

PATIENT ASSESSMENT

Rafik Hariri University Hospital
(RHUH) Experience

By :

Miss Zahia Abou Hamzy

Mr. Salem AL-Akoum

Content

Introduction

Patient Assessment Process Flow

Process Obstacles, Solutions And Evaluation

References

L. INTRODUCTION

- a. RHUH History
- b. Health Management Information System (HMIS)

FRONT OFFICE

Refresh Nursing intervention Go to Front Office...

Physician Name:--
(Connected to life Database)

Patient ID: /
Patient Number: 558704 Birth Date: 03/03/1977

ABDELRAHMAN DASSOUKI Started: 19/02/2011 Ended: Selected Bed: Room 1501, Bed A

Number of 26 Patients In-Hospital Nurse Station

Set My Patients

Alarming Data Problems List Front Page POMR Medical Orders
Progress Notes Medication Sheet Lab Results Radiology Report Diagnostic Proc...
Pathology Repor... Consults Operative Reports Anesthesia Rec... Critical care
Rehabilitation/ P... Chemotherapy Radiotherapy Dialysis ER Records
Additional care Tracking Reports/Queries Nursing File Nursing Progres...
Nursing interven... Previous Admis... OPD Visits Other Data Discharge Report

Beirut Governmental University Hospital ZABOUEHAMZY@life 08/03/2011 10:45 CMM 22/03/2004 - [CMM]

Window

BEIRUT GOVERNMENTAL UNIVERSITY HOSPITAL

USER: ZAHIA ABOU HANZY
WS#: 990001 Main Station 08-MAR-2011

Main prog. Queries Report Masterfiles Tables

Add Physician
General Maintenance Order
Hospital Maintenance
Occupied Beds Browse
Room Renewal

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Patient Assessment Procedure

Flow

- A. Front Office
- B. MRM

| First | Middle | Mother's Name: | | | |
|---|---|--------------------------------------|------|-----|---------------|
| Date of birth: 03/03/1977 | Age: 34 YEARS | Marital Status: | | | |
| 1184843 | Nationality: Lebanese | Country of Residence: LEBANON | | | |
| Phone: 06895733 | Mobile: | Email: | | | |
| address: fnaydek akkar | Guarantor: PUBLIC MINISTRY OF HEALTH | | | | |
| MHAMAD ABDELRAHMAN DASSOUKI | Discharge Date/Time: | | | | |
| ime: 19/02/2011 09:38:19 | | | | | |
| Room 1501 , Bed A | | | | | |
| <p>Emergency Contact Person</p> <p>Name: NA</p> <p>Relation: NA</p> <p>Address: NA</p> <p>Phone: NA</p> | | | | | |
| Activity | Physician's Name | Nurse Station | Room | Bed | Accommodation |
| 09:38:08 ? Admission | OSMAN SALAH ITANI | EI | 1023 | A | D |
| 09:46:25 ? Transfer To | OSMAN SALAH ITANI | IC | 1725 | H | D |
| 09:46:25 ? Transfer From | OSMAN SALAH ITANI | EI | 1023 | A | D |
| 09:42:19 ? Transfer To | OSMAN SALAH ITANI | 1E | 1507 | A | W |
| 09:42:19 ? Transfer From | OSMAN SALAH ITANI | IC | 1725 | H | D |
| 09:02:26 ? Change Attend Doctor | MOHAMAD ABDELRAHM 1E | | 1507 | A | W |
| 09:43:48 ? Transfer To | MOHAMAD ABDELRAHM 1E | | 1501 | A | W |
| 09:43:48 ? Transfer From | MOHAMAD ABDELRAHM 1E | | 1507 | A | W |

le Moncef Al Ako
0001 Main Station

HOSPITAL MANAGEMENT INFORMATION SYSTEM

21-MAR-2011

Main prog.

