Activation Workflow | Medical

Push Button

↓

State:
Your Name
City & State
Room Number
Purpose of Call

← **Camera Check or All Call**

↓

Request Patient Support

↓

Upon Camera Activation

↓

State:
Patient Name & Correct Spelling
Age & DOB
Chief Complaint
Local Provider Name
Primary Nurse Name

↓

State Level of Involvement Requested

↓

Physician Support
Manage Patient Care
Bedside Provider Consult
Second Opinion
Transfer Support

←→

Nursing Support
Nursing Documentation
Medication Questions
Nursing Consult
Transfer Support