

Royal Hospital for  
Neuro-disability

A national medical charity



Patient  
Source

Patient care safely in one place



# Royal Hospital for Neuro Disability Training Guides

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# 01 – Introduction to PatientSource

Welcome to PatientSource, the Electronic Patient Record used at RHN.

PatientSource is for recording all clinical documentation related to patient care. At RHN, we are undergoing a phased implementation of it throughout the hospital. This means that there are parts of PatientSource EPR that are used by some wards or clinical areas and not others. For more information on this, please head to **the EPR Blog on the RHN Intranet site**. There will also be other communications when changes or additions are made so keep your eyes peeled!

PatientSource is linked with the RHN Bed Management system and there is an automatic synchronisation every 15 minutes between the two systems. This means, new admissions or discharges, or moving of beds and wards are recorded as usual in Bed Management and this is automatically fed through to the EPR. There is no need to add or move patients in two places.

Access to PatientSource EPR is through your usual RHN username and login. Security permissions for EPR are based on your job role. If you change roles, HR and IT will automatically update your profile so you always have the right access.

# 01 – Introduction to PatientSource

If you haven't worked at RHN for a little while, your account might be locked. If this is the case, please contact the IT team, if during work hours, or speak to the site manager, if after hours or on the weekend and they can help you out.

We recommend that you also sign up for “**MyPassword**”. This will mean that you can easily reset your own password at any time without needing to come to the IT office. If you have any questions, contact the IT helpdesk.

There are a number of short video guides that will help you get started using PatientSource, or you can ask your manager if you have any other questions.

Lastly, it is important to remember that you are looking at and recording important clinical information in a patient's medical record. This means that you must always do so using your own login and that you never share your login details with other staff. It is also critical that you act within your clinical code of practice when it comes to accessing sensitive patient information.

**The EPR is fully audited for time and user and can be traced if necessary.**

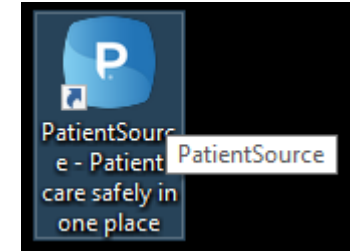
Any misconduct will be addressed accordingly.

If you have any questions or feedback you can always get in touch with the EPR Project Team by contacting the IT helpdesk on Ext 5300 or [Helpdesk@rhn.org.uk](mailto:Helpdesk@rhn.org.uk).

**Please also subscribe to the EPR Workplace group for all the latest news!**

# 02 – How to log in and log out

Enter PatientSource by clicking the shortcut icon that you will see on the desktop. This will take you directly to the login page using Chrome internet browser, which we recommend.

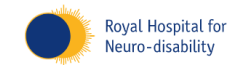
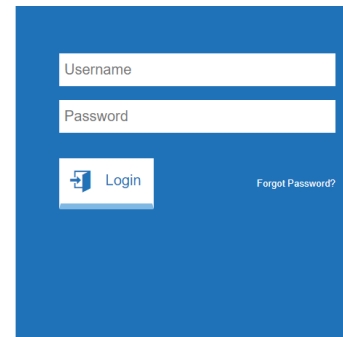


If you don't have this on your desktop, and work in a clinical area, please contact RHN IT to assist you. Alternatively, you can also get access to PatientSource via the RHN Intranet Homepage.

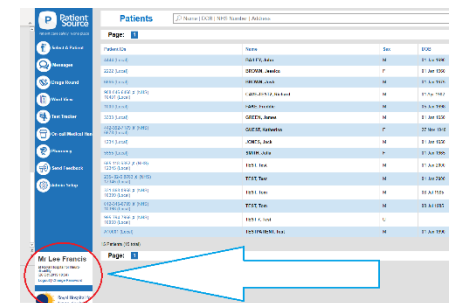
You can log into PatientSource using your regular RHN username and password. It is crucial that you always use your own login at all times **and remember to log out after each use.**



This is a safety and security requirement and is everyone's individual responsibility to follow **this gold standard practice.**

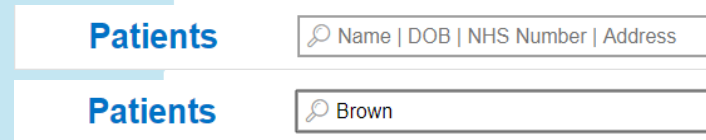


Once you have logged in, your name and job title will appear **here**. This is what the EPR will use as your electronic signature when completing parts of the patient's record. If there is someone else's name here, please **press logout** and log in again as yourself.



# 03 – How to find your patient

There are a number of ways to find your patient's record.



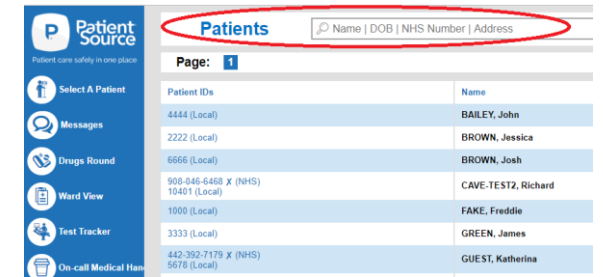
Patients

Patients

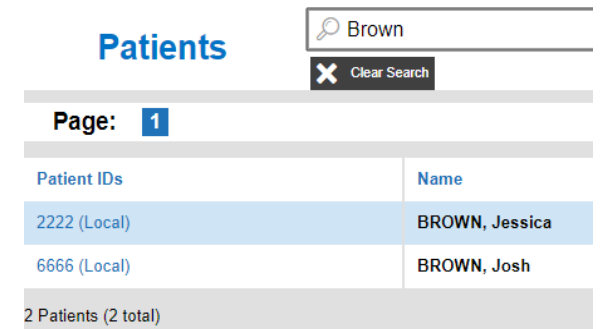
You can search using **this** search bar if you know their name, surname, MPI or NHS number. Type their name and press enter. To enter the person's record, click on their name.

If you work on a specific ward, you can also find your patient by clicking on the name of your ward in **this** menu. This menu shows all the patients on your ward as per the information kept up to date in RHN Bed Management. This is updated automatically from Bed Management into PatientSource every 15 minutes.

Once you find your patient in the ward list, you can then enter their record by clicking on their name.



Patient IDs	Name
4444 (Local)	BAILEY, John
2222 (Local)	BROWN, Jessica
6666 (Local)	BROWN, Josh
900-046-6468 X (NHS) 10401 (Local)	CAVE-TESTZ, Richard
1000 (Local)	FAKE, Freddie
3333 (Local)	GREEN, James
442-392-7179 X (NHS) 6678 (Local)	GUEST, Katherina

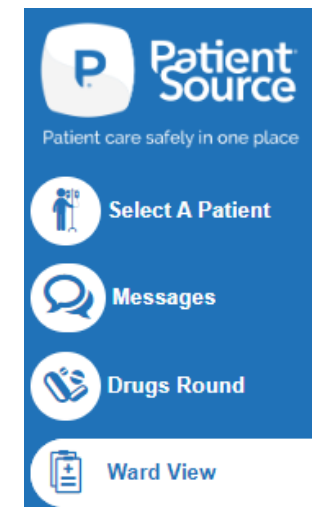


Patients

Page: 1

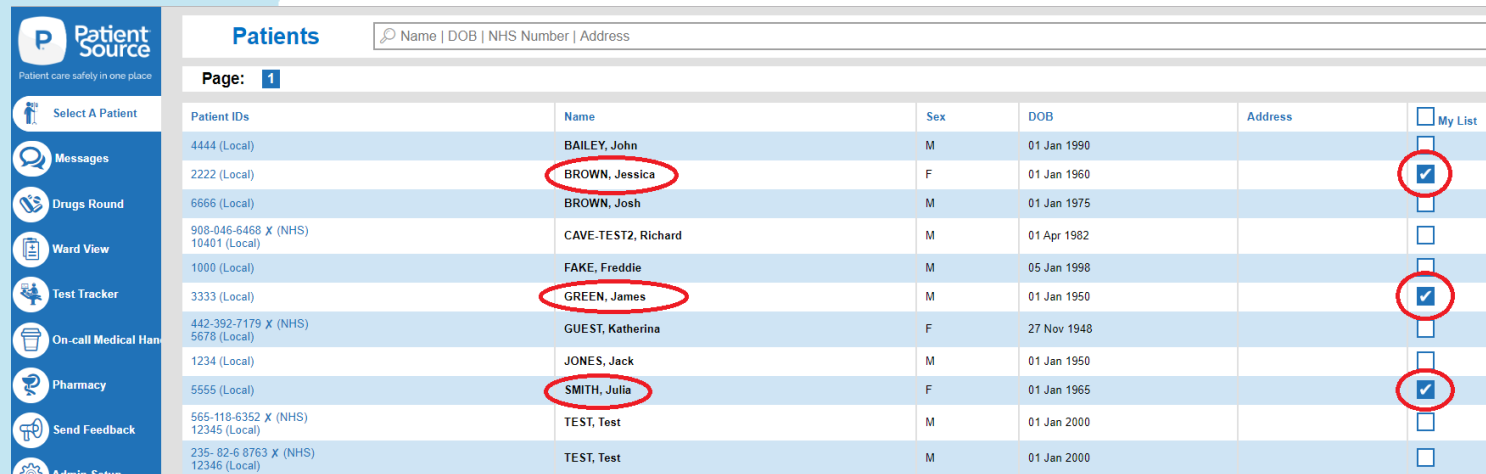
Patient IDs	Name
2222 (Local)	BROWN, Jessica
6666 (Local)	BROWN, Josh

