



ieMR Advanced

SurgiNet / SAA Business Rules

April 2018



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Document version:	V0.7
Issue date:	April 2018

Version history

Version	Date	Modified By	Description
V0.1	Jan 2018		Initial draft
V0.2	Mar 2018		Amended draft with feedback
V0.3	Mar 2018		Amended draft with feedback
V0.3	Mar 2018	Alesia Thorburn	Additional information included form QRG's , future state processes and DAS presentation.
V0.4	Mar 2018	Alesia Thorburn	Incorporated feedback from SME's from Anna Miedecke (Anaesthesia), Brendan Hoad (Theatres)
V0.5	Mar 2018	Alesia Thorburn	Incorporated feedback from stakeholders from Matthew Currey (Anaesthesia)
V0.6	Mar 2018	Alesia Thorburn	Incorporated feedback from stakeholders as a result of various training sessions
V0.7	April 2018	Alesia Thorburn	Added Minimum data sets to Appendix

Table of contents

SurgiNet & SurgiNet Anaesthesia (SAA) Business Rules	4
Purpose	4
Scope	4
Related Documents	4
Surgical Booking	5
Decision for Elective Surgery	5
Surgical Outpatients (OPD).....	5
Anaesthetic Pre-Assessment Clinic	5
Booking Surgery	5
Administrative Officer.....	5
Communicating pre-admission clinic (PAC) outcomes, case cancellation and termination	6
Confirmation of completion	6
Confirmation of completion – Anaesthetic PAC.....	6
Confirmation of completion – Ear, Nose and Throat (ENT) and Cardiothoracic PAC	7
Cancellation prior to the day of surgery.....	7
Cancellations day of surgery.....	7
Cancellations day of surgery requiring Termination.....	7
Managing Slots	8
Preadmission Clinic Tracking Boards (ENT & Cardiothoracic)	8
Pre Procedural Telephone Calls	8
Preoperative	9
Patient Check-In and Surgical Admission	9
Preoperative Documentation.....	9
Premedication on the Day of Surgery.....	10
Nursing Handover Communication Band	10
LCCH Equipment Tracking (Loan sets).....	10
Intraoperative	10
Surgeon Operation Note	10
IntraOp Record	10
Circulating (Scout) Nurse will complete the following mandatory segment fields within the IntraOp record:.....	11
Intraoperative Medications – Administered by Surgeon.....	11
<i>Surgeon</i>	11
Regular Medications – Due during Intra-op.....	11
Intravenous Fluids and Infusions.....	12
Intraop Segment – Diathermy	12
Intraop Segment – Prosthetic Devices/Implants.....	12
Medications not on Imprest	13
Surgical Safety Checklist (SSCL) – Sign In	13
Surgical Safety Checklist – Timeout.....	13
Peripheral Intravenous Cannulation (PIVC).....	13
Counts	14
Counts Action	14
Catheters, Drains and Tubes	14

Wounds and Dressings	15
Delays.....	15
Intraop Irrigation Fluid	15
Retrospective Data Entry	16
Post-Operative	16
Minimum data sets.....	16
Intravenous Fluids and Infusions entering PACU	16
Blood Transfusion Management in PACU	16
Post-Operative Medications	18
Discharge Medications.....	18
Other relevant documents	19
Appendix A – Surgical Times	20
Appendix B – Minimum Data Sets.....	21
Cath Lab	21
Neurosurgery	23
Spinal Surgery	25
Tonsillectomy, Adnoids, Grommets.....	27
Terms and abbreviations.....	28

SurgiNet & SurgiNet Anaesthesia (SAA) Business Rules

Purpose

The purpose of this document is to identify and define the approved business rules that will support the SurgiNet and SurgiNet Anaesthesia (SAA) system functionality within the integrated electronic medical record (ieMR), implemented as part of the ieMR Advanced Project at Lady Cilento Children's Hospital (LCCH) in 2018.

Scope

This document provides the overall framework and guiding principles (business rules) for use of the ieMR SurgiNet and SurgiNet Anaesthesia (SAA) modules as relevant to the clinical environment of the Lady Cilento Children's Hospital.

For the purposes of this document, the following roles have been identified and defined below;

- *Doctor*: refers to medical prescribers, including Residents, Registrars, Proceduralists and Surgeons where applicable.
- *Anaesthetist*: refers to all anaesthetists – SMOs, VMOs, fellows and registrars.
- *Nurse*: refers to Registered Nurses, Enrolled Nurses or Circulating (Scout) and Instrument nurses where applicable.
- *Anaesthetic Assistant*: refers to Registered Anaesthetic Nurses and Anaesthetic Technicians.
- *Post Anaesthetic Care Unit (PACU) Nurse*: refers to Registered Nurses that provide patient care within PACU.
- *Administration Officer (AO)*: Administration officer within theatre, Elective bookings, OPD or anaesthetics.

