

**Anesthesia Information Management System (AIMS)
Centricity Perioperative Anaesthesia (CPA)**

Reference Guide

Version 8
Surgery Information Systems
Fraser Health Authority
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Audience

This document contains an overview and descriptions for common tasks performed in the Anesthesia Information Management System (AIMS). It will assist Anesthesiologists in performing their day-to-day activities.

Introduction

The AIMS Reference Guide will assist you to do any of the following in CPA:

- Login to the system
- Search for a scheduled patient
- Start a case
- Document using script items such as IVs, fluids, medications and infusions and blood
- Locate non-script items
- Use the graph and grid
- Search for add-on patients
- Ending a case

Hospital Naming Conventions

Please identify the correct site abbreviation when searching for patients or confirming the right location and room (e.g. AB.OR1 would indicate Abbotsford Hospital Operating Room 1) for AIMS.

Site specific first two characters

- Abbotsford=AB
- SMH=SM
- JPOCSC=SU

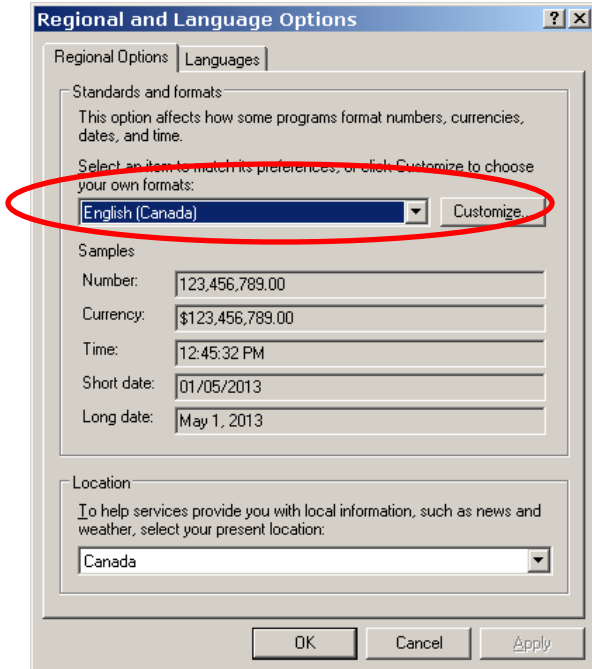
Log onto Network

Press CTRL + ALT + Delete together or wiggle the mouse to bring up the sign-on screen.

Enter your Network ID and your Network password

Before opening CPA for the first time, be sure to change the date format of your profile in the network.

Click on **Start > Settings > Control Panel > Regional and Language Options**
Ensure **English (Canada)** is selected

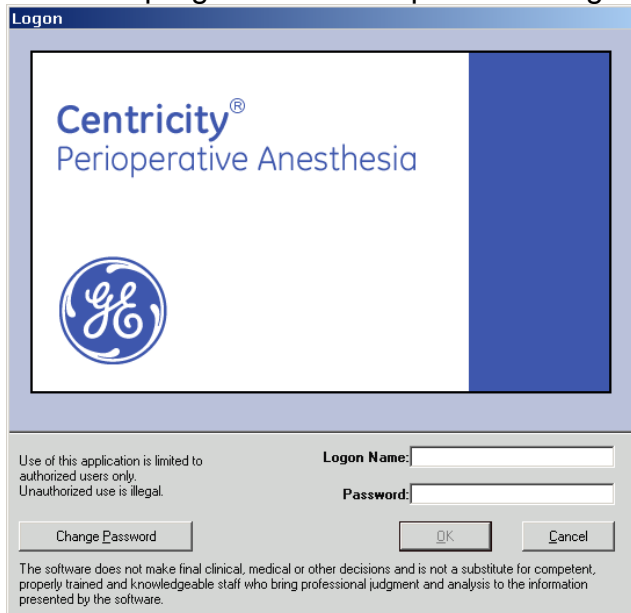


Once this is done, it will not be done again. You can now open the CPA program by clicking on:

- >Start
 - > Programs
 - > Centricity Perioperative Anesthesia
 - > Anesthesia Application

CPA Login Screen

The CPA program will now open and a sign-on screen will pop-up

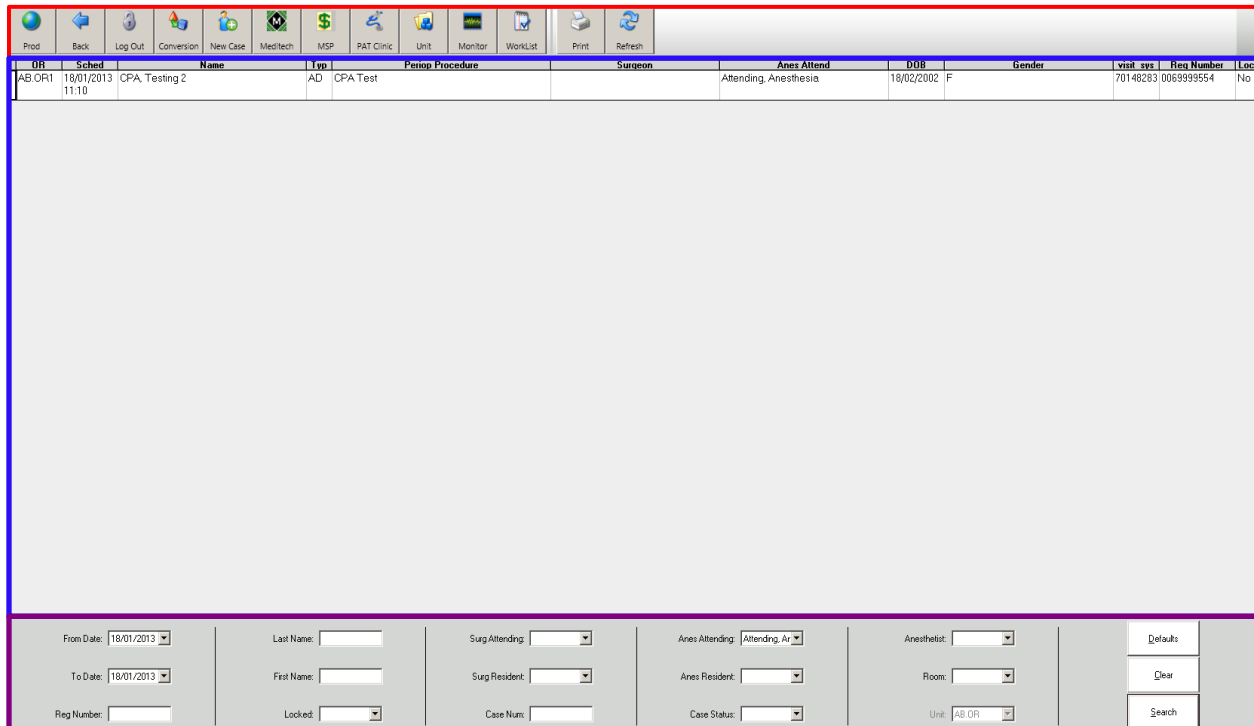


The Centricity Perioperative Anesthesia (CPA) login screen allows the user to log into the CPA Application and/or change password.

OR Census

The OR Census is a listing of all patients meeting the search criteria. Patients will populate primarily from the scheduling system. The Census consists of the following components:

- OR Census **Toolbar**
- OR Census **Display Area**
- OR Census **Search Fields**



OR	Sched	Name	Type	Person	Procedure	Surgeon	Anes Attend	DDB	Gender	visit_sys	Reg Number	Loc
AB OR1	18/01/2013 11:10	CPA Testing 2	AD	CPA Test			Attending Anesthesia	18/02/2002	F		70148283 006999554	No

Search Fields:

From Date: 18/01/2013 To Date: 18/01/2013












Reg Number: Last Name: First Name: Locked: Sug Attending: Sug Resident: Case Num: Anes Attending: Anes Resident: Case Status: Anesthetist: Room: Unit: AB OR


Buttons: Defaults, Clear, Search

OR Census Toolbar

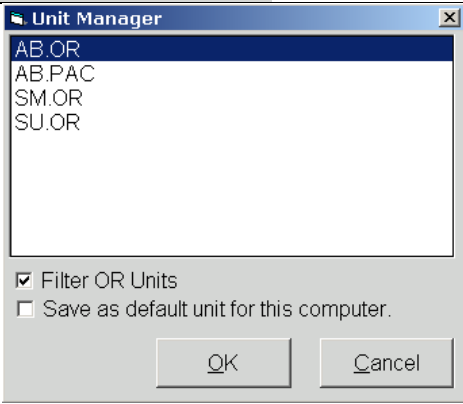
Icons displayed will vary based on the role and privileges granted to that role.


