



nervecentre
NEXT GENERATION EPR

Nervecentre V6.02 Workflow and Information System for ED

User Guide V1.00

In this guide

Introduction	1
About the Nervecentre ED Workflow and Information System.....	2
Overview of the Nervecentre ED Workflow and Information System.....	2
Navigating the system.....	3
How Nervecentre is used to manage Patients in ED	3
About forms.....	4
Coding at source	4
Creating and managing patient records	5
Checking for an existing patient record.....	6
Registering a new patient or updating a local record	6
Registering an unknown patient	7
Editing patient demographics.....	7
Managing patient attendances.....	8
Recording 111 bookings.....	8
Recording an attendance where the patient has pre-booked.....	9
Recording an attendance where the patient does not have a booking	9
Editing patient attendance timepoints before departure.....	10
Correcting patient attendance information after departure	10
Triage and clinical activity management.....	11
Calling patients to a room with Patient Calling.....	11
To call a patient.....	12
The ED Dashboard	13
To open the ED Dashboard	13
Overview of the ED Dashboard	14
Important fields of the ED Dashboard.....	15
About progressing a diagnosis.....	16
Creating and managing tasks and referrals.....	17
Raising a task.....	17
Viewing tasks and referrals	17
Tracking orders and results	18
Clerking.....	18
The patient detail page	19
Printing or re-printing patient materials.....	20
Managing patient flow through to departure.....	21
Entering a Decision To Admit.....	21

Requesting an inpatient bed using a notes profile	22
Updating an inpatient bed request	22
Reserving an inpatient bed	23
If you use Nervecentre for inpatient bed management	23
If you don't use Nervecentre for inpatient bed management	23
Departing the patient.....	24
Printing and managing delivery of letters	24
For administrators.....	24
Contact us.....	25

Introduction

This guide helps users to understand the Nervecentre workflow and information system for ED. It describes how to use the standard product. What you see depends on your organisation.

Your hospital might use Nervecentre for recording vital signs observations, carrying out patient assessments, sepsis screening, prescribing, order comms, and many other activities which are part of the Nervecentre Electronic Patient Record (EPR) product. These are only referenced in passing within this guide; please refer to other documentation for more information about the capabilities and use of these features.

You can use Nervecentre to manage the whole ED process, both the clinical side and the administrative side. Some trusts or organisations choose to use their existing systems alongside Nervecentre for some aspects of the process. It is essential that you understand, from your local training team, the way you are expected to use Nervecentre. Your system configuration prevents you from accidentally using features of Nervecentre which your organisation does not wish to use.

About the Nervecentre ED Workflow and Information System

The Nervecentre solution provides a wide range of features aimed at both clinical and administrative users to manage the patient journey through ED from beginning to end. Where Nervecentre is used for inpatient services, it also provides clinicians with a comprehensive patient history.

Nervecentre features interfaces for both desktop and mobile devices. In ED, most administrative activities are completed on the desktop interface. Most ongoing patient care, for example, recording obs and clinical information, performing assessments, and raising and managing patient tasks, is completed on the mobile.

Overview of the Nervecentre ED Workflow and Information System

Creating and Managing Patient Records	Registering new patients, including unknown patients. Avoiding duplicate records. Getting patient demographic details from the NHS Spine. Editing patient demographic details. > Read more on page 4.
Managing Patient Attendances	Handling NHS 111 bookings. Recording patient arrival. Ensuring appropriate handling of patients: urgency and ED areas. Correcting attendance information. > Read more on page 8.
Triage and Clinical Activity Management	Calling patients to a triage or treatment room. Completing triage. Managing the patient list through the ED dashboard. Rapid and accurate data entry using mobile and desktop interfaces. > Read more on page 11.
Managing Patient Flow through to Departure	Monitoring targets. Using operational dashboards. Managing the depart and inpatient admission process. Finalising patient information for local and national reporting purposes, Emergency Care Data Set (ECDS). > Read more on page 21.

Navigating the system

Four parts of the system are particularly important in managing patients into, within, and out of ED. These are available from  > [Ward pages](#).

nervecentre NEXT GENERATION EPR		Home	Patient List	Patient Detail	All Tasks	EWS Charts	Expects	Discharged	Search
Patient List	Used to show key tracking and management information for a list of patients. > Read more on page 11.								
Patient Detail	A collection of pages which are used to record actions relating to a single patient.								
Expects	A list of patients pre-booked to attend ED.								
Discharged	A list of patients who have recently left ED, which helps with completing any post-departure actions.								

Use the menu bar that appears below patient information to navigate to all the areas you need to manage patients in ED.

