# **CAREEVOLVE 3.8.2 ORDER ENTRY WORKFLOW**

# **CLIENT BILL TYPE**

## **SELECT or REGISTER PATIENT**

Search for patient. If patient exists, select patient and proceed to New Order.

If patient does not exist, message displays that there are no patients matching this criteria.

Select <Add Patient> and proceed to Add Patient page. Once patient is added, proceed to New Order by selecting <Save & Place Order> at the bottom of page.

Select A Patient Add Patient   Start Search Over	Q Search By Name	Add Patient
	There are no patients matching this criteria.	

## **DRAW NOW Order Type**

## **CLIENT Bill Type**

1. Patient

UPGRADE	, TESTER B	Office Id: 06261990 DOB: 06/26/1990		Phone Number: Gender: M	Primary Insurance: MEDICARE PART B		
lew Order		Order Type: Dra	aw Now 🔽 🛛 B	ill Type: Client 🔽	🖺 Save Draft	লি Cancel Order	
		1. Patient	2. Tests	3. Review	Complete		
		Please cont	firm the followi	ng required information i	s correct.		
Order Inforr	mation 🥑						
)rdering Provide	er: PHYSICIAN, SEE RE	PORT 🔽 Lab: P	PRN 🔽 Fastin	g: • No O Yes			
Ordering Provide Patient Dem	er: PHYSICIAN, SEE RE	PORT V Lab: P	<b>PRN V</b> Fastin	g: • No O Yes			
Ordering Provide Patient Dem Last Name:	er: PHYSICIAN, SEE RE	PORT V Lab: P	RN V Fastin	g: • No O Yes			
Ordering Provide Patient Dem Last Name: Date of Birth:	er: PHYSICIAN, SEE RE nographics C CEUPGRADE 06/26/1990	PORT  Lab: P First Gend	Name: TESTE	g: ● No ○ Yes		✔ Edit	
Ordering Provide Patient Dem Last Name: Date of Birth: Diffice Id:	er: PHYSICIAN, SEE RE nographics CEUPGRADE 06/26/1990 06261990	PORT V Lab: P	Name: TESTE	g: • No O Yes			
Ordering Provide Patient Dem Last Name: Date of Birth: Office Id:	er: PHYSICIAN, SEE RE nographics C CEUPGRADE 06/26/1990 06261990	PORT V Lab: P	RN V Fastin Name: TESTE Ier: Male	g:  ● No ○ Yes			

#### Order Information

Select Ordering Provider

Accept default of PRN for WKCRL orders

Change Fasting to Yes, if applicable

### Patient Demographics Information

Edit information, if applicable.

Select <Next> or Tests Tab once all information is satisfactory.



CEUPGRADE, TESTER B Office ld: DOB: 06/	: 06261990 26/1990	Phone Number: Primary Insurance: MEDICARE PART B Gender: M		
New Order 82 - Draw Now - Client			🖺 Save Draft 🛛 🛍 Cancel Order	
1. Patient	2. Te:	sts 3. Review	Complete	
Selected Tests	Search Tests			
80575 BETA HCG, SERUM QUANT TUMOR MAR     16777 CULTURE,URINE ROUTINE	✓ 15168 SEDI	MENTATION RATE	■ 14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED	
Recent Tests ( 🗹 All Recent )				
80575 BETA HCG, SERUM QUANT TUMOR MAR	✓ 15168 SEDI/	MENTATION RATE	14824 URINALYSIS ROUTINE WITH MICROSCOPIC IF	
✓ 16777 CULTURE, URINE ROUTINE				
Test Groups				
ANEMIA PROFILE	Urinalysis	and Urine Culture		
Tests				
80575 BETA HCG, SERUM QUANT TUMOR MAR	16504 CULT	URE, ROUTINE	✓ 15168 SEDIMENTATION RATE	
		< Back Next >		

Select Tests for Order Entry by

Searching all Tests

Checking All Recent or some of the Recent Tests

Checking Test Group, if applicable

Checking one or more of the frequently ordered Tests

Select <Next> or Review Tab.

### 3. Clinical

If there are AOE questions that apply to any of the orders, a new tab inserts on the screen, the Clinical Tab.

