

eMM Nurse Super User Toolkit



Sydney Children's Hospital, Randwick 2019





Who to contact?

If you have any questions or need help setting up the eMM simulation activities, please contact the Application Training and Support Unit (ATSU) via the contact details below:

Email

SCHN-ATSU@health.nsw.gov.au

Phone

Please call the IT Service desk on 9845 0333

Don't forget to mention you are a SCH eMM Super User ©

Document Version History

Version #	Date Created	Sections Changed	Created / Amended
0.1	09/09/2019	Initial contents created	Jessica Read
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Safer. Smarter. Stronger

Who benefits?

Patients & Families Prescribers Nurses

Pharmacists

- · Safer and more legible view of all medication orders in a single location, accessible from any computer
- · Smarter medication administration with safety warnings and guidelines
- · Stronger partnership in patient care between clinicians, patients and families

What is a Super User?

Super Users are staff from within a hospital ward or outpatient areas who have a sound understanding of the daily work activities within their area and are willing to ensure a smooth transition to a new enhanced work practice. These users have an in depth knowledge of workflows and Powerchart.

The role of a Super User in the implementation of the eMM system is vital to ensure a smooth transition from paper medication charts to an electronic medication management system that has a significant impact on current practice. They are needed because:

- Many users are impacted by the changes coming with eMM.
- Some workflows will be different to existing work practices.
- There is a lot to learn and an expectation of proficiency at Go-Live.
- Users will need to adapt to the new features, functions and concepts that are being introduced.
- Super Users will provide a "fresh" view of the design and build and may see things not identified by the analysts.
- Super Users have a more detailed working knowledge of their specific areas.
- There are limited numbers of training and project team members to cover the expected demands in the wards.
- The trainers and project team are not experts in all aspects of clinical care.
- There will be a requirement to support staff outside of normal workday.





eMM Super User Role and Benefits

What is the role of an eMM Super User?

- To play a crucial role in the roll-out of eMM at SCH.
- To provide first hand on the floor support to clinicians using eMM..
- As subject matter experts in your ward/department, you will assist in coaching and supporting specific workflows in the lead up to, during implementation and post Go-Live.
- To be advocates for the adoption and use of eMM within your clinical environment.

What are the benefits of being an eMM Super User?

- Enhance your skills and experience in supporting and coaching peers within your clinical environment.
- Improve your facilitation skills associated with implementing a major electronic medication management system.
- Involvement in minimising clinical risks associated with transitioning to a safer, smarter, and stronger eMM.
- Gain valuable skills, knowledge and experience in facilitating change and adoption processes.
- Inclusion on your resume as an achievement being involved in a major change management project at SCH.

What are the benefits of eMM for end users?

The inclusion of the eMM modules in the Network eMR will deliver many benefits to our doctors, nurses and pharmacists – ultimately benefiting our young patients. Benefits include:

- Single source of truth for all medications, not multiple drug charts
- Complete and legible medication orders
- In-built decision support to guide prescribing choices supporting best practice, including Antimicrobial Stewardship (AMS) alerts
- Increased adherence with AMS guidelines and approvals
- Clear administration instructions included on medication orders
- Ability for Pharmacy to view medication orders centrally and queue for supply/resupply
- Improved recording of allergies, weights and heights
- Improved documentation and communication of medication histories
- Clear distinction between medication doses that are due, overdue, and have been given, which will assist at handover
- Enhanced visibility of medication dosing times to simplify prioritisation of time critical medications
- Better experiences and outcomes for patients and their carers
- Improved access to medication data for quality improvement initiatives
- Instant access to prescribed medication information by patient in the event of recalls
- Reduced time spent looking for medication charts
- No weekly re-writing of medication charts and hand written annotations





eMM

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SCH Allocated Train Logins by Ward