▲ SMITH, Julie ▼ ▼ S039991244, S03999123 (NV)	DoB / Age / Gender 14 Aug 1990 30y Female	Ward / Bed	Admitted	Consultant / Specialty		
Search/Register	Summary	Edit Details	Preadmit to Ward	Preadmit to ED	Admit to ED	Admit to Ward

How Nervecentre is used to manage Patients in ED

It is helpful to visualise the stages required to manage a patient presenting at ED. It may not always be necessary to perform all stages in Nervecentre. For example, you don't need to register a patient who is already registered with the hospital. The parts of this process that you manage in Nervecentre depend on your organisation.

Register

Record key demographics such as name, age, gender, address.
Look up the patient on the NHS Spine to retrieve their NHS number.
Assign a local hospital number.

Attend

Check or capture allergy information.
Record clinical information such as the reason for attendance.
Check younger patients against the CP-IS Spine record.

Triage

Record clinical data such as **obs** and use a triage tool to assess priority for treatment.
Stream according to patient circumstances.
Start capturing clinical details including in coded form.

Clerk

Clinical review of the patient case.
Plan actions.

Treat

Check or capture allergy information.
Record clinical information such as the reason for attendance.
Check younger patients against the CP-IS Spine record.

Depart

Decide where the patient is going – hospital, home, or other.
Check that mandatory and optional information has been captured, update if necessary.
Plan patient transport, if required, and/or request/assign inpatient bed.

About forms

Many pages use forms to capture information. Although forms vary in the information they capture and the actions they trigger, all forms feature both mandatory fields and optional fields. Mandatory fields are marked with a red dot, and all such fields must be completed before the form can be submitted.

Coding at source

A key benefit of using Nervecentre is the accuracy and completeness of the clinical record. Clinicians can easily document their actions, including treatments and procedures, using the mobile app or the desktop interface. Fields which use single- or multi-select lists to capture information, and fields which use SNOMED CT for coding, are particularly valuable. Populating these fields accurately during the patient's visit to ED reduces the need for post-departure re-coding, which consequently reduces the potential for errors.

Creating and managing patient records

A patient record must contain a minimum set of demographic information, and might also contain clinical information, which can be related to inpatient, ED, or outpatient episodes. Nervecentre continually synchronises with the main Patient Administration System (PAS) for the hospital, ensuring that all patients known to the hospital have a demographic record within Nervecentre.

This means in most cases when a patient presents to ED, they already have a record in Nervecentre. The system automatically queries the NHS Spine, so if the Spine holds more complete information, including the patient's NHS number, you can choose to add it to Nervecentre. Receptionists confirm details with patients and update their records if necessary.

The image below shows [Patient Detail > Summary](#), which displays patient demographic details, allergies and alerts, and key information about current and previous visits.

The screenshot shows the Nervecentre interface for patient Terry SMITH. The patient's name is SMITH, Terry, with ID NC00000008. They were born on 13 Mar 1967, are 52 years old, and male. The patient is married and has a mixed-white and black African ethnicity. Their address is 4 See Lane, Liverpool, Merseyside, ZZ99 3CZ, Great Britain. They have an allergy to peanuts. The next of kin is June Smith (Spouse) at the same address. The GP and practice is A SAHA at 80 High Street, Walkern, Stevenage, SG2 7PG, with a telephone number of 01438 861066. The current visit status is 'Not currently attending the hospital', and there are 0 ED visits in the last 12 months.

Patient Information	
Name	SMITH, Terry
DOB / Age / Gender	Born 13 Mar 1967 (52y) Male
Marital Status	Married
Ethnicity	Mixed-White & Black African
Address	4 See Lane Liverpool Merseyside ZZ99 3CZ Great Britain
Next of Kin	JUNE SMITH (Spouse) 4 See Lane Liverpool Merseyside ZZ99 3CZ Great Britain
GP and Practice	A SAHA 80 HIGH STREET WALKERN STEVENAGE SG2 7PG Tel: 01438 861066

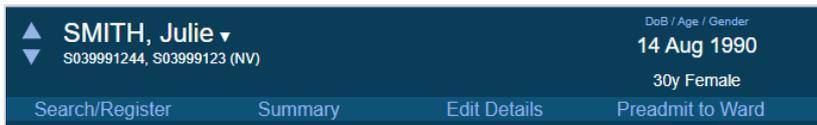
If the patient does not already exist in Nervecentre, the receptionist must create a new registration. If patient's identity is not known there is also an option to register the patient without details so that they can be treated. Update the record with correct details as soon as practicable.

Permissions to access and use the registration pages depend on your role and your organisation.

Checking for an existing patient record

Although it is possible to search for patients in Nervecentre in other ways, it is important to select [Search/Register](#) at ED reception so Nervecentre can enforce quality checks during the process of finding and/or registering patients.

1. Select [Search/Register](#).



2. In the [Search for Patient](#) form, enter at least one of DoB or Surname.
You might need to enter further details to produce a relatively short list of matches.
3. Select [Lookup Patient](#) and review the resulting list of matching patients.
4. If the person you are looking for is not in the list, then re-check the patient details.
5. If the patient is not known to the system, register the patient.
> Read about registering a patient on page 6.
6. Select the patient's name to perform a check against the Spine using the details stored in Nervecentre, rather than the search criteria you have entered.

