

SE13a – RECOGNITION OF NURSING

NURSES DELIVERING SOCIALLY SENSITIVE CARE

Provide one example, with supporting evidence, of a nurse or group of nurses in the delivery of culturally and/or socially sensitive care.

NewYork-Presbyterian (NYP) demonstrates its commitment to healthcare equality through its dedication to providing socially sensitive care that is respectful of a patient's gender identity. In September 2020, the Human Rights Campaign (HRC) Foundation designated NYP hospital campuses, inclusive of NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), as an "LGBTQ Health Care Equality Leader" in their 13th edition of the Healthcare Equality Index (HEI), the nation's foremost benchmarking survey of healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ+ patients, visitors, and employees.

[SE13a.1—LGBTQ Health Care Equality Leader Announcement](#)

In October 2021, in conjunction with their work in the HRC Foundation's Annual Healthcare Equality Index, NYP created a guide for healthcare professionals, including nurses, to have access to learning resources to improve their care for LGBTQ+ patients and their families and foster understanding and respect among colleagues. In the guide, NYP provides healthcare professionals with information to understand the concepts of sex and gender and the importance of using a patient's chosen name and pronouns. The guide also offers free access to NYP staff to over 60 online, on-demand Continuing Medical Education (CME)-accredited LGBTQ training options with topics ranging from the basics of LGBTQ patient-centered care to more specialized topics for clinicians.

[SE13a.2—Gender Identity Guide for Healthcare Professionals](#)

Nurses Deliver Socially Sensitive Care

On the morning of October 16, 2023, Teckla Chude, MSN, RN, CRNA, nurse anesthetist, cared for a 67-year-old transgender patient, demonstrating her commitment to providing socially sensitive care by using pronouns respectful of the patient's gender identity and preferences. Ms. Chude understood that when respect is reflected in the

interactions with patients, the patient's experience is enhanced. Misgendering patients fosters distrust and may have a negative impact on patients' mental health, which may deter patients from seeking health care. It is common for healthcare members to confuse sex and gender, however, due to the education available to NYP employees such as e-learning modules and the gender identity guide, Ms. Chude understood that sex and gender are not the same and recognized the importance of using the patient's preferred pronouns. Ms. Chude demonstrated this by asking the patient her preferred pronouns and prioritized addressing the patient by her preferences. On October 16, 2023, Ms. Chude verbally addressed the patient as "she" in conversations with the patient and team. Ms. Chude respectfully communicated to the healthcare team when Ms. Chude documented "she" in the medical record as the patient's preferred pronoun, i.e., "She presents today with bleeding from AVF. She has received 1 prbc for H/H of 4.9/16." [SE13a.3—EMR CRNA Note](#)

On October 16, 2023, Nathalie Garcia, BSN, RN, clinical nurse, Surgical Oncology (7HS-605154) [7HS], cared for the same transgender patient. Ms. Garcia also respectfully used the patient's preferred pronouns throughout the delivery of nursing care. Ms. Garcia used "she" when communicating with the patient and healthcare team, both verbally and in writing, and documented the patient's preferred pronoun to the healthcare team, i.e., "pt stated she quit a week prior to admission," with regard to tobacco use. [SE13a.4—EMR RN Note](#)



Announcement

Posted 9/16/2020

NewYork-Presbyterian Earns "LGBTQ Health Care Equality Leader" Designation in Healthcare Equality Index

NewYork-Presbyterian has announced its "LGBTQ Health Care Equality Leader" designation from the Human Rights Campaign Foundation (HRC). The designation was announced in the 13th edition of HRC's Healthcare Equality Index (HEI).

"We are honored to have earned the 'LGBTQ Health Care Equality Leader' designation from the Human Rights Campaign Foundation," said Dr. Laura Forese, executive vice president and chief operating officer of NewYork-Presbyterian. "Across our Hospital system, we continue to look for ways to strengthen our culture of respect and to create positive change within our institution and the many communities we serve. At NewYork-Presbyterian, we are committed to providing equitable care, and standing up for what we believe – that every patient, every person, should be valued, treated justly, and respected."



