



## Training Manual

Provides helpful clinical and administrative information for all staff at MIPC.

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# General Information

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## Office Hours & Location

### **Cleveland Park**

2902 Porter Street, NW  
Washington, DC 20008  
Phone: 202-525-5287  
Fax: (480) 393-4089  
Hours: M-F 8am-10pm, S-S 8am-6pm  
[nurseporter.metro@mfa.gwu.edu](mailto:nurseporter.metro@mfa.gwu.edu)

### **Capitol Hill/NOMA**

220 L St NE  
Washington, DC 20002  
Phone: (202) 544-7580  
Fax: (202) 827-7867  
Hours: M-F 8am-10pm, S-S 8am-6pm  
[nurseLstreet.metro@mfa.gwu.edu](mailto:nurseLstreet.metro@mfa.gwu.edu)

### **McPherson Square**

1101 15<sup>th</sup> Street, NW  
Washington, DC 20005  
Phone: (202) 798-0100  
Fax: (202) 379-3570  
Hours: M-F 7am-7pm, Sat 8am-4pm, Sun Closed  
[nursemcphersq.metro@mfa.gwu.edu](mailto:nursemcphersq.metro@mfa.gwu.edu)

### **Silver Spring, MD**

8484 Georgia Ave St 100  
Silver Spring, MD 20910  
Phone: (301) 755-6655  
Fax: (301) 263-7761  
Hours: M-F 8am-8pm, S-S 8am-4pm  
[nursess.metro@mfa.gwu.edu](mailto:nursess.metro@mfa.gwu.edu)

## Services *(includes but not limited to)*

### Immediate Care

- Sprains & strains
- Wounds & lacerations
- Rashes & bites
- Colds & coughs
- Influenza (Flu)
- Infections
- Sore throats
- Impacted cerumen
- UTI & gynecological infections
- Vomiting, diarrhea & abdominal pain
- STD testing
- Pregnancy testing
- Rapid strep & throat cultures
- Rapid Flu & Rapid Mono
- Lab work and diagnostic testing
- Sinusitis, acute and chronic
- Acute respiratory infections

### Primary Care

- Annual physicals
- Chronic disease management
- School and sport physicals
- Skin disorders
- High blood pressure treatment
- Pre-operative physicals
- Arthritis and back pain
- Work physicals
- Asthma
- Diabetes
- Weight loss
- Headaches and migraines
- Preventative medicine
- Cholesterol management
- Depression and anxiety
- Well Woman exam
- Vaccinations

# Start of Shift Procedure

## Facilities Check:

- Reception area
- Bathrooms
- Workstations and patient areas are clean and welcoming
- Turn on TVs, Lights and Music

***All staff should ensure that our sites are clean and inviting to our patients.***

## Start Programs

- Allscripts
- Touchchart
- Codonix
- E-mail
- Full Slate
- Quest 360

## Start of Shift To-Do

- Check voicemail for patient messages
- Check e-mail and respond to patient emails ASAP
- Review incoming faxes
- All procedure trays set-up

# End of Shift Procedure

## End of Shift to Do

- Turn off TVs
- Take trash out (or confirm cleaning company is coming)
- All patient documents deleted off front desk. Please ensure that all documents have been scanned into the patients chart.
- Facility Check:
  - All rooms should be wiped down
  - Pillow cases should be changed
  - Sterilize Equipment
  - Plug in vitals cart
- Restock **ALL** rooms
- Send management an email about any supplies needed.

# Front Desk – End of Shift Procedure

## Closing your batch

- At close of business collect all receipts and cash from your shift that you collected.
- Count the total number of cash receipts and credit receipts. (You will need the total number of receipts)
  - “Check out” receipts do not apply toward the total units.
- Calculate the amount of cash and credit payments you collected. Your cash value should be equal to the amount of cash you have on hand.
  - The value of “check out” receipts count towards the total value.
- Under Sched Process, choose front desk along the top bar
- Select Cash Drawer
- This will bring you to the BAR check in form. Enter the information you counted above
- Controls ok? → choose yes (y)
- If there is no red on the screen put an x in the exit batch and click tab, this will exit your batch
- Go back to the top under front desk and choose PSS report
- Enter 2 and press tab Enter your batch number and press tab. Enter the printer number of the location you are at and tab twice. This will print out your PSS report that will be scanned into touch chart

## Scanning your batch to touch chart

- All receipts including the PSS report should be placed face down in the scanner. If cash is collected the cash report should be completed and scanned with the receipts.
- Click batch → scan
- Batch name and Def Doc Name: Location/Date of Batch/Username
- Uncheck duplex
- Click scan → sort to file cabinet (verify that all pages have been scanned via page count)
- Scroll to find Metro Immediate Primary Care
- Choose location in which payments were collected → batch reports and receipts → file remaining pages

## When cash is collected

- Label the plastic dunbar bag with the following information
  - Date
  - Shift (am/pm/all day)
  - Total Cash
  - Name and initials
- Put the following items in the plastic dunbar bag
  - PSS Report
  - White and Yellow Copies of the Deposit Advice Form: completed with batch number, location, your full name, etc. (see addendum). Keep the pink sheet in the office deposit log book. You must sign off on your deposit on the log sheet and place the pink sheet in the notebook
  - Receipts are attached to the pink forms and placed in the log book
  - All cash collected



## Dispositioning patients

CLICK: Patient name → Return → Disposition → No Barriers (or select necessary barriers) → Return from labs → Discharge → Select discharge conditions (i.e. "home" "self" "understands instructions") → Sign the chart

- Patients should be dispositioned once they walk out the door.
- Patients should be removed from the tracker board when the provider's name is blue. You will be unable to remove the patient until the provider has signed the chart.

## Insurance

| Type                  | PPO                             | HMO                             | POS              |
|-----------------------|---------------------------------|---------------------------------|------------------|
|                       | Preferred Provider Organization | Health Maintenance Organization | Point of Service |
| Primary Care Provider | Does not designate PCP          | Must designate PCP              |                  |
| Is a referral needed? | No                              | Yes                             | Check            |

\*Each insurance company is different. Verbalize to the patient that it is their responsibility to check their own insurance\*

### Most Common Accepted Insurances

- Aetna POS and PPO
- Alliance PPO
- AmeriHealth
- Blue Cross Blue Shield (PPO and Open Access HMO)
- Anthem
- Care first
- Cigna PPO
- Coventry
- Multiplan
- Private healthcare system (PHCS)
- GEHA
- Golden Rule
- Guardian
- MAMSI PPO
- Medicaid (Only at SS location)
- Medicare
- One Health PPO
- ONENET PPO
- Tricare (Champus)
- Trusted Health Plan
- United Health Care

\*\*We do not take Medstar insurance. Please refer these patients to the Medstar Prompt care centers\*\*

## Self-Pay Patients

- When a patient is self-pay, they must pay the initial office visit prior to being seen.
- Patients who are being seen for a physical, STD evaluations or a well woman's visit, can pay by a package for a certain price. Inform a provider when this is the case so a provider can order the appropriate tests.
- Verbalize to the patient that test costs will be communicated with them prior to anything being ordered.
- It is your responsibility to collect any remaining payments from the patient before they leave.
- Within 48 hours, a patient should not be charged an office visit fee for the same chief complaint as the originally visit. Additional tests will be charged as usual.
- After 48 hours, but for the same chief complaint, a patient should be charged a \$50 office visit fee.