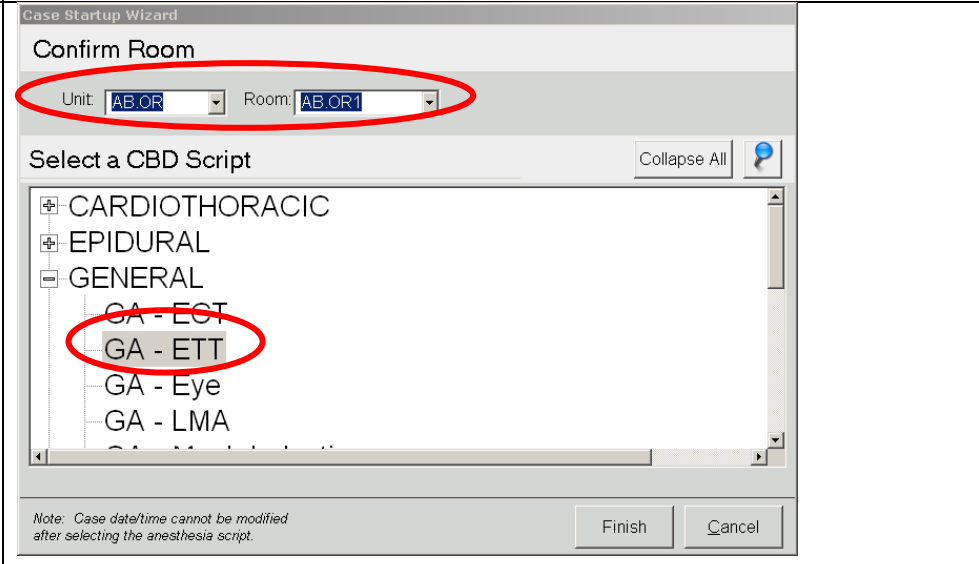


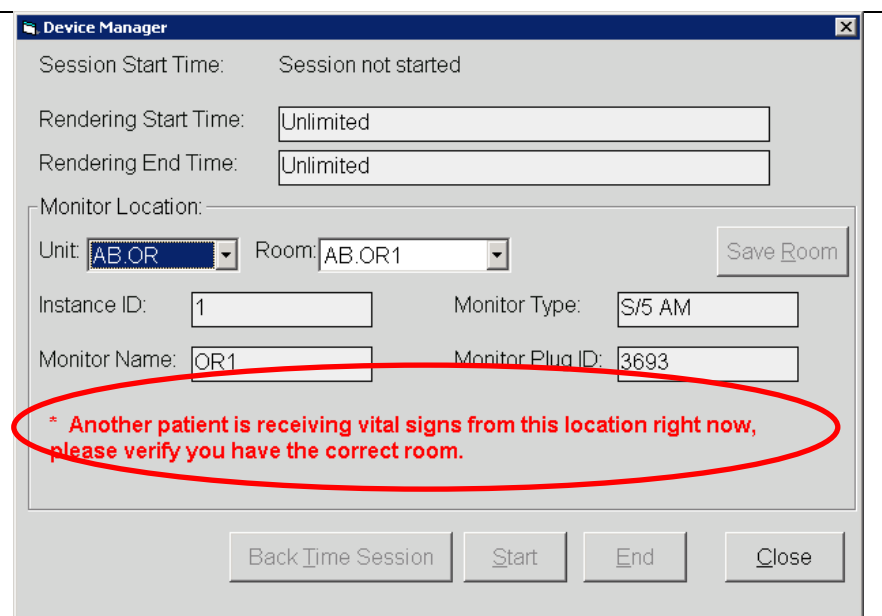
Icon	Specified Function to be performed
 Back	The “Back” icon is used to close the current screen and go back to the previous screen.
 Log Out	The “Logout” icon logs off of the application and returns application to the logon screen.
 Conversion	The “Conversion” icon is a conversion tool that can be used to convert between units of measure such as weight, temperatures and length.
 New Case	The “New Case” icon starts a case for a patient including patient name, time of admittance, diagnosis, and scheduled staff on the case.
 Meditech	The “Meditech” icon provides a link to the Meditech system.
 MSP	The “MSP” icon provides a link to the MSP website.
 PAT Clinic	Not currently active.
 Unit	The “Unit” icon displays a list of units available to change the patient list to an alternate unit.
 Monitor	The “Active Monitor Session” icon provides a list of all patients with active monitor sessions and the room. This will be available for Intraop use.
 WorkList	The “Pending Worklist” icon sends the user to another census displaying the follow up items pending or needing additional attention. Not being used at this time.
 Print	The “Printer” icon when selected on the OR Census will print the census content.

	<p>The “Refresh” icon provides a refresh or update to the screen of the most up-to-date data.</p>
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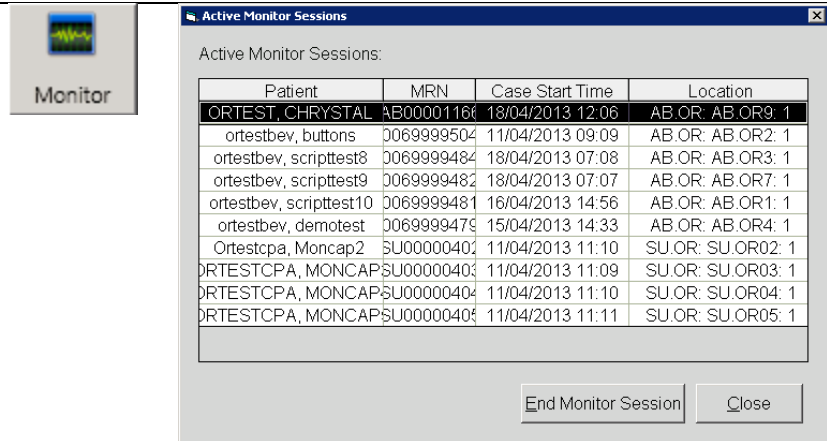
Searching Scheduled Patients

<p>1. Select the correct date of surgery.</p>	<p>From Date: 18/01/2013</p> <p>To Date: 18/01/2013</p> <p>Reg Number: <input type="text"/></p>																										
<p>2. Identify the correct unit has been selected. Select your name in the Anes Attending or Anesthetist field. Click search and your scheduled patient list will appear for the selected date.</p> <p>Note: A different search process is used for add-on cases to identify the correct patient and visit.</p>	 <p>Unit</p> <p>Anes Attending: Attending, Ar</p> <p>Anes Resident: <input type="text"/></p> <p>Case Status: <input type="text"/></p> <p>Defaults</p> <p>Clear</p> <p>Search</p>																										
<p>3. Select your patient from the OR Census.</p>	<table border="1"> <thead> <tr> <th>OR</th> <th>Sched Time</th> <th>Name</th> <th>Type</th> <th>Period</th> <th>Procedure</th> <th>Surgeon</th> <th>Anes Attend</th> <th>DOB</th> <th>Gender</th> <th>visit sys</th> <th>Reg Number</th> <th>Locked</th> </tr> </thead> <tbody> <tr> <td>AB.OR1</td> <td>18/01/2013 11:10</td> <td>CPA Testing 2</td> <td>AD</td> <td>CPA</td> <td>Test</td> <td></td> <td>Attending, Anesthesia</td> <td>18/02/2002</td> <td>F</td> <td>70148283</td> <td>0069999554</td> <td>No</td> </tr> </tbody> </table>	OR	Sched Time	Name	Type	Period	Procedure	Surgeon	Anes Attend	DOB	Gender	visit sys	Reg Number	Locked	AB.OR1	18/01/2013 11:10	CPA Testing 2	AD	CPA	Test		Attending, Anesthesia	18/02/2002	F	70148283	0069999554	No
OR	Sched Time	Name	Type	Period	Procedure	Surgeon	Anes Attend	DOB	Gender	visit sys	Reg Number	Locked															
AB.OR1	18/01/2013 11:10	CPA Testing 2	AD	CPA	Test		Attending, Anesthesia	18/02/2002	F	70148283	0069999554	No															

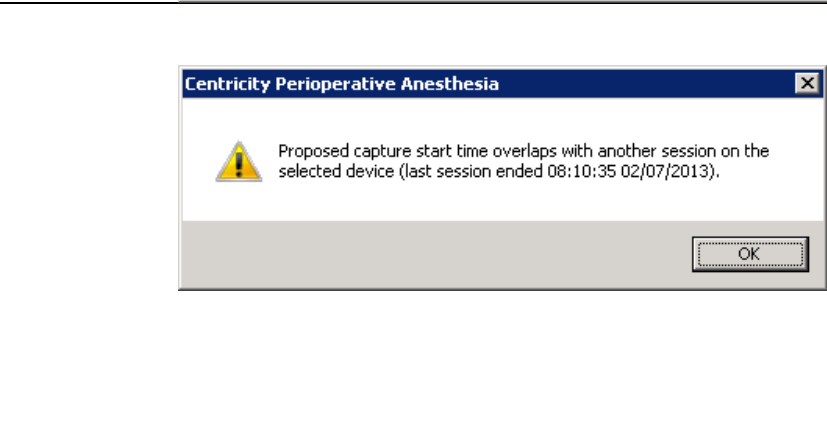
<p>4. Select Intraoperative Record from the popup menu.</p>	 <p>The screenshot shows a vertical menu titled "Intraoperative Record" with four options: "Procedure Note", "Case Manager", "Patient Manager", and "Print Record". The "Intraoperative Record" header is highlighted in blue.</p>
<p>5. Confirm the correct unit and room. Select the correct script for the procedure.</p> <p><u>Note:</u> Once an initial script has been added, multiple scripts can be added to a case on the intraop screen.</p>	 <p>The screenshot shows the "Case Startup Wizard" dialog box, specifically the "Confirm Room" section. The "Unit" dropdown is set to "AB.OR" and the "Room" dropdown is set to "AB.OR1", both highlighted with a red oval. Below, the "Select a CBD Script" section shows a tree view with "GENERAL" expanded, and "GA - ETT" highlighted with a red oval. Other options include "CARDIOTHORACIC", "EPIDURAL", "GA - ECT", "GA - Eye", and "GA - LMA". A "Note" at the bottom states: "Case date/time cannot be modified after selecting the anesthesia script." Buttons for "Finish" and "Cancel" are at the bottom right.</p>

<p>1.. This message may indicate that the room showing on the screen is not the room you are in and another patient is currently connected to the monitor in the room you have selected. Change the room if this is the case. This may also indicate that the previous patient's documentation has not been completed and the monitor capture is continuing. Go to step 2 below in this case.</p>	 <p>The screenshot shows the "Device Manager" dialog box. It contains fields for "Session Start Time" (Session not started), "Rendering Start Time" (Unlimited), and "Rendering End Time" (Unlimited). The "Monitor Location" section has "Unit" set to "AB.OR" and "Room" set to "AB.OR1", both highlighted with a red oval. Other fields include "Instance ID" (1), "Monitor Type" (S/5 AM), "Monitor Name" (OR1), and "Monitor Plug ID" (3693). A red oval highlights a red error message: "* Another patient is receiving vital signs from this location right now, please verify you have the correct room." Buttons for "Back Time Session", "Start", "End", and "Close" are at the bottom.</p>
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2.. Go to the Census and click on the Monitor button to see which case is active for the monitor capture. Select the case and click End Monitor Session. Return to the intraoperative documentation for your case and start the monitor session.