Mond	App Portal Username,	Nurse Login	Doctor Login	Patient(s)
Ward	Password	Username, Password	Username, Password	Surname, First - MRN
C1S	Train91 Training	Nurse81, train	Dector ⁹¹ train	SSS, Patient01 - 1601111
CIS	Train81, Training!	Nuiseor, train	Doctor81, train	HITH, Patient01 - 1701111
C1SW	Train82, Training!	Nurse82, train	Doctor82, train	SSS, Patient02 - 1601112
CISW	Trainoz, Training!	Nurse82, train	Doctor82, train	HITH, Patient02 - 1701112
C1W	Train 92 Training	Nurse 92 train	Dector ⁹² train	SSS, Patient03 - 1601113
CIW	Train83, Training!	Nurse83, train	Doctor83, train	HITH, Patient03 - 1701113
C1N	Train84, Training!	Nurse84, train	Doctor84, train	SSS, Patient04 - 1601114
CIN	Traino4, Training:	Nuiseo4, train	Doctoro4, train	HITH, Patient04 - 1701114
C2S	Train85, Training!	Nurse85, train	Doctor85, train	SSS, Patient05 - 1601115
C25	Trainos, Training:	Nuiseos, train		HITH, Patient05 - 1701115
C2N	Train86, Training!	Nurse86, train	Doctor86, train	SSS, Patient06 - 1601116
CZIN		Nuiseou, train		HITH, Patient06 - 1701116
C2W	Train87, Training!	Nurse87, train	Doctor87, train	SSS, Patient07 - 1601117
CZVV		Nuiseo7, train	Doctors7, train	HITH, Patient07 - 1701117
C3S	Train88, Training!	Nurse88, train	Doctor88, train	SSS, Patient08 - 1601118
635			Doctorso, train	HITH, Patient08 - 1701118
C3SW	Train89, Training!	Nurse89, train	Doctor89, train	SSS, Patient09 - 1601119
00000	framos, framing.			HITH, Patient09 - 1701119
Pediatric	Train01 Training	NurseQ1 train	Dector01 train	SSS, Patient01 - 1601111
Recovery	Train91, Training!	Nurse91, train	Doctor91, train	HITH, Patient11 - 1701121
				EDNurse19, Patient01- 1801165
				EDNurse19, Patient02 - 1801166
ED	Train90, Training!	Nurse90, train	Doctor90, train	EDNurse19, Patient03 -1801167
				EDNurse20, Patient01 - 1801168 EDNurse20, Patient02 - 1801169
				EDNurse20, Patient02 - 1801169 EDNurse20, Patient03 - 1801170
				EDIMISEZO, I ALICIILOS - 1001170





eMM Safer. Smarter. Stronger

Setting up for SCH eMM Simulation

Simulation of the electronic Medication Management (eMM) system prior to Go-Live will facilitate greater exposure to eMM, with the aim of increasing knowledge and confidence administering medications in the Medication Administration Record (MAR).

Prepare and practice using the PowerChart TRAIN environment using the following QuickStarts:

- 1. eMM Super User How to login to AppPortal
- 2. eMM Super User How to complete a prescribing weight (doctor login)
- 3. eMM Super User How to activate practice PowerPlan (nurse login)
- 4. eMM Super User Prescribing Medication Orders (doctor login)
- 5. eMM Super User How to order IV fluids Power Plan (doctor login)

Additional Orders for Sim





eMM Super User – How to login to App Portal

App Portal allows access to applications available on the SCHN Network and can be accessed on computers in the Sydney Children's Hospital Network (SCHN) as well as remote sites for those staff who have been granted VPN access. To access the Powerchart TRAIN environment, eMM SuperUsers will need to login to the SCHN App Portal.

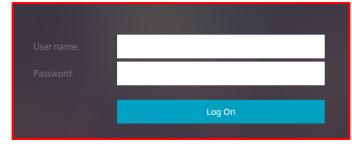
1. In the Application Launcher window, launch the Application **'SCHN App Portal'** or use the link below: <u>https://appportal.schn.health.nsw.gov.au</u> [Save to Favourites]



2. Click Accept to the Conditions of Access



3. Enter the username and password details provided



Note: Do not use your personal login details as you will not have the applications to setup eMM simulation.





4. Click on the **APPS** tab at the top of the screen



5. Locate '*PowerChart TRAIN'* in the Applications Page. Click on the star to make this a 'favourite'.



Note: as this is a training login, there will be multiple PowerChart Domains. Ensure to select the correct Domain – PowerChart TRAIN (below)

6. PowerChart TRAIN will appear on the Home page



For general information on how to use the **SCHN AppPortal** using personal login details, refer to the following QuickStart: <u>https://learning.schn.health.nsw.gov.au/citrix-appportal</u>



eMM Super User – How to complete a prescribing weight (doctor login)

This is important for setting up eMM Simulation

For the dosage calculator function to work in eMM, doctors must document a patient's prescribing height and weight using the Adhoc form **Height/Weight/Allergies (Prescribing**).

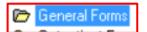
INTEGRATION

PROGRAM

1. In the top toolbar click the AdHoc link

Task	Edit	View	Patient	Chart	Links	Notifications	Options	Curren
🛔 Pa	tient Li	st 🖃 N	lessage Co	entre 🏢	Schedu	ling 🔐 Multi-P	atient Task	List 🔛

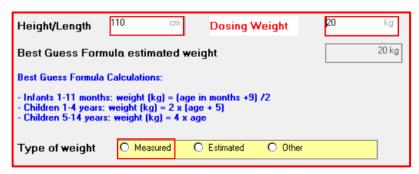
2. The AdHoc Charting window appears and the General Forms folder is default opened



3. Select Height/Weight/Allergies (Prescribing) Adhoc form and click Chart

Height/Weight/Allergies (Prescribing)

- 4. Allergy information is already complete.
- 5. Enter in Height = 110cm and Weight = 20kg and Type of weight as Measured



6. Sign-off the form, green tick top left. Password is "train"



7. Refresh PowerChart and the dosing weight appears in the Patient's Banner bar





eMM Super User – How to activate a practice PowerPlan (nurse login)



Important: PowerChart train is unavailable between 9:00-9:30pm daily due to a system refresh. During this time all patient medication orders are cleared and ready for a new training session.

