ICU - Nursing Discharge Workflow

Digital Health

Digital Health Quick Reference Guide

This Quick Reference Guide will explain how to:

Complete the ICU Nursing Discharge Workflow.

Medical Officers are to place a **'Decision to Discharge'** order when the patient is **ward ready** for ANZICS from the time they have been downgraded.

1. **Patient ID bands and Banner Bar** - If allergy status is correct; ensure up to date and ID band present

2. Select **Nurse View** from the **Table of Contents (TOC)** to review most recent patient information and update accordingly:

- Review existing Lines-Tubes-Drains
- Click on mPage subheadings to navigate around Powerchart to review information further or begin documentation
- Documentation - Make sure nursing and medical notes are completed and signed/submitted, not left in progress

3. Check relevant medication orders are appropriate for ward use via the **Medication Administration Record**.
- These include ensuring Medical Officers have ceasing *drug and flush orders* and *removal of burette.*
- Keep MAR administration and PRNs signed and up to date.
- Current intravenous orders are not continuous and only 1 bag ordered.
- 6 hourly intravenous normal saline flush for central venous catheters and peripherally inserted central catheters.

4. Change the **Observation Chart** from *ICU* to *Adult*
- Ensure updated vital signs are documented within 30 minutes of transfer.
- Any modified MET call criteria to be documented by doctors prior to transfer.

5. **Interactive View and Fluid Balance**
- Review prior to transfer to ensure up to date and reflective of patients' current conditions and statuses including patient assessments, risk assessments and fluid outputs.
- Disassociate Device - *refer to QRG: Device Association and Disassociation*
- Adult ICU Lines – Devices - Make sure all devices are removed if no longer required and the dynamic group has been updated as 'Inactive' on **iView.**
- Double check the hourly PCA cumulative total *mls* in **iView** reflects the PCA total and hourly volumes are up to date in the **Fluid Balance Chart.**

6. **Activities and Interventions**
- Clear activities by marking done/not done via **Activities and Interventions**.

7. Review Medication Reconciliation status within **Orders and Referrals**

   - View Medication Reconciliation under transfers. The date, time, and medical officer details will be visible indicating who undertook this and when.

8. Ensure **Valuables and Belongings** are updated

   - Update via **iView**

   - View via **Results Review** from the Table of Contents

9. Prior transfer:
   - Transfer patient with patient own medications (including any S8 and S11 medications), enteral feeds, TPN bags
   - Send bottle of enteral feed
   - TPN bag if already in ICU
   - VAC or other hired equipment cost center has been updated from ICU
   - ECG dots removed if not monitored
   - Document **Handover Communication Tool** when handover