

ICU – Workflow - ICU Transfer (For Medical Officers)



Digital Health
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Quick Reference Guide

This Quick Reference Guide will explain how to:

Complete the ICU Transfer workflow for ICU Medical Officers. This refers to transfers/discharges **out** of ICU.

The **ICU Transfer Summary** must be completed for all ICU patients, including deceased patients. If the patient is going home directly from ICU, they need an ICU Transfer Summary (completed by ICU team) in addition to a Hospital Discharge Summary by their home team. Any discharge scripts or follow-up required is organised by the home team.

Recommended ICU Transfer Workflow

A. Discontinue ICU Order Sets first

1. No patient should go to the ward with an active ICU Order Set. See how to discontinue them below. If you **discontinue all the ICU Order Sets** first, it's quicker to do the Transfer Medications Reconciliation.

B. Check Medications and Other Orders

2. **Complete the Transfer Medication Reconciliation** to continue or stop any remaining medications prior to transfer to the ward. Refer to QRG '*ICU – Transfer Medication Reconciliation*'.

If a patient is going to **another WH Campus**, do **Cross-Encounter Transfer Reconciliation** instead. Receiving doctor should do Admission Reconciliation once patient is admitted to the other campus. Refer to QRG '*Discharge – Cross Encounter Transfer (For Medical Officers)*'.

3. **Review any non-medication orders via Orders and Referrals** and cancel if they are no longer required.

C. Complete ICU Transfer Summary

4. The first ICU doctor to start the ICU Transfer Summary should start it by using the **autotext .ICUTransfer** to generate the template. Multiple doctors can edit the transfer summary box as this is a shared box.
5. **Go through the components of the ICU Transfer mPage** to help formulate your ICU Transfer Summary.
6. **Create the final ICU Transfer Summary Note.**

D. Observation Chart

7. ICU Nurses are tasked to switch the chart back to the Adult Ward Observation Chart when the patient is ward-ready. **Alter MET calling criteria on the Adult Ward Observation Chart, if required.** Refer to QRG '*Observations – Altering Calling Criteria – Acute & Chronic*'.

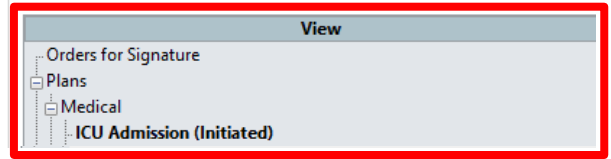
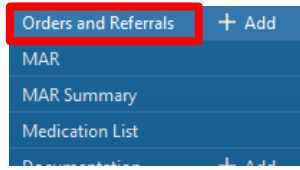
E. ANZICS

8. **Modify the existing ANZICS PowerForm via Form Browser** (form first created by ICU Ward Clerk in-hours or ICU NUM afterhours upon ICU Admission). Update **Pandemic Status** and **ECMO** fields if required.

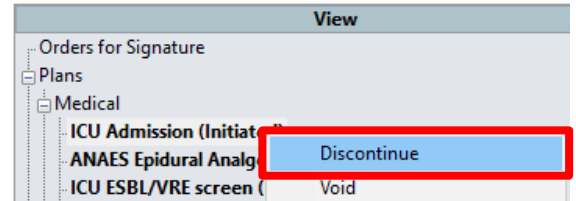


Discontinue ICU Order Set

- To discontinue an ICU Order Set, go to **Orders and Referrals** from the Table of Contents, then locate the existing order set under the View pane. Here, we are using *ICU Admission order set* as an **example**.



- Right-click** on the order set and select **Discontinue**.



- In this pop-up window, all orders are discontinued by default.

*Note: You can tick the checkbox next to an individual item you wish to **keep** from the order set (i.e. continue on the ward).* Once you are done reviewing these items, click **OK** to continue.

