

Name _____ SUNY UID# _____ Department _____

Job Title: Resident _____ Attending _____ Ancillary _____ Other _____ Phone# _____

| I can perform the following tasks on SUNY HealthBridge: | Date | Comments |
|---|------|----------|
| System Access | | |
| a) Log on/off | | |
| b) Using User Preferences (Application Default) | | |
| The Patient List Tab | | |
| a) Review New features of Healthbridge Upgrade (Icons, Navigation) | | |
| b) Create Personal (Special) List | | |
| c) Criteria Based List with Unit and Order Specific features | | |
| Patient Info Tabs | | |
| a) View allergy information | | |
| b) Height and Weigh features | | |
| c) Health Issues | | |
| d) Care Providers | | |
| e) Review of Significant Events | | |
| All Patient Information Tabs | | |
| a) Review Orders tab and Filtering features | | |
| b) Review Results tab and Filtering features | | |
| c) Review Documents tab and Filtering features | | |
| d) Review Flowsheets tab and features | | |
| e) Review Clinical Summary tab and features | | |
| Medication Order Entry | | |
| a) Reviewing allergies before entering medication orders | | |
| b) Enter a Basic Lab Order | | |
| c) Enter a Medication Orders | | |
| d) Enter a Radiology Order | | |
| e) Enter an Cardiology Order | | |
| f) Enter an IV Order | | |
| g) Enter an Consult Order | | |
| h) Enter an Diet Order | | |
| Order Review and Maintenance | | |
| a) Review orders via the Orders tab | | |
| b) Use Order tab filters | | |
| c) Discontinue/Cancel single & multiple orders | | |
| d) Discontinue/Reorder single & multiple orders | | |
| e) Release single & multiple Hold orders to active status | | |
| Signature Manager | | |
| a) Review features | | |
| Emar | | |
| a) Accessing the Worklist | | |
| b) Reviewed medication orders on EMAR | | |
| c) Review features of Documenting task | | |

I will not share my password. I will only access patients in my direct patient care. I will sign out of the system when it is not in use.

Validated by: Trainer's Signature _____ Date _____

Employee's/ Student's Signature _____ Date _____