

nervecentre

Nervecentre Version 7.0

Guide for Users

UG-Nervecentre-V7.0-V1.00
Feb 2022
Customer confidential



This guide helps you use core functionality of Nervecentre V7.0.

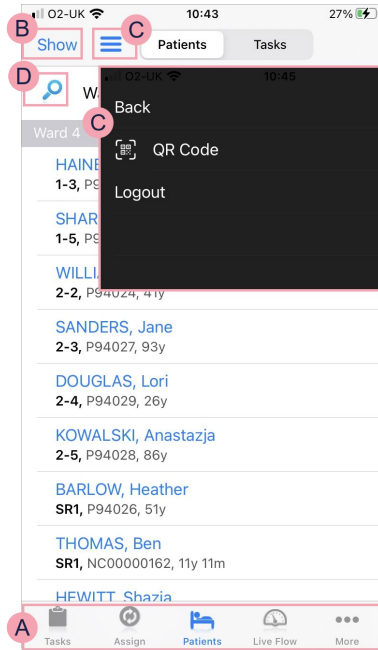
Most images are taken from Nervecentre for IOS. Where necessary, any differences for Android are included in text.

For an overview of navigating in Nervecentre for Mobile, see [Navigating Nervecentre on your mobile](#).

Logging in and Settings

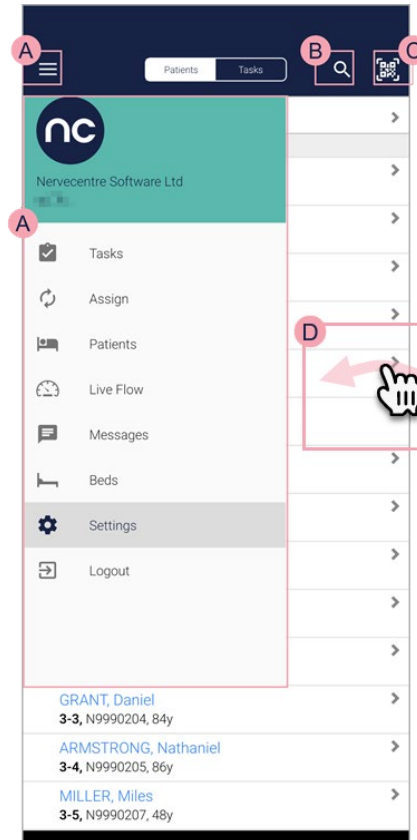
IOS

- A** Select an option.
- B** From the patient list, select **Show** to show information next to a patient's name.
- C** Select **≡** > QR Code to scan a patient's wristband.
- D** From the patient list, select **🔍** to search for a patient.



Android

- A** Select **≡** to open the menu, then select an option.
 - B** From the patient list, select **🔍** to search for a patient.
 - C** Select **📶** to scan a patient's wristband.
 - D** Swipe to go back one page.
- This behaviour depends on your version of Android and whether **Gesture navigation** is enabled on your device.
- If this doesn't work, use your back soft key.
- From the patient list, select and hold a patient name to show information next to the patient's name.



To launch the Nervecentre application on your device select Nervecentre icon



Nervecentre users

Enter your Active Directory (AD) username and password and select [LOGIN](#).

This is the same username and password you would use to log in to other computers in your organisation. Three failed attempts at login will result in locking of the account. Contact system administrator to unlock account

To log in with your Microsoft Azure AD username and password, select [SIGN IN WITH MICROSOFT](#).

Agency/Bank User ID

Agency and Bank staff enter their locum ID in [Locum User](#), and their full name in [Locum Full Name](#).

A member of staff with the correct permissions enters their AD password login details in [User Id](#) and [Password](#).

Step 1 / 3 Next

Working Hours

What are the start and end times of your shift today?

Long Day 7am - 7.30pm

One hour

Two hours

Five Minutes



< Step 1 / 3 Step 2 / 3 Next

Roles

Choose the roles that match your job today

NIC



< Step 2 / 3 Step 3 / 3 Done

Campus

Choose the campus you are based in today

Royal Infirmary

City Campus

QMC

Select your working hours > [Next](#).

You are logged off the system at the end of the selected shift.

Optional: select an elective role.

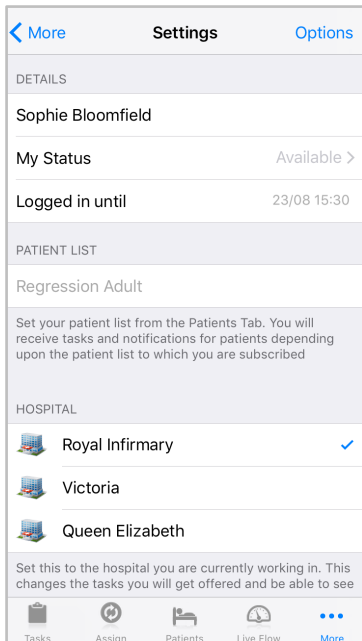
Select your campus.

This page will only be visible if the hospital has multiple campuses.

The settings screen shows different sections of information.

IOS: select [More](#) > [Settings](#)

Android: select > [Settings](#)



DETAILS

- Name
- Availability
 - – Can be changed from [Available](#) to [On a break](#) or [In theatre](#).
- Logged in until

PATIENT LIST

Shows the list you have selected.
> [Read more about patient lists](#)

HOSPITAL

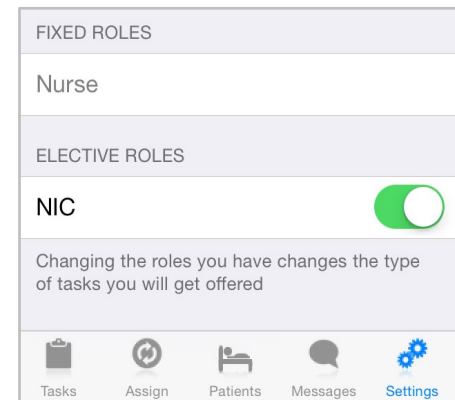
The campus you chose during login. To change select a different hospital campus.

ROLES

Fixed roles, displays your Primary role, e.g. Nurse.

Elective roles are displayed again on this page.

You can switch elective roles on and off here.



Switching between user profiles

IOS: select [More](#) > [Settings](#)

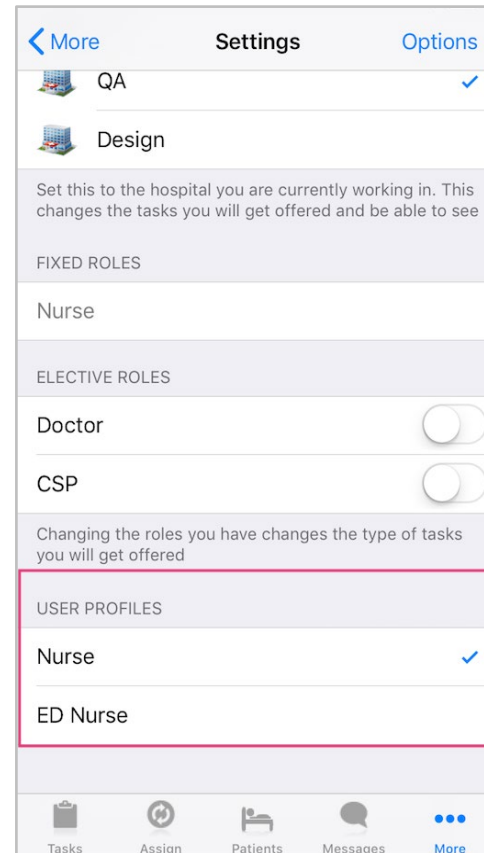
Android: select  > [Settings](#)

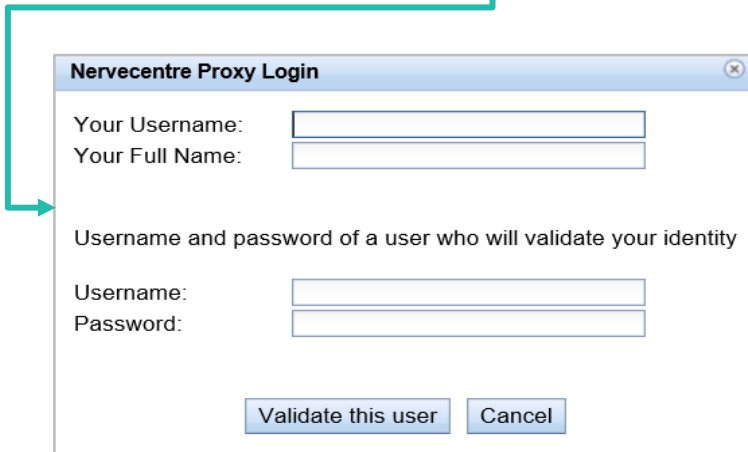
Select the profile you need from [Settings](#) > [USER PROFILES](#). The selected profile shows a tick.

Multiple user templates can be associated with a user. The template is associated with a user's Active Directory group.

You can switch between user templates, or profiles, from your mobile device.

For example, you might do this if you are a nurse who normally works on a ward, but you are required to work a shift in ED. You might have two profiles, one for each area, each with specific permissions and roles configured.





To log in as a user, enter your Active Directory (AD) username and password, this is the same username and password that you use to log in to other computers in your organisation.

To log in with your Microsoft Azure AD username and password, select [Sign in with Microsoft](#).

To log in as a locum or bank staff, select [Click here to login as locum, bank or agency staff](#).

Enter your username and full name.

A member of staff with the correct permissions enters their username and password.

Selecting a ward

Ward Pages is selected by default and this is where you will find all the information for your patients.

The screenshot shows the Nervecentre dashboard interface. At the top, there is a navigation bar with the Nervecentre logo and the text 'NEXT GENERATION EPR'. The navigation menu includes: Home, Patient List, Patient Detail, All Tasks, All Investigations, EWS Charts, Expects, Discharged, Search, and a dropdown menu for 'Inpatients'. Below the navigation bar, there is a 'System Notices' section with a notice for 'Primary Application Server, Active'. The main content area is a 'Dashboard' with 'Add' and 'Edit' buttons. A callout box on the right highlights the 'Ward pages' option in a sidebar menu that also includes: Admin Pages, Operate Pages, Outpatient pages, PSAAG Pages, Live Flow Pages, Bed Management Pages, Pharmacy Pages, Collection Pages, Help, Report a Fault, and Logout. Below the dashboard, a 'Choose a list' dialog box is open, showing a 'Recent' list of wards with their patient counts. The dialog has tabs for 'Clinical', 'Administrative', and 'Outlier'. A search filter is also present.

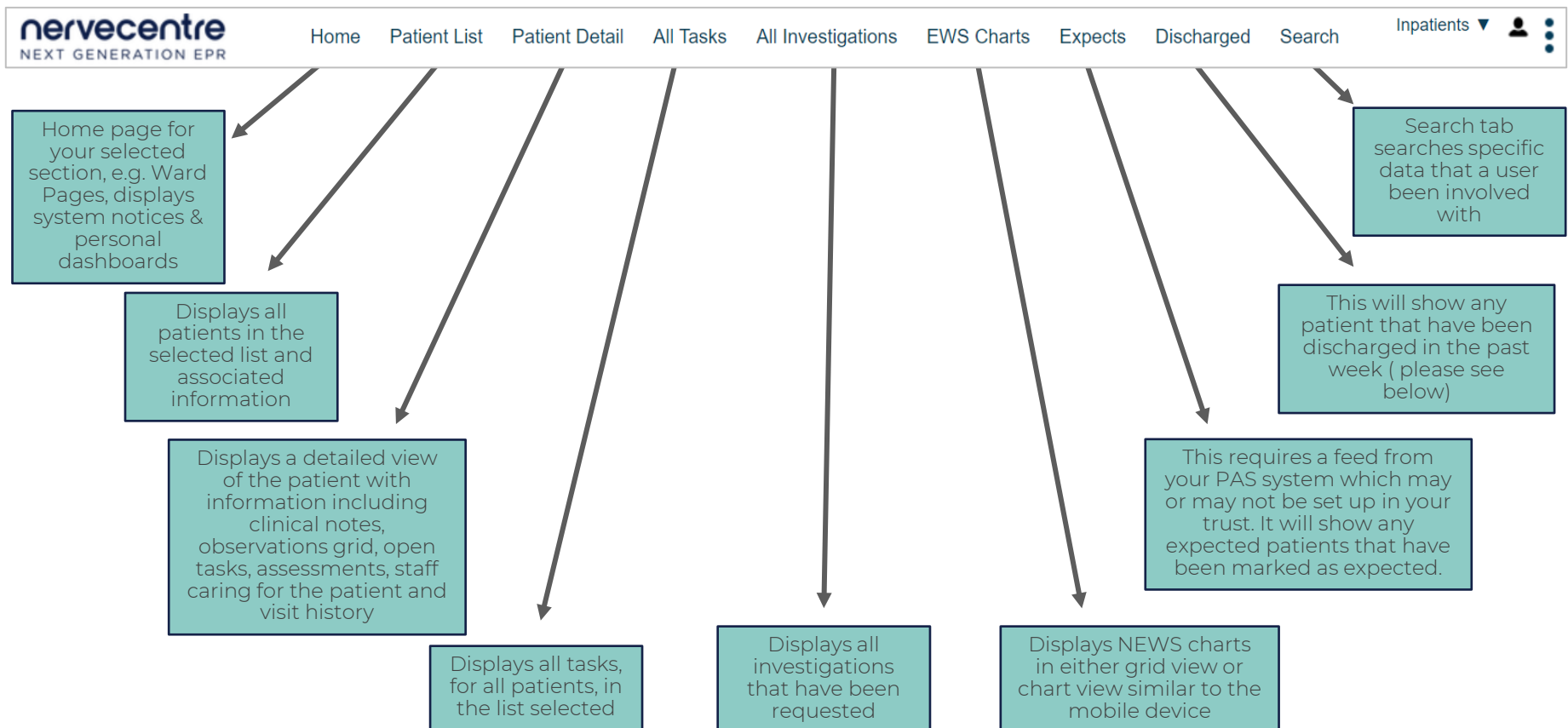
Ward Name	Number of Patients
Inpatients	780 patients
Ward M4	8 patients
Ward S12	13 patients
Ward S3	10 patients
Ward 28 (AMU)	22 patients
Ward M5	34 patients
Ward S17	8 patients
Ward S4	10 patients
Ward M10	62 patients
Ward M7	14 patients
Ward S2	14 patients
Ward S4_2	10 patients

The patient lists you use on the mobile device can also be selected by selecting from the drop down menu. A recent list functionality is visible here.

Searching for lists has intelligence built in so you are able to type any part of the patient list name and Nervecentre will filter the search based on this.

Other pages can be accessed by selecting ⋮

There are a number of tabs available in the Ward Pages section, these may vary depending on your configuration and will give you access to different data for your patients.



A personal user dashboard now displays on the Home tab of the clinical pages. On first log-in following upgrade the dashboard are empty.

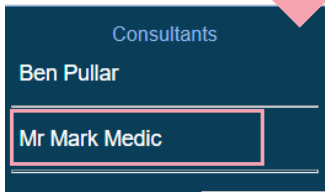
Users can select and edit information they see in this dashboard, from the following predefined sources of data; Live Flow metrics, Ward and Consultant.

This feature can use data from different modules of Nervecentre such as Live Flow, Investigations, ePMA and Smart Lists. For optimal use this feature requires the deployment of these modules.

The screenshot shows the Nervecentre Home dashboard. At the top is a navigation bar with the Nervecentre logo and menu items: Home, Patient List, Patient Detail, All Tasks, All Investigations, EWS Charts, Expects, Discharged, Search, and Inpatients. A system notice banner reads "Primary Application Server, Active". Below this is a "System Notices" section for the "Nervecentre Next Generation EPR Demo system". The main dashboard area is titled "Dashboard" and contains three data sections:

- Live flow metrics:** A table with 8 rows showing various metrics like AMU Patients (4), AMU Current Patients (4), and Pharmacy On ABX > 3 days (20).
- Cardiology:** A table with 2 rows: New referrals (4) and Letters require approval (0).
- Ben Pullar:** A table with 3 rows: Inpatients (25), Results awaiting review (0), and Investigation requiring attention (10).
- Ward 28:** A table with 12 rows showing bed and patient status, such as Number of beds (22), Number of patients (20), and Patients medically fit, not home today (2).

To add a information to the dashboard, select Add and select the required information type. Predefined metrics will populate automatically. The numbers change dynamically.



Mr Mark Medic

Inpatients	58
Discharge summaries in progress	0
Letters await approval	0
Results awaiting review	0
Investigation requiring attention	22

selecting an entry in the dashboard shows a popup window of the matching patients as shown below, and selecting the patient will the user into the patient record.

Dashboard

Ben Pullar

4	Inpatients	25
0	Results awaiting review	0
	Investigation requiring attention	10

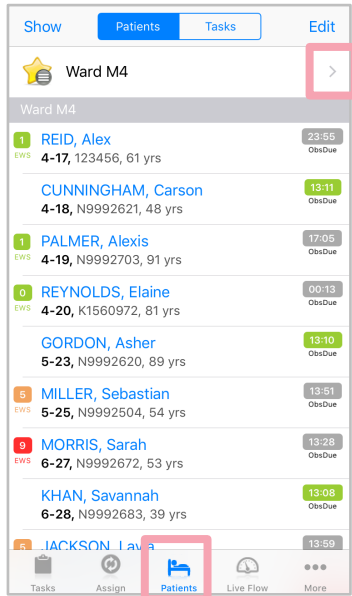
Ward 28

	Number of beds	22
	Number of patients	20
	Outliers	5

Created	Order summary	Order status	Patient name	Hospital num...	Current ward
21-Mar-2019 13:09		New	MICHAELS, James	S7144112	Ward M4
25-Mar-2019 08:00		Collected	PALMER, Alexis	N9992703	Ward M4
25-Mar-2019 08:00	ECG	Collected	PALMER, Alexis	N9992703	Ward M4
25-Mar-2019 08:01		Collected	PALMER, Alexis	N9992703	Ward M4
01-Apr-2019 00:26		New	PALMER, Alexis	N9992703	Ward M4
23-Aug-2019 11:41		New	DAVIES, Lincoln	N9998751	
04-Jun-2020 13:10	3 dimension rotational angiogram	New	RICHARDSON, Kaylee	N9990325	Ward P1
04-Jun-2020 13:11					
04-Jun-2020 13:11					
06-Jun-2020 21:25					

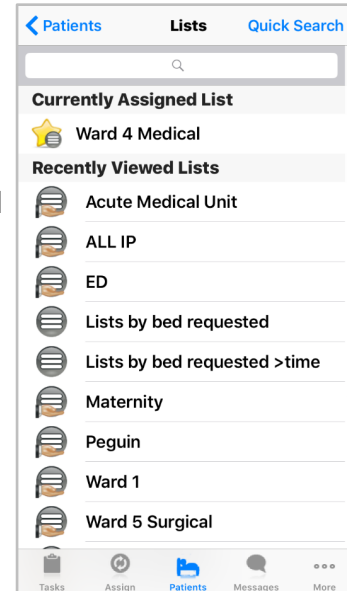
Patient Lists, Search, and Details

Creating your Patient List

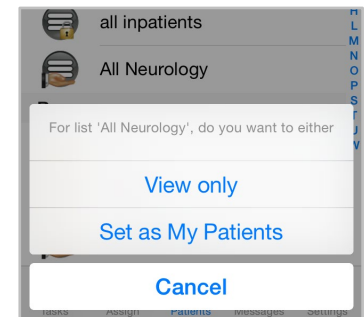


2 To change the Patient List select > next to the name of the current list.

3 Select a patient list. Select 🔍 and type to search.



4 When you have selected your patient list select from the Options.



1 IOS: select Patients
Android: select ≡ > Patients

Lists that you have set as My Patients display a gold star.



View Only

Allows you to look at other lists and view handover and obs information without deselecting your current list of patients. You will not receive any escalations for the patients whom you are viewing only.

Set as My Patients

Selecting the 'Set as my patients' function you are accepting responsibility for associated alerts, tasks, or escalations allocated to you for your patients.

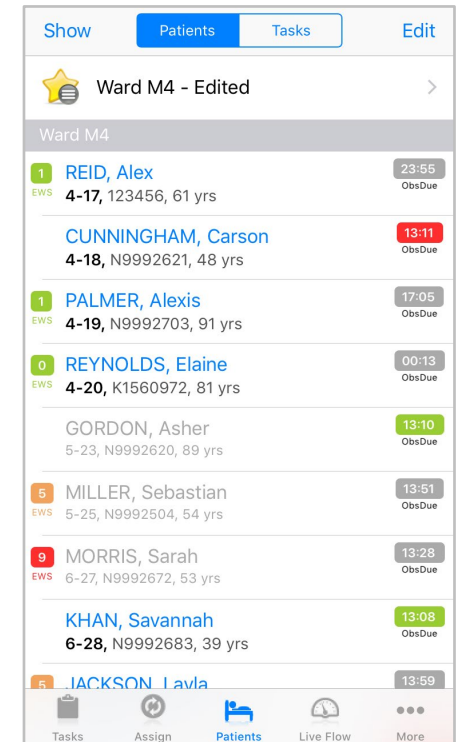
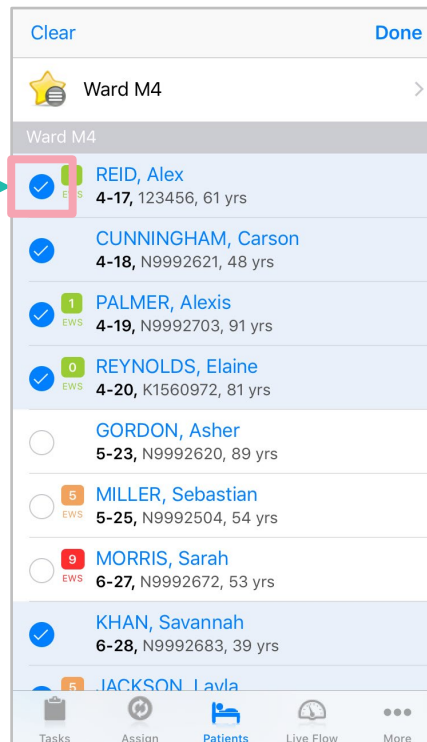
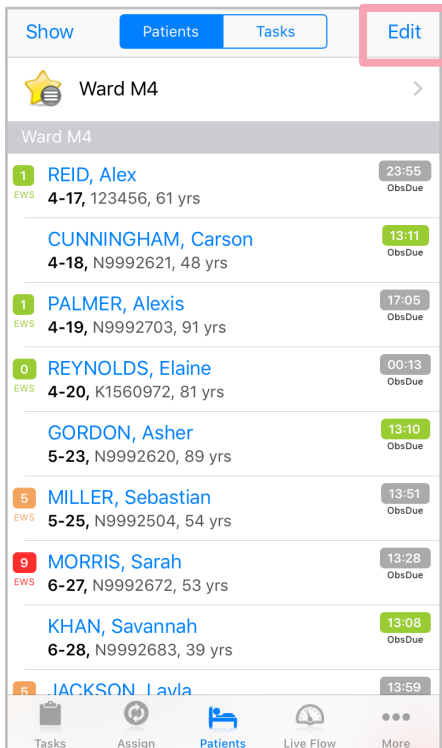
Editing a Patient List

To pick the patients who are your responsibility and you wish to receive escalations for:

IOS: select [Edit](#)
Android: select and hold 

By selecting the circle on the left hand side you can select or deselect the patients under your care.

The patients you are not responsible for are greyed out. You will not receive alerts or escalations for these patients unless your role dictates this, for example, Nurse in Charge. You can still complete observations on them if required.



Overview of your patient list

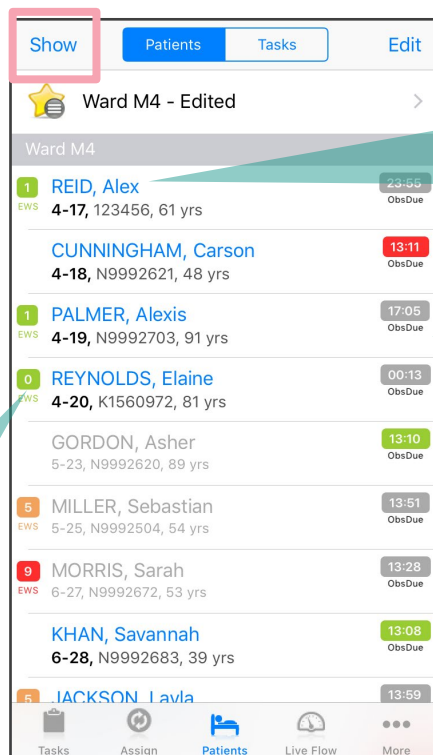
When Patients is selected, your list of patients is displayed.

To change information displayed next to a patient's name, for example, tasks, due obs, or due assessments:

IOS: Select **Show**.

Android: Select and hold any patient name.

The options you see depend on your organisation.



The latest NEWS score is displayed to the left of the patients name

0
EWS

Patients with the same or similar name are highlighted in red.

Patient info is shown in the format:

SURNAME, First Name
[Bed #], [Hospital #], [Age]

Observations due times are displayed in grey.

01:31
ObsDue

Observations about to become due are displayed in green.

14:24
ObsDue

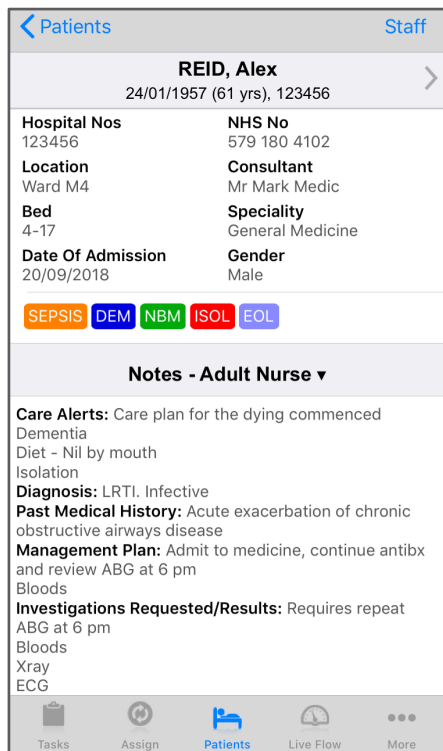
Overdue observations are displayed in red.

27-Jul
ObsDue

To view a patient's information select an individual patient on your chosen list.



The Patient screen shows demographic information at the top.



By selecting anywhere within the patient demographic box various options become available. This is configurable and might include:



- Transfer Consultant
- Simple discharge
- Transfer Bed
- Transfer Ward

Options can be permissions based depending on your organisation's requirements.

A simple discharge allows a quick discharge process for patients that either do not require a discharge process, such as Ward Attenders, or patients for which the discharge information are completed separately.

Entering a patient's pregnancy status

Along with the last menstrual period and estimated due date, Nervecentre captures the pregnancy status of a patient.

This information is captured in [Edit Details](#).

When answering “Yes” to the “Pregnant” field, clinical notes for “Last menstrual period” and “estimated due date” are displayed.

When you set the “Last menstrual period” the Estimated due date is calculated automatically by adding 280 days to the LMP.

The screenshot shows the 'Edit Patient Details' section for a patient named BLOOMFIELD, Lola. The patient's details include: Title (Miss), Surname (BLOOMFIELD), Forename (LOLA), Date of Birth / Age (15 May 1981), Sex (Female), and Marital Status (Single). The pregnancy status is set to 'Yes', with a Last menstrual period of 23 Jun 2021 and an Estimated due date of 30 Mar 2022. These three fields are highlighted with a red box.

Edit Patient Details					
Title	Surname	Forename	Middle Name(s)	NHS Number	Verified
Miss	BLOOMFIELD	LOLA			
Date of Birth / Age	Sex	Marital Status	<input checked="" type="checkbox"/> Pregnant	<input checked="" type="checkbox"/> Last menstrual period	<input checked="" type="checkbox"/> Estimated due date
15 May 1981	Female	Single	Yes	23 Jun 2021	30 Mar 2022

Note* This is a Trust enabled feature. If enabled, the question is only asked for females of child bearing age, and this age range is also configured by your Nervecentre admin team. There is also a setting for the maximum duration of the pregnancy in weeks, after which time the pregnancy status is automatically removed.

Viewing a patient's pregnancy status

This information is captured in the **Summary** screen.

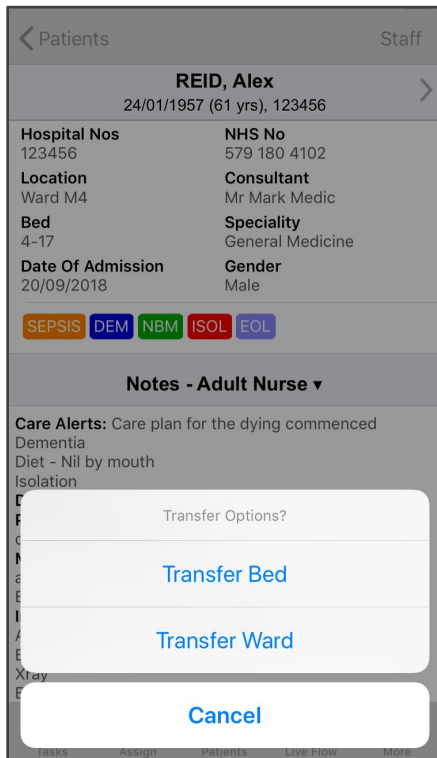
The screenshot shows a patient information summary for BLOOMFIELD, Lola. The patient's name and ID (NC00000061) are at the top. Below the name, the date of birth (15 May 1981) and gender (40y Female) are displayed. The 'Pregnant, 6 weeks' status is highlighted with a red circle. Other fields include Marital Status (Single), Ethnicity (British), Address (The house, The street, The Town, The County, ZZ99 3CZ, United Kingdom), and GP and Practice (MJ SMITH, HIGHLANDS SURGERY, 1643 LONDON ROAD, LEIGH-ON-SEA, ESSEX, SS9 2SQ, Tel: 01702 710131).

The patient banner displays the name BLOOMFIELD, Lola, the ID NC00000061, and a pink tag with the text '6wks'.

An associated tag is displayed on the patient banner.

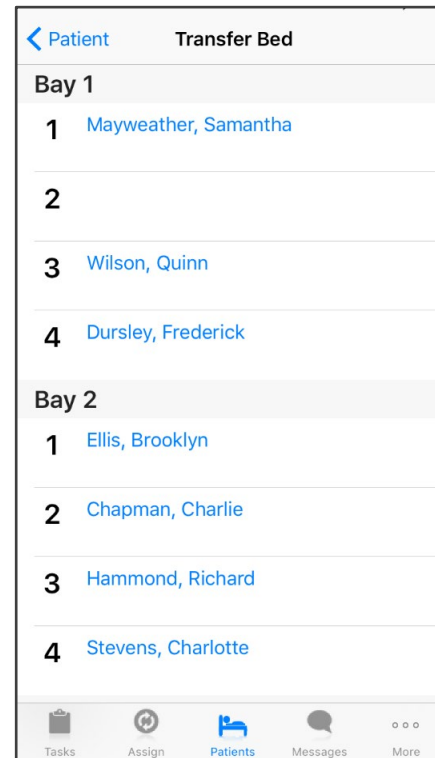
Setting a patient's bed location

From your patient list, select a patient.



Select anywhere in the patient's demographics.

Select Transfer Bed.



Select a vacant bed space.

This bed number is now visible on the patient banner.

Patient search

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks EW

Showing Patients: Ward M8 (Ward M8, All Inpatient)

Name	Admitted	EWS	FB In/Out	Diagnosis
HART, Cooper N9990063, 888 999 6063	19/3/2018 213 days	4 Hourly Overdue		UTI
Reason For Admission:				
LEWIS, Lauren N9990071, 888 999 6071	19/3/2018 213 days	30 Mins Overdue		

To search for a patient on magnifying glass icon at the top left of a dashboard/ward list view.

It is possible to search for a patient using surname only for a longer list of results or surname and first letter of first name for a shorter list of matches.

