Clinical Downtime Resource Manual

(Last Modified June, 2015)
## Table of Contents

Downtime Information.................................................................................................................. 6
  Introduction ................................................................................................................................. 6
  General Information...................................................................................................................... 7
Communication and Notification ..................................................................................................... 9
  Planned and Scheduled Maintenance Downtime......................................................................... 9
Reporting a Possible Downtime ....................................................................................................... 10
  NETWORK DOWN...................................................................................................................... 10
  POWER OUTAGE....................................................................................................................... 11
Preparing for Downtime ................................................................................................................ 12
  Downtime Preparation Checklist .............................................................................................. 12
During Downtime .......................................................................................................................... 13
  Admitting, Discharge and Transfers .......................................................................................... 13
    Scheduling and Registration ..................................................................................................... 13
      Cerner Downtime ................................................................................................................... 13
      PIN # Information ................................................................................................................ 13
      Manual Registration ............................................................................................................. 14
      Manual Reports to be used .................................................................................................... 14
      Manual Forms to be used ....................................................................................................... 14
      In-patients .............................................................................................................................. 14
      Out-patients – For new patients and updates ......................................................................... 15
      One Day Stay ......................................................................................................................... 15
      External Admission Requests and Repatriations .................................................................. 15
      Patient Inquiries ................................................................................................................... 15
      Procedure for Printing a Manual Plate ................................................................................... 16
    Cerner Health Card Validation Downtime Procedures ............................................................. 17
      Short Ministry of Health Downtime ..................................................................................... 17
      Extended Ministry of Health Downtime ................................................................................ 17
Capacity Management System: Downtime Procedure .................................................................. 17
  Discharges ................................................................................................................................. 17
  Bed Management ....................................................................................................................... 17
  Room is Clean ............................................................................................................................ 18
  Medication Reconciliation ......................................................................................................... 19
  Transportation ............................................................................................................................ 21
  Leave of Absence ....................................................................................................................... 21
  Patient Care ............................................................................................................................... 22
    Downtime Patient Care Orders ............................................................................................... 22
    Medication Related ............................................................................................................... 22
    Printing the Medication Orders from 724 Access .................................................................. 23
    Non-Medication Related ........................................................................................................ 26
    Laboratory ............................................................................................................................... 28
    Ordering ................................................................................................................................. 28
Non-Essential Bloodwork ................................................................. 28
Delays in reporting: ................................................................. 29
Transport of Samples and Requisitions ........................................... 29
Receiving Results ......................................................................... 29
Diagnostic Imaging, Non-Invasive Cardiology, EEG & Ivey .................. 29
Diet and Formula Orders ............................................................... 29
Allied Health ............................................................................... 29
Allergies ...................................................................................... 30
Progress Notes and Consults .......................................................... 32
Billable Items .............................................................................. 32
Workload Management (Quadramed) ............................................... 33
Policy for Quadramed Downtime-Emergency Department .................... 33
Adverse Event Management System ............................................... 38
Recovery ...................................................................................... 39
Roles for Back Entering During Recovery ......................................... 39
Back Entering Time ....................................................................... 39
Capacity Management System ....................................................... 40
Inpatient Units ............................................................................. 40
Registrations ................................................................................ 40
Medication Orders ....................................................................... 42
How to Back enter on someone else’s behalf .................................... 42
Non-Medication Orders ................................................................. 42
Infection Control ......................................................................... 43
Diet and Formulas ....................................................................... 43
Lab Orders ................................................................................... 44
Consults ...................................................................................... 44
Allied Health .............................................................................. 44
Allergies ...................................................................................... 44
Workload Management (Quadramed) ............................................... 44
Systems Downtime ...................................................................... 45
GroupWise .................................................................................. 45
PACS SYSTEM - Image Access During EPR / Cerner Downtime .......... 45
  Powerchart Users: ...................................................................... 45
  Centricity Web Users: ............................................................... 45
  PACS Users (RA1000 software version): .................................... 46
Image access during PACS downtime: .......................................... 47
  Powerchart Users: ...................................................................... 47
  Centricity Web Users: ............................................................... 47
  All Departments and Clinics: ...................................................... 47
  Emergency Department: ............................................................ 48
Workload Measurement System (Infomed - Promiso) ......................... 48
Workload Measurement System (Quadramed) ................................... 48
Muse Downtime ........................................................................... 48
ECG, holter and stress ................................................................. 48
Cerner Downtime effect on Muse: ........................................... 49
Requesting an ECG ...................................................................... 49
Xcelera Downtime ........................................................................ 49
Cerner Downtime effect on Xcelera: .......................................... 49
Requesting an ECHO: ................................................................. 50
Pyxis Medication Cabinet ............................................................ 50

Ambulatory Section .................................................................. 52

Reporting a Possible Downtime .................................................. 52
NETWORK DOWN ........................................................................ 52
POWER OUTAGE .......................................................... 52

Admitting, Discharge and Transfers ............................................. 52

Scheduling and Registration ......................................................... 52
Cerner Downtime ......................................................................... 52
PIN # Information ........................................................................ 53
Manual Registration .................................................................... 53
Manual Reports to be used ......................................................... 53
Manual Forms to be used ............................................................ 53
Out-patients – For new patients and updates ............................. 54
External Admission Requests and Repatriations ......................... 54
Patient Inquiries .......................................................................... 54
Procedure for Printing a Manual Plate ......................................... 54
Cerner Health Card Validation Downtime Procedures ................. 55
Short Ministry of Health Downtime ............................................. 55
Extended Ministry of Health Downtime ...................................... 55
Medication Reconciliation ............................................................ 56
Medication Related ...................................................................... 58
Printing the Medication Orders from 724 Access ......................... 58
Non-Medication Related .............................................................. 61

Pyxis Medication Cabinet ........................................................... 62

Laboratory .................................................................................... 63
Ordering ......................................................................................... 63
Non-Essential Bloodwork ............................................................ 64
Delays in reporting: ................................................................. 64
Transport of Samples and Requisitions ....................................... 64
Receiving Results ................................................................. 64

Diagnostic Imaging, Non-Invasive Cardiology, EEG & Ivey .............. 65
Billable Items ................................................................................. 65
Progress Notes and Consults ......................................................... 65

Allied Health ............................................................................... 65

PACS SYSTEM - Image Access During EPR / Cerner Downtime ............ 65

Powerchart Users: ................................................................. 65
Centricity Web Users: ............................................................ 66
PACS Users (RA1000 software version): .................................... 66

Image access during PACS downtime: ....................................... 67

Powerchart Users: ................................................................. 67
Centricity Web Users: ............................................................ 67
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Departments and Clinics:</td>
<td>67</td>
</tr>
<tr>
<td>Muse Downtime</td>
<td>68</td>
</tr>
<tr>
<td>ECG, holter and stress</td>
<td>68</td>
</tr>
<tr>
<td>Cerner Downtime effect on Muse:</td>
<td>68</td>
</tr>
<tr>
<td>Requesting an ECG</td>
<td>68</td>
</tr>
<tr>
<td>Xcelera Downtime</td>
<td>69</td>
</tr>
<tr>
<td>Cerner Downtime effect on Xcelera:</td>
<td>69</td>
</tr>
<tr>
<td>Requesting an ECHO</td>
<td>69</td>
</tr>
<tr>
<td>Transportation</td>
<td>69</td>
</tr>
<tr>
<td>Adverse Event Management System</td>
<td>70</td>
</tr>
<tr>
<td>Appendix</td>
<td>71</td>
</tr>
<tr>
<td>Appendix A: Downtime Patient Information Sheet</td>
<td>71</td>
</tr>
<tr>
<td>Appendix B: Downtime Admission Log</td>
<td>72</td>
</tr>
<tr>
<td>Appendix C: DOWNTIME TRANSFER LOG AND/OR PHYSICIAN/SERVICE CHANGES</td>
<td>73</td>
</tr>
<tr>
<td>Appendix D: DOWNTIME DISCHARGE LOG</td>
<td>74</td>
</tr>
<tr>
<td>Appendix E – Transfer Authorization Form</td>
<td>75</td>
</tr>
<tr>
<td>Appendix F: Best Possible Medication History</td>
<td>76</td>
</tr>
<tr>
<td>Appendix G: Initial Medication Administration Form</td>
<td>83</td>
</tr>
<tr>
<td>Appendix H: Initial Patient Care Order Form</td>
<td>84</td>
</tr>
<tr>
<td>Appendix I: Patient Care Order Form</td>
<td>85</td>
</tr>
<tr>
<td>Appendix J: Microbiology Downtime Report</td>
<td>86</td>
</tr>
<tr>
<td>Appendix K: How to complete...General Lab Requisition, LHSC (8460-5618)</td>
<td>87</td>
</tr>
<tr>
<td>Appendix L: Diet Orders Tracking Sheet</td>
<td>89</td>
</tr>
<tr>
<td>Appendix M: Billable items</td>
<td>90</td>
</tr>
<tr>
<td>Appendix N: Workload Management (Quadramed)</td>
<td>91</td>
</tr>
<tr>
<td>Appendix O: AEMS Extended Downtime Report Form</td>
<td>96</td>
</tr>
<tr>
<td>Appendix P: Pyxis Downtime Medication Log</td>
<td>97</td>
</tr>
</tbody>
</table>
DOWNTIME INFORMATION

Introduction

As computers are now embedded in our daily workflow processes, disruptions to access can have serious consequences. In London and Region, the electronic patient record (EPR) maintains 99.9% uptime and averages more than 3500 logins per day.

This Downtime Manual is intended to provide all clinical areas with a framework from which to build specific downtime processes and procedures. Within this manual you will find methods for each computerized process that requires a paper process during downtime as well as templates providing instructions as to how to complete paper forms properly. In addition, downtime recovery plans are included to ensure continuity and integrity of data in our electronic patient records.

All areas are responsible to develop, maintain and communicate their own internal downtime procedures, using this manual as a guide.

For further information on downtime, refer to the corporate policy.
General Information

Downtime is broadly defined as the time during which a computer system is unavailable for use as a result of a malfunction (unplanned) or regular preventive maintenance (planned).

Planned Downtime

Planned downtime occurs in a controlled fashion. Information Management (IM) endeavors to ensure all users are aware of any upcoming downtimes and expected duration of downtimes. Planned downtime for regular maintenance is required for all our systems. The maintenance time for the Electronic Patient Record (EPR) usually occurs between 0100 and 0600 hours, as required.

A schedule of upcoming, planned downtime may be accessed by going to the LHSC home page, and clicking “Weekly Downtime Schedule” in the system status area of the intranet site.

Unplanned Downtime

In this manual, procedures for unplanned downtime will be in a dashed box

Unplanned downtime occurs as a result of unforeseen circumstances such as power failures, hardware failures or software failures.

Degrees of Downtime

The extent of computer downtime may vary. The downtime may impact only certain locations or certain applications or it may be widespread. Knowledge of the extent of the downtime and the systems involved is critical, as it will help to determine the processes that the unit or clinical area need to implement. Refer to the system status area on the home page for information on the extent of downtime and estimated duration.

If staff suspect there is a computer failure or downtime, they should either consult the LHSC Intranet home page or call the Helpdesk (ext. 44357) for computer status information. By clicking on any link in this area, staff will receive a current update of system status. If there seems to be a computer problem that is not flagged in the system or on the Helpdesk system status line, contact the Helpdesk at extension 44357 immediately. Do not assume that someone else has called.
When to Implement Downtime Procedures

Each clinical area has a different level of tolerance to downtime, and that level of tolerance may vary throughout the day. Due to the interconnectedness and interdependency of all our clinical EPR systems, it is essential that all areas move into and out of downtime procedures together. During significant system slow downs or downtime, direction to move into DOWNTIME procedures will be made by ITS and clinical leadership and communicated broadly to clinical areas. Upon system recovery, a communication will be sent to all clinical areas to resume use of the EPR.
COMMUNICATION AND NOTIFICATION

Planned and Scheduled Maintenance Downtime

For systems other than the Electronic Patient Record (Cerner):

Information Technology Services (ITS) is committed to ensuring all supported systems continue to be available to end users. Occasionally, downtime will be required on these systems to allow ITS to complete system maintenance or to apply a fix to a known defect. During these system downtimes, ITS will work as quickly as possible to ensure downtime is kept to a minimum. Information about these planned downtimes is posted on the weekly downtime schedule and can also be found on the ITS Calendar by clicking on any date on the calendar highlighted in red. Information about the planned downtime will include:

- Name of system affected,
- Reason for downtime,
- Start and end dates and times,
- Any additional information that will benefit users.

Electronic Patient Record (Cerner) Downtime:

The majority of planned maintenance on EPR/Cerner systems will occur between 0100 and 0600 hours. Users should refer to the "System Status" found on the home page of each hospital’s intranet site.

Major EPR/Cerner maintenance or upgrades may occur at a different time of the week/weekend. These downtimes will be communicated broadly prior to the downtime window.

Unplanned System Maintenance Downtime

On occasion, systems supported by ITS may experience unplanned service degradation or become unavailable. During these unplanned downtime incidents, ITS will update the "System Status" located on each hospital’s intranet site (LHSC Home Page).

There are six ‘System Status’ dashboard buttons that will indicate the relative current status of IM-managed systems. These buttons are updated as soon as ITS becomes aware of, and can confirm a major system affecting issue. Left click on the link beside the button for detailed information about the slowdown or downtime. Leaders may wish to print this and post it for staff information. To print this information, while in the detail screen, right click and select print.
For significant system outages, the email system or overhead paging system (if email is down) will be used to communicate the details of the situation. If a Code Grey (critical infrastructure failure) is enacted, all Code Grey procedures will be followed.

**REPORTING A POSSIBLE DOWNTIME**

**NETWORK DOWN**

Call Helpdesk (44357) to inform them of failure. Please look to the LHSC Home Page for updated status.
POWER OUTAGE

Call Helpdesk (44357) to inform them of failure. Please look to the LHSC Home Page for updated status – from a workstation on emergency power.

• Workstations on emergency power (red power outlets) will function normally.
• For workstations not on emergency power please refer to Network down procedures
**PREPARING FOR DOWNTIME**

Downtime Preparation Checklist
(What should every floor have available for downtime):

- **Emergency Power**
  Each clinical area must have at least one computer plugged into emergency power.

- **Patient Census**
  – print during system slow downs or prior to planned downtime.

- **Downtime and Helpdesk Phone Numbers**
  – should be located on each unit or beside the downtime PC at all times.

- **Diet Worksheet**
  – print from Cerner PowerChart prior to a planned downtime.

- **Commonly used “On Call” schedules.**

- **Commonly used pagers.**

- **Unit fan out list.**

- **Commonly Used Forms**
  - **MAR (Medication Administration Record)**
    A 24-hour MAR will be printed on the unit prior to a planned downtime.

