



This Quick Reference Guide will explain how to:

- Initiate the ICU ANZICS Admission Information form (*if a ward clerk is not present*)
- Admission workflows including quick reviews of data and observations
- Complete important ANZICS data points

Also Refer to

QRG: Documentation – ICU Major Events

QRG: Documentation – ICU Nursing Progress Notes

QRG: BMDI – Device Association, Recording Observations and Disassociation

QRG: ICU Oxygenation and Ventilation

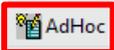
QRG: Viewing Information and ICU Observation Chart

ANZICS Admission Form

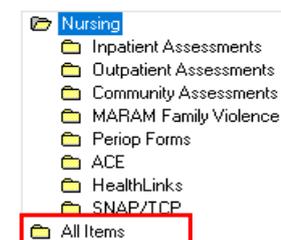


Important – ICU ANZICS Admission Information Form

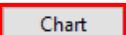
- During business hours, the ward clerk will create the 'ICU ANZICS Admission Information' Form for patients admitted to ICU.
- If a patient is admitted to ICU after-hours, the 'ICU ANZICS Admission Information' Form needs to be created by the **ANUM or NIC** as part of the admission to ICU process
- **Note:** If ICU patients are admitted due to no available ward beds or for procedures only, ANZICS Form **do not** need to be created

1. Go to the  icon to open the Ad hoc Charting pop up and open the "All Items" folder





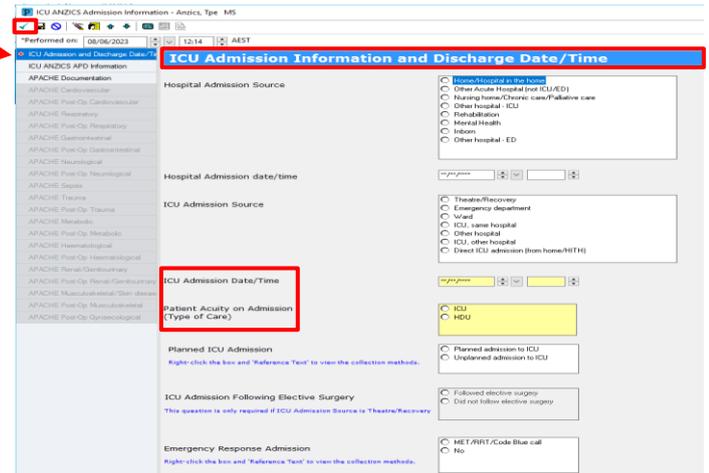
2. Go to the "Critical Care" folder and click the tick box next to "ICU ANZICS Admission Information".

Click on  to open the PowerForm



3. On the ANZICS Form, go to **“ICU Admission and Discharge Date/Time”** and complete the mandatory fields:

- ICU Admission Date/Time (using the same as iPM)
- Patient Acuity on Admission



Sign by clicking on the to  finalize the document

Admission Workflow Guide

1. **iPM admission** must occur before the Patient’s EMR can be accessed – after hours/ direct admission must be facilitated urgently to avoid documentation delays
2. **Identify patient**, receive **handover** and complete the ‘**Handover Communication Tool**’ in **iView**. For more information, see **QRG: Handover – Nursing Handover Documentation**

 **Important – Nursing Views of PowerChart**

- Nurses from other streams have different views of mPages and interactive view and fluid balance (iView) associated with their log in. They may need to log in to facilitate their own handover

3. **Patient ID bands**- If allergy status is correct; Same campus admission, including from the emergency department, the same ID band can be used
 Cross campus admission- new ID band required for new encounter

4. **Admission ECGs**- *admit patient to the bedside monitor manually*, print off an admission ECG, and label it with a patient bradma to store in the black bedside folder

5. **Associate bedside monitor to Patient’s EMR** and document a set of Admission Vitals (iView)

Refer to QRG: **BMDI – Device Association, Recording Observations and Disassociation**

6. Select **Nurse View** from the table of contents (TOC) to review most recent patient information via the **Admission mPage**, and complete the following if applicable:



- Initial Patient Assessment form, including infectious screening tool
- Complete Admission Valuables and Belongings - using mPage link (iView)
- Review existing Lines-Tubes-Drains – use mPage link to document Present on Admission Assessment in iView
- Enter an ICU Major Event if applicable. **Refer to QRG: Documentation – ICU Major Events**
- Click on mPage subheadings to navigate around PowerChart to review information further or begin documentation

Note: **Reason for ICU Admission on the mPages** is completed by the **ICU Medical Officer** and will copy into the Nursing mPages

For more information, see QRG: **Clinical Care – Nurse Admit and Manage MPages**





Handy Hint – ICU Major Events and ICU Readmissions

A re-admission to ICU during the patient’s same hospital encounter will display all previous ICU Major Events. Suggest adding an ICU Major Event “Second ICU Admission” to make a clear start for the next entries



Handy Hint – Reviewing all valuables and belongings documented

Valuables and Belongings recorded within Emergency Department and Inpatient areas can be reviewed together utilizing Results Review from the Table of Contents

Assessment & Procedures View	19/06/2023 13:27	17/06/2023 13:35
Valuables and Belongings		
Does Pt have Valuables & Belongings?	Yes	Yes
Electronic Device	Yes	Yes
Glasses/Contact Lenses	Yes	Yes
Glasses/Contact Lenses Location	With patient	With patient

4. Complete Critical Care safety checklist and Admission weight +/- Drug Weight within the “Adult ICU General” band

5. Check Medication Reconciliation has been completed. When transferring from inpatient areas to ICU, the same Medication Administration Record (MAR) is utilized.