## Applying Payment to Same Day Service

- Click check out and tab
- Highlight the desired appointment (today's date) and click OK (or hit enter)

- If the dialog box “Would you like to use its invoice header information?” appears, click yes to attach the payment to the invoice already created for the appointment
- The diagnosis field should be filled with 000
- Tab to the (1)Cash (2) Check (3) Credit Card and select payment method
- Apply payment the same way that you would at check in, using the tab key to navigate
- Make sure the receipt button is checked
- Click “ok”

### Applying payment to outstanding balance

- Click check out and press tab
- Click cancel in order to not select an appointment
- Type a “?” in the invoice box and press tab
- Filter out all the zero balances (irrelevant claims) by typing the “B” key, or clicking “Zero/Non-Zero bal”
- Highlight the desired invoice or check the open box next to it and click the “OK” tab in the lower right corner.
- Click the ok tab in the lower right hand corner
- Apply payment the same way that you would at check in, using the tab key to navigate
- Make sure the receipt button is checked and Click “ok”

### Deactivated Patients

- Once the patients name is in the banner of ALLSCRIPTS
- Click on sched process on the side bar
- Click activate/deactivate patient tab at the top
- If the box says “ok to reactivate” you can click the re activate box
- Click yes then no
- (The box may also say use MRN #xxxxxxx → in that case use the alternative MRN

## Referrals

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- Everyone should know how to generate each referral. If a patient needs an urgent referral and the patient care coordinator is not present, it is the responsibility of the MA.
- When a patient requires a referral send a front desk task to the patient care coordinator with the diagnosis from the doctor.
- All referrals should be scanned into touch chart (IDX-Open Referrals for access)

## AmeriHealth

- Use Navinet to generate a referral

## Universal BCBS

- This form should be saved on the front desk computers. Fill out all parts with appropriate information.

## Trusted Health

- Select Referral Template- Office OR Radiology
- Select Office for Specialties. Below are the different Tabs that must be addressed.
  - Header
    - Under Request Type, select SC Specialty Care
    - Under Place of Service, enter 11 for office visit OR 22 for Hospital visit.
  - Ordering Provider
    - Under Provider Code, select ordering MIPC physician
  - Service Provider
    - Under Service Provider Code, search for physician using either ID number or name. If you are using a medical facility such as GWMFA, enter facility in last name.
    - Select appropriate provider or practice. The address linked to the medical facility may not match actual address. It will show billing address.
  - Patient
    - Under Member Number, search patient by Medicaid number.
  - Referral Date
    - Enter Service Date or Date of appointment OR Onset Date of symptoms.
  - Diagnosis
    - Enter Diagnosis and Service Date or Date of appointment OR Onset Date of symptoms.
  - Procedures
    - Enter the number of CPT codes you would like to enter (1-5 etc.). Click add rows.
    - Enter CPT code.
- Press Load. It will generate referral and print copy.

## Responsibilities

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### First Point of Contact

- At the front desk you are the patient's first point of contact. Remember patients come to the clinic for urgent care and are often not feeling well. They may be unhappy, stay calm and collected, do not take it personally
- Be polite and professional. Never raise your voice at a patient.
- Use "Ma'am" and "Sir" never "honey" or "sweetheart"
- The waiting area should be a welcoming environment including the TVs, lights, and music. Make sure the waiting room is tidy.

## Phone Calls

- Sometimes it gets difficult balancing everything at the front. People who are calling can't see all the other things going on. If you are attending to another patient, pick up the phone and ASK them to hold. Wait for the person to say its ok, if it is an urgent matter it should be handled immediately.
- If you are going to take more than 1 minute ask an MA in the back to help the person on hold.
- Document all correspondence with patients in their chart.
- Etiquette
  - Speak Loud & Clear.
  - Introduce yourself.
  - Listen attentively, take notes, and document in chart if necessary. No documentation means it did not happen.
  - Word choice is important. Do not use phrases, 'I think.' 'I don't know' Instead use phrases like 'I am not sure but let me consult or speak to my manager/ or someone who would know the answer to your question'
  - Never promise a patient something.
  - When speaking to a frustrated patient, do not take things personal. Take a deep breath and empathize with pt.
  - Anytime the phone call is out of hand, refer to person in management.
- Things NOT to do
  - Medical advice cannot be given to a patient who is not seen by our providers. Our facilities is not a medical advice line.
  - Patient Health Information cannot be discussed in front of other patients especially at the front desk, you should direct calls to the back office or pit area
  - Patient Health Information cannot be given:
    - to patient unless patient 's confirms name & DOB
    - to outside party unless patient's signed a medical release
    - Remember HIPAA
  - Do not disregard or place calling outside providers such as radiologists or specialists on hold as they may have to speak or consult our providers about abnormal results

## Making Appointments

- Do not over book the schedule. Appointments should not overlap in order to give patients the best care. If a patient calls to make an appointment direct them to the metroipc.com website to allow them to make their appointment and begin the preregistration appointment. If they are unable to do this or you are face-to-face with the patient you can make the appointment through full slate.
- Determine what the patient will be seen for without being overly specific.
  - Physicals: should be performed once a year. Include full blood work, EKG and other evaluations as needed
  - Well Woman: Pelvic exam for women, which includes a pap smear and STD evaluation. A woman with vaginal symptoms like discharge or abnormal bleeding would not get scheduled under Well Woman.
  - Office/Sick visit: all other symptoms, including follow ups, should be scheduled under a sick visit.
- Using Full-Slate collect the following information from the patient:
  - Name
  - Phone Number
  - Email Address

- Date of Birth
- Reason for visit

#### Emails: [NurseXXX.metro@mfa.gwu.edu](mailto:NurseXXX.metro@mfa.gwu.edu)

- Emails should be checked as frequently as possible over the course of the day.
- If you open an email and are unable to address it, mark it as unread.
- After you address an email, move it to the completed folder, which allows documentation of the task.
- When responding to patients with lab results or patient information you must use ZSECURE in the subject line in order comply with HIPAA policies. Use proper capitalization and grammar and be professional. Sign the email with your name and title.
- Document a patient's email in the patient's chart.

