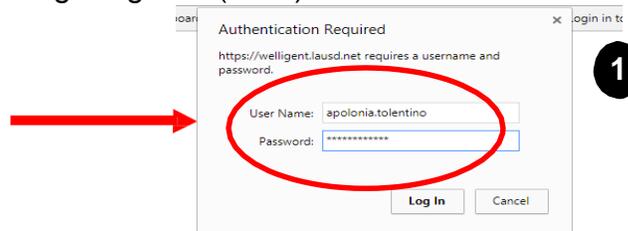
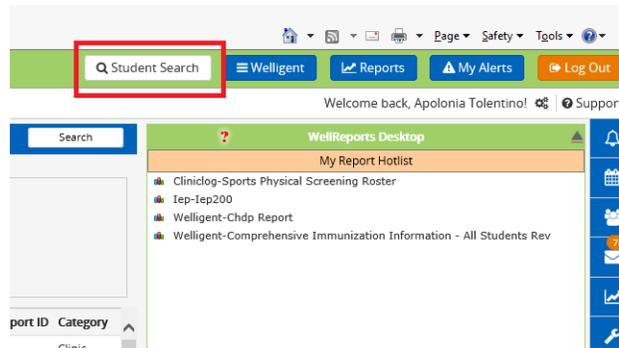


## WELLIGENT QUICK REFERENCE GUIDE Setting Up a Protocol or Specialized Health Care Service in Disease Management Module (DMM)

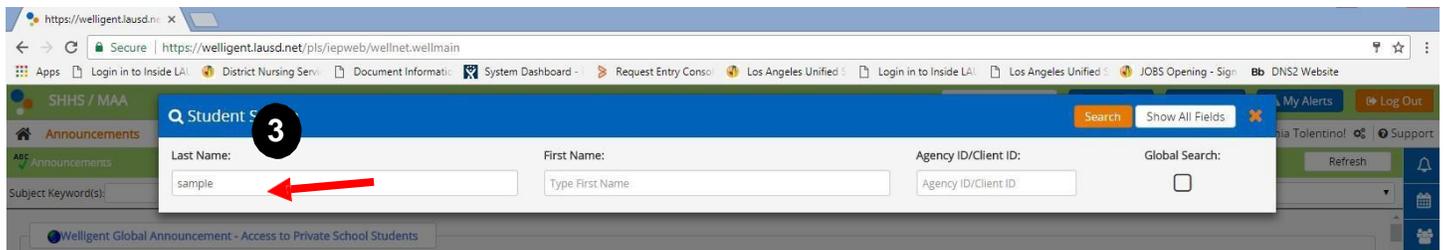
**Step 1** Log into Welligent at <https://welligent.lausd.net>, using your single sign-on (SSO) account.



**Step 2** Search for the student's name



**Step 3** Enter Last Name, First Name. **Show All Fields** (right side) in the Student Search screen allows you to enter more information.



**Step 4** Select the correct student by click the Edit icon (pencil)

Edit	Info	Alert	Student	DOB	ID	Grade	Location	Status
			Sample, Chdp	01-Jan-2001	W2211646		Lausd Central Office	Active
			Sample, Chdp Jr	24-Dec-2005	W2221628		Lausd Central Office	Active
			Sample, GI Sample	01-Feb-2007	123456	05th	Lausd Central Office	Active
			Sample, Misis	01-Oct-2012	1516968	01st	Lausd Central Office	Active

**Step 5** From the **Record Navigator** screen, click **Program History**. The Record Navigator closes and open depending on where the cursor is positioned.

Student: Misis Sample (DOB: 01-Oct-2012) (Grade 01st) (School: Lausd Central Office)  
Client ID: 1516968

- Assessments
- Case Management
- Case Notes
- Consents
- Health Events
- IEP Event Listing
- Lab Tests
- Medications
- Office Visits
- Program History**
- Screenings

**Step 6** Program History will have the **Programs** with their statuses. If there is no active enrollment for Disease Management Module (DMM), click **New**.

If there is **no** Disease Management Module with **Active Status**, click the circle under **Enroll**. Click **Save**.

