INTEGRATION
PROGRAM

eMM
Nurse Super User Toolkit

Sydney Children's Hospital, Randwick
2019

MEMORY
The Sydney children's Hospitals Network

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
0.2	10/09/2019	Updates to all sections	Kate Davidson
0.3	16/09/20019	Updates to all sections	Kate Davidson
0.4	18/09/20019	Updates to all sections	Jessica Read
0.5	18/09/20019	Updates to all sections	Kate Davidson

Table of Contents

INTEGRATION
PROGRAM

eMM

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

Safer. Smarter. Stronger

SCH Allocated Train Logins by Ward

Ward	App Portal Username, Password	Nurse Login Username, Password	Doctor Login Username, Password	Patient(s) Surname, First - MRN
C1S	Train81, Training!	Nurse81, train	Doctor81, train	SSS, Patient01 - 1601111 HITH, Patient01 - 1701111
C1SW	Train82, Training!	Nurse82, train	Doctor82, train	SSS, Patient02 - 1601112 HITH, Patient02 - 1701112
C1W	Train83, Training!	Nurse83, train	Doctor83, train	SSS, Patient03 - 1601113 HITH, Patient03 - 1701113
C1N	Train84, Training!	Nurse84, train	Doctor84, train	SSS, Patient04 - 1601114 HITH, Patient04 - 1701114
C2S	Train85, Training!	Nurse85, train	Doctor85, train	SSS, Patient05 - 1601115 HITH, Patient05 - 1701115
C2N	Train86, Training!	Nurse86, train	Doctor86, train	SSS, Patient06 - 1601116 HITH, Patient06 - 1701116
C2W	Train87, Training!	Nurse87, train	Doctor87, train	SSS, Patient07 - 1601117 HITH, Patient07 - 1701117
C3S	Train88, Training!	Nurse88, train	Doctor88, train	SSS, Patient08 - 1601118 HITH, Patient08 - 1701118
C3SW	Train89, Training!	Nurse89, train	Doctor89, train	SSS, Patient09 - 1601119 HITH, Patient09 - 1701119
Pediatric Recovery	Train91, Training!	Nurse91, train	Doctor91, train	SSS, Patient01 - 1601111 HITH, Patient11 - 1701121
ED	Train90, Training!	Nurse90, train	Doctor90, train	EDNurse19, Patient01- 1801165 EDNurse19, Patient02 - 1801166 EDNurse19, Patient03 -1801167
				EDNurse20, Patient01 - 1801168 EDNurse20, Patient02 - 1801169 EDNurse20, Patient03 - 1801170

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)

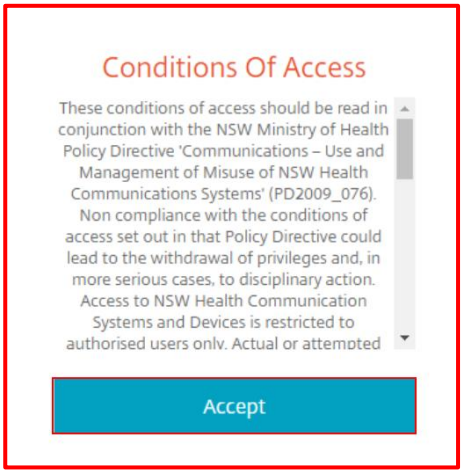
] Additional Orders for Sim

eMM Super User – How to login to App Portal

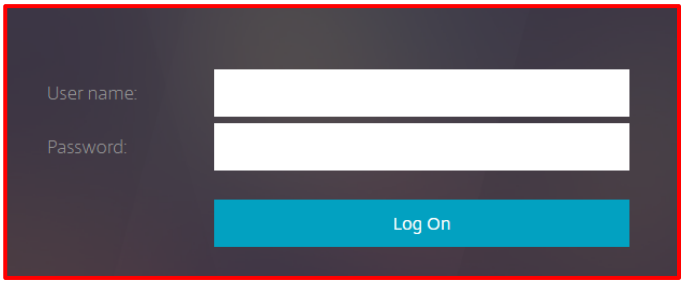
App Portal allows access to applications available on the SCHN Network and can be accessed on computers in the Sydney Children's Hospital Network (SCHN) as well as remote sites for those staff who have been granted VPN access. To access the Powerchart TRAIN environment, eMM SuperUsers will need to login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