CEUPGRADE, TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Number: - Gender: M	- Pri	Primary Insurance: MEDICARE PART B			
New Order 82 - Draw Now - Client				🖺 Save Draft	🛍 Cancel Order		
1. Patient	🔮 2. Tests 🔮	3. Clinical	4. Review	Complete			
16777 (CULTURE, URINE ROUTINE)							
Micro Specimen Source URINE (* req	uired) Clean Catch Midstream Ur	ine 🗸					
		< Back Next >					

Answer the AOE questions. If required, you cannot proceed to the next tab until the question is answered.

Select <Next> or Review Tab.

6. Review		
CEUPGRADE,	TESTER B Office Id: 06261990 Phone Nui DOB: 06/26/1990 Gender: M	mber: Primary Insurance: MEDICARE PART B
New Order 82	Draw Now - Client	🖺 Save Draft 🛛 ᆒ Cancel Order
	1. Patient 🔗 2. Tests 🤗 3. Clinical	Complete
General Informa	ition	
*Order Date	01/09/2019 🛄 11:38 am *Coll. Date 01/09/201	19 🛄 11:42 am Coll. by dbzavaly3
	(MM/DD/^^^) (HH:MM AM/PM) (MM/DD/^^^	YY) (HH:MM AM/PM)
Ordering	PHYSICIAN, SEE REPORT Insurance	Fasting No
Report Comments	Lab Comments	*Priority Routine
	~	~
Copy to	< none > Add	
Referring	< none > Add	
16777 (CULTU	RE,URINE ROUTINE)	
Micro Specim	en Source URINE (* required) Clean Catch Midstream Urine 🗸	
Test Specific In	ormation	
80575	BETA HCG, SERUM QUANT TUMOR MAR	
16777	CULTURE, URINE ROUTINE	
15168	SEDIMENTATION RATE	
14824	URINALYSIS ROUTINE WITH MICROSCOPIC IF INDICATED	
	< Back Co	omplete

**General Information** 

Change the Collection Date/Time and Collector

**Enter Report Comments** 

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select <Complete> or Complete Tab.

Print the Order Requisition.

NOTE: The Ordering Provider, Insurance, Fasting Status, Diagnosis and Tests cannot be modified on this screen.

CEUPGRADE,	TESTER B     Office Id: 06261990     Phone Number:     Primary Insurance: MEDICARE PART B       D08: 06/26/1990     Gender: M					
Order 82 - Dra	aw Now - Client					
Order Requisit	ion Print					
General Inform	nation					
Order Date	01/09/2019 11:38	AM (MM/DD/YYYY HH:MM AM/PM)	Coll. Date 01/09/2019 11	:42 AM (MM/DD/YYYY HH:MM AM/PM)	Coll. by dbzavaly3	
Ordering	PHYSICIAN, SEE RE	PORT	Insurance		Fasting No	
Report	:		Lab		Priority Routine	
Comments	;		Comments			
16777 (CULTI	JRE, URINE ROUTINE	.)				
Micro Specin	nen Source URINE	lean Catch Midstream Urine 🗸				
Tests						
80575	BETA HCG, SER	UM QUANT TUMOR MAR				
16777	CULTURE, URINI	E ROUTINE				
15168	SEDIMENTATION	N RATE				
14824	URINALYSIS RO	UTINE WITH MICROSCOPIC IF INDIC	ATED			
		Return To Order/Result List	Search For Patient	Change Account		

Summary of Order displays:

Select the appropriate action from this screen, as needed.

Order Requisition	<print></print>
<return order="" resu<="" td="" to=""><td>lt List&gt;</td></return>	lt List>
<search for="" patient=""></search>	
<change account=""></change>	(for PSC only)

# DRAW LATER Order Type

# **CLIENT Bill Type**

Differences:

	, TESTER B	Office Id: 06261990 DOB: 06/26/1990	1	Phone Number: Gender: M	Primary Insurance: MED	NCARE PART B
lew Order		Order Type: Dr	aw Later 🗸	Bill Type: Client	🖺 Save Draft	🖻 Cancel Order
		1. Patient	2. Tests	3. Review	Lab Script	
		Please con	firm the follow	ving required information	is correct.	
Order Infor	mation 🥑					
ordering Provide	er: PHYSICIAN, SEE RE	PORT V Lab:	PRN 🔽			
						<b>₽</b> Edit
Patient Dem	nographics 🤣					e cuic
Patient Den	ceupgrade	First	Name: TES	TER		e Luc
Patient Den Last Name: Date of Birth:	CEUPGRADE 06/26/1990	First Genu	Name: TES	TER		y Lon

The option to choose Fasting Status is not available.

