NURSING BUNDLE

How nurses can utilize it Erica leGrow LPN, GPRA coordinator



Working together today to build a better tomorrow.

Ska'tne ionkwaio'te ón:wa wenhniserá:te ne sén:ha aioianerénhake ne enióhrhen'ne



What is under our roof?

- Medical Clinic
- Outreach Dept.
- WIC/Nutrition
- Dental Dept.
- Pharmacy
- Lab





Off-Site:

- Let's Get Healthy Program
- Partridge House
- School Based Health Center-Mohawk School (pre-k to 5th)
- Alcohol Chemical Dependency Prevention Program

WHAT MEASURES ARE COVERED IN THE NURSING BUNDLE

- Tobacco use assessment
- Tobacco cessation-if appropriate
- Ipv/dv screening
- Universal alcohol screening (ages 9yrs-75yrs)
- Screening, brief intervention, and referral to treatment (Sbirt)-if appropriate

- Depression screening 12 years to 17 years
- Depression screening 18 years +

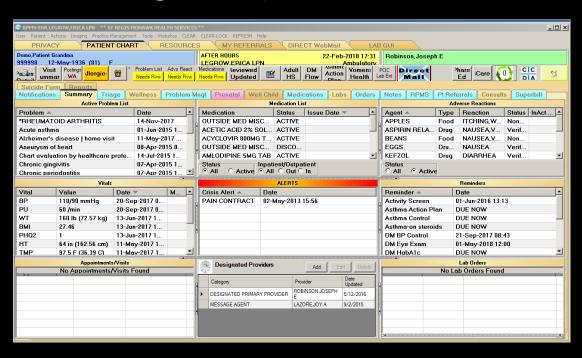
WELLNESS QUESTIONNAIRE

Adult Wellness Questionnaire Name:	Date:
DOB:	
Are you currently or have you ever been a toba	acco user?
o Yes o No	
If you are currently a tobacco smoker:	
How much do you smoke a day?	
If you were a tobacco smoker but quit:	
When did you quit?	
Do you or have you ever been a smokeless tob	pacco user?
o Yes	
o No	
If you are currently a smokeless tobacco user:	
How much do you use a day?	
If you were a smokeless tobacco user but quit	ti de la companya de
When did you quit?	
On Average, how many days a week do you d	irink an alcoholic beverage?
On a typical day when you do drink alcohol, h	now many alcoholic drinks do you have?
When did you have your last alcoholic bevera	gge?
Over the past 2 weeks, have you:	
Had little interest or pleasure in doing th	ings:
o Not at all	
o Several days	
More than half the days Nearly every day	
Feeling down, depressed, or hopeless?	

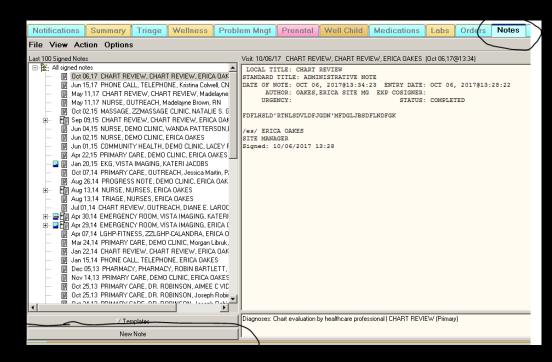
200				
			Not at all	
			Several days	
			More than half the days	
			Nearly every day	
			safe with the people you live or spend time with?	
		Yes		
	0	No		
			aid to go home?	
		Yes		
	0			
	Has an	yone	forced you to have sexual activities recently?	
		Yes		
	0	No		

HOW DO I GET TO THE NURSING BUNDLE

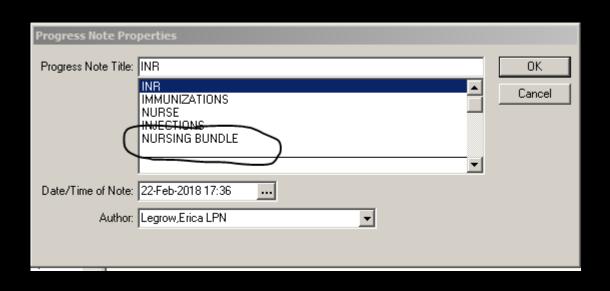
Step1: Start with a patient, making sure you are in a visit



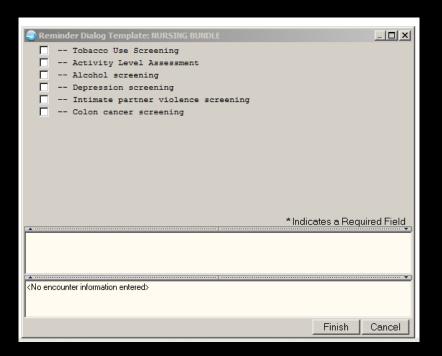
Step 2: Go to the Note Tab and click New Note



Step 3: When you click New Note look for the title Nursing Bundle



Then the program will automatically start the questioning process and just click what you need to.