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

2. Click **Accept** to the Conditions of Access

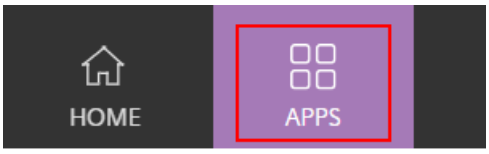


3. Enter the username and password details provided



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

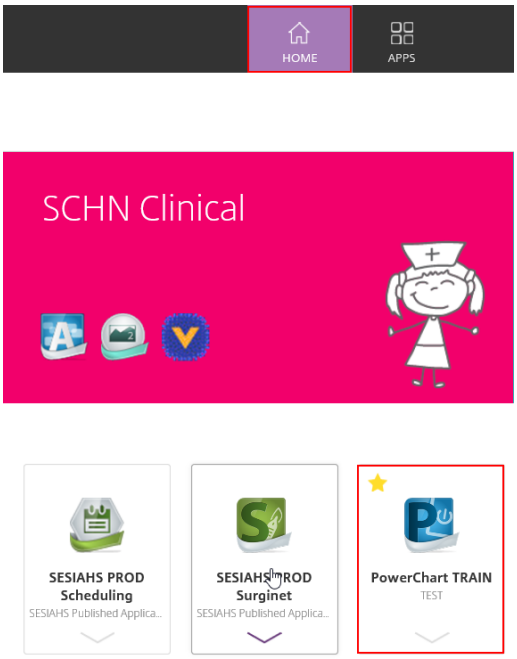
4. Click on the **APPS** tab at the top of the screen



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



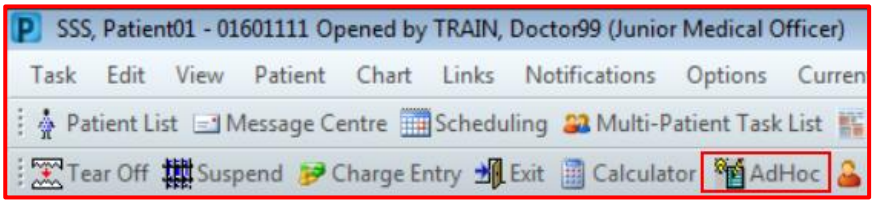
For general information on how to use the **SCHN AppPortal** using personal login details, refer to the following QuickStart: https://learning.schn.health.nsw.gov.au/citrix-appportal

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)**.

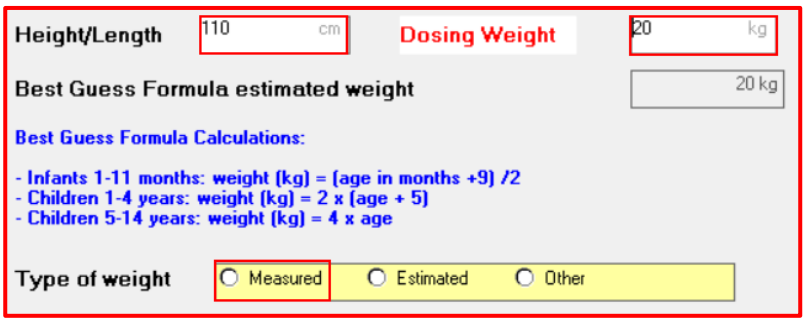
1. In the top toolbar click the AdHoc link



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

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)

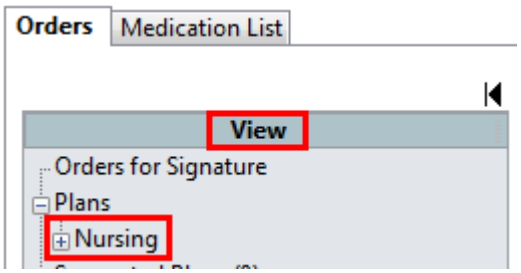
PowerChart TRAIN
TEST

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.

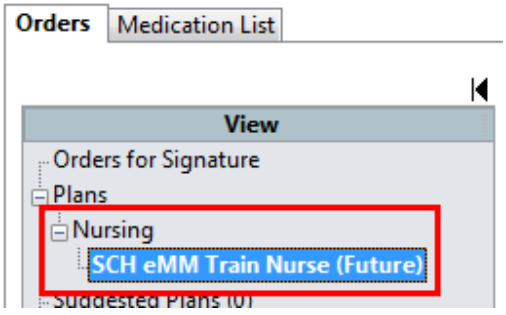
In order to prepare eMM simulation for nurses, the doctor ordered '**SCH eMM Train Nurse**' Powerplan needs to be **Activated**.