#### Fax

- Prescription refills will automatically get faxed to us from the pharmacy. Put in a clinician task for an RX refill with the name of the medication, dose, and what pharmacy it came from.
- Prior authorizations should be scanned into the patient's chart. If you are unable to do the PA at the time of opening the fax, send a front desk task so it's completed as soon as possible.
- Patient records should be scanned into the patient chart. Send a clinician task to the treating provider.
- Lab and radiology results should be scanned into the patient's chart. Send a clinician task to the treating provider.

## Non-Physician Visits: PPD Testing

### Registration

- This type of visit is for patients who only need the PPD placed
- Patients should be registered in All Scripts (reason for visit should state: no physician eval and RPV) and then placed on the tracker board. Select “no physician visit” and order “1-step TB”
- Patients should be registered as self-pay and will pay a fee of \$40 for the test (unless ordered by one of our providers).
- It is your job to correctly label the patient as no physician visit in order to make the visit faster for the patient.

### Placement

- This is the job of the Back MA.
- Prepare your 1cc syringe with 0.5mL of Tuberculin before bringing the patient back.
- Use one alcohol pad to clean a small section of the left or right forearm.
- Inject the tuberculin intradermally. As the medication enters a small bubble will form.
- Instructions for the patient: Do not push down on it, cover it, avoid touching it. You must return in 48-72 hours to have it read. Coming too early or too late will cause the test to be invalid.
- NOTE the order. Add an additional note indicating which arm you used, the LOT number and expiration date of the vial you used.
- \*\*Important: you must discharge the patient after you complete the placement or it will be more difficult to process once the order is complete. Attach the physician in the office to the patients chart once prompted

### Reading

- For the FRONT MA.
- Do not put the patient on the tracker board or register them in All Scripts. A patient does not need an appointment to have their TB test read. Confirm that the patient is coming after 48 hours of placement and before 72 hours.
- Ask the patient for their photo ID and inform the provider that a patient needs a TB reading.
- Using “Review previous visits” pull up the patients chart and click “Add addendum note”
- In the top left hand corner click “document post lab visit” and complete the TB test order.
- Follow the prompts for arm placement, time of reading, and results
  - If negative:
    - No induration
    - Negative-no follow up needed
  - If positive
    - \_\_\_ mm of induration with erythema.
    - If the office you are at has an x-ray, the patient may need to be put on the board to have a chest x-ray performed. If not an order will be given to the patient.
- Print test results for the patient and stamp with the office stamp. This is their proof of the results, if a form needs to be filled out complete the form and make sure it is scanned into the patients chart
  - Even with a form you are still required to complete the order for our documentation.

## Prescription Refill Request

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### Chronic Illness Medication: Hypertension, Diabetes, Hypothyroidism

- Patients are on these medications to control chronic illnesses. They could be in a life threatening situation without them. Follow this procedure in order to ensure the patient receives the best care.
  - What medication does patient need a refill for (dosage and frequency)?
  - How many pills do they have left?
    - *If they are completely out, see if treating provider is on site and give a week or month refill. If treating provider is not on site, consult provider on staff. If no approval, patient needs to RTC*
  - Confirm pharmacy and number.
  - Inform patient it takes 48-72 hours for physician review. It is possible that they may be asked to RTC for reevaluation
  - Clinician Task- Rx refill. Indicate that you received phone call from patient who would like an Rx refill. If the pharmacy on file is the same to the requested pharmacy, indicate that in note because provider can send Rx electronically. If not, indicate patient would like Rx called in to the pharmacy different to the one on file and include pharmacy and phone number.
- If treating provider is on site, ask them especially if patient has called multiple times and is past the 72 hour mark
- There are certain medications in which there are no refills because the provider wants them to RTC for reevaluation or ensure that patient is on the correct dosage.

### Antibiotics

- Patients call to have an antibiotic refilled for two reasons:
  - they finished the course and is not feeling better
  - they were seen a while back and now experiencing similar symptoms
- We DO NOT refill this prescription: these are strong medications that stay in the body for days. If a patient is not feeling better after they complete their antibiotics they should RTC for reevaluation.
- FEMALE PATIENTS:
  - If they have just completed antibiotics (prescribed by one of our providers) and are experiencing symptoms of a yeast infection, inform the onsite provider. They will normally approve a prescription for diflucan.

### ADD/ADHD Medication: Vyvanse, Adderall, Ritalin, Concerta

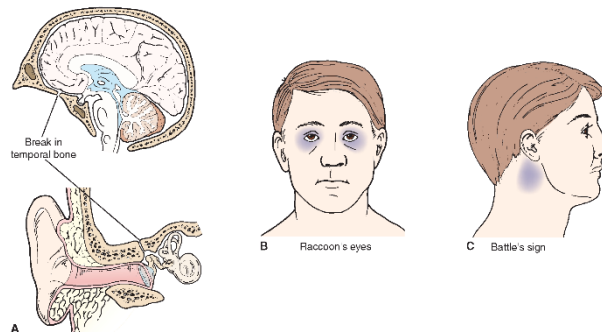
- Check when the prescription was last refilled and when the patient was last seen in the clinic. A patient can call 3 months in a row for refills. After the 3 months, a patient must return to the clinic
- There must be proper documentation in the chart. This documentation must be from a psychiatrist and have notes, not just a list of medications.
- A signed ADD contract
- If all the proper documentation is in the chart, you can put in a refill request. The patient will have to come to the clinic to have the prescription picked up.

### Narcotic

- Check previous charts for provider notes about refilling narcotics
- We DO NOT refill narcotics such as Percocet, Tylenol 3, etc. for acute injuries
- If patient is experiencing pain, patient should return to the clinic.
- Ask how many pills the patient has left of their previous RX and document.