### LHSC Forms

<table>
<thead>
<tr>
<th>LHSC Forms</th>
<th>Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Record*</td>
<td>8460-5714</td>
</tr>
<tr>
<td>General Lab** *Hematology</td>
<td>8460-5618</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>8460-3990</td>
</tr>
<tr>
<td>Microbiology***</td>
<td>8460-4085</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>8460-5632</td>
</tr>
<tr>
<td>CT</td>
<td>NS5804</td>
</tr>
<tr>
<td>MRI</td>
<td>NS4534</td>
</tr>
<tr>
<td>Medication Reconciliation Forms</td>
<td>BPMH – 8460-5719 8460-5726</td>
</tr>
<tr>
<td>Medication Administration Record</td>
<td>8460-1197</td>
</tr>
<tr>
<td>Patient Care Order Forms</td>
<td>Initial - 8460-5601 Ongoing – 8460-5602</td>
</tr>
</tbody>
</table>

*Please refer to the Allergy section for the Allergy Documentation Policy reminder.*

**Gen Lab Requisition** includes Hematology, General Chemistry, Coagulation, Blood Gases, Urine Tests, Hepatitis and HIV Serology, Therapeutic Drug Monitoring, Toxicology, Trace Elements, Hormone, Immunology, Flow Cytometry.

**Microbiology Requisition** includes Virology, Fungal
**DURING DOWNTIME**

All paper documentation that is created and used during a downtime must be included in the permanent Patient Health Record for back entering and future reference.

Admitting, Discharge and Transfers

*Scheduling and Registration*

**Cerner Downtime**

Procedure for All Registration Points for Cerner Downtime

An official notification of all pre-planned System Downtime will be sent out.

- Do not use Person Management or Patient Scheduling after official notification of Downtime

Registration information may not all save if you are still in system after the designated downtime

---

**During an Unplanned Downtime**

For an unplanned downtime contact the Helpdesk at 44357 for a status update or check the intranet to confirm whether the system is available for use.

---

**PIN # Information**

1. Contact Health Records at:

   - During regular office hours (Mon-Fri) UH-35841 VH-52315
   - After hours (evenings, weekends, holidays) UH-35839 VH-58119

2. When obtaining a new PIN #, please provide the following information:

   - Patient’s full name, Preferred name, Previous name(s)
   - Date of Birth
   - Sex
   - Your name, department and extension

3. Health Records will:

   - Search the patient on the back-up CPI
   - Communicate existing PIN information if patient found
• Communicate new PIN information if patient is not found *(new PIN #’s assigned will be 3000 series)*

**Manual Registration** - Refer to department downtime instructions for all forms and procedures

**Manual Reports to be used**

“Daily Census Report” (print new census report ½ hour prior to scheduled system downtime, otherwise use midnight census report)

“Alpha Census Report” (print new census report ½ hour prior to scheduled system downtime, otherwise use midnight census report)

**Manual Forms to be used**

“Downtime Patient information Sheet” *(Appendix A)*

“Downtime Admission Log” *(Appendix B)*

Paper Bed Board (print prior to down time or use blank form – copy in downtime manual)

(LHSC specific- other sites may have this or want to develop it)

**In-patients**

Bed Management Clerk (BMC) will call all in-patient units to ensure all patient activity has been communicated one hour before a scheduled downtime.

BMC is to update the bed board prior to a scheduled downtime.

BMC is to print an updated “Daily Census Report” and an “Alpha Census Report” prior to scheduled downtime.

BMC will complete the “Downtime Patient Information sheet” for all new and/or changes to patient demographics

BMC will record all in-patient admissions on the “Downtime Admission Log” kept at the bed management desk

BMC will record all patient activity (discharges and transfers) on the “daily census report”

Record all Physician/service changes on the “daily census report”

BMC or Registration Staff will manually produce a blue card and an armband for all new admissions and/or for card or armband changes

Send the plate and armband to the nursing unit (face sheet to follow once the system is back up)
Signatures for Accommodation requests – record the room number (update once the system is back up)

All Patient activity changes recorded on both the “Admission Log” and “Daily Census Report” are to be photocopied and given to Pharmacy throughout the downtime.

Out-patients – For new patients and updates

Complete the “Downtime Patient Information sheet” for all new and/or changes to patient demographics.

Manually produce a blue card if required (see procedure for printing a manual plate)
Route the Patient as usual.
File information sheet in front of binder to be entered once the system is back up and running.

One Day Stay

Complete the “Downtime Patient Information sheet”
Manually produce a blue card (see procedure for printing a manual plate)
Manually produce an armband if required (see procedure for printing a manual plate)
Photocopy the face sheet and send one copy with the patient
Route the Patient as usual

External Admission Requests and Repatriations

If you are anticipating the system to be down greater than 4-6 hours - Copy the list of urgent patients to come in on to the paper bed board.
Repatriations - Work from the hard copy in binder and update comments in Cerner when the system is up.

NOTE: If the patient presents with an incorrect health card number and/or version code or has an address change, you must manually issue a new blue card. Document the changes and attach the old card. (Cerner system to be corrected when back up)

Patient Inquiries

Please refer to the “Alpha Census Report” for in-patient location (this report excludes all anonymous patients)
Procedure for Printing a Manual Plate

Use the keyboard on the plate machine

- Press ESCAPE
- Press F2 (takes machine off line)
- Press F3 until card format = ADMITT
- Press F1 to SELECT
- Type patient information
- PIN #
- Surname, First Name, Middle name (preferred name)
- Gender
- DOB
- Address (to include city, province and postal code)
- HCN# or OPR# or WSIB # or self pay
- Admission Date (IP or ODC)
- Attending Physician and Service
- Press ESCAPE
- Press F3
- Press ENTER (card will print)
- Press F1 (machine is ready for the next manual plate)

To Return Plate Machine back ON LINE

- Keep pressing escape until ON LINE Appears
- Press F1
Cerner Health Card Validation Downtime Procedures

Cerner Downtime
Validation will not be possible during a Cerner downtime. Validation will happen automatically when the registration or appointment is added after the downtime unless Post Downtime Registration is used. If Post Downtime Registration is used to register the patient and the visit is later modified using the full registration conversation, validation will need to be initiated manually. If validation is done the day after the registration occurred, validation will still be correct for most registrations.

Short Ministry of Health Downtime
Periodically when the Ministry validation system is down, the user will receive the response code “90-Information n/a” or “99-System n/a”. Alternately, they may receive no response and will be advised that the validation has not completed when they finish scheduling or registering the patient. If they are aware that the Ministry system has been unavailable more frequently than normal or for longer than 15 minutes, they should contact the Helpdesk at 44357 or 4-HELP.

The users need to follow site-defined procedures as to whether registrations need to be modified and validation manually triggered after Ministry of Health back up.

Extended Ministry of Health Downtime
If the Ministry of Health database is down for an extended period of time (e.g. when Ministry of Health is on strike), ITS will turn off the HCV functionality. The health card number should be entered into the system but the validation will not occur.

CAPACITY MANAGEMENT SYSTEM: DOWNTIME PROCEDURE

Discharges
Notify Housekeeping of a discharge by paging the ESW for any discharge cleans.

Bed Management
Badges will be assigned and sent to floors along with the new arm bands from admitting when downtime is over.

All floors are to call admitting for all moves, and record their discharges on paper until the downtime is up.
Room is Clean

Contact Admitting when a room is clean and ready for the next patient.
Medication Reconciliation

**Medication Reconciliation – Admission**

Admission medication order form should be used to document the Best Possible Medication History and Admission Medication Orders.

**Medication Reconciliation – Transfer**

1. The sending unit will print the medication profile and their BPMH (Best Possible Medication History) to the receiving unit. The receiving unit will:
   - Use the medication profile and BPMH (Best Possible Medication History) to complete the med rec on transfer.
   - New orders will be written on the Physician Order Sheet and will be sent to Pharmacy and placed in the Patient Health Record for back entering purposes.
   - Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of form to pharmacy. Could be portering or pharmacy that picks up orders.....need to ensure units maintain a pick-up location/BIN for downtime.

2. Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.

**Medication Reconciliation - Discharge**

A prescription listing all required discharge medications.

- Use 724 to compile the list of active medication and home medications from the patient’s profile.
- Reconcile this profile with medication requests in the Patient Health Record to be back entered during the recovery stage of the downtime
- Write the discharge prescriptions
- In order to meet legislative requirements, the prescription must be signed by the provider.
- One copy should be placed in the Patient Health Record to be back entered in the recovery stage of the downtime
- Pharmacy should be notified via phone call when a patient is discharged.
Unplanned

**Medication Reconciliation – Admission**

1. Admission medication order form should be used to document the Best Possible Medication History and Admission Medication Orders.

2. A copy of the BPMH needs to go in the Patient’s Health Record to be back entered during the recovery stage of the downtime

3. Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of the form to pharmacy. Could be portering or pharmacy that picks up orders

**Medication Reconciliation – Transfer**

1. The sending unit will print the medication profile from 724 Access which includes the BPMH (Best Possible Medication History) to the receiving unit. The receiving unit will:
   - They will use the medication profile and BPMH (Best Possible Medication History) to complete the med rec on transfer using the paper Transfer Medication Reconciliation form.
   - New orders will be written on the Physician Order Sheet and will be sent to Pharmacy and placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime
   - Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of form to pharmacy. Could be portering or pharmacy that picks up orders

2. Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.

**Medication Reconciliation - Discharge**

A prescription listing all required discharge medications.

1. Use 724 Access to compile the list of active medication and home medications from the patient’s profile. Use this data to complete the blank Discharge Medication reconciliation form

2. Reconcile this profile with medication requests in the Patient’s Health Record to be back entered during the recovery stage of the downtime

3. Write the discharge prescriptions

4. In order to meet legislative requirements, the prescription must be signed by the provider.

5. One copy of the prescriptions and one copy of the Discharge Medication Reconciliation should be placed in the Patient’s Chart.

Medication Reconciliation forms are Appendix F in this manual
Transportation

1) Go to Appendix E and copy the "Patient Transfer Authorization Form". If you are able to access the internet you can print off the form from the Hospital Transfers website (https://www.hospitaltransfers.com/transfer/document/ptac_nonoutbreak_230409.pdf)

2) Fill out all the necessary information and fax the form to the number indicated at the top
3) Keep the form in the Patient Health Record

Leave of Absence

All preplanned LOA orders will be submitted electronically 24 hours prior to a planned downtime to ensure electronic dispensing prior to patients leave.

Unplanned

A paper Leave of Absence Medication Request form will be completed indicating all medications that need to be prepared by pharmacy for the patient’s leave. To meet legislative requirements, the paper request must be signed by the provider if any narcotics are required.

LOA Process:

- A paper request (as per site policy) listing all required LOA medications to be prepared by pharmacy.
  - Use 724 to compile the list of active medication and home medications from the patient’s profile.
  - Reconcile this profile with medication requests in the Patient’s Health Record to be back entered during the recovery stage of the downtime
  - List all required LOA medications on a triplicate Patient Order form (# 8460-5602)
  - In order to meet legislative requirements, the paper request must be signed by the provider if any narcotics are required.
  - One copy should be placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime
  - Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of form to pharmacy. Could be portering or pharmacy that picks up orders
- Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.
Patient Care

Downtime Patient Care Orders

There are now two options available for placing orders during downtime:

1. Use existing supply of blank order sheets or print a blank Patient Care order form and fill in the written orders.

2. Print the Powerplan from the Clinical Downtime Powerplan homepage *new option*. [https://apps.lhsc.on.ca/regional/hugo/downtime/index.html](https://apps.lhsc.on.ca/regional/hugo/downtime/index.html)

   **Important**  The PowerPlans have the orders listed and in some cases pre-checked.

   **Either way you will still need to:**

   - Stamp every page with a patient addressograph
   - Have a Provider fill in the orders and sign
   - Photocopy the form and send a copy to Pharmacy for the medication orders (or send the yellow copy if applicable)
   - Fill in paper requisitions for laboratory and diagnostic imaging orders
   - Keep a copy of the order sheet in the patient’s chart
   - Back enter orders into the system when the downtime is over

Medication Related

**IMPORTANT:** Refer to the allergy documentation policy reminder, under the allergy section, to see how to access allergies during a downtime

New Medication Patient Care Orders

1) To prepare for a downtime, the 24 hour Medication Administration Record (MAR) will need to be printed

2) The provider writes the new order on a Patient Care Order form (form #8460-5602)

3) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

4) The nurse/clinician will forward the yellow copy of the form to Pharmacy

5) The clinician administers the medication and signs that it has been administered on the paper MAR.
Example of what a Medication Order – Current print out

Printing the Medication Orders from 724 Access

When you log in it will automatically come up with the patient list

1) Select the patient

2) Enter the reason why you are accessing the patient’s information in the “Audit Information!” window
3) On the left hand side select “Medical Administration”

4) You can view at this point or print:

5) On the top left hand corner of the screen select file, and print
6) Specify the print from section and select the print out that you would like to have printed

![Print window](attachment:print_window.png)

Note: Please print off the “Patient Information” print out as well to include allergy information

7) Select “Finish”
**Non-Medication Related**

**New Non-Medication Patient Care Orders**

1) The provider writes the New order on a Patient Care Order form and completes the necessary requisitions (i.e. Radiology)

2) The order/requisition will be sent to the appropriate department

**IMPORTANT:** Non-essential orders are to be kept and electronically entered after the downtime is complete.

---

**Unplanned**

1) An announcement needs to be made when a downtime is going to be more than 30 minutes notifying everyone that they are able to start printing from the 7/24 Access program.

2) Print the 7/24 MAR titled “Medication Orders – Current

3) The provider writes the new order on a Patient Care Order form (form # 8460-5602)

4) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

5) The nurse/clinician will forward a copy of the Patient Care Order form to Pharmacy

6) During downtime recovery, pharmacy will back enter all new medication orders.

7) After the Medication Orders-Current print-out from the 7/24 Access program expires, the nurse will initiate a new hand-written MAR for documenting medications.

---
To print the current orders from 724 Access follow the same steps as the medication orders except you would go under the “Orders” tab and select orders when in the print screen”. Refer to these steps at the end of the “Medication Related” section.

Example of an Order printout from 7/24 Access

<table>
<thead>
<tr>
<th>Order</th>
<th>Status</th>
<th>Details</th>
<th>Current Start</th>
<th>Projected Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Database</td>
<td>Ordered</td>
<td>30/07/02 2:09:07, daily, 686646</td>
<td>30/07/13 09:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20/07/02 08:00, 686649</td>
<td>07/07/13 09:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20/07/02 09:00, 686646</td>
<td>07/07/13 09:07</td>
<td></td>
</tr>
</tbody>
</table>

A copy of the Patient Care Order form is Appendix I of this manual
Laboratory

Ordering
Lab work that is required during downtime will be ordered using the paper requisition process. All lab specimens sent to the lab must be appropriately labeled and be accompanied by the appropriate paper requisition. A paper requisition form will be completed by the Nursing Unit Secretary, Unit Clerk or Nurse. Refer to Appendix B for instructions on completion of a paper requisition.

The requisition/collection label must include:

- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth
- Patient’s location (critical information so lab can call results to correct area)
- Ordering Physician’s name (first and last names)
- Date and time of specimen collection
- Cerner User ID (printed legibly) of the person who collected the specimen
- For TRANSFUSION Medicine – Cerner User ID along with signature of the person who collected the specimen

The specimen container label must include:

- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth or OHIN number
- The type of specimen and/or site of collection (e.g. organ/tissue site, wound site)

*** Note: There MUST be two patient identifiers on the specimen or sample ***

Non-Essential Bloodwork
In the event of EPR downtime, routine or non-essential blood work should be postponed until the systems are fully recovered.

