



## EMR Quick Reference Guide

### Documentation – Post Falls Assessment and Plan of Care (IPOC)

1. Place an order for **Post Falls Assessment**

- Select **Orders** from Table of Contents and Click on **+Add**
- In search box type in **Post Fall**
- Select **Post Fall Assessment** from the drop down menu and the **Order** window will open.
- Complete details and **Sign**

Order Name Status Start Details  
DRS; Adult 11; 11-DRS Fin#:IPE34813020 Admit: 8/11/2019 10:07  
Patient Care  
Post Fall Assessment Order 6/05/2020 14:16 06/05/2020 14:16 AEST, ONCE only, Stop Date 06/05/2020 14:16 AEST

Details for Post Fall Assessment  
Details Order Comments Diagnoses

\*Requested start date and time: 06/05/2020 14:16 AEST  
Frequency: ONCE only  
Duration:  
Duration unit:  
Stop date and time: 06/05/2020 14:16 AEST

0 Missing Required Details | Dx Table | Sign

2. The Signed orders will appear in the **Orders** screen under **Patient Care** as *Processing*. **Refresh** the page and the order status will change to **Ordered**.

Brody, Alan MR  
Brody, Alan MR  
Allergies: No Known Allergies  
Alerts: Recorded  
Sex: Male  
DOB: 07/12/1935 Age: 84 Years  
Weight: 74.5kg 05/05/2019 13:44  
Clinical Unit: Geriatric  
LocW AGED CARE  
Inpatient (29/04/2020)

Resus Status: Limitations

Orders (Medication List | Document in Plan)

View	Display	All Active Orders
Orders for Signature	Order Name	Status Details
Plans		
Diet		
Patient Care		
Medical	Malnutrition Screening	Ordered 29/04/2019 15:08:06, ONCE a week on...(same day each week) Order entered secondary to inpatient admission
Oncology	Weight Measured	Ordered 29/04/2019 15:08:04, ONCE a week on (gi) Sun Order entered secondary to inpatient admission
Orders	Post Fall Assessment	Ordered 06/05/2020 10:19:00, ONCE only, Stop Date 06/05/2020 10:19:00, Assess patient post fall
Vital Signs		
Epinephrine	Epinephrine Management	Ordered 04/05/2020 12:59:00, ONCE only, Stop Date 04/05/2020 12:59:00
Medications		
Pathology		
Patient Care		
Referrals		
Renal Status		

3. The Order will add a task, go to the **Activity page** on **Care Compass**. Right click and select **Document**

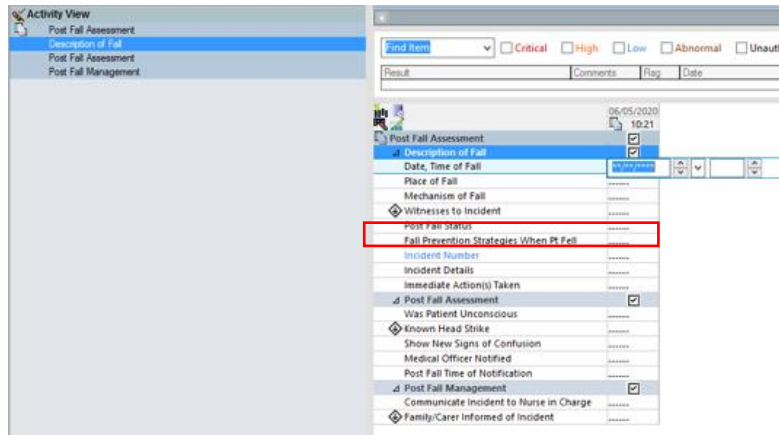
Post Fall Assessment Post-fall Assessment 06/05/2020 10:19:00, ONCE only, Stop Date 06/05/2020 10:19:00, Assess patient post fall  
Instruction: Assess patient post fall  
Unscheduled (No Activities)  
11:00 (No Activities)

Document  
Done  
Not Done  
Print Labels

Done Not Done Document

4. The **Post Fall assessment** will open in **iView**. Document relevant details and sign with **Green Tick**

**Note: Incident number Reference text → this is the Riskman number that is required:**



## Post Falls Plan of Care

- When the post falls documentation is complete, an order must be placed for a **Post Falls Management IPOC**
  - Select **Orders** from Table of Contents and Click on **+Add**
  - In search box type in **Post Fall**
  - Select **Post Fall Management IPOC** from the drop down menu and the IPOC will open.

Component	Status	Details
<b>Post Falls Management IPOC (Planned Pending)</b>		
4 Outcomes		
<input type="checkbox"/>		Identify and Manage Injuries Post Fall
<input type="checkbox"/>		Patient Specific Goal
4 Interventions		
<input type="checkbox"/>		Review Existing Prevention Strategies
<input type="checkbox"/>		Complete Post Fall Huddle
<input type="checkbox"/>		Vital Signs Adult
<input type="checkbox"/>		Neurological Observation
		T;N, Baseline set of Vital Signs including Postural BP (BD for 48 hours)
		T;N, If head knock/head injury suspected - Neurological Observations (1/2 Hourly for 4 hours, hourly for 2 hours then medical review). If Glasgow coma score decr...
<input type="checkbox"/>		Review Patient Post Fall-Doctor Order
<input type="checkbox"/>		Enter the Incident on Riskman
<input type="checkbox"/>		Add Fall to Problem List
<input type="checkbox"/>		Patient Specific Task
<b>Referrals:</b>		
		<i>If the patient's falls are reoccurring and relate to environmental factors.</i>
<input type="checkbox"/>		Occupational Therapy Referral
		T;N, Referral Triggered by Post Fall Management IPOC
		<i>Consider referral for patients with reduced mobility or falls history.</i>
<input type="checkbox"/>		Physiotherapy Referral
		T;N, Mobility/Falls Ax, Referral Triggered by Post Fall Management IPOC

- This IPOC can be customised to the patients care needs, by selecting or deselecting the lines (the light bulb icon indicates it is customisable). For a Patient Specific Goal, select and type in the details.
- When you have finished customising your IPOC click **Orders for Signature > Sign > Refresh**  
Your IPOC is now created.

**\*Refer to Interdisciplinary Plan of Care QRG**

<https://liveemr.wh.org.au/wp-content/uploads/2020/04/Documentation-Interdisciplinary-Plan-of-Care-IPOC.pdf>