# **Ohio** RT/S

**Knowledge Base Article** 

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#### **Overview**

This article describes how to view and record medical information including health care providers, treatment history, medications, immunizations, and pregnancy/parenting information for youth in the Ohio Residential Treatment Information System (Ohio RTIS).

Ohio RTIS is a subsystem of Ohio SACWIS Comprehensive Child Welfare Information System. These systems share the same database, allowing both Ohio RTIS users and the placing agency to have access to current information about youth in their care.

When a Public Children Services Agency (PCSA) or Title IV-E Juvenile Court holds custody and has placed the youth into residential treatment, medical information recorded in the Statewide Child Welfare Information System (SACWIS) displays in Ohio RTIS, and vice versa.

When a youth is in a Direct Placement medical information for the youth will not be shared between Ohio RTIS and SACWIS. Records created in Ohio RTIS would become available in SACWIS if a PCSA or Title IV-E Juvenile Court later obtained custody of the youth.

#### **Navigating to Medical Information**

1. From the Ohio RTIS Dashboard, click Workload.

Ohio RTIS © Recent -	🕑 Help 🕞	📕 Residential Supervisor, Rosie 👻	
Dashboard	Workload	Youth Search	Administration •
No Broadcast messages at this time.			
Action Items Pending Approval	3		

The Workload tab screen appears.

**Note:** The **Status** field will pre-populate with **Both**, which includes **Current Placements** and **Placement Aftercares**. If you wish to select only one of those options, make a selection from the Status drop-down menu.

2. Click the relevant Youth Name/ID hyperlink.

Ohio RTIS © Recent -	🛛 Help 👻	Lworker, bellefaire 👻		
Dashboard	Workload	Youth Search	Administration -	
Assigned Unassigned				
A There are 20 unassigned placements	that need attention.			View Unassigned Placements
Workload				
Status:		Sort by:		
Both	v	Youth Name A-Z	Apply	
worker, bellefaire				Transfer Workload



Youth Name / ID	Placement Begin Date	Placement End Date	Facility	Placement Source
	03/08/2021		Adams RTIS CRC script	Direct / Out-of-State Placement
	02/01/2021		Adams RTIS CRC script	Direct / Out-of-State Placement
	03/03/2021		Adams RTIS GH 2	Direct / Out-of-State Placement
	03/02/2021		Adams RTIS GH 2	Direct / Out-of-State Placement

The Youth Overview screen appears.

1. Click Youth Tools.

Ohio RTIS © Recent -	O Help -	Lworker, bellefaire +		
Dashboard	Workload	Youth Search A	dministration -	
Youth Overview Youth Tools -				
YOUTH NAME / ID		GENDER, AGE, DOB.	STATUS: Current Placement	
PLACEMENT DATES: 03/08/2021 -		FACILITY NAME RTIS CRC script	Direct / Out-of-State Placement	E.
Current Discharge Plan				
No Discharge Plan found.				
Action Items				
No Action items found.				
Assigned Workers				
View Assignment History				
Worker	Supervisor	Facility Agency	Placement Begin / End Date	Assignment Begin Date
worker, bellefaire	administrato	County Children Services Bo	ard 03/08/2021 -	03/15/2021

The Youth Tools drawer expands to display a list of options.

2. Click Youth Profile.



O <b>hio</b> R	TIS © Recent •	? Help 🔻   & Wallace	e, Mia 🔻			
Dashboard	Workload	Youth Search Administ	tration 🔻			
Youth Overview	Youth Tools 🔻					
outh Overview contacts isopports bischarge Plan outh Profile outh Placement Hist telease of Informatic	DIY.					
OUTH NAME / ID: Dewitt, Jimmy Chair PREGNANT PAREN	15aw / 00000000 TING	GENDER, AGE, DOB Male, Age 00, MM/	DD/YYYY	STATUS: Current F	lacement	
PLACEMENT DATES: MM/DD/YYYY - MM	/DD/YYYY	FACILITY NAME: <facility name=""></facility>		PLACING A	AGENCY: Name>	
urrent Discharge PI	an					
Dischar Begin	ge Plan Date Created Date	Facility	Placement Begin / End Date	Plan Version	Type / Status	
edit MM/DD/Y	YYY MM/DD/YYYY	<facility name=""></facility>	MM/DD/YYYY	3.03	Monthly Review Pending Approval	Ŀ

#### The Youth Profile screen appears.

3. Click Person Tools.

Ohio RTIS © Recent -	ƏHelp - Lworker, bellefaire -			
Youth Profile Person Tools +				
YOUTH NAME / ID:	GENDER, AGE, DOB:		STATUS: Current Placement	
Basic Person Information				
First Name:	Middle Name:	Last Name:	Suffix:	
Date of Birth:	Age:			

The screen expands to display a list of options.

