



EMR Quick Reference Guide

COVID-19 Admission Note

Steps involved in documenting an admission for a patient with suspected or confirmed COVID-19:

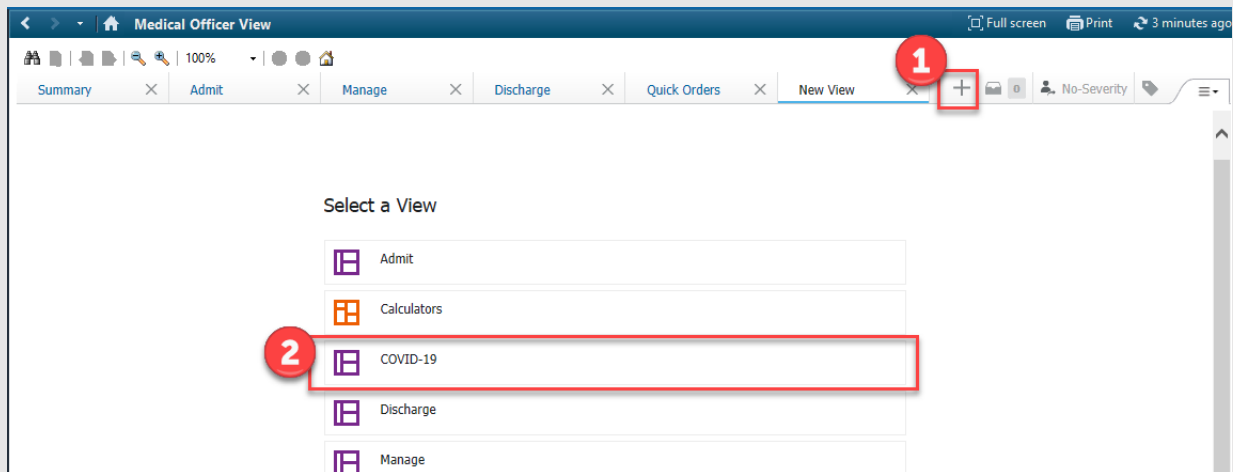
- [Navigate to the COVID-19 Admission Form](#)
- [Complete the COVID-19 Admission Form](#)
- [Complete the COVID-19 MPage](#)
- [Generate an Admission Note](#)

Navigate to the COVID-19 Admission Form

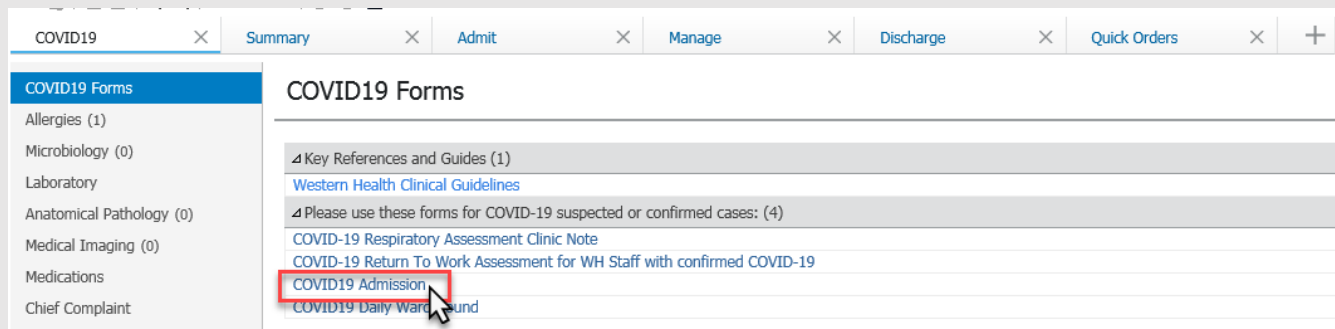
I. Navigate to **Medical Officer View** or **Nurse View**

II. Select the '+' tab and then select 'COVID-19'

- Once this step is performed, you will not need to repeat this for all other patients
- Feel free to click and drag the tab across the top to arrange the order



III. Select the 'COVID-19 Admission' Powerform



Complete the COVID-19 Admission Form

1. The COVID-19 Admission Form will appear

2. Complete the ARP, limitation of care and limitation of care details

- The source of truth still remains the patient's paper Acute Resuscitation Plan

Reason for admission

Paper ARP completed? Yes No

Limitation of care at time of admission (for research purposes only).
Please refer the patient's paper Acute Resuscitation Plan document as the up to date source of truth
Should this change during the admission ensure modification on patient's paper ARP

Curative or restorative treatments with no limitations Primarily non-burdensome treatment and symptom management
 Curative or restorative with some limitations of critical care interventions Terminal care. All treatment is aimed at comfort during dying

Limitation Details not for intubation but for NIV

[Right-click here and select "Reference Text" to access the QRG: Adding a Resuscitation Status in EMR](#)

3. Complete the suspected reason for admission section and travel history

Suspected or proven COVID-19 infection as primary reason for admission Yes No

[Right-click here and select "Reference Text" to access the current COVID19 ward management guidelines](#)

Travel History

Any travel in the last 4 weeks? (Domestic or International) Yes No

- If the answer is yes to travel history, complete the below popup box and click return when done

COVID-19 Travel History

Did symptoms develop within 14 days of travel? Yes No

Did you travel outside of Australia in the past 4 weeks? Yes No

Travel Location	Arrival Date	Departure Date	Travel Details (Including City/Geographic area)
<Alpha>	<Date>	<Date>	
<Alpha>	<Date>	<Date>	
<Alpha>	<Date>	<Date>	

What date did you arrive back in Australia?

