

COVID-19 Respiratory Assessment Clinic - Certificate of Attendance



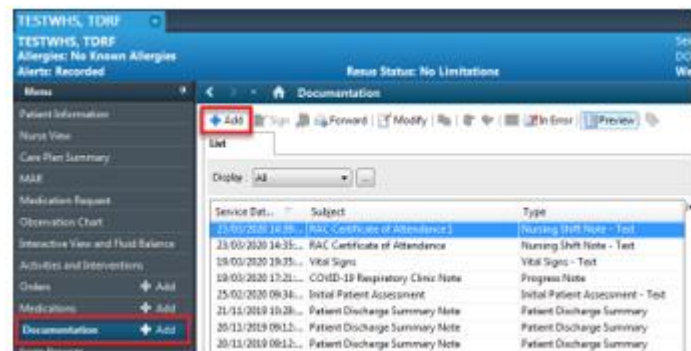
Digital Health
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Quick Reference Guide

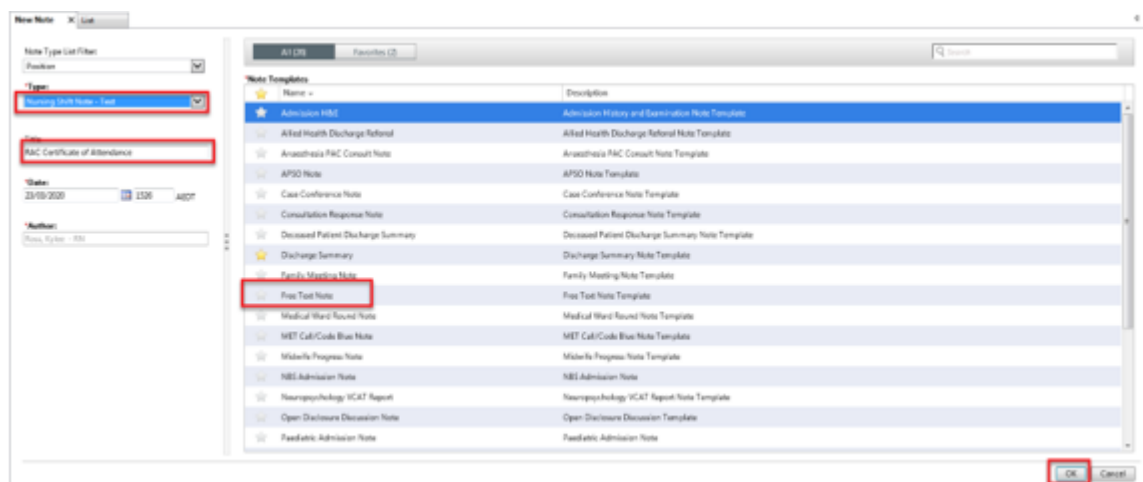
This Quick Reference Guide will explain how to:

Complete COVID-19- Respiratory Assessment Clinic - Certificate of Attendance

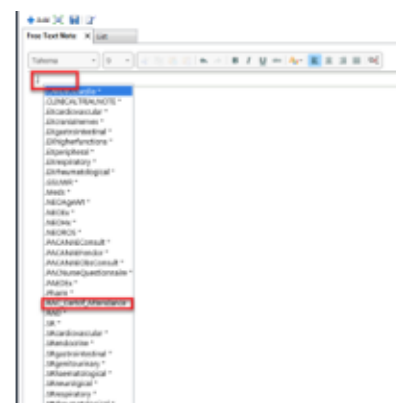
1. In the patient record, Click on **Documentation** from Table of Contents and click **+Add**



2. In Note Type select **Nursing Shift Note – Text** and choose the **Free Text Note** template and click **OK**



3. In the Text box at the top of the page, type. (Full stop) & a drop down menu will appear, select: **.RAC_Cert of Attendance***

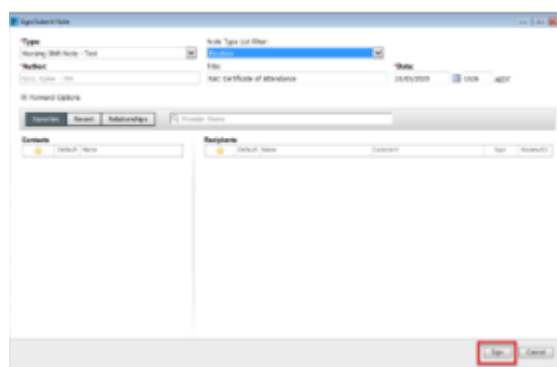




- Auto text will appear, enter in any additional information if required. Once complete click **Sign/Submit**



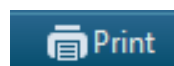
- The Sign/Submit window will open, click Sign



- Window will close and your document is now in Document List (in Italic), **Refresh** the page to verify your note

| Service Dat... | Subject | Type |
|----------------------|-------------------------------|---------------------------|
| 23/03/2020 15:26:... | RAC Certificate of Attendance | Nursing Shift Note - Text |

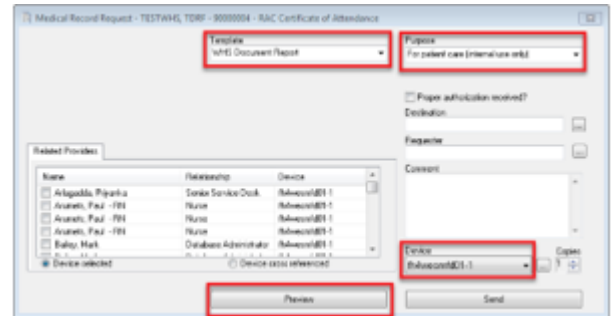
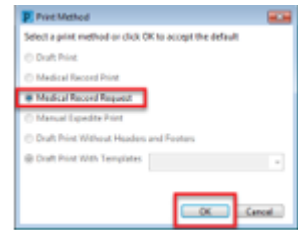
- Press **Print** button at top of page just under Banner Bar



Print Method Window will open select **Medical Record Request** and **OK**



- Printer window will open, select Template **Document Report**, Purpose, required printer and **Preview** print PDF



- The printed document should include the following patient specific information

| | |
|---|--|
| <p>Patient: TESTWHS, TDRF WH UR No.: 90000004 DOB: 10-Oct-94</p> | <p>Admit: Disch: 13-Nov-18 Facility: WHS Sunbury Day Hospital</p> |
|---|--|

Basic Care Documents

| | |
|--|--|
| <p>Document Type: Service Date/Time: Result Status: Perform Information: Sign Information:</p> | <p>Nursing Shift Note - Text 26-Mar-20 15:11 Auth (Verified) Ross, Kylee -RN (26-Mar-20 15:12) Ross, Kylee -RN (26-Mar-20 15:12)</p> |
|--|--|

TESTWHS, TDRF

Respiratory Assessment Clinic – Certificate of Attendance

Sunshine Hospital
 Furlong Road
 St Albans, VIC, 3021
 Telephone: 8345 1333
 Facsimile: 8345 0284

This is to state that the bearer attended the Respiratory Assessment Clinic on the date below

Patient has been informed regarding:

- Verbal Self-Isolation instructions regarding staying at home until results have been processed and communicated to patient
- Written Self isolation instructions
- If results are negative and you require further follow up, please see your GP

Signature of person issuing _____ 26/03/2020 15:11:12

This is an attendance form and not a Medical Certificate