eMAR IV Medication Cutover Documentation on IVs After 11AM Sun Sept. 19

Step 1: Ensure all overdue medications have been cleared. All overdue medications from YESTERDAY and any medications from TODAY up to 11 are to be documented as NOT GIVEN. These doses are the doses that are in RED. Note: Medication doses *prior* to 11am need to be documented as Not Given.

Select the medication, click in the red cell

Include: Active STAT/ONE IVs PRNs Pending Discontinued					
Start Stop	Medication	Time 🔻	Sat 18 Sep	TODAY Sun 19 Sep	
Ack Status 18/09/2021 10:00	(Route) ONC 🔆 🖘 🧳 (VITi (VIInf) Sodium chloride 0.9 % 1,000 ml				
Unverified	@ 125 mls/hr IV .Q8H SCH Current Rate: 125 mls/hr	02:00		-8h	
UNACKNOWIEdged	JnAcknowledged Bag Volume: 1,000 mls Duration: 8 hr Trade: NaCl 0.9%	10:00	-1d	-12m	
	Rx#: U00072181 M * SI 9 Inf	18:00	-16h		

Right click to select Not Given



Select reason – Downtime Processes in Effect

The state of the s			
Administered Off Unit			
Allergy			
Already Given on Previous Order			
Conditional on Blood Pressure Not Given			
Conditional on Glucose Level Not Given			
Conditional on Heart Rate Not Given			
Conditional on Lab Results Not Given			
Diarrhea			
Downtime Processes in Effect (see paper record)			
Go Live transition			
Medication Not Available			
		•	•
Start	Time 🔻	Sat 18 Sep	TODAY
Stop Medication			Sun 19 Sep
Status (Route)			
Ack Status 🛛 💽 🕌 🐼 🖓	Ti 🖓 Inf		
18/09/2021 10:00 🖏 sodium chloride 0.9 % 1,00	0 ml	·	
@ 125 mls/hr IV .Q8H SCH	02:00		Not Given (=)
Unverified Current Rate: 125 mls/hr			10:17
Acknowledged Bag Volume: 1,000 mls	10:00		10.17
Duration: 8 hr	10:00	Not Given 💭	-18m
Trade: NaCl 0.9%		19/09 10:17	
Rx#: 100072181	18:00	Not Given 💭	
		19/09 10:17	
[I] 3 [31] (9] IIII		,	l



Step 2a: First Administration

If a dose box exists with a time, then you start the first administration on this dose.

			٩	•
Start		Time 🔻	Sat 18 Sep	TODAY
Stop	Medication			Sun 19 Sep
Status	(Route)			
Ack Status	ONC 📑 😔 🧳 🏹 Tỉ 🕅 Inf			
18/09/2021 10:00	🕱 sodium chloride 0.9 % 1,000 ml			
	@ 125 mls/hr IV .Q8H SCH	02:00		Not Given 💭
Unverified	Current Rate: 125 mls/hr			10:17
Acknowledged	Bag Volume: 1,000 mls Duration: 8 hr Trade: NaCl 0.9%	10:00	Not Given 💭 19/09 10:17	-20m
	Rx#: U00072181	18:00	Not Given 💭 19/09 10:17	

Scan the patient and then scan the medication:



