



Digital Health
Quick Reference Guide

This Quick Reference Guide will explain how to:

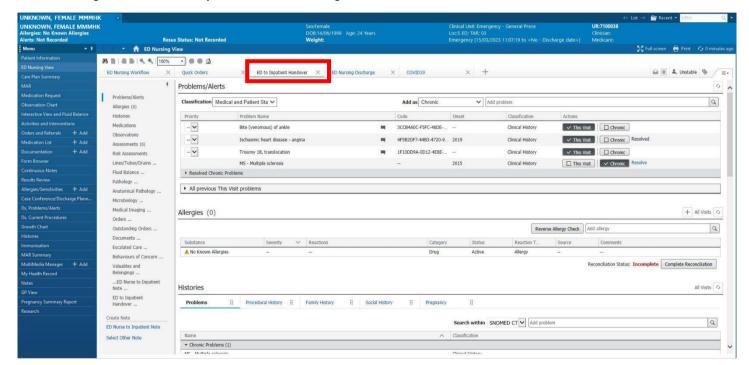
Complete an ED to Inpatient Handover, including required documentation.

Overview

- The cubicle nurse will receive notification of impending transfer of patient (imminent or within next 30-60mins) from NIC of the day (or Floor Coordinator at SHED).
- SSU NIC in conjunction with SSU consultant will stream appropriate patients flagged for admission. The NIC will alert the cubicle nurse.
- The Cubicle/Bedside nurse to complete any outstanding tasks for the patient. Ensuring the patient has inpatient
 admission notes/4HR plan document, COVID Screenings, Risk Assessments, Altered Observations if required
 and the patient is ready to transfer to the ward.
- LaunchPoint Nursing Activities will display outstanding tasks. Open the relevant icon to view further information.



- 2. When the patient is ready to be handed over to the inpatient ward. Locate the patient on **LaunchPoint** and open the patient chart.
- Navigate to the ED to Inpatient Handover Page





4. Using the blue banner bar you will see patient identifiers. The inpatient nurse will access the patient chart at the same time while receiving handover.

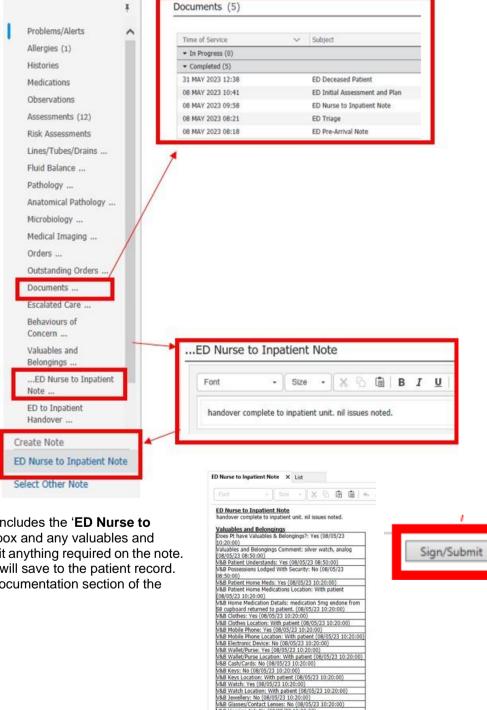


 The sections on the side of the page contains relevant patient information for handover. Including the patient situation, background, assessments and results.

The **documents** section will include all documents saved in the patient chart. Ensure the Risk Assessment is completed for the patient

The **ED Nurse to Inpatient Note** is a space to write any final note for the patient before transfer.

- The freetext box note will save to the patient record once it is signed and submitted. Click on the blue hyperlink 'ED Nurse to Inpatient Note' in the create note section
- 7. This will open a template that includes the 'ED Nurse to Inpatient Note' written in the box and any valuables and belongings documentation. Edit anything required on the note. Select 'Sign/Submit' and this will save to the patient record. You can view the note in the documentation section of the chart.



NAB Watch: Yes (08/05/23 10:20:00)
NAB Watch: Yes (08/05/23 10:20:00)
NAB Watch Locabon: With patient (08/05/23 10:20:00)
NAB Jeweller: No (08/05/23 10:20:00)
NAB Glasses/Contact Lenses: No (08/05/23 10:20:00)
NAB Hearing Ali: No (08/05/23 10:20:00)
NAB Mobility Aid: No (08/05/23 10:20:00)
NAB Mobility Aid: No (08/05/23 10:20:00)
NAB Dentures/Orthodontics: No (08/05/23 10:20:00)
NAB TOPS: No (08/05/23 10:20:00)
NAB TOPS: No (08/05/23 10:20:00)
NAB Dentures/Orthodontics: No (08/05/23 10:20:00)
NAB Dentures/Orthodontics: No (08/05/23 10:20:00)
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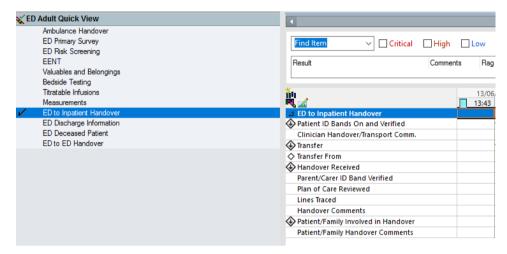
Note Details: ED Nurse to Inpatient Note, Cemertest, Nursing P2 5, 3



8. Back on the **ED to Inpatient Handover** MPage select the last section from the contents side bar '**ED to Inpatient handover**'. Select the little '+' icon and '**ED Adult Quick View**'.



 Interactive View (iView) will open to the ED to Inpatient Handover. The receiving nurse is responsible to complete the handover communication. Nurses must sign their name at the point of handover. All relevant fields must be documented.



10. Once handover is completed, notify the NIC, hand any paperwork to the Clerk. The Clerical staff will then complete the admission process.

Note: Nursing escort criteria as per WH Policy.



- On LaunchPoint when a bed request is placed and a bed is allocated the status column box updates. This is a good indication on whether the bed is ready.
 - For **face to face** handover, you must find your patient in the '**Discharge Patient**' Zone. The patient chart can be opened by clicking on the patient name.

