



EMR Quick Reference Guide

COVID 19 - Respiratory Assessment Clinic – Certificate of Attendance

1. In the patient record, Click on **Documentation** from Table of Contents and click **+Add**

Service Dat...	Subject	Type
23/03/2020 14:39:...	RAC Certificate of Attendance 1	Nursing Shift Note - Text
23/03/2020 14:35:...	RAC Certificate of Attendance	Nursing Shift Note - Text
19/03/2020 19:35:...	Vital Signs	Vital Signs - Text
19/03/2020 17:21:...	COVID-19 Respiratory Clinic Note	Progress Note
25/02/2020 09:34:...	Initial Patient Assessment	Initial Patient Assessment - Text
21/11/2019 10:28:...	Patient Discharge Summary Note	Patient Discharge Summary
20/11/2019 09:12:...	Patient Discharge Summary Note	Patient Discharge Summary
20/11/2019 09:12:...	Patient Discharge Summary Note	Patient Discharge Summary

2. In Note Type select **Nursing Shift Note – Text** and choose the **Free Text Note** template and click **OK**

Note Type List Filter:
Position: [Dropdown]
Type: **Nursing Shift Note - Text**
Title: **RAC Certificate of Attendance**
Date: 23/03/2020 15:26 AEDT
Author: Ross, Kylee - RN

Name	Description
Admission H&E	Admission History and Examination Note Template
Allied Health Discharge Referral	Allied Health Discharge Referral Note Template
Anaesthesia PAC Consult Note	Anaesthesia PAC Consult Note Template
APSO Note	APSO Note Template
Case Conference Note	Case Conference Note Template
Consultation Response Note	Consultation Response Note Template
Deceased Patient Discharge Summary	Deceased Patient Discharge Summary Note Template
Discharge Summary	Discharge Summary Note Template
Family Meeting Note	Family Meeting Note Template
Free Text Note	Free Text Note Template
Medical Ward Round Note	Medical Ward Round Note Template
MET Call/Code Blue Note	MET Call/Code Blue Note Template
Midwife Progress Note	Midwife Progress Note Template
NBS Admission Note	NBS Admission Note
Neuropsychology VCAT Report	Neuropsychology VCAT Report Note Template
Open Disclosure Discussion Note	Open Disclosure Discussion Template
Paediatric Admission Note	Paediatric Admission Note

3. In the Text box at the top of the page, type . (fullstop) & a drop down menu will appear, select: **.RAC_Certof_Attendance***

Tahoma [Dropdown] [Fullstop] [Dropdown]

- CLINICALTRIALNOTE*
- ExCardiovascular*
- ExCranialNerves*
- ExGastrointestinal*
- ExHighFunctioners*
- ExPeripheral*
- ExRespiratory*
- ExRheumatological*
- GSUWR*
- Imds*
- NEOAgeWt*
- NEOEx*
- NEOIn*
- NEOROS*
- PACANAECconsult*
- PACANAERemind*
- PACANAEOBconsult*
- PACNurseQuestionnaire*
- PAEDE*
- Pharm*
- .RAC_Certof_Attendance***
- RS*
- SR*
- SRCardiovascular*
- SRendocrine*
- SRgastrointestinal*
- SRgastrointestinal*
- SRhaematological*
- SRneurological*
- SRrespiratory*
- SRrheumatological*

4. Autotext will appear, enter in any additional information if required. Once complete click **Sign/Submit**

5. The

Sign/Submit window will open, click Sign

6. Window will close and your document is now in Document List (in Italic), **Refresh** the page to verify your note

Service Dat...	Subject	Type
23/03/2020 15:26:...	RAC Certificate of Attendance	Nursing Shift Note - Text

7. Press **Print** button at top of page just under Banner Bar



Print Method Window will open select **Medical Record Request** and **OK**

Printer window will open, select Template **Document Report**, Purpose, required printer and **Preview** print PDF

The printed document should include the following patient specific information

Patient: TESTWHS, TDRF
WH UR No.: 90000004
DOB: 10-Oct-94

Admit:
Disch: 13-Nov-18
Facility: WHS Sunbury Day Hospital

Basic Care Documents

Document Type: Nursing Shift Note - Text
Service Date/Time: 26-Mar-20 15:11
Result Status: Auth (Verified)
Perform Information: Ross,Kylee -RN (26-Mar-20 15:12)
Sign Information: Ross,Kylee -RN (26-Mar-20 15:12)

TESTWHS, TDRF

Respiratory Assessment Clinic – Certificate of Attendance

Sunshine Hospital

Furlong Road
St Albans, VIC, 3021
Telephone: 8345 1333
Facsimile: 8345 0284

This is to state that the bearer attended the Respiratory Assessment Clinic on the date below

Patient has been informed regarding:

- **Verbal Self-Isolation instructions regarding staying at home until results have been processed and communicated to patient**
- **Written Self isolation instructions**
- **If results are negative and you require further follow up, please see your GP**

Signature of person issuing _____ 26/03/2020 15:11:12

This is an attendance form and not a Medical Certificate