If a role has not been identified as part of a subsection or category, it is assumed there are no applicable business rules required for that user. Whereby a role has not been identified within a sub category, it is assumed no applicable business rules exist.

These business rules are in addition to existing business rules and are reflective of changes and updates required as a result of the ieMR Advance go-live for SurgiNet and SurgiNet Anaesthesia (SAA).

Related Documents

- LCCH ieMR Advanced General Business Rules
- Business Continuity Plan
- CHQ Policies, Procedures and Guidelines
- Quick Reference Guides (QRGs)

Surgical Booking

Decision for Elective Surgery

Surgical Outpatients (OPD)

The doctor/dentist makes a decision for surgery and completes elective booking form and surgical consent.

Both the Elective booking form and consent will be delivered to the Elective bookings office for the patient to be waitlisted. Both forms will remain in hard copy format. If the patient has been nominated for Pre-Admission, this will be ticked on the elective booking form and noted on the Surgical Bookings calendar booking.

Anaesthetic Pre-Assessment Clinic

If a patient requires an anaesthetic pre-assessment prior to surgery the doctor will complete a 'Request for Anaesthetic Phone Pre-Assessment' within the Order Entry Format (OEF). Where the request comes from a location without access to the OEF a paper request will be accepted.

The Anaesthetic AO will review the request and schedule in ESM when the patient has a surgery date.

The Anaesthetic AO will enter the patients' family contact number in the private surgical comments which will populate the phone number on the tracking board.

The Anaesthetist will utilise the Paediatric Anaesthesia Consultation PowerNote to complete the assessment.

The Anaesthetist performing the Phone Clinic on the day will utilise the tracking board to communicate the outcome of the phone assessment. They will respond by email to the requester on the request form with relevant details of the assessment.

There are two Anaesthetic PAC appointment types – LCCH Anaes FYI and LCCH Anaes Review. Phone PAC's must be booked to the LCCH Anaes Review appointment type and file review only PAC's must be booked to the LCCH Anaes FYI appointment type.

Booking Surgery

Administrative Officer

Elective and Emergency:

- Once booking form and consent has been received by the AO the patient will be waitlisted in HBCIS
- When utilising the fields in the appointment attributes the following will be use as such
- Private Surgical comments – Alerts i.e. MH, MRO etc. These comments are visible on the printed record and theatre lists.
- Public Surgical Comments – Special Equipment i.e. Loan set, deflux etc. These comments are visible on the Perioperative Tracking Boards

- Surg Scheduling Details – displays in resource tile on the appropriate appointment grid
- For multiple procedures, Primary Procedure prepopulates to Yes even if multiple procedures are selected. You MUST change the secondary procedure/s drop down box of Primary Procedure to no, as you cannot have multiple primary procedures.
- Always select the SNOMED code in the Surgical Procedure code field in the Appointment Attributes window.

Elective:

- When a date for surgery has been decided the patient will be booked in HBCIS and then in ESM
- When booking from a request list to a location that is not a Main Operating Theatre, staff will need to update the location for the appointment, in the appointment attributes screen and when selecting the patient in the Case Selection screen.

Emergency:

- Unplanned theatre procedures for Medical Imaging patients need to be booked to a theatre and run as a separate case.
- Emergency bookings will be booked to an Emergency “virtual room” in ESM. The session and date are not allocated at this point. The actual theatre is assigned just prior to surgery. E2 processes and business may vary. When dealing with an E2 process, refer to the E2 business rules.

Communicating pre-admission clinic (PAC) outcomes, case cancellation and termination

Confirmation of completion

If the assessment dictates that further tests are required, the booking team member emails the booking back to the treating clinician.

If the assessment dictates that the patient is confirmed ready for surgery, the patient proceeds to surgery.

The bookings team member will confirm Pre/Post operation bed requirements in HBCIS and update overnight bed status if required.

The bookings team member will complete actions to confirm that the Paediatric Intensive Care Unit (PICU) / Close Observation (Close Obs) bed request has also been completed and booked into the PICU and Close Obs Calendars in Outlook.

Confirmation of completion – Anaesthetic PAC

For the Anaesthetic PAC, the Anaesthetist updates status on tracking board. Anaesthetic AO reviews tracking board and sees completion status and then sends email to appropriate bookings team member.

Confirmation of completion – Ear, Nose and Throat (ENT) and Cardiothoracic PAC

Upon completion of the PAC appointment, appropriate information is updated in:

- Patients PowerChart
- Appropriate PAC Tracking Board
- HealthTrack (cardiothoracic only)

Cancellation prior to the day of surgery

All cancellations prior to the day of cancellation will be managed by the elective bookings team.

Note: It is **imperative** to ensure that **SN cancellation codes** are used for **all** surgical bookings to ensure information can be sent across the interface to HBCIS

Cancellations day of surgery

- Any procedures which are cancelled on the day of surgery require the nurse or anaesthetic assistant to complete the case cancellation record in the patients Periop Doc as close to the point of notification as possible.
- It is important to ensure the correct reason is used within the case cancellation record to allow accurate documentation of cancellation reason by the elective bookings team.
- Additional information shall be written in the comments field within the record.

