

INDIAN RIVER
SIGMA CARE BASICS
NURSES ONLY

I have received and reviewed the SigmaCare Basics packet related to Indian River. I understand if I experience any issues while utilizing the SigmaCare system I will seek assistance from the nursing staff within the facility.

Employee Signature

Date

Print Name

THE NURSE CONNECTION STAFFING
11 COMPUTER DRIVE WEST
ALBANY, NY 12205
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First Time Log On

Log On

Password Locked

Changing Unit and Shift (Current Assignment)

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First Time Log On

If this is your first time logging into SigmaCare, follow the steps below to change your password and accept the End User License Agreement (EULA) after clicking.

1. Notice the facility's account code is pre-filled in the **account** field.
2. Type the first letter of your first name and your entire last name in the **username** field (i.e., user John Smith would type *jsmith*).
3. Type the generic password in the **password** field.
4. Click the **Start** link or press the **Enter** key on your keyboard. *You will be prompted to create your own password.*
5. Notice your user ID is pre-filled in the **username** field.
6. Create your new customized password in the **new password** field. You must create a strong, secure password that contains the following:
 - Minimum of 6 characters
 - A combination of letters, numbers, and special characters
 - We recommend a password that is easy for you to remember or one that you are currently using for other applications
4. Re-type your new password into the **verify password** field.
5. Click the **Change** link. The End User License Agreement (EULA) page appears.
6. Review and click the **Accept** link to agree to the SigmaCare terms and conditions. The Dashboard page opens.

Log On

1. Notice the facility's account code is pre-filled in the **account** field.
2. Type the first letter of your first name and your entire last name in the **username** field (i.e., user John Smith would type *jsmith*).
3. Type your password in the **password** field.
4. Click the **Start** icon or press the **Enter** key on your keyboard.

Password Locked



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Add an Order

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Writing a Medication Order

- a. Searching for an Order
- b. Selecting a SIG
- c. Creating a Schedule
- d. Adding a Protocol
- e. Entering Clinical Monitoring
- f. Search for a Diagnosis

Adding Multiple Orders

Completing an Order



Create Compound Medication Order

Entering the Order Source Details




See Related Topics - How Do I.....

Writing a Medication Order

a. Searching for an Order

1. Click on the **Orders** tab from the **Resident Summary** page.
2. Click  **Add New**.
3. Type the first few letters of the medication name in the **Search** field.
4. Click .
5. Click the name of the medication.

b. Selecting a SIG

1. Select a SIG from the list of common SIGs for the selected medication.
2. Make any changes to the SIG by using the  dropdown fields.
Note: If your facility requires the five SIG fields to be entered, and the order you are entering cannot fill this requirement, click the SIG Field Requirement Not Applicable checkbox.
3. Click the **Sched** tab once the  changes to  on the **SIG** tab.

c. Creating a Schedule

1. Common schedules may display, if correct, click the schedule and continue to *Adding a Protocol*.
2. If a common schedule does not work for this order:
 - a. Click the **Build a Schedule** radio button.
 - b. Select either *Now, One-Time, PRN, Routine* or *STAT*.
 - c. Select the frequency of the administration by entering information into the **Rotation** fields.
 - d. Fill in any other required fields.
 - e. Click **>Add Schedule**.



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1. Click the **Protocol** tab once the  changes to  on the **Sched** tab.

d. Adding a Protocol

1. Type information in the **Description:** and/or **Text:** fields or select a common protocol under the **Description** field.
2. Select the **Clinical Monitoring** radio button.



e. Entering Clinical Monitoring

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5. Click the name of the medication.
6. Build the SIG.
7. In the **Add Text** field, enter "Compound Medication".
8. In the **Add Text** field, enter the other medications and doses that are in the compound medication.
9. Continue with the order writing process.

Entering the Order Source Details

SigmaCare allows a user to select the physician order source. Depending on your facility's policies and/or the method in which the physician ordered the order, an order source can be identified as either "Verbal," "Phone" or "Written".

1. During the Order Entry process, click the **Summary** tab.
2. Click the **Order Source**  dropdown and select either "Verbal," "Phone" or "Written" depending on how the order was received.
3. Click the **Auth?** checkbox.
4. Click the **Read Back?** checkbox, if necessary.
5. Click .



