



# Medical Officers

## Action Card for EMR Downtime

### Pre Downtime (Planned)

	<b>Print your handover lists</b> prior to the downtime including care team lists, task manager lists & referral lists.
	Prepare and <b>print discharge summaries &amp; scripts</b> in advance for patients who may be discharged during the downtime.
	<b>Print any documentation</b> 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.
	<b>Order pathology and radiology</b> intended to be collected/performed during the downtime (ie: during the phlebotomy round) <b>on a paper request</b> form & hand to NIC.
	<b>Review your patient's MAR</b> 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 <b>continuous infusions should be moved to paper</b> prior to 5pm on the day of planned downtime to support night staff. <ul style="list-style-type: none"> <li>• Heparin</li> <li>• Insulin infusions</li> <li>• PCAs &amp; Epidurals</li> <li>• Syringe Drivers</li> <li>• Inotropes/sedatives</li> </ul> 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.
	In the Intensive Care setting patient care orders for CRRT and Impella need to be transcribed onto the applicable paper medication or infusion chart prior to 5pm on the day of planned downtime to support night staff. 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.
	Refresh your knowledge on how to use paper medication & infusion charts & the downtime MAR by visiting <a href="https://digitalhealth.wh.org.au/downtime-procedures/">digitalhealth.wh.org.au/downtime-procedures/</a>
	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 <b>Slack – WH Clinicians</b> 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

#### Liaise with the nurse/midwife in charge regarding your patients on each ward

	<b>Patient Lists</b> can be printed from iPM or BOSSNet.
	<b>Consult Lists</b> will be unavailable. Contact teams directly for referrals even if they have already been made in the EMR. Discuss allied health referrals with the Nurse/Midwife in charge.
	<b>Progress notes/procedure notes/consult notes</b> 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.
	<b>Medications</b> 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.
	<b>New medications, infusions and modifications</b> 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 <b>modifications to sliding scale insulin</b> require all sliding scale orders to be recharted on the NIMC.



	Prescribe any <b>future orders</b> that require administration during the downtime period on the NIMC or the relevant infusion chart.
	If there are any <b>pending bag by bag infusion</b> 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.
	<b>Pathology and radiology referral</b> forms are supplied in the downtime box. Please contact the relevant department for urgent requests. Utilise BOSSNet to access pathology or radiology results.
	<b>Allergy</b> information will be visible on the front page of the printed downtime MAR and NIMC. Ensure allergy changes are made on all of these.
	<b>Discharge Summary paper templates</b> are available in the downtime box.
	<b>Prescription pads</b> will be provided by the Nurse/Midwife in Charge.
	<b>Outpatient clinic referrals</b> can be made via BOSSnet or Sharepoint (BMM) if these systems remain available.
	<b>Request emergency surgery</b> by speaking to the Theatre in Charge.
	<b>Accessing Documentation from before the downtime</b> (including fluid balance chart, etc) can be done directly from the downtime viewer on each ward if not available on printed downtime documentation. Speak with the nurse/midwife in charge

## Day of Uptime

**Do not use the EMR until the Nurse/Midwife in Charge has approved use for that patient**

Supernumerary MOs assisting uptime should not modify clinical plans and should refer all clinical queries to the home team.

	Review the printed downtime MAR, the NIMC, infusion charts (including AD 285 Intravenous and Subcutaneous Fluid orders ) and the EMR.
	Ensure all orders that have been reviewed and reconciled in the EMR have been <b>crossed out with a single line</b> (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 <b>altered MET criteria</b> into the EMR.
	Enter any new <b>allergies and alerts, problems and diagnoses</b> into the EMR.
	Enter <b>VTE risk assessment</b> if completed on paper during down time.
	<b>Do not</b> retrospectively re-request pathology and radiology orders in the EMR that already have 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 <b>do not</b> need to delete all medications from the EMR.
	For Downtime >24 hours, delete all medications in the EMR and place new orders.
	Place <b>***Paper medication chart exists for this patient***</b> order on the MAR.



**Simple Medications (excludes infusions):**

	For medications <b>commenced</b> 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 <b>modified</b> 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 <b>discontinued</b> during downtime, Cancel/DC the order on EMR.
	If medications were <b>unchanged</b> 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 <b>already running</b> 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 <b>not yet commenced</b> , 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 <b>by an appropriate medical officer qualified to prescribe and manage these medications.</b>
	For <i>Truly Continuous Infusions</i> <b>commenced</b> 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 <b>not</b> 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 <i>Analgesic infusions within ICU are transitioned onto EMR and crossed out on paper by the ICU medical officer. APMS will review patient during their rounds.</i>

**Patient Care Orders:**

	<p>Review any patient care orders that require an order from medical staff (including enteral feed orders).</p> <p>In the Intensive Care setting this applies to CRRT and Impella.</p> <p>Discontinue any orders that have been discontinued or completed during downtime.</p> <p>For orders that have been modified or newly commenced, ensure these orders are appropriately ordered in the EMR.</p>
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**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.**