

Charting Guidelines for ACES Screen in Health Maintenance Job Aid v3.27.22

Charting Guidelines for ACES Screen in Health Maintenance

This job aid shows providers and clinic staff how to chart ACE/SBDOH screening in ORCHID for patients of all ages. Please contact the ACEs-LA team at <u>aces-la@dhs.lacounty.gov</u> for more information.

1. Upon opening patient's chart in the correct encounter FIN, select Ad-Hoc.

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ZZZZTEST, ADULT CERNI	R	DOB: 01/01/1955	W	Vellness No		Code Status: N/A			Attending: TEST, Doctor 2 Cerner	MRN: 101710331
Allergier: Milk		Age: 66 years Sex on ID: 2. Male				Dosing Wt: 55 kg			Care Team: View Details	FIN: 1018199697
Addr:Homeless, Los Angeles,	CA 99	Dosing Wt: 55.000 kg (01	/02/2020)			Hold Status: N/A				LUC: 1140, 1022, A
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Clinical Research	Allergies	vitar Signs					intrio cost o		Review of Systems	Selected Visit
Diagnosis & Problems	Labs	Additional results a	wailable. Click "Vi	iew All" to load ren	aining results for the se	lected time range.		View All		
Flowsheet and I&O	Scales and Assessments								Pont • Size • es un un	
Form Browser	Diagnostics		AUG 24, 2020		AUG 18, 2020	AUG 10, 2020	JUL 31, 202	10		
Growth Chart	Histories		14:10	08:07	10:05	13:20	12:44	12:43		
Health Maintenance	Visits	HR bpm	-		-	-	• 20	• 180		Save
Immunization Forecaster	New Order Entry	Respiratory Rate br/min	-				12	() 8		
Histories	Order Profile	Pain Present	No	No	No	No		-	Objective/Physical Exam	Selected Visit 🔢 😏
LearningLIVE	Subjective/HPI		(0)							
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Medications 🕂 Add	Review of Systems	1 Information This f	acility does not disp	alay formulary infor	mation for innatient enc	ounters Flinibility d	ocking was not	performed		
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Neonate Workflow	Recommendations	Medication			∧ Compliance	Supply	Remaini	Responsible Pro		Save
Notes	Assessment and Plan	👸 adalimumab (Humira	40 mg/0.8 mL sub	ocutaneous kit)		-		TEST, Physician - Am		
Patient Information	Registries	40 mg = 0.8 mL, Sub	bcutaneous, Q2WK,	, 1 kits, 0 Refill(s)				and a second second second	Assessment and Plan	Selected Visit
Utilization Review	Patient Education	2.5 mg = 1 tabs, Ora	al, QDAY, 30 tabs, 0	D Refill(s)	-					
Visit Summary	Check Out	🔐 ampicillin (ampicillin	250 mg/5 mL oral I	liquid)				TECT Obwician Har		
Patient Goals	Implant History	250 mg = 5 mL, Oral	l, Q6H-INT, 0 Refill	(s)	-			rest, Physician - MOS	 1. Diabetes 	· · · · · · · · · · · · · · · · · · ·
Blood Bank Summary										C0278 PHYSPED January 14, 2021 14:43 PST





Select Ambulatory. Chose the age-appropriate ad hoc ACES/SBDOH form. "ACES/SBDOH – Child" is for ages 0-11 years. "ACES/SBDOH – Teen/Adult" is for ages 12+ years. Once the appropriate ad hoc form is selected, click Chart.