## Pre-Triage “Red Flags”

- This is a serious responsibility of the MA answering the front desk. Get the patients photo ID and insurance; make a copy on the printer. If the provider decides to evaluate the patient, they should be registered ASAP in order to start adding notes and orders to the chart.
  - A patient should be brought back to an empty room and a provider should be brought in immediately for evaluation.
  - It is the provider’s responsibility to evaluate the patient and if necessary send them to the ED.
1. If a parent asks “Do you take children?” Please ask the age of the child and the reason they are coming in. As a general rule, **newborns** (up to 6 months old) should be seen by the Emergency Dept. (ED) or their Pediatrician, only. UNLESS, it is specifically for “Pink Eye” or the clinician on staff approves. Some providers are not licensed to see children under 16. Be familiar with these restrictions so you can divert the patient to the appropriate location.
  2. NO immediate **head injuries**. Get more information from the patient about the nature of the injury and when it occurred, then check with the provider on staff to see if they are comfortable evaluating the patient. We do not have the *necessary imaging* to provide the level of care that is needed to diagnose underlying issues that can arise in head injuries. Please ask the patient if they are nauseous and/or dizzy. Ask the provider if they feel comfortable seeing the patient.
    - **BIG RED FLAGS:** “racoon eyes” (See picture) also Battle’s sign (far right) or the ears. The presence of these middle bleeding from the patient needs to be sent to the Emergency Department indicate that immediately
  3. **Vomiting and/or diarrhea** for *several days* can be dangerous esp. if the patient has any additional health issues or contraindications such as diabetes or any immuno-compromising condition. Again, check with the provider on staff and if necessary, ask them to quickly evaluate the patient.
  4. Patients who have experienced **syncope, loss of consciousness (LOC) or fainting** should be seen at the ED because some imaging or immediate testing should be done in order to find out the *reason why* that person had this problem.
  5. **ALL 3<sup>rd</sup>-degree burns** should be seen at the Emergency Department. A 3<sup>rd</sup> degree burn is black (like charred skin). Ask a provider to quickly evaluate the patient.
  6. **Lacerations** should always be looked at by a provider, first.
    - Please ask: When did this happen? What did you cut yourself with? Generally, any laceration that includes the fingernail or one with a serrated knife (the wound is jagged) will probably be sent to the ED. As will **facial lacerations** (we’re not plastic surgeons) and **lacerations on children** (we cannot sedate them & we do not have restraints).
    - Any “profuse bleeding” or deep wounds should go to the emergency room



level of care  
issues that  
patient if they  
provider if  
middle  
bleeding from  
indicate that  
immediately



7. **Chest pain** should be immediately evaluated by the provider. An EKG might be ordered STAT in order to determine if the patient needs to go to the ED
- **BIG RED FLAGS:** diaphoresis (sweating), nausea, tingling in the left Extremity, Shortness of Breath (SOB).
8. **Sudden onset weakness/numbness** in extremities can be an indication of **Stroke**. Inform a provider if you see a patient exhibiting any of these symptoms.
- **BIG RED FLAGS:** Confusion, Blurred Speech, Arm Weakness, Facial Droop. See the FAST instructions below.

## Is it a stroke? Check these signs **FAST!**



**Act FAST. Call 9-1-1 at any sign of stroke!**

Massachusetts Department of Public Health

# Back MA

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## Triaging a Patient

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### Etiquette

- Speak loudly and clearly
- Smile and make eye contact with the patient
- Avoid saying “How are you doing?” —Most patients are here because they are sick
- Do not take things personally – Some patients are frustrated and will take it out on you
- You are not a provider – Do not give a patient medical advice, defer questions to the provider

### Overview: Ask yourself, why is every question important?

**\*\*You should be able to triage a patient without the assistance of a computer if necessary\*\***

### Calling a patient back

***“Good morning/afternoon. Please come with me. I need to get your height and weight.”***

- Check with the front desk – confirm that the patient has completed registration
- Patients with appointments need to be taken back as close to their appointment time as possible
- Use Ms. /Mr. to be polite.
- Immediately confirm the patients name and DOB prior to bringing them into a room.
- Some patients will refuse to get their weight. Be aware that it makes people uncomfortable to see their weight due to the possibility of eating disorders. This is an important thing to measure, be kind and ask the patient if they would be able to step on the scale backwards. Never comment “good” or any judgement. Thank you is the only appropriate response.
  - You can explain to the patient that some medications are weight based and that’s why it is important to get their weight.
- Measure both height and weight.

### Greetings:

***“Please have a seat on the exam table or wherever you prefer. My name is Kaysha and I am a Medical Assistant. I will be asking you a few questions before a clinician sees you today. Have you been here before?”***

- Language is important
- Establish your name, title and role to avoid confusion
- Determine if the patient is new or established. *Due to the new system, sometimes new charts are created for patients that have previously been seen. Please send their name and DOB to Fatima in order to merge the charts and give the patient the best care*

### Chief Complaint (CC)

***“What brings you in today?” “What kind of symptoms are you experiencing?”***

- The patient may give you a long complicated story or be short (“I’m sick” “I have a cold”)
- Choose the most important and relevant symptoms; avoid choosing more than 3 CC.

- Ask questions to determine the specifics.
- Avoid free texting a CC, use a prepopulated CC in Codonix. Some CC are written differently in Codonix. This is helpful for providers to document additional properly.
- Avoid using red flag phrases unless it is actually a red flag situation.
- Avoid diagnosis, describe the symptoms.
- For a follow-up visit select “here for recheck” as well as the original CC
- For prescription refill, select “RX refill” and the symptoms being treated.
- For lab review, select “abnormal lab value” and print labs from Care360 and give to the provider.
- Do not use HPI (History of Present Illness)

### Duration of Symptoms

*“How long have you been experiencing these symptoms?” OR “How long has this been going on for?”*

- For patients being seen for physical put “unknown”

### Historian

- Who is providing you with the information?
- Normally this would be the patient.
- If the patient is a child, confirm the relationship of the person with them.

### Drug Allergies

*“Are you allergic to any medications? What type of reaction did you have?”*

- It is important to record if a patient states they have a severe allergy (i.e. use of an epipen) or a food allergy (i.e. milk, eggs, gluten) as some medications are made with these.

### LMP: Last Menstrual Period

*“When was the first day of your last menstrual period?”*

- Only populates for woman
- Can be recorded as a specific date or a number of weeks ago.
- Other options include: pregnant, breast feeding, takes medication to suppress periods (IUD, Depo Provera, etc.)
- If patient is pregnant, record how far along they are. Notify a provider immediately if they are having any abdominal pain or vaginal bleeding.

### Current Medications

*“Do you take any medications daily?” “What is the dosage of that medication?” “What was that medication prescribed for?”*

- Record the name of the medication and dosage if known.
- Determine what the medication is used for in order to include in PMHx
- If name of medication is unknown but patient knows why they take it, free text what it is used for.
- When a patient brings in a list of medication record them in the system and scan the list into the patients chart.

### Past Medical History

*“Do you have any past medical history or medical conditions such as Asthma, High Blood Pressure, etc.?”*

- Any chronic illnesses or significant medical events should be included.
- Using medications the patient is taking is helpful in determining PMHx. See the list of common medications to familiarize yourself with why patients are taking the medication they are.

### Surgeries and Hospitalizations

*“Have you had any surgeries or hospitalizations?”*

- Indicate the year or age when possible

### Up to date immunizations

*“Are you up to date with your immunizations, such as flu and tetanus?”*

- Especially important when a patient is being seen for any laceration, cut, or bite. Inquire when they had their last tetanus booster (TDap).

### Language

- *It is our legal obligation to provide accurate interpretation if the patient’s primary language is not English.*
- If the patient has an interpreter with them, determine what the primary language of the patient is.
- If the patient is having difficulty understanding you, find out their first language. Find out if there is someone who speaks that language working. If not use the Cyacom phones to call in interpreter. See directions.
- Getting a translator is very important to providing the best patient care. A misunderstanding between you and the patient could put the patient in harm’s way.