The screenshot shows a 'Case Cancelled' form with the following fields:

- Case Cancelled In:** Radio buttons for 'Preop' (selected) and 'Intraop'.
- Case Cancel Date and Time:** Two dropdown menus showing '0809' and '12-Dec-2017'.
- Reason:** A dropdown menu with 'SN - Unfit For Surgery - Condition' selected.
- Comments:** A text area containing 'patient has a cold'.

Cancellations day of surgery requiring Termination

- In the event a case is aborted or when the intraop record has been opened and the case is cancelled, the case cancelled record is to be completed by the theatre team.
- The theatre team must also indicate on the case cancelled tracking board that the document requires termination
- The termination of a record will only be done by SurgiNet Administrators or the Elective Surgery Bookings Nurse Unit Manager (NUM).

Managing Slots

Slots changes will be managed by the SurgiNet Administrator and Long wait coordinator.

Slot changes will be agreed upon in the weekly Matrix planning meeting.

Preadmission Clinic Tracking Boards (ENT & Cardiothoracic)

The AO will book Preadmission Clinics to the appropriate appointment type to ensure they are visible on the correct tracking boards. Appointment types include:

- LCCH Anaes FYI
- LCCH Anaes Review
- LCCH Cardiac PAC
- LCCH ENT PAC

The Nurse will set the relevant events on the PAC Tracking Board to indicate the relevant status of the clinic.

Pre Procedural Telephone Calls

The pre procedural phone call nurse will complete the following fields on the Pre op Phone call tracking board: arrival time, fasting time, interpreter required, ward from, ward to and the outcome of the phone call.

The nurse will set the relevant events in the tracking board based on the steps above.

The format for fasting time is shown as Display Code -> Time where:

Description	Display Code	Time (24 hour time)	Example of how it will appear
Solids	S	As per time entered	S 0200
Clear Fluids	CF	As per time entered	CF 0200
Formula Feed	Form F	As per time entered	Form F 0200
Breast Feed	BF	As per time entered	BF 0200

The nurse will document the call with the Paediatric Pre Admission Phone Assessment Power Form within Adhoc charting

Preoperative

Patient Check-In and Surgical Admission

The AO in Surgical Admissions Lounge (SAL) will complete the 'Check In' function on patient presentation to the unit via Case Selection.

The Inpatient encounter must be selected to ensure the documentation is in the appropriate encounter. AO's must ensure that they are working within an Inpatient encounter with no discharge date at the correct facility.

Where an incorrect encounter was set, AO's will escalate these to the Bookings team.

Patient/parent/carers are provided with their unique tracking number on the handout.

For Medical Imaging patients who present to 4B, AOs will change the location dropdown in the Case Selection screen to the appropriate location and check the patient in from there.

Preoperative Documentation

SAL Nurse

- Complete the relevant admission documentation.
- Responsible for opening the Perioperative Document- Pre-op Record and clicking the 'In Pre-op' time once they have completed their admission tasks. This will update the patient Status on the relevant Tracking Boards viewable to perioperative staff.
- Where consent issues arise, an event is to be set on the Pre-op tracking board and verbally communicated to the team.

Holding Bay Nurse

- Opens the Perioperative Document- Pre-op Record and clicking the 'Out of Pre-op' once the patient has moved through to the holding bay.
- Complete the second preoperative checklist.
- Click the 'Ready for Surgery' once the pre-op checklist has been completed and the patient is ready to proceed through to the induction bay.
- Finalise the Pre-op Record.

Anaesthetic Assistant / Periop Nurse

- Collect the patient from the holding bay.
- Complete the third preoperative checklist. This can either be done within the Holding bay or in the Anaesthetic Induction bay.

Premedication on the Day of Surgery

The anaesthetist who is assigned to the procedure is responsible for reviewing and assessing the patient prior to the start of the case. If a pre-med is required the anaesthetist will create the order(s) at the time of consultation and verbally communicate to the nurse a premedication order has been placed.

Nursing Handover Communication Band

The Nursing handover communication section will be completed anywhere a clinical handover occurs. Including but not limited to; Ward to Operating Room Suite (ORS), Theatre to (Post Anaesthetic Care Unit) PACU and PACU to Ward.

When completing the sections full names are to be used for staff involved in handover.

Nursing Handover Communication		
Patient Involved	Yes	
Equipment accompanying patient		
Patient ID band on and verified	Yes	
Date/Time transfer accepted	12-Dec-2017 7:59	
Nurse giving report	Brendan Hoad	
Nurse receiving report	Glenda Radel	
Date/Time nurse received report	12-Dec-2017 8:00	
Transfer from	OR 5	
Transfer to	PACU	
Transfer mode	Bed	
Accompanied by staff	Registered nurse	
Accompanied by for transfer		

LCCH Equipment Tracking (Loan sets)

The Nurse will review the LCCH Equipment Tracking Board and update the requirements for loan sets.

