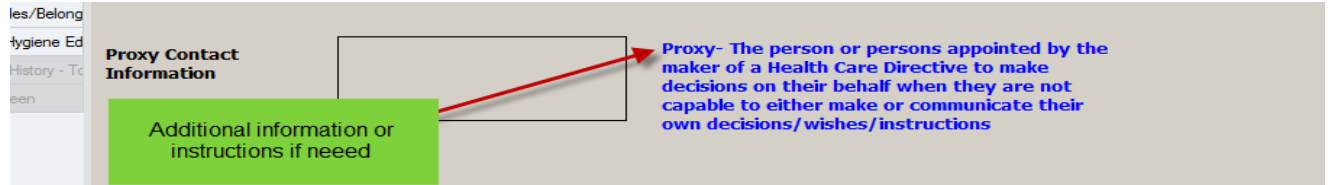


Functionality of the PowerForm

Addition information may sometimes be displayed to provide instructions or definitions to complete a field on a form.



Types of Data Boxes

These data boxes have the ability to pull information previously documented to the current form. This ability is pre-determined and does not apply to all data boxes.

Free Text – Free text fields allow the user to enter of up to 255 characters and spaces included.

Rich Text – There is no limitation of number of characters that be entered.

A screenshot of a "Rich Text" data box titled "Chief Complaint". The text "Broken Arm" is entered into the field.

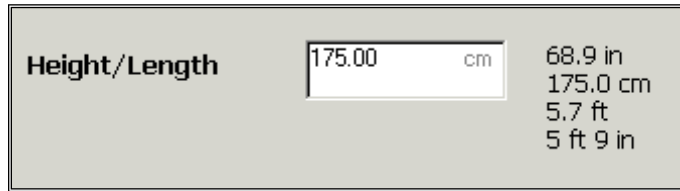
Multi-select/Single select options:

- Single select - allows the entry of only one response- **circles**
- Multiple select -allows the entry of more than one response- **square boxes**.

The image shows two examples of select options. The first is a "Multiple select" box titled "Accompanied By" with four checkboxes: "Friend", "Relative", "Significant other", "Spouse", and "Other:". The second is a "Single select" box titled "Primary Language" with three radio buttons: "English", "Spanish", and "Other:".

Conversion Controls

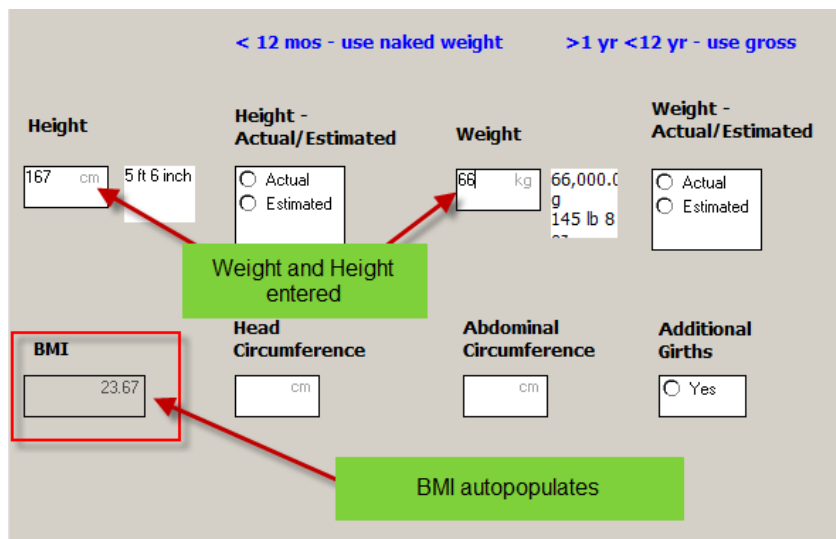
A units-of-measurement conversion control can be associated with fields on a form section. When a person enters a metric value, the system will automatically convert and display the imperial value beside it (ex .centimeters to inches)



| | | |
|----------------------|--|--|
| Height/Length | <input type="text" value="175.00"/> cm | 68.9 in 175.0 cm 5.7 ft 5 ft 9 in |
|----------------------|--|--|

Calculation Controls

The system may automatically perform and display a calculation based information entered into the system. In the example below, the BMI is automatically calculated when the weight and height are entered.



< 12 mos - use naked weight > 1 yr < 12 yr - use gross

| | | | |
|---|---|--|---|
| Height <input type="text" value="167"/> cm 5 ft 6 inch | Height - Actual/Estimated <input type="radio"/> Actual <input type="radio"/> Estimated | Weight <input type="text" value="66"/> kg 145 lb 8 oz | Weight - Actual/Estimated <input type="radio"/> Actual <input type="radio"/> Estimated |
| BMI <input type="text" value="23.67"/> | Head Circumference <input type="text"/> cm | Abdominal Circumference <input type="text"/> cm | Additional Girths <input type="radio"/> Yes |

Weight and Height entered

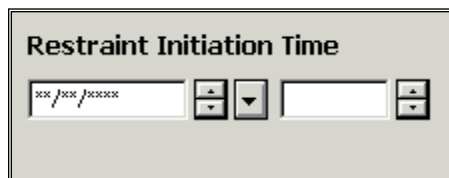
BMI autopopulates

Date Controls

A date/time field is designed specifically for capturing a date and/ or time of day.

