

GENERAL CRITICAL CARE INTERACTION WITH HEPMA – ROYAL INFIRMARY OF EDINBURGH

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BACKGROUND

In May 2022, the HEPMA electronic prescribing system will be introduced to the Royal Infirmary of Edinburgh. The system will be used in all clinical areas except for General Critical Care, Cardiothoracic Critical Care and the Emergency Department. This document outlines the process by which General Critical Care will transition prescriptions between the HEPMA system and the Critical Care paper Kardex.

Of note, an electronic Clinical Information System (CIS) will soon be introduced to Critical Care. It is anticipated that an interface between the CIS and HEPMA will allow some automation of the transition process. This document is therefore applicable only to the period preceding CIS introduction.

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PATIENTS BEING ADMITTED TO GENERAL CRITICAL CARE

PATIENTS ADMITTED FROM THE EMERGENCY DEPARTMENT

- ED will continue to use existing paper prescription. No difference from current arrangement is anticipated.
- The Critical Care Prescriber will write a paper critical care Kardex on admission to the unit considering:
 - Drugs prescribed and administered on the ED prescription form
 - Care should be taken to note recently administered PRN drugs on the critical care Kardex to avoid repeat administration before minimum time between doses has elapsed.
 - Additional drugs deemed necessary by the Critical Care Team
 - Relevant long-term drugs identified in a medicine reconciliation process.

PATIENTS ADMITTED FROM WARD AREAS (INCLUDING ACUTE ASSESSMENT UNIT, SURGICAL OBS, AND WARDS ON OTHER NHS Lothian sites)

- The ward team will print a paper copy of the HEPMA prescription chart (MAC) and drug administration record (MAP) at the time of patient transfer.
- The ward team will be responsible for suspending the HEPMA prescription at time of printout.
- The Critical Care Prescriber will write a paper critical care Kardex on admission to the unit considering:
 - Drugs prescribed and administered on the ward MAC and MAP printout
 - Care should be taken to note recently administered PRN drugs on the critical care Kardex to avoid repeat administration before minimum time between doses has elapsed.
 - Additional drugs deemed necessary by the Critical Care Team
 - Relevant long-term drugs identified in a medicine reconciliation process.
- The prescriber will score through the MAC and MAP charts to void that prescription.

PATIENTS ADMITTED FROM THEATRE SUITE, INTERVENTIONAL RADIOLOGY, CARDIAC CATHETERISATION LABORATORY (EITHER VIA RECOVERY OR DIRECT ADMISSION)

- The anaesthetic team will prescribe drugs necessary for the post operative period on HEPMA. This will include but not limited to analgesics, anti-emetics, thromboprophylaxis, antimicrobials and immunosuppression.
- In recovery areas, HEPMA will be used for prescription and administration of medications.
- At the **time of departing the theatre suite** the theatre or recovery team will print a paper copy of the HEPMA prescription chart (MAC) and drug administration record (MAP).

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- The theatre/recovery team will be responsible for suspending the HEPMA prescription at time of printout.
- The Critical Care Prescriber will write a paper critical care Kardex on admission to the unit considering:
 - Drugs prescribed and administered on the ward MAC and MAP printout
 - Care should be taken to note recently administered PRN drugs on the critical care Kardex to avoid repeat administration before minimum time between doses has elapsed.
 - Additional drugs deemed necessary by the Critical Care Team
 - Relevant long-term drugs identified in a medicine reconciliation process.
- The prescriber will score through the MAC and MAP charts to void that prescription.

PATIENTS ADMITTED FROM OTHER HEALTH BOARDS

- No difference from current arrangement is anticipated.
- The Critical Care Prescriber will write a paper critical care Kardex on admission to the unit taking into account:
 - Drugs recorded on the transfer paperwork
 - Care should be taken to note recently administered PRN drugs on the critical care Kardex to avoid repeat administration before minimum time between doses has elapsed.
 - Additional drugs deemed necessary by the Critical Care Team
 - Relevant long term drugs identified in a medicine reconciliation process.