The Details field is a free text field and is used to inform Central Sterilisation Unit (CSU) which set/company is expected.

The 'Needed' and 'Ordered' fields are to be updated by setting an event to indicate a set is required and has been ordered.

The remainder for the fields are to be set by CSU to indicate 'Arrival' and 'Processing' status of the sets.

Intraoperative

Surgeon Operation Note

The surgeon will complete their documentation on the dedicated 'surgeon' computer within the operating theatre.

Surgeon notes will be saved using the Perioperative procedure document type.

IntraOp Record

Circulating (Scout) Nurse will complete the following mandatory segment fields within the IntraOp record:

- Case Times (Patient in OT, Anaesthetic Start Time)
- Case Attendees (Case Attendee, Role Performed)
- General Case Data (Wound Class, Speciality, Operation Type)
- Surgical Procedures (Procedure, Procedure Code, Modifiers)
- Patient Positioning (Body Position, Left and Right Arm Position, Left and Right leg Position, Positioning Device)
- Skin Prep (Hair Removal, Skin Prep)
- Surgical Safety Checklists (all three)

Intraoperative Medications – Administered by Surgeon

Nurse

- The circulating nurse will record medications prepared and handed on to the sterile field within the Intraop Record under the Medication segment. The nurse will enter the Medication, route, volume and the surgeon responsible for administering the medication.

Surgeon

- The surgeon is responsible for completing the 'OT Medications' field within the Operation Note Power Note to include details of medication, dose/ volume and route.
- The surgeon will place an order for any post-operative medications required for ongoing care i.e. Antibiotics etc.
- If regular medication is due intra-op, it will be administered and documented in SAA.

N.B. Administered Medications recorded in the Operation Note do **not** populate on the MAR or the Interactive View band fluid balance chart.

Regular Medications – Due during Intra-op

- If the patient has a regular medication due when intra-op, there will be a manual reconciliation process between OT/PACU nursing staff prior to patient being moved to their Inpatient ward.
- The Nurse cannot retrospectively re-schedule doses in the MAR. Nurses will need to follow the "Chart not done" workflow to remove the relevant unactioned medication administration tasks of the MAR. This also applies to regular/scheduled medications administered in OT.

- The nurse will be able to see the last time the medication was administered in the ieMR. If the medication documentation is incomplete, the receiving nurse is not to accept care of the patient.
- PACU and Ward nurses will perform the handover of medications.
- If the patient is going from theatre to PICU, the PICU Team will review medications in ieMR using the meds transfer reconciliation functionality. The team will transcribe those medications that will be continued in PICU to MetaVision.

Intravenous Fluids and Infusions

Nurse/Anaesthetic Assistant

When a patient is transferred into theatre from a ward or the emergency department (excluding PICU and CAT A emergencies), the receiving perioperative nurse/anaesthetic assistant will check the MAR +/- MAR Summary to ensure that all intravenous fluids and infusions that are running have an active order on the Medication Administration Record (MAR).

On commencement or handover of care, the Anaesthetist will determine the fluids and infusions that are to continue in operating theatre.

Anaesthetist

If the Anaesthetist wishes to cease the infusion, the Anaesthetist will Cancel/Discontinue the infusion Order via the Orders menu item. The anaesthetist will select the appropriate reason

The screenshot shows a software interface for managing medications. At the top, there's a table with columns for 'Order Name', 'Status', and 'Details'. Below this, a section titled 'Medications' is expanded to show details for 'Glucose 5% with 0.9% Sodium Chloride intravenous infusion 1000 mL'. The status is 'Discontinued' with a reason 'No longer required, 16-Mar-2018 13:37 AEST'. A dropdown menu is open under the 'Discontinue reason' field, listing options: 'No longer required', 'Different dose/route', 'Allergy/interaction', 'Drug unavailable', and 'Other - enter comment'. The 'Discontinue date/time' is set to '16-Mar-2018 13:37 AEST'.

for the discontinue action via the drop down menu in the OEF.

The screenshot shows a table of 'Continuous Infusions'. One entry is highlighted: 'Glucose 5% with 0.9% Sodium Chloride intravenous infusion 1000 mL'. The status is 'Discontinued' with a reason 'No longer required, 16-Mar-2018 13:45 AEST'.

Intraop Segment – Diathermy

The circulating nurse will record the asset number of the diathermy machine in the Intraop Record – Diathermy segment.

Intraop Segment – Prosthetic Devices/Implants

The nurse will enter details for any prosthetics devices/implants into the allocated section in the Intraop record by searching for the items with the reference code. The serial number field will be utilised to indicate if items are loan or consignment.

If the correct item is not found, then try entering the reference number without the full stops and dashes or description of search. If the item still can't be found, complete a "RE-ORDER FORM - PROSTHETIC/CONSUMABLE ITEMS NOT IN SURGINET, and attach any product label. The form is to be sent to SurgiNet administration and the item will then be retrospectively entered.

