



Pharmacy

Action Card for Planned EMR Downtime

Pre Downtime

	Review the patient's MAR and ensure adequate supply of non-impresst medications for the duration of the downtime.
	<p>The following continuous infusions should be moved to paper by Medical staff 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>These orders are to be discontinued on the EMR with an order comment "Downtime Transferred to Paper Medication Chart". Fluid orders and all other infusions and drugs should stay on the EMR.</p>
	<p>In the Intensive Care setting patient care orders for CRRT and Impella need to be transcribed onto the applicable paper medication or infusion chart by Medical staff prior to 5pm on the day of planned downtime to support night staff.</p> <p>These orders are to be discontinued on the EMR with an order comment "Downtime Transferred to Paper Medication Chart".</p>
	The DTV has a look back of 7 days. Consider printing the Pharmacy Admission Notes if they were written >7 days prior to a planned downtime if they are required (e.g. for potential discharges in Subacute wards)

During Downtime

	Each clinical areas will have relevant documentation (i.e. patient information, downtime MAR) printed from the DTV by NIC/MIC
	Patient Lists can be printed from DTV, iPM or BOSSNet if these systems are available. Custom lists cannot be printed.
	Pharmacy Admission, Progress and Discharge Notes are documented on the paper Medication Management Plan (MMP).
	Medications review – review medications on the downtime MAR / NIMC / relevant infusion chart.
	Medications existing prior to downtime 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 are not documented on the downtime MAR. These will be prescribed by Medical Staff onto a new NIMC or relevant infusion chart. Ensure the medications are crossed out with pen and initialed on the downtime MAR if they are ceased or modified.
	Any future medication orders that require administration during the downtime period need to be charted on the NIMC or the relevant infusion chart. These cannot be administered from the downtime MAR.
	Medication requests are to be faxed to Pharmacy using a Medication Request cover sheet. For orders that are on the Downtime MAR, do not fax or photocopy the Downtime MAR. These orders should be viewed using the DTV. For orders that are charted on the NIMC or applicable paper infusion forms , these paper forms are to be faxed together with the Medication Request cover sheet.
	Allergies will be visible on the front page of the printed downtime patient file, every page of the printed downtime MAR and the NIMC. Ensure allergy changes are made on all of these

	Fluid Balance Charts and Observations Charts – review paper Fluid Balance Charts and Observations Charts
	Pathology / Radiology Results – Historical results (up to last 7 days) can be viewed in DTV.
	Prescription pads will be provided by the Nurse/Midwife in Charge. Ensure the red medical copy is kept with the patient record for scanning into BossNet.
	Discharge – Reconcile paper prescription with medication history (from DTV or pharmacy admission note) and printed downtime MAR / NIMC (if used)
	Medication Lists – are to be generated using Merlin
	Patient Transfers to other hospitals (including Western Health): ensure clinically appropriate handover material is printed from the downtime viewer for transport

Day of Uptime

	Review the printed downtime MAR, the NIMC, infusion charts (including AD 285) have been transcribed into the EMR correctly by Medical Staff.
	Ensure all orders that have been reviewed and updated in EMR have been striked through the paper order with a highlighter.

For down-time <24 hours

	Ensure that the medications prescribed on the EMR match exactly what is reflected on paper from the downtime.
	For down time <24 hours, Medical Staff will not need to delete all medications from the EMR.

Simple Medications (excludes infusions):

	For medications commenced during down time, Medical Staff will 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, Medical Staff will 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, Medical Staff will 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, the paper order will be struck through with a green highlighter to indicate the medication has been reviewed.

Bag by Bag Infusions:

	Any orders that have been discontinued or completed during downtime will be discontinued by the Medical Staff on EMR.
	Bag by bag infusions that were prescribed on paper and are still running can remain on paper until the bag is complete. Orders for any <u>subsequent</u> bags will be ordered on EMR with an order comment (e.g. “After bag on paper”).
	For bag by bag infusions that have been prescribed on paper but not yet commenced , the order will be placed on the EMR and crossed out on paper.

Truly Continuous Infusions:

	All truly continuous infusions (e.g. Heparin, Inotropes, Sedatives, Insulin Infusions, 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. Within ICU analgesic infusions will be transcribed by the ICU medical officer. APMS will review their daily ward round.
	Check that the paper order has been struck through with a highlighter as they are transcribed onto the EMR.

Patient Care Orders:

	Review applicable patient care orders. In the Intensive Care setting this applied to CRRT and Impella. Ensure any orders that have been discontinued or completed during downtime are reflected in the EMR. For orders that have been modified or newly commenced, ensure these orders are placed correctly.
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For down-time >24 hours

All active inpatient medication orders are deleted on the EMR (for all patients on EMR prior to downtime)

Check all medications on paper are transcribed correctly on EMR– no medications are back dated and are progressively charted.