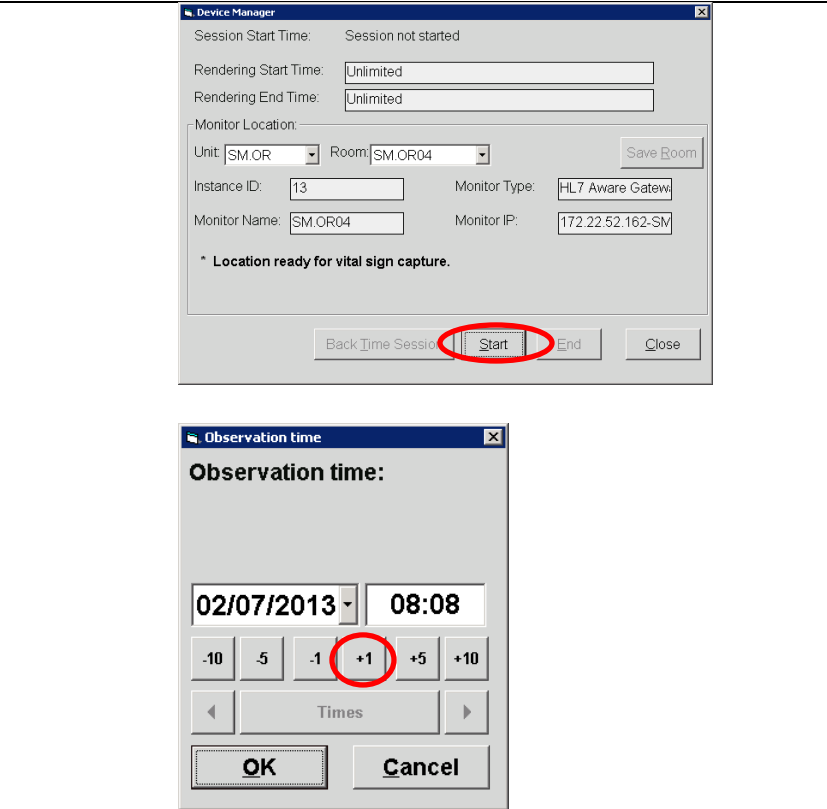


3.. In order to start a monitor session in a room where you have just ended one you must increase the time by one minute. When you click start, you will receive the following message informing you that there will be an overlap of time if you start the monitor session. Click OK.



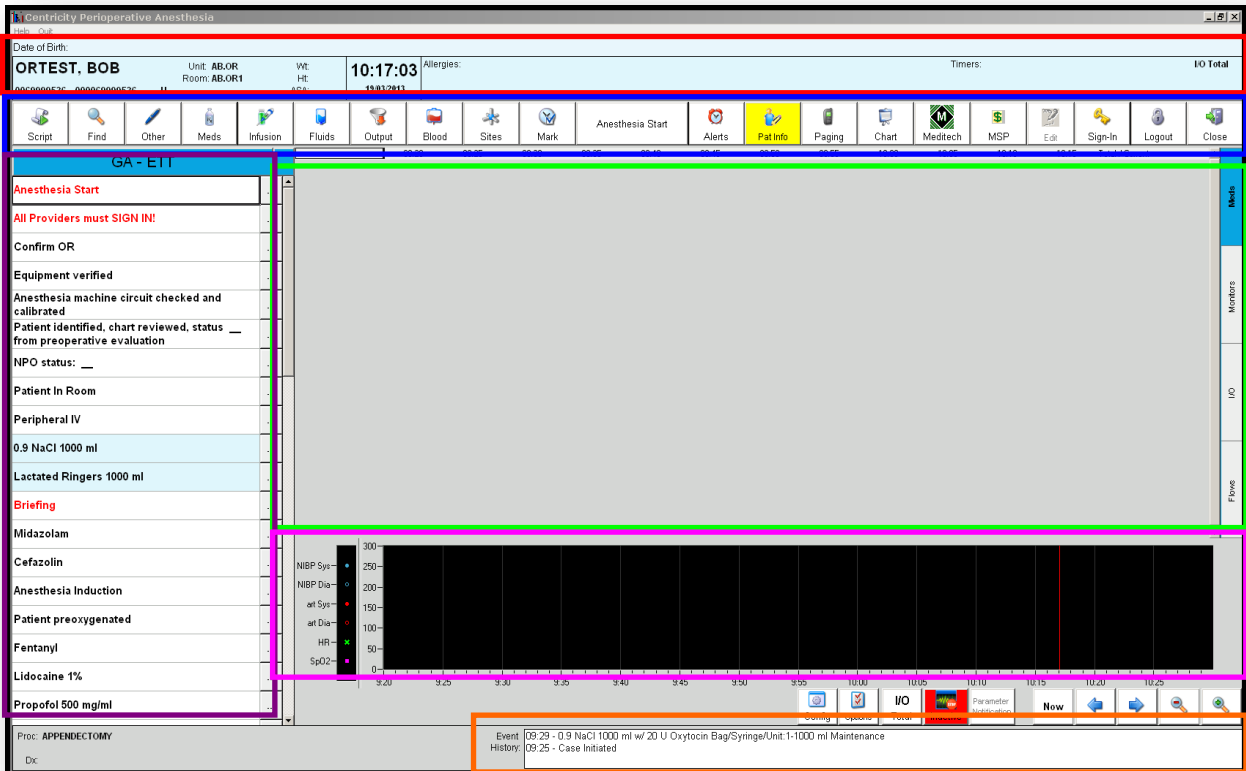
4.. Click Start on the 'Device Manager' screen.

On the 'Observation time' screen, select +1 to increase the time by one minute. You will then get confirmation that the device session has started.



Intraop Record











Intraop screen orientation:













- **Patient Banner** – This information can be populated by the Patient Manager popup button from the OR Census or the “Pat Info” button on the Intraop Toolbar. Information includes: height, weight, allergies, procedure, and diagnosis.
- **Intraop Toolbar** – Access to documentation items not in the script.
- **Grid** – Consists of 4 tabs
 - Meds – All documented meds and infusions to display on this tab along with a running total of amounts administered.
 - Monitors – Monitor populated data as well as user documented values related to the monitor data.
 - I/O – Fluid inputs and outputs such as IV fluids, blood and urine.
 - Flows – Gas inputs and outputs such as anesthetic agents, O₂ and N₂O.
- **Graph** – Monitor populated data defined to appear.
- **Event History** – Narrative of all script items documented.
- **Script & Script Objects** – The documentation elements typically used for the type of script selected.

Intraop Toolbar

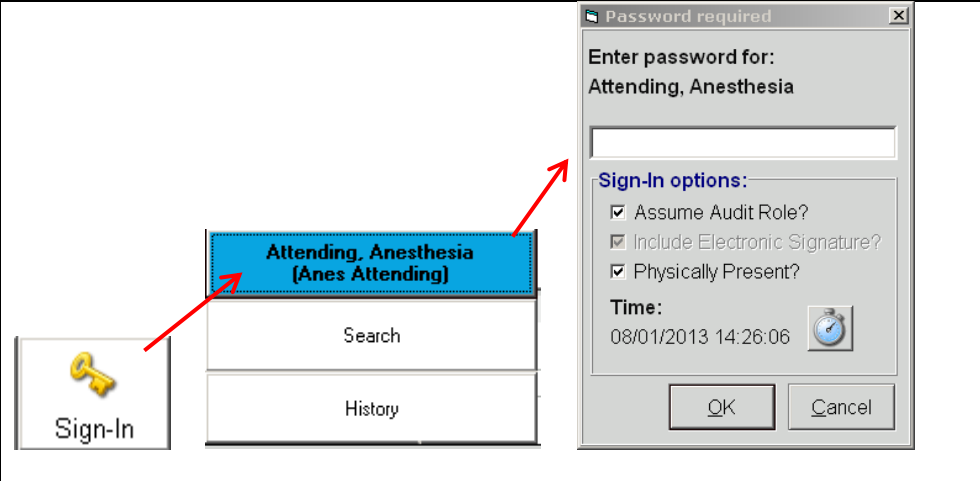


Specified Function to be performed	Icon
The “Script” icon is used to reset the script list display.	 Script
The “Find” icon is used to search for available documentation short cuts regardless of category.	 Find
The “Other” icon displays a window for free text to be documented.	 Other
The “Medications” icon is used to search medications.	 Meds
The “Infusions” icon is used to search infusions.	 Infusion
The “Fluids” icon is used to search fluids.	 Fluids
The “Outputs” icon is used to search outputs.	 Output
The “Blood” icon is used to search blood products.	 Blood
The “Sites” icon allows for documentation for vascular or arterial access.	 Sites
The “Mark Time” icon enters a time stamp on the documentation as a place holder for an event that can be documented at a later time.	 Mark
The “All Time Events” icon displays critical time events in the sequence.	Anesthesia Start