Medications not on Imprest

Surgeon

To order medications required for a procedure which require pharmacy preparation or special medication not kept on Imprest, the surgeon will write a script for the medication prior to 48 hours of the surgery date.

N.B If an urgent medication is needed unexpectedly during the procedure, the surgeon can request that another medical officer (Anaesthetist/Registrar/Resident) can place the Consult to Pharmacy Order on their behalf.

Surgical Safety Checklist (SSCL) – Sign In

The circulating nurse will complete the SSCL documentation within SurgiNet. The nurse is responsible for being logged into the ieMR and having the Intraop Record opened.

Surgical Safety Checklist – Timeout

Anaesthetist

During the SSCL Time Out, the anaesthetist will refer to the SAA patient record banner bar for patient confirmation.

Nurse

During the SSCL Time Out, the theatre /circulating nurse will be logged into the nurse assigned computer with the Intraop Record open to the SSCL Time Out segment displayed.

All other members will check the patient ID against the consent form to ensure positive identification of correct surgery, site and side.

Peripheral Intravenous Cannulation (PIVC)

Anaesthetist

If an anaesthetist/MO inserts a peripheral intravenous cannula (PIVC) or other relevant line/device (ART, CVL etc.) this will be recorded in SAA record.

Anaesthetic Assistant

When a line (PIVC/PICC/CVL/ART etc.) has been inserted intraoperatively the anaesthetic assistant will be responsible for ensuring a dynamic group has been created in IView. The

minimum data set entered into the cells relating to this created Dynamic Group will be at the discretion of the team member entering that data.

PACU Nurse

In the event the patient is transferred to PACU without Dynamic Group(s) created, the PACU nurse contact the relevant anaesthetic team to request that the Dynamic Group(s) are created.

N.B. If the patient arrives into the Operating Theatre with any lines or devices in situ and no Dynamic Group(s) have been created to record these, the anaesthetic assistant will create a Dynamic Group(s) and utilise the 'present on admission' data in the Activity cell attached.
The anaesthetist will document any existing devices in SAA.

N.B. A Dynamic Group will be created if the Line/Device is to remain in situ on discharge from PACU. If the device is marked for removal prior to discharge from PACU a comment detailing the removal task can be added to the Anaes Lines – Devices cell; Paediatric PACU Quick view band.

Counts

Count sheets will remain on paper and will be scanned into the ieMR. These will be able to be viewed via Clinical Notes View or Documentation tabs in the menu item list.

The theatre nurse will utilise the counts verification and counts verification additional where required within the Intraop doc to indicate those team members directly performing each count.

Counts Action

The circulating nurse will only utilise the Counts Action segment within the Intraop Record if there has been a count discrepancy to detail any action(s) taken.

In conjunction with the count discrepancy the team are required to follow hospital policy and ACORN standards as well as documenting the incident in RISKMAN.

Scrub and circulating nurse are required to thoroughly review all counts, consumables and implants for accuracy prior to finalising the patient's surgical procedure.

Catheters, Drains and Tubes

The circulating nurse will document all Catheters, Drains or Tubes inserted intraoperatively in the Catheters, Drains Tubes segment within the Intraop Record.

The circulating nurse will also create the Dynamic Groups for any Surgical Drains or Tubes in PowerChart. The nurse will navigate to the appropriate band Surgical Drains/Tubes or Urinary Catheter I-view Band. The Dynamic Group will be created from here.

Type, size and location must be indicated in both the Surginet and the dynamic group section of the ieMR.

Wounds and Dressings

The circulating nurse will document any dressings or packing materials used intraoperatively in the Intraop record segment; Dressings/Packing

Delays

The Delays segment will be utilised when a delay of more than five minutes occurs.

A delay reason must be entered.

Intraop Irrigation Fluid

The circulating nurse will only record the Fluid In volume within the Intraop segment Irrigation. The nurse will input the type of Irrigation Solution used, the procedure it was used for and the Volume In. This will only be entered once at the completion of the procedure.

Retrospective Data Entry

In the event the ieMR is unavailable, the following information needs to be recorded in SurgiNet retrospectively:

- Case Times (i.e. Surgical End Time, Anaesthetic Stop Time, Patient out of OT, Delays - PACU),
- Case Attendance,
- General Case Data,
- Surgical Procedures,
- Prosthetic Devices/Implants
- Retrospective Data Entry (to be added)
- All others can be discontinued

For comprehensive downtime procedures, refer to the ieMR Advanced Business Continuity Plan (BCP).

Post-Operative

Minimum data sets

The nurse will be responsible for recording the minimum data set.

Any clinically significant observation will be recorded by the nurse above the minimum data set along with any specific requirements relating to the surgery type, patient condition or post-operative instruction. Examples of Minimum Data Sets can be viewed in Appendix B.

