



## EMR Quick Reference Guide

### Infusions – Ordering and Modifying Intermittent Infusions

Intermittent infusions are those with a frequency, e.g. antibiotics.

#### 1. Ordering Intermittent Infusions

1. Navigate to Orders page and click +Add
2. Search for and select the appropriate intermittent infusion order

**\*Tip\*:** Filter search results by typing “infusion” after the name of the medication, e.g. “flucloxacillin infusion”

Search:  Advanced Options  Type:

Folder: Search within:

flucloxacillin IV infusion 1 g in Sodium Chloride 0.9%, 6 hourly

flucloxacillin IV infusion 2 g in Sodium Chloride 0.9%, 4 hourly

**flucloxacillin IV infusion 2 g in Sodium Chloride 0.9%, 6 hourly**

flucloxacillin IV infusion 25 mg/kg in Sodium Chloride 0.9%, 4 hourly - NEONATE

flucloxacillin IV infusion 25 mg/kg in Sodium Chloride 0.9%, 6 hourly - PAED

flucloxacillin IV infusion 50 mg/kg in Sodium Chloride 0.9% - NEONATE

flucloxacillin IV infusion 50 mg/kg in Sodium Chloride 0.9%, 6 hourly - PAED

**\*Note\*:** You will find some antibiotics have an order for “IV Push” and another for “IV Infusion”. The “IV Push” orders are intended for use in theatre or emergency situations.

If in doubt, always select the “IV Infusion” order – if nursing staff end up administering it as a push, they can edit the fields on the charting window.

Search:  Advanced Options  Type:

Folder: Search within:

flucloxacillin **IV infusion** 1 g in Sodium Chloride 0.9%, 6 hourly

flucloxacillin **IV infusion** 2 g in Sodium Chloride 0.9%, 4 hourly

flucloxacillin **IV infusion** 2 g in Sodium Chloride 0.9%, 6 hourly

flucloxacillin **IV infusion** 25 mg/kg in Sodium Chloride 0.9%, 4 hourly - NEONATE

flucloxacillin **IV infusion** 25 mg/kg in Sodium Chloride 0.9%, 6 hourly - PAED

flucloxacillin **IV infusion** 50 mg/kg in Sodium Chloride 0.9% - NEONATE

flucloxacillin **IV infusion** 50 mg/kg in Sodium Chloride 0.9%, 6 hourly - PAED

flucloxacillin 50 mg/kg, IV, Vial, 12 hourly, - NEONATE

flucloxacillin (additive) 50 mg/kg, IV Infusion, 12 hourly, Infuse over 30 min(s), - NEONATE

flucloxacillin for injection 1 g, IV, Vial, 6 hourly, **(IV push)**

flucloxacillin for injection 2 g, IV, Vial, 6 hourly, **(IV push)**

flucloxacillin for injection 2 g, IV, Vial, 4 hourly, **(IV push)**

flucloxacillin for injection 2 g, IV, Vial, PRE-OP, **(IV push)**

- Complete the mandatory Indication field under the Details tab:

▼ Details for **flucloxacillin (additive) + Sodium**

Details Ingredient Details Order Comments

Duration:

Duration unit:

**\*Indication:**

Special Instructions:

Approval Number:

- Under the Ingredient Details tab – the diluent, volume and infuse over time have been pre-defined wherever possible as per policy.

**\*Note\*:** If nursing staff feel these details are clinically inappropriate, they can edit the fields on the charting window and notify the treating team to change the order for future doses.

▼ Details for **flucloxacillin (additive) + Sodium Chloride 0.9% infusion 100 mL**

Details Ingredient Details Order Comments Diagnoses

Ingredients	Dose	Rate	Infuse Over	Frequency	Duration
flucloxacillin (additive)	2 g	200 mL/hr	30 min(s)	6 hourly	
Sodium Chloride 0.9% infusion	100 mL				

**\*Tip\*:** The volume, rate and infuse over fields are all linked – if the rate is modified, the infuse over time will re-calculate based on the volume, and vice versa.