Student: Sample Eec Sample (DOB: 30-Sep-2011) (6 yrs 10 mths)  
Client ID: EEC

Program History

Search Criteria

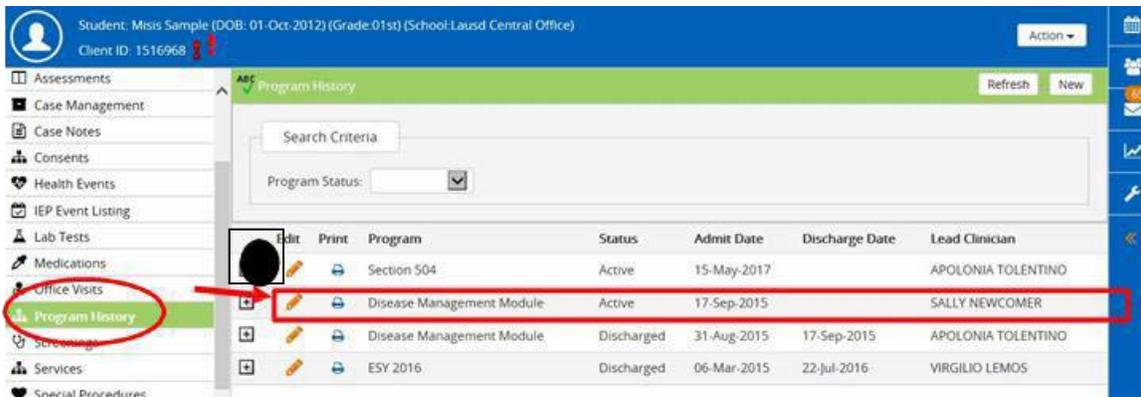
Program Status:

Edit	Print	Program	Status	Admit Date	Discharge Date	Lead Clinician
------	-------	---------	--------	------------	----------------	----------------

Buttons: Refresh, New

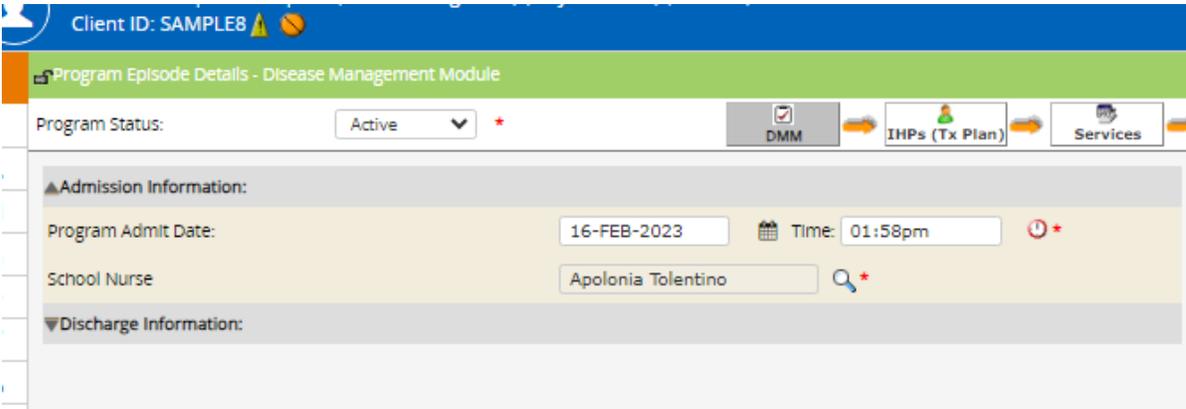
If there is an existing DMM enrollment and the status is active, click **Edit (see below) on DMM with Active status**, instead of clicking **New**.

**NOTE: DO NOT discharge** student from DMM enrollment when processing a protocol renewal or if the student leaves one LAUSD to transfer to another (Elementary to Middle School)

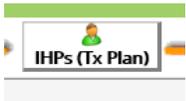


**Step 7** The DMM opens to the first tab-DMM where the Program Admit Date/Time and School Nurse's name are located.

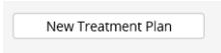
- (a) Verify the School Nurse's name. This is the **only** field that needs to be updated as needed by clicking the magnifying glass. After updating the School Nurse's name,
- (b) click **Save**



**Step 8** Click the IHP/Tx Plan tab



Click **New Treatment Plan**



For a guide on which Tx Plan to select, see a separate handout: [Guidelines on Treatment Plan, Protocol and DMM Service](#)

