

## Nurse/Midwife

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

#### Pre Downtime (Planned)

AM/PM – Attend handover to be informed of readiness for the planned EMR downtime
AM - Review and order any medications from pharmacy where possible in the morning
AM/PM - Identify patients to NIC/MIC on high risk infusions (heparin, insulin infusions, PCAs & Epidurals (non-obstetric), Syringe Drivers, inotropes, sedatives), for transfer to paper infusion chart in the afternoon by Medical Officers during business hours. In Intensive Care settings this includes patients with Patient Care orders for CRRT & impella.
When EMR Standby is called: <ul style="list-style-type: none"> <li><input type="checkbox"/> Attend ward huddle and wait for instructions from NIC/MIC</li> </ul>

#### During Downtime

<p>When EMR Downtime is called:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seek direction from the NIC/ MIC</li> <li><input type="checkbox"/> Commence documenting using Downtime packs: <ul style="list-style-type: none"> <li>o Printed downtime MAR for medications and infusions that are currently running</li> <li>o <b>All</b> high risk infusions (heparin, inotropes, sedatives, insulin infusions, PCAs &amp; Epidurals and Syringe Drivers) = should be ordered on the appropriate paper infusion charts</li> <li>o In Intensive Care setting relevant Patient Care orders (CRRT &amp; Impella) are available on paper medication and infusion charts</li> <li>o Progress Notes for all other documentation requirements (Some areas may use specialty forms)</li> </ul> </li> <li><input type="checkbox"/> Review the printed downtime MAR for any future bag by bag orders (e.g. for hydration). If there are, liaise with Medical Officer to cancel on Downtime MAR as per Business Continuity Plan and order on paper infusion chart</li> <li><input type="checkbox"/> Place 'Patient on Paper' signs above the bed</li> </ul>
<p>Medications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> You must initial (not tick) the administration of scheduled medications on the Downtime MAR</li> <li><input type="checkbox"/> Administration of PRN medications must be initialed with dose and time administered</li> <li><input type="checkbox"/> ONCE only medications appear under scheduled medications. Initial administration with the time administered</li> <li><input type="checkbox"/> New medications are to be prescribed onto the relevant paper medication or infusion chart – NOT on the downtime MAR</li> </ul>
<p>Any medication requests are to be faxed to Pharmacy using Medication Request cover sheet. For orders that are charted on the Downtime MAR, <b>do not fax or photocopy the Downtime MAR.</b> 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.</p>
Inform NIC/MIC of any new Allied Health referrals including Critical Care Outreach ICU Liaison referrals
Notify the NIC/ MIC of any new or changed diet orders
If unsure of any medication/infusion orders, ask for Medical Officer to review order



## Uptime

Attend staff huddle to be informed of readiness for Stand Down procedure (uptime)
EMR Stand Down is called: <ul style="list-style-type: none"><li><input type="checkbox"/> Attend staff huddle and await instructions from NIC/MIC prior to accessing EMR</li><li><input type="checkbox"/> Use Recovery Checklist to track progress in transitioning patients back on to EMR. Once completed return Checklists to the NIC/ MIC</li><li><input type="checkbox"/> All patients admitted during Downtime <b>MUST</b> be admitted by the Medical Officer into the EMR</li></ul> Please note: if no paper documentation was used for individual current patients during the downtime, return to using the EMR immediately
Any new medications prescribed or changes made to current medications must be updated by the Medical Officer. Once updated by the Medical Officer, nursing/midwifery staff should commence documentation of medications administered for the period during which EMR was unavailable: <ul style="list-style-type: none"><li><input type="checkbox"/> Use the MAW to enter 'Chart Not Done' for each overdue medication. Use the reason "EMR Downtime see paper charts"</li><li><input type="checkbox"/> Strike through each page of the Downtime MAR with a highlighter to indicate that the information has been entered into EMR</li><li><input type="checkbox"/> Enter accumulative volume on Fluid Balance Chart in Interactive View under IV Therapies (Paper/Retrospective)</li><li><input type="checkbox"/> Patients that have high risk infusions, discuss with treating unit regarding ordering on EMR</li><li><input type="checkbox"/> Check and ensure <b>***Paper medication chart exists for this patient***</b> order is on the MAR. If not place order using 'Protocol w/ No Co-sign'.</li></ul>
For truly continuous infusions:  Commence current bag via the MAW, ensuring that the rate reflects the order and the current rate that the bag is running on the Infusion Pump  Document via the MAR charting window the volume of the bag that has been infused prior to transition into "Wasted Volume"
Ensure that new admitted patients have an EMR wristband printed
Review each patient's diet order and place diet orders in the EMR for any new or changes in diets
Review patient care orders and chart 'not done' for any completed during the downtime
Enter any new Lines and Devices into EMR or update any changes to existing ones
Once transitioned back into the EMR inform the NIC//MIC to:  Enter the "Patient Transitioned to EMR" order  Remove the "Patient on Paper" signs
Ensure that all paper documentation used during downtime is labelled and kept in the patients file and sent to medical records for scanning <b>when the patient is discharged</b>
Report any issues to the EMR team via Service Desk ext. 56777