Matching Inpatients

Name / Number / DOB

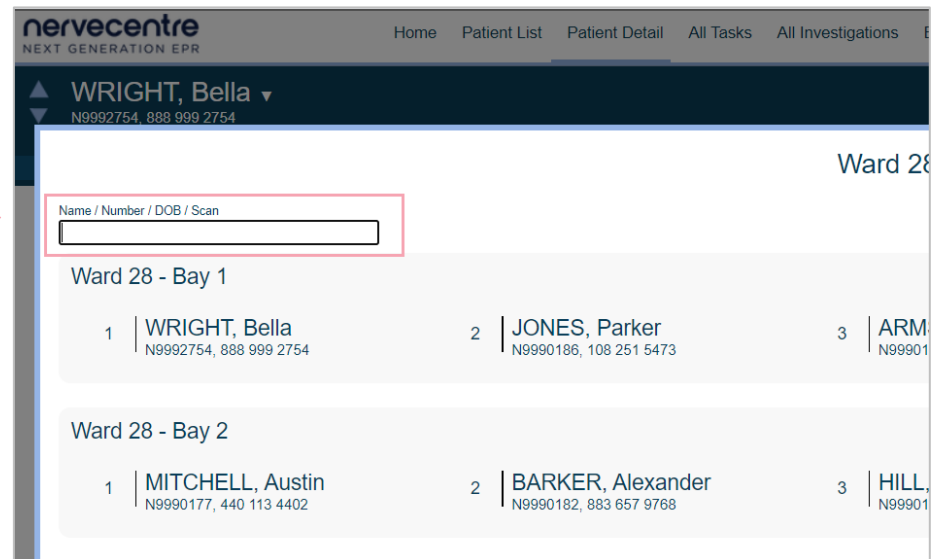
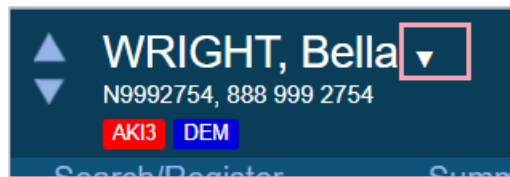
Smith A Search inpatients Search all patients

Name	DOB	Age	Ward	Address
SMITH, Adrian N9990223, 978 530 9769	8/12/1970	46y	ACU	7 Sandy Lane, Greenwich, LONDON, W15 EXX, 1, Great Britain
SMITH, Alex N9990141, 624 306 1987	7/2/1916	101y	Ward ONC2	7 Sandy Lane, Greenwich, LONDON, W15 EXX, 1, Great Britain
SMITH, Alexa N9997916, 888 999 7916	5/9/1981	36y	Ward S10	7 Sandy Lane, Greenwich, LONDON, W15 EXX, 0, Great Britain

Other search criteria can be DOB and Gender, the more information that is entered the more focused matches will appear. The matches in patient search will now have the hospital and NHS number in the result, as well as age, current location (if an inpatient) and street address.

By selecting the patients name the patients Summary Page are displayed. Nervecentre supports wrist band scanning from Webpages also to open patient detail pages.

The “Choose patient” screen is accessible from the Patient Detail tab on the web pages. You can type in the patient Name, DOB or scan the patient wristband.



Editing clinical notes from Patient List

In this view you are able to see multiple details about multiple patients at any one time. The mobile version allows you to edit data whilst with your patient or whilst you are on the move, the desktop version not only allows you to update an individual's clinical note details but also to view multiple patient's notes.



When editing a clinical note in the patient list screen the history of the note is now automatically displayed when the window opens regardless of what type of note it is (with exception of SNOMED CT notes).

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks All Investigations EWS Charts Expects Discharged Search Inpatients

Showing Patients: Inpatients (780 patients) and Inpatient, All Inpatients Profile: Board Round

Bed	Name	LOS	NEWS	Diagnosis	Red/Green Day	EDD	Discharge Requireme	MDT Issues	Medically Fit	Home Today	Potential To Outlie?	Internal Delay Reason	External Delay Reason	TTO & Discharge Letter
1-1	BARNES, Hunter	799					Package of care - Ready			No				
1-2	SAUNDERS, James	799								No				
1-3	ROSE, Daniel	799												

BARNES, Hunter - N9990210 vkaluza, 11/11 16:58

Discharge Requirements

- Equipment - Bed
- Equipment - Rails
- Package of care - Required
- Package of care - Ready
- Section 2 - Needed
- Section 2 - Completed

History

Previous Visits

vicki Kaluza 11/11/2020 16:58
Equipment - Bed

Cancel Save

The view from the web pages on patient list as default can be a different set of overview data to the mobile which could aid in summarising the key points.

This needs to be configured however and may not automatically look different from your user profile even following upgrade.

nervecentre NEXT GENERATION EPR														
Home Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search														Ward M4
Showing Patients:Ward M4 (14 patients)														
TBD														
Profile: Board Round														
Bed	Name	LOS	NEWS	Diagnosis	Red/Green Day	EDD	Discharge Requirement	MDT Issues	Medically Fit	Home Today	Potential To Outlie?	Internal Delay Reason	External Delay Reason	TTO & Discharge Letter
4-17	REID, Alex	66		LRTI. Femur fractur	Green Day	21 Jun 2018	Home o2 Equipment - Rails Section 2 - Completed		No	Yes	Requires S/R To Decide			TTO Needed Letter Not Written TTO Written
4-18	CUNNINGHAM, Carson	59		Infected leg ulcers	Green Day	21 Jun 2018	Social care at home - Required Transport Required		Yes	Yes				Letter Not Written
4-19	PALMER, Alexis	59		Upper GI bleed secondary to Oesophageal varicies.	Red Day	04 Jul 2018	Section 2 - Completed Equipment - Bed	Physio referral made. Awaiting review when patient is stable	No	No	No	Physio Assessment Required	Requires baraitric	TTO Needed Letter Not Written
4-20	REYNOLDS, Elaine	57		Exacerbation of COPD	Green Day	27 Apr 2018	Package of care - Ready	Com resp nurse referral	No	No	No	became unwell yesterday		Letter Not Written

nervecentre

Home Patient List Patient Detail All Tasks EWS Charts Assessments

Ward 4 Medical

Showing Patients: Ward 4 Medical
Ward 4

Profile: Nurse

EWS	Name	Tasks	Subscribed Staff	Acuity	Ceiling of Treatment	Nutritional Status	EDD	Resuscitation Status	Braden Score/Plan	Test requested	Waterlow Score/Plan
12 30 Mins Due 13:48	Ellis, Brooklyn ND002479, 888 000 2479 Consultant: Dr A Ahmed Speciality: General Surgery 82 yrs DoB: 04/05/1933	<ul style="list-style-type: none"> ABG Required Sepsis 6 High EWS: Inform NIC High EWS: Inform Doctor Blood Test Request High EWS: Inform NIC High EWS: Inform Doctor High EWS: Inform CCOT High EWS: Inform Registrar 	<ul style="list-style-type: none"> Paul Volkaerts Registrar, Registrar Amy Ross Doctor, Doctor debbie guy Nurse, NIC vicki kaluza Nurse, NIC 	0	Full active management	NG feeding regime prescribed by dieticians in notes. Failed swallow assessment on 5/07/15	26/10/15	Full active management	16 Air mattress in situ pressure area care needed	Bloods XRay	15- 2 Hourly turns a care
<p>Diagnosis: R MCA stroke.</p> <p>Management Plan: Repeat head CT this pm. Continue NG feed and meds. referral to physio today.</p> <p>Background (Important PMH/DH/SH):</p> <p>Risks/ Alerts/ IP: Not high risk</p>											
2 12 Hourly Due 20:35	Chapman, Charlie ND001397, 888 000 1397 Consultant: McMorris, Mark Speciality: General Medicine 69 yrs DoB: 12/10/1948	<ul style="list-style-type: none"> Blood Products Prescribing ABG Required Assessment post Fall ABG Required 	<ul style="list-style-type: none"> Paul Volkaerts Registrar, Registrar Amy Ross Doctor, Doctor debbie guy Nurse, NIC vicki kaluza Nurse, NIC 	0	Full active management	NBM	25/12/2015	Not for resuscitation	15 no concern	ECG XRay Bloods	6 - independent wll pressure area care
<p>Diagnosis: Non specific chest pain. Trop I is negative Awaiting echo Meds review</p> <p>Management Plan: Requires echo, request sent. Medication alteration, increase nitrates and calcium channel blockers. Consider angiogram.</p> <p>Background (Important PMH/DH/SH):</p> <p>Risks/ Alerts/ IP: Falls risk</p>											

Nervecentre auto-populates the NEWS scores in here
(These scores will only display for 36hours)

Information in these fields can be edited by double-clicking

All columns can be edited from the desktop screen

Different profile views containing different fields

double-click in a column to enter Edit mode, type your changes or select an option and select the Save button to save, or select Esc Cancel.

Ellis, Brooklyn - N0002479 vikaluzs, 23/11 13:10

Ceiling of Treatment

- Full active management
- Active management on ward only (not for ITU)
- Not for resuscitation
- DNACPR

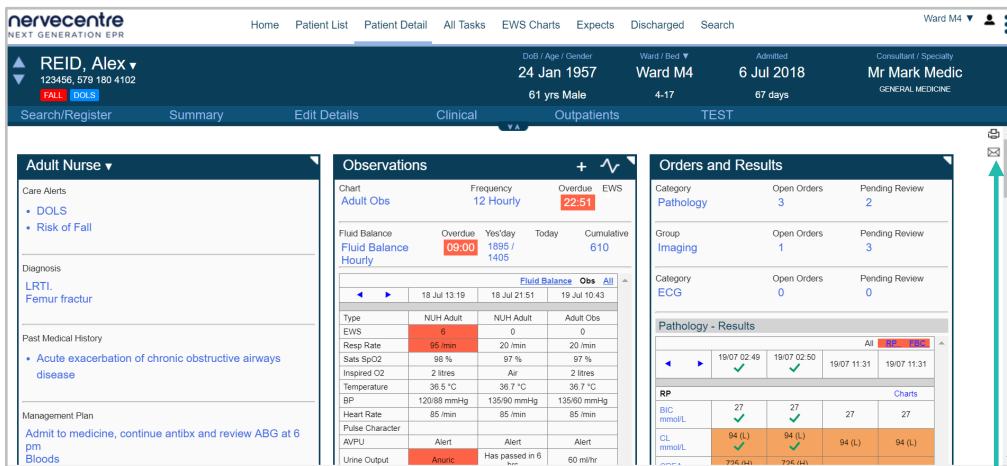
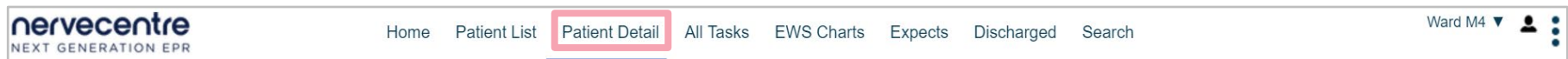
Ellis, Brooklyn - N0002479 vikaluzs, 06/07 08:2

Nutritional Status

NG feeding regime prescribed by dieticians in notes.

Failed swallow assessment on 5/07/15

To view the Patient Detail, ensure that the Ward Page is selected and select the Patient Detail tab.



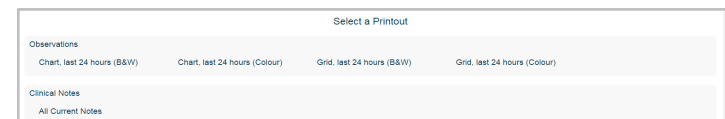
The Patient Detail tab is an individual way of viewing a patient's information which can be easily updated on the PC.

This screen provides the functionality of a full patient portal, including the following sections (licence dependant):

- Clinical Note Profiles
- Observations and Fluid Balance Grids
- Assessment summary
- Tasks
- Orders and Results
- Care Plans
- Staff subscribed to the patient
- Visit History details
- Current Medications

Select the printer icon to access the available printouts.

Added support for a configurable set of printouts that can be accessed on a patient



Any staff who have set a patient under their care on the mobile device and is currently logged on are visible in the Staff field.

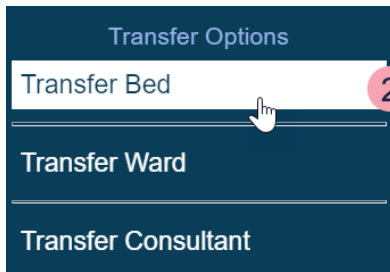
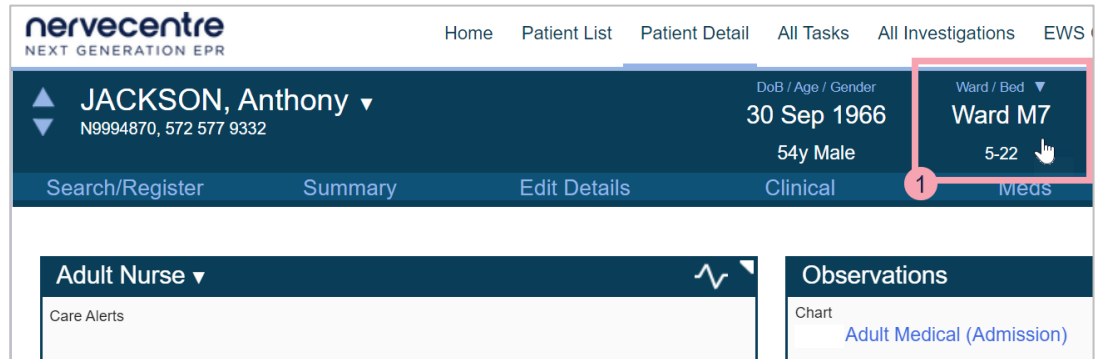
The screenshot shows the Nervecentre EPR interface for patient Alex Reid. The patient's details include: Name: REID, Alex; ID: 123456, 579 180 4102; Status: SEPSIS, FALL, LD, NBM, Closed for Cleaning; DoB: 24 Jan 1957; Gender: 60y Male; Ward: Ward M4; Bed: 5-22; Admitted: 28 Sep 2018; Consultant: Mr Mark Medic; Speciality: GENERAL MEDICINE. The 'Staff' section lists Debbie Guy as an adult nurse with a note 'Obs Due, NIC'. The 'Visit History' section shows 1 ED visit in the last 12 months on 13/3/2018 with a diagnosis of Lower respiratory tract infection.

Visit History

The Visit History section displays the visit history information and allows reading of handover notes from previous visits the grid shows the patients Consultant and speciality and will also show the diagnosis at the time of discharge. Permitted users can also edit handover notes from a previous visit after discharge.

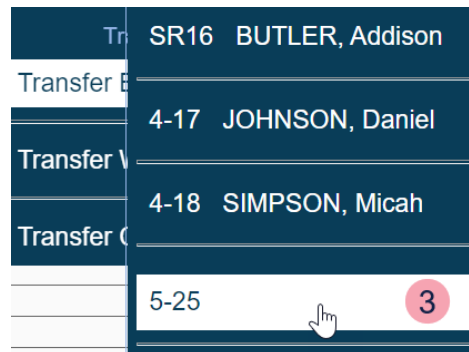
Transferring a patient between beds

1. A patient can be transferred between beds by selecting the arrow next to [Ward/Bed](#).
2. This launches the options to transfer bed, ward or consultant. Select [Transfer Bed](#).



3. Select the bed you're transferring the patient to.

If a bed is currently occupied it is possible to put two patients in one bed. This is useful when swapping two patients between beds.

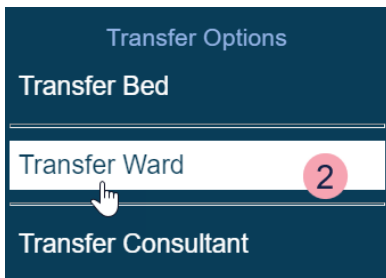
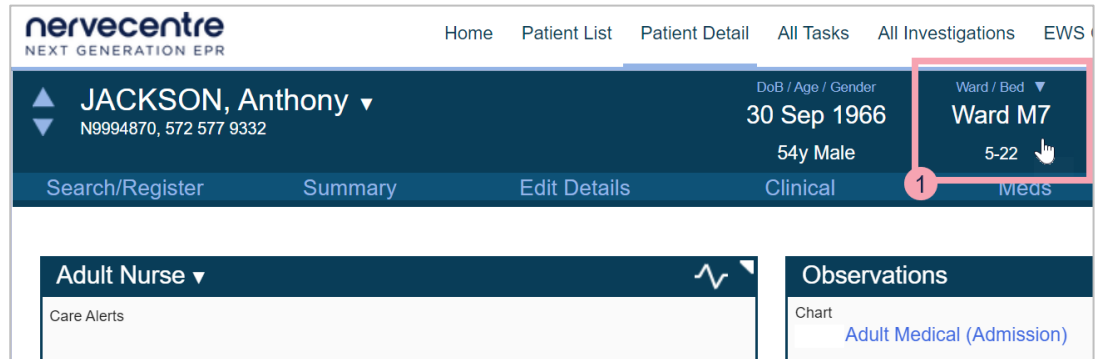


4. Once the patient has been transferred the patient banner updates the bed number.

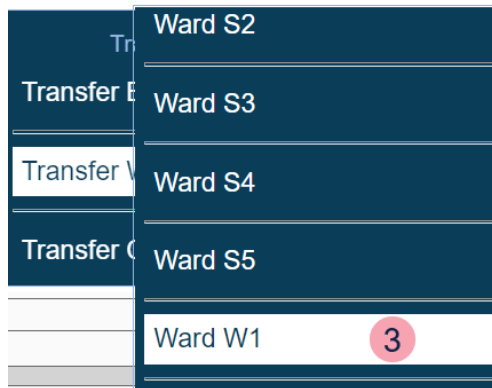
Transferring a patient between wards

1. select the arrow next to **Ward/Bed**.

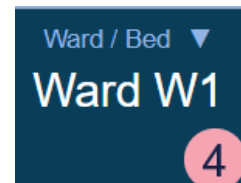
2. This launches the options to transfer bed, ward or consultant. Select **Transfer Ward**.



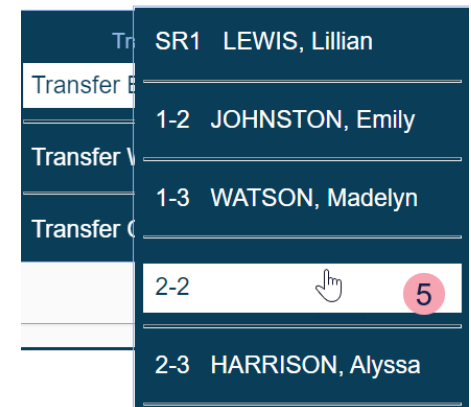
3. Select the ward you're transferring the patient to.



4. Once the patient has been transferred the patient banner updates the Ward.



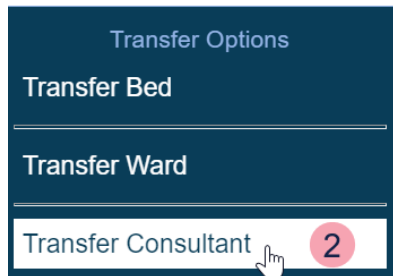
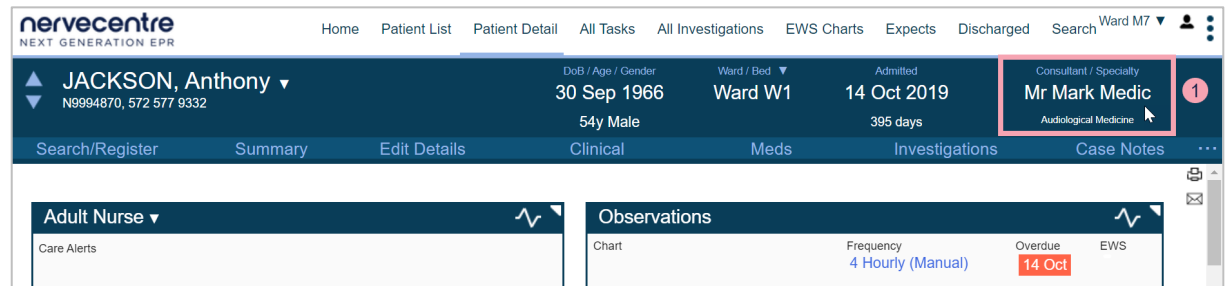
5. Add the patient into a bed by selecting **Transfer bed**.



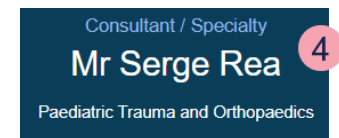
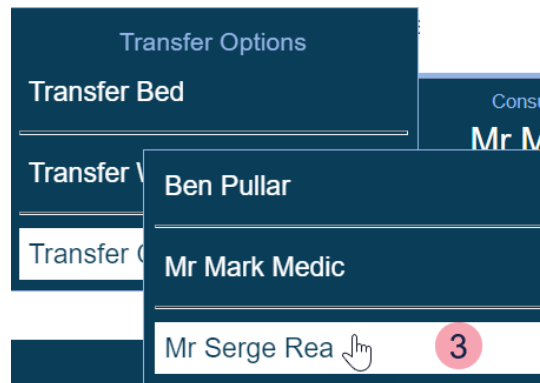
Transferring a patient between consultants

Transfer Consultant

1. Select the arrow next to **Ward/Bed**.
2. This launches the options to transfer bed, ward or consultant. Select **Transfer Consultant**.



3. Select the consultant you're transferring the patient to.



4. Once the patient has been transferred the patient banner updates the Consultant.

Cancelling a transfer

The screenshot shows the Nervecentre interface for patient JACKSON, Anthony. The 'Summary' tab is selected. Under 'Current Visit', the following visits are listed:

Date / Time	Event
14 Oct 2019 10:06	Admitted to Ward M7 under consultant Mr Mark Medic, specialty Audiological Medicine - by michellep @ 14 Oct 2019 10:07
12 Nov 2020 09:33	Bed set to 5-22 - by vkaluza @ 12 Nov 2020 09:33
12 Nov 2020 09:34	Bed set to 5-25 - by vkaluza @ 12 Nov 2020 09:34
12 Nov 2020 09:54	Transferred to Ward W1 - by vkaluza @ 12 Nov 2020 09:54
12 Nov 2020 10:13	Options: Serge Rea, specialty Paediatric (by vkaluza @ 12 Nov 2020 10:13)

An options menu is open for the 09:54 visit, with 'Cancel Transfer' highlighted.

If you have the correct permissions you can cancel a transfer from Nervecentre for Desktop.

Only transfers performed within Nervecentre can be subsequently cancelled. If, for example, a ward transfer is received over HL7 then that transfer cannot be cancelled within Nervecentre.

1. Select [Ward Pages > Summary > Current Visit](#)
2. Select the arrow of the transfer you want to cancel.
3. Select [Cancel Transfer](#).
4. Enter the reason for the undo transfer. Select [Cancel Transfer](#) to confirm.

The 'Cancel Transfer' dialog box contains the following text and elements:

Are you sure you want to cancel this transfer?

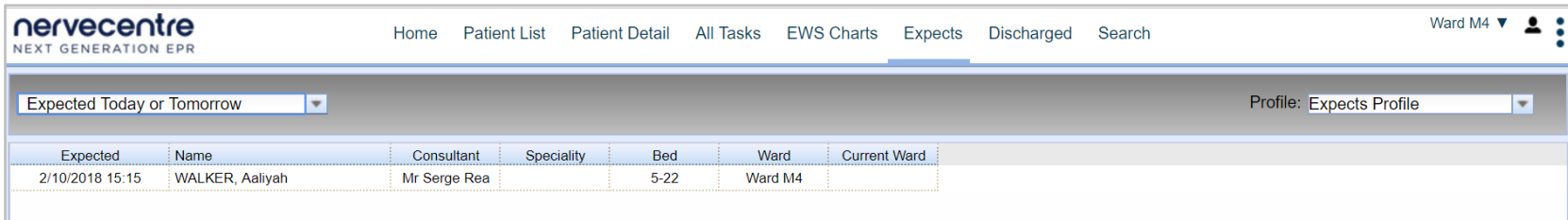
Reason:

Buttons: [Cancel Transfer](#) [Close](#)

Viewing expected and discharged patients

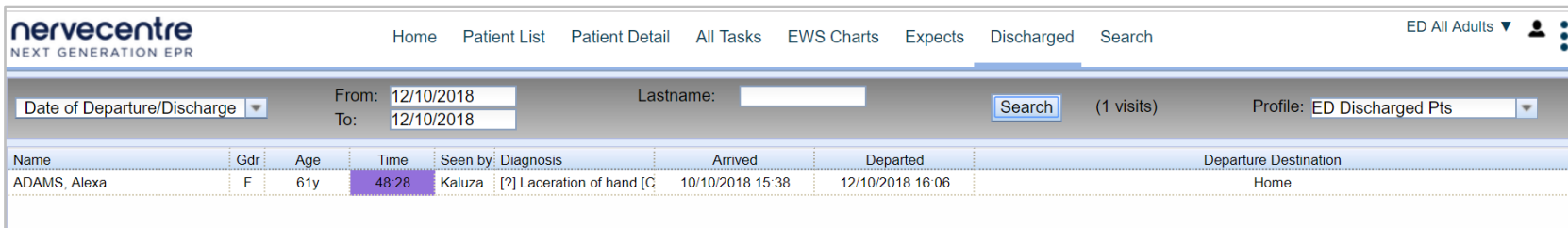


You can view both expected patients and recently discharged patients from the web pages. Profiles need to be configured to use this feature. To view expected visits (pre admitted) for a patient select the **Expected** tab. Patients may now appear in this list on more than one occasion if they have more than one expected visit.



Discharged patients will show automatically without any additional interfacing requirements.

To view discharged patients, select the **Discharged** tab from the ward pages. Select which period of time you want to see discharged patients from. The range of time selectable in the past is 7 days and patients can now be searched from date of admission or date of discharge and patients can also be searched by surname.



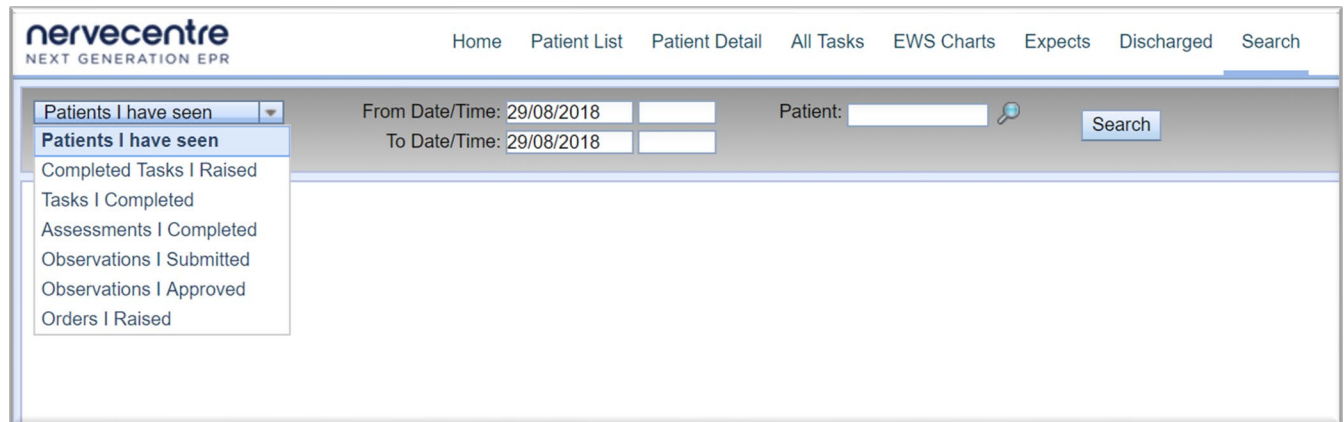
Using the Search tab



The Search tab provides a constrained set of searches specific to a user finding patients and activities which they have been involved within. The user can select the search criteria and the range of dates/times or select the patient. Note that if dates are entered without times, the “from” date uses the start of that day and the “to” date uses the end of that day, so the default setting where the from and to dates default to today, will show all matches for today.

The searches available are:

- Patients I have seen
- Completed Tasks Raised
- Tasks Completed
- Assessments Completed
- Observations Submitted
- Observations Approved
- Orders Raised



Note: Patients I've seen - matches setting of a clinical note which accepts a username, such as Seen By or Named Nurse, to the current user. It displays all such occurrences and therefore may results in the same patient or visit appearing multiple times.



selecting the symbol at the top right hand corner of the Nervecentre desktop banner opens My Profile Page

A signature can be saved by selecting **Edit** below the signature block. The mouse or touchpad can then be used to write the users signature. This can be cleared and done again or saved if acceptable.

The [My Profile](#) Page captures information on the users that is not easily captured by system administrators.

The signature strip can be configured to automatically populate letters generated in Nervecentre for example a Consultants signature on a patients discharge letter.

Information that a user can enter is:

- Consultant Code
- Formal Name
- Formal Title
- Registration Code
- Registration Body
- Signature
- Approved Signatories
- Permanent role
- Elective role
- Permissions

Fields are completed by entering the user details in the free text boxes or by picking one of the drop down options

There is no administrative access to this information and it is not possible to enter this information on behalf of another user.

Nervecentre records a log of all changes to a user's name or job information, including job title, formal job title, and formal name. This information is referenced by certain modules to be able to show the role that the person had at the time of the action. For example, when looking at old prescriptions it might show the prescriber as a Junior Doctor even if they are now a Registrar.

The screenshot shows the 'My Profile' page with the following details:

- Name:** vicki Kaluza
- Username:** vkaluza
- Job title:** (empty)
- Permanent Roles:** Nurse
- Elective Roles:** NIC, Nurse Alerts, Progress Chaser, Doctor, Registrar, Consultant
- Permissions:** Superuser
- Consultant Code:** (empty)
- Formal Name:** Victoria Kaluza
- Formal Title:** Clinical Lead
- Registration Body:** (empty)
- Registration Code:** (empty)

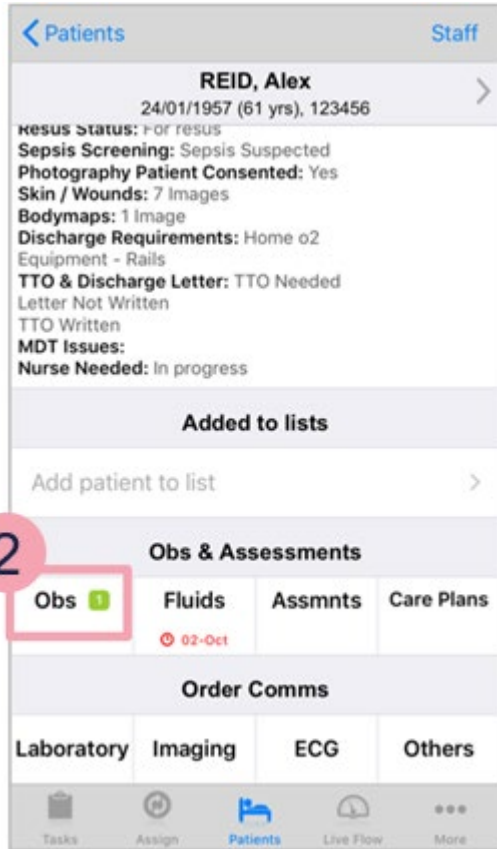
The signature strip includes a signature, an **Edit** button, and a **Can sign on my behalf** box with an **Add** button at the bottom.

Approved signatories can be added by the user by selecting the **Add** tab at the bottom of the **Can sign on my behalf** box.

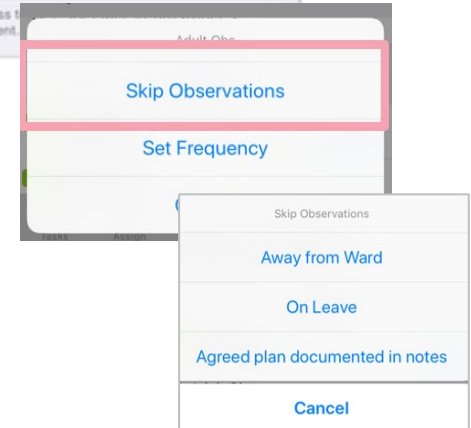
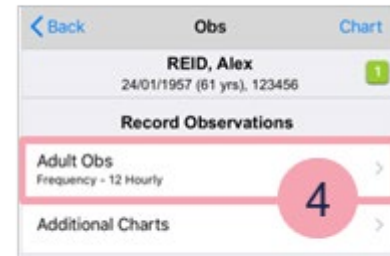
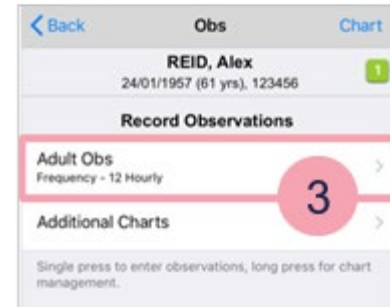
Approved signatories are then added by searching for the user and selecting their name

Observations

Recording or skipping a set of observations



1. To record a patient's observations, from your patient list, select the patient.
2. Select **Obs** from **Obs & Assessments**.
3. Select the type of observations you want to take. The frequency of the observations is stated under the observation title.
4. To skip observations, select and hold the observation model.
5. Select **Skip Observations** and select a reason.



Entering observations

Blue dots on the left hand side indicate mandatory fields.

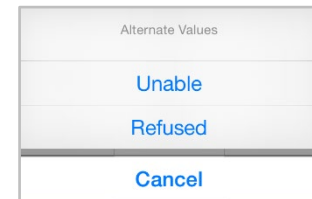
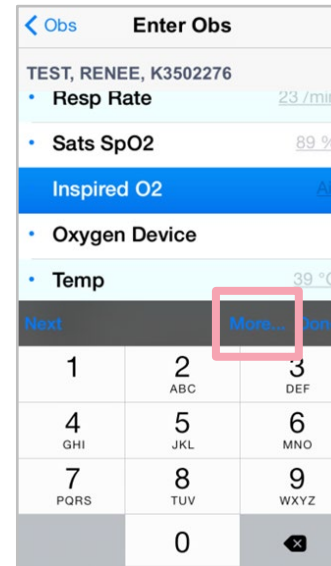
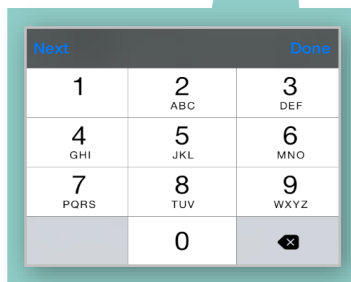


Previous observation values are displayed greyed out on the right.

