Week 5 Clinical Champion Training

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Guiding Principles
- Establish a different approach
- Ensure Sustainability
- Ensure Organisational Integration
- Reduce Admin (Waste)
Weeks 1 - 4

Feedback on MHL

What if I have missed a session (or 4)?
Workflows

Medication History
Height and Weight
Pregnancy and Lactation
Allergies and Adverse Drug Reactions
Alerts
Medication History Key Points

• Medication History will be documented electronically in eMEDS

• Medication History should be documented on admission or ASAP

• Previous medication histories are available to view in 'medication history snapshot' of Medication List

• Any Clinician can enter information regardless of the completeness of the information at the time of the documentation
Medication History Key points

• One source of truth by documenting in eMEDS

• Information will transfer to the discharge summary and the action of prescribing is easier from that point

• Clinicians may enter home medications at any point during the encounter to ensure a more complete discharge reconciliation

• Orders can also be modified as needed in the medication history
Medication History Key points

• Not all information needs to be documented for the order to be added to the history
  – Can just be the medication name
  – Handover to the next clinician to complete the information

• Clinicians can add products such as unlisted medications for medication not kept in the hospital i.e. supplements, trial drugs etc.

• Compliance can also be documented and the source of where the information came from.
<table>
<thead>
<tr>
<th>Order Name</th>
<th>Status</th>
<th>Details</th>
<th>Patient</th>
<th>Compliance Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac (Coloxyl 50 oral tablet)</td>
<td>Documented</td>
<td>1 tab(s), Oral, Tablet, tab(s)</td>
<td>Patient</td>
<td>Still taking, as…</td>
</tr>
<tr>
<td>metformin (metformin 500 mg oral modified release tablet)</td>
<td>Documented</td>
<td>1 tab(s), Oral, Tab-MR, daily (with or after foo…</td>
<td>Patient</td>
<td>Still taking, as…</td>
</tr>
<tr>
<td>cetirizine (oral tablets 10 mg oral tablet)</td>
<td>Documented</td>
<td>1 tab(s), Oral, Tablet, daily, tab(s)</td>
<td>Patient</td>
<td>Still taking, as…</td>
</tr>
<tr>
<td>atorvastatin (atorvastatin 20 mg oral tablet)</td>
<td>Documented</td>
<td>1 tab(s), Oral, Tablet, evening, tab(s)</td>
<td>Patient</td>
<td>Still taking, as…</td>
</tr>
</tbody>
</table>
Height and Weight Key Points

• Completion of Height and Weight on admission is more important for eMEDS

• Nursing staff will enter actual weight on the Adult Admission Assessment or the Height and Weight Form (available from the Care Compass or Document Launcher)

• Allows for more accurate weight-based dosing
Height and Weight Key Points

• There are multiple places and forms the height and weight can be added to.

• Important for paediatrics
  – See alerts with weight variance and dosing weight
Height, Weight and Other Measurements

Test: Courtney1  
147 Laurel Ave LISMORE NSW 2480  
MRN: 44-48-50  DOB: 02/06/1992  AGE: 26 Years  MC: 99999999999  
SEX: F  LOC: COF MAT; A10; 001

**Actual Values**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>160 cm</td>
</tr>
<tr>
<td>Weight</td>
<td>kg</td>
</tr>
<tr>
<td>Head Circumference</td>
<td>cm</td>
</tr>
<tr>
<td>Girth Measurement</td>
<td>cm</td>
</tr>
<tr>
<td>Right Calf Measurement</td>
<td>cm</td>
</tr>
<tr>
<td>Left Calf Measurement</td>
<td>cm</td>
</tr>
</tbody>
</table>

**Dosing Weight**

- BMI: 
- BSA: 

**Estimated Values**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Height</td>
<td>cm</td>
</tr>
<tr>
<td>Estimated Weight</td>
<td>kg</td>
</tr>
</tbody>
</table>

BMI: 
BSA:

Note: estimated values do not automatically populate in the dosage calculations for Electronic Medication Management.
Pregnancy and Lactation Key Points

• The Pregnancy and Lactation PowerForm is available from the Document Launcher on the Patient Summary Page

• Alerts fire when Category X and Category D drugs are prescribed for females and people of indeterminate sex between the ages of 10 and 59
**Pregnancy and Lactation - TEST, Ms Courtney**

**147 Laurel Ave LISMORE NSW 2480**

- **MRN:** 44-48-50
- **SEX:** F
- **DOB:** 02/06/1992
- **AGE:** 26 Years
- **LOC:** COF MAT; A10; 001
- **MC:** 99999999999

<table>
<thead>
<tr>
<th>Pregnancy Status</th>
<th>Estimated Delivery Date</th>
<th>Weeks Gestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Negative</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>○ Confirmed</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>○ Not applicable</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>○ Unknown</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

**Breastfeeding/Lactation**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

*Perform on:* 12/07/2018

*Time:* 11:36

[Health Mid North Coast Local Health District]
Pregnancy and Lactation Key Points

• Increased decision support to assist in patient safety by flagging potentially dangerous drugs in pregnant and lactating patients

• Numerous alerts for the prescriber if status is not documented
  o pregnancy status required (if not documented)
  o lactation status required (if not documented)
Allergies, ADRs and Alerts Key Points

• Automated allergy alerts will fire when allergies have not been recorded and/or a medication is ordered that the patient is documented as being allergic to

• Automated Food Allergy checking will **not** be turned on in eMEDS

• Reverse Allergy Check when allergy is added after the medications have been ordered
**Allergies**

<table>
<thead>
<tr>
<th>No Known Allergies</th>
<th>Drug</th>
<th>Allergy</th>
<th>Cancelled</th>
<th>25/08/2018 Medical Officer, Test 3 Dr</th>
</tr>
</thead>
</table>

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*Performed on: 12/07/2018*
Allergies, ADRs and Alerts Key Points

• If a doctor overrides an allergy when prescribing it requires a reason to be entered when this alert is overridden.

• If the doctor has overridden the allergy it does not prompt the nurse at the administration point that there was an allergy. The nurse still needs to check the patients’ allergies displayed.
Allergies, ADRs and Alerts Key Points

• An allergy alert will fire for all allergies recorded irrespective of the severity
  • Make sure allergies recorded are clinically relevant and not adverse reactions i.e. nausea for penicillin, as there is the risk of alert fatigue.

• There is also some cross checking with allergies i.e. cephalosporin's with penicillins.

• Unlisted medications will not have allergy checking
References

Week 5: Clinical Champions eMR-eMEDS Workflows

Available Offerings

There are currently no available offerings for this course.

Description

Weeks 5 – 8 have been designed to provide instruction by demonstration on workflows in the mock environment that will be facilitated by a member of the Project Team experienced in the navigation of the system.

Objectives

At the end of this session the Participant will understand the following workflows:

- Medication History
- Height and Weight
- Pregnancy and Lactation
- Allergy and ADR
- Alerts

Reference Materials

- Documenting New Home Medications Quick Reference Guide
- Modifying Existing Home Medications Quick Reference Guide
- Height and Weight Form Quick Reference Guide
- MNCLHD Alerts Fact Sheet