Queries

Report

Masterfiles

Tables

**Room Renewal****Add Physician****General Maintenance Order****Hospital Maintenance****Occupied Beds Browse**

nt Management





I/S Des

Tot Patients 11 Total Companions 0 Occupation Rate INBOX

DAY SURGERY

Tot Beds 16 Total Occ. Beds 11 68.75 %

| Bed | Medical I | Patient's Name | Sex | Status | Doctor's Name | Acc. | Ext. | Iso | Clock | Microscope | Hammer | Skull | Phone | Bell |
|-----|-----------|----------------|-----|--------|-------------------|------|------|-----|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A | 1185104 | | F | IN | MOUSBAH BAKRI | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B | 1185111 | | | IN | MOUSBAH BAKRI | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1185107 | | | IN | MOUSBAH BAKRI | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B | 1185103 | | | IN | MOUSBAH BAKRI | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1165413 | | | IN | ALI CHOUKR | W | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1070462 | | | IN | ANTOINE KASHI | W | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1166219 | | | IN | RAMI NASR | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1181417 | | | IN | IMAD NABIH FARHAT | C | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A | 1184838 | | M | IN | KHALED ELZEIN | W | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

The patient exceeded the expected discharge date
The patient is temporary out

Search at All Nurse Stations

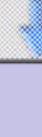
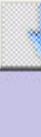
A red arrow points to the green bell icon in the top right corner of the grid.

| | | | | | | | | | |
|---------------------|---------|--------------------------|---|---------------------------|---------------------|------|--------------------------------|------------|----|
| Med # | 1184843 | Case No. | 2 | Nurse St./Room/Bed | 1E | 1501 | A | internal 1 | |
| Patient Name | | | | Admission Date | 19-02-2011 12:00 am | | | Age | 34 |
| Nurse | 263 | mohamed alwardany | | | Doctor Name | 440 | MOHAMAD ABDELRAHMAN DAS | | |
| Data Source | family | | | Relationship | | | | | |

Admission Data
Patient Data
Instructions
Pediatric Only
Fall Risk
◀
◀
▶
▶

| | | | | |
|------------------------|--------------------------|--------------|--|--|
| Admitted From | Emergency Admission | How Admitted | | |
| Admission Diagnosis | | | | |
| Hospitalization Reason | sub arachnoid hemorrhage | | | |
| Medical History | | | | |

| | | | | | | | |
|--------------------|--------------------|--------------|-------------|-----------------|---------------|---------------|---|
| Vital Signs | Temperature | Pulse | Resp | Blood P. | Height | Weight |  |
| | 51 | 18 | 120 | 74 | | | |

| | | | |
|---|--|--|--|
| Physical Assessment | | Psychological Assessment | |
| <input type="checkbox"/> Confused <input type="checkbox"/> Sedated <input type="checkbox"/> Headache <input type="checkbox"/> Agitated | |   | |
| <input type="text" value="Comments"/> | |  | |

Authenticate Assessment

| | | | | | | | |
|---------|-----------------|---|-----------------------|---------------------|-----------|-----|------------|
| 1185777 | Case No. | 2 | Nurse St / Room / Bed | 1F | 1533 | A | internal 1 |
| | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| 159 | KHALED DAKDOUKI | | Doctor Name | 54 | IYAD ISSA | | |
| | | | Relationship | | | | |

Data Patient Data Instructions Pediatric Only Fall Risk ← → ↻ ↻

From Cancel Admit to Secondary Fe

Diagnosis

Reason

History

| | | | |
|-------------|-------|------|------|
| Temperature | Pulse | Resp | Bloc |
| | | | |

Physical Assessment

Assessment

Authenticate Assessment

How Admitted



CMM 30/03/2005

Physical Assessment



| | |
|---|------|
| ▲ | 18 |
| | 18.2 |
| | 18.4 |
| | 18.5 |
| | 18.7 |
| | 18.9 |



Respiratory system

Labored breathing

Tachypnea

Shallow breathing

Crakles Lt lung

Productive cough

Admission Assessment

| | | | | | | | | |
|--------------|---------|----------|----|-------------------|--------------------------|------|---|------------|
| Med # | 1014260 | Case No. | 22 | Nurse St/Room/Bed | 1D | 1431 | B | internal 2 |
| Patient Name | | | | Admission Date | 14-03-2011 12:00 am | | | Age |
| Nurse | | | | Doctor Name | 3005 ABDULRAHMAN SHATILA | | | |
| Data Source | | | | Relationship | | | | |