Intravenous Fluids and Infusions entering PACU

In the event intravenous fluids are to continue from OT/SAA to PACU/Ward, the Anaesthetist will create a fluid Order in PowerChart.

The volume infused during the procedure will be recorded in the SAA document. On finalising this document the infused volume will display on the MAR in a discontinued state and on the Fluid Balance Chart.

If the medication infusion is required to continue into PACU/Ward, the Anaesthetist will complete an Order in PowerChart.

Blood Transfusion Management in PACU

In the event blood products are commenced during the procedure the volume infused intraoperatively will be recorded in the SAA document.

On finalisation of the SAA document this volume will display in the iView Band-Fluid Balance

In the event blood products are to be continued in Ward, the Anaesthetist will create an Order in PowerChart.

If the Anaesthetist/MO requires the patient to have additional blood products in PACU, the Anaesthetist/MO will ensure that there an Order is placed for Packed Red Cells Administration.

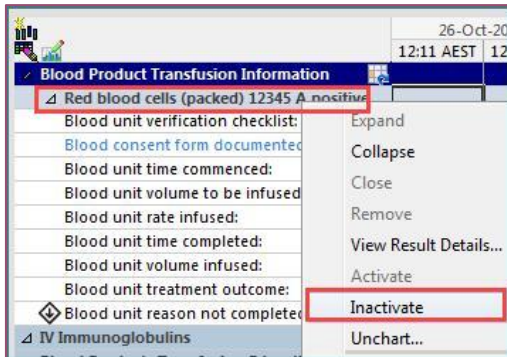
The PACU Nurse will refer to the menu item 'Activities and Interventions' to locate the Packed Cells Administration task. The Nurse can also right click and perform the following actions from this screen:

- Chart Not Done
- Chart Details
- Ad Hoc Charting
- Reschedule This Task
- Create Admin Note

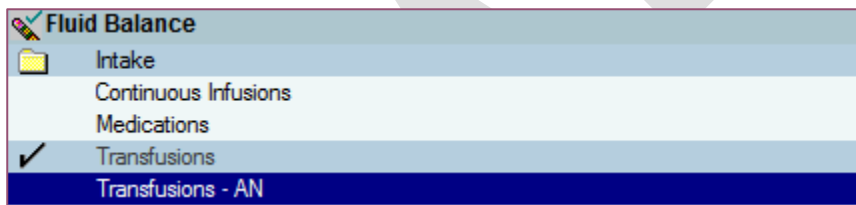
Plan of Care Summary	⌚ Pending	Falls Risk Assessment Adult	Order entered secondary to inpatient admission. 11-Oct-2017 12:46:03, Stop date 11-Oct-2017 12:46:03
Alerts and Problems	⌚ Pending	Cognition	Order entered secondary to inpatient admission. 11-Oct-2017 12:46:03, Stop date 11-Oct-2017 12:46:03
Documentation + Add	⌚ Pending	VTE	Order entered secondary to inpatient admission. 11-Oct-2017 12:46:03, Stop date 11-Oct-2017 12:46:03
ContinuousDoc	⌚ Pending	Substance Use Adult	Order entered secondary to inpatient admission. 11-Oct-2017 12:46:03, Stop date 11-Oct-2017 12:46:03
Clinical Notes View	⌚ Pending	Packed Cells - Administration	Order entered secondary to inpatient admission. Number of Units Requested 1, Rate 250, Requested Start Date/Time 12-Oct-2017 14:55 AEST, Reason for Requirements None
Histories			
Results			

The nurse will double click on the Packed Cells – Administration task to open iView band Blood Product Transfusion information to document the Blood Product Administration data. The nurse will create a Dynamic Group to record the details of each blood product bag administered.

Once the Blood Product Transfusion Information has been entered, the PACU nurse will finalise the documentation for this unit of blood by inactivating the relevant dynamic group heading.



In the event that the Nurse needs to reviews the Blood products administered intraoperatively by the Anaesthetist, they will navigate to the Fluid Balance iView band under Transfusions –AN. The nurse can also document from this location.



Post-Operative Medications

The Anaesthetist will prescribe and chart fluids, anti-emetics, pain medications in ieMR.