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**

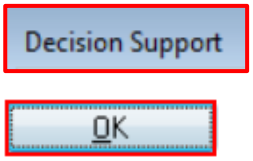


5. Highlight the **SCH eMM Train Nurse (Future)** Powerplan



6. Click **Activate** in the bottom right of the screen

7. 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

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 ☺

INTEGRATION PROGRAM

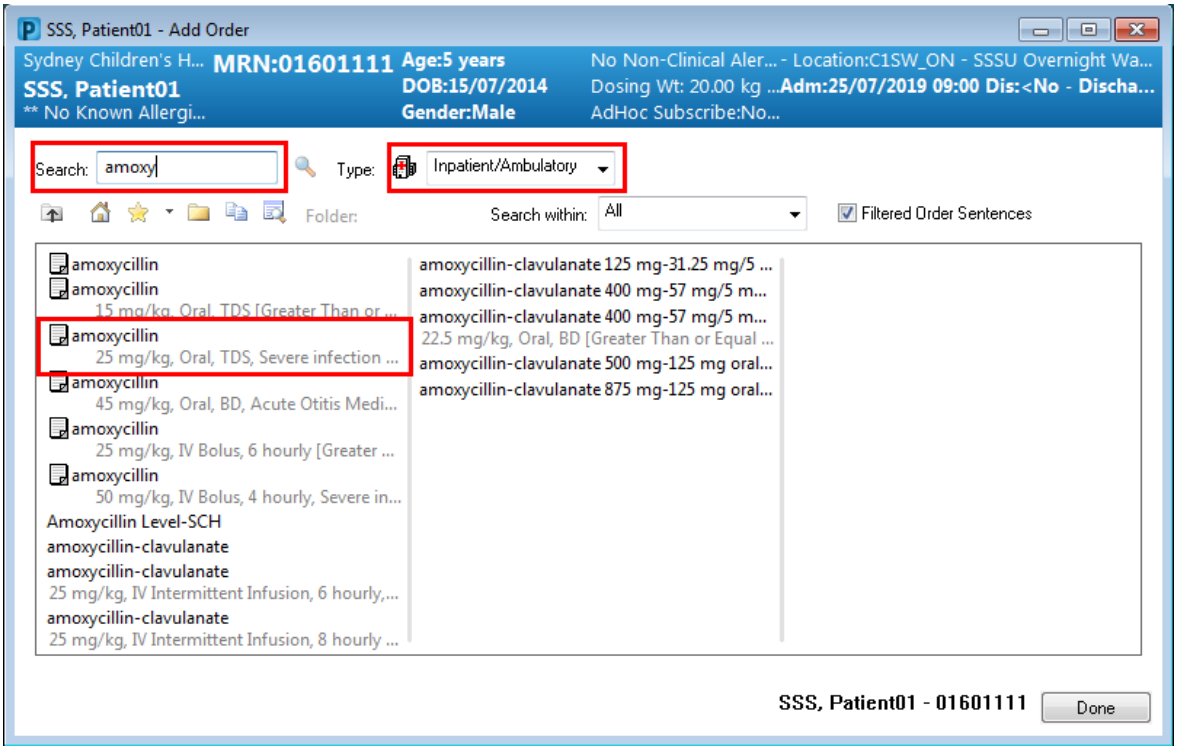
eMM Super User – Prescribing medication orders (doctor login)