### Social History

*“How often do you smoke cigarettes?”*

*“How often do you drink alcohol?”*

*“How often do you use recreational drugs?”*

- Use to determine a patient’s tobacco use, alcohol consumption and drug use.
- This can especially be important to a patient’s general health in a physical exam or patients with mental health concerns.

### Family History

*“Does anyone in your immediate family (parents, children or siblings) have a history of high blood pressure, heart disease, asthma, cancer, diabetes?”*

- Indicates a patient’s risk for certain diseases.
- Try to limit the patient to just their immediate family that is blood-related
- Include any other significant information the patient states.
- Patients who are adopted and don’t know their FHx should be noted as well.

#### PMD: Primary Medical Doctor

*“Do you have a primary care doctor in the area?”*

- This information is used if medical records need to be transmitted either to or from our facility.

#### Vital Signs

*“I am going to check your vital signs.”*

- See vital Signs addendum for instructions and red flags.
- If abnormal, first recheck manually and then if still abnormal notify the provider.

#### Next to be seen

- Clicking this box indicates to the provider that the patient is ready to be seen by a clinician.

#### Survey

*“How did you hear about the clinic?”*

- Determine how the patient came to our clinic.

#### Closing

*“Thank you. If you need anything, please let me know. One of our providers will be in to see you shortly.”*

- Exit out of Codonix before you leave the room to protect the information of the patient and other patients in our facility.

## Point of Care Testing: CC-based protocol

In order to assist the provider and provide them with the most information, some tasks should be performed immediately after triaging based off the patients symptoms. Take the necessary actions and sets ups while standing by to assist the provider with these additional tasks. If the patient is self-pay verbalize to patient how much things cost and allow them to defer until the provider sees them. Perform all "free" actions.

| Chief Complaint          | Action   | Set-up          | Standby  |
|--------------------------|--|-----------------|--|
| Abscess                  | Procedure Room, gown in order to expose abscess                      | New: I&D set-up |  |
| Abdominal Pain Severe= ★ | Urine Dip, Urine Pregnancy Test                                      |                 |  |
| Amenorrhea               | Urine Pregnancy Test   |                 |  |
| Lower Back Pain          | Urine Dip, Urine Pregnancy Test (female)                             |                 |  |
| Burn                     | Cover burn with cold wet gauze, inquire about tetanus status         |                 | Standby to perform wound care, standby with tetanus booster    |
| Chest Pain ★             | Flag provider, Pulse Ox, EKG   |                 | Standby with Aspirin, Nitroglycerine, oxygen and Emergency Kit |
| Cerumen Impaction        |  |                 | Standby with ear wash and drops                                |
| COPD/Asthma              | Peak flow and pulse ox   |                 |  |
| Cough                    | Pulse Ox, peak flow, strep screen, flu screen (if strep is negative) |                 | Standby with nebulizer   |
| Diabetes                 | Finger stick glucose   |                 |  |
| Diarrhea                 | Urine Dip  |                 | Standby with hemocolt card & developer, Stool C&S kit          |
| Hearing Complaints       | Hearing Test   |                 |  |
| Dizzy/Vertigo            | Orthostatic, EKG, Clean Catch Urine, Urine Dip, finger stick glucose |                 |  |

| Chief Complaint                           | Action  | Set-up                 | Standby   |
|---|---|------------------------|---|
| Eye Complaints                            | Visual Acuity   | Eye Tray set-up        |   |
| Fever (>100.4) and Respiratory complaints | Flu, Strep Screen   |                        | Standby with Tylenol/ibuprofen                              |
| Fever of indeterminate cause              | Flu, Strep Screen, Urine Dip  |                        | Mono, HIV   |
| Hearing Complaints                        | Hearing Test  |                        |   |
| Laceration ★                              | <b>Flag Provider for active bleeding to visualize.</b> Procedure Room, control bleeding, obtain tetanus status, | Set-up Laceration tray | Standby with tetanus booster and x-ray                      |
| Pelvic Pain or discharge                  | Urine Dip, Urine pregnancy test, Undressed in room w/ stirrups  | Pelvic Tray set-up     |   |
| Rectal Bleeding                           | Undressed waist down,   |                        | Standby with hemocult card & developer                      |
| Routine Pap                               | Clean catch urine, urine dip, Undressed in room w/ stirrups   | Pap Tray set-up        |   |
| Shortness of Breath ★                     | <b>Flag provider if severe,</b> Pulse Ox, peak flow   |                        | Standby with oxygen, nebulizer                              |
| Sore Throat                               | Strep Screen, flu   |                        | Standby with culture for send-off and in-house mono         |
| STD screen                                | Dirty Catch Urine, Urine Dip, Urine pregnancy   | Set-up pelvic tray     | Standby to undress  |
| Trauma ★                                  | <b>Flag Provider,</b> control bleeding, tetanus status  |                        | Standby with X-ray  |
| Urinary discomfort                        | Male: Dirty catch<br>Female: Clean catch<br>Urine Dip   |                        | Standby with culture for send-off. Standby for male rectal. |
| Vomiting ★                                | <b>Flag provider,</b> into exam room, provide bag, Urine pregnancy test   |                        | Standby with Zofran   |
| Weakness                                  | Orthostatic, Urine Dip, finger stick glucose,   |                        | Standby with EKG  |

| Chief Complaint | Action               | Set-up | Standby |
|-----------------|----------------------|--------|---------|
| X-ray           | Urine Pregnancy Test |        |         |

- \*\*Do not draw up injections until ordered by provider, stand by with syringe and needle.
- \*\*A urine dip constitutes a clean catch urine
- \*\*Urine pregnancy for women over 12 year’s old and under 55 years old.

*Providers are aware of all these protocols. Any exceptions that they would like to make to these protocols will be verbalized on the spot at the visit and documented in the patients chart.*



# CyraCom Blue Interpreter Phones

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## How to Access a Medical Interpreter

1. Press the Phonebook/UP ^ button
2. Press Talk (green) button
3. Follow the prompts:
  - Your account number # 501019373
  - Your 4-digit PIN # 4497
  - Choose Language then press 1 to confirm or 2 for no in case you choose wrong language.
  - To make a call to another phone number press 1 yes or 2 no. Unless this is a three-way phone call you should always choose 2 since these phones are used for patients in the clinic.
  - Once Interpreter is on, get the second phone and turn it on (Talk green button) and give to patient.