**Staff should NOT draw non-essential blood work during downtimes**
**Delays in reporting:**
Due to the significant impact of downtime on the lab workflow, results will be delayed. The lab will make every effort to maintain service on all critical bloodwork. Do not send non-essential bloodwork during this time.

**Transport of Samples and Requisitions**
Transport of samples and requisitions will occur in the usual manner.

**Receiving Results**
*Critical* results will be called to the unit from the lab and faxed to the ordering location.

Microbiology results may be sent to clinical areas on the Microbiology Downtime Report Form (Appendix J).

**Diagnostic Imaging, Non-Invasive Cardiology, EEG & Ivey**
All orders for tests such as x-rays or ECGs should be ordered using the appropriate paper requisition form. Contact the department by phone to request services and send the completed requisition with the patient. See detailed PACS downtime procedures on pages 50 to 53 of this manual.

**Diet and Formula Orders**
If possible, changes in formula and diet orders should wait until after the computer systems are restored.

Diet orders for new admissions, order changes, food allergies, discharges and patient transfers should be called to the diet office. These new orders may be tracked on the Diet Orders Tracking Record (Appendix L).

<table>
<thead>
<tr>
<th>Location</th>
<th>UH</th>
<th>VH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Extension</td>
<td>36325</td>
<td>56325</td>
</tr>
</tbody>
</table>

**Allied Health**
Orders for allied health are to be recorded in writing on the patient care order sheets in the Patient Health Record.
Nurse or delegated Registered Health care Professional is to inform the relevant allied health service/professional(s) via telephone, pager, or in person of order placed. (Use hospital directory).

Allied health professional must be paged, as per protocol, if it is a stat order.

Allied health professional should also check the paper health record for orders to allied health recorded on the patient care order form.

For outpatient allied health referral orders, the relevant outpatient paper referral form is completed and faxed or mailed via interoffice mail to the appropriate allied health service or program.

Orders are acknowledged in Patient Health Record by relevant allied health professional.

Allergies

**IMPORTANT:** Allergies Documentation Policy Reminder

As per LHSC policy, it is the accountability of the regulated health care professional to confirm and document a patient’s allergies during their hospital stay. In the case of a computer downtime and electronic documentation of allergies is not available, it is the professional accountability of the Regulated Health Care Professional (most often the nurse) to continue to document allergies accordingly. Furthermore, it is the professional responsibility of the nurse to assess the appropriateness of a prescribed medication for a patient by confirming the patient’s allergy status; during downtime this will be done by checking the patients allergy status on the 724 system, and confirming with the patient, and in case of changes or updates that may have occurred during the downtime, confirm with the Allergy Record in the patient health care record. During a downtime, nurses must ensure that any changes or updates to a patient’s allergy status are captured in writing on the Allergy Record, and clearly communicated to the oncoming care provider during transfer of accountability (shift change report) and any other necessary departments such as pharmacy and/or dietary. Please refer to the [Documenting Allergies](#) policy for more details.

**724 Allergy access and printing instructions:**

1. Open 724 from the downtime PC. **NOTE:** Patient record is only accessible from the downtime PC the patient was registered to when Cerner Powerchart became inaccessible.

2. Open patient record from patient list or search using the patient search option.

To view the allergies electronically:

- Click ≥ Allergies tab at the top of the patient information window
To print a list of current active allergies

- Click ≥ File ≥ Print ≥ Patient Information

1. The “Allergy Record” form (8460-5714) to document any additions and/or changes.
2. The yellow copy of the Allergy Record form with any additions and/or changes will need to be provided to Pharmacy.
3. Place printed paper allergy record and the paper form with additions and/or changes in the front of the Patient Health Record.
4. Reconcile paper allergies to electronic allergies when the system is back up.
**Progress Notes and Consults**

If consults or referrals are required, the order is added to the Patient Care Orders form and the service or department should be contacted directly by phone.

**Billable Items**

If electronic capture is unavailable the dispensing department is to complete the appropriate Charge Slip (Appendix M, Form #8460-5576) sections, including the correct accounting codes to credit the revenue.
# Workload Management (Quadramed)

## Policy for Quadramed Downtime-Emergency Department

**Link:** [http://www.lhsc.on.ca/priv/informat/htm/welcome/policyed.htm](http://www.lhsc.on.ca/priv/informat/htm/welcome/policyed.htm)

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>To ensure Quadramed patient classification is completed and nursing workload continues to be accurately captured during and following computer or system downtimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>The HL7 interface automatically feeds ADT (admission discharge and transfer) data to Quadramed</td>
</tr>
</tbody>
</table>

## EPR Downtime

<table>
<thead>
<tr>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>The HL7 interface is not sending data to Quadramed. The Quadramed system is available to all users for existing patients. Admission discharges and transfers will not be available until interface re-established. All ADT transactions are queued during regular and emergent EPR downtimes and will be fed into the Quadramed system once EPR is back up and running.</td>
<td></td>
</tr>
<tr>
<td>During a Quadramed downtime, the Quadramed system is unavailable to all end users.</td>
<td></td>
</tr>
</tbody>
</table>

### Notification Process:

<table>
<thead>
<tr>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly, please review the downtime schedule board on the hospital homepage to see if there is to be a scheduled downtime and follow process instructions below.</td>
<td></td>
</tr>
<tr>
<td>Patient Care Informatics will contact units with instructions as necessary.</td>
<td></td>
</tr>
</tbody>
</table>

### Process:

<table>
<thead>
<tr>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended to eight hours to allow for online classification to the extent possible. Do not send paper classifications to Patient Care Informatics. Unit is responsible for entering classifications.</td>
<td></td>
</tr>
<tr>
<td>Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible. Paper classification form. Do not send paper classifications to Patient Care Informatics. Unit is responsible for entering classifications.</td>
<td></td>
</tr>
<tr>
<td>Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible. Paper classification form attached. Do not send paper classifications to Patient Care Informatics. Unit is responsible for entering classifications.</td>
<td></td>
</tr>
</tbody>
</table>
Unplanned | Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible. Paper classification form attached. Do not send paper classifications to Patient Care Informatics Unit is responsible for entering classifications.

| Purpose: | To ensure Quadramed patient classification is completed and nursing workload continues to be accurately captured during and following computer or system downtimes |
| Description: | The HL7 interface automatically feeds ADT (admission discharge and transfer) data to Quadramed |

| EPR Downtime | Planned | The HL7 interface is not sending data to Quadramed. The Quadramed system is available to all users for existing patients. Admission discharges and transfers will not be available until interface re-established. All ADT transactions are queued during regular and emergent EPR downtimes and will be fed into the Quadramed system once EPR is back up and running. |
| Quadramed downtime | Planned | During a Quadramed downtime, the Quadramed system is unavailable to all end users. |

| Notification Process: EPR Downtime | Planned | Weekly, please review the downtime schedule board on the hospital homepage to see if there is to be a scheduled downtime and follow process instructions below. |
| Unplanned | Patient Care Informatics, will contact units with instructions as necessary. |
| Quadramed Downtime | Planned | Patient Care Informatics, will notify unit in advance of planned downtimes with specific instructions. |
| Unplanned | Patient Care Informatics, will contact units with instructions. |

| Process: EPR Downtime | Planned | No impact, to Quadramed inpatient users. Downtimes are scheduled to have the least impact on clinical systems. Length of time no more that 3 hours. |
| Unplanned | Patient Care Informatics, will contact units with instructions as necessary. Paper classification would only be considered if downtime > 12 hours. |
| Quadramed downtime | Planned | No impact, to Quadramed inpatient users. Downtimes are scheduled to have the least impact on clinical systems. |
Policy for QuadraMed Downtime - Perinatal

Link: [http://www.lhsc.on.ca/priv/informat/htm/welcome/downperi.htm](http://www.lhsc.on.ca/priv/informat/htm/welcome/downperi.htm)

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>To ensure QuadraMed patient classification is completed and nursing workload continues to be accurately captured during and following computer or system downtimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>The HL7 interface automatically feeds ADT (admission discharge and transfer) data to QuadraMed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPR Downtime</th>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuadraMed downtime</td>
<td>Planned</td>
<td>Unplanned</td>
</tr>
</tbody>
</table>

**Notification Process:**

<table>
<thead>
<tr>
<th>EPR</th>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuadraMed downtime</td>
<td>Planned</td>
<td>Unplanned</td>
</tr>
</tbody>
</table>

**Process:**

<table>
<thead>
<tr>
<th>EPR</th>
<th>Planned</th>
<th>Unplanned</th>
</tr>
</thead>
</table>

During a QuadraMed downtime, the QuadraMed system is unavailable to all end users.

Weekly, please review the downtime schedule board on the hospital homepage to if there is to be a scheduled downtime and follow process instructions below.

Patient Care Informatics will contact units with instructions as necessary.

Patient Care Informatics will notify unit in advance of planned downtimes with specific instructions.

Patient Care Informatics will contact units with instructions.

Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended to eight hours to allow for online classification to the extent possible.

Paper classification form attached.

Do not send paper classifications to Patient Care Informatics

Unit is responsible for entering classifications.

Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible.

Paper classification form attached.

Do not send paper classifications to Patient Care Informatics

Unit is responsible for entering classifications.
Informatics
Unit is responsible for entering classifications.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QuadraMed downtime</td>
<td>Planned</td>
<td>Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible. Paper classification form attached. Do not send paper classifications to Patient Care Informatics Unit is responsible for entering classifications.</td>
</tr>
<tr>
<td></td>
<td>Unplanned</td>
<td>Implement paper classification for patients that are admitted and will be discharged during downtime, hours visible will be extended as necessary to allow for online classification to the extent possible. Paper classification form attached. Do not send paper classifications to Patient Care Informatics Unit is responsible for entering classifications.</td>
</tr>
</tbody>
</table>

**Policy for Quadramed Downtime-Mental Health**

**IMPORTANT:** Do not initiate paper classification until informed by Patient Care Informatics

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>To ensure Quadramed patient classification is completed and nursing workload continues to be accurately captured during and following computer or system downtimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>The HL7 interface automatically feeds ADT (admission discharge and transfer) data to Quadramed</td>
</tr>
<tr>
<td>EPR Downtime</td>
<td>Planned</td>
</tr>
<tr>
<td>EPR Downtime</td>
<td>Unplanned</td>
</tr>
<tr>
<td>Quadramed downtime</td>
<td>Planned</td>
</tr>
<tr>
<td>Quadramed downtime</td>
<td>Unplanned</td>
</tr>
<tr>
<td>Notification Process:</td>
<td>Weekly, please review the downtime schedule board on the hospital homepage to see if there is to be a scheduled downtime and follow process instructions below.</td>
</tr>
<tr>
<td>EPR Downtime</td>
<td>Planned</td>
</tr>
<tr>
<td>Unplanned</td>
<td>Patient Care Informatics, will contact units with instructions as necessary.</td>
</tr>
<tr>
<td>Quadramed downtime</td>
<td>Planned</td>
</tr>
<tr>
<td>Quadramed downtime</td>
<td>Patient Care Informatics, will notify unit in advance of planned downtimes with specific instructions.</td>
</tr>
<tr>
<td>Unplanned</td>
<td>Patient Care Informatics, will contact units with instructions.</td>
</tr>
<tr>
<td>Process:</td>
<td>EPR Downtime</td>
</tr>
<tr>
<td>Planned</td>
<td>No impact, to Quadramed Mental Health users. Downtimes are scheduled to have the least impact on</td>
</tr>
</tbody>
</table>
During a Downtime

<table>
<thead>
<tr>
<th>Unplanned</th>
<th>Planned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quadramed downtime</strong></td>
<td><strong>Unplanned</strong></td>
</tr>
<tr>
<td>Patient Care Informatics, will contact units with instructions as necessary. Paper classification would only be considered if downtime &gt; 12 hours</td>
<td>Patient Care Informatics, will contact units with instructions as necessary. Paper classification would only be considered if downtime &gt; 12 hours. Paper classification form attached.</td>
</tr>
</tbody>
</table>

Paper classification form attached.

Workload Management forms found in Appendix N
**Adverse Event Management System**

The Adverse Event Management System will occasionally be unavailable due to regularly scheduled or emergency maintenance. The duration of these downtimes is likely to be short (less than 2 hours). Users of the AEMS software are to enter the event information after the downtime is completed.

**Extended Downtime Procedure**

To be used under the following circumstances:

1. The AEMS application is unavailable for use for 8 hours or more.
2. The AEMS application is unavailable for use for a period of time that covers a shift change and the user will not be returning to work within 24 hours.

**Staff/User Responsibility:**

1. Record the event details using the Risk Management AEMS Extended Downtime Form (found on the Risk Management website http://www.lhsc.on.ca/priv/riskman/htm/occ/welocc.htm).
2. Communicate with appropriate leader about the event.
3. Submit the Risk Management AEMS Extended Downtime Form to the coordinator.

**Coordinator Responsibility:**

1. Enter (or delegate to another to enter) the event information into AEMS when the system is available. This should be delegated to the originating employee if she/he is working within 24 hours of the event occurring.
2. Destroy (i.e., shred) the Downtime form after the event details have been entered into the AEMS software.
3. Follow-up on the event as required.

Please note:

The paper-based occurrence reports previously used for reporting occurrences to Risk Management are no longer in use and will not be accepted by Risk Management for data entry. The Downtime Form is to be used only when the AEMS system is down for an extended period of time. It is the responsibility of the clinical area/ business unit to enter the event information into the AEMS software. Any downtime forms submitted to Risk Management for data entry will be returned to the responsible coordinator for event entry.

**AEMS Report Form is Appendix O of this manual**
**RECOVERY**

Roles for Back Entering During Recovery

<table>
<thead>
<tr>
<th>Role</th>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting</td>
<td>Registration when clerks are not working (night shift)</td>
<td>Nurses will call admitting with all of the transfers and discharge information to back enter.</td>
</tr>
<tr>
<td>Clerks</td>
<td>All of the Registration back entries</td>
<td>Clerks will be given time to complete the registration before others are able to go into the system.</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Diagnostic Imaging Orders</td>
<td>Diagnostic Imaging will be doing their own back entries.</td>
</tr>
<tr>
<td>Diagnostic Cardiology</td>
<td>ECG, Stress, Holter and Echo Orders</td>
<td>Diagnostic Cardiology will be doing ECG, Stress, Holter and Echo back entries.</td>
</tr>
<tr>
<td>Labs</td>
<td>Lab Orders</td>
<td>The Labs will be doing their own back entries.</td>
</tr>
<tr>
<td>Nurses/Registered Health Professional</td>
<td>E-Mar</td>
<td>Nurses will be completing their EMars once Pharmacy has entered any new orders during downtime. Nurses will need to document existing overdue medication tasks in their MAR that have occurred during downtime.</td>
</tr>
<tr>
<td>Nurses/Registered Health Professional</td>
<td>Patient Care Orderable</td>
<td>Nurses will back enter any new patient care orderables that occurred during downtime</td>
</tr>
<tr>
<td>Nurses/Registered Health Professional</td>
<td>Registration</td>
<td>Nurses will call admitting with all of the transfers and discharge information to back enter.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Medication Orders</td>
<td>Pharmacy is back entering the medication orders for all of the nets - time will also need to be given to pharmacy to do these entries before regular pharmacy orders are filled.</td>
</tr>
</tbody>
</table>

Recovery for anyone discharged will need to be noted that they discharged during a downtime. All med recs will be recorded on paper.

