

# NURSING BUNDLE

How nurses can utilize it

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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 5<sup>th</sup>)
- 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 tobacco user?

- Yes
- 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 tobacco user?

- Yes
- 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:

When did you quit? \_\_\_\_\_

On Average, how many days a week do you drink an alcoholic beverage? \_\_\_\_\_

On a typical day when you do drink alcohol, how many alcoholic drinks do you have? \_\_\_\_\_

When did you have your last alcoholic beverage? \_\_\_\_\_

Over the past 2 weeks, have you:

Had little interest or pleasure in doing things:

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Do you feel safe with the people you live or spend time with?

- Yes
- No

Are you afraid to go home?

- Yes
- No

Has anyone forced you to have sexual activities recently?

- Yes
- No

# HOW DO I GET TO THE NURSING BUNDLE

Step 1: Start with a patient, making sure you are in a visit

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

The screenshot shows the EHR patient chart for Robinson, Joseph E. The interface includes a top navigation bar with tabs for Patient, Actions, Imaging, Practice Management, Tools, Websites, CLEAR, CLEAR-LOCK, and REFRESH Help. Below this is a patient summary bar with the name, date of birth (12-May-1936), gender (F), and a 'Visit' button. The main content area is divided into several sections: 'Active Problem List' with a table of conditions like RHEUMATOID ARTHRITIS and Acute asthma; 'Medication List' with a table of drugs like OUTSIDE MED MISC and ACETIC ACID 2% SOL; 'Vitals' with a table of measurements like BP 110/90 mmHg and WT 160 lb; 'Alerts' with a table of alerts like PAIN CONTRACT; 'Reminders' with a table of reminders like Activity Screen; and 'Designated Providers' with a table listing ROBINSON, JOSEPH E and LAZORE, JOY A.

The screenshot shows the EHR Note tab interface. The top navigation bar includes tabs for Notifications, Summary, Triage, Wellness, Problem Mngt, Prenatal, Well Child, Medications, Labs, Orders, and Notes. The 'Notes' tab is selected. The main content area is divided into two panes. The left pane shows a list of 'Last 100 Signed Notes' with columns for date, time, and author. The right pane shows a detailed view of a note titled 'CHART REVIEW, CHART REVIEW, ERICA OAKES (Oct 06,17@13:34)'. The note content includes a 'LOCAL TITLE: CHART REVIEW', 'STANDARD TITLE: ADMINISTRATIVE NOTE', 'DATE OF NOTE: OCT 06, 2017@13:34:23', 'ENTRY DATE: OCT 06, 2017@13:28:22', 'AUTHOR: OAKES, ERICA SITE MG', 'EXP COSIGNER:', 'URGENCY:', and 'STATUS: COMPLETED'. The note is signed by ERICA OAKES, SITE MANAGER, on 10/06/2017 13:28. At the bottom, there is a 'Diagnoses' section with 'Chart evaluation by healthcare professional | CHART REVIEW (Primary)' and a 'New Note' button.

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.

The screenshot shows the 'Progress Note Properties' dialog box. The 'Progress Note Title' field contains 'INR'. A dropdown menu is open, showing a list of options: 'INR', 'IMMUNIZATIONS', 'NURSE', 'INJECTIONS', and 'NURSING BUNDLE'. The 'NURSING BUNDLE' option is circled in black. Below the dropdown, the 'Date/Time of Note' is set to '22-Feb-2018 17:36' and the 'Author' is 'Legrow, Erica LPN'. There are 'OK' and 'Cancel' buttons on the right side of the dialog.

The screenshot shows the 'Reminder Dialog Template: NURSING BUNDLE' dialog box. It contains a list of checkboxes for various screening items: 'Tobacco Use Screening', 'Activity Level Assessment', 'Alcohol screening', 'Depression screening', 'Intimate partner violence screening', and 'Colon cancer screening'. A note at the bottom right states '\*Indicates a Required Field'. Below the list is a large text area containing '<No encounter information entered>'. There are 'Finish' and 'Cancel' buttons at the bottom right of the dialog.



# 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

\* Indicates 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 --  
 Patient has never smoked or used smokeless tobacco.  
 Ceremonial tobacco use only.  
 Current or former smoker; never used smokeless tobacco.  
 Current or former smokeless tobacco user; never smoked.  
 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 home.