4. Click **Provider**, under the **Medical** section.



The **Manage Medical Information** screen appears, defaulted to the **Provider** tab page, showing the youth's **Health Care Provider History**.

# Adding a Health Care Provider

#### 1. Click Add Health Care Provider.

Manage Workload	Medical Information > Youth Overview > Person	n Profile			
YOUTH I Dewitt,	NAME / ID: Jimmy Chainsaw / 0000	0000	GENDER, AGE, DOB: Male, Age 00, MM/DD/YYYY	STATUS: Current Placement	
Provid	der Treatment	Medication Immuni	zation Pregnancy/Parenting		
Health C	are Provider History				
Includ	le Created in Error				
	First Visit	Provider End Date	Provided Treatment Types	Provider Name / ID	
edit	10/10/2020	10/10/2021	Treatment	Provider / 000000	
<u>edit</u>	10/10/2020	10/10/2021	Treatment	Provider / 000000	
view	10/10/2020	10/10/2021	Treatment	Provider / 000000	CREATED IN ERROR
Add He	ealth Care Provider				
			Close		



The Add Provider Information screen appears.

- 2. Enter a **First Visit Date**.
- 3. Click Search Provider.

Add Provider Information			
Workload > Youth Overview > Person Profile > Provider			
YOUTH NAME / ID:	GENDER, AGE, DOB:		STATUS: Current Placement
Health Care Provider Information			
No provider has been added yet. Search Provider			
First Visit Date: *		Provider End Date:	
Created By:		Created Date:	
Modified By: Source System Code:		Modified Date:	
	Save	Cancel	

The Search for Provider screen appears.

- 4. Enter **Provider Name** or **Provider ID** (if known)
- 5. Click Search.

Search for Provider		
Provider Name:	OR	Provider ID:
Note: If Provider ID is entered, Provider Name and Status will be ignored.		
Include Closed Providers		
Search		

The results appear in the Search Results grid.

6. In the Search Results grid, click select beside the desired Provider.

**Note:** If the Provider is not found in the Search Results, try modifying the search criteria to look for part of the name. The search will return Providers with names that start with or include what is entered in the Provider Name search criteria. If the Provider still is not found, request creation of a new entry for use by the Ohio RTIS system by submitting the **Provider Creation or Merge Request for Ohio RTIS Services** form to the SACWIS Help Desk.



Search Results			
Result(s) 1 to 10 of 1	416 / Page 1 of 142		
	Provider Name / ID	Provider Status	Current Primary Address
select		ACTIVE	

The Add Provider Information screen appears, displaying the Health Care Provider Information.

- 7. Enter the First Visit Date.
- 8. Click Save.

Add Provider Information Workload > Youth Overview > Person Profile > Provider		
YOUTH NAME / ID:	GENDER, AGE, DOB:	STATUS: Current Placement
Health Care Provider Information		
Provider Name / ID:		
Address:		Contact:
Search Provider		
First Visit Date: *		Provider End Date:
Created By:		Created Date:
Modified By:		Modified Date:
Source System Code:		
	Save	Cancel

The Manage Medical Information screen appears, displaying the added Provider.

**Note:** When the Health Care Provider is no longer providing care to the youth, edit the record and record the **Provider End Date**.



# Adding a Treatment Record

1. Click the **Treatment** tab.

No provider history has been				
th Care Provider History	n recorded.			
H NAME / ID:	Medication Immunization	GENDER, AGE, DOB:	STATUS: Current Placement	

The **Treatment** tab screen appears, displaying the youth's treatment in the **Treatment History** grid.

#### 2. Click Add Treatment.

lanage	Medical Inform	ation					
Vorkload :	> Youth Overview > Pe	erson Profile					
YOUTH I Dewitt,	NAME / ID: Jimmy Chainsaw /	0000000	GENDER, AG Male, Age 0	e, dob: 0, <i>MM/DD/YYYY</i>	ST. Cu	ATUS: Irrent Placement	
Provid	der Treatme	nt Medication	Immunization F	Pregnancy/Parenting	5		
Treatmer	nt History						
Sort By	:						
		✓ Apple	ply Includ	le Created in Error			
Add	Treatment						
	Service Start Date	Service End Date	Primary Service Type	Treatment Type	Provider Name / ID	Hospitalization	
edit	10/10/2020	10/10/2021	Consultation	Vision	<provider id=""></provider>	No	۲ <u>۹</u>
<u>edit</u>	10/10/2020	10/10/2021	Consultation	Medical			1
view	10/10/2020	10/10/2021	Consultation	Vision	<provider id=""></provider>	No	CREATED IN ERROR
	Transforment						
Add	Treatment						



#### The Add Treatment Details screen appears.

3. Enter the Service Start Date.

**Note:** When the Service Start Date is entered, the **Provider Name/ ID** dropdown is populated with all the Health Care Providers that have been recorded for the youth, active as of that Service Start Date.