Some observations might require alternate values. These can be accessed by pressing the **More** button.

The alternate values depend on your organisation, and are different for each observation field.

To enter observation values, select the required field.



If the observation is mandatory the alternative value will have an associated NEWS score, for example selecting **Unrecordable** could score 3, where **Refused** may score 1.

Setting Frequency of Observations

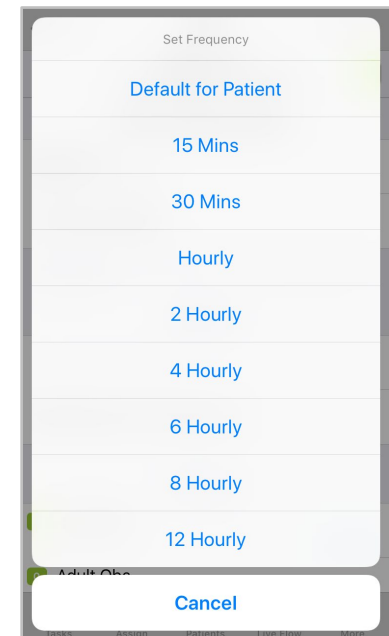
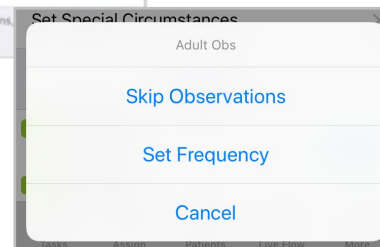
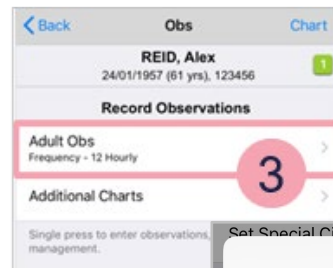
The observation model is automatically selected on admission and is based upon age, ward, specialty, and consultant.

If observations create a (N)EWS score that is different to the previous score, the system automatically changes the observation frequency according to policy.

The frequency can be increased but Nervecentre will prevent the frequency being set for longer than the policy allows.

For example, if the frequency is currently 6 hours based on (N)EWS the frequency could be increased to 4 hourly if needed, though the system would prevent the frequency being reduced to 8 hourly.

1. To change the frequency of a patient's observations, from your patient list, select the patient.
2. Select **Obs** from **Obs & Assessments**.
3. Select and hold the observation model.
4. Select **Set Frequency** and select a frequency.

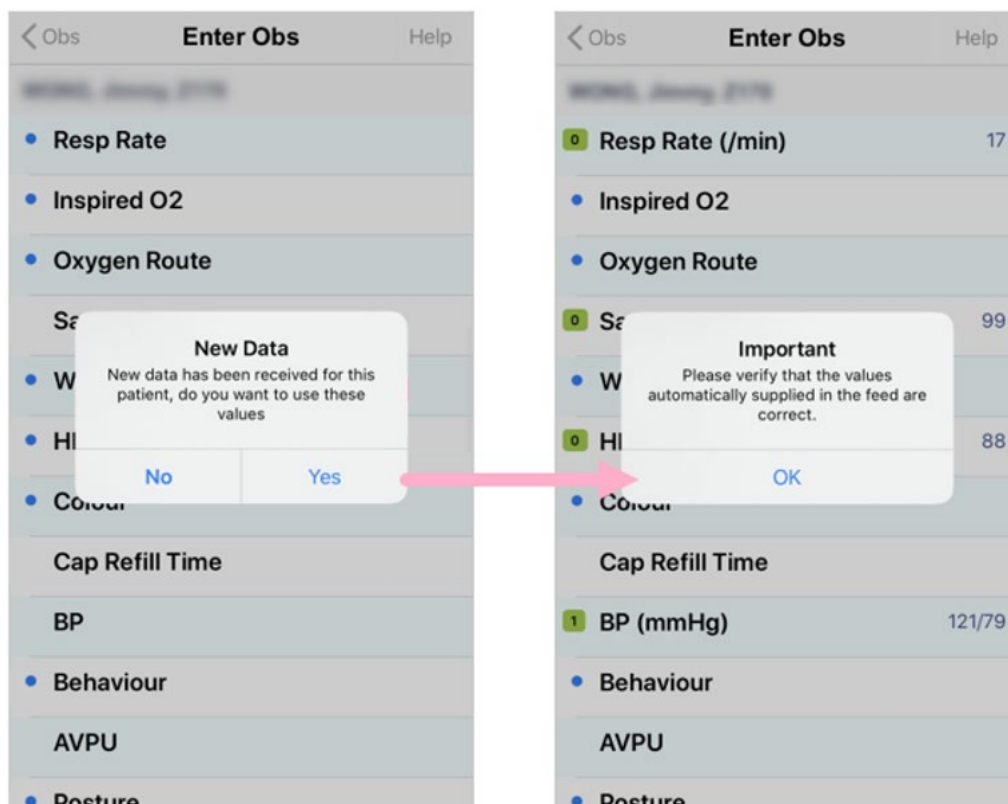


Nervecentre for mobile supports integrated patient observations. Nervecentre can be configured to display patient eObservations captured by integrated monitors, for example, Mindray, or Welch Allyn.

If there are recent results to be displayed from an integrated device, you see a message when you open [Enter Obs](#).

To confirm you want to use results from the integrated Obs device, select [Yes](#). To reject the results, select [No](#).

If you accept the results, verify that the values received are consistent with what is showing on the integrated device screen.



Editing eObservations

You can edit integrated Obs values. Select a value to edit.

Continue to complete the patient eObservations and select Submit Obs as normal.

Some observation values, such as ACVPU or behaviour, are not recorded by the machine and will require you to manually enter them before submission.

ECGs

This also applies to ECGs. If the file contains valid data in the correct format it are added to the identified patient.

The ECG file must be marked with the appropriate NHS number for the patient it applies to, and that patient must already be present in Nervecentre.

Enter Obs

Resp Rate (/min)	17
Inspired O2	
Oxygen Route	
Sats SpO2 (%)	99
WoB	
HR (/min)	88
Colour	
Cap Refill Time	
BP (mmHg)	121/79
Behaviour	
Pupils	
Pain	
Temp (°C)	38.3
Blood Glucose	

Submit Obs: 0

Resp Rate (/min)	17
Inspired O2	Air
Oxygen Route	Air
Sats SpO2 (%)	99
WoB	Normal
HR (/min)	88
Colour	Normal
Cap Refill Time	
BP	121/79
Behaviour	Behaves Normally
AVPU	Alert
Deature	Normal for patient

Escalations

If any acute clinical or parental concerns, escalate to SHO.

Alternate Escalations

Nurse in Charge	<input type="checkbox"/>
Doctor	<input type="checkbox"/>
Registrar	<input type="checkbox"/>
Consultant	<input type="checkbox"/>

Notes

Background / History

Submit Observation

Enter Obs	
REID, Alex, 123456	
2 Resp Rate (/min)	28
Sats SpO2 (%)	99
0 Inspired O2	Air
Oxygen Device	Air
0 Temp (°C)	37.1
0 BP (mmHg)	135/78
E Heart Rate	500
Pulse Character	
0 AVPU	Alert
0 Urine Output (ml/hr)	60
Blood Glucose	
Pain	No Pain

As values are entered, the NEWS score for each item is displayed on the left.

Observations that contribute to the NEWS score are shown as green amber or red, indicating the severity of the score.

Those that do not contribute are blank. Entries show as 'E' if the parameter values entered are out of specified ranges.

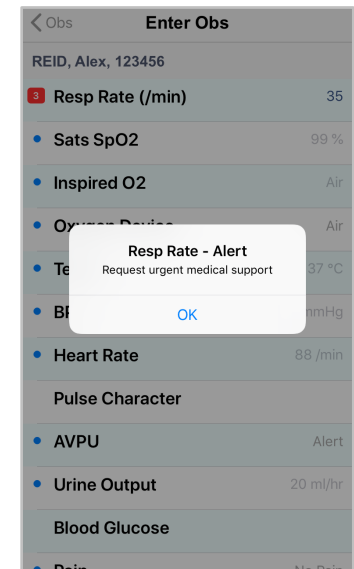


The overall NEWS score is automatically calculated and displayed in the red submit button which only appears when all mandatory fields have been completed.

ALERTS

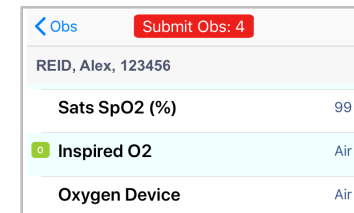
Some entered values create an alert. The alerts are dependent on the Trust and may vary dependant on whether the value is high or low.

To close the alert press OK.



On completion of observations, a red 'Submit Obs' button appears at the top of the screen along with the (N)EWS score.

If all mandatory fields have not been completed, the submit option will not appear.

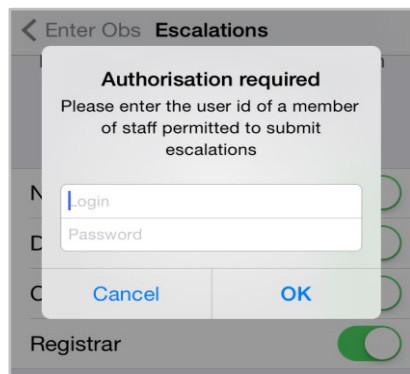


Escalations

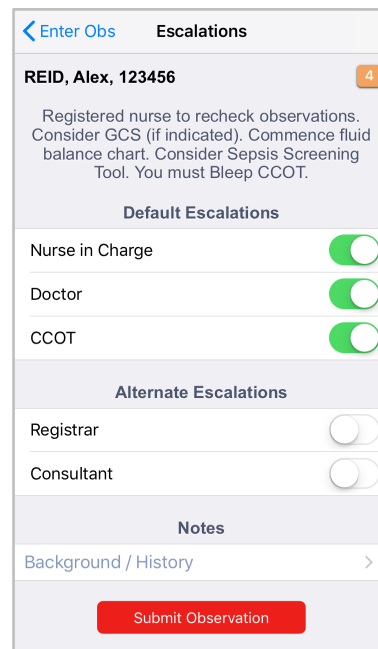
Observations recorded by a Student Nurse or HCA

If escalation is required i.e. if NEWS score is raised, observations recorded by a Student Nurse or HCA can be configured to allow authorisation by a Ward Nurse or the Nurse in Charge. The Ward Nurse or NIC selects 'Authorise'.

A log-in prompt will display. The authoriser enter enters their details and selects on Submit.

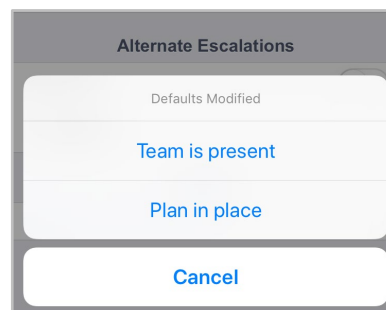


Default Escalations



The sliders are active (showing green) as per Trust policy for default escalations. These will change depending on NEWS score or whether this is 'Out of Hours' or 'in Hours'. There is the option to deselect clinicians in the default escalation selection if their assistance is not required.

The Alternate Escalations field shows clinicians who are not on the default escalation list, but can be escalated to if required. To escalate to other roles move the slider in the alternate escalations section to activate (green).



If you select not to escalate you will need to record the reason. The reasons are configurable by Trust and are date/time/person stamped when selected.

Special Circumstances are observation models that contain variances to either scoring, alerts or escalations from the base (N)EWS model.

Examples of different Special circumstances are:

- End of life Pathway. (no associated scores, frequency or escalations)
- Blood Transfusion. (no difference to scores or escalation but contains alternative alerts, frequency and additional obs fields such as unit number)
- NEWS 2 Hypercapnic Respiratory Model.

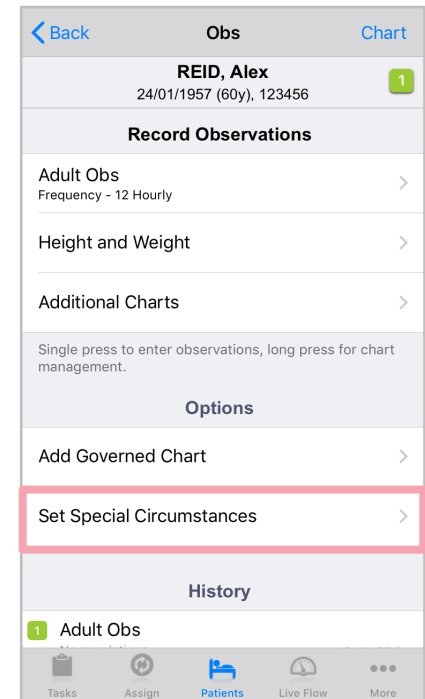
Special circumstances are permission based per model e.g., nurses may be able to set the 'blood transfusion' model but only consultants able to set the COPD model. The special circumstances you have permission to apply will appear on your screen.

If your patient is currently on a special circumstances model, select 'Revert to Default' to return to the default observation model for your patient.

Upon transfer, a patient can automatically move onto an "equivalent" special circumstance chart, that is appropriate to the new location.

Clinical rules configuration can exclude Special circumstance models rule sets. This prevents models triggering rules repeatedly for observations expected under the model. You can also now add multiple default models to include and special circumstances.

Clinically this will mean that rule sets such as sepsis can be specifically excluded on special circumstance models such as End of life.



The Hypercapnic Chart allows the 'Inspired O₂' value to directly calculate the 'O₂ Sats' NEWS contribution score based on the value entered.

REID, Alex, 123456	
Respirations	17 /min
Oxygen or Air	2 litres
O2 Sats	96 %
Oxygen Device	Nasal Cannulae
Blood Pressure	120/60 mmHg
Pulse	72 /min
ACVPU	Alert
Temperature	38 °C
Urine	
Blood Glucose	
Pain On Movement	
Sedation	

If any value other than 'Air' e.g., 2L or 28%, is entered the Scale 2 scores for patients on oxygen will populate and the 'Oxygen Device' field will remain and are mandatory.

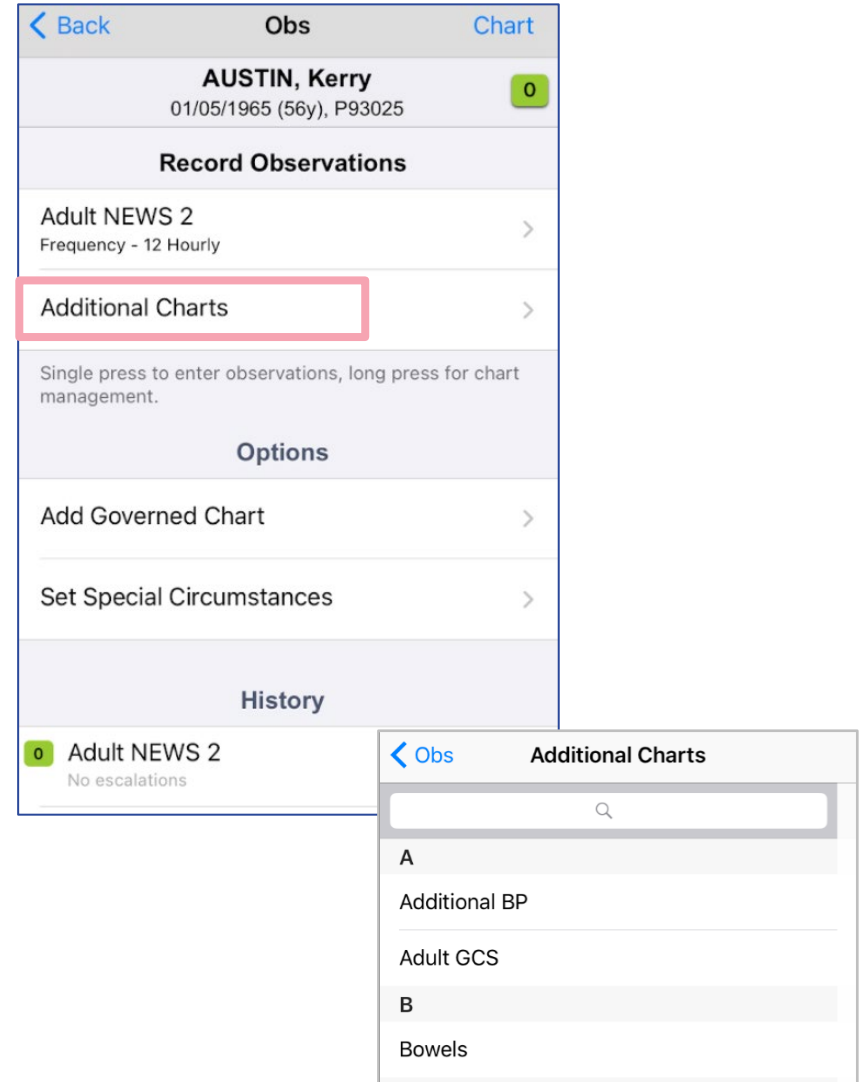
REID, Alex, 123456	
Oxygen or Air	Air
O2 Sats (%)	99
Blood Pressure (mmHg)	150/66
Pulse (/min)	88
ACVPU	Alert
Temperature (°C)	37.8
Urine	
Blood Glucose	
Pain On Movement	
Sedation	
Nausea	

If the value of "Air" is entered the Scale 2 scores for patients not on oxygen are populated.

The 'Oxygen Device' field are automatically removed when the value is submitted.

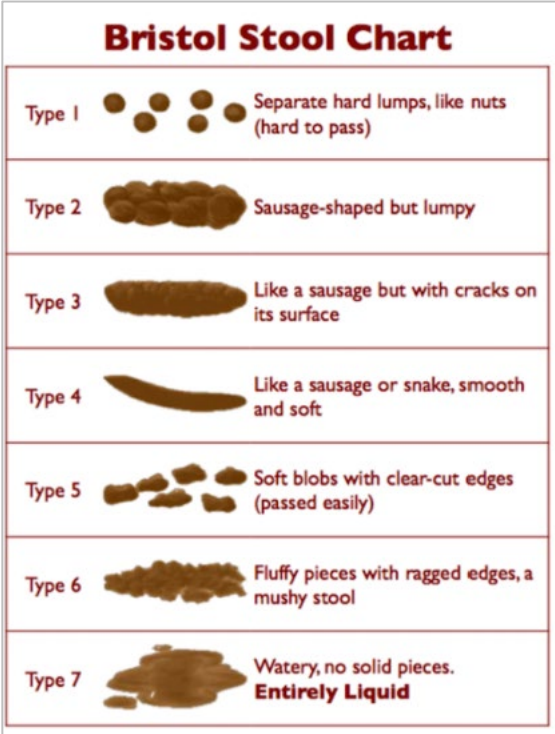
Additional Charts can be used to record observations that fall outside of the default NEWS observations, for example an additional BP can be recorded, GCS, Urinalysis etc.

Type and name of chart can be configured by the Trust.



Some additional charts may display a [Help](#) button in the top right-hand corner.

Select to display information associated with the chart, such as the Bristol stool chart.

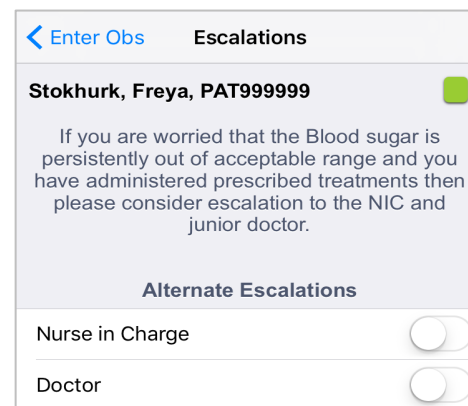


You can capture height, weight and BMI in observations. Height, weight, and BMI are supported as an additional ad-hoc observation or as a governed chart with its own frequency requirements.

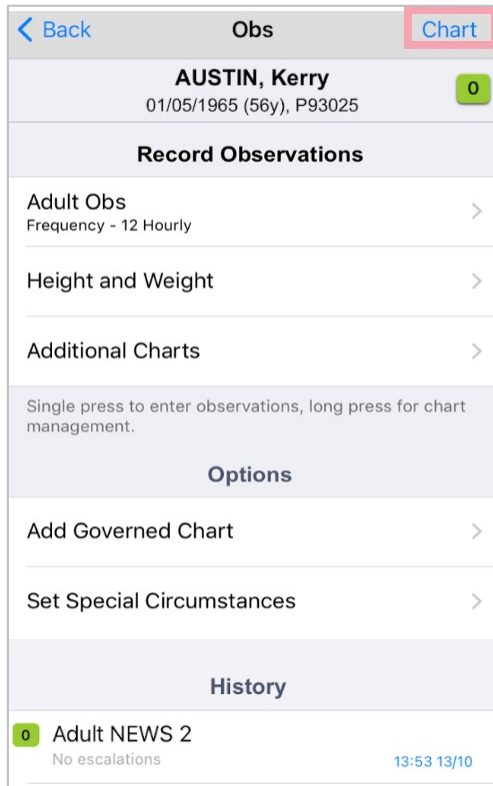
Nervecentre allows the patient to have other charts that may require escalation and close monitoring, such as fluid balance and Diabetic charts.

To select a Governed chart select the Add governed chart tab and pick required chart.

Although these charts can escalate and give alert messages they do not escalate by default. There is an option to escalate to relevant clinicians if required.



To view charts, from your patient list, select the patient name.
Select **Observations** > **Chart**.



Use the blue left and right arrows to view older or newer observations, entries taken during previous visits are highlighted in the grid with a 'Previous visit' header.

The grid view allows all observations within the same grid as well as filtering to view only specific additional observations such as Fluid Balance.

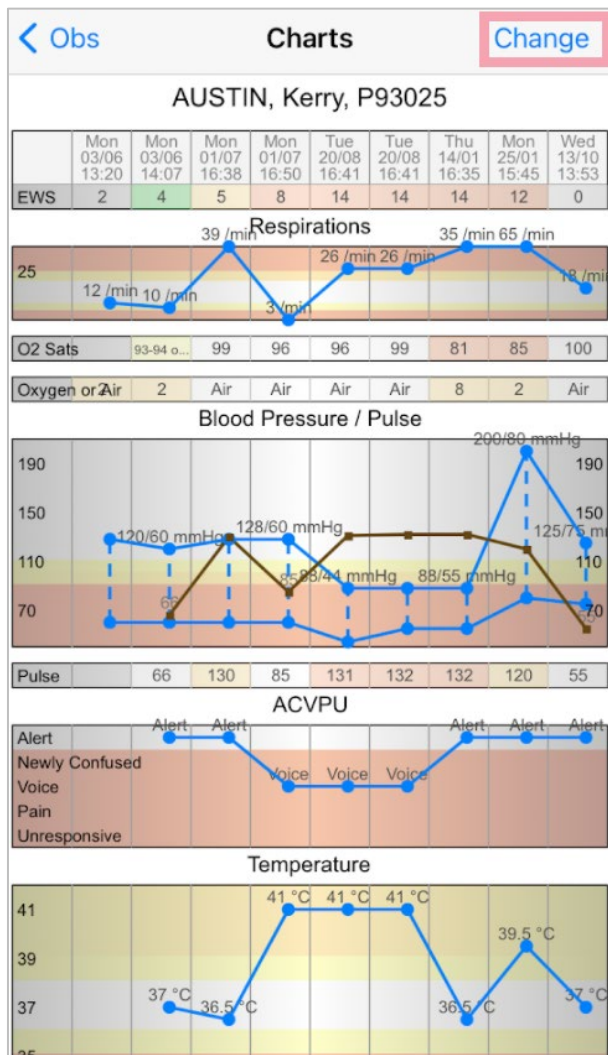
Every value entered for the patient are shown here. This includes any additional observations that are not necessarily charted in the graph view as well as governed charts and a new feature shows Mental health observations.

The screenshot shows a 'Charts' view for patient AUSTIN, Kerry. At the top, there are navigation buttons: '< Obs', 'Charts', and 'Change'. Below this is the patient's name and ID. A menu bar contains 'Adult Additional BP', 'Obs All', 'Adult Urinalysis', 'Adult GCS', and 'Adult Bowels' (highlighted with a red box). Below the menu bar is a table with columns for dates and times: '24 Feb 2022 10:31', '24 Feb 2022 11:40', and '24 Feb 2022 12:41'. The table has a 'Type' column and several rows of observations. A blue arrow points to the left and right navigation arrows in the table header.

Type	Adult NEWS 2	Adult NEWS 2	Adult NEWS 2
EWS	14	12	0
Respirations	35 /min	65 /min	18 /min
O2 Sats	81 %	85 %	100 %
Oxygen or Air	8 litres	2 litres	Air
Blood Pressure	88/55 mmHg	200/80 mmHg	125/75 mmHg
Pulse	132 /min	120 /min	55 /min
ACVPU	Alert	Alert	Alert
Temperature	36.5 °C	39.5 °C	37 °C
Pain			
Skin Perfusion	Normal skin appearance	Normal skin appearance	Normal skin appearance
Event	Full Set	Full Set	Full Set
Entered By	nurse1	HCA	Registerednurs
Approved By		SeniorNurse	
Escalation	No escalations	Nurse in Charge, Junior Doctor, Registrar, CCOT	No escalations
Reason	Team present		
Ward	Ward 1	Ward 1	Ward 1
Comment			

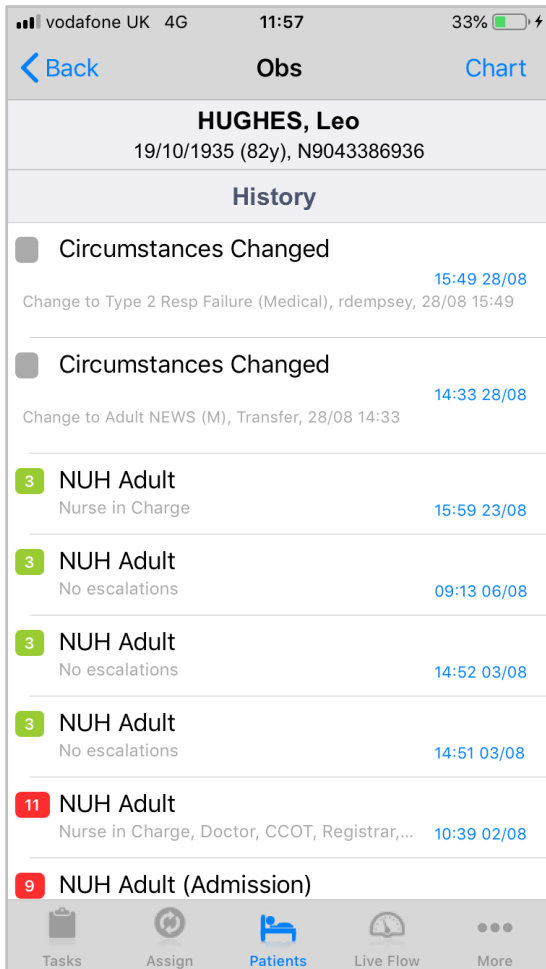
Tap the additional chart you wish to view to only see that observation type in the grid. The grid view will now zoom when one of the observations is selected.

It is now also possible to see observations that have been taken in ED, previous visit observations are marked as previous visit and are greyed out.



To toggle between graph view and grid view press the 'Change' button.

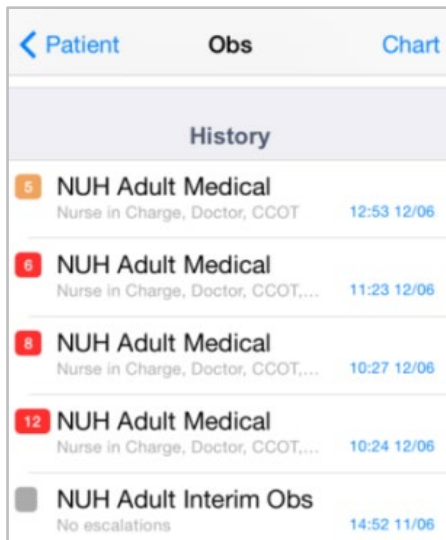
The graph view has been condensed to allow full viewing of parameters.



Scrolling down **Obs** will display the history of observation related events for the individual patient.

This history may include observation frequency changes, Special Circumstance changes, recorded sets of observation and escalations.

It is possible to strike out some values from the History field. Struck out events will remain on in the patients record and can be recalled for audit purpose.



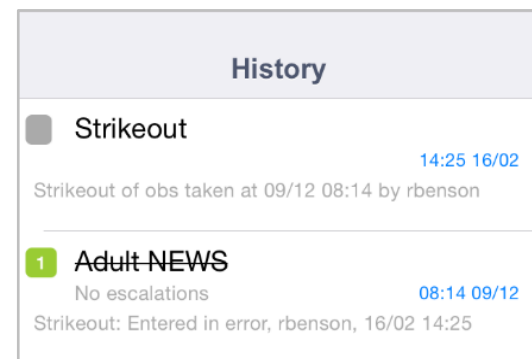
Observations attributed to the wrong patient or the wrong values entered can be struck out.

To do this select the patient, then Observations and scroll down to 'History' section.



Tap on the set of observations you want to strike out and enter the reason for striking out.

A strikeout entry will appear in the History.



Observations should only be struck out by Nurses or Doctors.

The observation grid on the Patients Detail page displays details of recorded NEWS observations but can also display information from other charts such as Fluid Balance.

Observations

Chart: Post-Operative Model (Medical) | Frequency: Hourly | Overdue: 13:25 | EWS: 2

Fluid Balance: Due 16:00 | Yes'day | Today 795 / 160 | Cumulative 635

	21 Feb 2022 10:11	21 Feb 2022 14:38	21 Feb 2022 15:32
Type	Post-Operative Model (Medical)	Post-Operative Model (Medical)	Post-Operative Model (Medical)
EWS	0	0	2
RR	18 /min		
O2 Sats			
Inspired O2			
Temperature	38 °C	38 °C	41 °C
BP	120/80 mmHg	120/80 mmHg	130/80 mmHg
Heart Rate			
AVPU			
Nurse Notes			

selecting the Maximise icon will expand the view of the chosen chart

Observations

Chart: Post-Operative Model (Medical) | Frequency: Hourly | Overdue: 13:25 | EWS: 2

Fluid Balance: Due 16:00 | Yes'day | Today 795 / 160 | Cumulative 635

	21 Aug 19:01	21 Aug 19:01	21 Aug 19:01	21 Aug 19:01	21 Aug 19:01	21 Aug 19:01
Type	Post-Operative Model (Medical)	Post-Operative Model (Medical)	Post-Operative Model (Medical)	Post-Operative Model (Medical)	Post-Operative Model (Medical)	Post-Operative Model (Medical)
RR	18 /min	18 /min	18 /min	18 /min	18 /min	18 /min
O2 Sats	98%	98%	98%	98%	98%	98%
Temperature	38.0 °C	38.0 °C	38.0 °C	38.0 °C	38.0 °C	38.0 °C
BP	120/80 mmHg	120/80 mmHg	120/80 mmHg	120/80 mmHg	120/80 mmHg	120/80 mmHg
Heart Rate	80 /min	80 /min	80 /min	80 /min	80 /min	80 /min
AVPU	AV	AV	AV	AV	AV	AV
Nurse Notes						

selecting the summary field of other listed charts will display the captured data of that chart in more detail

Fluid Balance is now displayed in a chart format. selecting back on the observation model will revert back to the Observation chart

Observations

Chart: Post-Operative Model (Medical) | Frequency: Hourly | Overdue: 13:25 | EWS: 2

Fluid Balance: Due 16:00 | Yes'day | Today 795 / 160 | Cumulative 635

► Previous charts

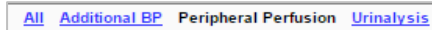
Time	Oral Intake	IV Fluids	Other Intake	Total Input	Urine Output	Drain	Gastric Content	Other Output	Total Output	Daily Balance	Cumulat Balance
Total	60	650	85	795	85	21	54		160	635	635
0:00											
4:00											
8:00											
12:00	60	650	85	795	85	21	54		180	635	635
16:00											
20:00											

The observations grid is available to view in the Patient Detail page, the current model is displayed along with the frequency, due by time and NEWS score (please note these scores will only display for 36 hours). It is also possible to see observations taken in ED once a patient becomes an inpatient. Observations from a previous Episode are greyed out and marked as previous Episode.

Move the grid backwards and forwards with the navigation arrows.



Filter the grid by selecting the observation to view.



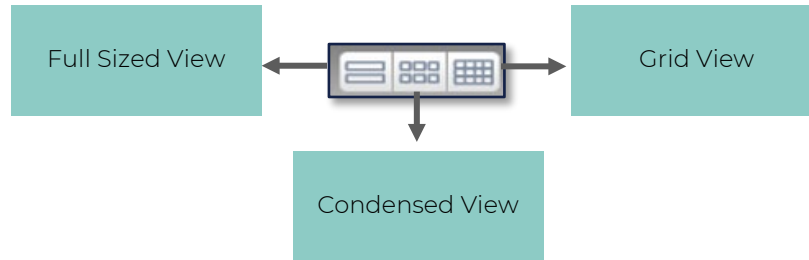
Select the chart icon to view the charts in a pop up window.
Select anywhere outside of the chart to close.