In order to prepare eMM simulation for nurses, the doctor ordered 'SCH eMM Train Nurse' Powerplan needs to be Activated.

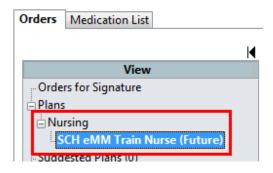
- 1. Login to PowerChart TRAIN using the Nurse login details provided
- 2. Search for the allocated patient and open their chart
- 3. Click orders in the left-hand side Menu



4. In View, click [+] Nursing



5. Highlight the SCH eMM Train Nurse (Future) Powerplan



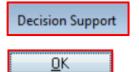




6. Click Activate in the bottom right of the screen



 Click OK, through the two Decision Support window (Decision Support assists clinicians when prescribing and activating ordered medications) Note: these windows may take a few seconds to load!



8. Click orders for signature

Orders For Signature

9. Click Sign to sign-off orders. Password is "train"



- 10. Check the Medication Administration Record (MAR) to ensure medication have been activated
- 11. Use scenarios provided to Simulate administering medication using the eMM system

Please call the Application Training and Support Unit if you require assistance with ordering more medications

9845 – 0333

Don't forget to mention you are a SCH eMM Super User $\ensuremath{\textcircled{\sc b}}$



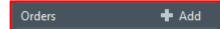
INTEGRATION PROGRAM

eMM Super User – Prescribing medication orders (doctor login)

This Quickstart will provide instructions on how to order medications for an inpatient in the Sydney Children's Hospitals Network.

Note: All inpatients require the completion of the *Height/Weight/Allergies* (*Prescribing*) Adhoc form before ordering medications.

1. Click the Orders [+] Add button from the Menu in Patient Chart



- 2. Ensure Inpatient/Ambulatory is selected from the Type drop down menu
- 3. In the search field, type the medication you want to order, press Enter
- 4. Select the most appropriate order sentence. Order sentences help pre-populate order details in the next window

P SSS, Patient01 - Add Order		
SSS, Faticities	DOB:15/07/2014	- Location:C1SW_ON - SSSU Overnight Wa Adm:25/07/2019 09:00 Dis: <no -="" discha<="" th=""></no>
Search: amoxy 🔍 Type: 🗗	Inpatient/Ambulatory Search within:	▼ ▼ Filtered Order Sentences
 amoxycillin amoxycillin 15 ma/ka. Oral. TDS [Greater Than or amoxycillin 25 mg/kg, Oral, TDS, Severe infection amoxycillin 45 mg/kg, Oral, BD, Acute Otitis Medi amoxycillin 25 mg/kg, IV Bolus, 6 hourly [Greater amoxycillin 50 mg/kg, IV Bolus, 4 hourly, Severe in Amoxycillin-clavulanate amoxycillin-clavulanate 25 mg/kg, IV Intermittent Infusion, 6 hourly, amoxycillin-clavulanate 25 mg/kg, IV Intermittent Infusion, 8 hourly 	amoxycillin-clavulanat amoxycillin-clavulanat 22.5 mg/kg, Oral, BD [4 amoxycillin-clavulanat	
		SSS, Patient01 - 01601111 Done





- 5. The Dosage Calculator will appear for any weight-based medications. Select the appropriate dose modifiers.
- 6. When all information is correct, click Apply Standard Dose or Apply Dose

Dose Values 1) Target dose: 2) Calculated dose: 3) Dose Adjustment: 4) Final dose:	25 500 500 500	mg/kg ▼ mg mg 100 ₹ mg 25	% mg/kg	Dose Forms Amoxycillin 250mg Capsule Amoxycillin 250mg/5mL Suspension 100mL Amoxycillin 500mg Capsule	23
5) Standard dose: 6) Rounding rule: 7) Adjust Reason: 8) Route:	Nearest ten Oral	mg	mg/kg	•	
Reference Data Date of birth: Sex: Race Height:	15/07/2014 Male ▼ Neither ▼ 110	(5 Years)	Source:	10/09/2019 08:36 110.00 cm Height ▼	
Actual weight: Adjusted weight:	20 20	kg kg	Source: Adjustment:	10/09/2019 08:36 20.000 kg Weight Dosing Actual (no adjustment) •]
Serum creatinine: CrCl (est.):		umol/L	Source: Algorithm: Weight Used for CrCI:	Manually entered Schwartz - full term	Missing data
Body surface area:	0.78	m2	Algorithm:	Mosteller -	Dose Apply Dose Cancel

7. Click **Done** when all required medications have been selected



- 8. Medication orders displaying a blue circle with a white cross indicates that order details are missing.
- 9. Click on the order to add or change order details

Orders for Signature									
	S	?	₽?	8	Order Name	Status			
⊿	C15	w_0	ON -	SSSU	Overnight Ward SCH; 01	l; 01 Eps#:1			
⊿	⊿ Medications								
🔲 🕼 🔀 🖬 amoxycillin 🛛 Order									