The last Order tab is <Lab Script> and not <Complete>.

6. Review

CEUPGRADE, T	TESTER B	Office Id: 06261990 DOB: 06/26/1990	Phone Numb Gender: M	er:	Primary Insurance: MEDICARE PART B			
New Order 83 -	Draw Later - C	lient			🖺 Save Draft	🛍 Cancel Order		
	1. Patier	nt 💙 2. Tests 🗸	3. Clinical	4. Review	Lab Script			
General Informa	tion							
*Order Date Ordering	01/09/2019	HH:MM AM/PM)		Insurance				
Report Comments		< >	(	Lab Comments	< >			
Copy to	< none >		Add					
Referring	< none >		Add					
16777 (CULTUR	RE,URINE ROUTIN	E)						
Micro Specime	en Source URINE (*	required) Catheterized	$\checkmark$					
Test Specific Inf	ormation							
80575 16777 15168 14824	BETA HCG, SEI CULTURE,URIN SEDIMENTATIO URINALYSIS RC	RUM QUANT TUMOR MAR IE ROUTINE N RATE NUTINE WITH MICROSCOPIC IF I	NDICATED					
			< Back Sa	ve				

### **General Information Differences**

No Collection Date/Time or Collector fields are displayed

<Save> option is at the bottom and not <Complete>

### NOTE: The Ordering Provider and Tests cannot be modified on this screen.

### **General Information Actions**

Enter Report Comments

Enter Lab Comments (both comments will be sent to Lab and returned as comments with the results to CareEvolve)

Enter Copy to and/or Referring Provider. Information will print on the requisition but reports will not automatically send to the provider from CareEvolve.

Select <Save> or Lab Script Tab.

Lab Script Print window displays

CLOSE 🗙

Care	Evolve Outreac	A This Is Not a Requisition Collected: Pathology Resource Network L.L.C. Collector: 2600 Greenwood Road Shrevport, LA 71103 Fasting: 318-212-4400 Draw Site:
Account: 0	BOOO OMEGA TE	ST CLIENT, SCHUMPERT MEDICAL CENTER915 MARGARET STREET, SHREVEPORT, LA 71101
Priority:		ABN: 83
Patient: Address: Clinical Info:	CEUPGRADE, TESTER B 123 ABC ST BOSSIER CITY, LA 71111 U	Office ID:         06261990         SSN: 474758123           Home Phone:         DOB: 06/26/1990           ISA         Marital Status: Married         Sex: M Age: 28 Yrs           Race:         Unknown
Bill Type:	Client	Relationship: Self
Guarantor:	CEUPGRADE, TESTER B	Employer: SELF
SSN:	474758123	Home Phone:
Address:	123 ABC ST BOSSIER CITY, LA 71111 US	
Insurance:		Insurance:
Address:		Address:
Group #:	Group Name:	Group #: Group Name:
Policy #:		Policy #:
Dx Codes:		Provider Name: SEE REPORT PHYSICIAN Provider Code: 14910627
Code	Tube	Description

This form is not a Requisition but a document to use to record collection information for the specimen when drawn later.

The Order status will be Incomplete.

The order will not be sent to the Lab until accessed again and completed with collection information and the selection of <Complete> to print the Order Requisition.

### AFTER SPECIMEN COLLECTION

Access the Order/Result List for the patient

CEUPGRADE, TESTER B Patient ID: 06261990 DOB: 06/26/1990		Phone Num Gender: M	Primary Insu	Primary Insurance: MEDICARE PART B								
Order/Result I	List De	mographics	Cumulative Re	porting								
View: All Reports	~				Create New Order							
Collect Date	Order #	Template #	Status	R	Report Date	Requisition	Status	Flag	Viewed	Reviewed	Printed	
01/09/2019	<u>83</u>		Incomplete									

Select the order to be completed. Window displays.

CLOSE 🗙
Order # 83
Draw Now
Draw Later
CLOSE 🛞

Select <Draw Now>

Workflow displays for the DRAW NOW Order Type.

Step through the workflow to the Review Tab.

**General Information** 

Enter the Collection Date/Time and the Collector.

Select <Complete> or Complete Tab to print the Order Requisition.

Summary order screen displays as with the DRAW NOW Order Type.

# **STANDING ORDER Order Type**

Please contact me if you are interested in Standing Order functionality. I can work with your practice individually to implement this. Please see next page for contact information.