See Related Topics - How Do I.....

[Rehabilitation Clarification Orders](#)

[Physician Order Sign Off](#)

[Order Overview](#)

[Discontinue/Change an Order](#)

[Hold an Order](#)

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5. Enter the Reason and Justification.
6. Click .
7. Choose the new order and complete the order entry process.
8. The original order will be discontinued under the first physician (no sign off necessary).
9. The new order will be in pending sign off for the current physician.

Viewing the Discontinue Reason for a Medication

1. From the **Orders** tab from the **Resident Summary** page, click **History**.
2. Locate the discontinued medication.
3. Click the magnifying glass icon under the **Actions** column.

See Related Topics - How Do I...

[Physician Order Sign Off](#)

[Order Overview](#)

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4. Click the **Cancel Hold?** checkbox.
5. Click **Auth?**
6. Click .



See Related Topics - How Do I...

[Physician Order Sign Off](#)

[Order Overview](#)

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4. If a common schedule does not work for this order:
 1. Click the **Build a Schedule** radio button.
 2. Select either *Now*, *One-Time*, *PRN*, *Routine* or *STAT*.
 3. Select the frequency of the administration by entering information into the **Rotation** fields.
 4. Fill in any other required fields.
 5. Click **>Add Schedule**.
5. Click .



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Changing the Protocol and/or Clinical Monitoring Information on a Physicians Orders

1. Click the  icon to reconcile the Order's details.
2. Click the **Protocol/Monitor** tab.
3. To add protocol:
4. Type information in the **Description:** and/or **Text:** fields or select a common protocol under the **Description** field.
5. Select the **Clinical Monitoring** radio button.
6. To add clinical monitoring:
7. Select the type of clinical monitoring from the **Type**  dropdown.
8. Click either the **Before**, **After** or **Both** radio button.
9. Click **>Add**.
10. Click .

[Play Protocol Demo](#)[Play Clinical Monitoring Demo](#)

Print an Administration Record for One Order

1. From the Resident Summary, click the  icon. This will open the Order Reconciliation Page.
2. Click on the **Print Admin Record?** check box.
3. Click .
4. Print the Administration Record from the PDF.

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Renew/Sign Orders

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Orders in a Pending Request Status:

Approve Resident's Renewal Orders:

Deny Resident's Renewal Orders:

Picking Up and Phone? Complete a Queued Order

[See Related Topics - How Do I...](#)


Orders in a Pending Request Status:

1. Click **Renewals Pending** from the **Orders** tab on the **Resident Summary** page.
A list of all pending renewals will populate.



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Approve Resident's Renewal Orders:

1. From the **Orders** dashboard notification box, click the number under the **Total** column in the **Pending Request** row.
2. Review the order.
3. Click the  icon under the **Actions** column.



[Play Demo](#)

Deny Resident's Renewal Orders:

1. From the **Orders** dashboard notification box, click the number under the **Total** column in the **Pending Request** row.
2. Review the order.
3. Click the  icon under the **Actions** column.



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Picking Up and Phone? Complete a Queued Order

1. From the dashboard, click the number in the **Pending Request** row under the **Total** column.



Understanding the Administration Records Dashboard

This document will guide a user through understanding the counts in the Administration Record Dashboard Notification Box and who should monitor those counts in SigmaCare.

Contract

SigmaCare® Job Aid

Admin Records	Not Doc	Due
Ancillary Not Scheduled		1
Ancillary Follow-up	2	3
Ancillary	4	5
Medication Not Scheduled		6
Medication Follow-up	7	8
Medication	9	10
Resp Therapy Not Sched		11
Resp Therapy Follow-up	12	13
Resp Therapy	14	15
Schedule Not Confirmed		16
Treatment Not Scheduled		17
Treatment Follow-up	18	19
Treatment	20	21

***Note:** Numbers that are red/bold indicate that there is urgency to document the administration. This will be displayed on the 'Not Doc' column. The 'Due' column will show any due administrations that are currently in the scheduled window.

