




Anaesthetist

Action Card for EMR Downtime

Pre Downtime

	Print your handover lists prior to the downtime including care team lists, task manager lists & referral lists.
	Finalise any ongoing documentation in EMR.
	Prepare copies of Downtime packs / forms for procedure & post procedure
	Consult with NIC consider delaying any NON URGENT cases until after downtime
	Print any documentation you would need for your patients' to facilitate care or during a ward round whilst the system is down (ie: Admission note, last ward round note or other key information). Place the paper in the patient's folder.
	Order pathology and radiology intended to be collected/performed during the downtime (ie: during the phlebotomy round) on a paper request form & hand to NIC.
	Review your patient's MAR and discontinue any unnecessary medications or past infusions orders that haven't been administered and are no longer required.
	Avoid ordering future dated bags of infusions on the EMR where possible (ie: 3x bags of CSL 12 hourly).
	The following continuous infusions should be moved to paper prior to 5pm on the day of planned downtime to support night staff. <ul style="list-style-type: none"> • Heparin • Insulin infusions • PCAs & Epidurals • Syringe Drivers • Inotropes/sedatives Discontinue these orders on the EMR with an order comment "Downtime Transferred to Paper Medication Chart" and make the patient's Nurse and Nurse in Charge aware that these orders are on paper, to ensure they are not missed. Fluid orders and all other infusions and drugs should stay on the EMR.
	Refresh your knowledge on how to use paper medication & infusion charts & the downtime MAR by visiting digitalhealth.wh.org.au/downtime-procedures/
	Do not print the MAR from the DTV. The NIC/MIC will do this when the EMR downtime is called.
	Ensure you are enrolled in the Western Health internal secure messaging system Slack – WH Clinicians is the current (2024) WH inter-clinician communication platform, accessed via WH Apps/Otka/QR code. WH is investigating alternative options for the future.
	

During Downtime

	Theatre Lists printed from Downtime Viewer from Theatre NIC
	Move directly to paper documentation – if system returns within 15 minutes of downtime, and clinically appropriate, back enter anaesthetic data into SAA (Anaesthetic Record). Continue documenting in SAA.
	Progress notes/procedure notes/consult notes are to be completed on paper (these will be scanned once the patient is discharged). To review past notes recorded on EMR, access the DTV on the patient's ward. You will only be able to access the notes from the last 7 days.
	Medications are administered off the printed paper downtime MAR for the first 24 hours. After 24 hours, medications will need to be recharted and administered on the NIMC and Intravenous/Subcutaneous Fluid Chart. Further instructions will be given.
	New medications, infusions and modifications should be prescribed onto a new NIMC or infusion chart. Be sure to cross out medications with a pen and initial on the downtime MAR if they are ceased or modified. Ensure a comment is added as to <i>when</i> and <i>why</i> an order is ceased or modified. Note: any modifications to sliding scale insulin require all sliding scale orders to be recharted on the NIMC.
	Prescribe any future orders that require administration during the downtime period on the NIMC or the relevant infusion chart.

	If there are any pending bag by bag infusion orders displaying on the printed paper downtime MAR, that have not been commenced by the Nursing staff and are intended to commence during the downtime period, cease these on the printed MAR and rechart new orders on the paper infusion chart.
	Pathology and radiology referral forms are supplied in the downtime box. Please contact the relevant department for urgent requests. Utilise BOSSNet to access pathology or radiology results.
	Allergy information will be visible on the front page of the printed downtime MAR and NIMC. Ensure allergy changes are made on all of these.
	Accessing Documentation from before the downtime (including fluid balance chart, etc) can be done directly from the downtime viewer on each ward if not available on printed downtime documentation.

Day of Uptime

	Review the printed downtime MAR, the NIMC, infusion charts (including AD 285 Intravenous and Subcutaneous Fluid orders) and the EMR.
	If system returns within 15min of downtime, during patient's procedure and clinically appropriate, back enter anaesthetic data into SAA (Anaesthetic Record). Continue with documentation in SAA. For prolonged downtimes >15 minutes, finish the record on paper and scan the final document as a Powernote with the following details: Type: Anaesthesia and APS Title: Procedure Note – Downtime Anaesthesia Chart (Procedure Name) Photograph the chart and attach as an image into this Powernote.
	If system returns while the patient is in PACU: Day Case patients <ul style="list-style-type: none"> Stay on paper until discharged if NO changes to medications or altered calling criteria. Changes to medications or altered calling criteria must be documented (see steps below). Multi day patients <ul style="list-style-type: none"> Resume EMR documentation. The patients require reconciliation of medications, fluid orders, and altered calling criteria into EMR prior to patient discharge from PACU (see steps below).
	Document lines and devices in the EMR prior to patient's discharge from PACU.
	Ensure all orders that have been reviewed and reconciled in the EMR have been crossed out with a single line (top left to bottom right) with a green highlighter on the paper medication chart. If later reviewed by a pharmacist, they will cross through the order in the opposite direction.
	Transcribe any altered MET criteria into the EMR.
	Enter any new allergies and alerts, problems and diagnoses into the EMR.
	Do not retrospectively re-request pathology and radiology orders in the EMR that have already been actioned on paper. Results will flow into the EMR automatically after the downtime.

Medications

	The goal is to ensure that the medications in the EMR match exactly what is reflected on paper pre-uptime.
	For down time <24 hours, review the medications in the EMR and add/modify or cancel. You do not need to delete all medications from the EMR.
	For Downtime >24 hours, delete all medications in the EMR and place new orders.
	Place ***Paper medication chart exists for this patient*** order on the MAR.



Simple Medications (excludes infusions):

	For medications commenced during down time you will need to place the order on EMR and change the “first dose date/time” to reflect when the medication was first given.
	For medications modified during downtime, Cancel/Reorder the order on EMR and change the “First dose date/time” to reflect when the change was first applied.
	For medications discontinued during downtime, Cancel/DC the order on EMR.
	If medications were unchanged during downtime, no action is required in EMR
	As each medication is transcribed onto the EMR, strike through the paper order with a green highlighter to show you have reviewed this medication.

Bag by Bag Infusions:

	Discontinue any orders that have been discontinued or completed during downtime
	Bag by bag infusions that are already running can remain on paper until the bag is complete. Place orders for any <u>subsequent</u> bags on EMR and add an order comment (e.g. “After bag on paper”).
	For bag by bag infusions that have been prescribed on paper but not yet commenced , place order on EMR and cross out on paper.

Truly Continuous Infusions:

	All truly continuous infusions (eg. Heparin, Inotropes, Sedatives, Insulin, Syringe Drivers) should be transitioned onto EMR and crossed out on paper by an appropriate medical officer qualified to prescribe and manage these medications.
	For <i>Truly Continuous Infusions</i> commenced during downtime, place the order on the EMR and cross out with a green highlighter.
	All <i>analgesic infusions</i> e.g. PCAs, regional analgesia etc. should not be transcribed by the home team. These are to remain on paper (source of truth) until seen by APMS team during their rounds where they will transcribe the order on to the EMR.

REMEMBER: As each medication is transcribed onto the EMR, strike through the paper order with a highlighter to show you have reviewed this medication.

Notify the Nurse/Midwife in Charge once these steps are completed.