Other travel within 14 days prior to symptom onset? Yes No

Where did you travel within Australia?
Use "Other:" checkbox to enter a location not listed. Eg. Mornington Peninsula

Australian Capital Territory Northern Territory South Australia Western Australia
 New South Wales Queensland Tasmania Other:

Details of travel
Include arrival and departure dates

Date of return from travel

*** Click on the return icon in the top left hand corner to return to the main form ***

4. Complete the rest of the fields. Once complete, select the green tick to submit

COVID-19 Admission -

Person: 06/08/2020 0947 AEST By: Le, Cuong - HMO

2 Please refer the patient's paper Acute Resuscitation Plan document as the up to date source of truth
Should this change during the admission, please ensure modification on patient's paper ARP

Curative or restorative treatments with no limitations
 Curative or restorative with some limitations of critical care interventions
 Primarily non-burdensome treatment and symptom management
 Terminal care. All treatment is aimed at comfort during dying

Limitation Details

[Right-click here and select "Reference Text" to access the ORG: Adding a Resuscitation Status in EMR](#)

Suspected or proven COVID-19 infection as primary reason for admission Yes No

[Right-click here and select "Reference Text" to access the current COVID19 ward management guidelines](#)

Travel History

Any travel in the last 4 weeks? (Domestic or International) Yes No

1 **Contact History**

In the last 14 days before the onset of illness have you had any of the following?

Close contact with confirmed case Yes No If Yes, Details

Date of last exposure

Involvement in a localised outbreak of COVID-19 Yes No If Yes, Details

Date of last exposure

Demographics

Aged care resident? Yes No Location

Healthcare worker? Yes No Location

Aged care worker? Yes No Location

Employed in a micro lab? Yes No

Onset and Admission

Date of earliest symptom Or Symptomatic Asymptomatic

Symptoms

Fever (now or history of >= 38 deg C) Yes No

Shortness of Breath Yes No

Sore Throat Yes No

Acute loss of taste Yes No

Rhinorrhoea (Runny nose) Yes No

Chest pain Yes No

Vomiting / Nausea Yes No

Dizziness Yes No

Wheezing Yes No

Headache Yes No

Seizures Yes No

Cough Yes No Severe

Cough Characteristic Dry Cough Productive Cough

Acute loss of smell Yes No

Fatigue Yes No

Abdo Pain Yes No

Diarrhoea Yes No

Myalgia Yes No

Arthralgia Yes No

Bleeding Yes No

Bleeding Sites

Signs

Lower chest wall indrawing Yes No

Altered conscious state/Confusion Yes No

Conjunctivitis Yes No

Skin rash Yes No

Skin ulcers Yes No

Lymphadenopathy Yes No

In Progress

Once submitted, a document will be generated in the patient's chart under

Documentation

- This forms part of your admission but a standard Admission note will still need to be created

Work through the COVID-19 MPage

Medical Officer View

1. Navigate back to
2. Continue to work through each section on the page
 - Tag relevant results e.g. Microbiology, Medical Imaging

COVID19 Forms **1**

Key References and Guides (1)
Western Health Clinical Guidelines

Allergies (0)
Alert. Allergies not recorded. Add an allergy.
No Known Allergies

Microbiology (0)
No Results Found

Laboratory

COVID19 Admission Note **2**

COVID19 Ward Round Note **3**

3. Perform an Admission Medication Reconciliation

Medications

Status: **1** Meds History **2** Admission | Transfer | Cross Encounter Transfer

Order	Order Start	Status
▼ Scheduled (0)		
▼ PRN/Unscheduled Available (0)		
▲ Administered (0) Last 24 hours		
▼ Suspended (0)		
▲ Discontinued (0) Last 24 hours		

4. Complete the HOPC, Physical Examination, Assessment & Plan sections

- Remember to Save each section

History of Presenting Complaint

Save

5. Add Past Medical History and New Diagnoses under “Problems/Alerts”

Problems/Alerts

Classification: **Medi**

Add new as: **This Visit**

Name	Classification	Actions
T2DM - Type 2 diabetes mellitus	Clinical History	<input type="checkbox"/> This Visit <input checked="" type="checkbox"/> Chronic

▶ **Historical**

6. Once all sections are complete, select ‘COVID-19 Admission Note’ to generate an Admission note

- Check that the information that has auto-populated from both the MPage and the Powerform is correct

COVID19 Admit Discharge +

COVID19 Forms

Key References and Guides (1)
Western Health Clinical Guidelines

Allergies (0)

Alert. Allergies not recorded. Add an allergy.

No Known Allergies

Microbiology (0)

No Results Found

Laboratory

Create Note
COVID19 Admission Note
COVID19 Ward Round Note
Select Other Note

7. Change the Title as appropriate, then select Sign and Submit to complete the Admission Note

Sign/Submit

8. The Admission Note will now be available to view in **Documentation**