[Summary](#) opens.

7. Check that the patient's details are correct.
If they are not, select [Edit Details](#) and edit the patient's details.
8. You have now correctly identified the patient. Next steps might include recording an attendance or pre-admitting the patient as a result of a 111 referral.

Registering a new patient or updating a local record

If you searched for a patient and the list called [All Matching Patients](#) contains the right name, then you can use the same search criteria to expand your search to the NHS Spine.

> Read more about searching for a patient on page 6.

1. Select [Search NHS Spine](#) (you will need to have entered at least forename, surname, and a DoB to search the Spine).
2. If the Spine search finds a match then you can select [Register a new patient using these details](#).

You can choose this even if you have one or more matches for your search in the local system.

If the patient record found in Spine has the same NHS number as a locally-held record, you can update the local record based on the information retrieved from the Spine. Otherwise, you will be taken to the [Register New Patient form](#). Complete and submit the form to [Register the patient](#).

Registering an unknown patient

You might not be able to confirm the identity of the patient, for example, because the patient is unconscious with no identity established. In this situation you can still register the patient as unknown. Update the patient record with correct details as soon as they become available.

1. Select [Search/Register](#) to open [Search for Patient](#).
2. Select [Register Unknown Patient](#).
3. [Forename](#) and [Surname](#) are auto-populated with text that should be obviously not a real name. You can change this text, but make sure you follow hospital policy. Complete any mandatory fields and fill out any other fields that you can, following hospital policy. Select [Register the patient](#) to submit the form.

Editing patient demographics

Select [Edit Details](#) to correct any patient demographic information. Permissions depend on your role and your organisation.



The screenshot shows a patient record header for Julie SMITH. The header is dark blue with white text. On the left, there is a name 'SMITH, Julie' with a dropdown arrow, and below it, two patient IDs: 'S039991244, S03999123 (NV)'. On the right, there is a date of birth '14 Aug 1990' and a gender '30y Female'. Below the header, there is a navigation bar with four buttons: 'Search/Register', 'Summary', 'Edit Details', and 'Preadmit to Ward'.

		DoB / Age / Gender	
▲	SMITH, Julie ▼	14 Aug 1990	
▼	S039991244, S03999123 (NV)	30y Female	
Search/Register		Summary	Preadmit to Ward

Managing patient attendances

Patients can present directly at ED reception, or can first call NHS 111 to get booked into a timeslot. Nervecentre handles both situations.

Record events and clinical data in real-time, when they occur, to keep the patient record accurate. Sometimes it is necessary to correct data, for example, the list of treatments provided and procedures carried out, after the event, or even after the patient has departed.

Users with administrative permissions can perform these tasks.

Recording 111 bookings

1. You receive the NHS 111 referral by email, phone, or other channel.
There is currently no automated interface to push these referrals into Nervecentre.
2. Check that the patient has been registered.
> Read more about checking a patient is registered on page 4.
3. Select [Patient Detail](#) > [Preadmit to ED](#).
4. Complete the form and select [Preadmit to ED](#).

When you submit the form, [Preadmit to ED](#) becomes unavailable.

5. Select [Expects](#) to open a list of patients who have been pre-admitted.
If you don't see the list then check that you've selected an ED patient list and an ED Expects profile at the top left of the page.



The names of ED patient lists might not match the area you selected from [Preadmit to ED](#).

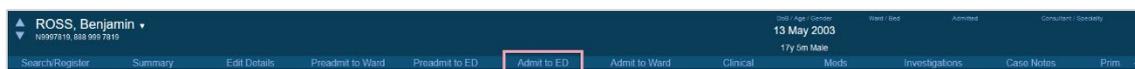
6. Find the patient in the list, and add any further information to the available fields.

Recording an attendance where the patient has pre-booked

1. Select **Expects** and find the patient in the list.



2. Double-click the patient to go directly to **Patient Detail**.
3. Select **Admit to ED**.



If your configuration has multiple admit forms to choose from, select the most appropriate form from the drop-down list at the top of the form.

The best form might, for example, be one which specifically deals with patients who have pre-booked.

4. Complete all sections of the form.
Make sure you select the correct options from **Area** and **Location**. Attend non-urgent ambulatory patients into a waiting area. You can attend other patients directly into a room.
5. Print all required materials, for example, a wristband, labels, and an attendance sheet.
6. Select **Admit to ED** to submit the form.
7. Select **Summary** to find the patient's ticket number in the top right-hand corner.

This is the number which appears on the patient calling screen in the waiting area. If it isn't included on a patient printout, provide this number to the patient in the manner agreed by your hospital.

The patient has been attended to ED and will appear on **ED Dashboard**.