Select a Tx Plan template appropriate for the protocols. For example, if transcribing a Gastrostomy Feeding: Bolus Method and Gastrostomy: Tube Replacement, select **Gastric Tube**  
Click the circle to the left of the Tx Plan name template Click **Next**

select a Treatment Plan Template		
select	Library Name	Short Description
<input type="radio"/>	Don't Use a Treatment Plan Template	
<input type="radio"/>	Abdominal Pain	No Description Available
<input type="radio"/>	Anaphylaxis	No Description Available
<input type="radio"/>	Asthma	No Description Available
<input type="radio"/>	Attention Deficit Disorder	No Description Available
<input type="radio"/>	Cancer	No Description Available
<input type="radio"/>	Cardiac Output, Decreased	No Description Available
<input type="radio"/>	Catheterization	No Description Available
<input type="radio"/>	Cerebral Palsy	No Description Available
<input type="radio"/>	Cystic Fibrosis	No Description Available
<input type="radio"/>	Depression/Suicide	No Description Available
<input type="radio"/>	Diabetes Mellitus Type I	No Description Available
<input type="radio"/>	Diabetes Mellitus Type II	No Description Available
<input type="radio"/>	Dysmenorrhea	No Description Available
<input type="radio"/>	Dysreflexia	No Description Available
<input type="radio"/>	Eating Disorder: Anorexia and Bulimia	No Description Available
<input type="radio"/>	Eating Disorder: Obesity	No Description Available
<input checked="" type="radio"/>	Gastric Tube	No Description Available
Nursing Diagnosis (NANDA): Feeding self-care deficit (00102) Nursing Diagnosis (NANDA): Risk for aspiration (00039) Nursing Diagnosis (NANDA): Risk for impairment of swallowing (00103)		
<input type="radio"/>	Headaches	No Description Available

**Step 9 Treatment Plan tab: Section of DMM where the protocol information are transcribed.**

Template name prefills the Treatment Plan Name. DO NOT change this name as it is used for reporting purposes.

**Example:** Sample Student has an order for Gastrostomy Tube Feeding: 1 can Nutren Jr, 250m: Bolus Method 2x a day, 9am and 12pm. The authorization dates are Healthcare provider (HCP) 8-3-2023 and Mother: 8-4-2023. The Protocol **start date** at school is mm/dd/yyyy when the order has been handed to the school nurse and planned start date.

Select the **Protocol (1)** value – Gastrostomy Feeding: Bolus Method (2) Gastrostomy Tube Replacement

**Start Date** – when the service is going to start at school (not necessarily the date of prescription) **Frequency** – based on the doctor’s order. If there is a frequency combination i.e. 2x a day and PRN, options are available to select it once.

**Step 10 Click the Diagnosis Tab on the left.**

## Step 11 Diagnosis Tab – Diagnosis Tab has the following fields:

(1) Nursing Diagnosis (prefilled)

(2) Assessment (Nursing)

LVN: Type in “School Nurses to complete Assessment”

School Nurses (RN): complete the Assessment with your Nursing Assessment which may include the student’s knowledge of the condition or ability to perform the procedure.

(3) Medical Diagnosis (ICD 10 search feature) After verifying the (1) Nursing Diagnoses, completing the (2) Assessment & (3) Medical Diagnosis, **click Save**

RWTreatment Plan Details Copy IHP Print Close Save

Treatment Plan  
Diagnosis  
Authorizations  
Protocol Details  
Warnings  
Education  
Outcomes Referrals

Nursing Diagnoses and Assessment

Diagnosis 1: Feeding self-care deficit 00102  
Related To: Physical disability, oral aversion

Diagnosis 2: Risk for aspiration 00039  
Related To: Food, liquids or secretions entering bronchi

Diagnosis 3: Risk for impairment of swallowing 00103  
Related To: Associated with deficit in structure or function

Diagnosis 4:   
Related To:   
Diagnosis 5:   
Related To:   
Assessment: Student unable to feed self using gastrostomy tube feeding, unable to swallow food by mouth.

Medical Diagnoses (ICD Codes)

Primary: Gastrostomy Status Z931 \*  
Secondary:   
Tertiary:

When clicked inside the Primary diagnosis field, the search screen appears. See below. After clicking check mark to the left of the ICD-10 description, the diagnosis description and code populate the fields.

