyboard to type.
Preferred Method of De-Escalation	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Individual's Life Goals (Required)	Enter the appropriate information using the keyboard to type.

Tab Name – Recovery Plan (3 of 3)

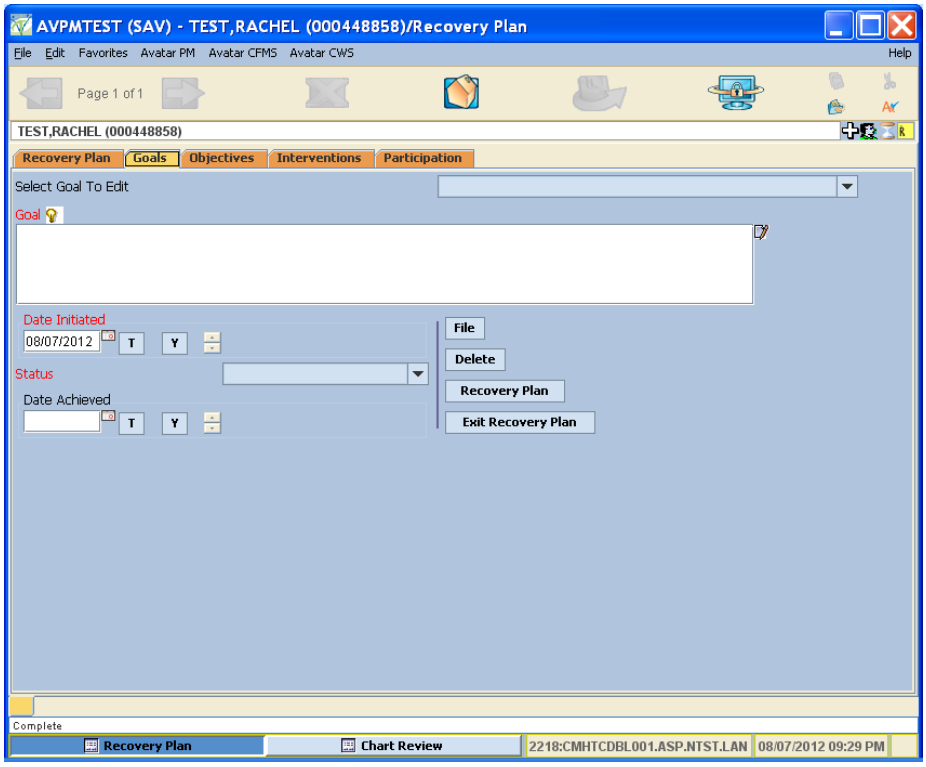
Notice there are 3 pages for this Tab



Field Name	***Instruction***
Discharge Process (Required)	Right click in this field to use the following template: Reason for Admission: Discharge Criteria for Anticipated Placement: Discharge Plan: Discharge Barriers: Discharge Plan Reviews: Enter the appropriate information for each header using the keyboard to type.
Discharge Process	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Projected Target Date for Achieving Goals and Objectives (Required)	Enter date of Projected Target Date that the individual will achieve the goals and objectives
Recovery Planning Team has determined individual has met his/her discharge criteria on this date. (Leave blank if not met)	Enter date the individual met his/her discharge criteria.
The Individual was offered a signed copy of his/her individualized Recovery Plan	Indicate Yes or No by clicking in the radio button to the left of the response. Only one may be selected.
The Individual accepted a copy of his/her individualized Recovery Plan	Indicate Yes or No by clicking in the radio button to the left of the response. Only one may be selected.
Individual's Participation	To select the appropriate response, click in the radio button to the left of the description. Only one may be selected at a time.
Date of Next IRP Appointment	Enter Date for next review appointment.
Time of Next IRP Appointment	Enter Time
Things to work on	Enter the appropriate information using the keyboard

	to type.
Plan Status	Indicate Draft or Final by clicking in the radio button to the left of the response. Only one may be selected.
Team Members to Notify	This will be disabled at all times.

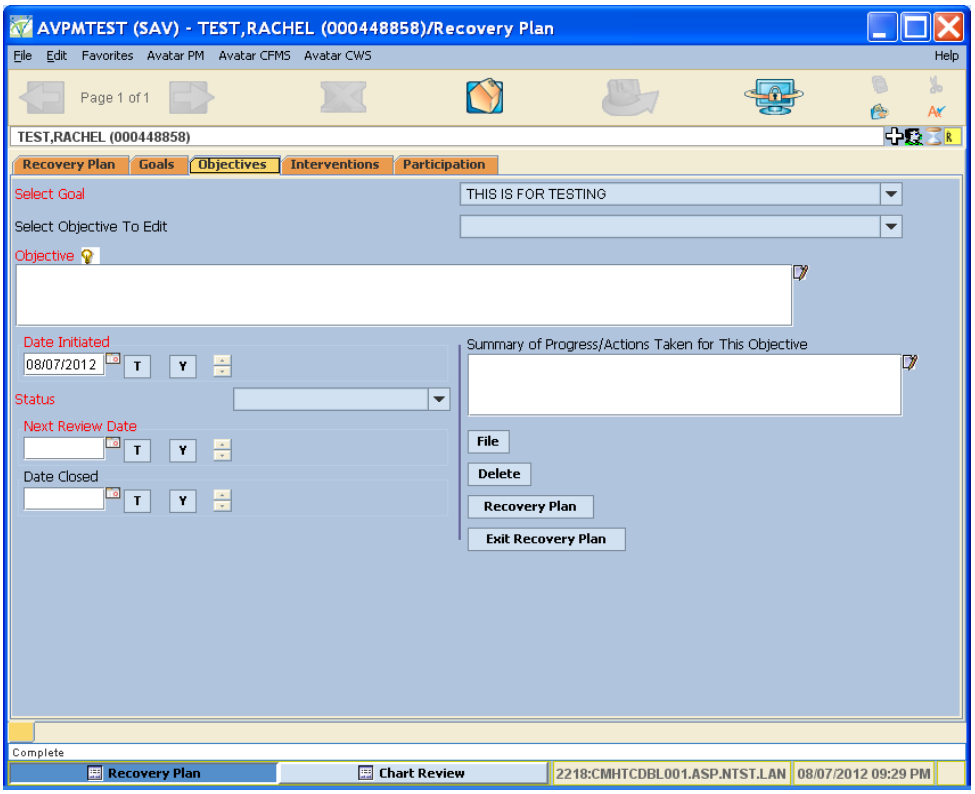
Tab Name – Goals (1 of 1)



Field Name	***Instruction***
Select Goal to Edit	If there are no goals entered at the time of creation, move to the "Goal" field.
Goal	Enter the agreed upon goal using the keyboard to type.
Goal	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Date Initiated	This will default in today's date when first added to the plan. It can be changed by using the Y button or the up and down arrows or by typing in the correct date.
Status	Click on the drop down arrow and select the appropriate status from the list. This will default to 'Active' when first added to the plan.

Date Achieved	Enter the date the goal was achieved.
File	Click on this button to save the goal information that has been entered. Filing will not move to a different page, so more than one goal can be entered before leaving this page.
Delete	Click on this button to delete a selected goal.
Recovery Plan	Click on this button to display a high level overview of the items on the plan.
Exit Recovery Plan	Click on this button to close the form. Note: The 'Submit' button on this form is disabled. This supports the "file as you go" approach for the form. The "Exit Recovery Plan" button is the only way to close out of the form.

Tab Name: Objectives (1 of 1)



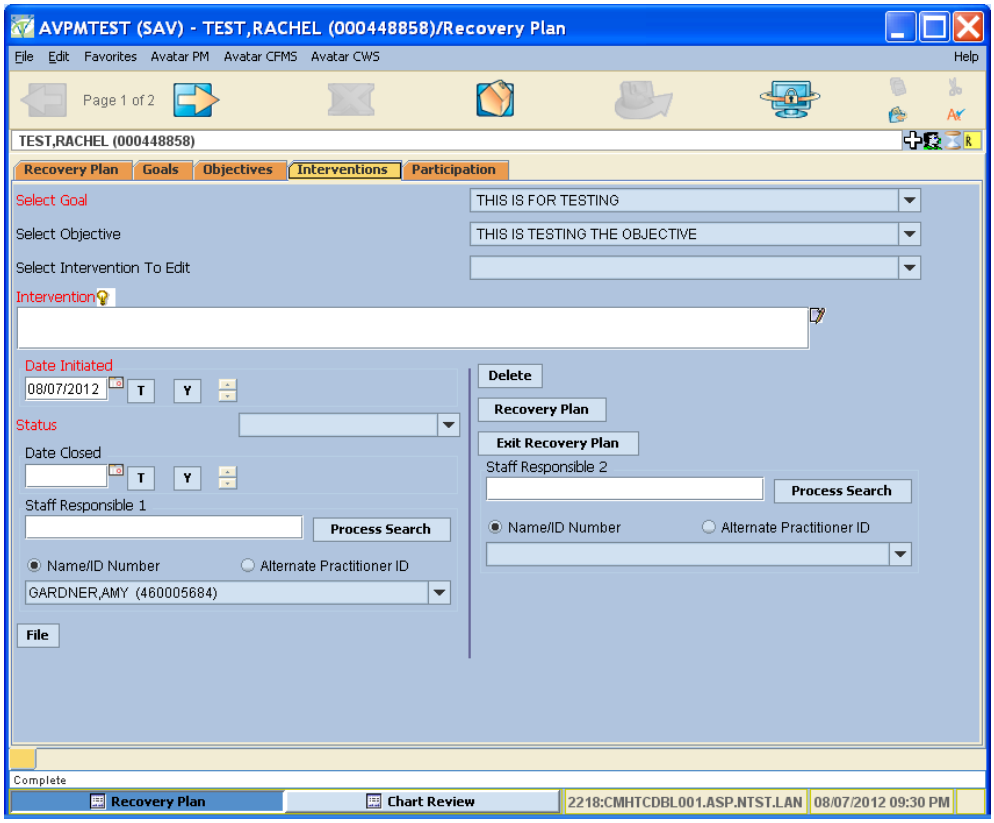
Field Name	***Instruction***

Select Goal	Click on the drop down arrow to display a list of the goals that have been entered. Click on the goal to link the objective(s) about to be entered.
Select Objective to Edit	If this is the first objective to be entered, skip this field. If this is not the first objective to be entered, click on the drop down arrow to display a list of objectives that have been entered. Click on the objective to be edited.
Objective	Enter the agreed upon objective using the keyboard to type.
Objective	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Date Initiated	This will default in today's date when first added to the plan. It can be changed by using the Y button or the up and down arrows or by typing in the correct date.
Status	Click on the drop down arrow and select the appropriate status from the list. This will default to 'Active' when first added to the plan.
Review Date	Enter the date the Recovery Planning Team will meet next for a scheduled IRP conference.
Date Close	Enter the date the objective is closed.
Summary of Progress / Actions Taken for this Objective	Enter the appropriate information using the keyboard to type.
File	Click on this button to save the objective information that has been entered. Filing will not move to a different page, so more than one objective can be entered before leaving this page.
Delete	Click on this button to delete a selected goal.
Recovery Plan	Click on this button to display a high level overview of the items on the plan.

Exit Recovery Plan	Click on this button to close the form. Note: The 'Submit' button on this form is disabled. This supports the "file as you go" approach for the form. The "Exit Recovery Plan" button is the only way to close out of the form.

Tab Name – Interventions (1 of 2)

Notice there are 2 pages for this Tab



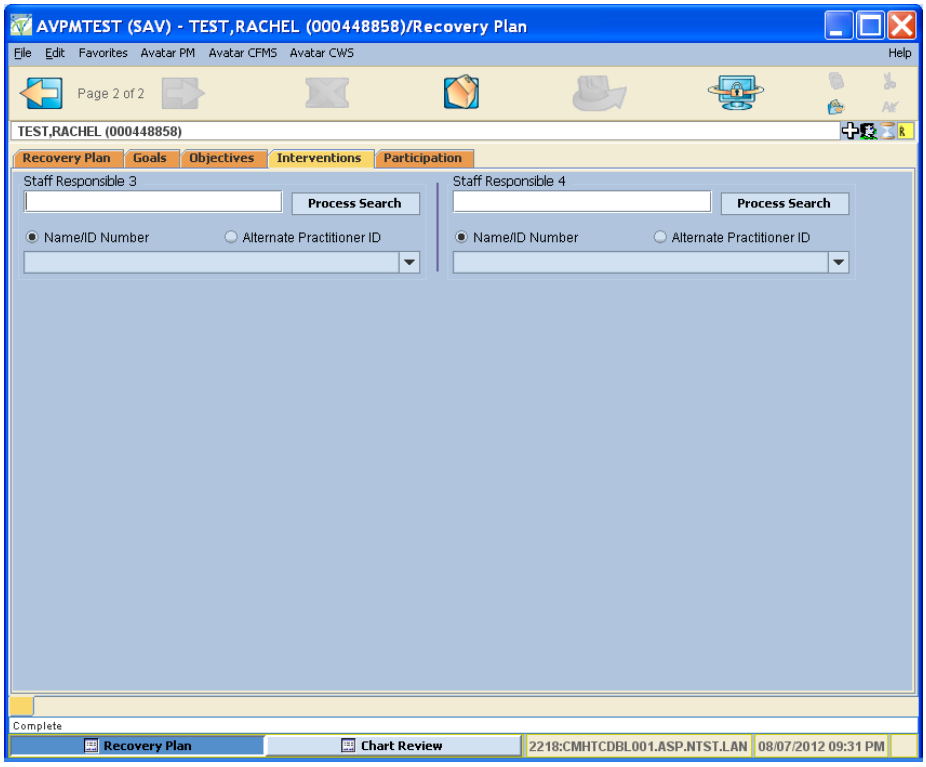
Field Name	***Instruction***
Select Goal	Click on the drop down arrow to display a list of the goals that have been entered. Click on the goal to link the intervention(s) about to be entered.
Select Objective	Click on the drop down arrow to display a list of the objectives that have been entered. Click on the goal to link the intervention(s) about to be entered.
Select Intervention to Edit	If this is the first intervention to be entered, skip this field. If this is not the first intervention to be entered, click on the drop down arrow to display a list of interventions that have been entered.

	Click on the intervention to be edited.
Intervention	Enter the agreed upon intervention using the keyboard to type.
Intervention	Click on the light bulb to view the Help Message that is associated to this field. It may contain instructions or provide examples of what is entered into the field.
Date Initiated	This will default in today's date when first added to the plan. It can be changed by using the Y button or the up and down arrows or by typing in the correct date.
Status	Click on the drop down arrow and select the appropriate status from the list. This will default to 'Active' when first added to the plan.
Date Closed	Enter the date the intervention is closed.
Staff Responsible 1	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the staff member's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The staff member's name will appear in the blue field below the search options.
File	Click on this button to save the intervention information that has been entered. Filing will not move to a different page, so more than one intervention can be entered before leaving this page.
Delete	Click on this button to delete a selected goal.
Recovery Plan	Click on this button to display a high level overview of the items on the plan.
Exit Recovery Plan	Click on this button to close the form. Note: The 'Submit' button on this form is disabled. This supports the "file as you go" approach for the form. The "Exit Recovery Plan" button is the only way to close out of the form.
Staff Responsible	Click in the field to place the cursor at the beginning of the field.

2	Type the first 4 to 5 characters of the staff member's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The staff member's name will appear in the blue field below the search options.

Tab Name – Interventions (2 of 2)

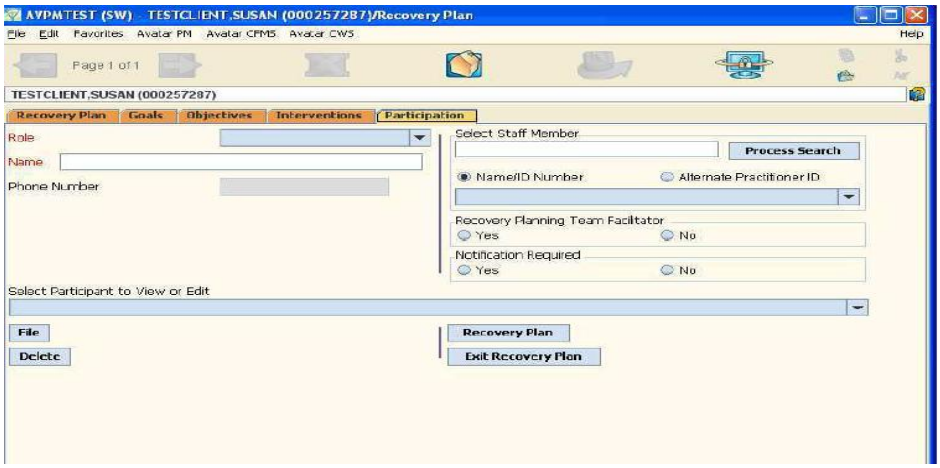
Notice there are 2 pages for this Tab



Field Name	***Instruction***
Staff Responsible 3	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the staff member's last name.

	Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The staff member's name will appear in the blue field below the search options.
Staff Responsible 4	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the staff member's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The staff member's name will appear in the blue field below the search options.

Tab Name: Participation (1 of 1)

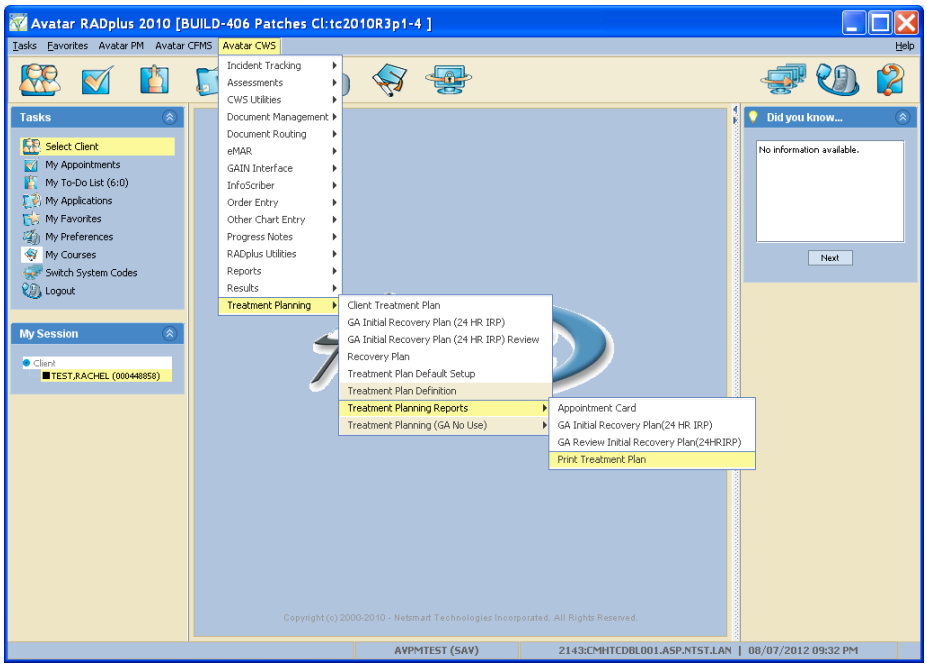


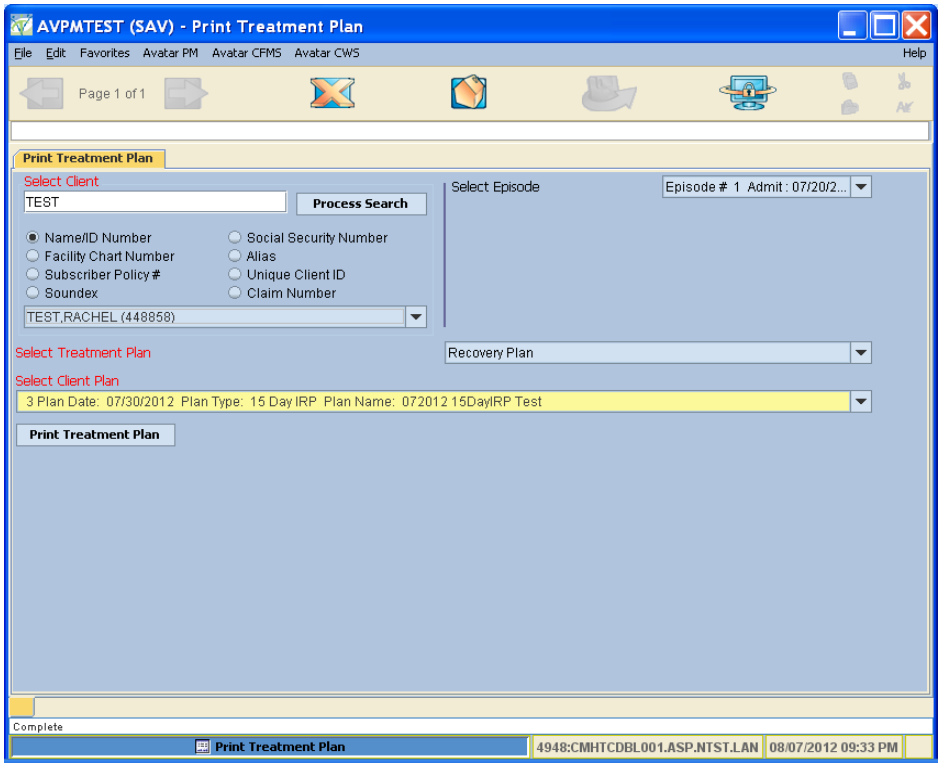
Field Name	***Instruction***
Role	Click on the drop down arrow to display a list of possible roles. Click on the appropriate role for the participant that is being entered. Note: If the role is a staff member, the Name field will be grayed out and the Select Staff Member Process Search will be available.
Name	This field will only be available and required if the 'Role' selected is not a

	staff member.
Phone Number	This field will only be available if the 'Role' selected is not a staff member. It will not be required in the case it is not known.
Select Staff Member	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the staff member's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The staff member's name will appear in the blue field below the search options.
Recovery Planning Team Facilitator	Indicate Yes or No by clicking in the radio button to the left of the response. Only one may be selected.
Notification Required	Indicate Yes or No by clicking in the radio button to the left of the response. Only one may be selected.
Select Participant to View or Edit	This field is used to select a participant that has already been entered and needs to be viewed or edited. Click on the drop down arrow to display a list of participants. Click on the participant that needs to be viewed or edited.
File	Click on this button to save the participant information that has been entered. Filing will not move to a different page, so more than one participant can be entered before leaving this page.
Delete	Click on this button to delete a selected goal.
Recovery Plan	Click on this button to display a high level overview of the items on the plan.
Exit Recovery Plan	Click on this button to close the form. Note: The 'Submit' button on this form is disabled. This supports the "file as you go" approach for the form. The "Exit Recovery Plan" button is the only way to close out of the form.

How do I View a Finalized Individualized Recovery Plan in Avatar?

Avatar CWS → Treatment Planning → Treatment Planning Reports → Print Treatment Plan





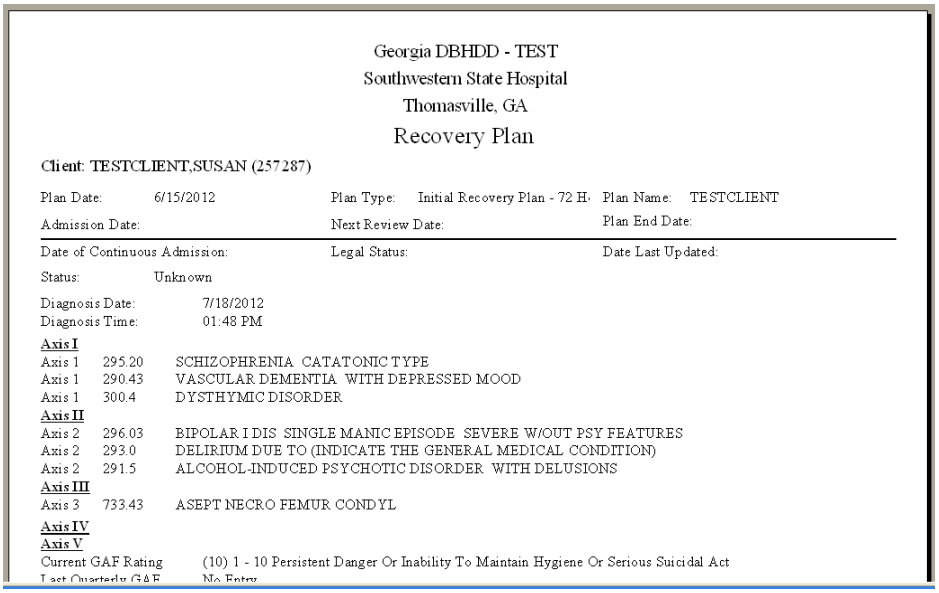
Enter individual's last name and click on the Process Search button to select the appropriate individual.

Select Treatment Plan by clicking on the drop down arrow and clicking on the appropriate plan name.

Select the Client Plan by clicking on the drop down arrow and clicking on the appropriate plan for the report.

Click on the Print Treatment Plan button to run the report.

Sample Report



Georgia DBHDD - TEST
Southwestern State Hospital
Thomasville, GA
Recovery Plan

Client: TESTCLIENT,SUSAN (257287)

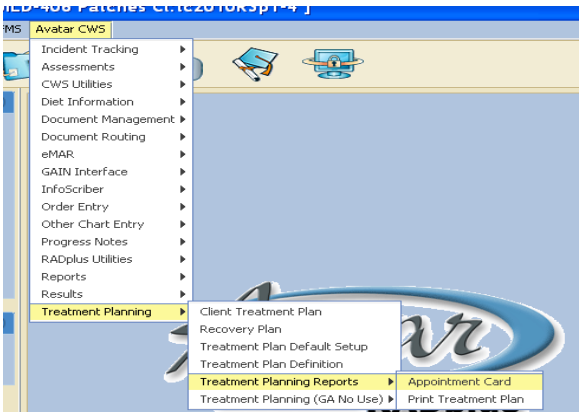
Plan Date:	6/15/2012	Plan Type:	Initial Recovery Plan - 72 H	Plan Name:	TESTCLIENT
Admission Date:		Next Review Date:		Plan End Date:	
Date of Continuous Admission:		Legal Status:		Date Last Updated:	

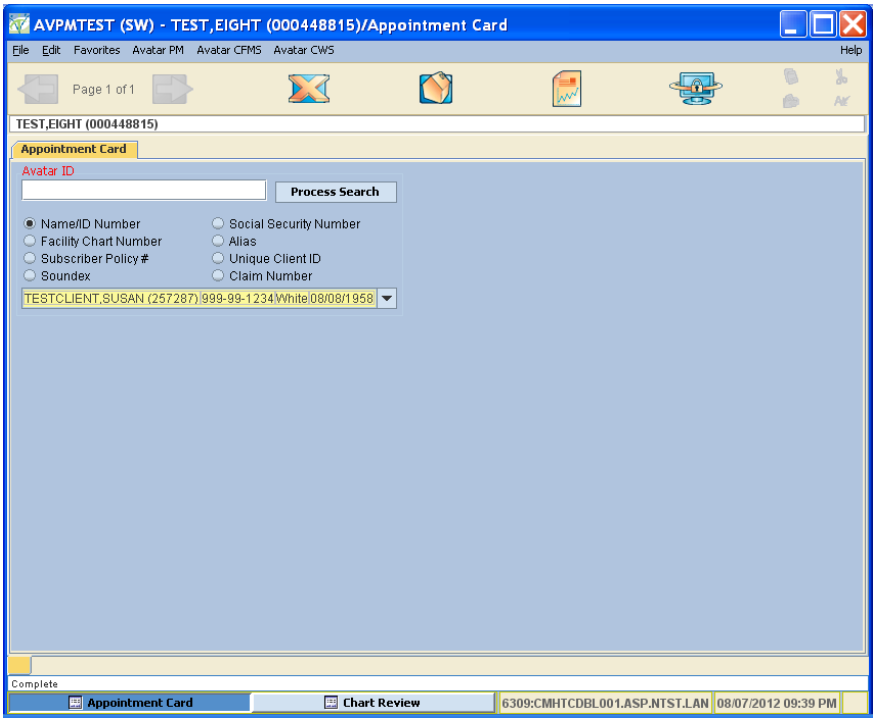
Status: Unknown

Diagnosis Date: 7/18/2012
Diagnosis Time: 01:48 PM

Axis I
Axis 1 295.20 SCHIZOPHRENIA CATATONIC TYPE
Axis 1 290.43 VASCULAR DEMENTIA WITH DEPRESSED MOOD
Axis 1 300.4 DYSTHYMIC DISORDER
Axis II
Axis 2 296.03 BIPOLAR I DIS SINGLE MANIC EPISODE SEVERE W/OUT PSY FEATURES
Axis 2 293.0 DELIRIUM DUE TO (INDICATE THE GENERAL MEDICAL CONDITION)
Axis 2 291.5 ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
Axis III
Axis 3 733.43 ASEPT NECRO FEMUR CONDYL
Axis IV
Axis V
Current GAF Rating (10) 1 - 10 Persistent Danger Or Inability To Maintain Hygiene Or Serious Suicidal Act
Last Quarterly GAF No Entry

Menu to print Appointment Card: Avatar CWS → Treatment Planning → Treatment Plan Reports → Appointment Card

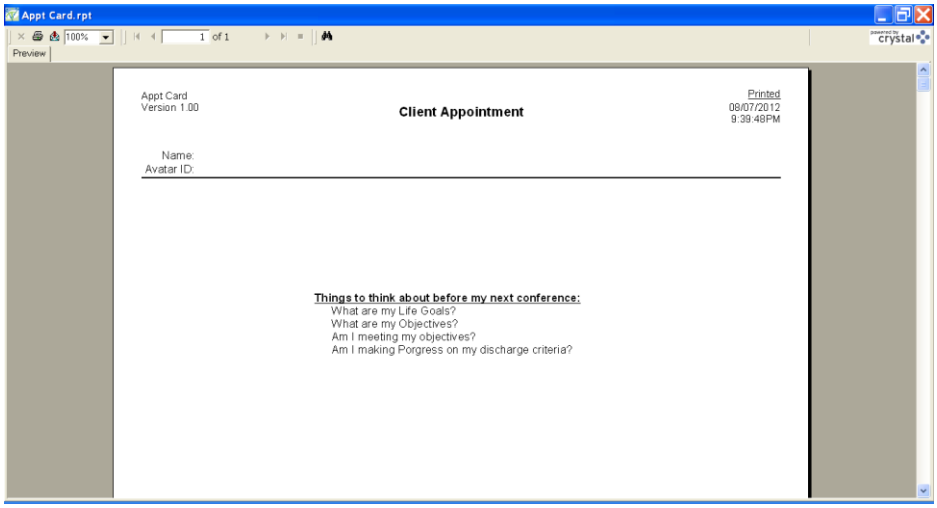




Enter individual's last name and click on the Process Search button to select the appropriate individual.

Click on the report icon to run the appointment card report.

Sample Appointment Card



How Do I Edit an Individualized Recovery Plan?

The Individualized Recovery Plan may only be edited when the form is in “Draft” status.

Menu Path to edit a Draft form: Avatar CWS → Treatment Planning → Recovery Plan

Pre-Display: Double click on the Individual Recovery Plan that needs to be edited.

Selected Individual Recovery Plan displays and changes are now able to be made as needed.

File the document by clicking on the File Button on the appropriate page(s).

IV. Section – Progress Notes

General Progress Notes

Purpose The General Progress Note option is the standard means by which daily events are captured and documented. The General Progress Note is completed whenever an individual exhibits a behavior of clinical significance or other staff observations need to be documented.

Overview The General Progress Note option is generic enough for any discipline to use. This option is also used for interim Psychiatric Notes (those outside of the Weekly and Monthly Note).

The General Progress Note will have Draft capability. The required fields will be required to file the document in Draft status.

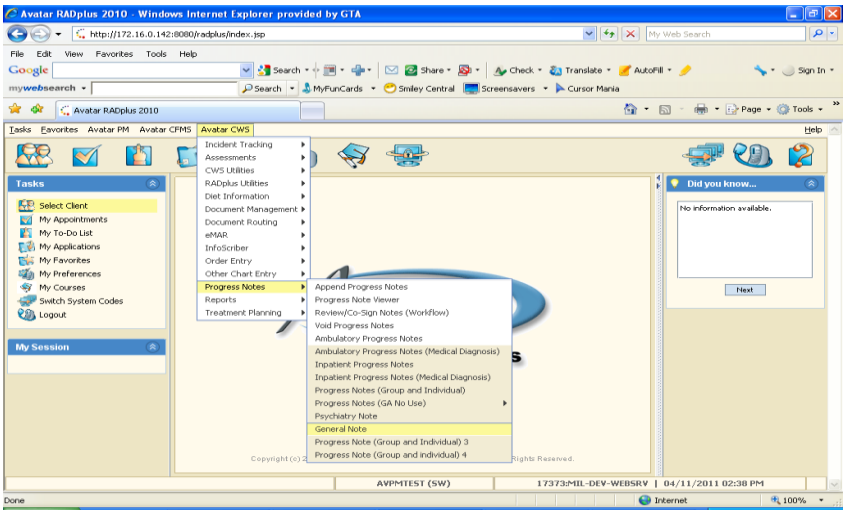
Prerequisites

- Individual must have an active episode.
- The individual does not need to be selected prior to opening the Psychiatric Note. The individual to be documented will be chosen, along with the appropriate episode, once the Psychiatric Note option is opened.

Procedures

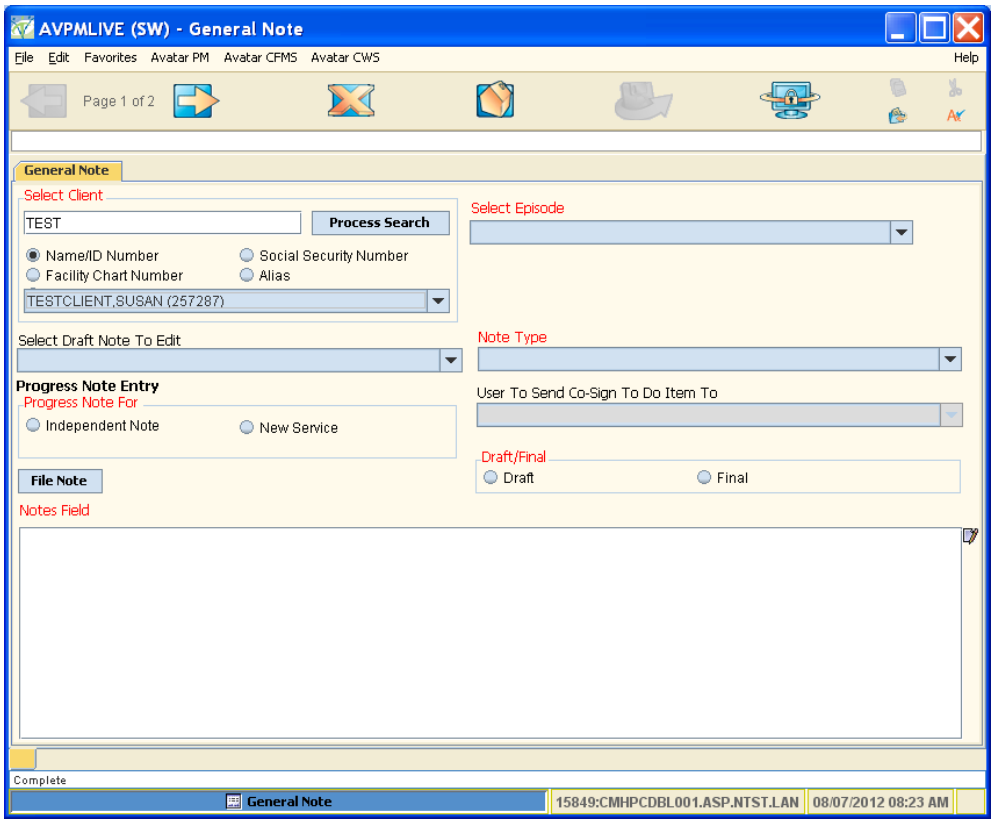
How Do I Launch a General Progress Note in Avatar?

