

WELLIGENT QUICK REFERENCE GUIDE

NURSING OFFICE VISITS - Sports Related Injuries including Concussion



Call your Local District Nursing Services Office for assistance

This procedure is applicable when School Nurse

- (1) Received completed pink copy (from Athletics) and white copy (original-readmission) of the **Concussion Injury Report** or **Athletic Injury Tracking Form**
- (2) Received an injury report from the athlete's licensed healthcare provider
- (3) Assessed an athlete's suspected injury/ies or suspected illness which will adversely impact his/her sports participation

To begin the process of creating an **Office Visit** record you must complete a **Student Search**.

- The Student Search Record Viewer** will be displayed.
- Search** by **typing** in the student's **Last** name and/or **First** name. **Select** a location from the **Location** field.
- Click Search**.
When the student's name appears **click** on the **Edit** to open the **Record Navigator** screen or **green plus** to go straight to Office Visit
- Under Record Navigator Click** on the **Office Visit** link
- Select the **Type of Office** from the drop-down options
Record Review: when School Nurse receives a medical statement brought in by the student or parent or a completed injury tracking report/concussion injury report from the Athletic coach, director or school administrator
Sports-Injury: for sports related injuries including concussion (happened during school sponsored sporting event)
Sports-Post Concussion RTP Protocol-for athlete being readmitted to school with a clearance to start the RTP Protocol Selecting other **Type of Office Visit** is also appropriate if applicable. Example: **Illness, Injury, Record Review**
- Click** on the **NEW** BUTTON
- The **Office Visit Details** screen will appear in the main viewing area.

COMPLETE THE DETAILS TAB

- All fields with a **Red Asterisk** are mandatory fields to complete.
- Complete** the fields under the **Encounter Administration** area.
- Date Event Scheduled** prepopulated with the current date or use the **Welligent Date Picker** to change.
Click in the **Time Event Scheduled** field (prepopulated with the current time) and **type** in the correct scheduled time of the visit.
- Click** in the **Time in** (prepopulated with current time) field and **type** in the time in for the visit.
- Click** in the **Time Out** field and **type** in the time the visit ended.
- Click** in the **Event Status** field and select **Completed**.
- Next, **complete** the fields under the **Office Visit Details** area.
Click in the **Referral Source** field and **select** the appropriate choice. (**Teacher** or **select appropriate staff** i.e. Athletic Director/Coach)
- Click** in the **Primary Health Problem** field and **select** the appropriate choice.
- Primary Health Problem:**
Select as appropriate:
 - **Sports-Suspected-Concussion** – use when received a white copy of **Concussion Injury Report** completed by the Athletic Coach/Director or Trainer
 - **Sports-Post Concussion RTP Stage I-II** – use for an athlete returning to school and has been cleared by his/her licensed health provider to start the RTP protocol
 - **Sports-Post Concussion RTP Stage III-IV** – use for an athlete who has submitted a licensed healthcare provider clearance to start stage III of RTP Protocol
 - **Body system affected** – enter for Sports-Injury other than concussion

Secondary Health Problem:

Select as appropriate (for all Injuries or Illnesses)

- **Sports-NOT CLEARED TO PLAY**, if selected, the clearance will be transferred to MiSiS and the athlete will not be eligible to play sports **temporarily**.

Select if athlete

- ✓ has any condition (injury or illness) that adversely impacts his/her participation in sports and has not seen the doctor
- ✓ has a suspected concussion / injury whether sports related or it took place when not in school
- ✓ has an illness that prevents the athlete from playing temporarily per licensed healthcare provider recommendation/s

- **Sports-Cleared to Play**

Select when athlete was cleared by the licensed healthcare provider to

- ✓ play without restriction
- ✓ start Stages III-IV of Concussion Return to Play (RTP) Protocol

Click in the **Complaint/Reason** field and **type** in a brief statement.