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Task Edit View Patient C	Chart Links N	lotifications Navigation Help											
DA2 🛱 DHS - CCL 🛱 CURES	Q POLST 🗔 D	ynaMed 🔇 Teamviewer 🕄 One Degree 🕄 N	IERF 🖕 🗄 🖏 MyDHS 🔞 Amion 🖕 🗄 🍫 Cr	iti.: 0 Abnor.: 0 Propo:: 0) ₊								
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🗄 🎬 Physician Handoff 📓 Home 🕻	🖃 Message Cente	er 🖕 Patient List 🛍 Clinical Leader Organizer	🛍 Discharge Dashboard 📲 Quality Measu	res 🚨 Census Task List	👫 Dynamic Worklist 👫 Dynamic Wo	klist Import 👫 Lo	earningLIVE 👫 Ambulat	tory Organizer 📲 EL	M Registries Tra	king Shell 👫 C	OVID-19 Nurse A	dvice Line 🖕	
ZZZZTEST, LUZ 🛛											- List -> 🕅	Recent - Name	- Q
ZZZZTEST, LUZ		DOB: 08/1	15/1981 MyWelline	iss: Yes	Code Status: N/A		Atte	ending: TEST, Physic	cian - Behaviora	Health Cerner	MRN:	100118958	
Dosing Wt: N/A			ears		Hold Status: N/A			e Team: Empanele					
Allergies: Onion		P		Ad Hoc C	harting - ZZZZTEST, LUZ					- 🗆 🗙	LOC: A	ton Rehab Ctr	
Menu	¥ <u> </u>										U, Full s	creen 🕞 Print 🦽	0 minutes ago
Pediatric View	- A - I	Provider Required Documentation	ACES/SBDOH - Child		Immunization Screening-Adult		E Subjective						
Overview	Pediatric	 Prior Authorization Provider Misc 	ACES/SBDUH - Provider El ACES/SBDUH - Trans/Adult		Inactivated Injectable Influenza Vaccin Interdisciplinary Patient/Family Becord -	stion	El Seizure Type Freq E Short 0.M.C Text	tiology			2 0 4. No	Severity 🕒 🔳 🖸	
Results Review	- Conderie	En Ambulatory	E Acute Longtion Follow Up		 Interfacility Transfer 	r country needs	B Smoking Cessation					outanty • •	· _ = · [
Orders 📥 Add	Future	Pediatrics POC/PDS Testing	Adult Acute Complaints	<u> </u>	Live Attenuated Intranasal Influenza Va	ccine	🔲 🖻 Substance Use Dis	order Screening					=- ^
Documentation 🕂 Add	Look by	Public Health	Advance Care Planning (ACP) Advit Ambulatory Quick Inteles		LVEF Transcribed Results	et (LOA) Request	Suicide Risk Assess	ment-Amb Maker					
Primary Care Information	LOOK Da	Nursing Standardized Procedures	Adult Ambulatory Care Intake and F	listory	Modified Rankin Scale	< (now) mednesi	TB Risk - Adult TB I	Exposure Risk Screenin	a				
		 Care management HHP Advice Line Nurse 	ALS Functional Rating Scale	<u> </u>	Stroke Required Documentation		Vitals/Height/Weight	nt Ambulatory					
iMadConcent	⊿ Pharm	Behavioral Health Provider Forms	Anticoagulation Anvietu Screening	님	O2 Sat Resting/Exertion OB Patient Call to Physician Office								
-Correction - Correction	2 000	OB Outpatient Forms Oncology	Asthma Control Test (ACT)	Ē	Dphthalmology						PRN ananhvi	axis. First Dose: 10/28/2	20
econsuit		ED Forms	AUDIT-C	<u> </u>	Dptical Rx (Gas Permeable Contacts)						Routine		
Task List	28	Cuality Measure	Autologous Blood Donation Bilinubin Total PDC		Optical Rx (Glasses) Optical Rx (Glasses)						E-NOW, First D	ose: 10/28/20, Days 57	
Allergies 🛨 Add			CaseWatch Form		Dutpatient No Answer Form								
Chart Search			Community Referral		Pain Assessment - Amb						N anaphylaxis, Routine	Hrst Dose: 10/28/20	
Clinical Research	88		B CRAFFT Screening B Dental Treatment Exam	H	Pasero Upiod-Induced Sedation Scale Patient Language and Interpreter Need	8					ose: 10/28/20,	Routine	
Diagnosis & Problems	25		Depression Screening		Patient/Panel Outreach								
Flowsheet and I&O	Due		Diabetes Foot Exam		PC/BHI Collaborative Care								
Form Browser	Upc		DMP - Heart Failure Intake		PEG Pain Screening Tool								
Growth Chart	⊿ Ove		ED ID Risk Screening		Periodontal								
Health Maintenance	- 25		Evaluation of Thrombolytic Candida Ref Dials Concerning	icy 🗌	PreProcedure Check-list						2 days, 50		
Immunization Enrecaster			B Functional Status		Quebec Pain Scale						a dava 50		
Line and a second second			🔲 🖻 Geriatric Depression Scale		Reminder Call Attempts						2 0dys, 50		
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Medications 🕂 Add									Chart	Class			
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MultiMedia Manager 🛛 🕂 Add				All Visits: Last 5 days	*			All Visits: Last 1	3 months 🔫				
Neonate Workflow	Addition	al Patient Information	≡• ∾		Latera -		Paralities			~ -	1		
Notes		dated Backlassa		Temp	27	37	P100000	My Document	s				
Patient Information	Consolid	dated Problems	=* *	remp	01/11/21 12:59	01/11/21 11:41	7255	Note Type		Author		Dete/Time	
Utilization Review	All Visits			HR	72	80	72	Admission Histor	y Adult -Text	Carrillo RN, S	Sylvia	01/11/21 13:54	
Visit Summary	Classifi	cation: All			01/11/21 12:59	01/11/21 11:41	01/11/21 10:00	Inpatient Progre	ss Note - Nurse	Carrillo RN, S	Sylvia M. Milliam	01/11/21 13:05	
Patient Goals	 Add new 	as: This Visit		Respiratory Rate	18	18		Admission Histor	v Adult - Text	Benitez Ceba	illos, Ana	12/18/20 10:39	~
< >	IIIQ				01/11/21 12:59	01/11/21 11:41		T	81-6- 81	1.1	**	10/15/00.00.10	
											P027	E467951 January 14, 2	021 14:48 PST

3. A new window will open displaying questions and answers for the ACES/SBDOH screening tool. Ensure you are charting in the age-appropriate form by referencing the title at the top of the form window.