Recording an attendance where the patient does not have a booking

1. First, make sure the patient has been registered.
> Read more about checking a patient is registered on page 4.
2. Select **Patient Detail** > **Admit to ED**.
3. If your configuration has multiple admit forms to choose from, select the most appropriate form from the drop-down list at the top of the form.
The most appropriate form might, for example, be one which specifically deals with patients who have pre-booked.
4. Complete all sections of the form.
5. Make sure you select the correct options from **Area** and **Location**. Attend non-urgent ambulatory patients into a waiting area. You can attend other patients directly into a room.
6. Print all required materials, for example, a wristband, labels, and an attendance sheet.

7. Select [Admit to ED](#) to submit the form.
8. Select [Summary](#) to find the patient's ticket number in the top right-hand corner.

This is the number which appears on the patient calling screen in the waiting area. If it isn't included on a patient printout, provide this number to the patient in the manner agreed by your hospital.

The patient has been attended to ED and will appear on [ED Dashboard](#).

Editing patient attendance timepoints before departure

1. Select [Patient Detail](#) > [Summary](#).
2. Find [Current Visit](#), and select the arrow next to the event you want to edit. You can change the time and date of attendance, and bed, ward, and consultant transfers.

Current Visit ▼	
23 Oct 2020 00:49 ▼	Arrived at ED, area EASEU, bed UTC-10 - by Administrator @ 23 Oct 2020 00:50
23 Oct 2020 14:39	Transferred to Resus Eas - by Administrator @ 23 Oct 2020 14:39
23 Oct 2020 15:07	Transferred to EASEU - by Administrator @ 23 Oct 2020 15:07
26 Oct 2020 22:56	Transferred to Eastbourne A&E Majors, bed MAJORS-24 - by Administrator @ 26 Oct 2020 22:56
26 Oct 2020 22:56	Bed set to MAJORS-24 - by Administrator @ 26 Oct 2020 22:56

Correcting patient attendance information after departure

1. Select [Patient Detail](#) > [Summary](#).
2. Find [Visit History](#), and select the arrow next to the attendance you want to edit. You can change the time and date of attendance, and bed, ward, and consultant transfers.

Note: The visit history only shows visits from the last 12 months or from the period that Nervecentre has been live within the department, whichever is most recent. You can also change the time/date of departure.

Visit History	
Last 90 days	
31/7/2020 ▼	[?] Acute non-ST segment elevation myocardial infarction - Bilateral
~78 days	
Older Visits	
9/1/2019	RJ ROBINSON
~15 days	GENERAL MEDICINE

Visit Details ▼	
31 Jul 2020 13:50 ▼	Arrived at ED, area HASEU, bed 1-2 - by Administrator @ 31 Jul 2020 14:56
16 Oct 2020 11:28	Departed ED (New Home (placement)) - by Administrator @ 16 Oct 2020 11:29

3. To change clinical notes post-departure, select a clinical note profile in the right-hand box, titled [No profile selected](#) by default.

Triage and clinical activity management

Calling patients to a room with Call Patient

To carry out triage, you can use **Call Patient** to call the patient to a triage area. When the patient needs treatment and a room is free, you can use **Call Patient** to call the patient to the treatment room. **Call Patient** only appears if the patient is in a waiting area in Nervecentre.

Nervecentre Patient Calling consists of display screens within the waiting areas that list the ticket numbers of patients waiting for one or more ED areas, and a mechanism for staff to call the patient to a room.

Majors	UTC	Paediatrics
007 Please go to room MAJORS-17	002 003 006	004 003 006
007 012 002	001 007 011	
002 009 010	018	
012 019		
8 waiting	7 waiting	3 waiting

- A** The patient with ticket 003 is waiting in the queue.
- B** The patient with ticket 002 has been called with **Call Patient**.
- C** Extra information appears for the called patient, including where to go.

To call a patient

1. Select **Patient Detail** for the patient you want to call, and select **Clinical**.
2. From **Call Patient**, select a room to call the patient to and select **Call**.



The screenshot shows a dark blue header with the text "Call Patient". Below the header is a light grey form area. On the left, there is a label "Room" and a dropdown menu showing "10" with a downward arrow. Below the dropdown is a label "Call patient through". On the right side of the form, there is a blue button labeled "Call".

The waiting room screen prompts the patient to come to the room.

Call Patient changes to show that the patient has been called.

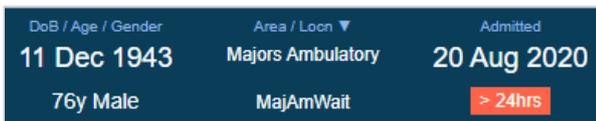
3. When the patient arrives, select **Arrived**.



The screenshot shows the same dark blue header "Call Patient". The form area now displays "Room" with a dropdown menu showing "10". Below the dropdown, it says "Called to room 10 0:07". On the right side, there is a blue button labeled "Arrived". On the left side, there is a blue button labeled "Cancel".