Click NO for included in the IEP

COMPLETE THE ASSESSMENT TAB

The **Assessment** tab text box is used to describe the nurse's assessment of the affected area/injury. This is so critical when readmitting an athlete with the diagnosis of concussion.

It is a **MUST** to enter the sport name using the **Injury Activity** drop-down options

From the Injury E-Code drop-down, select Sports Related if the injury happened during school sponsored sporting event/practice

*****School Nurses do not use the **Diagnosis (Medical)** tab_

COMPLETE THE TREATMENT TAB (This is a mandatory tab)

Click on the **Activities** tab.

Click in the **Treatment Notes** field to add notes from the visit.

COMPLETE THE OUTCOMES TAB (This is a mandatory tab)

Click on the **Outcomes** tab.

Click in the box/boxes relevant to the office visit.

Fill-in the necessary fields, by **clicking** on the down arrow and selecting the appropriate choice.

Click in the box to the left of the field and the Welligent clock will populate the time that was filled in on the Visit Details screen, or you can **type** in the time.

Click in the **Outcome Notes** field to add any notes regarding the visit.

Click in the box next to the Administrator. **Click** in the dropdown list the means of notification.

Click on the "L" or List Button to get a list of employee names. (Name of the administrator that was notified.)

- Search for the employee by **typing** in the **Last name**, and **First name**, **click** Search.
- When the name is displayed, **click** on the name to populate into the field.
- Click SAVE**

COMPLETE THE REFERRAL/ NOTES TAB

- Click** on the **Referrals/Notes** tab.
- Click** on **Forms/Referrals**. **Locate** the “**NEW**” column and **click** on the first plus (+) button.
- The **E-Forms Editor** screen will appear in the main viewing area. Fields with a **Red Asterisk** are mandatory fields.
- Click** in the **E-Form** field and **select** the appropriate form.
- Click** in the **Form Context** field and **select** the appropriate notification or letter.
- Verify** the date in the **Form Date** field or to edit the date, click the **Welligent Date Picker** field and **select** the accurate date.
- Click on **Form Status** and select from the drop down. Select **Sent**.
- Complete the form and click **Save**.
- Click** on **Print** which gives you a preview of the form, and then **Click Print** a second time once previewed.
- The printer dialogue screen appears, **click Print** once again.

HOW TO VIEW OR PRINT AN OFFICE VISIT REPORT

- Search** for the student using the **Students Module**.
- Search** by **Last name** and **First name**, **select** a **Location**.
- Click Search**.
- When the student's name appears **Click** on the **Edit** to open the **Record Navigator Screen**.
- On the **Record Navigator** screen, **click Office Visits**.
- The **Office Visits Listing** will appear.
- Click** in the **printer icon** next to the **Office Visit** you wish to view or print. It will open the specific office visit.
- Go to **File** and select **Print or right click** on the screen and **click print**

PRINTING COUNT REPORTS for a School location

- From the right hand side of your welligent screen, click on the *Graph(s)* icon (Well Reports Manager) or Report Tab.
- Select Report Category, Clinic Reports.
- (1) Office Visit Count by Type (726) (2) Office Visit Counts by Primary Health Reason (727)
- Complete the filter fields for Start Date, End Date, School, District and then click on Excel
- Select Sort and Filter function to sort Sports Related Injuries
- Click View, Page Break Review before printing the document**

Example:

Scenario: During a football game on Friday evening, January 5, 2018, **Test Sample** (student name) was removed from the game because of possible concussion or head injury. Per **Concussion Injury Report** student athlete had the following symptoms: headaches, dizziness, visual problems and had problems remembering the time of the day and the reason why he was on the football field. Test Sample was transported to White Memorial ER. The athletic trainer completed the **Concussion Injury Report** and gave the white copy to Test Sample's parent/guardian along with for MD/DO completion. The athletic trainer placed the pink copy of the **Concussion Injury Report** in the **School Nurse's** box. The **School Administrator** filed the iStar and had included the School Nurse in the notification. School Nurse picked up the pink copy of the **Concussion Injury Report** on January 8, 2018 and entered the information into the **Office Visits** and flag it for follow up. See screen shots below.

