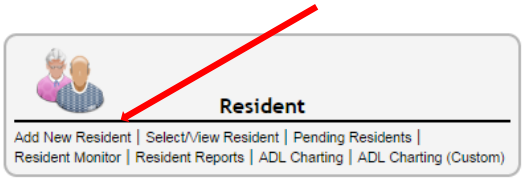
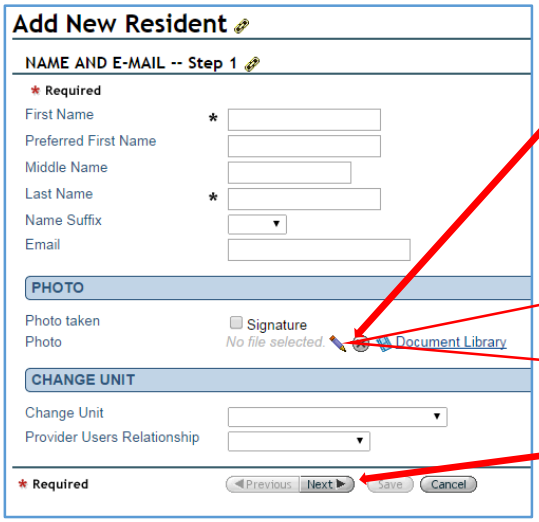
Adding Resident

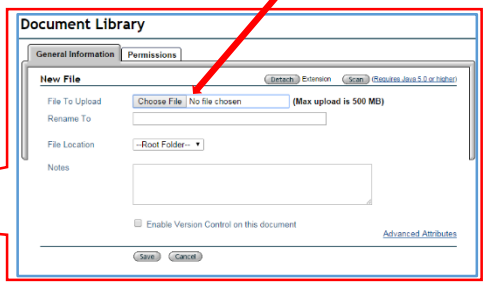
Select the “Add New Resident” link. This will take you to the “Name and E-Mail form.



Step 1. Fill out the Name and Email form required fields. Required fields are marked with an astrisk *



Attach a photo by selecting the edit pencil and then choose a file from your computer. (This photo will need to have been previously downloaded)

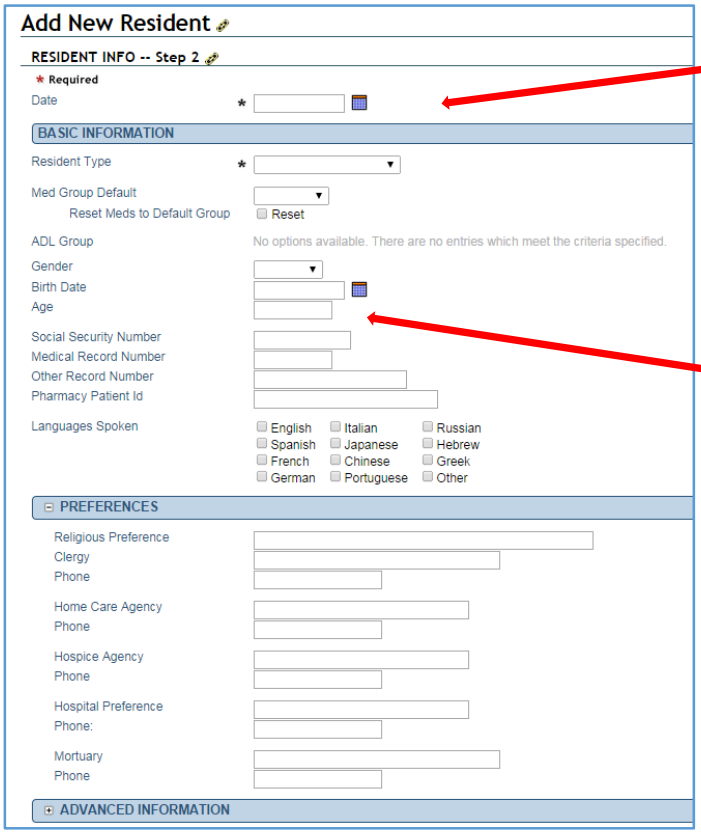


Advance to the next step by clicking the “next” button

Step 1 of 3

Step 2. Fill out the Resident Info form.

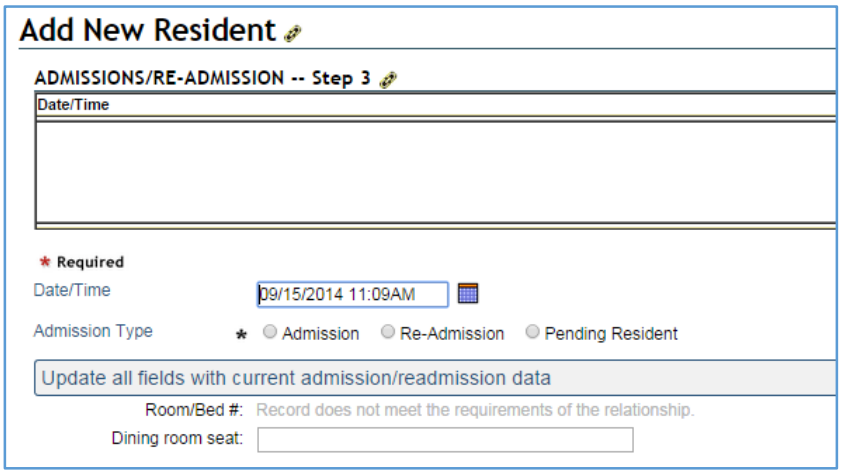
Step 2 of 3



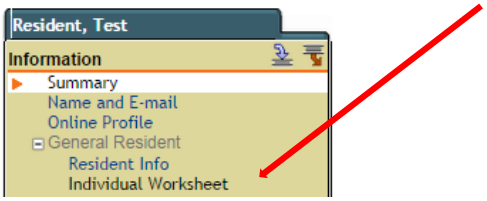
Date field is NOT admission date. This is the date when the form is completed.