Discontinue - ICU Admission

Keep	Component	Status	Order Details
<input type="checkbox"/>	Weight	Ordered	22/08/2023 11:37:00, daily
<input type="checkbox"/>	Electrocardiogram (ECG) Bedside	Ordered	22/08/2023 11:37:00, daily
<input type="checkbox"/>	esomeprazole	Ordered	40 mg, IV Injection, Ampoule, daily, First dose 23/08/2023 08:00:00
<input type="checkbox"/>	enoxaparin	Ordered	40 mg, Subcutaneous, Syringe, 24 hourly, First dose 22/08/2023 12:00:00
<input type="checkbox"/>	docusate-senna (Coloxyl with Senna oral tablet)	Ordered	2 tab(s), Oral, Tablet, BD, PRN, for constipation, First dose 22/08/2023 11:37:00
<input type="checkbox"/>	metoclopramide (metoclopramide for injection)	Ordered	10 mg, IV Injection, Ampoule, QID, PRN for nausea / vomiting, First dose 22/08/2023 11:37:00
<input type="checkbox"/>	paracetamol (paracetamol 500 mg oral tablet)	Ordered	1,000 mg, Oral, Tablet, QID, PRN for pain or fever, Max dose per 24 hours: 4 g of paracetamol, First dose 22/08/2023 11:37:00
<input type="checkbox"/>	potassium chloride (potassium chloride IV Infusion PRN (CRIT CARE))	Ordered	10 - 20 mmol, IV Infusion, Ampoule, 1 hourly, PRN for other: see indication, Indication: ICU PRN Electrolyte Replacement, Select diluent at time of administration, First dose 22/08/2023 11:37:00 • If K+ 3.5 – 4 mmol/L, administer 10 – 20 mmol K+ • If K+ < 3.5 mmol/L, administer 20 mmol K+ • Administer 20 mmol K+ via CVC • Administer over an hour • Potassium level must be checked prior to repeat dose • Consider renal function and urine output
<input type="checkbox"/>	magnesium sulfate (magnesium sulfate IV Infusion PRN (CRIT CARE))	Ordered	10 - 20 mmol, IV Infusion, Ampoule, 1 hourly, PRN for other: see indication, Indication: ICU PRN Electrolyte Replacement, First dose 22/08/2023 11:37:00 • If magnesium < 1.0 mmol/L, administer 10 - 20 mmol • Administer over 30-60 minutes
<input type="checkbox"/>	monobasic sodium phosphate (sodium dihydrogen phosphate IV Infusion PRN (CRIT CARE))	Ordered	10 - 20 mmol, IV Infusion, Vial, 1 hourly, PRN for other: see indication, Indication: ICU PRN Electrolyte Replacement, Select diluent at time of administration, First dose 22/08/2023 11:37:00 • Administer 10 mmol if phosphate 0.6 - 0.8 mmol/L • Administer 20 mmol if phosphate <0.6 mmol/L
<input type="checkbox"/>	potassium phosphate (potassium dihydrogen phosphate IV Infusion PRN (CRIT CARE))	Ordered	10 - 20 mmol, IV Infusion, Ampoule, 1 hourly, PRN for other: see indication, Indication: ICU PRN Electrolyte Replacement, Select diluent at time of administration, First dose 22/08/2023 11:37:00 • Administer 10 mmol if phosphate <0.8 mmol/L & potassium <4.0 mmol/L, • Administer 20 mmol if phosphate <0.6 mmol/L & potassium <3.5 mmol/L • Administer 20 mmol over 1 hour only if central line access is available • Do not administer if potassium is greater than 4.5 mmol/L - Consider sodium dihydrogen phosphate
<input type="checkbox"/>	compound sodium lactate (Hartmann's) infusion 1,000 mL	Ordered	1,000 mL, IV Infusion, Rate: 5 mL/hr, First dose 22/08/2023 11:37:00, Indication: TKVO - ICU DRUG AND FLUSH, CONTINUOUS, Total volume (mL): 1,000

OK Cancel



- The orders you wish to discontinue will appear crossed out.

The blue cross circle symbol means there is a mandatory field that needs to be completed.

In this case it's the **Discontinue Reason**.

- To populate this for all orders at one go, first highlight all items by clicking the first order with your mouse, holding “Shift” key on your keyboard then clicking the last order on the screen. (See example below).
- To select individual orders instead, hold the “Ctrl” key to highlight them one by one.

