



# Pharmacy

## Action Card for EMR Downtime

### Pre Downtime (Planned)

	Review the patient's MAR and ensure adequate supply of non-impresst medications for the duration of the downtime.
	<p>The following continuous infusions should be moved to paper by Medical staff prior to 5pm on the day of planned downtime to support night staff:</p> <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> <li>• <b>ICU only:</b> Patient care orders for CRRT and Impella</li> </ul> <p>These orders are to be discontinued on the EMR with an order comment "Downtime Transferred to Paper Medication Chart". All other medications and infusion orders (including fluids) should remain on the EMR.</p>

### During Downtime

	Each clinical area is to have relevant documentation (i.e. patient information, downtime MAR) printed from the DTV by the <b>NIC/MIC</b> .
	<b>Patient Lists</b> can be printed from the DTV, iPM or BOSSNet if these systems are available. Custom lists cannot be printed.
	<p><b>Pharmacy Admission, Progress and Discharge Notes</b> are to be documented on the paper Medication Management Plan (MMP) and inpatient progress notes available in the pharmacy EMR downtime kits.</p> <p>The DTV stores information from the <b>previous 7 days</b>, except for Pharmacy Admission Notes which can be viewed from the patient's current admission.</p>
	<p><b>Medications</b> charted prior to downtime are administered off the printed paper downtime MAR for up to 24 hours. If the downtime is expected to last longer than 24 hours additional instructions will be provided.</p> <ul style="list-style-type: none"> <li>• <b>New medications, continuous infusions and modifications</b> are not documented on the downtime MAR. These will be prescribed by the Medical Officer onto a new NIMC or relevant infusion chart which are available in the EMR downtime kit.</li> <li>• <b>Ceased or modified orders</b> are crossed out with a pen and initialed on the downtime MAR by the Medical Officer.</li> <li>• <b>Future medication orders</b> that require administration during the downtime period need to be charted on the NIMC/infusion chart. These cannot be administered from the downtime MAR.</li> </ul>
	<p><b>Medication requests</b> are to be faxed to Pharmacy using a Medication Request cover sheet.</p> <ul style="list-style-type: none"> <li>• For orders that are on the Downtime MAR, <b>do not fax or photocopy the Downtime MAR</b>. These orders should be viewed using the DTV.</li> <li>• For orders that are charted on the <b>NIMC or relevant infusion chart</b>, these paper forms are to be faxed together with the Medication Request cover sheet.</li> </ul>
	<b>Allergies</b> will be visible on the front page of the printed downtime patient file, every page of the printed downtime MAR and the NIMC. Ensure allergy changes are made on all of these.
	<b>Fluid Balance Charts and Observations Charts</b> – review paper Fluid Balance Charts and Observation Charts. Historic information can be viewed using the DTV.
	<b>Pathology / Radiology Results</b> – Historical results can be viewed in DTV (last 7 days only) or BOSSNet. Tests completed during the downtime can be viewed via BOSSNet, if available. If not, a faxed copy may be available in the patient's folder or manually documented by the receiving staff in the patient's progress notes.
	<b>Prescription pads</b> will be provided by the NIC/MIC. Ensure the red medical records copy is kept with the patient's record for scanning into BOSSNet.
	<b>Discharge</b> – Reconcile paper prescription with medication history (from DTV or pharmacy admission note) and printed downtime MAR / NIMC (if used).
	<b>Medication Lists</b> – are to be generated using Merlin where required and able to do so. Print an additional copy and keep with the patient's record for scanning into BOSSNet.
	<b>Patient Transfers to other hospitals (including Western Health):</b> ensure clinically appropriate handover material is printed from the downtime viewer for transport.



## Day of Uptime

	<p><b>Allergies</b> – review and update any allergies/adverse drug reactions for new and existing patients.</p>
	<p><b>Medications</b> - Review the printed downtime MAR, NIMC and infusion charts to ensure that orders have been transcribed into the EMR correctly by a Medical Officer.</p> <ul style="list-style-type: none"> <li>• <b>Newly</b> commenced medications - order placed on EMR and the “first dose date/time” reflects when the medication was administered on paper.</li> <li>• <b>Modified</b> medications – order has been Cancel/Reordered on the EMR and the “first dose date/time” reflects when the change was first applied on paper.</li> <li>• <b>Discontinued/completed</b> medications and infusions – order has been discontinued on EMR</li> <li>• <b>Immunisations</b> – must be retrospectively prescribed and administered to facilitate reporting with the Australian Immunisation Register.</li> <li>• <b>All other STAT, ONCE only orders and PRN</b> medication doses – do not need to be retrospectively entered and administered in the EMR. These can be viewed using the patient’s paper charts.</li> </ul> <p><b>Bag-by-bag Infusions</b></p> <ul style="list-style-type: none"> <li>• Infusions that were prescribed on paper and are still running can remain on paper until the bag is complete. Orders for any <u>subsequent</u> bags will be ordered on EMR with an order comment (e.g. “After bag on paper”).</li> <li>• If prescribed on paper but <b>not yet commenced</b>, the order will be placed on the EMR and crossed out on paper.</li> </ul> <p><b>Continuous Infusions:</b></p> <ul style="list-style-type: none"> <li>• If <b>commenced</b> during downtime - order placed on EMR and the “first dose date/time” reflects when the infusion was first administered on paper.</li> <li>• All truly continuous infusions (e.g. Heparin, Inotropes, Sedatives, Insulin Infusions, Syringe Drivers) should be transitioned onto EMR and crossed out on paper <b>by a medical team suitably qualified to prescribe these medications.</b></li> <li>• 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. Within ICU, analgesic infusions will be transcribed by the ICU Medical Officer. APMS will review on their daily ward round.</li> </ul>
	<p><b>Medication Administration</b> – review and check that overdue doses administered on printed paper downtime MAR / NIMC have been reflected on the MAR.</p> <p>Doses should be documented by the nurse as: “<i>Chart not done – EMR Downtime see paper charts</i>”.</p>
	<p>Ensure all orders on paper have been reconciled with the EMR and that the paper order has been struck through with a green highlighter.</p>
	<p>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’ (if applicable).</p>
	<p><b>ICU only:</b> Review applicable <b>Patient Care Orders</b> - CRRT and Impella. Ensure any orders that have been discontinued or completed during downtime are reflected in the EMR. For orders that have been modified or newly commenced, ensure these orders are placed correctly.</p>

### For down-time >24 hours

- All active inpatient medication orders are **deleted** on the EMR (for all patients on EMR prior to downtime)
- **Check all medications on paper are transcribed correctly on EMR** – no medications are back dated and are progressively charted.