- I. **Office Visits Details Tab**
Type of Office Visit: Record Review
Primary Health Problem: Sports-Suspected Concussion
Secondary Health Problem: SPORTS-NOT CLEARED TO PLAY
Complaint/Reason: Indicate the receipt of the **Concussion Injury Report**
Included in the IEP? NO

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

Encounter Administration

Date Event Scheduled: 09-JAN-2018
 Time In: 08:00AM
 Event Status: Pending Completion
 Staff Person: APOLONIA TOLENTINO
 Draft:
 Provider E-signature:

Time Event Scheduled: 08:00AM
 Time Out:
 Other Status:
 Followup Office Visit:

Office Visit Details

Type of Office Visit: Record Review
 Referral Source: Athletic Director/Coach
 Primary Health Problem: Sports-Suspected Concussion
 Secondary Health Problem: SPORTS-NOT CLEARED TO PLAY
 Tertiary Health Problem:
 Complaint/Reason: Received completed Concussion Injury Report dated 1-5-2018
 History:
 Confidentiality Status: Highly Confidential
 Educational Materials Provided:
 Treatment Plan:
 Included in the IEP? Yes No
 Summary Record Requested:

- II. **Office Visits Assessment Tab**
Assessment box: enter the details about the student athlete's presenting symptoms at the time of the injury
Injury Activity: indicate the sport name
Injury E-Code: indicate if it's **Sports Related-Competition or Sports Related-Practice**

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

Assessment (4000 Character Max)

Per Concussion Injury Report dated 1-5-2018, student athlete was suspected of sustaining a concussion or head injury on 1-5-2018 at 7:30pm at the Sample High School football field. Student athlete presented with loss of consciousness, headaches, nausea and was transported by EMS to White Memorial ER.