<p>The “Alerts” icon displays the Timer and Alert Manager window. If there are active timers, this will display in green</p>	 Alerts	
<p>The “Patient Info” icon displays the Patient Manager window which allows for documentation of patient.</p> <p>Note: This button is yellow when the Procedure and Diagnosis fields have not been charted.</p>	 Pat Info  Pat Info	
<p>Not currently active.</p>	 Paging	
<p>The “Chart” icon provides a pop-up menu for navigation to other areas of the application.</p>	 Chart	
<p>The “MSP” icon provides a link to the MSP website.</p>	 MSP	
<p>The “Edit/Addendum” icon allows edits to be made to documentation after the case has been locked. Addendum will only be displayed if case has been locked.</p>	 Edit	
<p>The “Sign-In” icon displays a list of anesthesia providers assigned to the case or have previously signed into a case, a search option, and history access.</p>	 Sign-In	
<p>The “Logout” icon logs off of the application and returns application to the logon screen.</p>	 Logout	
<p>The “Close” icon returns user to the OR Census screen.</p>	 Close	

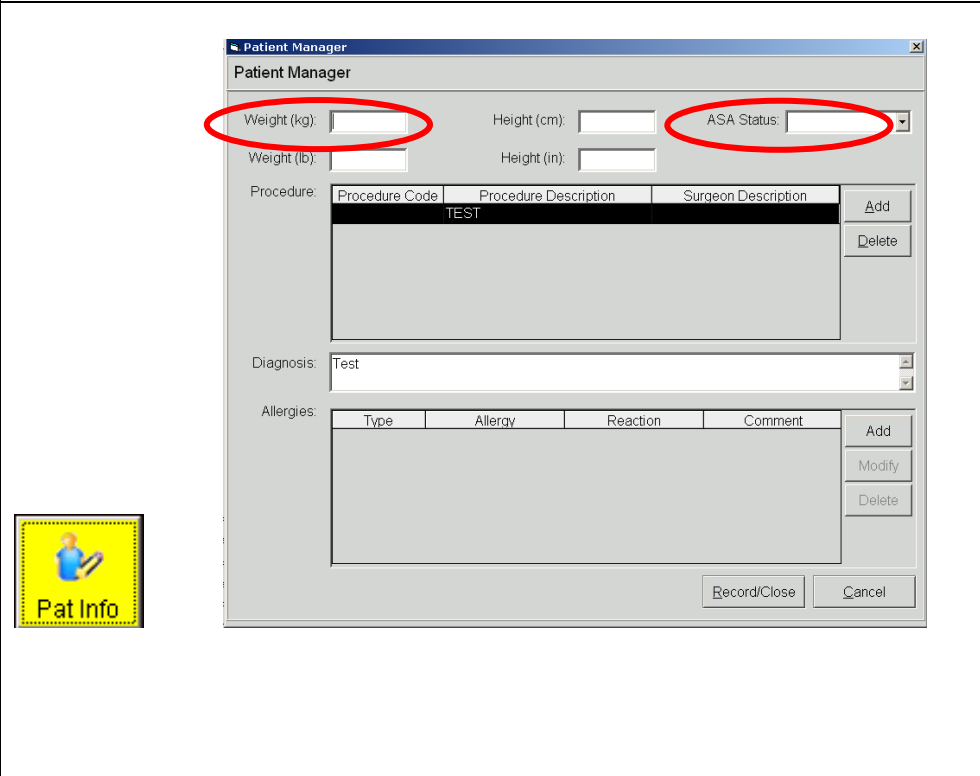
Starting a Case:

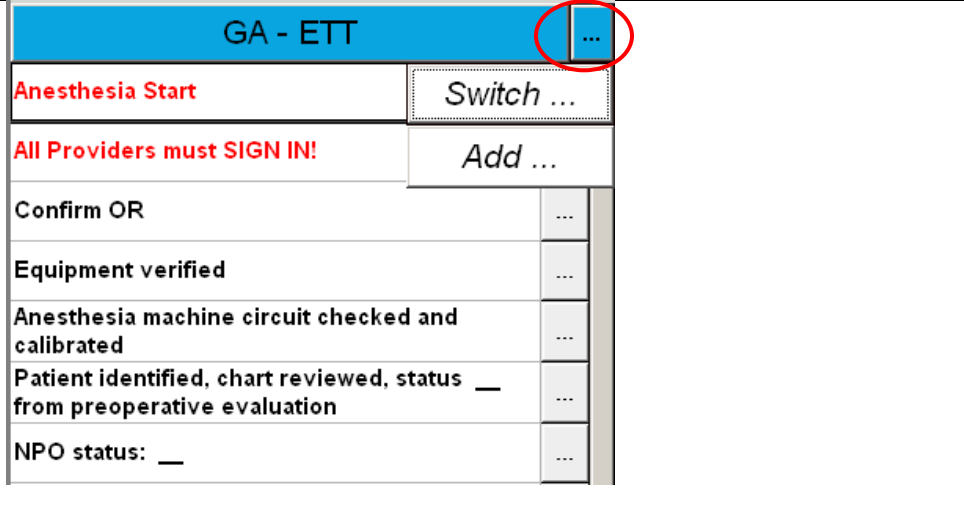
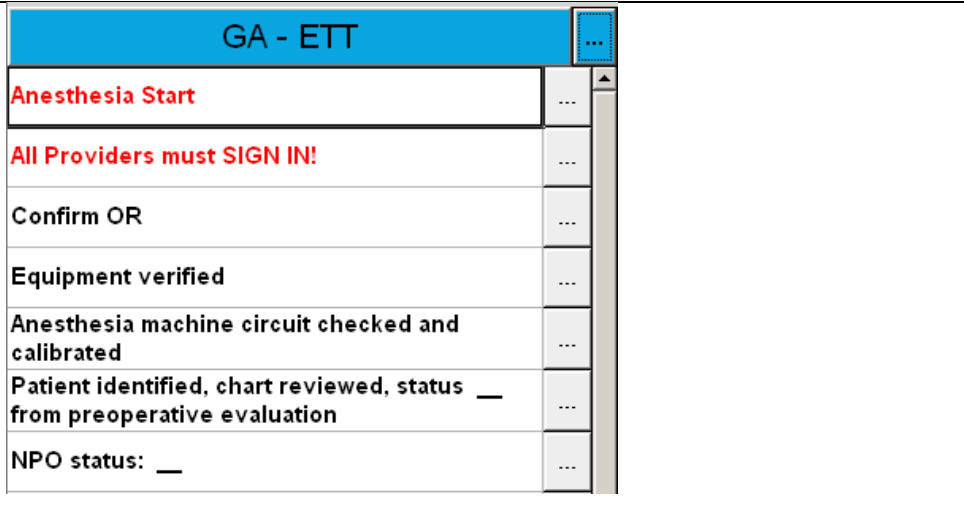
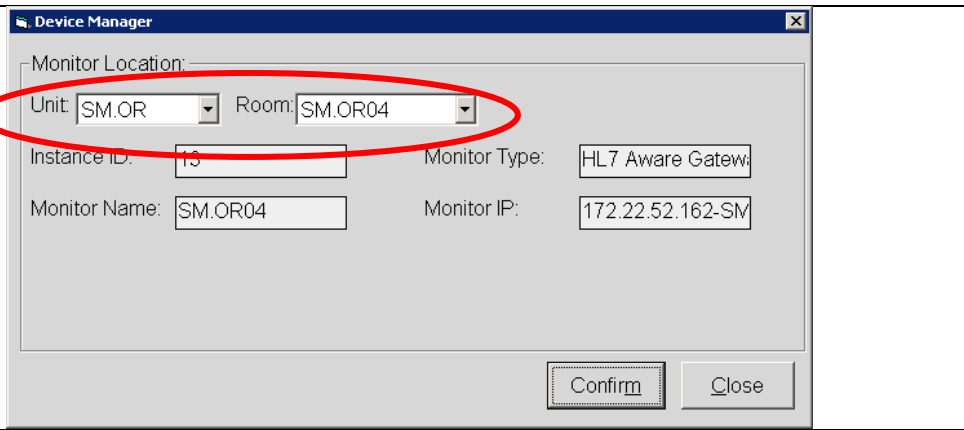
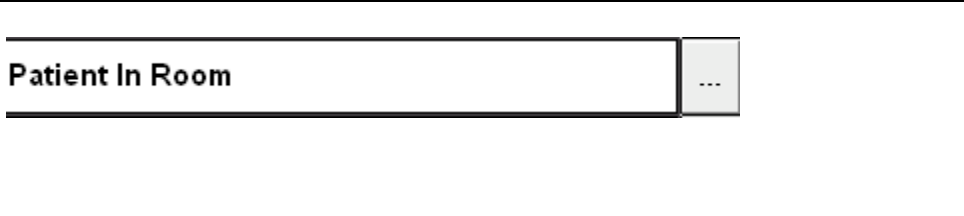
1. Sign-in using the sign-in icon from the intraop toolbar.