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

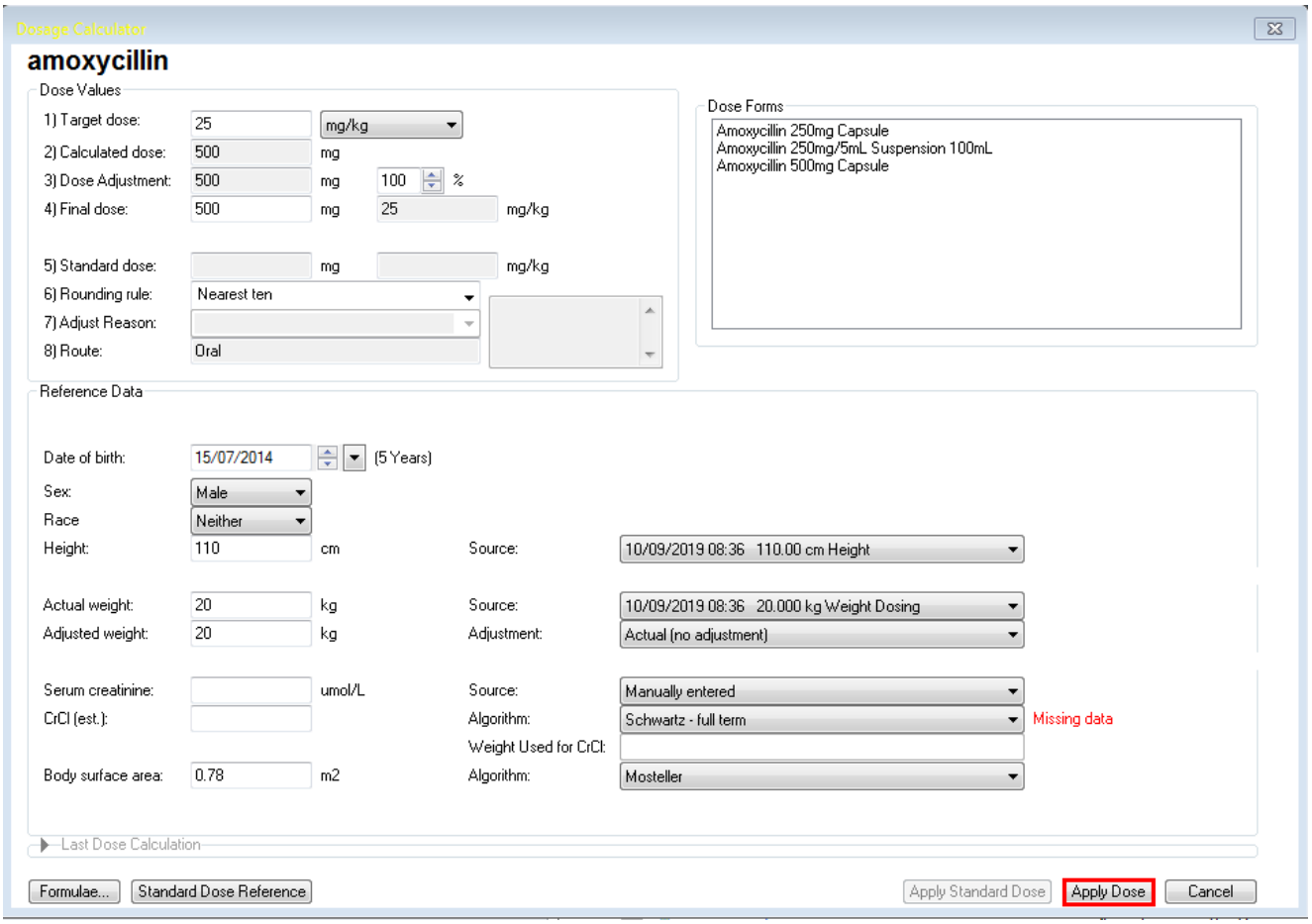
Note: All inpatients require the completion of the ***Height/Weight/Allergies (Prescribing)*** Adhoc form before ordering medications.

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

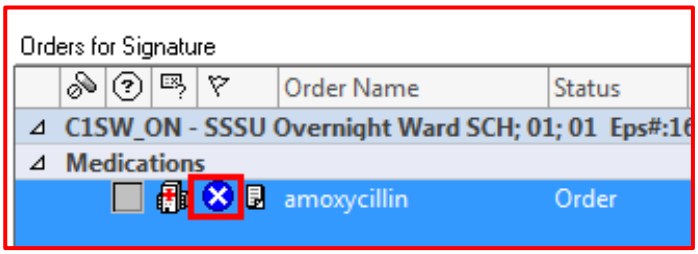


5. The Dosage Calculator will appear for any weight-based medications. Select the appropriate dose modifiers.
6. When all information is correct, click **Apply Standard Dose** or **Apply Dose**