Admission Data Patient Data Instructions Medication Chart Fall Risk

CMM 30/03/2005

Psychological Assessment

| | | |
|---|-----------|-------------------------------------|
| 1 | Calm | <input checked="" type="checkbox"/> |
| 2 | Withdrawn | <input type="checkbox"/> |
| 3 | Anxious | <input type="checkbox"/> |
| 4 | Fearful | <input type="checkbox"/> |
| 5 | Euphoric | <input type="checkbox"/> |
| 6 | Angry | <input type="checkbox"/> |

| | | |
|--------------------------|--------------------------|--------------------------|
| How Admitted | <input type="checkbox"/> | <input type="checkbox"/> |
| IP. | Height | Weight |
| | <input type="text"/> | <input type="text"/> |
| Psychological Assessment | | |
| <input type="text"/> | | |

| | | | | | | | | |
|--------------|---------|-------------------|---|--------------------|---------------------|-------------------------|-----|------------|
| Med # | 1184843 | Case No. | 2 | Nurse St./Room/Bed | 1E | 1501 | A | internal 1 |
| Patient Name | | | | Admission Date | 19-02-2011 12:00 am | | Age | 34 |
| Nurse | 263 | mohamed alwardany | | Doctor Name | 440 | MOHAMAD ABDELRAHMAN DAS | | |
| Data Source | family | | | Relationship | | | | |

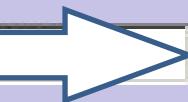
Admission Data Patient Data Instructions Pediatric Only Fall Risk

| | | | |
|-----------------------|------------|-------------|--|
| Home Medication | non | Equipment | |
| Procedures | non | | |
| Patient Critical Data | | | |
| Daily Habits | Prosthesis | Limitations | |
| | | | |

Patient Critical Data

Med #:

1184843



| ODE | Description | Comment |
|-----|-------------|---------|
|-----|-------------|---------|

| | | |
|---|--|--|
| 1 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Patient 1
Age: 34
ELRAHMAN DAS

All Risk



| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Admission Data Patient Data Instructions Pediatric Only Fall Risk < < > >

Home Medication

Procedures

Patient Critical Data

Daily Habits

Prostheses





Browser CMM 30/03/2005

Daily Habits

| | | | |
|--|---|------------|-------------------------------------|
|  | 2 | Camping | <input checked="" type="checkbox"/> |
|  | 3 | Hikes | <input type="checkbox"/> |
|  | 4 | Handicraft | <input type="checkbox"/> |
|  | 5 | Boating | <input type="checkbox"/> |
|  | 6 | Jogging | <input type="checkbox"/> |
| | 7 | Reading | <input type="checkbox"/> |

ADMISSION ASSESSMENT

| | | | | | | | |
|----------------|---------|-----------------|---|-----------------------|----------------------------|----------------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St / Room / Bed | 1F | 1533 A | Internal 1 |
| Patient Name | | | | Admission Date | 07-03-2011 12:00 am Age 85 | | |
| Nurse | 159 | KHALED DAKDOUKI | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | |
| Admission Data | | Patient Data | | Instructions | | Pediatric Only | Fall Risk |

Home Medication

Procedures

Patient Critical Data

Daily Habits

Prostheses





Browser CMM 30/03/2005

Prostheses

| | | | |
|---|---|------------------|-------------------------------------|
|  | 1 | None | <input checked="" type="checkbox"/> |
|  | 2 | Eye Glasses | <input type="checkbox"/> |
|  | 3 | Contact Lenses | <input type="checkbox"/> |
|  | 4 | Dentures, upper | <input type="checkbox"/> |
|  | 5 | Dentures, lower | <input type="checkbox"/> |
| | 6 | Dentures Partial | <input type="checkbox"/> |

| | | | | | | | | |
|---------------------|---------|------------------------|---|---------------------------|---------------------|------------------|---|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | | Age |
| Nurse | 159 | KHALED DAKDOUKI | | | 54 | IYAD ISSA | | |
| Data Source | | | | Relationship | | | | |

Admission Data Patient Data Instructions Pediatric Only Fall Risk

| | | |
|---|------------------------|-------------------------------------|
| 1 | Bathroom | <input checked="" type="checkbox"/> |
| 2 | Bed Control | <input type="checkbox"/> |
| 3 | Emergency Light | <input type="checkbox"/> |
| 4 | Siderails | <input type="checkbox"/> |
| 5 | ID Band | <input type="checkbox"/> |
| 6 | Patient Information Bo | <input type="checkbox"/> |
| 7 | Patient Rights | <input type="checkbox"/> |
| 8 | Patient Responsibiliti | <input type="checkbox"/> |