The system automatically updates the patient's location.

4. When triage or treatment is complete, select **Area / Locn** from the patient information banner on the desktop,



The screenshot shows a dark blue banner with white text. It is divided into three columns. The first column shows "DoB / Age / Gender" with "11 Dec 1943" and "76y Male". The second column shows "Area / Locn" with "Majors Ambulatory" and "MajArmWait". The third column shows "Admitted" with "20 Aug 2020" and a red button labeled "> 24hrs".

or,

From a mobile, select **Patients**, select the patient, then select the top section containing patient demographics. Update the patient's area and location.

The ED Dashboard

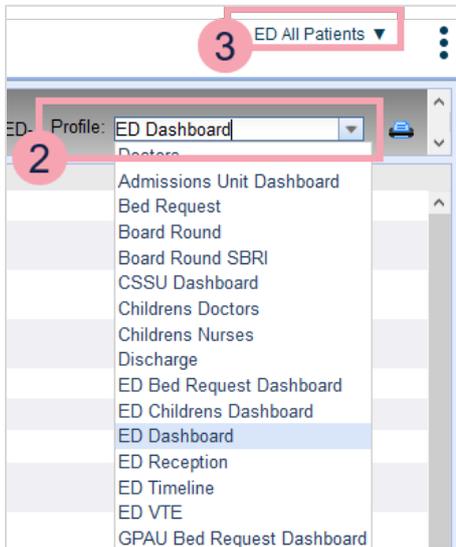
The ED Dashboard is a patient list which has been designed to efficiently and effectively show key patient information to help clinicians and administrators to manage patient activities.

To open the ED Dashboard

1. Select [Patient List](#).



2. Select [ED Dashboard](#) from [Profile](#).



3. Select the set of patients you want to view from the list in the top-right corner.

Overview of the ED Dashboard

The image below shows a typical ED Dashboard. Many of these fields are clinical notes and can also appear on, and be updated within, clinical note profiles on both desktop and mobile. What you see depends on your organisation. Double-click a patient name to see more information about the patient.

Triage	Allt	Algy	CPR Name	Gdr	Age	Time	Stream	Sps	Locn	NEWS	Obs Due	Nurse	Seen by	SR	Diagn
3	*		SMITH, Terry	M	53y	82:38	Majors	S	TRG		30/10	Dempse Kaluza		✓	[C] Clk
3	*		BARNES, Ella	F	18y	82:26	Majors		Mn1		30/10	Gregory Kaluza		✓	[C] Clk
1			HOLMES, William	M	78y	82:24	Resus		M1		31/10	Gregory Barnes		✓	Chest
4	▲	*	POWELL, Ryder	M	53y	82:11	Majors		M2		30/10	Guy Barnes		✓	[?] Tor
2		*	MCDONALD, Henry	M	54y	81:56	Majors		M3		30/10	Kaluza Hillis		✓	Overd
4		*	REID, Karen	F	77y	81:31	Minors	S	M4		30/10	Prince Hillis		✓	[C] Atr
3		*	BENNETT, Brayden	M	62y	80:41	Majors		M5		30/10	Prince Kaluza		✓	Breath
5		*	TAYLOR, Graham	M	79y	80:40	Minors		M6		30/10	Ward Barnes		✓	Neck I
3		*	ROSE, Eliana	F	96y	80:30	Majors		M7		30/10	Kaluza Ryan		✓	Headc
2		*	THOMAS, Samuel	M	18y	80:10	Majors		M8		30/10	Two Ryan		✓	Leg in
4	▲	*	BENNETT, Bentley	M	106y	80:07	Majors		M9		30/10	Ramsey Prince		✓	
			LAWSON, Lauren	F	20y				M10		09:26				

Seen by	SR	Diagnosis	Management Plan	Tasks	Refs	Results	Depart Plan
Kaluza	✓	[C] Closed fracture of fe	Xray hip and pelvis			P 7h P 40h	Ward P1, 1-4 Empty
Kaluza	✓	[C] Closed fracture of hi	Ultra sound Abdomen. Bloods .	G.SULF	G.SULF	P 80h	Ward M1, 1-2 Empty
Barnes	✓	Chest Pain & SOB	ECG. Alert cath lab. Alert CCU			7 81h	?Critical Care/HDU
Barnes	✓	[?] Tonic-clonic epilepsy	Tox screen.	IM IVF			
Hillis	✓	Overdose	P & S levels. ECG. 1/2 hourly ob	CT IVF		7 80h P 80h	Ward M1, 2-6 Empty
Hillis	✓	[C] Atrial fibrillation	ECG Chest xray.	ECG			
Kaluza	✓	Breathlessness- SOB	B2B Nebulisers. Chest X - RAY.	IM CRIS			
Barnes	✓	Neck Pain					
Ryan	✓	Headache					
Ryan	✓	Leg injury					
Prince	✓					P 104h	