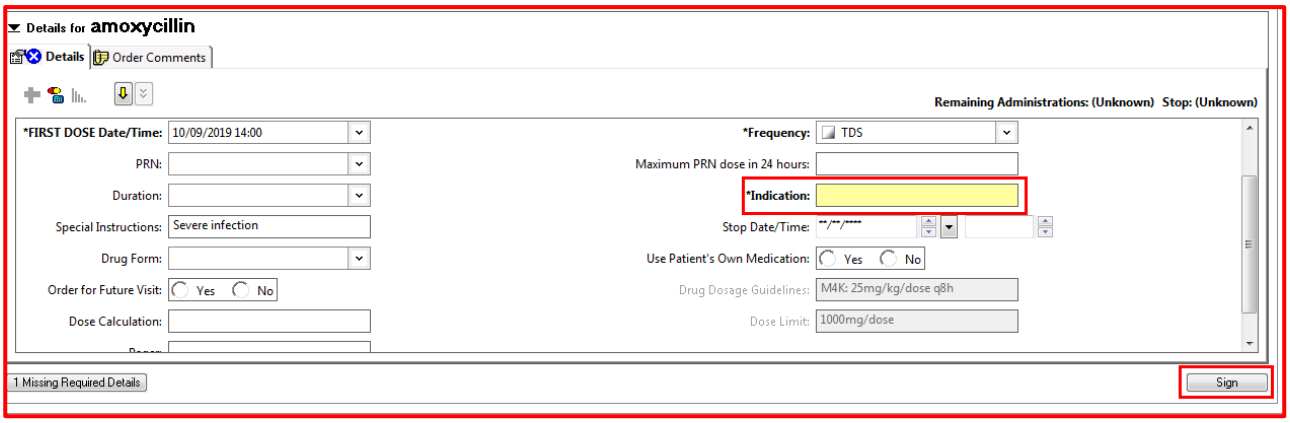
7. Click **Done** when all required medications have been selected

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

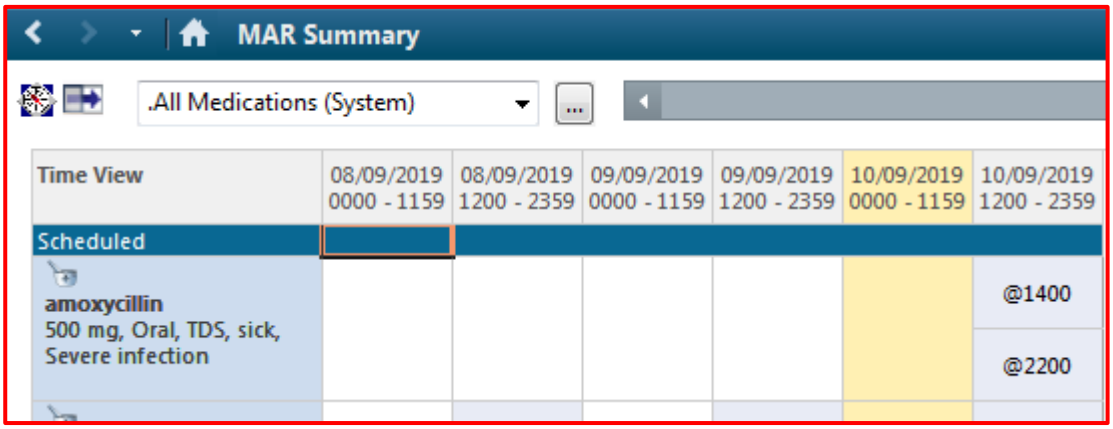


10. Fill out relevant fields. Yellow fields are mandatory.

11. Click **Sign**



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



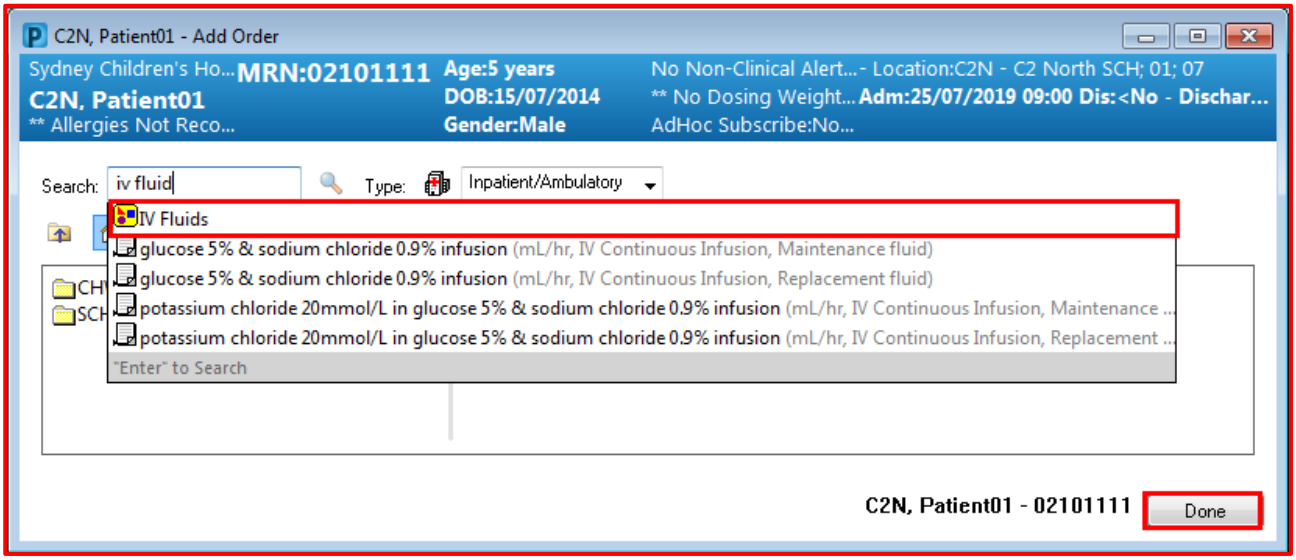
eMM Super User – How to order an IV Fluids PowerPlan (doctor login)

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.