Menu Path - Avatar CWS → Progress Notes→ General Progress Note



How Do I Enter/Complete a New General Progress Note?

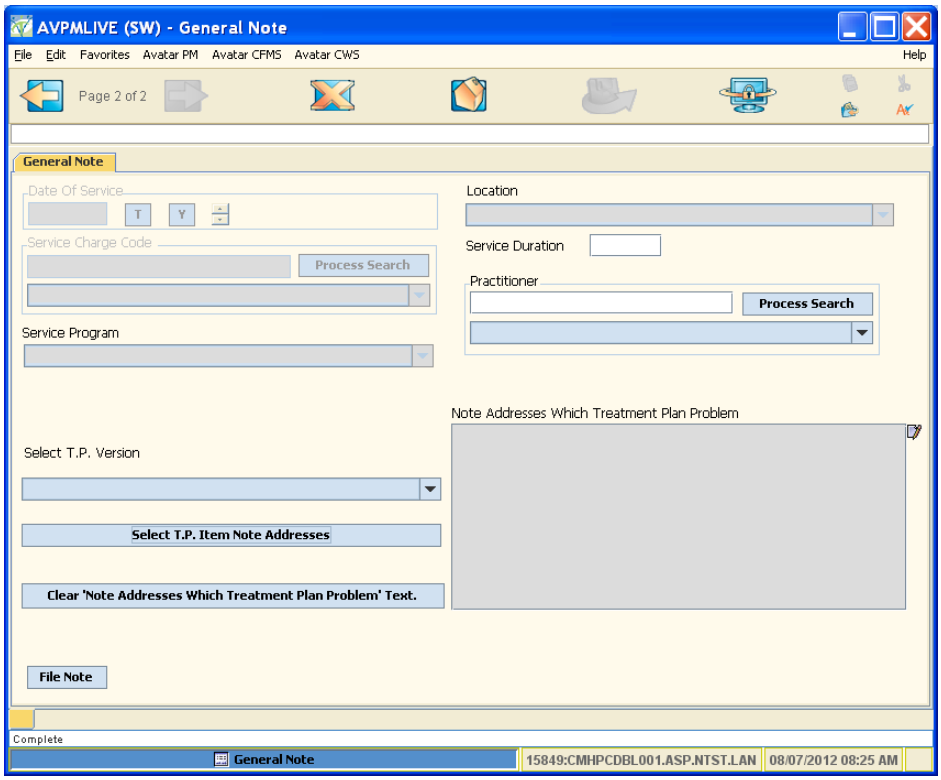
General Progress Note (1 of 2)



Field Name	***Instruction***
Select Client	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the individual's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The individual's name will appear in the blue field below the search options.
Select Episode	Click on the drop down arrow to display a list of the individual's episodes.

	Click on the correct episode to select.
Select Draft Note to Edit	Click on the drop down arrow to display a list of notes that have been saved in draft status for the individual selected.
Progress Note For	Select the appropriate choice by clicking in the radio button to the left of the description. Selecting the “Independent Note” will generate a note without a service. Selecting the “New Service” will generate a note and a service simultaneously.
Note Type	Click on the drop down arrow to display a list of possible note types. Click on the appropriate choice to select.
User To Send Co-Sign To Do Item To	This field will only be available to enter data if the user entering the note requires a supervisor to co-sign the note. Click on the drop down arrow to display the list of providers that can co-sign the note. Click on the appropriate choice to select. This will send a notification to the person selected that the note is ready to be signed.
Draft/Final	Indicate Draft or Final by clicking in the radio button to the left of the response. Only one may be selected.
Notes Field	Enter the appropriate information using the keyboard to type.
File Note	Click on this button once all information is accurate and complete. This will save the note.

General Progress Note (2 of 2)

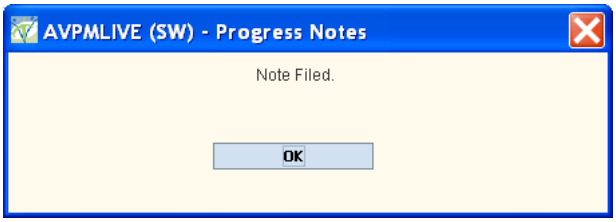


Field Name	***Instruction***
Date of Service	This field will be required only when “New Service” is selected on screen number 1. Enter the date the service is delivered.
Service Charge Code	This field will be required only when “New Service” is selected on screen number 1. Enter the first 4 to 5 characters of the service Click on Process Search The list of possible matches will display. Click on the correct service.
Service Program	This field will be required only when “New Service” is selected on

	screen number 1. This field will auto-populate based on the individual's admission record.
Location	This field will auto-populate based on the individual's admission record.
Service Duration in Minutes	Enter the number of minutes for the service provided.
Practitioner	This will auto-populate to user who is logged onto the session.
Select T. P. Version	This allows the user to link the note to an item on the current recovery plan.
Select T. P. Item Note Addresses	Click on this button to launch the recovery plan. Click on appropriate item to populate the "Select Plan Version" field.
Clear "Note Addresses Which Treatment Plan Item" Text.	Click on this button to remove a selection from the "Select Plan Version" field.
Note Addresses Which Treatment Plan Item	
File	Click on this button once all information is accurate and complete. This will save the note.

How Do I Save a Progress Note?

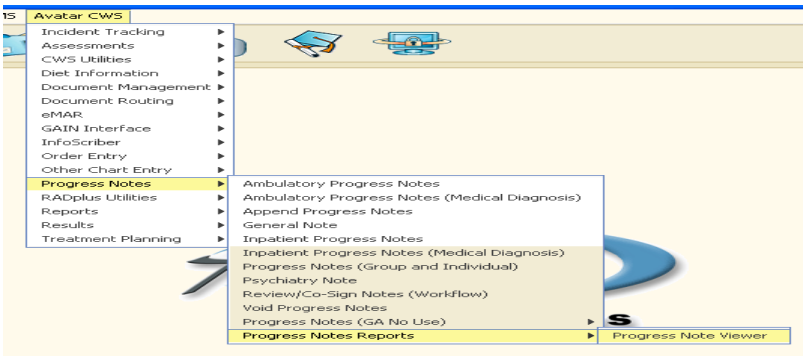
Select the File button on page 1 or page 2. A pop up message will display that reads:

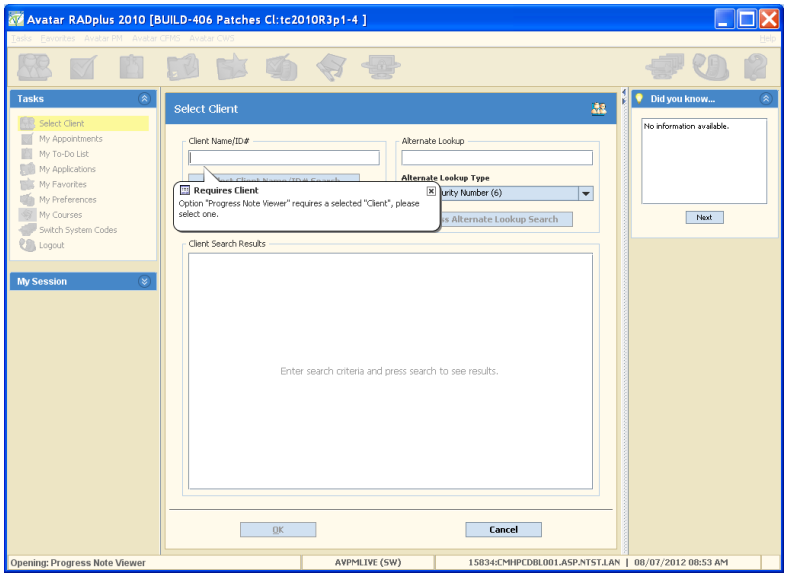


Click OK and the Progress Note page 1 will re-display on the screen. This allows another progress note for another individual to be entered without leaving the progress note form.

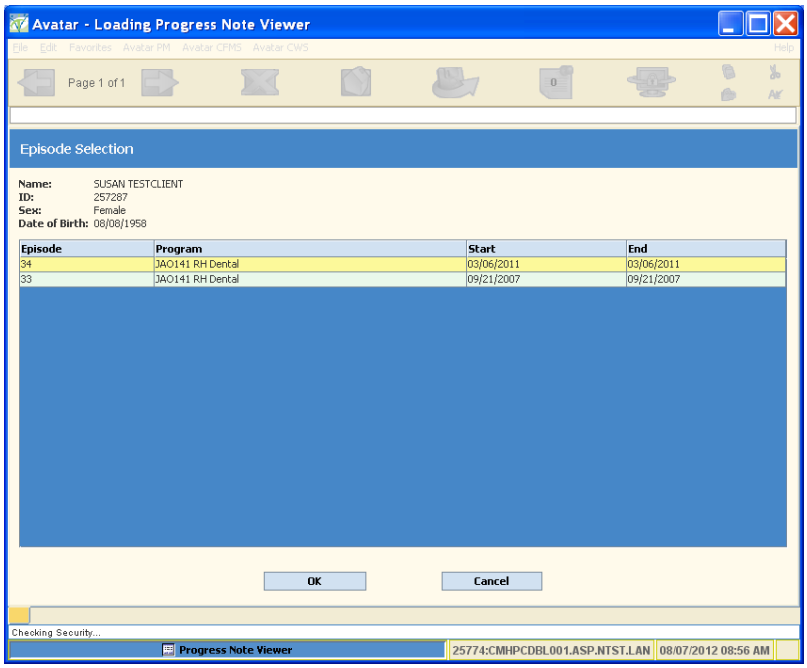
How Do I View Progress Note?

Menu Path - Avatar CWS → Progress Notes Reports → Progress Note Viewer

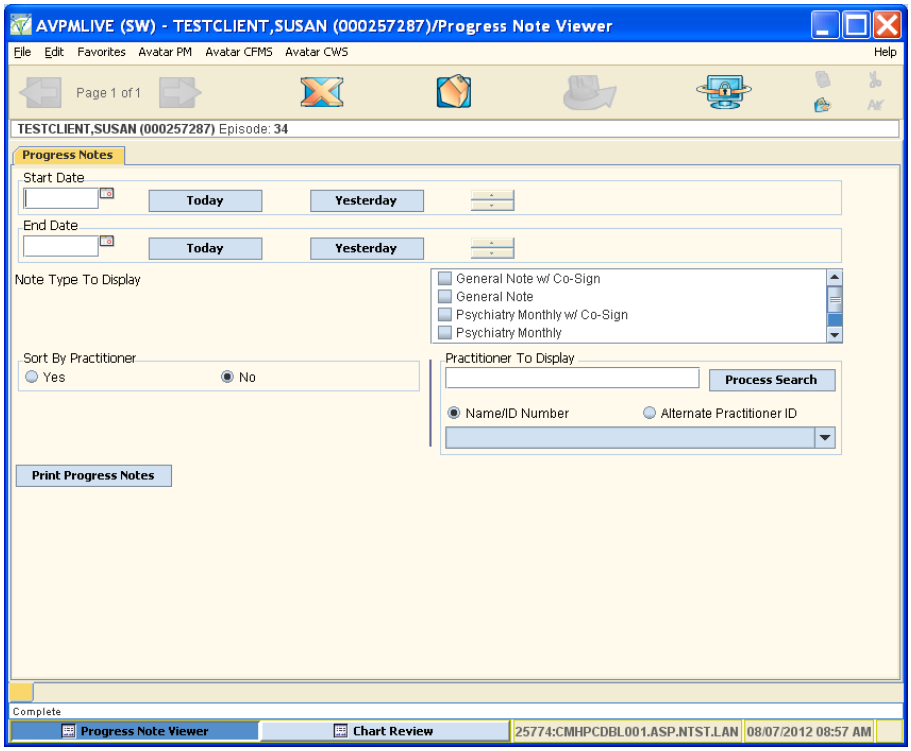




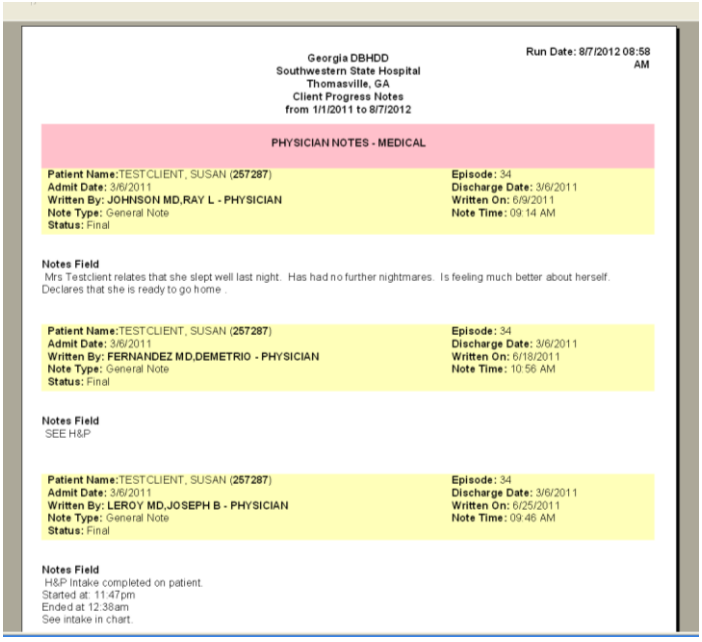
Enter first 4-5 characters of individual's last name and click on Select Client Name/ID# Search button. A list of potential matches will display. Click on the correct name to select the individual and then click the OK button to continue.



Click on the row for the correct episode to view the progress notes. Click the OK button to continue.



Field Name	*Instruction*
Start Date	Enter the date for the report to start.
End Date	Enter the date for the report to stop.
Note Type to Display	Click in the check box to the left of the appropriate note type(s) to be included in the report
Sort By Practitioner	Click in the radio button to the left of the appropriate response. If 'Yes' is selected, the Practitioner to Display field will become required. This can be used to look at a particular provider's notes. This field will default to 'No' so that all notes from all providers will be included in the progress note report.
Practitioner To Display	Becomes required when 'Yes;' is selected in the Sort By Practitioner field. Enter the first 4-5 characters of the practitioner's name and click on the Process Search button. Click on the appropriate practitioner from the list of possible matches to populate the field.
Print Progress Notes	Click on this button when the above parameters for the report are entered. The report will run.



Georgia DBHDD
Southwestern State Hospital
Thomasville, GA
Client Progress Notes
from 1/1/2011 to 8/7/2012

Run Date: 8/7/2012 08:58 AM

PHYSICIAN NOTES - MEDICAL

Patient Name: TESTCLIENT, SUSAN (257287)
Admit Date: 3/6/2011
Written By: JOHNSON MD,RAY L - PHYSICIAN
Note Type: General Note
Status: Final
Episode: 34
Discharge Date: 3/6/2011
Written On: 6/9/2011
Note Time: 09:14 AM

Notes Field
Mrs Testclient relates that she slept well last night. Has had no further nightmares. Is feeling much better about herself. Declares that she is ready to go home .

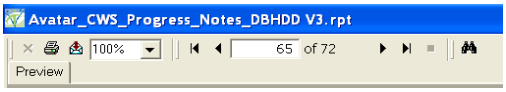
Patient Name: TESTCLIENT, SUSAN (257287)
Admit Date: 3/6/2011
Written By: FERNANDEZ MD,DEMETRIO - PHYSICIAN
Note Type: General Note
Status: Final
Episode: 34
Discharge Date: 3/6/2011
Written On: 6/18/2011
Note Time: 10:56 AM

Notes Field
SEE H&P

Patient Name: TESTCLIENT, SUSAN (257287)
Admit Date: 3/6/2011
Written By: LEROY MD,JOSEPH B - PHYSICIAN
Note Type: General Note
Status: Final
Episode: 34
Discharge Date: 3/6/2011
Written On: 6/25/2011
Note Time: 09:46 AM

Notes Field
H&P Intake completed on patient.
Started at: 11:47pm
Ended at 12:38am
See intake in chart.

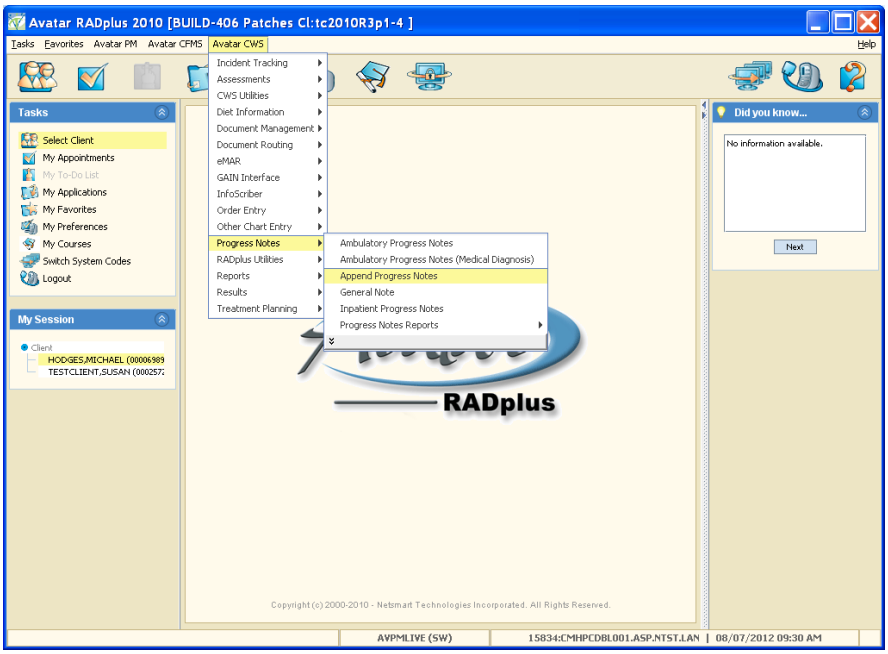
The report will display with colored banners separating the different type of notes that have been entered for the individual. Click on the left and right arrows at the top of the report screen to move through the report.

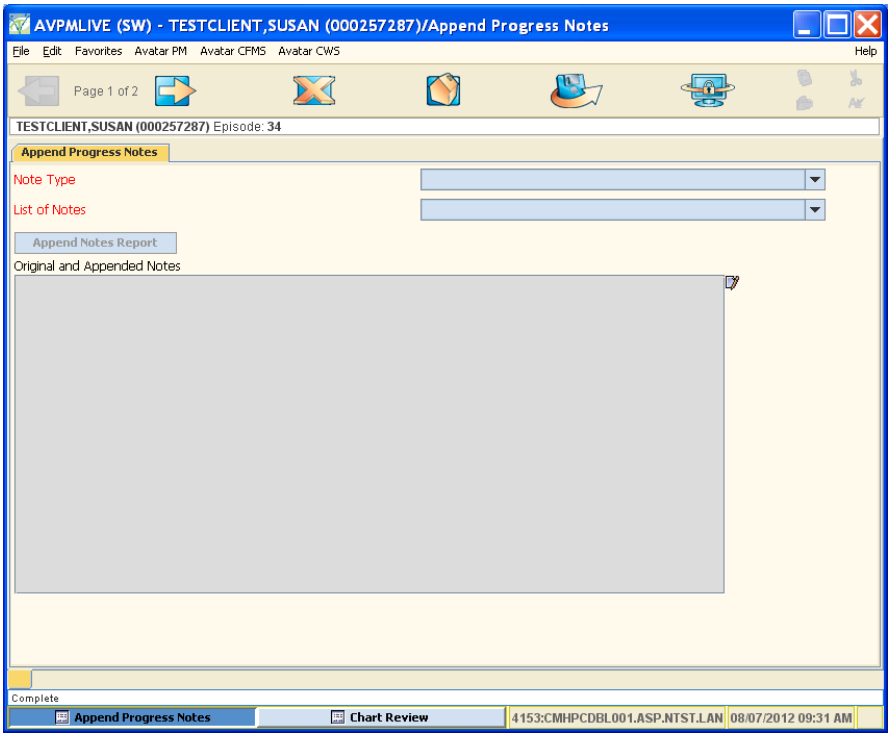


Sample Banners:

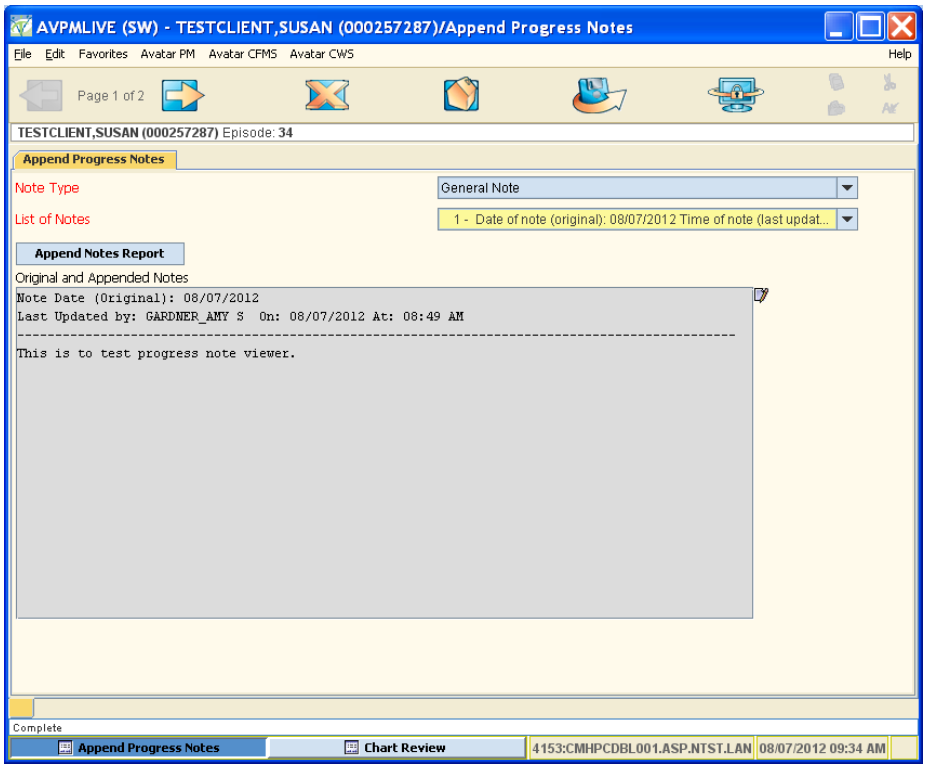
How Do I Append a Progress Note?

Menu Path - Avatar CWS → Progress Notes→ Append Progress Note



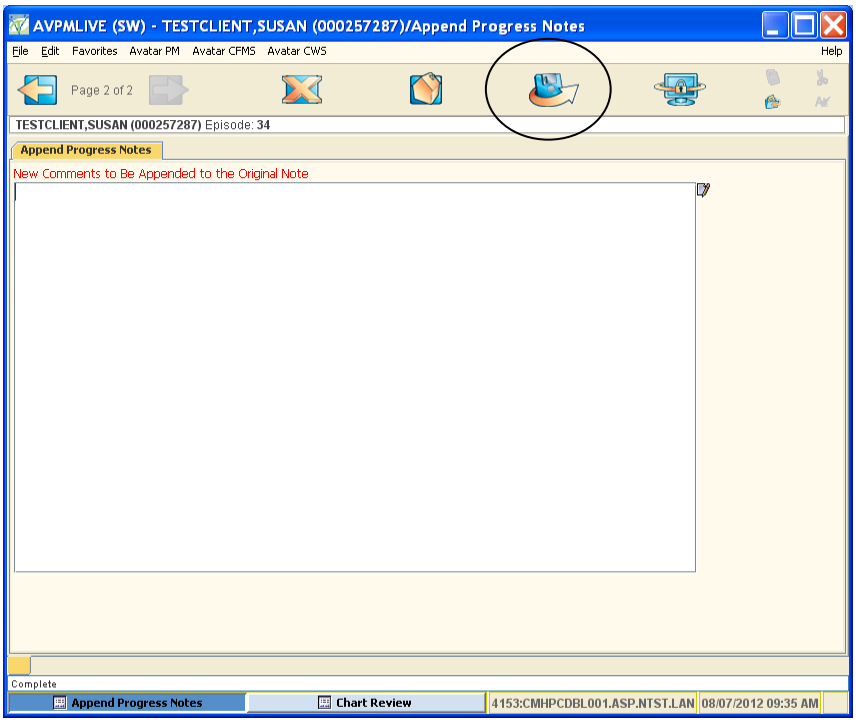


Field Name	*Instruction*
Note Type	Click on the drop down arrow to display the list of possible note types. Click on the appropriate note type that needs to appended.
List of Notes	Click on the drop down arrow to display the list of possible notes to display. Click on the appropriate note that needs to appended.

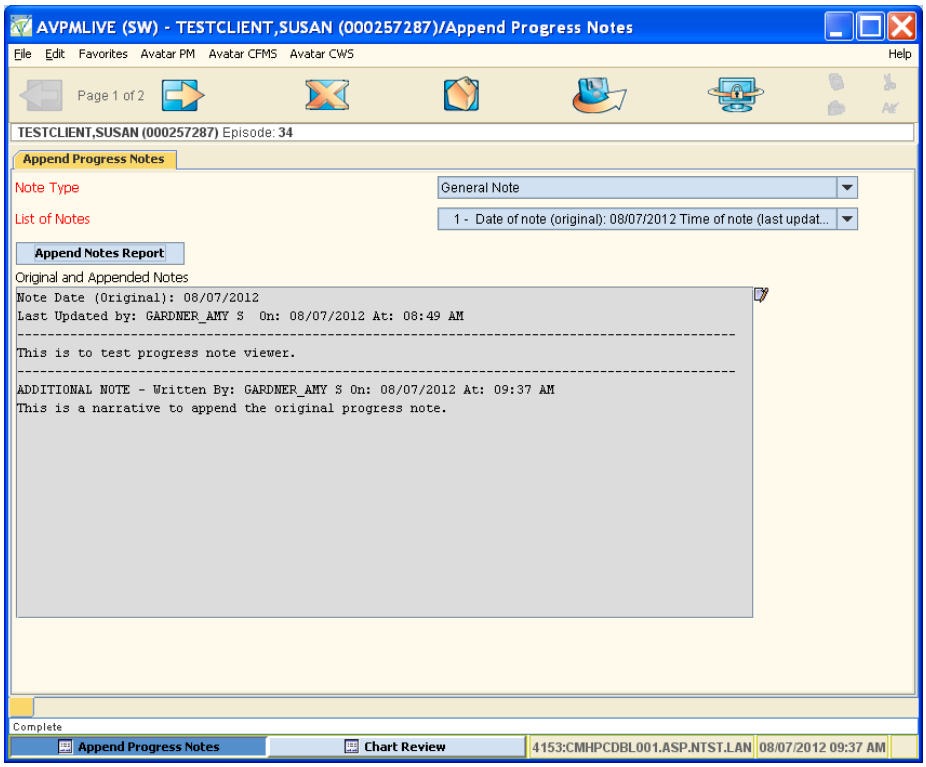


The note selected in the List of Notes field will display in the “Original and Appended Notes” window.

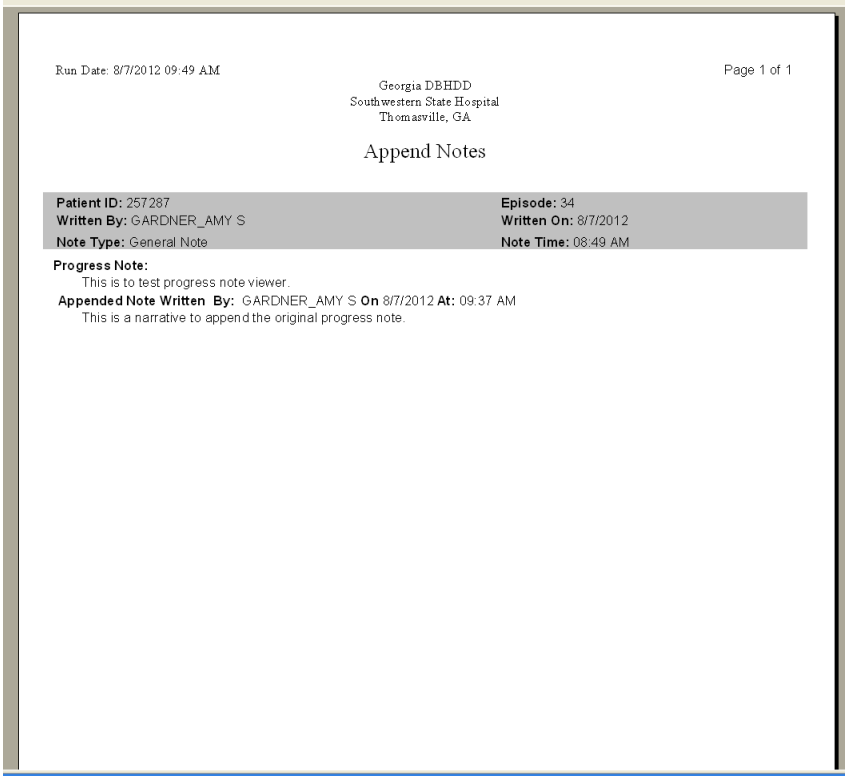
Click on the right arrow at the top of the page to go to Page 2



Field Name	***Instruction***
New Comments to Be Appended to the Original Note	Type the information that needs to be included in the append to the progress note.
Submit	Click on the disk wrapped in an arrow to save the appended note.



Append Notes Report Button: Click on this button to see the original note plus the appends that have been added to that note in report format.



Run Date: 8/7/2012 09:49 AM Page 1 of 1

Georgia DBHDD
Southwestern State Hospital
Thomasville, GA

Append Notes

Patient ID: 257287 **Episode:** 34
Written By: GARDNER_AMY S **Written On:** 8/7/2012
Note Type: General Note **Note Time:** 08:49 AM

Progress Note:
This is to test progress note viewer.
Appended Note Written By: GARDNER_AMY S **On** 8/7/2012 **At:** 09:37 AM
This is a narrative to append the original progress note.

How do I Review/Co-Sign a Progress Note?

Menu Path - Avatar CWS → Progress Notes→ Review/Co-Sign Progress Note

Select a Note Type as described in Section D

Select a List of Notes as described in Section D

Go to page 2 of 2

Enter Co-Signer's notes in the text field.

Submit as described in Section D

How Do I Exit General Progress Note?

Position the mouse pointer over the Close icon and single click the left mouse button.

Psychiatric Note

Psychiatric Note

Purpose The Psychiatric Note is a comprehensive picture of the circumstances from when the individual originates as well as the precipitating conditions and factors that preceded hospitalization. The monthly note is the interval history of that individual.

Overview The Psychiatric Note is completed by psychiatry staff on a routine basis. Weekly and Monthly Notes are completed, and these notes bare a strong resemblance to one another. The Monthly Note can be seen as a more detailed version of the Weekly Note.

The Psychiatric Note will have Draft capability. The required fields will be required to file the document in Draft status.

When a note is filed, the Psychiatric Note option will remain open and another note can be filed for the same individual or a different individual.

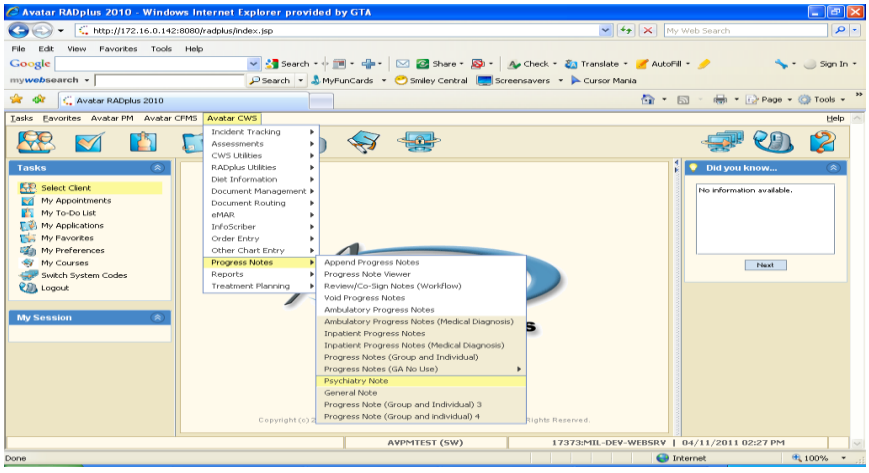
Prerequisites

- The individual must have an open episode.
- The individual does not need to be selected prior to opening the Psychiatric Note. The individual to be documented will be chosen, along with the appropriate episode, once the Psychiatric Note option is opened.

Procedures

How Do I Launch a Psychiatric Note in Avatar?

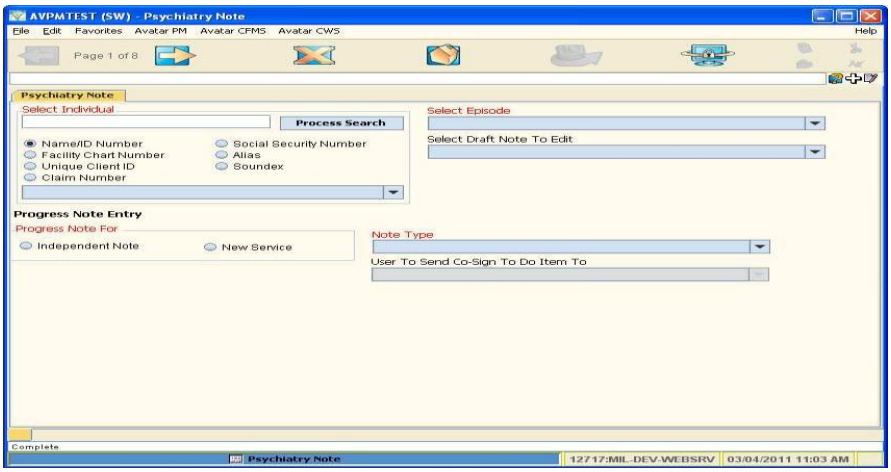
Menu Path - Avatar CWS → Progress Notes→ Psychiatric Note



How Do I Enter/Complete a New Psychiatric Note?

Tab Name – Psychiatry Note (1 of 8)

Notice there are 8 pages for this Option



Field Name	Instruction
Select Individual	Click in the field to place the cursor at the beginning of the field. Type the first 4 to 5 characters of the individual's last name. Click on the Process Search button. This will display a list of possible name matches. Double click on the correct name to select. The individual's name will appear in the blue field below the search options.
Select Episode	Click on the drop down arrow to display a list of the individual's episodes. Click on the correct episode to select.
Select Draft Note to Edit	Click on the drop down arrow to display a list of notes that have been saved in draft status for the individual selected.
Progress Note For	Select the appropriate choice by clicking in the radio button to the left of the description. Selecting the "Independent Note" will generate a note without a

	service. Selecting the “New Service” will generate a note and a service simultaneously.
Note Type	Click on the drop down arrow to display a list of possible note types. Click on the appropriate choice to select.
User To Send Co-Sign To Do Item To	This field will only be available to enter data if the user entering the note requires a supervisor to co-sign the note. Click on the drop down arrow to display the list of providers that can co-sign the note. Click on the appropriate choice to select. This will send a notification to the person selected that the note is ready to be signed.