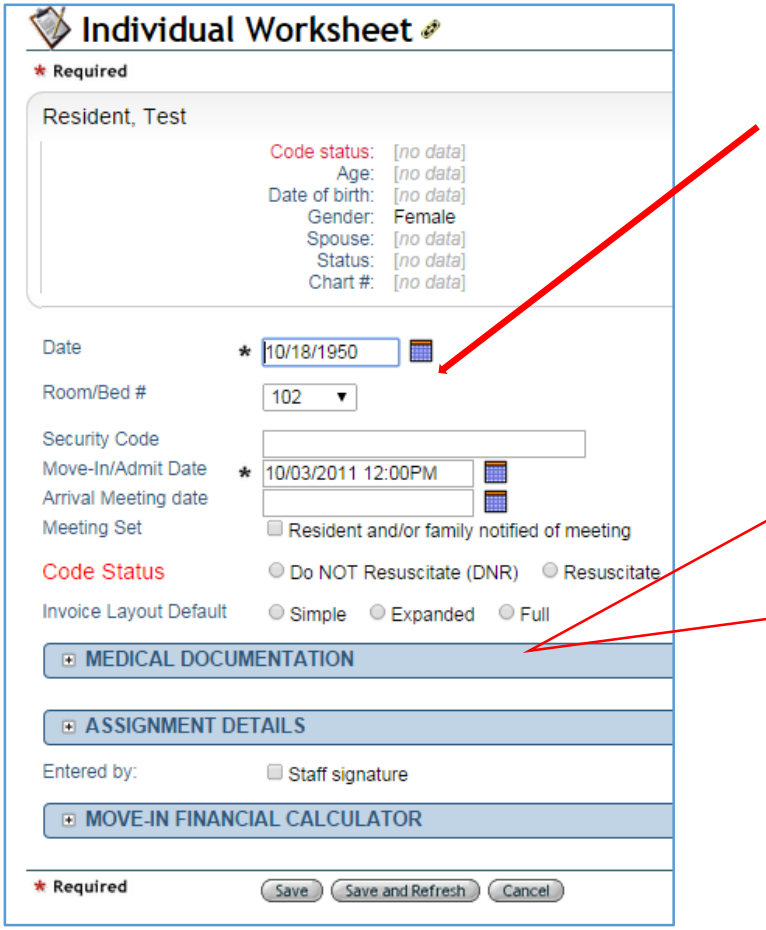
Age is automatically generated from Birth Date.

Step 3. Check one of the options below. Admission, Re-Admission or Pending Resident. Once this form is saved, the resident will ether be an active resident or a pending resident.



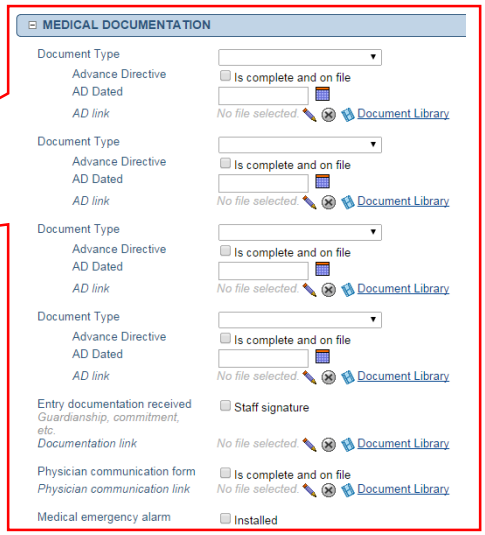
Optional Step 4. *Individual Worksheet* Optional forms can now be filled out to complete the admission or fill in other data. These optional forms are located on the resident left navigation menu.



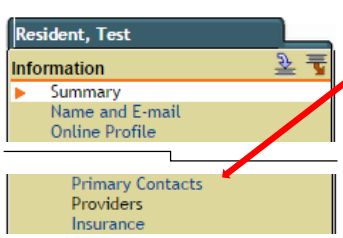


Only available rooms will be displayed. If a room doesn't appear in this drop down it is likely because it is set as a single occupied room (see community set-up) or it is held/occupied by another resident.