-- Activity Level Assessment  
 -- Alcohol screening  
 -- Depression screening

\* Indicates a Required Field

-- Tobacco Use Assessment --  
-- Tobacco Exposure Assessment --

Finish Cancel

# TOBACCO USE SCREENING CONTINUED

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 --

Patient has never smoked or used smokeless tobacco.

Tobacco use-Prevention education provided at this encounter.  
Level of Understanding: \* Good  
Education duration: 0  
Readiness to Learn: (None selected)  
Comment:

Ceremonial tobacco use only.  
 Current or former smoker; never used smokeless tobacco.  
 Current or former smokeless tobacco user; never smoked.

\* Indicates a Required Field

-- Tobacco Use Assessment --

Patient has never smoked or used smokeless tobacco.

Educated patient/family about tobacco use prevention.  
Level of Understanding: Good

Finish Cancel

Reminder Dialog Template: NURSING BUNDLE

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.  
 Ceremonial tobacco use only.  
 Current or former smoker; never used smokeless tobacco.  
 -- Patient currently smokes every day.

Tobacco Use-Quit education provided at this encounter.  
Level of Understanding: \* Good  
Education duration: 0  
Readiness to Learn: (None selected)  
Comment:

Tobacco Use-Help line education provided at this encounter.  
 Tobacco Use-Complications education provided at this encounter.  
 Tobacco Use-Literature education provided at this encounter.  
 Order for tobacco cessation consult  
 per standing order  
 per provider order

\* Indicates a Required Field

Educated patient/family about tobacco cessation.  
Level of Understanding: Good

Patient Educations: **TO-QUIT**  
Health Factors: **CURRENT SMOKER, EVERY DAY, NEVER USED SMOKELESS TOBACCO**

Finish Cancel

# ALCOHOL SCREENING

Reminder Dialog Template: NURSING BUNDLE

-- Alcohol screening

-- Alcohol Screening Exam --  
(use to assess for hazardous alcohol use)

ALCOHOL SCREENING QUESTIONS Ask patient:  
On average, how many day/wk do you drink?   
On a typical day when you drink, how many drinks do you have?   
When did you have your last drink?   
\*\*If last drink was within 72 hours, consider CIWA\*\*

AT Risk (ABNORMAL) is defined as:  
Men >14 drinks/wk >4 drinks/occasion  
Women >7 drinks/wk >3 drinks/occasion  
>65 >7 drinks/wk >1 drink/day

Alcohol screening negative.  
 Alcohol screening positive.

-- Interventions --

-- Patient education provided  
 -- Referrals  
 CHECK HERE to add comments

\* Indicates a Required Field

-- Alcohol Screening Exam --

<No encounter information entered>

Finish Cancel

Reminder Dialog Template: NURSING BUNDLE

Alcohol screening negative.  
 Alcohol screening positive.  
 Click here to ask CAGE questions and record CAGE results.

-- Interventions --

-- Patient education provided

AOD-Brief Intervention  
Level of Understanding:  Education duration:

AOD-Complications  
 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-Safety  
 AOD-Treatment

-- Referrals

Order for Alcohol/Substance abuse evaluation consult  
 per standing order  
 per provider order  
 per provider referral  
Comment:

Order for Behavioral Health consult  
 per standing order

\* Indicates a Required Field

# DEPRESSION SCREENING

Reminder Dialog Template: NURSING BUNDLE

-- Tobacco Use Screening  
 -- Activity Level Assessment  
 -- Alcohol screening  
 -- Depression screening

-----  
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 permission. PRIME-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. Feeling down, depressed or hopeless:  
Response: \*

- Report total score 0-2-Normal/Negative  
- Report total score 3-6-Positive Screening \*\*\* Further assessment is indicated \*\*\*

Enter Total Score for PHQ2 below:

\*\*\* Select Depression Screening Exam result below \*\*\*

Score is 0-2, Depression screen exam is Negative  
 Score is 3-6, Depression screen exam is Positive

\* Indicates a Required Field

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:  
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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:

\*\*\* Select Depression Screening Exam result below \*\*\*

Score is 0-2, Depression screen exam is Negative  
 Score is 3-6, Depression screen exam is Positive

Exam Result:  Comment:

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:  
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Finish Cancel



# INTIMATE PARTNER VIOLENCE SCREENING

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?

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?

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

\* Indicates a Required Field

-- Intimate partner violence screening  
Patient was screened for domestic violence at this visit.

Finish Cancel

# Questions?



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