2 Patients (2 total)



# 03 – How to find your patient

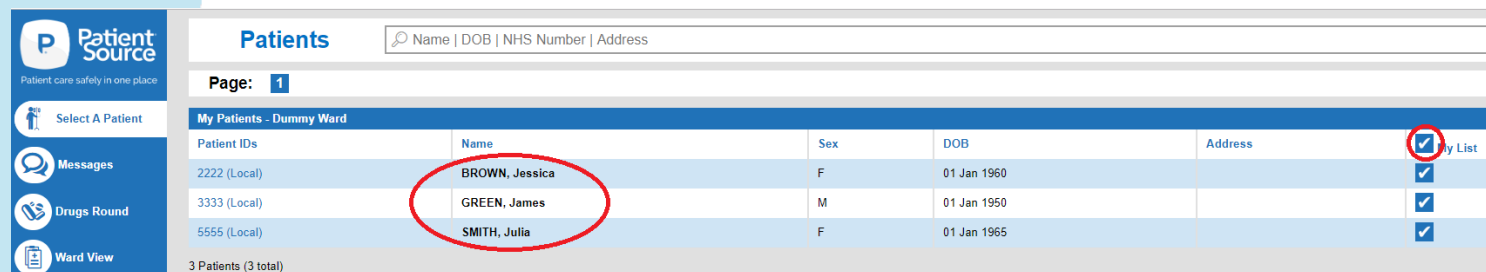
If you work across a number of wards, you can save your own patient list by **ticking this box** for each of the patients you look after.



The screenshot shows the PatientSource interface with a search bar and a table of patients. The table has columns for Patient IDs, Name, Sex, DOB, Address, and a checkbox for 'My List'. Three patients have their names circled in red, and their corresponding 'My List' checkboxes are also checked and circled in red.

Patient IDs	Name	Sex	DOB	Address	My List
4444 (Local)	BAILEY, John	M	01 Jan 1990		<input type="checkbox"/>
2222 (Local)	BROWN, Jessica	F	01 Jan 1960		<input checked="" type="checkbox"/>
6666 (Local)	BROWN, Josh	M	01 Jan 1975		<input type="checkbox"/>
908-046-6468 X (NHS) 10401 (Local)	CAVE-TEST2, Richard	M	01 Apr 1982		<input type="checkbox"/>
1000 (Local)	FAKE, Freddie	M	05 Jan 1998		<input type="checkbox"/>
3333 (Local)	GREEN, James	M	01 Jan 1950		<input checked="" type="checkbox"/>
442-392-7179 X (NHS) 5678 (Local)	GUEST, Katherina	F	27 Nov 1948		<input type="checkbox"/>
1234 (Local)	JONES, Jack	M	01 Jan 1950		<input type="checkbox"/>
5555 (Local)	SMITH, Julia	F	01 Jan 1965		<input checked="" type="checkbox"/>
565-118-6352 X (NHS) 12345 (Local)	TEST, Test	M	01 Jan 2000		<input type="checkbox"/>
235- 82-6 8763 X (NHS) 12346 (Local)	TEST, Test	M	01 Jan 2000		<input type="checkbox"/>

By doing this, you can filter for your patients each time you log into PatientSource by pressing **“My patients”**.




The screenshot shows the PatientSource interface with the 'My Patients' list. The table has columns for Patient IDs, Name, Sex, DOB, Address, and a checkbox for 'My List'. Three patients have their names circled in red, and their corresponding 'My List' checkboxes are also checked and circled in red.

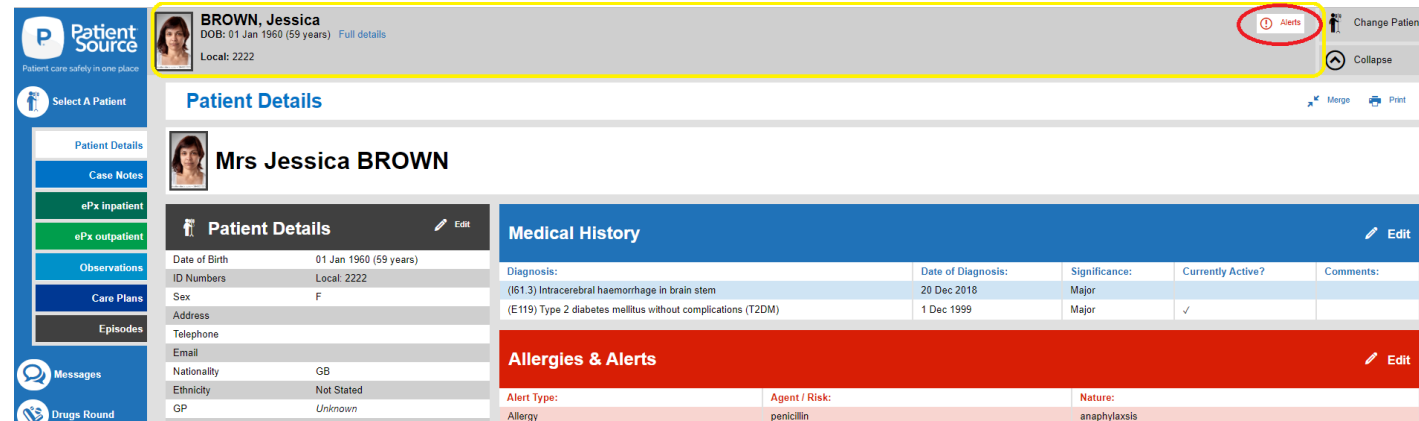
Patient IDs	Name	Sex	DOB	Address	My List
2222 (Local)	BROWN, Jessica	F	01 Jan 1960		<input checked="" type="checkbox"/>
3333 (Local)	GREEN, James	M	01 Jan 1950		<input checked="" type="checkbox"/>
5555 (Local)	SMITH, Julia	F	01 Jan 1965		<input checked="" type="checkbox"/>

3 Patients (3 total)

# 04 – Navigating the patients record

This banner remains at the top of the page wherever you are in the record and even once you have scrolled down. **It is a useful safety check before you do submit or sign for anything.**

Once you have clicked on your patient's name, you will be directed to their Patient Record Homepage. Here you will see an overview of information. Importantly, you will notice this top grey banner. This will display their name, identification photo, MPI and NHS numbers and if they have known allergies or alerts, you can see them by clicking **here**. 



**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

**Patient Details**

**Mrs Jessica BROWN**

**Patient Details**

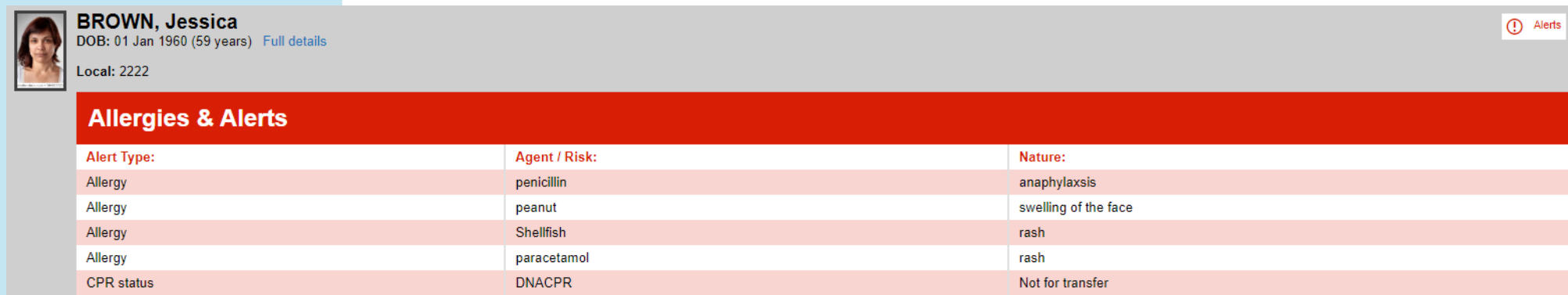
Date of Birth	01 Jan 1960 (59 years)
ID Numbers	Local: 2222
Sex	F
Address	
Telephone	
Email	
Nationality	GB
Ethnicity	Not Stated
GP	Unknown

**Medical History**

Diagnosis:	Date of Diagnosis:	Significance:	Currently Active?	Comments:
(I61.3) Intracerebral haemorrhage in brain stem	20 Dec 2018	Major		
(E119) Type 2 diabetes mellitus without complications (T2DM)	1 Dec 1999	Major	✓	

**Allergies & Alerts**

Alert Type:	Agent / Risk:	Nature:
Allergy	penicillin	anaphylaxis



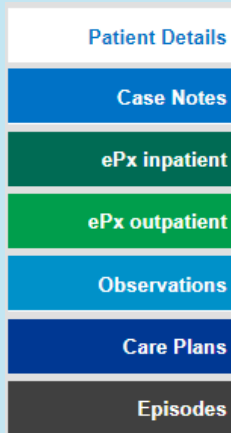
**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

**Allergies & Alerts**

Alert Type:	Agent / Risk:	Nature:
Allergy	penicillin	anaphylaxis
Allergy	peanut	swelling of the face
Allergy	Shellfish	rash
Allergy	paracetamol	rash
CPR status	DNACPR	Not for transfer



# 04 – Navigating the patients record



To access the different parts of the patient's record you can select from the list of options on the left hand menu shown here. For example, ePrescribing will take you to the drug chart and eObservations will take you to the NEWS2 chart and so on.

This menu will remain visible here on the left so you can easily navigate between sections of the patient's record who is displayed in the top grey banner.