Special Notes:

If Psychiatry Weekly or Psychiatry Weekly w/Co-Sign are selected in the Note Type field, the following fields will not be available to enter information. This is in place to guide the provider in entering information required for the weekly note.

Identifying Info – screen 2

Risk Triggers – screen 4

BMI, Waist Circumference Changes – screen 5

Current Medications Reviewed? – screen 5

Note Any Discrepancy in Medication Listing – screen 5

Explanation of Current Psychopharmacology Plan – screen 5

Summary of PRN/STATs Received this Month and Implications for Regular Treatment – screen 6

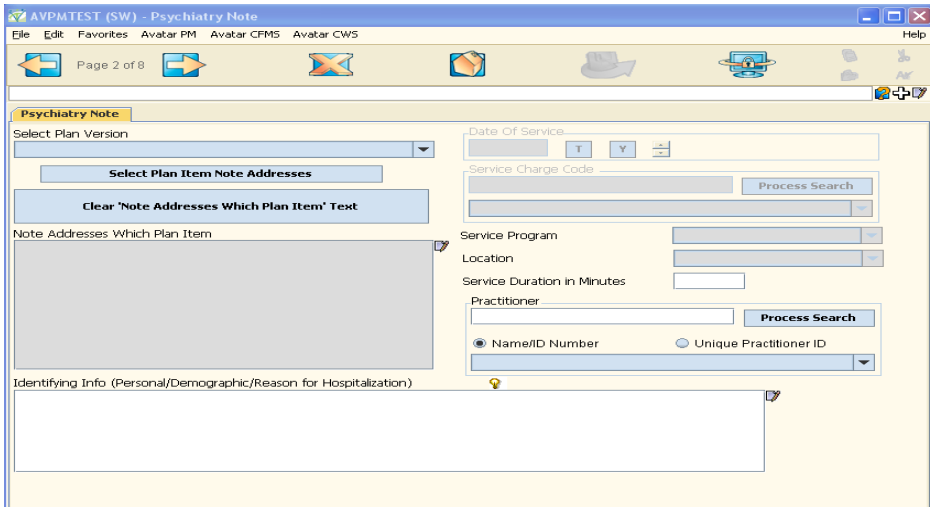
Discussion of Diagnostic Questions – screen 6

Assessment of Current Risk Levels – screen 6

Assessment of Forensic Status – screen 7

Primary Current Barriers to Discharge – screen 7

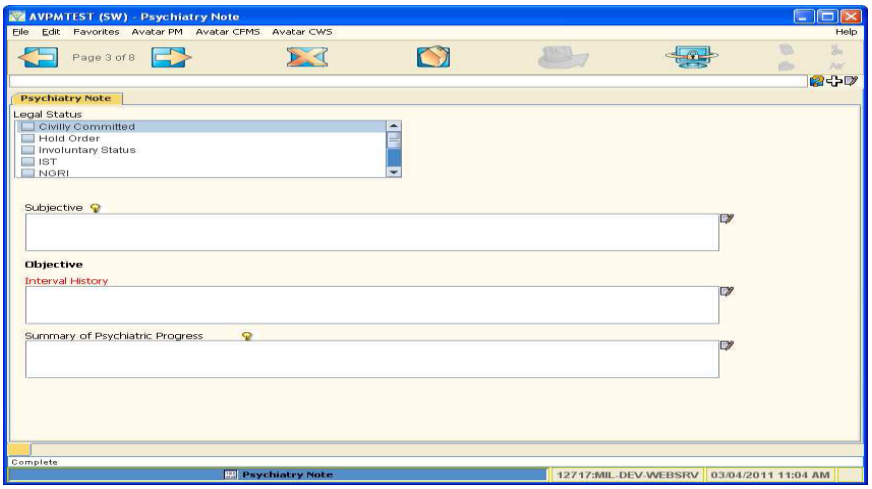
Tab Name – Psychiatry Note (2 of 8)



Field Name	Instruction
Select Plan Version	This allows the user to link the note to an item on the current recovery plan.
Select Plan Item Note Addresses	Click on this button to launch the recovery plan. Click on appropriate item to populate the "Select Plan Version" field.
Clear 'Note Addresses Which Treatment Plan Problem' Text	Click on this button to remove a selection from the "Select Plan Version" field.
Note Addresses Which Treatment Plan Problem	This will populate when the item is selected from the "Select Plan Item Note Addresses" field.

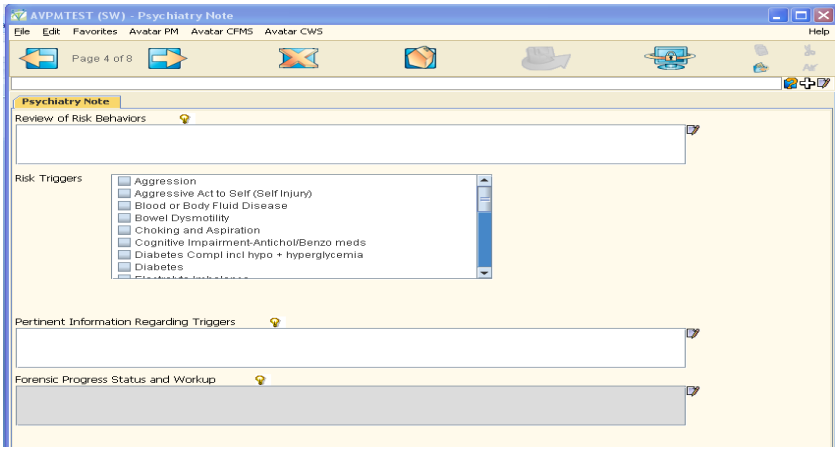
Date of Service	This field will be required only when “New Service” is selected on screen number 1. Enter the date the service is delivered.
Service Charge Code	This field will be required only when “New Service” is selected on screen number 1. Enter the first 4 to 5 characters of the service Click on Process Search The list of possible matches will display. Click on the correct service.
Service Program	This field will be required only when “New Service” is selected on screen number 1. This field will auto-populate based on the individual’s admission record.
Location	This field will auto-populate based on the individual’s admission record.
Service Duration	Enter the number of minutes for the service provided.
Practitioner	This will auto-populate to user who is logged onto the session.
Identifying Info (Personal/ Demographic/Reason for Hospitalization)	Enter the appropriate information using the keyboard to type.
Identifying Info (Personal/ Demographic/Reason for Hospitalization) light bulb	Click on the light bulb to display the help message associated with this field.

Tab Name – Psychiatry Note (3 of 8)



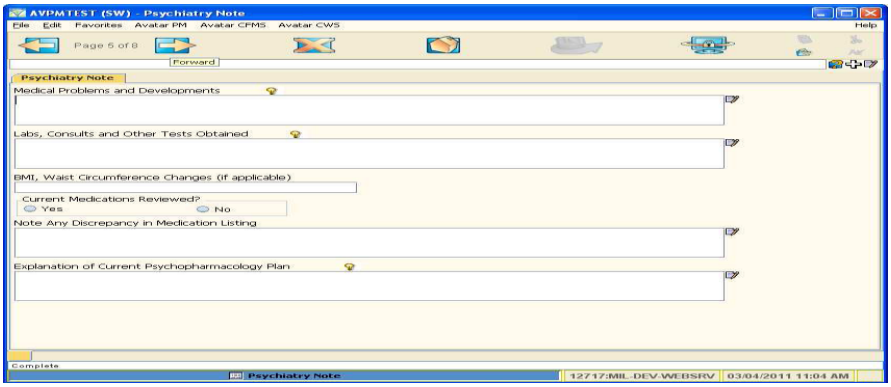
Field Name	Instruction
Legal Status	To select the appropriate choice for this field, click in the square box to the left of the description. To view more choices use the up and down arrows to scroll through the field. More than one may be selected.
Subjective	Enter the appropriate information using the keyboard to type.
Interval History	Enter the appropriate information using the keyboard to type.
Summary of Psychiatric Progress	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatry Note (4 of 8)



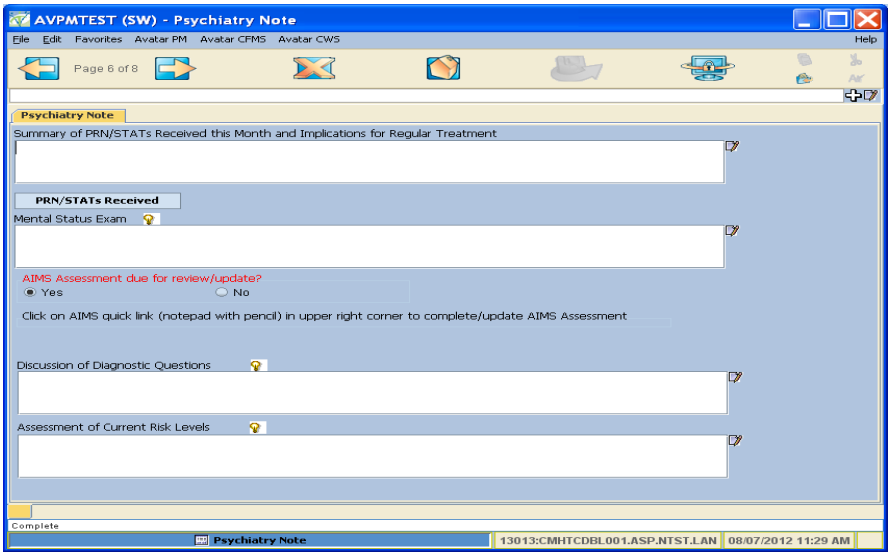
Field Name	Instruction
Review of Risk Behaviors	Enter the appropriate information using the keyboard to type.
Review of Risk Behaviors light bulb	Click on the light bulb to display the help message associated with this field.
Risk Triggers	To select the appropriate choice for this field, click in the square box to the left of the description. More than one may be selected.
Pertinent Information Regarding Triggers	Enter the appropriate information using the keyboard to type.
Pertinent Information Regarding Triggers light bulb	Click on the light bulb to display the help message associated with this field.
Forensic Progress Status and Workup	This field will only be available to enter information if one of the selections for “Legal Status” includes Pre-Trial Evaluation, NGRI, IST or Return from Conditional Release. Enter the appropriate information using the keyboard to type.
Forensic Progress Status and Workup light bulb	Click on the light bulb to display the help message associated with this field.

Tab Name – Psychiatry Note (5 of 8)



Field Name	Instruction
Medical Problems and Developments	Enter the appropriate information using the keyboard to type.
Medical Problems and Developments light bulb	Click on the light bulb to display the help message associated with this field.
Labs, Consults and Other Tests Obtained	Enter the appropriate information using the keyboard to type.
Labs, Consults and Other Tests Obtained light bulb	Click on the light bulb to display the help message associated with this field.
BMI, Waist Circumference Changes (if applicable)	Enter the appropriate BMI, Waist Circumference changes.
Current Medications Reviewed?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
Note Any Discrepancy in Medication Listing	Enter the appropriate information using the keyboard to type.
Explanation of Current Psychopharmacology Plan	Enter the appropriate information using the keyboard to type.
Explanation of Current Psychopharmacology Plan light bulb	Click on the light bulb to display the help message associated with this field.

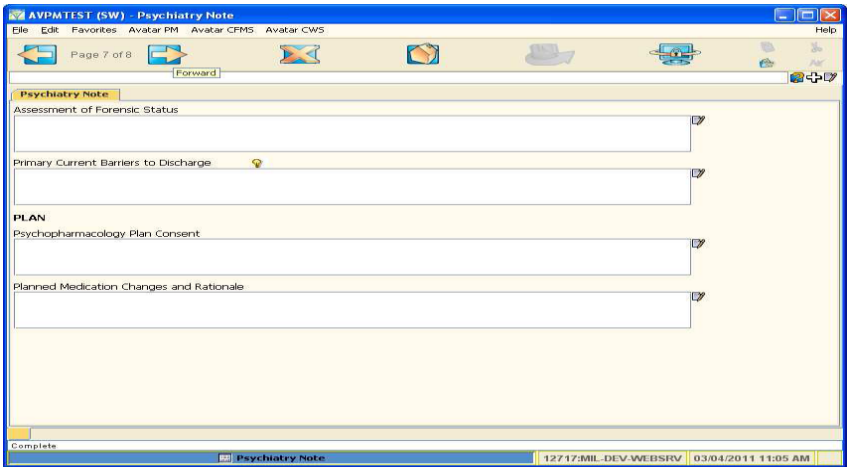
Tab Name – Psychiatry Note (6 of 8)



Field Name	Instruction
Summary of PRN/STATs Received this Month and Implications for Regular Treatment	Enter the appropriate information using the keyboard to type.
PRN/STATs Received	Click on this button to launch a report to see a record of the PRN/STAT orders the individual has received.
Mental Status Exam	Right click in this field to display a template to be used for entering the appropriate information. Use the keyboard to type.
Mental Status Exam light bulb	Click on the light bulb to display the help message associated with this field.
AIMS Assessment due for renew/update?	Indicate yes or no by clicking in the radio button to the left of the response. Only one may be selected.
	Click on this icon to open the AIMs assessment for completion.
Discussion of Diagnostic Questions	Enter the appropriate information using the keyboard to type.

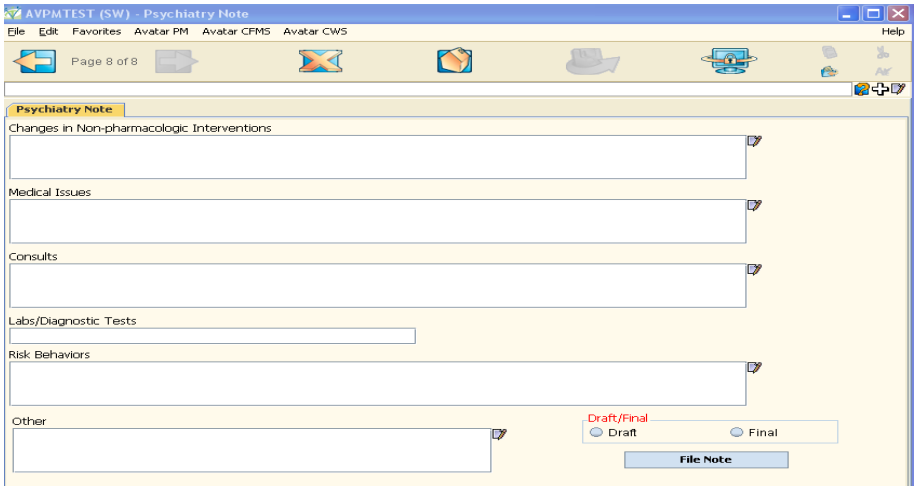
Discussion of Diagnostic Questions light bulb	Click on the light bulb to display the help message associated with this field.
Assessment of Current Risk Levels	Enter the appropriate information using the keyboard to type.
Assessment of Current Risk Levels light bulb	Click on the light bulb to display the help message associated with this field.

Tab Name – Psychiatry Note (7 of 8)



Field Name	Instruction
Assessment of Forensic Status	Enter the appropriate information using the keyboard to type.
Primary Current Barriers to Discharge	Click on the light bulb to display the help message associated with this field.
Primary Current Barriers to Discharge light bulb	Enter the appropriate information using the keyboard to type.
Psychopharmacology Plan Consent	Enter the appropriate information using the keyboard to type.
Planned Medication Changes and Rationale	Enter the appropriate information using the keyboard to type.

Tab Name – Psychiatry Note (8 of 8)



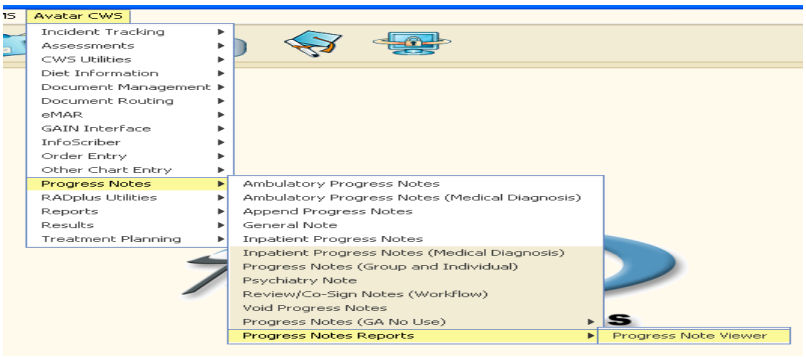
Field Name	Instruction
Changes in Non-pharmacologic Interventions	Enter the appropriate information using the keyboard to type.
Medical Issues	Enter the appropriate information using the keyboard to type.
Consults	Enter the appropriate information using the keyboard to type.
Labs/Diagnostic Tests	Enter the appropriate information using the keyboard to type.
Risk Behaviors	Enter the appropriate information using the keyboard to type.
Other	Enter the appropriate information using the keyboard to type.
Draft/Final	Indicate Draft or Final by clicking in the radio button to the left of the response. Only one may be selected.
File Note	Click on this button once all information is accurate and complete. This will save the note.

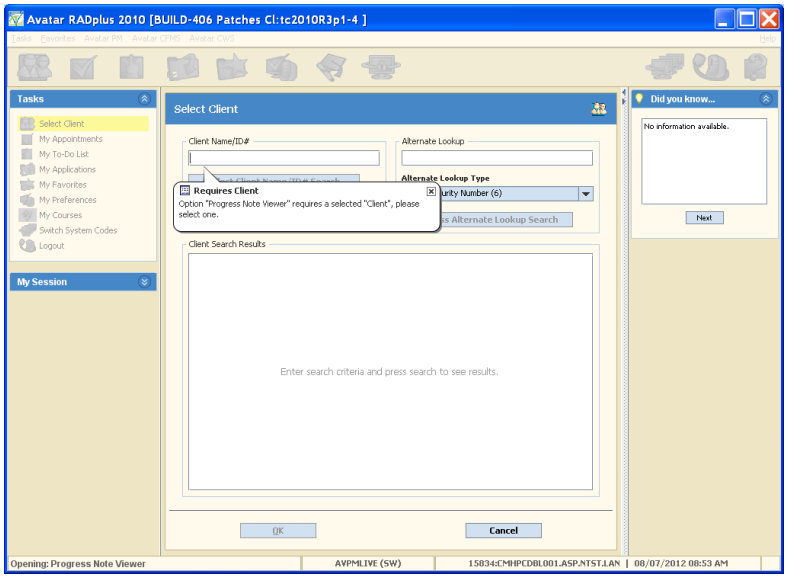
How Do I Save a Progress Note?

Select the File button on page 8 of 8.

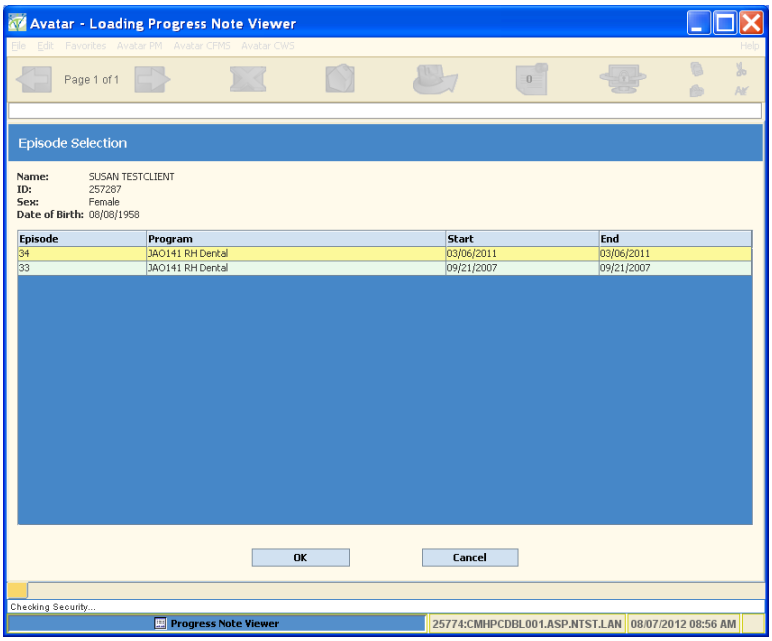
How Do I View Progress Note?

Menu Path - Avatar CWS → Progress Notes Reports → Progress Note Viewer

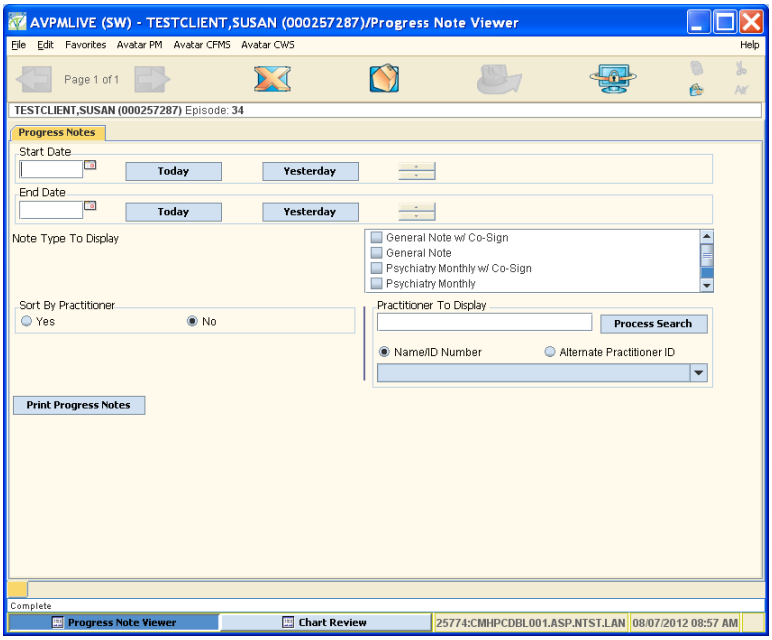




Enter first 4-5 characters of individual's last name and click on Select Client Name/ID# Search button. A list of potential matches will display. Click on the correct name to select the individual and then click the OK button to continue.



Click on the row for the correct episode to view the progress notes. Click the OK button to continue.

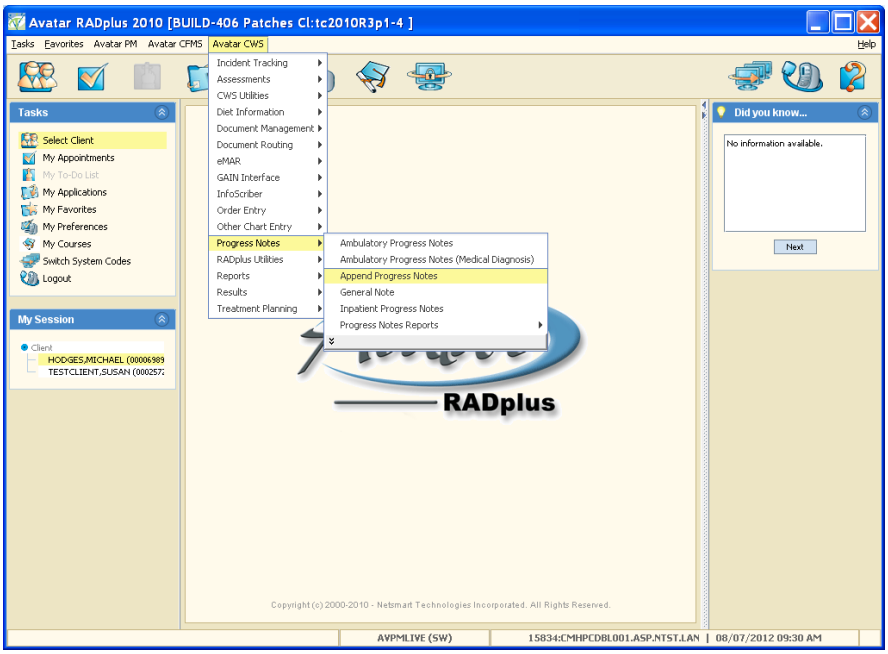


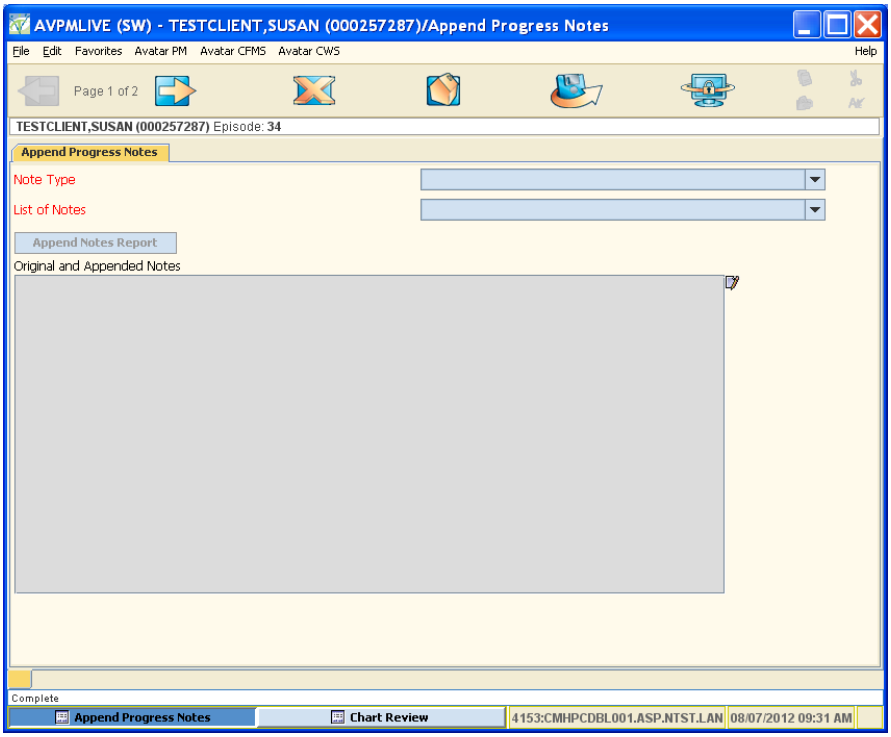
Field Name	Instruction
Start Date	Enter the date for the report to start.

End Date	Enter the date for the report to stop.
Note Type to Display	Click in the check box to the left of the appropriate note type(s) to be included in the report
Sort By Practitioner	Click in the radio button to the left of the appropriate response. If 'Yes' is selected, the Practitioner to Display field will become required. This can be used to look at a particular provider's notes. This field will default to 'No' so that all notes from all providers will be included in the progress note report.
Practitioner To Display	Becomes required when 'Yes;' is selected in the Sort By Practitioner field. Enter the first 4-5 characters of the practitioner's name and click on the Process Search button. Click on the appropriate practitioner from the list of possible matches to populate the field.
Print Progress Notes	Click on this button when the above parameters for the report are entered. The report will run.

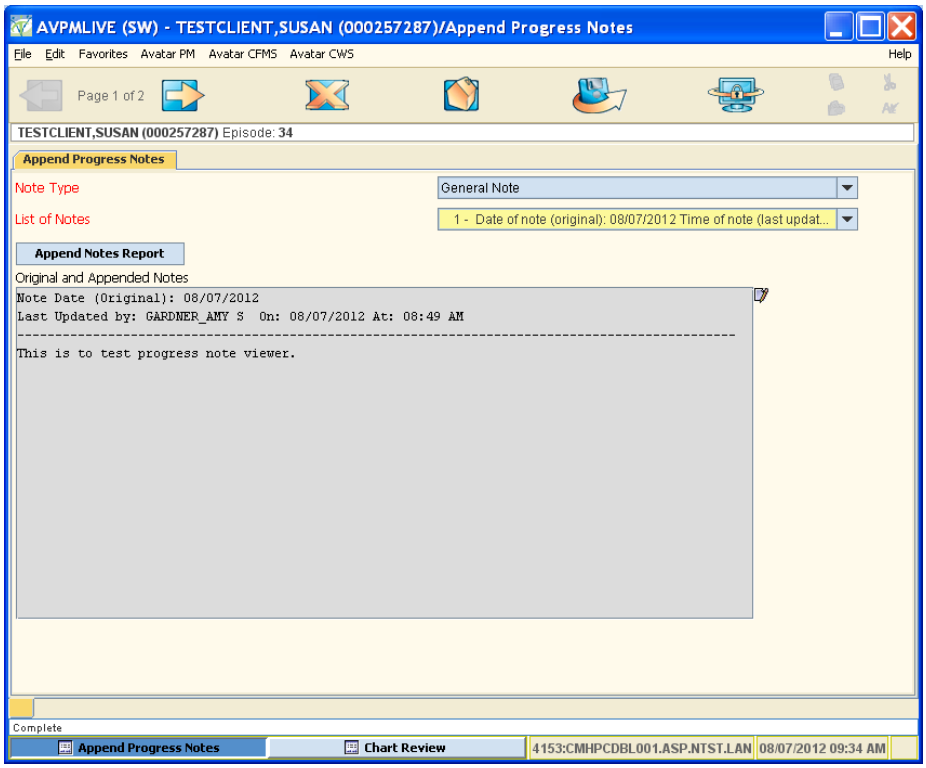
How Do I Append a Progress Note?

Menu Path - Avatar CWS → Progress Notes→ Append Progress Note



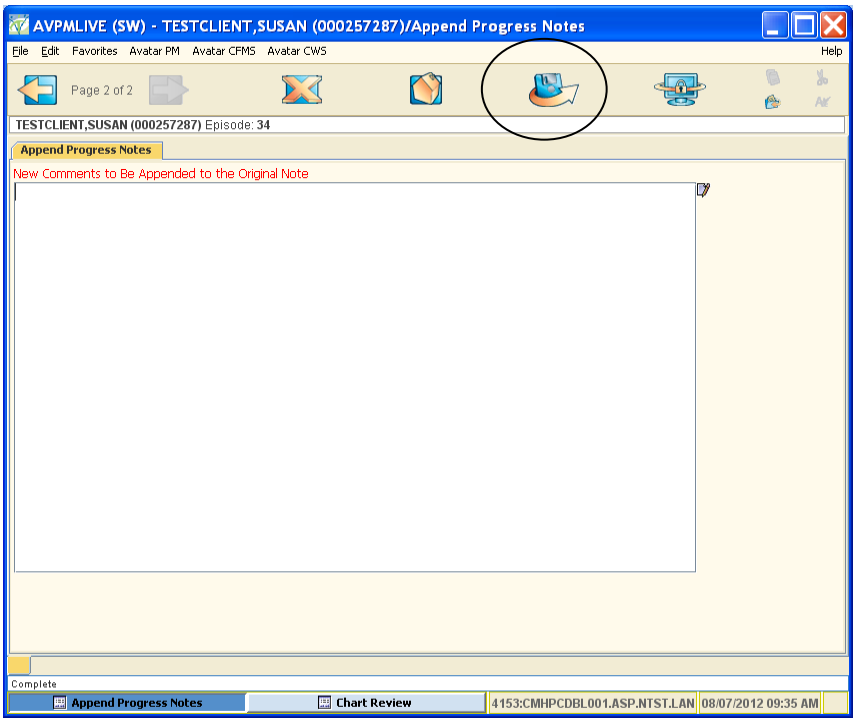


Field Name	Instruction
Note Type	Click on the drop down arrow to display the list of possible note types. Click on the appropriate note type that needs to appended.
List of Notes	Click on the drop down arrow to display the list of possible notes to display. Click on the appropriate note that needs to appended.



The note selected in the List of Notes field will display in the “Original and Appended Notes” window.

Click on the right arrow at the top of the page to go to Page 2



Field Name	Instruction
New Comments to Be Appended to the Original Note	Type the information that needs to be included in the append to the progress note.
Submit	Click on the disk wrapped in an arrow to save the appended note.

How do I Review/Co-Sign a Psychiatric Note?

Menu Path - Avatar CWS → Progress Notes→ Review/Co-Sign Psychiatric Note

Select a Note Type as described in Section C

Select a List of Notes as described in Section C

Go to page 2 of 2

Enter Co-Signer's notes in the text field.

Submit as described in Section C

How Do I Exit Psychiatric Note?

Position the mouse pointer over the Close icon and single click the left mouse button.

V. Section – Chart Review

Purpose ***Chart Review*** is an interactive screen that displays different aspects of the client's electronic health record.

Overview The client's chart is a collection of documents containing relevant facts related to the client's health. Using ***Chart Review*** users can view some or all of the client's electronic health record based on the user's assigned user role.

Prerequisites

- User must be assigned to a user role authorized to use ***Chart Review***.

Procedures

How Do I Launch a Chart Review in Avatar?

There are at three methods to access ***Chart Review***:

From the My Session frame:

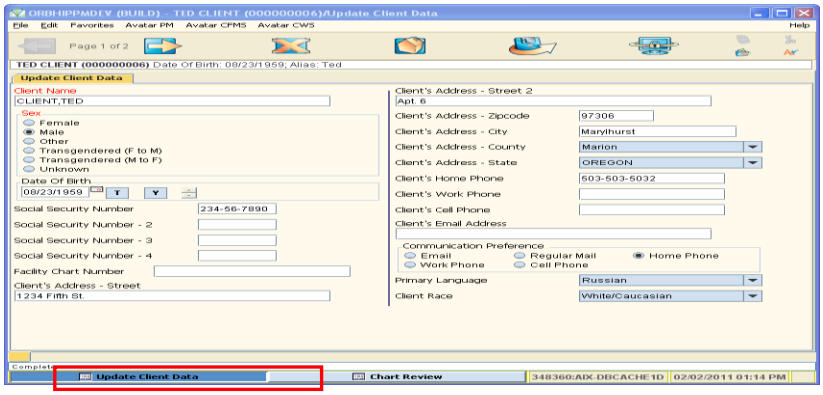
Avatar Home Page → My Session → Client → Chart

From the My Caseload frame:

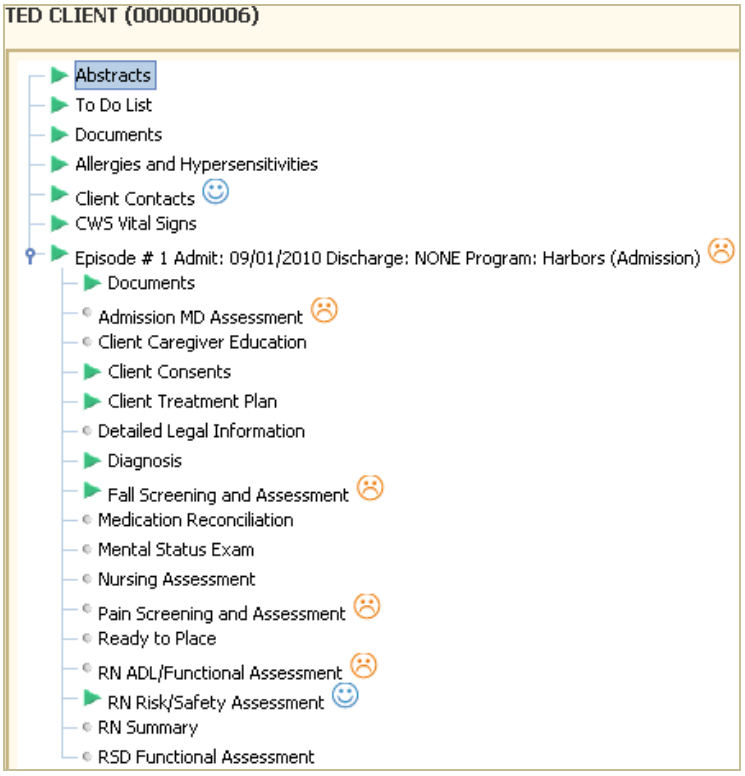
Avatar Home Page → My Caseload → Client → Chart

From Chart Review located on the bottom of most of the client related options:

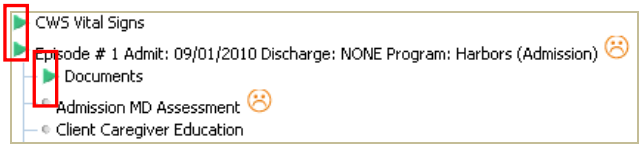
Avatar Home Page → Any Client Related Option → Chart Review



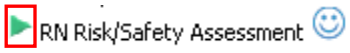
How Do I Use Chart Review?