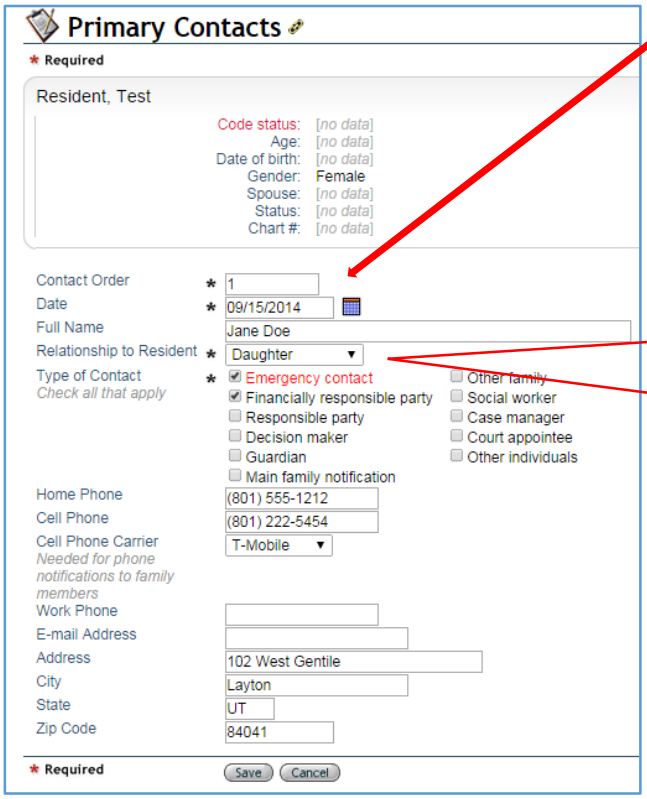
Medical Documentation can be uploaded by expanding the Medical Documentation section.

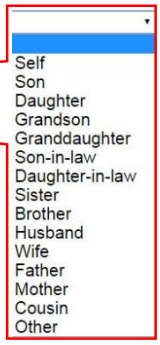


Optional Step 5. *Primary Contacts*

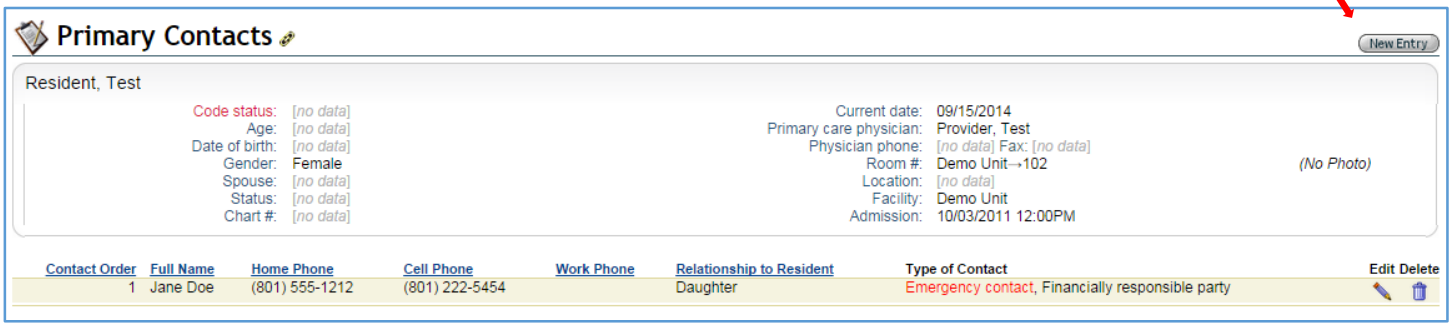


The contact order field lists the contact in order of preference. This order is displayed on the Residents record summary.

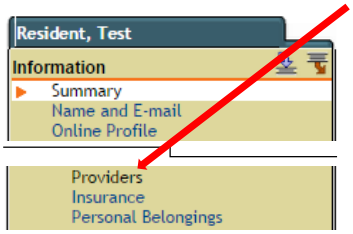




Multiple contacts are added by clicking the new entry button. All contacts information will be displayed as shown below.

