

### Overview

This guide explains how data entered in iView can trigger an automated task for a medical review.

### Peripheral IV Cannulas

When the following criteria are met:

- Inserted Date/Time entered
- Removed By Date/Time is empty
- Inserted Location = Ward



Task automatically created for **Medical Review**. Task Created **64 hours** post Inserted Date/Time and becomes overdue at **72 hours**.

|                        |                  |
|------------------------|------------------|
|                        | 21/10/2014       |
|                        | 20:37            |
| Access Devices         |                  |
| Peripheral IV Cann...  |                  |
| <Peripheral IV Cann... |                  |
| Inserted Date/Time     | 21/10/2014 20:38 |
| Inserted by            |                  |
| Inserted Location      | Ward             |
| Cannula Site           |                  |
| Condition              |                  |
| Cannula Dressing       |                  |
| Intact                 |                  |
| Cannula Patent         |                  |
| Removed D/T            |                  |
| Removed By             |                  |
| Cannulas Comment       |                  |

When the following criteria are met:

- Inserted Date/Time entered
- Removed By Date/Time is empty
- Inserted Location = Paramedics



Task automatically created for **Medical Review**. Task Created **16 hours** post Inserted Date/Time and becomes overdue at **24 hours**.

|                        |                  |
|------------------------|------------------|
|                        | 21/10/2014       |
|                        | 20:37            |
| Access Devices         |                  |
| Peripheral IV Cann...  |                  |
| <Peripheral IV Cann... |                  |
| Inserted Date/Time     | 21/10/2014 20:38 |
| Inserted by            |                  |
| Inserted Location      | Paramedics       |
| Cannula Site           |                  |
| Condition              |                  |
| Cannula Dressing       |                  |
| Intact                 |                  |
| Cannula Patent         |                  |
| Removed D/T            |                  |
| Removed By             |                  |
| Cannulas Comment       |                  |

# Automated tasks from entering data in iView

## Quick Reference Guide

### Central Venous Catheter

When the following criteria are met:

- Inserted Date/Time entered
- Removed By Date/Time is empty



Task automatically created for **Medical Review**. Task Created immediately and due **24 hours** post Inserted Date/Time and becomes overdue within **1 hour**.

| 21/10/2014<br>20:37            |                  |
|--------------------------------|------------------|
| Δ <Central Venous Catheter ... |                  |
| Inserted D/T                   | 21/10/2014 21:00 |
| Inserted By                    |                  |
| Inserted location              |                  |
| Cuffed                         |                  |
| Lumens                         |                  |
| Length                         | cm               |
| Length Inserted                | cm               |
| Confirmed by Xray              |                  |
| Anticoagulation                |                  |
| Site Condition                 |                  |
| Patent                         |                  |
| Suture Intact                  |                  |
| Dressing Intact                |                  |
| Flushed                        |                  |
| Flushed With                   |                  |
| Flushed By                     |                  |
| Locked                         |                  |
| Locked With                    |                  |
| Locked By                      |                  |
| Removed D/T                    |                  |

When the following criteria are met:

- Site Condition = Erythema OR Swelling OR Tenderness OR Pain



Task automatically created for an **immediate Medical Review** and becomes overdue after **1 hour**.

| 21/10/2014<br>20:37                 |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
|-------------------------------------|--|----------------|---|-----------------------------------|--|-----------------------------------|--|-------------------------------------|--|-------------------------------|--|--------------------------------|--|
| Δ Central Venous Catheter           |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Δ <Central Venous Catheter ...      |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Inserted D/T                        | 21/10/2014 21:00   |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Inserted By                         |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Inserted location                   |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Cuffed                              |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Lumens                              |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Length                              | cm   |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Length Inserted                     | cm   |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Confirmed by Xray                   |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Anticoagulation                     |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Site Condition                      | <table border="1"> <tr> <td>Site Condition</td> <td>X</td> </tr> <tr> <td><input type="checkbox"/> Erythema</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swelling</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tenderness</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pain</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> | Site Condition | X | <input type="checkbox"/> Erythema |  | <input type="checkbox"/> Swelling |  | <input type="checkbox"/> Tenderness |  | <input type="checkbox"/> Pain |  | <input type="checkbox"/> Other |  |
| Site Condition                      | X  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| <input type="checkbox"/> Erythema   |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| <input type="checkbox"/> Swelling   |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| <input type="checkbox"/> Tenderness |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| <input type="checkbox"/> Pain       |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| <input type="checkbox"/> Other      |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Patent                              |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Suture Intact                       |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Dressing Intact                     |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Flushed                             |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Flushed With                        |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Flushed By                          |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Locked                              |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Locked With                         |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |
| Locked By                           |  |                |   |                                   |  |                                   |  |                                     |  |                               |  |                                |  |

When the following criteria are met:

- Tip Removal Verified Intact = No



Task automatically created for an **immediate Medical Review** and becomes overdue after **1 hour**.

| 21/10/2014<br>20:37            |                  |
|--------------------------------|------------------|
| Δ <Central Venous Catheter ... |                  |
| Inserted D/T                   | 21/10/2014 21:00 |
| Inserted By                    |                  |
| Inserted location              |                  |
| Cuffed                         |                  |
| Lumens                         |                  |
| Length                         | cm               |
| Length Inserted                | cm               |
| Confirmed by Xray              |                  |
| Anticoagulation                |                  |
| Site Condition                 |                  |
| Patent                         |                  |
| Suture Intact                  |                  |
| Dressing Intact                |                  |
| Flushed                        |                  |
| Flushed With                   |                  |
| Flushed By                     |                  |
| Locked                         |                  |
| Locked With                    |                  |
| Locked By                      |                  |
| Removed D/T                    |                  |
| Removed By                     |                  |
| Tip Removal Verified Intact    | No               |