4. Enter the Service End Date.

**Note:** The Service End Date is optional, but should be entered if the Treatment spanned multiple days.

5. Make a selection from the **Provider Name/ ID** drop-down menu.

**Note:** If the Provider is not available in the drop-down menu, return to the Provider tab to add them or update the date range, as applicable.

- 6. Make a selection from the **Treatment Type** drop-down menu. Based on the selection, the screen will expand to display applicable fields.
- 7. Make a selection from the **Primary Service Type** drop-down menu, or if none of the available options is appropriate, enter the type in the **Other** text field.
- 8. Select a **Secondary Service Type**, if needed.

#### Adding Diagnosed Characteristics

**Important:** The information requested in the **Currently Diagnosed Characteristics** grid is dynamic; it will be relevant to the selection you made from the **Treatment Type** drop-down menu. Fields are dynamic for each treatment type.

Diagnosed conditions are documented in the Characteristics area of the youth's Person Profile. These records may also be added from within the Treatment Details.

The grid, **Currently Diagnosed Characteristics**, displays characteristics for the youth that have been previously recorded. If the Treatment being recorded resulted in any new diagnosis for the youth, the corresponding Characteristic should be added by following these steps:

- 9. On the **Treatment Details** screen, in the **Currently Diagnosed Characteristics** grid, make a selection from the **Characteristic Type** drop-down menu. The type is pre-populated based on the previously selected **Treatment Type**, and may be changed if needed.
- 10. Click Add Characteristic.



Ohio RTIS ©Recent -	⊖Help - Lworke	r, bellefaire 🕞		
Add Treatment Details				
Workload > Youth Overview > Person Pro	file > Treatment	D ACE DOD-	CTATIIC-	
TOOTH NAME / ID.	GENDE	1, AGE, DOD.	Current Placement	
Treatment Details				
Service Start Date: *			Service End Date:	
Provider Name / ID: • 🕚				
Treatment Type. *		~		
Primary Service Type: *		V OR	Other:	
Sacandary Sanijaa Turet			Other	
Secondary Service Type.		~ OR	ourer.	
Currently Diagnosed Characteristics				
Characteristic	Mental Health/Substance A	Category	Begin Date End Date	Linked Characteristics
Characteristic Type: Medical	~ Ad	dd Characteristic		
	la <mark>.</mark>			
Hospitalization			Hoenital Name'	
Hospitalization.		~	Hospital Name.	
Date Admitted:			Date Discharged:	
Treated By:			Surgery:	
Hospitalization Details:				
				3000 characters remai
Created By:			Created Date:	
Source System Code:			modified bate.	
•				
		Apply S	Cancel	



Department of Job and Family Services

The Add Characteristics screen appears.

- 1. Make a selection(s) from the **Available Characteristics** grid (this will activate the Add feature).
- 2. Select the appropriate radio button from the **Method** list. The selection made from the Method list will determine the type of additional information requested.
- 3. Click, Add (this will move the characteristic to the Selected Characteristics grid).
- 4. Click, Save.

Your data has been saved.			×
DUTH NAME / ID:	GENDER, AGE, DOB	STATUS: Current Placement	
naracteristic Details			
aracteristic Type: ental Health/Substance Abuse			
Available Characteristics:	Selected Characte	eristics:	
Q Add All Add	1 Remove R	Remove All Q	
Adjustment Disorder		*	
Afraid of Sleeping in the Dark			
AllDS			
Alcohol - Abuse			
Alcohol - Abuse Unknown Self Reported Observed Clinically Diagnosed gnosed By:	Disgnosis Date:	End Date:	
Alcohol - Abuse thod: Unknown Self Reported Observed Clinically Diagnosed By:	Disgnosis Date: 05/03/2021	End Date:	
Alcohol - Abuse thod: Unknown Sett Reported Observed Clinically Disgnosed gnosed By: fitional Information: (expand full screen)	Diagnosis Date: 05/03/2021	End Date:	
Alcohol - Abuse thod: Uhknown Self Reported Observed Clinically Diagnosed gnosed By: fitional Information: (expand.full.screen)	Diagnosis Date: 05/03/2021	End Date:	
Alcohol - Abuse	Diegnosis Date: 05/03/2021	End Date:	4000 characters re
Alcohol - Abuse thod: Unknown Self Reported Observed Clinically Diagnosed gnosed By: fitional Information: (expand full screen) ated By: diffied By:	Disgnosis Date: 05/03/2021	End Date: ated Date: dified Date:	4500 characters re
Alcohol - Abuse thod: Unknown Set Reported Observed Clinically Disgnosed gnosed By: fitional Information: (expand full screen) ated By: diffied By: arce System Code:	Disgnosis Date: 05/03/2021	End Date: ated Date: dified Date:	4000 characters in