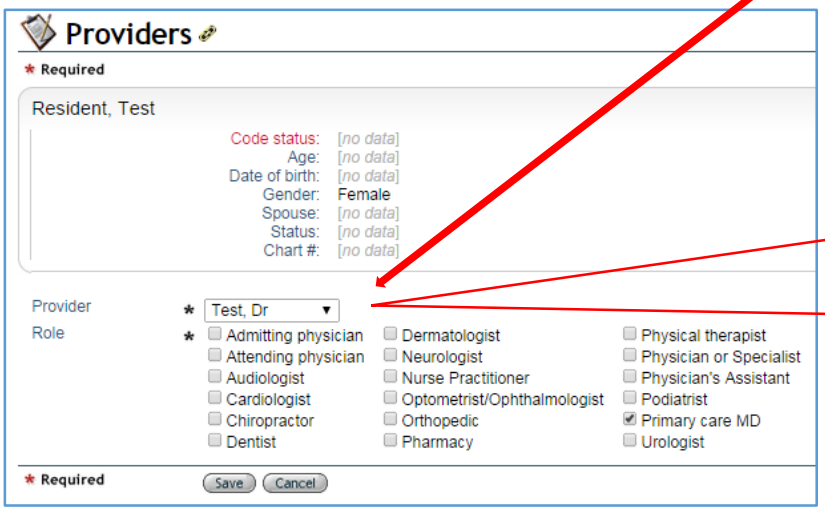


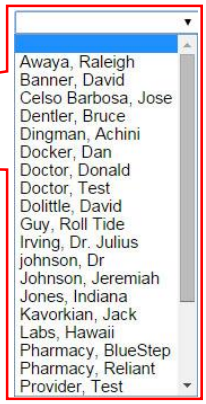
Optional Step 6. *Providers*



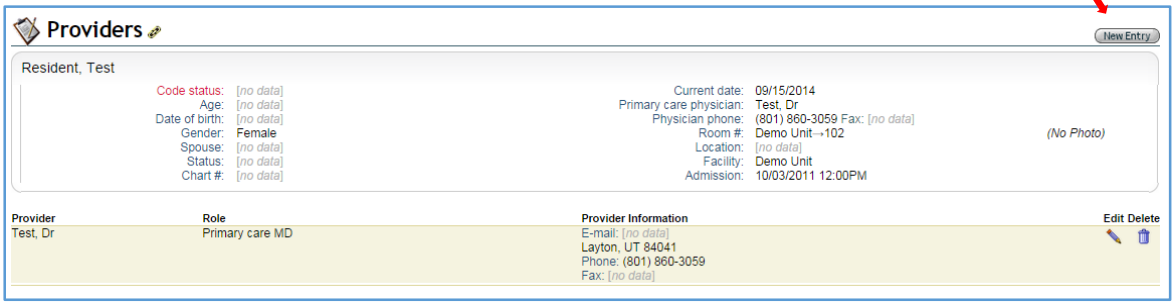
Select a provider from the drop down list. Providers are added through the “add provider” link. (See Adding Providers)

Once a provider is selected, define the provider’s roll.

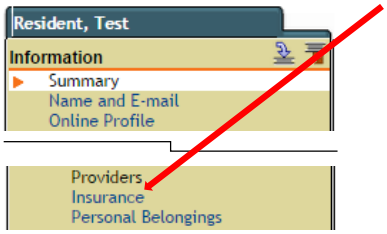


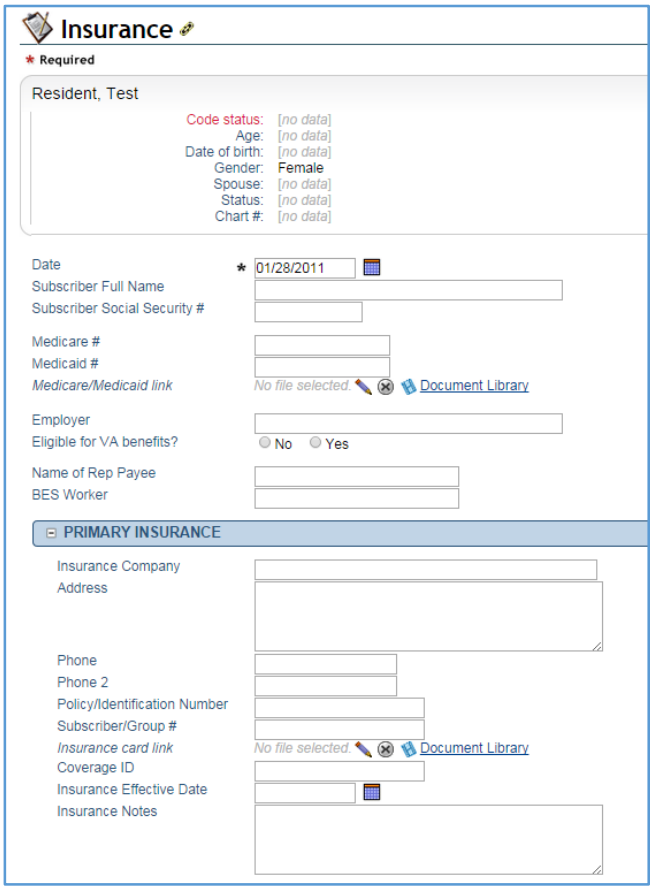


Multiple providers are added by clicking the new entry button. All providers information will be displayed as shown below.