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|-----------|-----|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | Doctor Name | 54 | IYAD ISSA | | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Symptoms ◀ ▶ ▷

Fall Risk Assessment

General Condition

- Healthy
- Potential Debilitation
- Illness related Debilitation

Mental Status

Elimination

Mobility

Prior Fall Hx

Current Meds

Age

Total Score

0

SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING

| | | | | | | |
|---------|-----------------|---|-----------------------|---------------------|-----------|------------|
| 1185777 | Case No. | 2 | Nurse St / Room / Bed | 1F | 1533 A | internal 1 |
| | | | Admission Date | 07-03-2011 12:00 am | | Age |
| 159 | KHALED DAKDOUKI | | Doctor Name | 54 | IYAD ISSA | |
| | | | Relationship | | | |

data | Instructions | **Pediatric Unit** | Fall Risk | Signs & Symptoms | |

Risk Assessment

| | | |
|-------------------|----------------------|---------------|
| Initial Condition | Healthy | Elimination |
| Status | Fully Alert | Prior Fall Hx |
| | Fully Alert | Current Meds |
| | Periodic Deficit | Age |
| | Confused Disoriented | |

Total Score **0** SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|-----------|-----|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | Doctor Name | 54 | IYAD ISSA | | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Symptoms ◀ ▶ ▷

Fall Risk Assessment

| | | | |
|--------------------|---|--|---|
| General Condition | Healty | Elimination | |
| Mental Status | Periodic Deficit | Prior Fall Hx | |
| Mobility | <input type="button" value="Fully Ambulatory"/> <input type="button" value="Bedrest"/> <input type="button" value="Walks With Assist"/> <input type="button" value="Unsteady Without Assist"/> | Current Meds | |
| | | Age | |
| <u>Total Score</u> | 0 | <input type="button" value="Calculate"/> | SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING |

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Sympto◀ ▶ ▷

Fall Risk Assessment

| | | | |
|-------------------|--|--|--|
| General Condition | Healty | Elimination | <input type="button" value="▼"/> |
| Mental Status | Periodic Deficit | Prior Fall Hx | <input type="button" value="▼"/> |
| Mobility | <input type="button" value="▼"/> <ul style="list-style-type: none"> Fully Ambulatory Bedrest Walks With Assist Unsteady Without Assist | Current Meds | <input type="button" value="▼"/> |
| | | Age | <input type="button" value="▼"/> |
| Total Score | 0 | <input type="button" value="Calculate"/> | SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING |

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Symptoms ◀ ▶ ▷

Fall Risk Assessment

| | | | |
|-------------------|------------------|---------------|---|
| General Condition | Healty | Elimination | Nocturia |
| Mental Status | Periodic Deficit | Prior Fall Hx | |
| Mobility | Bedrest | Current Meds | None Yes, Previous Pt or At Home Yes - This Hospitalization |
| | | Age | |

Total Score

0

Calculate

SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Symptoms ◀ ▶ ▷

Fall Risk Assessment

| | | | |
|-------------------|------------------|---------------|--|
| General Condition | Healthy | Elimination | Nocturia |
| Mental Status | Periodic Deficit | Prior Fall Hx | Yes - This Hospitalization |
| Mobility | Bedrest | Current Meds | Drowsiness Causing Meds |
| | | Age | None Drowsiness Causing Meds Chang Drowsiness Causing Meds |

Total Score

0

Calculate

SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | A | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Patient Data Instructions Pediatric Only Fall Risk Signs & Symptoms ◀ ▶ ▷

Fall Risk Assessment

| | | | |
|-------------------|------------------|---------------|----------------------------|
| General Condition | Healthy | Elimination | Nocturia |
| Mental Status | Periodic Deficit | Prior Fall Hx | Yes - This Hospitalization |
| Mobility | Bedrest | Current Meds | Drowsiness Causing Meds |
| | | Age | Under 55 Over 55 |

Total Score

0

Calculate

SCORE LESS THAN 4 PATIENT IS AT RISK FOR FALLING

| | | | | | | | | | | |
|--------------|---------|-----------------|---|------------|----------------|-------------|------------|------------|----------|-----------|
| Med # | 1185777 | Case No. | 2 | Admit Date | 07-03-2011 | 12:00 am | Discharge | 07-03-2011 | 12:00 am | Attendant |
| Patient Name | | | | | Admission Date | | 07-03-2011 | 12:00 am | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | | Doctor Name | 54 | IYAD ISSA | | |
| Data Source | | | | | Relationship | | | | | |

