

# Quick Reference Guide (QRG)

## Ordering Care Plans

*A Care Plan is initiated to support the coordination of care and provide a centralised place in which to manage patient centred goals and showcase interventions in place.*

*It facilitates optimal outcomes for patients during their admission, by enabling an interdisciplinary team to share assessments, goals and interventions.*

*This guide will enable the user to:*

- *Principles of Care Plans*
- *Types of Care Plans*
- *Order and Initiate a Care Plan*
- *Accept and Initiate a Suggested Care Plan*
- *Add an Order to a Care Plan*

### Principles of Care Plan

All patients are to have between 2 and 5 Care Plans as determined by the Nurse on admission or as the patient's condition changes. Multiple Care Plans are available that meet the Foundations of Care Nursing Standard. It is a National Standard that patients admitted for greater than 24 hours, have a Care plan initiated and documented against.

There are 4 Interdisciplinary Care Plans that are shared by Nursing and Allied Health:

**Altered Mobility** Care Plan

**Altered Airway** Care Plan

**Altered Nutritional Status** Care Plan

**Subacute Goal Setting** Care Plan (for Interdisciplinary Care Team meetings only)

**ONLY** Registered Nurses Div.1 and Allied Health Professionals can initiate Care Plans in the EMR.

Registered Nurses Div. 2 (Enrolled Nurses) can **NOT** Initiate Care Plans in the EMR as it is out of their Scope of Practice.

Nursing Students and Allied Health Students are **NOT** allowed to initiate care plans as there is no functionality to co-sign within Care Plans in the EMR.

### Types of Care Plans

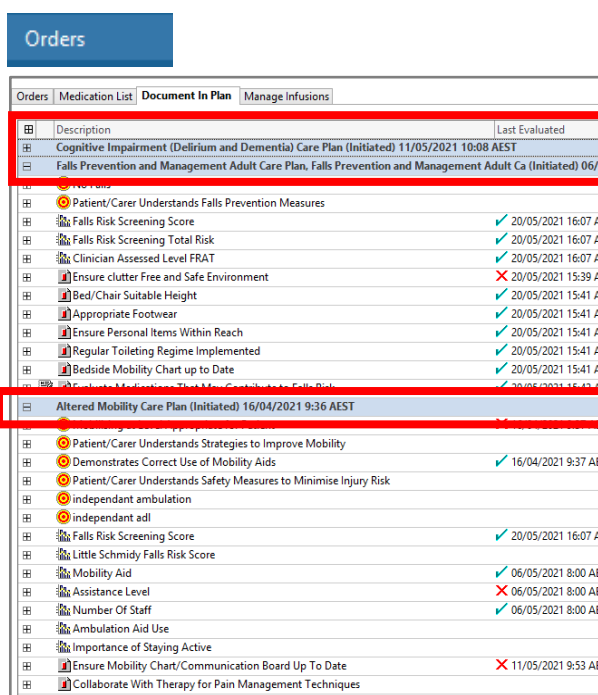
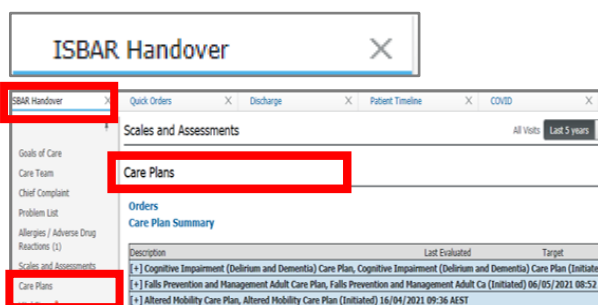
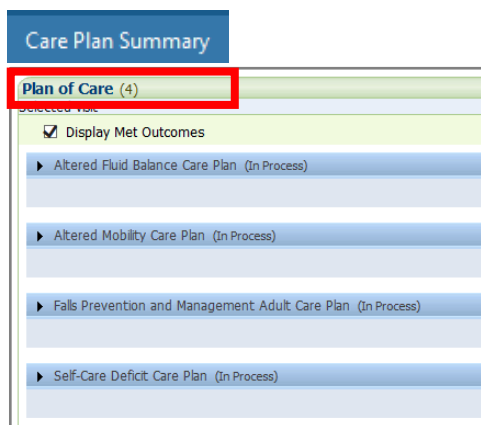
There are two types of Care Plans:

- **Clinician Initiated:** These Care Plans are **ordered** via the Orders tab or Quick Orders, by the clinician, based on their judgement and the patient's clinical needs
- **System Suggested:** Suggested Care Plans are recommended by the system based on abnormal risk assessment scores

**NOTE: Do not reject** any Suggested Plans of Care that you have not initiated unless not clinically relevant. They will not be suggested again for the patient during that encounter.

