

2. Click "+Add Order" and search for "tobacco" or "smoking".



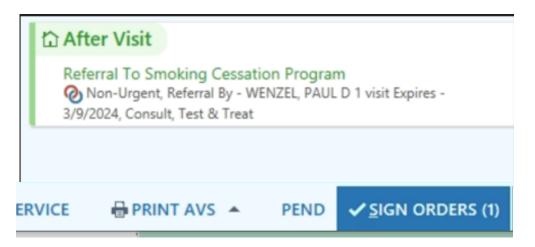
3. Click on "Referral to Smoking Cessation Program" and click "Accept"

| E                                       | Order Search | 1                 |                        |                      |
|---|--------------|-------------------|------------------------|----------------------|
| SMOKING                                 | P            |                   | Browse Preference List | Eacility List Databa |
| El Panels (No results found)            |              | Sea               | irch panels by user    |                      |
| D Medications (No results found)        |              |                   |                        |                      |
| ☐ Procedures ≈                          |              |                   |                        |                      |
| Name                                    | Туре         | Pref List         | Est Facility Fee       | Cost to Org          |
| 🛱 Referral To Smoking Cessation Program | Direct Re    | ef SHC AMB REFERR | ALS CONS               |                      |

4. Complete the below fields. Provider will need to provide Dx association. Then click, "Accept"

| Referral To Smoking Ces | sation Program          |  | ✓ <u>A</u> ccept X <u>C</u> ancel |
|-------------------------|-------------------------|--|-----------------------------------|
| Priority:               | Non-Urgent              | Non-Urgent 5-7 Days 2 Weeks 4 Weeks Urgent             | ^                                 |
| Class:                  | Incoming Internal Refer | rral Normal Outgoing                                   |                                   |
| Referral:               | To Location/POS:        | Q  |                                   |
|                         | By Provider:            | WENZEL, PAUL D   |                                   |
|                         |                         | 816 Independence Blvd, Ste 100 Virginia Beach VA 23455 |                                   |
|                         | To Provider:            | ٩.   |                                   |
|                         |                         |  |                                   |
|                         | Number of Visits:       | 1  |                                   |
|                         | Expiration Date:        | 3/9/2024   |                                   |
| Provider Specialty:     |                         | 0  |                                   |
| Ref to Department:      |                         | 0  |                                   |
| Referral Type:          | Consult, Test & Treat   | Onsult, Test & Treat                                   |                                   |
| Referral Reason:        |                         | Specialty Services Required Second Opinion             |                                   |
| Refer to?               |                         | SLH SMJH SNGH SNVMC SOH SPAH SRMH SVBGH SWRMC          |                                   |
|                         | Other, please specify   |  |                                   |
| Comments:               | 🗩 🥸 🖕 🔁 💭               | ? 🕂 Insert SmartText 👘 🗢 🗢 🐇 100% 👻                    |                                   |
|                         |                         |  |                                   |
|                         |                         |  |                                   |
|                         |                         |  |                                   |
| Dx association: 🚿       | Search for diagnosis    | + Add  |                                   |
|                         | Tobacco abuse couns     | Qualifier , Comment X                                  | ~                                 |
| Next Required           |                         |  | ✓ <u>A</u> ccept X <u>C</u> ancel |

5. Accept and sign the orders. 7) Once Signed, order goes to Health Educator in basket for referral to Quit Now. Outcome will be submitted in chart once received from Quit Now.

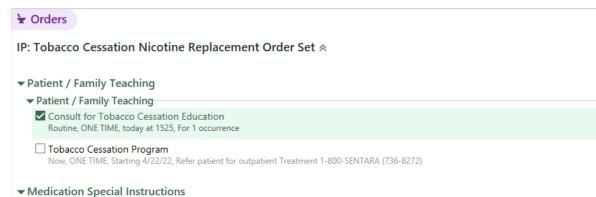


## <u>Part II: How to Enter an Order for a Consult for</u> <u>Tobacco Cessation</u> <u>Education from Inpatient</u>

- 1) Under Lists, choose the patient and enter into their chart
- 2) Click "Manage Orders" tab
- 3) Search for "Tobacco" or "Smoking" and click on "IP: Tobacco Nicotine Replacement Order Set

|   | Order and Order Set Search |
|---|----------------------------|
| ТОВАССО   |                            |
| 티 Order Sets & Panels 🗧                                 |                            |
| Name  |                            |
| EI IP: Tobacco Cessation Nicotine Replacement Order Set |                            |
|   |                            |
| A Medications (No results found)                        |                            |
| Procedures (No results found)                           |                            |

4) Check Consult for Tobacco Cessation Education (should be checked as the default)



- Medication Special Instructions
- 5) Complete the order information
- 6) Sign the order. Order will look like the below. Order goes to health educator in-basket for referral to Quit Now. Outcome will be submitted in patient chart once received from Quit Now.