Patient Data | Instructions | Pediatric Only | Fall Risk | Signs & Symptc |◀|◀|▶|▶|

Fall Risk Assessment

| | | | |
|-------------------|------------------|---------------|----------------------------|
| General Condition | Healthy | Elimination | Nocturia |
| Mental Status | Periodic Deficit | Prior Fall Hx | Yes - This Hospitalization |
| Mobility | Bedrest | Current Meds | Drowsiness Causing Meds |
| | | Age | Under 55 |

Total Score

6

Calculate

A score of 4 or More Patient is at Risk For Falling

| | | | | | | | | |
|--------------|---------|-----------------|---|--------------------|---------------------|------|-----------|------------|
| Med # | 1185777 | Case No. | 2 | Nurse St./Room/Bed | 1F | 1533 | A | internal 1 |
| Patient Name | | | | Admission Date | 07-03-2011 12:00 am | | Age | 85 |
| Nurse | 159 | KHALED DAKDOUKI | | | Doctor Name | 54 | IYAD ISSA | |
| Data Source | | | | Relationship | | | | |

Instructions

Pediatric Only

Fall Risk

Signs & Symptoms



Signs



Symptoms



Patient Assessment Procedure

Flow

- A. Front Office
- B. MRM



file

my(Nurse)

Physician Name:--

Physician's Specialty:--

2011 08:21:57 o= (Connected to life Database)

Name: []

Gender: Female

Account Number: 558704

Birth Date: 03/03/1977

Show Admission Data

: MOHAMAD ABDELRAHMAN DASSOUKI Started: 19/02/2011

Ended:

Selected Bed: Room 1501 , Bed A

| | | |
|-------------|--------------------|-------------------------------------|
| 011 | Number of Patients | 26 |
| 011 | In-Hospital | <input checked="" type="checkbox"/> |
| sources | By Nurse Station | |
| By Patient | | |
| on Patients | Get My Patients | |

Alarming Data

Problems List

Front Page

POMR

Medical Ord

Progress Notes

Medication Sheet

Lab Results

Radiology Report

Diagnostic Pr

Pathology Repor...

Consults

Operative Reports

Anesthesia Rec...

Critical ca

Rehabilitation/ P...

Chemotherapy

Radiotherapy

Dialysis

ER Recor

Additional care

Tracking

Reports/Queries

Nursing File

Nursing Prog

Home

Logout

Help

Help

Help

FALL ASSESSMENT RECORD

1184843

Medical #:

Unit: EI

Bed #:

A

Patient Room

1023



| Unit : | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| => Date and Shift | | | | | | | |
| Rehabilitation Institute | | | | | | | |
| Nursing Home | | | | | | | |
| ICU Transfer | | | | | | | |
| History of falls w/n last 3 months | | | | | | | |
| Confusion/ delirium | | | | | | | |
| Memory or cognitive impairments | | | | | | | |
| Ataxic/unsteady/shuffling gait | | | | | | | |
| Ambulates w assistance of a person | | | | | | | |
| Balance Impairment | | | | | | | |
| Unable to transfer/ ambulate | | | | | | | |
| Total Categories | | | | | | | |

"Previous Value" = No Previous Value
 "Name" = eme_eme_Edit178"Type"

category in section 1 qualifies a patient for STRICT FALL PRECAUTIONS

| => Date and Shift | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| Shortness of breath | | | | | | | |
| Unstable glucose levels | | | | | | | |
| Impaired judgment | | | | | | | |
| Impaired coordination | | | | | | | |
| Impaired balance | | | | | | | |
| Impaired gait | | | | | | | |
| Impaired strength | | | | | | | |
| Impaired reflexes | | | | | | | |
| Impaired sensation | | | | | | | |
| Impaired position sense | | | | | | | |
| Impaired depth perception | | | | | | | |
| Impaired visual acuity | | | | | | | |
| Impaired cognitive function | | | | | | | |
| Impaired memory | | | | | | | |
| Impaired judgment | | | | | | | |
| Impaired problem solving | | | | | | | |
| Impaired decision making | | | | | | | |
| Impaired planning | | | | | | | |
| Impaired execution | | | | | | | |
| Impaired initiation | | | | | | | |
| Impaired sequencing | | | | | | | |
| Impaired abstract thinking | | | | | | | |
| Impaired executive function | | | | | | | |
| Impaired language | | | | | | | |
| Impaired reading comprehension | | | | | | | |
| Impaired writing | | | | | | | |
| Impaired speech | | | | | | | |
| Impaired hearing | | | | | | | |
| Impaired taste | | | | | | | |
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FALL INTERVENTION RECORD