Note: If **(t)** is entered in the date field the current date will populate in.

If **(n)** is entered in the time field the current time will populate in.



| |
|---|
| Restraint Initiation Time |
| <input type="text" value="dd/mm/yyyy"/> <input type="text" value="hh:mm:ss"/> |

Specialty Controls

Conditional Fields and Sections

Conditional fields are dithered (grayed out) and only open when a related selection is made.

Example: When you select Constipation, the Constipation Duration box to display. Note that because Vomiting was not selected, the Vomiting Frequency box remains dithered.

| | | | |
|----------------------------------|--|---------------------------------------|---------------------------------|
| Gastrointestinal Symptoms | <input type="checkbox"/> Belching | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Other: |
| | <input checked="" type="checkbox"/> Constipation | <input type="checkbox"/> Hiccups | |
| | <input type="checkbox"/> Cramping | <input type="checkbox"/> Incontinence | |
| | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea | |
| | <input type="checkbox"/> Flatulence | <input type="checkbox"/> Vomiting | |

Constipation Duration

Vomiting Frequency

Required Fields

Required fields are indicated by a yellow background.

Very poor
 Probably inadequate
 Adequate
 Excellent

Previously Documented Data Elements

Data boxes within PowerForms can be designated to pull forward previously charted data. (It can be from within the same encounter or from one encounter to another)

- Fields with defaulted data are indicated by an icon  next to the field.

| | |
|--|---|
| Lives in | Lives with |
| <input type="checkbox"/> Community Care Facility | <input checked="" type="checkbox"/> Spouse |
| <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> Child(ren) |
| <input checked="" type="checkbox"/> Apartment | <input type="checkbox"/> Parent(s)/Guardian |
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Multilevel home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Single level home | |
| <input type="checkbox"/> Split level home | |
| <input type="checkbox"/> Other | |

Note: The information carried over needs to be reviewed for accuracy.

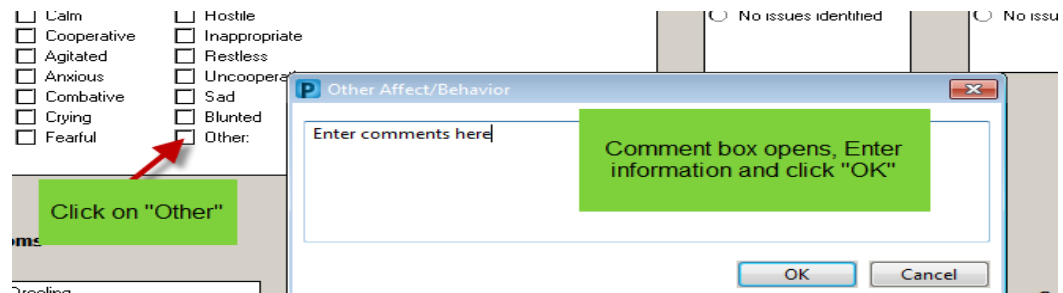
Forms may have multiple data fields or grids.

Please Note:

- It is not necessary to complete every field.
- Complete only the fields which are pertinent to your patient's condition / assessment.

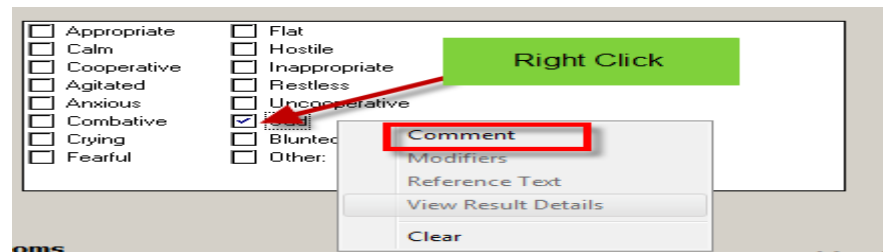
If a comment is needed, you can:

1. Click on the Other box and enter a comment. This will show face up on the Flow sheets

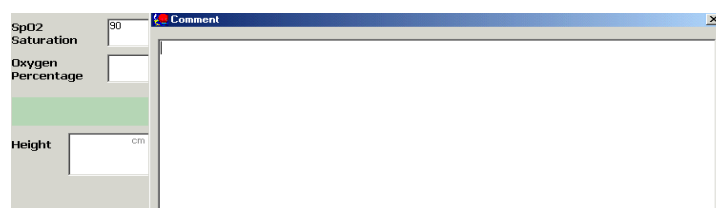


OR

2. If a choice has been selected, right-click, choose Comment and enter a comment (The comment will not show face up.)



3. Enter information and select OK.



Note: "Other" should be the first option for additional information as it will appear face up on the flowsheets.