# Injections

## Vaccinations

### Intramuscular

| Name                             | Protection   | Vials used   | Special Instructions  |
|----------------------------------|--|--|---|
| Menactra (Meningococcal)         | Protects against infections that can lead to meningitis (brain swelling) or death  | Single dose vial                                     |   |
| Menveo (Meningococcal)           | Protects against infections that can lead to meningitis (brain swelling) or death  | Two single dose vials                                | <i>Mix liquid grey top solution into orange top powder found in the same box</i>                          |
| TDaP                             | Protects against tetanus (lock jaw and spasms), diphtheria (nose and throat infections), and pertussis (whooping cough)              | Single dose vial                                     |   |
| Influenza                        | Protects against the influenza virus, which causes fever and cough.  | Multi dose vial                                      | <i>Check with provider to determine correct dosage. Standard dose is 0.5mL</i>                            |
| Hepatitis A                      | Protects against hepatitis A, which causes inflammation of the liver   | Single dose (1 mL) vial OR pre-filled (1 mL) syringe | <i>Comes in single-dose vials and prefilled syringes. Prefilled comes in adult and pediatric dosages.</i> |
| Hepatitis B                      | Protects against Hepatitis B, which causes inflammation of the liver. Can be sexually transmitted                                    | Single dose (1 mL) vial OR pre-filled (1 mL) syringe | <i>Comes in single-dose vials and prefilled syringes. Prefilled comes in adult and pediatric dosages.</i> |
| <b>Pneumovax</b><br>Pneumococcal | Protects against bacterial infections caused by streptococcus pneumonia, such as ear infections, sinusitis, pneumonia and meningitis | Single does (0.5mL) vial                             |   |

### Subcutaneous

| Name                            | Protection   | Vials used            | Special Instructions  |
|---------------------------------|--|-----------------------|---|
| MMR (Measles Mumps and Rubella) | Protects against Mumps (meningitis), measles (pneumonia and seizures) and Rubella (rash and arthritis) | Two single dose vials | <i>Mix sterile water into blue top MMR powder found in separate boxes</i> |
| Varicella                       |  | Two single dose vials | <i>Mix sterile water with varicella powder found in separate boxes.</i>   |

### Intradermal

| Name | Use  | Vials used      | Special Instructions   |
|------|--|-----------------|--|
| PPD  | Skin test used to test for tuberculosis, which causes cough and chest pain | Multi dose vial | <i>Standard use of 0.1 mL injected on the inner forearm.</i> |

## Injected Medications

### Gluteal Intramuscular

| Generic Name       | Brand Name  | Treatment                                   | Dosing                             | Special Instructions  |
|--------------------|-------------|---|------------------------------------|---|
| Ceftriaxone        | Rocephen    | Antibiotic                                  | 1 gram                             | <i>Add <b>2.1 mL</b> of 1% lidocaine to powder. Shake until all powder dissolves. Use a filter needle to draw up solution. Change needle before injection</i> |
| Methylprednisolone | Solu-Medrol | Steroid –rash, allergic reaction, pneumonia | 125mg                              | Push top down to allow liquid to mix with powder. Shake until liquid and powder are thoroughly mixed.   |
| Ondansetron        | Zofran      | Prevents nausea/vomiting                    | 2mg/1mL<br>(2mL single dose vial)  | <i>Check the order for dosing.</i>  |
| Keterolac          | Toradol     | Treats pain and inflammation                | 30mg/1mL<br>(2mL single dose vial) | <i>Provider may order whole vial (60 mg-2 mL) or half dose (30 mg-1 mL). Check the order!</i>   |

### Arm Intramuscular

| Generic Name   | Brand Name  | Treatment                          | Dosing   | Special Instructions  |
|----------------|-------------|------------------------------------|--|---|
| Ceftriaxone    | Rocephen    | Antibiotic                         | 250mg  | <i>Add <b>1.0 mL</b> of 1% lidocaine to powder. Shake until all powder dissolves. Use a filter needle to draw up solution. Change needle before injection</i> |
| Promethazine   | Phenergan   | Controls dizziness/motion sickness | 25mg/1mL   | <i>Vials must be stored in a dark place. Do not store where they could be exposed to light!</i>   |
| Cyanocobalamin | Vitamin B12 | Low B12 levels                     | 1000mcg/1mL<br>(Single Dose Vial)                      | <i>Vials must be stored in a dark place. Do not store where they could be exposed to light!</i>   |
| Epinephrine    | Epipen      | Treats severe allergies            | Glass Ampule<br>(Single dose vial)                     | <i>See the following directions for using glass ampules.</i>  |
| Dexamethasone  | Decadron    | Anti-inflammatory                  | Comes in small (20 mg/5 mL) and large multi-dose vials | <i>Check the orders! Dosing may vary among providers/patients.</i>  |

## Giving Medications from a Glass Ampule (Example – Epinephrine)

1. Check the expiration date! These medications are not used often and sometimes expire.
2. If there is any liquid in the top portion of the vial, gently tap the vial until all the liquid is contained in the bottom portion.
3. Grasp the top and bottom of the vial. Snap the top portion of the vial by breaking it *away* from you.
4. Use a filter needle and the appropriate syringe to draw up the correct amount of solution.
  - a. **Always** check the orders and with the provider how much medication to give. The epinephrine comes in 1 mL ampules, the typical dosage for an acute allergic reaction is 0.3 mL (what is found in an EpiPen). Epinephrine should be given in a 1 mL syringe!
5. Dispose of the filter needle in the sharps container, and put the appropriate size needle onto the syringe. Give medication to patient as directed.

## Administration

### Preparation

- Gather your supplies, including the medicine vial, syringe, and alcohol pad. Wash your hands and wear gloves. Check the label to make sure you have the correct medication and that it is not expired.
- Determine how the medication should be administered. Some vials are multi-dose, single-dose, or powder that must be mixed with sterile water. See the injections chart for any clarifications. If you are not sure, ask another MA.
  - With powder solutions, transfer the liquid into the powder.
- Use the appropriate sized needle and syringe depending on the administration of the drug. Hold the syringe in your hand with the needle point up. With the cap still on, pull the plunger back to the line on your syringe of your intended dose, this will fill the syringe with air. Insert the needle into the rubber top of the vial and push the air in. With the vial upside down and the tip of the needle in the liquid of the medication, pull the plunger back to the correct dose.
- To remove air bubbles, tap the syringe with your finger to move air bubbles to the top. Then push gently on the plunger to push the air bubbles out.
- Keep needle clean while recapping. If needle is dull or bent replace it with a new one.