**Patient Source**  
Patient care safely in one place

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

Select A Patient

**Drugs Chart** Episode: 27 Mar 2019 14:45 (Elective 1)

**Allergies**

- Penicillin *anaphylaxis*
- Peanut *swelling of the face*
- Shellfish *rash*
- Paracetamol *rash*

+ Add Allergy

**Once Only**  
There are no prescribed Once Only drugs.

Navigation menu (left): Patient Details, Case Notes, **ePx inpatient**, ePx outpatient, Observations, Care Plans, Episodes

**Patient Source**  
Patient care safely in one place

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

Select A Patient

**Observations** All Standard Additional Observations

**Standard**

NEWS2	3	3	17*	9*	0	2	12*	3	3	0	11*	2	0	0	0	0	2	5*	0	0	5*	3	3	7*
-------	---	---	-----	----	---	---	-----	---	---	---	-----	---	---	---	---	---	---	----	---	---	----	---	---	----

NEWS2 Actions

Respiratory Rate (rpm)

SpO<sub>2</sub> (normal target) (%)

SpO <sub>2</sub>	100	56*	56*	96	100	89*	94	96	74*	94	98	96	96	98	99	74*	99	99	99	87*	88*
------------------	-----	-----	-----	----	-----	-----	----	----	-----	----	----	----	----	----	----	-----	----	----	----	-----	-----

Navigation menu (left): Patient Details, Case Notes, ePx inpatient, ePx outpatient, **Observations**, Care Plans, Episodes

# 05 – How to add or change allergies and alerts

Patient Source  
Patient care safely in one place

Select A Patient

Patient Details  
Case Notes  
ePx inpatient  
ePx outpatient  
Observations  
Risk Assessments  
Episodes

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

Drugs Chart  
Episode  
27 Mar 2019 14:45 (0)


**Allergies**

Penicillin	<i>anaphylaxis</i>	
Peanut	<i>swelling of the face</i>	
Shellfish	<i>rash</i>	
Paracetamol	<i>rash</i>	

**+ Add Allergy**  
Add Allergy

Once Only

Allergies and alerts can be recorded from the patient homepage or from within parts of the patient's record, for example at the top of the drug chart.

Where a patient has a known allergy or alert, you will see it from all parts of the patient record, displayed with **this Symbol**  in the Patient banner.

Patient Source  
Patient care safely in one place

Select A Patient

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Full details  
Local: 2222

Patient Details  
Case Notes  
ePx inpatient  
ePx outpatient  
Observations  
Risk Assessments  
Episodes

**Mrs Jessica BROWN**

**Patient Details**

Date of Birth	01 Jan 1960 (59 years)
ID Numbers	Local: 2222
Sex	F
Address	
Telephone	
Email	
Nationality	GB
Ethnicity	Not Stated
GP	Unknown
Payment method	Unknown
Patient ID Checks	No ID checks recorded


**Medical History**

Diagnosis	Date of Diagnosis	Significance	Currently Active?	Comments
(I63) Intracerebral haemorrhage in brain stem	20 Dec 2018	Major		
(E11) Type 2 diabetes mellitus without complications (T2DM)	1 Dec 1999	Major	✓	

**Allergies & Alerts**

Alert Type	Agent / Dose	Nature
Allergy	penicillin	anaphylaxis
Allergy	peanut	swelling of the face
Allergy	Shellfish	rash
Allergy	paracetamol	rash
CRS status	DNACPR	Not for transfer

**Prescription Alert:**

 The patient has a recorded allergy to Paracetamol.  
Nature of allergy: Severe rash

**Any nurse or dietitian may add an allergy or alert but only a doctor may remove it. Allergies are checked against all prescriptions to alert a prescriber if there may be a known interaction.**

**Allergies**

Paracetamol Severe rash

Are you sure you wish to remove this listed allergy?  
If so, enter a reason why it no longer applies and click "Submit".

**Allergen:** Paracetamol  
**Nature of allergy:** Severe rash  
**Reason for removing allergy:**

**Submit** **Cancel**

# 05 – How to add or change allergies and alerts



To add an allergy you press the **edit button** from the home page, then input the alert type, agent and nature of the alert.

Allergies & Alerts			
Alert Type:	Agent / Risk:	Nature:	
Allergy	penicillin	anaphylaxis	✖
Allergy	peanut	swelling of the face	✖
Allergy	Shellfish	rash	✖
Allergy	paracetamol	rash	✖
CPR status	DNACPR	Not for transfer	✖
	Alert		✖
<a href="#">+ add</a>			<a href="#">cancel</a> <a href="#">done</a>

At RHN, we document a patient or resident's resuscitation status as an alert so that this important information is viewable from all parts of the patient's record.

Allergies & Alerts		
Alert Type:	Agent / Risk:	Nature:
Allergy	Penicillin	anaphylaxis
CPR status	DNACPR	Not for acute transfer

Approved resus statuses:

Alert Type:	Agent / Risk:	Nature:
CPR STATUS	AR/ <b>Attempt resus</b>	<b>FOR</b> transfer to acute
CPR STATUS	DNACPR/ <b>not for resus</b>	<b>NOT FOR</b> transfer to acute

**BROWN, Jessica**  
 DOB: 01 Jan 1960 (59 years) Full details  
 Local: 2222

**Alerts** (circled in red)

**Observations**

**Standard**

NEWS2: 3, 3, 17\*, 9\*, 0, 2, 12\*, 3, 3, 0, 11\*, 2, 0, 0, 0, 0, 0, 2, 2, 5\*, 0, 0, 5\*, 3, 3, 7\*

Respiratory Rate (rpm) chart showing values ranging from 15 to 58 over time.

# 06 – How to use ePrescribing to give medications (nursing staff)

To view a patient's drug chart, click on the Prescribing tab in the patient menu on the left-hand side.

This shows the full drug chart of all prescribed medications, feeds and supplements including IV therapy.

The drug chart is laid out in a very similar way to a paper drug chart so you will find sections for Once Only, or stat doses, Regular medications, PRN and fluids.

The screenshot shows the Patient Source interface for a patient named Mrs Jessica BROWN. The patient's details include DOB: 01 Jan 1960 (59 years) and Local: 2222. The interface has a left-hand navigation menu with tabs for Patient Details, Case Notes, ePx inpatient, ePx outpatient, and Observations. The ePx inpatient and ePx outpatient tabs are highlighted with a red circle. The main content area shows the patient's name and a 'Patient Details' section with fields for Date of Birth and ID Numbers.

## Once Only

Drug	Dose	Route	Additional Info	Prescriber	Time to give	Given
------	------	-------	-----------------	------------	--------------	-------

+ Once Only

## Regular

There are no active Regular medications

+ Regular

## Variable

There are no active variable medications

+ Variable

## As Required (PRN)

There are no As Required medications prescribed

+ As Required (PRN)


## Fluids / IV Infusions

There are no prescribed infusions.


+ Fluids / IV Infusions

# 06 – How to use ePrescribing to give medications (nursing staff)


The prescriptions are listed in alphabetical order and you can **see details of the prescription in this box here.**

Drug Name: <b>CEFTRIAXONE</b> 			
Dose: <b>1g</b>	Route: <b>IV</b>	Start Date: <b>24 Apr 2019</b>	Stop Date:
Rate: -	Signed: <b>Ms Sophie O'Kane (5039 - Sophie O'Kane)</b>		
Additional Info: <b>give with 1000ml saline</b>			Pharm Check: <input type="checkbox"/>

The medication or feed name, dosage, route and rate (if applicable) are displayed **here.**

Drug Name: <b>NUTRISON</b> 				<small>&lt;&lt; &lt; 31 Oct 01 Nov 02 Nov 03 Nov 04 Nov 05 Nov 06 Nov 07 Nov 08 Nov 09 Nov 10 Nov 11 Nov 12 Nov 13 Nov &gt;&gt;&gt;</small>													
Dose: <b>20ml</b>	Route: <b>PO</b>	Start Date: <b>06 Nov 2019</b>	Stop Date: <b>13 Nov 2019 00:00</b>									8					8
Rate: -	Signed: <b>Dr Doogie Howser (45690 - Dr Howser)</b>											14					14
Additional Info: --			Pharm Check: <input type="checkbox"/>									22					22

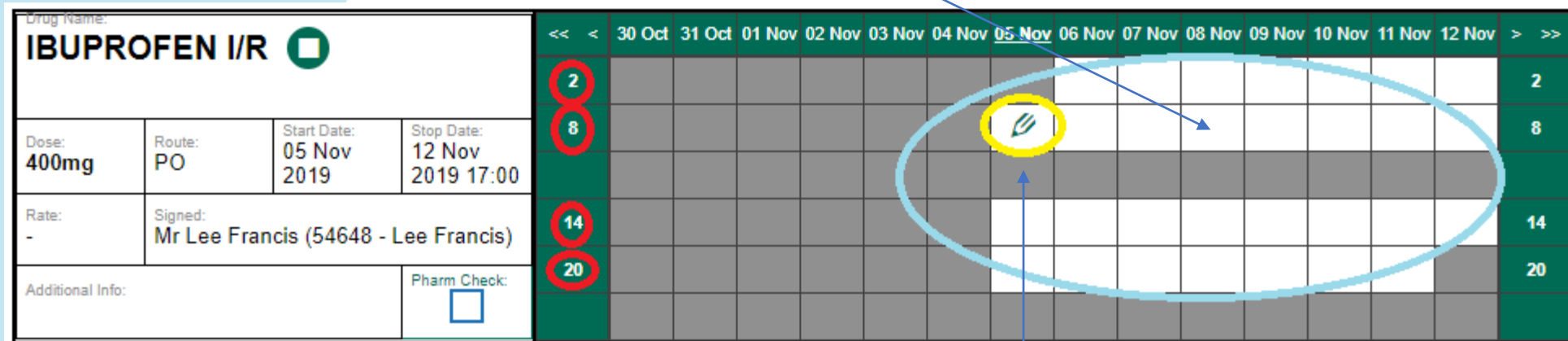
The doctor or pharmacist may include extra information such as formulation or whether the drug is stock or named patient, **in the additional information box here.**

Drug Name: <b>FORTISIP</b> 			
Dose: <b>200ml</b>	Route: <b>PEG</b>	Start Date: <b>15 Apr 2019</b>	Stop Date:
Rate: -	Signed: <b>Mr Test Dietitian (888 - Bleep)</b>		
Additional Info: <b>patient has preference for vanilla flavour</b>			Pharm Check: <input type="checkbox"/>



# 06 – How to use ePrescribing to give medications (nursing staff)

Due doses are shown as white boxes in **this area of the chart**.