Step 12: Click **Authorization Tab** after saving the diagnosis.

Complete the Authorization information. **Skip the Authorization Expiration Date.** Allow the system to prefill the value, this eliminates the mistake of entering the wrong date.

Other » Copy IHP Print Close S

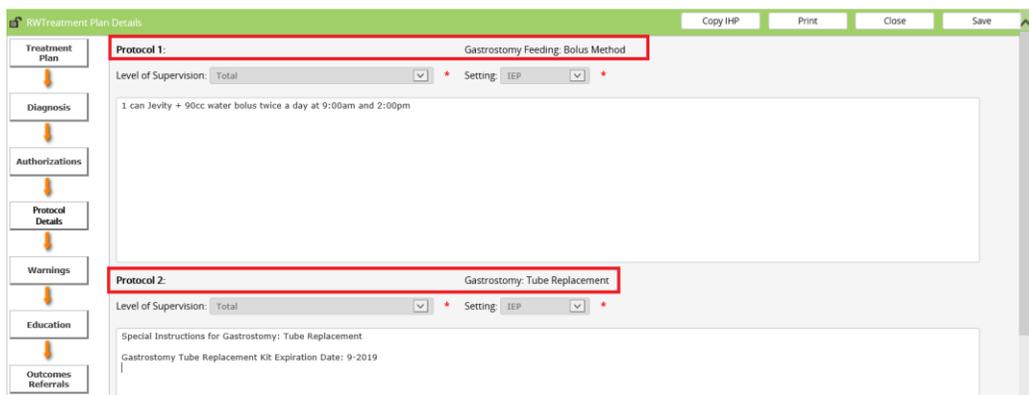
Authorization for Protocol(1): Gastrostomy Feeding: Bolus Method  
Authorization Expiration Date: 03-AUG-2024 Propagate Protocol Data to subsequent fields:

Health Care Provider	Authorization Type	Date	Name/Relationship
Health Care Provider	Written	03-AUG-2023	Doctor Sample
Parent/Guardian	Written	04-AUG-2023	Mother

Authorization for Protocol(2): Gastrostomy: Tube Replacement  
Authorization Expiration Date: 03-AUG-2024

Health Care Provider	Authorization Type	Date	Name/Relationship
Health Care Provider	Written	03-AUG-2023	Doctor Sample
Parent/Guardian	Written	04-AUG-2023	Mother

**Step 13:** Complete the **Protocol Details** (1) Special instructions (2) Level of Supervision (student's level of supervision or ability to perform protocol) (3) Setting



Click **Save**

Welligent will take the screen back to the first tab – see below

**Final check:**

**LVNs:**

Check **Protocol Provider** (it should have RN's name)

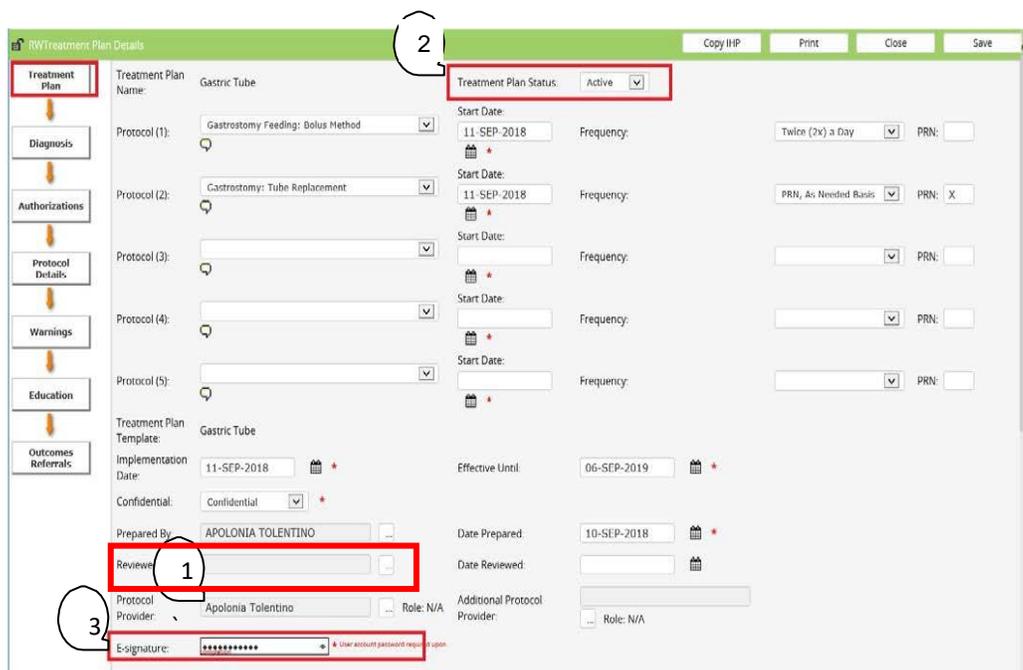
- **LVN notify the School Nurse (RN) to review and change the Tx Plan Status**