**Back Entering Time**

All of the back entries will need to be done ideally before the end of the shift. Worst case scenario the entries can be done by the end of the next shift.
Capacity Management System

Admitting will complete any inpatient registrations and assign the locator badge to patients that have been admitted and moved to an inpatient bed. They will send the locator badge and new armband to the IP unit via the tube system.

Inpatient Units

The inpatient units will complete any outstanding transfers (this will not include admissions as Admitting will complete these).

Registrations

All Registration Points: will be responsible for entering all patient information into the system immediately after it is back up.

For Inpatients - All Discharges, Transfers and Physician/Services Changes are to be completed prior to admissions in order to free up beds for admissions.

The Post Downtime conversation WILL be used to back enter all admission after a downtime.

After the System Comes Back Up

Additional staff/time may be required to ensure the timely updating of the system once it is up and running.

STEP 1

1. Enter all Inpatient, ODC and Outpatient registrations into the “Post Downtime Conversation”
2. Check off the patient on the “Downtime Admission Log” as registrations are completed
3. Check the “Downtime Patient Information” sheets as the ODC and outpatient registrations are entered
   (put aside for STEP 2-re-entering complete demographics into the Registration Conversation)
4. Print face sheet, initialize badgets and sent to IP units

Entering information into the Post Downtime Conversation

Post Downtime Registration for New Patients

1. Double click on the Post downtime registration ICON
2. SEARCH patient in CPI
3. If patient is not found:
4. Click “ADD PERSON”. Type in the new PIN # (3000) assigned by Health Records during downtime.
5. If the patient is found in CPI with previous visits, but Health Records has assigned a new PIN # during downtime:
6. Follow “ADD PERSON” steps as above. Contact Health Records to report duplicate PIN #
7. If the patient is found in CPI:
8. Click “ADD ENCOUNTER” and complete the conversation.
9. Populate all fields
10. Click OK to save

Post Downtime Registration for Patients With a Previous PIN #

1. Double click on the Post downtime registration ICON
2. SEARCH patient in CPI
3. Highlight on the correct person’s name in the “person search window”
4. Click on ADD ENCOUNTER
5. Registration screen will appear
6. Populate all fields
7. Click OK to save

STEP 2
1. Enter all inpatient, ODC and outpatient registrations using the regular Registration Conversation
2. After all Registrations have been entered in the “Post Downtime Conversation”, go to the registration ICON.
3. Highlight on the appropriate visit and click OK
4. Complete all patient information and finish the conversation. (you will need to go into the registration icon for each registration)
5. Check that all ODC and outpatient registrations have been completed
6. Inpatient – print a face sheet, armband and plate and sent to the unit
7. All inpatient registrations must be then entered in scheduling. The times must be modified to reflect the registration time.

After all registrations, discharges, transfers, and physician/service changes and scheduling are completed; please double check that you have not missed any patients from the “Downtime Admission Log” and the “Downtime Patient Information sheets”.
Medication Orders

All new medication orders will be back entered into the system by pharmacy as soon as possible.

*Emergency Department (non admitted):*
Patients will not have their medications back entered into the system unless they are continuous or have a frequency.

**How to Back enter on someone else’s behalf**

<table>
<thead>
<tr>
<th>1) Override the defaulted time and date and enter the actually time that the medication was administered.</th>
<th>2) Change the performed by to your name</th>
<th>3) Select “System Downtime” as the Early/Late Reason</th>
</tr>
</thead>
</table>

Non-Medication Orders

The nurse on duty will back enter all of the new non-medication orders written during the downtime.

*Emergency Department (non admitted):*
Patients will not have their patient care orderables back entered into the system unless they are ongoing or have a frequency.
The following orders do not need to be back-entered by unit staff:

- Lab tests for which the specimen/requisition are already in the lab
- Diagnostic or other tests for which the requisition has been sent and/or the test completed

Each patient care area is responsible for ensuring that the orders are back-entered by the end of the shift.

**Emergency Department:**
Patients will not have their patient care orderables back entered into the system unless they are ongoing or have a frequency

**Emergency Department:**
The ED’s will follow our resuscitation guidelines which state that only medications that are continuous or have a frequency will be back entered. All other medications which are one time only will be documented on paper

**Infection Control**
Nursing will enter and back date precaution orders in Cerner Powerchart when the system is available.

To open the Acute Respiratory Illness (ARI) and Travel History Screening (LHSC) Downtime form click the following link or type address in URL:
https://apps.lhsc.on.ca/regional/training/TravelScreening/assets/FORMAcuteRespiratoryIllnessTravelHistoryScreening.pdf

**Diet and Formulas**
All diet orders must be entered into the system by unit staff as soon as possible after the system recovers. This includes diet order changes, new admissions, discharges and patient transfers.

**Emergency Department:**
Not application for non-admitted patients
Lab Orders

All back entries for lab orders will be entered by the lab.

Once the announcement is made that Cerner downtime is over, please continue to send only STAT/essential blood work to the lab for the next 2 hours. The lab must order into Cerner all the blood work received during downtime and populate the results into Powerchart. These two hours allows this to be completed before all non essential blood work arrives to be processed.

Consults

Nursing will enter consults in Cerner Powerchart and mark as complete.

Allied Health

The nurse or delegated Registered Healthcare Professional with the same access to back enters all the allied health orders into the system once the system is back up. The relevant allied health professional will need to complete all orders which are tasked to their task list and which he/she has already addressed during downtime.

Allergies

Adds/Changes/Inactivation of allergies during a downtime will be completed by any Regulated Health Care Professional. It is the entire care teams responsibility to review the Patient’s Health Record for any allergy adjustments that may have occurred.

- Allergy adjustments should be completed and/or verified prior to proceeding with any medication orders.
- All allergies should be entered or validated electronically prior to medication orders being entered.
- This process will ensure the appropriate alerts are acknowledged and take into account for orders and administration of medications

Workload Management (Quadramed)

See the Workload Management policies on page 53
**SYSTEMS DOWNTIME**

**GroupWise**

When GroupWise is experiencing downtime, please use the telephone and fax to communicate messages.

**IMPORTANT:** GroupWise and GroupWise Messenger is an independent system. No other systems are affected if GroupWise is on downtime. Cerner applications and the Internet are still available.

**PACS SYSTEM - Image Access During EPR / Cerner Downtime**

**Powerchart Users:**

- **EPR/Cerner systems is down**, Users will not be able to view Medical imaging reports or images through Powerchart.

- **EPR/Cerner systems “slow downs”** due to performance issues: Access to Medical images and reports completed during this period may be delayed for Powerchart users, however, prior images and reports will be available.

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

- **One view users** have access to Medical Imaging procedures from March 2009. Please contact the helpdesk for account information.

**Centricity Web Users:**

The process to view images through Centricity Web (for users with PACS accounts) is as follows:

- In Centricity Web, choose the “All Studies” tab.
- Type in today's date in the date field
- Type in the patient's last name
- Select patient from the list
**NOTE:** The exam will likely appear as “unspecified” in the procedure column.

An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS

**CD’s and limited film images are provided when PACS is down.**

**PACS Users (RA1000 software version):**

The process to view images through PACS/Centricity (when Cerner is down for users with PACS accounts) is as follows:

- In PACS choose the “All Exams” tab
- Type in today's date in the date field
- Type in the patient’s last name
- Select patient from the list
- **NOTE:** The exam will likely appear as “unspecified” in the procedure column.

An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS

**CD’s and limited film are provided when PACS is down**
Image access during **PACS** downtime:

- All imaging performed during the downtime can only be viewed in the department on the modality.
- Current and historical digital imaging is unavailable.
- All images produced during will be available on PACS when the system is returned to normal.

**Powerchart Users:**

_When PACS system is down_ - Users will not be able to view any images through Powerchart. However Medical Imaging reports will be available.

Dictated reports will be available via telephone conversation with the Radiologists, or through the listen access system.

Typed reports will be available through Powerchart.

**One view users** have access to Medical Imaging procedures from March 2009.

Please contact the helpdesk for account information.

**Centricity Web Users:**

PACS is unavailable.

**One view users** have access to Medical Imaging procedures from March 2009.

Please contact the Helpdesk for account information.

**All Departments and Clinics:**

- **Critical** areas will have studies delivered via film or CD.
- Non critical areas may view the images on the modalities in the Radiology department.
- Dictated reports will be available through the listen access system, telephone conversation with the radiologists, or a handwritten report on the film envelope.
- **PLEASE NOTE:** Report generation will be delayed during downtime procedures.
- Typed reports will be available through Powerchart.
*Emergency Department:*

- General Radiology procedures will be filmed and delivered to Emergency for viewing. Films will be picked up and returned to radiology for reporting.

All imaging procedures will be available on PACS when the system is returned to normal.

**Workload Measurement System (Infomed - Promiso)**

Link: [http://www.lhsc.on.ca/priv/informat/htm/welcome/infomedp.htm](http://www.lhsc.on.ca/priv/informat/htm/welcome/infomedp.htm)

The Workload Measurement System is interfaced with the EPR receiving patient demographic information for newly admitted patients. In the event of an EPR downtime, clinicians should contact QMCDS and ask to manually enter patient information into the system. When EPR is back up, ITS assist with resending backlog of patient information to InfoMed.

In the event of Infomed - Promiso downtime, clinicians should track workload manually and enter it into the system once the system is functioning again.

**Workload Measurement System (Quadramed)**

The Quadramed system is interfaced with the EPR receiving admission, discharge and transfer information. During EPR downtime, Quadramed is still available for all existing patients, however newly admitted patients will not be available. Episodic areas such as the Emergency Department or Perinatal area should initiate paper classification. Hours visible will be extended for these units in order to have patients remain visible for classification. If downtime is expected to be greater than four hours, the time visible will be extended for all units.

When Quadramed is down, episodic areas such as ED or the Perinatal area should initiate paper classification. Hours visible will be extended for these units in order to have patients remain visible for classification.

If downtime is expected to be greater than four hours, the time visible will be extended for all units. If downtime was to extend beyond 12 hours a decision will be communicated regarding converting everyone to paper classification. This will be communicated via email.

**Muse Downtime**

*ECG, holter and stress*

Effects: ECGs can be acquired and printed from cart, previous ecgs waveforms are not available (text report for newer test are available on Cerner) and the ability to report is not available, ECG are not remotely available to physicians for review must have the physical paper copy.

**PHYSICIAN:**
Will read the studies once Muse is back up. If it is urgent the cardiologist can read from the hard copy and provide a verbal to the requesting area.

**Cerner Downtime effect on Muse:**

Effects: ECGS can be acquired and printed from cart, previous ecgs waveforms are available from Muse web, and the ability to report is not available as order must be attached prior to finalizing reports. ECG is still available remotely for review.

**Requesting an ECG**

**Standard Order:**

1. Text page to ECG pager  
2. Fill out a Requisition For Diagnostic Test (form #8460-0343)

**VH (ext.55772)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Pager</td>
<td>19956</td>
</tr>
<tr>
<td>Ward &amp; OP Pager</td>
<td>14263</td>
</tr>
<tr>
<td>Paediatrics/B Zone/LRCP/PACU/E-Zone (opc)</td>
<td>14445</td>
</tr>
</tbody>
</table>

**UH: (ext.35569)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main</td>
<td>13050</td>
</tr>
<tr>
<td>Alternates</td>
<td>14990 / 19958</td>
</tr>
<tr>
<td>Clinic</td>
<td>13373</td>
</tr>
</tbody>
</table>

**Xcelera Downtime**

Effects: Images can still be acquired, no reporting available, no previous reports available (newer reports sent to Cerner text reports are available) No previous images are available. ECHO and CATH images are effected.

**Cerner Downtime effect on Xcelera:**

Effects: Images can still be acquired. No reporting can be completed, previous reports are available, Previous images are available for ECHO and CATH, work-list is not available patient demographics must me manually entered.

**PHYSICIANS:**

1. Will read once Cerner is backup and running.
2. If urgent read is required Study can be reviewed on Xcelera and a preliminary report can be sent or a verbal report can be given over the phone.

**Note:** Reports cannot be finalized until the Order has been attached
**Requesting an ECHO:**

To order urgent or standard requests contact Echo Clerk by phone during office hours. After hours urgent echo are done by on-call cardiology Fellow.

**Standard Order**

1. Text page to ECG pager.
2. Fill out a Requisition For Diagnostic Test (form #8460-0343)

**Urgent Order** - Verbal report over the phone or possible a preliminary report printed to area printer or faxed to area.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UH Echo Lab</td>
<td>34703 / 34705</td>
</tr>
<tr>
<td>VH Adult</td>
<td>55835 / 55998 / 55840 (reception)</td>
</tr>
<tr>
<td>VH Paeds</td>
<td>53021 / 53022 / 52589 (reception)</td>
</tr>
<tr>
<td>After hours</td>
<td>urgent echo are done by on-call cardiology Fellow.</td>
</tr>
</tbody>
</table>

**Pyxis Medication Cabinet**

Pyxis machines are plugged into emergency power outlets. In the event that there is a power failure or machine failure and access to the machine is required, the nurse should obtain the Pyxis downtime envelope kept on each nursing unit using Pyxis. This envelope contains two keys, a list of contents of the machine, medication log and a narcotic count sheet. To access the machine:

- Pull the machine away from the wall.
- Insert the right and left keys into the corresponding locks on the back of the machine and remove the back panel.
- Inside the machine on the right hand side are red levers for each drawer.
- Push the lever to the right (once to unlock, twice to open)
- Remove the medication and close the drawer.
- Record medication removed on the medication log (Appendix P).

If the admission, discharge, transfer (ADT) interface is down, and patients are not appearing on the Pyxis machine, the nurse may remove non-narcotic medications under the patient “Wardstock”. If a narcotic is required, the nurse must ‘add’ the patient to Pyxis. To ‘add’ a patient to Pyxis:

- From the main menu, select Patients
• Select **New Patient**

• Enter the patient information including last name, first name, PIN, date of birth and sex.

• Select the **ADT tab**

• Enter the following information:
  o Patient’s room number
  o Patient’s bed number
  o Date patient was admitted
  o Nursing unit

• Select **SAVE**

The Pyxis Downtime Medication form can be found in **Appendix P**
AMBULATORY SECTION

Introduction

The workflow within ambulatory clinics are unique to the organization. During downtimes these areas will follow the standard operating processes and procedures similar to the rest of the organization. During recovery there is an expectation that these areas will back enter all required information as noted in the recovery section.

All of the below processes and procedures are reflective of the other sections and are put in an specific ambulatory section for quick reference only.

Please note that all processes and procedures below are required to be followed.

Reporting a Possible Downtime

NETWORK DOWN

Call Helpdesk (44357) to inform them of failure. Please look to the LHSC Home Page for updated status.

POWER OUTAGE

Call Helpdesk (44357) to inform them of failure. Please look to the LHSC Home Page for updated status – from a workstation on emergency power.