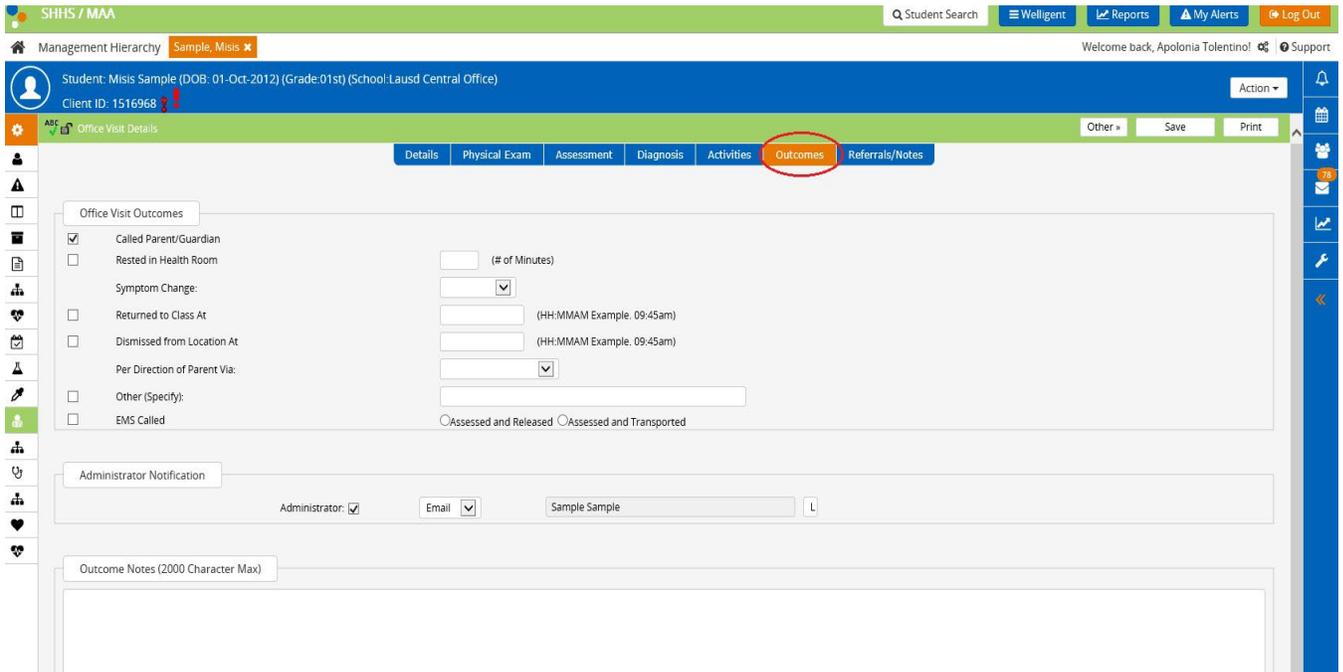
3698 Characters Left

Injury Details (If Applicable)

Injury Intent:
 Injury Activity: Football
 Secondary Injury:
 Injury E-Code: Sports Related-Competition
 Primary Injury: Head
 Related Incident:

III. **Outcomes Tab: Office Visit Outcomes**

- ✓ Indicate that parent/guardian was notified about the student athlete's condition
- ✓ Administration notification



Test Sample (student) returned to school on January 16, 2018, with the white copy of the **Concussion Injury Report** and the **Physician Recommended School Accommodations Post-Concussion "Return to Play"** completed by his/her licensed healthcare provider and stated that Test Sample is cleared to **Concussion Return to Play (RTP) Protocol**. **School Nurse** entered the information into the **Office Visits**

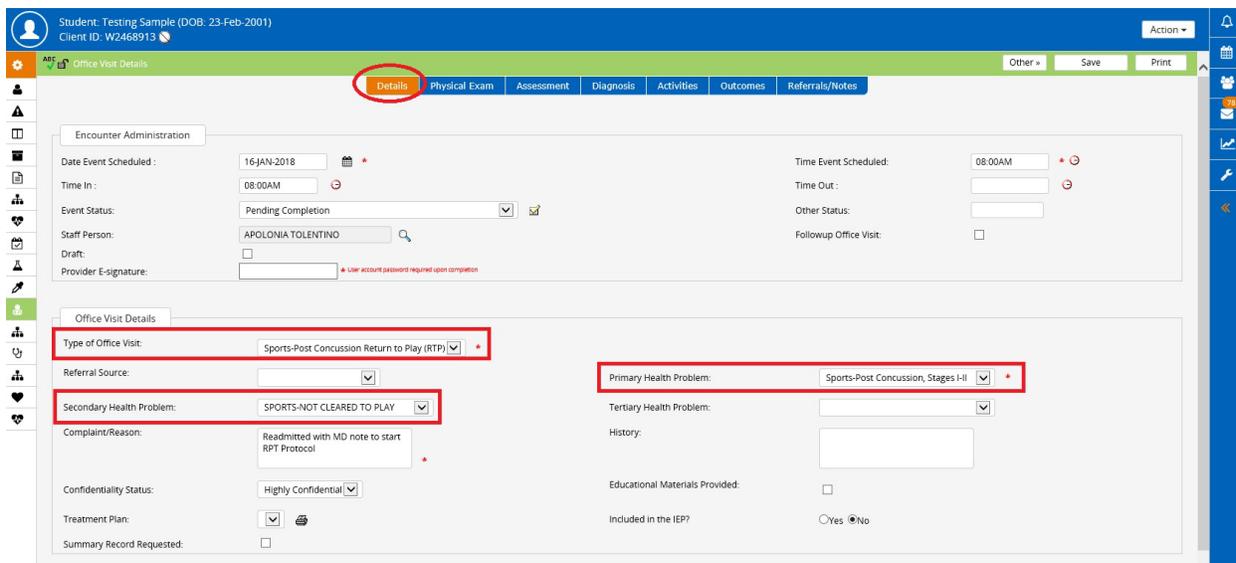
I. **Office Visit Details Tab**

Type of Office Visit: Sports Post Concussion RTP Protocol

Primary Health Problem: Sports Post Concussion RTP Stages I-II

Secondary Health Problem: SPORTS-NOT CLEARED TO PLAY

Complaint/Reason: State the readmission and receipt of the licensed healthcare provider completed Concussion Injury Report and the clearance to start RTP Protocol