Observations			
	04 May 2021 11:23 Previous Episode	08 Feb 2022 08:50	08 Feb 2022 10:02
Type	ED Adult NEWS2 Admission	ED Adult NEWS2 Admission	ED Adult NEWS2
EWS	0	0	0
Respirations	20 /min	20 /min	20 /min
O2 Sats	100 %	99 %	99 %
Oxygen or Air	Air	Air	Air
Blood Pressure	150/90 mmHg	120/70 mmHg	120/70 mmHg
Pulse	55 /min	55 /min	55 /min
ACVPU	Alert	Alert	Alert
Temperature	37 °C	36.9 °C	36.9 °C
Pain	1		
Sedation	Alert		
Skin Perfusion	Normal skin appearance	Normal skin appearance	Normal skin appearance
Urine		Passed urine within 6 hours	
Oxygen Device			Other
Nurse Notes		Added by KSH	

Different Views

By Selecting the grid/graph symbols, you are able to change the chart view between the grid/table view and two different, traditional, chart views.



Grid View

By selecting to look at the chart in grid view you will see all sets of observations written in text form with the RAG (Red, Amber, and Green) rating highlighting the severity of the value.

The Time and date are displayed across the top and all fields recorded.

The results which the trust have decided not to chart in graph view will appear here.

Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search							
REID, Alex (123456) Fluid Balance Obs All							
	05 Oct 2022 13:44	10 Oct 2022 14:34	10 Oct 2022 23:04	11 Oct 2022 11:45	10 Oct 2022 23:04	12 Oct 2022 12:26	
Type	NUH Adult	NUH Adult	NUH Adult	Adult Obs	Adult Obs	Adult Obs	
EWS	4	6	0	0	6	4	
Resp Rate	95 /min	95 /min	20 /min	20 /min	20 /min	22 /min	
Sats SpO2	96 %	98 %	97 %	97 %	96 %	97 %	
Inspired O2	2 litres	2 litres	Air	2 litres	2 litres	2 litres	
Temperature	36.5 °C	36.5 °C	36.7 °C	36.7 °C	39.9 °C	38 °C	
BP	150/60 mmHg	120/88 mmHg	135/90 mmHg	135/60 mmHg	120/60 mmHg	130/84 mmHg	
Heart Rate	85 /min	85 /min	85 /min	85 /min	120 /min	110 /min	
Pulse Character						Regular	
AVPU	Alert	Alert	Alert	Alert	Alert	Alert	
Urine Output	365 ml/hr	Anuric	Has passed in 6 hrs	60 ml/hr	20 ml/hr	20 ml/hr	
Oxygen Device	Air	High Flow	Air	Air	Air	Air	
Pain	No Pain	No Pain	No Pain	No Pain	No Pain	No Pain	
Sedation	Awake	Awake	Awake	Awake	Awake	Awake	
Nausea	No nausea	No nausea	No nausea	No nausea	No nausea	No nausea	
Event	Full Set	Full Set	Full Set	Full Set	Full Set	Full Set	
Entered By	nurse1	pnurse	nurse	pdoctor	rdempsey	robrien	
Approved By							

The grid view allows you to view all observations in the same grid as well as filtering to view only specific Additional assessments such as Urinalysis or Bowels. To filter the grid view, select the additional assessment you wish to view.

Senna, Robert (K2288337)	All GCS Adult	Additional BP	Interim Obs	Bowels Adult	NEWS Adult, Spot Check	Pupils Adult	Pain Score	NUH Adult Interim Obs
< >	17/02 12:30 2022	27/05 13:06 2022						
Type	GCS Adult	GCS Adult						
EWS								
Resp Rate								
Sats SpO2								
Inspired O2								
Temperature								
BP								
Heart Rate								
AVPU								
Urine Output								
GCS Eyes	4 Spontaneously	4 Spontaneously						
GCS Verbal	5 Orientated	4 Confused						
GCS Motor	6 Obeys commands	4 Normal flexion						
GCS	15 /15	12 /15						
Pupil Size Right	4 mm							
Pupil Reaction Right	Reacts							
Pupil Size Left	4 mm							
Pupil Reaction Left	Reacts							
Right Arm	Normal Power							
Left Arm	Normal Power							
Right Leg	Normal Power							
Left Leg	Normal Power							
Event	Alternate Set	Alternate Set						
Entered By	rbenson	rbenson						
Approved By								

The Observation grid will now display all observations from a previous episode grayed out. This will have the heading ' Previous Episode' This replaces the 'Previous Visit' heading from V5. The screen shot is displaying a visit to ED and a visit as an inpatient as one Episode

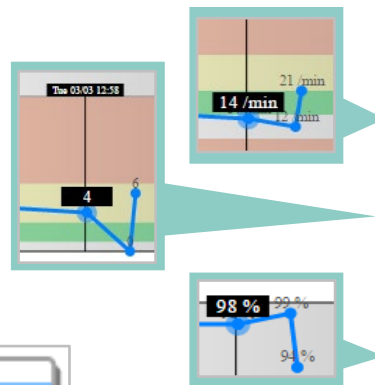
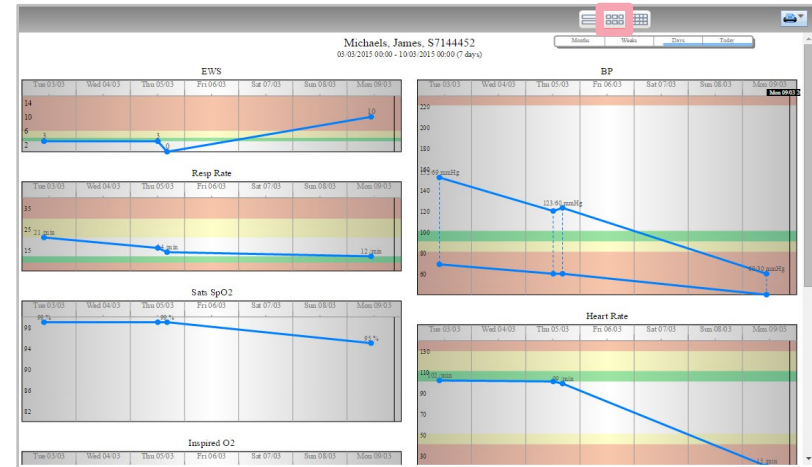
Condensed Chart View

By selecting either of these 2 symbols you will view the patients chart in graph view (similar to a paper chart).

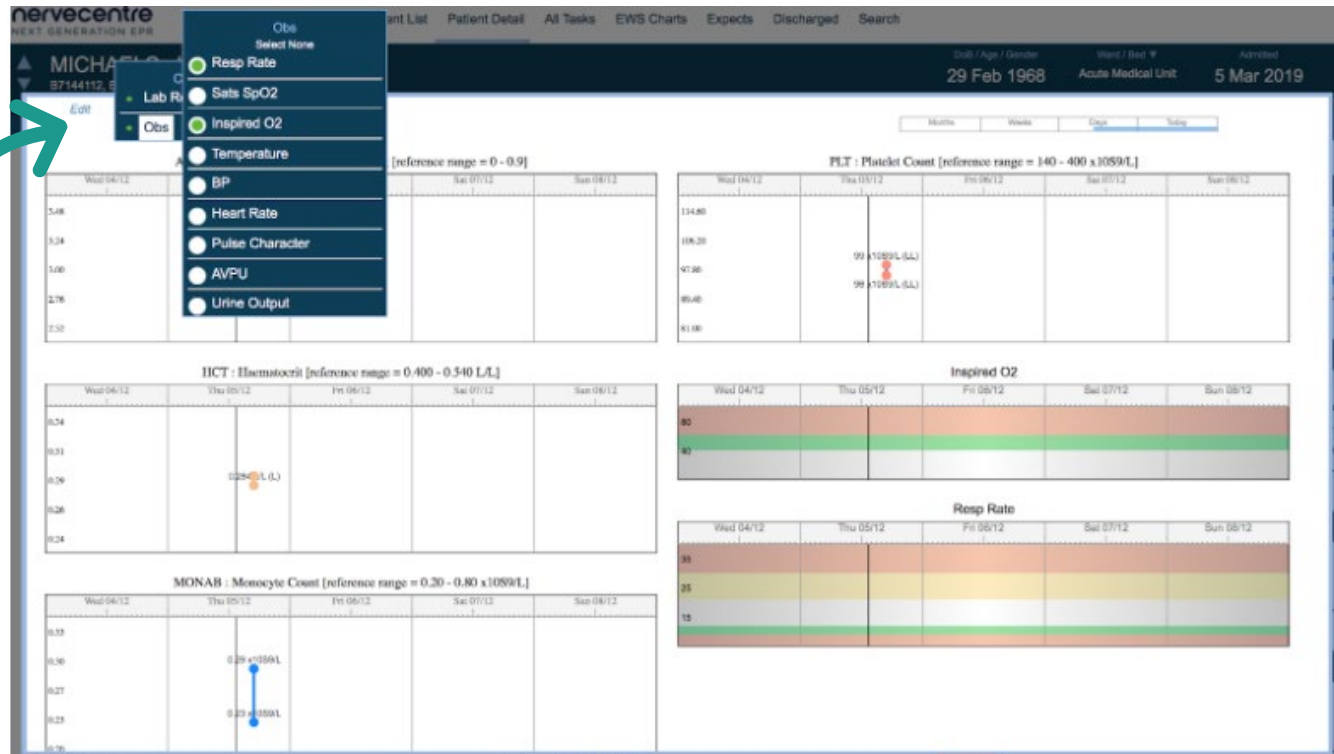
Full Sized View

If you hover over a point on the chart it will tell you the time and date at this point. The electronic observation charts in Nervecentre will plot and show accurately on a time based graph between sets of observations rather than equally spaced charted observations (paper chart) where time gaps often vary dramatically but is not apparent visually on the chart.

By Selecting the Months / Weeks / Days / Today tab and selecting and dragging the mouse across to the duration needed, you are able to change the length of time of which you are viewing the patient's observations



- Nervecentre's desktop charts allow user to custom build what they want to see against each other. This allows displaying of pathology results and medicines on the same chart, for those customers that have these features configured.



- The chart view for Obs Charts now shows an Edit button in the top left which allows additional parameters to be added to the chart as shown below.

In grid view you are able to see the person who recorded the observation and who escalated this set of observations to the relevant clinicians (if they didn't have privilege to escalate).

The screenshot shows the Nervecentre EWS Charts interface. On the left, a list of observations for Alex Reid is shown. The main area displays a grid view of vital signs and clinical observations. A red box highlights the 'Entered By' and 'Approved By' fields in the grid view, showing the names of the staff who entered and approved the observations. A callout points to a printer icon in the top right corner of the grid view.

Name	Location	EWS	Time of Obs
REID, Alex	5-22, Ward M4	4	12/10 10:37
MICHAELS, James	SR21, Ward M4	3	11/10 12:12
WEST, Layla	6-30, Ward M4	2	11/10 12:09
REYNOLDS, Elaine	4-20, Ward M4	2	11/10 10:02
MORRIS, Sarah	6-27, Ward M4	2	11/10 12:07
KHAN, Savannah	6-28, Ward M4	2	11/10 12:07
JACKSON, Layla	6-29, Ward M4	2	11/10 12:08
WOOD, Alex	6-30, Ward M4	2	11/10 12:12

Obs Date	12/10/2018 10:37
Taken By	robrien
Hospital No.	123456
NHS Number	579 180 4102
Escalated to	Nurse in Charge, Doctor, CCOT
Reason	
Notes	
EWS	4
Resp Rate	22 /min
Sats SpO2	97 %

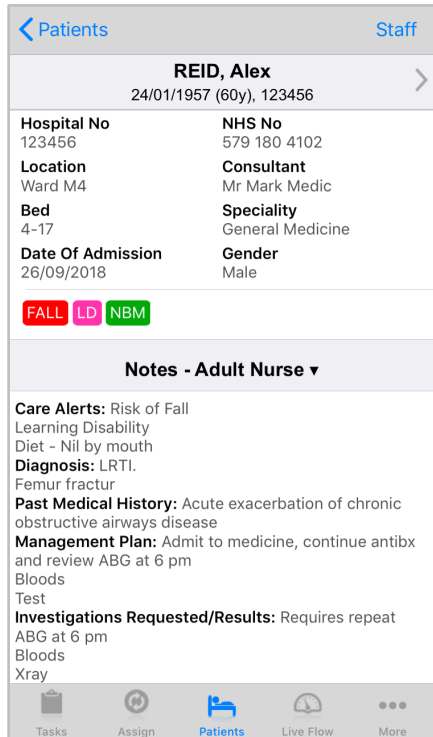
Entered By	Approved By
nurse1	pnurse
nurse	pdoctor
rdempsey	robrien

Colour
B&W

Printing E-obs

By selecting the print function you are able to print in which view you have selected and in black and white or colour depending on your printer's capabilities.

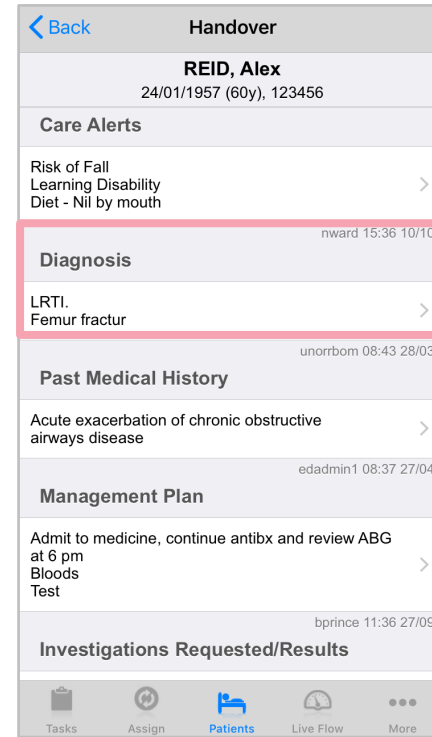
Clinical Notes



From your patient list, select a patient.

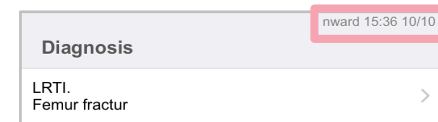
Select the heading **Notes** to display a list of different clinical profile notes.

To edit notes or add information select anywhere in **Notes**.



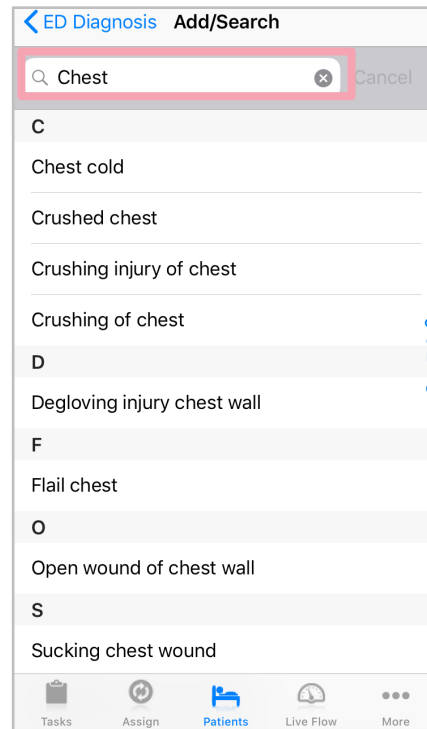
Tap on each section to edit or add notes.

Each note contains the user name, date and time of entry.



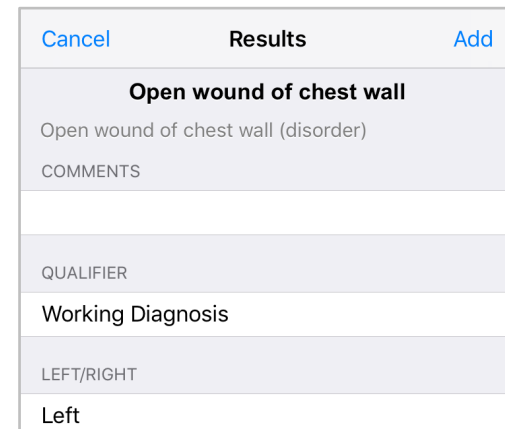
Clinical notes can have many different functions:

- Multi select
- Multi select and free text
- Single select
- Single select and free text
- Verify
- SNOMED CT
- Date/Time/Calendar
- Journal
- Tag generating notes
- Photography
- Body maps



Change SNOMED CT data on a mobile device.

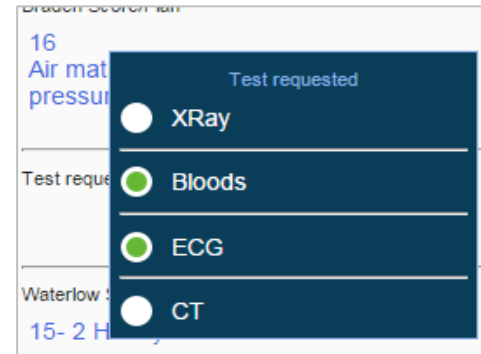
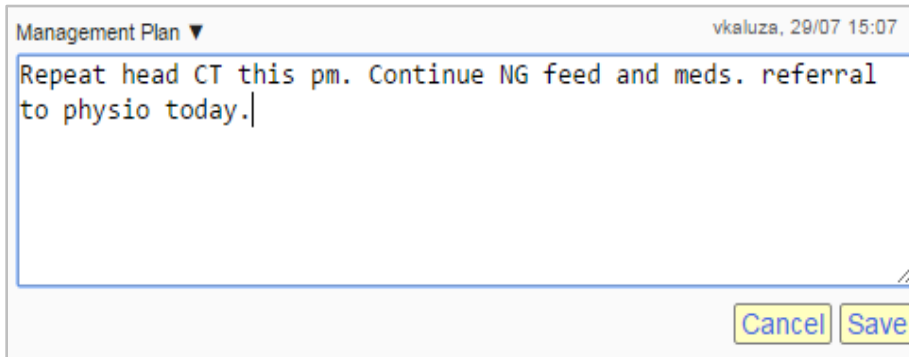
Tap on a SNOMED CT field (Example field is ED Diagnosis).



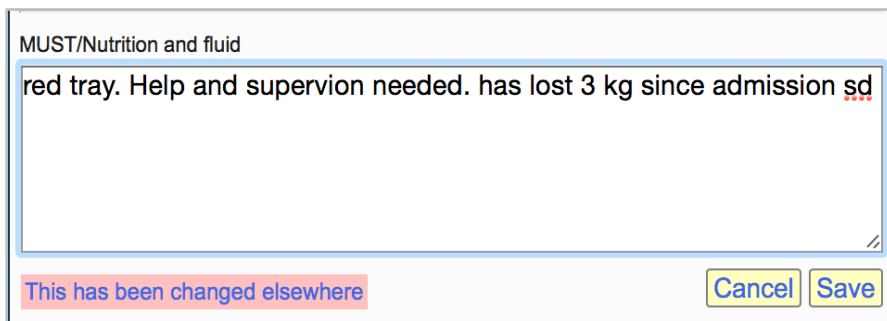
A comment, working or confirmed diagnosis and left/ right/ bilateral can be added if further clarification is required.

Clinical Notes

Selecting directly into the clinical note on the patient screen allows direct editing of the note. Clinical noting can now support Multi select lists, Single select lists, Multi select lists with free text option, Single select with free text option, Verify fields, SNOMED CT fields and Journal entry note.



The clinical note also shows when it has been changed by another user during this edit session.



When displaying the clinical note history you can select to highlight the changes or just show the values that were entered.

By hovering over the clinical note field you will activate a small downward pointing triangle. selecting this will bring up the clinical note history.

Select "Show History" to display the clinical note history.

Past Medical History ▼

- Chronic obstructive lung disease
- Asthma

Past Medical History

Show History

Past Medical History History

13 Oct 2018

P Latim 19 Apr 2021 14:39

Chronic obstructive lung disease

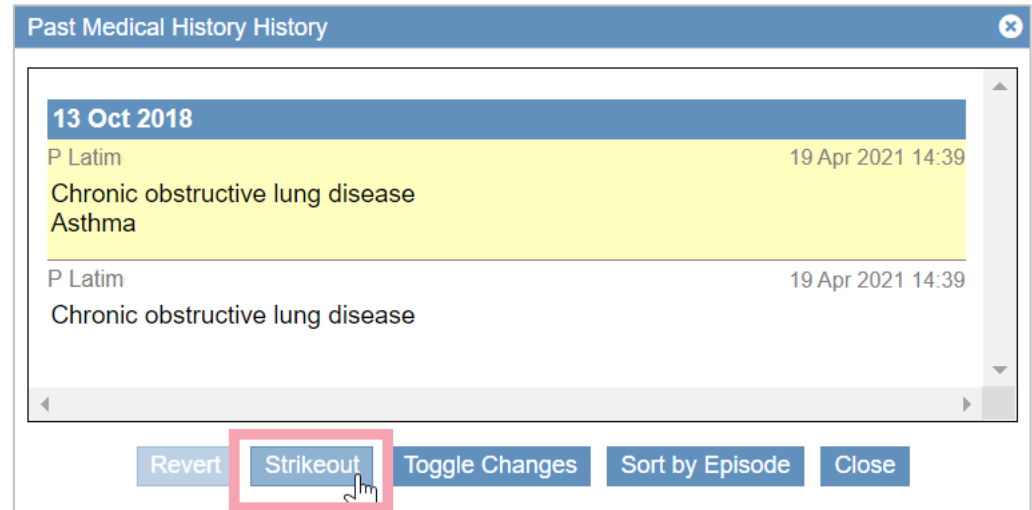
Asthma

P Latim 19 Apr 2021 14:39

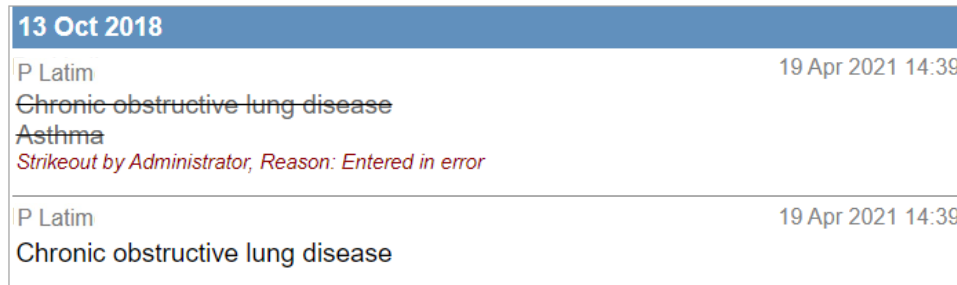
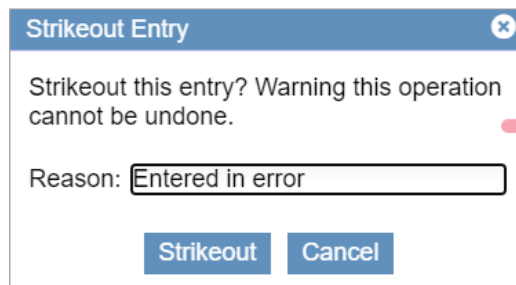
Chronic obstructive lung disease

Revert Strikeout Toggle Changes Sort by Episode Close

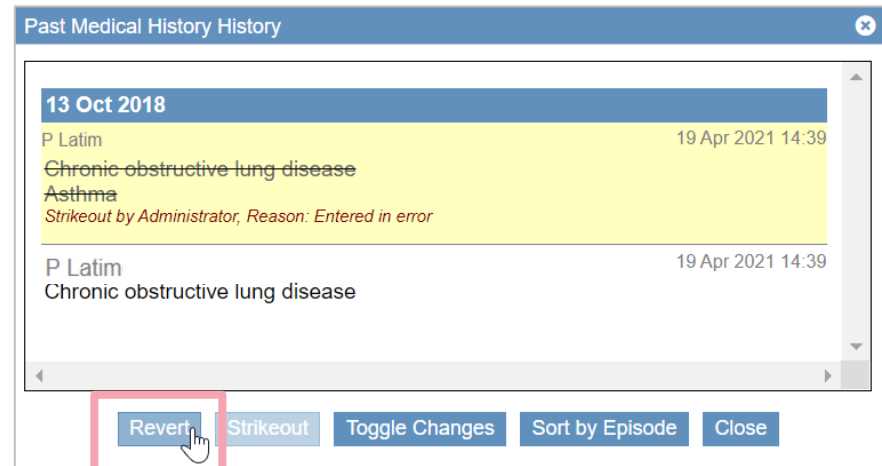
To strikeout a note, highlight the section of the history you wish to strike out and select the **Strikeout** button.



Enter a reason for the strike out. The note will then be struck out with the reason and user.



To revert the strikeout and bring the note back into the patient record, highlight the note and select **Revert**.



The note is reinstated back into the note profile.

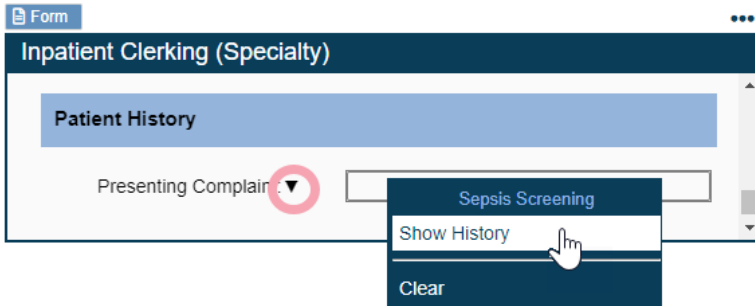
For permanent, episode and visit scoped notes, changes are shown for all episodes and visits.

Selecting the Toggle Changes button at the bottom of the history window will display either the history with highlighted changes or the history with just the entered values.

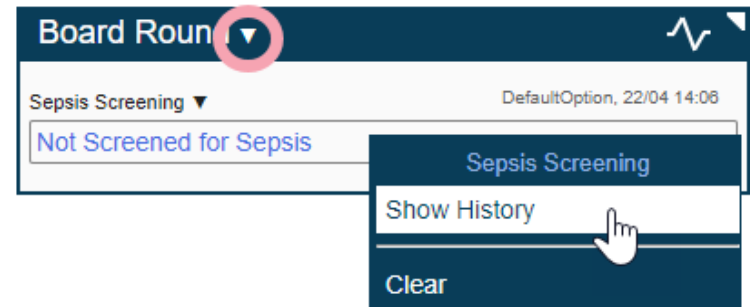
The screenshot shows a window titled "Visit Snomed History" with a close button in the top right corner. The window contains a list of clinical notes, each with a date and time, a user name, and a list of Snomed terms. The notes are grouped by date and time. The first group is for "16 Apr 2021 ED attendance" at "12 Jul 2021 14:06" by "Administrator (After depart)", listing "Allergy to honey bee venom" and "Chocolate allergy". The second group is for "06 Jul 2021 Assessment area" at "12 Jul 2021 12:44" by "Administrator", listing "Paracetamol adverse reaction", "Allergy to honey bee venom", and "Sunscreening preparations allergy". There are three more entries for "12 Jul 2021 12:43" and "12 Jul 2021 12:43" by "Administrator", each listing "Paracetamol adverse reaction" and "Allergy to honey bee venom". The final entry is for "12 Jul 2021 11:43" by "Administrator", listing "Paracetamol adverse reaction" and "Strikeout by Administrator, Reason: error". At the bottom of the window, there is a control bar with five buttons: "Revert", "Strikeout", "Toggle Changes", "Sort by Visit", and "Close".

Date	Time	User	Notes
16 Apr 2021	ED attendance	Administrator (After depart)	Allergy to honey bee venom Chocolate allergy
06 Jul 2021	Assessment area	Administrator	Paracetamol adverse reaction Allergy to honey bee venom Sunscreening preparations allergy
12 Jul 2021	12:43	Administrator	Paracetamol adverse reaction Allergy to honey bee venom
12 Jul 2021	12:43	Administrator	Paracetamol adverse reaction Allergy to honey bee venom Sunscreening preparations allergy
12 Jul 2021	11:43	Administrator	Paracetamol adverse reaction Allergy to honey bee venom
12 Jul 2021	11:43	Administrator	Paracetamol adverse reaction Strikeout by Administrator, Reason: error

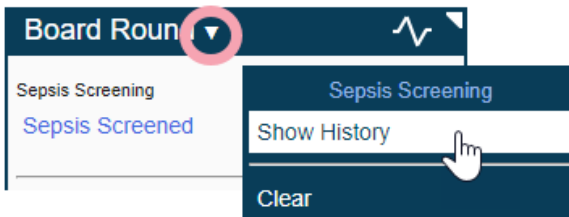
The option to view the history of a clinical note has been improved and is now available on the desktop in forms, historic visits, the note profiles, and for notes shown in a dashboard.



Historic Data for Visit 22/4/2021



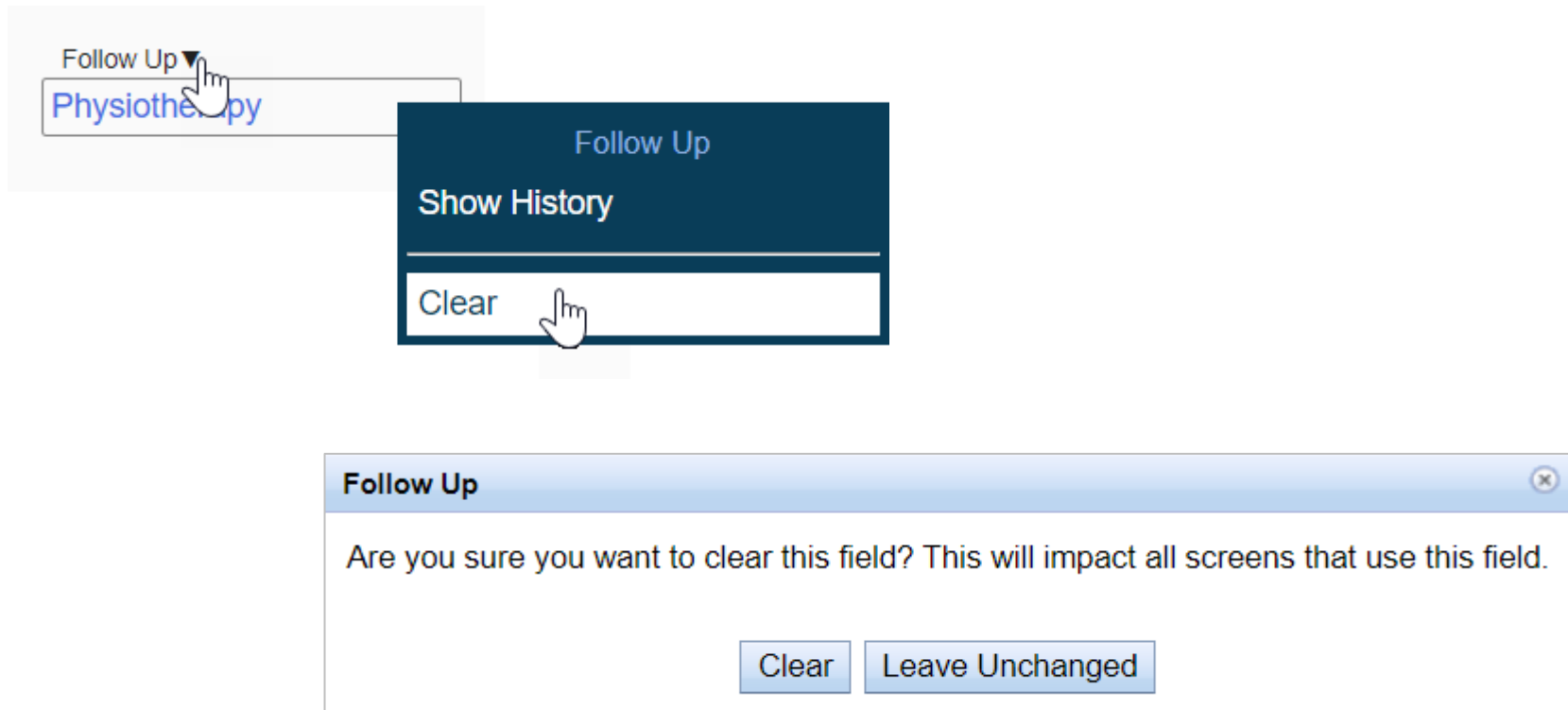
NOTES PROFILE



1	AKI Stage 2	TEST5. Patie
3		sk
3		nie
2		ds

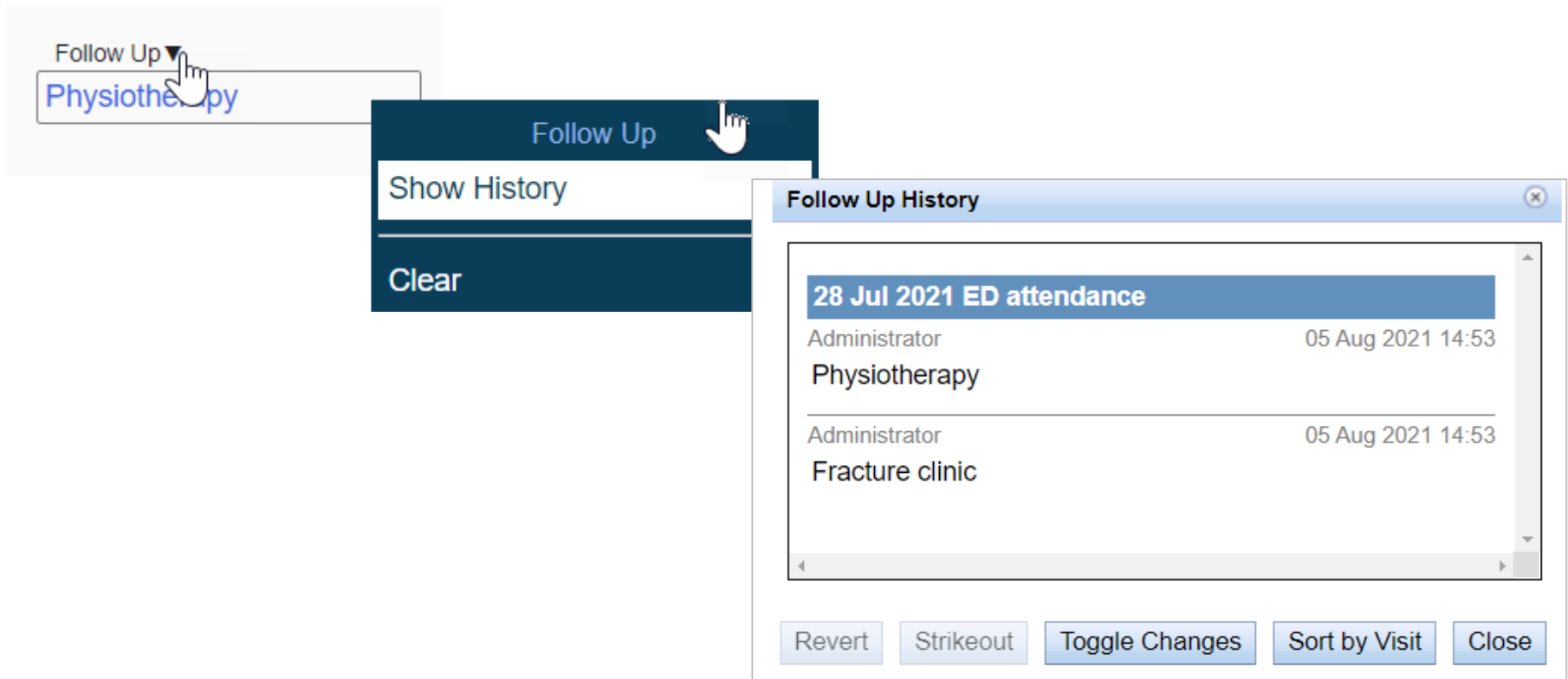
- View Patient
- Highlight
- History
- About...

