

Orders - Ordering a GERI Falls Order set & Using the Post Falls Auto Text Template for Documentation



Digital Health
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Quick Reference Guide

This Quick Reference Guide will explain how to:

Order a GERI Falls Order Set & Using the Post Falls Auto Text Template for Documentation.

Note: This order set can be used for all adult falls, and is not limited to geriatric patients.

1. Select “+Add” on Orders and Referrals and search for “GERI Falls” to find the orderset.

The screenshot shows the 'Orders and Referrals' section of the clinical system. A search for 'GERI Falls' is performed, and the results are displayed in a table. Red callouts 1, 2, and 3 highlight the '+ Add' button, the search results, and the 'Initiate Now' button respectively.

Order Name	Status	Start	Details
Initiate Now GERI Falls	Planned P...		placing 0 order(s)
Initiate Now GERI Falls	Planned P...		placing 0 order(s)



2. **Complete** the orderset, following the instructions, and **“Sign”** the order.

GERI Falls (Planned Pending)

GERI Falls - Medical Officer

For HMOs, use autotext teampate ".postfallHMO" to complete your documentation

Add Fall to Problem List

PATIENT CARE

<<< --- Click here for **WH Preventing Patient Falls and Harm from Falls Procedure** to guide examination, investigation and treatment - Bedside Post-Fall Huddle with Doctor, Bedside Nurse, NIC +/- PT should be completed following medical r/v post-fall.

<input checked="" type="checkbox"/>	Vital Signs Adult	T;N, As per WH Falls Guidelines
<input checked="" type="checkbox"/>	Neurological Observation	T;N, 1 hourly, for 4 hr(s), As per WH Falls Guidelines
<input checked="" type="checkbox"/>	Blood Pressure (BP)	BD, 48, hr(s), Postural Blood Pressure
<input checked="" type="checkbox"/>	Bladder Scan	Post-Void Residual Volume
<input checked="" type="checkbox"/>	Bowel Chart	Monitor for Constipation
<input type="checkbox"/>	Electrocardiogram (ECG) Bedside	T;N, ONCE only
<input type="checkbox"/>	Full Ward Test (FWT)	
<input type="checkbox"/>	Blood Glucose Monitoring Bedside	

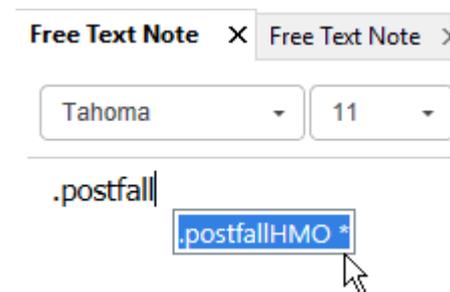
MEDICATIONS

- Review patient's Medication Administration Record (MAR) and Refer to WH Falls Guideline for advice

<input type="checkbox"/>	colecalciferol	1,000 unit(s), Oral, Capsule, daily Aim Vit D > 75
<input type="checkbox"/>	colecalciferol	50,000 unit(s), Oral, Liquid, ONCE only

Using Post Falls Auto Text Template for Documentation

1. During your documentation, type “. postfallHMO” in the note and press enter.





2. Fill out the template, **replacing** all the **red text** with clinical information in relation to each prompt and select from the drop-down options where applicable. Select **"Sign/Submit"** once you are finished.

Free Text Note x Free Text Note x List

Tahoma 11

****When saving note, please title as: XXX Post Fall Medical Review****
(edit red and italic font to record your review)

FALLS REVIEW TEMPLATE

History
Ascertain events from fall from patient and any witnesses - egs what was the patient doing pre-fall, were they alone, if mobilising was it with gait aid if prescribed, location of the fall
Was there a head strike?
Baseline mobility and cognitive state, ?any changes post fall
Any prior falls and/or fractures?
Screen for contributing illnesses - egs respiratory, cardiac, urinary, sepsis, delirium symptoms
Any new pain or new symptoms since the fall?

Bleeding risk

- 1) Does the patient have chronic liver disease or haematological disorders that may make them coagulopathic? Select YES/NO
- 2) On warfarin or other anticoagulants (heparin, enoxaparin therapeutic dose, dabigatran, rivaroxaban, apixaban etc.) Select YES/NO
- 3) On antiplatelet medication (Aspirin, Clopidogrel, Ticagrelor, Dipyridamole etc.) Select YES/NO
- 4) On Dual anti-platelets Select YES/NO

Observations
Observations post fall:
4AT:
Postural drop (if appropriate to perform now):
GCS:
Recent BSLs:
Review Behaviour of Concern Assessment for 24 hours preceding fall and note any concerns (*found under Interactive view & Fluid Balance -> Adult Risk Assessments*):

Musculoskeletal examination:
Look for signs of injury eg deformity, haematomas, pain, decreased range of movement

Note Details: Sukri, Adrian - HMO, 08/03/2022 14:53 AEDT, Free Text Note

Sign/Submit Save Save & Close Cancel

C2031 SUKRIADR 08 Mar, 2022 14:56 AEDT



3. Fill out the Submit Note fields. Select **"Progress Note"** and make sure to title the document as **"(insert team or role here) Post Fall Medical Review"** and then select **"Sign"**

Sign/Submit Note

*Type: Progress Note **1**

Note Type List Filter: Position

*Author: Sukri, Adrian - HMO **2**

Title: Night HMO Post Fall Medical Review

*Date: 08/03/2022 1453 AEDT

Forward Options

Favorites Recent Relationships Provider Name

Contacts

★	Default	Name
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Recipients

★	Default	Name	Comment	Sign	Review/CC
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3 Sign Cancel