A record 765 health care facilities actively participated in the HEI 2020 survey. In the 2020 report, 495 facilities earned HRC's "LGBTQ Health Care Equality Leader" designation, receiving the maximum score in each section and earning an overall score of 100. The health care facilities that participate in the HRC are demonstrating concretely that they are going beyond the basics when it comes to adopting policies and practices in LGBTQ care, according to the HRC.

The designation applies to NewYork-Presbyterian/Columbia University Irving Medical Center, NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian Brooklyn Methodist Hospital and NewYork-Presbyterian Queens.

NewYork-Presbyterian demonstrates its commitment to health care equality in many ways, including adding preferred names to patient wristbands and using electronic medical record technology that captures sexual orientation, gender identity, diverse family structures (such as same-sex parents of pediatric patients) and preferred pronouns. NewYork-Presbyterian also collaborates with community-based organizations that support the LGBTQ community.

"The health care facilities participating in the HRC Foundation's Healthcare Equality index (HEI) are not only on the front lines of the COVID-19 pandemic, they are also making it clear from their participation in the HEI that they stand on the side of fairness and are committed to providing inclusive care to their LGBTQ patients," said HRC President Alphonso David. "In addition, many have made strong statements on racial justice and equity and are engaging in efforts to address racial inequities in their institutions and their communities. We commend all of the HEI participants for their commitment to providing inclusive care for all."



Gender Identity: Names & Pronouns

A guide for health care professionals

October 2021



We Ask Because We Care.

At NewYork-Presbyterian, Weill Cornell, and Columbia we are committed to celebrating the diversity of the patients and communities that we serve, and we are dedicated to ensuring that every patient receives the best care possible regardless of race, ethnicity, gender identity, sexual orientation, cultural background, or language proficiency.

In the healthcare setting, respecting a patient's gender identity and using their name and pronouns are critical elements of good clinical care.

When we understand and respect our patients, we can better personalize their experience and make sure that everyone gets the highest quality of care.

At NewYork-Presbyterian, we put patients first.



Respecting all Patients

In the United States, approximately 1.4 million adults are transgender and the percentage of Americans who are transgender is growing.^{1,2} Sadly, many transgender people report poor health outcomes and unequal treatment in health care environments. In a large 2016 study³:

- **19%** of respondents reported being **refused medical care** due to their transgender / gender non-conforming status, with higher numbers among people of color.
- **28%** **postponed medical care** due to discrimination.
- **50%** reported having to **teach their providers about transgender care**.

A basic first step towards respecting a patient's gender identity is using their correct name and pronouns. Names are intimate and important. Using the right name is a simple way to make patients feel at ease and convey respect.

Understanding sex and gender

It's common for people to confuse sex and gender, but they're different.

sex	Sex is a label — male or female — that you're assigned by a doctor at birth. Factors determining sex include chromosomes, genes, hormones, and sex organs.
gender	Gender is much more complex: It's a social and legal status, and set of expectations from society, about behaviors, characteristics, and thoughts.
gender identity	Gender identity is the internal perception of one's gender. The gender with which a person identifies does not always align with the sex they are assigned at birth.
gender expression	Gender expression is how people express their gender through clothing, behavior, and personal appearance.

¹ <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>

² <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>

³ Grant JM et al. Injustice at every turn: a report of the National Transgender Discrimination Survey. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf



Asking for a Patient's Name

In order to respect a patient's gender identity, we must always use their chosen name and pronouns. Sometimes, a patient's chosen name will be different than the name on their insurance (their legal name). Epic allows us to record both the legal and chosen name.

There are several ways to ask a patient about their name that is respectful and allows us to differentiate between (chosen) name and legal name – for example:

How is your name written on your insurance card?

You can explain that legal name is necessary for insurance purposes. Be sure to follow this with:

Is there another name that we should call you?

or

Is there a different name we should be using for you?

Once the patient provides their name, *use it*— whether or not they are present. Legal name should *only* be used when necessary, e.g. for tasks like verifying insurance or coordinating with a pharmacy.

Asking for a Patient's Pronouns

To ask about pronouns, you can simply ask, “What are your pronouns?” Another easy way to start the conversation is by sharing your pronouns:

My name is Dr. Smith and my pronouns are she/her. What are your pronouns?

Use a person's pronouns regardless of whether they are present or not. Consistent, accurate use will help you and your team members remember the correct pronouns. It also demonstrates respect for patients, staff, and visitors.