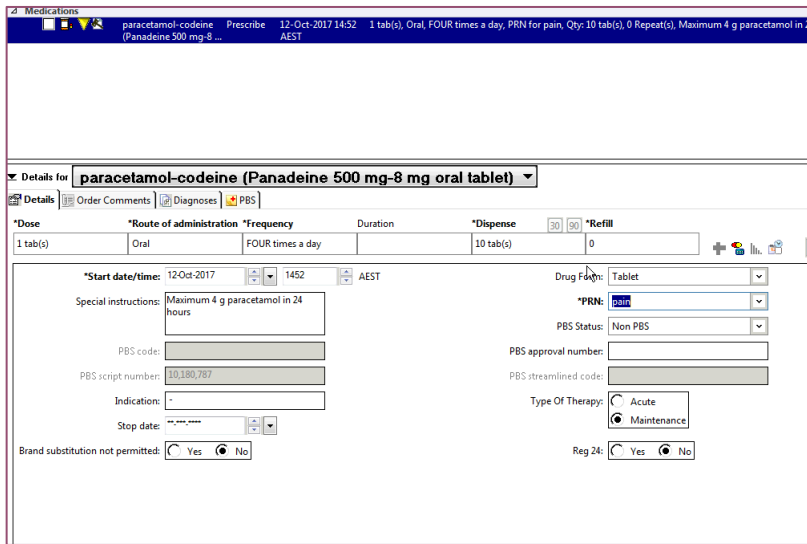
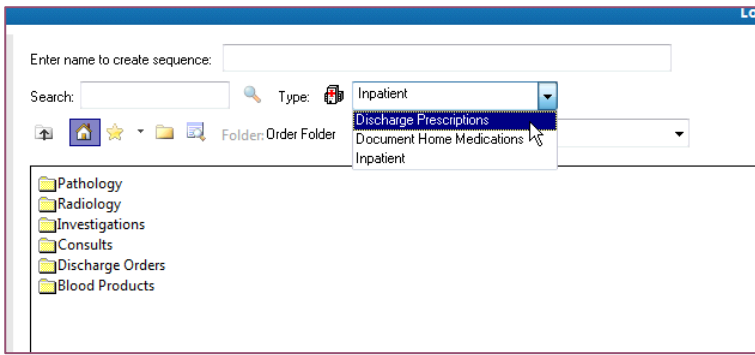
The Surgeon/MO will prescribe and chart antibiotics in ieMR.

Discharge Medications

Surgeon/MO

The Surgeon/MO will generate an electronic discharge prescription for any medications the patient requires on discharge.

The Surgeon/MO will print the script(s) via the nominated requisition printer if the patient will need to fill this script privately and sign the script before providing the script to patients.



Order Name	Status	Details
LGH 01 2 SURGSS Fin#:ADM100053991 Admit: 11-Oct-2017 12:45 AEST		
paracetamol-codeine (Panadeine 500 mg-8 mg ...)	Prescribed	1 tab(s), Oral, FOUR times a day, PRN for pain, Qty: 10 tab(s), 0
Compound Sodium Lactate (Hartmanns) i...	Ordered	Rate bag
Laparoscopic adrenalectomy	Ordered	WYS
Request for Surgical Admission (RFSA)	Ordered	Log
cyclIZINE	Ordered	50 m PAC
dexamethasone	Ordered	4 mg PAC
metoclopramide (metoclopramide 10 ...)	Ordered	10 m use i
ondansetron (ondansetron 2 mg/...)	Ordered	4 mg PAC
Compound Sodium	Ordered	Rate

The surgeon handover to PACU staff will include a review of oncology medications. Oncology patients will have documentation done in SurgiNet.

Other relevant documents

- QRGs
- Training materials
- Business Continuity Plan

Appendix A – Surgical Times

Time stamp	Definition
In Pre-op	The patient admission assessments have been complete along with the first preoperative checklist and the patient is ready to enter the Holding bay.
Out of Pre-op	The patient enters the holding bay.
Ready for Surgery	The second preoperative check has been performed and the patient is ready for surgery.
Anaesthetic Start Time	When the Anaesthetist or anaesthetic assistant attaches vital signs monitoring in preparation for anaesthetic induction or commences induction (where monitoring is subsequently attached).
Patient In OT	Patient enters the Operating Theatre.
Surgical Start Time	The earlier time of either the specific positioning/surgical preparation of the patient or commencement of the skin preparation.
Surgical End Time	All instrument and sponge counts have been completed and verified as correct; all dressings and drains are secured; and the surgical team have completed all procedure related activities on the patient.
Anaesthetic Stop Time	The patient has been disconnected from the anaesthetic machine; Immediately prior to the Anaesthetist transferring the patient to PACU/PICU.
Patient Out of OT	Patient leaves the Operating Theatre.
In PACU	The patient is received in PACU.
Ready for Discharge	The patient has met discharge criteria and is able to be transferred to receiving ward.
Discharge from PACU	The handover has been performed between PACU and receiving ward and the patient is discharged.
Support Person Notified	Used to communicate to the Parent/Carer the patient is ready to be seen in PACU

Appendix B – Minimum Data Sets

Cath Lab

PAEDIATRIC PACU QUICK VIEW

Post Op Arrival

- Position

Pre-post op assessment

- Sedation
- Skin colour
- LMA (if required)

Vital Signs

- Respirations
- Saturations
- O2 Flow
- O2 Therapy
- HR monitored
- Temperature Skin
- +/-BP

Artificial airway support

- If required

Incision and Wound

- Create dynamic group
- Site
- Exudate
- Amount
- No where to document haematoma/swelling Could we do wound type other and free text swelling or haematoma? You could also flag it with or without comment
- ?Flag with a comment