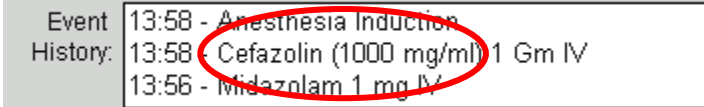
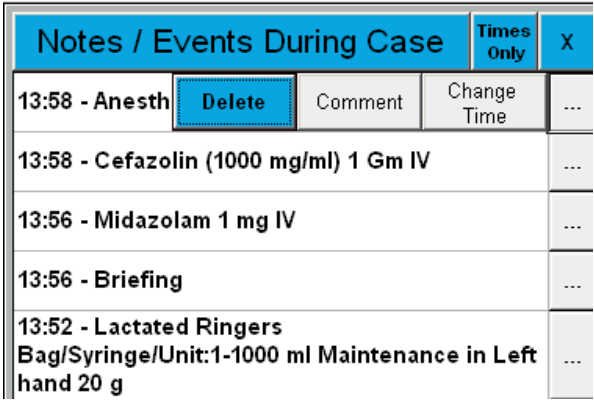


2. Enter patient information and ASA status into the Patient Manager by using the patient info icon. Allergies can also be entered on this screen or by selecting the allergy area on the patient banner.

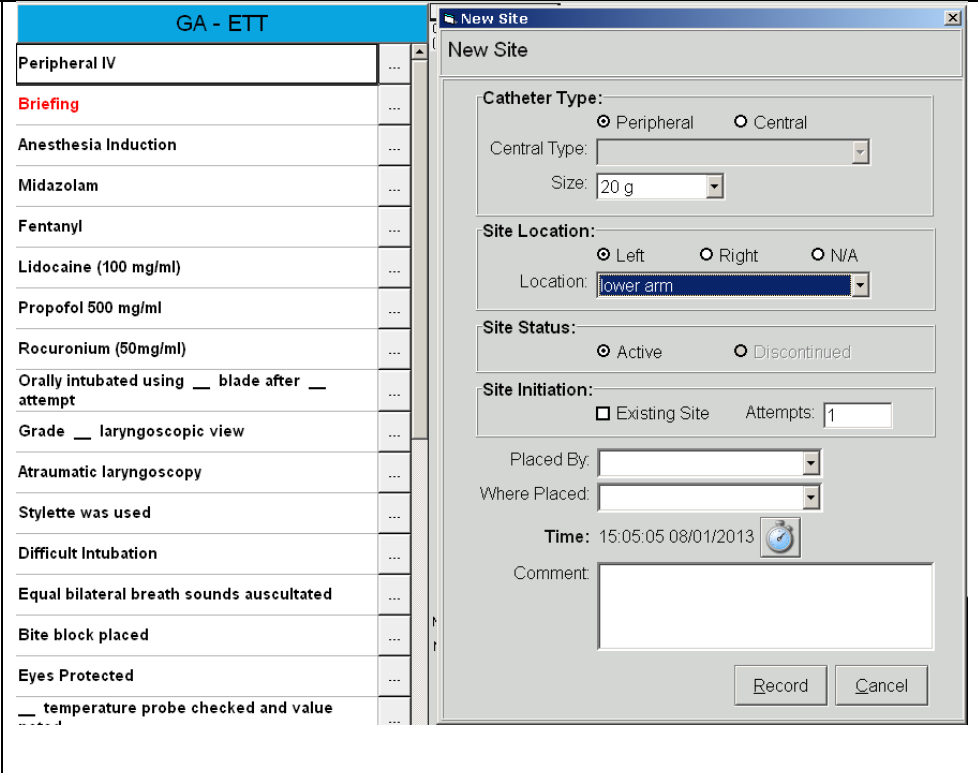
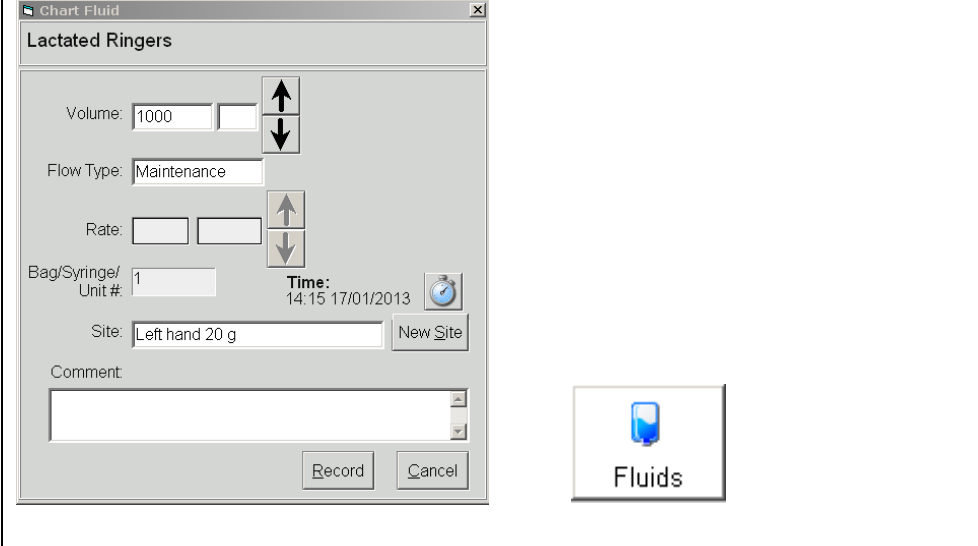
Note: Entering the weight at the beginning of the case allows for weight-based infusions to be used during the case.

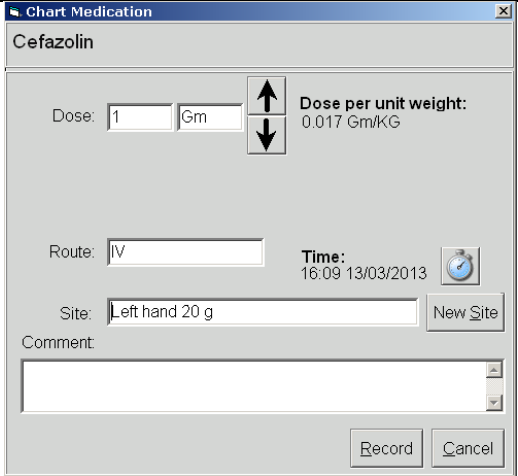

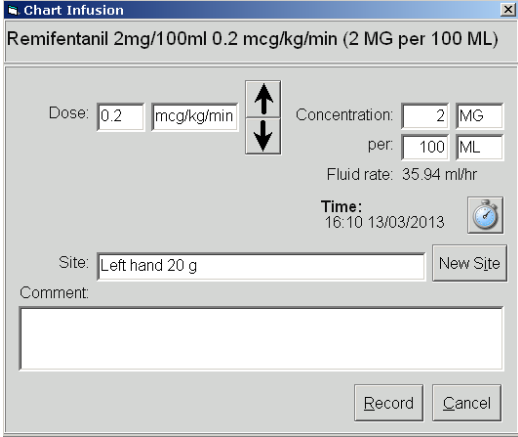

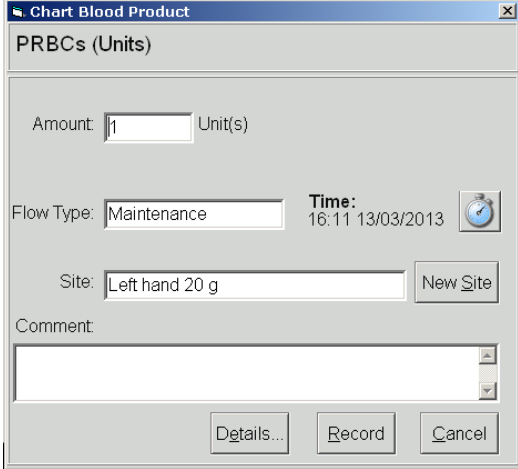



<p>3. If needed, the script can be switched or added to by selecting the ellipsis beside the script title.</p>	
<p>4. Start case by selecting the script items to be documented. They are listed in the order they are usually performed or documented.</p>	
<p>5. Confirm OR unit and room.</p> <p>Note: Accurate device capture depends on the correct room selection.</p>	
<p>6. Selecting the Patient In Room script item will start the device capture. The device notification</p>	




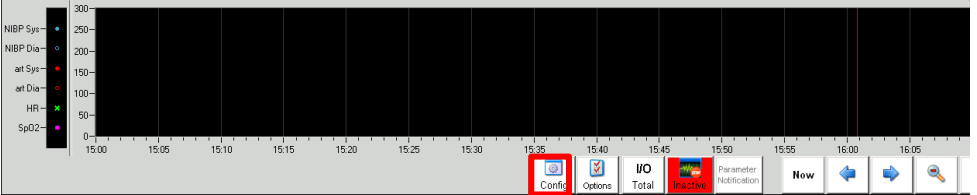
<p>will go from inactive, to unknown and then to active.</p> <p><u>Note:</u> Device capture takes 5 minutes to appear on the grid.</p>	
<p>7. Selecting the ellipsis (...) button next to a script item, provides the option to remove the item from the script, alter the time for documenting the script item or produce an “other” option, depending on the script item.</p>	
<p>8. To edit or delete a script item after it has been selected, click in the Event History box. The Notes/Events During Case Script will appear. From this script, select the ellipsis for the documented script item and choose delete.</p> <p><u>Note:</u> If the documented script item is deleted after 5 minutes it requires a reason for deletion.</p>	 

