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



Digital Health 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.

| P TESTHTS, Joanne - 288288 Opened by Sukri, Adrian - HMO | | | - 🗆 × |
|--|--|---|---|
| Task Edit View Patient Chart Links Notifications Options Current Add | Help | | |
| 🗄 🔛 Welcome 🖕 Patient List 🎬 Pharmacy Care Organiser 🖃 Message Centre Pharmacy Pat | ent Monitor 🚨 Multi-Patient Task List 🚆 🔩 CRT: | 0 📲 🗄 🗺 Tear Off 📲 Exit 🛄 Calculator 🎕 | AdHoc 🌄 Specimen Collection |
| 🗄 😋 EMR MaP Dashboards 😋 Clinicians Channel 😋 MIMS 😋 PBS 🔤 🗄 Eabel Printing 📻 | Reports 💿 Path Label Reprint 🔞 BOSSnet 🔍 AIDH | 🕄 eTG 🔍 UpToDate 🔍 SafeScript 🕄 COVI | D Outbreak Sites 🔜 Report Request 🚆 |
| TESTHTS, Joanne × | | dan ber | List - MRN - Q |
| TESTHTS, Joanne | Sex:F | Clinical Unit: Acute Aged Care | UR:288288 |
| Allergies: test test test, alprostadil, rituximab, ciPROFLOXAcin | DOB:01/03/2000 Age: 22 Years | Loc:CY-DEMO; 03; 04 | Clinician: |
| Alerts: Recorded Resus Status: No Limitations | Weight: 66kg 09/12/2021 13:02 | inpatient [28/07/2021 14:54:15 to <100 - Dis היי | Eull screen Print 1 hours 8 minutes and |
| Datient Summany | | | Descerillation Status |
| Add A Document Medication by Hx Reconcil GP View | ation * | | Meds History (1) Admission (1) Discharge |
| Histories Orders Medication List Manage Infusions | | | |
| Allergies/Sensitivities + Add | | | × |
| Dx. Problems/Alerts View Enter name t | create sequence: | | |
| Dx, Current Procedures Diagnoses & Problems 2 GE | RI Falls Advanced Options | 🗧 🗸 Type: 👘 Inpatient | |
| Medication List | GERI Falls | Search within: All | |
| MAR Add 🖧 Convert | er to Search | | |
| MAR Summary | Is | | |
| Orders and Referrals + Add Annotated Display | | | |
| Results Review Dizziness | | | |
| Interactive View and Fluid Balance | | | |
| Observation Chart Sepsis | | | |
| Documentation 🖶 Add | | | |
| Patient Information | | | |
| Notes | | | |
| Immunisation | | | |
| Activities and Interventions Problems | | | |
| Form Browser 📥 Add 🛼 Convert 🐼 | | | |
| Growth Chart Display: All | | | |
| Continuous Notes | | | |
| My Health Record Annotated Display Name of | | | |
| Case Conference/Discharge Planni Abnormal heart beat Abnorr | limatura | | |
| Nurse View Accident to spaceship Accide Asthma Asthma | Order Name Status Start | Details | |
| Care Plan Summary Asthma Asthma Strinitiate N | GERI Falls Planned P | placing 0 order(s) | |
| Asthma - cardiac Asthma - Xinitiate N Asthma attack Asthma | W perciralis Planned P | placing v order(s) | |
| Descence View | | | 1 |
| Medication Request | | | |
| Related Results 0 Missing Re | uired Details Dx Table Orders For Cosignature | | Sign |
| | | | C2031 SUKRIADR 08 Mar, 2022 14:49 AEDT |





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

| GER | GERI Falls (Planned Pending) | | | | | | | | | | | | | |
|--------|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | Seri Falls - Medical Officer | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | ٩ | Generation For HMOs, use autotext teamplate ".postfallHMO" to complete your documentation | | | | | | | | | | | | |
| ☑ | 2 | Add Fall to Problem List | | | | | | | | | | | | |
| | - 😚 | PATIENT CARE | | | | | | | | | | | | |
| | 謬 僗 | 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. | | | | | | | | | | | | |
| ☑ | 2 | Vital Signs Adult | T;N, As per WH Falls Guidelines | | | | | | | | | | | |
| | 2 | Neurological Observation | T;N, 1 hourly, for 4 hr(s), As per WH Falls Guidelines | | | | | | | | | | | |
| ☑ | 2 | Blood Pressure (BP) | BD, 48, hr(s), Postural Blood Pressure | | | | | | | | | | | |
| | 2 | Bladder Scan | Post-Void Residual Volume | | | | | | | | | | | |
| ☑ | 2 | Bowel Chart | Monitor for Constipation | | | | | | | | | | | |
| | | Electrocardiogram (ECG) Bedside | T;N, ONCE only | | | | | | | | | | | |
| | 2 | Full Ward Test (FWT) | | | | | | | | | | | | |
| | 2 | Blood Glucose Monitoring Bedside | | | | | | | | | | | | |
| | § | MEDICATIONS | | | | | | | | | | | | |
| | <u>(</u> | - Review patient's Medication Administration Record (MAR) and Refer to WH Falls Guideline for advice | | | | | | | | | | | | |
| \Box | ീ | colecalciferol | 1,000 unit(s), Oral, Capsule, daily | | | | | | | | | | | |
| | | | Aim Vit D > 75 | | | | | | | | | | | |
| | ീ | 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.

| Free Text Note | x | Free | e Text N | ote 🔾 | | | | | |
|----------------|---|------|----------|-------|--|--|--|--|--|
| Tahoma | | • | 11 | • | | | | | |
| .postfall | | | | | | | | | |



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.

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| Free Text Note | < Free | Text No | te × | List | | | | | | | | | | | | | | 4 Þ |
| Tahoma | • | 11 | • | Ж | B (8 | | + | → B | I | <u>U</u> | s | <u>A</u> - | E | ≡ | ₫ | ≡ | @ . [| |
| **When sav (edit red and | ing n I itali | ote, p c font | lease to re | title | e as:) d you | OXX P | ost Fa ew) | II Med | lical | Revi | iew" | | | | | | | ^ |
| FALLS REVIE | W TE | MPLA | TE | | | | | | | | | | | | | | | |
| History Ascertain ever prescribed, lou Was there a h Baseline mobi Any prior falls Screen for con Any new pain | nts fro cation ead si lity an and/c ntribut or nei | m fall of the trike? d cogr or fract ing illn w symp | from fall nitive ures vesses otom | patie state 5 - eg 5 sine | ent and e, ?any as resp ce the | l any v chang iratory fall? | vitness ges pos r, cardi | ees - eg st fall iac, uril | gs wh nary, | at wi seps | as the sis, de | e pat | tient d m syn | loing µ nptom | ore-fi | fall, | vere they alone, if mobilising was it with gait aid | if |
| Bleeding ris | c | | | | | | | | | | | | | | | | | |
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| Musculoskelet | al exa | minatio ury eq | on: defo | rmity | , haen | natom | as, pail | n, deci | reased | d ran | ige of | e mov | vemer | nt | | | | ~ |
| Note Details: Sukri, | Adrian | - HMC | , 08/0 | 3/202 | 2 14:53 | AEDT, F | ree Text | Note | | | | | | | | | Sign/Submit Save & Cl | ose Cancel |
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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 | | | _ | | х |
|---|--|--------|------|-----------|---|
| *Type: Progress Note 1 *Author: Sukri, Adrian - HMO 2 © Forward Options | Note Type List Filter: Position V Title: Night HMO Post Fall Medical Review | *Date: | AEDT | | |
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