- A** Triage or patient priority is colour coded.
- B** The existence of allergies and alerts is indicated. Mouseover to view allergies and alerts.
- C** Similar patient names are shown in red.
- D** Length of time in department can be colour coded to clearly indicate patients nearing breach.
- E** NEWS 2 score is RAG rated and shows the current score.
- F** Clinicians responsible for care are clear.
- G** Some fields, for example, **Diagnosis**, can be auto-populated with data from the SNOMED browser.
- H** Tasks and referrals raised on Nervecentre for both mobile and desktop appear here.
- I** Lab orders and results can be displayed when you use Nervecentre Investigations, or with appropriate integration with other order comm systems.
- J** **Depart Plan** displays bed request information for patients being admitted to an inpatient ward.

Important fields of the ED Dashboard

Note: field names depend on your organisation.

Triage score	A score determined by the triage tool.
Alerts Allergies	The dashboard indicates whether there are any alerts or allergies recorded for the patient with red warning triangle and asterisk symbols, respectively. Hover over the symbol to get detail of the alerts or allergies known to the system. To update allergies, double-click in the cell. Alerts can be updated from Edit Details. Appropriate permissions are needed to update alerts and allergies.
CPR Status	Indicates whether the patient has completed a DNACPR form.
Patient Name	Similar names are shown in red to help staff avoid mistakes.
Gender	Birth gender.
Time since attending	A colour-coded field which shows the time since the patient was attended to ED. Colours indicate conformance to the 4-hour wait target: no colour until 2 hours, then amber for up to 3 hours, red up to 4 hours and purple indicating that the patient has breached the target.
Location	The bed, clinical room, or waiting area the patient is located in.
NEWS	Early Warning Score (EWS) value.
Nurse Seen by	The nurse and doctor leading the patient's care, and the Senior Review (SR) status.
Diagnosis	Shows presenting complaint or one or more working or confirmed diagnoses. > Read more about progressing a diagnosis on page 16.
Tasks and Referrals	Shows a quick view of patient tasks that are open, in progress and completed. > Read more about tasks and referrals on page 17.
Results	Shows orders place and results received. > Read more about orders and results on page 18.
Depart plan	Shows a suggested departure destination in light blue text with a question mark, or a clinically agreed destination in black. A green background indicates that the target bed is available.

About progressing a diagnosis

These steps are involved in developing a diagnosis for a patient's condition(s):

When a patient presents at ED reception, they describe a presenting complaint which is captured in **Admit to ED**. This is a free text field. Follow your hospital's guidance when filling out this detail. The field **ED Presenting Complaint** is also available in **Patient Detail > Clinical** in appropriate clinical note profiles. In our standard configuration, use the profile called **ED Clinician**. The data entered in **ED Presenting Complaint** is shown on the ED Dashboard in the **Diagnosis** column in blue text if there is not yet a working or confirmed diagnosis.

Clinicians then progress the diagnosis using a different clinical note field, **ED Diagnosis**, which is a SNOMED-coded field. There can be multiple diagnoses and each can be marked as either a confirmed diagnosis, or a working diagnosis. Working diagnoses replace the presenting complaint on the ED Dashboard and are shown in black text with **[?]**. Confirmed diagnoses are shown in black text with **[C]**.

As the patient journey progresses, **ED Diagnosis** is updated to add or remove working diagnoses to arrive at one or more confirmed diagnoses.

Creating and managing tasks and referrals

Nervecentre is used to ensure that all tasks required in connection with patient care are recorded in a timely manner and managed through to completion. Referrals are also tasks, and are raised and managed in the same way as other tasks, but show in their own column on the [ED Dashboard](#) for clarity.

Each task can have different characteristics, for example, additional fields to complete. What you see depends on your organisation.

Raising a task

- Raise a task on the desktop or with the mobile app.

On a desktop, from [ED Dashboard](#) double-click in the [Tasks](#) column, or from [Patient Detail > Clinical](#), select **+** from [Tasks](#).

On a mobile, select [Create New Task/Referral](#) from the bottom of [Outstanding Tasks](#).

Viewing tasks and referrals

1. Tasks and referrals appear on the ED Dashboard, in [Tasks](#) on [Patient Detail > Clinical](#), and in [Tasks](#) on the mobile app.
2. On the ED Dashboard new and currently unassigned tasks are shown in **red**.
3. Hover over any task on the ED Dashboard to see the full task name.
4. Tasks might be offered automatically to appropriate staff members. The staff member receives a notification on their mobile device and can decide to accept or reject the task.
5. Tasks that are not automatically offered to staff or which remain unassigned can be assigned manually.
6. Tasks that are accepted or assigned but not completed turn **amber** on the ED Dashboard.
7. When the staff member responsible marks the task as complete, it turns **green** on the ED Dashboard.
8. If a task is cancelled it appears on the [ED Dashboard](#) in **grey**.