**School Nurses' (RNs):**

(1) Complete the **Reviewed By**

(2) Change the **Status to Active**

(3) Enter the **E-Signature** (SSO password)



View of the IHP (Tx Plan) Listing. After the Tx Plan completion. Click on Services tab (right)

Use Refresh Listing if IHP or changes in IHP are not visible

Click Services after completing the IHP.

Program - Disease Management Module

Treatment Plan Name: Gastric Tube

Treatment Plan Status: Active

Implementation Date: 11-Sep-2018

Effective Until: 06-Sep-2019

Date Reviewed: --

Treatment Plan Template: Gastric Tube

**Step 14 Scheduling** is done by the School Nurse in the **Services** tab of the DMM module. The two services listed were created when the Tx Plan containing the Protocols: **Gastrostomy Tube Replacement & Gastrostomy Feeding Bolus Method** are automatically created. The scheduled times need to be created at this point. Current View is **Details**. Click **Session Note**

Service	Status	Provider	Last Session	Completed	Scheduled	Cancelled	Service Start	Service End
DMM: Gastrostomy Feeding: Bolus Method	Active	Tolentino, Apolonia	0	0	0	0	28-AUG-23	03-AUG-24
DMM: Gastrostomy: Tube Replacement	Active	Tolentino, Apolonia	0	0	0	0	28-AUG-23	03-AUG-24

Click Session Notes to start creating

Student: Sample 5, Sample (DOB: 07-Jul-2010) (8 yrs 2 mths) (Grade: Kindergarten) (School: Lausd Central Office)  
Client ID: SAMPIESAM

DMM: Gastrostomy Feeding: Bolus Method

Details Session Notes IHP Treatment Plan

Refresh Scheduler Recurrence Delete Incomplete Events

Item	Total	Description	Date	New
Events	0	(Session Notes: Completed, Pending, Cancelled)	---	+
Case Notes	0	Generalized case notes related to this individual's encounter.	---	+
Lab Tests	0	Laboratory tests related to this encounter	---	+
Messages	0	Internal messages, reminders and alerts created in Welligent related to this encounter	---	+
Attached Documents	0	Electronic files attached to this event as related/considered documentation.	---	+

Student: Sample 8 Sample 8 (DOB: 08-Aug-2008) (15 yrs 0 mths) (Gender: )  
Client ID: SAMPLE8

DMM: Gastrostomy Feeding: Bolus Method

Details Session Notes IHP Treatment Plan

Refresh Scheduler Recurrence Delete Incomplete Events

Item	Total	Description	Date
Events	0	(Session Notes: Completed, Pending, Cancelled)	
Case Notes	0	Generalized case notes related to this individual's encounter.	
Lab Tests	0	Laboratory tests related to this encounter	
Messages	0	Internal messages, reminders and alerts created in Welligent related to this encounter	
Attached Documents	0	Electronic files attached to this event as related/considered documentation.	

