



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

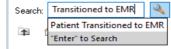
- □ **Doctor** to enter any new and changed medications/infusions into the MAR from the printed 724 downtime chart and/or any paper charts (e.g. NIMC) and score with a green highlighter
- Doctor to transcribe any altered calling criteria into the EMR
- Doctor to enter new allergies & alerts
- Doctor 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



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