Common Pronouns

There are many variations of pronouns used to express oneself. Below are a few commonly used pronouns. Information about additional pronouns is provided in the reference section. Some people may also use multiple pronouns (e.g. She/They).

She / Her / Hers

She went to the lab.
I gave the prescription to her.
She did the swab herself.

He / Him / His

He went to the lab.
I gave the prescription to him.
He did the swab himself.

They / Them / Theirs

They went to the lab.
I gave the prescription to them.
They did the swab theirself.

Ze/Zim/Zir

Ze went to the lab.
I gave the prescription to zim.
Ze did the swab zirself.

(Name only, no pro-noun)

Carlos went to the lab.
I gave the prescription to Carlos.
Carlos self-swabbed.

★ If a patient has a pronoun option not listed in Epic, you can select “Not listed” and make note of the patient’s pronouns.



Addressing Mistakes

Mistakes can happen, and when do they do, apply the NewYork-Presbyterian service recovery AAA method: Acknowledge, Apologize, Amend. Keep it simple and sincere, and then move on to use the correct name and pronouns.

You might say something like:

I apologize, I didn't use the correct pronouns for you. I'm going to try that again..."

Key Take-aways

Do treat all patients with empathy, respect, and dignity

Do ask patients for their name and pronouns, and use the correct pronouns each time you refer to them

Do use patient's name and pronouns, regardless of whether they are present

Do apologize and move on if you've made a mistake

Don't make assumptions about a person's pronouns

Don't assign nicknames to people because you don't know how to pronounce their names

Don't tell people that their names are too difficult to pronounce



Frequently Asked Questions

How do I know which patients to ask about name and pronoun?

It's important not to make assumptions about our patients based on their appearance, so these questions should be asked of all patients.

We don't have transgender patients in our clinic, why do we have to ask these questions?

You may not be aware of transgender/non-binary/gender expansive patients, but there is a good chance that you have or will encounter staff, visitors, or patients at NYP that are gender expansive. Without options to disclose identity, some people may not share this part of themselves out of fear, shame, distrust, or other reasons. Asking these questions allows for a person to put their trust in us and allows us to provide better care. It demonstrates that we care and it contributes to an environment of RESPECT.

I am afraid of offending or confusing patients. Help!

You can always explain why you are asking a question. If you ask a patient what their pronoun is and they question you, you have an opportunity to demonstrate RESPECT.

Staff Member: "What is your pronoun?"

Patient: "What do you mean? Can't you see I am a man?"

Staff Member: "We serve a lot of different people and our staff is diverse, too, so we ask all of our patients questions like this to help people feel comfortable and show respect. It also helps us provide better care. Shall I add he/him" to your chart?"

What if I notice a colleague using the wrong name for a patient?

Your colleague may not be aware that they are making a mistake and/or may not know where to look on the wristband and/or in Epic. You can simply correct your colleague- "Actually, her name is Orange," and show them where the information can be found and how it is displayed.

What if I can't pronounce the patient's name?

You may experience names that you do not know how to pronounce. Don't assign nicknames to people or tell people that their names are too difficult for you to pronounce. Do ask: "May I ask how to pronounce your name?" or "Am I saying your name correctly?" If you need to practice, that's fine! Asking and making an effort demonstrates respect and cultural competence.

Can patients enter (chosen) name and pronouns on Connect?

Yes, but they may not know this. It is best practice to ask patients directly.

Where is this information found in Epic?

Chosen name and pronouns are found in the Patient Storyboard. Detailed information on how to capture and record this information in Epic can be found in Epic training SGN100 "Documenting Gender, Sex, and Sexual Orientation (SOGI) in Epic".



Vocabulary

Agender: Person who identifies as genderless or outside the gender continuum

Cisgender: (“siss-jendur”) Person whose gender identity corresponds with their biological sex assigned at birth (for example, assigned male at birth and identifies as a man). This term can be shortened to “cis,” which is a Latin prefix that means “on the same side [as]” or “on this side [of].”

Cross dressing: Wearing of clothes typically associated with another gender; the term transvestite can be considered pejorative and should not be used.

Gender expression: External display of gender identity through appearance (e.g., clothing, hairstyle), behavior, voice, or interests

Genderfluid: People who have a gender or genders that change. Genderfluid people move between genders, experiencing their gender as something dynamic and changing, rather than static.