10. Fill out relevant fields. Yellow fields are mandatory.

11.Click Sign

■ Details for amoxyci	illin			
😭 😵 Details 🗊 Order Con	nments			
🛨 🖀 lh. 🛛 💐 🏹			Remaining Adr	ninistrations: (Unknown) Stop: (Unknown)
*FIRST DOSE Date/Time:	10/09/2019 14:00	*Frequency:	TDS 🗸	^
PRN:		Maximum PRN dose in 24 hours:		
Duration:		*Indication:		
Special Instructions:	Severe infection	Stop Date/Time:	**/**/****	
Drug Form:	•	Use Patient's Own Medication:	🔿 Yes 🔿 No	E
Order for Future Visit:	Yes No	Drug Dosage Guidelines:	M4K: 25mg/kg/dose q8h]
Dose Calculation:		Dose Limit:	1000mg/dose	
Dener		1		•
1 Missing Required Details				Sign

12.Click **MAR Summary** from the menu to check your orders.

< 🔹 🕂 🚔 MAR Summary										
🛞 🗈 All Medications (System) 👻 🛄 🔺										
Time View	08/09/2019 0000 - 1159				10/09/2019 0000 - 1159					
Scheduled						@1400				
500 mg, Oral, TDS, sick, Severe infection						@2200				
1 m										





eMM Super User – How to order an IV Fluids PowerPlan (doctor login)

The most common IV fluids for Maintenance, Replacement Therapy and Resuscitation have been grouped into the IV Fluids PowerPlan. This makes it easier to pick the right fluid and input the recommended rate.

Note: All inpatients require the *Height/Weight/Allergies (Prescribing)* Adhoc form completed before ordering medications.

1. Click +Add Orders button from the menu

Orders	🕈 Add
--------	-------

- 2. The Add Order screen opens. Search for IV Fluids.
- 3. Select the IV Fluids PowerPlan. A Powerplan is represented by the yellow icon 🕒

P C2N, Patient01 - Add Order		
Sydney Children's Ho MRN:02101111 C2N, Patient01 ** Allergies Not Reco	Age:5 years DOB:15/07/2014 Gender:Male	No Non-Clinical Alert Location:C2N - C2 North SCH; 01; 07 ** No Dosing Weight Adm:25/07/2019 09:00 Dis: <no -="" dischar<br="">AdHoc Subscribe:No</no>
Search: iv fluid 🔍 Type: f	Inpatient/Ambulatory	▼
IV Fluids	Carlos (all the Difference	
	6 infusion (mL/hr, IV Con ucose 5% & sodium chlo	
"Enter" to Search		
		C2N, Patient01 - 02101111

4. Click Done when all required medications have been selected







- 5. The IV Fluid PowerPlan window opens.
- 6. Tick the required fluid.
- 7. Click Orders For Signature

Orders	Medication List Do	cument	In Plar	n							
	View	P	0 +	Add	to Phase 👻 🛕 Check Aler	ts 🛄 Comments	Start:	Now	Duration:	None	
Ord	ers for Signature	6	\$ 7		Component			Status		Dose	Details 🔺
	-				PowerPlan Initiation						
	ocument In Plan			3	Maintenance fluids: (main	tenance rate only)					=
ΞM	edical 🗉			Ż	glucose 5% & sodium chlo	oride 0.9% infusion					mL/hr, IV Continu Maintenance fluid
	🐺 IV Fluids (Initiated		P	7	potassium chloride 20mm	ol/L in alucose 5%	& sodiur	n			mL/hr, IV Continu
±Ν	ursing		_		chloride 0.9% infusion						Maintenance fluid
	gested Plans (0)			٢	Replacement PLUS mainte	nance rate fluids:					
📄 Ord			,		glucose 5% & sodium chlo	oride 0.9% infusion					mL/hr, IV Continu
	Advance Care Plann			-							Replacement plus 👻
	Nutrition	₹	-		III						- F
	IV Solutions										
	Medications 🔻	🗖 D	etails								
	Related Results	Save	e as My	Favo	rite						Orders For Signature