Warming and Cooling

- If required

Parental Involvement

- Parent

Nursing Handover Communication

- Fill out entire segment

PAEDIATRIC SYSTEMS ASSESSMENT

Neurovascular observations

- R) Leg L) Leg
- Pulses
- Skin colour
- Temp
- Cap refill
- Swelling
- Neurovascular ob comments if required

Pain Assessment

- Chose “unable to self report” or “able to self report”
- Answers will become available once the above has been selected

DRAFT

Neurosurgery

PACU QUICK VIEW

Post Op Arrival

- Position

Pre-post op assessment

- Sedation
- Skin colour
- LMA (if required)

Vital Signs

- Respirations
- Saturations
- O2 Flow
- O2 Therapy
- HR monitored
- Temperature Skin
- Blood Pressure

Artificial airway support

- If required

Incision and Wound

- Create dynamic group (When you create the group for an EVD the measurement to tragus is included.)
- Site
- Exudate
- Amount

Warming and Cooling

- If required

Parental Involvement

- Parent

Nursing Handover Communication

- Document Nurse full name and designation

PACU SYSTEMS ASSESSMENT

Neurological

- Extremity movement upper and lower
- Fill out all for Left upper and lower limb and right upper and lower limb

GCS

- Fill out all fields

PEARL

- Fill out all fields

Pain Assessment

- Chose “unable to self report” or “able to self report”
- Answers will become available once the above has been selected

Head Circumference

- *if you need to take a head circumference click on the preoperative navigator band and click on measurements.*
- *Click on the lipstick icon and collapse all.*
- *In the search field type head circumference and click enter*
- *Next to the wording head circumference click in the box ‘on show’*
- *Click ok and the head circumference will appear in the measurement segment*

Spinal Surgery

PACU QUICK VIEW

Post Op Arrival

- Position

Pre-post op assessment

- Sedation
- Skin colour
- LMA (if required)

Vital Signs

- Respirations
- Saturations
- O2 Flow
- O2 Therapy
- HR monitored
- Temperature Skin

Artificial airway support

- If required

Pain Assessment

Incision and Wound

- Create dynamic group
- Site
- Exudate
- Amount

Warming and Cooling

- If required

Parental Involvement

- Parent

Nursing Handover Communication

- Document Nurses full name and designation

PACU SYSTEMS ASSESSMENT

Neurological

BROMAGE: Fields become available for documentation in the dynamic group one the trigger field of "infusion type" is filled in with Epidural

DYNAMIC GROUPS

- Peripheral Line
- Arterial Line
- Drain
 - Catheter
 - Chest Tubes
 - Drain
- Epidural

FLUID BALANCE

- Document urine output directly into fluid balance chart

DRAFT

Tonsillectomy, Adnoids, Grommets

PACU QUICK VIEW

Post Op Arrival

- Position

Pre-post op assessment

- Sedation
- Skin colour
- LMA (if required)

Vital Signs

- Respirations
- Saturations
- O2 Flow
- O2 Therapy
- Peripheral Pulse rate
- Temperature Skin

Artificial airway support

- If required

Pain Assessment

Incision and Wound

- Create dynamic group (chose mouth, other – free text comment Tonsillar bed and adenoid bed)
- Site
- Exudate
- Amount
- *If the patient is swallowing excessively, make a comment in the observational comments section.*
- *If there is anything that needs to be noted for the ward flag the comment as an event*

Warming and Cooling

- If required

Parental Involvement

- Parent

Nursing Handover Communication

- Document Nurse full name and designation

Terms and abbreviations

AO	Administrative Officer
BCP	Business Continuity Plan
CHQ	Children's Health Queensland
ED	Emergency Department
ENT	Ear, Nose and Throat
HBCIS	Hospital Based Corporate Information System
ieMR	Integrated electronic medical record
LCCH	Lady Cilento Children's Hospital
MAR	Medication Administration Record in ieMR. This replaces the current paper-based Paediatric National Inpatient Medication Chart (P-NMIC).
MO	Medical Officer
NUM	Nurse Unit Manager
OPD	Outpatient Teams and Units
OT	Operating Theatre
PAC	Pre Admission Clinic
PACU	Post Anaesthetic Care Unit
PAS	Patient Administration System – HBCIS for LCCH.
PICU	Paediatric Intensive Care Unit
PIVC	Peripheral Intravenous Cannulation
PowerPlan	A PowerPlan is a pre-prepared set of orders (such as radiology, pathology, medications, patient care etc.) and associated instructions for a specific condition, procedure or element of treatment. Cross Encounter PowerPlans are used to custom build plans ahead of time (prior to a patient's future hospital presentation), that can be initiated when clinically required.
QRG	Quick Reference Guide
SAA	SurgiNet Anaesthesia
SAL	Surgical Admissions Lounge
SN	SurgiNet
SSCL	Surgical Safety Checklist
URN	Unit Record Number – the hospital-based patient identification number assigned to a patient that uniquely identifies that patient for that hospital facility.