You can see the times they are due on the sides of this section.

When a dose is due and within the “administration window” you will see a large green pencil inside that box.

# 06 – How to use ePrescribing to give medications (nursing staff)

To sign for a medication, click on this pencil and you will see a drop-down menu of options for the administration.



Select the relevant option for this administration, e.g. if you gave the medication as prescribed, select 1 and press ok. There are a number of choices for circumstances including patients refusing the dose, the patient not being present or the withholding the dose due to clinical reasons.

Once you press ok, you will see your initials in the box as your signature. A dose that reached the patient is displayed as white, with your initials, and a dose that didn't reach the patient is displayed as red, with your initials inside.

LF					
	1) GIVEN Recorded by Mr Lee Francis 07:22 AM, Tuesday 05 November 2019				
9:Lf					
	9) Patient Vomited Recorded by Mr Lee Francis 07:23 AM, Tuesday 05 November 2019				

**IBUPROFEN I/R  
400mg PO**

5 Nov 2019, 8 a.m.

- Not specified ---
- 1) GIVEN
- 2) Nil by mouth / Route Unavailable
- 3) Patient refused
- 4) Drug not in stock
- 5) Patient self-administering
- 6) Patient not on ward
- 7) Not given for clinical reasons
- 8) Not given as don't have required skills
- 9) Patient Vomited
- 10) Infusion Finished Early

Comments:

Signed by: Mr Lee Francis

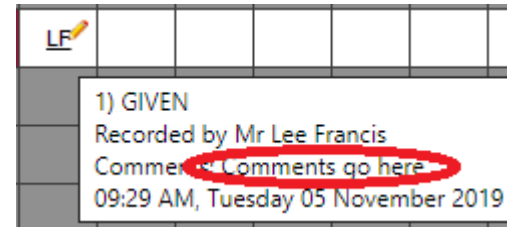
**There *must* always be something recorded for each dose, even if the dose did not reach the patient.** If there is no signature or initials, this will be considered a **missed dose**.

# 06 – How to use ePrescribing to give medications (nursing staff)

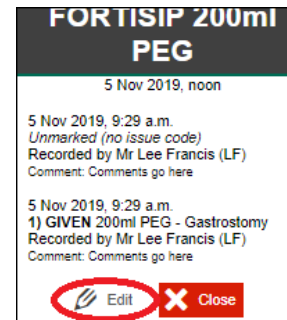
You may also use the **Comments box** to put in any additional details.

For example, if there was an associated test result or observation related to this dose or to record the actual route of administration, if the patient has the choice of 2.

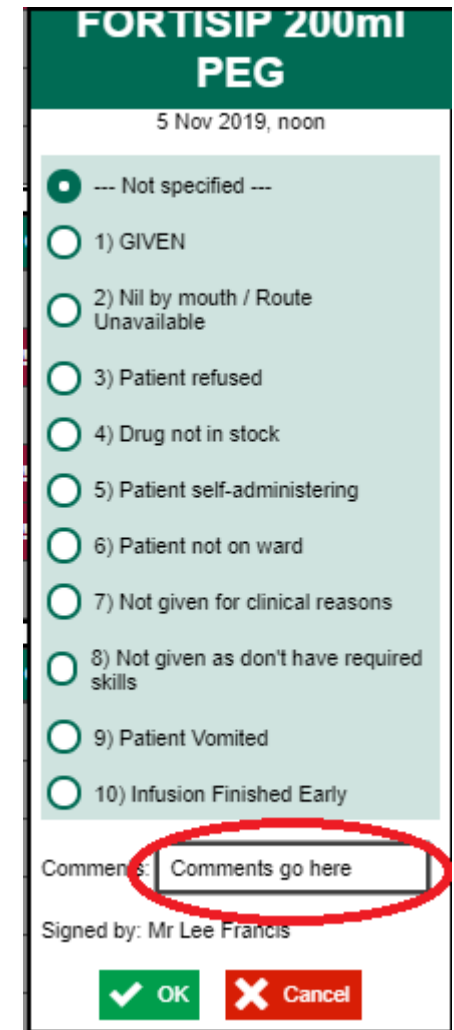
If you press on the **initials** you will see the history of who and when that dose was given, as well as any detail recorded in the comments box.



If you have made an error and selected the wrong option, or if the patient vomits their dose and you need to amend the dose administration, you can do so by clicking **on the initials and then pressing the edit button to change** the option.



Please note, if any changes are made, this is visible in the audit history so it may be useful to use the **comments box** to record the reason for any changes or discrepancies.



# 06 – How to use ePrescribing to give medications (nursing staff)

For a controlled drug, where a dose requires a counter signature, you can sign for it in much the same way however you will be prompted for a second staff member to counter sign the dose.

Select the second staff members name and they will need to enter in their own RHN password and press submit. You will then see both of your initials in the box. At RHN, insulins also need to be counter signed.

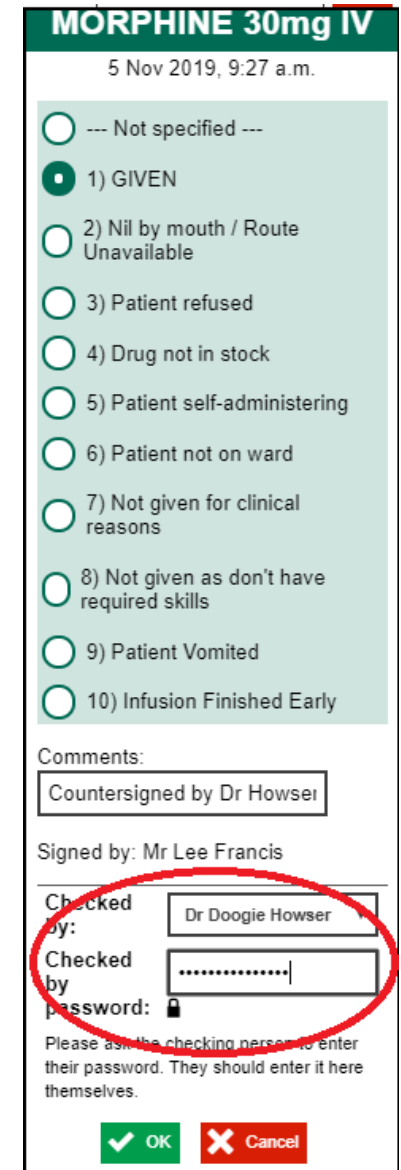
Drug	Dose	Route	Additional Info	Prescriber	Time to give	Given
MORPHINE 	30mg	IV	--	Mr Lee Francis (54648)	5 Nov 2019, 9:27 a.m.	LF / DH

You will be able to begin signing for medications administered within a defined window of when the medication is due.

This is from 2 hours before the medication is due, up until 10 hours afterwards.

It is important that you sign for administrations at the time of giving the medication so that the system is live and accurate. Any late signatures will be able to be tracked and audited.

After the 12 hour period, that dose will be closed and locked and the dose will be recorded as a “missed dose”. **All missed doses will be reportable clinical incidents and investigated as such as per the RHN medication management policy.**



**MORPHINE 30mg IV**  
5 Nov 2019, 9:27 a.m.

- Not specified ---
- 1) GIVEN
- 2) Nil by mouth / Route Unavailable
- 3) Patient refused
- 4) Drug not in stock
- 5) Patient self-administering
- 6) Patient not on ward
- 7) Not given for clinical reasons
- 8) Not given as don't have required skills
- 9) Patient Vomited
- 10) Infusion Finished Early

Comments:  
Countersigned by Dr Howser

Signed by: Mr Lee Francis

Checked by: Dr Doogie Howser

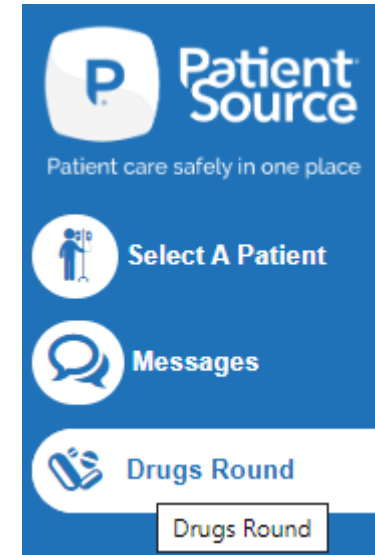
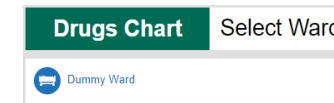
Checked by password: [password field]

Please ask the checking person to enter their password. They should enter it here themselves.

# 07 – Using the Drug Round feature (Nurses)

The Drugs Round can be found on the left-hand menu and is a very useful tool to help you through your drug administration rounds.

Clicking on the Drugs Round icon will take you to a list of all wards. Once you find your ward you will see a list of patients on your ward ordered by bed number.



Next to the patient's name, you will see two numbers.

**This number** (on the left) shows you how many of those doses have been signed for.

Dummy Ward - Drugs Round		
Bed	Patient	Medications
Bed 1	Mr Test TESTPATIENT Local: A10001 01-Jan-1990	0 / 3
Bed 2	Mrs Jessica BROWN Local: 2222 01-Jan-1960	3 / 7
Bed 3	Mr James GREEN Local: 3333 01-Jan-1950	0 / 0

The number on the right indicates how many doses are due for each patient within a 4 hour window of right now.

This window will capture doses from the drug chart that are due from **an hour before** the current time and **up to 3 hours** from the current time.



# 07 – Using the Drug Round feature (Nurses)

If you click on a patient's name, the list of what those **X** drugs are (**X** being the number on the right).

This list shows the 4 medications due for Mrs Brown. It also will indicate if there are any PRN doses available for that patient.

As you begin to administer and sign for the doses, you will see the number on the left increase.

The number on the right will always move and change as that “*window*” of time moves along in real time so it gives you an up to date and live indication of what medications are due or coming up to being due, which can help you plan and prioritise, or handover to a colleague to assist if required.

You can sign for any medications directly through the Drugs Round chart view (as shown in video 6) or if you want to view the entire chart for this patient, simply click on “**Open focused chart view**” which will take you out of drugs round and into the patient's full record.

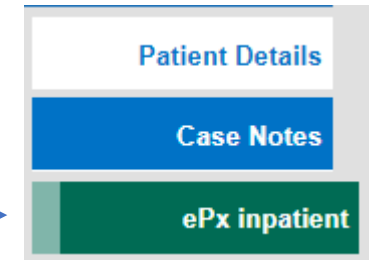
Dummy Ward - Drugs Round		
Bed	Patient	Medications
Bed 1	Mr Test TESTPATIENT Local: A10001 01-Jan-1990	0 / 3
Bed 2	Mrs Jessica BROWN Local: 2222 01-Jan-1960	3 / 7 • CEFTRIAXONE 1g Iv • CHERRY RIPE 2 PO • ICED DONUT 1 PO • PEPTAMEN 100ml PEG + 0 'as required' (PRN) available

Dummy Ward - Drugs Round		
Bed	Patient	Medications
Bed 1	Mr Test TESTPATIENT Local: A10001 01-Jan-1990	0 / 3
Bed 2	Mrs Jessica BROWN Local: 2222 01-Jan-1960	5 / 7 • CEFTRIAXONE 1g IV • ICED DONUT 1 PO + 0 'as required' (PRN) available

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

To start prescribing medications, feeds or supplements, you will first need to enter the patients record. To see how to do this, please view the walk through video titled “[Navigating the patient’s record](#)”.

Once you have found your patient, enter the drug chart by selecting “ePrescribing” in this menu.



The layout of the electronic drug chart aims to mimic a conventional paper chart, and is organised in a very similar way.

CEFTRIAXONE			
Dose	Route	Start Date	Stop Date
1g	PO	27 Mar 2019	30 Mar 2019 00:00
2g			

You will notice the Red Allergies and alerts box at the top of the chart. This information here mirrors what is input on the homepage. You may also change these from the homepage by clicking **Edit**.

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Local: 2222

**Mrs Jessica BROWN**

**Medical History**

Diagnosis	Date of Diagnosis	Significance	Currently Active?	Comments
(I61.3) Intracerebral haemorrhage in brain stem	20 Dec 2018	Major		
(E119) Type 2 diabetes mellitus without complications (T2DM)	1 Dec 1999	Major	✓	

**Allergies & Alerts** Edit

Alert Type	Agent / Risk	Nature
Allergy	penicillin	anaphylaxis
Allergy	peanut	swelling of the face

**Patient Source**  
Patient care safely in one place

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) Local: 2222

**Drugs Chart** Episode: 27 Mar 2019 14:45

**Allergies**

Penicillin	anaphylaxis
Peanut	swelling of the face
Shellfish	rash
Paracetamol	rash

+ Add Allergy

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

You can prescribe Once Only or stat doses, Regular, variable and Fluids using the buttons shown under each of the sections as you scroll through the chart. Shortcuts can be found at the top of the chart.



To prescribe, start typing the medication name in the **box**.

PatientSource will match this text to the RHN formulary database based on both generic and brand names. If you are a medical prescriber, you will be able to prescribe non-formulary items (by typing in free-text). Doing this will alert you that this item is not on formulary and therefore carries no known drug dose or interaction warnings.

If you see a warning box **like this**, you are able to override this. Keep watching/reading to see how

<b>NEW DRUG NAME:</b>	<b>Times:</b>
<input type="text" value="MAN"/>	<input checked="" type="radio"/> Selected days: <input checked="" type="checkbox"/> Monday
PARACETAMOL <small>PANADOL, HEDEX, GALPOL, MANDANOL, LEMSIP, PERFALGAN, ALVEDON, PARAMAX</small>	<input type="radio"/> Every 2 days <input checked="" type="checkbox"/> Tuesday
TRAMADOL M/R <small>TRAMULIEF, ZERIDAME, MAROL, ZAMADOL, ZYDOL, TRADOREG, MABRON, MANEO, TILODOL, INVODOL</small>	<input type="radio"/> Every 3 days <input checked="" type="checkbox"/> Wednesday
MANNITOL	<input type="radio"/> Every 4 days <input checked="" type="checkbox"/> Thursday
MANIDIPINE	<input type="radio"/> Every 5 days <input checked="" type="checkbox"/> Friday
MANGAFODIPIR	<input type="radio"/> Every 6 days <input checked="" type="checkbox"/> Saturday
	<input type="radio"/> Every 7 days <input checked="" type="checkbox"/> Sunday

<b>NEW DRUG NAME:</b>	<b>Times:</b>
<input type="text" value="MANNITOL"/>	<input checked="" type="radio"/> Selected days: <input checked="" type="checkbox"/> Monday
Dose: <input type="text" value="2g"/>	<input type="radio"/> Every 2 days <input checked="" type="checkbox"/> Tuesday
Route: <input type="text" value="IV - I"/>	<input type="radio"/> Every 3 days <input checked="" type="checkbox"/> Wednesday
Start Date: <input type="text" value="2019-10-"/>	<input type="radio"/> Every 4 days <input checked="" type="checkbox"/> Thursday
Stop Date: <input type="text" value="01 Nov 2"/>	<input type="radio"/> Every 5 days <input checked="" type="checkbox"/> Friday
Rate: <input type="text" value=""/>	<input type="radio"/> Every 6 days <input checked="" type="checkbox"/> Saturday
Signed: Mr Lee Francis	<input type="radio"/> Every 7 days <input checked="" type="checkbox"/> Sunday
Additional Info: <input type="text" value=""/>	Pharm Check: <input type="checkbox"/>

**Prescription Alert:**  
PatientSource could not find any dose guidelines for the drug 'MANNITOL'.  
 I, the prescriber, acknowledge and accept these prescription alerts and still wish to prescribe the drug. (Tick box to acknowledge)  
Reason for override:

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

To submit a prescription, there are mandatory fields you must enter, these include drug name, route, start date and frequency.

Start date is set to default to today's date.

The system will prompt you if you have forgotten one.

<b>NEW DRUG NAME:</b>				<b>Times:</b>	
IBUPROFEN I/R				<input checked="" type="radio"/> Selected days: <input type="checkbox"/> Monday <input type="radio"/> Every 2 days: <input checked="" type="checkbox"/> Tuesday <input type="radio"/> Every 3 days: <input type="checkbox"/> Wednesday <input type="radio"/> Every 4 days: <input checked="" type="checkbox"/> Thursday <input type="radio"/> Every 5 days: <input type="checkbox"/> Friday <input type="radio"/> Every 6 days: <input type="checkbox"/> Saturday <input type="radio"/> Every 7 days: <input checked="" type="checkbox"/> Sunday	
Dose:	Route:	Start Date:	Stop Date:		
	PO -	06 Nov 2	13 Nov 2		
Rate:	Signed:				
	Dr Doogie Howser				
Additional Info:			Pharm Check:		

**Prescription Error:**

- You must specify a dose.
- You must specify one or more times at which to issue the medication.

To select a recurring frequency, choose an option **here** (e.g. every 2/3/4/5 days etc)

<b>Times:</b>	<input type="radio"/> Selected days:	<input type="checkbox"/> Monday
08 ▾	<input checked="" type="radio"/> Every 2 days	<input type="checkbox"/> Tuesday
14 ▾	<input type="radio"/> Every 3 days	<input type="checkbox"/> Wednesday
22 ▾	<input type="radio"/> Every 4 days	<input type="checkbox"/> Thursday
--- ▾	<input type="radio"/> Every 5 days	<input type="checkbox"/> Friday
--- ▾	<input type="radio"/> Every 6 days	<input type="checkbox"/> Saturday
--- ▾	<input type="radio"/> Every 7 days	<input type="checkbox"/> Sunday

To enter a frequency, simply select the times of the day you wish it the medication to be due and if less frequent than daily, select either a recurring frequency or a specific frequency.

If relevant, enter a rate  (e.g. feeds) and/or an end date (e.g. a course of anti-biotics or where review is required to determine continuation of that medication).

If you wish the dose to be given on specific days, select the desire days **here** (e.g. deselecting the days).

<b>Times:</b>	<input checked="" type="radio"/> Selected days:	<input type="checkbox"/> Monday
08 ▾	<input type="radio"/> Every 2 days	<input checked="" type="checkbox"/> Tuesday
14 ▾	<input type="radio"/> Every 3 days	<input type="checkbox"/> Wednesday
22 ▾	<input type="radio"/> Every 4 days	<input checked="" type="checkbox"/> Thursday
--- ▾	<input type="radio"/> Every 5 days	<input type="checkbox"/> Friday
--- ▾	<input type="radio"/> Every 6 days	<input type="checkbox"/> Saturday
--- ▾	<input type="radio"/> Every 7 days	<input checked="" type="checkbox"/> Sunday

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

## \*\*\*Prescribing PRN doses\*\*\*

You can prescribe PRN medications in a very similar way but you may also wish to enter the acceptable max 24 hour dose and a maximum frequency. These two additions will alert the nurse administering the dose if the interval is too short or if the patient is about to exceed your recommended 24 hour dose.

New Drug Name: <b>PARACETAMOL</b>			
Dose: 1g	Route: PEG - Gastrostomy	Start Date: 2019-10-27	Max Freq: 4h -
Signed: Mr Lee Francis			Max 24hr dose: 4g
Additional Info:			Pharm Check:

### Prescription Alert:

⚠️ PARACETAMOL appears more than once in your prescribed medications. Please carefully check the total dose and minimum dosing interval when these prescriptions are combined. You are trying to prescribe a total of 1g: 6(g) grams of PARACETAMOL over a 24 hour period which is more than is recommended. Perhaps you meant to prescribe 4000mg: 4.0000000000(g) grams or less over 24 hours?

When you enter a prescription, the database will check against all active prescriptions within that patient's drug chart for interactions, repeated medications and max daily dosages. It also cross checks against the BNF and the local RHN formulary for known interactions, accepted routes and any known and recorded allergies (as per the information put in the Red boxes).

Drug	Dose	Route	Additional Info	Prescriber	Time to give
WARFARIN	10mg	PO		Mr Lee Francis	2019-10-27 11:0

### Prescription Alert:

⚠️ TRAMADOL I/R has a major interaction with Coumarins. Tramadol enhances anticoagulant effect of coumarins. Coumarins has a major interaction with NSAIDs. Anticoagulant effect of coumarins possibly enhanced by NSAIDs.

I, the prescriber, acknowledge and accept these prescription alerts and still wish to prescribe the drug. (Tick box to acknowledge)

Reason for override:



# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

As a medical prescriber, you will always be able to override a warning that the system gives you to enable you to use clinical reasoning or allow uncommon combinations or doses of medications. When you do this, you will be prompted for a reason. This reason will be visible in the **Additional Comments** box after submission of the prescription.

<b>NEW DRUG NAME:</b>			
PHENOXYMETHYLPENICILL			
Dose:	Route:	Start Date:	Stop Date:
250 mg	PO - ▾	2019-10-	03 Nov 2
Rate:	Signed:		
6hr	Mr Lee Francis		
Additional Info:		Pharm Check:	
<input type="text"/>		<input type="text"/>	

<b>Times:</b>	<input checked="" type="radio"/> Selected days:	<input checked="" type="checkbox"/> Monday
08 ▾	<input type="radio"/> Every 2 days	<input checked="" type="checkbox"/> Tuesday
14 ▾	<input type="radio"/> Every 3 days	<input checked="" type="checkbox"/> Wednesday
20 ▾	<input type="radio"/> Every 4 days	<input checked="" type="checkbox"/> Thursday
02 ▾	<input type="radio"/> Every 5 days	<input checked="" type="checkbox"/> Friday
--- ▾	<input type="radio"/> Every 6 days	<input checked="" type="checkbox"/> Saturday
--- ▾	<input type="radio"/> Every 7 days	<input checked="" type="checkbox"/> Sunday

Allergies		
Peanuts	anaphyxis	
Trimethoprim	Angioedema	
Latex	rash	
Oil	rash	
Allewyn	rash	
Penicillin	Rash	
<b>+ Add Allergy</b>		

**Prescription Alert:**

The patient has a recorded allergy to Penicillin.  
*Nature of allergy:* Rash  
PHENOXYMETHYLPENICILLIN appears more than once in your prescribed medications. Please carefully check the total dose and minimum dosing interval when these prescriptions are combined.

I, the prescriber, acknowledge and accept these prescription alerts and still wish to prescribe the drug. (Tick box to acknowledge)

Reason for override:

Prescribe  Cancel

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

Please take note, when you are prescribing a medication that requires a counter signature when being given to the patient (for example, controlled drugs or at RHN, insulin), it is important that you select the medication from the drop-down list as you type (as opposed to free-text typing).

**NEW DRUG NAME:**

INSUL

- INSULIN
- INSULIN HUMAN
- INSULIN ASPART
- INSULIN LISPRO
- HUMALOG
- NOVORAPID INSULIN ASPART
- INSULIN ASPART, NOVORAPID

- e -

--	--	--	--

Administer this medication

This will ensure that the prescription correctly prompts for a counter signature at the point of dose administration. This applies to regular, once only and PRN prescriptions.

**INSULIN 200mg IV**

27 Oct 2019, 11:27 a.m.

- Not specified ---
- 1) GIVEN
- 2) Nil by mouth / Route Unavailable
- 3) Patient refused
- 4) Drug not in stock
- 5) Patient self-administering
- 6) Patient not on ward
- 7) Not given for clinical reasons
- 8) Not given as don't have required skills
- 9) Patient Vomited
- 10) Infusion Finished Early

Comments:

Signed by: Mr Lee Francis

Checked by: Mr Justin Finbow

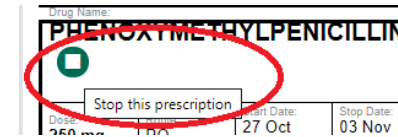
Checked by password: .....

Please ask the checking person to enter their password. They should enter it here themselves.

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

## \*\*\*How to Stop a Medication\*\*\*

To stop a medication, press the circular button against that prescription.



This will move the medication to the bottom of the drug chart section and will be greyed and crossed out, with no future dose boxes visible.



As a safety measure, you must enter a reason for ceasing that medication, which you will be prompted for like this

A screenshot of a 'Reason for Stopping' dialog box for Phenoxyethylpenicillin. The dialog box has a green header with the drug name 'PHENOXYMETHYLPENICILLIN' and the dose '250 MG PO'. Below the header, it says 'REASON FOR STOPPING:'. There is a text input field containing 'RASH HAS INTENSIFIED'. At the bottom, there are two buttons: 'OK' with a green checkmark and 'CANCEL' with a red X.

You will be able to view all ceased medications throughout that patient's episode.

You can toggle this view by pressing **this text**. [Hide stopped drugs](#) [Show stopped drugs](#)

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

## \*\*\*How to Omit a Prescribed dose\*\*\*

If you wish to omit certain doses on a current prescription, you can do this by pressing the cross in the corner of a future dose.

If the dose you want to be omitted has already entered the “administration window”, that is – the time window where a nurse may administer this medication, you will not see the omit cross. You can still omit the medication by selecting in the options “Not given for clinical reasons” and use the **comments box** to enter any extra detail.

PHENOXYMETHYLPENICILLIN			
Dose: 1g	Route: PO	Start Date: 27 Oct 2019	Stop Date: 03 Nov 2019 10:00
Rate: -	Signed: Mr Lee Francis (54648 - Lee Francis)		
Additional Info: --	Pharm Check: <input type="checkbox"/>		

Calendar grid showing dates from 21 Oct to 03 Nov. A red cross is visible in the 7:LF slot on 27 Oct, with a tooltip that says "Omit this drug issue".

PHENOXYMETHYLPENICILLIN  
1g PO  
27 Oct 2019, noon

- Not specified ---
- 1) GIVEN
- 2) Nil by mouth / Route Unavailable
- 3) Patient refused
- 4) Drug not in stock
- 5) Patient self-administering
- 6) Patient not on ward
- 7) Not given for clinical reasons
- 8) Not given as don't have required skills
- 9) Patient Vomited
- 10) Infusion Finished Early

Comments:

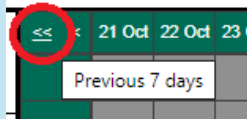
Signed by: Mr Lee Francis

Omitted by Mr Lee Francis  
11:55 AM, Sunday 27 October 2019

7) Not given for clinical reasons  
Recorded by Mr Lee Francis  
Comments: Patient has been vomiting  
11:53 AM, Sunday 27 October 2019

# 08 – How to use ePrescribing (for Doctors and other non-medical prescribers)

If you wish to review administration patterns over time, you can scroll back to previous weeks by pressing **this arrow**.



A box coloured white means that the dose reached the patient, a box coloured red means the dose did not reach the patient. Clicking on the box will drop down further detail including who gave it, at what time and any comments that they noted.

Drug Name: <b>AZITHROMYCIN</b>				<< < 30 Oct 31 Oct 01 Nov 02 Nov 03 Nov 04 Nov 05 Nov 06 Nov 07 Nov 08 Nov 09 Nov 10 Nov 11 Nov 12 Nov > >>																				
Dose: 500 mg	Route: PEG	Start Date: 01 Apr 2019	Stop Date:																					
Rate: -	Signed: Angela Sheard (ext 5028 - Dr Sheard)																							
Additional Info: antibiotic chest prophylaxis		Pharm Check: YY	18	MC	!!!	PR	!!!	JF	9LF															18

Every action throughout PatientSource is audited and stamped with time and user so it is easy to see who and when various actions occurred, giving more transparent and detailed oversight.