• Workstations on emergency power (red power outlets) will function normally.
• For workstations not on emergency power please refer to Network down procedures

Admitting, Discharge and Transfers

Scheduling and Registration

Cerner Downtime

Procedure for All Registration Points for Cerner Downtime

An official notification of all pre-planned System Downtime will be sent out.

• Do not use Person Management or Patient Scheduling after official notification of Downtime

Registration information may not all save if you are still in system after the designated downtime
### PIN # Information

1. Contact Health Records at:
   - During regular office hours (Mon-Fri)  UH-35841  VH-52315
   - After hours (evenings, weekends, holidays)  UH-35839  VH-58119

2. When obtaining a new PIN #, please provide the following information:
   - Patient’s full name, Preferred name, Previous name(s)
   - Date of Birth
   - Sex
   - Your name, department and extension

3. Health Records will:
   - Search the patient on the back-up CPI
   - Communicate existing PIN information if patient found
   - Communicate new PIN information if patient is not found *(new PIN #'s assigned will be 3000 series)*

### Manual Registration
- Refer to department downtime instructions for all forms and procedures

### Manual Reports to be used
- *Daily Census Report*” (print new census report ½ hour prior to scheduled system downtime, otherwise use midnight census report)
- *Alpha Census Report*” (print new census report ½ hour prior to scheduled system downtime, otherwise use midnight census report)

### Manual Forms to be used
- “Downtime Patient information Sheet” *(Appendix A)*
- “Downtime Admission Log” *(Appendix B)*

Paper Bed Board (print prior to down time or use blank form – copy in downtime manual)
(LHSC specific- other sites may have this or want to develop it)
Out-patients – For new patients and updates

Complete the “Downtime Patient Information sheet” for all new and/or changes to patient demographics.

Manually produce a blue card if required (see procedure for printing a manual plate)

Route the Patient as usual.

File information sheet in front of binder to be entered once the system is back up and running.

External Admission Requests and Repatriations

If you are anticipating the system to be down greater than 4-6 hours - Copy the list of urgent patients to come in on to the paper bed board.

Repatriations - Work from the hard copy in binder and update comments in Cerner when the system is up.

NOTE: If the patient presents with an incorrect health card number and/or version code or has an address change, you must manually issue a new blue card. Document the changes and attach the old card. (Cerner system to be corrected when back up)

Patient Inquiries

Please refer to the “Alpha Census Report” for in-patient location (this report excludes all anonymous patients)

Procedure for Printing a Manual Plate

Use the keyboard on the plate machine

- Press ESCAPE
- Press F2 (takes machine off line)
- Press F3 until card format = ADMITT
- Press F1 to SELECT
- Type patient information
- PIN #
- Surname, First Name, Middle name (preferred name)
- Gender
- DOB
- Address (to include city, province and postal code)
- HCN# or OPR# or WSIB # or self pay
- Admission Date (IP or ODC)
- Attending Physician and Service
- Press ESCAPE
- Press F3
- Press ENTER (card will print)
- Press F1 (machine is ready for the next manual plate)

To Return Plate Machine back ON LINE

- Keep pressing escape until ON LINE Appears
- Press F1

---

*Cerner Health Card Validation Downtime Procedures*

**Cerner Downtime**

Validation will not be possible during a Cerner downtime. Validation will happen automatically when the registration or appointment is added after the downtime unless Post Downtime Registration is used. If Post Downtime Registration is used to register the patient and the visit is later modified using the full registration conversation, validation will need to be initiated manually. If validation is done the day after the registration occurred, validation will still be correct for most registrations.

**Short Ministry of Health Downtime**

Periodically when the Ministry validation system is down, the user will receive the response code “90-Information n/a” or “99-System n/a”. Alternately, they may receive no response and will be advised that the validation has not completed when they finish scheduling or registering the patient. If they are aware that the Ministry system has been unavailable more frequently than normal or for longer than 15 minutes, they should contact the Helpdesk at 44357 or 4-HELP.

The users need to follow site-defined procedures as to whether registrations need to be modified and validation manually triggered after Ministry of Health back up.

**Extended Ministry of Health Downtime**

If the Ministry of Health database is down for an extended period of time (e.g. when Ministry of Health is on strike), ITS will turn off the HCV functionality. The health card number should be entered into the system but the validation will not occur.
Medication Reconciliation

Medication Reconciliation – Admission

Admission medication order form should be used to document the Best Possible Medication History and Admission Medication Orders.

Medication Reconciliation – Transfer

1. The sending unit will print the medication profile and their BPMH (Best Possible Medication History) to the receiving unit. The receiving unit will:
   - Use the medication profile and BPMH (Best Possible Medication History) to complete the med rec on transfer.
   - New orders will be written on the Physician Order Sheet and will be sent to Pharmacy and placed in the Patient Health Record for back entering purposes.
   - Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of form to pharmacy. Could be portering or pharmacy that picks up orders.....need to ensure units maintain a pick-up location/BIN for downtime.

2. Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.
Unplanned

Medication Reconciliation – Admission

4. Admission medication order form should be used to document the Best Possible Medication History and Admission Medication Orders.

5. A copy of the BPMH needs to go in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

6. Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of the form to pharmacy. Could be portering or pharmacy that picks up orders.

Medication Reconciliation – Transfer

3. The sending unit will print the medication profile from 724 Access which includes the BPMH (Best Possible Medication History) to the receiving unit. The receiving unit will:

- They will use the medication profile and BPMH (Best Possible Medication History) to complete the med rec on transfer using the paper Transfer Medication Reconciliation form.
- New orders will be written on the Physician Order Sheet and will be sent to Pharmacy and placed in the Patient’s Health Record to be back entered during the recovery stage of the downtime.
- Pharmacy should be notified via phone call when request is complete to arrange for pickup or deliver of form to pharmacy. Could be portering or pharmacy that picks up orders.

4. Prepared medications will be delivered to nursing unit or picked up from pharmacy as per current practice.

Medication Reconciliation - Discharge

A prescription listing all required discharge medications.

7. Use 724 Access to compile the list of active medication and home medications from the patient’s profile. Use this data to complete the blank Discharge Medication reconciliation form.

8. Reconcile this profile with medication requests in the Patient’s Health Record to be back entered during the recovery stage of the downtime.

9. Write the discharge prescriptions.

10. In order to meet legislative requirements, the prescription must be signed by the provider.

11. One copy of the prescriptions and one copy of the Discharge Medication Reconciliation should be placed in the Patient’s Chart.

12. Pharmacy should be notified via phone call when a patient is discharged.
Medication Related

**IMPORTANT:** Refer to the allergy documentation policy reminder, under the allergy section, to see how to access allergies during a downtime.

**New Medication Patient Care Orders**

1) To prepare for a downtime, the 24 hour Medication Administration Record (MAR) will need to be printed.

2) The provider writes the new order on a Patient Care Order form (form #8460-5602).

3) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

4) The nurse/clinician will forward the yellow copy of the form to Pharmacy.

5) The clinician administers the medication and signs that it has been administered on the paper MAR.

**Example of what a Medication Order – Current print out**

![Medication Order Example](image)

**Printing the Medication Orders from 724 Access**

When you log in it will automatically come up with the patient list.

8) Select the patient.
9) Enter the reason why you are accessing the patient's information in the "Audit Information!" window

10) On the left hand side select "Medical Administration"
11) You can view at this point or print:

12) On the top left hand corner of the screen select file, and print

13) Specify the print from section and select the print out that you would like to have printed

Note: Please print off the “Patient Information” print out as well to include allergy information

14) Select “Finish”
Non-Medication Related

New Non-Medication Patient Care Orders

1) The provider writes the New order on a Patient Care Order form and completes the necessary requisitions (i.e. Radiology)

2) The order/requisition will be sent to the appropriate department

IMPORTANT: Non-essential orders are to be kept and electronically entered after the downtime is complete.

Unplanned

1) An announcement needs to be made when a downtime is going to be more than 30 minutes notifying everyone that they are able to start printing from the 7/24 Access program.

2) Print the 7/24 MAR titled “Medication Orders – Current”

3) The provider writes the new order on a Patient Care Order form (form #8460-5602)

4) The nurse/clinician transcribes the new medication order onto the printed 24-hour MAR or changes the existing medication order.

5) The nurse/clinician will forward a copy of the Patient Care Order form to Pharmacy

6) During downtime recovery, pharmacy will back enter all new medication orders.

7) After the Medication Orders-Current print-out from the 7/24 Access program expires, the nurse will initiate a new hand-written MAR for documenting medications.

Unplanned

1) An announcement needs to be made when a downtime is going to be more than 30 minutes notifying everyone that they are able to start printing from the 7/24 system.

2) The provider writes the new order on a Patient Care Order form and completes the necessary requisitions (i.e. Radiology)

3) The order/requisition will be sent to the appropriate department
To print the current orders from 724 Access follow the same steps as the medication orders except you would go under the “Orders” tab and select orders when in the print screen”. Refer to these steps at the end of the “Medication Related” section.

Example of an Order printout from 7/24 Access

A copy of the Patient Care Order form is Appendix I of this manual

Pyxis Medication Cabinet

Pyxis machines are plugged into emergency power outlets. In the event that there is a power failure or machine failure and access to the machine is required, the nurse should obtain the Pyxis downtime envelope kept on each nursing unit using Pyxis. This envelope contains two
keys, a list of contents of the machine, medication log and a narcotic count sheet. To access the machine:

- Pull the machine away from the wall.
- Insert the right and left keys into the corresponding locks on the back of the machine and remove the back panel.
- Inside the machine on the right hand side are red levers for each drawer.
- Push the lever to the right (once to unlock, twice to open)
- Remove the medication and close the drawer.
- Record medication removed on the medication log (Appendix P).

If the admission, discharge, transfer (ADT) interface is down, and patients are not appearing on the Pyxis machine, the nurse may remove non-narcotic medications under the patient “Wardstock”. If a narcotic is required, the nurse must ‘add’ the patient to Pyxis. To ‘add’ a patient to Pyxis:

- From the main menu, select Patients
- Select New Patient
- Enter the patient information including last name, first name, PIN, date of birth and sex.
- Select the ADT tab
- Enter the following information:
  - Patient’s room number
  - Patient’s bed number
  - Date patient was admitted
  - Nursing unit
- Select SAVE

*Laboratory*

*Ordering*

Lab work that is required during downtime will be ordered using the paper requisition process. All lab specimens sent to the lab must be appropriately labeled and be accompanied by the appropriate paper requisition. A paper requisition form will be completed by the Nursing Unit Secretary, Unit Clerk or Nurse. Refer to Appendix J for instructions on completion of a paper requisition.

The requisition/collection label must include:

- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth
- Patient’s location (critical information so lab can call results to correct area)
- Ordering Physician’s name (first and last names)
- Date and time of specimen collection
- Cerner User ID (printed legibly) of the person who collected the specimen
- For TRANSFUSION Medicine – Cerner User ID along with signature of the person who collected the specimen

The specimen container label must include:
- Patient’s name (first and last names)
- Patient Identification Number (PIN)
- Patient’s date of birth or OHIN number
- The type of specimen and/or site of collection (e.g. organ/tissue site, wound site)

*** Note: There MUST be two patient identifiers on the specimen or sample ***

Non-Essential Bloodwork
In the event of EPR downtime, routine or non-essential blood work should be postponed until the systems are fully recovered.

**Staff should NOT draw non-essential blood work during downtimes**

Delays in reporting:
Due to the significant impact of downtime on the lab workflow, results will be delayed. The lab will make every effort to maintain service on all critical bloodwork. Do not send non-essential bloodwork during this time.

Transport of Samples and Requisitions
Transport of samples and requisitions will occur in the usual manner.

Receiving Results
*Critical* results will be called to the unit from the lab and faxed to the ordering location
Microbiology results may be sent to clinical areas on the Microbiology Downtime Report Form (Appendix J).

**Diagnostic Imaging, Non-Invasive Cardiology, EEG & Ivey**

All orders for tests such as x-rays or ECGs should be ordered using the appropriate paper requisition form. Contact the department by phone to request services and send the completed requisition with the patient. See detailed PACS downtime procedures on pages 50 to 53 of this manual.

**Billable Items**

If electronic capture is unavailable the dispensing department is to complete the appropriate Charge Slip (Appendix M, Form #8460-5576) sections, including the correct accounting codes to credit the revenue.

**Progress Notes and Consults**

If consults or referrals are required, the order is added to the Patient Care Orders form and the service or department should be contacted directly by phone.

**Allied Health**

The nurse or delegated Registered Healthcare Professional with the same access to back enters all the allied health orders into the system once the system is back up. The relevant allied health professional will need to complete all orders which are tasked to their task list and which he/she has already addressed during downtime.

**PACS SYSTEM - Image Access During EPR / Cerner Downtime**

**Powerchart Users:**

**EPR/Cerner systems is down**, Users will not be able to view Medical imaging reports or images through Powerchart.

**EPR/Cerner systems “slow downs”** due to performance issues: Access to Medical images and reports completed during this period may be delayed for Powerchart users, however, prior images and reports will be available.
Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

**One view users** have access to Medical Imaging procedures from March 2009. Please contact the helpdesk for account information.

*Centricity Web Users:*

The process to view images through Centricity Web (for users with PACS accounts) is as follows:

- In Centricity Web, choose the “All Studies” tab.
- Type in today's date in the date field
- Type in the patient's last name
- Select patient from the list
- **NOTE:** The exam will likely appear as “unspecified” in the procedure column.

An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS

**CD’s and limited film images are provided when PACS is down.**

*PACS Users (RA1000 software version):*

The process to view images through PACS/Centricity (when Cerner is down for users with PACS accounts) is as follows:

- In PACS choose the “All Exams” tab
- Type in today's date in the date field
- Type in the patient's last name
- Select patient from the list
NOTE: The exam will likely appear as “unspecified” in the procedure column.

An index of patients with the requested last name will be displayed. A second identifier must be used to select the correct patient. (IE: given name).

Dictated reports will be available via telephone conversation with the Radiologists, through exam notes used in PACS, or through the listen access system during the downtime.

Reports via Exam notes will be viewable when exams are opened in PACS.

CD’s and limited film are provided when PACS is down.

Image access during PACS downtime:

- All imaging performed during the downtime can only be viewed in the department on the modality.
- Current and historical digital imaging is unavailable
- All images produced during will be available on PACS when the system is returned to normal.

Powerchart Users:

When PACS system is down - Users will not be able to view any images through Powerchart. However Medical Imaging reports will be available.

Dictated reports will be available via telephone conversation with the Radiologists, or through the listen access system.

Typed reports will be available through Powerchart.

One view users have access to Medical Imaging procedures from March 2009.

Please contact the helpdesk for account information.

Centricity Web Users:

PACS is unavailable.

One view users have access to Medical Imaging procedures from March 2009.

Please contact the Helpdesk for account information.

All Departments and Clinics:

- Critical areas will have studies delivered via film or CD.
Non critical areas may view the images on the modalities in the Radiology department.

Dictated reports will be available through the listen access system, telephone conversation with the radiologists, or a hand written report on the film envelope.

PLEASE NOTE: Report generation will be delayed during downtime procedures.

