

ICU – Document ANZICS Powerform (For Medical Officers)



This Quick Reference Guide will explain how to:

Complete the ANZICS documentation for Intensive Care Unit (ICU) patients as an ICU Medical Officer.



Important

All patients admitted into ICU require their clinical information in the ANZICS Powerform to be:

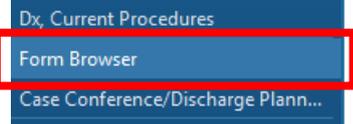
- Completed as part of the ICU Admission process
- Reviewed again as part of the ICU Discharge process (e.g. confirming ECMO and Pandemic Status are accurate).

There must only be one ANZICS form per patient for the current ICU admission.

Exception: Patients admitted to ICU due to unavailable ward beds or for procedures only do not require any ANZICS form.

Modify the existing ANZICS Powerform

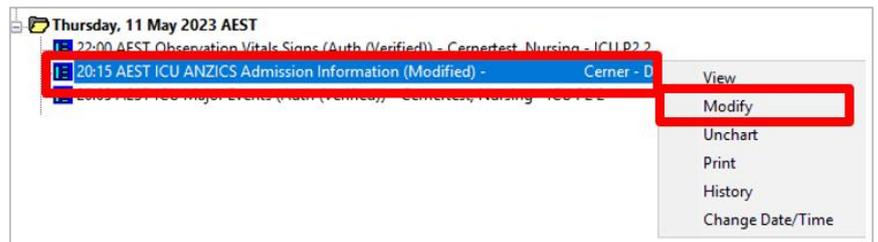
1. The ICU Ward Clerk or Nurse-In-Charge (NIC/ANUM) would have commenced the ANZICS Form by completing the ICU Admission Date/Time and Patient Acuity.



To locate the existing form, go to **Form Browser**.

Note: If there is no form in the patient's chart yet, approach the ward clerk (in-hours) or NIC/ANUM (afterhours) to create.

2. Once located, right-click on the existing form and click 'Modify'.





First tab – “ICU Admission Information and Discharge Date/Time”

1. This section would be filled in by ICU ward clerk or NIC/ANUM.

You do not need to complete this.

Second tab – “ICU ANZICS APD Information”

2. Click on this tab on the left and complete the following fields:

- Treatment Goals at Time of ICU Admission
- Pregnancy Status
- Weeks of Gestation (if enabled)
- Cardiac arrest in previous 24 hours (prior to ICU Admission)
- Diabetes Status
- Pandemic Status
- ECMO Indicator

You are **not** required to complete the Clinical Frailty Score or Pressure Injury or Glasgow Coma Score (GCS) fields.



Handy Hint – Use ‘Reference Text’ to look at definitions

Throughout the ANZICS form, there are some fields where you can right-click on the box and view ‘Reference Text’ for further information which can help you to select the most appropriate option for the field.

Third tab – “APACHE Documentation”

3. Continue to the third tab on the left.

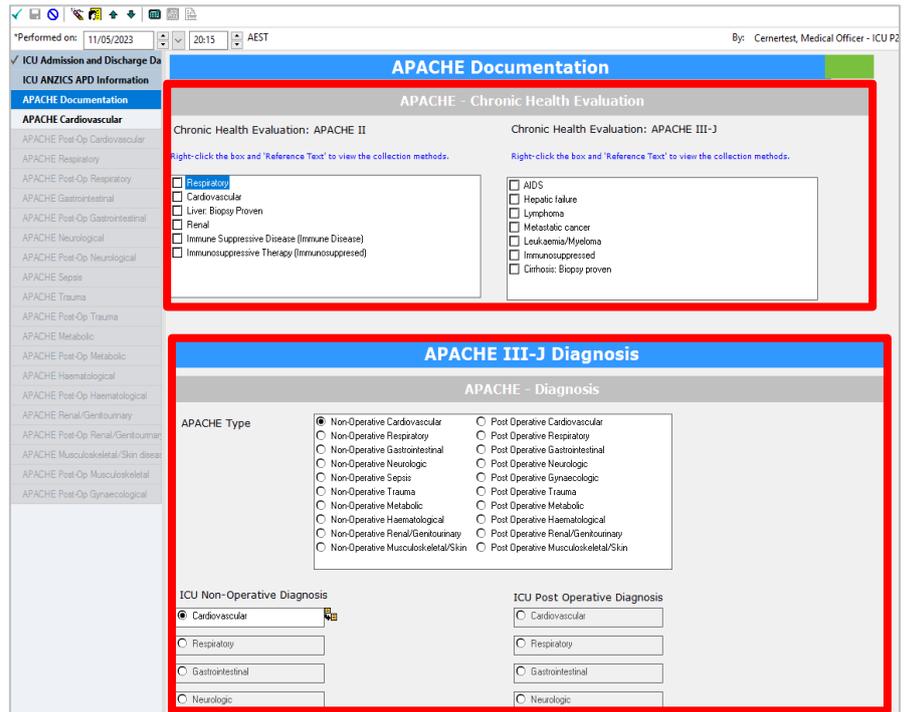
In the top section:

Select the applicable option(s).