ONCE YOU'RE IN THE NURSING BUNDLE TOBACCO USE SCREENING:

Reminder Dialog Template: NURSING BUNDLE	_
▼ Tobacco Use Screening	
TOBACCO HEALTH FACTORS	
SMOKE FREE HOME - Dec 08, 2015 CEREMONIAL USE ONLY - Mar 17, 2016	
PLEASE ASK: What tobacco products do you use or have used in the past including electronic cigarettes Tobacco Use Assessment Tobacco Exposure Assessment Activity Level Assessment Alcohol screening Depression screening Intimate partner violence screening Colon cancer screening	
*In	dicates a Required Field
	Finish Cancel

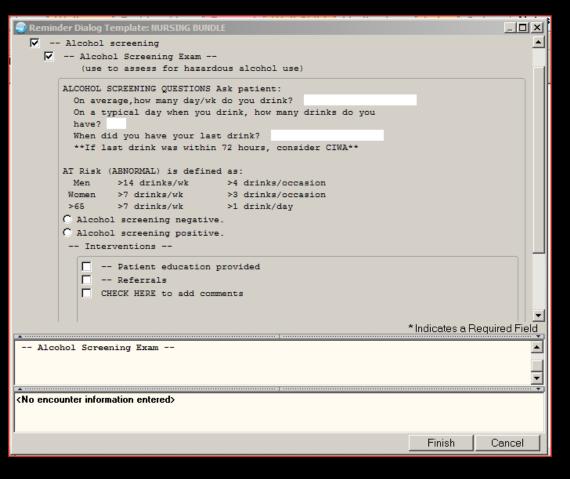
Reminder Dialog Template: NURSING BUNDLE		_ _ _ ×
✓ Tobacco Use Screening TOBACCO HEALTH FACTORS		_
SMOKE FREE HOME - Dec 08, 2015 CEREMONIAL USE ONLY - Mar 17, 2016		
PLEASE ASK: What tobacco products do you use or have used in the past including electronic cigarettes Tobacco Use Assessment C Patient has never smoked or used smokeless tobacc C Ceremonial tobacco use only. C Current or former smoker; never used smokeless to C Current or former smokeless tobacco user; never C Current or former smoker and smokeless tobacco user; Tobacco Exposure Assessment Smoke free home. Smoker in home. Patient is exposed to smoke at work or outside here	obacco. smoked.	
Activity Level Assessment Alcohol screening		Ш
Depression screening	ndicates a Re	 equired Field
Tobacco Use Assessment Tobacco Exposure Assessment		•
	Finish	Cancel

TOBACCO USE SCREENING CONTINUED

Reminder Dialog Template: NURSING BUNDLE		_
Tobacco Use Screening		A
TOBACCO HEALTH FACTORS		
SMOKE FREE HOME - Dec 08, 2015		
CEREMONIAL USE ONLY - Mar 17, 2016		
PLEASE ASK: What tobacco products do		
you use or have used in the past		
including electronic cigarettes		
✓ Tobacco Use Assessment		
 Patient has never smoked or used smokeless tobacco. 		
▼ Tobacco use-Prevention education provided at this en	counter.	
Level of Understanding: * Good		
Education duration: 0 ♣		
Readiness to Learn: (None selected)		
Comment:		
C Ceremonial tobacco use only.		
Current or former smoker; never used smokeless tobacco.		
		-
C Current or former smokeless tobacco user; never smoked.	*Indicator a D	Required Field
<u> </u>		required Field
		_
Tobacco Use Assessment		
l		
Patient has never smoked or used smokeless tobacco.		
Educated patient/family about tobacco use prevention.		
Level of Understanding: Good		
	Einiah	Canaal
	Finish	Cancel

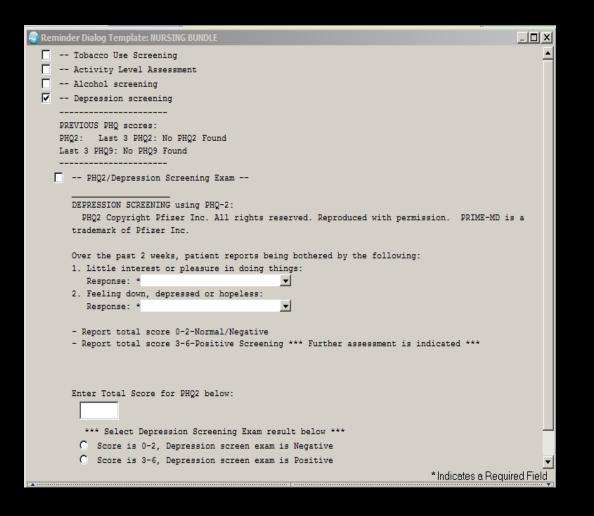
Reminder Dialog Template: NURSING BUNDLE			×
PLEASE ASK: What tobacco products do you use or have used in the past including electronic cigarettes			_
	counter.	r.	
Order for tobacco cessation consult O per standing order O per provider order *Ir	ndicates a F	Required Fie	eld.
Educated patient/family about tobacco cessation. Level of Understanding: Good			A
Patient Educations: TO-QUIT Health Factors: CURRENT SMOKER, EVERY DAY, NEVER USED SMOKELESS TOBACCO			
	Finish	Cancel	