The **Treatment Details** screen appears, displaying the added characteristic in the Currently Diagnosed Characteristics grid.

- 1. Place a checkmark in the **Linked Characteristics** checkbox for each diagnosis made or confirmed as a result of the Treatment episode being recorded.
- 2. Complete any available additional information.

Service Start Date: *		Service End Date:			
05/03/2021			n i i i i i i i i i i i i i i i i i i i		
			U		
Provider Name / ID: * 0					
Canfield Counseling Clinic / 305547		*			
Provider Address:		Contact:			
3974 BOARDMAN CANFIELD RD CANFIELD, OH 44406-9043		Work: (330) 533-6767			
Transformant Turner :					
Month Lingth					
Mental Pedili					
Primary Service Type		Other			
	U OR	ADHD			
		AUTU-			
Secondary Service Type:		Other			
	~ OR				
Currently Diagnosed Characteristics					
Characteristic		tenon	Regin Onte	End Date	Linked Characteristics
Cristing Contraction		regory	begin bare	Eller Date:	
edit Adjustment Disorder	Mental Health/Substance Abuse		05/03/2021	06/01/2021	
edit Alcohol - Abuse	Mental Health/Substance Abuse		05/03/2021		0
edit Alcohol - Addiction/Dependence	Mental Health/Substance Abuse		05/03/2021		0
edit Cognitive disability	Mental Health/Substance Abuse		05/03/2021		0
Characteristic Type:					
Medical	Add Characteristic				
Mantal Uashb Transmant Information					
Mental Health Treatment Information					
Weight:					
Additional Details: (expand full screen)					
					10000 charactwy renaming
DEM Diagnosis: (szeand full screen)					10000 charactwix temating
OSM Diagnosis: (expand full screen)					10000 charactwix remaining
DSM Diagnosis: (expand full screen)					10000 characters remaining
DSM Diagnosis: (excand full scereer)					1000/f charactives remaining
D&M Diagnosis: (szoand full screen)					10000 characters remaining 4000 characters remaining
DSM Diagnools: (excand full screen)					10000 characters remaining 4000 characters remaining
DSM Diagnosis: (expand full screen)					10000 charactives remaining 4000 characters remaining
DSM Diagnosis: (expand full screen)					10000 charactives remaining 4000 characters remaining
DSM Diagnosis: (szzand full screen) Hospitalization Details					10000 characters remaining 4000 characters remaining
DSM Diagnools: (expand full screen) Hospitalization Details		Hospital Name:			16000 characters remaining 4000 characters remaining
DSM Diagnosis: (sspand full screen) Hospitalization Details		Hospital Name:			10000 characters remaining 4000 characters remaining
D&M Diagnosis: (szoani full screen) Hospitalization Details		Hospital Name:			10000 characters remaining 4000 characters remaining
DSM Diagnosis: (szeani full screen) Hospitalization Details Hospitalization: Date Admitted:		Hospital Name:			10000 characters remaining 4000 characters remaining
DSM Diagnools: (excand full screen) Hospitalization Details Hospitalization: Date Admitted:		Hospital Name:			10006 characters remaining 4000 characters remaining
DEM Diagnosis: (szeani full screen) Hospitalization Details Hospitalization: Date Admitted:		Hospital Name:			10000 characters remaining 4000 characters remaining
DSM Diagnosis: (szeani full screen) Hospitalization Details Hospitalization: Date Admitted: Treated By:		Hospital Name: Date Discharged:			10000 characters remaining
DSM Diagnosis: (sceanf full screen) Hospitalization Details Hospitalization: Date Admitted: Date Admitted: Treated By:		Hospital Name: Date Discharged:			10000 characters remaining
DSM Diagnools: (excand full screen) Hospitalization Details Hospitalization: Date Admitted: Treated By:		Hospital Name: Date Discharged: Surgery:			a 10000 characters remaining 4000 characters remaining
DEM Diagnosis: (szeani full screen)  Hospitalization Details  Hospitalization:  Date Admitted:  Treated By:  Hospitalization Details:		Hospital Name: Date Discharged: Surgery:			1000 characters remaining
D&M Diagnosis: (szeani full screen) Hospitalization Details Hospitalization: Date Admitted: Treated By: Hospitalization Details:		Hospital Name: Date Discharged: Surgery:			1000 characters remaining
DSM Diagnosis: (sceanf full screen) Hospitalization Details Hospitalization: Date Admitted: Difference Treated By: Hospitalization Details:		Hospital Name: Date Discharged:			10000 charactery remaining
DSM Diagnoolis: (excanif full screen)         Hospitalization Detailis         Hospitalization:         Date Admitted:         Date Admitted:         Treated By:         Interface         Interface		Hospital Name: Date Discharged: Surgery:			10000 Characters remaining
DEM Diagnosis: (szeani full screen)  Hospitalization Details  Hospitalization:  Treated By:  Hospitalization Details:		Hospital Name: Date Discharged: Surgery:			10000 Characters remaining



