Royal United Hospital Bath NHS
NHS Trust

InPatients

Allergies, Alerts and Discharge Summaries

1. **Allergies**
2. **Alerts**
3. **Discharge Summary**

Support available:

Please contact your local Champion User

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RUH

CERNER

BT
Bringing it all together

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Allergies

1 Recording No Known Allergies

Note: On Patient Activity List the following symbols are used for allergies
current allergy no known allergies
no allergy information recorded

Step 1. Open PowerChart, search for and select the relevant patient record using PAL
Patient Access List

Step 2. Select Allergies from the Side Bar menu.

Step 3. Click No Known Allergies

Note: If the patient has any current allergies recorded this function will not be available. You will need to cancel existing allergies first

Step 4. In the Allergies pane record any additional information as required. Click OK.

Result: The Patient Banner Bar displays , **Allergies: Allergies Not Recorded** and the **Patient Access List** and **Patient List** are updated

1 Recording Allergies

Step 1. Within PowerChart on PAL
Patient Access List double click on required patient name. Patient Record will open

Step 2. Select Allergies from the Side Bar menu

Step 3. Select Add

Step 4. EITHER enter the Allergies in the Search field and use Binoculars & select appropriate Snomed code and select OK

Or use Favourites. Click on Favourites for your favourites

Or Folders to access Trust defined Common Allergies Double click on the required allergy

Allergies

Step 5. Complete Reaction (using search or folders/favourite as above)

Step 6. Complete other mandatory fields that will be useful to your colleagues (e.g. severity etc)

Step 7. Click OK.

Result: The allergy is added to the patient record.

1 To modify an allergy

Step 1. In Patient Record Select Allergies from the Side Bar menu. Right Click on the Allergy , from the dialogue box select **Modify**

Step 2. Amend the details as required Click OK.

1 To cancel an allergy

Step 1. Right Click on the Allergy , from the dialogue box select **Modify**

Step 2. Within the **Status** field select "Resolved" if the allergy is no longer affecting the patient and "Cancelled" if it was added in error etc (for cancelled you must also give a reason) Click OK

Result: The Allergy is updated and the status set to "inactive" i.e. removed from the "active" list.

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Alerts

2 Recording An Alert

Step 1. Open PowerChart, search for and select the relevant patient record using Patient Access List

Step 2. Select Problems and Diagn... from the Side Bar Menu

Note: The problems pane is used for recording alerts (as well as clinical problems). **What makes a problem an alert is selecting a flag in the classification field** (e.g. patient preference flag)

Step 3. Select Add in the Problems Pane

Step 4. Click on the Folders icon (note **user must only use Alerts in the Trust Folder**) . Double click on the required allergy

Step 5. Select the appropriate Flag from the **Classification** Field

Step 6. Complete other mandatory fields that will be useful to your colleagues (e.g. Age of Onset) etc.) and Click **OK**

Result: The problem details are displayed in the Problem pane of the Problems and Diagnoses tab. The type of Alert will also be displayed in the Patient Access List

2 To update an Alert

Step 1. **Right-click** the existing alert then select **Modify Problem** from the context menu.

Step 2. Modify or add to the data as required (for example, modify the Onset Date).

Step 3. When all modifications have been completed, click **OK.**

Result: The Problems pane is updated to include the modified data.

2 To cancel an Alert

Step 1. **Right-click** the existing alert then select **Modify Problem** from the context menu.

Step 2. Select "Cancelled", "inactive" or resolved" in the status drop down in the Status field (if cancelled is selected a reason must be given) Click OK

Result: The Problem has been removed from the Active record.

Discharge Summary

3 Nurses Contribution to the Discharge Summary

Scenario: Nurses will now be adding nursing needs (e.g. Suture removal , redressing) to the discharge summary
Any Doctor, Nurse, or AHP can create and sign a Discharge summary but only the doctor can finalise it.

Step 1. To create a new Discharge Summary select Patient on the PAL Patient Access List, to open the patient record. Select the Documentation Documentation tab from the side bar menu

Step 2. A list of current documentation will appear in the documentation

Step 3. Check Discharge Summary does not already exist (i.e. is already in the list).

Step 4. If it does, it can be modified by clicking on the discharge summary press Modify button. Select Correct Document and OK go to step 7.

Step 5. If the document does not exist click the Add Add icon to create one.

Step 6. Select **Discharge Summary** from the **Type** dropdown list . Search for "RUH" in **search field** and select **RUH Discharge Summary** click OK

Step 7. The system will generate the discharge summary – click OK (you can use the tick list to omit/include sections click OK)

Step 8. Use the list on the RHS to navigate within the document e.g. for nursing – Basic Information / Nursing Information (clicking the icon)

Step 9. Click on No Nursing needs or the M to open up macros to record nursing needs, complete nursing needs by typing in any requirements for the practice nurse etc. and click OK

Step 10. Sign Sign at the bottom on screen

Result: When the discharge summary has been signed (by anyone, finalised (by a doctor) and the patient discharged from the system. The discharge summary will be sent electronically to the GP practice

Discharge Summary

4 Printing to the Discharge Summary

Step 1. Within the patient record select the Documentation Documentation tab from the side bar menu

Step 2. Click on the discharge summary to select it

Step 3. The system will display the document in the right hand pane

Step 4. Use the Print icon to print the document.

Note: TTAs
A list of TTAs will now accompany the TTA bag from pharmacy
Use this list to sign that TTAs have been given to the patients and file copy in patient notes

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