Box (Row + Column)	Description	Who Should Review?
1 Ancillary Not Scheduled Due	A count will show of any Ancillary orders that are missing a schedule.	Nursing reviews and reconciles order if appropriate or enters a change order if required.
2 Ancillary Follow-up Not	A count will show for the number of residents that have Ancillary administrations requiring follow-up.	Nursing reviews and documents.
2 Ancillary Follow-up Due	A count will show of any Ancillary orders that are out of the scheduled window and require documentation.	Nursing reviews and documents.
4 Ancillary Not Doc	A count will show of any Ancillary orders that are out of the scheduled window and require documentation.	Nursing reviews and documents.
5 Ancillary Due	A count will show of any Ancillary orders that require documentation that are still within their scheduled window.	Nursing reviews and documents.
6 Medication Not Scheduled Due	A count will show of any Medication orders that are missing a schedule.	Nursing reviews and reconciles order if appropriate or enters a change order if required.
7 Medication Follow-up Not Doc	A count will show for the number of residents that have Medication administrations requiring follow-up that are overdue.	Nursing reviews and documents.
8 Medication Follow-up Due	A count will show for the number of residents that have Medication administrations requiring follow-up.	Nursing reviews and documents.
9 Medication Not Doc	A count will show of any Medication orders that are out of the scheduled window and require documentation.	Nursing reviews and documents.
10 Medication Due	A count will show of any Medication orders that require documentation that are still within their	Nursing reviews and documents.
11 Resp Therapy Not Scheduled Due	A count will show of any Respiratory therapy orders that are missing a schedule.	Nursing reviews and reconciles order if appropriate or enters a



PLAN OF CORRECTION EDUCATION

9/13/13

MD/NP MUST BE NOTIFIED OF ALL MISSED/OMMITTED OR LATE INR TESTS

MD/NP MUST BE NOTIFIED OF ALL MISSED/OMMITTED OR LATE DOSES OF COUMADIN.

MD/NP MUST BE NOTIFIED OF ALL INR RESULTS (7-3 shift)

MEDICATION ERROR FORMS MUST BE COMPLETED IN FULL FOR ANY MISSED OR LATE MED OR LAB.

NEW ORDERS MUST BE INPUT INTO SIGMA FOR ALL CHANGES IN COUMADIN. LIBRARY ORDER SETS ARE TO BE USED WHICH WILL PUT IN PLACE FLAG FOR NEXT INR AND FLAG TO OBTAIN NEW ORDERS.

FLOW SHEETS WILL NO LONGER BE UTILIZED.

UNIT MANAGERS WILL AUDIT ALL COUMADIN AND INR RESULTS DAILY MONDAY-FRIDAY.
SUPERVISORS WILL AUDIT COUMADIN AND INR RESULTS ON WEEKENDS. ADON WILL PROVIDE OVERSIGHT OF AUDITS.

ALL NURSES MUST BE EDUCATED ON USE OF COAGCHECK XS SYSTEM PRIOR TO PERFORMING ANY INR CHECKS ON PATIENT. SEE SUPERVISOR ON OFF SHIFTS FOR EDUCATION.

NURSES PROGRESS NOTE IS TO BE MADE FOR ALL CHANGES IN DOSES, OR MISSED/OMMITTED MEDICATIONS/LABS.

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to successfully treat the resident. Initial documentation to include LT/ST use for diagnosis of _____ with target range of 'XX-XX'.

- Refer to facility policy regarding testing PT/INR for newly admitted/readmitted residents and thereafter.

OPERATING CONDITIOS/GUIDELINES:

- Use the meter at room temperature, between 65 degrees F and 90 degrees F
- Use the meter at relative humidity of less than 85% without condensation
- When testing, keep meter level up
- If you store the meter for a period of time, remove the batteries
- Do not use the meter at an altitude higher than 14,000 feet
- Do not use the meter near strong magnetic fields, such as a microwave oven, as this may interfere with the meter's proper operation.