## Order and Initiate a Care Plan

1. Firstly, check to see which Care Plans the patient may already have in place either in **Care Plan Summary**, or in Patient Summary **ISBAR Handover**, or in **Orders**.

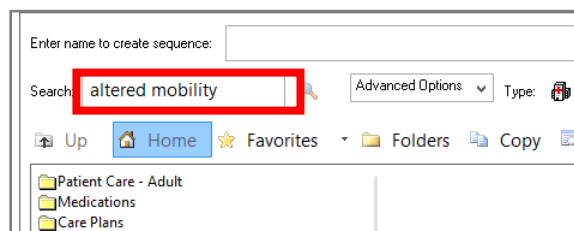


2. Open the patient's chart and click **+Add** in the Orders tab in the Menu

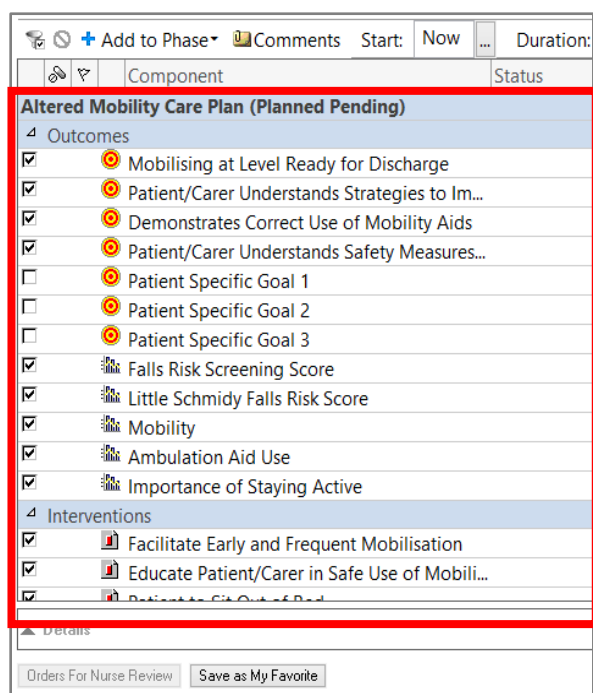
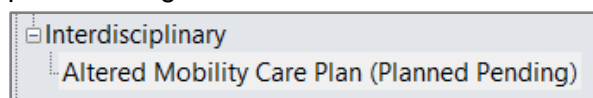


**NOTE:** Prior to ordering a Care Plan, check the **Suggested Plans** section in the **Orders View** menu.

3. Type the required Care Plan in the search pane (eg. Altered Mobility Care Plan) and **select**








4. This will display the Care Plan in its planned stage in the Orders View menu

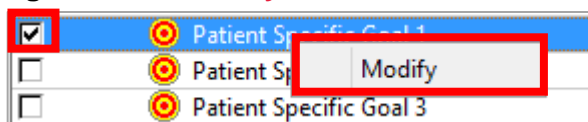


5. Identify the various icons:

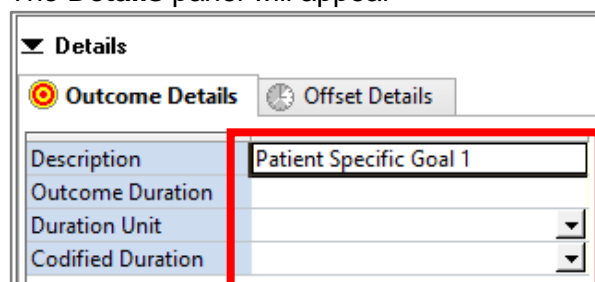
- **Outcomes/Goals**  are pre-set patient centred Goals to be achieved by the patient

- **Patient Specific Goals**  are Goals that can be customised to the patient's specific needs
- **Indicators**  are assessments or evaluation scores completed in either Interactive View or the Care Plan are displayed to aid the clinician when documenting
- **Interventions**  are Tasks or Activities completed by the clinician with/for the patient to achieve their Goals
- **Persistent Notes**  are reminders for the clinician to note prior to proceeding through the Care Plan
- **Orders**  are Orders that are attached to the Care Plan

6. Tick the relevant **Outcomes, Indicators** and **Interventions** for the patient
7. For Patient Specific Goals and Interventions tick the box to the right, and **right click** to **modify**



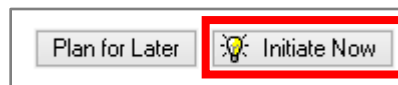
The **Details** panel will appear



8. **Double click** into the cells to modify and enter the necessary information including duration
9. **ENs** - select **Plan for Later**, (by Scope of Practice, ENs cannot initiate a Care Plan. Advise the RN that the Care Plan is ready to Initiate.



