

FirstNet - Medical Documentation Revise After Authentication



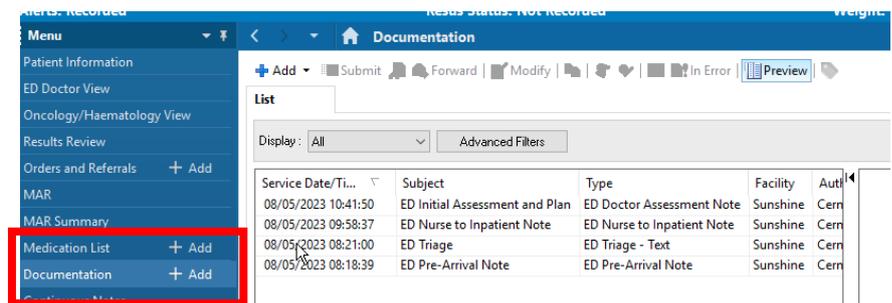
Digital Health
CONNECTING BEST CARE

Digital Health
Quick Reference Guide

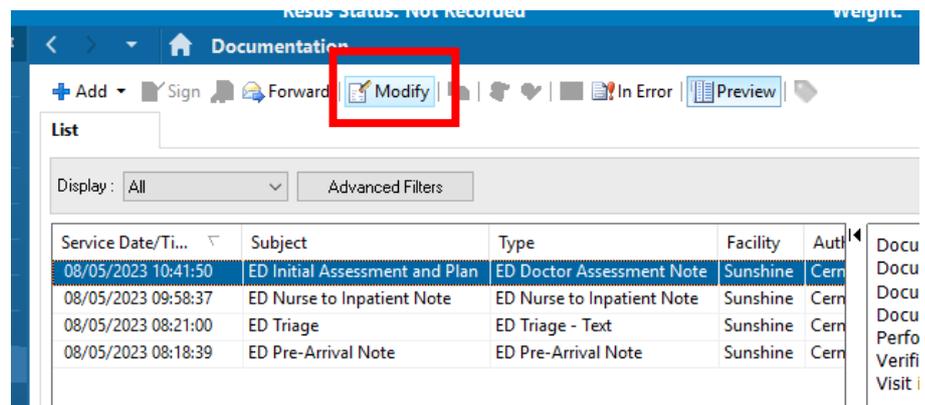
This Quick Reference Guide will explain how to:

Revise notes that have been signed and submitted into the patient record in FirstNet

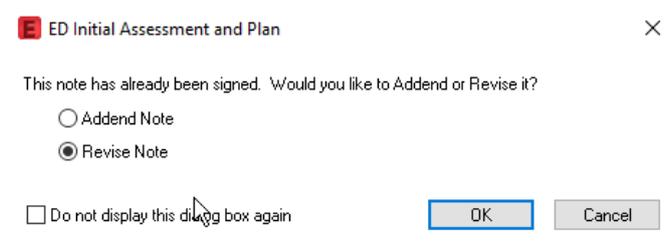
1. Sign into FirstNet and click on the patient name to open the chart. Locate the documentation section of the table of contents and click to open documentation.



2. Select the note that you wish to modify and revise and click modify in the options above.



3. In the first 24 hours after the note has been submitted, you will be given the option to revise the note. Click revise but DO NOT click "Do not display this dialog box again" as this will remove your ability to choose between revising and adding a note in the future



- The note will open and you can delete and modify the note as desired and then click sign and submit. The note will save into the patient record as a revised note. Note that there are two indications that the note has been modified.

Document Type: ED Doctor Assessment Note
 Document Date: 08 May, 2023 10:41 AEST
 Document Status: **Modified**
 Document Title/Subject: ED Initial Assessment and Plan
 Performed By/Author: Cernertest, Medical Officer P2 2 on 08 May, 2023 10:41 AEST
 Verified By: Cernertest, Medical Officer P2 2 on 08 May, 2023 10:41 AEST
 Visit info: 21000668, Sunshine, Emergency, 08/05/2023 -

*** Final Report ***
Document Has Been Revised

Presenting Problem
 Haematemesis and diarrhoea

ED Assessment and Plan
Allergies
 morphine (Nausea)