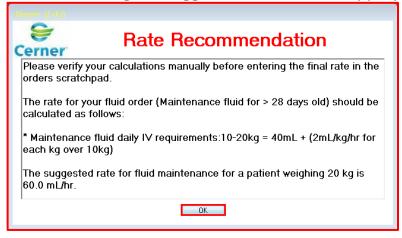
8. Click Sign

P C2N, Patient01 - 02101111 C	Opened by TRAIN, Doctor50 (J	unior Medical Officer)						
Task Edit View Patient Chart Links Notifications Options Current Add Help								
🕴 🛊 Patient List 🖃 Message O	🖕 Patient List 🖃 Message Centre 🏢 Scheduling 😫 Multi-Patient Task List 🎆 Ambulatory Organiser 🎆 Dynamic Worklist 👘 SeaLS Test Manual 🙄 📜 📾 SeSI PowerChart 🙄 🕵							
Tear Off 🏙 Suspend 🦻	🕅 Tear Off 🗰 Suspend 🦻 Charge Entry 📶 Exit 📓 Calculator 🧯 AdHoc 🔒 PM Conversation 🗸 🗳 Communicate 🗸 🖹 Medical Record Request 🕋 Explorer Menu							
C2N, Patient01			-		-	← List → 🕮 Recent	- MRN - Q	
Sydney Children's Hospital C2N, Patient01 ** Allergies Not Recorded *	MRN:02101111	Age:5 years DOB:15/07/2 Gender:Male	014 ** N	o Dosing V		ocation:C2N - C2 North SCH; 01 m:25/07/2019 09:00 Dis: <no< th=""><th></th></no<>		
Menu 🕂 🗸	🔉 🔹 者 Orders					[□] Full screen	Print 🛛 🔊 12 minutes ago	
BTF Observation Ch	Add Tocument Medicati		ion - 👌 Check Interact	tions		Reconciliation Statu: Meds History	s Admission 🗿 Discharge	
Results	K	» ? B ?	Order Name	Status	Start	Details		
Orders	View Orders for Signature		IV Fluids	Initiated Pending		placing 2 order(s)		
	-	C2N - C2 North SCH;	01; 07 Eps#:210001111		/07/2019 09:00:00 A	AEST		
Medication List		IV Solutions						
MAR	Medical	D	glucose 5% & sodium chloride 0.9% infusio	Order	16/09/2019 08:53	mL/hr, IV Continuous Infusion,	Maintenance fluid, Order R	
	Suggested Plans (0)	Medications	PowerPlan Initiation	Order	16/09/2019 08:53	16/09/2019 08:47		
ContinuousDoc	Orders Advance Care Pla	ille, 🥌	1 owen lan Indadon	oraci	10/03/2013 00.55	10/05/2015/00.47		
	- Nutrition							
Interactive View and	- IV Solutions	III					4	
Visit List & Demogr	Medications	Details						
	Related Results 4 M	Missing Required Details					Sign	
						TRAIN DOCTOR50	16 September 2019 08:54	





- 9. A Rate Recommendation window appears. The suggested rate for the patient is displayed in the last line.
- 10.After confirming the suggested calculation is appropriate, click OK



- 11. The blue circle with the white cross indicates that order details are missing.
- 12.Click on the order to add or change order details if required. Yellow fields are mandatory
- 13.Enter the required rate in ml/hr. Press **Enter**. The infuse time is calculated automatically.
- 14. From the **Details** tab, multiple bags can be ordered by selecting an option from the **Order Review After** field. The maximum number of bags for one order is six.

D 🖓 🖗 🖻	Order Name	Status	Start	Details	;				
	IV Fluids	Initiated Pending		placing	g 2 order(s)				
⊿ C2N - C2 North SCH;	01; 07 Eps#:2100011	11 Admit: 25/	07/2019 09	0:00:00 AEST					
⊿ IV Solutions									
	glucose 5% & sodium chloride 0.9% infusio.	n Order 	16/09/2019	9 09:16 mL/hr	, IV Continuous Infus	ion, Maint	enance fluid, Order Rev	view After: Bag	y # 1, 0.78, m2
⊿ Medications									
	PowerPlan Initiation	Order	16/09/2019	9 09:16 16/09/	2019 09:16				
■ Details for gluco s ■ Details 間 ■ Octails			de 0.9%	infusion	1000 mL				
									<u>^</u>
Base Solution		Bag Volume		Rate	Infuse Ove				
glucose 5% & sodium	chloride 0.9% infusion			nate mL/hr	hr(s)	r		_	
Additive		Additive Dose		Normalized Rate	Delivers		Occurrence		E
		Additive bose	8	Normalized Nate	Denvers		occurrence		
Total Bag Volume		1000 mL	1000						
Weight:	Weight Type:		Result dt/tr	n:	BSA				
20 kg 👻	Clinical Weight		16/09/2019	09:15 AEST	0.78	m2			
Infusion instructions									-
2 Missing Required Details									Sign

15.Click **Sign** and enter Password.





16. <u>Click on MAR from the Menu to check your orders</u>.

MAR

17. The **MAR** displays the ordered Continuous Infusion with its administration times.

Medications	16/09/2019 09:46
Continuous Infusions	
1	Pending
glucose 5% & sodium chloride 0.9% infusi	Not given within 5
60 mL/hr, IV Continuous Infusion,	days.
Maintenance fluid, Order Review After: Bag #	
1, 0.78, m2	
Administration Information	
glucose 5% NaCl 0.9%	





Quickstart Reference Guide



https://learning.schn.health.nsw.gov.au

Please find the below list of Quickstarts on learning.kids to assist you in completing the practice scenarios:

- MAR Overview
- MAR Administering Medications
- MAR Documenting Parent/Self Administered Medications
- MAR Adminstering Continuous Infusions
- MAR Modifying Administered Medications
- MAR Uncharting Medication
- MAR Administering Early/Late Medications
- MAR Documenting Medications Not Given
- MAR Rescheduling a Single Dose
- MAR Documenting Gate Pass/ Leave Medication
- MAR Reschedule All Doses of a Medication
- MAR Withholding Doses
- MAR Modify Rate in Continuous Infusion Order
- MAR Changing Continuous Infusion Rates
- MAR Administering S4D & S8 Medications
- MAR Documenting administered IV Medication SCH
- iView IV Pump Reconciliation