### Intramuscular

- Place 4 fingers from the shoulder blade and intended area will be in the middle end of that mark.
- Firmly pinch muscle intended using one hand.
- With bevel up, insert needle at a 90 degree angle. DO NOT dart into patient.
- Slightly aspirate (pull syringe lightly back to ensure that you are not in a vein) and inject medicine into tissue.
  - If you see blood, pull out needle, dispose in biohazard, and start over again.
- Withdraw the needle, immediately dispose into biohazard, and apply light pressure to the injection site with gauze.
- Place Band-Aid

### Gluteus Maximus

- Follow the same instructions for intramuscular.
- For medications over 1mL, have patient lying face down on exam table with pants and underwear down OR have patient stand up right with both hands on exam table.
- Locate site of injection by dividing one buttock in half from top to bottom and half from side to side (4 quarters). The injection should be given in the upper, outer quarter.
- Firmly pinch or put pressure on intended area using one hand. With bevel up, insert needle at a 90 degree angle

## Subcutaneous

- A subcutaneous injection is given in the fatty layer of the tissue just under the skin.
- Use the side or back of a patients arm.
- The 5/8in needle should be used to ensure that
- Grasp the skin between the thumb and index finger and pinch up.
- Inject the needle at a 45 degree angle.

## Front Desk Tasks

- Due to potential HIPAA violations, call backs should not be performed at the front desk when patients are in the waiting room and could hear other patient information.
  - You can perform silent front desk tasks such as reviewing emails and faxes
- Only leave a message with information if the patient's full name is on the voicemail.

## Lab Results and Prescriptions

- Review the patients chart and providers message before calling in order to understand why you are calling and be prepared if the patient asks questions
- When calling introduce yourself with your name, title and where you are calling from
- Ask for the patient by their full name
- Ask for the patient to confirm their date of birth. Unless the patient is younger than 18 years old or directly stated, you can only provide information to the patient.
- Relay the information as stated by the provider. If a provider requests a follow up appointment, determine when the provider who saw the patient will be in and have full slate open to make the appointment right then over the phone.
- Determine how the patient is feeling after treatment or since the visit
  - If the patient states they are feeling worse, you should instruct the patient to return to the clinic in order to be reevaluated; they can see first available as urgent care
- Ask the patient if they have any further questions or concerns. If a patient does have medical questions be sure to collect as much information as possible from the patient in order to send a clinician task to the treating provider
- Document the conversation in the patient's chart and remove the task once it is complete.
- LEAVING A MESSAGE DOES NOT INDICATE A COMPLETED TASK.

## Calling in a Prescription in to a Pharmacy

- You can leave a message or speak to the pharmacist. Speak slowly and clearly. Do not mumble.
- You will need the following information
  - Your name, where you are calling from and the phone number of the location.
    - "Hello, this is Sarah calling from Metro Immediate and Primary Care, the phone number is 202-798-0100"
  - Patient Name
  - Date of Birth
  - Medication and dosage
  - Instructions (SIG)
  - Refills
  - Prescriber name and NPI number

## Set-ups

### Nebulizer Treatments

- Nebulizer machine
- Mask
- Prescribed medicine (check the order)
  - Albuterol
  - Albuterol and Ipratropium (premixed)
- Peak flow meter (Perform test before and after treatment)

### Well Woman Exam

- Thin prep cervical brush
- Thin prep container
- Surgical Lube
- Small speculum and light
- Large Q-tip
- Orange Aptima (do not open)
- BV kit (do not open)
- Gown for patient with opening in the front.
- Drape and Chuck

### Pelvic Exam (w/o pap)

- Surgical Lube
- Small speculum and light
- Large Q-tip
- Orange Aptima (do not open)
- BV kit (do not open)
- Drape and Chuck for patient to sit on

### Suture Removal

- Suture/Staple Removal kit

### Suture/Laceration Repair

- Betadine Solution in a small basin
- Sterile water
- Suture Kit
- Sterile gloves (ask provider for size)
- Tape for suture or Band-Aid
- Triple Antibiotic ointment
- Lidocaine (confirm with the provider either 1% or 2% with Epi)
- 22G and 25G needle and 3cc syringe
- Alcohol swabs
- Small basin

## Incision and Drainage (I&D)

- Betadine Solution in small basin or container
- Scalpel #11 blade
- Lidocaine (confirm with the provider either 1% or 2% with Epi)
- 18G, 22G and 25G needle and 3cc syringe
- Appropriate size gauze
- Tape for dressing the wound
- Alcohol swabs
- Packing gauze
- Scissors, tweezers, forceps
- Wound culture



## Blood Draw:

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### Tubes to use:

For further information on which tests require which specimen tubes, please check the Quest books, located in each office, or refer to [www.questdiagnostics.com](http://www.questdiagnostics.com) (Physicians and Hospitals --> Find a test).

See addendum note for tubes and test codes.

After drawing a tiger tube, let sit for 15 minutes to allow clotting of the blood. Once the blood has clotted, spin in the centrifuge until complete. The centrifuge must be balanced with tubes, there should never be an odd number of tubes. Use a tiger top tube filled with water to balance.

### Lab Work when a Quest phlebotomist is not there

#### Documents to include:

- Order Summary
- Single page billing summary
- Use the coding summary to write the diagnosis codes on top of the order summary

#### Labeling Specimens

- Last name, first name
- Date of birth MM/DD/YY

#### Storage of labs

| Room Temperature         | Refrigerator     |
|--------------------------|------------------|
| Urine                    | C. Diff, stool   |
| Cultures                 | H. Pylori, stool |
| BV                       | All Blood        |
| Ova and Parasites, stool | Herpes cultures  |
| Pap Smear                |                  |

#### Stat Labs

- Process these labs immediately (see instructions below)
- Call Quest at 866-MYQUEST (866-697-8378), provide account number of location, and option 6 for pick up. Obtain the confirmation number and record for your records.
- Leave specimens with requisitions in drop box. If specimen needs to be frozen place in separate cooler bag with ice pack

## Processing Labs/Requisitions

Click lab orders

- Select physician ordering tests (this will be on your left hand side)
- Add new patient (this is where the lab in requirements come in handy)
- If patient is established simply click the search tab and enter pts last name.
  - Bill Type: Self Pay Patients (Client) / Insured Patients (Insurance)
  - Click "Next"
- Enter Dx (diagnosis) code
- Enter test order codes (394x: throat cx/ 395x: urine cx or select from the tabs I've created labeled Female/Male/STD/Routine/Stool). In these tabs are the most test codes we order.
  - Click "File" Review all information on screen prompt
  - Click "Save" Print to Quest printer
- Labels will print out from the Dymo label printer; label each specimen with this label. If you need more simply click print labels again.
  - One of the labels gets put on the requisition log (located in the lab) next to it note what testes were ordered along with your initials (TC)
  - Requisition prints out, place it on one side of the specimen bag, specimens go on opposite side.