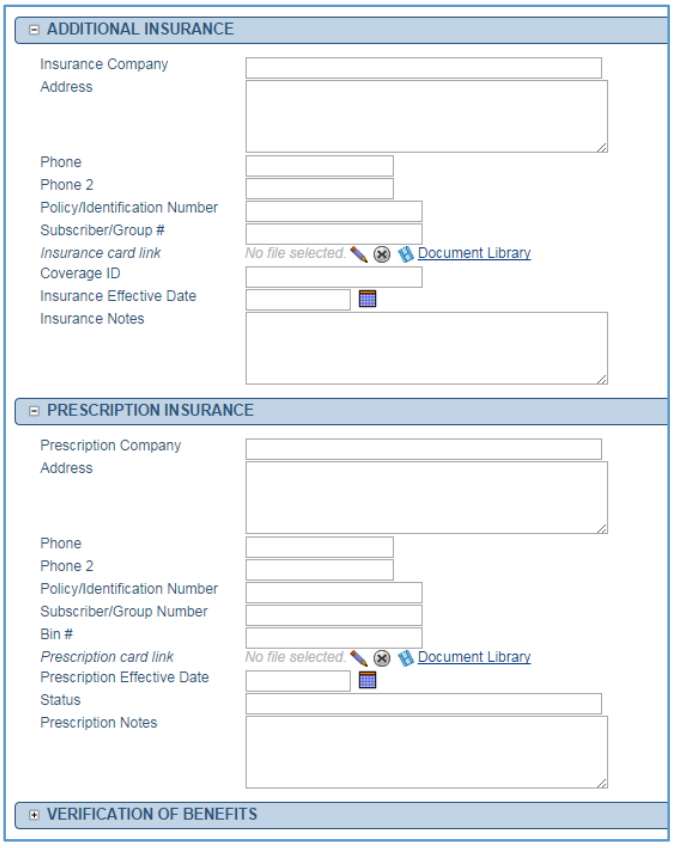


Optional Step 7. *Insurance*





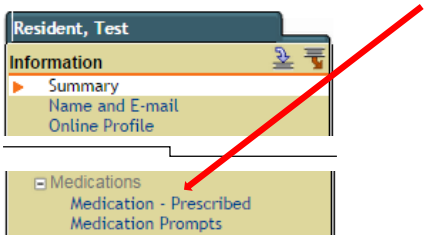
Continue form . . .



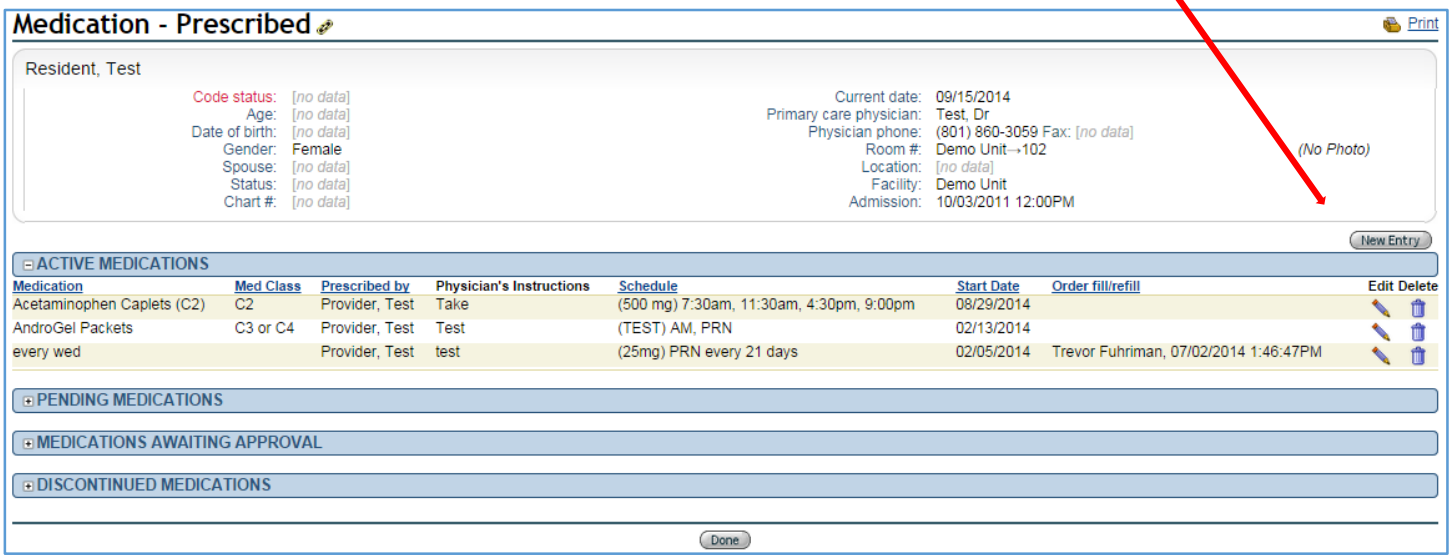
This form provides fields to input Primary, Secondary, and RX insurance.

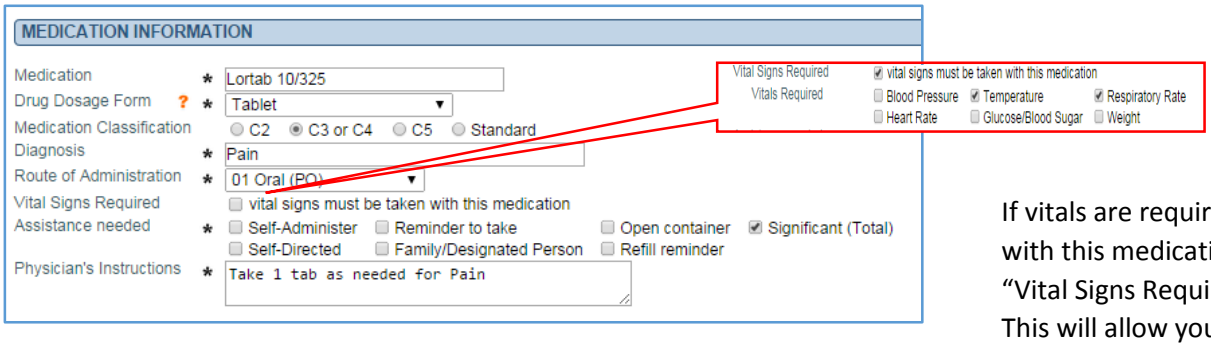
Insurance information is also displayed on the Resident Record Summary.

Optional Step 8. *Medication Prescribed:* Entering in a new medication order.