Workflow Scenarios

Contents

- 1. Simple standard medication administration
- 2. Patient refuse
- 3. Medication administration with charting
- 4. S4D/S8 Administration
- 5. Unactioned Task Tiles
- 6. Chart Not Done (Future Withhold)
- 7. Not Given (Clinical Decision)
- 8. Unchart
- 9. IV Fluids
- **10.** Intermittent IV Medication Infusions
- **11.** Continuous IV Medication Infusions
- **12.** Botox injections
- **13. IV Push Medications**
- 14. IV Boluses (Fluids)
- **15.** PCA/NCA/Opioid Infusions
- **16.** Reviewing Future Orders
- **17.** Activating Future Orders
- **18.** Paracetamol Rule
- **19.** Rescheduling a Single Dose
- 20. PRN Response
- 21. TPN
- 22. Pump Reconciliation
- **23. Medication Requests**
- 24. Parent/Patient Self Administration
- 25. Sliding Scale Insulin
- **26.** Late/Early Administration
- 27. Variable dose Anti-coagulants (Warfarin, enoxaparin, unfractionated heparin)
- **28.** Resuscitation
- **29. Gate Leave**
- **30.** Clinical Trials





Practice Scenarios

1. Simple standard medication administration <i>Example: oral paracetamol</i>	2. Patient refuse
 All electronic medications will be signed for in this way as a baseline. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside 8. Tap on/login 9. Sign + co-sign 10. Document progress note 	 Documenting a refused dose is possible on the MAR. Select correct patient and encounter Review allergies and weight Review Orders Review MAR Collect medications and equipment Tap off/logout Go to bedside Tap on/login Click the task tile Sign Not given (Patient Refused) Document progress note
3. Medication administration with charting <i>Example: insulin</i>	4. S4D/S8 Administration
 Some medications have additional information that can be entered which assists with documenting clinical assessments like BGLs and pain scores. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR (when was last dose given?) 5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside 8. Tap on/login 9. Click the task tile Enter required element (eg. pain score, BGL 10. Sign + co-sign 11. Document progress note NB: results entered here may not appear on BTF.	 Collection of S4/S8 medications will still require you to fill in the Accountable Drugs Register upon collection from the safe. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Collect drugs as per protocol from cupboard safe 6. Tap off/login logout 7. Go to bedside 8. Tap on/login 9. Click the task tile 10. Sign + co-sign 11. Document progress note





5. Unactioned Task Tiles	6. Chart Not Done (Future Withhold)
 Red task tiles indicate that a medication has not yet been signed for or is overdue. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR (identify overdue tasks) 5. Check with patient/parent/other staff if it has been given 6. i) If it needs to be given, administer as per normal ii) If it is not required, mark as 'Not given' or 'Chart Not Done'. 	If a future dose needs to be withheld, it is recommended to action it as 'Chart Not Done'. It keeps the original administration time; allowing for it to be uncharted if it is required again. It can also be used to clean up task tiles that are not needed eg. Regular, charted medications that were due to be given during a resuscitation or if it has not been signed for and it is not clear if it was actually given or not. This function is also used for Gate Pass 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Right click task tile, Chart not done 6. Select Reason Not Done 7. No need to sign 8. Document progress note
7. Not Given (Clinical Decision) Example: Metoprolol Not Given due to low BP	8. Unchart
 When a clinical decision is being made now to not give the medication, this 'Not Given' is used. Eg. if a medication was already given intraoperatively or elsewhere by the parents 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Sign Not given (appropriate reason) 6. Document progress note 7. Review MAR 8. Additional dose (select reason) 9. Administer medication 10. Document progress note 	 All entries can be undone by using the Unchart function. This could be used for situations when patient vomits or if it was previously marked as not given/chart not done but now able to have the medication etc. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Unchart appropriate given dose and provide comment 6. Assess if re-administration is required 7. i) If not required, Sign as Not given ii) If required, additional dose in consultation with MO 8. Document progress note