The ICU medical officer reviews the MAR to discontinue, continue and order relevant medications/ infusions and inform the nurse this is complete.

View Medication Reconciliation History completion date and time from Orders and Referrals before administering from the MAR.

6. Review and Cease Patient Care Orders/ Order Sets no longer relevant to the patient’s care since transferred to ICU
Note: some Order Sets and pathology/ radiology/medications orders will need to be cancelled by the ICU Medical Officer
For more information, see QRG: Orders- Cancel (excluding pathology, medications, radiology)

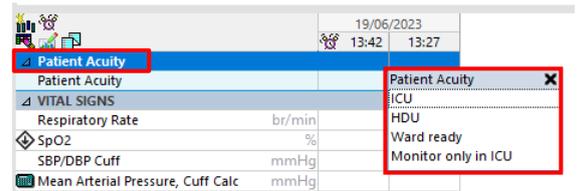


Important – Blood gases in ICU

- Blood gases are undertaken within ICU utilizing current practice of a Standing Blood Gas order and completion of the Blood Gas order sheet. They are not placed as orders on the electronic medical record

7. Commence documentation of **Patient Systems Assessment, Risk Assessments and hourly observations in iView**, paying special attention to Statutory Reporting data points:

- Patient Acuity
Note: “**Monitor Only in ICU**” refers to those admitted to ICU for procedural purposes i.e. Insertion of vascular catheters, or have been admitted as ward patients due to bed availability.
- Airway Status - See QRG: **ICU Oxygenation and Ventilation**
- DVT Prophylaxis
- SUD Prophylaxis
- Skin & Pressure Injury Assessment – paying special attention to existing or no pressure injuries on admission



8. Fluid balances and active infusions -

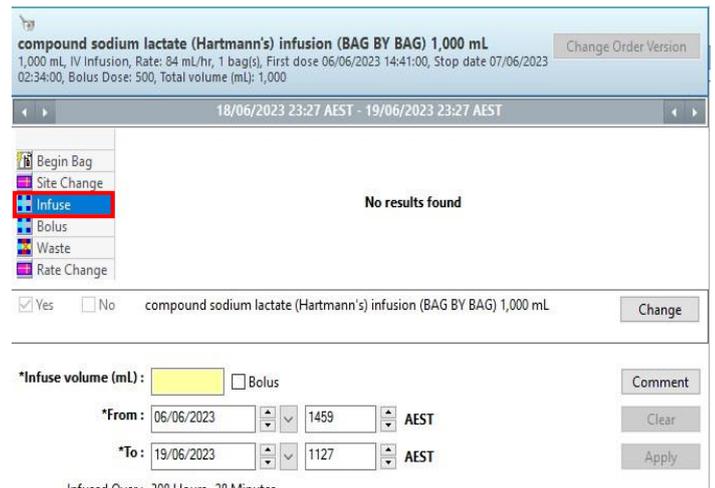
Important to note that active infusions commenced prior to ICU admission should have the total volume infused from commencement until discharge from the previous area reconciled and documented on the EMR.

The total amount can be charted within “**Infuse**” in the MAR charting window.

If continuing these infusions, ICU will document **HOURLY** fluid volumes.

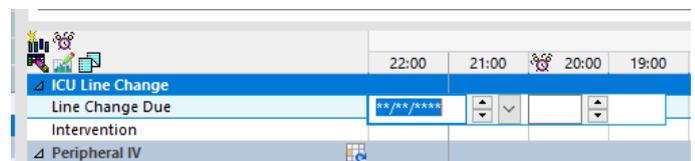
Refer to:
QRG: Infusions – Completing a Truly Continuous Infusion and Documenting a Final Volume Infused

QRG: Infusions – Documenting Against a Current Infusion via the MAR – Nursing/Midwifery



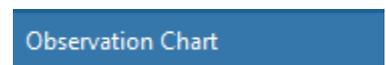
10. When documenting against lines-devices within **Adult ICU Lines-Devices**, add the date that reflects the ICU 72 hour line change if applicable.

Note: this date will pull through to the ICU Nursing Progress Notes



9. **Spokesperson/NOK documentation** is now done within iPM- update details with ward clerk

10. Change the observation chart to the ICU Observation Chart



Refer to QRG: **Viewing Information and ICU Observation Chart**