Documenting IVs, Fluids, Medications, Infusions & Blood

<p>1. Selecting the Peripheral IV script item allows the user to enter IV details. New or additional sites can be added by using the Sites icon in the intraop toolbar.</p>	 <p>The screenshot shows a menu titled "GA - ETT" with various items like "Peripheral IV", "Briefing", "Anesthesia Induction", etc. To the right, a "New Site" dialog box is open, showing options for Catheter Type (Peripheral/Central), Site Location (Left/Right/N/A), Site Status (Active/Discontinued), and Site Initiation (Existing Site/Attempts).</p>
<p>2. Fluids can be documented by using a script item or the Fluids icon in the intraop toolbar.</p> <p>Note: All subsequent doses should be charted by selecting the fluid from the grid.</p>	 <p>The screenshot shows a "Chart Fluid" dialog box for "Lactated Ringers" with fields for Volume (1000), Flow Type (Maintenance), Rate, Bag/Syringe/Unit # (1), Site (Left hand 20 g), and a "New Site" button. Below the dialog is a "Fluids" toolbar icon.</p>

<p>3. Medications can be documented by using a script item or the Meds icon in the intraop toolbar.</p> <p>Note: All subsequent doses should be charted by selecting the medication from the grid.</p>	 <p>The dialog box is titled "Chart Medication" and shows "Cefazolin" as the medication. The dose is set to "1 Gm". The dose per unit weight is "0.017 Gm/KG". The route is "IV". The time is "16:09 13/03/2013". The site is "Left hand 20 g". There is a "New Site" button and a "Comment" text area. "Record" and "Cancel" buttons are at the bottom.</p>	 <p>Meds</p>
<p>4. Infusions can be documented by using a script item or the Infusion icon in the intraop toolbar.</p> <p>Note: At the end of the case the rate will be automatically stopped and calculated.</p>	 <p>The dialog box is titled "Chart Infusion" and shows "Remifentanyl 2mg/100ml 0.2 mcg/kg/min (2 MG per 100 ML)". The dose is "0.2 mcg/kg/min". The concentration is "2 MG per 100 ML". The fluid rate is "35.94 ml/hr". The time is "16:10 13/03/2013". The site is "Left hand 20 g". There is a "New Site" button and a "Comment" text area. "Record" and "Cancel" buttons are at the bottom.</p>	 <p>Infusion</p>
<p>5. The Blood icon in the intraop toolbar is used to document blood products.</p> <p>Note: Blood products can be entered as a volume or unit.</p>	 <p>The dialog box is titled "Chart Blood Product" and shows "PRBCs (Units)". The amount is "1 Unit(s)". The flow type is "Maintenance". The time is "16:11 13/03/2013". The site is "Left hand 20 g". There is a "New Site" button and a "Comment" text area. "Details...", "Record", and "Cancel" buttons are at the bottom.</p>	 <p>Blood</p>

Non-script items, Graph and Grid

<p>1.. Milestone times button will show the next milestone in the case. This can be used to create a time stamp for several events to be documented after the fact.</p>	
<p>2. The Find icon can be used to search for items that may not appear in the script but are commonly documented items.</p>	
<p>3. The Other icon can be used to document free text if an item cannot be found.</p>	
<p>4. The graph captures vital sign data in 5 minute increments.</p> <p><u>Note:</u> The Config icon allows customization of the graph display.</p>	

<p>5. The grid consists of four tabs: medications, monitors, I/Os and flows. Grid items can be selected for documentation.</p>	<table border="1"> <thead> <tr> <th></th> <th>08:40</th> <th>08:45</th> <th>08:50</th> <th>08:55</th> <th>09:00</th> <th>09:05</th> <th>09:10</th> <th>09:15</th> <th>09:20</th> <th>09:25</th> <th>09:30</th> <th>09:35</th> <th>Total / Current</th> </tr> </thead> <tbody> <tr> <td>Etasit (ml)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>30</td> </tr> <tr> <td>O2 NAC 1000 ml (ML)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>2000</td> </tr> <tr> <td>Manr.</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>1000</td> </tr> <tr> <td>D10w 1000 ml (ML)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>50</td> </tr> <tr> <td>Martens</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>50</td> </tr> <tr> <td>Gastric (ml)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>10</td> </tr> <tr> <td>Chest tube (ml)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>0</td> </tr> <tr> <td>Urine (ml)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>0</td> </tr> <tr> <td>OR Output EBL</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>0</td> </tr> <tr> <td>Urine Volume (cc)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>0</td> </tr> </tbody> </table>		08:40	08:45	08:50	08:55	09:00	09:05	09:10	09:15	09:20	09:25	09:30	09:35	Total / Current	Etasit (ml)													30	O2 NAC 1000 ml (ML)													2000	Manr.													1000	D10w 1000 ml (ML)													50	Martens													50	Gastric (ml)													10	Chest tube (ml)													0	Urine (ml)													0	OR Output EBL													0	Urine Volume (cc)													0	<p>Medications</p> <p>Monitors</p> <p>I/O</p> <p>Flows</p>
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	D10w 1000 ml (ML)													50																																																																																																																																														
	Martens													50																																																																																																																																														
	Gastric (ml)													10																																																																																																																																														
	Chest tube (ml)													0																																																																																																																																														
	Urine (ml)													0																																																																																																																																														
OR Output EBL													0																																																																																																																																															
Urine Volume (cc)													0																																																																																																																																															


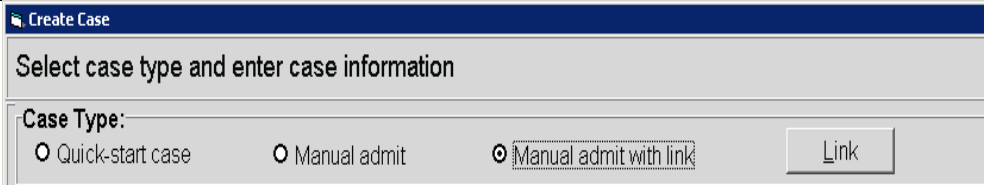
Manually entering data:

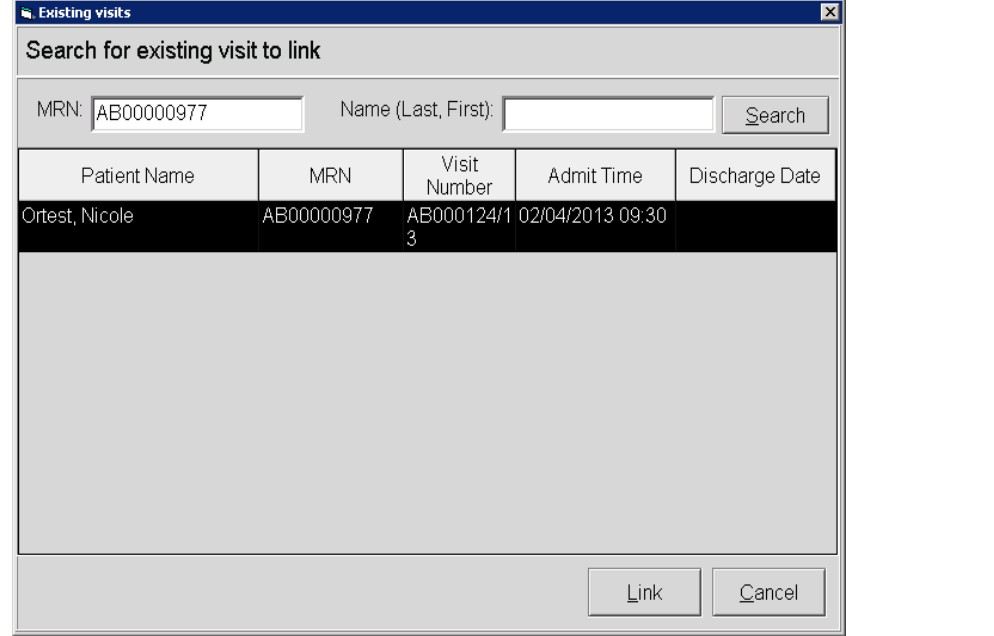
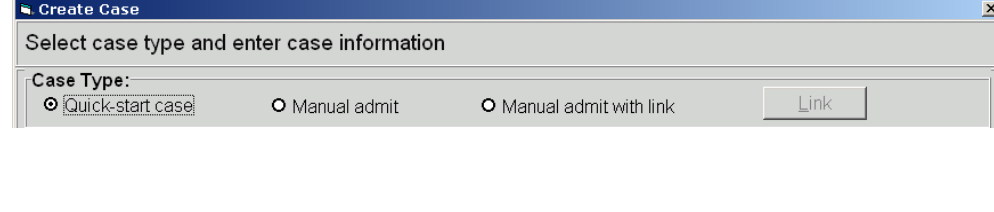
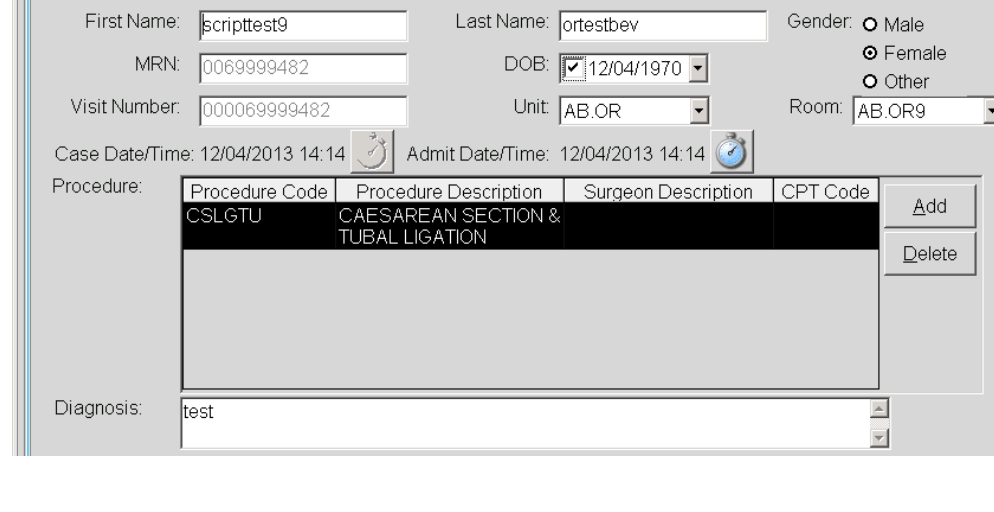