ALCOHOL SCREENING



ler I	Dialo	g Template: NURSING BUNDLE	_ _ ×
_	_	· · · · · · · · · · · · · · · · · · ·	
	┍	Patient education provided	
		Level of Understanding: Good Kducation duration: 1	
		AOD-Complications	
		AOD-Cultural/Spiritual Aspects of Health	
		AOD-Medications	
		AOD-Nutrition	
		AOD-Prevention	
		AOD-Safety	
		AOD-Treatment	
	哮	Referrals	
		▼ Order for Alcohol/Substance abuse evaluation consult	
		C per standing order	
		C per provider order	
		C per provider referral	
		Comment:	
		Order for Behavioral Health consult	
			- III ∓I
		*Indicates a Requi	red Field
	00	C Alece	AOD-Cultural/Spiritual Aspects of Health AOD-Disease Process AOD-Follow up AOD-Health Promotion, Disease Prevention AOD-Help Line AOD-Information and Referral AOD-Injuries AOD-Lifestyle Adaptations AOD-Medications AOD-Nutrition AOD-Prevention AOD-Prevention AOD-Treatment V Referrals V Order for Alcohol/Substance abuse evaluation consult C per standing order C per provider order C per provider referral Comment: Order for Behavioral Health consult C per standing order *Indicates a Required

DEPRESSION SCREENING



Reminder Dialog Template: NURSING BUNDLE		×
PREVIOUS PHQ scores:		▲
PHQ2: Last 3 PHQ2: No PHQ2 Found		
Last 3 PHQ9: No PHQ9 Found		
√ PHQ2/Depression Screening Exam		-
DEPRESSION SCREENING using PHQ-2:		
PHQ2 Copyright Pfizer Inc. All rights reserved. Reproduced with perm	ission. PRIME	C-MD is a
trademark of Pfizer Inc.		
Over the past 2 weeks, patient reports being bothered by the following 1. Little interest or pleasure in doing things:	-	
Response: *(2) More than half the days		
2. Feeling down, depressed or hopeless:		
Response: *(2) More than half the days ▼		
Enter Total Score for PHQ2 below:		
4		
*** Select Depression Screening Exam result below ***		
C Score is 0-2, Depression screen exam is Negative		
Exam Result: Positive Comment:		
✓ Intervention: Referred to Primary Care Provider		
Intervention: Referred to Primary Care Provider (Add as "additional signer" on note to notify.		
Call/Advise in person if increased concern)		
•		
Intimate partner violence screening		
Colon cancer screening		₹
	* Indicates a	Required Field
Depression screening		-
PHQ2/Depression Screening Exam		
DEPRESSION SCREENING using PHQ-2:		
PHO2 Convright Pfizer Inc. All rights reserved Reproduced with		▼
	Finish	Cancel
	1 1111511	Curicer

INTIMATE PARTNER VIOLENCE SCREENING

Reminder Dialog Template: NURSING BUNDLE		X
Tobacco Use Screening		
Activity Level Assessment		
Alcohol screening		
Depression screening		
Intimate partner violence screening		
Last screening in computer: Date: Aug 14, 2014 Results: PAST		
Ask of patient when no family/visitors are present. Peds, ask of parent/care giver to determine if existence for patient.		
Do you feel safe with the people you live or spend time with?		
Are you afraid to go home?		
Has anyone forced you to have sexual activities recently? Patient was screened for domestic violence at this visit. Check to indicate education about domestic violence. Colon cancer screening		
	*Indicates a	. Required Field
Intimate partner violence screening		•
	Finish	Cancel

Reminder Dialog Template: NURSING BUNDLE		_ □ ×
Tobacco Use Screening		
Activity Level Assessment		
Alcohol screening		
Depression screening		
✓ Intimate partner violence screening		
Last screening in computer: Date: Aug 14, 2014 Results: PAST		
Ask of patient when no family/visitors		
are present. Peds, ask of parent/care		
giver to determine if existence for		
patient.		
Do you feel safe with the people you live or spend time with?		
DO YOU LEET Safe with the people you live of spend time with? ▼		
Are you afraid to go home? ▼		
Has anyone forced you to have sexual activities recently? ▼		
▼ Patient was screened for domestic violence at this visit.		
Result of Exam: * ▼ Comment:		
Check to indicate education about domestic violence.		
Colon cancer screening		
		Required Field
		▼
Intimate partner violence screening		
Patient was screened for domestic violence at this visit.		
	Finish	Cancel

Questions?



Saint Regis Mohawk Tribe Health Services 404 State Rte 37 Hogansburg Ny 13655 Fax: 1-518-358-9174

Erica LeGrow LPN, GPRA Coordinator Phone:1-518-358-3141 ext 7119 <u>elegrow@regis.Nashville.ihs.gov</u> and

Alyssa Moore PA, GPRA Coordinator Phone:1-518-358-3141 ext 7145