## Session Notes view. Click **Recurrence**

Student: Sample 5 Sample (DOB: 07-Jul-2010) (8 yrs 2 mths) (Grade:Kindergarten) (School:Lausd Central Office)  
Client ID: SAMP5ESAM

DMM: Gastrostomy Feeding: Bolus Method

Details Session Notes IHP Treatment Plan

Refresh Scheduler Recurrence Delete Incomplete Events

Item	Total	Description	Date	New
Events	0	(Session Notes: Completed, Pending, Cancelled)	--	+
Case Notes	0	Generalized case notes related to this individual's encounter.	--	+
Lab Tests	0	Laboratory tests related to this encounter	--	+
Messages	0	Internal messages, reminders and alerts created in Welligent related to this encounter	--	+
Attached Documents	0	Electronic files attached to this event as related/considered documentation.	--	+

## Recurrence View. Enter (1) Start Time (2) Session Length (3) Setting (4) Recurrence Click Save

Recurrence Scheduler

Service Prescription

Student: Sample Sample ID: SAMP5ESAM  
Provider: Apollonia Tolentino Location: Lausd Central Office  
Start Date: 11-Sep-2018 End Date: 06-Sep-2019

Range of Recurrence

Schedule Date: 11-SEP-2018 End By: 06-SEP-2019  
 Exclude holidays and off-days  
 Schedule Events in the Past

Appointment Time

Start Time: 09:00am (Ex: 11:15am)  
Session Length: 30 minutes  
Primary Action: Gastrostomy Feeding: Bolus Method  
Setting: IEP

Recurrence Pattern

Daily  
 Weekly  
 Monthly  
 Quarterly  
 Yearly

Monday through Friday  
 Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday  
 Sunday

Scheduling Conflict Message: A total of 239 events have been scheduled. However, a total of 45 scheduling conflicts were detected. If you want to force the conflicting events to be scheduled, check **OK** in the scheduling conflicts list and Save. If you do not want to force any conflicting events, click Cancel and the conflicting events will not be scheduled.

Schedule for Recurrence

Click

Scheduling Conflict Message. Click **OK**. Click the green check mark to override the conflicts. And then click **Save**.

To check the scheduled events, click **Refresh** and then the plus sign inside the square to the left of the **Events**.

Student: Sample 1 Sample (DOB: 28-Dec-2004) (14 yrs 11 mths) (Grade:03rd) (School:Lausd Central Office)  
Client ID: SAMPLE 1

DMM: Gastrostomy Feeding: Bolus Method

Details Session Notes IHP Treatment Plan

Refresh Scheduler Recurrence Delete Incomplete Events

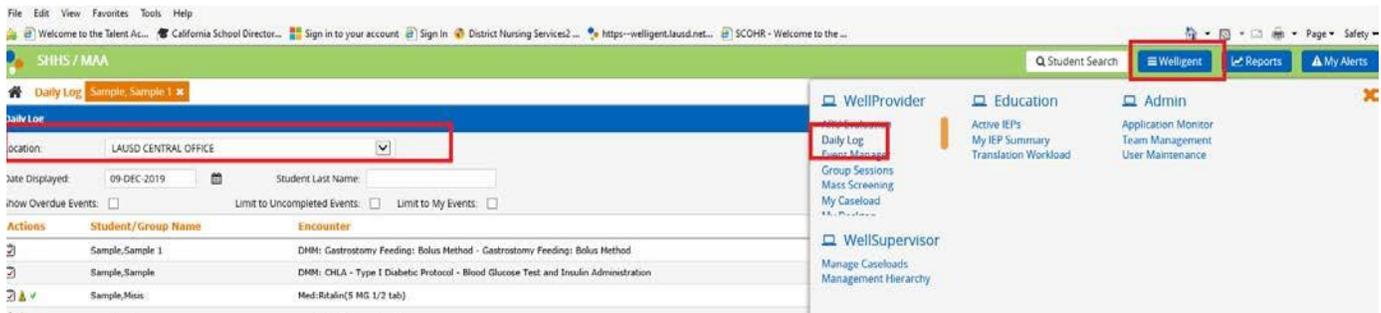
Click Refresh

Item	Total	Description	Date	New
Events	0	(Session Notes: Completed, Pending, Cancelled)	--	+
Case Notes	0	Generalized case notes related to this individual's encounter.	--	+
Lab Tests	0	Laboratory tests related to this encounter	--	+
Messages	0	Internal messages, reminders and alerts created in Welligent related to this encounter	--	+
Attached Documents	0	Electronic files attached to this event as related/considered documentation.	--	+

Events

Item	Total	Description	Date	New
Events	234	(Session Notes: Completed, 234 Pending, 0 Cancelled)	09-Dec-2019	+

For scheduled events, check the **Daily Log**



For **PRN** protocol, check the **PRN Registry**.