# Automated tasks from entering data in iView

## Quick Reference Guide

### Urinary Catheter

When the following criteria are met:

- Inserted Date/Time entered
- Removed By Date/Time is empty



Task automatically created for **Medical Review**. Task Created **64 hours** post Inserted Date/Time and becomes overdue at **72 hours**

| 21/10/2014<br>20:37                   |                  |
|---------------------------------------|------------------|
| △ <Urinary Catheter ID/Nu...          |                  |
| Batch Number                          |                  |
| Insertion D/T                         | 21/10/2014 21:22 |
| Inserted By                           |                  |
| Indication for Urinary Catheter       |                  |
| Sequence                              |                  |
| Catheter Length                       |                  |
| Drainage System                       |                  |
| Balloon Volume In                     | mL               |
| Balloon Volume Out                    | mL               |
| Urine Volume Drained on Insertion     | mL               |
| Urine Specimen Collected              |                  |
| Urine Colour                          |                  |
| Catheter Associated UTI Present       |                  |
| Urine Drainage                        | mL               |
| Secured                               |                  |
| Patent                                |                  |
| Indication for Catheter Still Present |                  |
| Follow Up Action                      |                  |
| Removal D/T                           |                  |
| Removed By                            |                  |

### Percutaneous Enteral Tubes

When the following criteria are met:

- Site Condition = Redness OR Swelling OR Ooze OR Site Leakage OR Localised Heat



Task automatically created for Immediate **Medical Review** and becomes overdue at **4 hours**

| 21/10/2014<br>20:37                |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
|------------------------------------|---|----------------|---|---------|--|----------|--|------|--|--------------|--|----------------|--|-------|--|
| △ <Percutaneous Enteral Tu...      |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| ◇ Tube Type                        |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Insertion D/T                      |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Inserted By                        |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Position Confirmed by Xray         |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Secured                            |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Drainage Method                    |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Dressing                           |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Site Condition                     | <div style="border: 1px solid red; padding: 2px;"> <table border="1"> <tr> <td>Site Condition</td> <td>X</td> </tr> <tr> <td>Redness</td> <td></td> </tr> <tr> <td>Swelling</td> <td></td> </tr> <tr> <td>Ooze</td> <td></td> </tr> <tr> <td>Site leakage</td> <td></td> </tr> <tr> <td>Localised heat</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table> </div> | Site Condition | X | Redness |  | Swelling |  | Ooze |  | Site leakage |  | Localised heat |  | Other |  |
| Site Condition                     | X   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Redness                            |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Swelling                           |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Ooze                               |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Site leakage                       |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Localised heat                     |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Other                              |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Removal D/T                        |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Removed By                         |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| Percutaneous Enteral Tube Comments |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| △ T-Tube Insertion                 |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |
| △ <T-Tube ID/Number:>              |   |                |   |         |  |          |  |      |  |              |  |                |  |       |  |

### Task Management

The order/task is viewable in:

- Outstanding Orders tab in Patient Summary Page
- Census Task List

| Outstanding Orders (1)              |         |                   |
|-------------------------------------|---------|-------------------|
| Last 48 hours for all visits        |         |                   |
|                                     | Status  | Ordered           |
| PET Insertion Site Condition Review | Ordered | 21/10/14<br>21:33 |

|  | MRN | Name          | Loc | Scheduled Date and | Mnemonic                            | Order Details  | Provider Name      | Task Status |
|--|-----|---------------|-----|--------------------|-------------------------------------|--|--------------------|-------------|
|  | 721 | SAWFORD, Nick | 1E  | 01/05/2014 11:51   | Adult Admission Assessment          | 01/05/2014 11:51   | SYSTEM, SYSTEM     | Overdue     |
|  | 721 | SAWFORD, Nick | 1E  | 13/10/2014 10:25   | Diet Nil by Mouth                   | Requested Start: 13/10/2014 10:25  | Davis, Paul Snr MO | Overdue     |
|  | 721 | SAWFORD, Nick | 1E  | 13/10/2014 12:00   | Consult Dietitian for Diet Review   | Requested D/T: 13/10/2014 12:00, Reason for Referral: Consult has been pla...  | SYSTEM, SYSTEM     | Overdue     |
|  | 721 | SAWFORD, Nick | 1E  | 21/10/2014 21:33   | PET Insertion Site Condition Review | 21/10/2014 21:33, Medical review is required for Percutaneous Enteral Tube ... | SYSTEM, SYSTEM     | Overdue     |
|  | 721 | SAWFORD, Nick | 1E  | 15/10/2014 10:04   | OMS Tolerating Task                 | 15/10/2014 10:04, If required, order a referral for a commence nurse or ph...  | SYSTEM, SYSTEM     | Pending     |
|  | 721 | SAWFORD, Nick | 1E  | 15/10/2014 10:04   | Consult Physiotherapy for Mobility  | Requested D/T: 15/10/2014 10:04, Reason for Referral: Consult has been pla...  | SYSTEM, SYSTEM     | Pending     |
|  | 721 | SAWFORD, Nick | 1E  | 15/10/2014 10:04   | OMS Mobility and Transfer           | 15/10/2014 10:04, Consider mobilising equipment, or assistance by 1 or 2 pe... | SYSTEM, SYSTEM     | Pending     |