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PATIENTS DISCHARGED FROM CRITICAL CARE TO ANY NHS Lothian WARD AREA

- Critical Care staff should pro-actively identify patients who are approaching the point of step down. The 9am and 3pm bed meeting will be used as a prompt to review current patients and plan discharge paperwork including HEPMA prescription.
- When patient is identified as suitable for ward step down, the Critical Care Prescriber writing the immediate discharge letter will populate the HEPMA prescription.
- At the time of Critical Care departure, the Critical Care Prescriber will activate the HEPMA prescription and score through/void the critical care Kardex.
- **Patient Controlled Analgesia, Local Anaesthetic Catheters and Variable Rate Intravenous Infusions:**
 - Some groups of drugs also require the completion of a paper prescription chart. These include:
 - Variable rate intravenous infusions
 - Patient Controlled Analgesia
 - Local Anaesthetic Infusions via Peripheral Nerve, Fascial Plane, or Wound Catheters
 - Some of these drugs will be relevant to many discharge areas (e.g. actrapid for sliding scale and PCA opiates) others will apply infrequently to a small number of specialist areas (e.g. noradrenaline to 215; labetolol to 105A).
 - All of these drugs will be prescribed on HEPMA but will appear as a 'placeholder' rather than a formal prescription for administration. (This serves to alert nursing staff that a paper infusion chart is in use).
 - HEPMA will prompt the prescriber to complete the necessary paper form. These are the existing paper forms currently in use for these drugs. Some drugs have a specific, pre-printed form; others should be prescribed on a blank IV infusion form.
 - See table 1 for details of relevant drugs.
- Responsibilities:
 - Critical Care:
 - Will prescribe on HEPMA those drugs being administered during the patients Critical Care admission that are to be continued on the ward.
 - Will **not** prescribe routine drugs that have not been administered during the critical care stay.
 - Will indicate routine drugs that have been stopped or withheld, and the rationale for that decision, on the immediate discharge letter as is current practice.
 - It is expected that the ward team will:

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- Continue the practice of a suitably qualified doctor or practitioner reviewing all critical care step downs as soon as possible after ward admission. We would anticipate this occurring within one hour of ward admission.
- As part of the review, assess patient, observations, relevant blood results and the HEPMA drug prescription.
- Conduct a full medicine reconciliation and review within 12 hours of critical care step down.

DRUGS REQUIRING ADJUVANT PAPER FORM

<i>DRUG</i>	<i>ROUTE</i>	<i>FORM</i>
<i>ACTRAPID (SLIDING SCALE)</i>	<i>Variable rate intravenous infusion</i>	<i>Specific – Sliding Scale</i>
<i>DOBUTAMINE</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>
<i>GTN</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>
<i>HEPARIN</i>	<i>Variable rate intravenous infusion</i>	<i>Specific – Heparin infusion chart</i>
<i>KETAMINE</i>	<i>Subcutaneous</i>	<i>Specific – Ketamine infusion chart</i>
<i>LABETOLOL</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>
<i>LEVOBUPIVICAINE</i>	<i>Nerve, wound or fascial plane catheter</i>	<i>Specific – regional analgesia prescription</i>
<i>NALOXONE</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>
<i>NORADRENALINE</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>
<i>OPIATE (PATIENT CONTROLLED ANALGESIA)</i>	<i>Patient controlled intravenous infusion</i>	<i>Specific – PCA chart</i>
<i>PHENYLEPHERINE</i>	<i>Variable rate intravenous infusion</i>	<i>Generic infusion chart</i>

Table 1 – Drugs requiring an adjuvant paper form

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HEPMA SUPPORT

When you first log in - log in to the HEPMA application (on the desktop or via NHS Lothian applications) using the HEPMA password and reset your password, then you will be able to log in via TRAK using your TRAK password.

Password Resets: via eHealth in hours on 85050 or ServiceNow and out of hours as switchboard for the eHealth on-call manager (not HEPMA).

HEPMA is Offline: Contact Site and Capacity or HAN.

Prescribing and Administration Advice: Mon-Fri 8.30am-4.30pm email HEPMATeam@nhslothian.scot.nhs.uk out with these times emergency advice for prescribing and administration can be accessed via on call HEPMA Team

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