Nursing

Allergies

- Ensure allergies are up to date *(click on the allergy hyperlink in the banner bar)*
- Review with the patient and mark as reviewed

Weight

- Ensure the latest weight is documented for the patient *(within the last 7 days)*

Interactive View (iView)

- Document the last set of vital signs to obtain an EW/CEWT score
- Document lines and devices via iView → Adult/Paediatric Lines & Devices (i.e. PIVC/CVC, etc.) - *ensure you document when the dressing was changed and when it will be due to be changed on the ward*
- Document gastrointestinal tubes via iView → Adult/Paediatric Lines & Devices → Gastrointestinal Tube Information *(add dynamic group indicating the tube information)* → Enteral tube intake *(right click to add comment: name of feed)*
- Document fluid balance – add subtotals from midnight to current time for input/output via iView → Fluid Balance *(Other IV medications, urine/gastric/drain output)*

Medication Administration Record (MAR)

Review the MAR to ensure the medication reconciliation has been completed correctly between Metavision and ieMR by the medical officer *(this includes correct transcription of any pain infusions (PCA/NCA, etc.) and continuous infusions)*

1. Correct medications ordered
2. Review the scheduling frequency and times
3. Note any medications that will need to be marked as administered in Metavision on handover with the ward nurse *(highlight on the Metavision summary print-out to assist)*

*If there are discrepancies, please contact the medical officer to discuss*

PRN Medication - *Record last given dose of any PRN medications if administered in the last 24 hours (regardless of who administered)*

1. Click on the PRN administration tile for the required medication

2. Change the time and/or date to reflect when the medication was given as per Metavision

3. Click comment and enter: “Given in ICU/PICU as per Metavision”

4. Click OK and select the green tick to sign the documentation

5. Refresh the MAR
6. Repeat steps for other PRN medications if required

Regular Medication – complete documentation of administration of any regular medication that has been administered in Metavision

(i.e. if the MO has placed the order but the patient’s transfer has been delayed and the medication was documented given in Metavision – this includes any discontinued medications that have OVERDUE tasks)

1. Review the medication on the MAR

2. Right click on the administration tile and select: Chart Not Done

3. Reason Not Done: Other – enter comment

4. Enter comment: “Given in ICU/PICU as per Metavision”

5. Select the green tick to sign the documentation

6. Refresh the MAR

7. Repeat steps for other medications if required

Continuous Infusions – Commence all continuous infusions

1. Click on the pending tile to begin the bag
2. Click on: Begin Bag (if it has not already defaulted to this in the mini menu)

3. Change the time and/or date to reflect when the infusion was commenced as per Metavision

4. Enter the site

5. Click comment and enter: “Infusion started in Metavision”

6. Click OK and click apply

*If the fluid has been documented in fluid balance, select: Waste*

7. Enter the amount already infused into: Wasted volume (mL)

*If the fluid has not been documented in fluid balance, select: Infuse*

8. Enter the amount already infused into: Infuse volume (mL)

9. Click apply and select the green tick to sign the documentation

10. Refresh the MAR
11. Repeat steps for other infusions if required *(does not include pain infusions)*

**Heparin and Insulin Infusions**
- Contact the pharmacist or ICU CNC for assistance. *Paediatric patients receiving Heparin or Insulin infusions will continue to be managed in PICU.*

**Total Parenteral Nutrition (TPN)**
- Contact the ward dietician or medical officer

**Pain Infusions – MAR**
1. Locate the pain infusion on the MAR *(cross check order with the CADD Solis Pump to ensure pump is programmed according to the order)*
2. Click on the pending tile to begin the bag
3. Click on: **Begin Bag**
4. Change the *time and/or date* to reflect when the infusion was commenced as per the paper pain protocol
5. Enter the site

**PCA (with no background infusion)**
- Rate (mL/hr): 0
- Dose: 0
- Select the units as per the order: *(i.e. mcg/hr or mg/hr)*

**Pain Infusion (with background infusion – i.e. Paediatric NCA)**
- Rate (mL/hr): *as per the order*
- Dose: *as per the order*
- Select the units as per the order: *(i.e. mcg/hr or mg/hr)*
If the fluid has not been documented in fluid balance, select: Infuse

6. Enter the amount already infused into: Infuse volume (mL)

Cross reference all information from the paper pain protocol. This is also done to identify the remaining volume to be infused on transfer to unit and ensure the ‘End Bag’ task drops at the correct time on the MAR for continuing care of the patient.

7. Click comment and enter: “Infusion started in ICU/PICU – refer to paper pain infusion prescription”

8. Click apply and select the green tick to sign the documentation

9. Refresh the MAR

During handover, both nurses are required to check the CADD Solis pump against the order on the MAR, in conjunction with the information in the pain infusion band.

Pain Infusions – Lines & Devices (to be completed with the receiving ward nurse)

1. iView → Adult/Paediatric Lines and Devices → Pain Infusion

2. Create a dynamic group for the infusion (this only needs to be completed if the APMS/PACU have not already created a dynamic group)

3. Complete the information into the fields according to the pain infusion order on the MAR (use the tear off function to assist with transcribing)

See example below
Intensive Care Unit Patient Transfer

Transfer to Ward from ICU/PICU

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**Pain Infusion**

- Assessment type: Change of care giver
- Complete as per the order on the MAR
- This is your protocol
- Needs to be checked and documented each shift (change of care giver), new bag and when ceased/discontinued – check against CADD Solis pump

**Completed by APMS – leave blank**

**Note:** Cumulative dose is completed by APMS on ward rounds (leave these sections blank)

4. Nurse Witness field should always be: Yes (once clicking the green tick to sign, the witness will be able to enter their username and password)

5. Enter the reservoir into the comments field by typing: \( RV = \) [volume in mls]

**Ongoing observations and documentation of the pain infusion, along with creating the appropriate care plan for the patient will be the responsibility of the accepting ward nurse.**