Medication Summary							
No medication information has been recorded.							
Created in Error							
Created By:	ResidentialSupervisor, Raphael	Created Date:	06/01/2021				
Modified By:	ResidentialSupervisor, Raphael	Modified Date:	06/01/2021				
Source System Code:	RTIS						
		Apply Save Cancel					

Note: Fields are dynamic for each Treatment Type. The example above requests information based on the Treatment Type selection of Mental Health. If the Treatment Type selected is, Medical or Specialist, you will need to provide Medical/Specialist Treatment Information.

reament type: * Specialist imary Service Type: * iecondary Service Type:	OR     Other     OR     Other			
Currently Diagnosed Characteristics				
edit Alcohol-Abuse	Category Mental Health/Substance Abuse	05/03/2021	End Date	Linked Characteristics
edit Alcohol - Addiction/Dependence	Mental Health/Substance Abuse	05/03/2021		
edit Cerebral Palsy	Medical	05/03/2021		
edit Cognitive disability	Mental Health/Substance Abuse	05/03/2021		
Characteristic Type: Medical	<ul> <li>Add Characteristic</li> </ul>			
Medical/Specialist Treatment Information				
Height:	Weight:			

If you select the Treatment Type selection of **Dental**, you will need to provide **Dental Treatment** Information, etc.

mary Serv condary S	vice Type: * :ervice Type:	v OR	Other:			
Currently	Diagnosed Characteristics	71.				
	Characteristic		Category	Begin Date	End Date	Linked Characteristics
edit A	licohol - Abuse	Mental Health/Substance Abus	e	05/03/2021		O
edit A	lcohol - Addiction/Dependence	Mental Health/Substance Abus	e.	05/03/2021		
edit C	erebral Patsy	Medical		05/03/2021		0
edit C	Cognitive disability	Mental Health/Substance Abus	e	05/03/2021		
Characteri Medica	istic Type: al	Add Characteristic				



# **Recording a Medication**

#### 1. Click the **Medication** tab.

YOUTH Dewitt,	YOUTH NAME / ID:     GENDER, AGE, DOB:       Dewitt, Jimmy Chainsaw / 00000000     Male, Age 00, MM/DD/YYYY					atus: rrent Placement			
Provi	Provider Treatment Medication Immunization Pregnancy/Parenting								
Treatmen	Freatment History								
Sort By	Sort By: Apply Include Created in Error								
Add	Treatment								
	Service Start Date	Service End Date	Primary Service Type	Treatment Type	Provider Name / ID	Hospitalization			
edit	10/10/2020	10/10/2021	Consultation	Vision	<provider id=""></provider>	No			
<u>edit</u>	10/10/2020	10/10/2021	Consultation	Medical			<b>1</b>		
view	10/10/2020	10/10/2021	Consultation	Vision	<provider id=""></provider>	No	CREATED IN ERROR		
Add	Treatment								