Gender identity: Internalized sense of self as being male, female, or elsewhere along or outside the gender continuum; some persons have complex identities and may identify as agender, gender nonbinary, genderqueer, or gender fluid

Intersex (noun) is a person whose combination of chromosomes, gonads, hormones, internal sex organs or genitals differs from the two “expected” patterns of male or female. Differences/disorders/diversity of sex development, or “DSD,” is also often used. Formerly known

as “hermaphrodite” or “hermaphroditic”, these terms are now considered outdated and derogatory. In the past, intersex was considered an emergency that doctors moved to “fix” right away in a newborn child by assigning a male or female sex. There has been increasing advocacy and awareness brought to this issue. Many individuals advocate that intersex individuals should be allowed to remain intersex past infancy and should not automatically be treated as a medical emergency.

LGBTQIA2S+: An acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and countless affirmative ways in which people choose to self-identify.

Non-binary and/or genderqueer: Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as non-binary and/or genderqueer.

Queer (adj.) is generally used as an umbrella term to describe individuals who identify as non-straight or gender non-binary, and is sometimes used interchangeably with LGBTQ+ — “the queer community.” Queer was historically a derogatory term, and some may still find this term offensive. Always respect an individual’s own identity



labels and definitions, and only use this term if the person/group has indicated the term first. Many individuals identify as “queer” and do not to use other labels such as “gay” or “bi.” If appropriate, you might ask someone what it means for them so you don’t make any assumptions.

Sex: The classification of a person as male or female. At birth, infants are assigned a sex, usually based on the appearance of their external anatomy. (This is what is written on the birth certificate.) A person's sex, however, is actually a combination of bodily characteristics including: chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics. Often “biological sex” is seen as a binary but as there are many combinations of chromosomes, hormones, and primary/secondary sex characteristics. It is more accurate to view sex as a spectrum.

Sexual orientation: Term describing an enduring physical and emotional attraction to another group; sexual orientation is distinct from gender identity and is defined by the individual

Trans: Sometimes considered to be an umbrella term for people whose gender identity differs from the sex they were assigned at birth. Trans people may identify with a particular descriptive term (transgender, genderqueer, FTM/Female to Male, etc.) or identify simply as “trans.” Though some non-binary individuals do not consider themselves under the “trans” umbrella and consider the term to be an abbreviation for transgender only. Always follow an individual’s self-identified terms.

Transgender (adj.) typically indicates a person who is living or transitioning into living as a member of a gender other than what would be “expected” based on their sex assigned at birth. What this means can vary from person to person. For example, a person may or may not choose to have any medical interventions (e.g., surgery, hormones) and/or a person may or may not change their name and/or pronouns to affirm their gender.

Transsexual: A relatively outdated clinical term that you may encounter in medical literature used to refer to transgender people who are choosing to pursue medical interventions, but many people in the transgender community find this term offensive. Because sexuality labels (e.g., gay, straight, bi) are generally based on the relationship between the person’s gender and the genders of individuals they are attracted to, a trans person’s sexuality can be defined in a variety of ways. Take the person’s lead on their own labels and definitions.

Sources:

aafp.org/afp/2018/1201/p645.html

genderspectrum.org/articles/language-of-gender

glaad.org/reference/transgender

childrenshospital.org/-/media/Centers-and-Services/Programs/F_N/Gender-Management-Service/GenderPronouns_Ebook.ashx?la=en&hash=7661BAFAC2B9FE662B65C931D7060597D90731F6



Resources at NYP

NewYork-Presbyterian wants to create a welcoming, positive experience for every person who walks through our doors. To help all of us better care for the LGBTQ+ community, the following resources are available:

Through NYP's participation in the **Human Rights Campaign Foundation's Annual Healthcare Equality Index**, all NYP staff have access to over 60 free, online, on-demand CME accredited LGBTQ+ training options, including interactive eLearning courses and recorded webinars. Topics range from the basics of LGBTQ+ Patient-Centered Care to more specialized content for clinicians. Access the education through these two HEI-affiliated learning systems:

- **The Center for Affiliated Learning (CAL):** [View course descriptions](#) and [How to register](#).
- **The National LGBTQIA+ Health Education Center:** [View course descriptions](#) and [How to register](#).