 9. IV Fluids Starting fluids is similar to administering medications and the volumes will auto-populate on iView only when you double click on the cell for that hour and sign for it. It can also be manually altered to accommodate for temporary rate changes. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside 9. IV Fluids 10. Intermittent IV Medication Infusions <i>Example: Tazocin via burette</i> When the medication is run via the burette. IV medications are documented differently. 1. Select correct patient and encounter 2. Review MAR 3. Review MAR 4. Review MAR 5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside 9. Tax and having 	
Starting fluids is similar to administering medications and the volumes will auto-populate on iView only when you double click on the cell for that hour and sign for it. It can also be manually altered to accommodate for temporary rate changes. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside	
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sign for it. It can also be manually altered to accommodate for temporary rate changes.1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR1. Select correct patient and encounter 4. Review MAR2. Review Orders 4. Review MAR5. Collect medications and equipment 6. Tap off/logout 7. Go to bedside	
accommodate for temporary rate changes.2. Review allergies and weight1. Select correct patient and encounter3. Review Orders2. Review allergies and weight4. Review MAR3. Review Orders6. Tap off/logout4. Review MAR7. Go to bedside	
1. Select correct patient and encounter3. Review Orders2. Review allergies and weight4. Review MAR3. Review Orders5. Collect medications and equipment4. Review MAR6. Tap off/logout4. Review MAR7. Go to bedside	
1. Select correct patient and encounter4. Review MAR2. Review allergies and weight5. Collect medications and equipment3. Review Orders6. Tap off/logout4. Review MAR7. Go to bedside	
2. Review allergies and weight5. Collect medications and equipment3. Review Orders6. Tap off/logout4. Review MAR7. Go to bedside	
3. Review Orders6. Tap off/logout4. Review MAR7. Go to bedside	
4. Review MAR 7. Go to bedside	
5. Collect medications and equipment 8. Tap on/login	
6. Tap off/login logout 9. Ensure diluent and volume is entered	l
7. Go to bedside 10. Enter Infused Over duration (mins/hr	
8. Tap on/login 11. Sign + co-sign	-,
9. Select IV access site 12. Navigate to iView > Fluid Balance >	
10. Click apply to co-sign Medications and check that volumes	have
11. Click green tick and sign appeared	
12. Navigate to iView > Fluid Balance 13. Document progress note	
13. Double click on that hours corresponding cell	
14. Green tick and sign	
11. Continuous IV Medication Infusions 12. Botox injections	
Example: Heparin infusion	
If a medication has "IV continuous infusion" in the Usually done as outpatients for cerebral palsy	
order sentence, it will automatically appear in iView patients; administrations are not recorded on	the
under Fluid Balance Chart > Continuous Infusions and MAR. Instead, they are documented via AdHoc	Forms
under Quick View > IV Drips. > Rehabilitation Service > Kids Rehab Botulinur	n
Toxin Clinic (for CHW) and Rehab2Kids Botulin	um
1. Select correct patient and encounter Toxin Clinic (for SCH). Recorded only by the	
2. Review allergies and weight specialist.	
3. Review Orders	
4. Review MAR	
5. Collect medications and equipment	
6. Tap off/logout	
7. Go to bedside	
8. Tap on/login	
9. Sign + co-sign	
10. Document volumes in iView > Continuous	
Infusions	
11. Document progress note	



INTEGRATION PROGRAM

13. IV Push Medications	14. IV Boluses (Fluids)
Example: Ceftriaxone administered as a Push	
To separate the push medications from the pump infused medications, volumes will be added in iView under IV Flushes. A dynamic group 'IV Push Medications' will need to be created for each IV line if one does not already exist.	For when an IV bolus is required from the running infusion, an order needs to be placed by the medical officer just like it would normally be on the front stat section of the PNIMC. Hourly volumes from the original infusion will not need to be entered.
 Select correct patient and encounter Review allergies and weight Review Orders Review MAR Collect medications and equipment Tap off/logout Go to bedside Tap on/login Leave the diluent and volumes blank Sign + co-sign Navigate to iView > Fluid Balance > IV Flushes Manually enter volumes Sign Document progress note 	 Select correct patient and encounter Review allergies and weight Review Orders Review MAR Collect medications and equipment Tap off/logout Go to bedside Tap on/login Ensure diluent and volume is entered Enter Infused Over duration (mins/hrs) Sign + co-sign Navigate to iView > Fluid Balance > Medications to check that volumes have auto-populated Document progress note
15. PCA/NCA/Opioid Infusions	16. Reviewing Future Orders
These orders will remain on paper but do have electronic placeholder orderables to remind staff that there is an existing paper order; they do not need to be actioned. Fluid totals can be tracked on iView.	Some PowerPlans can be ordered in advance prior to the patient arriving for their treatment and are in a 'Future' state. They float across encounters and only associate to an encounter once it is activated.
 Select correct patient and encounter Review allergies and weight Navigate to iView > Fluid Balance Chart > 	NB: Do not alter these orders unless stated by the teams that have ordered them or if specific training has been completed.
PCA/NCA	1. Select correct patient and encounter
4. Add dynamic group if not already existing	2. Review allergies and weight
	3. Review Orders
 Enter volume infused Sign 	4. Identify future orders





	7			
17. Activating Future Orders	18. Paracetamol Rule			
 Activating future orders allows for the nursing staff to be able to administer the medication or collect blood samples for the patient's treatment. Specific training around this function will be given additionally where it is required (Oncology). NB: Do not activate these orders unless directed by the teams that have ordered them or if specific training has been completed. Select correct patient and encounter Review allergies and weight Review Orders Select the correct PowerPlan Ensure the start date and time is today and reschedule if appropriate Click Activate Sign Document progress note 	 Popup occurs when the maximum daily accumulative dose has been reached and the next dose is trying to be given 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Click paracetamol task tile 6. Dose Verification window: "The 24hr Paracetamol dose will be x mg (including this administration), which exceeds the maximum daily dose of xxxx mg (xx mg/kg/day) 7. Document progress note 			
 19. Rescheduling a Single Dose For situations where patients may be attending imaging, going for a procedure, adolescents sleeping in late etc., it can be clinically appropriate to reschedule a dose to be given later. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Right click the task tile and select Reschedule this dose 6. Adjust the time and select rescheduling reason 7. Click OK 8. Document progress note 	 20. PRN Response Currently on only for morphine and endone; more PRN S8 analgesics being identified for inclusion currently in progress. NB: PRN Response tile will disappear after certain length of time Select correct patient and encounter Review allergies and weight Review Orders Review MAR Administer PRN morphine/endone Identify PRN Response task tile and action Complete Medication Effectiveness Evaluation 			