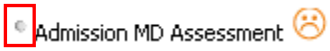
Notice on the left side of the screen, each item either has a green triangle or a gray dot.



The green triangle next to an item signifies that the item contains additional items or documents that were created and finalized through an Avatar option or by Avatar for that item.

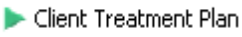


The gray dot next to an item signifies that nothing has been created and submitted yet through an Avatar option or by Avatar for that item.

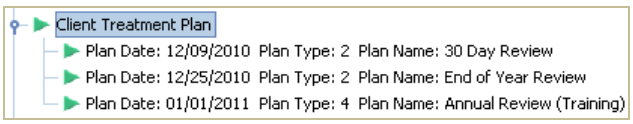


To view the documents stored in an item with a green triangle icon:

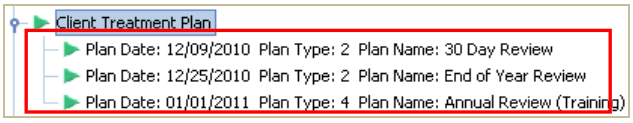
Position the mouse pointer over the item with the green triangle icon and double click the left mouse button.



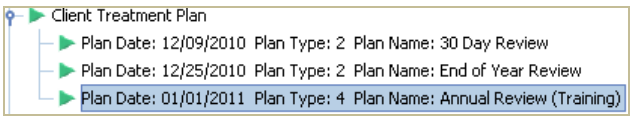
The item will expand and display all of the documents that have been submitted for that item.

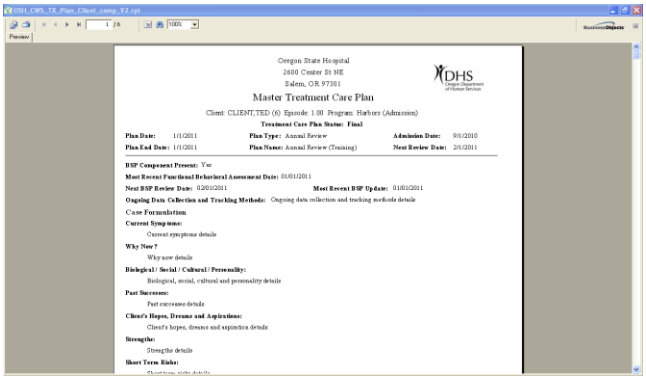
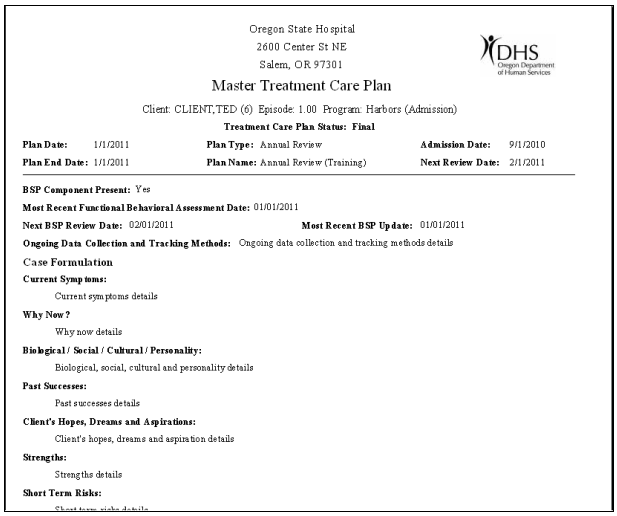


Notice that when this item expanded three additional items with green triangle icons next to them appeared. These items are the actual TIFF image documents of the client's treatment plans that have been created and finalized in the **Avatar CWS *Client Treatment Plan*** option.



To open one of the TIFF images of the client's treatment plan, position the mouse pointer over the desired document to open and double click the left mouse button.



The TIFF image of the document will open in the Crystal Reports viewer.



Oregon State Hospital
2600 Center St NE
Salem, OR 97301

Master Treatment Care Plan

Client: CLIENT,TED (6) Episode: 1.00 Program: Harbors (Admission)

Treatment Care Plan Status: Final

Plan Date: 1/1/2011 **Plan Type:** Annual Review **Admission Date:** 9/1/2010
Plan End Date: 1/1/2011 **Plan Name:** Annual Review (Training) **Next Review Date:** 2/1/2011

BSP Component Present: Yes
Most Recent Functional Behavioral Assessment Date: 01/01/2011
Next BSP Review Date: 02/01/2011 **Most Recent BSP Update:** 01/01/2011
Ongoing Data Collection and Tracking Methods: Ongoing data collection and tracking methods details

Case Formulation

Current Symptoms:
Current symptoms details

Why Now?
Why now details

Biological / Social / Cultural / Personality:
Biological, social, cultural and personality details

Past Successes:
Past successes details

Client's Hopes, Dreams and Aspirations:
Client's hopes, dreams and aspiration details

Strengths:
Strengths details

Short Term Risks:

How do I Use the Crystal Report Viewer for the Items in Chart Review?

To use the **Crystal Reports** viewer functions for the selected TIFF images and documents that will display using ***Chart Review***:

There are two methods to cycle through the pages:

Position the mouse pointer in the text box and type in the desired page.

Position the mouse pointer over the page icons and single click the left mouse button.

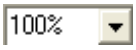
Next Page

Previous Page

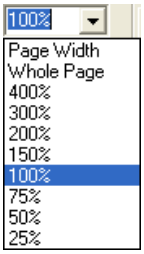
First Page

Last Page

To increase or decrease the display size to make it easier to view; position the mouse pointer over the zoom drop down and single click the left mouse button.



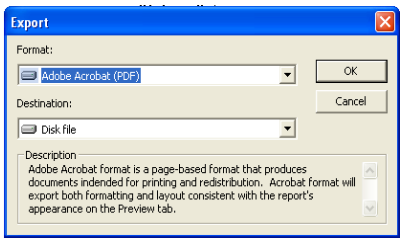
Select the desired zoom percentage; 100% was chosen for this example.



The displayed documents can be saved in electronic format so that they can be viewed in different formats or emailed to others.

To save the report in an electronic format, position the mouse pointer over the **Export Report** icon click the left mouse button.

The export window will display. Choose the format to save the file as and the destination on the local device where the file is to be saved.

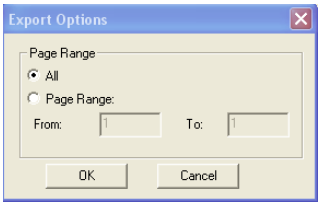


Once you select the desired format and destination, position the mouse pointer over the OK button and single click the left mouse button.

Select the pages that you want to export.

All – Exports all pages.

Page Range – Enables from and to. Enter in the 1st and last page of the report that you want to export.



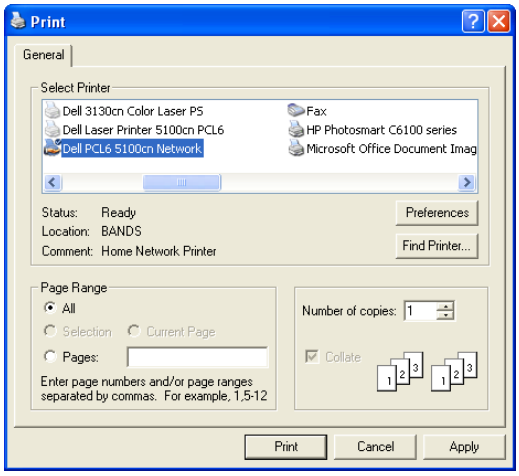
Once you have selected the desired export options, position the mouse pointer over the OK button and single click the left mouse button.

The Choose Export File window will display. Choose the location to save the file and type the file name into the File Name field. Position the mouse pointer over the Save button and single click the left mouse button.

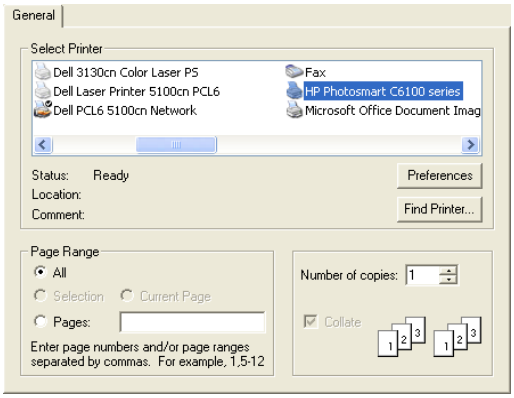
To print the displayed documents:

Position the mouse pointer over the **Printer** icon and single click the left mouse button.

The **Print** option screen will display and will highlight the default printer.



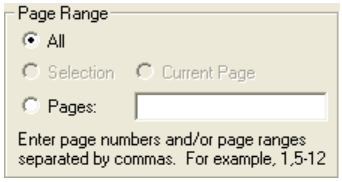
To select a different printer, position the mouse pointer over the desired printer and single click the left mouse button.



Position the mouse pointer over the desired **Print Range** and single click the left mouse button.

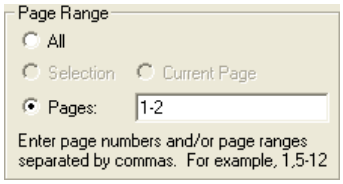
All – Selecting "**All"** prints the entire report.

Position the mouse pointer over the **All** radio button and single click the left mouse button.
Position the mouse pointer over the **OK** button and single click the left mouse button.



Pages – Selecting Pages determines range of pages to be printed.

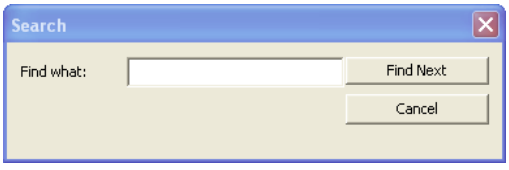
Position the mouse pointer over the **Pages** radio button and single click the left mouse button. Position the mouse pointer over the **From** text box from and single click the left mouse button to activate the field; type in the start page. Next position the mouse pointer over the **To** text box and single click the left mouse button to activate the field; type in the end page. Position the mouse pointer over the **OK** button and single click the left mouse button.



To search the displayed documents for a specific item:

Position the mouse pointer over the **Search Text** icon single click the left mouse button.

A search window will display.

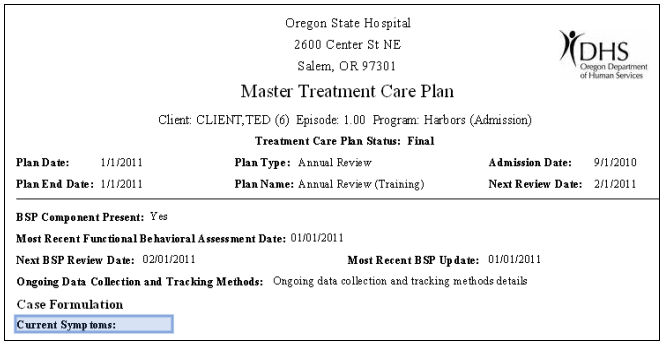


Position the mouse pointer over the text field next to **Find What:** and single click the left mouse button to activate the field.

Type the item to search for in the text box field.

Position the mouse pointer over the Find Next button and single click the left mouse button.

The first occurrence of the word entered into the Find What: field will be highlighted in the report.


Oregon State Hospital
2600 Center St NE
Salem, OR 97301

DHS Oregon Department of Human Services

Master Treatment Care Plan

Client: CLIENT,TED (6) Episode: 1.00 Program: Harbors (Admission)

Treatment Care Plan Status: Final

Plan Date: 1/1/2011 **Plan Type:** Annual Review **Admission Date:** 9/1/2010

Plan End Date: 1/1/2011 **Plan Name:** Annual Review (Training) **Next Review Date:** 2/1/2011

BSP Component Present: Yes

Most Recent Functional Behavioral Assessment Date: 01/01/2011

Next BSP Review Date: 02/01/2011 **Most Recent BSP Update:** 01/01/2011

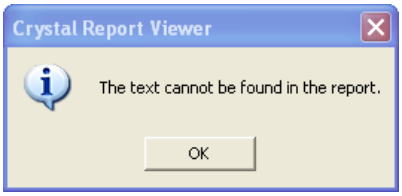
Ongoing Data Collection and Tracking Methods: Ongoing data collection and tracking methods details

Case Formulation

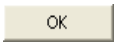
Current Symptoms:

Select the Find Next button again and the rest of the report will be searched for another occurrence of the text.

If there is not another occurrence of the text entered into the **Find What:** field or if the text does not exist at all in the report, a message will display stating that the text cannot be found in the report.



Position the mouse pointer over the **OK** button and single click the left mouse button to close the message and continue.



To end the search, position the mouse pointer over the **Cancel** button and single click the left mouse button.

To exit from the **Crystal Reports** viewer:

Position the mouse pointer over the **Close** icon in the top right hand corner of the report and single click the left mouse button.

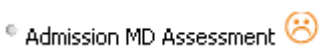
The **Crystal Reports** viewer will close and return you back to the **Chart Review** screen.

What are the Happy and Sad Faces for in Chart Review?

The happy and sad faces that display in ***Chart Review*** are called **Compliance Indicators**.

Compliance Indicators provide a visual signal of whether an item is in or out of compliance based on defined compliance criteria. When an item is in compliance a happy face displays next to the item in ***Chart Review***.

When an item falls out of compliance then a sad face will display next to the item in ***Chart Review***.



Items that do not have defined compliance criteria will not display a happy or sad face.

What does the Refresh Button do in the Chart Review Screen?

1 – The **Refresh** button refreshes the ***Chart Review*** screen to update the client's chart in case it has been updated by another user. It ensures that the chart is displayed with the most current information. To refresh the client's chart:

Position the mouse pointer over the **Refresh** button and single click the left mouse button.

How do I Exit from the Chart Review Screen?

1 – To exit from the ***Chart Review*** screen:

Position the mouse pointer over the **Dismiss** button and single click the left mouse button.

Chart Review will close back to the Avatar home page.

VI. Section – Order Entry

Order Entry

Purpose

This option provides screens for the Physician to enter all clinical care orders required during the individual's stay at the hospital.

Overview

The Order Entry module allows the user to view active orders, enter orders, discontinue orders, hold orders, resume orders and validate orders.

Prerequisites

Individual must have an active episode in the system.
Staff member must have an Avatar sign-on.
Staff must have access to the order entry module in Avatar.

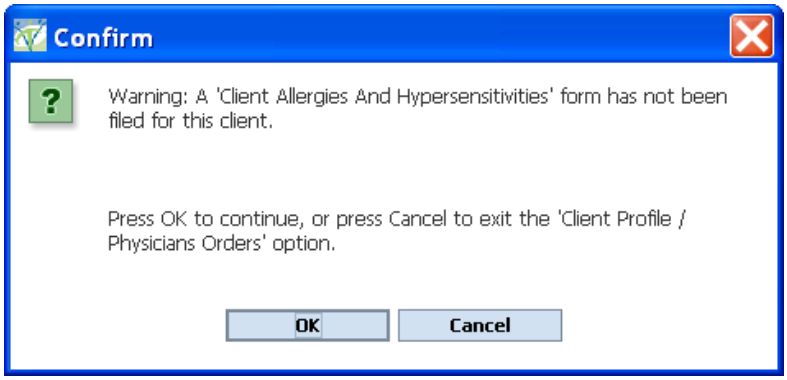
Procedures

How Do I Launch Order Entry in Avatar?

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physicians Order

NOTE: Upon entering the option, you may be presented with a message or an alert that gives you important information about the individual.

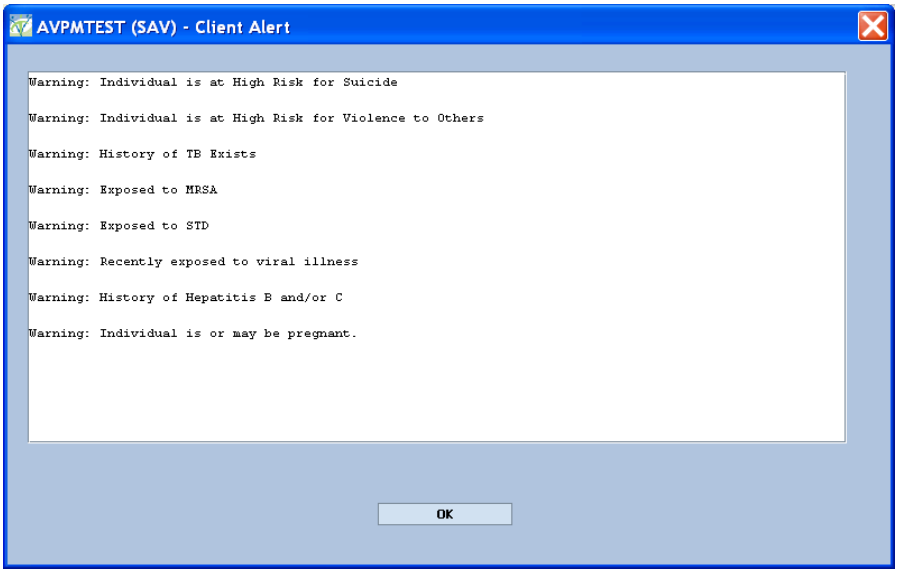
Message:



This message warns that this individual has not had their Allergies documented. Ensure that the responsible party documents the individual's allergies in the Allergies and

Hypersensitivities option. If the individual does not have any allergies, NKA should be added to that option. Click on OK to continue with the order entry process

Alert:

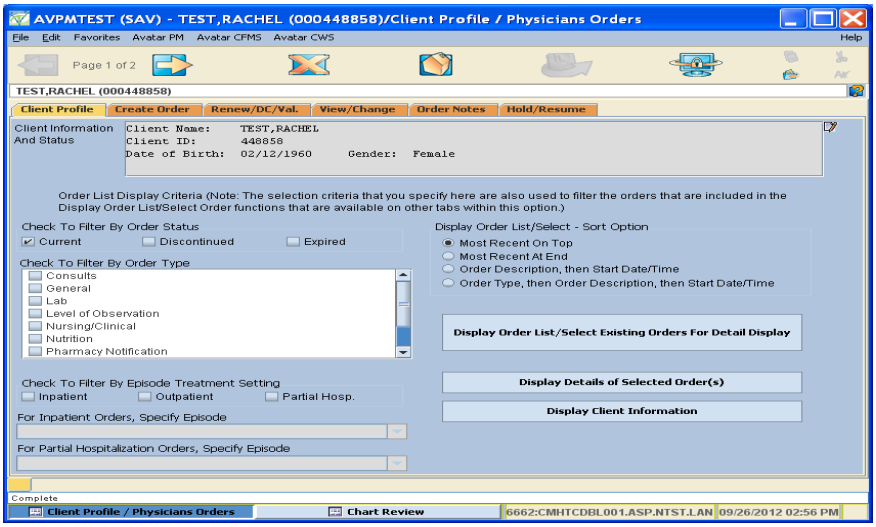


This alert warns the individual has been identified to have one or more circumstances that are important to know about when entering orders. The alert can include risks for the individual, history of communicable diseases, and/or conditions that need to be considered when entering orders.

How Do I Display a List of the Individual's Order(s)?

Tab Name – Client Profile

Once you click OK on any message or alert, the Client Profile tab will display.



This screen is used to create an order list display for the individual's orders. Current, Discontinued and/or Expired orders can be displayed for the individual.

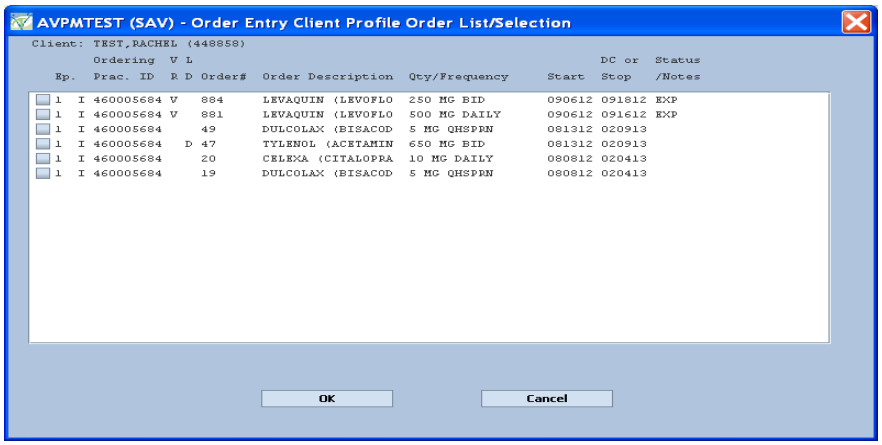
Entering a new order begins on Tab 2 (Create Order), Page 2

Field Name	***Instruction***
Check to Filter by Order Status	Click in the box to the left of the filter to be used to display the individual's order list. Current, Discontinued, and/or Expired may be selected. This field will automatically default to 'Current', so if you don't want current orders to be displayed, click in the box to de-select that filter.
Check to Filter by Order Type	Click in the box to the left of the Order Type that you want to include in the individual's order list. More than one may be selected.
Check to Filter by Episode Treatment Setting	Indicate the appropriate Episode Type by placing a check in the box to the left of the description. NOTE: Do not select Partial Hospitalization.
For Inpatient Orders, Specify Episode	This field will be available if the answer to "Check to Filter by Episode Treatment Setting" is 'Inpatient'. Select the correct inpatient episode using the drop down list.
For Partial Hospitalization Orders, Specify Episode	Do not use.
Display Order List/Select – Sort Option	Select the appropriate Sort Option by clicking in the radio button to the left of the description. Only one may be selected. Most Recent on Top – this will display the most current order entered at the top of the list. Most Recent at End – this will display the most current order entered at the bottom of the list. Order Description, then Start Date/Time – this will display the orders entered by description first then start date/time

	Order Type, then Order Description, then Start Date/Time – will group the orders by order type first, then by description and finally by start date/time.
Display Order List / Select Existing Orders for Detailed Display	Click on this button, once all parameters are selected, to display the list of orders. See below.
Display Details of Selected Orders	Click on this button, once all parameters are selected, to display the details of the orders. See below.
Display Client Information	Click on this button, once all parameters are selected, to display the individual's demographic, height, weight and allergy information. See below.

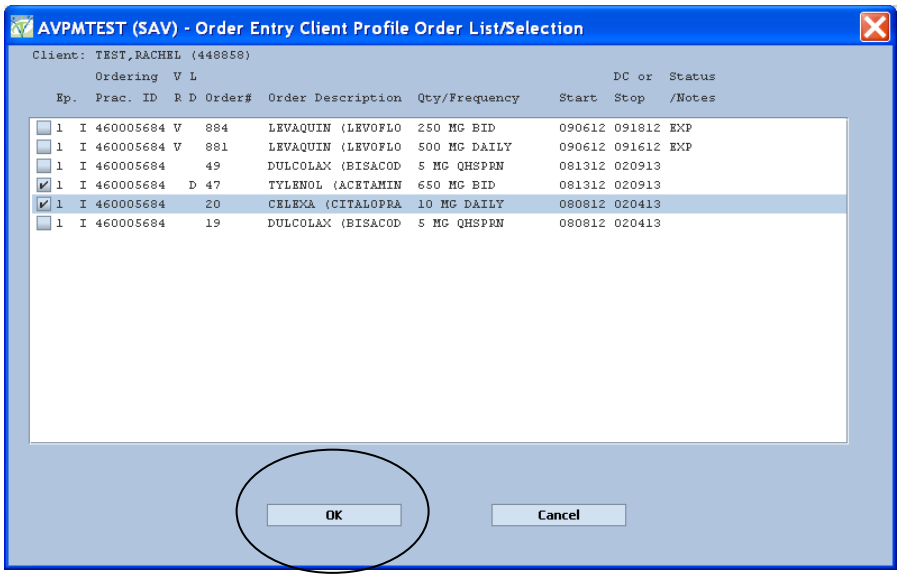
Sample of Display Order List of Existing Orders

The order list below will display when the "Check to Filter by Order Type" includes 'Pharmacy' and the Display Order List / Select Existing Orders for Detailed Display button is clicked:

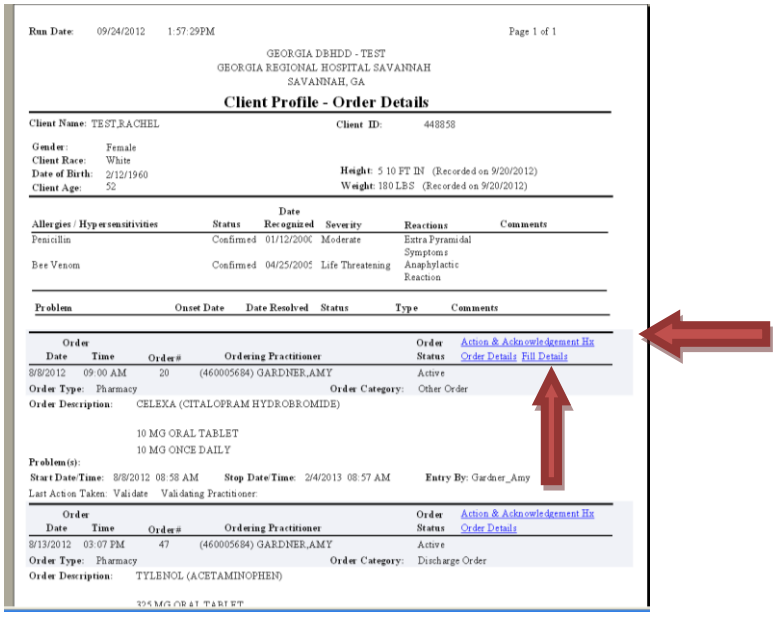


Sample of Details of Selected Orders Display

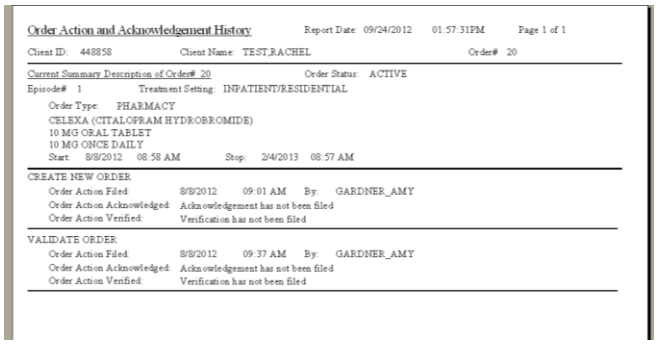
Click in the box to the left of each order for which you want to see the order details. Then click the "OK" button to display the details.



If you want to view the actions that have been taken on the order, click on the Action & Acknowledgement Hx to view:



If you want to view the actions that have been taken on the order, click on the Action & Acknowledgement Hx to view:



Order Action and Acknowledgement History Report Date: 09/24/2012 01:57:31PM Page 1 of 1

Client ID: 448858 Client Name: TEST,RACHEL Order#: 20

Current Summary Description of Order# 20 Order Status: ACTIVE

Episode# 1 Treatment Setting: INPATIENT/RESIDENTIAL

Order Type: PHARMACY
CELEXA (CITALOPRAM HYDROBROMIDE)
10 MG ORAL TABLET
10 MG ONCE DAILY
Start: 8/8/2012 08:58 AM Stop: 2/4/2013 08:57 AM

CREATE NEW ORDER
Order Action Filed: 8/8/2012 09:01 AM By: GARDNER_AMY
Order Action Acknowledged: Acknowledgement has not been filed
Order Action Verified: Verification has not been filed

VALIDATE ORDER
Order Action Filed: 8/8/2012 09:37 AM By: GARDNER_AMY
Order Action Acknowledged: Acknowledgement has not been filed
Order Action Verified: Verification has not been filed

If you want to view further order details, click on the Order Details Fill Details to view:

Order Detail

Report Date: 09/24/2012

Client Name: TEST,RACHEL
Client ID: 448858
Episode#: 1
Tx Setting: Inpatient/Residential

Order Type: Pharmacy
Order Code Description: CELEXA (CITALOPRAM HYDROBROMIDE)

Order#: 20 Order Status: Active
Order Date/Time: 08/08/2012 09:00 AM Ordering Practitioner: (460005684) GARDNER,AMY
Start Date/Time: 08/08/2012 08:58 AM
Stop Date/Time: 02/04/2013 08:57 AM
@Print_Ordering_Practitioner (String)
Last Action Taken: Validate Validating Practitioner:

Order Text:
Dosage: 10 MG ORAL TABLET
Quantity: 10 MG
Frequency: DAILY -- ONCE DAILY
Special/Additional Instructions:
Reason:

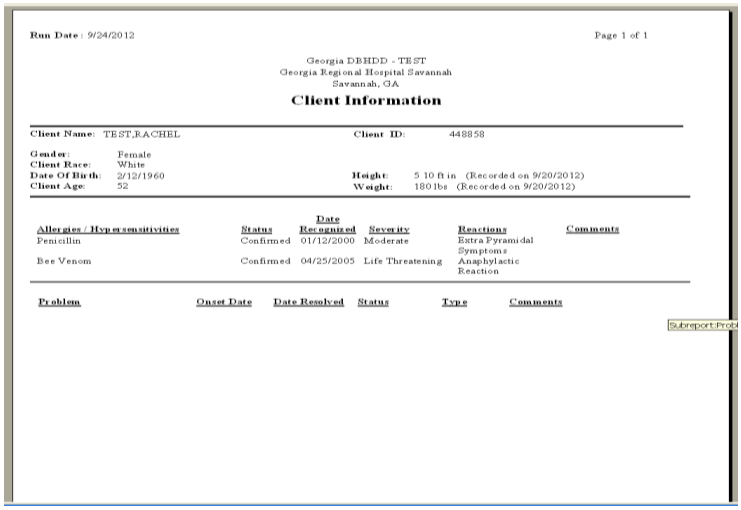
Problem(s):
Diagnosis:
Comments:

Routine or PRN: Routine Duration: 180 Day(s)
Daily Administration: Daily One Time Only: No Times/24 Hours: 1
Every Nth Day: 0
Days Administered: All Days
Administration Times: 08:00 AM

Last Update User / Date / Time: Gardner Amy 8/8/2012 09:37 AM

Sample of Client Information Display

If you want to view the individual's demographic information, height, weight and/or allergies without leaving the order entry option, click on the Display Client Information button as shown above. Once selected, the following will display.



Run Date : 9/24/2012 Page 1 of 1

Georgia DBHDD - TEST
Georgia Regional Hospital Savannah
Savannah, GA

Client Information

Client Name: TEST,RACHEL **Client ID:** 448858

Gender: Female
Client Race: White
Date Of Birth: 2/12/1960
Client Age: 52

Height: 5 10 ft in (Recorded on 9/20/2012)
Weight: 180 lbs (Recorded on 9/20/2012)

Allergies / Hypersensitivities	Status	Date Recognized	Severity	Reactions	Comments
Penicillin	Confirmed	01/12/2000	Moderate	Extra Pyramidal Symptoms	
Bee Venom	Confirmed	04/25/2005	Life Threatening	Anaphylactic Reaction	

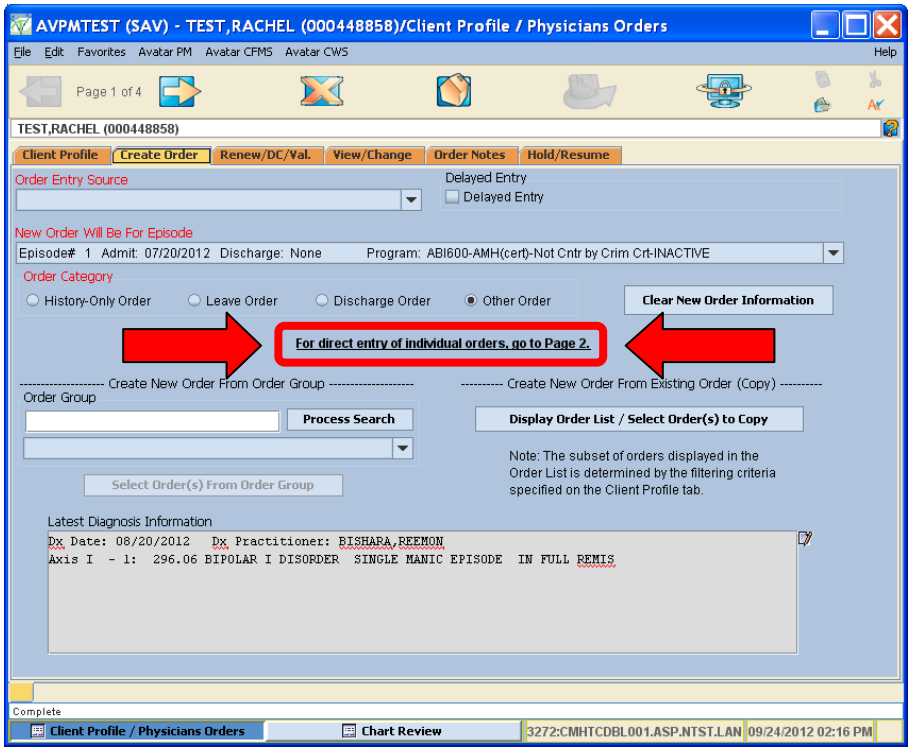
Problem	Onset Date	Date Resolved	Status	Type	Comments

Subreport:Prob

How Do I Enter/Complete a New Order?

Tab Name – Create Order (1 of 4)

Notice there are 4 pages for this Tab



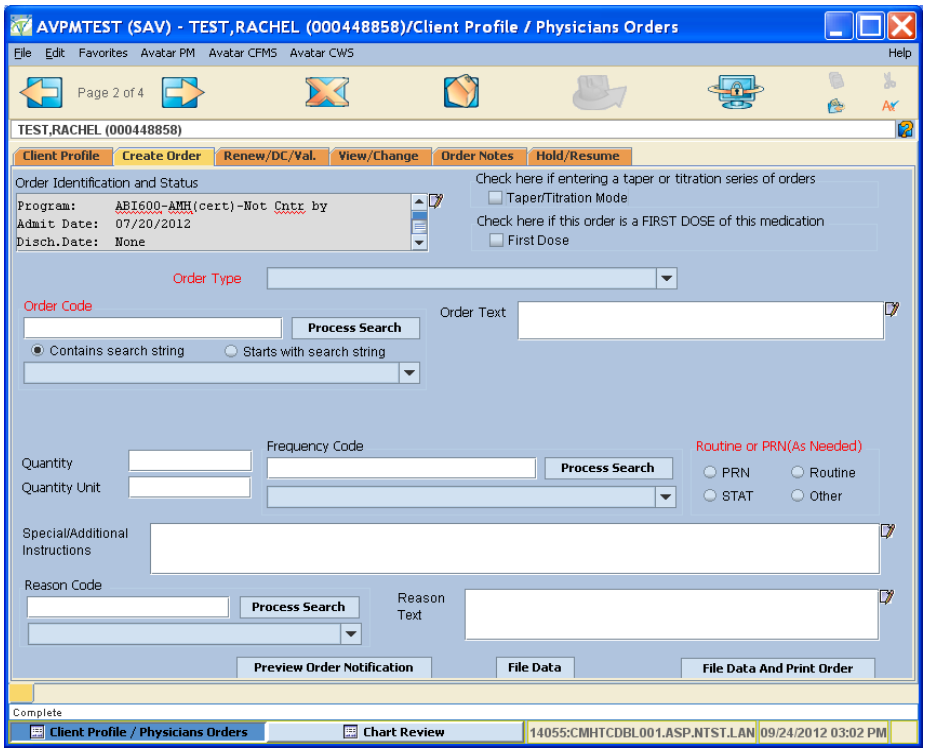
Step 1: Verify Order Entry Source is correct
Step 2: Select Order Category
Step 3: Click on “right arrow” to go to Page 2

Field Name	***Instruction***
Order Entry Source	Click on the drop down and select the appropriate order entry source from the list. This will default to Computer Entry for all physicians, physician assistants and nurse practitioners. Nurses will choose from Handwritten or Veral/Telephone.
Delayed Entry	This is a flag that indicates the order was put in after the doctor ordered it. If this is the case check the box.
New Order Will be for Episode	Episode will fill in from the episode selected on the Client Profile Tab. If you need to change the episode, click on the drop down arrow and click on the appropriate episode to select it.
Order Category	Select the appropriate Order Category by clicking in the radio button to the left of the description. For routine orders, select the “Other Order” choice.
Order Group	When entering orders from an order group, type the first few

	characters of the order group name and click on the Process Search button. Select the order group from the list of choices.
Select Order(s) from Order Group	This will be available once the Order Group is selected.
Display Order List/Select Order(s) to Copy	Used to copy orders when medications reach their end of duration or for discharge medications.
Clear New Order Information	This will clear all of the order information that is currently displayed and not yet filed.
Latest Diagnosis Information	This is a read only field that displays the current diagnosis information from PM.