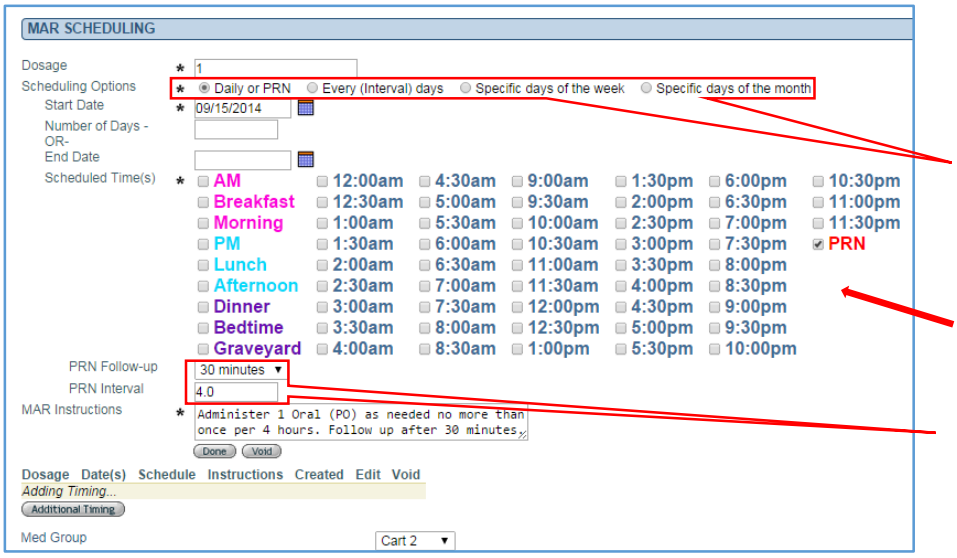


When the Medication – Prescribed link is selected a list of previously entered Meds are listed as seen below. To enter a new medication order, click on the new entry button.





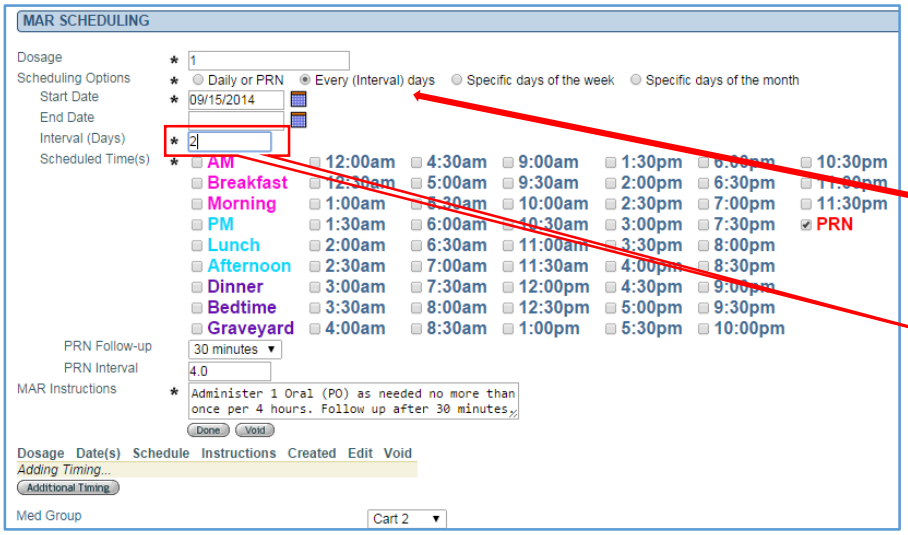
If vitals are required to be given with this medication, select the "Vital Signs Required" check box. This will allow you to attach one or more vitals that will be required to be recorded when administering this medication.



When scheduling a medication you have several options. Select the desired option

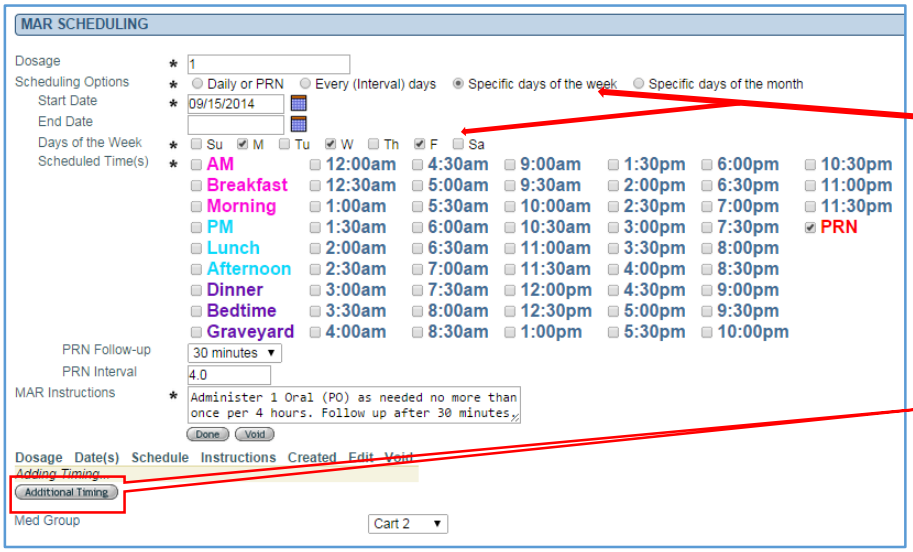
Select a general or specific time.

