Clinical Clarification in CROWNWeb

Before entering your next round of clinical data, we strongly recommend that you review your "Default Preferences." In CROWNWeb, you will:

- Click the **Facilities** tab;
- Enter your CCN/Medicare Provider Number into the **Facility CCN** field, and click **Search**;
- Click on **View Default Preferences**; and
- Click on **Edit Default Preferences**.

> **IMPORTANT:** Select **Patient Weight Unit of Measure** and **Patient Height Unit of Measure**, and default it to whichever unit your facility primarily utilizes; otherwise, you will be required to select a unit for **each** required height/weight field for **each** patient, **each** month when entering clinical values.

When you are entering clinical information, the following are **minimum required** fields. **However, all available labs should be entered**. If you do not have a specific lab drawn, simply leave that field blank.

- Medication Allergies
- Interdialytic Time
- Post-Dialysis Target Weight for Session
- Date Patient Education on Sodium Restriction *(when education is received)*
- Influenza Vaccination Date *(when vaccination is received)*
- Pneumococcal Vaccination Year *(when vaccination is received)*
- Hepatitis B Vaccination 1 Date *(when vaccination is received)*
- Non-Oral Vitamin D Analog Prescribed
- Oral Vitamin D Analog Prescribed
- ESA Prescribed*
- Intravenous (IV) Iron Prescribed*
- Oral (PO) Iron Prescribed*

* Carries over from month-to-month. If it has not changed, it does not need to be updated.

We've provided the "what-if" breakdown for each ESA (Erythropoiesis-stimulating agent) field.

*ESA Prescribed From the drop-down list, select Yes or No to indicate whether the patient has a current prescription for an ESA, such as EPO or equivalent.	*ESA Collection Date This is required (if a value is entered for the previous field). Enter or select from the calendar control the date the ESA was prescribed for this patient in the mm/dd/yyyy format.
*ESA Agent Prescribed This is required (if **Yes** was selected for ESA **Prescribed**) Select the ESA that was prescribed from the drop-down list.	*Other ESA Agent Prescribed This is required (if **Other** was selected for the previous field). If **Other** was selected for ESA **Agent Prescribed**, you must specify the other agent in this box.
*ESA Monthly Dose This is required (if ESA **Prescribed** is Yes). Enter the monthly dose of the ESA. Valid format: N.NN	*ESA Monthly Dose Unit of Measure This is required (if ESA **Prescribed** is Yes). Select the units of measure of the ESA (units, mcg, or other).
*Other ESA Monthly Dose Measure This is required (if **Other** was selected in the previous field). Enter the units of measure of the ESA if other than units or mcg.	