



## Nurse/Midwife in Charge

### Inpatient Ward/Unit Action Card for EMR downtime

#### Pre Downtime (Planned)

AM/PM - Discuss readiness for planned EMR downtime during staffing huddle
AM – Ensure Downtime Viewers have been checked and there are no access issues
AM - Advise staff to review and order from pharmacy any medications where possible in the morning
AM/PM - Identify patients on high-risk infusions (heparin, inotropes, sedatives, insulin infusions, PCAs & Epidurals (non-obstetric) and Syringe Drivers), for transfer to paper infusion chart in the afternoon by Medical Officers during business hours
AM/PM - Review active Patient Care Orders for transfer to paper infusion chart in the afternoon by Medical Officers during business hours - applicable in the Intensive Care setting for CRRT & Impella
PM - Print Diet Order report from MaP
PM - When Standby is called turn on Downtime Viewers – <b>DO NOT</b> start printing

#### During Downtime

When Downtime is called, commence printing only the required Downtime Viewer charts such as the Downtime MAR
Collate downtime documents and printed patient record and distribute to staff caring for patient
Distribute 'Patient on Paper' signs for nurse to put above the bed
Instruct staff to commence documenting using Downtime packs
<ul style="list-style-type: none"><li>Any medication requests are to be faxed to Pharmacy using Medication Request cover sheet.</li><li>For orders that are charted on the Downtime MAR, <b>do not fax or photocopy the Downtime MAR.</b></li><li>For orders that are charted on the <b>NIMC or applicable paper infusion forms</b> these paper forms are to be faxed together with the Medication Request cover sheet.</li></ul>
Keep a list of any new referrals and liaise with the Allied Health Interdisciplinary Referral Management (AHFIRM) or Critical Care Outreach ICU Liaison representative during the morning meeting
Advise staff if unsure of any medication orders, ask for Medical Officer review of order.
Keep a list of any new or changed diet orders

#### Uptime

Discuss Stand down procedure (uptime) during staff huddle, <b>this must happen prior to any nursing/ midwifery staff accessing the EMR</b>
Print a Post Downtime Checklist for each patient and attach a Bradma label. Distribute to staff
Patients that have high risk infusions, discuss with treating unit regarding ordering on EMR
NIC/MIC should instruct nursing/midwifery staff to commence documentation in EMR for new patients and for patients who have had <b>NO</b> changes to medications and altered calling criteria
Once notified by the Nurse/Midwife that the patient is transitioned back into EMR: <ul style="list-style-type: none"><li>Enter the "Patient transitioned to EMR" order in EMR</li><li>Remove the "Patient on Paper" sign</li></ul>
Ensure that all paper documentation used during downtime is kept in the patient's file and sent to medical records for scanning <b>when the patient is discharged</b>



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