When you select “Clear”, a confirmation message is displayed which says “are you sure you want to clear this field? This impacts all screen that use this field”



The history for a clinical note within a custom form can now be accessed via the same drop menu from the note title.

The history display has also been updated, but we will cover this in the Clinical Notes section of this presentation.

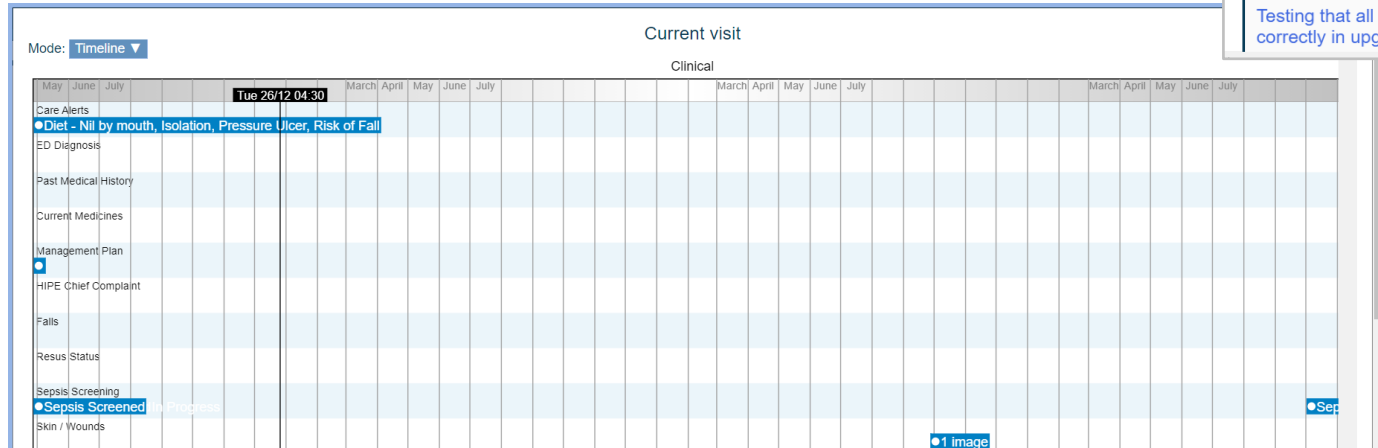


Clinical Notes Timeline (Timeline View)

The Clinical Notes field found on the Patients Detail page can show a timeline view of the current selected notes profile.

This timeline displays when clinical notes were changed throughout the visit and all the previous values of the notes

The note value is summarised in the Timeline view in the horizontal blue bar.



▲ ADAMS, Aaliyah ▼
▼ N9997217, 888 999 7217 (NV)
AKI2 NBM EOL

Search/Register Summary Cl

Adult Nurse ▼

Care Alerts

- Care plan for the dying commenced
- Diet - Nil by mouth

Diagnosis


LRTI

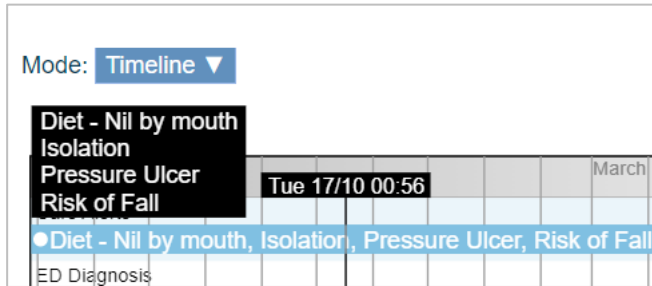
Past Medical History

- Type 2 diabetes mellitus
- Injury of stomach

Management Plan

Testing that all the handovers feilds come across correctly in upgrade

selecting  at the top of the Clinical Notes Profile will open the Clinical Notes Timeline

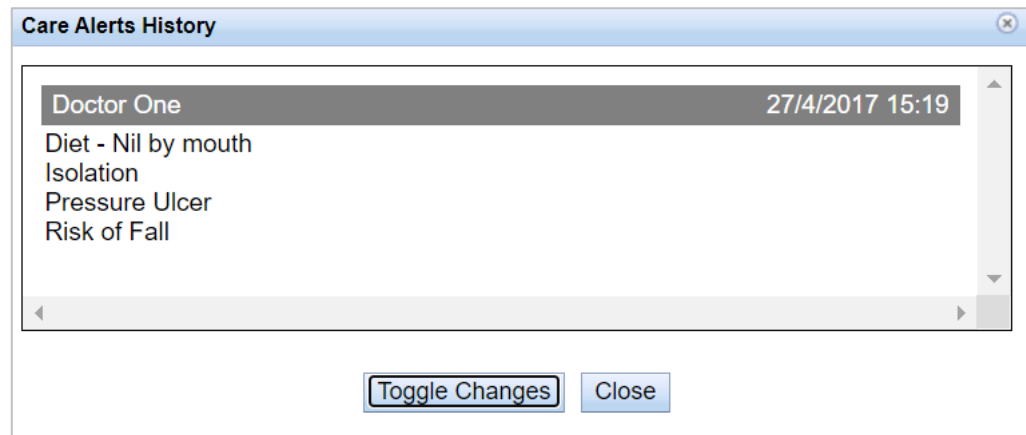


Hovering over one of the blue bars shows the full content of the note up to a character limit at which point it is truncated.

The user can zoom into the timeline by highlighting a section of the header.

Selecting or double-clicking, depending on the browser, on a blue bar opens a window showing detailed changes of values for that notes field without truncation.

Note: the view is static and does not update whilst the window is open



Clinical Notes Timeline (Grid View)

Choosing a mode of timeline rather than grid switches to a horizontal time axis. The timeline sizes to automatically cover the duration of the visit.

The note value is summarised in the horizontal blue bar and hovering over one of the blue bars shows the full content of the note, up to a character limit at which point it is truncated. selecting or double-clicking (depending on the browser) on a blue bar opens a window showing the detailed changes of values for that note for the visit, without truncation.

The user can zoom into the timeline by highlighting a section of the header. To zoom back out, just close and reopen the window. To see other data, close the window and change the notes profile, then reopen.

Current visit

Mode: **Grid** Time group: **Day** Changes: **Highlight**

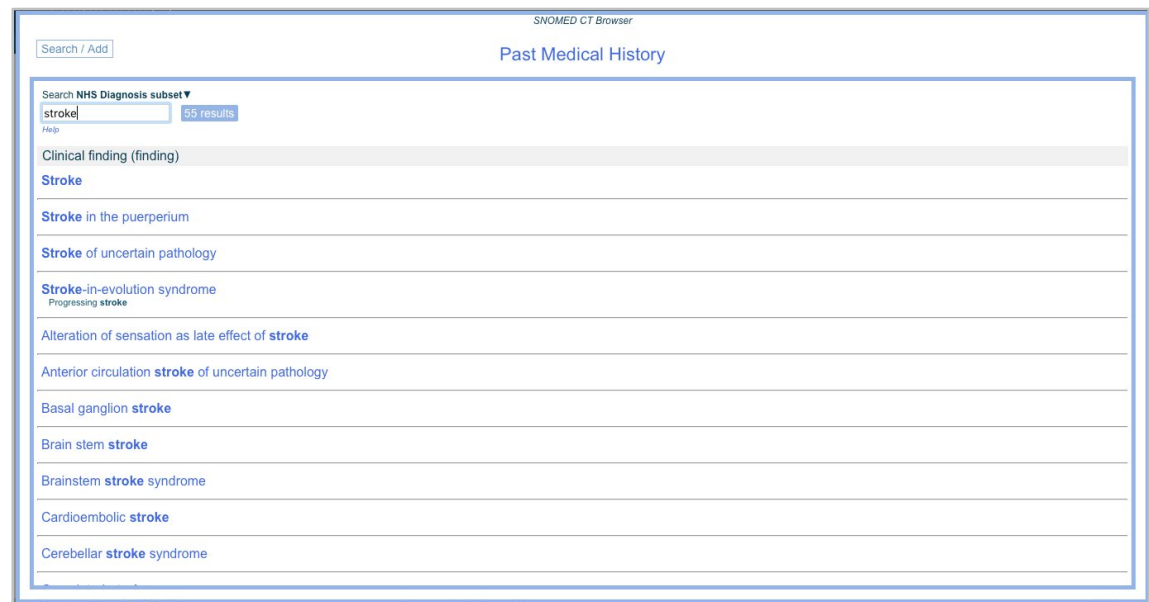
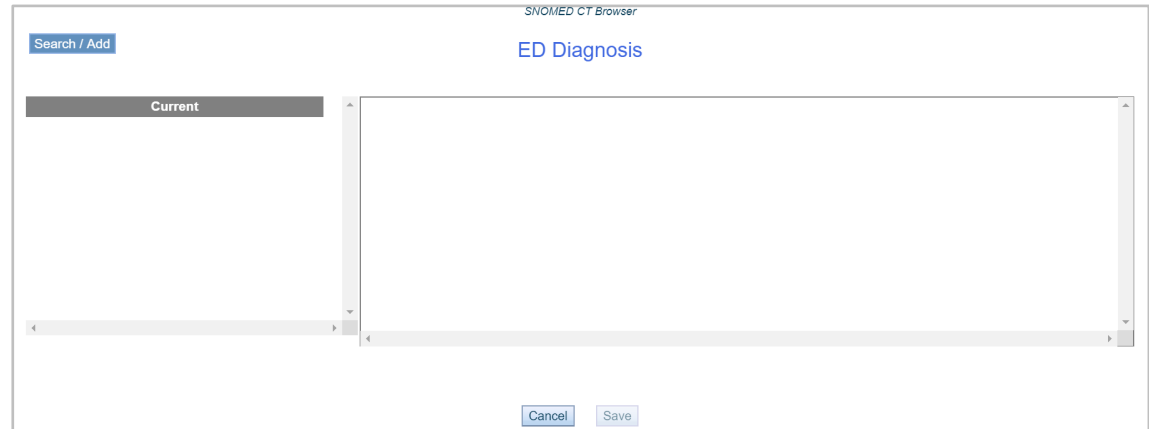
	Triage Categor Score	Seen By	Allergies	Care Plan for Frequ Attend	ED Diagn	ECDS Chief Compl	ED Presc Compl	ED Progr Notes	ED Invest	ED Proce	ED Snr Revie	Name Nurse	Deper and Supp	CPI/S Recon	Diabet Screen	Past Medic Histor	Safeg	Currer Medic	Vaccin	Thyro Funct Tests	Diabet Referr	
28/9/2018												Debb										
27/9/2018	2	Debb	<p>Allergy to strawberries ¶ Allergy to nut ¶ Allergy to penicillin ¶ Feather allergy ¶ Allergy to animal hair Debbie Guy, 27/9/2018 17:49</p> <p>Allergy to strawberries ¶ Allergy to nut ¶ Allergy to penicillin ¶ Feather allergy Debbie Guy, 27/9/2018 17:47</p> <p>Allergy to strawberries ¶ Allergy to nut ¶ Allergy to penicillin Debbie Guy, 27/9/2018 17:45</p> <p>Allergy to strawberries Allergy to nut Debbie Guy, 27/9/2018 17:03</p>		[?] St	Short	pdfs							No	Pulm		Adrer					
31/7/2018																						

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The user interface for updating SNOMED CT data types such as diagnosis includes the following capabilities.

- Support for a notes field to allow a clinician to enter notes specific to the diagnosis. These notes are only visible when the SNOMED CT window is open, and are not shown in the summary views, list views or on letters. The notes field is optional per note type.
- Support for showing changes to the field within the window, so you can track what changes have been made and by whom.
- The user can, if configured to do so, change the search subset
- Qualifiers can now be mandatory or optional

Upon entering a clinical note field that utilises the Snomed Browser, the user selects “Search/ Add” to open a window that supports both searching and browsing through ECDS data



Notes fields where configured are shown with the current value showing on the left under the actual selected term

Current

Stroke	10/8/2018 12:25
This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes.	
Remove	

Past Medical History

Clinical finding (finding)
Stroke [Browse in SNOMED CT Hierarchy](#)

Append comment ...

Left/Right: **Not set**

Notes

This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes.

[Cancel](#) [Save](#)

All changes are shown as below in a separate section underneath the list of current values.

Changes will show who made the change and when, and summarise what the change was, e.g. “Added Stroke” or “Updates notes for stroke” as below.

Current

Stroke	10/8/2018 12:25
This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes. The CT scan is non conclusive, the patient appear to have had a minor stroke in the past 12 months	
Remove	

Changes

Updated notes for Stroke	10/8/2018 12:29
Debbie Guy This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes. The CT scan is non conclusive, the patient appear to have had a minor stroke in the past 12 months	
Added Stroke	10/8/2018 12:28
Debbie Guy This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes.	

Past Medical History

Clinical finding (finding)
Stroke [Browse in SNOMED CT Hierarchy](#)

Append comment ...

Left/Right: **Not set**

Notes

This is a working diagnosis, we need to revisit after the patient has had a CT scan, and consider this may be a neurological condition rather than a stroke. Also continuing to investigate other possible causes.
The CT scan is non conclusive, the patient appear to have had a minor stroke in the past 12 months

[Cancel](#) [Save](#)

A comment can be added that will appear next to the working or confirmed diagnosis. This has character limitation

The screenshot shows the Snomed CT Browser interface. At the top left is a 'Search / Add' button. Below it is a 'Current' section with a table listing active diagnoses. The first entry is '[?] Stroke - Awaiting CT' with a date of 28/8/2018 and time of 16:56, and a 'Remove' button. Below this is a 'Changes' section with a table listing updates. The first entry is 'Changed to [C] Stroke' by Nick Ward on 28/8/2018 at 16:57. To the right of the 'Current' section is a detailed view for the selected diagnosis, 'Stroke'. It shows 'Awaiting CT' and 'Qualifier: Working Diagnosis' and 'Left/Right: Not set'. Below this is a 'Notes' field containing the text: 'This is a working diagnosis. We will need to revisit after patient has had a CT'. A green arrow points from the text above to the 'ED Diagnosis' label in the interface. Another green arrow points from the text below to the 'Changes' section.

Current	
[?] Stroke - Awaiting CT	28/8/2018 16:56

Changes	
Changed to [C] Stroke	28/8/2018 16:57
Nick Ward	

ED Diagnosis

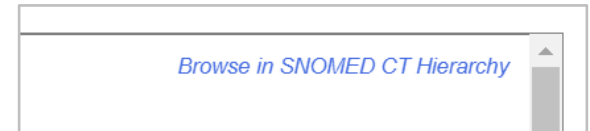
Clinical finding (finding)
Stroke
Awaiting CT
Qualifier: Working Diagnosis Left/Right: Not set

Notes
This is a working diagnosis. We will need to revisit after patient has had a CT

A notes field allows a clinician to enter notes specific to the diagnosis. These notes are only visible when the SNOMED CT window is open, and are not shown in the summary views, list views or on letters. The notes field is optional per note type

Changes to the field within the can be tracked within this window so the user can track what changes have been made and by whom.

The option of browsing through the SNOMED CT hierarchy is still available but less prevalent. This can be accessed by selecting upon “Browse in Snomed CT Hierarchy” in the top right hand corner of the browser.



This opens the selected item in the hierarchy viewer, and the user can navigate through other SNOMED terms and either add to or replace the current selected term.

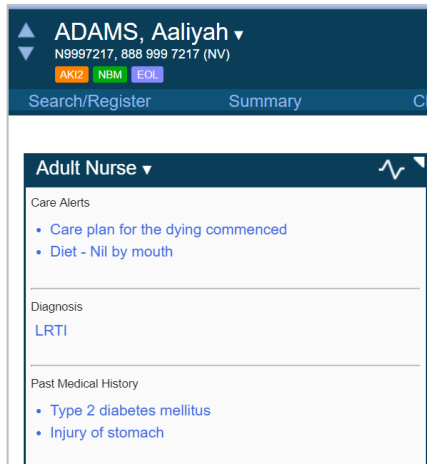
The screenshot shows the SNOMED CT Browser interface. At the top, there is a search bar and the title "SNOMED CT Browser". Below that, the current view is "Past Medical History". A "Current" tab is active, showing a date "10/8/2018" and the selected concept "Stroke". In the top right corner of the browser, there is a link "Browse in SNOMED CT Hierarchy".

The "Browse SNOMED CT Hierarchy" window is open, displaying a table with three columns: "Categories (All | Immediate)", "Selected Concept", and "Sub-categories".

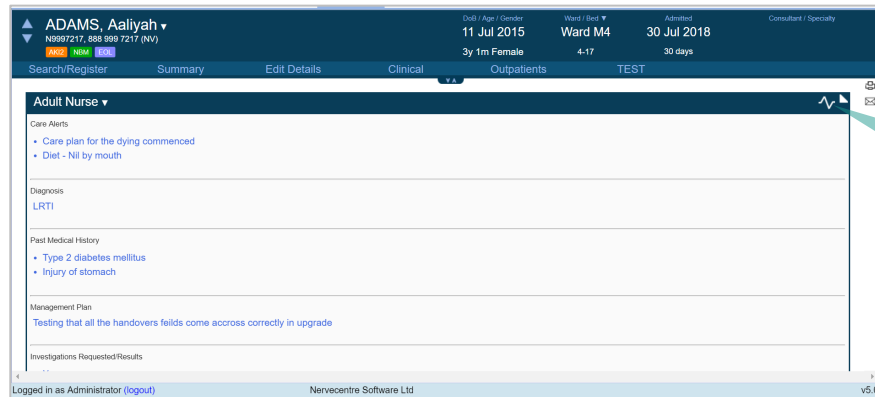
Categories (All Immediate)	Selected Concept	Sub-categories
Cerebrovascular disease (disorder)	Stroke Add Replace Cerebrovascular accident (disorder) CVA - Cerebrovascular accident Cerebrovascular accident	Brainstem stroke syndrome (disorder) Cerebrovascular accident due to left carotid artery stenosis (disorder) Cerebrovascular accident due to right carotid artery occlusion (disorder) Cerebrovascular accident due to right carotid artery stenosis (disorder) Cerebrovascular accident during surgery (disorder) Completed stroke (disorder) Cerebrovascular accident due to cerebral artery occlusion (disorder) Embolic stroke (disorder) Extension of cerebrovascular accident (disorder) Infarction of basal ganglia (disorder)
	Attribute Of <i>Finding site</i> Cerebrovascular system structure (body structure)	
	Related Attributes <i>Due to</i> Apraxia due to cerebrovascular accident Infarct of cerebrum due to iatrogenic cerebrovascular accident Apraxia as late effect of cerebrovascular disease	
	Associated finding Suspected cerebrovascular accident H/O: Stroke in last year	

Maximise Button for Patient Detail

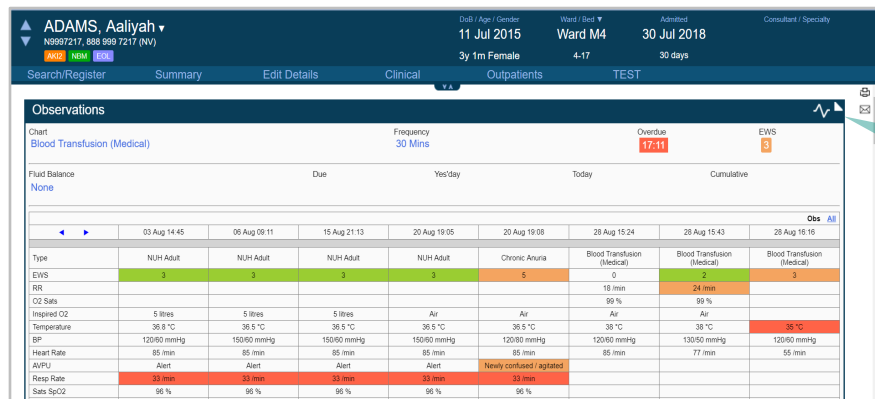
Some of the containers on the web page under “Patient Detail” contain a maximize icon, allowing that container to grow to be the full width of the screen.



The maximise icon can be found at the top right hand corner of the relevant banner



Maximised view of Clinical Profile notes



Maximised view of Observation

This setting is not retained if you move off the web page. When shown maximised, the containers may have slightly different properties, for example the observations, lab results and fluid balance grids will show more columns of data by default.


Tasks

Nervecentre automatically creates tasks based on (N)EWS, but you can also create new tasks manually.

You can create tasks in two ways:

- Create a task for a specific patient from the patient's details
- Create a task from [Tasks](#) and then select a patient

Creating a task for a specific patient

1. From your patient list, select a patient.
2. Scroll to [Tasks](#) and select [Open](#).
3. Select + from the top right.
4. Select a task type from the list.
5. Select a task from the list. You can select  and type to search the list.
6. Enter any additional information.
7. Select [Create Task](#). The new task appears in [Open tasks](#).
8. To assign the new task to yourself, select the task and then select [Assign to me](#).

Creating a task from Tasks

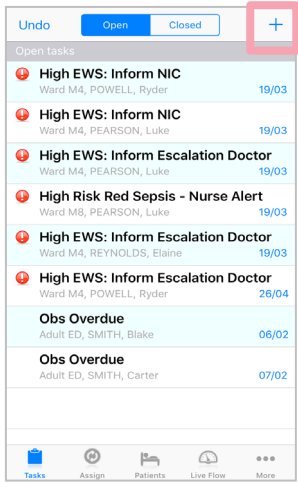
1. IOS: select [Tasks](#).
Android: select ☰ > [Tasks](#).
2. Select + from the top right.
3. Select a task type from the list.
4. Select a task from the list. You can select 🔍 and type to search the list.
5. Select 🔍 and type to search for a patient, then select the patient.
6. Enter any additional information.
7. Select [Create Task](#). The new task appears in the patient's details on [Open tasks](#).
8. To assign the new task to yourself, select the task and then select [Assign to me](#).

Marking a task as complete

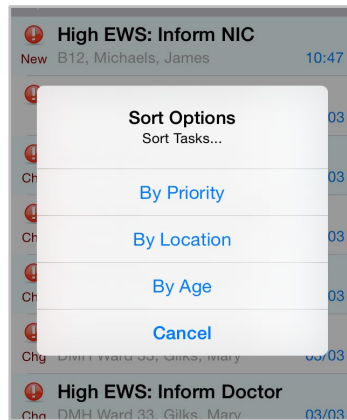
1. From your patient list, select a patient.
2. Scroll to **Tasks** and select **Open**.
3. Select the task and then select **Task Completed**.

Cancelling a task

1. From your patient list, select a patient.
2. Scroll to **Tasks** and select **Open**.
3. Select the task and then select **Cancel Task**.



Task can also be created from this screen in the same way as on the 'Open tasks' screen



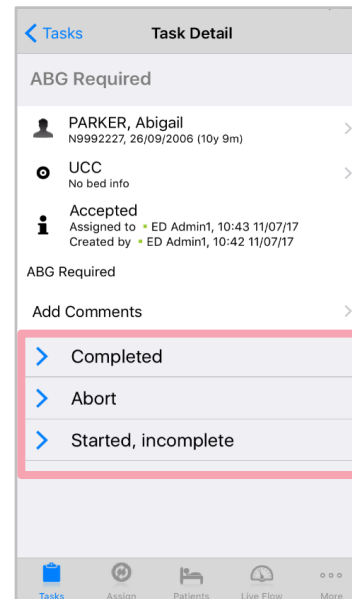
2

Tasks can be sorted in different ways.
Tap and hold anywhere in the screen until the Sort Options menu appears.

- Select one of the options:
- By Priority of task
 - By Location (ward/dept.)
 - By Age of task



3



Tap the task you want to complete.

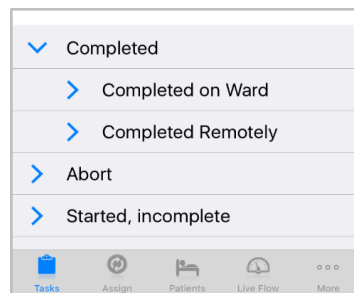
As with completing tasks in the Patient view, the details of the task are available and you can either select 'Complete', 'Abort' or 'Started' if the task has numerous components and will take time complete.

1

IOS: select **Tasks**
Android: select **Tasks**.

This task list contains all tasks currently assigned to you. You can look at all tasks assigned to you rather than viewing tasks per patient.

To view all your open tasks, select **Open** at the top of the screen.

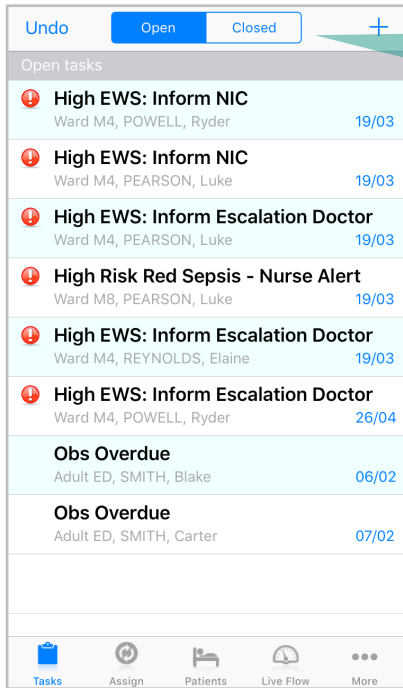


4



Hierarchical task buttons are supported on both mobile and web pages.

Closing and reopening tasks

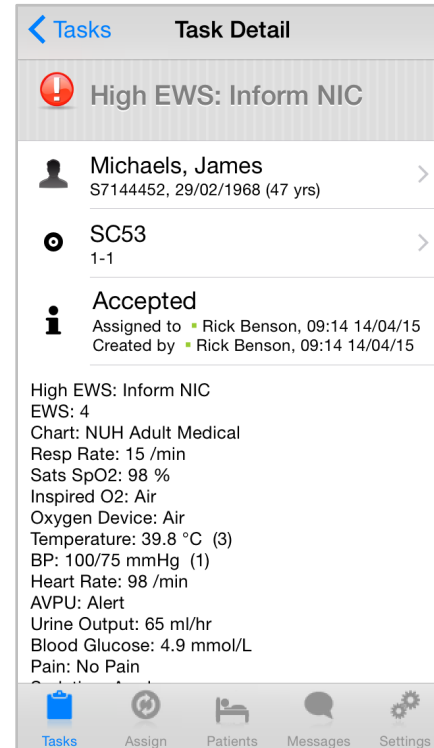
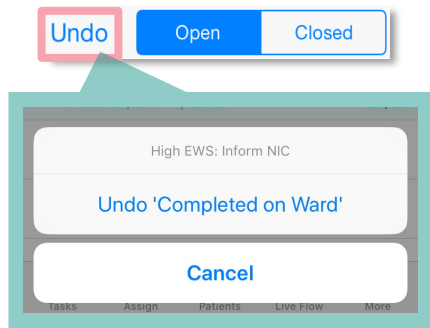


All closed tasks can be viewed by selecting the closed.

Tap a closed task to view the information.

If a task has been completed or closed by mistake it can be re-opened by selecting 'Undo' & then 'Undo Complete'.

The task will appear back on the Open list.

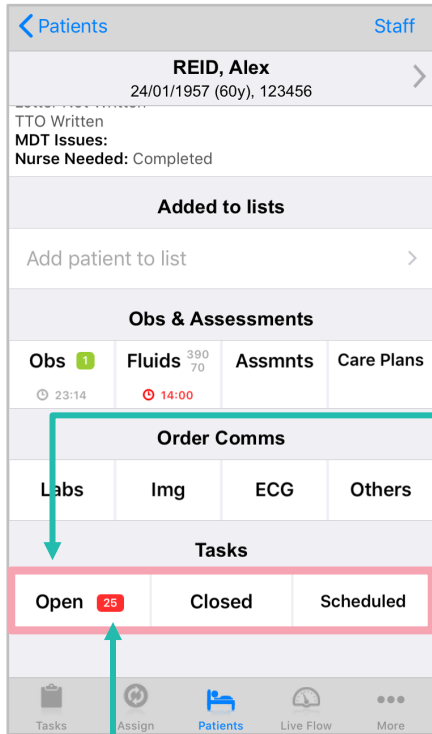


Tap a closed task to view the information.

Sometimes it's useful to access the patient's details, observations, and handover notes directly from the task.

This can be achieved by selecting the patients name.

Outstanding tasks for the patient



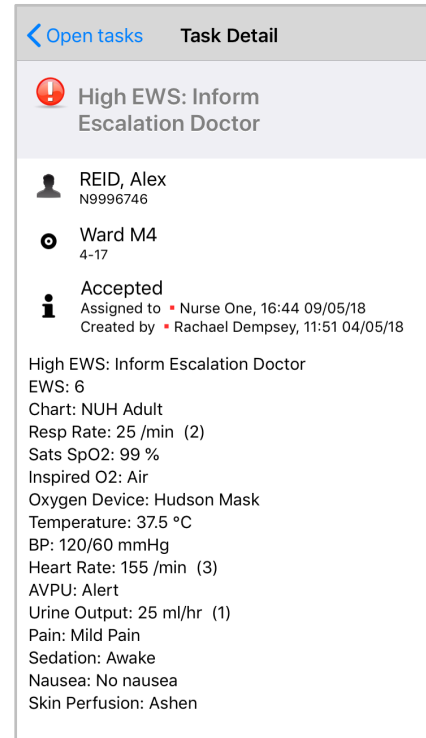
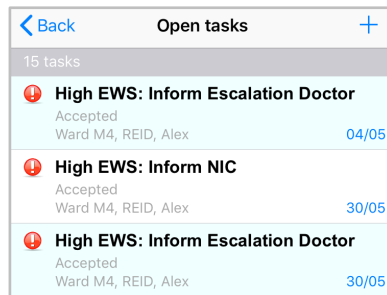
If the 'Open' Tasks field is displaying the amount of task in red it indicates the one or more of the tasks are classified as 'Urgent'.

Outstanding tasks that are specific for this patient are available by selecting the 'Open' option of the 'Tasks@' field on the patients details screen

Each outstanding task displays the task Type e.g. High EWS, Abnormal Blood Results.

The location (ward) of the patient is displayed along with the username of the person assigned the task and a summary of the task.

To view, select the task.

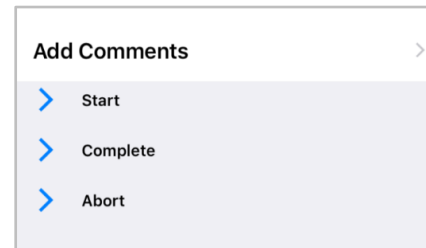


The task will open on a separate screen and contain the following information:

- Task Type
- Patient name and hospital #
- Ward name and bed
- Who assigned and who accepted
- Task specific information such as NEWS score

Comments can be added by selecting the Add Comments section.