II. Assessment Tab

In the **Assessment** box, indicate the overall physical state of student athlete indicating the limitations and the follow up visit with his/her licensed healthcare provider.

Injury Activity: indicate the name of the sports

Injury E-Code: indicate if it's **Sports Related-Practice** or **Sports Related-Competition**

Student: Testing Sample (DOB: 23-Feb-2001)
Client ID: W2468913

Office Visit Details

Assessment (4000 Character Max)
Student is alert and oriented @3. Denies dizziness, headaches, or nausea. May start RTP protocol stages I and II with concussion monitor for a minimum of six days. Student follow up on January 26, 2018.

3766 Characters Left

Injury Details (If Applicable)

Injury Intent:
Injury Activity: Football
Secondary Injury:

Injury E-Code: Sports Related-Competition
Primary Injury:
Related Incident:

Assault/Fight
Bite/Sting
Burn (Chemical)
Burn (Fire)
Burn (Other)
Collision (Object)
Collision (Person)
Drowning/Near
Electrical
Fall 5-10
Fall < 5
Fall > 10
Fall-Standing Hit
Hematoma
Motor Vehicle
Other
Other Penetrating Trauma
Pedestrian
Shooting
Sports Related-Competition
Sports Related-Practice
Stabbing
Undetermined
Unknown

III. Activities Tab

Treatment Notes: indicate any treatment provided

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Q Student Search Welligent Reports My Alerts Log Out

Daily Log Sample, Testing

Welcome back, Apolonia Tolentino! Support

Student: Testing Sample (DOB: 23-Feb-2001)
Client ID: W2468913

Office Visit Details

Details Physical Exam Assessment Diagnosis **Activities** Outcomes Referrals/Notes

Treatment Notes
4000 Characters Left

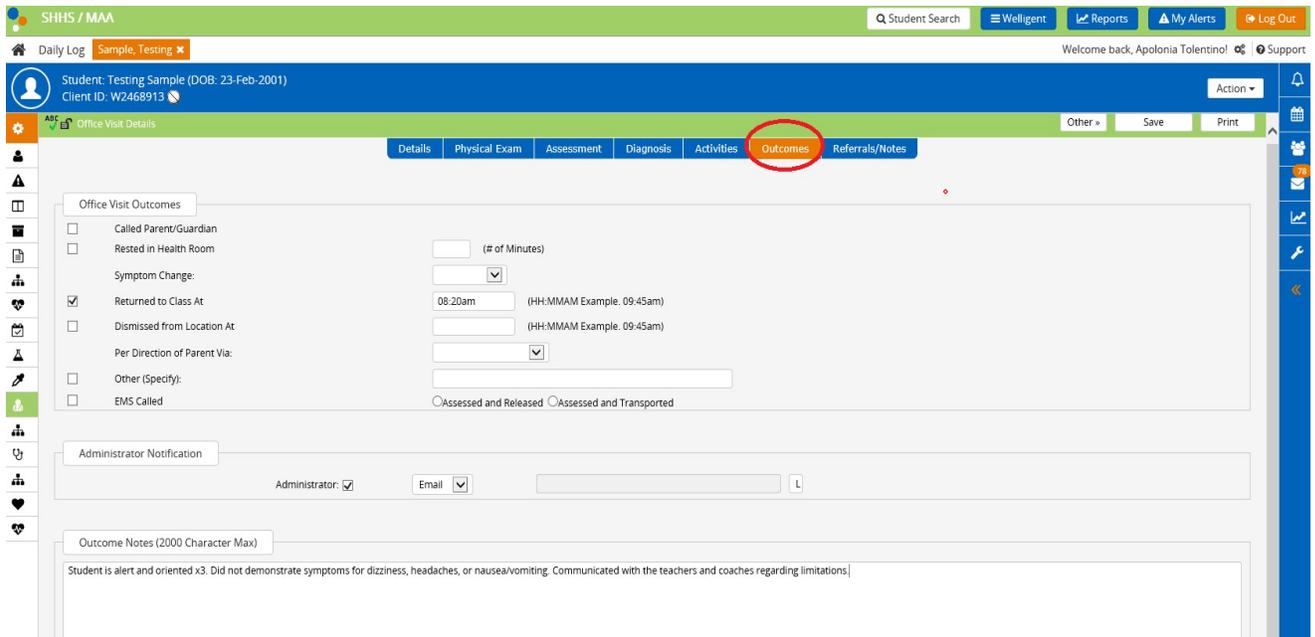
Orders/Prescriptions
4000 Characters Left