Tab Name – Create Order (2 of 4)

This is where the meat of the order to enter starts.

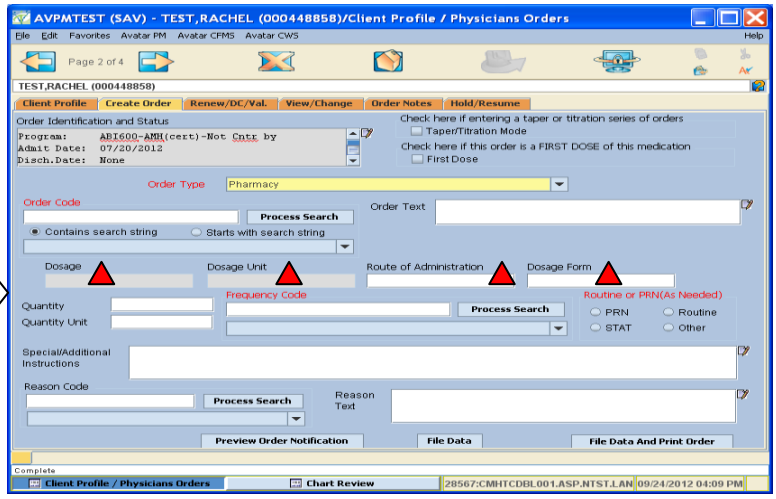


Field Name	***Instruction***
Order Identification and Status	This information will be defaulted from Avatar PM.
Check Here if Entering a taper or titration series of orders	Click here only if entering a Taper or Titration order.
Check here if this order is a First Dose of this medication	Indicate if this is the individual's first dose of the medication by clicking in the check box to the left of 'First Dose'.
Order Type	Click on the drop down arrow to display a list of order types. Select the appropriate type from the list.

Order Code	Type the first 4-5 characters of the order and click on the Process Search button. A list of possible orders matching the 4-5 characters will display. Select the appropriate order from the list.
Order Text	**Only use this field** if the order code in the "Order Code" field is 'Other'. Type the order information in this field and it will over write the order code on the printed order and the MAR.
Quantity	This field applies only to Pharmacy orders. Enter the number of tablets, capsules, etc. in this field.
Quantity Unit	This field applies only to Pharmacy orders. Enter the form of the drug: cap, tab, ml, etc. that corresponds to the quantity entered in the "Quantity" field.
Frequency Code	Enter the frequency that the order should be carried out: Type the first 4-5 characters of the frequency and click on the Process Search button. A list of possible frequencies matching the 4-5 characters will display. Select the appropriate frequency from the list. NOTE: In most cases, this will be defaulted for Pharmacy orders. Be sure to double check this field for accuracy before saving the order.
Routine or PRN (As Needed)	Indicate the appropriate response by clicking in the radio button to the left of the description.
Special/Additional Instructions	Type any special instructions for the order in this field. This field will become required for all PRN orders.
Reason Code	This field is required for all PRN orders. Type the first 4-5 characters of the reason code and click on the Process Search button. A list of possible reason codes matching the 4-5 characters will display. Select the appropriate reason code from the list. NOTE: If the code does not exist, type OTH in the Reason Code field and click on the Process Search button. Select Other Reason from the list.
Reason Text	This field becomes required if the Reason Code entered is "Other Reason". Type the reason code in the field.
Preview Order Notification	Once all required fields are completed, click on this button to review the order prior to filing the data. This allows any changes needed to be made before filing.
File Data	Click on this to save the order. Be sure to review all screens before saving. Right arrow to page 3 to enter more information.
File Data and Print Order	Click on this to save and print the order. Be sure to review all screens before saving and printing.

2a. Four (4) fields that display when the Order Type selected is 'Pharmacy'

All ▲ default from RxConnect and cannot be changed.

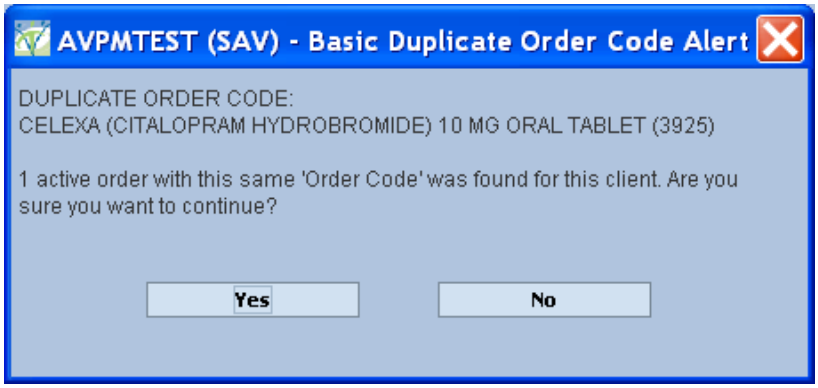


2b. Order Entry Overrides

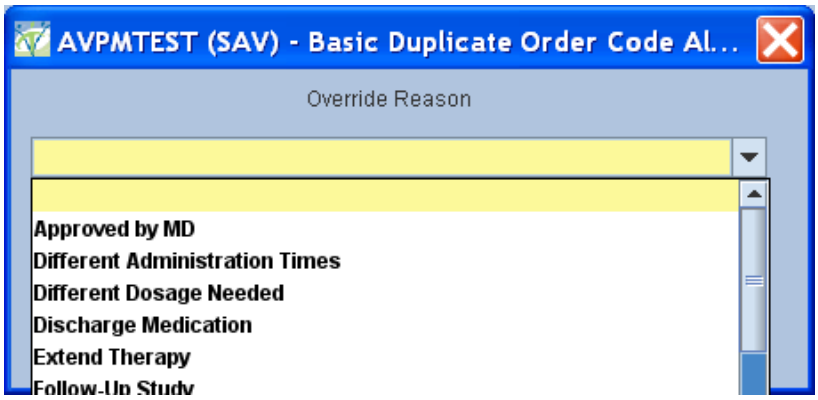
When the Order Code is entered, the system may present you with one of the following four messages. If one of the messages is received, you will be required to enter a reason, or override, for continuing with the order.

- Duplicate Order
- Drug-to-Drug Interaction
- Drug-to-Allergy Interaction
- Non-Formulary Request

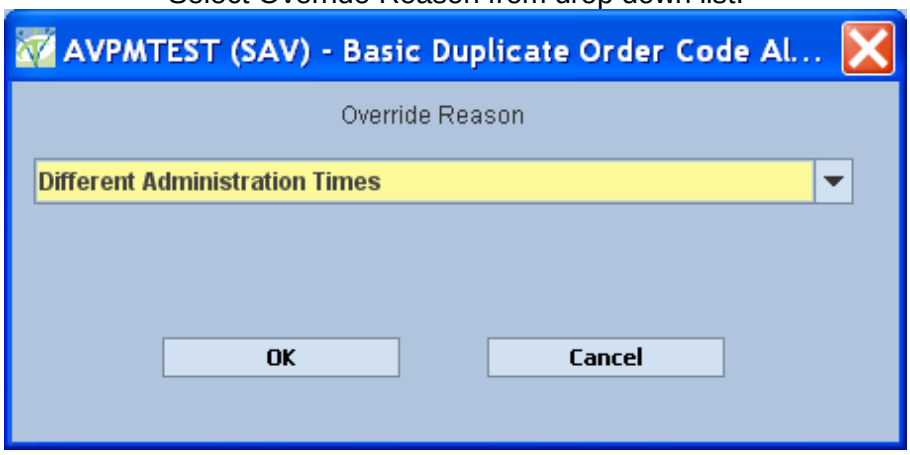
<u>Duplicate Order Message</u>



Click on 'Yes' to proceed with order.

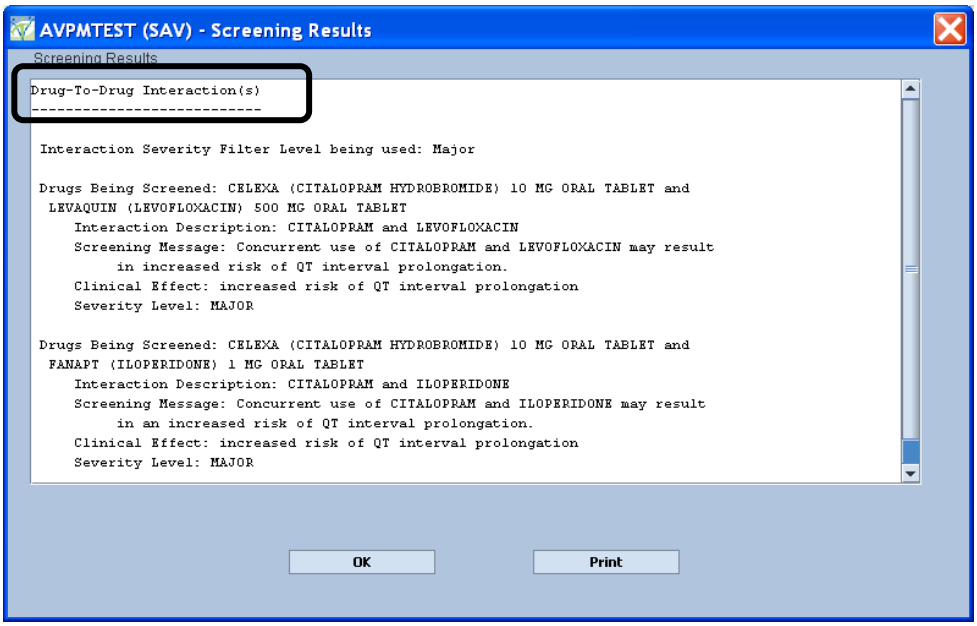


Select Override Reason from drop down list.

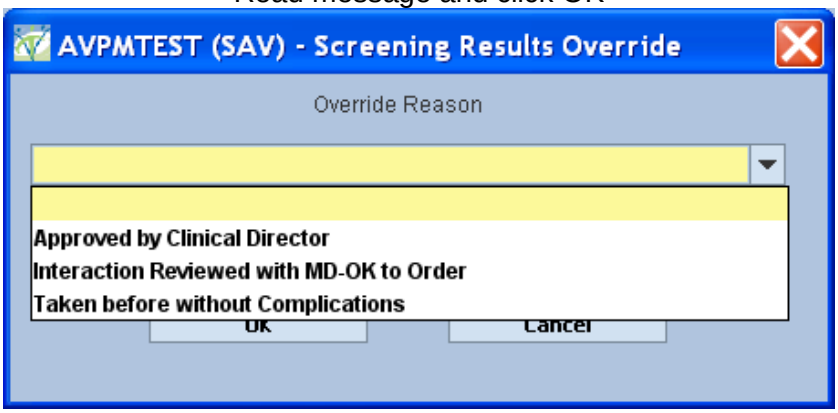


Click OK to continue with the order.

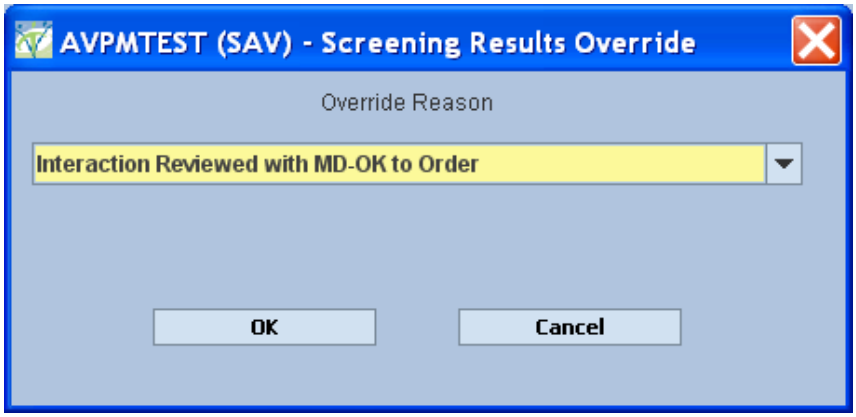
Drug-to-Drug Interaction Message



Read message and click OK

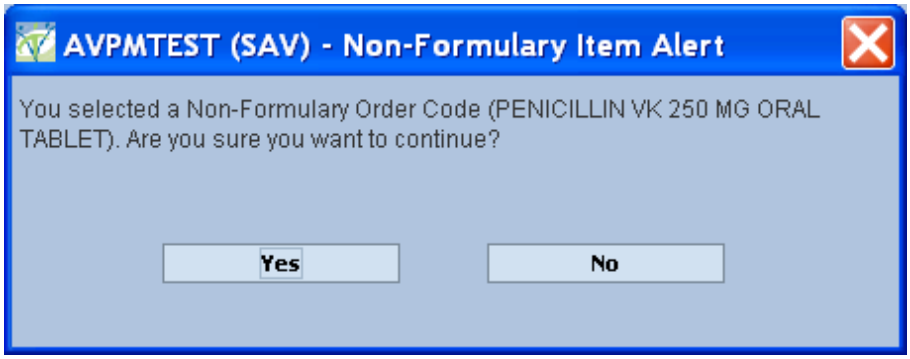


Click override reason from drop down list

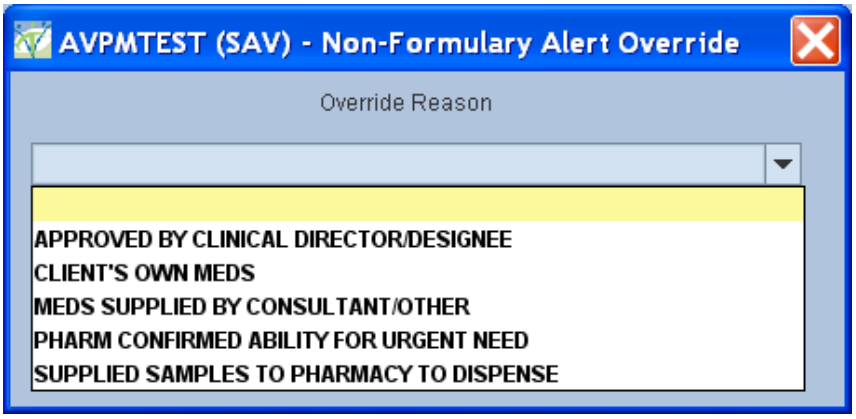


Click OK to continue with the order.

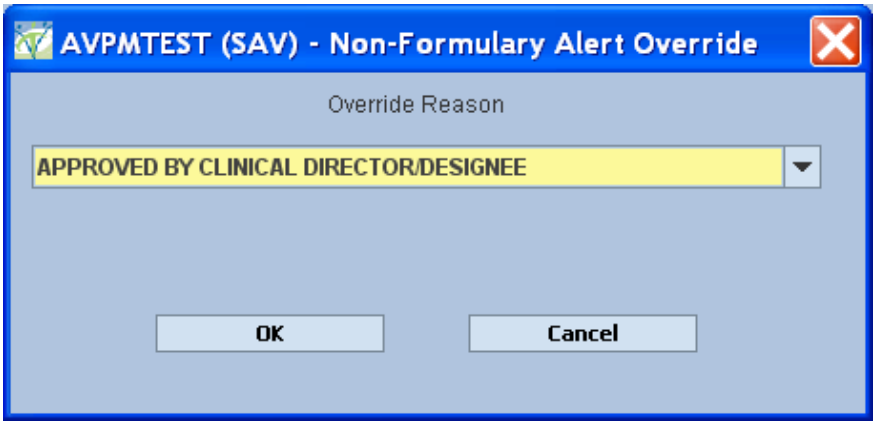
Non-Formulary Medication Request



Click on 'Yes' to continue with the order.

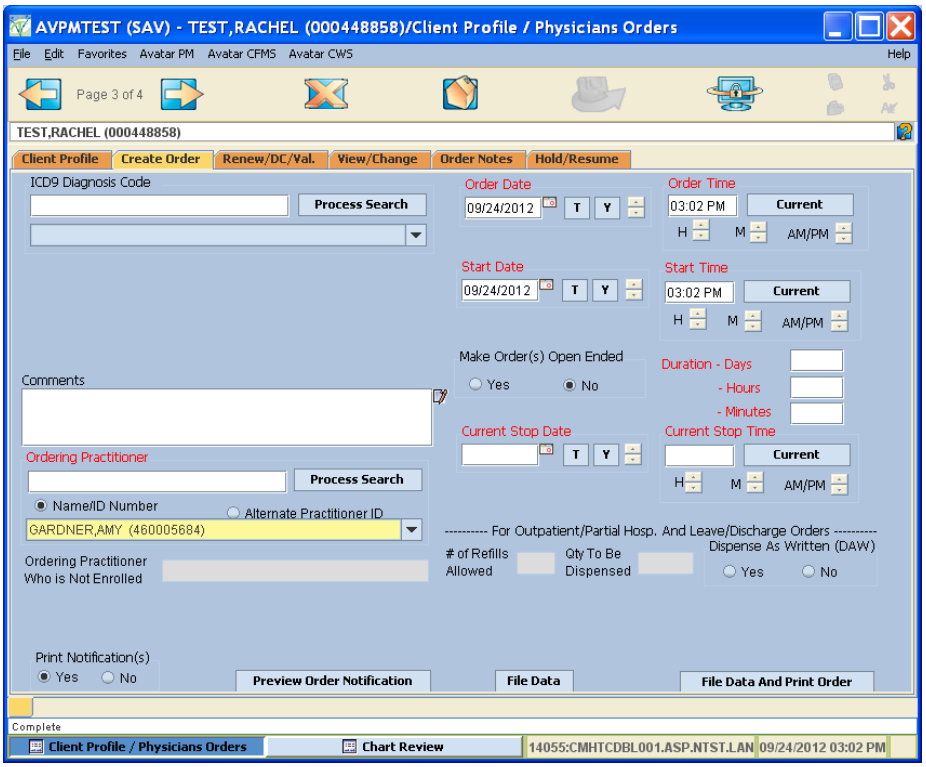


Click override reason from the drop down list.



Click OK to continue with the order.

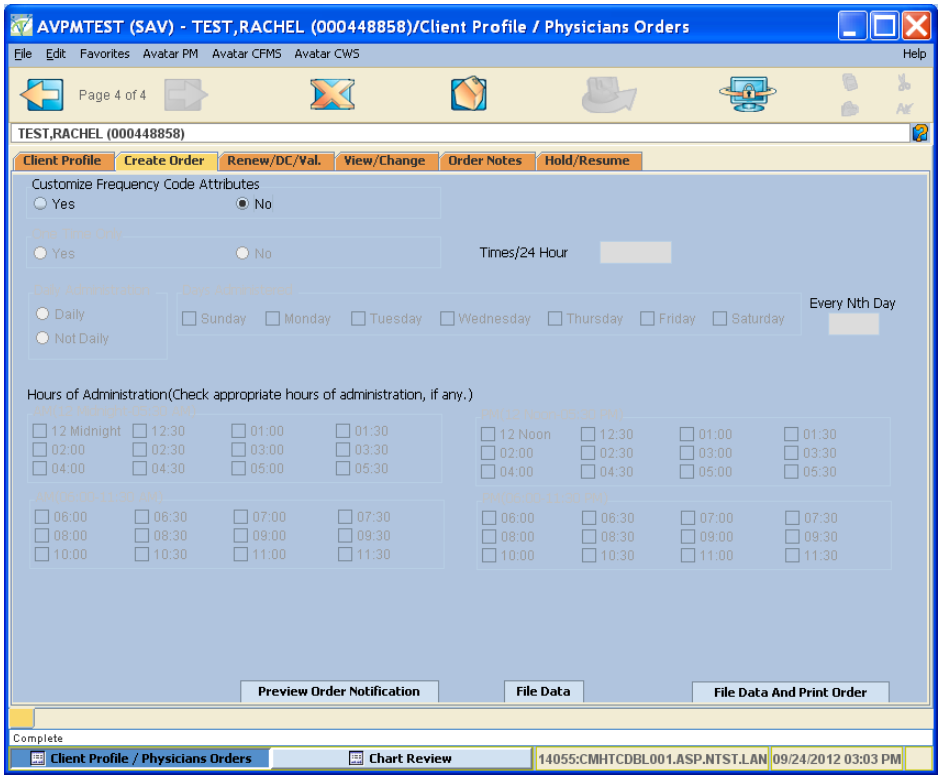
Tab Name – Create Order (3 of 4)



Field Name	***Instruction***
ICD9Diagnosis Code	Type the first 4-5 characters of the order and click on the Process Search button. A list of possible orders matching the 4-5 characters will display. Select the appropriate code from the list.
Order Date	Defaults to the current system date. Change by typing the correct date in the field.
Order Time	Defaults to the current system time. Change by typing the correct time in the field.
Start Date	Defaults to the current system date. Change by typing the correct date in the field.
Start Time	Defaults to the current system time. Change by typing the correct time in the field.
Make Order(s) Open Ended	Indicate Yes or No by clicking in the radio button to the left of the description. Never answer 'Yes' to this for pharmacy orders.
Duration (Days)	Type in the number of days for the order to be active. If days is entered, the system will calculate hours, minutes and stop date/time.
Duration (Hours)	Type in the number hours for the order to be active. If hours is entered, the system will calculate days, minutes and stop date/time.

Duration (Minutes)	Type in the number of minutes for the order to be active. If minutes is entered, the system will calculate days, hours and stop date/time.
Current Stop Date	This will default based on the Duration entered.
Current Stop Time	This will default to one minute before the Start Time.
Comments	Type any comments for the order.
Ordering Practitioner	This will default to the person logged onto the session. It can be changed by typing the first 4-5 characters of the ordering practitioner's name and click on the Process Search button. A list of possible practitioners matching the 4-5 characters will display. Select the appropriate order from the list.
Ordering Practitioner Who is not Enrolled	Complete this field if the ordering practitioner is not found in the process search for the "Ordering Practitioner" field.
Number of Refills Allowed	This field is only available if "Outpatient" is selected on the Client Profile Tab.
Quantity to be Dispensed	This field is only available if "Outpatient" is selected on the Client Profile Tab.
Dispense as Written (DAW)	This field is only available if "Outpatient" is selected on the Client Profile Tab.
Print Notification(s)	Defaults to 'Yes'. If you do not want a print notification to generate, click the 'No' radio button to the left of the description. Most often this field should have 'Yes' selected.
Preview Order Notification	Once all required fields are completed, click on this button to review the order prior to filing the data. This allows any changes needed to be made before filing.
File Data	Click on this to save the order. Be sure to review all screens before saving.
File Data and Print Order	Click on this to save and print the order. Be sure to review all screens before saving and printing.

Tab Name – Create Order (4 of 4)

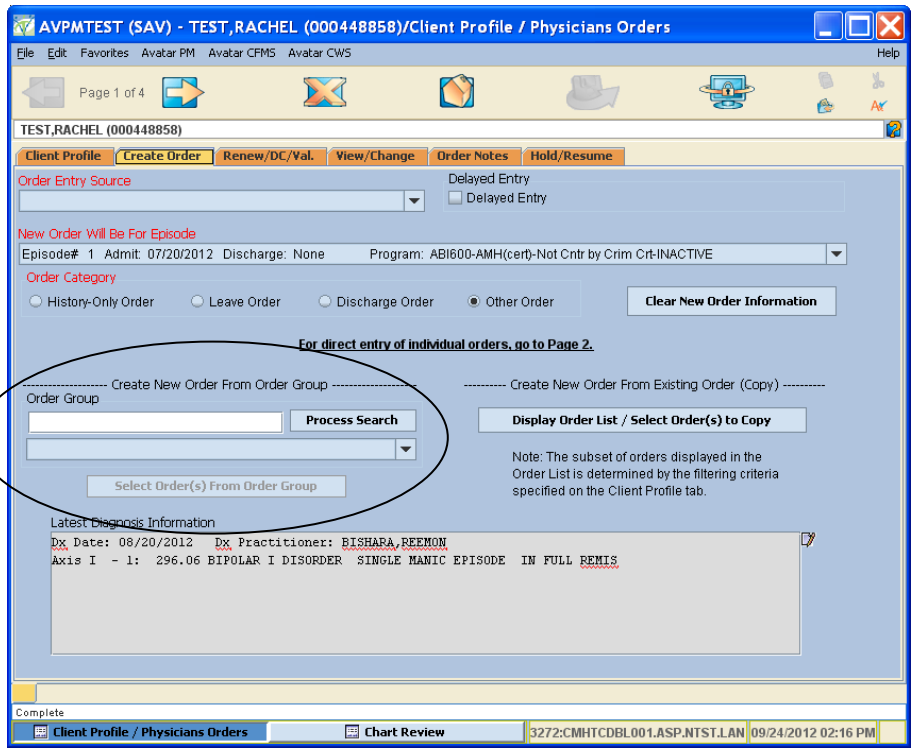


Field Name	***Instruction***
Customize Frequency Code Attributes	Indicate Yes or No by clicking in the radio button to the left of the description. This will default to 'No'
One Time Only	This field will only be available if the answer to "Customize Frequency Code Attributes" is 'Yes'. Indicate Yes or No by clicking in the radio button to the left of the description.
Times/24 Hour	This field will only be available if the answer to "Customize Frequency Code Attributes" is 'Yes'. Type the appropriate number.
Daily Administration	This field will only be available if the answer to "Customize Frequency Code Attributes" is 'Yes'. Indicate Daily or Not Daily by clicking in the radio button to the left of the description.
Days Administered	This field will only be available if the answer to "Customize Frequency Code Attributes" is 'Yes'. Click in the square box to the left of the description. More than one may be selected.
Every Nth Day	This field will only be available if the answer to "Customize Frequency Code Attributes" is 'Yes'. Type the appropriate

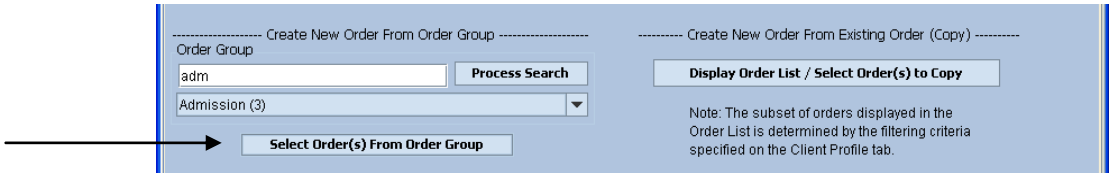
	number.
AM (12 midnight to 5:30 am)	This field will only be available if the answer to “Customize Frequency Code Attributes” is ‘Yes’. Click in the square box to the left of the description to select that time of administration.
AM (6:00 am to 11:30 am)	This field will only be available if the answer to “Customize Frequency Code Attributes” is ‘Yes’. Click in the square box to the left of the description to select that time of administration.
PM (12 noon to 5:30 pm)	This field will only be available if the answer to “Customize Frequency Code Attributes” is ‘Yes’. Click in the square box to the left of the description to select that time of administration.
PM (6:00 pm to 11:30 pm)	This field will only be available if the answer to “Customize Frequency Code Attributes” is ‘Yes’. Click in the square box to the left of the description to select that time of administration.
Preview Order Notification	This is another opportunity to view the order details prior to saving. Click to display.
File Data and Print Order	Click on this to save and print the order. Be sure to review all screens before saving and printing.
File Data	Click on this to save the order. Be sure to review all screens before saving.
NOTE: In most cases, the times of administration will be defaulted based on the frequency selected for the order.	

How Do I Enter an Order from an Order Group?

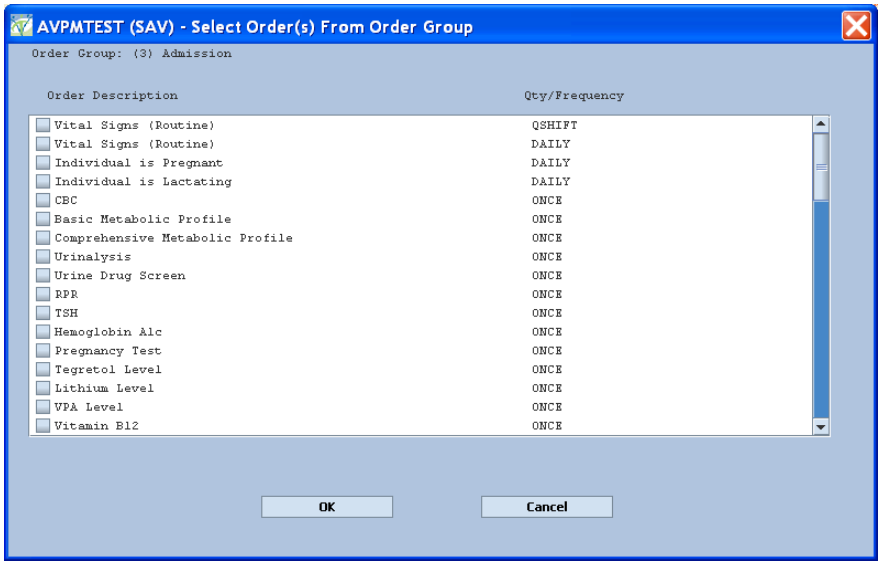
Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physicians Order → Create Order Tab



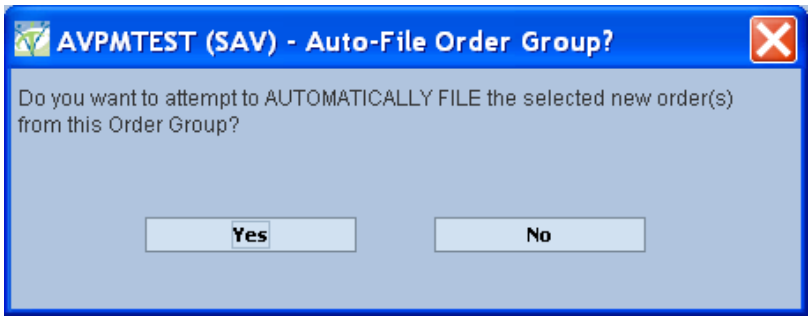
Step 1: Enter the first 4 characters of the name of the Order Group.
Step 2: Click on the Process Search Button.
Step 3: Select the order group from the drop down list.



Step 4: Click on the Select Order(s) From Order Group button.



Step 5: Click in the check box to the left of each order to include
Step 6: Click the OK button



Step 7: Click on Yes or No

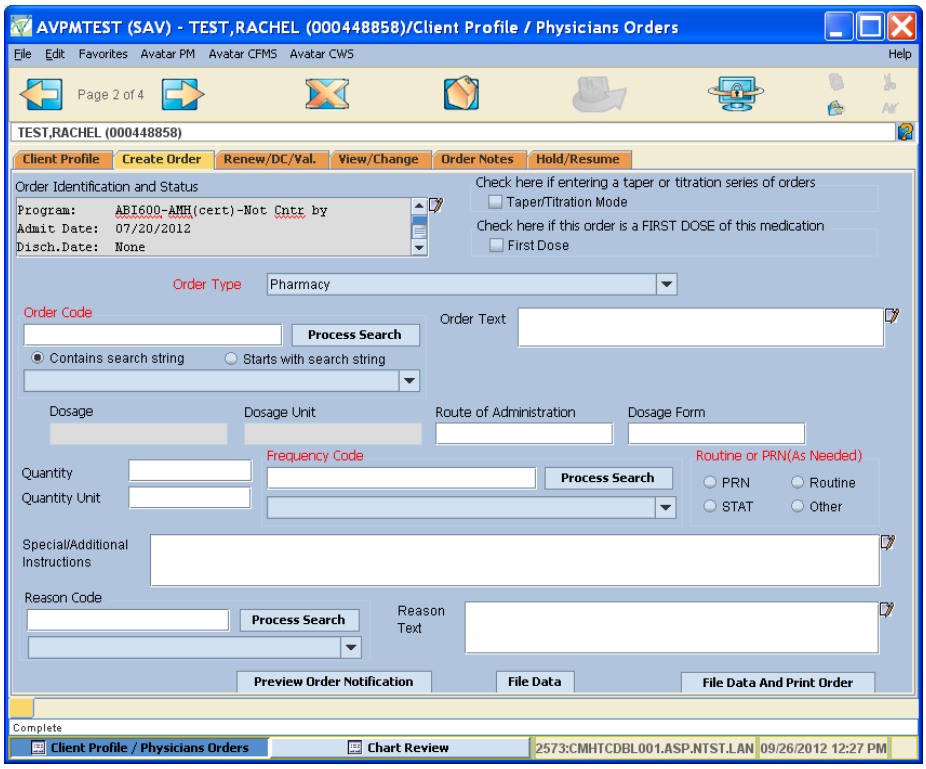
Clicking 'Yes' will file all of the orders selected with the defaults for each of the orders. If any required fields are not populated, the system will stop at that order and require the information to be completed. All orders after the order requiring information will process one at a time until all orders selected are filed.

Clicking 'No' will display each order selected one at a time for the practitioner to review the details of each order and file each order individually.

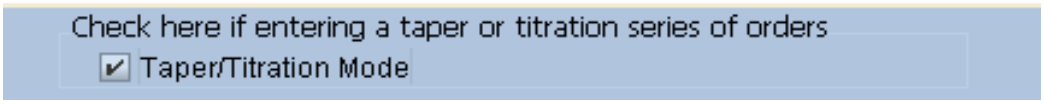
See instructions in Section "C" for completing the orders.

How do I Enter a Taper/Titration Order?

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physicians Order → Create Order Tab



- Check the Taper/Titration Mode Check Box under "Check here if entering a taper or titration series of orders"



- Choose Pharmacy Order Type

- Search for your Order Code.
  HINT: Less is Better when performing a Process Search Function

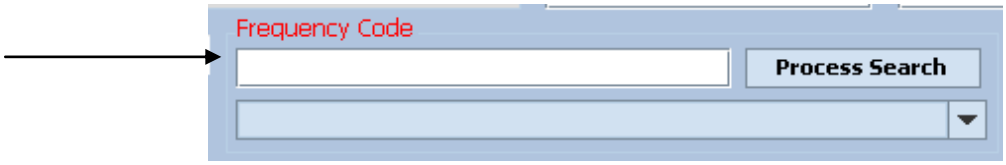
  HINT: Note the search criteria options in the form of radio buttons.

