

ICU – Workflow - ICU Admission (For Medical Officers)



Digital Health
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Quick Reference Guide

This Quick Reference Guide will explain how to:

Complete the ICU Admission Workflow for ICU Medical Officers.

Recommended ICU Admission Workflow

A. Check Medications and Other Orders

1. **Complete the Transfer Medication Reconciliation** via **Medications** component on the ICU Admit mPage.
2. **Review any non-medication orders (pathology/radiology) from the previous location.** If they are no longer required in ICU, go to **Orders and Referrals**, right-click on the order(s) and click “Cancel/DC”.
3. **Place the ICU Admission Order Set** from **ICU Quick Orders mPage**, along with other ICU order sets if required. Always check **MAR** and **MAR Summary** after ordering medications.

B. Complete ICU Admission Note

4. **Go through the components on the ICU Admit mPage** to help formulate your ICU Admission Note in the textbox (see how below). *Note: No one else can see the content of the box except yourself at this stage.*
5. **Create the final ICU Admission Note.** This note pulls in Problems/Alerts, Allergies, Home Medications and tagged results from the mPage. *Note: For everyone to see your note, you must Sign and Submit the final note. Once submitted, any doctor can only add Addendums to your note (Locate the note in **Documentation** and Click **Modify**).*

C. Other Tasks

6. **Modify the ANZICS PowerForm via Form Browser** within 24 hours of ICU Admission. Form must first be initiated by ICU Ward Clerk in-hours or ICU NUM afterhours. Refer to QRG ‘*ICU – Document ANZICS PowerForm (For Medical Officers)*’.
7. Document any ART line insertions, central line insertions, intubations etc. via **ICU Procedure Note**. Refer to QRG ‘*ICU – Document ICU Procedure Note*’.




Go through ICU Admit mPage to formulate your ICU Admission Note

1. Click on **Medical Officer View** from the Table of Contents on the left side.
2. Click on **ICU Admit mPage/tab**.

Medical Officer View

ICU Admit

3. Complete **Reason for ICU Admission** and click  .
This is a shared box that any ICU doctor can enter. It has a character limit.
This appears in Critical Care Worklist and final ICU Admission Note.

Reason for ICU Admission

Septic shock secondary to pyelonephritis requiring inotropes
60/255

Cernertest, Medical Officer - ICU P2 2 06 JUL 2023 18:23

4. Move **ICU Admission Note textbox** to the right side by clicking on this icon at the top right of the box.
This allows you to simultaneously view information on the left while typing information into the textbox on the right (Split Screen).
Click **Save** at the bottom right of the textbox to save the contents of the box.



ICU Admission Note

Font 9

History of Presenting Complaint

Background

Current Issues

Systems Assessment

CNS

Save

*Note: Use **F3** on your keyboard to jump between the sections of the template.
“Background” can include Past Medical History and Social History etc.*

5. Open individual notes from **Documents** e.g. ED and home team notes to view them next to ICU Admission Note box.

6. Update **Problems/Alerts**.
 - a. These will appear in the Critical Care Worklist and final ICU Admission Note.

Problems/Alerts

Classification Medical and P: Add as This Visit Search within SNOMED CT Add problem

Priority	Problem Name	Code	Onset	Classifica...	Actions
1	Septic shock	--	--	Clinical History	<input checked="" type="checkbox"/> This Visit <input type="checkbox"/> Chronic
2	AKI - acute kidney injury	--	--	Clinical History	<input checked="" type="checkbox"/> This Visit <input type="checkbox"/> Chronic
	COPD	--	--	Clinical History	<input type="checkbox"/> This Visit <input checked="" type="checkbox"/> Chronic Resolve

- b. Enter **“This Visit”** diagnoses for acute diagnoses for the ICU admission by entering them into the search bar. You can sequence them if required. You can also click on one diagnosis to **Modify** it to “Principal Diagnosis”. Otherwise they are defaulted to “Additional Diagnoses”.
- c. Enter **“Chronic”** diagnoses for chronic conditions.


Note: Once the final ICU Admission Note is submitted, any updates to the “Reason for ICU Admission” box or “Problems/Alerts” section will not be reflected in the original note. However, the changes will be reflected in Critical Care Worklist.

7. Scroll down to view **Observations, Oxygenation/Ventilation, Lines/Tubes/Drains, and Fluid Balance (24-hourly fluid balance)**.

Fluid Balance

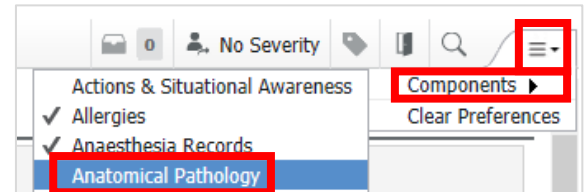
Fluid Balance (Since Admission):
+147 mL [View Details](#)

- a. To view detailed trends in other parts of the patient record, click on the mPage component headings. E.g. clicking on the **Fluid Balance** heading on the mPage will bring you to iVIEW (Interactive View and Fluid Balance) to see hourly trends.
- b. To go back to the mPage, click on the **left hand arrow** at the top of the iVIEW page.

 Interactive View and Fluid Balance

8. **Tag relevant results if required** for your final note.

- Laboratory:** Hold down “Ctrl” on your keyboard then select multiple relevant lab values, then click “Tag”.
- Microbiology:** Click on the report, then highlight the desired text, then click “Tag” button.
- Radiology:** Click on the report, then highlight the desired text, then click “Tag” button.
- Anatomical Pathology:** This is currently hidden but able to be brought into view by clicking on the three-line page icon > Components > Anatomical Pathology.



Note: Tagged results will only appear in the step when you generate the final ICU Admission Note.

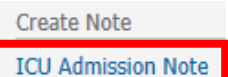
9. **Medications** - Click on the “**Transfer**” Reconciliation blue hyperlink to continue or stop any medications from the patient’s previous location (Refer to QRG ‘*ICU – Transfer Medication Reconciliation*’). Home Medications () and Previously Prescribed Medications () which appear on the Transfer Reconciliation window **are not** part of the inpatient medication chart – you can opt to not have them converted to an inpatient medication for the period of ICU stay, or you can convert them to an inpatient medication if required.

10. Update **Allergies** or add new Allergies if required from the search bar.



11. **Anaesthesia Record:** Can be viewed if a patient has been admitted from theatre post-operatively. Refer to QRG ‘*How to View Anaesthesia Record on PowerChart*’.

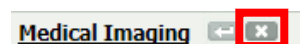
12. After completing the ICU Admission Note textbox, **you must click on “ICU Admission Note” blue hyperlink** under “Create Note” at the bottom left of the mPage, to generate the final note.



13. **The final note will pull in components from the mPage** e.g. Reason for ICU Admission, ICU Admission Note textbox, Problems/Alerts, Home Medications, Laboratory Results.

If you have tagged microbiology reports from the mPage, they will appear on the left side of the note. Drag them into the Laboratory section on the right side. Likewise, drag tagged radiology reports into the Radiology section.

You may remove any redundant or missing sections by hovering over the section and clicking the x button.



14. Make final edits if required. Click **Sign/Submit** when ready to finalise. View your signed note in Documents on the mPage (after refreshing) or in Documentation from the Table of Contents.