84843

Medical #:

EI

Bed #: A Patient Room 1023

| | NS/RM/BD | Order Date | Order Status | Execution Status | Order Type | Order | Requesting Physician | Physician Comment |
|--|-----------|--------------------------|--------------|------------------|------------|--------------------------------|----------------------|-------------------|
| | 1E-1507-B | 07/03/2011 11:19:02 ρ | Regular | Executed | Medication | PLZ GIVE 30CC DUPHALAC PO STAT | JOCELYNE GHANIMEH | |
| | 1E-1507-B | 07/03/2011 11:50:56 ρ | Regular | Executed | Other | tom cbcd | ISMAEL DIAB | |
| | 1E-1507-B | 07/03/2011 12:04:37 ρ | Regular | Executed | Other | X-ray rt hip | ISMAEL DIAB | |

| | NS/RM/BD | Status | Order Type | Order Category | Test/Drug Name | Physician's Comment | Checked By Nurse | Nurse's Co |
|----|-----------|------------|------------|----------------|--|---------------------|------------------|------------|
| D. | 1E-1507-B | Registered | LAB | Hematology | CBCD | | N | |
| D. | 1E-1507-B | Dispensed | PCY | Medication | IMIPENEM-CILASTATIN LABATEC INJ 500MG"Regular" Dose=1 EVERY 6 HOURS for 1 Week starting from 06/03/2011 01:07:44 ρ | S.Hammoud | N | |
| D. | 1E-1507-B | Dispensed | PCY | Medication | IMIPENEM-CILASTATIN LABATEC INJ 500MG"Regular" Dose=1 EVERY 6 HOURS for 1 Week starting from 06/03/2011 01:07:44 ρ | S.Hammoud | N | |
| D. | 1E-1507-B | Dispensed | PCY | Medication | IMIPENEM-CILASTATIN LABATEC INJ 500MG"Regular" Dose=1 EVERY 6 HOURS for 1 Week starting from 06/03/2011 01:07:44 ρ | S.Hammoud | N | |
| D. | 1E-1507-B | Dispensed | PCY | Medication | IMIPENEM-CILASTATIN LABATEC INJ 500MG"Regular" Dose=1 EVERY 6 HOURS for 1 Week starting from | S.Hammoud | N | |

| | | |
|-------------|----------------------------|---|
| 1073589 | Name: <input type="text"/> | Address: BEIRUT |
| :01/01/1928 | Gender: Female | Occupation: N/A |
| 3 | Started: 29/01/2011 | Ended: |
| | | Account Number: 551755 Financial Category: MOH032 |

Patient Info


MARIE SHAI
 Visit N
 Visit N
 Visit N

Nurses Progress Notes

| Date ▲ | Shift | Assessment | Nurses Progress Notes |
|--------------------------|---------|-----------------|--|
| 29/01/2011 03:38:35 ρ | evening | admited at 3 pm | new admission femal 83 years admited to floor with red cross under care dr z kreidly ,no medicatl history know because no family present ,pt cbr so water matress was applied ,voided in diappers,on room air,stable v s till now,occupied bed rose not whriten because we don t know anythink about pt |
| 29/01/2011 06:23:35 ρ | evening | | iv inserted nss 500 cc over 24h,blood test for cbc,d,chem,pt,ptt,lfts ,blood cx from 2 different sie seperated 20 taken,cxr done,for tomorrow blood test for lipid profile,digoxin,hba1c need report,duplex carotid need rpeort,on dm low animal fat diet,,ht and wt not taken because pt cbr,doripinem nto started till now because u/a +u/cx to be taken before starting any atb,pt voided in diapper so a/a +u/cx not taken team to be informed if possible to insert foley |
| 30/01/2011 10:13:14 ρ | Day | | pt received fair condition, conscious oriented cooperative, IV running well thru peripheral line inserted on G 20 at rate of 500 cc NSS Q 24 hrs, site is clean no oozing no redness, combuuent 1 session given by neb once, then Q 6 hrs, digon level NR, duplex arterial for both LE NR, U analysis and CX not taken, pt voided via diapper, vs stable , no fever, no more cmplains |
| 31/01/2011 01:31:05 ρ | Night | | pt conscious, oriented, on room air, on iv hydration runing well, medication given, hgt taken, digoxin level, hba1c need report, tom cbc,d,chem, duplex arterial for both lower exr need report, U/A, stable vital sighns, voided freeel |
| 31/01/2011 11:07:36 ρ | Day | | pt condition stable cobsscious oriented coopeartive on roo air.iv running well 500ccnss/24hrs thru peripheral line(iv site sinertion is clear no redness),blood test taken,doppler arterial have approval will be done xray departement inform, on diet diabetic low animal fat,hgt monitoring |

