



Anaesthetist

Action Card for Planned EMR Downtime

Pre Downtime

	Finalise any ongoing documentation in EMR.
	Prepare copies of Downtime packs / forms for procedure & post procedure
	Consult with NIC consider delaying any NON URGENT cases until after downtime
	Review your patient's MAR and discontinue any unnecessary medications or past infusions orders that haven't been administered and are no longer required.
	Avoid ordering future dated bags of infusions on the EMR where possible (ie: 3x bags of CSL 12 hourly).
	Print any documentation you would need for your patients to facilitate care or during a ward round whilst the system is down (ie: Admission note, last ward round note or other key information). Place the paper in the patient's folder.
	Order pathology intended to be collected during the downtime (ie: during the phlebotomy round) on a paper request form & hand to NIC.
	<p>The following continuous infusions should be moved to paper prior to 5pm on the day of planned downtime to support night staff.</p> <ul style="list-style-type: none"> • Heparin • Insulin infusions • PCAs & Epidurals • Syringe Drivers • Inotropes/sedatives <p>Discontinue these orders on the EMR with an order comment "Downtime Transferred to Paper Medication Chart" and make the patient's Nurse and Nurse in Charge aware that these orders are on paper, to ensure they are not missed.</p> <p>Fluid orders and all other infusions and drugs should stay on the EMR.</p>
	Refresh your knowledge on how to use paper medication & infusion charts & the downtime MAR by visiting digitalhealth.wh.org.au/downtime-procedures/
	Do not print the MAR from the DTV. The NIC/MIC will do this when the EMR downtime is called.

During Downtime

	Theatre Lists printed from Downtime Viewer from Theatre NIC
	Move directly to paper documentation – if system returns within 15 minutes of downtime, and clinically appropriate, back enter anaesthetic data into SAA (Anaesthetic Record). Continue documenting in SAA.
	Progress notes/procedure notes/consult notes are to be completed on paper (these will be scanned once the patient is discharged). To review past notes recorded on EMR, access the DTV on the patient's ward. You will only be able to access the notes from the last 7 days.
	Medications can be administered off the printed paper downtime MAR for up to 24 hours. Further instructions will be given if the downtime is anticipated to last longer than 24 hours.
	New medications, infusions and modifications should be prescribed onto a new NIMC or infusion chart. Be sure to cross out medications with a pen and initial on the downtime MAR if they are ceased or modified. Ensure a comment is added as to <i>when</i> and <i>why</i> an order is ceased or modified. Note: any modifications to sliding scale insulin require all sliding scale orders to be recharted on the NIMC.
	Prescribe any future orders that require administration during the downtime period on the NIMC or the relevant infusion chart.
	If there are any pending bag by bag infusion orders displaying on the printed paper downtime MAR, that have not been commenced by the Nursing staff and are intended to commence during the downtime period, cease these on the printed MAR and rechart new orders on the paper infusion chart.



	Pathology and radiology referral forms are supplied in the downtime box. Please contact the relevant department for urgent requests. Utilise BOSSNet to access pathology or radiology results.
	Allergy information will be visible on the front page of the printed downtime MAR and NIMC. Ensure allergy changes are made on all of these.
	Accessing Documentation from before the downtime (including fluid balance chart, etc) can be done directly from the downtime viewer on each ward if not available on printed downtime documentation.

Day of Uptime

	Review the printed downtime MAR, the NIMC, infusion charts (including AD 285) and the EMR.
	If system returns within 15min of downtime, during patient's procedure and clinically appropriate, back enter anaesthetic data into SAA (Anaesthetic Record). Continue with documentation in SAA. For prolonged downtimes >15 minutes then it would be appropriate to finish the record on paper and scan the final document as a Powernote with the following details: Type: Anaesthesia and APS Title: Procedure Note – Downtime Anaesthesia Chart (Procedure Name) Please photograph the chart and attach as an image into this Powernote.
	If system returns while patient in PACU if Day Case stays on paper for patients who have NO changes to medications and altered calling criteria. Multi day patients require reconciliation of medication and fluid orders into EMR prior to patient discharge from PACU.
	Lines and devices are entered into the system prior to patient's discharge from PACU.
	Ensure all orders that have been reviewed and reconciled in the EMR have been crossed out with a single line on paper with a green highlighter .
	Transcribe any altered MET criteria into the EMR.
	Enter any new allergies and alerts, problems and diagnoses into the EMR.
	Do not retrospectively add paper pathology and radiology orders into the EMR. Results will update.

Medications

	Ensure that the medications prescribed on the EMR match exactly what is reflected on paper from the downtime by following the below steps.
	For down time <24 hours you do not need to delete all medications from the EMR.

Simple Medications (excludes infusions):

	For medications commenced during down time you will need to place the order on EMR and change the "first dose date/time" to reflect when the medication was first given.
	For medications modified during downtime, Cancel/Reorder the order on EMR and change the "First dose date/time" to reflect when the change was first applied.
	For medications discontinued during downtime, Cancel/DC the order on EMR.
	If medications were unchanged during downtime, no action is required in EMR
	As each medication is transcribed onto the EMR, strike through the paper order with a green highlighter to show you have reviewed this medication.



Bag by Bag Infusions:

	Discontinue any orders that have been discontinued or completed during downtime
	Bag by bag infusions that are already running can remain on paper until the bag is complete. Place orders for any <u>subsequent</u> bags on EMR and add an order comment (e.g. "After bag on paper").
	For bag by bag infusions that have been prescribed on paper but not yet commenced , place order on EMR and cross out on paper.

Truly Continuous Infusions:

	All truly continuous infusions (e.g. Heparin, Insulin, Syringe Drivers) should be transitioned onto EMR and crossed out on paper by a medical team suitably qualified to prescribe these medications.
	For <i>Truly Continuous Infusions</i> commenced during downtime, place the order on the EMR and cross out with a green highlighter.
	All <i>analgesic infusions</i> e.g. PCAs, regional analgesia etc. should not be transcribed by the home team. These are to remain on paper (source of truth) until seen by APMS team during their rounds where they will transcribe the order on to the EMR.

REMEMBER: As each medication is transcribed onto the EMR, strike through the paper order with a highlighter to show you have reviewed this medication.

Notify the Nurse/Midwife in Charge once these steps are completed.

Please sign up to MyBeepr before the downtime by scanning this QR code:

