

Inpatient Post Downtime Checklist (less than 24 hours)

Post Downtime, the following steps are to be taken when transitioning an existing inpatient from paper to EMR after a downtime less than 24 hours

Doctor


- **Doctor** to enter any new and changed medications/infusions into the MAR from the printed 724 downtime chart and/or any paper charts (e.g. NIMC) and score with a **green highlighter**
- **Doctor** to transcribe any altered calling criteria into the EMR
- **Doctor** to enter new allergies & alerts
- **Doctor** to enter any new problem and diagnosis
- **Doctor** to enter any new and modified Patient Care Orders that require an order from a Medical Officer
- ***ICU medical officer** to transcribe any changes to medical plan or aims within ICU Medical Officer Note on EMR

Nurse/Midwife

- **Nurse/Midwife** to transcribe medication doses/infusions administered during downtime into the EMR. Ensure date and time is altered to reflect actual time of administration. For Early/Late Reason, select "other" in the drop down and write in comment "Given in downtime"
- **Nurse/Midwife** to review patient care orders transcribed or modified on the EMR
- **Nurse/ Midwife** to enter patient Lines/Tubes/Devices in situ
- **Nurse/Midwife** to enter Fluid Balance totals (if applicable)
- **Nurse/Midwife** to strikethrough with a **green highlighter** relevant paper documentation that been transcribed or is no longer in use
- **Nurse/Midwife** to document in paper progress notes that '*Documentation for this patient has commenced in EMR*'

NIC/MIC

- **NIC/MIC** to identify patients who have a new medication/Infusions charted during downtime for review by transition team
- **NIC/MIC** to check all relevant documentation printed from the DTV is noted with "reconciled on EMR"
- **NIC/MIC** to ensure '*Patient on Paper*' sign above the bed is replaced with '*EMR ACTIVE*' sign
- **For patients admitted during downtime - NIC/MIC & bedside nurse/midwife** to print new EMR patient wristband and replace iPM wristband (ID Check required)
- **NIC/MIC** to inform all staff that the patient is **EMR ACTIVE**
- **NIC/MIC** to check that documentation has been made in paper progress notes that '*Documentation for this patient has recommenced in EMR*'
- **NIC/MIC** to order "Patient transitioned in EMR" order in EMR

Search: 

Phlebotomy Round

- **NIC/MIC** to check for paper pathology slips and communicate with phlebotomists.
- Phlebotomists** need to compare paper pathology slips with EMR orders to identify duplicates.

Pharmacists (where available)

- **Pharmacists** where available are to double check medication transcription is accurate on 'At Risk' patients.

This includes the following:

- **Pharmacist** to check allergies documented in the EMR
- **Pharmacist** to perform check on all medications/infusions
- **Pharmacist** to review relevant Patient Care Orders – CRRT, impella (ICU only)
- **Pharmacist** to strikethrough each order once checked into the EMR



Dietitians (where available)

- **Dietitians** where available are to input any new or modified Enteral Feeding orders, cancel any no longer running