4. Process Obstacles, Solutions And Evaluation

للمزيد من المعلومات، يرجى زيارة الموقع الإلكتروني www.english-test.net.

زيادة في عدد
الـ wireless iPod
والكمبيوتر

ص في عدد اجهزة
ومبيوتر الموزعة
ى الاقسام بالنسبة
د الطاقم
سريري والطبي
تدريبي وعدم
جيل المعلومات
عطاة من المريض
شرة على
لعدم SYSTEM
wireless ال
اللازم القيام IP

ء عمل

SYSTEM في

ة استخدامه من

ع عدد كبير من

نماق الطبي

تمريضي

تدريبي مما يؤدي

أبطاء في وتيرة

عمل والانشغال عن

رضي.

زيادة قدرة ال system .2

على استيعاب عدد
كبير من المستخدمين
باداء وسرعة عاليتين.

.2

يقوم قسم المعلومات
بتحسين اداء وسر
الsystem ولكن
زال بحاجة الى الـ

ار العمل في

لف الطبيعي وذلك

نا نعتمد ال SOFT

HARD وال COP

COP في بعض

حيان لتفادي

شكل double

signature

I&O.....

ي الى ابطاء في

برة العمل

لانشغال عن

3. هناك لجنة تمريض
تعمل مع قسم المعا
لمتابعة هذا المشر
وكنه لم ينجز بعد

3. العمل على حصر
الملف الطبي قدر
المستطاع بال soft
copy من خلال
تطوير العمل على
ال system.

ي مرات المسجلة في
الطبية PATIENT
ASSESSMENT ونقلها
إلى تمريضية الى
ضيق، اذ ان
اضيقين أصبحوا
أثون مع المرضى
فام (FALL ASSESSMENT
SC يقوم الممرض
ار المعلومات ليحصل
رقم، اما طريقة
ن هذا القبيل

الممرض للتفكير بشكل رقمي
بآخرى يجعله قريب اكثرا من
المريض (مثلا ال fall assessment record
fall intervention
.record)

الموضوع لانه بحاجة
ل supplies لم تؤمن به
لأسباب مادية.

الجسم موظفي من هم مريضي مما مختلفة ارس الى صعوبة بي تدريبهم على مريئهم على SYSTEM ما بين سبق HARD COPY SOFT COPY NURSING

5. اخضاع الممرضين
الجدد لتدريبات مكثفة
(مع وجود preceptor لتعليمهم
ومراقبتهم) و اخضاعهم
لامتحانات بعد مرحلة
التدريب التي تمدد
لثلاثة اشهر للتاكيد من
قدراتهم في التعامل
و التنسيق بين
ال system والمريض

ع الجامعات

تبية وال TURN

OV للجسم

تبى التدريبي في

ستشفى وصعوبة

تمهم مع

الشكل SYSTEM

طلوب مما يؤدى

عدم التنظيم في

بة ال medical

وفصلها عن order

investigation

طريقه التدريب لـ
الطبي التعليمي بـ
للنظر فيه لانه يسـ
فقط لساعات محدـ
ب يوم واحد وهذا خـ
كاف.

6. اخضاع طلاب كليات
الطب لتدريبات مكثفة
من قبل اللجنة الطبية
لتسهيل سير العمل.

5. Reference

Data management system (DMS)

THANK YOU.