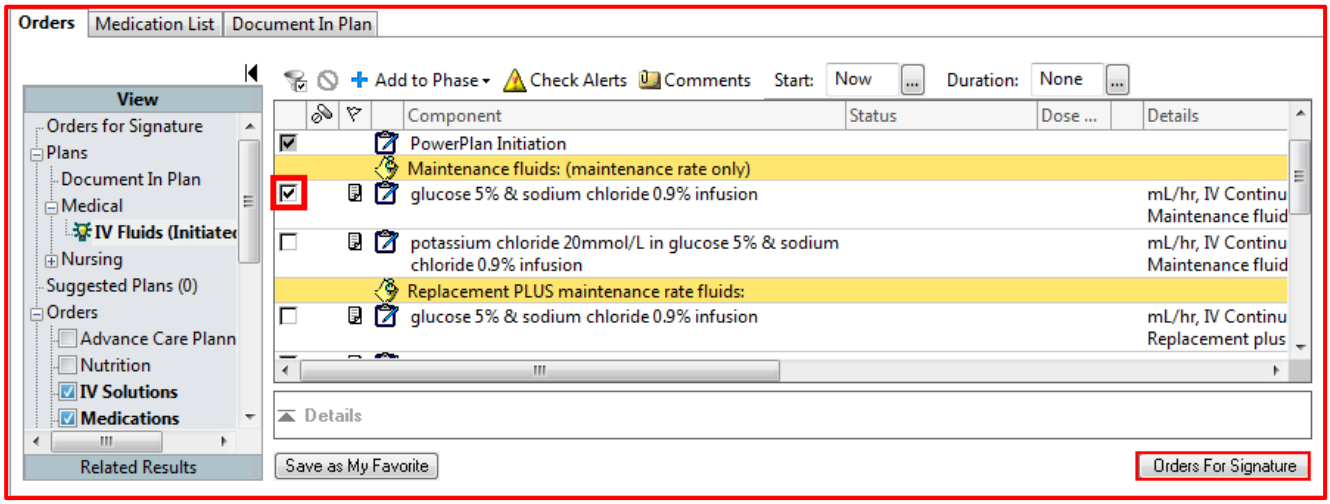
1. Click **+Add** Orders button from the menu