*When registering, you must provide an HEI Facility ID for **NYP/Weill Cornell**:

Facility ID: **55690**

Security Keyword: **HRC**

Caring for the LGBTQ+ Patient, Family, and Staff at NYP Online Course

Whether you have taken this course or not, it's a great learning resource to refresh your knowledge. The purpose is to gain greater understanding of terminology and concepts that can help you better care for LGBTQ+ patients and their families, and foster understanding and respect among colleagues. [Access the course here](#). Then click "Add to Plan" and "Launch" to start the course. The course includes a brief quiz that requires a passing score of 80%. If you don't pass, simply retake the quiz.

Managers can click [here](#) to run a report of completions for the course from the NYP Learning Center.

Dialogues in Diversity

These interactive sessions, featuring panels of NYP employees, or outside speakers, are designed to raise awareness and spark meaningful dialogues that nurture respect and trust across NYP.

Visit the [NYP Video Gallery](#) on the Infonet to view recordings of previous seminars related to the LGBTQ+ experience, including the most recent event:

- [Celebrating Pride: A Conversation with Amber Hikes, Social Justice Advocate](#)

Please contact nypdiversity@nyp.org with any questions or for more information.



References

For more about **neutral pronouns**, including those in various languages visit:
<https://nonbinary.wiki/wiki/Pronouns>

For more information about **trans/non-binary/gender expansive people** visit:
<https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/trans101/index.html#/>

For a video addressing **questions about sex/gender**:
<https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/trans101/video/index.html>

Clinical References

AAFP: Caring for Transgender and Gender-Diverse Persons: What Clinicians Should Know:
www.aafp.org/afp/2018/1201/p645.html

Center of Excellence for Transgender Health: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2nd ed.; transhealth.ucsf.edu

Do Ask Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings www.doaskdotell.org/

National LGBT Health Education Center; www.lgbthealtheducation.org

World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, 7th ed.; www.wpath.org

For patients and family members

Colage (unites people with LGBTQ parents): www.colage.org

Parents, Families and Friends of Lesbians and Gays community.pflag.org/transgender

Human Rights Campaign (advocates for the LGBTQ community) www.hrc.org

National Center for Transgender Equality www.transequality.org

The Trevor Project (advocates for the LGBTQ community and hosts a call-in line for transgender youth in crisis) www.thetrevorproject.org

Trans Lifeline (hosts a call-in line for transgender persons in crisis) www.translifeline.org

TransYouth Family Allies (online resource for parents, youth, and health care professionals)
www.imatyfa.org



Marked for Merge

Female 67 year old
 Pronouns: she/her/hers

Language: ENGLISH
 Assigned Bed: MIL 7 HUDSON
 Code: Full
 (no Advance Directives on File)

Search (Ctrl+Space)

Infection: None

Nicholas Morrissey, MD
 Attending

1st Contact: Arnaldo Dimagli, MD

Allergies:
 Bactrim [Sulfamethoxazole-trimethoprim]

Collection Status: Lab Collect
 Level of Care: Acute (Floor) [1]
 Acknowledge Orders (1)

ADMITTED: 10/15/2023 (4 D)
 Expected Discharge: 4 d
 A-V fistula

Ht: 180 cm
 Last Wt: 91 kg

SIGNED AND HELD ORDERS

ACKNOWLEDGE ORDERS (1)

NEW RESULTS, LAST 36H

ACTIVE MEDS (5)
 Scheduled (3)
 PRN (2)
 One-Step

Summary Chart Review MAR Intake/Output Flowsheets Results Review Notes Education Care Plan Orders Charges Interpreter Services Clinical References LiveOnNY Referral Pt Death Navigators

Notes New Note Create in Note/Writer Filter Load All Show My Notes Show Notes by ... My Last Note Mark All as Not New Refresh Legend Note Editor Settings

All Notes Progress Consult - Follow Up Consults Procedures H&P Discharge Emergency Initial Assess Care Plan Surgeon Research Approval Notes ACP Events Medication Events

Number of notes shown: 37 out of 37. All loaded. There are new updates. Sort by new notes