Tracking orders and results

Because results from tests that are ordered whilst in ED might take a while to be returned, it's possible for patients to be departed before those results are reviewed.

The **Results** column on the ED Dashboard reflects the status of all orders placed and results received since the patient arrived at ED.

Note: although Nervecentre includes order comms functionality, for the purposes of this guide it doesn't matter which system you use for order comms as long as the necessary integration is in place. If this is not the case for your hospital, **Results** does not show on the ED Dashboard.

Orders are colour coded in **Results**. If results have not been received, then the order has a grey background. Results that include abnormal results have a **red** background. Results with no abnormal results have a **green** background.

Mouseover an order for more detail. For full details, refer to the system your hospital uses for order comms.

Clerking

The Clerking form is used by the clinician responsible for the patient to review triage information, past medical history, and any other information captured in the system. You can plan treatment and procedures and capture further details of the patient's journey through ED in preparation for departure.

You can return to the form to add or amend information throughout the patient visit.

The patient detail page

Patient Detail > **Clinical** is central to patient care. The data available here depends on what functionality your organisation has chosen to deploy in Nervecentre. You might need to scroll down to see all the clinical notes available in the notes profile, assessments, and any links to external applications.

The screenshot shows the Nervecentre patient detail page for Lauren Lawson. The page is divided into several sections:

- Header:** Patient name (LAWSON, Lauren), DOB (10 Feb 1998), Gender (20y Female), Area (Adult ED), Admitted (30 Oct 2020), and Consultant (M10). A red badge indicates "> 24hrs".
- Navigation:** Search/Register, Summary, Edit Details, Preadmit to Ward, Preadmit to ED, Triage, Clerking, DTA, Clinical, and Meds.
- ED Clinical:** Triage Category Score, Seen By, Allergies (No known allergy), Care Alerts, ED JOBS, ED Diagnosis, ED Investigations, ED Procedures, and ED Presenting Complaint.
- Observations:** Chart (Adult NEWS 2), Frequency (12 Hourly), Overdue (09:26), and Fluid Balance (None). A table lists various observations like Type, EWS, Respirations, O2 Sats, etc.
- Current Medications:** Stat and Once Only (Morphine 10mg in 1ml injection, Due), and Regular Medicines (Meropenem, Overdue).
- Investigations:** In Progress (0), Needs Review (0), Abnormal (0).
- Care Plans:** Empty section.
- All Tasks:** No Partition, Obs Due (Not Assigned, Created 02/11 09:11), and Obs Overdue (Not Assigned, Created 02/11 09:26).
- Staff:** Empty section.
- Visit History:** ED visits in last 12 months (0).

Sets of clinical notes are called profiles. You can choose which clinical notes profile to view. To change the profile, select ▼ next to the name of the profile. The example above shows **ED Clinical**.

Note fields can include:

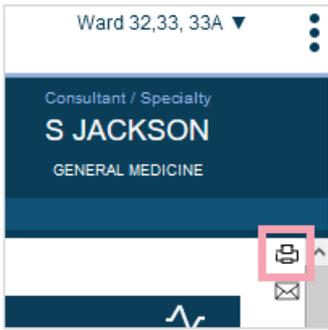
- Free text
- Date and time
- Single and multi-selection lists, coded and uncoded
- Photo
- Body map
- SNOMED CT coded, which uses a SNOMED browser.

You can also add and edit clinical notes on a mobile, but you can only view the history and timeline of the note on a desktop.

- To view the history, select ▼ next to the name of the note.
- To view the timeline, select ↕.

Printing or re-printing patient materials

You can print items like obs charts and wristbands on the [Patient Detail](#) page.



Managing patient flow through to departure

Nervecentre is designed to help your ED team treat and depart patients as quickly as possible whilst giving excellent patient care. The plan for departure starts at the clerking stage and caters for patients who go home, to other care providers or into an inpatient area.

Bed requests go through three states: requested, reserved, and ready. The ED Dashboard shows these states in the **Depart Plan** column. Suggested departure destinations have light blue text with a question mark, or clinically agreed destinations have black text. A green background indicates that the target bed is available.



Refs	Results	Depart Plan
	P 7h 7 40h	Ward P1, 1-4 Empty
3.5L	P 82h	Ward M1, 1-2 Empty
	7 81h	?Critical Care/HDU
	7 80h P 80h	Ward M1, 2-6 Empty
	P 104h	

Entering a Decision To Admit

A key timepoint in the patient journey is the Decision To Admit (DTA). Nervecentre records a DTA timepoint, the time and date when the DTA form was submitted, used in reporting. Not all hospitals use the Nervecentre DTA form. What you see depends on your organisation.

> Read more about decision to admit without the DTA form on page 22.