33 year old male presents with 24 hours of abdominal pain and haematemesis
 bg : previously well
 Social alcohol
 HOPC:
 Woke last night with severe abdominal, pain epigastric, non radiating.
 developed vomiting with haematemesis after 12 hours.
 dizzy and racing heart rate, feeling increasingly sick and tired. SR: Nil else Meds:Nil
 O/e
 alert, distressed
 HR 120 RR 30, SaO2 99% BP 90/60
 abdo generalised tender, guarding
 Chest clear, no creps, no wheezes. A) upper gastro bleeding. haemodynamic instability Plan:
 IV access, bloods including Gp and Hold.
 For admission

- Clicking on the patient note in the documentation section now shows two other options- View Document History and Show Tracked Changes. These will show the timeline of any signed and submitted changes to the note. NOTE: Revising the note does NOT update the submitted note time. Tracking the time of revisions is only possible using the track changes function.

Results Status: Not Recorded

Documentation

+ Add | Sign | Forward | Modify | **View Document History** | In Error | Preview

List

Display: All | Advanced Filters

Service Date/Ti...	Subject	Type	Facility	Autl
08/05/2023 10:41:50	ED Initial Assessment and Plan	ED Doctor Assessment Note	Sunshine	Cern
08/05/2023 09:58:37	ED Nurse to Inpatient Note	ED Nurse to Inpatient Note	Sunshine	Cern
08/05/2023 08:21:00	ED Triage	ED Triage - Text	Sunshine	Cern
08/05/2023 08:18:39	ED Pre-Arrival Note	ED Pre-Arrival Note	Sunshine	Cern

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Verified By: Cernertest, Medical Officer P2.2 on 08 May 2023 10:41 AEST
 Visit info: 21000668, Sunshine, Emergency, 08/05/2023 -

*** Final Report ***

Document Has Been Revised

Presenting Problem
 Haematemesis and diarrhoea
 CP 2/52, worsening today, ECG changes

ED Assessment and Plan
 Allergies
 morphine (Nausea)

33 year old male presents with 24 hours of abdominal pain and haematemesis
 bg : previously well
 Social IV drug alcohol user, HOPC:
 Woke last night with severe abdominal, pain epigastric, non radiating,
 developed vomiting with haematemesis after 12 hours,
 dizzy and racing heart rate, feeling increasingly sick and tired.
 SR: Nil else HOPC:
 Woke last night with severe abdominal, pain epigastric, non radiating,
 developed vomiting with haematemesis after 12 hours,
 dizzy and racing heart rate, feeling increasingly sick and tired.
 Meds: Nil SR: Nil else O/e
 alert, distressed
 HR 120 RR 30, SaO2 99% BP 90/60
 abdo generalised tender, guarding
 Chest clear, no creps, no wheezes. Meds:
 O/e
 A)-alert, distressed
 upper HR gastro 120 bleeding, RR 30, SaO2 99% haemodynamic BP instability 90/60
 abdo generalised tender, guarding
 Chest clear, no creps, no wheezes.
 A) upper gastro bleeding, haemodynamic instability
 Plan:
 IV access, bloods including Gp and Hold.
 For admission

6. Within the Workflow mpages – ED Doctor View, ED Nurse view, it is possible to see that changes have been made with the delta sign adjacent to the note type.

ED Doctor Workflow

Documents (4)

Time of Service	Subject	Note Type
08 MAY 2023 10:41	ED Initial Assessment...	ED Doctor Assess... Δ
08 MAY 2023 09:58	ED Nurse to Inpatient...	ED Nurse to Inpatient...
08 MAY 2023 08:21	ED Triage	ED Triage - Text
08 MAY 2023 08:18	ED Pre-Arrival Note	ED Pre-Arrival Note



Important

- Revise is only available 24 hours after the note has been submitted.
- Revising a note does not affect the note submission time which makes revisions less visible than new notes.
- Revising a note should only be performed when the note reflects a clear error rather than a change in patient progress due to the passage of time.
- Other options to Revise are: marking a note in error (see image step 5) and making a new progress note.
- Revise is currently only available for FirstNet Medical users.
- Revised discharge summaries will send to GPs and myHR/