Note: These Chronic Health conditions have ANZICS-specific definitions. Please remember to right-click and refer to Reference Text for the correct definitions.

In the bottom section:

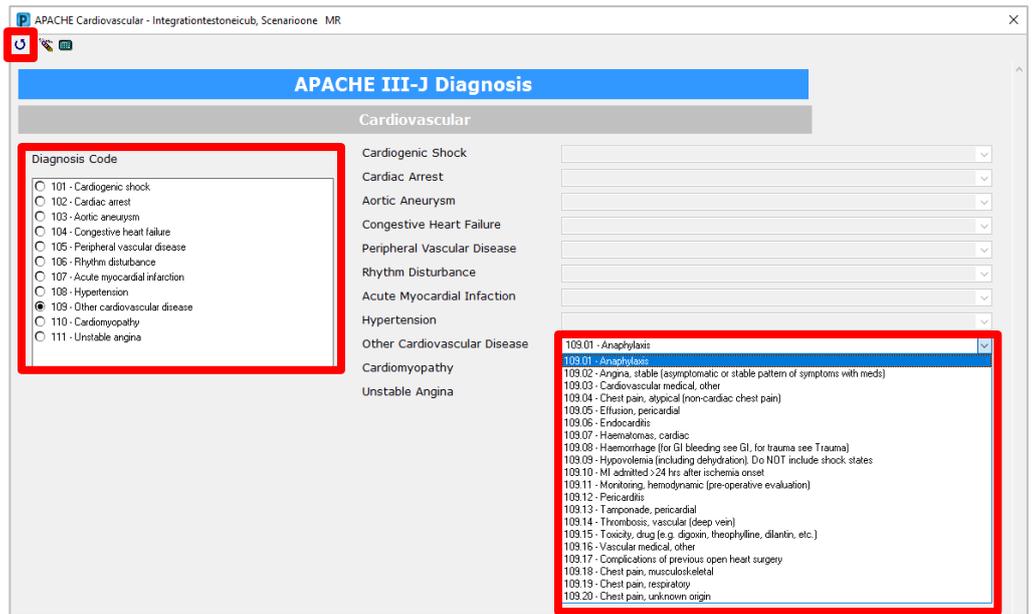
Select **only one** most relevant and appropriate ‘APACHE – Diagnosis’ that best fits the patient.



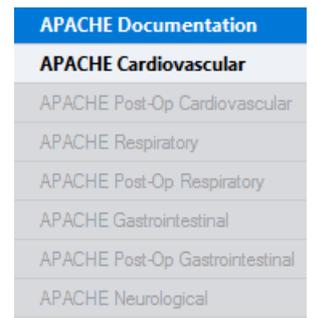
4. Selecting an APACHE diagnosis will open this window.

Choose the one most appropriate **Diagnosis Code** on the left and **Sub-Diagnosis** on the right via a dropdown list.

When you are done with your selection, click on ‘Return’ icon to go back to the ANZICS form.



Note: After selecting the appropriate diagnosis, only the relevant APACHE documentation would be required to complete. All other diagnoses will appear greyed out and inaccessible on the left side of the ANZICS form.





5. Once complete, submit your changes to the form by **clicking the green tick.**

*Performed on: 11/05/2023 20:15 AEST By:

✓ ICU Admission and Discharge Data
 ✓ ICU ANZICS APD Information
 APACHE Documentation
APACHE Cardiovascular
 APACHE Post-Op Cardiovascular
 APACHE Respiratory
 APACHE Post-Op Respiratory
 APACHE Gastrointestinal
 APACHE Post-Op Gastrointestinal
 APACHE Neurological
 APACHE Post-Op Neurological
 APACHE Sepsis
 APACHE Trauma
 APACHE Post-Op Trauma
 APACHE Metabolic
 APACHE Post-Op Metabolic
 APACHE Haematological
 APACHE Post-Op Haematological
 APACHE Renal/Genitourinary
 APACHE Post-Op Renal/Genitourinary

APACHE III-J Diagnosis

Cardiovascular

Diagnosis Code

- 101 - Cardiogenic shock
- 102 - Cardiac arrest
- 103 - Aortic aneurysm
- 104 - Congestive heart failure
- 105 - Peripheral vascular disease
- 106 - Rhythm disturbance
- 107 - Acute myocardial infarction
- 108 - Hypertension
- 109 - Other cardiovascular disease
- 110 - Cardiomyopathy
- 111 - Unstable angina

Cardiogenic Shock

Cardiac Arrest

Aortic Aneurysm

Congestive Heart Failure

Peripheral Vascular Disease

Rhythm Disturbance

Acute Myocardial Infarction

Hypertension

Other Cardiovascular Disease

Cardiomyopathy

Unstable Angina