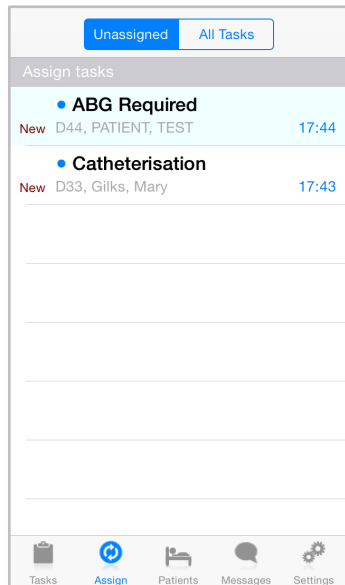
Once the task has been completed select the completed button or Cancel Task to cancel this task.



The Task are removed from the Outstanding Tasks area and be available further down the Patient screen in the Completed Tasks area.

Unassigned Tasks

IOS: select [Assign](#)
Android: select > [Assign](#).



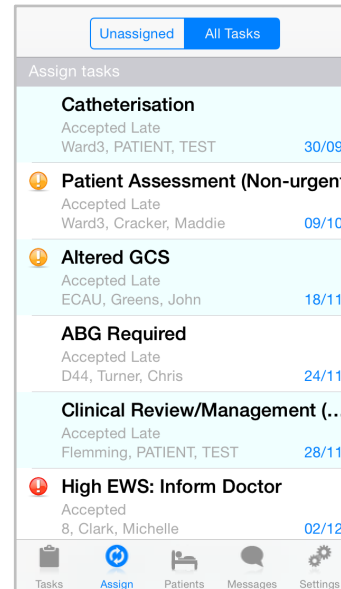
You only see this option if you have the correct permissions.

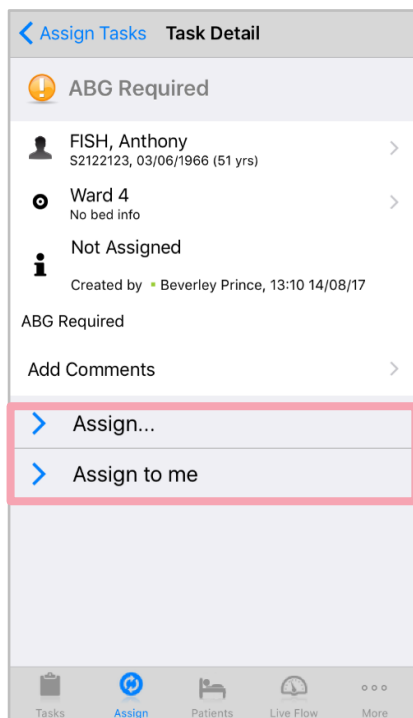
This function allows manual allocation and redistribution of tasks typically used by a H@N (hospital at night) or a team leader.

By default the unassigned tasks are shown when the screen is opened.

All Tasks

To view all tasks select [All Tasks](#).

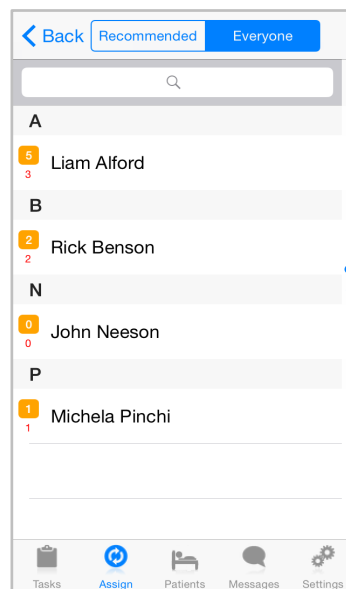




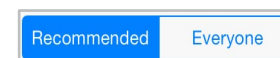
To assign an unassigned task, select the task.

The task is displayed showing task and patient details.

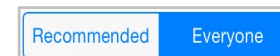
To assign the task select the assign button.



The recommended people screen displays all the available clinicians who have the patient on their list and their role is suitable to take on the task.

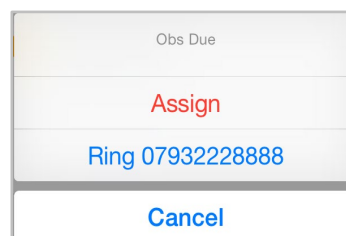


If the person you want to assign the task to is not on the recommended screen select the Everyone button to select from the list.



Whether selecting from the Everyone or the Recommended list select the name of the person you wish to assign the task to.

You are prompted to assign or cancel.



If the person you are using a mobile phone and are assigning to a user who has a phone to use Nervecentre their mobile telephone number are displayed. Tap the telephone number to call.

Tasks can be viewed in the Task viewer. Closed Tasks and Scheduled Tasks can also be viewed by selecting the arrow ▼

To view details about the task select the three dots. ⋮

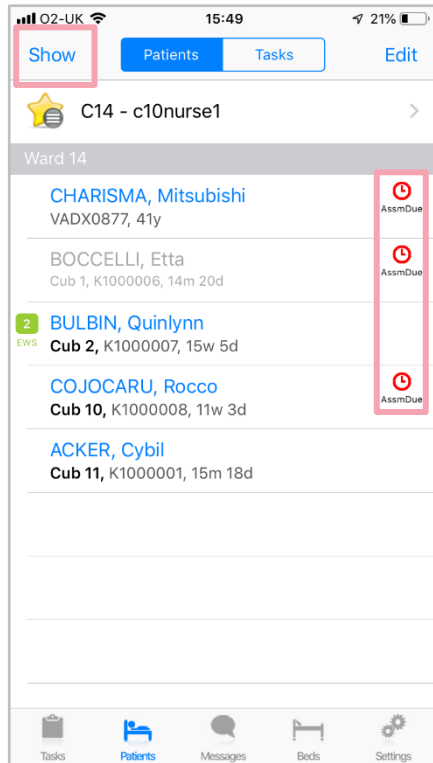
New Tasks can be created by selecting the +

Then select the task and complete the form. The creation of new tasks will depend on the availability of Task Management / Hospital at Night functionality.

Assessments

Opening and viewing assessments on a mobile

Patient Assessments can be launched and viewed from the mobile device. What you see depends on your organisation.



To see if a patient has ANY assessment due or overdue, from your patient list:

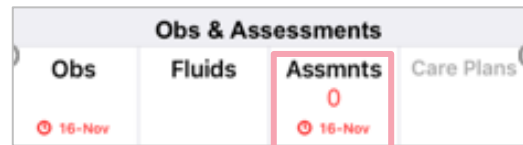
IOS: select [Show](#).

Android: select and hold any patient name.

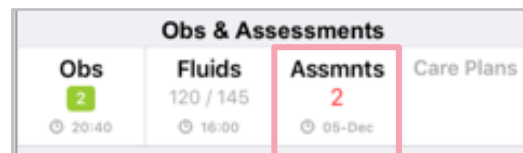
Select [Assessments](#).

Due and overdue assessments appear next to each patient's name.

Select a patient to see more.



Under Obs & Assessments, the number of high risk assessments are displayed. In this example there are none. If any assessments are due or overdue, a date or time and a clock symbol are visible. The red text colour indicates that the assessment is overdue.



The larger number in this example indicates the patient has two High risk scores for the assessments completed – there is at least one assessment due again on the 5th December.

Starting a new assessment

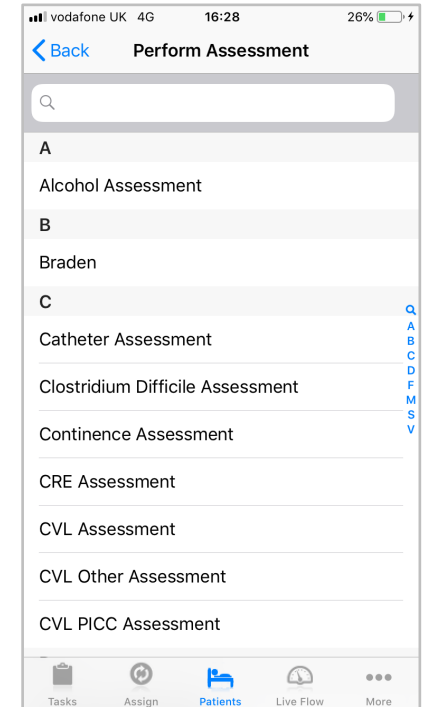
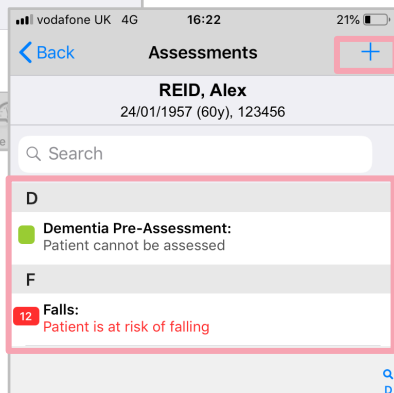
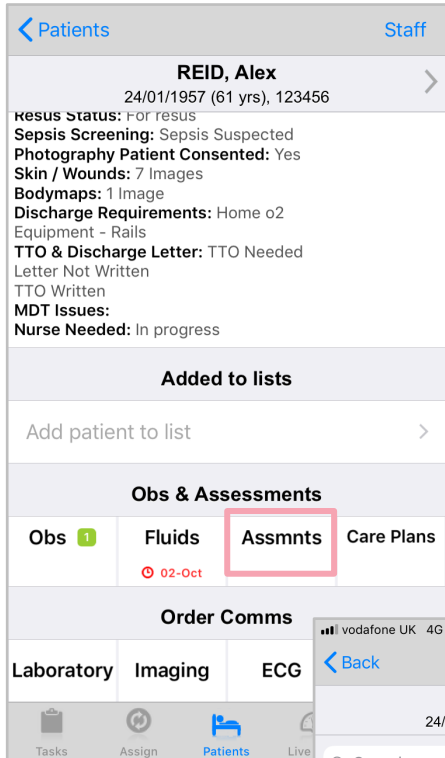
To start a new assessment, or to view current or previous assessments, select a patient, then select **Assmnts** from **Obs & Assessments**.

Assessments that have been already complete or are due for re-assessment are visible on this screen.

Select +.

A full list of available assessments are displayed in alphabetical order.

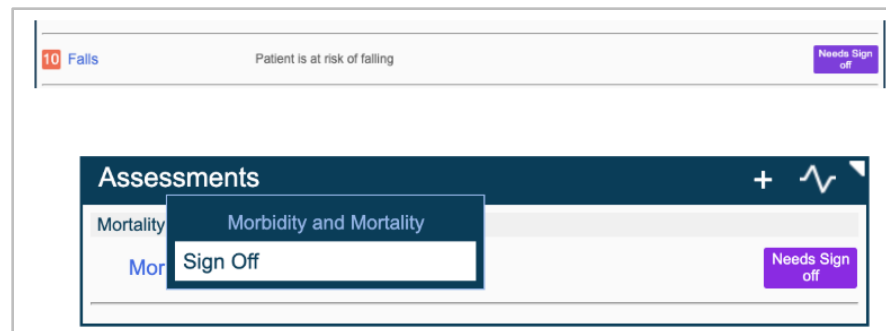
Select an assessment.



Counter-signing assessments

If an assessment is completed by someone who can do but not sign off assessments, the assessment then goes in to the stage of "Awaiting counter sign".

Users with the permission set to "countersign" are able to select the assessment and select sign off. A summary of the assessment are shown at which point the user can retract and change answers OR sign off if all answers are satisfactory.

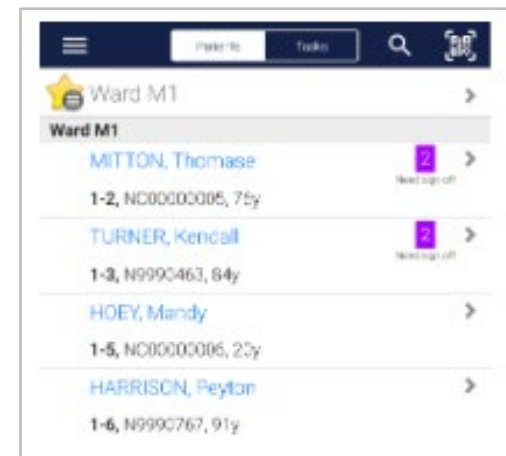


GORDON, Asher (N0992820)	
	9/12/2020 11:55
Type	Morbidity and Mortality
Result	Complete
Score	
Status	Awaiting Countersign
Due	
Ward	Ward M4
By	Bluebell Bank nurse1 (BBnurse1)
Comment	
Contributors	Bluebell Bank nurse1 (BBnurse1) - Awaiting Countersign
Has the patient's death been reviewed in a Morbidity and Mortality Meeting?	Yes
Date of Morbidity and Mortality Meeting	4/12/2020
Speciality	Accident & Emergency
If the patient's death has been reviewed in another forum or format please give details?	
As a result of the review was the care considered of a good or acceptable standard?	Yes

The show button will allow visibility of those assessments require countersigning

All contributors to the assessment will show in the summary result pages.

< >		11/11/2019 15:55
Type	Morbidity and Mortality	
Result	Complete	
Score		
Status	Complete	
Due		
Ward	Ward M1	
By	Bluebell Bank nurse3 (BBnurse3)	
Comment		
Contributors	Bluebell Bank nurse1 (BBnurse1) - Awaiting Countersign, Bluebell Bank nurse3 (BBnurse3) - Complete	
Has the patient's death been reviewed in a Morbidity and Mortality Meeting?	No	
Date of Morbidity and Mortality Meeting		
Speciality		
If the patient's death has been reviewed in another forum or format please give details?	trdyh	
As a result of the review was the care considered of a good or acceptable standard?	No	



Your organisation can configure Nervecentre to automatically add information to an assessment, if that information is available.

This information includes:

- Height and weight, if a height and weight observation exists for a patient. This includes information about who recorded the observation and when.
- The name of the patient's GP and details of their GP surgery.
- The full name of the user creating the assessment.
- Answers from up to one previous, related, assessment of a different type.
- The patient's full address.

GPDetails
<u>GREEN, Joan</u>
GP = GP HANLON
Practice = THE COUNTY PRACTICE HEALTH CENTRE MELTON ROAD,SYSTON LEICESTER LE7 2EQ
Phone num = 0116 2950500

<u>WRIGHT, Bella</u>
Height = 194 Cm
Weight = 84Kg
Obs taken at: 17/09/2020 15:29:24

CurrentUser
<u>SANCHEZ BRONDEGAARD, Victor</u>
Hello Vicki Kaluza

Assessments are rendered like obs. Previous episodes are grayed out. Assessments launched in ED are marked as 'ED' and are visible with assessments launched during the inpatient visit as one episode.

Assessment summaries are displayed showing the score, assessment type, and Due or Overdue status.

New assessments can be launched from the assessment summary by selecting the assessment. Assessments can also be configured to launch automatically

Assessments can also be manually added to the list of assessments by selecting + and selecting the assessment.

The screenshot shows a main 'Assessments' panel with a list of items: '17 Falls' (Patient is at risk of falling, Overdue 12/04 15:17) and 'VTE' (No VTE risk). A '+' icon is visible in the top right. A modal window titled 'Assessments' is open, showing a search for 'Dementia' and a 'Perform Assessment' button.

The dropdown menu for 'Perform Assessment' includes the following options: 24 hour pathway, 72 hour pathway, Admission pathway, CHFT VTE, and Ipswich MUST.

To view a patient assessment information select the assessment chart icon.

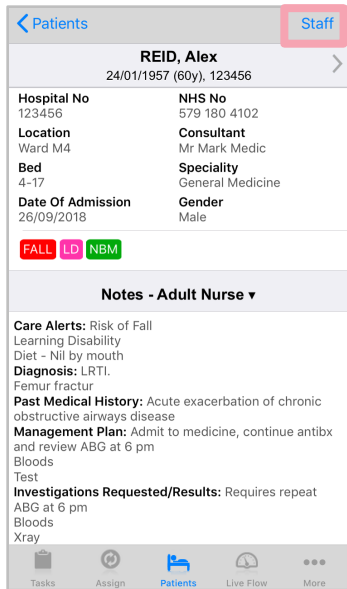


	5/8/2018 12:54 Previous Episode	17/8/2018 21:59 ED	23/1/2019 13:47 ED	13/5/2019 15:40 ED	13/5/2019 15:54 ED	13/5/2019 16:55
Type	Manchester Triage	Manchester Triage	MUST	Dementia Assessment	Dementia Assessment	Dementia Assessment
Result	Wounds (Airway compromise, Exsanguinating haemorrhage)	Neck pain (Direct trauma to the neck)	High Risk. Needs Treatment	Dementia not suspected	Dementia not suspected	Dementia not suspected
Score	1	3	3			
Status	Complete	Complete	Complete	Complete	Complete	Complete
Due						
Ward	Adult ED	Adult ED	Adult ED	Adult ED	Adult ED	Ward M1
By	Administrator	vicki Kaluza (vkaluza)	vicki Kaluza (vkaluza)	Nurse One (nurse1)	Nurse One (nurse1)	Administrator
Comment						

Select assessment type to view details

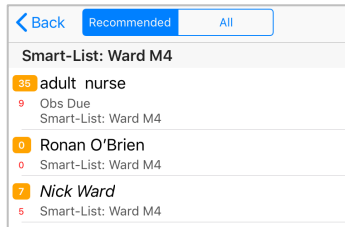
Instant Messaging

Sending a confidential patient-related message



1. To start an Instant Message conversation about a patient, from your patient list, select a patient.
2. Select **Staff**.

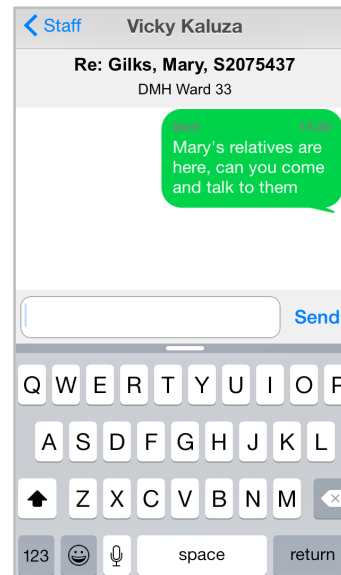
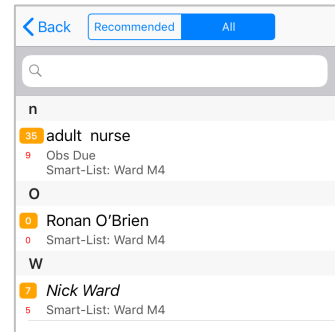
The recommended staff list will include users who also have this patient in their list (set as my patients).



The number of outstanding and urgent tasks assigned to the user are displayed next to the name.

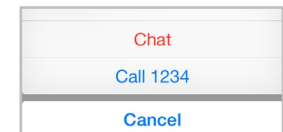
Total number of outstanding tasks. 2

Total number of urgent tasks. 1



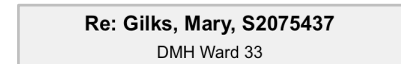
If the user you want to discuss the patient with does not appear in the Recommended list select All.

Tap on the user you want to chat with and select either Chat, or, if the user has a phone, select Call #####.



All messages sent are recorded against the patient who is displayed in the header.

The user you are chatting with will also have the patients details in the header.



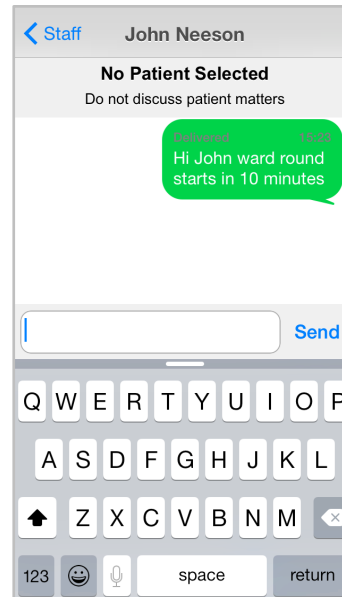
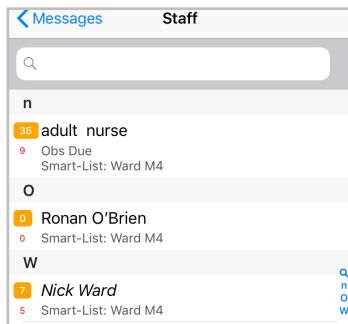
Sending a non Patient-related message

To send a non patient related message:

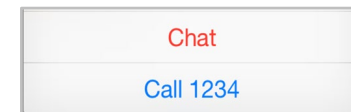
IOS: select [More](#) > [Messages](#).
Android: select [☰](#) > [Messages](#).

Select [Staff](#) in the top right hand corner.

Select the name of the person you want to send a message to.



Select chat to send a message or if the user has a device that's a phone you can select Call #####.



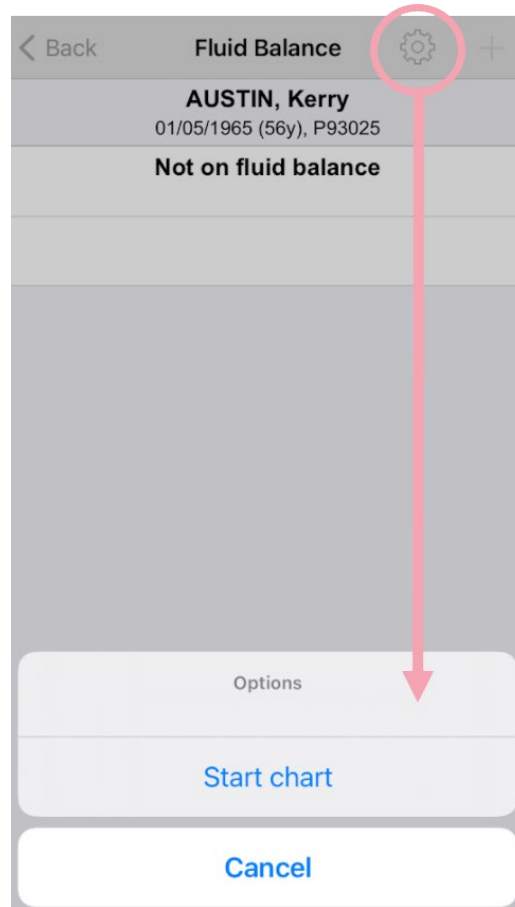
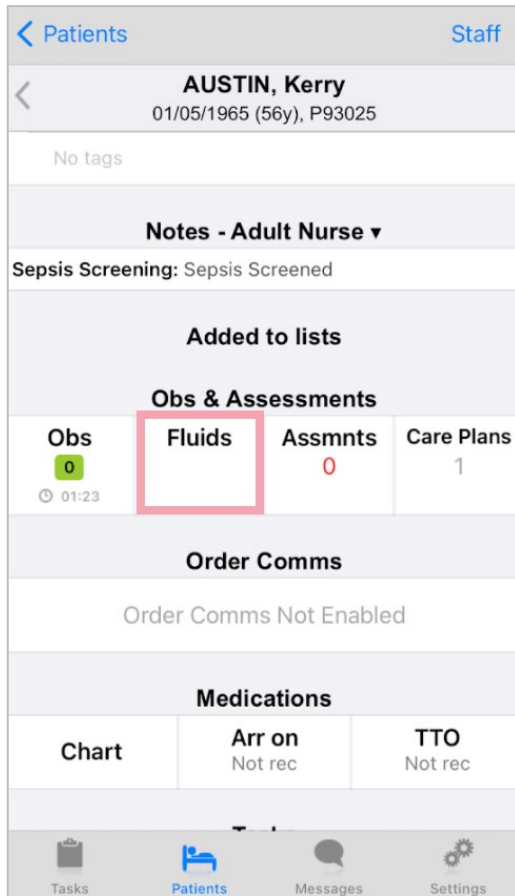
Type your message to start the Chat.

These 'direct' messages are recorded and fully auditable.

The message are marked as "read" once it has been viewed by the receiving clinician.

Fluid Balance

Starting a Fluid Balance chart on a Mobile




You can have configurable fluid balance models.

The charted capture of fluid balance information can be inputted on the mobile device, and viewed on both the mobile device and desktop. A new chart can be started from either the mobile or desktop view.

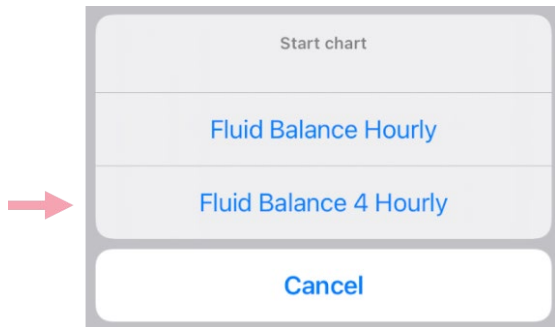
To start a fluid balance chart on a mobile device, from your patient list, select a patient.

From **Obs & Assessments**, select **Fluids**.

Select  to start a patient on a fluid balance chart. If the patient is already on a fluid balance chart then by selecting this icon the current chart are displayed.

Next a box will appear with choices of **'Start chart'** and **'Cancel'**.

Selecting chart frequency on the Mobile



A patient can be commenced on either an hourly or 4 hourly frequency chart by selecting the appropriate option. It is also possible to cancel progression from this view.

After the frequency is chosen the chart are displayed in full screen view on the mobile device

Configurable charts - By default the system is preconfigured with an hourly and a 4 hourly fluid balance chart, but other variations may be added locally.

A screenshot of a mobile application showing a "Fluid Balance" chart for patient "AUSTIN, Kerry". The patient's details are "01/05/1965 (56y), P93025". The chart is titled "Fluid Balance Hourly" for the date "13/10/2021". The chart displays a table with the following columns: "Expand Columns", "Total Input", "Total Output", "Daily Balance", and "Cumulative Balance". The data shows zero values for all categories from 0:00 to 11:00.

Expand Columns	Total Input	Total Output	Daily Balance	Cumulative Balance
Totals				
Total	0	0	0	0
Values				
0:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				

Configuring a fluid balance chart on the mobile

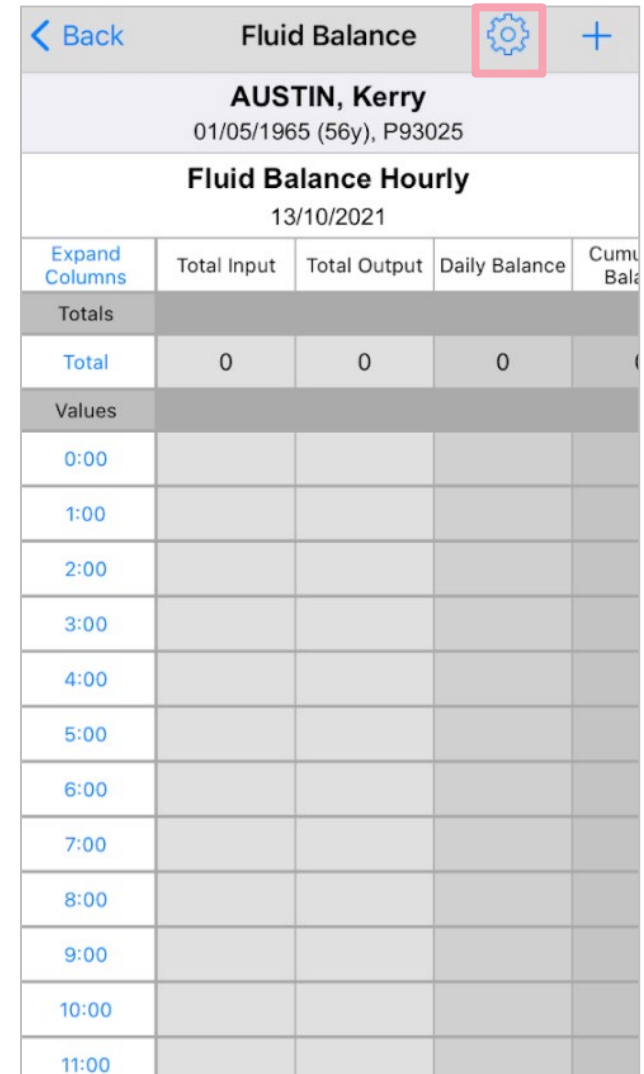
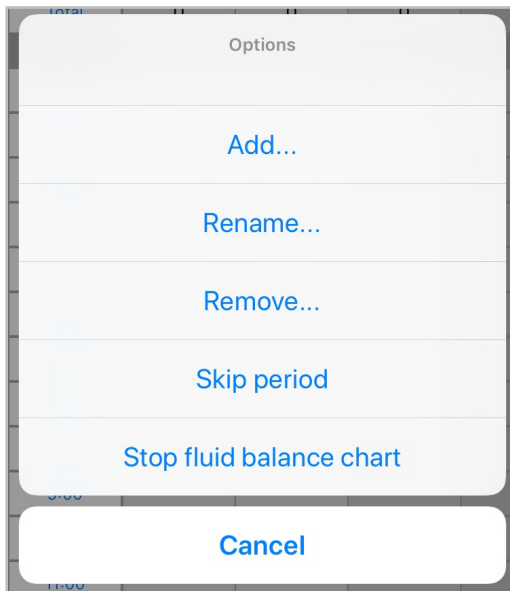
Fluid balance charts can be configured by the clinician to meet the individual patients requirements.

This can be done from either the mobile or desktop view.

From your patient list, select a patient.

From [Obs & Assessments](#), select [Fluids](#).

Select  in the top right hand corner of the mobile device to bring up a list of options.



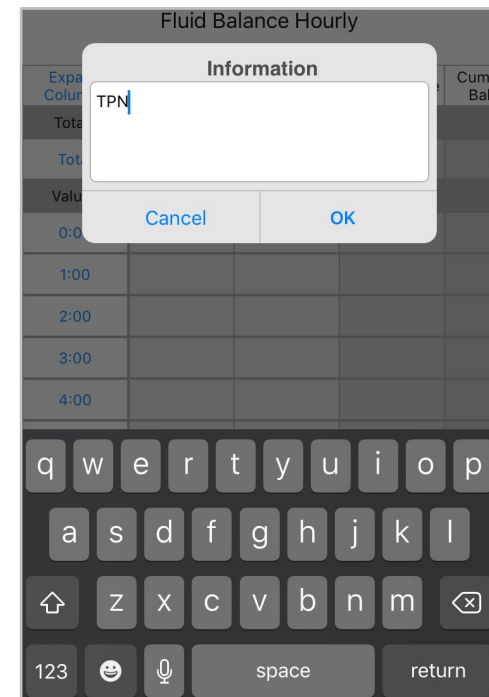
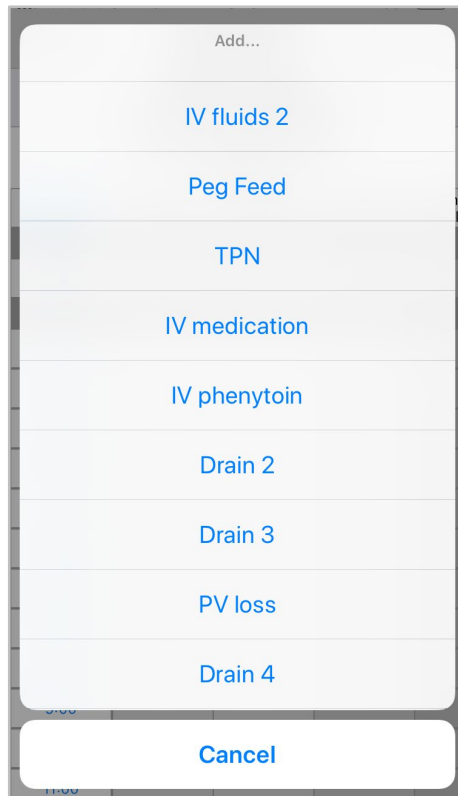
The screenshot shows the 'Fluid Balance' interface for patient AUSTIN, Kerry (01/05/1965 (56y), P93025) on 13/10/2021. The chart is titled 'Fluid Balance Hourly'. A gear icon in the top right corner is highlighted with a red box. The table below shows the fluid balance data for the day.

Expand Columns	Total Input	Total Output	Daily Balance	Cumu Balz
Totals				
Total	0	0	0	
Values				
0:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				

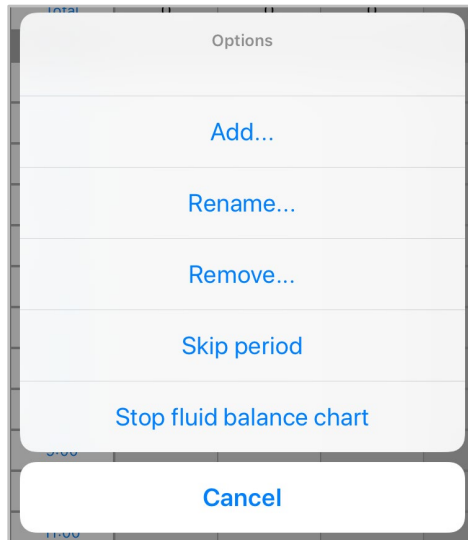
Adding extra input and output fields on the mobile

The **Add..** Option allows the user to add extra fluid input and output fields that may be required.

An option to rename the new field are displayed prior to selecting 'OK' on the mobile device or 'Save' on the desktop view.



The other options available in the list are described below.



- **Rename** allows the user to rename a chosen field.
- **Remove** allows the user to remove an input or output field. The chart will continue to show fields that have been removed if they have data for that day.
- **Skip period** allows the user to skip entering fluid balance information if for example the patient is away from the ward area. This option is only available if the fluid balance is due. This has the effect of moving due and overdue times to the next period. A reason can be documented against the skipped period .
- **Stop fluid balance chart** allows the user to stop monitoring the patients fluid balance. The user must have the correct User Permission to start or stop a chart.

