



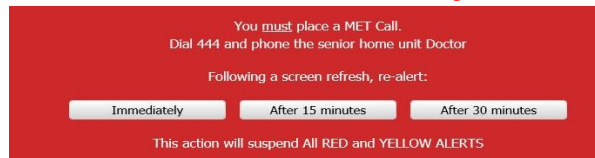
EMR Quick Reference Guide

MET Call and Code Blue

IMPORTANT NOTE: If clinically indicated, do not wait for an EMR Red Alert before calling for assistance.

In a **Code Blue** medications, infusions and investigations can be prescribed/requested via paper forms if required urgently.

In a **MET Call** it is expected that medications, infusions and investigations will be ordered on EMR.



Documentation

1. Rapid Response Record Powerform – ICU Liaison Nurse

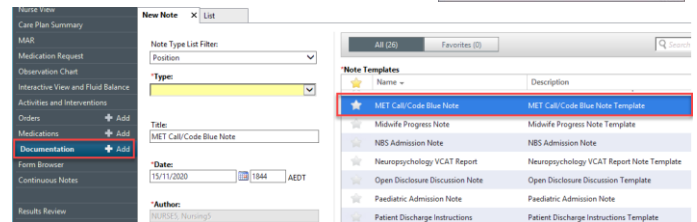
Following a MET Call, the ICU liaison nurse will complete the Rapid Response Record Powerform. This is located at the bottom of the Observation Chart page.



2. Progress Note Documentation – Medical Officer

a) Select **Documentation +Add** and select the **MET Call/Code Blue Note** template to complete any further documentation.

b) Click Sign/Submit, then change the Title (e.g. “Code Blue – Registrar”) and click Sign



Medication & Infusion Orders

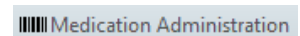
Following a **Code Blue**, it is the responsibility of **the Team Leader, the Scribe, and the Clinician who administered any medications/infusions** to confirm with each other what was administered during the code, including doses and administration times.

1. The **Team Leader (Medical Officer)** will then place a one-off order for each medication and infusion that was administered.

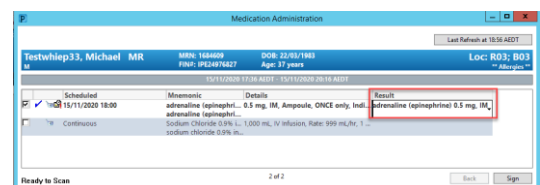


2. The **Clinician who administered them** will then sign off each medication/infusion using the correct administration times (retrospective documentation):

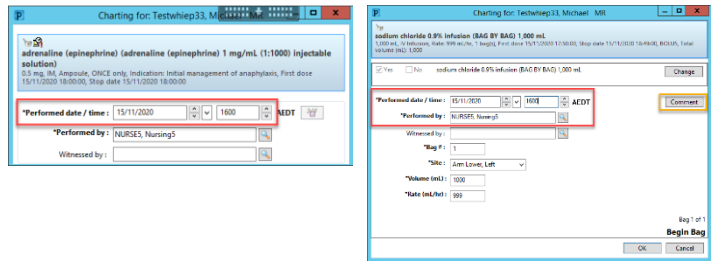
a) Document medication & infusion administration via the **Medication Administration Wizard (MAW)**



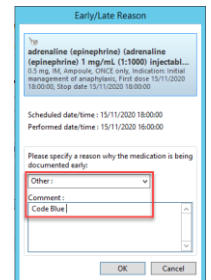
b) Check the medication and/or infusion order and select the Result section to open the MAW administration window



c) Modify the ***Performed date / time**



d) Add **Comment** 'Code Blue' and click OK.



e) Refresh the **MAR** and review documentation.

Refer to the following QRGs if required:

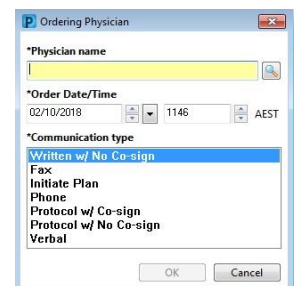
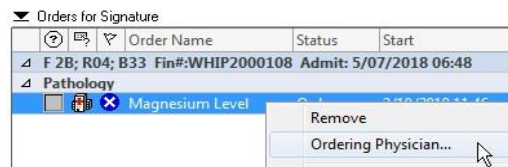
- Infusions – Administering Bag by Bag (BBB) Infusions
- Infusions – Administering Truly Continuous Infusions
- Infusions – Administering Intermittent Infusions

Medications	15/11/2020 19:03	15/11/2020 16:00
Discontinued Scheduled		
adrenaline (epinephrine) (adrenaline (epinephrine) 1 mg/mL (1:1000) injectable sol., 0.5 mg, IM, Ampoule, ONCE only, Indications: Initial management of anaphylaxis, First dose 15/11/2020 18:00:00, Stop date 15/11/2020 18:00:00)		2.0,0 mg
Discontinued Continuous Infusions		
heparin (additive) 25,000 units(s) (1,130 units/hr)		
Sodium Chloride 0.9% infusion 250 mL		
250 mL, IV infusion, Rate: 11.3 mL/hr; First dose 02/10/2020 14:54:00, Use premix		
heparin bags, Total volume (mL): 250		
Administration Information		
heparin		
NaCl 0.9%		
sodium chloride 0.9% infusion (BAG BY BAG) 1,000 mL		
1,000 mL, IV infusion, Rate: 999 mL/hr, 1 bag(s); First dose 15/11/2020 17:50:00, Stop date 15/11/2020 18:49:00, B02415, Total volume (mL): 1,000		
Administration Information		
NaCl 0.9%	1,000 mL Infuse	* Begin Bag 1,000 mL, S

NB: It is crucial that ALL medications and infusions that were given during the Code are **ORDERED** and **MARKED AS ADMINISTERED** on EMR to avoid double dosing.

Pathology and Radiology

- a) Paper request forms for pathology and radiology will be accepted during Code Blue situations if there is a clinical urgency. The results will still be available to view on EMR.
- b) Alternatively, nursing staff are able to place orders on EMR **on a doctor's behalf** by right-clicking on the order, selecting **"Ordering Physician"** and then entering the doctor's name:
- c) The doctor will later be able to co-sign these orders. **This will not delay the investigations.**



Modified Calling Criteria

Following a **MET Call** or a **Code Blue**, doctors must remember to **review** and, if appropriate, **modify** the calling criteria via the **ACC/Vary Freq** button on the **Observation Chart**.