  - Contains Search String: Process Search will locate all order codes with your typed criteria anywhere in the code. Example: CON will find **Con**certa, E**con**azol, Elo**con**, etc.
  - Starts with Search String: Process search will locate all order codes with your typed criteria at the START of the order code. Example: **Con**certa is the only pharmacy medication that comes up in the search.

Confirm Route of Administration, and Dosage Form are accurate. Update if required.

- Is Frequency Code defined?

- If no Frequency Code if found in the Blue field, search for the appropriate code by typing in some or all of the code in the Process Search Field.

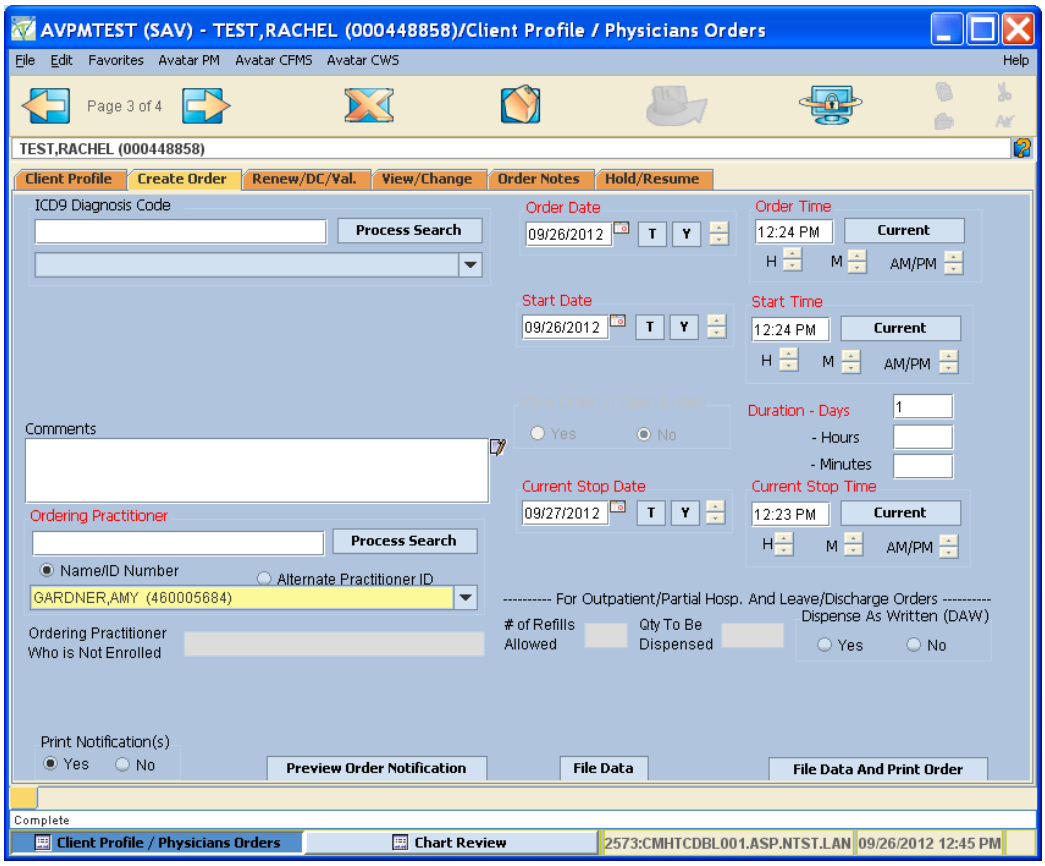


- Click

- If you wish to relay special instructions that are not clear using just the order code and frequency code, type your special instructions in the Special / Additional Instructions. EXAMPLE: Crush or Give with Food

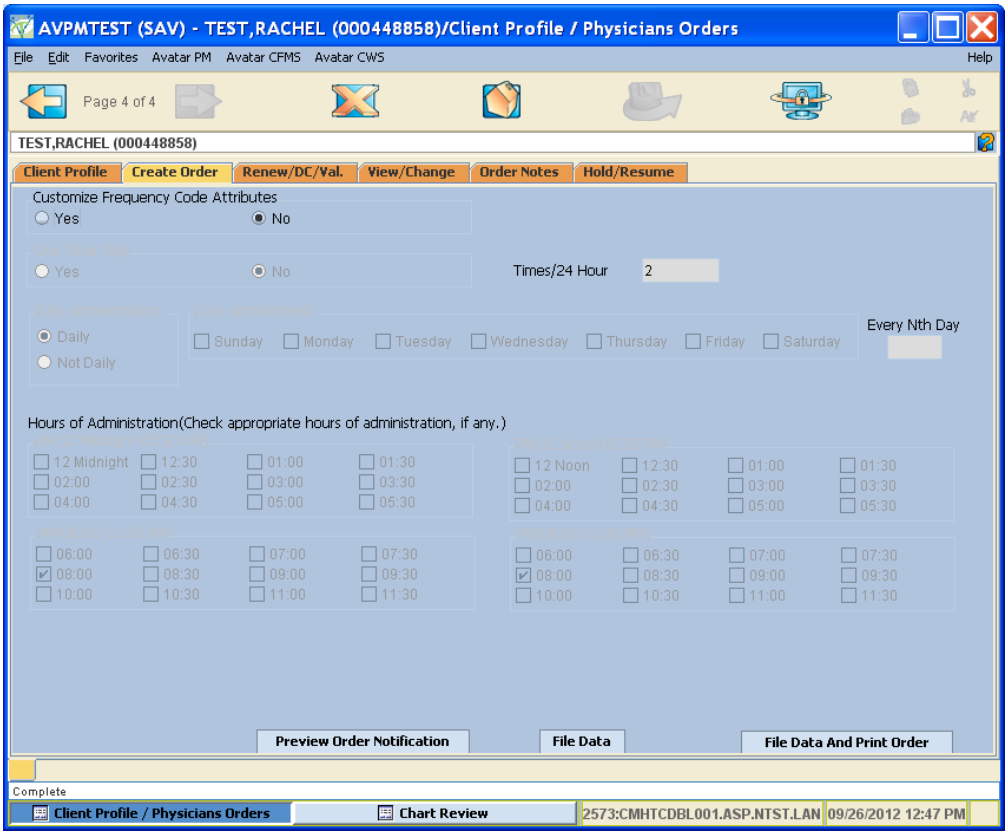
- If you wish to relay a reason code for administering the medication, select the reason code from the drop down list in the Reason Code field. If the appropriate reason is not listed, select 'Other' and type the reason in the Reason Text field.

- Once all information is defined, advance to page three (3)



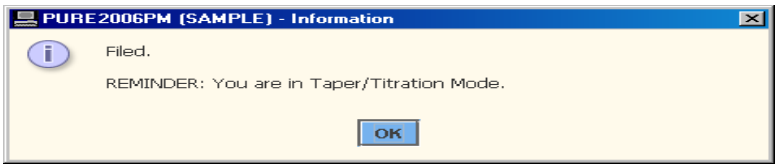
- Add the ICD9 Diagnosis Code if needed
- If blank, add your ordering practitioner by typing part of the last name of the practitioner and clicking Process Search.
  - If Order Practitioner is not found, type the practitioner's name in the Ordering Practitioner Who Is Not Enrolled field.
  - Click Tab to leave the Ordering Practitioner Who Is Not Enrolled Field. This will remove the Red requirement from the Ordering Practitioner field above.
- Confirm the Order Date is accurate – update if required
- Confirm the Order Time is accurate – update if required
- Confirm the Start Date is accurate – update if required
- Confirm the Start Time is accurate – update if required
- Add the Order Duration (in number of days) to the Duration - Days field
- Confirm the Stop Date is accurate – update if required

- Confirm the Stop Time is accurate – update if required
- Advance to Page 4



- Do you want to define the specific time of day the order is to be administered?
- If No, click

- If Yes, click Yes in “Customize Frequency Code Attributes”
- Check the Hours of Administration
- Click File Data. You will receive the following message



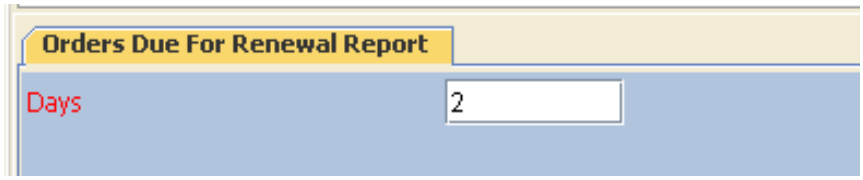
- Click OK
- The application will automatically bring you back to Page 2 of the Create Order Tab.
- Search for next dosage level by typing in the order code and clicking Process Search
- Follow the steps above, beginning at the red arrow
- When you get to page 3, your start date will have auto set to the date following the previous orders end date. Example, if you ended your first order on 7/26, your second order will automatically start on 7/27.
- Click File Data
- Continue adding order codes until all tapered or titrated orders have been filed.

How Do I Renew an Order(s)?

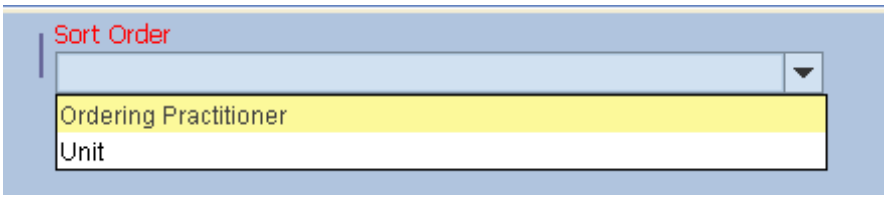
To view orders that are due for renewal:

Avatar CWS → Order Entry →Order Entry Client Information → Orders Due for Renewal Report

Days Field: This field will tell the report to include orders with a stop date the specified number of days prior to the run date and after the run date. Enter the number of days for the report to run. For example, if 2 is entered in this field, the report will include orders with a stop date between 2 days prior to and 2 days after the run date.



Sort Order Field: This field will tell the report to sort by Ordering Physician or by Unit.



Ordering Physician

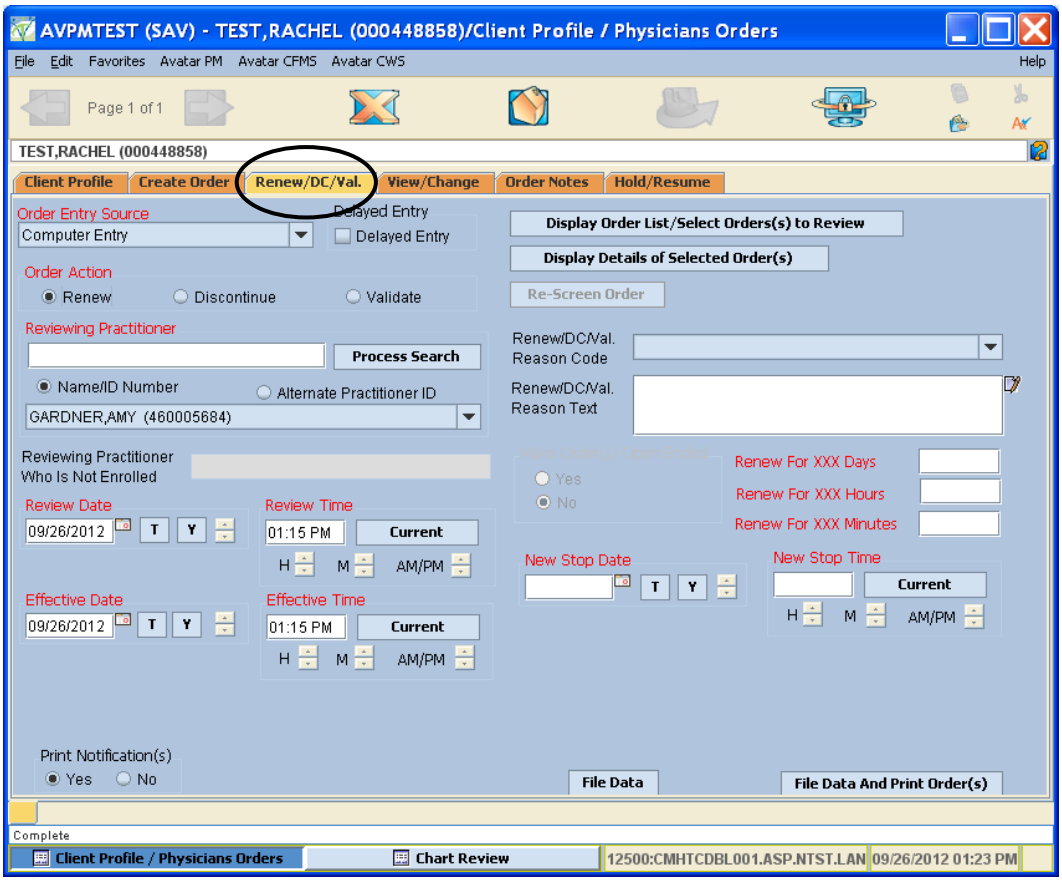
The report will list the Ordering Practitioner's name and then list all clients who have orders approaching the stop date within the days parameter specified in the Days field.

Unit

The report will list the unit name and then list all of the clients who have orders approaching the stop date within the days parameter specified in the Days field.

To Enter a Renew Order:

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physicians Order → Renew/DC/Val Tab



Field Name	***Instruction***
Order Entry Source	Confirm that the 'Order Entry Source" is accurate. If not, click on the drop down arrow and select the appropriate choice from the list.
Delayed Entry	This is a flag that indicates the order was put in after the doctor ordered it. If this is the case check the box.
Order Action	Select the action you wish to take by clicking in the radio button to the left of the description. Only one may be selected.
Display Order List / Select Order(s) to Review	Click on this to display a list of active orders. Select the order(s) you wish to renew from the list and click OK.
Display Details of Selected Order(s)	Click here to display the details of the orders selected for renewal.
Re-Screen Order	This button will be available after an order is selected for the action. Click on this to re-do clinical screening when resuming a held order.
Reviewing Practitioner	Confirm whether or not the Reviewing Practitioner is populated by

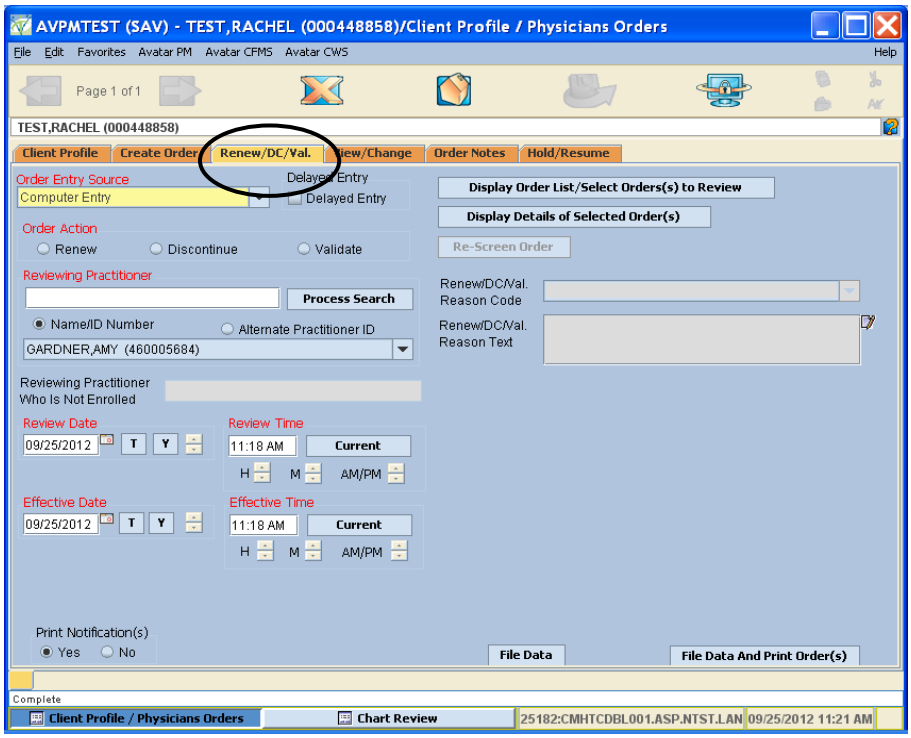
	reviewing the blue field under “Reviewing Practitioner”. If the blue field is blank, enter the last name of the Reviewing Practitioner.
Reviewing Practitioner Who is Not Enrolled	Complete this field if the reviewing practitioner is not found in the process search for the “Reviewing Practitioner” field.
Review Date	Enter the Review Date – this is the date you are renewing the order. This will default to the current system date.
Review Time	Enter the Review Time – this is the time you are renewing the order. This will default to the current system time.
Effective Date	Enter the Effective Date – this will default to the current system date.
Effective Time	Enter the Effective Time – this will default to the current system time.
Make Order(s) Open Ended	Indicate Yes or No by clicking in the radio button to the left of the description.
Renew for XXX Days	Enter the number of days for the order to be renewed.
Renew for XXX Hours	Enter the number of hours for the order to be renewed.
Renew for XXX Minutes	Enter the number of minutes for the order to be renewed.
New Stop Date	This will calculate from the duration that is entered.
New StopTime	This will calculate default to one minute before Effective Time.
Print Notification(s)	This will default to ‘Yes’. If not notification needs to print, change to ‘No’.
File Data and Print Order(s)	Click on this to save and print the order. Be sure to review all screens before saving and printing.
File Data	Click on this to save the order. Be sure to review all screens before saving.

NOTE: Renew for XXX Days, XXX Hours and XXX Minutes: Only one will need to be entered. Once one is entered, the remaining two fields will not be required.

When done, you are ready to close order entry or proceed with additional order entry work.

How Do I Discontinue an Order(s)?

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physician Orders → Renew/DC/Val. Tab



Step 1: Order Action field → click in radio button to the left of Discontinue
Step 2: Click on Display Order List/Select Order(s) to Review button
Step 3: Select the order(s) to be discontinued and click OK
Step 4: Select the Renew/DC/Val Reason Code from the drop down list. If the reason code is not in the list, select Other.
Step 5: Type in the Renew/DC/Val Reason Text if 'Other' was selected for Reason Code
Step 6: Verify Review Date/Time and Effective Date/Time are accurate. Change if needed.
Step 7: File Data

Caveat:
If the order(s) to be discontinued are being discontinued for the same reason, then all of the orders can be selected after the Display Order List/Select Order(s) to Review button is clicked and one reason code is entered . This reason code applies to all the orders.

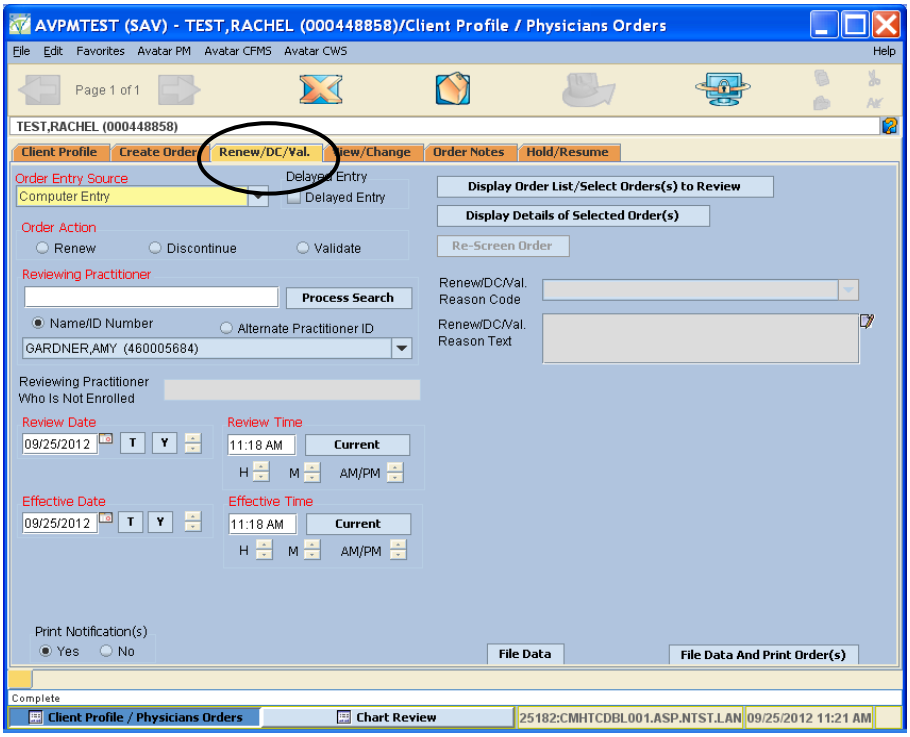
If the order(s) to be discontinued are being discontinued for different reasons, then select one order after the Display Order List/Select Order(s) to Review button is clicked; fill in the Reason Code; File Data and then repeat these steps until done.

Field Name	***Instruction***
Order Entry Source	Verify the source is correct. Will default to Computer Entry for physicians, nurse practitioners and physician assistants. Nurses select from Handwritten or Telephone/Verbal.
Order Action	Click in the radio button to the left of the appropriate description. In this scenario, click in the radio button to the left of Discontinue
Reviewing Practitioner	This will default to the practitioner that is logged into Avatar. If change is needed, type the first 4-5 characters of the practitioner's last name and click on the Process Search button. Select the correct practitioner from the list.
Display Order List/Select Order(s) to Review	Once the Order Action has been selected, click on this button to display the list of active orders for the individual.
Display Details of Selected Order(s)	Once the Order Action has been selected and the orders from the list have been selected, click on this button to see the details of the order(s) that are of interest.
Renew/DC/Val Reason Code	This field becomes required when the order(s) have been selected to be discontinued.
Renew/DC/Val Reason Text	This field becomes required when the Reason Code field is equal to 'Other'. Type the reason in this field.
Review Date	This is a required field and it defaults to the current system date. To change, enter the correct date in the field.
Review Time	This is a required field and it defaults to the current system time. To change, enter the correct time in the field.
Effective Date	This is a required field and it defaults to the current system date. To change, enter the correct date in the field.
Effective Time	This is a required field and it defaults to the current system time. To change, enter the correct time in the field.
Print Notification	Defaults to 'Yes'. If you do not want a print notification to generate, click the 'No' radio button to the left of the description. Most often this field should have 'Yes' selected.
File Data	Click on this to save the order. Be sure to review all discontinue data before saving.
File Data and Print Order(s)	Click on this to save and print the order. Be sure to review all discontinue data before saving and printing.

How do I Validate an Order(s)?

There are two ways for an ordering practitioner to validate an order that is entered by a nurse as either Handwritten or Telephone/Verbal.

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physician Orders → Renew/DC/Val. Tab



Step 1: Order Action field → click in radio button to the left of Validate
Step 2: Click on Display Order List/Select Order(s) to Review button
Step 3: Select the order(s) to be validated and click OK
Step 4: Verify Review Date/Time and Effective Date/Time are accurate. Change if needed.
Step 7: File Data
Step 8: Close Order Entry
Step 9: Select next client and follow steps 1 – 8 to validate this individual's order(s)

Repeat these steps until you have validated all orders.

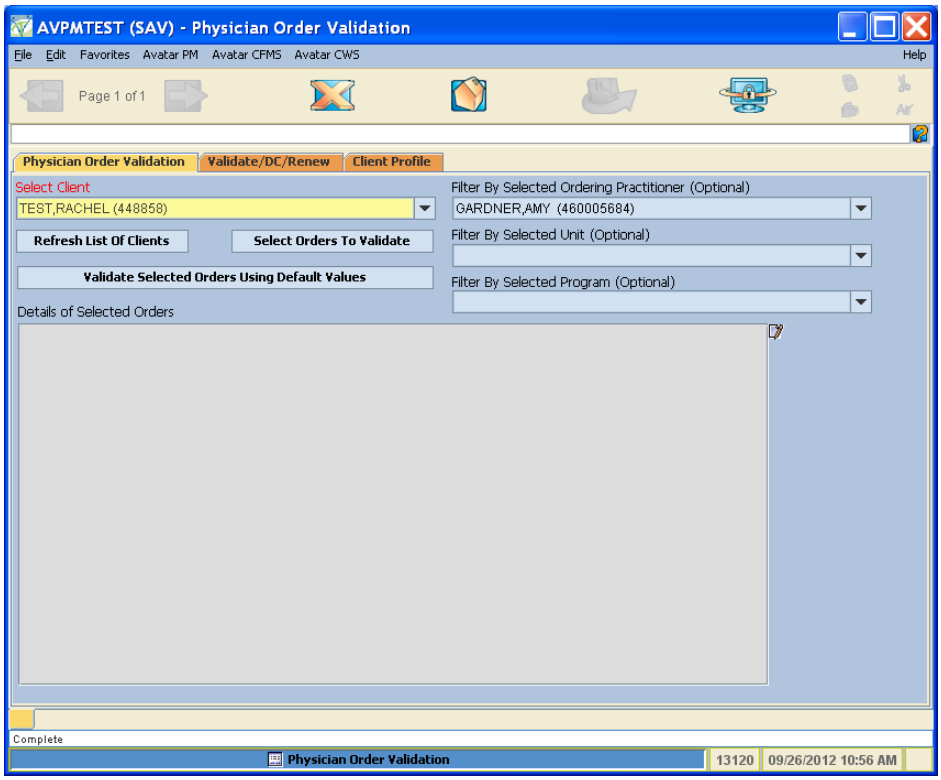
Field Name	***Instruction***
Order Entry Source	Verify the source is correct. Will default to Computer Entry for physicians, nurse practitioners and physician assistants.

Order Action	Click in the radio button to the left of the appropriate description. In this scenario, click in the radio button to the left of Validate
Reviewing Practitioner	This will default to the practitioner that is logged into Avatar. If change is needed, type the first 4-5 characters of the practitioner's last name and click on the Process Search button. Select the correct practitioner from the list.
Display Order List/Select Order(s) to Review	Once the Order Action has been selected, click on this button to display the list of active orders for the individual.
Display Details of Selected Order(s)	Once the Order Action has been selected and the orders from the list have been selected, click on this button to see the details of the order(s) that are of interest.
Renew/DC/Val Reason Code	This field becomes required when the order(s) have been selected to be discontinued. This is not required when validating an order.
Renew/DC/Val Reason Text	This field becomes required when the Reason Code field is equal to 'Other'. Type the reason in this field. This is not required when validating an order.
Review Date	This is a required field and it defaults to the current system date. To change, enter the correct date in the field.
Review Time	This is a required field and it defaults to the current system time. To change, enter the correct time in the field.
Effective Date	This is a required field and it defaults to the current system date. To change, enter the correct date in the field.
Effective Time	This is a required field and it defaults to the current system time. To change, enter the correct time in the field.
Print Notification	Defaults to 'Yes'. If you do not want a print notification to generate, click the 'No' radio button to the left of the description. Most often this field should have 'Yes' selected.
File Data	Click on this to save the order. Be sure to review all validation data before saving.
File Data and Print Order(s)	Click on this to save and print the order. Be sure to review all validation data before saving and printing.

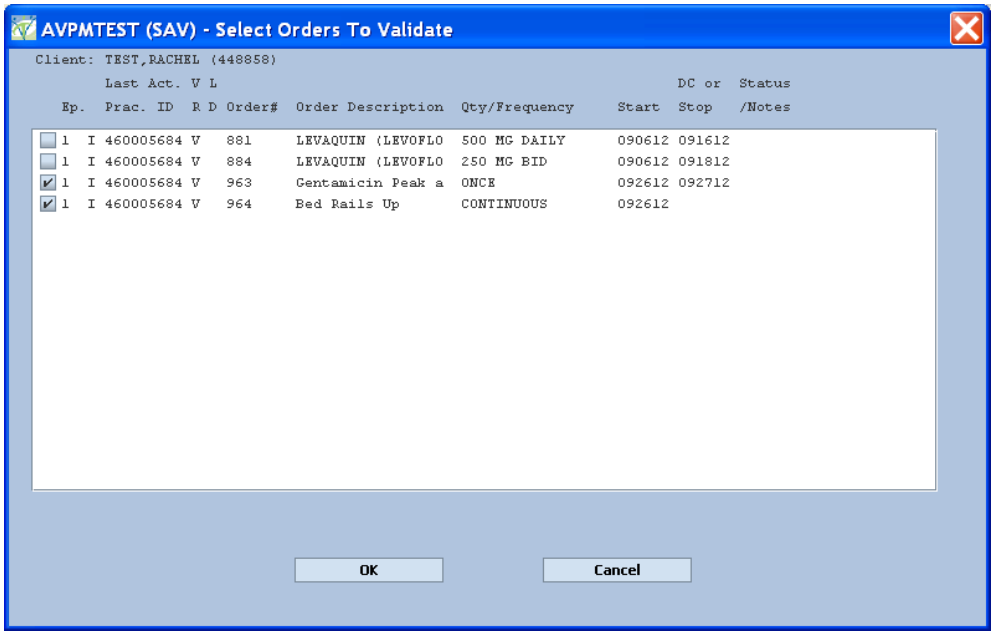
Avatar CWS → Order Entry → Order Entry Client Information → Physician Order Validation

This screen will default to the Order Practitioner that is logged into Avatar. All of the practitioner's clients who have orders requiring validation are listed in the Select Client field and can be selected from the drop down list.

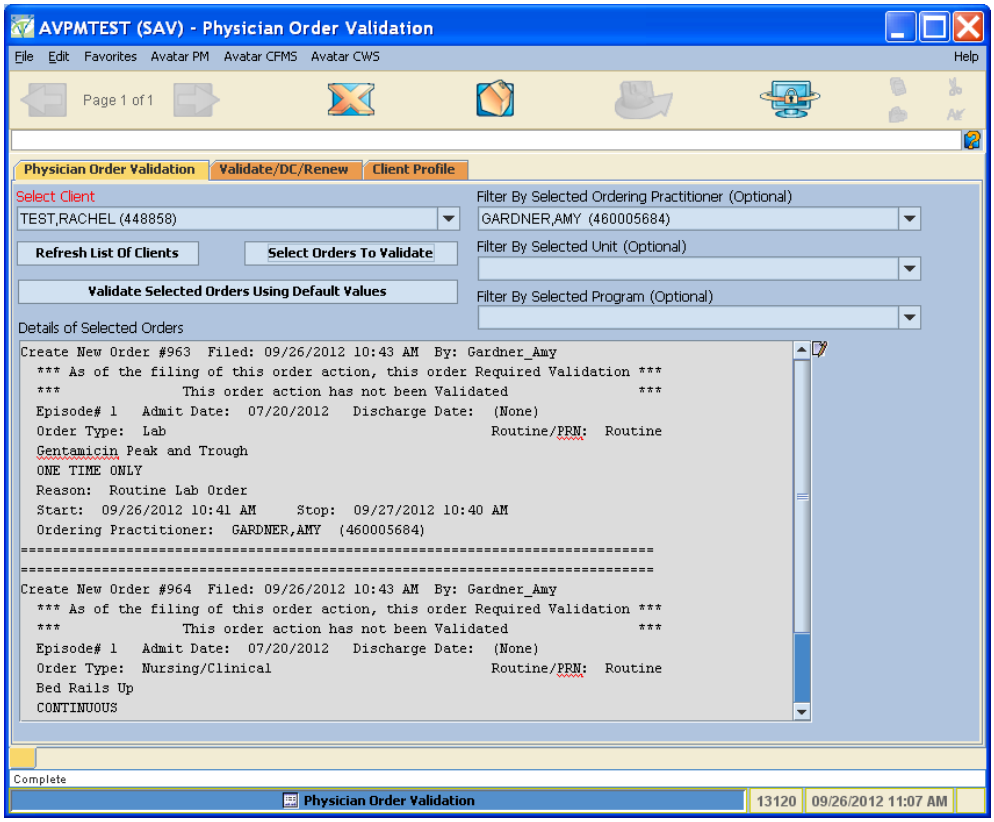
This option allows the practitioner to validate orders for multiple individuals without leaving the option to select the next individual.



Step 1: Verify correct individual is selected in the Select Client field
Step 2: Click on the Select Orders To Validate button



Step 3: Click in the check box to the left of each order to validate
Step 4: Click OK button

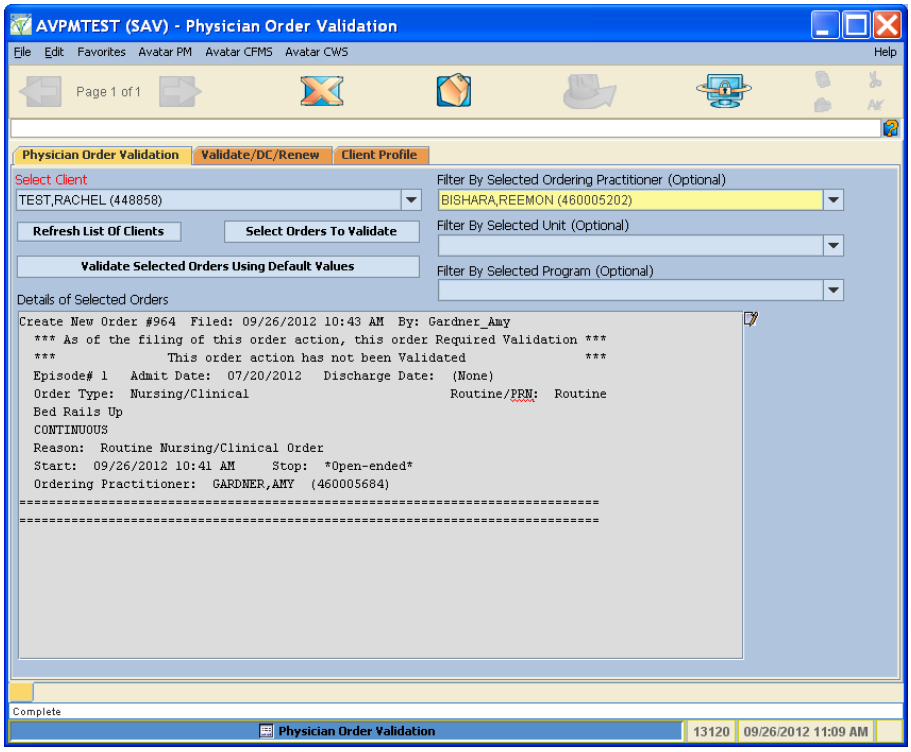


Step 5: Verify the details of the orders selected are correct by reviewing them in the Details of Selected Orders field (gray background)
Step 6: If all details are correct, click on the Validate Selected Orders Using Default Values button
Step 7: Click on the OK button of the pop up box that confirms the data is filed.

At this point the following steps are possible:

1. Select the next client from the drop down list and validate appropriate orders.
2. Change the Ordering Practitioner , refresh the list of clients, and validate appropriate orders.
3. Close Order Entry if all work is complete.

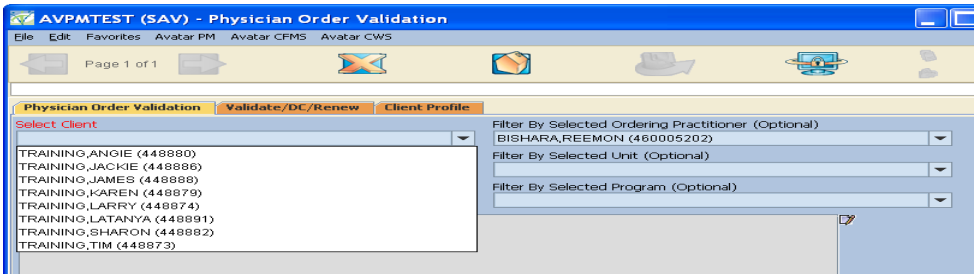
To change the ordering practitioner



Step 1: Click on the drop down arrow for the Filter By Selected Ordering Practitioner field

Step 2: Select the appropriate Ordering Practitioner from the drop down list.

