**APMS PROCEDURE DOCUMENTATION:**

1. If your procedure is linked to surgical encounter, your documentation should occur in the surgical encounter. If your procedure is not linked to a surgical encounter (i.e., epidural for rib fractures), you must create an **Ad Hoc** encounter to enter your documentation. For Ad Hoc encounters, **you must close them as soon as you finish the procedure** or the encounter will stay open indefinitely.
2. Click **Anesthesia Procs** (*grid view)* and complete the following:
3. **Macro 🡪 Epidural** or **Regional Block**. Quick events are **Anesthesia Time Out 🡪 Start Data Collection 🡪Epidural Placed** or **Regional Block 🡪Stop Data Collection**. If you do not use the Macro, manually input the same event buttons as listed above. ***\*\*\*DO NOT put Anesthesia Start and Stop times in this view. It is documented separately in the Procedure Note\*\*\****

\*\*Be sure to check MAR for anticoagulants during Time Out.

1. **Device** 🡪Add the device for data collection in the usual manner or record vitals manually
2. **Meds** 🡪 Record medications administered, including pre-medications and block medications or epidural *bolus* medications. You do not have to record lidocaine local or test dose for epidurals in this screen.  The test dose is documented in the **Procedure Note** and is billed under **Epi Supplies**, so it is not necessary to record in the grid view screen.
3. **LDAs** 🡪 **Epidural Catheter** OR **Nerve Block Catheter** (if epidural, *be sure to note the placement level in the comments block*)
4. Click **Procs** and complete the **Procedure Note**
5. Click **Orders** and complete the order set (for epidurals and regional catheters)
6. Click **APMS** **and CAPS** 🡪 **Charge Capture** 🡪 **APMS 🡪 Initial Encounter** (either epidural or block). Complete supplies and facilities fees. Professional fees are billed from the Procedure Note. Medication charges are dropped if they are recorded on the *grid view*.
7. Be sure to add the patient to the APMS list!!

**APMS Inpatient Rounds:**

**THE FIRST TIME YOU LOG IN**:

It is helpful if you customize your list. If you need help doing this, let one of the APMS team know and they can help you.

**THEREAFTER WHEN YOU LOG IN:**

Click **Patient Lists**. It will automatically take you to the APMS rounding list

Click *ONCE* on the patient chart to select it. ***\*\*\*DO NOT DOUBLE CLICK OR IT WILL OPEN THE PATIENT CHART AND CREATE A NEW ENCOUNTER, WHICH YOU DON’T WANT TO DO\*\*\****

**Quick Chart Review:**

On this home screen with a patient name highlighted, the most helpful screen views at the bottom of the list are **Overview**, **Pain**, **Meds**, **Vitals**, and **Consulting Plan**

When you are ready to enter the chart, click **Consult**

**Complete Note:**

Click **Consult 🡪 Consult Notes**

Link your note to the APMS consult by checking the box beside “Consult to APMS”

Click in Note Screen and type “<DOT>APMSEPI”. This will load the APMS epidural template. You will need to add your own for regional catheters or pain consults. Eventually, there will be standard templates for those, too, but they are not available yet. Navigate using “F2” and then double click your selection in yellow boxes. Left click to select it and right click to stick in blue boxes.

Finish note and click **Sign**.

**Place Orders:**

Click **Manage Orders**

For epidural adjustment, click **Modify** for the epidural local anesthetic. Then change the rate of the epidural infusion. If a bolus is given, document that in the **Admin. Inst.** section.

**Charge Capture:**

Click **Consult**

Click **Charge Capture**

Click **APMS**🡪 **Subsequent Hospital Care** 🡪 (choose whichever type applies)

Be sure to link the charge to a diagnosis and drop the charge