| Released On   |   | Scheduled For                                |                                    | Released By                      |
|---|---|--|------------------------------------|----------------------------------|
| 1.         4/22/2022 1604         4/22/2022 1604            |   |  | Nurse, Clindoc, RN (auto-released) |                                  |
| Consult for T   | obacco Cessation E  | ducation                                     |                                    |                                  |
| Provider Info   |   |  |                                    |                                  |
| Ordering user:<br>Ordering provider:<br>Attending provider: | Nurse, Clindoc, RN<br>Goudarzi, Behnam M, MD<br>Tulip, John, MD | Authorizing provider:<br>Admitting provider: | Goudarzi, Behnam M, MD             | Cosigner:<br>Encounter provider: |
| General Order Info  |   |  |                                    |                                  |
| Priority:   | Routine   | Frequency:                                   | ONE TIME                           | Quantity:                        |
| Class:<br>Start date & time:                                | Other Facility<br>04/22/22 1604                                 | Signed on:<br>End date & time:               | 04/22/22 1603<br>04/22/22 1604     | Cosigned on:<br>Phase of Care:   |
| Questions   |   |  |                                    |                                  |
| No questions attached                                       |   |  |                                    |                                  |
| Verbal Order Info(O   | riginal)  |  |                                    |                                  |
| Entered by:<br>Verbal cosigner:                             | Nurse, Clindoc, RN  | Order mode:<br>Verbal cosigned on:           | Within scope of practice           |                                  |
| Verbal discontinue  |   | Verbal discontinue                           |                                    |                                  |
| cosigner:   |   | cosigned On:                                 |                                    |                                  |

## Part III: How to Enter Tobacco Use Information on Patient

1) Select Patient, then go to Social Determinants on bottom left of chart and click the cigarette icon:



2) You will see this window to enter information for Smoking and/or Smokeless (select from the drop down of how heavy a user)

| History              |                                    |  |
|----------------------|------------------------------------|--|
| GENERAL              | Substance Use                      |  |
| Surgical             | STobacco                           |  |
| Family               | Smoking                            |  |
| SOCIAL DETERMINANTS  | 📔 🥂 🔎 🗌 Cigarettes 🗌 Pipe 🗌 Cigars |  |
| Substance Use        |                                    |  |
| E-Cigarettes         | Start Date: Quit Date:             |  |
| Sexual Activity      |                                    |  |
| Socioeconomic        | Packs/Day: Years:                  |  |
| Social Documentation | 0.25 0.5 1                         |  |
| SPECIALTY            | Pack Years:                        |  |
| Obstetrics           | Smokeless                          |  |
|                      | 🔥 🔎 🗌 Snuff 🗌 Chew                 |  |
|                      | Quit Date:                         |  |
|                      |                                    |  |
|                      | Comments:                          |  |
|                      |                                    |  |

3) Select Patient, then go to Social Determinants on bottom left of chart and click the cigarette icon:

| History              |  |            |                                |   |
|----------------------|--|------------|--------------------------------|---|
| General<br>Medical   | Substance Use  |            |                                |   |
| Surgical             | Second Se |            |                                |   |
| Family               | Smoking  |            |                                |   |
| SOCIAL DETERMINANTS  |  | Δ          | 🔎 🗌 Cigarettes 🔲 Pipe 🔲 Cigars |   |
| Substance Use        |  |            |                                |   |
| E-Cigarettes         | Start Date:  | Quit Date: |                                |   |
| Sexual Activity      |  | 2          | Ŕ                              |   |
| Socioeconomic        | Packs/Day:   |            | Years:                         |   |
| Social Documentation |  | 0.25 0.5 1 |                                |   |
| SPECIALTYBirth       | Pack Years:  |            |                                |   |
| Obstetrics           | Smokeless  |            |                                |   |
|                      |  | <u>^</u>   | ○ Snuff □ Chew                 |   |
|                      | Quit Date:   |            |                                |   |
|                      |  | (?)        |                                |   |
|                      | Comments:  |            |                                | _ |
|                      |  |            |                                |   |

4) After clicking "Reviewed", you will see info in History, under Substance Abuse

| History   |  |
|---|--|
| GENERAL<br>Medical<br>Surgical  | P Substance Use   Tobacco Use  |
| Family  | Current Every Day Smoker; Smoked an average of 0.5 packs/day for 20 years. |
| SOCIAL DETERMINANTS —<br>Substance Use<br>E-Cigarettes<br>Sexual Activity | Support Started 1/22/2017; Substances: Nicotine, Flavoring need quitline   |
| Socioeconomic<br>Social Documentation                                     | ✓ Mark as Reviewed Last Reviewed by You at 10:47 AM EDT                    |
| SPECIALTY   |  |
| Birth   |  |
| Obstetrics  |  |