LF					
1) GIVEN Recorded by Mr Lee Francis 12:02 PM, Sunday 27 October 2019					

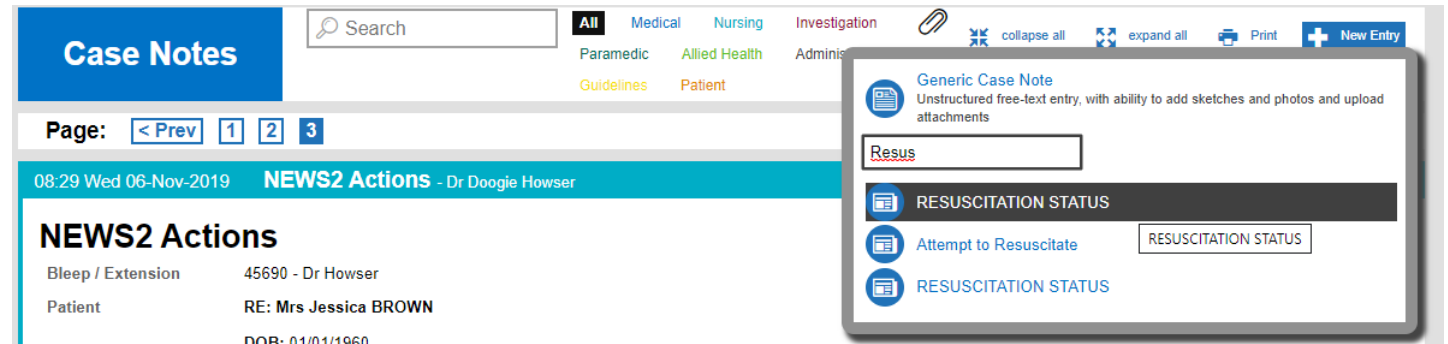
You can also access the drug charts when working on-call through your RHN remote access desktop. As only a selection of wards use the drugs chart at present, it is worth checking with the site manager if that patient's ward is one.



# 09 – Where to find and record Resuscitation Status

In order to record someone’s resuscitation status, you need to complete 2 main steps.

**Firstly**, you will need to fill out the “Resuscitation Status” proforma.

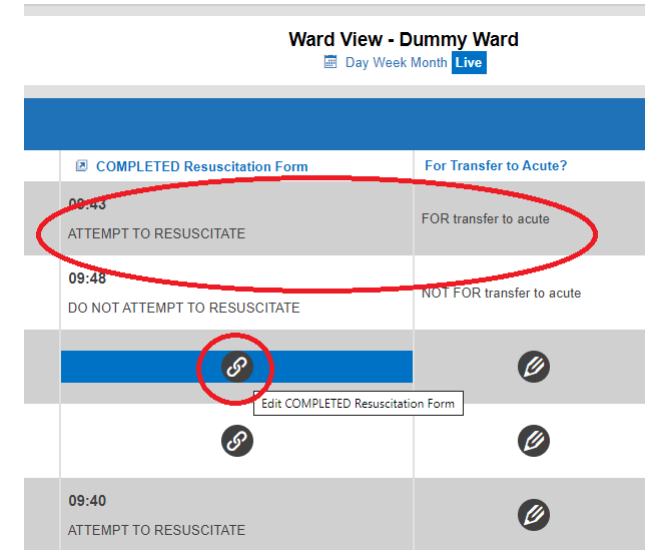


This can be found in two ways. You can **search for it** through Case Notes section of the patient’s record by clicking on **New Entry** and typing in “resus”.

Alternatively, you can click a link that will take you straight to the blank form from the **ward tracker**, like this.

Once you fill in and complete the form, you will see the **ward tracker column** change to display the answer to the first question (AR or DNAR) as well as the date it was entered and by whom. Other users can click on this shortcut to view the form in its entirety.

This allows easy access to printing of the form, if the patient needs to be transferred to acute care, as well as an “at a glance” view of the resus information from the ward tracker.



# 09 – Where to find and record Resuscitation Status

**Secondly**, enter the patient's resus status and whether they are for transfer to acute or not as an **Alert**. You can do this either from the Patient's homepage, or from the patient's drug chart, within the Alert and allergies red box.

Allergies & Alerts		
Alert Type:	Agent / Risk:	Nature:
Allergy	penicillin	anaphylaxis
Allergy	Shellfish	rash
Allergy	paracetamol	rash
Allergy	Latex	Skin rash
Allergy	Alert	Peanut allergy
CPR status	AR - Attempt resus	FOR transfer to acute

To view this information, you will always be able to see it **in the patient's banner** at the top of the screen. Simply click on the **Alerts Button** to view the details entered within.



The screenshot shows a patient banner for Jessica Brown. On the left, there is a profile picture, the name "BROWN, Jessica", her date of birth "DOB: 01 Jan 1960 (59 years)", and a link for "Full details". Below this, it says "Local: 2222". On the right side of the banner, there is a red-bordered button with a white exclamation mark icon and the text "Alerts". The banner is set against a grey background with a white border at the top and bottom. A small "x" icon is visible in the top right corner of the banner area, and a blue "x" icon is in the bottom right corner.

# 09 – Where to find and record Resuscitation Status

Only doctors are able to fill out this form and if you need to update the form, you simply fill in a new template, accessed through the Case Notes module.

The ward tracker will always display the details of the most recent form that has been filled out.

To look at the history of these forms, you can search through the case notes **like this** and type words to filter out for the resuscitation form.

**BROWN, Jessica**  
DOB: 01 Jan 1960 (59 years) [Full details](#)  
Local: 2222

**Case Notes**   **All** [Medical](#) [Nursing](#) [Investigation](#) [Paramedic](#) [Allied Health](#) [Administrative](#) [Guidelines](#) [Patient](#) [collapse all](#) [expand all](#) [Print](#) [New Entry](#)

Page: **1**

10:54 Mon 17-Jun-2019 **Do Not Attempt to Resuscitate** - Ms Sophie O'Kane [collapse](#)

**Appendix 2**

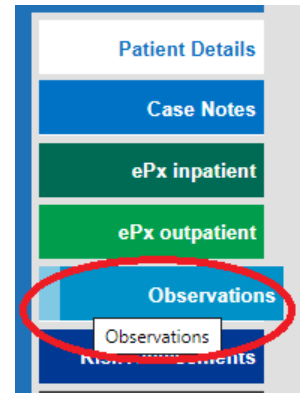
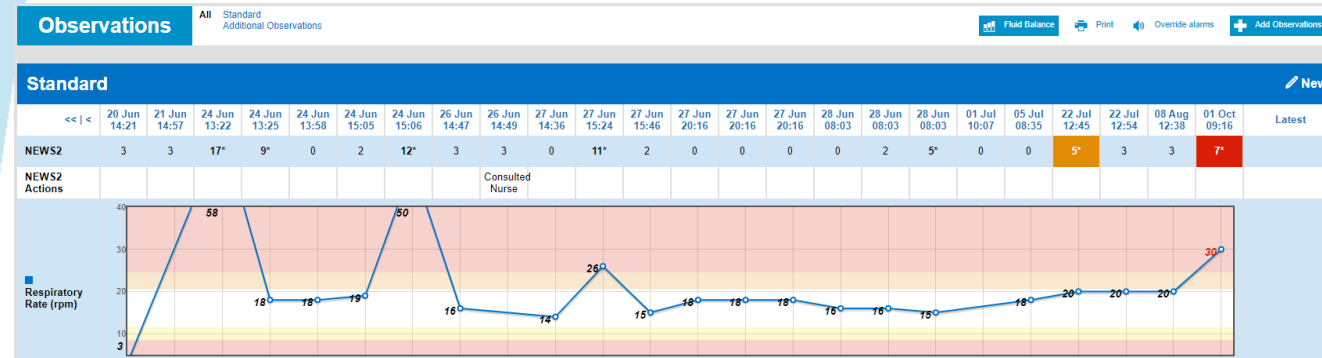
**D.N.A.C.P.R**

**Patient Resuscitation Status**

Patient's Name: Jessica Brown  
Date of Birth: 01-Jan-1960  
Hospital Number: 2222  
NHS number: None

# 10 – How to use eObservations

To review a patient's observations, simply find your patient and **click into the Observations Module** found in the menu on the left.



The chart shows you all previous sets of observations for that patient. If you want to see further back, simply scroll through using **this arrow**.



The first row shows the date and time the observation set was entered and if you hover over this, you will see who input the observations **like this**.



Observations are scored against the [National Early Warning Score 2](#), a tool used nationally to detect early signs of sepsis developed by the Royal College of Physicians. The colours shown on the observations chart corresponds with the colour coding according to the NEWS2 escalation thresholds.

# 10 – How to use eObservations

To view the detail of each observation set, just scroll down to view each parameter which are graphed or listed clearly. The layout mimics the NEWS2 chart layout in terms of order.

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO <sub>2</sub> Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Each individual observation set also has its own threshold scores and corresponding colour codes. If an individual observation falls within a certain threshold, it will also show up highlighted in that colour.

This allows you to see what specifically is contributing to an overall NEWS score quickly and easily.

# 10 – How to use eObservations

For some patients, at the very top of the chart, **you may see a black table** titled “Alarm Overrides”. This box contains any individual alterations to that patient’s acceptable baseline scores.