General Office Visit Interventions

Care Plan Development:	<input type="checkbox"/>
Case Management:	<input checked="" type="checkbox"/>
ESE Staffing/Screening:	<input type="checkbox"/>
Family Planning:	<input type="checkbox"/>
First Aid:	<input type="checkbox"/>
Immunization Followup:	<input type="checkbox"/>
Medical Management:	<input type="checkbox"/>
Nursing Assessment/Counseling:	<input checked="" type="checkbox"/>
Other Screening Followup:	<input type="checkbox"/>
Paraprofessional Eval/Treat:	<input type="checkbox"/>
Paraprofessional Followup:	<input type="checkbox"/>
Post-Partum Nursing Aftercare:	<input type="checkbox"/>
Pregnancy Test:	<input type="checkbox"/>
Record Review:	<input type="checkbox"/>
SH Exam - EPSDT:	<input type="checkbox"/>
SH Exam - Other:	<input type="checkbox"/>
SH Exam - Sports:	<input type="checkbox"/>
SH/Parent Consultation:	<input type="checkbox"/>
SH/Physician Consultation:	<input type="checkbox"/>
SH/Staff Consultation:	<input type="checkbox"/>

IV. Outcomes Tab

Indicate the return to class time and the status of the student athlete leaving the health office
 Administrator Notification: indicate **Administrator Notification**



RTP Protocol Stages I-III take a minimum of 6 days to complete from the date of diagnosis of concussion

Test Sample returned to the Health Office on January 29, 2018, he or she successfully passed the RTP Protocol stages I-III and the RTP Protocol form was properly signed by the **Concussion Monitor**. He has seen his licensed healthcare provider on January 26, 2018 and was released to participate in sports without restrictions and start Stage III of RTP Protocol (no physical restrictions). School Nurse signed off verifying the receipt of the licensed healthcare provider clearance for Test Sample to start Stage III and entered information into the **Office Visits**