#### The Medication tab screen appears.

#### 2. Click Add Medication.

/OUTH NAME / ID: Dewitt, Jimmy Chainsaw / 00000000		GENDER, AGE, DOB: Male, Age 00, MMA	DD/YYYY	STATUS: Current Placement		
Provi	ider Treatr	ment Medica	ation Immunization Pregnar	ncy/Parenting		
dicat	tion					
Inclu	de Created in Error					
Add	Medication					
					0.0	
	Date Prescribed	Discontinue Date	Name / Dosage / Fr	equency	Psychotropic Medication	
edīt	Date Prescribed	Discontinue Date	Name / Dosage / Fr	equency	Psychotropic Medication	
edij	Date Prescribed 10/10/2020 Notes: Up to 400	Discontinue Date	Name / Dosage / Fr ABC Medicine - 100mg / day here, showing an ellipses when runnin	equency g over 400 char	Psychotropic Medication	
edit	Date Prescribed 10/10/2020 Notes: Up to 400 10/10/2020	Discontinue Date characters displayed 10/10/2021	Name / Dosage / Fr ABC Medicine - 100mg / day here, showing an ellipses when runnin <medication name=""> - <dosage> / <f< td=""><td>equency g over 400 char requency&gt;</td><td>Psychotropic Medication No Yes</td><td>CREATED IN ERROR</td></f<></dosage></medication>	equency g over 400 char requency>	Psychotropic Medication No Yes	CREATED IN ERROR
edit edit	Date Prescribed 10/10/2020 Notes: Up to 400 10/10/2020 Notes: Up to 400	Discontinue Date characters displayed 10/10/2021 characters displayed	Name / Dosage / Fro ABC Medicine - 100mg / day here, showing an ellipses when runnin <medication name=""> - <dosage> / <f here, showing an ellipses when runnin</f </dosage></medication>	equency g over 400 char requency> g over 400 char	Psychotropic Medication No Yes	CREATED IN ERROR
edit edit	Date Prescribed 10/10/2020 Notes: Up to 400 10/10/2020 Notes: Up to 400 10/10/2020	Discontinue Date characters displayed 10/10/2021 characters displayed 10/10/2021	Name / Dosage / Fri ABC Medicine - 100mg / day here, showing an ellipses when runnin <medication name=""> - <dosage> / <f here, showing an ellipses when runnin <medication name=""> - <dosage> / <f< td=""><td>equency g over 400 char requency&gt; g over 400 char requency&gt;</td><td>Psychotropic Medication No Yes No</td><td>CREATED IN ERROR</td></f<></dosage></medication></f </dosage></medication>	equency g over 400 char requency> g over 400 char requency>	Psychotropic Medication No Yes No	CREATED IN ERROR



The Add Medication Information screen appears.

3. Select the **Medication Name** from the dropdown.

**Important:** If the selected medication is a **Psychotropic Medication**, the system will automatically check the box.

**Note:** If the medication is not listed, select **Other**, then enter the Medication Name in the **Other** text field. Select the **Psychotropic Medication** checkbox, if applicable.

- 4. Record the **Dosage**.
- 5. Record the **Frequency**.
- 6. Make a selection from the **Medication Required Daily** drop-down menu.
- 7. In the **Prescribed By** field, enter the name of the prescribing medical professional.
- 8. Enter the **Refills Prescribed**, if applicable.
- 9. Enter the Date Prescribed.
- 10. Enter the **Discontinue Date**, when applicable.
- 11. In the **Notes** field, enter any additional information about the medication (optional).
- 12. Complete the fields in the **Pharmacy Information** section (optional).
- 13. Click Save.

Add Medication Information			
Workload > Youth Overview > Person Profile > Medication	5		
YOUTH NAME / ID:	GENDER, AGE, DOB:	STATUS:	
		Gurrent Placement	
Medication Information			
Medication Name: *			
	~		
Psychotropic Medication			
Dosage: Frequence	y.		
Medication Required Daily: *			
Prescribed By: *		Refills Prescribed:	
Date Prescribed: *		Discontinue Date:	
Notes: (expand full screen)			
Hores. (Expand foil screen)			



Pharmacy Information			
Pharmacy Name:			
Location Details:			
			100 characters remaining
Phone:	Ext:	Fax:	
Created In Error			
eated By:		Created Date:	
odified By:		Modified Date:	
ource System Code:			
		Apply Save Cancel	

The **Medication** tab screen appears, displaying the newly added record in the Medication grid.

# **Recording Immunizations**

#### 1. Click the **Immunization** tab.

Manage Medical Information Workload > Youth Overview > Person Profile

YOUTH Dewitt	YOUTH NAME / ID: Dewitt, Jimmy Chainsaw / 00000000		GENDER Male, Ag	AGE, DOB: ge 00, MM/DD/YYYY	STATUS: Current Placement	
Prov	ider Tr	eatment Medi	cation Immunization	Pregnancy/Parenting		
Medica	tion					
☑ Inclu Add	de Created in Er Medication	ror				
	Date Prescrib	ed Discontinue Da	te Name / I	Dosage / Frequency	Psychotropic Medication	
edit	10/10/2020		ABC Medicine - 100mg /	day	No	
	Notes: Up to 4	00 characters displaye	ed here, showing an ellipses	when running over 400 char		
edit	10/10/2020	10/10/2021	<medication name=""> - <d< td=""><td>osage&gt; / <frequency></frequency></td><td>Yes</td><td>CREATED IN ERROR</td></d<></medication>	osage> / <frequency></frequency>	Yes	CREATED IN ERROR
	Notes: Up to 4	00 characters displaye	ed here, showing an ellipses	when running over 400 char		



The Immunization tab screen appears.