	ACES/SBDOH - Child - TEST, PATIENTOVM	
📉 🚮 🛧 🔻 💷 🔛		
on: 03/23/2022 • 0941 • PDT		
Child PEARLS/SBDOH	Screening (ages 0-11 years)	
The following questions are about potentially stressful experiences that can impact yours and your family's well-being. We ask these questions to help us to better care for you and prevent long-term health issues related to these stressful experiences.	Patient Redined C Vet ACES/SBDOH Screening Declined Declined	
Section 1: PE	RLS, Part 1 - ACEs	
1. Has your child ever lived with a parent/caregiver who went to jail/prison?	C Yee C No	
2. Do you think your child ever felt unsupported, unloved and/or unprotected?	C Yes O No	
3.Has your child ever lived with a parent/caregiver who had mental health issues? For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder.	C Yes C No	
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?	C Yes C No	
5. Has the child's parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?	C Yes C No	
6. Has your child ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available.	C Ves C No	
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	C Yee O No	
8. In a say addit in the household driven or very often pushed, grabbed, shapped south bas a your south bas any source bas any addit in the household over hit your child so hard that your child had marks or vars ighteref? Or has any addit in the household ever threatened your child or acted in a way that made your child arised that they might be hur?	C Yes C No	
 Has your child ever experienced sexual abuse? For example, anyone touched your child, asked your child to touch that person in a way that was unwanted, made your child feel uncomfortable, anyone ever attempted or actually had oral, and or vaginal sex? 	C Ves C No	
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?	C Yes C No	
Total PEARLS Part 1 score identified: Total PEARLS Part 1 score de identified: (only unter If identified score above is		

	ACES/SBDOH - Teen	Aduit - TEST, PATENTOVM – 🗖
I 🛇 🛠 🛱 + 🔻 📾 🔛 🔛		
ormed on: 03/23/2022 * v 0948 * PDT		Byr Ruiz,
S/SEDOH-1 Teen & Adult PEARLS/SBD0	H Screening (Ages 12 years and older)	
The following questions are about potentially streasful experiences that can impact yours and your family's well-being. We ask these questions to help us to better care for you and prevent long-term health issues related to these streasful experiences	Patient Declined ACES/SBD0H Screening? Declined	
Section 1:	PEARLS, Part 1- ACEs	
1. Have you ever lived with a parent/caregiver who went to jail/prison?	C Yes C No	
2. Have you ever felt unsupported, unloved and/or unprotected?	C Yes C No	
 Have you ever lived with a parent/caregiver who had mental health issues? For example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder. 	C Yes C No	
4. Has a parent/caregiver ever insulted, humiliated, or put you down?	C Yes C No	
 Has your biological parent or any caregiver ever had, or currently has, a problem with too much alcohol, street drugs or use of prescription medications 	P C Yes C No	
6. Have you ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations or not cared for when sick or injured even when the resources were available.	O Yes O No	
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insufted or humiliated by another adult? Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	C Yes C No	
8. Has any adult is the household often or very often pushed, grabbed, stapped or thrown something at you? Or has any adult is the household ever hit you so hard that you had marks or were injured?	C Yes C No	
Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?		
9. Have you ever experienced sexual abuse? Specifically, has anyone touched you or asked you to touch that person in a way that was unwanted, or has made you feel uncomfortable, or anyone ever attempted or actually had oral, anal or vaginal sex with you?	С Yes O No	
 Have there ever been significant changes in the relationship status of you caregiver(s)? For example, a parent/caregiver got a divorce or separated, or romantic partner moved in or out. 	C Yes C No	
Total PEARLS Part 1 score identified:		
(only enter if identified score is blank)		

4. If patient disclosed individual Yes/No answers, select the corresponding radio button for each question. When a radio button answer is selected for each question, the section will automatically tally a total in the "score identified" box at the bottom of the section.

If patient does not disclose answers to all section questions, tally and enter the total Yes answers in the "score de-identified" box.