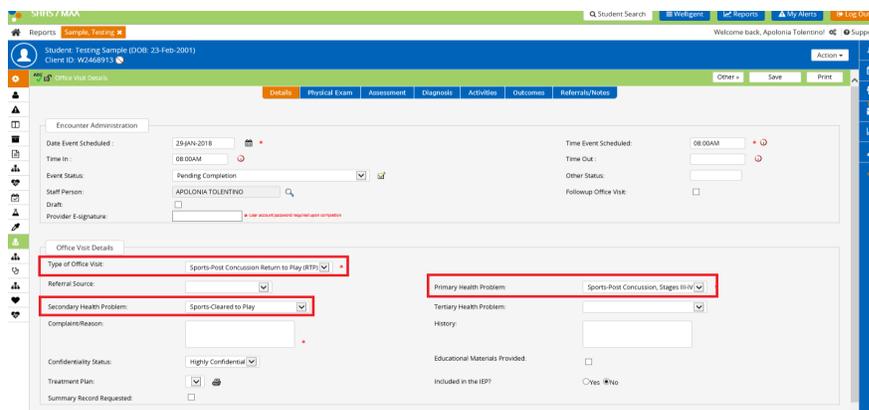
I. Office Visit Details

Type of Office Visit: Sports Post-Concussion RTP Protocol

Primary Health Problem: Sports Post Concussion RTP Stages III-IV

Secondary Health Problem: Sports-Cleared to Play

Complaint/Reason: state that the MD note dated mm/dd/yyyy was received for the student athlete to start State III of RTP Protocol/Included in the IEP? NO



II. Assessment Tab

Assessment box: Indicate the overall physical state of the student athlete and state that there are no restrictions

Injury Activity: enter the name of sport

Injury E-Code: indicate if it's Sports Related Competition or Sports Related Practice

III. Activities Tab

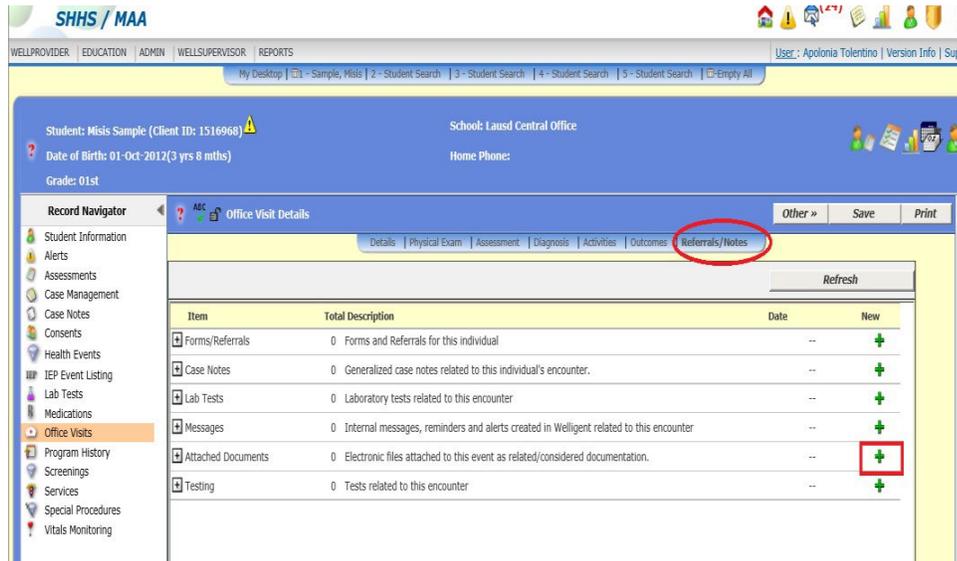
Complete the **General Office Visit Interventions** and **Treatment Notes**

IV. Outcomes Tab: Indicate time student athlete returned to class, overall physical state when he/she left the health office and Administration Notification

School Nurse to follow up after 3-4 days of the Stage III-IV office visit when student athlete has completed the RTP Protocol Stages III-IV.

