

## Log-In Context: UNC Children's Primary Care Chapel Hill

### Notes:

- Daily Notes due BY NOON. You can do brief updates in afternoon if significant events occur.
- Assign attending to cosign for H&P, daily progress note and DC summary—do NOT pend your note because you don't know who is going to sign
  - Pick your primary attending unless you know for sure someone else is going to sign
  - You do NOT need cosignature for cross cover notes or transfer/accept notes or STUDENT notes.

Note	Note Type or Navigator	Smartphrase/Smarttext Template
Admission H&P	H&P	.PEDHP .PEDHPSYSTEM .PEDHPSSTI
Discharge Planning Tool (for nephrology patients)	Transition Note Type	.dischargeplanningtoolpedneph
Daily Progress Note	Progress Notes	.PEDPROGNOTE .PEDPROGNOTESYSTEMS
Discharge Summary	Discharge Summaries	.PEDDCSUMMARY
FollowUp/Update/ CrossCover Note	Progress Notes OR Significant Event	Freetext, no template
Hospital Course	Hosp Course section in Discharge navigator. Pulls into dc summary via Smartlink	.PEDHOSPCOURSEBYSYSTEM
Discharge Instructions	Discharge Navigator → Med Rec → ORDER SET General Discharge to Home (pulls into dc summary via smartlink)	.PEDDCINSTRUCTIONS
Asthma Action Plan	Asthma HPMC note type	Assigning Asthma HPMC note type automatically pulls in action plan template
General Bedside Procedure	Use Procedure Navigator	Bedside Procedure IP, LP

**These are relatively new templates. Please provide suggestions/feedback to Lindsay Chase (lhchase@email.unc.edu) for continuous improvements.**

### Special Considerations:

- Pay attention to NOTE TYPE—each patient should only have 1 H&P and 1 provider discharge summary.
- Pay attention to NOTE DATE—this should be the date you saw the patient. So if started discharge summary early you need to **UPDATE NOTE DATE on day of discharge**. Otherwise looks bad for compliance and Joint Commission. Keep up to date hospital course in hosp course section of discharge navigator.
- Try to sign notes prior to rounds with your prelim plan. Can always addend later if needed.
- Avoid pending notes—sign and addend later. Pended notes are invisible and permanently deleted 5days after discharge.
- Addendums: ONLY ADDEND YOUR OWN NOTE if making corrections. Do not addend another intern's note—especially if already cosigned by attending. Open a NEW NOTE to do UPDATE if patient status changes or new information comes back.
- Do NOT use daily progress note as running summary. Update hosp course periodically in discharge navigator to avoid this.
- Discharge summaries—if you start a discharge summary but won't be in-house when kid goes home, SHARE IT with blanks for unfinished info (discharge date, pending studies, final clinical course, etc). and sign it. No one will see it if still pended.
- Discharge instructions— use General Discharge to Home ORDER SET in the new orders for discharge section of the med rec section of the discharge navigator. Fill out in laymen's terms (this is what parents get) in Provider Instructions. Use the .PEDDCINSTRUCTIONS for information about hospitalists and seek care precautions.

### Other helpful phrases:

DC instructions: constipation: .jldconstipation, home O2: .jldhomeoxygen, Line care: .jldbroviaclineinstruction, .jldhomepiccinstructions , Port care: .jldportinstructions, NG tube: .jldngtsupplies