If a PRN is selected, define the PRN Follow time (how long until you want to be alerted for a follow up) and the PRN interval (How long between each administration)



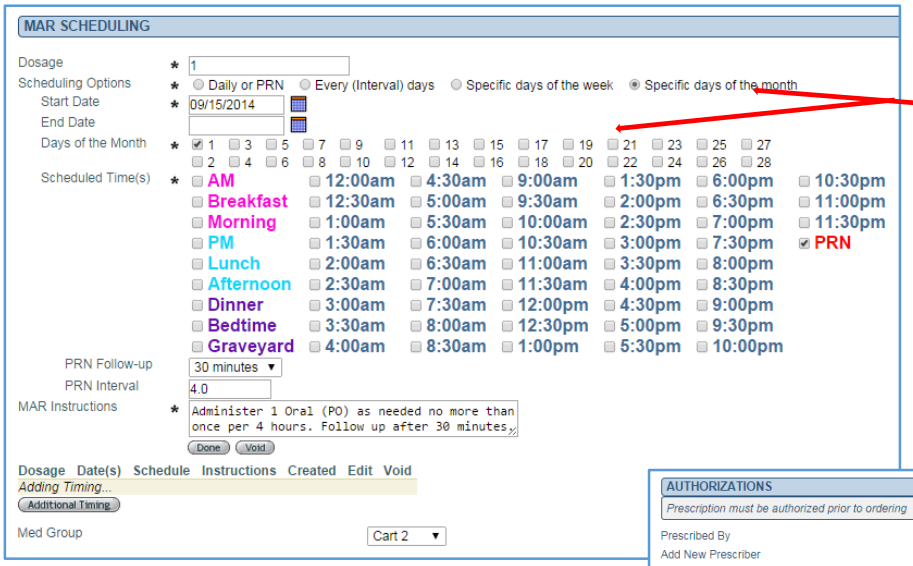
If the Scheduling option "Every (Interval) Days" is selected, you will need to define the Start Date and the Interval (Days).

Interval (Days) on this example, will display this medication every 2 days from the start date. If this medication needed to be displayed every 3rd day, then this field would need to have a "3" entered.

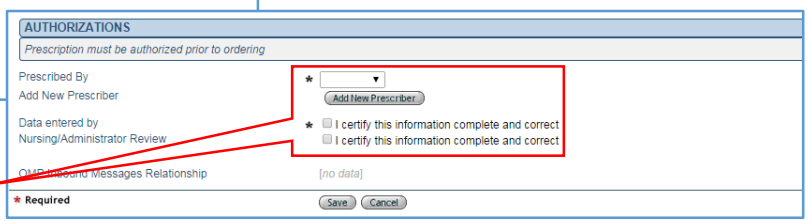


If the Scheduling option "Specific days of the week" is selected, you will need to define the Start Date and the Specific Days of the Week.

The Additional Timing button allows you to add an addition Schedule to this medication order. If for example this same medication needed to be given on the opposite days of the week with a different dosage, you can simply add an additional timing rather than adding a completely new order.

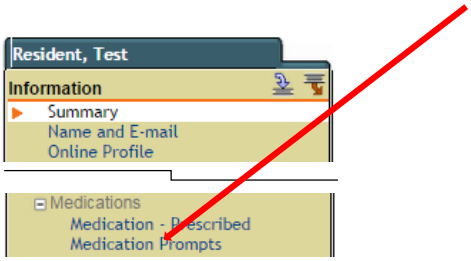


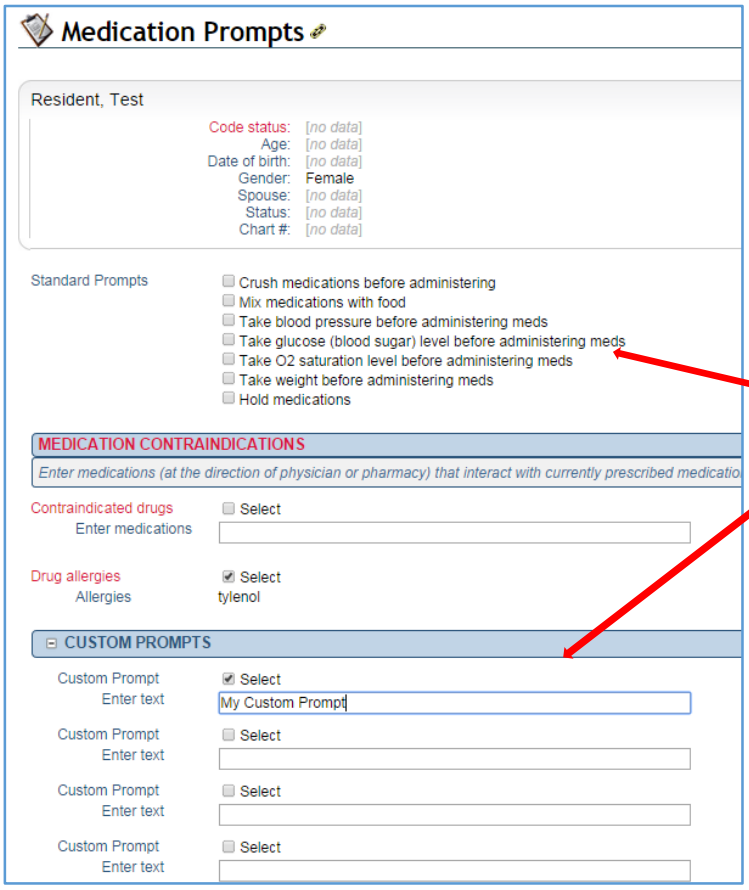
If the Scheduling option "Specific days of the month" is selected you will need to define the specific day(s) of the month you would like this medication to appear on the MAR. Note that there are no days from the 29th – 31st. Since this schedule is recurring every month, there are some months that don't have these days available.