Sort: Date Note Type Service Rarely Used

No Service

- Registered Nu... Date of Service: 10/19 1:00 AM
File Time: 10/19 1:08 AM
- Bonaid Phillips J...** Care Plan
Registered N... Date of Service: 10/18 8:27 AM
File Time: 10/18 8:27 AM
- Jinsa Gregory, RN** Care Plan
Registered N... Date of Service: 10/17 10:56 AM
File Time: 10/17 10:56 AM
- Nathalie Garcia, RN Care Plan
Registered Nu... Date of Service: 10/16 6:52 PM
File Time: 10/16 6:52 PM
- Briana Totten, RN Care Plan
Registered Nu... Date of Service: 10/16 11:04 AM
File Time: 10/16 11:04 AM

Anesthesiology

- Luke Tseng, MD** Anesthesia Postproced...
Resident Date of Service: 10/16 3:12 PM
Anesthesiology File Time: 10/16 3:15 PM
- James J Damian...** Anesthesia Proce...
Fellow Date of Service: 10/16 10:27 AM
Anesthesiology File Time: 10/16 10:30 AM
- James J Damian...** Anesthesia Preproc...
Fellow Date of Service: 10/16 8:43 AM
Anesthesiology File Time: 10/16 11:26 AM
- Teckla Chude, CRNA** Anesthesia Preproce...
Nurse Anesth... Date of Service: 10/16 8:04 AM
Anesthesiology File Time: 10/16 8:28 AM
Addendum

Emergency Medicine

- Alison Bonner, MD** ED Provider Notes
Resident Date of Service: 10/16 2:25 AM
Emergency ... File Time: 10/16 3:02 AM
- Benjamin S Hong, ... Progress Notes
Attending Date of Service: 10/15 10:08 PM
Emergency M... File Time: 10/15 10:09 PM
- Rachel Waxman, ...** ED Triage Notes

Addendum Copy Delete Co-sign Allert Sign Route Remove Co-sign

Teckla Chude, CRNA Nurse Anesthetist
 Anesthesia Preprocedure Evaluation Addendum
 Date of Service: 10/16/2023 8:04 AM
 Specialty: Anesthesiology

Primary

Previous Notable Events
 No previous anesthesia alerts/adverse events documented in Epic. Please check alerts in legacy systems.

She is a 67 year old patient recently discharged from OSH for pneumonia. Medical hx includes asthma, HIV, HTN, ESRD on HD. She presents today with bleeding from AVF. She has received 1prbc for H/H of 4.9/16, Now at 6.8/22.7. Another unit of PRBC has been issued.

ROS/Med Hx

Anesthesia History
 (+) general anesthesia and monitored anesthesia care

Pulmonary (+) asthma (+) smoking history - former smoker (+) pneumonia - active	Cardiovascular (+) hypertension
Neuro/Psych (+) substance dependence - other Comments: Hx of cocaine use	Renal/GU (+) chronic kidney disease (+) dialysis
Endocrine	Hepatic/GI
	Heme/Bleeding Disorders
	Other Comments: HIV

Marked for Merge

Female (D) 67 year old
Pronouns: she/her/hers
Language: ENGLISH
Assigned Bed: MIL 7 HUDSON
Code: Full (no Advance Directives on File)
Search (Ctrl+Space)

Review Transfusion Status
Infection: None

Allergies:
Bactrim [Sulfamethoxazole-trimethoprim]
Collection Status: Lab Collect
Level of Care: Acute (Floor) [1]
Acknowledge Orders (1)

ADMITTED: 10/15/2023 (4 D)
Expected Discharge: 4 d
A-V fistula

Ht: 180 cm
Last Wt: 91 kg

SIGNED AND HELD ORDERS

ACKNOWLEDGE ORDERS (1)

NEW RESULTS, LAST 36H

ACTIVE MEDS (5)
Scheduled (3)

ASSESSMENTS/SCREENINGS
Pain
Nutrition
ADLs
Psychosocial
Suicide Risk
Substance Use T...
Substance Use T...
Elopement Risk
Fall Risk
Skin Risk
Organ Donation
Patient Goals
Discharge Planning
Violence Risk
LDA Removal
LDA Review

INTERVENTIONS
BestPractice
Med Rec Status

Navigators

Admission Transfer Discharge ICU Assessment

Mark as Reviewed Last Reviewed by Nathalie Garcia, RN on 10/16/2023 at 7:00 PM History

Gender Identity/Sexuality

Inform the patient that anything entered here will be visible to anyone with access to this legal medical record.

