## How to Delete a Scheduled Assessment:

1. Search for the scheduled assessment you want to delete using your preferred criteria.

**NOTE**: if the state of the assessment is "Scheduled" you will have to assign an ARD and continue to the assessment before the DELETE option is available.

2. Click on the assessment to open the record you want to delete.

Home e-ADT	e-Assessments	e-Plan	e-Notes	e-MAR	e-Financials	POC	Wound Track	er e-Repo	ts Settings	My Account	Admīn		
Assessment Tool	s Submission	Asse	ssment Calci	ulator									
Bulletin Vital S	igns CCRS I	NRS AI	berta CCIS	OMHRS	CHA Custo	m Assess	ments						
Bulletin													
Open an ex	isting asses	sment	t or start	a sche	duled one			_		_	_		
Filter			<b>Fin</b>	d Existing	Assessments								
Overdue		-C				me	e			Chart Numb	Chart Number		
			<ul> <li>Advanceu</li> </ul>	Junch						_		_	Find Clear
Refine search:													
Name	Cha	art No.	Tod	Тур	e		ARD	State	Due Date	Adm. Date	Dis. Date	HCN	Birth Date
i a san <sub>a t</sub>			CCR	Qua	arterly Review 2	4	2011-01-14	Incomplete	2011-01-14	2007-01-12			1962-02-20
part a la serie	12		CCR	S Qua	arterly Review 1	1	2010-12-02	Incomplete	2010-12-02	2007-10-12			1923-08-29
			CCR	S Qua	arterly Review 3	4	2011-01-14	Incomplete	2011-01-14	2007-10-22		1	1929-07-14

## 3. Click the DELETE button in the top right corner.

Home e-ADT e-Assessments	e-Plan e-Notes e-MAI	e-Financials POC	Wound Tracker e-Report	ts Settings My Acc	ount Admin	Quick Entry
Assessment Tools Submission	Assessment Calculator					
Bulletin Vital Signs CCRS N	RS Alberta CCIS OMHRS	CHA Custom Assessme	ents		-	
Chart No -	Quarterly Review 1	(2010-12-02)		Save	Save & Exit De	lete pisode Info
DOB: Location: 1A-113 Wt.(kg): 76.1 (2010-10-07)	A2 : [ Bed and Nu	Section sing Unit ]	n A: Identification Inform	ation		A: Identification Information B: Cognitive Patterns
Ht.(cm):	Bed Bed		113 A 111	1734	0	E C: Communication/Hearing Patterns D: Vision Patterns E: Mood And Behaviour Patterns
2008-01-16 (Quarterly Review 1) 2008-04-16 (Quarterly Review 2) 2008 07 16 (Quarterly Review 3)	Unit Nursing	Unit	111: 1A			F: Psychosocial Well-Being G: Physical Functioning And Struc
2008-10-15 (Annual) 2009-01-09 (Quarterly Review 1)	Programs Program	ns	Select		•	H: Continence In Last 14 Days I: Disease Diagnoses I: Health Conditions
2009-04-03 (Quarterly Review 2) 2009-07-03 (Quarterly Review 3) 2009-10-02 (Annual)	Physician Physici Physician	n	Select			K: Oral/Nutritional Status
2009-12-07 (Quarterly Review 1)	AA2:[Sex]		M. Male			M: Skin Condition
2010-03-05 (Quarterly Review 2) 2010-06-04 (Quarterly Review 3)			Pris Proje		▼.	O: Medications
2010-09-03 (Annual)	A3 : [ Assessmen	t Reference Date (Last Day	of MDS Observation Period) ]			P: Special Treatments And Procedu
2010-12-02-tadarterly Review ()	A3 Assess Observ	nent Reference Date (Last Day i ation Period)	of MDS 2010-12-02			Constraints Potential And Overall      R: Assessment Information      U: Medication List      Signature
	AA3 : [ Birth Date					Assessment Scores
	AA3a Birth Di	ite			<b>T</b>	

4. You will see the following message. Select YES if you want to continue with deleting the record.

		Section A: Ident	ification Information	
A2:[Be	d and Nursing Unit ]	Confirm deletion	×	
Bed	Bed	Delete is irreversible.	Are you sure you want to	0
Unit	Nursing Unit		•	
Programs	Programs		Yes No	¥
Physician	Physician			¥
AA2:[5	iex]			
AA2	Gender		M: Male	•
A3:[As	sessment Reference [	ate (Last Day of MDS Ob	servation Period) ]	
A3	Assessment Reference	Date (Last Day of MDS	2010-12-02	
<u> </u>	Observation Period)			
AA3:[B	irth Date ]			
443a	Birth Date		the second s	

5. You will then see the following message. Select NO if you do not want to reschedule and complete the assessment, clicking NO will delete the assessment and remove it from the system permanently.

Clicking YES will reschedule the same type of assessment and require you to code and complete.

		Section A: Identification	n Information		
A2:[Be	d and Nursing Unit ]				
Bed 🕖	Bed	Confirm Schedule	×	0	
		Do you want to schedule anoth	ner assessment of		
Unit	Nursing Unit	same type?		•	
Programs	Programs		Yes No		
Physician	Physician				
AA2:[9	iex ]				
AA2	Gender	Mi	Male	•	
A3:[As	sessment Reference D	ate (Last Day of MDS Observation	Period)]		
A3	Assessment Reference Observation Period)	Date (Last Day of MDS 201	0-12-02	×	

6. After you select NO the following message will appear to confirm your deletion.

		Section A: Iden	tification Information	
A2:[Be	d and Nursing Unit ]			
Bed	Bed		×	Q
92		Assessment docume	ent is deleted.	
Unit	Nursing Unit			<b>.</b>
Programs	Programs		Ok	<b>.</b>
Physician	Physician			
AA2:[5	ex]			
AA2	Gender		M: Male	
A3 : [ As	sessment Reference [	ate (Last Day of MDS Ob	servation Period) ]	
A3	Assessment Reference Observation Period)	Date (Last Day of MDS	2010-12-02	