If there is a need for a user to manually enter data that is typically populated from the monitor, the user can access the cell screen above. Enter the desired data in the Value field and select the Record button.

Manually entering data onto the grid is mandatory for all sites except for ARH. The following fields will have to be entered manually:


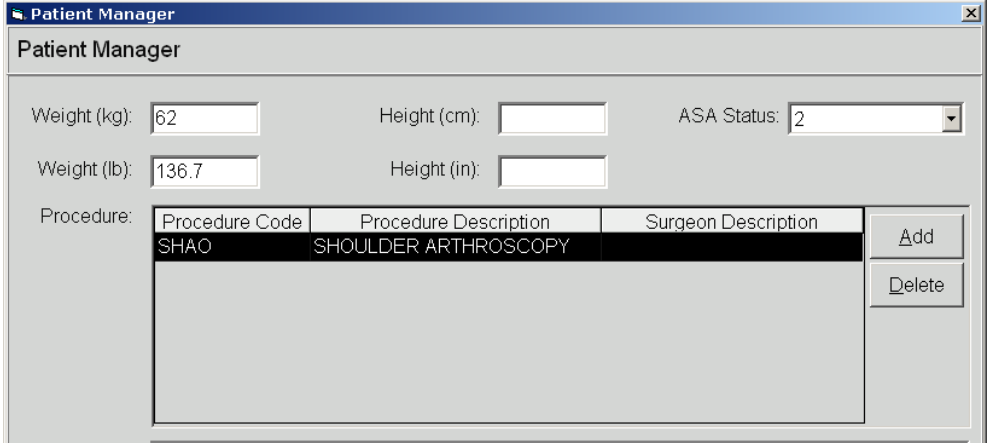
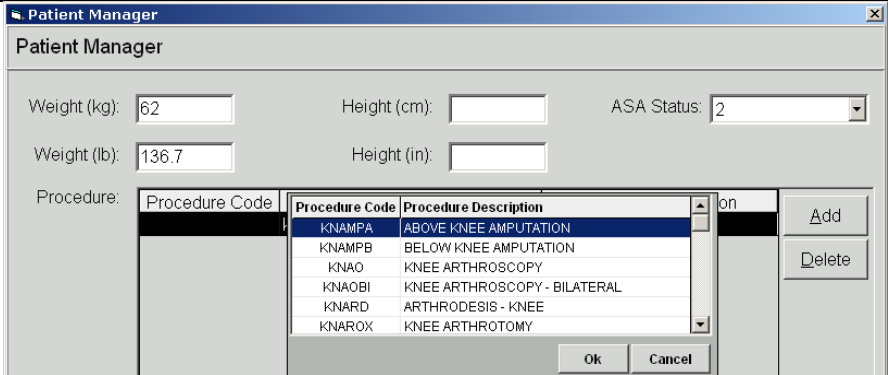
- TOF
- Rate Setting
- PEEP CPAP monitored
- State Entropy
- Fresh Gas Flow l/min (x10)
- Oxygen l/min

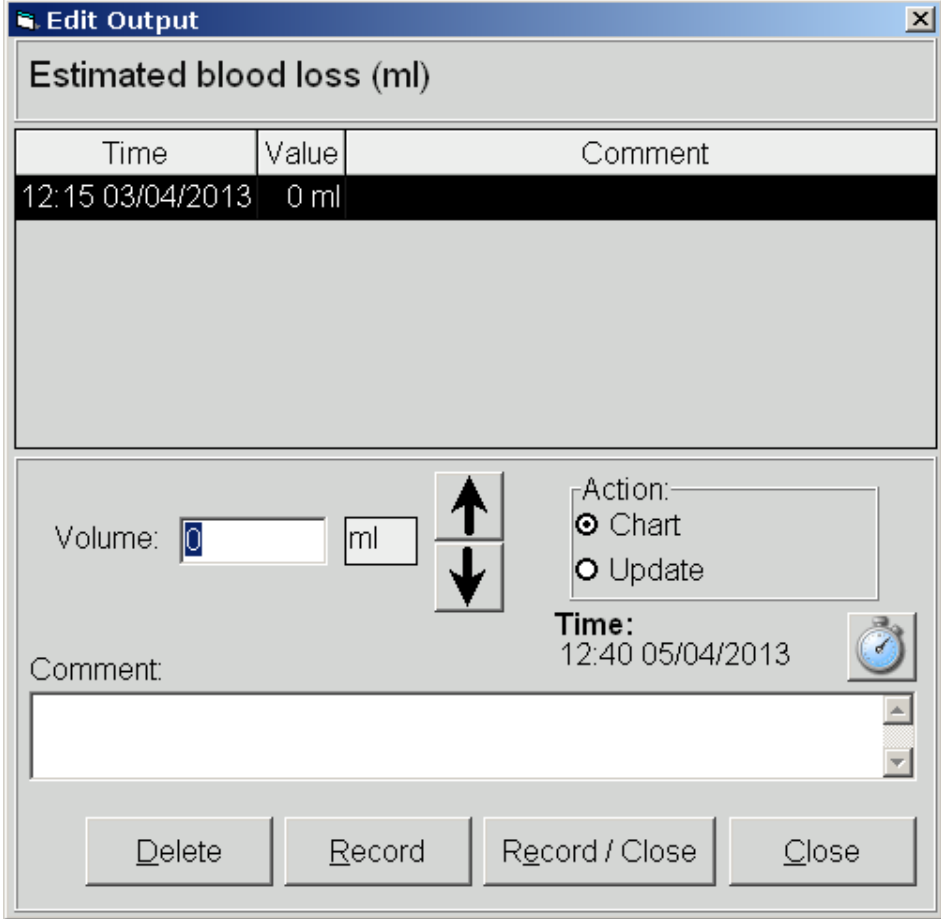
Creating Add-on cases

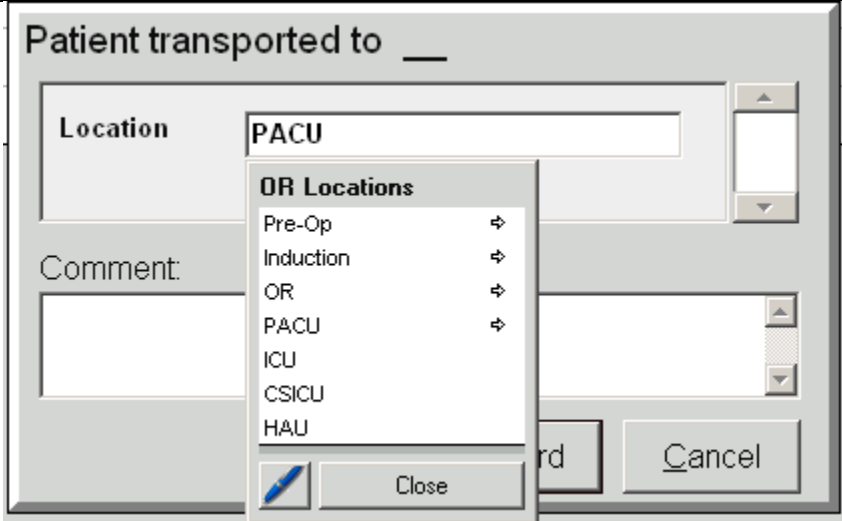
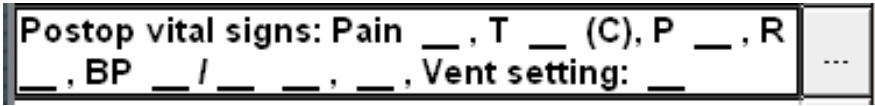


<p>1.. Click the New Case icon in the census</p>	
<p>2.. Select Manual admit with link and click on Link</p>	