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

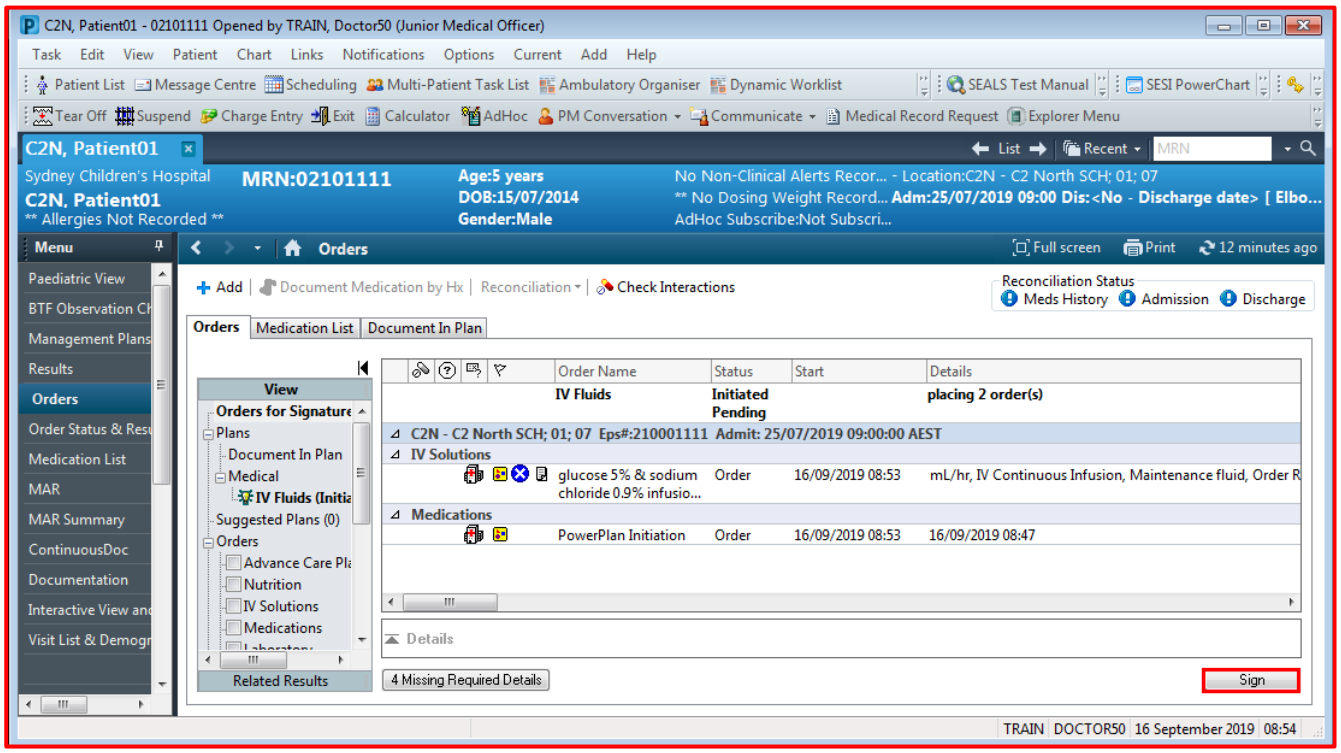


4. Click **Done** when all required medications have been selected

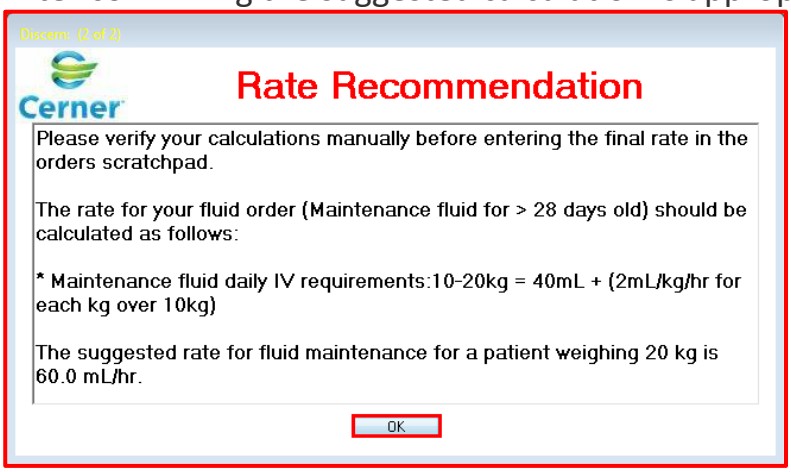
5. The IV Fluid PowerPlan window opens.
6. Tick the required fluid.
7. Click **Orders For Signature**



