**CLC TESTING ONLY**

**ENTERING RESULTS IN VISTA**

TYPE **^FAST** FROM ANY MAIN PROMPT

 1 Fast Bypass Data Entry/Verify [LRFASTS]

 2 Fast lab test order (ROUTINE) [LROW ROUTINE]

 3 Fast lab test order (SEND PATIENT) [LROW SEND PAT]

 4 Fast lab test order (WARD COLLECT) [LROW WARD COL]

 Type '^' to stop, or choose a number from 1 to 4 :**1 Fast Bypass Data Entry/Verify**

 Do you want to review the data before and after you edit? YES//

Select Performing Laboratory: ERIE VA MEDICAL CENTER

WANT TO ENTER COLLECTION TIMES? Y//

Select ACCESSION TEST GROUP: **BINAX COVID MONITOR**

Select Patient Name: **YOUR PATIENT’S NAME**

 Select one of the following:

 LC LAB COLLECT(INPATIENTS-MORN. DRAW)

 SP SEND PATIENT

 WC WARD COLLECT

Specimen collected how ? : SP// SEND PATIENT

***Select the PATIENT LOCATION by entering EMPL (for employee testing only) and choosing EMPLOYEE HEALTH PROVIDER -X and then hit enter. If entering results on patient - enter patient location (i.e. Unit 5).***

PATIENT LOCATION: EMPL//

 1 EMPLOYEE HEALTH FLU-X CORRELL,SHARON M

 2 EMPLOYEE HEALTH NURSE-X CORRELL,SHARON M

 3 EMPLOYEE HEALTH PROVIDER-X

 4 EMPLOYEE-MAIN

 5 EMPLOYE EMP HEALTH NP-X ROUSSOS,JULIA A

CHOOSE 1-5: 3 EMPLOYEE HEALTH PROVIDER-X

PROVIDER: **The provider that placed written order in CPRS (If employee health supervisor/nurse orders, Dr. BARAC should be entered as provider in VISTA)**

LAB Order number: 845

Other tests? N//

Nature of Order/Change: **WRITTEN** W

You have just selected the following tests for ZZVETERAN,TEST 000-00-6789

 entry no. Test Sample

1. COVID-19 MONITOR PANEL (POC BINAX) DRY SWAB-BINAXNOW NASAL CAVITY

All satisfactory? Yes// (Yes)

LAB Order number: 845

Collection Date@Time: NOW// (JAN 05, 2021@10:40:43)

Print labels on: LABLABEL// **YOUR PRINTER NAME**

 ACCESSION: AT 0105 1 <6510050001>

COVID-19 MONITOR PANEL (POC BINAX) DRY SWAB-BINAXNOW NASAL CAVITY

Work Load Area: **POINT OF CARE**

ZZVETERAN,TEST 000-00-6789 LOC: **YOUR LOCATION WILL SHOW**

Sample: DRY SWAB-BINAXNOW

Specimen: NASAL CAVITY

1 COVID-19 MONITOR PANEL (POC BINAX)

ZZVETERAN,TEST SSN: 000-00-6789 LOC: CLC

Pat Info: Sex: MALE Age: 81yr as of Jan 05, 2021

Provider: LARSON,MEG J Voice pager:

 Phone: 814-860-6611 Digital pager: 404

ACCESSION: AT 0105 1 [6510050001]

 1/5 10:40d

COVID-19 ANTIGEN (POC BINAX) //**ENTER** **N FOR NEGATIVE, P FOR POSITIVE**, **OR I FOR INVALID**

COVID-19 AG BINAX INT QC// **ENTER ACCEPTABLE (CONTROL LINE APPEARED) OR UNACCEPTABLE (CONTROL LINE DID NOT APPREAR)**

COVID-19 ANTIGEN TEST LOT NUMBER// **ENTER CURRENT KIT LOT NUMBER ON BOX**

COVID-19 ANTIGEN TEST EXP DATE//**ENTER CURRENT LOT EXPIRATION DATE**

Select COMMENT: Enter **BINAX** (all caps)

((BinaxNOW (562)))

Select COMMENT:

ZZVETERAN,TEST SSN: 000-00-6789 LOC: CLC

Pat Info: Sex: MALE Age: 81yr as of Jan 05, 2021

Provider: LARSON,MEG Voice pager:

 Phone: 814-860-6611 Digital pager: 404

ACCESSION: AT 0105 1 [6510050001]

 1/5 10:40d

COVID-19 ANTIGEN (POC BINAX) POSITIVE H\* CRITICAL HIGH!!

COVID-19 AG BINAX INT QC Acceptable

COVID-19 ANTIGEN TEST LOT NUMBER 131155

COVID-19 ANTIGEN TEST EXP DATE 2021-07-21

COMMENTS: BinaxNOW (562)

SELECT ('E' to Edit, 'C' for Comments, 'W' Workload):

You can “E” to Edit here if you need to change any of the above entries otherwise hit enter

Approve for release by entering your initials: **YOUR INITIALS HERE**

**\*ALL POSITIVE CRITICAL COVID-19 ANTIGEN RESULTS MUST BE PHONED TO PROVIDER AND DOCUMENTED IN CPRS\*\***