Sexuality

Lesbian or Gay	Straight	Bisexual	Something else	Don't know	Choose not to disclose	Gay	Lesbian
----------------	----------	----------	----------------	------------	------------------------	-----	---------

Legal Information

Legal first name: [Redacted]

Legal last name: [Redacted]

Legal sex: Female Male Unknown Nonbinary X

Gender Identity

Autofill with default responses for: Cisgender female Cisgender male

Patient's gender identity: Female Male Transgender Female Transgender Male Other Choose not to disclose Gender non-conforming Something Else

Patient's sex assigned at birth: Female Male Unknown Not recorded on birth certificate Choose not to disclose Uncertain

Patient pronouns: she/her/hers he/him/his they/them/theirs patient's name decline to answer unknown not listed

Affirmation steps patient has taken, if any: presentation aligned with gender identity preferred name aligned with gender identity legal name aligned with gender identity legal sex aligned with gender identity medical or surgical interventions

Patient's future affirmation plans, if any:

Insert SmartText 100%

Marked for Merge

Female (F), 67 year old.

Pronouns: she/her/hers

Language: ENGLISH

Assigned Bed: MIL 7 HUDSON

Code: Full (no Advance Directives on File)

Search (Ctrl+Space)

Review Transfusion Status

Infection: None

Nicholas Morrissey, MD Attending

1st Contact: Arnaldo Dimagli, MD

Allergies: Bactrim [Sulfamethoxazole-trimethoprim]

Collection Status: Lab Collect

Level of Care: Acute (Floor) [1]

Acknowledge Orders (1)

ADMITTED: 10/15/2023 (4 D)

Expected Discharge: 4 d

A-V fistula

Ht: 180 cm

Last Wt: 91 kg

SIGNED AND HELD ORDERS

ACKNOWLEDGE ORDERS (1)

NEW RESULTS, LAST 36H

ACTIVE MEDS (5)

Scheduled (3)

PRN (2)

- Navigators**
- Admission
 - Transfer
 - Discharge
 - ICU Assessment
 - Source of Inform...
 - Vital Signs
 - Outside Records
 - Release Orders
 - Travel Screening
 - Interpreter Services
 - Allergies
 - Home Meds
 - Gender Identity/...
 - History
 - Vaccinations
 - Advance Directives
 - Health Care Agents
 - Caregiver/Supp... implants
 - Belongings
 - Patient Bill of Rig...
 - Contact Information
 - Patient Contacts
 - ADLs
 - Pain
 - Nutrition
 - ADLs
 - Psychosocial
 - Suicide Risk
 - Substance Use T...
 - Substance Use T...
 - Elopement Risk
 - Fall Risk
 - Skin Risk
 - Organ Donation
 - Patient Goals
 - Discharge Planning
 - Violence Risk
 - LDA Removal
 - LDA Review
 - INTERVENTIONS
 - BestPractice
 - Med Rec Status

Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Screening Tool:	screening tool at this time	screening tool at this time
Unable to Complete Reason		Patient declines to answer
How often have you used tobacco or any other nicotine delivery product (i.e. e-cigarette, vaping, or chewing tobacco)?	Daily or almost daily	Daily or almost daily
Did you smoke a cigarette containing tobacco or use any other nicotine delivery product (i.e. e-cigarette, vaping, or chewing tobacco)?	Yes	Yes
Did you usually smoke more than 10 cigarettes, vape, use an e-cigarette or chew tobacco more than 10 times each day?	Yes	Yes
Did you usually smoke/use an e-cigarette, vape or chew tobacco within 30 minutes after waking?	Yes	Yes
Tobacco Score	3 - Higher Risk	3 - Higher Risk
How often have you had 5 or more drinks (men)/4 or more drinks (women) containing alcohol in one day?	Never	Never
How often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?	Never	Never
How often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	Never	Never
The patient was provided the following substance use disorder		

How often have you used tobacco or any other nicotine delivery product (i.e. e-cigarette, vaping, or chewing tobacco)?

Daily or almost daily

pt stated she quit a week prior to admission

Taken

Nathale Garcia, RN 10/16/23 1901