

Peri-Operative action card for EMR Downtime Nurse/Midwife

Pre Downtime

Nurse / Midwife

AM / PM / NIGHT

Attend handover to be informed of readiness for the EMR downtime (if planned)

When EMR Standby is called:

Attend ward huddle and wait for instructions from NIC / MIC

During Downtime

Nurse / Midwife

When EMR Downtime is called:

- Seek direction from the NIC/ MIC
- If patient is admitted to an inpatient ward location, their record can be viewed on the Theatre Downtime Viewer by searching the patients UR number on their wrist band
- Liaise with Surgeon/Anaesthetist to confirm source of truth for medication charting (depending on duration/if case has been finalised)
- Commence documenting using Downtime packs:
 - o Downtime MAR or applicable paper medication charts as prescribed by the Anaesthetist/Surgical Unit
 - o **All** high risk infusions (heparin, inulin infusions, PCAs & Epidurals (non-obstetric) and Syringe Drivers) need to be prescribed and administered on the appropriate paper infusion charts
 - o Progress Notes for all other documentation requirements (Some areas may use specialty forms)
 - o Passport to Surgery
 - o Full documentation on Count Sheet (all pages)
 - o PACU Documentation
- Review the Downtime MAR for any future medication orders including bag by bag orders (e.g. for hydration). If there are, liaise with Medical Officer to cancel on Downtime MAR paper print out as per Business Continuity Plan and order on paper infusion chart
 - Place 'Patient on Paper' signs above the bed

Medications:

- You must sign (not tick) medications on the Downtime MAR
- Administration of scheduled medications must be initialed
- Administration of PRN medications must be initialed with dose and time administered
- ONCE only medications appear under scheduled medications. Initial administration with the time administered
- New medications are not to be charted on the downtime MAR: these are to be prescribed onto the relevant paper medication or infusion chart.

Uptime

Nurse / Midwife

Attend huddle to be informed of readiness for Stand Down procedure (uptime)

EMR Stand Down is called:

- Attend staff huddle and await instructions from NIC/MIC prior to accessing EMR
- Commence documentation in EMR:
 - o Lines & devices



- Medications / Intravenous Infusions including fluids **for Postop Ward**
- Final set of Observations into EMR Observation Chart
 - **Retrospectively Intraop Doc** (Case Times, Case Attendees, General Case Data, Surgical Procedures, Implant Log & Retrospective Data Entry. NB not necessarily entered prior to patient leaving PACU)
- PACU Documentation is to remain on paper
- Enter the "Patient transitioned to EMR" order in EMR
- Ensure that all paper documentation used during downtime is kept in the patients file and will be sent to medical records for scanning when the patient is discharged

Once any changes are verified by the Medical Officer, Nursing/Midwifery staff should commence back entry of medications administration for the period during which EMR was unavailable for patients still in Perioperative department.

Paying close attention to:

- Enter actual date, time and medication dose administered. Use Reason for Late Administration option of "Other" and enter "Downtime"
- Strike through each page of the Downtime MAR with a highlighter to indicate that the information has been entered into EMR
- Enter accumulative volume on Fluid Balance Chart in Interactive View under IV Therapies (Paper/Retrospective)
- Patients that have high risk infusions, discuss with treating unit regarding ordering on EMR