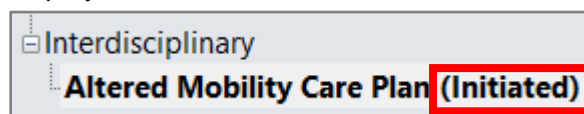
10. **RNs** - Once completed setting up plan, or reviewing and modifying the EN's Planned Care Plan, click **Initiate Now** to sign



11. Check that the initiated Care Plan is in the Orders list and click **Sign**

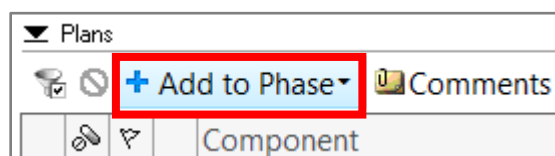


12. Once signed, the Care Plan stage will display as Initiated

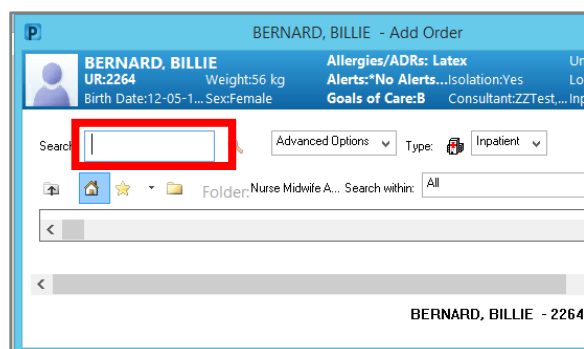


### Add an Order to the Care Plan from Other Care Plans

1. Add or modify the details of each item within the plan as necessary
2. Add any other Care Plan's goals or outcomes/interventions to a phase by clicking the **Add to Phase** button and selecting **Add Order** or **Add Outcome/Intervention**



3. If **Add Order** is selected, this will take you to the Orders window



4. If **Add Outcome/Intervention** is selected, this will take you to a window where additional outcomes can be searched for and added to the Care Plan

- Click **Initiate Now** to sign.

## The Relationship between Risk Assessments and Care Plans

A **risk assessment score** which is **medium** or **high** will trigger a system generated **Suggested Care Plan** for the following Care Plans.

| Risk Assessment                | Score that Triggers Suggested Care Plan | Associated Care Plan                            |
|--------------------------------|---|---|
| Falls (FRAT)                   | > 5                                     | Falls Prevention & Management (adult)           |
| Delirium & Cognition 4AT       | > 1                                     | Cognitive Impairment (Delirium & Dementia)      |
| Nutrition (MUST)               | > 1                                     | Altered Nutritional Status                      |
| Pressure (Braden)              | < 13                                    | Pressure Injury Prevention & Management (adult) |
| Falls (Little Schmidy - paeds) | > 2                                     | Falls Prevention & Management (adult)           |
| Nutrition (PNST - paeds)       | > 1                                     | Altered Nutritional Status                      |
| Pressure (Glamorgan - paeds)   | > 9                                     | Pressure Injury Prevention & Management (paeds) |

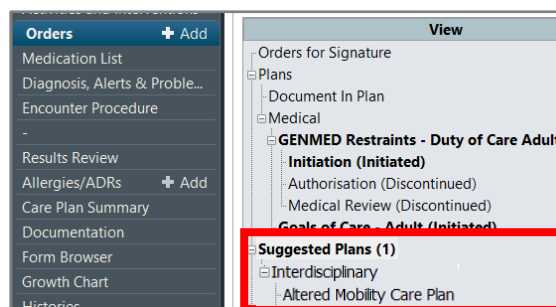
## Accept and Initiate a Suggested Care Plan

To **Accept a Care Plan** from **Suggested Plans**:

- Open the patient's chart and click **Orders** in the Menu

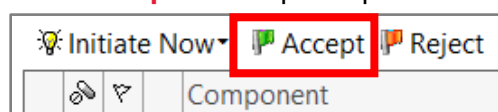


- Click the **Suggested Plans** in the **View Menu** and select the relevant Care Plan (eg. Altered Mobility Care Plan)



**NOTE:** As a result of a High Transfer & Mobility score on the FRAT Assessment, an Altered Mobility Care has been suggested for the patient.

- Click **Accept** to accept the plan



- Once the Care Plan is **accepted**, the user will be able to select the required goals and interventions as shown above.

Refer to Documenting in Care Plans QRG for how to document after ordering.