Alarm Overrides <span>Modify</span>		
Vital sign	Alarm conditions	Effect on standard alarms
Pulse (HR)	<40.00 (bpm) >90.00 (bpm) Dr Doogie Howser - 5 Nov 2019, 11:13 a.m.	Silences Pulse (HR) standard alarms
Temperature	<36.10 (°C) >39.00 (°C) Dr Doogie Howser - 5 Nov 2019, 11:16 a.m.	

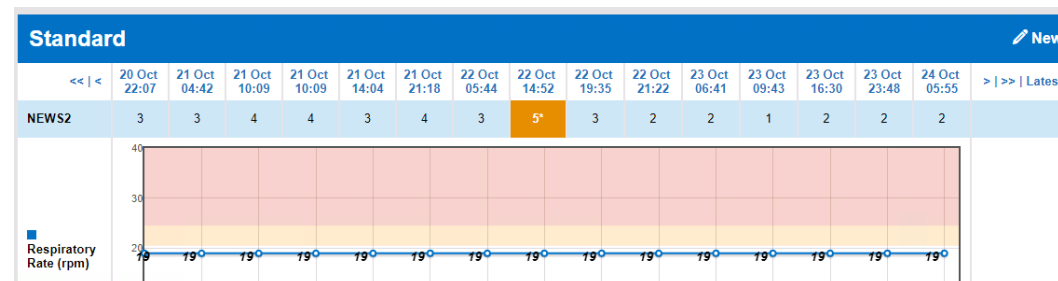
Retriggers do not change the way an Early Warning Score is calculated.

Sometimes this is referred to as “Retriggers” or “individually modified baselines” and allows a doctor to amend the acceptable range for an individual patient.

If a patient has “alarm overrides” listed, the system will cross check with these when observations are entered and adjust the alarms and warnings accordingly.

**It is important to note that these will never change the overall NEWS2 score.**

**If there has been an alarm override or if the patient triggered one of their individual baseline scores, you will see this flagged with an Asterix next to the relevant score, and the overall NEWS2.**





# 10 – How to use eObservations

To add a set of observations, you can click on either “New” or “add observations”. Simply fill in the values shown and press submit at the end.



The score will be automatically added up and shown as the latest set of observations on the right hand side.

If the patient has triggered either the overall NEWS2 threshold, an individual parameter threshold or an individually modified baseline you will need to document your actions.

To see how, click on the next video “How to take action on a NEWS Score”

A screenshot of the NEWS2 eObservations form. The form is titled "NEWS2 Actions:" and has a dropdown menu with "--" selected. Below the title, there are several input fields for different parameters: "Respiratory Rate (rpm):", "SpO<sub>2</sub> (normal target) (%)", "SpO<sub>2</sub> (target 88-92%, air) (%)", "SpO<sub>2</sub> (target 88-92% on O<sub>2</sub>) (%)", "Air/O<sub>2</sub> (%)", "BP syst. (mmHg):", and "BP diast. (mmHg):". At the bottom of the form, there are two buttons: a green "Submit" button with a checkmark icon and a red "Cancel" button with an 'X' icon.

# 11 – Taking action on a NEWS2 score

If the patient has triggered either the overall NEWS2 threshold, an individual parameter threshold or an individually modified baseline you will see a **yellow warning appear**. This will show you what exact observations are triggering and will give you a **prompt, to Take Action**.

You must press this button and you will be taken to a **form to complete** to document the actions you have taken as a result of this set of observations and any relevant escalations made.

You will see the latest set of observations automatically populated on this form and you must enter in your actions before you press submit.

**Remember, if one of the actions is the need to increase the frequency of observations, you can set this reminder for this on the main Ward Tracker view (see video 12).**

**Observations** All Standard Additional Observations

**Warning:**  
NEWS2 high: 13  
Retriggered alarm: Pulse (HR) <40.00 (bpm) >90.00 (bpm) triggered by 115  
Patient is confused: C  
Retriggered alarm: Temperature <36.10 (°C) >39.00 (°C) triggered by 40  
Pyrexia: 40  
NEWS TEMP = 2: 40  
Red Flag Sepsis: 12  
Mrs. Jessica Brown has a NEWS2 Score of 1 or more.

**Take action**

**NEWS2 Actions**

Bleep / Extension 45690 - Dr Ho

Add / edit your bleep numbers

Patient RE: Mrs Jessica BROWN  
DOB: 01/01/1960  
GP: . Unknown

NEWS2 SCORE	13		
Systolic BP	140 mmHg	Diastolic BP	45 mmHg
Pulse	115 bpm	Respiratory Rate	
SpO2 (on air)	88 %		
SpO2 (Target: 88-92% on air)	89 %	SpO2 (Target: 88-92% on oxygen)	89 %
Temperature	40 &deg;C	Alertness	C AVPU

Does this person have modified baseline observation values?

Are there documented modifications to baseline observation parameters, as assessed by a doctor?

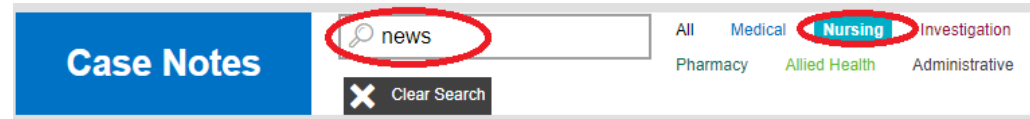
If yes, Do these observations fall within this patient's modified baseline parameters?

Are these observations within this person's modified baseline values, as per the previous question?

NEWS2 Actions\*

# 11 – Taking action on a NEWS2 score

To review any actions taken for scoring NEWS, you can see these within the Case Notes section of the patient's record. You can search for just these by using the **Nursing filter** or by **typing in NEWS** in the search bar.



08:01 Wed 06-Nov-2019 **NEWS2 Actions**

**NEWS2 Actions**

Bleep / Extension 45690 - Dr Howser

Patient RE: Mrs Jessica BROWN

DOB: 01/01/1960  
GP: , Unknown

NEWS2 SCORE	13
Systolic BP	140 mmHg
Pulse	115 bpm
SpO2 (on air)	88 %
SpO2 (Target: 88-92% on air)	89 %
Temperature	40 °C
Does this person have modified baseline observation values?	Yes
If yes, Do these observations fall within this patient's modified baseline parameters?	No
<b>NEWS2 Actions</b>	Escalation to the senior on shift.

Dr Doogie Howser  
Doctor - (45690)

Additionally, on the main Ward Tracker, you can click on **this column** to view the latest action taken for that patient. This can give ward and site managers as well as doctors oversight of their patient's condition.

Ward View							+ Add attendance
Patient	Bed	Date of Admission	Obs frequency	NEWS2 ↑	<b>NEWS2 Action</b>	Jobs	
Mrs Julia SMITH 5555 Local: 5555 01-Jan-1965	Bed 6	1 Apr 04:10	NEWS2 every: 1h 30m Overdue: 27 Jun 16:00	News2: 0 27 Jun 14:30	27 Jun 15:29 Mr Damian Quinn		
Mrs Jessica BROWN 2222 Local: 2222 01-Jan-1960	Bed 2	6 Nov 08:28	NEWS2 every: 1h 0m Next due: 09:28	<b>News2: 10</b> 08:28	<b>08:32</b> Dr Doogie Howser		

- Messages
- Drugs Round
- Deteriorating Patient
- Ward View**
- Test Tracker

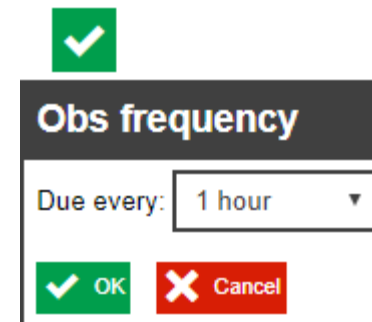
# 12 – How to update frequency of observations on ward tracker

You can set a regular frequency for observations to be taken and recorded within PatientSource from your ward tracker. This will give you a visual reminder if a set of observations has not been recorded to this frequency.

Ward View <span style="float: right;">+ Add attendance</span>					
Patient	Bed	Date of Admission	Obs frequency	NEWS2 ↑	NEWS2 Action
<b>Mrs Julia SMITH</b> 5555 Local: 5555 01-Jan-1965	Bed 6	1 Apr 04:10	NEWS2 every: 1h 30m Overdue: 27 Jun 16:00	News2: 0 27 Jun 14:30	27 Jun 16:29 Mr Damian Quinn
<b>Mr Test TESTPATIENT</b> A10001 Local: A10001 01-Jan-1990	Bed 1	26 Jun 12:40	NEWS2 every: 2h 0m Overdue: 01 Aug 17:44	News2: 0 01 Aug 15:44	27 Jun 12:43 Mr Damian Quinn
<b>Mrs Jessica BROWN</b> 2222 Local: 2222 01-Jan-1960	Bed 2	26 Feb 10:36	NEWS2 every: 2h 0m Next due: 10:28	News2: 10 08:28	08:32 Dr Doogie Howser

To view the current frequency, find your ward on the main menu on the left-hand side. In this table, you will see all of your patients and in **this column** you will find the current observation frequency. This square will turn purple if a set of observations is overdue for recording.

If you need to change this frequency, for example as the action of a set of observations triggering a concerning NEWS score, you can do so by clicking on the square and adjusting the frequency.



The dialog box is titled "Obs frequency" and features a green checkmark icon at the top left. It contains a dropdown menu labeled "Due every:" with "1 hour" selected. At the bottom, there are two buttons: a green "OK" button with a checkmark and a red "Cancel" button with an 'X'.

Remember to change it back if the patient returns to their normal frequency of observations.