EQUIPMENT/SUPPLIES:

- CoaguChek XS Meter with 4 AAA batteries
- Container of CoaguChek XS Test Strips
- Test strip code chip
- CoaguChek XS lancets
- Pipette
- Super Sani Wipes
- Band-Aid (optional)
- Disposable, clean (unsterile) gloves
- Cleaning Meter: isopropyl alcohol (at least 91 %, > 96% ethanol or mixture of 1-propanol/2 propanol/ Ethanol/water as cleaning agents.
- Sharps container
- CoaguChek XS System (INR Meter and equipment/supplies) Tote

QUALITY CONTROL:

- All INR testing to be performed by trained RN/LPN with the INR meter, unless otherwise ordered by the physician. The INR testing should be performed, per the physician's order and then the reading reported to the physician.
- CoaguChek XS System (INR Meter and equipment/supplies), * all contained and labeled "INR Tote".

INR TESTING, RESULTS AND DOCUMENTATION:

- ~~INR testing is to be done between 5-7a.~~ Results are to be reviewed with the MD in the building that day or the MD on call ~~prior to 3:00pm on day of testing.~~ Additionally, the INR Results will be entered into SigmaCare EMR.

SETTING DATE AND TIME

RESPONSIBILITY

RN/LPN

ACTION

Start Setup: To set the date & time uses the following buttons: "M" to change a setting or "=" to accept a setting. If the meter is not already in Setup mode, presses "=" (The date format flashes in the upper right corner).

Set Date: Press =. The hour flashes. "M" to change the hour then =. "M" to change the minutes then =. Turns the meter off.

Check the display: presses and holds the ON-OFF button. Makes sure all the letters numbers & symbols on the display appear correctly. Release; turns meter off.

PREPARING FOR A TEST

RESPONSIBILITY

RN/LPN

ACTION

Match Code: The code number on the test strip test strip container and code chip must match (*each box of test strips comes with a matching code chip. Every time a new box of test strips is open, the code strip must be replaced*).

Insert Code Chip: Ensures the meter is off. With the code number facing up, inserts the code chip into the code chip slot until it snaps into place.

Wash hands and don clean gloves

instruct, assist resident to wash his/her hands in warm soapy. Or, clean the

increased color in the fingertip).
Keeping the hand down, press the tip of
the lancet firmly against the side of the
fingertip. Press the blue trigger button.
(Gently squeeze from the base of the
finger to develop a hanging drop of
blood.) Use Pipette to draw up sample
of blood.

Apply Sample: Find the target area on
the test strip. You can dose from the
side or top (See: *User manual for more
information*). Within 15 seconds of
sticking the fingertip, apply the blood
using pipette to the target area on the
test strip until you hear a beep. The
flashing blood drop symbol will
disappear). **DO NOT ADD MORE BLOOD
TO THE TEST STRIP. DO NOT TOUCH
THE TEST STRIP.** (The result appears in
about 1 minute)

Record Result: Place the used test strip
and lancet in a sharps container. Turn
the meter off. (if the meter is dirty,
wipe it clean with a CoaguWipe Bleach
Towel. NOTE: IF during testing the
meter displays an "error message,"
refer to the "User Manual" for an
explanation and steps on how to
proceed.

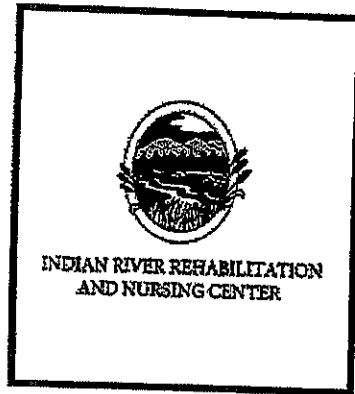
Apply Band-Aid, as needed.

Remove gloves and dispose in waste
receptacle. Wash hands.

Leave resident comfortable

Inform physician of INR finding and
follow directive.

Document INR findings and MD
directives in nurse notes.



Steps to Perform an INR with an Coaguchek XS Machine

1. Put strip in machine till code appears on screen.
2. Strip number must match number on canister of strips. (if not must change to match)
3. Press M if numbers match to continue.
4. Put gloves on.
5. Use lancets to obtain blood.
6. Obtain blood using pipette.
7. Apply blood to strip with pipette.
8. Clock will count down.
9. Results will appear on screen when ready.
10. Document results in SigmaCare EMR.

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