	ACES/S8DOH - Child - TEST, PATIENTOVM	
k fill + + Image: Second secon		
4. Has a parent/caregiver ever insuited, humiliated, or put down your child?	C Yes C No	_
 Has the child's parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use? 	O Yes O No	_
6. Has your child ever lacked appropriate care by any caregiver? For example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available.	O Yes O No	
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworm at, insulted or humiliated by another adult? Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?	C Yes O No	
5. Hose any adult is the broughted often or very often pushed, grabbed, slapped or throws notelling at your risk?" or hose any adult is the household over hit your child so hard that your child had marks or van injured? Or has any adult is the household ever the vestened your child or acted in a way that much your child radia that the multiple hum?	C Yes C No	_
9. Has your child ever experienced sexual abuse? For example, anyone touched your child, asked your child to touch that person in a way that was unwanted, made your child feel unconfortable, anyone ever attempted or actually had oral, anal or vaginal sex?	O Yes O No	
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? For example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out?	C Yes C No	-
Total PEARLS Part 1 score identified:	Score auto-tallies here if each question in the section is answ	vered.
Total PEARLS Part 1 score de-identified: (only enter if identified score above is blank)	If not all section answers are known, manually enter tallied	Yes answers here.
Section 2: PEARLS	, Part 2- Traumatic Stress	
 Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? For example, targeted bullying, assault or other violent actions, war or terrorism. 	O Yes O No	
 Has your child experienced discrimination? For example being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities. 	C Yes C No	-
3. Has your child ever had problems with housing? For example being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members.	O Yes O No	

5. When all section answers/scores are entered, click the green check mark in the top left window corner to complete and sign the form.

* For those individuals charting who are not providers, please be sure to notify the provider of the status of screening by sending them a message in ORCHID. This will prompt providers to review responses AND identify the action(s) taken.

6. Once signed, question responses and scores will appear as a Final document in the Documents section of the patient's chart. This document is for reference, and does not satisfy the Health Maintenance requirement.



7. Go to the Health Maintenance tab in the patient's chart once screen results reviewed. Under the ACES/SBDOH Screening expectation, select "Screening Reviewed and Action Taken" to complete charting and satisfy charting requirements. If screening not completed, select the most appropriate expectation response available.

Pediatric View A Overview Results Review Pending Expectations * Add Present - November 2021 Image: Show satisfiers Sort by: Present - November 2021 Orders * Add A ACES/SBDOH Screening 30m #ED/UM Due 11/20/2020 One-time only Screening Reviewed & Action Taken Occumentation * Add Peds Lipid Screening / MED/UM Due 11/20/2020 One-time only Screening Reviewed & Action Taken Primary Care Information Padd Pets Lipid Screening / MED/UM Due 11/20/2020 One-time only Screening Reviewed & Action Taken MedConsent Potoponed Declined Cancel Permanenty Done Eisewhere Consult Task List Done Eisewhere Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fluandy vaccine, inactivated PF quadrivalent intranuscular susp Influenza Virus (Fl	tatus
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8. Selecting "Screening Reviewed & Action Taken" will open a new window for the provider section of the ACES/SBDOH screening form. Complete question regarding symptoms. Complete the yellow highlighted risk question. Only the age-appropriate risk score options will be highlighted yellow. The ACEs score (from section 1 of the screening tool) will populate in the score box to guide your risk assessment. Check all "actions taken" options that apply. Once finished, click on the green check mark in the left top corner.

	ACES/SBDOH - Provider - TEST, PATIENTOVM	_ 0
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n 03/23/2022 + 1008 + PDT		By: Ruiz, J
PEARLS	/SBDOH Screening	
	For Provider	
1. Are symptoms/conditions present, regardless of score, related to adversity and/or toxic stress?	C Ive C Unknown	
Low Risk	ACTs Risk Score Total ACEs Total ACEs	
Intermediate Rick	Constructional Construc	
Provide anticipatory guidance and education Link to support services and treat as appropriate		
High Risk • Provide anticipatory guidance and education • Link to support services and test as appropriate • Total ACcs score (YEARLS Section1) = 6+ requires Social Work Consult	ACISs Teen/Adult Rink Total ACIS (Pearls Section 1) Corre identified Teen/Adul Aromites Teach Corres (PEARLS Section 1) - 30 who a protom Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 43 with any angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 43 with any angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with an whold angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted ACIS score (PEARLS Section 1) - 44 with angless Teen/Adul Homedee Field - Ted AC	
2. Actions taken to respond to screening or patient's needs:	Norm-Norm Need Testily Joint at least prening appropriate services Testily Joint at least prening appropriate services Sord Voir Retend Commun() Operative Statistical Intend Devicement Poly and an estimate (Intendential delay, ADHO, Autom, etc.) Meeta I waith retende (Poly operative), etc.) Ferligit Waiter decides done.	
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 ACES/SBDOH screening only needs to be completed when visible as an expected practice in the Health Maintenance tab. If screening is not due, and the expectation is not found in Health Maintenance, providers can access the same risk stratification and action taken form through the ad hoc form menu. Select "ACES/SBDOH – Provider." Follow charting guidelines from #8. Once completed and signed, this response is available to view in the Documents tab of the patient's chart.