The behaviour of the list options applies to both the mobile device and the desktop view.

Tapping on the + in the top right corner of the mobile device opens up the input and output information capture page

Expand Columns	Total Input	Total Output	Daily Balance	Cumu. Bal.
Totals				
Total	0	0	0	0
Values				
0:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
9:00				
10:00				
11:00				

Fluid Balance Enter

HART, Cooper
22/04/1943 (74y), N9996063

INPUT

- Oral Intake
- IV Fluids
- Other Intake

OUTPUT

- Urine Output
- Drain
- Gastric Content
- Other Output

Submit

Nervcentre assumes that all information entered is within the current 1hour or 4hour period. Urine output has been configured in this example to be a mandatory field.

Fluid Balance Enter

HART, Cooper
22/04/1943 (74y), N9996063

INPUT

- Oral Intake
- IV Fluids
- Other Intake

OUTPUT

- Urine Output
- Drain
- Gastric Content

Options **More...** **Done**

1 2 ABC 3 DEF
4 GHI 5 JKL 6 MNO
7 PQRS 8 TUV 9 WXYZ
0

Information is entered by using the numerical keypad at the bottom of the screen. Tapping on the 'More..' button on 'Oral intake' displays a configured list of volumes. These alternative values have an equivalent numeric value which is used in the fluid balance calculation.

Alternate Values

- Cup
- Glass**
- Beaker
- Cancel

Pressing the 'Submit' field at the bottom of the screen after all the information is entered displays the submit screen. Input and output values are displayed and the cumulative balance.

A configured message can be automatically displayed on this page. For example, a patient with no urine output for 3 hours could show as amber and provide an appropriate warning to the nurse.

A comment can be added against the entry if required prior to final submission. Note that fluid balance values can only be entered on a mobile device.

Submit

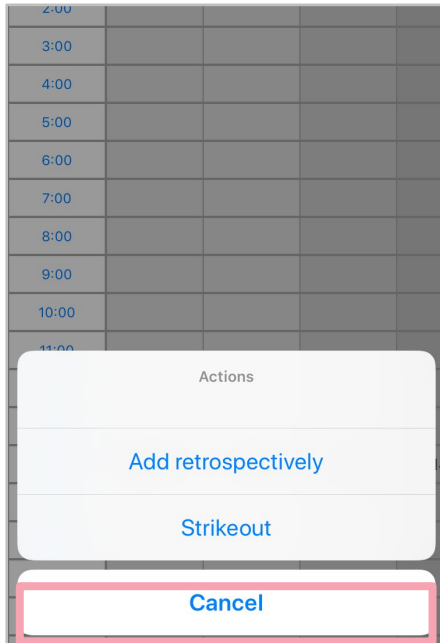
AUSTIN, Kerry
01/05/1965 (56y), P93025

	Input	Output	Balance
Total	500	275	225
Today	500	275	225
Cumulative			225

Notes

Background / History >

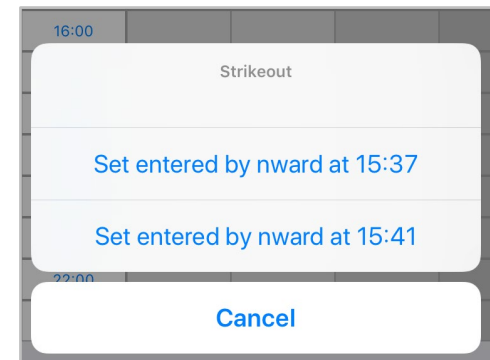
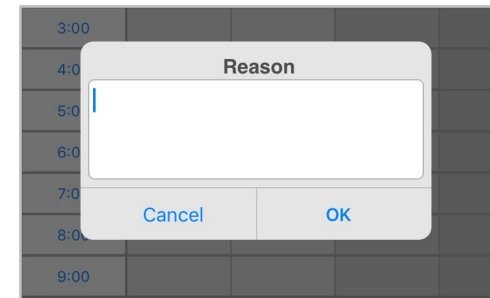
Submit



Saved values can be struck out by selecting in the relevant time period on the left hand side of the screen. This can only be done on the mobile device. This will then display a box with the options 'Add retrospectively' and 'Strikeout'.

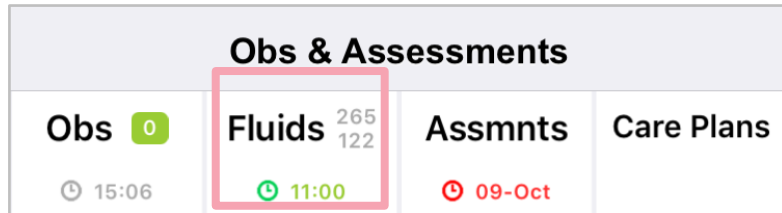
If 'Strike out is chosen then the user are asked to enter a reason for striking out the information. All input and output information entered at the chosen time point are deleted.

If two multiple sets of information have been entered during one period then the device will prompt the user to select which set should be struck out.



Fluid information can be entered retrospectively by selecting the option 'Add retrospectively'. This is only permitted within the last 12 hours and only on the current day. Retrospective fluid information stores the time it was entered for audit purpose.

Viewing fluid balance charts on the mobile



Fluid Balance Hourly				
12/10/2018				
Expand Columns	Total Input	Total Output	Daily Balance	Cumu Bala
Totals				
Total	853	350	503	70
Values				
0:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
* 9:00	853	350	503	70
10:00				
11:00				

If a patient is already on a fluid balance chart the last recorded total input and output are displayed on the patient's information screen on the mobile device.

Only today's balances are displayed, and the due time are visible. The time will turn from grey to green when the fluid balance is due and red once it is overdue.

Tapping in this field will display the current fluid balance chart in a condensed view

Viewing fluid balance charts on the mobile

The mobile device chart can be expanded to show more detail by selecting the 'Expand Columns' field. This will allow all the fields capturing information for input and output to be displayed. To view all fields scroll across the screen.

Fluid Balance				
HART, Cooper				
22/04/1943 (74y), N9996063				
Fluid Balance Hourly				
12/10/2018				
Expand Columns	Total Input	Total Output	Daily Balance	Cumu Bala
Totals				
Total	1228	390	838	10
Values				
0:00				
1:00				
2:00				
3:00				
4:00				
5:00				
6:00				
7:00				
8:00				
* 9:00	853	350	503	70
* 10:00	375	40	838	10
11:00				

Rotating the mobile device on its side will allow more columns to be viewed, reducing the need to scroll.

Fluid Balance							
HART, Cooper							
22/04/1943 (74y), N9996063							
Fluid Balance Hourly							
12/10/2018							
Collapse Columns	Oral Intake	IV Fluids	Other Intake	Total Input	Urine Output	Drain	Gastric Content
Totals							
Total	825	358	45	1228	330	60	
Values							
0:00							
1:00							
2:00							
3:00							

To returned to the condensed view select the collapse columns field

Collapse Columns

The charts show the total row at the top and not at the bottom, because quite often the bottom of the chart is not visible without scrolling. By showing the totals at the top they are always immediately visible, on both web pages and mobile devices. The chart will show all active fields as columns in the chart. If a field is not active, but there is data for that field in the current day, it will also show but the title will appear greyed-out.

Starting a Fluid Balance chart on the Desktop

To start a fluid balance chart on the desktop select 'None' in the Fluid Balance field in the Observations box. This will open up a field displaying 'Start Chart'.

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search Ward M8

HART, Cooper
N9996063, 888 999 6063
DEM NBM

DoB / Age / Gender: 22 Apr 1943
Ward / Bed: Ward M8
Admitted: 10 Mar 2018
Consultant / Specialty: Mr Serge Rea
74y Male SR1 215 days General Surgery

Search/Register Summary Clinical Outpatients TEST

Adult Nurse
Care Alerts:
• Dementia
• Diet - Nil by mouth
Diagnosis:
UTI
Past Medical History:
• Kidney disease - Left - Unilateral Agnesis
• Hypertensive disorder
Management Plan

Observations
Chart: NUH Adult Medical Frequency: Hourly Due by: 11:44 EWS: 3
Fluid Balance: None

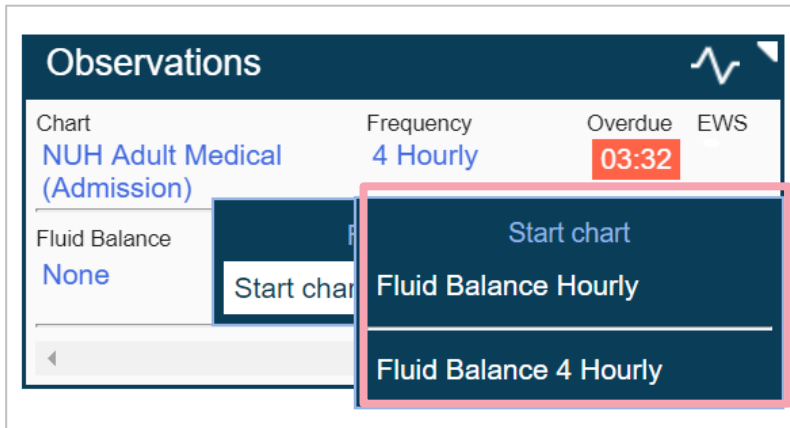
Assessments

Orders and Results
Category: Pathology Open Orders: 0 Pending Review: 0
Group: Imaging Open Orders: 0 Pending Review: 0
Category: ECG Open Orders: 0 Pending Review: 0
Pathology - Results

Care Plans

Observations (Zoomed)
Chart: NUH Adult Medical Frequency: Hourly Due by: 11:44 EWS: 3
Fluid Balance: None Start chart

Selecting chart frequency on the Desktop



The same hourly and 4 hourly options appear on the desktop view. To cancel progression just select anywhere outside of this box.

After the frequency is chosen on the desktop view then a scrollable view of the chart are visible on the Patients Detail page

HART, Cooper ▾
N9996063, 888 999 6063
DEM NBM

DoB / Age / Gender: 22 Apr 1943 74y Male

Ward / Bed ▾: Ward M8 SR1

Admitted: 12 Mar 2018 213 days

Consultant / Specialty: Mr Serge Rea General Surgery

Search/Register Summary Clinical Outpatients TEST

Adult Nurse ▾

Care Alerts

- Dementia
- Diet - Nil by mouth

Diagnosis

UTI

Past Medical History

- Kidney disease - Left - Unilateral Agenesis
- Hypertensive disorder

Management Plan

Observations

Chart: NUH Adult Medical (Admission)

Frequency: 4 Hourly

Overdue: 03:32

EWS

Fluid Balance Due Yes'day Today Cumulative

Fluid Balance Hourly 12:00 0

Previous charts

Time	Oral Intaki	IV Fluid:	Other Intaki	Total Input	Urine Outp	Drain	Gasti Cont:	Other Outp	Total Outp	Daily Balan	Cum Balan
Total				0					0	0	0
0:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											

Orders and Results

Category	Open Orders	Pending Review
Pathology	0	0
Group Imaging	0	0
Category ECG	0	0

Pathology - Results

Care Plans

Configuring a fluid balance chart on the desktop

The same list of options can be displayed on the desktop by hovering over the Fluid Balance heading and selecting the downward facing triangle.

Observations

Chart: NUH Adult Medical (Admission) | Frequency: 30 Mins | Overdue: 00:47 | EWS: [Red Box]

Fluid Balance Due: 12:00 | Yes'day: [Green Box] | Today: 295 / 95 | Cumulative: 200

Fluid Balance Hourly ▾

Time	Oral Intake	IV Fluid	Other Intake	Total Input	Urine Output	Drain	Gastric Content	Other Output	Total Output	Daily Balance	Cumulative Balance
Total	200	80	15	295	95				95	200	200
0:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											
7:00											



Observations

Chart: NUH Adult Medical (Admission) | Frequency: 30 Mins | Overdue: 00:47 | EWS: [Red Box]

Fluid Balance Due: 12:00 | Yes'day: [Green Box] | Today: 295 / 95 | Cumulative: 200

Fluid Balance Hourly ▾

- Fluid Balance
- Add...
- Rename...
- Remove...
- Skip period
- Stop fluid balance chart

Time	Oral Intake	IV Fluid	Other Intake	Total Input	Urine Output	Drain	Gastric Content	Other Output	Total Output	Daily Balance	Cumulative Balance
Total	200	80	15	295	95				95	200	200
0:00											
1:00											
2:00											

The Add.. Option allows the user to add extra fluid input and output fields that may be required.

The screenshot shows the 'Observations' menu with the 'Add...' option selected. A red box highlights the 'TPN' option in the list. Other options in the list include 'IV fluids 2', 'Peg Feed', 'IV medication', 'Drain 2', 'Drain 3', 'PV loss', 'Drain 4', and 'NG tube'. The background shows a 'Fluid Balance' chart and a table with columns for 'Time', 'Oral Intake', 'IV Fluids', and 'Total'.



The screenshot shows a 'Rename TPN' dialog box with a text input field containing 'TPN' and 'Save' and 'Cancel' buttons. The background shows the 'Observations' chart and table.

Time	Oral Intake	IV Fluids	Cont	Output	Output	Balar	Balar	
Total	200	80	15	295	95	95	200	200

Viewing fluid balance charts on the desktop

Previous charts can be viewed on the desktop by selecting the triangle icon next to the 'Previous charts' field. It is only possible to see charts from the patients current visit in this way.

To see fluid balance charts from a previous visit, you must configure a printout against previous visits then open that visit and print the fluid balance charts.

Observations

Chart: NUH Adult Medical (Admission) | Frequency: 30 Mins | Overdue: 03:23 | EWS

Fluid Balance Due: 16:00 | Yes'day | Today: 673 / 233 | Cumulative: 440


Fluid Balance Hourly

▼ Previous charts

▼ Fluid Balance Hourly from 11-Oct-2018 14:15

▼ 11-Oct-2018

Time	Oral Intak	IV Fluid	Othe Intak	Total Input	Urine Outp	Drain	Gastri Cont	Othe Outp	Total Outp	Daily Balan	Cum Balan
Total	478	175	20	673	233				233	440	440
0:00											
1:00											
2:00											
3:00											

An expanded view can be obtained by selecting the  icon in the top right of the 'Observations' box. To return to the condensed view then simply select again on this icon.

Observations

Chart: NUH Adult Medical (Admission) | Frequency: 30 Mins | Overdue: 03:23 | EWS

Fluid Balance Due: 16:00 | Yes'day | Today: 673 / 233 | Cumulative: 440

Fluid Balance Hourly

► Previous charts

Time	Oral Intake	IV Fluids	Other Intake	Total Input	Urine Output	Drain	Gastric Content	Other Output	Total Output	Daily Balance	Cumulative Balance
Total	478	175	20	673	233				233	440	440
0:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											
7:00											

The fluid balance chart on the web page is integrated into the Observations box in the Patient Detail page. selecting the Fluid Balance option shown below will switch from showing vital signs to showing the fluid balance chart. selecting back on vital signs chart option will revert to showing that view.

Observations

Chart	Frequency	Overdue	EWS
NUH Adult Medical (Admission)	4 Hourly	06:09	

Fluid Balance	Due	Yes'day	Today	Cumulative
Fluid Balance Hourly	10:00	250 / 50	458 / 230	428

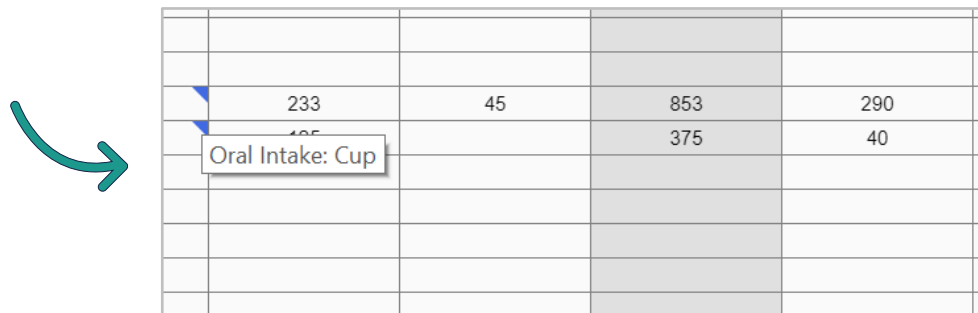
▶ Previous charts

Time	Oral Intak	IV Fluid	Other Intak	Total Input	Urine Outp	Drain	Gastr Cont	Other Outp	Total Outp	Daily Balar	Cumulative Balar
Total	325	108	25	458	170	60			230	228	428
0:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											
7:00											

The desktop view displays the due time, yesterdays and todays input and output and also the cumulative balance since the chart was started.

The chart will show comments against either complete sets of data or against individual entries by highlighting the cell with a blue triangle in the corner, as below. Hovering over the cell containing the triangle with the mouse will show the comment.

Search/Register	Summary		Clinical	Outpatients		TEST					
Time	Oral Intake	IV Fluids	Other Intake	Total Input	Urine Output	Drain	Gastric Content	Other Output	Total Output	Daily Balance	Cumulative Balance
Total	825	358	45	1228	330	60			390	838	1038
0:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											
7:00											
8:00											
9:00	575	233	45	853	290	60			350	503	703
10:00	250	125		375	40				40	838	1038
11:00											
12:00											
13:00											



Charts with an hourly frequency have 24 periods on a normal day (numbered 0-23), though they have 23 and 25 periods on days that the clocks change. Charts with a four-hour frequency have 6 periods per day (numbered 0-5) from midnight to 4am, 4am-8am, 8am-12pm, 12pm-4pm, 4pm-8pm and 8pm-midnight. On days that the clocks change, there are the same number of periods, but the midnight-4am period are either three or five hours long.

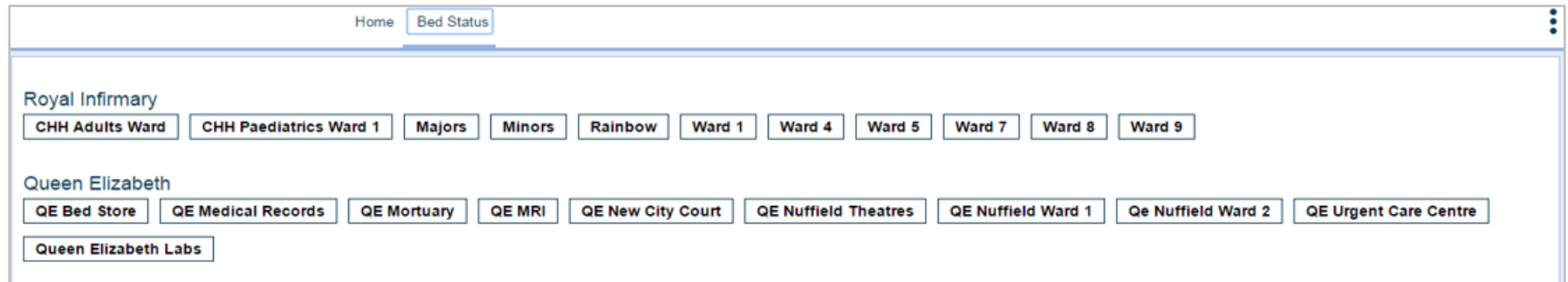
Fluid information is stored against the specific period for the time it is entered. Although the time of entry is stored against the set of values entered, the period is calculated at the time of submission and stored also. The period is key when calculating fluid totals, not the actual time of entry. That is, fluids entered at 7am on a 4-hourly chart are assumed to have been taken by the patient anytime between 4am-8am, and not necessarily taken at 7am. This means that it is not possible to display information entered using a 4-hourly chart against in hourly chart.

Due and overdue times are set each time fluids are entered. The due time is set to the start of the next period and the overdue time is set to the end of the next period. So, fluids entered at 7am on a 4-hourly chart will cause the due time to be set to 8am and the overdue time to be set to 12pm. Due and overdue times are always set on the hour, not an hour from the time fluids were last entered. It is the due time that is shown and is coloured green if the due time has passed and red if the overdue time has passed. Due and overdue alert notification are not supported.

Patient Status At A Glance (PSAAG)



Patient Status At A Glance (PSAAG) allows the display of important patient information seen at a glance for a selected ward or area. Select PSAAG Pages from the menu at the top right of the screen.



About Patient Status At A Glance (PSAAG)

Select Bed Status from the menu at the top of the PSAAG this page will display a list of available all wards and departments. Select a ward by selecting it to display the patients on that ward.

The banner across the top of the page displays information about beds, patients for discharge, acuity, staffing, and observations.

Each bay, bed, and side room is displayed on the main part of the screen.



About Patient Status At A Glance (PSAAG)

The display is configurable and up to 3 fields of information. These fields can be changed by selecting the 3 dots on the bottom right hand corner and selecting the relevant fields that needs to be displayed.



It is also possible to change the fields of information by selecting descriptors under each heading at the top of the screen.

Options to display in V5 include:


- Home today
- EDD
- PDMS
- Medically Fit
- Acuity
- Obs Due
- EWS Score
- Fluid Balance
- LOS Days
- LOS Time
- DPS
- Triage Category

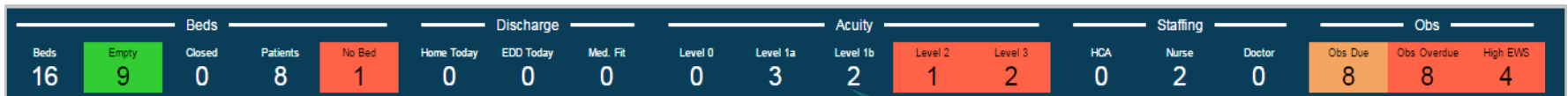
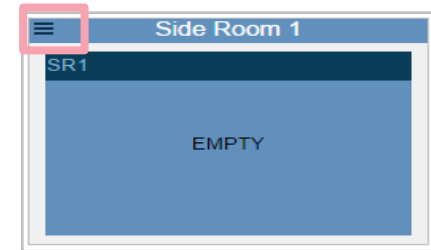
Ward M4

nervecentre
NEXT GENERATION EPR

The LOS view under PSAAG previously displayed hours until 24, then showed the number of days. This has been changed to show in hours until 96 hours then change to show in days

About Patient Status At A Glance (PSAAG)

Each bed or bay can be moved around the screen by dragging  on the top left of the bed or bay.



Additionally selecting in the banner will change the display of information for the patients, for example selecting the Acuity section of the banner will display EDD information for the patients.

Selecting Acuity displays the Acuity for all patients.



Clinical Photography

It is the responsibility of your organisation to ensure all necessary patient consent processes are adhered to, that photos are used as appropriate, and that appropriate access is considered when setting permissions to view photos.

Nervecentre make no recommendation on the quality of photos and their ability to be used for diagnostic purposes, and the hospital must ensure it has guidelines in place.

All photos are watermarked with the patients Name, Hospital No, NHS number and date and time the photo was taken.

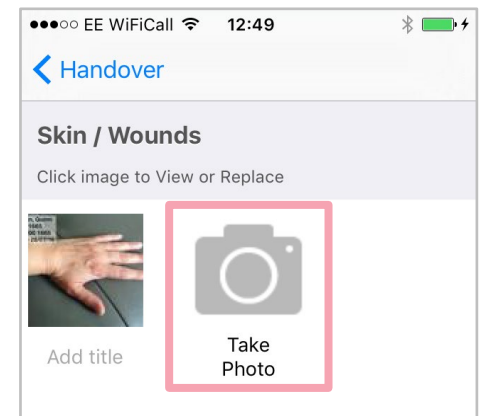
A full history of photos, and can be viewed by selecting [Show History](#) for the handover note on the desktop. No photos are stored on the mobile device.

Adding a new photograph to a clinical note with IOS

1. From your patient list, select a patient.
2. Scroll down and select the heading [Notes](#) to display a list of different clinical notes profiles.
3. Select a clinical notes profile, then select an appropriate clinical note, for example, [Skin/Wounds](#).
4. Select [Take Photo](#) and take a photograph.
5. Select the new photo and add a file name.

Replacing an existing photograph with IOS

1. From your patient list, select a patient.
2. Scroll down and select the heading [Notes](#) to display a list of different clinical notes profiles.
3. Select a clinical notes profile, then select an appropriate clinical note, for example, [Skin/Wounds](#).
4. Select the photograph you wish to replace, then select [Replace](#).
5. Take a new photograph.
6. Select the new photo and add a file name.



It is the responsibility of your organisation to ensure all necessary patient consent processes are adhered to, that photos are used as appropriate, and that appropriate access is considered when setting permissions to view photos.

Nervecentre make no recommendation on the quality of photos and their ability to be used for diagnostic purposes, and the hospital must ensure it has guidelines in place.

All photos are watermarked with the patients Name, Hospital No, NHS number and date and time the photo was taken.

A full history of photos, and can be viewed by selecting [Show History](#) for the handover note on the desktop. No photos are stored on the mobile device.

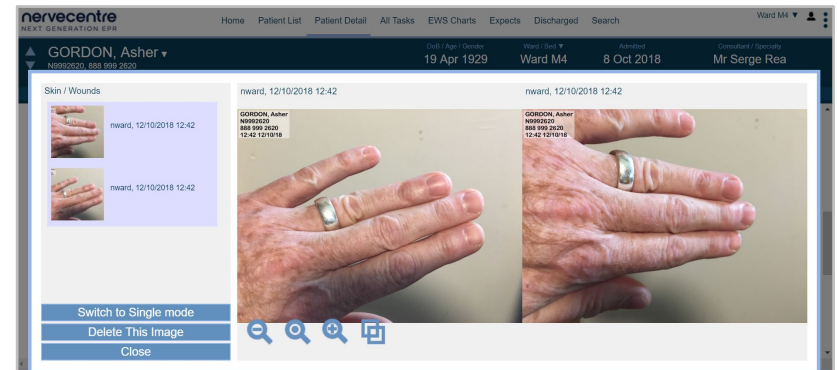
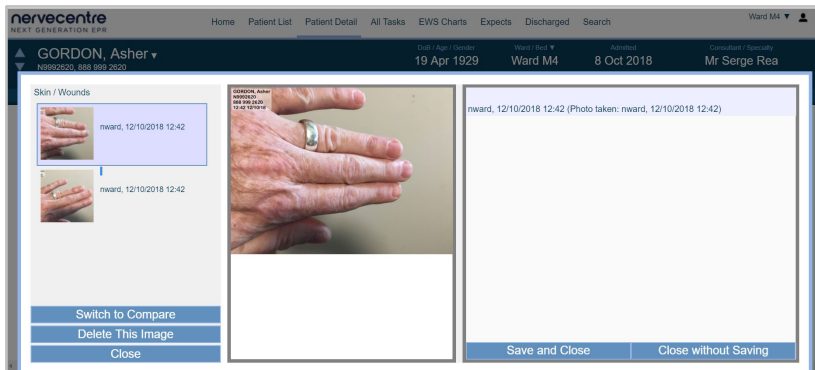
1. From your patient list, select a patient.
2. Scroll down and select the heading [Notes](#) to display a list of different clinical notes profiles.
3. Select a clinical notes profile, then select an appropriate clinical note, for example, [Skin/Wounds](#).
4. Select +.
5. To add a new photograph, select New. Or, to replace an existing photograph, select the filename of the photograph.
6. Take a new photograph.
7. Enter a file name.

It is the responsibility of your organisation to ensure all necessary patient consent processes are adhered to, that photos are used as appropriate, and that appropriate access is considered when setting permissions to view photos.

Nervecentre make no recommendation on the quality of photos and their ability to be used for diagnostic purposes, and the hospital must ensure it has guidelines in place.

The screenshot displays the Nervecentre EPR interface. At the top, the logo 'nervecentre' and 'NEXT GENERATION EPR' are visible, along with navigation links for 'Home' and 'Pati'. The patient's name 'GORDON, Asher' and ID 'N9992620, 888 999 2620' are shown in a dark blue header. Below this, there are tabs for 'Search/Register' and 'Summary'. The main content area shows a section for 'Sepsis Screening' with the result 'Sepsis Unlikely' in blue text. Below that, it states 'Photography Patient Consented'. The 'Skin / Wounds' section contains three small photographs of a hand, showing skin conditions.

All clinical photographs now appear in grid format in the handover field on the desktop. When a photograph is selected, a window will open that shows the history of the selected image as well as the “full-size” current image.



Selecting an earlier image in this history displays that image full-size, alongside the current image to facilitate comparison. Multiple images can be displayed alongside each other. selecting an item in the history that is already displayed full-size removes the full-size image from the display.

For each enlarged image, icons enabling the image to be zoomed in or out, and to reset the zoom, are displayed when moving the cursor over the image. When an image is zoomed in so that it does not fit within the available display space, scrollbars are displayed to allow the user to pan over the image.

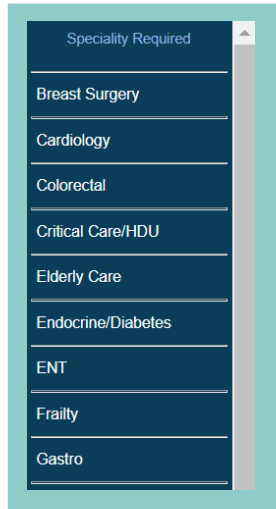
Each image also has a “Group” icon, which enables two or more images to be zoomed or panned together. selecting a group icon makes the image part of a group, where zooming or panning on any image in the group results in all images in the group being zoomed or panned.

Deleting images will result in all images in the series (same wound/ injury etc) being deleted.They remain accessible in the history.

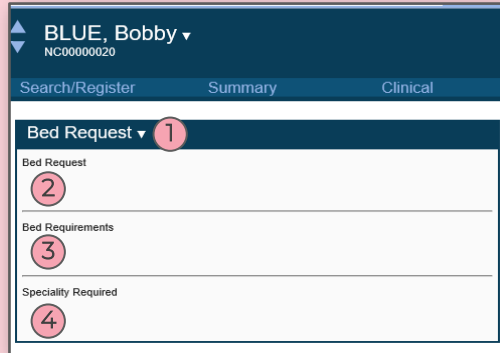
Bed Management

If a patient requires a bed move e.g. from AMU to a speciality ward or from a speciality to a different speciality the process of requesting a bed is different to the method in ED. From either the mobile or the web pages the clinicians should select the 'Bed Request' clinical noting profile and complete the information required in here. Once the speciality required has been populated this will show the bed managers where the patient is and which speciality they require. When the Bed Manager has reserved a bed for the patient the Bed Request field will automatically change from 'Requested' to 'Reserved' on both desktop and mobile device.

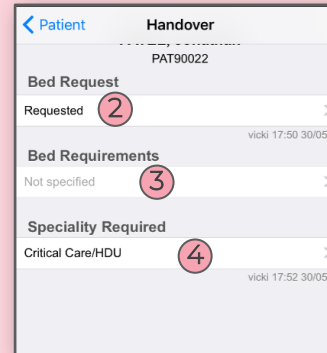
4 Select speciality



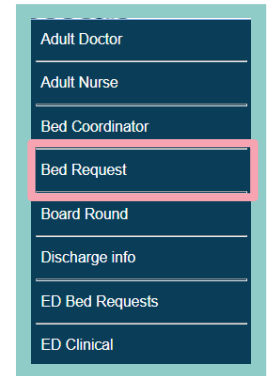
Nervecentre Desktop View



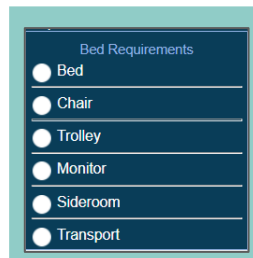
Nervecentre Mobile View



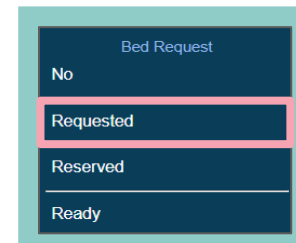
1 Select correct profile



3 Select Bed Requirements



2 Select Bed Request Status



Cancelling a bed request

An inpatient or admission area bed reservation can be cancelled by the requesting clinician by selecting the Bed Request clinical noting profile, selecting the Bed Request field and selecting 'No' from the drop down menu.

Nervecentre Desktop View

The screenshot shows the Nervecentre desktop interface for patient Alexis Palmer. A dropdown menu for 'Bed Request' is open, with 'No' selected and highlighted by a red box. The main interface displays patient details, a summary tab, and various clinical data sections including Observations and Orders and Results.

Type	10 Oct 23:59	11 Oct 09:53	11 Oct 11:58
EWS	6	6	0
Resp Rate	12 /min	12 /min	12 /min
Sats SpO2	96 %	96 %	96 %
Inspired O2	2 litres	2 litres	2 litres
Temperature	36.8 °C	36.8 °C	36.5 °C
BP	90/60 mmHg	90/60 mmHg	120/60 mmHg
Heart Rate	101 /min	101 /min	85 /min
Pulse Character			
AVPU	Alert	Alert	Alert

Nervecentre Mobile View

The screenshot shows the Nervecentre mobile interface for patient Sebastian Miller. A dropdown menu for 'Bed Request' is open, with 'No' selected and highlighted by a red box. The interface displays patient details, a summary tab, and various clinical data sections including Bed Requirements and Speciality Required.

Accessing the bed management pages

You must have the correct permissions to access the bed management pages.