Assessmen	nts		
IV Per	ipheral Intraveno	· · · · · · · · · · · · · · · · · · ·	
Line		•	
🖃 IV	Peripheral		
Site	e dry and intact, no rec	Iness, tenderness, no swelling at site or signs of infection or infiltration. IV/Line infusing/flushing well and in situ. No hematoma from peripheral intravenous insertion.	
-	Left Antecubital		
	Peripheral IV Site	Within Defined Standards (WDS)	
		Meets the standard so no further documentation is required	
		O Significant Findings (SF)	
		Does not meet the standard, detailed documentation required	
		O Within Expected Standards (WES)	
		Does not meet the standards but patient condition is chronic and findings not expected to change. Detailed assessment must be completed initially, the WES can be	
		used ongoing	
		O Unable to Assess (UA)	
		Requires an indication as to why assessment was not completed	
	Within Expected		
	Standards		
	Reason Unable to		
	Assess		
	IV Peripheral	Cellulitis Edema Exudate Hematoma Interstitial Occluded Warmth at Site	
	Significant Findings	CcchymosisErythemaFresh BloodIndurationLeakingPain at Site	
	IV Line Status	Unserted O In Situ O Removed O Changed to Saline Lock	
	Device Type	Peripheral IV Peripheral Saline Lock	
		() Other:	
	IV Gauge	() 12 () 14 () 16 () 18 () 20 () 22 () 24 () 26 () 21 Butterfly () 23 Butterfly	_
	Number of Insertion		•
	Attempts		_
	Date IV Tubing		•
	Changed		

You are brought back to the IV Flowsheet. Document both the rate and the to be absorbed amount:

- $\circ~$ If there is no rate. Enter the ordered rate. (e.g., 125 mL per hour) as per the order
- Document the to be absorbed amount so the bag reflects the total amount left (e.g., 1000 mL bag would have a 700mL absorbed if 300mL is to be absorbed)

		Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:28 by JC
Source		sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125
- Assessr	ments usion/Titration	Û	0	ū	🔁 Start] 🗸
-	IV Site IV Site				•
	Intake				
	Intake				
	Cumulative Intake (bag)				
	Cumulative Intake (Rx)				
	Container Volume			_	1,000
	Waste Amount				700
-	Dosing			L	
	Dose Rate				
	"Infusion Rate (mls/hr)				125
	Cumulative Dose			1	Not Applicable
	Increase/Decrease				Started
	Stop/Elapsed Time				
	Elapsed Time (minutes)				0m
	Stop/Total Doses Reached				×
		Rate Precisio	n Intervention Mode Hide Recall +		Cancel Of

Click OK – the IV is now initiated.



Step 2b: If a dose box DOES NOT have a medication time, then the nurse can start her first administration via the **Document Unsched** button.

			T1		1 10 0	TODAY		
Start			Time 🗸	58	at 18 Sep	TODAY		
Stop	Medica	ation				Sun 19 Sep		
Ack Statue		ne) S 🏶 Diri Diret						
ACK Status	Codium chlorido 0							
09/2021 10.00	@ 125 mls/hr IV	08H SCH	02.00			Nat Ciura 🗇		
Unverified	Current Rate: 125	mls/hr	02.00			Not Given U		
Acknowledged	Bag Volume: 1.000 r	mls	10.00			10:17	_	
	Duration: 8 hr		10:00	Not	Given 💭	-24m		
	Trade: NaCl 0.9%			19/	/09 10:17		_	
	Rx#: U00072181		18:00	Not	Given 💭			
	M 🗄 SI 🖓 Inf			19/	/09 10:17			
efresh Change	Document Document	Document: Documen	Detail	Manual	Enter Rene	wal Med	2	
efresh Change View	Document Unsched	Document Documen Assess Inf/Titr	Detail	Manual Barcode	Enter Med Sch/F	wai Med Review Cmt		
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efresh Change View Start Stop Status	Document Unsched	Document Documen Assess Inf/Thr Medication (Route)	Detail	Manual Barcode	Enter Med Sch/F	Med Sched Review Con Sat 18	Sep	TODAY Sun 19 Sep
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efresh Change View Start Stop Status Ack Status /09/2021 10: Unverified Acknowledged	Document Unsched Document Sodium c @ 125 m Ourrent F Bag Volum Duration: Trade: Nat Rx#: U00 M I SI (Medication (Route) IC ■ ≤ J hloride 0.9 % Is/hr IV .Q8H Ate: 125 mls/ he: 1,000 mls 8 hr Cl 0.9% 072181 ∑Inf	Detail	Manual Barcode (O) Inf I arning Medic. Contir	Enter Med Color Time 02:00 10:00 ation is unvue with add	Med Coded Review Coded Sat 18	n () 0:17 n () 0:17	TODAY Sun 19 Sep Not Given 10:17 -26m
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Scan the patient and then scan the medication:



	0.0.00	Curr 10 Car	Curr 10 Care	017 10 017
	10:17	10-17	10:17	10.29
	hv 10	hv X	hy Y	hy 10
Source	sodium chloride 0.9 % 1.000 ml @ 125	sodium chloride 0.9 % 1.000 ml @ 125	sodium chloride 0.9 % 1.000 ml @ 125	sodium chloride 0.9 % 1.000 ml @ 125
				~
 Assessments 				
 Infusion/Titration 	1	8		G Start 🗸
IV site				
IV Site				
 Intake 				
Intake				
Cumulative Intake				
(bag)				
Cumulative Intake				
(Rox)				
Container Volume				1,000
Waste Amount				700
 Dosing 				
Dose Rate				
"Infusion Rate				125
(mls/hr)				
Cumulative Dose				Not Applicable
Increase/Decrease				Started
 Stop/Elapsed Time 				
Elapsed Time				Om
(minutes)				
Stop/Total Doses				
Reached				
		Du Cha	1	
	Rate	To brow Mode Hide Recall •		Cancel

Click the correct assessment (e.g., IV: Peripheral Assessment)





Document on the Assessment and Click **SAVE** on the bottom right.

Assessments	
📃 IV Peripheral Intraven) ·
Line	•
IV Peripheral	
Site dry and intact, n	redness, tenderness, no swelling at site or signs of infection or infiltration. IV/Line infusing/flushing well and in situ. No hematoma from peripheral intravenous insertion.
Left Antecubital	
Peripheral IV Site	 Within Defined Standards (WDS) Meets the standards on further documentation is required Significant Findings (SF) Does not meet the standard, detailed documentation required Within Expected Standards (WES) Does not meet the standards but patient condition is chronic and findings not expected to change. Detailed assessment must be completed initially, the WES can be used orgoing Unable to Assess (UA) Requires an indication as to why assessment was not completed
Within Expected Standards	
Reason Unable to Assess	
IV Peripheral Significant Findin	Cellultis Edema Exudate Hematoma Interstitial Occluded Warmth at Site Fresh Blood Induration Leaking Pain at Site
Device Type	Peripheral IV O Peripheral Saline Lock Other:
IV Gauge	0 12 0 14 0 16 0 18 0 20 0 22 0 24 0 26 0 21 Butterfly 0 23 Butterfly
Number of Insert	
Attempts	
Date IV Tubing	
Changed	

You are brought back to the IV Flowsheet. Document both the rate and the TBA

- If there is no rate. Enter the ordered rate. (e.g., 125 mL per hour) as per the order
- Document the to be absorbed amount so the bag reflects the total amount left (e.g., 1000 mL bag would have a 700mL absorbed if 300mL is to be absorbed)

••		Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:17 by JC	Sun 19 Sep 10:28 by JC
Sourc	e	sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125	sodium chloride 0.9 % 1,000 ml @ 125
Asses	sments fusion/Titration	Đ	đ	٥	🕃 Start) 🗸
-	IV Site				-
- E	Intake				_
-	Intake				
	Cumulative Intake (bag)				
	Cumulative Intake (Rx)				
	Container Volume				1,000
	Waste Amount				700
	Dosing				
	Dose Rate				
	*Infusion Rate (mls/hr)				125
	Cumulative Dose				Not Applicable
	Increase/Decrease				Started
	Stop/Elapsed Time				
	Elapsed Time (minutes)				Om
	Stop/Total Doses Reached				•
		Rate	IV Site Hide	1	
		Precisio	n Intervention Mode Text Recall +		Cancel Of