1. From **Patient Detail**, select **DTA**.
2. Complete the form.
 - **DTA Actual Date/Time** auto-populates with the time and date you entered the form.
 - You can edit the time and date if the decision was made before the form was completed.
 - You can only backdate by a short period. The duration depends on your hospital's needs.
3. Select **Request Bed** to start the bed request process.

You don't have to complete the DTA to request a bed.

Requesting an inpatient bed using a notes profile

Your hospital might not use a DTA form or might supplement the DTA form with a clinical note profile.

1. From [Patient Detail](#) > [Clinical](#), find the clinical notes box and select ▼ > [Bed Request](#).

Or,

On a mobile, from [Patient](#) > [Notes](#) select the [Bed Request](#) notes profile.

2. If the [Bed Request](#) note is blank, select [Requested](#).



The screenshot shows a mobile application interface for a 'Bed Request' form. At the top, there is a dark blue header with the text 'Bed Request' and a dropdown arrow. Below the header, the form is divided into three sections: 'Bed Request' (with a dropdown menu showing 'Requested'), 'Bed Requirements', and 'Specialty Required'. The 'Requested' option is highlighted in blue.

If there is already an open request for this patient, you can change it.

> Read about changing an existing request on page 22.

3. If your patient has special requirements, select options from [Bed Requirements](#).

To help bed managers find the most suitable ward and bed for your patient, select an appropriate speciality from [Specialty Required](#).

4. The ED dashboard shows the bed is requested in the [Depart](#) column.

Note: to indicate that the patient is likely to need a bed but the decision to admit has not yet been made, set only the [Specialty Required](#) field. This shows in the [Depart](#) column in the ED Dashboard in blue text, indicating that there's a tentative plan to admit.

Updating an inpatient bed request

If the [Bed Request](#) note is set to [Reserved](#), a bed manager has already reserved an inpatient bed for the patient. Your local hospital policy might be to contact the bed management team in this case. If not, you can change the request to No.

1. From [Patient Detail](#) > [Clinical](#), find clinical notes and select ▼ > [Bed Request](#).

Or,

On a mobile, from [Patient](#) > [Notes](#) select [Bed Request](#).

2. Contact bed management,

Or,

Select [No](#) from [Bed Request](#).

3. You can update the specialty and bed requirements fields.

Reserving an inpatient bed

If you use Nervecentre for inpatient bed management

The bed management team is responsible for these steps. Their actions appear on the ED Dashboard.

View the list of patients requiring beds in [Bed Management > Manage Beds](#).

The list includes sections to show patients booked to come into the hospital, patients currently in ED, and patients currently in an inpatient bed. Each section includes lists of patients for each type of destination, usually by specialty. What you see depends on your organisation.

If you don't use Nervecentre for inpatient bed management

1. From [Patient List](#), select [ED Bed Dashboard](#) from [Profile](#).
2. Review available or soon to be available beds in your bed management system. You might do this manually.
3. Double-click in the [Bed Request](#) column and update the note to reflect:
 - a. When you have reserved a bed.
 - b. When the bed is ready to receive the ED patient.
This updates the [Depart](#) column on the ED dashboard to inform the ED coordinator that the bed is ready.

Departing the patient

The final step in a patient's stay in ED is to depart them.

1. From [Patient Detail](#) select [Depart](#).
2. Select the form which you need for your patient from the top bar of [Depart](#).

The top bar of [Depart](#) indicates which specific form is used. You might see options like [Depart Home](#), [Depart and Admit to Hospital](#), and [Depart with no Actions Taken](#). What you see depends on your organisation.

3. Complete the form. Data entered during the patient's visit pre-populates some fields.
4. Select [Preview GP Letter](#) and [Preview School Letter](#) to preview letters. You can print a copy of the GP letter as needed.
5. Select [Depart](#).

Nervecentre departs the patient from ED.

If the form was to depart and admit the patient, then the patient is automatically admitted into the inpatient area with the ward and bed location reserved using the bed request or bed management processes.

Letters are automatically generated and handled by an administrative process which is transparent to clinicians.

Printing and managing delivery of letters

Nervecentre produces letters when the patient leaves the ED. These typically include a GP letter and optionally include letters to other care providers. In the case of younger visitors, there might be a letter to their school.

Letters are produced automatically and can be previewed on the [Depart ED](#) form.

To review letters that have been previously generated:

1. Select [Patient Detail](#) > [Clinical](#).
2. Select from the top right of the screen.
3. All letters that have been or will be generated are listed here and can be seen in full.

For administrators

Nervecentre is usually configured to deliver letters to destinations itself, but this is only possible where a suitable electronic mechanism is available. If your role is administrative then review the [Require Attention](#) section and deal with each letter as required. Mark each letter as Delivered if you know it has been delivered, for example, manually. Mark a letter as Discard if the letter is no longer required. Mark the letter as [Regenerate](#) if you want to force the system to recreate and resend the letter.

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