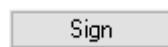
ICU Admission (Discontinued Pending)				
Last updated on: 22/08/2023 11:38 by: [redacted] - HMO				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Weight	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Electrocardiogram (ECG) Bedside	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	esomeprazole	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	enoxaparin	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	docusate-senna (Coloxyl with Senna oral tablet)	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	metoclopramide (metoclopramide for injection)	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	paracetamol (paracetamol 500 mg oral tablet)	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	potassium chloride (potassium chloride IV Infusion P...	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	magnesium sulfate (magnesium sulfate IV Infusion P...	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	monobasic sodium phosphate (sodium dihydrogen p...	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	potassium phosphate (potassium dihydrogen phosph...	Discontinue 22/08/2023 12:01 AEST
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	compound sodium lactate (Hartmann's) infusion 1000...	Discontinue 22/08/2023 12:01 AEST

- Select the appropriate **Discontinue Reason** and click **Orders for Signature**.

	<ul style="list-style-type: none"> No Longer Necessary Patient On Leave Patient Transferred / Discharged Reconciliation of Meds Transfer to different MAR/Chart Other
Discontinue Reason:	No Longer Necessary

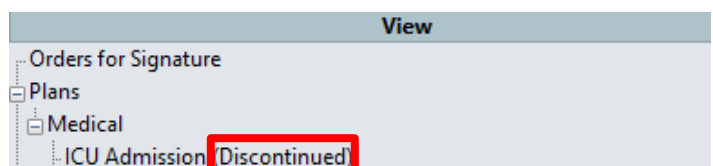
Orders For Signature

- Review the orders you are about to discontinue, click **Sign**.



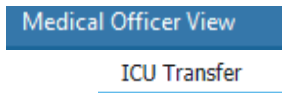
- Enter your credentials and click **OK**.

- Click **Refresh** at the top right corner of the screen and the order set will now indicate it has been **discontinued**.





Create ICU Transfer Summary



1. Click on **Medical Officer View** from the Table of Contents on the left side of the page.
2. Click on **ICU Transfer mPage/tab**.
3. Review the content in the **Reason for ICU Admission**.

Reason for ICU Admission

Septic shock secondary to pyelonephritis requiring inotropes

60/255

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

- a. This is a shared box with a character limit that any ICU doctor can edit. It would have been completed at the time of ICU Admission.
- b. This appears in Critical Care Worklist and the final ICU Transfer Summary Note.

4. Move **ICU Transfer Summary textbox** to the right side by clicking on the arrow 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.

ICU Transfer Summary (use .ICUTransfer)

Tahoma 9

ICU Transfer Date

-

ICU Admission Diagnosis

-

Summary of Major Events While in ICU

-

Changes to Medications During ICU Admission

-

Issues at Time of ICU Transfer

-

Resus Status at Time of ICU Transfer

-

Save

5. The first doctor to start the ICU Transfer Summary can type the **autotext .ICUTransfer** into the box and double-click on it to generate the template.

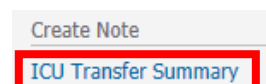
*Note: Use **F3** on your keyboard to jump between the sections of the template. This is a multi-contributor shared box that can be updated by any ICU doctor during the patient's ICU stay. It can be prepared and saved in advance.*

6. Click **Save** at the bottom right to save the contents of the box.

7. **Tag relevant results if required** only when you're ready to finalise the note.
 - a. **Laboratory:** Hold down "Ctrl" on your keyboard then select multiple relevant lab values, then click "Tag".
 - b. **Microbiology:** Click on the report, then highlight the desired text, then click the "Tag" button.
 - c. **Radiology:** Click on the report, then highlight the desired text, then click the "Tag" button.

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

8. Select **ICU Transfer Summary blue hyperlink** under "Create Note" to generate the final note. Only do this when patient is ready to be discharged.



9. **The final note will pull in components from the mPage** e.g. Reason for ICU Admission, ICU Transfer Summary textbox, 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.

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