Select the Doctor this order was prescribed by and check the Data entered by check box. You may also check the Nursing/Admin. Review box if you are a nurse. Click the Save button to complete this order.

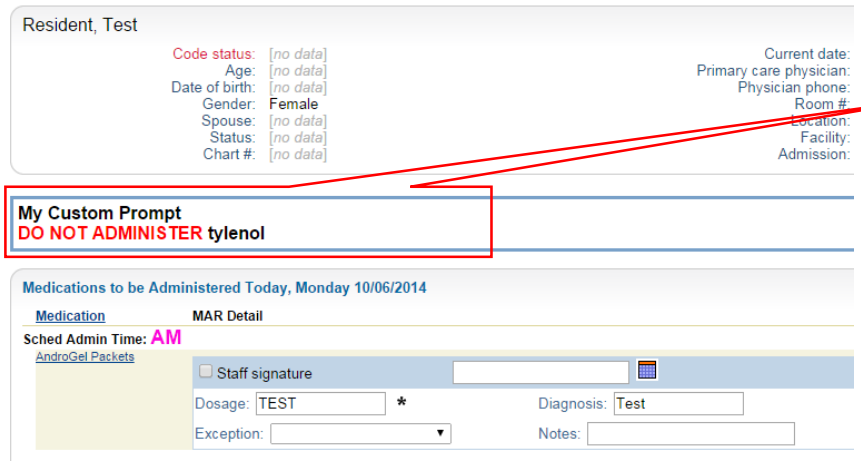
Optional Step 9. *Medication Prompt*





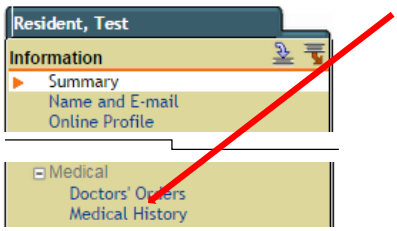
Medication Prompts allow you to post instructions to staff that are passing medications.

A standard prompt can be selected or a custom prompt can be created



When the Med Prompt is saved the staff will see the prompt message appear above the resident's medications as they prepare to administer/pass the medications

Optional Step 10. *Medical History*



Medical History

* Required

Resident, Test

Code status: [no data]
Age: [no data]
Date of birth: [no data]
Gender: Female
Spouse: [no data]
Status: [no data]
Chart #: [no data]

Date * 05/06/2013
Current Diagnosis

REVIEW OF HEALTH HISTORY

Please check all that apply

Medical Conditions *
Check any that the resident currently has or has had.

☐ Anaphylactic Shock	☐ Hives/skin allergies
☐ Anemia	☐ Hypoglycemia
☐ Appendicitis	☐ Kidney disorder
☐ Asthma	☐ Knee or ankle injuries
☐ Back injury	☐ Long Measles
☐ Bladder/kidney infection	☐ Meningitis
☐ Bone condition/broken bone	☐ Mononucleosis
☐ Bowel problem	☐ Mumps
☐ Cancer	☐ Pneumonia
☐ Chest pain	☐ Polio
☐ Chicken Pox	☐ Positive TB test
☐ Chronic cough	☐ Rheumatic Fever
☐ Diabetes	☐ Rheumatoid Arthritis
☐ Fainting/dizziness	☐ Scarlet Fever
☐ Frequent colds/Sore throat	☐ Seizure
☐ Frequent constipation/Diarrhea	☐ Serious injury
☐ Frequent ear infections	☐ Sexually transmitted disease
☐ Hallucinations	☐ Three-day Measles
☐ Hayfever	☐ Thyroid disease
☐ Heart troubles/disease	☐ Tuberculosis
☑ Hepatitis	☐ Typhoid Fever
☐ High blood pressure	☐ Other
☐ High cholesterol/fats	☐ None
☐ HIV Positive/AIDS	

Explain all checked above
Used on state report. Please include dates.

PREVIOUS EXAM RESULTS

Last Exam Date
Blood Type
Current Weight
Surgeries
Pacemaker? ○ No ○ Yes
List all medical devices in use
Drug Allergies: ibuprofen
Allergies
List foods and other substances allergies
Describe any special needs
Especially related to religion, nationality, race or sexual orientation

Completed by: Kristine Squire

* Required

Save | Save and Refresh | Cancel

Select any of the medical conditions that apply. If none of the conditions apply either select the "other" check box or the "none" check box.

The Drug Allergies text field will display all drug allergies on the resident record summary and also on the medication prompt form.

The Allergies text field will display all food allergies or other allergies on the resident record summary.