Typed reports will be available through Powerchart.

Muse Downtime

ECG, holter and stress

Effects: ECGS can be acquired and printed from cart, previous ecgs waveforms are not available (text report for newer test are available on Cerner) and the ability to report is not available, ECG are not remotely available to physicians for review must have the physical paper copy.

PHYSICIAN:
Will read the studies once Muse is back up. If it is urgent the cardiologist can read from the hard copy and provide a verbal to the requesting area.

Cerner Downtime effect on Muse:
Effects: ECGS can be acquired and printed from cart, previous ecgs waveforms are available from Muse web, and the ability to report is not available as order must be attached prior to finalizing reports. ECG is still available remotely for review.

Requesting an ECG

Standard Order:
3. Text page to ECG pager
4. Fill out a Requisition For Diagnostic Test (form #8460-0343)

VH (ext.55772)

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Pager</td>
<td>19956</td>
</tr>
<tr>
<td>Ward &amp; OP Pager</td>
<td>14263</td>
</tr>
<tr>
<td>Paediatrics/B Zone/LRCP/PACU/E-Zone (opc)</td>
<td>14445</td>
</tr>
</tbody>
</table>

UH: (ext.35569)

<table>
<thead>
<tr>
<th>Department</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main</td>
<td>13050</td>
</tr>
<tr>
<td>Alternates</td>
<td>14990 / 19958</td>
</tr>
<tr>
<td>Clinic</td>
<td>13373</td>
</tr>
</tbody>
</table>
Xcelera Downtime

Effects: Images can still be acquired, no reporting available, no previous reports available (newer reports sent to Cerner text reports are available). No previous images are available. ECHO and CATH images are effected.

*Cerner Downtime effect on Xcelera:*

Effects: Images can still be acquired. No reporting can be completed, previous reports are available. Previous images are available for ECHO and CATH, work-list is not available. Patient demographics must be manually entered.

**PHYSICIANS:**

3. Will read once Cerner is backup and running.

4. If urgent read is required, study can be reviewed on Xcelera and a preliminary report can be sent or a verbal report can be given over the phone.

Note: Reports cannot be finalized until the Order has been attached.

*Requesting an ECHO:*

To order urgent or standard requests contact Echo Clerk by phone during office hours. After hours urgent echo are done by on-call cardiology Fellow.

**Standard Order**

3. Text page to ECG pager.

4. Fill out a Requisition For Diagnostic Test (form #8460-0343)

Urgent Order - Verbal report over the phone or possible a preliminary report printed to area printer or faxed to area.

<table>
<thead>
<tr>
<th>UH Echo Lab</th>
<th>34703 / 34705</th>
</tr>
</thead>
<tbody>
<tr>
<td>VH Adult</td>
<td>55835 / 55998 / 55840 (reception)</td>
</tr>
<tr>
<td>VH Paeds</td>
<td>53021 / 53022 / 52589 (reception)</td>
</tr>
<tr>
<td>After hours</td>
<td>urgent echo are done by on-call cardiology Fellow.</td>
</tr>
</tbody>
</table>

**Transportation**
4) Go to Appendix O and copy the "Patient Transfer Authorization Form". If you are able to access the internet you can print off the form from the Hospital Transfers website (https://www.hospitaltransfers.com/transfer/document/ptac_nonoutbreak_230409.pdf)

5) Fill out all the necessary information and fax the form to the number indicated at the top

6) Keep the form in the Patient Health Record

**Adverse Event Management System**

The Adverse Event Management System will occasionally be unavailable due to regularly scheduled or emergency maintenance. The duration of these downtimes is likely to be short (less than 2 hours). Users of the AEMS software are to enter the event information after the downtime is completed.

**Extended Downtime Procedure**

To be used under the following circumstances:

1. The AEMS application is unavailable for use for 8 hours or more.
2. The AEMS application is unavailable for use for a period of time that covers a shift change and the user will not be returning to work within 24 hours.

**Staff/User Responsibility:**

2. Communicate with appropriate leader about the event.
3. Submit the Risk Management AEMS Extended Downtime Form to the coordinator.

**Coordinator Responsibility:**

1. Enter (or delegate to another to enter) the event information into AEMS when the system is available. This should be delegated to the originating employee if she/he is working within 24 hours of the event occurring.
2. Destroy (i.e., shred) the Downtime form after the event details have been entered into the AEMS software.
3. Follow-up on the event as required.

Please note:

The paper-based occurrence reports previously used for reporting occurrences to Risk Management are no longer in use and will not be accepted by Risk Management for data entry. The Downtime Form is to be used only when the AEMS system is down for an extended period of time. It is the responsibility of the clinical area/ business unit to enter the event information into the AEMS software. Any downtime forms submitted to Risk Management for data entry will be returned to the responsible coordinator for event entry.

**AEMS Report Form** is Appendix O of this manual
## Downtime Patient Information Sheet

**Appendix A: Downtime Patient Information Sheet**

### Time

<table>
<thead>
<tr>
<th>Time</th>
<th>OP</th>
<th>ODC</th>
</tr>
</thead>
</table>

**MD/Location:**

<table>
<thead>
<tr>
<th>PIN #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MALE/FEM</th>
<th>DOB(YYYY/MM/DD)</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
</table>

**ADDRESS**

<table>
<thead>
<tr>
<th>CITY</th>
<th>PROVINCE</th>
<th>POSTAL CODE</th>
</tr>
</thead>
</table>

**HEALTH CARD NUMBER**

<table>
<thead>
<tr>
<th>VERSION CODE</th>
</tr>
</thead>
</table>

**NEXT OF KIN**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>PROVINCE</th>
<th>POSTAL CODE</th>
</tr>
</thead>
</table>

**FAMILY DOCTOR**

<table>
<thead>
<tr>
<th>REFERRING DOCTOR</th>
</tr>
</thead>
</table>
Appendix B: Downtime Admission Log

**Downtime Admission Log**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB (yy/mm/dd)</th>
<th>Health Card #</th>
<th>PIN #</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Admitting Physician</th>
<th>Admitted from</th>
<th>Precautions</th>
<th>Anon</th>
<th>Priority</th>
<th>Bed Assign’d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Request For Admission Log**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB (yy/mm/dd)</th>
<th>Health Card #</th>
<th>PIN #</th>
<th>Sex</th>
<th>Diagnosis</th>
<th>Admitting Physician</th>
<th>Admitted from</th>
<th>Precautions</th>
<th>Anon</th>
<th>Priority</th>
<th>Bed Assign’d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: DOWNTIME TRANSFER LOG AND/OR PHYSICIAN/SERVICE CHANGES

**DATE:**

_Initiate new sheet for each day_

<table>
<thead>
<tr>
<th>PIN</th>
<th>PATIENT NAME</th>
<th>FROM Room and Bed</th>
<th>TO Room and Bed</th>
<th>PHYSICIAN</th>
<th>SERVICE</th>
<th>Time of Transfer</th>
<th>Entered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last name, First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Photocopy for: Pharmacy and Billing (send to Karolanne Bolton and Dee Dee Gelanyi if downtime is greater than 24 hrs)
Appendix D: DOWNTIME DISCHARGE LOG

**DISCHARGE DATE:**

Initiate new sheet for each date.

<table>
<thead>
<tr>
<th>PIN</th>
<th>Patient Name</th>
<th>Discharge Disposition</th>
<th>Room Number</th>
<th>Via Amb</th>
<th>Discharge to (Institution name)</th>
<th>Time of Discharge</th>
<th>Discharge Delay Reason</th>
<th>Entered by Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Photocopy for: Pharmacy and Billing (send to Karolanne Bolton and Dee Dee Gelanyi if downtime is greater than 24 hrs)

Discharge Delay Reasons:
- Allied Health
- Clinical Pathway Completion
- Discharge Unexpected
- External Hospital
- Family Pick up
- Home Care
- None
- Other
- Paperwork Delay
- Results
- Tests / Treatment
- Waiting for Transfer Service

Post Downtime

Version: 3 | Date: 2015/06/16 | Appendix | 74
Appendix E – Transfer Authorization Form

PATIENT TRANSFER AUTHORIZATION FORM – NON-OUTBREAK
This form must be COMPLETELY filled out before authorization can be provided.
Please Fax this Document to 1-866-301-5262
Enquiries call 1-866-869-7812
REQUESTED TRANSFER DATE: ________________________ (Please note: Authorization #’s are only valid for 24 hours)

☐ Emergency Transfer ☐ Non Emergency Transfer
☐ Patient requires transportation and medical supervision by a paramedic
☐ Patient requires transportation only, please indicate transportation provider ______________________

SENDING HEALTHCARE FACILITY

Patient Surname: ___________________________ First Name: ___________________________
Sending Healthcare Facility: ___________________________ Unit/Room: _________________________
Healthcare Facility Unit Telephone (area code mandatory): ( ) _______ - _______ ext: _______
Healthcare Facility Unit Fax number (area code mandatory): ( ) _______ - _______
Patient sex: M ☐ F ☐ Age or DOB is Mandatory: Age _______ / _______ / _______ (YYYY-MM-DD)

Nurse/Clerk – filling out this form must provide: Name (print) _________________________
Signature _________________________ Sending Physician Name: _________________________

REASON FOR TRANSFER AND CURRENT DIAGNOSIS

________________________________________________________

1) Is the patient admitted or being transferred for admission? Yes ☐ No ☐
2) Does the patient work for a health care agency/organization? Yes ☐ No ☐
3) Is the patient a resident of a long-term care facility? Yes ☐ No ☐
4) Does the patient have new/worse cough or SOB? Yes ☐ No ☐
5) Is the patient feeling feverish or had chills or chills within the last 24 hours? Yes ☐ No ☐ Temp _______ °C
6) Has the patient lived/visited: MEXICO, Vietnam, Hong Kong, Taiwan, Thailand, China, Indonesia, Cambodia and/or Malaysia within the last 30 days? Yes ☐ No ☐
7) Has the patient had contact with poultry or other fowl while living or traveling in these areas? Yes ☐ No ☐
8) Has the patient come in contact with a sick person in the last 30 days who has traveled to these same areas? Yes ☐ No ☐

RECEIVING HEALTHCARE FACILITY

Receiving Health Care Facility: ___________________________ Unit/Room: _________________________
Healthcare Facility Unit Telephone (area code mandatory): (_____) _______ - _______ ext: _______
Receiving Physician: _________________________

Initiate droplet precautions if “yes” to question 4 and 5 these patients may potentially have Febrile Respiratory Illness (FRI).
Contact your infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 2 or 3.
Initiate droplet precautions and contact your Infection Control for patients with FRI (i.e. yes to questions 4 and 5) and answered yes to either question 6, 7 or 8. These patients may potentially have severe respiratory illness (SRI).

April 23, 2009
Appendix F: Best Possible Medication History
<table>
<thead>
<tr>
<th>DO USE</th>
<th>DO NOT USE</th>
<th>USE DO NOT USE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BEST POSSIBLE MEDICATION HISTORY (BPMH) AND RECONCILED ADMISSION MEDICATION ORDERS**

* USE BALL POINT PEN, PRESS FIRMLY *

---

**SOURCE OF HOME MEDICATION HISTORY**

- Family Doctor:
- Specialist:
- Community Pharmacy:
- Other:
  - Medication Administration Record
  - Discharge note/note visit
  - Prior institution
  - Ontario Drug Benefit Drug Profile Viewer
  - Medication validation table
  - Patient record
  - Family

**RECONCILE**

Specify changes to HOME medications ONLY in section below.
(e.g. decrease alendronate 12.5 mg once daily due to low BP)

**HOME MEDICATION**

<table>
<thead>
<tr>
<th>DOSE</th>
<th>ROUTE</th>
<th>FREQUENCY</th>
<th>INIT</th>
<th>CONTINUE</th>
<th>MODIFY</th>
<th>HOLD</th>
<th>DISCONTINUE</th>
<th>MEDICATION CHANGES &amp; RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RECONCILED ADMISSION MEDICATION ORDERS**

**DO NOT TORN FROM CHART**

**DISTRIBUTION:** Page [1] (White) - Copy to Nursing, Patient Care Order section. Page [2] (Blue) - Post in front of Patient Care Order section.
# Preadmission Clinic (PAC)

**Best Possible Medication History (BPMH) and Pre-Procedure Medication Instructions**

- **Use ball point pen, press firmly.**

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Unit</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO NOT USE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>USE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DO NOT USE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Best Possible Medication History (BPMH)**

- **Source of Home Medication History**
  - Family Doctor:
  - Specialist:
  - Community Pharmacy:
  - Other:
  - Medication Administration Record:
  - Discharge note/clinic visit from prior institution:
  - Ontario Drug Benefit Drug Profile Viewer:
  - Medication vials/containers:
  - Patient recall:
  - Family:

**Medication Instructions**

- **Patient weight** _________ kg and height _________ cm
- **Actual** or **Estimate** (circle one)

**Pre-Procedure Medication Instructions**

- All medications HELD on day of procedure unless indicated below.

---

**Initial history obtained by:**
- Name:
- Signature/Designation:
- Date (YYMMDD):
- Time:

**Additionl history information obtained by:**
- Name:
- Signature/Designation:
- Date (YYMMDD):
- Time:

**BPMH reviewed and validated day of procedure by:**
- Name:
- Signature/Designation:
- Date (YYMMDD):
- Time:

---

Do not copy or send this page to Pharmacy - **DO NOT THIN FROM CHART** -
### Post-Operative Medication Orders

**Location:** U-9 / A9-208 / C  
**Patient:** Pharmacy, Ninth, G0207  
**VAT:** 420966429  
**PIN:** 11096245  
**DOB:** 12/29/3131

**All Medication must be Reconciled against Best Possible Medication History (BPMH)**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Instruction</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>amLODIPine 5 mg PO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dalteparin 5000 units/0.2 mL SC daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jexenethaone 5 mg/5 mL PO daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fenfluramine 25 mg/12 h ic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROMorphone CR 24 mg PO q12h</td>
<td>Order Stopped: 2012/05/31 09:00</td>
<td>Order Stopped: 2012/05/31 05:00</td>
<td>Processing</td>
</tr>
<tr>
<td>HYDROMorphone CR 30 mg PO q12h</td>
<td>Order Stopped: 2012/05/31 21:58</td>
<td>Order Stopped: 2012/05/31 21:58</td>
<td>Processing</td>
</tr>
<tr>
<td>perindopril 4 mg PO daily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen 325-500 mg PO q4h PRN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>docusate sodium 100 mg PO 3D PRN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>zopiclone 7.5 mg PO at bedtime PRN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**All Medication must be Reconciled against Best Possible Medication History (BPMH)**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Instruction</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPRAZOLAM 0.25 mg PO TID</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Orders must be checked against the sending Medication Administration Record (MAR) and Best Possible Medication History (BPMH) to ensure accuracy and completeness.**

**Processor's Initials (Printed):**  
**Proctor's Signature:**  
**Date (yyyyMMdd):**  
**Time (h:mm):**

**Printed:** 2012/05/21 12:20  
**COPY SENT TO PHARMACY:**

**Distribution:** Place in Patient Care Order Section of Chart  
**DO NOT TAKE FROM CHART**

**Page:** 1 of 2

---

**Version:** 3  
**Date:** 2015/06/16  
**Appendix**  
**80**
**Best Possible Medication Discharge Plan**

**and Prescription(s)**

**Location:** U-S / A6-303 / A  
**Height:** 193 cm  
**Weight:** 90.0 kg  
**Allergies:** TEST, cephalosporins

### Reconcile Against BMPH

**Prescriber, Nurse or Pharmacist to complete**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

### Medication Orders

- **mL QD**/PO 5 mg PO daily
- **cnsTR Xone** 1 g IV daily  
  - **dose:** 8% - 5 mL  
  - **Order Stops:** 2012/09/01
- **captopril** 500 UI/SC 2 mL SC daily
  - **Order Stops:** 2012/08/31
- **oxamethasone** 5 mg/6 mL PO daily
- **ranitidine** 30 mg PO daily  
  - **per 1 q d**
- **Prampral‡** 1 mg PO daily

### Physical Orders

- **acetaminophen** 225-450 mg q 4 h prn
- **diclofenac sodium** 100 mg PO 1 h prn
- **predninotrop** 4 mg PO q 6 h prn

### Reconcile Against BMPH

**Prescriber, Nurse or Pharmacist to complete**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

### On Hold Orders

- **acetaminophen** 225-450 mg q 4 h prn PRN
- **summicoczos** 0.8-1.2 mg PO BID

---

Printed: 2012/05/24 09:34  
DO NOT THINK FROM CHART  

Distribution: Original to go with patient on discharge. Place copy in Patient Care Order Section of Chart.  