## Common Medications to know

Brand Name – *Generic Name* (Legally the same formula but cost different amounts)

| <i>Disorder</i>               | <i>Medication</i>  |
|-------------------------------|--|
| <i>ADD/ADHD</i>               | Adderall<br>Vyvanse<br>Ritalin   |
| <i>ACNE</i>                   | Doxycycline<br>Accutane<br>Benzoperoxide gel   |
| <i>Season Allergy</i>         | Allegra – <i>Fexofenadine</i><br>Zyrtec – <i>Cetirizine</i><br>Claritin – <i>Loratidine</i><br>Xyzal – <i>Levocetirizine</i>   |
| <i>Asthma</i>                 | Albuteral (Inhaler = HFA)<br>Proair<br>Flovent<br>Advair<br>Singulair  |
| <i>Bipolar/Mood Disorders</i> | Lamictal<br>Lithium<br>Abilify   |
| <i>Birth Control</i>          | Depo Provera<br>Mirena (IUD)<br>Nuvaring<br>Patch<br>Pills   |
| <i>Blood Thinners</i>         | Baby Aspirin 81mg<br>Coumadin<br>Plavix  |
| <i>Depression/Anxiety</i>     | Celexa – <i>Citalopram</i><br>Wellbutrin – <i>Bupropion</i><br>Prozac – <i>Fluoxetine</i><br>Zoloft – <i>Sertaline</i><br>Klonopin – <i>Clonazepam</i><br>Lexapro – <i>Venlafaxine</i><br>Paxil – <i>Paroxetine</i><br>Xanax – <i>Alprazolam</i> |
| <i>Diabetes</i>               | Insulin – <i>Novolog/Humalog</i><br>Metformin<br>Janumet<br>Januvia  |
| <i>Gerd/Acid Reflux</i>       | Prilosec – <i>Omeprazole</i><br>Nexium<br>Zantac – <i>Ranitidine</i>   |
| <i>High Cholesterol</i>       | Crestor<br>Lipitor – <i>Atorvastatin, -statin</i>  |

|                                       |   |
|---------------------------------------|---|
|                                       | Simvastatin                                     |
|                                       | Pravastatin                                     |
| <i>Hypertension</i>                   | Lisinopril – <i>Zestril</i>                     |
|                                       | Cozaar – <i>Losartan</i>                        |
|                                       | Hydrochlorothiazide – HCTZ                      |
|                                       | Propranolol                                     |
|                                       | Norvasc – <i>Amlodipine Besylate</i>            |
|                                       | Atenolol  |
|                                       | Diovan  |
|                                       | Metoprolol                                      |
|                                       | Lasix   |
|                                       | Lopressor                                       |
|                                       | Valsartan                                       |
| <i>Hypothyroidism</i>                 | Synthroid – <i>Levothyroxine</i>                |
|                                       | Levoxyl   |
|                                       | Nature thyroid                                  |
|                                       | Armour Thyroid                                  |
| <i>Sleep</i>                          | Ambien – <i>Zolpidem</i>                        |
|                                       | Lunesta   |
| <i>Vaginal</i>                        | Diflucan (Yeast Infection)                      |
|                                       | Metronidazole – Metro Gel (Bacterial Vaginosis) |
| <i>Skin Lesions (Herpes I and II)</i> | Valtrex- Valacyclovir                           |
|                                       | Acyclovir                                       |
| <i>Common Antibiotics</i>             | Zpak – <i>Azithromycin</i> (URI)                |
|                                       | Amoxicillin – Strep                             |
|                                       | Cipro – UTI                                     |
|                                       | Bactrim – UTI/Skin                              |
|                                       | Levaquin – cough                                |
|                                       | Keflex  |
| <i>Narcotics</i>                      | Percocet – <i>oxycodone/acetaminophen</i>       |
|                                       | Tylenol 3 – <i>codeine/acetaminophen</i>        |
|                                       | Vicodin – <i>hydrocodone/acetaminophen</i>      |
|                                       | Oxycodone                                       |
|                                       | Fentanyl  |
|                                       | Dilaudid  |
| <i>Hair</i>                           | Propecia  |

## Medical Abbreviations

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*Avoid using these as they can cause confusion. If they are used, use this cheat sheet to be able to fully understand.*

|  |   |
|--|---|
| abx: antibiotics                               | LUQ: Left upper quadrant                    |
| bid: twice a day                               | LLQ: Left lower quadrant                    |
| BP: blood pressure                             | MMR: measles, mumps, rubella                |
| bpm: beats per minute                          | MVA: motor vehicle accident                 |
| C&S: culture and sensitivity                   | NKDA: no known allergies                    |
| CAD: coronary artery disease                   | NPO: nothing by mouth                       |
| CC: chief complaint                            | NSAID: non-steroidal anti-inflammatory drug |
| CHF: congestive heart failure                  | PO: by mouth (per oral)                     |
| daw: dispense as written                       | PRN: as needed (pro re nata)                |
| d/c: discontinue OR discharge                  | Pt: patient                                 |
| Ddx: differential diagnosis                    | qd: every day                               |
| DM: diabetes mellitus                          | qh: every hour                              |
| DVT: deep vein thrombosis                      | qhs: night                                  |
| Dx: diagnosis                                  | qid: four times a day                       |
| EtoH: ethanol/alcohol                          | qod: every other day                        |
| FU: follow-up                                  | RBC: red blood cell                         |
| FUO: fever of unknown origin                   | RUQ: right upper quadrant                   |
| Fx: fracture                                   | RLQ: right lower quadrant                   |
| GC/CT: gonorrhea/chlamydia                     | R/O: rule out                               |
| GI: gastrointestinal                           | Rx: prescription                            |
| Hgb: hemoglobin                                | SOB: shortness of breath                    |
| H/H: Hemoglobin/hematocrit                     | SQ—subQ: subcutaneous                       |
| h/o: history of                                | Sx/sxs: symptoms                            |
| HPI: History of present illness                | Tid: three times a day                      |
| HR: Heart rate                                 | Tx: treatment                               |
| HSV 1: Herpes simplex virus 1 (oral herpes)    | UA: Urinalysis                              |
| HSV 1: Herpes simplex virus 1 (genital herpes) | URI: Upper respiratory infection            |
| HTN: Hypertension                              | U/S: ultrasound                             |
| Hx: history                                    | UTI: Urinary tract infection                |
| I&D: Incision and drainage                     | WBC: white blood cell                       |
| IM: Intramuscular                              | WNL: within normal limits                   |
| IV: Intravenous                                | yo: years old                               |
| LMP: Last menstrual period                     |   |

## Sterilizing Equipment

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- Any equipment that says Pakistan must be disposed in biohazard containers. Do not throw away any equipment that states Henry Scheiner. It is reusable after disinfecting and placed in autoclave.
- Place equipment in a basin with the infecting solution for at least 12 hours. No water should be used as it will lead to rust and residue build up, and the equipment will need to be thrown out.
- Using gauze and alcohol wipe down the equipment and place in appropriate plastic bags.
- Set Dial on 7 (on the right side) and preheat Autoclave till it reaches 350 degrees. Once at that temperature, place equipment in autoclave and set dial (front) for 60 minutes.