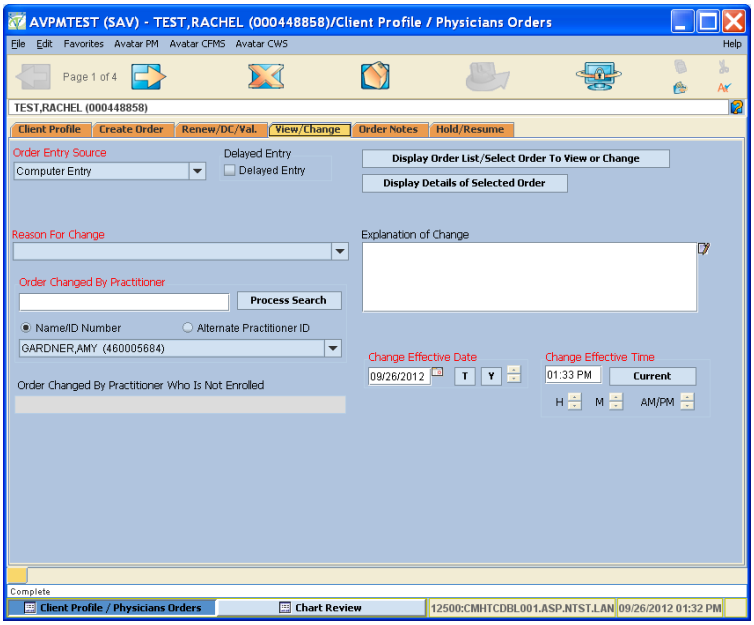
Step 3: Click on the Refresh List of Clients button



Step 4: Select the appropriate client from the drop down list in the Select Client field.

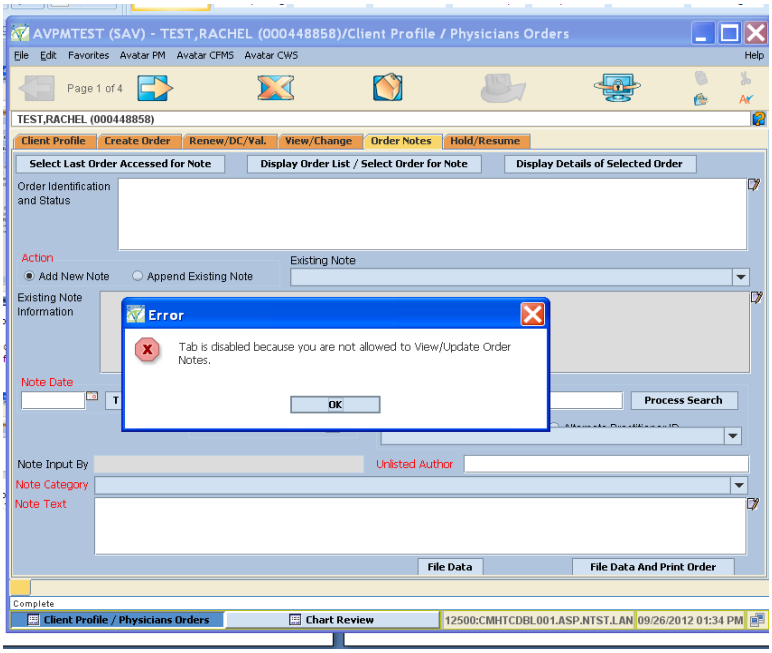
Step 5: Follow steps 1-7 for validating the order(s) as described above in #2.

How Do I View/Change an Order(s)?



This tab is not being utilized by DBHDD at this time.

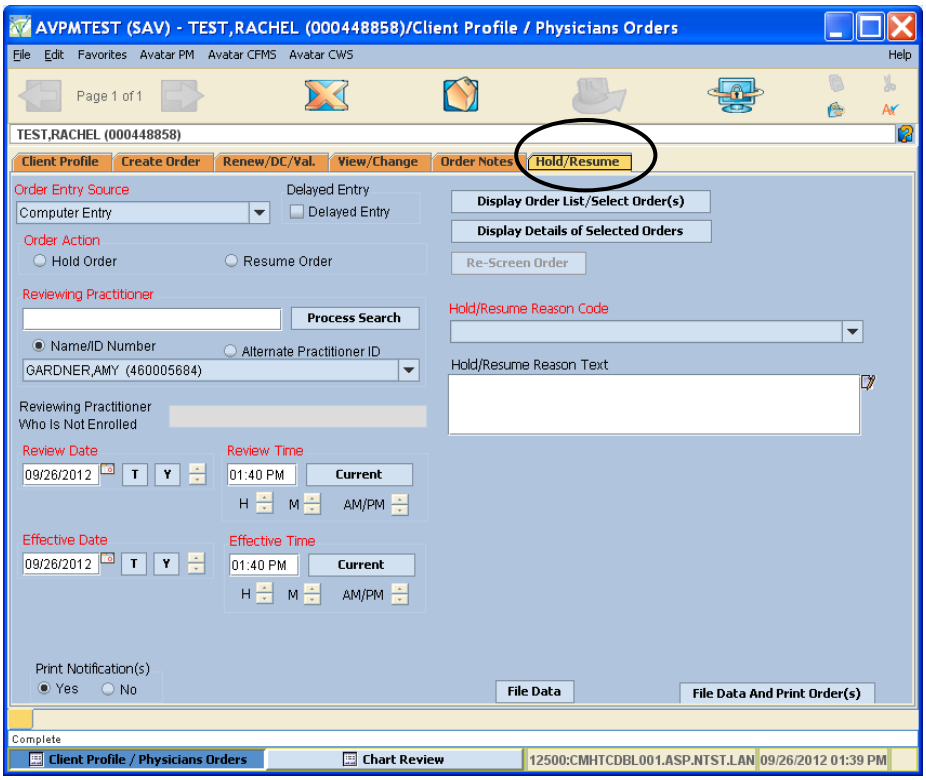
How Do I Enter Order Notes?



This tab is not being utilized by DBHDD at this time

How Do I Hold an Order(s)?

Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physician Orders → Hold/Resume Tab

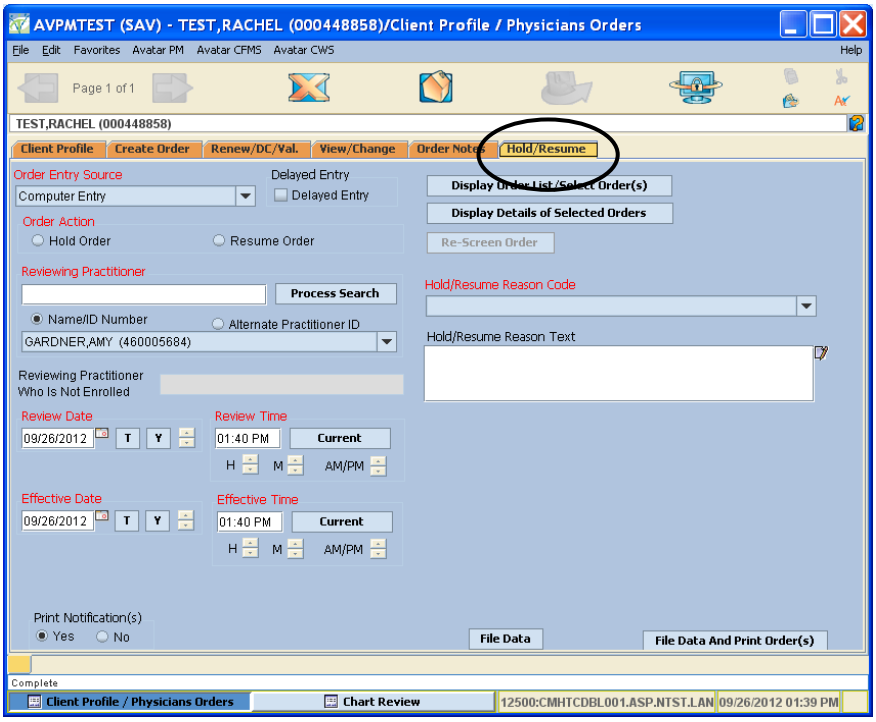


Field Name	***Instructions***
Order Entry Source	Confirm “Order Entry Source” is accurate
Delayed Entry	This is a flag that indicates the order was put in after the doctor ordered it. If this is the case check the box.
Order Action	Click in the radio button to the left of the description to document the action you want to take. In this case, click on ‘Hold’.
Display Order List/Select Order(s)	Click on this to display a list of active orders. Select the order(s) you wish to hold from the list and click OK. Check one or more of the orders you wish to hold and click OK.
Display Details of Selected Order(s)	Click here to display the details of the orders selected for holding.
Re-Screen Order	This button will be available after an order is selected for the action. Click on this to re-do clinical screening when resuming a held order.
Reviewing Practitioner	Confirm whether or not the Reviewing Practitioner is populated by reviewing the blue field under “Reviewing Practitioner”. If the blue field is blank, enter the last name of the Reviewing Practitioner.
Reviewing Practitioner	Complete this field if the reviewing practitioner is not found in the

Who is not Enrolled	process search for the “Reviewing Practitioner” field.
Hold/Resume Reason Code	Click on the drop down arrow to display a list of choices. Click on the appropriate choice to select. If the hold reason is not in the list, select ‘Other’ and type the reason in Reason Text.
Hold/Resume Reason Text	This field becomes required when the Hold Reason Code selected equals ‘Other’. Type any further information that is needed in this field.
Review Date	Enter the Review Date – this is the date the decision was made to put the order on hold. This will default to the current system date.
Review Time	Enter the Review Time – this is the time the decision was made to put the order on hold. This will default to the current system time.
Effective Date	Enter the Effective Date – this will default to the current system date.
Effective Time	Enter the Effective Time – this will default to the current system time.
Print Notification(s)	Indicate Yes or No by clicking in the radio button to the left of the description. Only one may be selected.
File Data and Print Order(s)	Click on this to save and print the order. Be sure to review all screens before saving and printing.
File Data	Click on this to save the order. Be sure to review all screens before saving.

How Do I Resume an Order(s)?

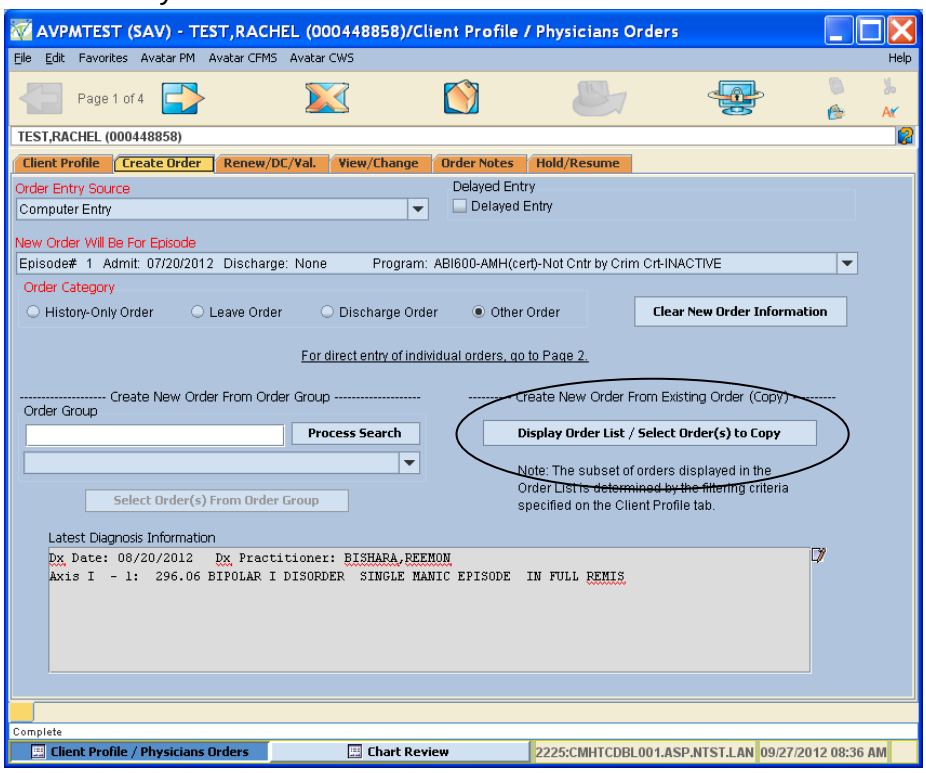
Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physician Orders → Hold/Resume Tab



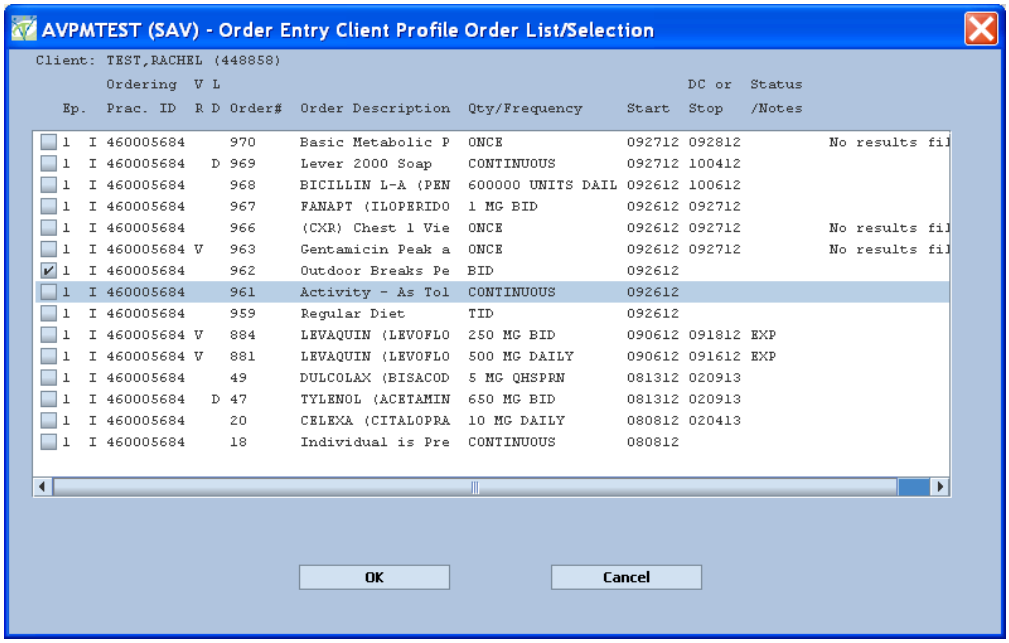
Field Name	***Instructions***
Order Entry Source	Confirm “Order Entry Source” is accurate
Delayed Entry	This is a flag that indicates the order was put in after the doctor ordered it. If this is the case check the box.
Hold or Resume Order	Click in the radio button to the left of the description to document the action you want to take. In this case, click on ‘Resume’.
Re-Screen Order	This button will be available after an order is selected for the action. Click on this to re-do clinical screening when resuming a held order.
Display Order List/Select Order(s)	Click on this to display a list of active orders. Select the order(s) you wish to resume from the list and click OK. Check one or more of the orders you wish to hold and click.
Display Details of Selected Order(s)	Click here to display the details of the orders selected for resuming.
Reviewing Practitioner	Confirm whether or not the Reviewing Practitioner is populated by reviewing the blue field under “Reviewing Practitioner”. If the blue field is blank, enter the last name of the Reviewing Practitioner.
Reviewing Practitioner Who is not Enrolled	Complete this field if the reviewing practitioner is not found in the process search for the “Reviewing Practitioner” field.
Review Date	Enter the Review Date – this is the date the decision was made to resume the order. This will default to the current system date.
Review Time	Enter the Review Time – this is the time the decision was made to resume the order. This will default to the current system time.
Effective Date	Enter the Effective Date – this will default to the current system date.
Effective Time	Enter the Effective Time – this will default to the current system time.
Hold/Resume Reason Code	Click on the drop down arrow to display a list of choices. Click on the appropriate choice to select. If the resume reason is not in the list, select ‘Other’ and type the reason in the Reason Text.
Hold/Resume Reason Text	This field becomes required when the Resume Reason Code selected equals ‘Other’. Type any further information that is needed in this field.
Print Notification(s)	Indicate Yes or No by clicking in the radio button to the left of the description. Only one may be selected.
File Data and Print Order(s)	Click on this to save and print the order. Be sure to review all screens before saving and printing.
File Data	Click on this to save the order. Be sure to review all screens before saving.

How do I Copy Orders?

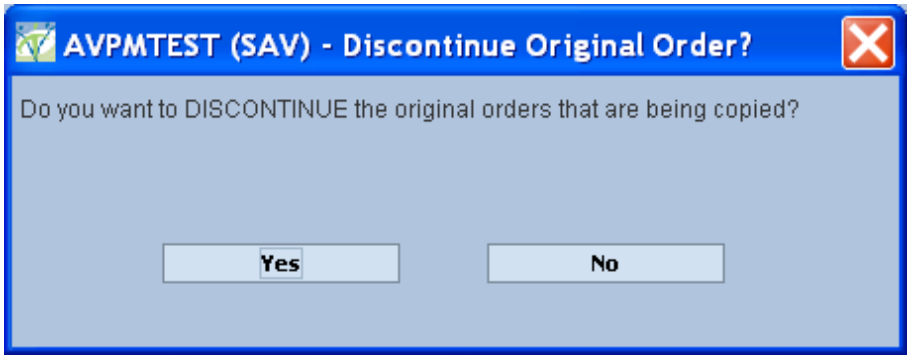
Avatar CWS → Order Entry → Order Entry Client Information → Client Profile/Physicians Orders



Step 1: Click on the "Display Order List / Select Order(s) to Copy button

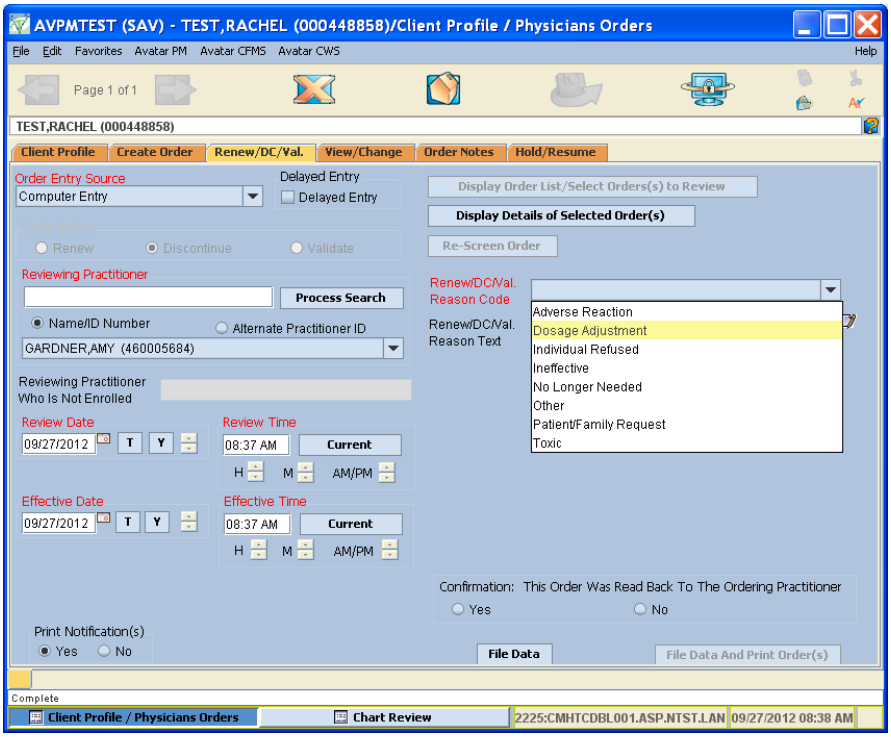


Step 2: Select the orders to be copied and click OK

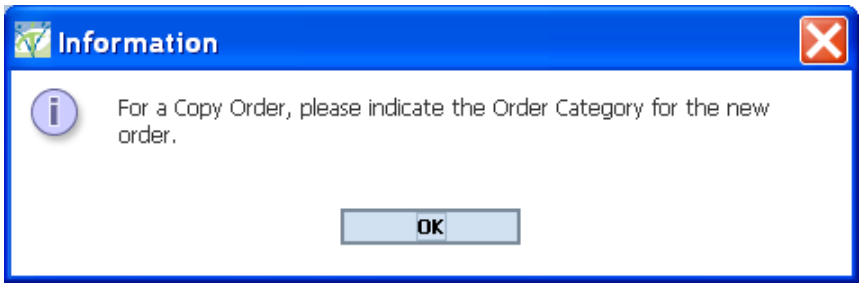


Step 3: If you want to discontinue the original order(s), click 'Yes' if not, click 'No'

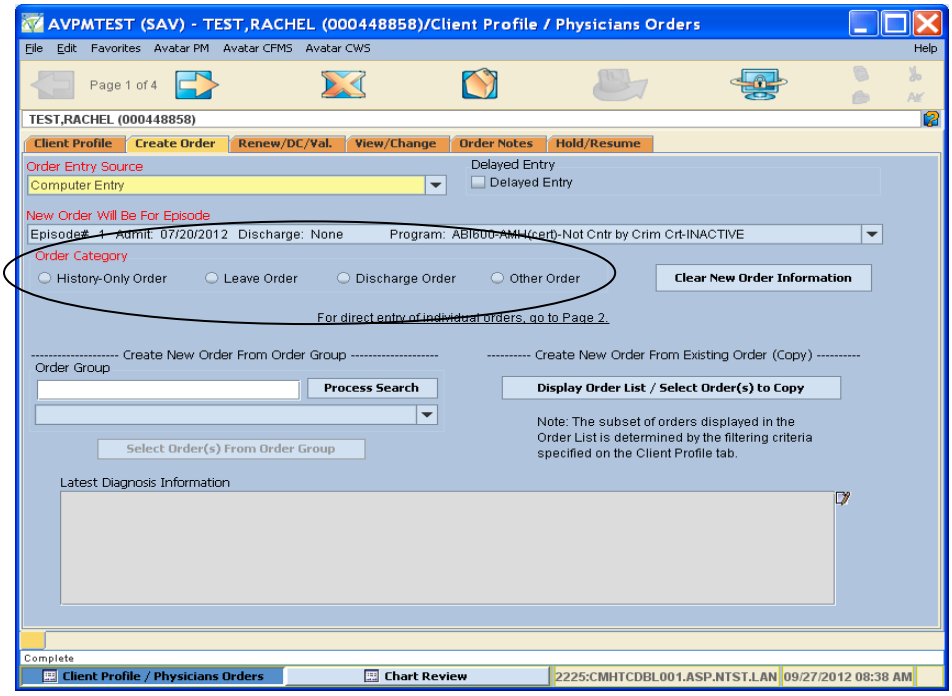
Clicking Yes:



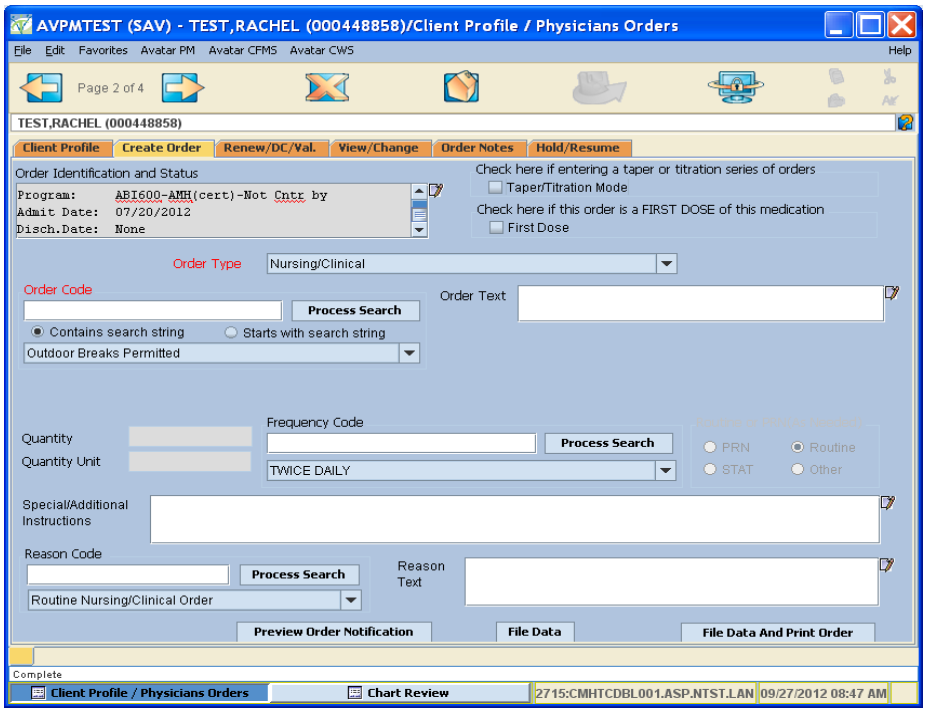
Step 4: Click on the appropriate discontinue reason
Step 5: Click on File Data



Read the message and click 'OK'

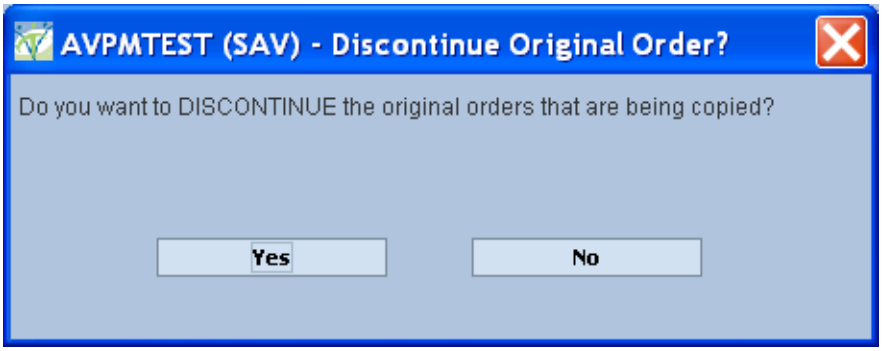


Step 6: Click in the appropriate Order Category and right arrow to Page 2

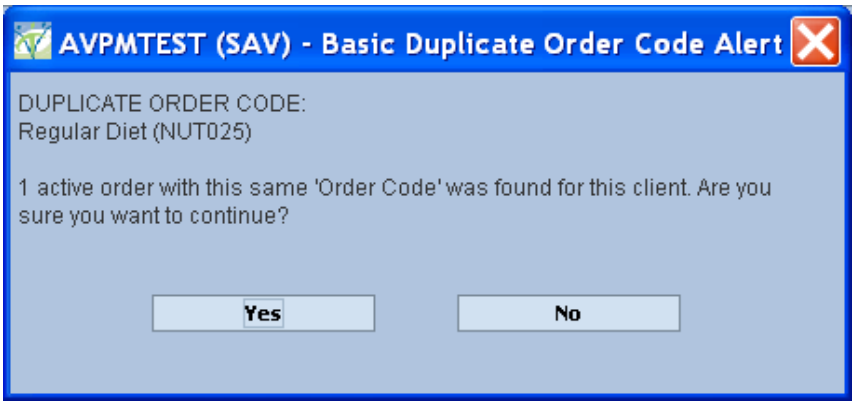


Step 7: Review all order information for the order code displayed and click File Data.

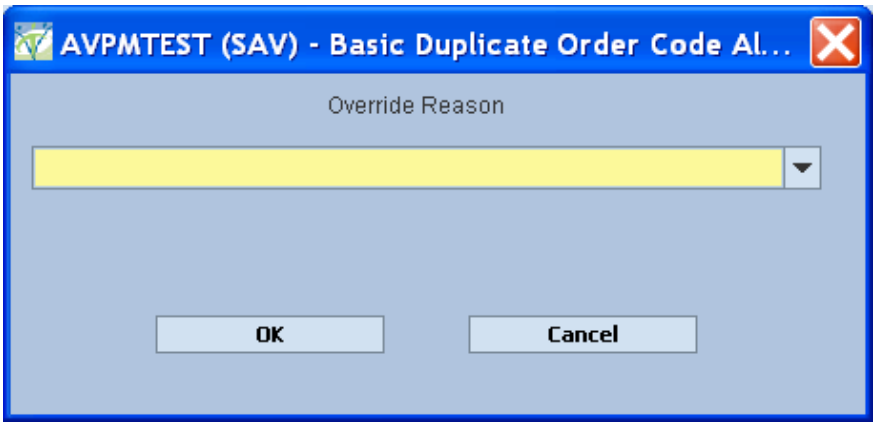
The information for the order(s) selected to be copied will display oneorder at a time until all orders are filed.



Clicking No:



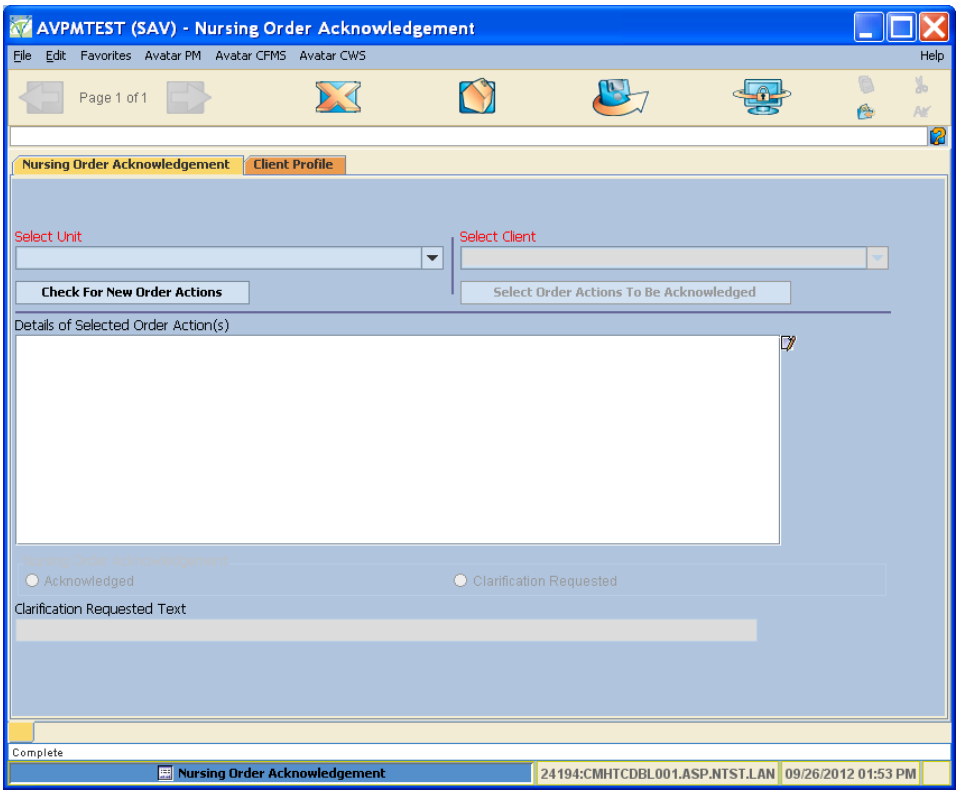
Click 'Yes' to continue with the copy order process



Enter override reason for ordering the duplicate
Continue with copying the orders starting with Step 6

How Does the Nurse Acknowledge (Order Received) an Order(s)?

CWS → Order Entry → Order Entry Nursing Order Acknowledgement → Nursing Order Acknowledgement

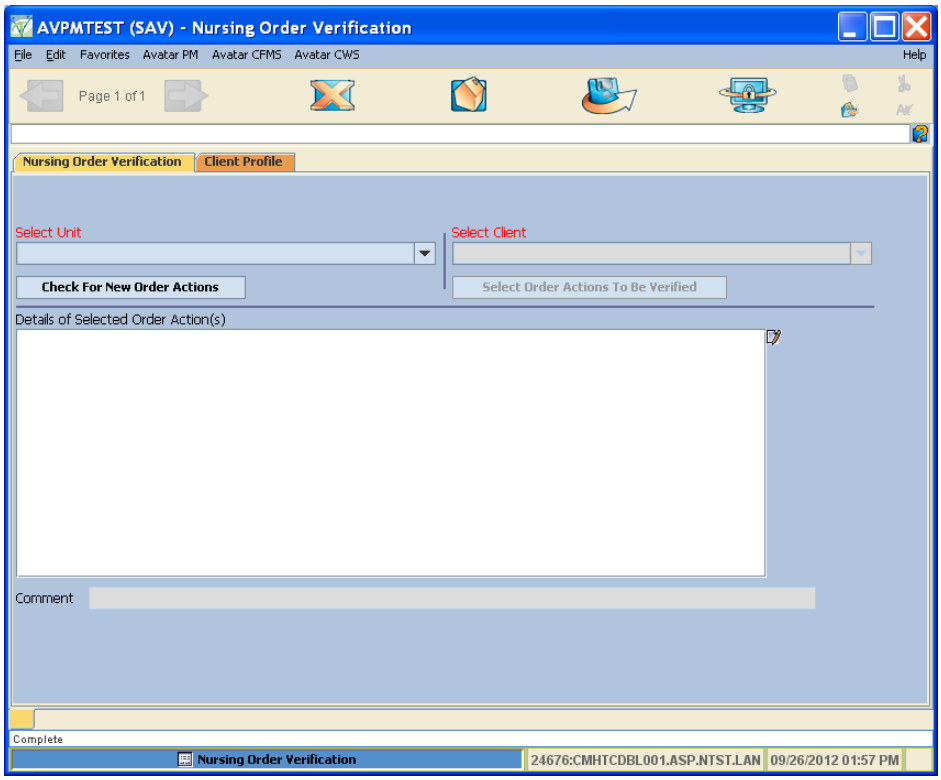


Field Name	***Instructions***
Select Unit	Click on the drop down arrow to display a list of units. Select the appropriate choice.
Select Client	Click on the drop down arrow to display a list of individuals on the Unit selected. Click on the appropriate individual
Check for New Order Actions	Not in use at this time.
Select Order Actions to be Acknowledged button	This button will be available to select when the Select Client field is populated. A list of orders requiring acknowledgement will display. Click on the appropriate order(s).
Details of Selected Order Action(s)	This field will populate once the order(s) is selected. The details of the order selected will appear in this read only field.
Nursing Order Acknowledgement	After review of the order(s): If all is well, click the radio button to the left of 'Acknowledged' to acknowledge the order. If all is not well, click the radio button to the left of 'Clarification Requested'.
Clarification Requested Text	This field will be available if 'Clarification Requested' is

	selected in the “Nursing Order Acknowledgement” field. Type the clarification that is needed in this field.
	Click on submit.

How Does the Nurse Verify (Order Started) an Order(s)?

CWS → Order Entry → Order Entry Nursing Order Acknowledgement → Nursing Order Verification



Field Name	***Instructions***
Select Unit	Click on the drop down arrow to display a list of units. Select the appropriate choice.
Select Client	Click on the drop down arrow to display a list of individuals on the Unit selected. Click on the appropriate individual.
Check for New Order Actions	Not in use at this time.
Select Order Actions to be Verified button	This button will be available to select when the Select Client field is populated. A list of orders requiring verification will display. Click on the appropriate order(s).
Details of Selected Order Action(s)	This field will populate once the order(s) is selected. The details of the order(s) selected will appear in this read only field.