**Patient Instructions:** This is a prescription. Give to your community pharmacist.
Appendix G: Initial Medication Administration Form

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>ROUTE/DR</th>
<th>MEDICATION</th>
<th>ROUTE/DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>
Appendix H: Initial Patient Care Order Form

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>U. 100 ml</td>
<td>qd</td>
<td>discharge or discontinues</td>
<td>mg</td>
</tr>
<tr>
<td>0.0015 g</td>
<td>qd</td>
<td>daily</td>
<td>mg</td>
</tr>
<tr>
<td>0.0001 g</td>
<td>qd</td>
<td>every other day</td>
<td>mg</td>
</tr>
</tbody>
</table>

**NON-MEDICATION ORDERS**

- **Reason for Scan / Clinical History and Consent # required for all Radiology / Nuclear Medicine orders.**
- **Patient's Weight:** __________ kilogram

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICATION ORDERS**

- **Patient's Weight:** __________ kilogram

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

**PREScribers PRINTED NAME / SIGNATURE / CONTACT #**

- **PROCESSORS INITIALS**
- **DATE**
- **TIME**
- **Nurse INITIALS**
- **DATE**
- **TIME**

*DONT THIN FROM HEALTH RECORD*

Distribution: WHITE - Chat, CANARY - Pharmacist, PINK - Nurse
## Appendix I: Patient Care Order Form

![Patient Care Order Form]

<table>
<thead>
<tr>
<th>DO OF USE</th>
<th>USE</th>
<th>DO NOT USE</th>
<th>USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>every other day</td>
<td>drug name/dosage</td>
<td>discharge</td>
<td>never use after 12am</td>
</tr>
<tr>
<td>daily</td>
<td></td>
<td>1200</td>
<td>1200</td>
</tr>
<tr>
<td>every other day</td>
<td>drug name/dosage</td>
<td>discharge</td>
<td>never use after 12am</td>
</tr>
<tr>
<td>daily</td>
<td></td>
<td>1200</td>
<td>1200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICATION ORDERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Order / Global History and Contents of order required for all Radiology / Nuclear Medicine orders.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIBER</th>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>CONTACT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROCESSOR</th>
<th>DATE</th>
<th>TIME</th>
<th>NURSE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INITIALS</th>
<th>DATE</th>
<th>TIME</th>
<th>INITIALS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*SHS-6222 (Rev. 2015/06/16)*

Distribution: WHT - Chart, CRAW - Pharmacist, PIR - Nurse
Appendix J: Microbiology Downtime Report

**Microbiology Laboratory**

600 Commissioners Rd. E., PO Box 5010
London, Ontario, Canada N5A 6W9
519-385-8000; ext. 50126 (Fax 519-385-8541)

Collected by: __________________________ Location: __________________________
Collection Date: ________________ Time: __________________________
Received Date: ________________ Time: __________________________
Specimen: __________________________ Source: __________________________
Test: (Specify) __________________________

### MICROSCOPIC EXAMINATION:

<table>
<thead>
<tr>
<th>WBC</th>
<th>RBC</th>
<th>Epithelial Cells</th>
<th>Gram Positive Cocci</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gram Positive Rods</th>
<th>Gram Negative Rods</th>
<th>Yeast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CULTURE REPORT:

<table>
<thead>
<tr>
<th>Organism #1:</th>
<th>Organism #2:</th>
<th>Antibiotic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Amoxicillin/Celvulanate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ampicillin</td>
</tr>
<tr>
<td></td>
<td>Teazolin</td>
<td>Cefotaxime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cefazolin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cefuroxime</td>
</tr>
<tr>
<td></td>
<td>Teazolin</td>
<td>Ciprofloxacin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clindamycin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gentamicin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Gentamicin Synergy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Imipenem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Levofloxacin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linezolid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meropenem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nitrofurantoin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oxacillin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Piperacillin/Tazobactam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Synercid</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Tetracycline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tobramycin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Trimethoprim/Sulfamethoxazole</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vancomycin</td>
</tr>
</tbody>
</table>

Organism #3:

Other / Comment

### Grow Code:

<table>
<thead>
<tr>
<th>+</th>
<th>+</th>
<th>+</th>
<th>Rough Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Light (10&lt;sub&gt;10&lt;/sub&gt; CFU/L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Moderate (10&lt;sub&gt;10&lt;/sub&gt; - 10&lt;sub&gt;11&lt;/sub&gt; CFU/L)</td>
</tr>
<tr>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Heavy (10&lt;sub&gt;11&lt;/sub&gt; - 10&lt;sub&gt;12&lt;/sub&gt; CFU/L)</td>
</tr>
</tbody>
</table>

**Microbiology Laboratory**

600 Commissioners Rd. E., PO Box 5010
London, Ontario, Canada N5A 6W9
519-385-8000; ext. 50126 (Fax 519-385-8541)

Collected by: __________________________ Location: __________________________
Collection Date: ________________ Time: __________________________
Received Date: ________________ Time: __________________________
Specimen: __________________________ Source: __________________________
Test: (Specify) __________________________

### MICROSCOPIC EXAMINATION:

<table>
<thead>
<tr>
<th>WBC</th>
<th>RBC</th>
<th>Epithelial Cells</th>
<th>Gram Positive Cocci</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gram Positive Rods</th>
<th>Gram Negative Rods</th>
<th>Yeast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CULTURE REPORT:

<table>
<thead>
<tr>
<th>Organism #1:</th>
<th>Organism #2:</th>
<th>Antibiotic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Amoxicillin/Celvulanate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ampicillin</td>
</tr>
<tr>
<td></td>
<td>Teazolin</td>
<td>Cefotaxime</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cefazolin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cefuroxime</td>
</tr>
<tr>
<td></td>
<td>Teazolin</td>
<td>Ciprofloxacin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clindamycin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Gentamicin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gentamicin Synergy</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Imipenem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Levofloxacin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Linezolid</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Meropenem</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Nitrofurantoin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Oxacillin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Piperacillin/Tazobactam</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Synercid</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Tetracycline</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Tobramycin</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Trimethoprim/Sulfamethoxazole</td>
</tr>
<tr>
<td></td>
<td>Penicillin</td>
<td>Vancomycin</td>
</tr>
</tbody>
</table>

Organism #3:

Other / Comment

### Grow Code:

<table>
<thead>
<tr>
<th>+</th>
<th>+</th>
<th>+</th>
<th>Rough Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Light (10&lt;sub&gt;10&lt;/sub&gt; CFU/L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Moderate (10&lt;sub&gt;10&lt;/sub&gt; - 10&lt;sub&gt;11&lt;/sub&gt; CFU/L)</td>
</tr>
<tr>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Heavy (10&lt;sub&gt;11&lt;/sub&gt; - 10&lt;sub&gt;12&lt;/sub&gt; CFU/L)</td>
</tr>
</tbody>
</table>

**Microbiology Laboratory**

600 Commissioners Rd. E., PO Box 5010
London, Ontario, Canada N5A 6W9
519-385-8000; ext. 50126 (Fax 519-385-8541)

Collected by: __________________________ Location: __________________________
Collection Date: ________________ Time: __________________________
Received Date: ________________ Time: __________________________
Specimen: __________________________ Source: __________________________
Test: (Specify) __________________________
Appendix K: How to complete... General Lab Requisition, LHSC (8460-5618)
**DRUG MONITORING - THERAPEUTIC**

- Pre-dose
- Collection Time: __________
- Post-dose
- Collection Time: __________
- Infusion Time (with flush): ___ to ___
- Random
- Carbamazepine (GD)
- Cyclosporin
  - 2 hr post dose (L)
  - Trough (L)
- Diethylaminoethyl (G)
- Gentamicin (G)
- Lithium (GD)
- Methotrexate (G)
- Mycophenolic Acid (L)
- Phenobarbital (G)
- Phenyltoin (G)
- Free Phenyltoin (G)
- Primidone (G)
- Sirolimus (L)
- Tacrolimus (FK506) (L)
- Theophylline (G)
- Tolazamyn (G)
- Valproic Acid (G)
- Free Valproic Acid (GD)
- Vancomycin (G)

**TOXICOLOGY**

- Current Medications:
- Urine Drug Screen
  - Amphetamines/Ecstasy
  - Barbituates
  - Benzodiazepine
  - Carcinoids
  - Cocaine Metabolites
  - Opiates
  - Other (Specify): __________
- Serum Drug Screen
  - Acetaminophen (G)
  - Ethanol (G)
  - Glycol (GD)
  - Salicyltes (G)
  - Tricyclics (G)
  - Volatile (methanol, etc.) (G)

**TRACE ELEMENTS**

- Aluminum (DKG)
- Copper (DKG)
- Lead (DKG)
- Mercury (DKG)
- Zinc (DKG)
- Panels (Specify): __________

**HORMONES**

- ACTH (L) *on ice
- Aldosterone - standing (L)
- Aldosterone - supine (L)
- B2 Microglobulin (R)
- C-Peptide (R)
- Calcitonin (R)
- Catecholamines - special preservative, call lab *on ice
- Cortisol (R) AM PM
- DHEA Sulphate (R)
- Estradiol (R)
- FSH LH (R)
- Gastrin (R)
- Growth Hormone (R)
- 17-Hydroxyprogesterone (R)
- Insulin (R)
- Intact PTH (R)
- Progesterone (R)
- Prolactin (R)
- Renin (L)
- Testosterone - Free (R)
- Testosterone - Total (R)
- Thyroglobulin (R)

**IMMUNOLOGY**

- Allergic Arthritis (GD)
- Alpha 1 Antitrypsin (GD)
- Anti-Acetylcholine Receptor (GD)
- Anti-DNA (GD)
- Anti-ENA Screen and D (GD)
- Anti-GM 1 (GD)
- Anti-Histone (GD)
- Anti-Nuclear Antibody (GD)
- Anti-Thyroglobulin (R)
- Anti-Thyroid Peroxidase (R)
- C1 Inhibitor Protein (GD)
- Centromeres (GD)
- Complement C2 (R) *on ice
- Complement C3/C4 (GD)
- Complement CH50 (Total) (GD) *on ice
- Cryptococcal (45, 2H) *deep at 37°C
- Cryptoglobulin (2H) *deep at 37°C
- Immune Complexes
  - C1Q Binding Assay (R) *on ice
  - Immunochemistry - IgA, IgG, IgM (GD)
- Neuropathy Associated Antibodies
- Please specify antibody: __________
- Phadialop (IgM Screen) (GD)
- Proalbumin (GD)
- Protein Electrophoresis (GD)
- Rhaumatoid Factor (GD)
- Specfic IgE (GD) *attach RAST requisition
- Total IgE (R)
- Trypsin (GD)

**FLOW CYTOMETRY**

- Check Specimen Type:
  - Blood
  - Bone Marrow
  - Other
- Biopsy Type:
- Other Sample Type: __________
- CD34 (Chickone)
- Peripheral Blood
  - Aspseisis Pack
- CD4 (CD4)
- C5 (R)
- Lymphoma
- CA 125 (R)
- CEA (R)
- PSA (R)

**TUMOR MARKERS**

- Alpha Fetoprotein (R) *non-pregnant
  - (special regn. for pregnant patients)
- CA 19 (R)
- Prostatic Acid Phos. Max.
- PSA (R)
## Appendix L: Diet Orders Tracking Sheet

<table>
<thead>
<tr>
<th>PIN</th>
<th>Name (last, first)</th>
<th>Room Location</th>
<th>Current</th>
<th>Change Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Diet / Allergy</td>
<td>• Diet / Allergy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Location</td>
<td>• Location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Status</td>
<td>• Status</td>
</tr>
</tbody>
</table>

Date: ________________________________  Time: ________________________________
Appendix M: Billable items

<table>
<thead>
<tr>
<th>Item Description</th>
<th>IMS #</th>
<th>Qty</th>
<th>Fee</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Cast Walking Boot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive Devices (shoe horns, sock aids, long handled sponge, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Pump Kit (single)</td>
<td>66982</td>
<td>26.00</td>
<td>26.00</td>
<td></td>
</tr>
<tr>
<td>Canes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Collar (including replacement pads)</td>
<td></td>
<td></td>
<td>86.50</td>
<td></td>
</tr>
<tr>
<td>Circumcision - Routine Newborn</td>
<td></td>
<td></td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Crutches Including Tips and Pads</td>
<td></td>
<td></td>
<td>29.00</td>
<td></td>
</tr>
<tr>
<td>Cryo Cuff</td>
<td>36594</td>
<td>150.00</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>Fiberglass Cast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hinged Posterior TSO Brace</td>
<td>36510</td>
<td>263.00</td>
<td>263.00</td>
<td></td>
</tr>
<tr>
<td>IMMOBILIZER - KNEE SPLINT (Zimmer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.E.D. Stockings</td>
<td></td>
<td>26.00</td>
<td>26.00</td>
<td></td>
</tr>
<tr>
<td>Miami J Collar</td>
<td></td>
<td>108.50</td>
<td>108.50</td>
<td></td>
</tr>
<tr>
<td>Pessary</td>
<td></td>
<td>70.00</td>
<td>70.00</td>
<td></td>
</tr>
<tr>
<td>Reacher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silicone Strips (Nu gel plus - 1&quot; x 6&quot;)</td>
<td>108174</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splint</td>
<td></td>
<td>47.00</td>
<td>47.00</td>
<td></td>
</tr>
<tr>
<td>THERMO CUFF (cryotherm wrap)</td>
<td>36809</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER ITEMS/SERVICES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Amount:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WORKPLACE SAFETY & INSURANCE BOARD (WSIB), if applicable**

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Date of Accident (YY/MM/DD)</th>
<th>Employer</th>
<th>Area of Injury (eg. left knee)</th>
</tr>
</thead>
</table>

**PAYMENT OPTIONS**

Supplies or devices CANNOT be returned for refund, credit or exchange.