#### 2. Click Add Immunization.

Manage Medical Information

ith na vitt, Jir	ME / ID: mmy Chainsaw / 0000000	0	GENDER, AGE Male, Age 00	, dob: , <i>MM/DD/YYYY</i>	STATUS: Current Pla	cement
rovide	r Treatment	Medication	Immunization Pr	regnancy/Parenting		
nunizati	ion Information					
mmuniz	ration Summary					
	Immunization Type		Dose 1	Dose 2	Dose 3	Dose 4
Dipther	ia/Tetanus/Aceullular Pertuss	sis (DTaP)	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Measle	s/Mumps/Rubella (MMR)		MM/DD/YYYY			
Varicell	a or Chicken Pox (VARCHIK	POX)	MM/DD/YYYY			
nunizati	on History					
nunizati Include sdd Imm <u>edit</u>	on History Created in Error unization Immunization Type: Diptheria/Tetanus/Acellular I	Pertussis (DTa	Most Recent Im P) MM/DD/YYYY	munization Date:		
nunizati Include add Imm edit	on History Created in Error unization Immunization Type: Diptheria/Tetanus/Acellular I Previous Immunizations	Pertussis (DTa	Most Recent Im P) MM/DD/YYYY Most Recent Im	munization Date:		
nunizati Include add Imm <u>edit</u>	on History Created in Error unization Immunization Type: Diptheria/Tetanus/Acellular I Previous Immunizations Immunization Type: Diptheria/Tetanus/Acellular I	Pertussis (DTa Y Pertussis (DTa	P) Most Recent Im MM/DD/YYYY Most Recent Im MM/DD/YYYY	munization Date:		

The Add Immunization Information screen appears.

- 3. Select the **Immunization Type** from the dropdown.
- 4. Enter the Date of Immunization.

**Note:** If you are recording the youth's immunization history, up to five doses of the same immunization may be recorded at once.

5. Enter additional **Immunization Date(s)**, if applicable.



#### 6. Click Save.

Add Immunization Information Workload > Youth Overview > Person Profile > Immuni	zation	
YOUTH NAME / ID: Dewitt, Jimmy Chainsaw / 00000000	GENDER, AGE, DOB: Male, Age 00, MM/DD/YYYY	STATUS: Current Placement
Immunization Information		
Immunization Type: *	~	
Date of Immunization: *		
Immunization Date (2):		
Immunization Date (3):		
Immunization Date (4):		
Immunization Date (5):		
	Apply Save 0	Cancel

The **Immunization** tab screen appears, displaying the added record(s) in the **Immunization Summary** and in the Immunization History list.

7. Click the **Pregnancy/Parenting** tab.

Manage Medical Information Workload > Youth Overview > Person Profile > Im	Ianage Medical Information					
Your data has been saved.						
YOUTH NAME / ID:	GENDER, AGE, DOB:	STATUS: Current Placement				
Provider Treatment Medication	Immunization Pregnancy / Parenting					
Immunization Summary						
	Immunization Type	Dose 1				
Inactivated Polio(IPV)		05/17/2021				



The Pregnancy/Parenting tab screen appears.

# **Recording Pregnancy/Parenting Information**

- 1. Select a response to the question, Is Youth parenting? if known.
- 2. To record a Pregnancy, click Add Pregnancy.

anage N orkload > \	Medical Informati Youth Overview > Pers	<i>tion</i> son Profile				
YOUTH NA Dewitt, Jir	ME / ID: mmy Chainsaw / 00	000000	GENDER, AGE, DOB: Male, Age 00, MM/DD/Y	<b>YYY</b>	STATUS: Current Placeme	ent
Provide	r Treatment	Medication Immu	nization Pregnancy/F	Parenting		
egnancy	gnancy/Parenting Information					
s Youth p	Youth parenting? Yes O No   Not Answered					
Pregnar	ncy History					
	Date Reported	Estimated Due Date	End Date		Outcome	
<u>edit</u>	10/10/2020	10/10/2021	10/10/2021	Live Birth		
<u>edit</u>	10/10/2020	10/10/2021	10/10/2021			
<u>view</u>	10/10/2020	10/10/2021	10/10/2021			CREATED IN ERROR
Add	Pregnancy					
Created	By:	Lastname, Firstname	Cr	eated Date:	<mm dd="" yyy=""></mm>	
Modified Source	d By: System Code:	Lastname, Firstname <value></value>	M	odified Date:	<mm dd="" yyy=""></mm>	
			Apply Sa	ve Cance	el la	

The Add Pregnancy Details screen appears.

