

## **TIP SHEET** HOSPITAL INFORMATION SYSTEM (HIS)

### ONCOLOGY COSTARS DOCUMENTATION

#### Navigate to the COSTARs powerform

- 1. Open a patients chart
- 2. Navigate to Nurse View (top of the dark blue menu)
- 3. Scroll to Performance Status & Toxicities (grey menu)
- 4. click +
- 5. Select COSTaRS as seen below.

Menu			🔷 🔹 🏫 Nurse V	iew									🔀 Full screen 🛛 🖶 Print 🥠 27 m	linutes a	
Nurse View		*		0%											
Oncology							× ±								
Results Review		-	Workflow	X	Demographics	× Handoff	× +							/ ≡	
MAR				Ŧ	Vital Signs						+ V Selected Visit	Last 1 days Last 1 we	eeks 🛛 Last 6 months 🗸 🗐 🔲	6	
MAR Summary			Reason for visit	^	Oxygen Therapy	-	-	-		-			Room Air		
Orders			Allergies (11)	11	SpO2	%			-	-	-		98		
Interactive View and			Vital Signs		BSA Measured r	m2	1.77	-	1.21	1.75	1.8	1.96	1.64		
Task List		11	Performance Status &												
			Toxicities												
Documentation			Systemic Therapy		Performance State	rformance Status & Toxicities						+ V All Visits All Visits Last 1 years Last 3 months Last 1 months			
Form Browser			Keview		No Results Found					COSTARS	COSTARS				
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Medication List			Cabs		Systemic merapy	y Review					Performance Sc	ales & Status		2	
Diagnoses and Proble	ems		Diagnostics (0)							440	utrida Administrations 🔘 Casar	h Blan			
Clinical Media	+ Add		Microbiology (0)							Add U	uside Administration: Q Searc	JI E1011			

#### Document your assessment

6. Using symptom list on left hand side choose appropriate tab. *Tip: All items highlighted in yellow must be completed.* 



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1



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7. Review questions (highlighted in grey) with patient and choose appropriate response. Once complete, use the green check mark (top left corner) to sign. Your assessment with populate in **Documents** (found in the dark blue menu).

🗸 🖬 🚫   🖏 🕅 🛧 🔻   📖 [							
*Performed on: 18/Oct/2024	✓ 10:35   EDT						
<ul> <li>General Assessment Form</li> </ul>	Nausea & Vomiting	Practice	Guide				
Anxiety Practice Guide	A subjective perception that emesi	s may occur. I	Feeling of quea	siness. Vomiti	ng: A forceful expulsion o	f stomach contents	
Appetite Loss Practice Guide	through the mouth and may include	e retching (ga	stric and esoph	ageal moveme	nt without vomiting – dry	heaves.)	
Bleeding Practice Guide	Assess severity of nausea/vom	iting	Mild Mo	oderate 🛛	Severe		
Breathlessness/Dyspnea Practice Gui	What number from 0 to 10 best	1 to 3	O 7 to 10			]	
Constipation Practice Guide	nausea, 10=Worst possible	0 4006					
Depression Practice Guide	nausea?						
Diamhea Practice Guide							
Fatigue/Tiredness Practice Guide							
Febrile Neutropenia Practice Guide	Are you worried about your	No/some	O Yes, veru			1	
Mouth Dryness/Xerostomia Practice G	nausea/vomiting?						
Mouth Sores/Stomatitis Practice Guide	How many times per day are you vomiting or retching?	Ess than 1	O 2-5	O Greater than	6		
Nausea & Vomiting Practice Guide	What is the amount of vomit?	Small	O Modest	O Large		1	
Pain Practice Guide	Do you have any blood in your yomit	• No	O Yes	O No vomiting		]	
Peripheral Neuropathy Practice Guide	or does it look like coffee grounds?	0.10	0.100	C Ho following			
Skin Reaction to Radiation Practice G	Have you lost weight in the last 1-2 weeks without trying?	0-2.9%	O 3-9.9%	O More than 1	0%	]	
Sleep Problems Practice Guide	Have you been able to eat within last 24 hours?	• Yes	O No			]	
	Have you been able to tolerate drinking fluids?	• Yes	O No			]	
	Are you feeling dehydrated, which can include feeling dizzy, a dry mouth, increased thirst, fainting, rapid heart rate, decreased amount of urine?	No	🔿 Yes, some	O Yes, a lot		]	
	Do you have any abdominal pain or headache?	No/Mild 0-3	O Moderate 4-6	O Severe 7-10		]	
	Does your nausea/vomiting interfere with your daily activities at home and/or at work?	O No	Yes, some	O Yes, sigr	ificantly	]	
	If yes, please describe.					]	
		No	O Yes, some	O Yes, many		]	
	Do you have any other symptoms?	☐ Pain ☐ Fever	Constipation	Anxiety Headache	🔲 Other:	]	
	How much fluid are you drinking per day?	6-8 glasses	O 1-5 glasses	O Sips		]	
	Are you taking medications that can	No	O Yes			]	

Reminder: remember to refresh to see your assessment



*Tip : If you click the box "do not ask me this message again" you will sign automatically with clicking the green arrow.* 







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Modify Documentation

8. To modify: Under **Documentation** find your document and right click in viewer screen and click **modify** (or CTRL M) and seen above. Make your changes and then click the green check mark to sign.

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