**Scheduled**

flucloxacillin (additive)  
Sodium Chloride 0.9% infusion 100 mL  
2 g, IV Infusion, 6 hourly, Infuse over 30 min(s), Indication: cellulitis, First dose 15/10/2020 16:00:00

- Sign the order and review the Scheduled section of the MAR / MAR Summary. Only the infuse over time will appear on the MAR for intermittent infusions (i.e. the rate in mL/hr is hidden).

## 2. Modifying Intermittent Infusions

**Modify** should be used to update an intermittent infusion order to reflect a change in:

- Dose
- Rate / Infuse Over time
- Frequency

If a change is required to the Diluent or Volume, the prescriber must place a **NEW** order and **Cancel/DC** the existing order.

### **\*Vancomycin is an exception\***

If a change is required to the Dose of Vancomycin, the prescriber must place a **NEW** order via the Vancomycin Orderset, and **Cancel/DC** the existing order: [QRG on 'Ordering Vancomycin \(Adult\)'](#).

*This is because Vancomycin orders have a pre-defined Diluent Volume and Infuse Over time based on the dose, as per guidelines.*

1. Navigate to the Orders page, right click on the infusion, and select Modify.

Status	Start	Stop	Order Name	Details
<b>Continuous Infusions</b>				
Active				
Ordered	12/10/2020 11:20	13/10/2020 07:19	sodium chloride 0.9% infusion (BAG BY BAG) 1000 mL	1,000 mL, IV Infusion, Rate: 125 r
<b>Medications</b>				
Active				
Ordered	12/10/2020 12:00		flucloxacillin (additive) + Sodium Chloride 0.9% infusion 100 mL	2 g, IV Infusion, 6 hourly, Infuse

2. Make the required changes (*here we have changed the dose from 2g to 1g*)

Details for <b>flucloxacillin (additive) + Sodium Chloride 0.9% infusion 100 mL</b>						
Details   Ingredient Details   Order Comments   Diagnoses						
Ingredients	Dose	Rate	Infuse Over	Frequency	Duration	
flucloxacillin (additive)	1 g	200 mL/hr	30 min(s)	6 hourly		
Sodium Chloride 0.9% infusion	100 mL					
Total Volume		100 mL				

3. Sign the order, review the MAR / MAR Summary and verbally communicate to nursing staff.

Medications	19/10/2020 16:00	19/10/2020 14:04	19/10/2020 14:03
<b>Scheduled</b>			
flucloxacillin (additive) Sodium Chloride 0.9% infusion 100 mL 1 g, IV Infusion, 6 hourly, Infuse over 30 min(s), Indication: cellulitis, First dose 15/10/2020 16:00:00		▲ 1 g	
flucloxacillin			* 2 g
Sodium Chloride 0.9%			* 100 mL

**\*Tip\*:** The yellow triangle on the MAR indicates the next administration at which the modification will come into effect.



## A note on using Cancel / Reorder for intermittent infusions

***Using Cancel / Reorder for intermittent infusions is not recommended for the following reasons:***

1. The system will automatically remove the Rate / Infuse Over / Total Volume fields from intermittent infusion orders.
2. If the medical officer signs the updated order without re-entering these fields, this has downstream implications in Pharmacy during product assignment, and the Ward Pharmacist will have to contact the treating team to complete the infusion order before it can be supplied.
3. Feedback from the Antimicrobial Stewardship Team has indicated it is easier to track antimicrobial therapy when Modify is used (with the exception of Vancomycin, as noted above).

*If Cancel / Reorder is used to change an intermittent infusion and the medical officer does not re-enter the Rate / Infuse Over / Total Volume fields, it is still within nursing scope of practice to enter these fields on the charting window so as not to delay administration and contact the treating team to change the infusion order for future doses.*