- 3. Enter the **Date Reported** (required if the Estimated Due Date is not known).
- 4. Enter the Estimated Due Date, if known.

For a historical Pregnancy:

- 5. Enter the End Date
- 6. Select the **Outcome** from the dropdown.



7. Click Save.

The **Pregnancy/Parenting Information** grid appears, displaying the record in the Pregnancy History grid.

8. Click Save.

Add Pregnancy Details		
. YDUTH KANE 710.	SENDER, ASE, DOB	81x11/0 Current Hacement
Pregnancy Details		
Date Reported 01/04/2021		Estimated Due Bater
End Date: 0504/2021		Outcome Doe Binh v
Created By:		Created Date:
Modified By: Source System Code: RTIS		Modified Date:
	Cove.	Career .

The **Pregnancy/Parenting Information** screen appears, displaying the added information in the **Pregnancy History** grid.

Pregnancy History	~			
	Date Reported	Estimated Due Date	End Date	Outcome
edit 05/18	/2021			
Add Pregnancy				
created By:	worker, bellefaire	Created Date:	05/14/2021	
Aodified By:	worker, bellefaire	Modified Date:	05/27/2021	
Source System Code:	RTIS			
		Apply Save Cancel		

System returns to the Youth Profile.



YOUTH NAME / ID:	GENDER, AGE, DOB		STATUS: Current Placement	
Basic Person Information				
First Name:	Middle Name:	Last Name:	Suffix:	
Date of Birth:	Age:			
AKA Names 🌱				
Update Basic Information				
Demographics Summary				
Race(s): Multi-racial (one or more races unknown), White	Hispanic/Latino: No		Languages: English	
Update Demographics				
Safety Hazards				
No safety hazards have been recorded.				
Update Safety Hazards				

# **Editing a Medical Record**

**Note:** Provider, Treatment, Medication, Immunization, and Pregnancy records may be edited to update or correct information, or to mark the record as having been created in error.

While the editable fields vary for each type of record, the process is the same. For the following example, a Health Care Provider record will be edited.

To edit an existing record, navigate to the corresponding tab where the record is listed.

1. Click edit next to the record you wish to modify.

UTH NAME / ID: witt, Jimmy Chainsaw / 00000000		GENDER, AGE, DOB: Male, Age 00, MM/DD/YYYY	STATUS: Current Placement	
vider Treatmer	nt Medication In	munization Pregnancy/Parenting		
and the second				
Care Provider History				
Care Provider History ude Created in Error				
Care Provider History ude Created in Error				
Care Provider History ude Created in Error First Visit	Provider End Dat	e Provided Treatment Types	Provider Name / ID	
Care Provider History ude Created in Error First Visit 10/10/2020	Provider End Dat 10/10/2021	e Provided Treatment Types Treatment	Provider Name / ID Provider / 000000	
Care Provider History ude Created in Error First Visit 10/10/2020 10/10/2020	Provider End Dat 10/10/2021 10/10/2021	e Provided Treatment Types Treatment Treatment	Provider Name / ID Provider / 000000 Provider / 000000	



The Health Care Provider Information screen appears.

- 2. Update fields as needed.
- 3. Click Save.

**Important:** Once saved, Medical records cannot be deleted, but may be marked **Created In Error**. To do this, edit the record and select the Created in Error checkbox, then Save.

The record will show a Created In Error badge in the grid.

<add edit=""> Provider Workload &gt; Youth Overview</add>	<pre>r Information v &gt; Person Profile &gt; Provider</pre>		
YOUTH NAME / ID: Dewitt, Jimmy Chainsa	w / 0000000	GENDER, AGE, DOB: Male, Age 00, MM/DD/YYYY	STATUS: Current Placement
Health Care Provider Info	ormation		
Provider Name / ID: Access Counseling / 000	00000		
Address		Contact:	
123 Main Street, Columb	ustown, OH 12345	Work: (123) - 234 -5678	
Search Provider			
First Visit Date: *		Provider End Date	
			<mm dd="" yyy=""></mm>
Created in Error			<mm dd="" yyy=""></mm>
Created By:	Lastname, Firstname	Created Date:	
Modified By:	Lastname, Firstname	Modified Date:	
Source System Code:	<value></value>		
		Save Cancel	

If you need additional information or assistance, please contact the SACWIS Help Desk at: 614-466-0978, select #3, then select #5.