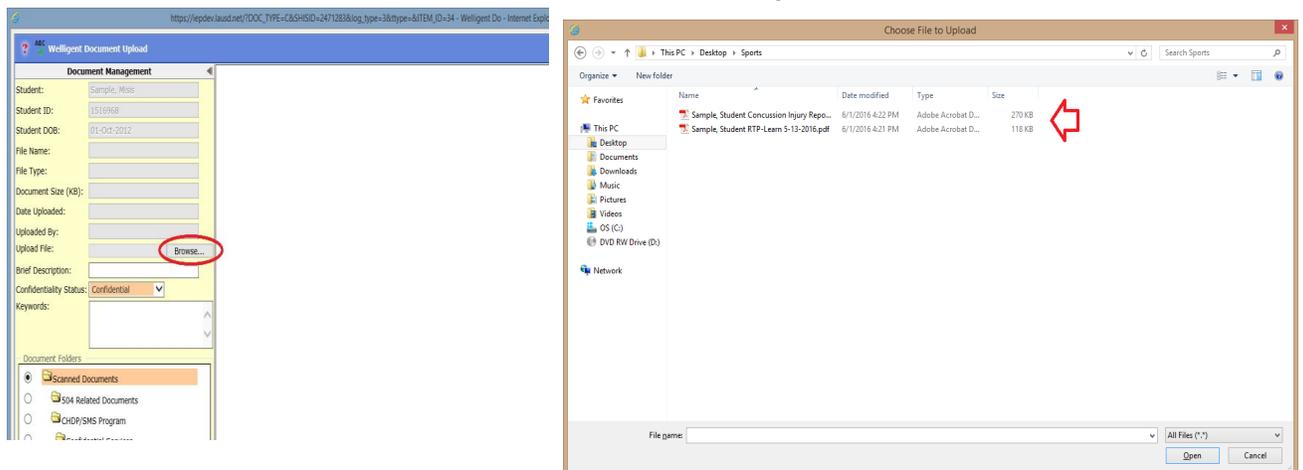
- Student athlete to returns the completed **Concussion RTP Protocol completely** signed by the Concussion Monitor.
- School Nurse files the completed Concussion RTP Protocol in the student’s health record or scan and attach it with the last Office Visit entry.

To attach the scanned copy of the Concussion Return to Play (RTP) protocol and the **Physician Recommended School Accommodations Post-Concussion “Return to Learn/Play”**, see the following instructions



- Click **Referrals/Notes** tab
- Click the green plus to the right of **Attached Documents**
- Click **Browse**

Double click the file name Or Click the **file name** and then Click **Open**



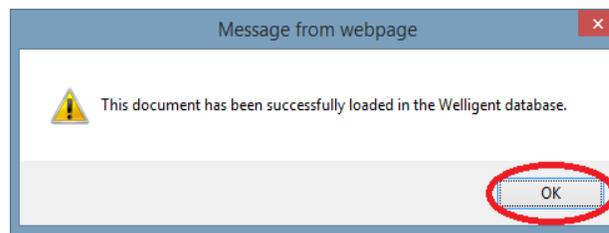
Type the document name in the **Brief Description** box, i.e. Concussion Injury Report, 1-5-2018

Welligent Document Upload

Document Management

Student: Sample, Miss
Student ID: 1516968
Student DOB: 01-Oct-2012
File Name:
File Type:
Document Size (KB):
Date Uploaded:
Uploaded By:
Upload File: C:\Users\apolonia.toleni Browse...
Brief Description: Concussion Injury Report 5-13-2016 X
Confidentiality Status: Confidential
Keywords:
Document Folders:
Scanned Documents
504 Related Documents

Click **Ok**



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WELLPROVIDER | EDUCATION | ADMIN | WELLSUPERVISOR | REPORTS

My Desktop | 1 - Sample, Miss | 2 - Student Search | 3 - Student Search | 4 - Student Search | 5 - Student Search | Empty All

User: Apolonia Tolentino | Version Info | Support

Student: Miss Sample (Client ID: 1516968)
Date of Birth: 01-Oct-2012 (3 yrs 8 mths)
Grade: 01st
School: Lausd Central Office
Home Phone:

Record Navigator: Office Visit Details

Item	Total	Description	Date	New	
Forms/Referrals	0	Forms and Referrals for this individual	--	+	
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	1	Electronic files attached to this event as related/considered documentation.	09-Jun-2016	+	
Description					
Concussion Injury Report 5-13-2016		Date Loaded	File Size	File Type	File Name
		09-JUN-2016	270KB	PDF	Sample Student Concussion Injury Report 5132016.pdf
Testing	0	Tests related to this encounter	--	+	

To review the **Attached Document**, click the square with the plus sign next to it.