Comment	Type any comments.
	Click on submit

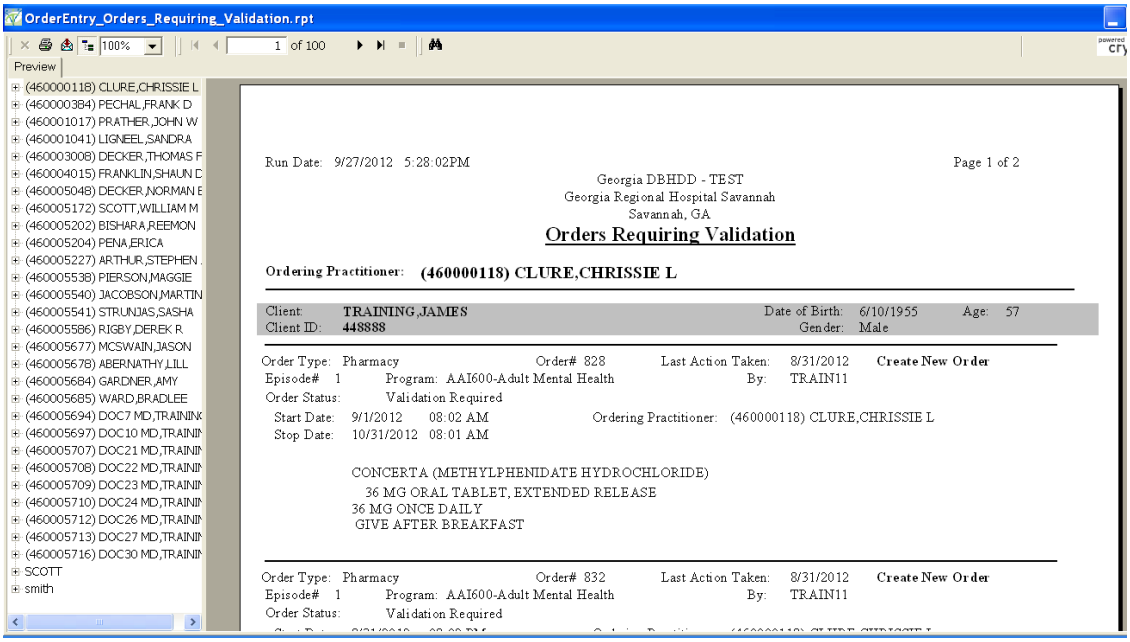
How Do I Run Order Entry Reports?

There are four (4) order entry reports that will be discussed here :

1. Orders Requiring Validation
2. Orders Due for Renewal
3. Drug Education Monographs
4. Client Doctor Orders Report

Order Entry Report #1 – Orders Requiring Validation

Avatar CWS →Order Entry → Order Entry Client Information → Orders Requiring Validation

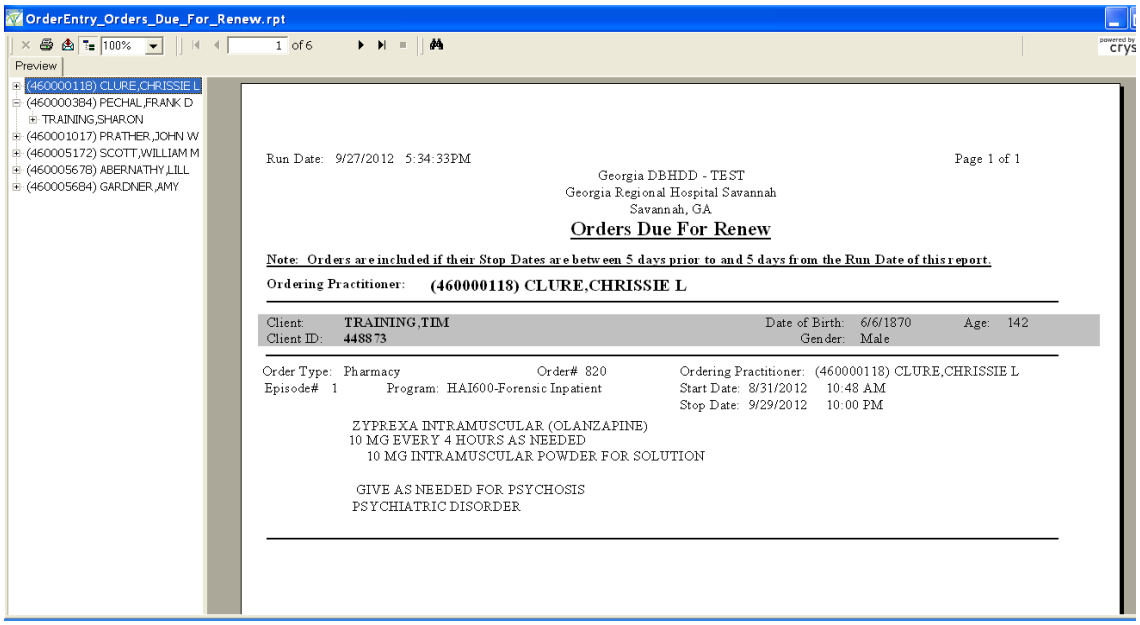


Presents a list of ordering practitioners on the left and details of the orders requiring validation on the right.

By clicking on the , to the left of the practitioners name, a list of the patients with the orders is displayed.

Order Entry Report #2 – Orders Due for Renewal

Avatar CWS →Order Entry → Order Entry Client Information → Orders Due for Renewal Report

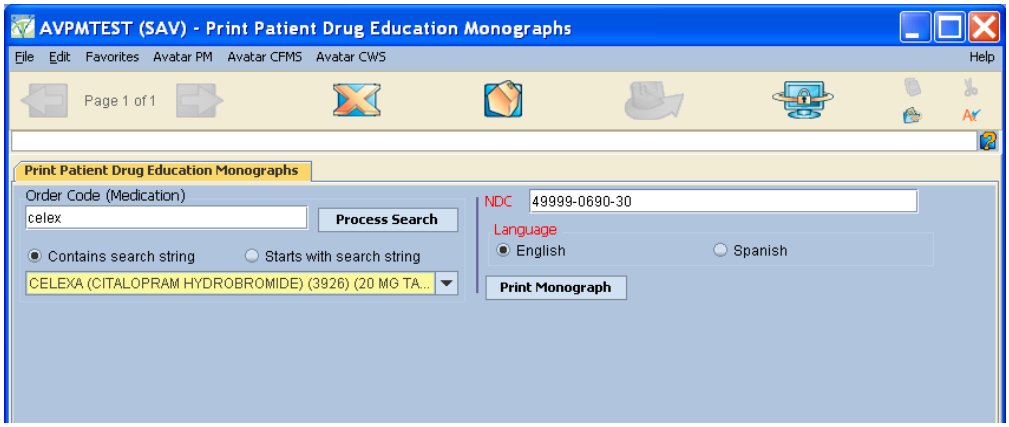


Presents a list of ordering practitioners on the left and details of the orders due for renewal on the right

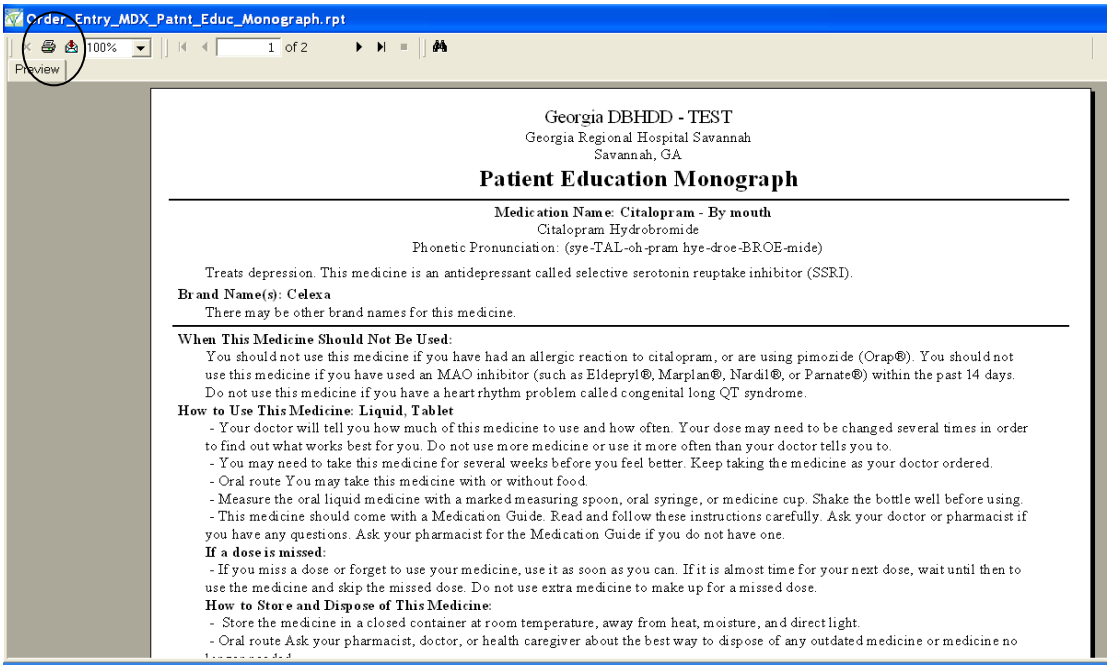
By clicking on the , to the left of the practitioners name, a list of the patients with the orders is displayed.

Order Entry Report #3 – Drug Education Monographs

Avatar CWS →Order Entry → Order Entry Client Information → Print Patient Drug Education Monographs



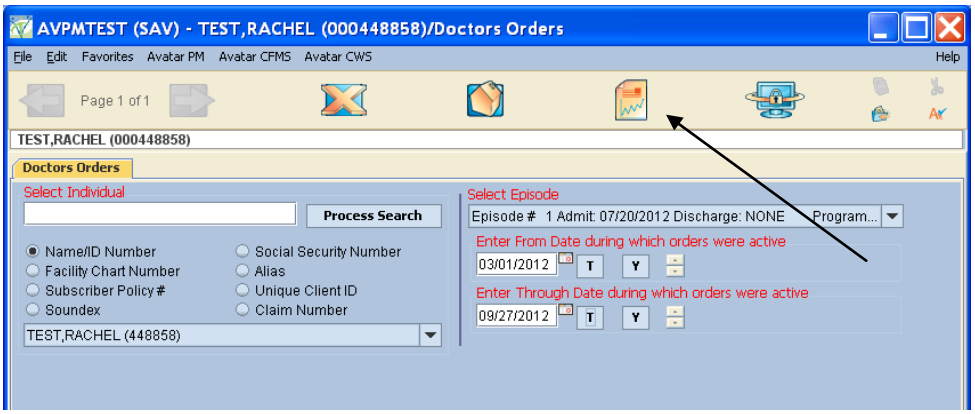
Field Name	***Instructions***
Order Code (Medication)	Enter part or all of the name of the medication and Click on Process Search button. Select appropriate medication from the drop down list presented.
NDC	This field will default once the medication is selected
Language	Select which language to use to print the education monograph. Pick from English or Spanish.
Print Monograph	Click on this button to print the education monograph to the screen,



To print for the individual, click on the printer icon in the upper left corner of the screen.

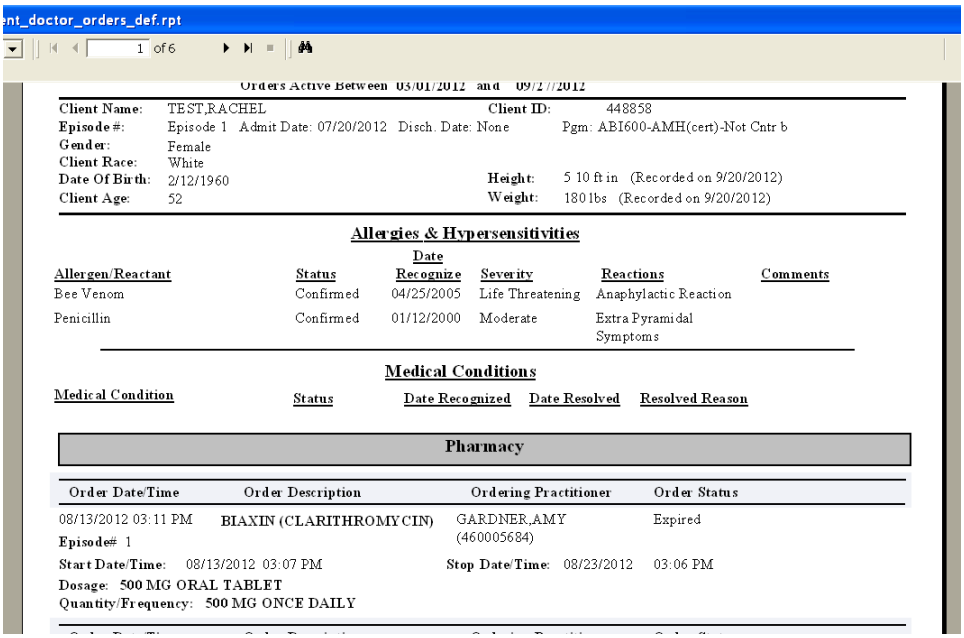
<u>Order Entry Report #4 – Client Doctor Orders Report</u>

Avatar CWS →Order Entry → Order Entry Client Information → Doctors Orders



Enter all required information: Select Episode; Enter the Date from which to start the report; and enter the Date to end the report.

Click on the report icon to run the report.



Report displays all orders for the dates entered on the parameter screen.

How Do I Exit Order Entry?

Position the mouse pointer over the Close icon and single click the left mouse button.

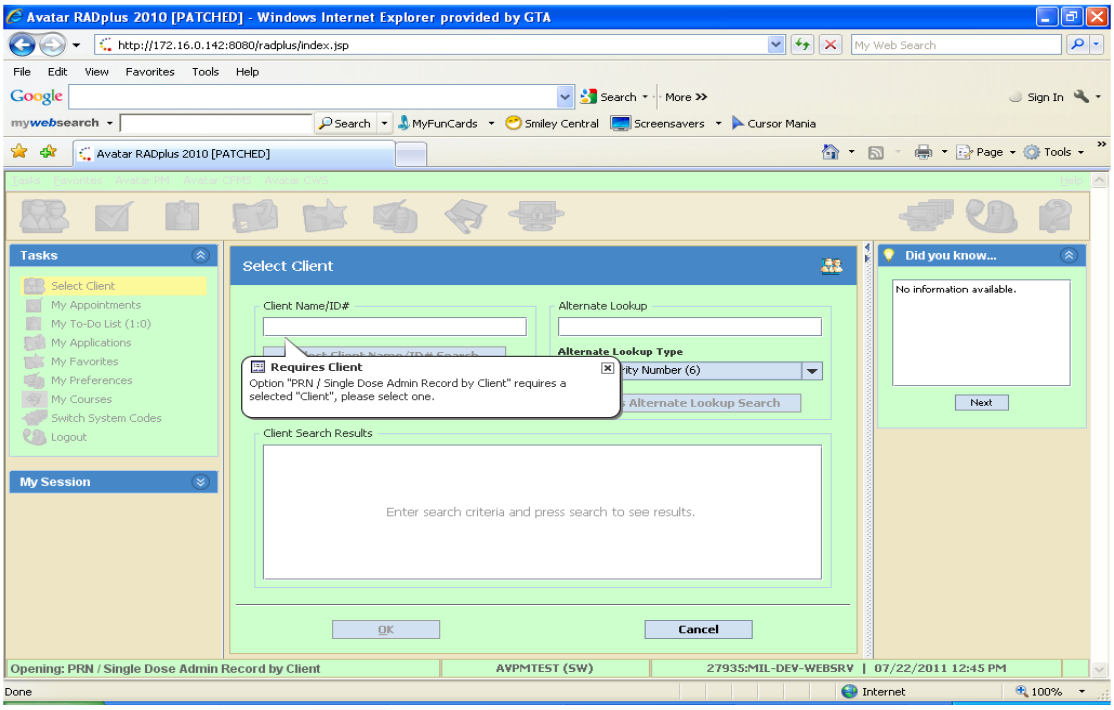
Printing the PRN/Single Dose Admin Record by Client from Order Entry

How Do I Launch the PRN/Single Dose Admin Record by Client in Avatar?

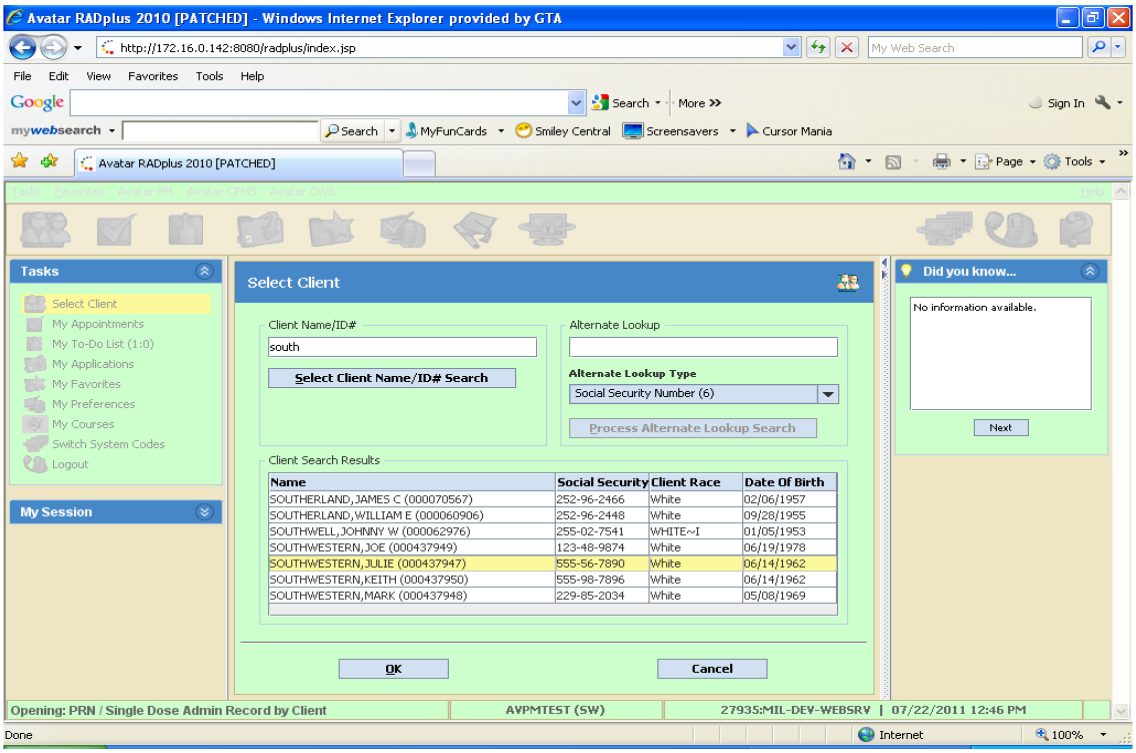
Click Avatar CWS → Order Entry → Order Entry Client Information → PRN/Single Dose Admin Record by Client

How Do I select the client for the PRN/Single Dose Admin Record by Client in Avatar?

Select Client



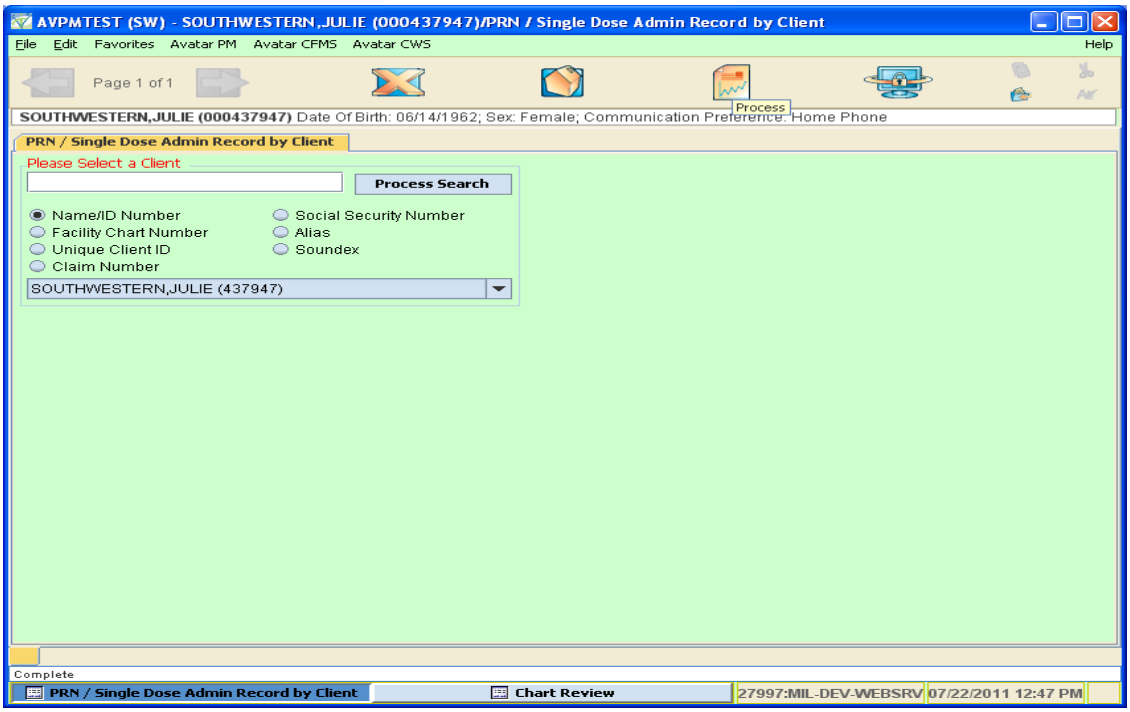
Field Name	***Instructions***
Client Name/ID#	Enter the client ID or the last name of the client.
OK	Click the OK button



Field Name	***Instructions***
Client Search Results	Select correct client from list by clicking in the row.
OK	Click on the OK button to process.

How Do I Run the PRN/Single Dose Admin Record by Client?

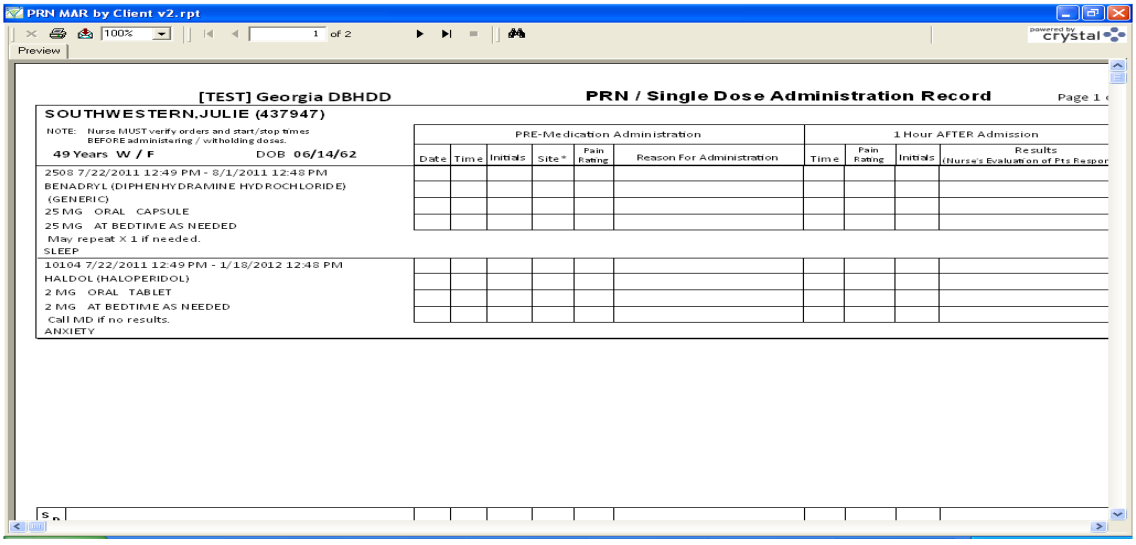
Tab Name – PRN / Single Dose Admin Record by Client

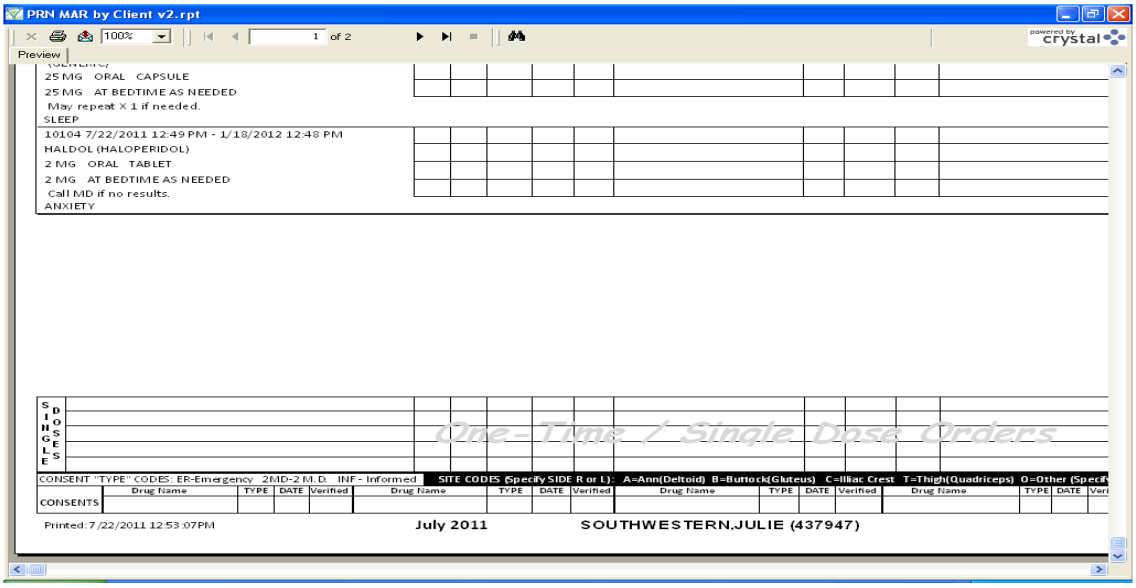


The client you selected will appear in the blue drop down box below the client search options.

Click on the “Process” icon to run the PRN/Single Dose Admin Record by Client

How Do I Print the PRN/Single Dose Admin Record by Client?





Once displayed, click print button in the upper left corner to print the PRN/Single Dose Admin Record by Client.

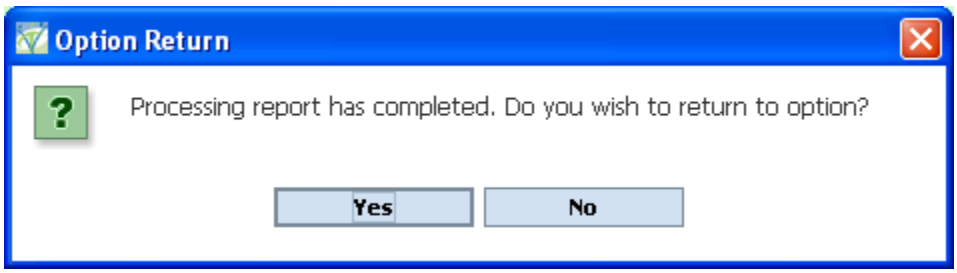
How Do I Close the PRN/Single Dose Admin Record by Client (PRN MAR by Client) screen?

To leave the PRN MAR by Client screen, Place mouse over the “Red X” button in the upper right hand corner screen.

Then click on the “X” to close the option without submitting.

OR

Click “No” to the pop up box that asks if you want to return to the option.



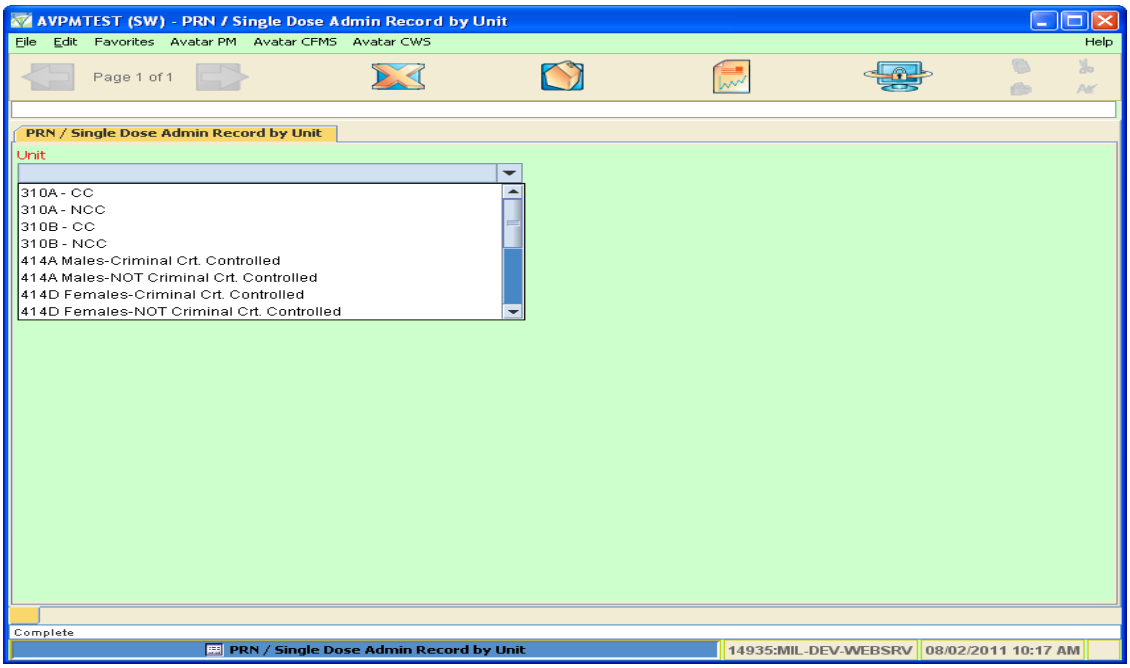
Printing the PRN/Singe Dose Admin Record by Unit from Order Entry

How Do I Launch the PRN/Single Dose Admin Record by Unit in Avatar?

Click Avatar CWS → Order Entry → Order Entry Client Information → PRN/Single Dose Admin Record by Unit

How Do I Select the Select the unit for the PRN/Single Dose Admin Record by Unit in Avatar?

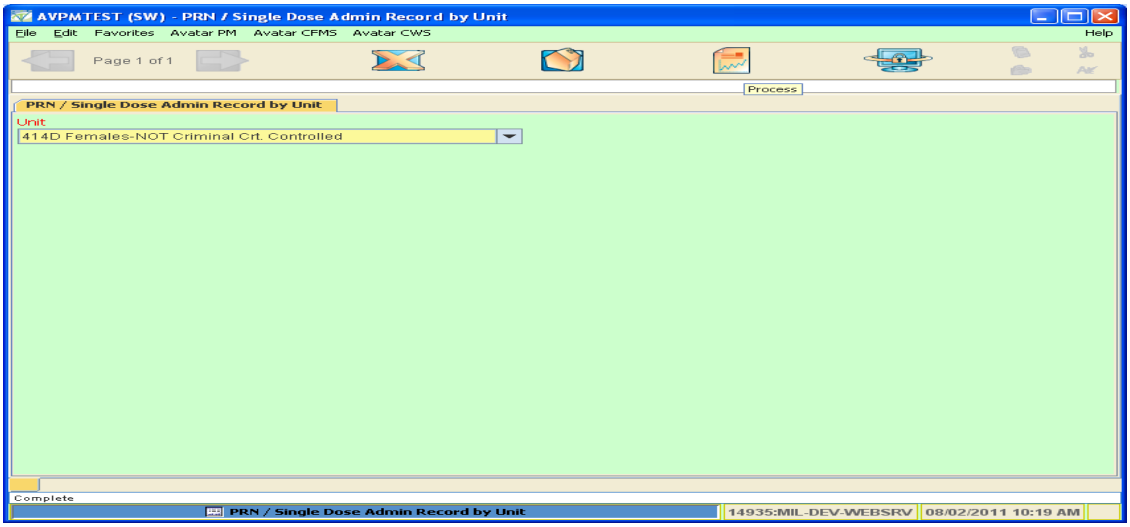
Select Unit



Field Name	***Instructions***
Unit	Select appropriate unit from drop down

How Do I Run the PRN/Single Dose Admin Record by Unit?

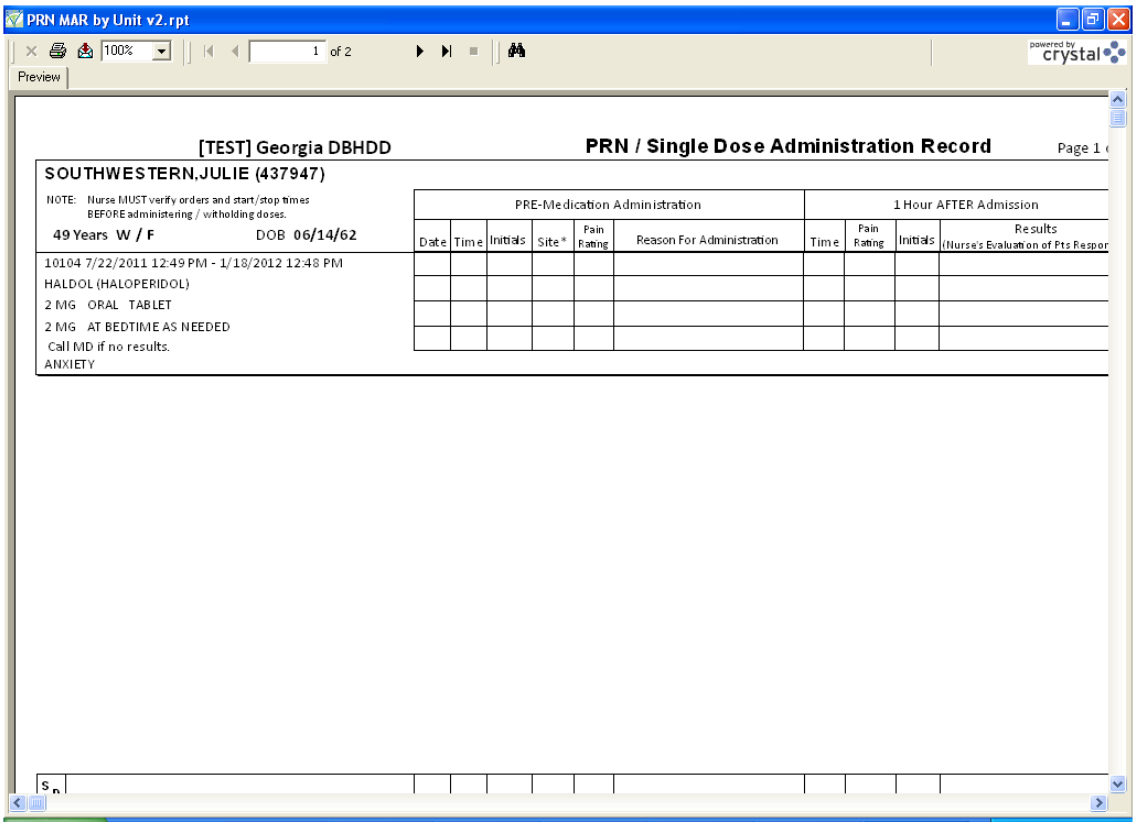
Tab Name – PRN / Single Dose Admin Record by Unit



The unit you selected will appear in the drop down box below the unit field name.

Click on the “Process” icon to run the PRN/Single Dose Admin Record by Unit.

How Do I Print the PRN/Single Dose Admin Record by Unit?



Once displayed, click print button in the upper left corner to print the PRN/Single Dose Admin Record by Unit.

How Do I Close the PRN/Single Dose Admin Record by Unit (PRN MAR by Unit) screen?

To leave the PRN MAR by Unit screen, Place mouse over the “Red X” button in the upper right hand corner screen.

Then click on the “X” to close the option without submitting.

OR

Click “No” to the pop up box that asks if you want to return to the option.