<p>3.. Enter the patients MRN (unit #) or the patient name and click Search. Select the correct patient and visit number. Then click on Link.</p>	 <p>The 'Existing visits' dialog box has a search bar with 'MRN: AB00000977' and 'Name (Last, First):'. Below is a table of search results:</p> <table border="1"> <thead> <tr> <th>Patient Name</th> <th>MRN</th> <th>Visit Number</th> <th>Admit Time</th> <th>Discharge Date</th> </tr> </thead> <tbody> <tr> <td>Ortest, Nicole</td> <td>AB00000977</td> <td>AB000124/1 3</td> <td>02/04/2013 09:30</td> <td></td> </tr> </tbody> </table> <p>Buttons: Link, Cancel</p>	Patient Name	MRN	Visit Number	Admit Time	Discharge Date	Ortest, Nicole	AB00000977	AB000124/1 3	02/04/2013 09:30	
Patient Name	MRN	Visit Number	Admit Time	Discharge Date							
Ortest, Nicole	AB00000977	AB000124/1 3	02/04/2013 09:30								
<p>4.. If there are no patient visits, or the correct visit does not display, select Quick-start case.</p>	 <p>The 'Create Case' dialog box shows 'Case Type:' with radio buttons for 'Quick-start case' (selected), 'Manual admit', and 'Manual admit with link'. A 'Link' button is also present.</p>										
<p>4.. Enter the room the case is to be done in, the procedure to be done, as well as the diagnosis. If this is a quick start case – enter the visit number from the chart or arm-band to ensure reconciliation post-operatively.</p>	 <p>The form contains the following fields:</p> <ul style="list-style-type: none"> First Name: scripttest9, Last Name: ortestbev, Gender: <input type="radio"/> Male, <input checked="" type="radio"/> Female, <input type="radio"/> Other MRN: 0069999482, DOB: 12/04/1970 Visit Number: 000069999482, Unit: AB.OR, Room: AB.OR9 Case Date/Time: 12/04/2013 14:14, Admit Date/Time: 12/04/2013 14:14 Procedure table: <table border="1"> <thead> <tr> <th>Procedure Code</th> <th>Procedure Description</th> <th>Surgeon Description</th> <th>CPT Code</th> </tr> </thead> <tbody> <tr> <td>CSLGTU</td> <td>CAESAREAN SECTION & TUBAL LIGATION</td> <td></td> <td></td> </tr> </tbody> </table> <p>Buttons: Add, Delete</p> <p>Diagnosis: test</p>	Procedure Code	Procedure Description	Surgeon Description	CPT Code	CSLGTU	CAESAREAN SECTION & TUBAL LIGATION				
Procedure Code	Procedure Description	Surgeon Description	CPT Code								
CSLGTU	CAESAREAN SECTION & TUBAL LIGATION										
<p>5.. Click on Record</p>	 <p>Record</p>										

Ending a Case

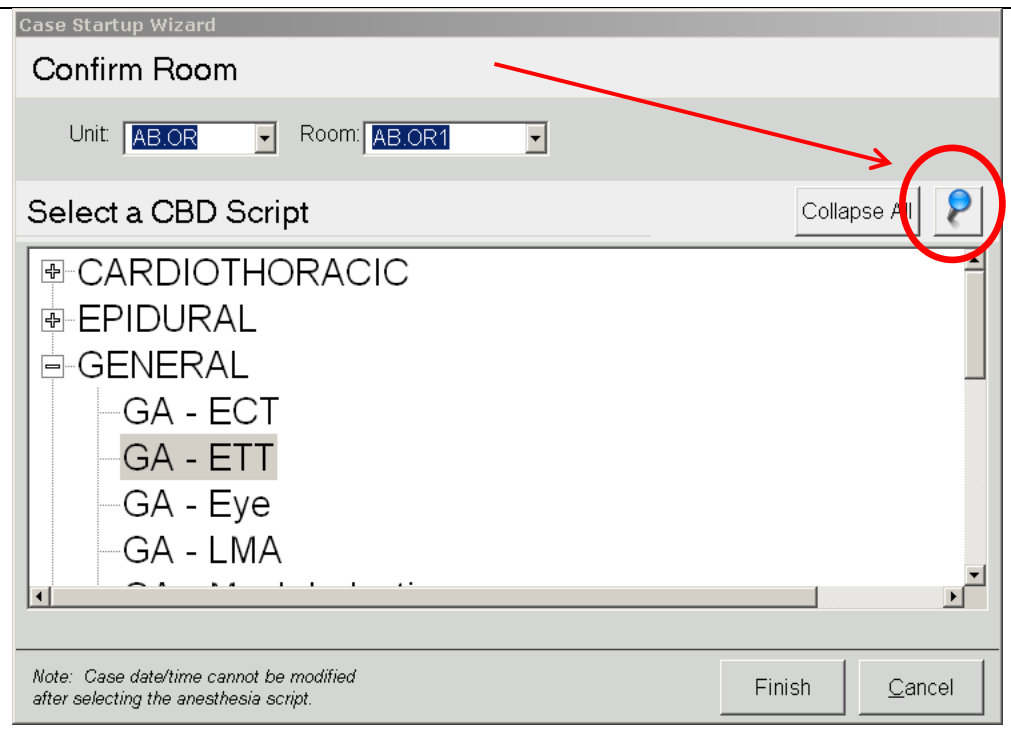
<p>1..Click the Chart Icon in the intraop desktop and then select Patient Manager to document the actual procedure performed</p>	
<p>2 .If the procedure performed is not the same as the procedure description displayed, highlight the procedure description and click delete. Next, click on Add.</p>	
<p>3..Enter a partial description of the actual procedure performed (e.g. knee) and press <enter>. Scroll through the list displayed to find the correct procedure. You may need to add several procedures to capture the entire surgical event.</p>	
<p>4.. Click on the I/O tab on the</p>	

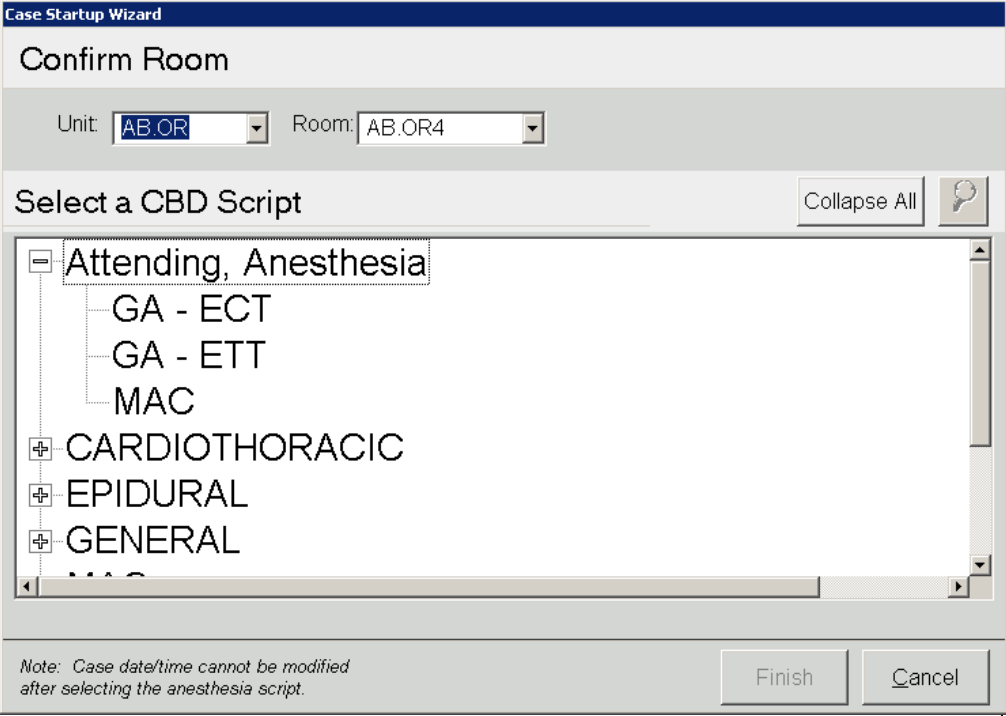
<p>right side of the grid to complete the I/O documentation. Click on each of the fluids and outputs and complete the popup screen for each.</p>	
<p>5.. Select Patient Out of Room to end monitor capture</p>	<p>Patient Out of Room ...</p>
<p>6.. Select Patient transported to ___ and choose patient's post-op location.</p>	<p>Patient transported to __ ...</p>

	
7.. Postop vital signs will be documented in PACU	
8.. Select Anesthesia End. <u>Note:</u> Selecting this script item will print the intraop record and sign you out of the case	
10. Select Lock to finish all documentation on a case.	 <p>Any further documentation after the lock will require an addendum.</p>

Set Scripts as Favorites

1.. While in the case start up wizard, or from Switch or Add scripts intraoperatively, select the script you want to mark as your favorite. Then click on the blue push pin in the top right corner.



<p>2.. Your favorites will appear under your name at the top of the script selection box. This will continue to display each time you sign in until you change it.</p>	 <p>The screenshot shows a software window titled "Case Startup Wizard" with a sub-header "Confirm Room". Below the title bar, there are two dropdown menus: "Unit:" with "AB.OR" selected and "Room:" with "AB.OR4" selected. Underneath is a section titled "Select a CBD Script" with a "Collapse All" button and a search icon. A tree view is displayed with the following structure:</p> <ul style="list-style-type: none"> [-] Attending, Anesthesia <ul style="list-style-type: none"> - GA - ECT - GA - ETT - MAC + CARDIOTHORACIC + EPIDURAL + GENERAL + MAC <p>At the bottom of the window, there is a note: "Note: Case date/time cannot be modified after selecting the anesthesia script." and two buttons: "Finish" and "Cancel".</p>
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