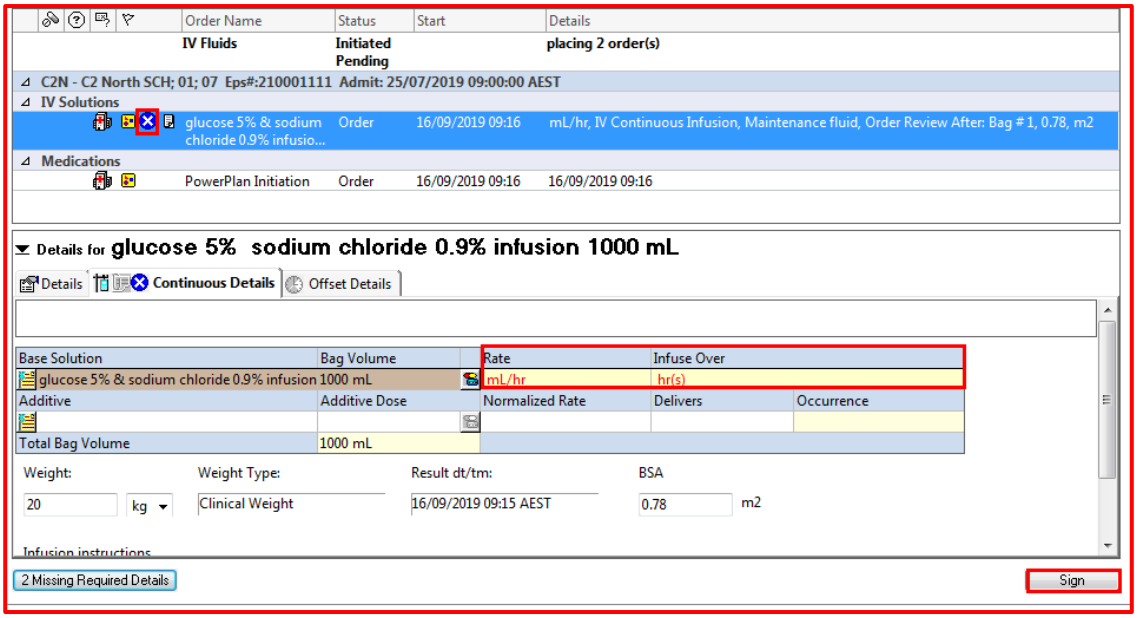
8. Click **Sign**



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.



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

16. Click on **MAR** from the Menu to check your orders.

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

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

INTEGRATION PROGRAM

Quickstart Reference Guide

Learning.kids

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

Practice Scenarios

1. Simple standard medication administration

Example: oral paracetamol

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

2. Patient refuse

Documenting a refused dose is possible on the MAR.

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. Click the task tile
10. Sign Not given (Patient Refused)
11. Document progress note

3. Medication administration with charting

Example: insulin

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.

4. S4D/S8 Administration

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

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'.

6. Chart Not Done (Future Withhold)

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

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

8. Unchart

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/login logout
7. Go to bedside
8. Tap on/login
9. Select IV access site
10. Click apply to co-sign
11. Click green tick and sign
12. Navigate to iView > Fluid Balance
13. Double click on that hours corresponding cell
14. Green tick and sign

10. Intermittent IV Medication Infusions

Example: Tazocin via burette

When the medication is run via the burette. IV push medications are documented differently.

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. Ensure diluent and volume is entered
10. Enter Infused Over duration (mins/hrs)
11. Sign + co-sign
12. Navigate to iView > Fluid Balance > Medications and check that volumes have appeared
13. Document progress note

11. Continuous IV Medication Infusions

Example: Heparin infusion

If a medication has “IV continuous infusion” in the order sentence, it will automatically appear in iView under Fluid Balance Chart > Continuous Infusions and under Quick View > IV Drips.

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 volumes in iView > Continuous Infusions
11. Document progress note

12. Botox injections

Usually done as outpatients for cerebral palsy patients; administrations are not recorded on the MAR. Instead, they are documented via AdHoc Forms > Rehabilitation Service > Kids Rehab Botulinum Toxin Clinic (for CHW) and Rehab2Kids Botulinum Toxin Clinic (for SCH). Recorded only by the specialist.

13. IV Push Medications

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.

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. Leave the diluent and volumes blank
10. Sign + co-sign
11. Navigate to iView > Fluid Balance > IV Flushes
12. Manually enter volumes
13. Sign
14. Document progress note

14. IV Boluses (Fluids)

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.

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. Ensure diluent and volume is entered
10. Enter Infused Over duration (mins/hrs)
11. Sign + co-sign
12. Navigate to iView > Fluid Balance > Medications to check that volumes have auto-populated
13. Document progress note

15. PCA/NCA/Opioid Infusions

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.

1. Select correct patient and encounter
2. Review allergies and weight
3. Navigate to iView > Fluid Balance Chart > PCA/NCA
4. Add dynamic group if not already existing
5. Enter volume infused
6. Sign
7. Document progress note

16. Reviewing Future Orders

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.

NB: Do not alter these orders unless stated by the teams that have ordered them or if specific training has been completed.

1. Select correct patient and encounter
2. Review allergies and weight
3. Review Orders
4. Identify future orders

17. Activating Future Orders

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.

1. Select correct patient and encounter
2. Review allergies and weight
3. Review Orders
4. Select the correct PowerPlan
5. Ensure the start date and time is today and reschedule if appropriate
6. Click Activate
7. Sign
8. Document progress note

18. Paracetamol Rule

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

1. Select correct patient and encounter
2. Review allergies and weight
3. Review Orders
4. Review MAR
5. Administer PRN morphine/endone
6. Identify PRN Response task tile and action
7. 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

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

26. Late/Early Administration

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: 1. Late/Early Administration 2. 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: 1. Chart not done 2. Parent/Patient Self Administration	Currently under development; using 'unlisted medication' order for now. Administered same way as standard medications.

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

Questions