21. TPN

TPN currently a placeholder orderable for now; used only to keep track of fluid balance. Work currently underway to incorporate it electronically.

- 1. Select correct patient and encounter
- 2. Review allergies and weight
- 3. Review Orders
- 4. Review TPN paper chart
- 5. Review MAR
- 6. Sign + co-sign TPN when commencing
- 7. Check iView, document rates
- 8. Document progress note

23. Medication Requests

Requests are instantly received once submitted but will still require a call to pharmacy if it is urgent. S4D/S8 requests are to remain the same via the blue/red Requisition Book.

- 1. Select correct patient and encounter
- 2. Review allergies and weight
- 3. Navigate to Medication Requests
- 4. Tick the boxes for required medications
- 5. Reason and Priority need to be selected and applied (can be done individually or bulk)
- 6. Click Submit

Alternatively:

- 1. Select correct patient and encounter
- 2. Review allergies and weight
- 3. Navigate to MAR
- 4. Right click order sentence and select Med Request
- 5. Select reason, priority and enter comment eg. out of stock
- 6. Click Submit

22. Pump Reconciliation

Total infused volumes will not automatically update themselves and can be prone to having different readings to the pump if not updated correctly eg. kinked lines, slow cannulas etc. The pump's total volume will be the source of truth for total volume of infused medications.

- 1. Select correct patient and encounter
- 2. Review allergies and weight
- 3. Review the pump's total volume
- 4. Navigate to iView > Fluid Balance Chart
- 5. Add the total 24 hour volumes of
 i) Continuous infusions
 ii) Medications
 iii) Blood product transfusions
- 6. Compare this total to the pump total. If the totals are equal, there is nothing else to do

If the iView volume is higher:

- 1. Enter the difference into Other Output Source
- 2. Enter comment as 'pump reconciliation'

If the pump volume is higher:

- 1. Enter the difference into Other Intake Source
- 2. Enter comment as 'pump reconciliation'

24. Parent/Patient Self Administration

The MAR can be marked to indicate if medications are given by the parents or the patient has taken their own medication. All medications that have the 'self-administered' dropdown options are listed in the Parent/Patient Self Administration policy.





25. Sliding Scale Insulin	26. Late/Early Administration
 This workflow will only apply to SCH. The Endocrinology Team will also be able to chart supplemental supper doses as well with sliding scales; both are administered in the same way. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Hover over order sentence to see sliding scale instructions 6. Identify how much insulin is required 7. Action task tile 8. Record units to be administered 9. Sign + co-sign 10. Document progress note 	 Situations occur when medications may need to be administered earlier or later than the indicated time. 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Click task tile 6. On 'Task Selection Error' alert, Proceed with medication administration 7. Witness co-sign 8. Select appropriate Late/Early Reason 9. Sign Document progress note
 27. Variable dose Anti-coagulants (Warfarin, enoxaparin, unfractionated heparin) 1. Select correct patient and encounter 2. Review allergies and weight 3. Review Orders 4. Review MAR 5. Click task tile 6. Review INR/INR-SCH, Warfarin target INR, Prescribed dose 7. Administer if all information appropriate 8. Document progress note 	28. Resuscitation Remaining on paper and documented on Paediatric Resuscitation Chart (SMR110.036). Do not need to transcribe electronically. Adequate to enter progress note to "refer to Paediatric Resuscitation Chart" Fluids administered can be manually totalled from the paper chart and be added to the Other Intake section in iView to maintain an accurate fluid balance. A comment of 'refer to resus chart' can be attached below the entered volume





29. Gate Leave	30. Clinical Trials
Nursing staff will need to determine if medications are required to be given pre/during/post gate leave. Provided that it is clinically appropriate, pre and post gate leave medications can:	Currently under development; using 'unlisted medication' order for now. Administered same way as standard medications.
 Late/Early Administration Reschedule single dose 	
Depending on whether the medication needs to be recorded as given (e.g. when the number of administered doses needs to be accurate), administered medications during gate leave can:	
 Chart not done Parent/Patient Self Administration 	

Please call the Application Training and Support Unit if you require assistance with completing these scenarios 9845 – 0333

Don't forget to mention you are a SCH eMM Super User





SCH eMM Nurse Simulation

Activity Log

Name	Stafflink	Date	Ward	Scenario Completed





SCH eMM Nurse Simulation Activity Log

Name	Stafflink	Date	Ward	Scenario Completed





Questions

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