Please choose one of the following:

- [ ] Cheque payable to: London Health Sciences Centre
- [ ] Credit Card (please check one): [ ] VISA [ ] MasterCard [ ] American Express
  - Credit Card Number: 
  - 3 digit code:    
  - Expiry Date:     
- [ ] Bill to patient (minimum $10.00 will be charged).

I understand I am financially responsible for item(s)/service(s) received and agree to pay the charges incurred.

**DATE (YY/MM/DD):**

**SIGNATURE OF PATIENT/DELEGATE:**

**DISTRIBUTION:**

- WHITE - Business Office (Submitted to Business Office through interoffice mail)
- CANARY - Patient’s Copy (Given to Patient in order for payment to be processed)
## Paeds Emerge Downtime Classification

<table>
<thead>
<tr>
<th>Time in</th>
<th>Time out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Area</td>
<td>Inpatient profile (if applicable)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ED Visit</th>
<th>Seq</th>
<th>General CTU age &lt;3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment &gt; 20 Minutes</td>
<td>1</td>
<td>General CTU age 3-8</td>
</tr>
<tr>
<td>ACL - Self Care</td>
<td>2</td>
<td>General CTU age 9-17</td>
</tr>
<tr>
<td>ACL - Assist</td>
<td>3</td>
<td>Complex CTU age &lt;3</td>
</tr>
<tr>
<td>ACL - Extended</td>
<td>4</td>
<td>Complex CTU age 3-8</td>
</tr>
<tr>
<td>Communication Support</td>
<td>5</td>
<td>Complex CTU age 9-17</td>
</tr>
<tr>
<td>Safety Management - &lt; 5 min</td>
<td>6</td>
<td>General Ortho/surgical age &lt;3</td>
</tr>
<tr>
<td>Safety Management - 1 to 1</td>
<td>7</td>
<td>General Ortho/surgical age 3-8</td>
</tr>
<tr>
<td>Behavior/Emotional Management</td>
<td>8</td>
<td>General Ortho/surgical age 9-17</td>
</tr>
<tr>
<td>Behavior/Emotional Management - &gt; 30</td>
<td>9</td>
<td>Complex Ortho/surgical age &lt;3</td>
</tr>
<tr>
<td>Fluid Management</td>
<td>10</td>
<td>Complex Ortho/surgical age 3-8</td>
</tr>
<tr>
<td>Fluid Management - &lt; 1 hour</td>
<td>11</td>
<td>Complex Ortho/surgical age 9-17</td>
</tr>
<tr>
<td>Physiologic Assessment - &lt; 1 hour</td>
<td>12</td>
<td>Trauma/PCCU age &lt;3</td>
</tr>
<tr>
<td>Physiologic Assessment - &lt; 15 min</td>
<td>13</td>
<td>Trauma/PCCU age 3-8</td>
</tr>
<tr>
<td>Medication Management</td>
<td>14</td>
<td>Trauma/PCCU age 9-16</td>
</tr>
<tr>
<td>Wound/Urinary Management</td>
<td>15</td>
<td>General MH Paeds</td>
</tr>
<tr>
<td>Urgent Intervention &gt; 1 Staff</td>
<td>16</td>
<td>Complex MH Paeds</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Admitted</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Transferred to another Facility</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Expected</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Left without being seen</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>PPE for precautions</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Sepsis checklist initiated</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Mechanical Lift</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>High risk for falls</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Low risk for falls</td>
<td>26</td>
<td></td>
</tr>
</tbody>
</table>
## Vic Emerge Downtime Classification

### VH Emerge Downtime Classification

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Seq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment &gt; 20 Minutes</td>
<td>1</td>
</tr>
<tr>
<td>ACL - Self Care</td>
<td>2</td>
</tr>
<tr>
<td>ACL - Assist</td>
<td>3</td>
</tr>
<tr>
<td>ACL - Extended</td>
<td>4</td>
</tr>
<tr>
<td>Communication Support</td>
<td>5</td>
</tr>
<tr>
<td>Safety Management - q 30 Min</td>
<td>6</td>
</tr>
<tr>
<td>Safety Management - 1 to 1</td>
<td>7</td>
</tr>
<tr>
<td>Behavior/Emotional Management</td>
<td>8</td>
</tr>
<tr>
<td>Behavior/Emotional Management - &gt; 30</td>
<td>9</td>
</tr>
<tr>
<td>Fluid Management</td>
<td>10</td>
</tr>
<tr>
<td>Fluid Management - q 1 Hour</td>
<td>11</td>
</tr>
<tr>
<td>Physiologic Assessment - q 1 Hour</td>
<td>12</td>
</tr>
<tr>
<td>Physiologic Assessment - q 1.5 Min</td>
<td>13</td>
</tr>
<tr>
<td>Medication Management</td>
<td>14</td>
</tr>
<tr>
<td>Wound/Injury Management</td>
<td>15</td>
</tr>
<tr>
<td>Urgent Intervention &gt; 1 Staff</td>
<td>16</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>17</td>
</tr>
<tr>
<td>Admitted</td>
<td>18</td>
</tr>
<tr>
<td>Transferred to another Facility</td>
<td>19</td>
</tr>
<tr>
<td>Escaped</td>
<td>20</td>
</tr>
<tr>
<td>Left without being seen</td>
<td>21</td>
</tr>
<tr>
<td>Pre for precautions</td>
<td>22</td>
</tr>
<tr>
<td>Sepsis checklist initiated</td>
<td>23</td>
</tr>
<tr>
<td>Mechanical Lift</td>
<td>24</td>
</tr>
<tr>
<td>High risk for falls</td>
<td>25</td>
</tr>
<tr>
<td>Low risk for falls</td>
<td>26</td>
</tr>
</tbody>
</table>

### Inpatient profile (if applicable)

- General Ortho
- Complex Ortho
- General Med
- Complex Med
- General Cardiac
- Complex Cardiac
- General Neuro
- Complex Neuro
- General surgical
- Complex surgical
- Acute continuous care
- Oncology
- Trauma
- Sepsis

### Mental Health (if applicable)

- General MH
- Complex MH
## UH Emerge Downtime Classification

<table>
<thead>
<tr>
<th>Treatment Area</th>
<th>Inpatient profile (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ortho</td>
<td></td>
</tr>
<tr>
<td>Complex Ortho</td>
<td></td>
</tr>
<tr>
<td>General Med</td>
<td></td>
</tr>
<tr>
<td>Complex Med</td>
<td></td>
</tr>
<tr>
<td>General Cardiac</td>
<td></td>
</tr>
<tr>
<td>Complex Cardiac</td>
<td></td>
</tr>
<tr>
<td>General Neuro</td>
<td></td>
</tr>
<tr>
<td>Complex Neuro</td>
<td></td>
</tr>
<tr>
<td>General surgical</td>
<td></td>
</tr>
<tr>
<td>Complex surgical</td>
<td></td>
</tr>
<tr>
<td>Acute continuous care</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>General MH</td>
<td></td>
</tr>
<tr>
<td>Complex MH</td>
<td></td>
</tr>
<tr>
<td>Sepsis</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ED Visit</th>
<th>Seq</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment &gt; 20 Minutes</td>
<td>1</td>
</tr>
<tr>
<td>ADL - Self Care</td>
<td>2</td>
</tr>
<tr>
<td>ADL - Assist</td>
<td>3</td>
</tr>
<tr>
<td>ADL - Extended</td>
<td>4</td>
</tr>
<tr>
<td>Communication Support</td>
<td>5</td>
</tr>
<tr>
<td>Safety Management - &lt; 30 Min</td>
<td>6</td>
</tr>
<tr>
<td>Safety Management - 1 to 1</td>
<td>7</td>
</tr>
<tr>
<td>Behavior/Emotional Management</td>
<td>8</td>
</tr>
<tr>
<td>Behavior/Emotional Management - &gt; = 30</td>
<td>9</td>
</tr>
<tr>
<td>Fluid Management</td>
<td>10</td>
</tr>
<tr>
<td>Fluid Management - q 1 Hour</td>
<td>11</td>
</tr>
<tr>
<td>Physiologic Assessment - q 1 Hour</td>
<td>12</td>
</tr>
<tr>
<td>Physiologic Assessment - &lt; 15 Min</td>
<td>13</td>
</tr>
<tr>
<td>Medication Management</td>
<td>14</td>
</tr>
<tr>
<td>Wound/Injury Management</td>
<td>15</td>
</tr>
<tr>
<td>Urgent: Intervention &gt; 1 Staff</td>
<td>16</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>17</td>
</tr>
<tr>
<td>Admitted</td>
<td>18</td>
</tr>
<tr>
<td>Transferred to another Facility</td>
<td>19</td>
</tr>
<tr>
<td>Expired</td>
<td>20</td>
</tr>
<tr>
<td>Left without being seen</td>
<td>21</td>
</tr>
<tr>
<td>PPE for precautions</td>
<td>22</td>
</tr>
<tr>
<td>Sepsis checklist initiated</td>
<td>23</td>
</tr>
<tr>
<td>Mechanical Lift</td>
<td>24</td>
</tr>
<tr>
<td>High risk for Falls</td>
<td>25</td>
</tr>
<tr>
<td>Low risk for Falls</td>
<td>26</td>
</tr>
</tbody>
</table>
Perinatal Downtime Classification Worksheet

The Quadramed system will be available for patients admitted prior to the interface with Cerner being suspended

Instructions:
- Addressograph sheet
- Circle the classification stage
- Enter the time in and out of the stage or procedure
- Choose the appropriate indicators
- Keep this sheet in the department so the classification can be entered into the Quadramed system once the Cerner interface is re-established
- Once classification entered dispose of this document in the confidential bins

<table>
<thead>
<tr>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
<th>Antepartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
<td>Early Labour</td>
</tr>
<tr>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
<td>Active Labour</td>
</tr>
<tr>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
<td>Transition</td>
</tr>
<tr>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
<td>Delivery</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
<td>Recovery</td>
</tr>
<tr>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
<td>Postpartum</td>
</tr>
<tr>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
<td>Immediate Care</td>
</tr>
<tr>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
<td>Transitional Care</td>
</tr>
<tr>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
<td>Newborn Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Time in</th>
<th>Time out</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL Assist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADL Extended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extensive Coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment q 1 hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment q 30 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment q 15 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Therapeutic Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Management q4h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Management q1h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetal Assessment Intensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patent Airway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled Cesarean Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Cesarean Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergent Cesarean Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Lift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sepsis Checklist Initiated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls Assessment - Low Risk (0-24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>Non Surgical Procedures</td>
<td>Time in</td>
</tr>
<tr>
<td>Non-Stress Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D&amp;C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PG Gel Insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amnionc section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 4 FAST TRACK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTAS 5 FAST TRACK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions:
- Addressograph sheet
- Circle the classification stage
- Enter the time in and out of the stage or procedure
- Choose the appropriate indicators
- Keep this sheet in the department so the classification can be entered into the Quadramed system once the Cerner interface is re-established
- Once classification entered dispose of this document in the confidential bins
## AcuityPlus – Inpatient MH Classification

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL Self/Minimal Care</td>
<td></td>
</tr>
<tr>
<td>ADL Partial Care</td>
<td></td>
</tr>
<tr>
<td>ADL Extended Care</td>
<td></td>
</tr>
<tr>
<td>ADL Supervision</td>
<td></td>
</tr>
<tr>
<td>Cognitive Support</td>
<td></td>
</tr>
<tr>
<td>Cognitive Support q 1 Hour</td>
<td></td>
</tr>
<tr>
<td>Safety Management q15 Minutes</td>
<td></td>
</tr>
<tr>
<td>Safety Management q 5 Minutes</td>
<td></td>
</tr>
<tr>
<td>Behavior/Emotional Management</td>
<td></td>
</tr>
<tr>
<td>Behavior/Emotional Management q 4 Hours</td>
<td></td>
</tr>
<tr>
<td>Behavior/Emotional Management q 2 Hours</td>
<td></td>
</tr>
<tr>
<td>Behavior/Emotional Management q 1 Hour</td>
<td></td>
</tr>
<tr>
<td>Behavior/Emotional Management q 30 Minutes</td>
<td></td>
</tr>
<tr>
<td>Medication Management q 4 Hours</td>
<td></td>
</tr>
<tr>
<td>Medication Management q 2 Hours</td>
<td></td>
</tr>
<tr>
<td>Physiological Assessment q 4 Hours</td>
<td></td>
</tr>
<tr>
<td>Physiological Assessment q 2 Hours</td>
<td></td>
</tr>
<tr>
<td>Physiological Assessment q 1 Hour</td>
<td></td>
</tr>
<tr>
<td>Fluid Management</td>
<td></td>
</tr>
<tr>
<td>Wound/Injury Management</td>
<td></td>
</tr>
<tr>
<td>Patient/Family Education &gt;= 1 Hour by RN</td>
<td></td>
</tr>
<tr>
<td>Coordination of Care &gt;= 1 Hour by RN</td>
<td></td>
</tr>
</tbody>
</table>

**Save**
Appendix O: AEMS Extended Downtime Report Form


### Risk Management AEMS Extended Downtime Form

To be used to record details about adverse events and near misses involving patients, visitors & property when access to the AEMS system is not available. The information on this form is to be entered into the AEMS system by the business unit/clinical area. DO NOT SEND TO RISK MANAGEMENT.

Destroy form after information entered into AEMS.

<table>
<thead>
<tr>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
</tr>
<tr>
<td>Date of Event</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Event Type</td>
</tr>
<tr>
<td>Aggression</td>
</tr>
<tr>
<td>Blood/Tissue Product</td>
</tr>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>Food/Nutrition</td>
</tr>
<tr>
<td>Infection Control</td>
</tr>
<tr>
<td>Lab test related</td>
</tr>
<tr>
<td>Medical Imaging</td>
</tr>
<tr>
<td>Reached/impacted patient/visitor/property</td>
</tr>
<tr>
<td>Severity level</td>
</tr>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
<tr>
<td>Level 5</td>
</tr>
</tbody>
</table>

Details of event - Briefly state the facts describing the event and what contributed to it

Participants involved - for patients, use addressograph at top right of form

| Staff | |
| Visitor | |
| Other | |

Medical Device/Equipment Identification - Identify Any Medical Devices/Equipment Involved

| Manufacturer | Lot Code | Model | Serial Number | Additional Details |
| Asset ID Number | |

Injury/Harm Details

| No Harm | Choking | Hemorrhage | Wound/Laceration |
| Bruise | Emotional Distress | Pressure Sore | Other (Specify): |
| Burn | Fracture | | Sprain/Strain |

Details:

Immediate Actions - Check all that apply

- Medical response team called
- Code called
- Medical assessment done

Additional actions taken

By whom: __________________________
Date: __________________________

London Health Sciences Centre  CONFIDENTIAL
Appendix P: Pyxis Downtime Medication Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Drug/Dose</th>
<th>QTY</th>
<th>Nurse Signature</th>
<th>Beginning Count</th>
<th>Ending Count</th>
<th>Wasted amount</th>
<th>Witness signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>