To access the Bed Management pages select the 3 dots in the top right hand corner of the screen to open the module menu and select 'Bed Management'.

The screenshot shows the Nervecentre interface for patient Alexis Palmer. The top navigation bar includes 'Home', 'Patient List', 'Patient Detail', 'All Tasks', 'EWS Charts', 'Expects', 'Discharged', and 'Search'. The patient's name 'PALMER, Alexis' is displayed with a dropdown arrow. Below the name are various patient details: N9992703, 157 707 4213, 2 Sep 1927, 90y Female, Ward M4, 4-19, 5 Oct 2018, 7 days, and Consultant Ben Pullar, GENERAL MEDICINE. A menu icon (three dots) in the top right corner is highlighted with a red box. A callout menu is open on the right, listing various page categories: Admin Pages, Operate Pages, Ward Pages, PSAAG Pages, **Bed Management Pages** (highlighted with a red box), Reporting Pages, Help, Report a Fault, and Logout. The main content area shows three tabs: 'Bed Request', 'Observations', and 'Orders and Results'. The 'Bed Request' tab shows 'Requested' and 'Bed Requirements'. The 'Observations' tab shows a table of observations with columns for Chart, Frequency, Overdue, and EWS. The 'Orders and Results' tab shows a table of orders with columns for Category, Open Orders, and Pending Review.

This will allow all the Bed Management Tabs across the top tool bar to be accessible.

The screenshot shows the top tool bar with the following tabs: Home, **Manage Beds** (highlighted with a red box), Bed Reservations, Patient List, Patient Detail, Bed Status, and Safer Staffing.

Select the Manage beds tab to access the screen where all beds and patients waiting for beds can be seen.

This opens a view that shows your organisation's beds in an expandable view on the right hand side of the screen.

The screenshot shows the 'nervecentre NEXT GENERATION EPR' interface. The navigation bar includes 'Home', 'Manage Beds', 'Bed Reservations', 'Patient List', 'Patient Detail', 'Bed Status', and 'Safer Staffing'. The current view is 'Ward M4'. The 'Manage Beds' section has tabs for 'Summary', 'Beds and Patients', 'Patients and Acuity', 'Patients', and 'All Beds'. The 'Beds and Patients' tab is active, showing a table with the following data:

Ward / Area	Available Beds	Discharge				Outliers	
		Internal Transfer	Home Today	Maybe Today	EDD Today		Total
Royal Infirmary	34	8	58	18	17	36	32
Queen Victoria	3						1
City Hospital							

On the left side, the 'Patients waiting for beds' list includes:

- ED Royal Infirmary: 2 / 5
- TCI
- Admission Wards Royal Infirmary: 4 / 7
- Inpatients Royal Infirmary: 5 / 8

The left hand side shows a condensed view of patients awaiting beds sorted by where they currently are within the hospital.

Ward / Area	Available Beds	Discharge					Outliers Total
		Internal Transfer	Home Today	Maybe Today	EDD Today	Med Fit	
Royal Infirmary	34	8	58	18	17	36	32
Queen Victoria	3						1
City Hospital							

Bed managers and progress chasers are able to see how many patients in ED are waiting for each speciality.

If there are multiple patients awaiting beds for the same speciality the patients are listed by 'time in ED'.

Patients waiting for beds	
ED Royal Infirmary	2 / 5
Requires AMU	
Requires CAU	
Requires CDU	0 / 1
Requires Critical Care	1 / 2
Requires External Bed	
Requires Frailty	
Requires Gynae	
Requires Obstetrics	
Requires SAU	1 / 2
Requires Stroke	
None of the above	
TCI	

If the speciality is selected the list of patients show under the speciality name.

Bed managers and progress chasers are able to see how many patients in the admission areas, or on the wards, are waiting for each speciality.

If there are multiple patients awaiting beds for the same speciality the patients are listed by 'time waiting for a bed'.

Requires Cardiology	
Requires Childrens	3 / 3
Requires Critical Care	
Requires Elderly Care	
Requires Endocrine/Diabetes	
Requires External	0 / 1
Requires Frailty	0 / 2
Requires Gastro	
Requires General Medicine	

F	WRIGHT, Bella	03:20 11/10
	60y, General Surgery, Ward M6 <i>Bed</i>	
F	RYAN, Julia	03:20 11/10
	69y, General Surgery, Ward M6	
M	GORDON, Isaac	05:12 11/10
	12m 19d, General Surgery, Ward P1 <i>Monitor</i>	

Viewing Occupied and Available Beds

Selecting the ward name opens the view to show the beds within that ward. This defaults to 'available' beds in the first instance (beds that are empty).

nervecentre
NEXT GENERATION EPR

Home Manage Beds Bed Reservations Patient List Patient Detail Bed Status Safer Staffing Ward M4

Summary Beds and Patients Patients and Acuity Patients All Beds

Ward / Area	Available Beds	Discharge				Outliers Total
		Internal Transfer	Home Today	Maybe Today	EDD Today	
Royal Infirmary	34	8	58	18	17	36
Medicine	7	6	27	8	14	14
ACU						1
AMU		3	6	1	1	1

[Show: Available](#) | [Potential](#) | [All](#) | [Closed](#)

Bed Types: Beds | [All](#)

1-5	5 M	Home Today	RYAN, Jackson (M)
2-5	3 M	Internal Transfer	BARKER, Alexander (M)
3-3	4 M	Home Today	JONES, Parker (M)
3-4	4 M	Home Today	ARMSTRONG, Ethan (M)
3-5	4 M	Home Today	SAUNDERS, Christopher (M)

3 patients not yet allocated to a bed

ED Royal Infirmary 2 / 5
 Requires AMU
 Requires CAU
 Requires CDU 0 / 1
 Requires Critical Care 1 / 2
 M HALL, Alexander 27h 27m 85y, Adult ED Monitor
 M KAUR, Miles 27h 16m 106y, Adult ED Reserved Ward M5, 1-5
 Requires External Bed
 Requires Frailty
 Requires Gynae
 Requires Obstetrics
 Requires SAU 1 / 2
 Requires Stroke
 None of the above
TCI

To change the view from 'Available' to 'Potential beds', select the 'Potential' cell and this will automatically show all patients with clinical note values of:

- EDD in the past or EDD today
- 'Home Today' set to 'Yes' or 'Maybe'
- Medically fit set to 'Yes'

Royal Infirmary	34	8	58	18
Medicine	7	6	27	8
ACU				
AMU		3	6	1

[Show: Available](#) | [Potential](#) | [All](#) | [Closed](#)
Bed Types: Beds | [All](#)

1-5 | **5 M** | Home Today | RYAN, Jackson (M)

A list of beds that are closed can also be selected here:

Available Beds	Discharge			
	Home Today	Maybe Today	EDD Today	Med Fit
407		1	2	2
206		1		
15				

The Dashboard also summarises these criteria by Campus, then can be opened to show division and ward summary.

Viewing Occupied and Available Beds

The number of available or unoccupied beds is shown on this screen.

By selecting the Campus name this will then split the hospital into Divisions and this will then show the total number of empty beds in each division.

Ward / Area	Available Beds		Discharge				Outliers Total
	Beds	Internal Transfer	Home Today	Maybe Today	EDD Today	Med Fit	
Royal Infirmary	34	8	58	18	17	36	32
Queen Victoria	3						1
City Hospital							

Beds that have an Internal Transfer waiting, i.e., the patient in that bed has a bed request elsewhere in the hospital, are now listed separately in the summary view. Previously this information was only available when drilling down into the ward itself.

Ward / Area	Available Beds		Discharge				Outliers Total
	Beds	Internal Transfer	Home Today	Maybe Today	EDD Today	Med Fit	
Royal Infirmary	86	5	17	5	21	21	25
Medicine	46	4	17	4	21	20	2
ACU			1			9	1
AMU	1	1			9	5	1
CCU		1			1		

Viewing Occupied and Available Beds

Selecting the Division name opens the wards that are within that division.

nervecentre
NEXT GENERATION EPR

Home Manage Beds Bed Reservations Patient List Patient Detail Bed Status Safer Staffing Ward M4

Summary Beds and Patients Patients and Acuity Patients All Beds

Ward / Area	Available Beds	Discharge					Outliers
		Beds	Internal Transfer	Home Today	Maybe Today	EDD Today	
Royal Infirmary	34	8	58	18	17	36	32
Medicine	7	6	27	8	14	14	12
ACU							1
AMU		3	6	1	1	1	4
CCU							
Ward M1			4			1	
Ward M10							
Ward M11	1						
Ward M12							
Ward M13			1	1	1	3	1
Ward M14	1						
Ward M15			4	2	2	1	
Ward M2							
Ward M3							
Ward M4	2	3	7		7	3	6
Ward M5	1		2	3	2	4	
Ward M6			1		1		

The count of patients is now shown as X / Y.

Where X is the number of patients with a bed request who do NOT have a reservation, and Y is the total as previously shown.

Patients waiting for beds	
ED Royal Infirmary	3 / 4
Requires AMU	1 / 2
F POOLE, Aubrey 44y, , Adult ED <i>Bed Sideroom</i>	7493h 03m
M GRAHAM, Elijah 94y, , Paed ED Reserved Ward M6, 1-4	5978h 40m
Requires CAU	
Requires CDU	
Requires Critical Care	
Requires External Bed	
Requires Frailty	2 / 2

Closed Beds on the Bed Management pages are shown under [Closed](#).

Royal Infirmery	34	8	58	18
Medicine	7	6	27	8
ACU				
AMU		3	6	1

Show: Available | [Potential](#) | [All](#) | **Closed**
 Bed Types: Beds | [All](#)

1-5 | **5 M** | Home Today RYAN, Jackson (M)

Hovering over the bed 'Closed' tag can display more information relating to why the bed has been closed.

Ward M13	15	2	3	3
Show: Available Potential All Closed Bed Types: Beds All				
SR1		Closed		Closed
1-5	1M 2F	Closed		Closed - Staffing

Bed requests are rolled up into ED, Admission wards, and Inpatients. (TCI will show here but requires additional configuration in order to function).

By selecting the Area such as ED, the total number of patients awaiting a bed are shown in the dark blue bar.

This can be opened to indicate the number of patients awaiting each speciality.

Patients waiting for beds	
ED Lister	4
Requires Medicine	0
Requires General Surgery	0
Requires Cardio	0
Requires CDU	1
Requires Critical Care	0
Requires ENT	1
Requires External Bed	0
Requires Frailty	1
Requires Obs & Gynae	0
Requires Paediatrics	0
Requires Plastics	0
Requires Renal	0
Requires Stroke	0
None of the above	1
TCI	0
Admission Wards Lister	1
Inpatients Lister	2

When the Speciality cell is selected any patients awaiting a bed in this area are shown. Their current location, any bed requirements, time in department (ED) or the time since bed has been requested (Admission wards and inpatient areas) is also visible.

The patients who have been in ED the longest default to the top of the list. However, in the admission and Inpatient areas the patients that have had a bed requested for the longest time default to the top of the list.

It is also possible to see the patient's details by double left selecting their name which opens their patient detail page. This is useful to the bed managers to gain instant access to the attest clinical notes and observation charts.

Patients waiting for beds		Ward / Area	Available Beds
ED Lister	5	Lister	424
Requires Medicine	0	Surgery	206
Requires General Surgery	0	Medicine	174
Requires Cardio	0	06A SOUTH	15
Requires CDU	1	06B NORTH RENAL	15
Requires Critical Care	0	06B SOUTH RENAL	11
Requires ENT	1	07A NORTH	14
Requires External Bed	0	09A NORTH	15
Requires Frailty	1	09A SOUTH	15
Requires GBS & Cytotoxic	1	09AN RESPIRATORY HDU	
Requires Geriatrics	0	09B NORTH	15
Requires Plastics	0	09B SOUTH	15
Requires Renal	0	10B NORTH	15
Requires Stroke	0	10B SOUTH	15
None of the above	1	11A NORTH	14
		11A SOUTH	15

Reserving a bed

1

To reserve a bed, single select the patient name to highlight the cell.

2

Next expand the right hand side ward cells to view bed detail, then select the bed you would like to reserve for that patient.

Pink are female beds and Blue are male beds.

If the bay has not been set as Male or female the bed will show in grey but also will show how many females or males are in the bay currently.

4

From the bed management pages the details of the booked bed can now be seen.

These will now be visible to ED/ Ward and will also indicate if it is occupied or empty.

3

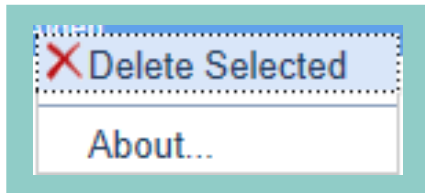
The pop up box will then allow the user to reserve the bed.

Cancelling and Changing Bed Reservations

To cancel a bed booking from the Bed Reservations tab, right select the reserved bed from the list.



The above pop up will display. Selecting 'Delete Selected' will cancel the bed reservation.



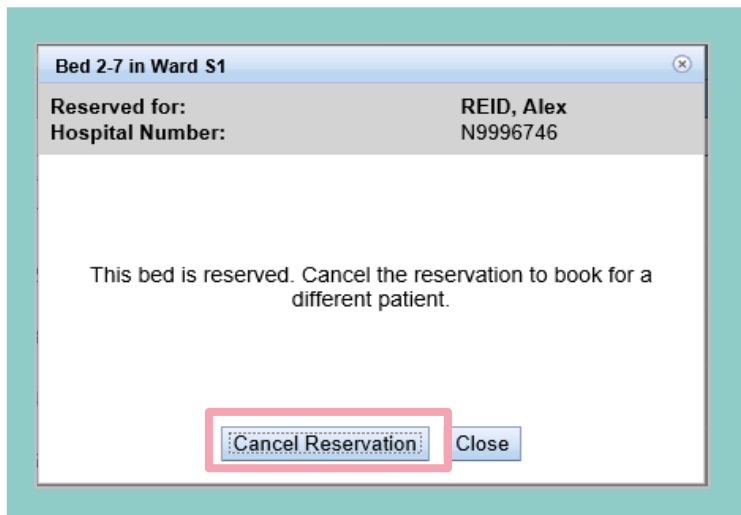
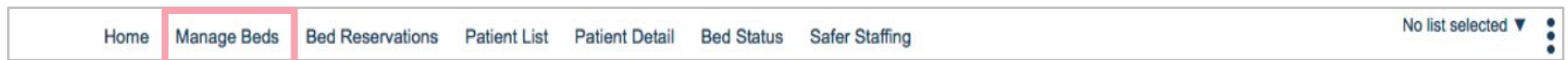
A screenshot of the 'Bed Reservations' table. The table has columns: From, Admitted, Requested, Current Location, Bed, Reserved Ward, Bed, Status, and Patient name. A context menu is shown pointing to the second row of the table.

From	Admitted	Requested	Current Location	Bed	Reserved Ward	Bed	Status	Patient name
Inpatient	152d	151d	Ward M4	4-20	Ward M11	1-2	Occupied	REYNOLDS, Elaine
Inpatient	152d	4d	Ward M11	1-2	Ward M10	1-2	Empty	THOMSON, Thomas
ED	4d	4d	Adult ED	M6	Ward M4	6-27	Occupied	BAILEY, Alexandra

Cancelling and Changing Bed Reservations

To cancel a bed from the Manage Beds tab select the reserved bed . select 'Cancel Reservation' to cancel bed.

If appropriate, select a different bed to reserve for that patient. Alternatively, select a different patient to reserve a bed for.



Ward / Area	Available Beds	
	Beds	Home Today
Royal Infirmary	46	2
Medicine	17	2
ACU		
AMU		
CCU		
Ward M1		

1-1 | Internal Transfer **R** PAGE, Alan (M)

Bed reservations view, Bed chains, and Bed status

The bed managers/ flow coordinators require a summary of all beds that have been allocated as well as the status of that bed, empty or occupied.

This can be viewed by selecting Bed reservations tab.

From	Current Location	Bed	Reserved Ward	Bed	Status	Patient name	Hospital number	NHS number	Date Reserved	Reserved By
Inpatient	Ward M5	2-9	Ward M6	1-4	Empty 0:02	WILLIAMS, Kate	N9992319	888 999 2319	30/04/2017 16:58	adt
Inpatient	Ward M5	1-3	Ward M6	1-2	Occupied	ANDREWS, Ryan	N9992762	888 999 2762	30/04/2017 17:02	adt
Inpatient	Ward M6	SR6	Ward M5	2-8	Occupied	MOORE, Evelyn	N9992782	888 999 2782	30/04/2017 12:38	adt
Inpatient	Ward M6	1-5	Ward M5	2-7	Occupied	WHITE, Isabelle	N9992777	888 999 2777	30/04/2017 15:43	adt
Inpatient	Ward M4	4-20	Ward M4	4-19	Occupied	REYNOLDS, Elaine	K1560972	888 999 2546	30/04/2017 17:14	adt
ED		...	Ward M4	4-20	Occupied	JANE, Alex	N9998950	888 999 8950	30/04/2017 15:45	adt
Inpatient	Ward M4	4-19	Ward M13	2-3	Empty 1:06	GHAN, Aubrey	N9992525	888 999 2525	30/04/2017 15:46	adt
ED		...	Ward M10	SR1	Occupied	KING, Gianna	N9992286	888 999 2286	20/05/2017 14:08	dguy
ED	Adult ED	M6	Ward M10	SR2	Occupied	BRADLEY, Adrian	N9998217	888 999 8217	20/05/2017 14:21	dguy

The feature on the far left is to show patients that are in bed chains. Chains are a series of requested bed moves that have been identified by the system as being interdependent and allows the bed coordinator to maximise flow within the organisation. By moving one patient at the end of the chain will free up movement for other patients within that chain.

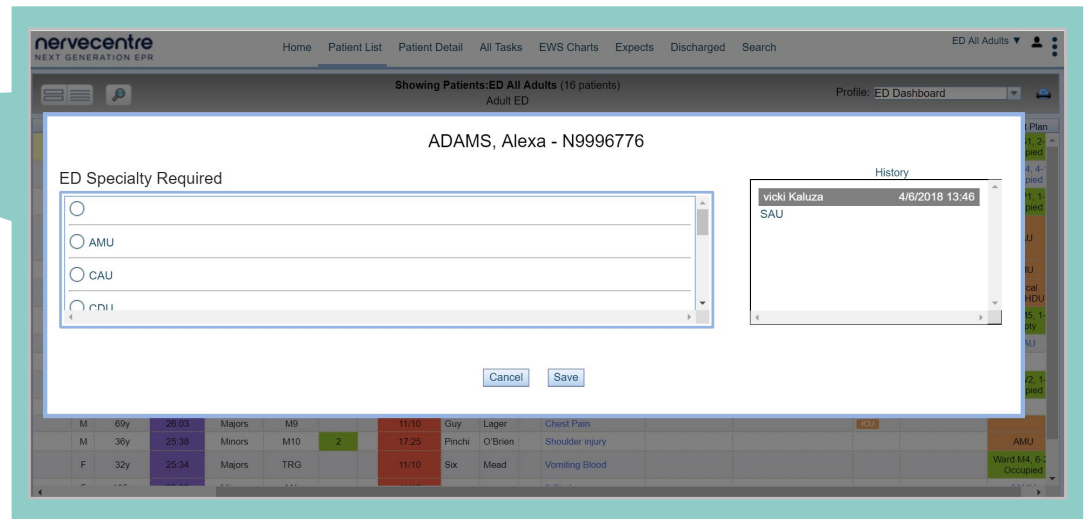
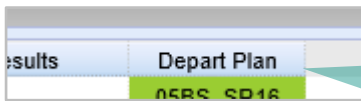
The colour coding used to identify the chains does not have a significant meaning other than to identify a group as part of the same chain.

The status column shows empty or occupied however version 4.3 and above will show as the length of time the bed has been free.

When a patient requires either admission from ED to the hospital, or requires a move to a speciality bed from an admissions unit or a base ward the Clinicians are able to request a bed through the system.

ED Bed Request

If the need for admission is likely but a final decision has not been made to admit, the staff are able to indicate the potential speciality by selecting Depart Plan from the ED dashboard. This will open the speciality clinical note and speciality can be selected. Please note that no bed has been requested at this stage.



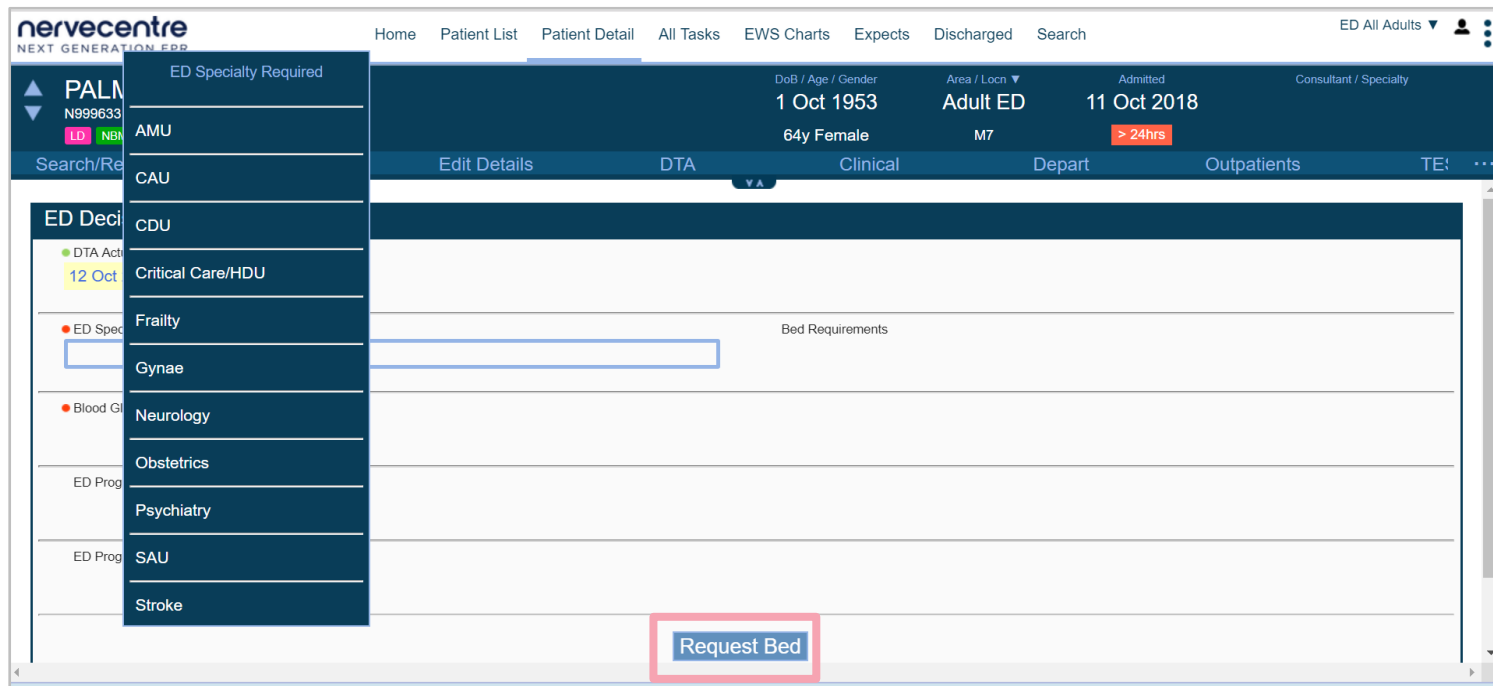
It shows on the Dashboard view as ? Speciality.



Decision to Admit (DTA)

In ED, when the decision to admit has been reached the staff will formally request a bed via the 'DTA' (Decision to admit) page. The DTA time is defaulted to 'now' and there is a drop down list of both speciality required and bed requirements to select from.

Either the clinician or progress chaser complete the form, adding any notes required, then press the 'request bed' tab at the bottom of the form. Once the DTA form has been submitted the request is then also displayed within the bed management pages.



The ED dashboard will show the speciality required for the patient in Amber. This indicates a bed has been requested but no bed has been reserved.

Once the Bed Manager has received the request and reserved a bed the Amber field will turn Green.

Details of the allocated bed space are visible, including information on whether the bed is occupied or empty and the location.

Tasks	Refs	Results	Depart Plan
			05BS, SR16 Occupied
			ENT

ED Decision To Admit	
DTA Actual Date/Time 30th May 2017 11:45	
ED Specialty Required Medicine	Bed Requirements • 1:1 Care • Monitor
ED Progress Chaser Notes bed requested - AMU aware of 1-1 monitoring need, d/w sister in charge Kerry	
ED Progress Notes	
<input type="button" value="Save"/> <input type="button" value="Cancel Bed"/>	

After the DTA form has been completed, if re-opened it will allow you to change or cancel the bed request from here.

The original time of the DTA is kept if the speciality changes.

If required, it is also possible to change the speciality requested from the Dashboard 'Depart plan' field.

By selecting the field already completed it will open the speciality menu where it can be changed.

Depart Plan
05BS, SR16 Occupied
?General Surgery
Cardio
Medicine
05AS, SR16 Empty
06AS, 5-22 Empty
Medicine

ED Specialty Required

- Medicine
- General Surgery
- Cardio
- CDU
- Critical Care/HDU
- ENT
- Frailty
- Neurology
- Obs & Gynae

Example of Clinical Board Rounding Profile

As part of the daily board rounds undertaken by the clinical staff, a series of information can be populated or re assessed daily. Dashboard can be configured to display relevant information for bed management and patient flow.

A lot of this information feeds other profiles such as the bed coordinator profile or integrated discharge team profile. Also, information flows to the PSAAG screens to keep them up-to date.

Bed	Name	LOS	NEWS	Diagnosis	Red/Green Day	EDD	Discharge Requirements	MDT Issues	Medically Fit	Home Today	Potential To Outlie?	Internal Delay Reason	External Delay Reason	TTO & Discharge Letter
4-18	CUNNINGHAM, Carson	6	7	Infected leg ulcers	Green Day	21 Jun 2018	Social care at home - Required Transport Required		No	No				Letter Not Written
4-19	PALMER, Alexis	6	0	Upper GI bleed secondary to Oesophageal varicies.	Green Day	04 Jul 2018	Section 2 - Completed Equipment - Bed	Physio referral made. Awaiting review when patient is stable	No	No	No	Physio Assessment Required	RAID Bed Required	TTO Needed Letter Not Written
4-20	REYNOLDS, Elaine	4	2	Exacerbation of COPD	Green Day	27 Apr 2018	Section 2 - Needed	Com resp nurse referral	Yes	No	No	became unwell yesterday		Letter Not Written
5-22	REID, Alex	13	4	LRTI. Femur fractur	Green Day	28 Aug 2018	Home o2 Equipment - Rails Section 2 - Completed		No	Yes	Requires S/R To Decide			TTO Needed Letter Not Written TTO Written
5-23	GORDON, Asher	3		End stage renal failure. & HAP	Red Day	05 Oct 2018		None	Yes	Yes	No		RAID Bed Required	TTO Dispensed
5-25	MILLER, Sebastian	15	0	Copd	Red Day	20 Jun 2018	Equipment - Rails Section 2 - Needed District nurse referral	Physio for the ward not here today. Delaying D/C Test 20/04/3018	Yes	Yes	No	TTOs	Nursing Home Placement Available	TTO Written Letter Written TTO Dispensed awaiting drug delivery
6-27	MORRIS, Sarah	3	2	?GI Bleed	Green Day	28 Apr 2018	Section 2 - Completed		No	No				
6-28	KHAN, Savannah	9	2	DKA	Green Day	26 Jan 2018	Transport Booked		Yes	Yes				
6-29	JACKSON, Layla	3	2	CHF	Red Day	27 Apr 2018	Social care at home - Required	Social services assessment pending for package of care needed.	Yes	No			Social services	
6-30	WEST, Layla	5	2	Fall, Frailty. Inadequate home care	Red Day	27 Apr 2018	Package of care - Required	Hisbad admitted to hospital 2/7 ago, is usually main carer. Now needs temporary support until	Yes	Yes	Yes		social services input required	

This can also be accessed on an individual patient basis from either the wards pages or the mobiles.

The information can be edited from here and certain fields such as Red Day/ Green day will require verification every 24hours to comply with national targets and ensure that the hospital is up to date with this information.

▲ WILSON, Paul ▼
▼ PAT90026
DEM

Search/Register Summary Clinical

Board Round ▼

EDD
31 May 2017

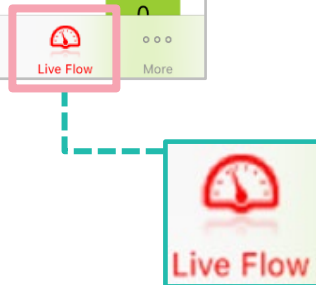
Diagnosis
Left leg cellulitis

Red/Green Day
Green Day

Verify

Live Flow	
Minors	0
Adults	12
Children	8
TC1	0
ED Breached Since Midnight	0
TC2	0
TC3	0
Not Triageed 15m	0
Not Triageed 30m	0
Not Seen 30m	0
Breach <1hr	0
Breached	0
Red Wait > 6Hrs	0

Tasks Assign Patients **Live Flow** More



Individual metrics can now be viewed on the mobile.

This launches a list of 'favourite' Metrics than can be viewed.

To add a Metric select the + sign in the top right-hand corner of the screen.

Hospital at Night

The H@N task request form is a web based form that does not require a log in to request a task. Two forms are available, one for ward staff and one for H@N Coordinators. The Coordinator form allows certain high priority 'Red' tasks to be raised that are not available to ward staff.

Nature of call will provide a drop down list of available H@N Tasks

Raised By allows the clinician requesting the task to log their name against the request. If a H@N Coordinator is raising a task then their details can be recorded in the **Coordinator** field (this field will not be visible on the ward form)

Submit a Hospital at Night Request (Coordinator)

The screenshot shows a web form titled "Submit a Hospital at Night Request (Coordinator)". The form is divided into three main sections: 1. Nature of call, 2. Patient Details, and 3. Task Details. A "My Requests" button is located on the left side of the form. Callouts provide additional information about various fields and features.

- 1 Nature of call:** Includes a dropdown menu for "Nature of call:", "Campus:", and "Ward:". A callout explains that "Campus and Ward" allow the user to specify where the task originates from.
- 2 Patient Details:** Includes a "Lookup Patient" field with a search icon and a "Hospital Number" field. A callout explains that patients' details can be looked up by selecting the looking glass icon and entering the patient's number. If not known or not admitted on PAS, details can be manually entered. A "Click here to enter details manually" link is also present. A box lists fields for manual entry: Name, NHS No, DOB, Gender, Ward, Consultant, and Speciality.
- 3 Task Details:** Includes "Raised By:" and "Coordinator:" text input fields, and a "Time Required:" dropdown menu set to "ASAP". A callout explains that "Time Required" is defaulted to ASAP but can be scheduled for later, such as weekend requests or tasks needed at 6am.

Buttons for "Clear" and "Submit" are located at the bottom of the form.

Time Required is defaulted to ASAP, but requests can be scheduled for later, such as weekend requests or a task needed at 6am.

The patients details can be looked up by selecting the looking glass icon and entering the patients number. If not known or patient not admitted on PAS then the patients details can be manually entered.

Submit a Hospital at Night Request (Coordinator)

1 Nature of call:

- Can Acutely Unwell/Immediate Response
- V Cardiac Arrest
- Raise Chest Pain
- Coordin Desaturating/Increasing Oxygen Requirements
- Time Requi Fall with Injury/Drop in GCS/ Unwitnessed
- Sepsis Hypoglycaemia - Unresponsive
- Severe Haemorrhage Neutropenic Sepsis
- Severe Post Operative Bleeding/Complications
- Sick Patient to be Reviewed Out of Hours
- Sudden Onset of Breathlessness
- Trauma Call
- Urgent Admission

3 Task Details

- ABG Required
- Abnormal Blood Results
- Blood Products Prescribing

2 Patient Details

Lookup Patient Hospital Number

[Click here to enter details manually](#)

Name:

NHS No:

DOB:

Gender:

Ward:

Consultant:

Specialty:

Tasks can be configured to have priorities appropriate to the nature of the task. High Priority Red tasks can be configured so only a H@N Coordinator can raise them to ensure there is no delay to patient treatment. For all High Priority Red tasks ward staff will phone the task directly to the coordinator inline with Trust policy/ process.

Submit a Hospital at Night Request (Coordinator)

My Requests

1

Nature of call:

Campus:

Ward:

Raised By:

Coordinator:

Time Required:

2 Patient Details

Lookup Patient Hospital Number

[Click here to enter details manually.](#)

Name:
NHS No:
DOB:
Gender:
Ward:
Consultant:
Specialty:

3 Task Details

* Diagnosis:

* Reason for ECG:

* Specify abnormal rate:

Specify other:

Additional Information:

Tasks can be configured to have mandatory on non mandatory data fields appear on the form when the task is chosen. Mandatory fields are indicated with a red dot The form cannot be submitted until all the mandatory fields are completed.

A free text note field is also available to capture any other relevant information.

Once completed the task can now be submitted or completely cancelled by selecting of the two tabs at the bottom of the form.

Task for the ward can be viewed by selecting the My Request tab

Bed/Patient	Category
ROGERS, Cameron	Assessment post fall
HARRIS, Horace	Confused/Agitated
ROGERS, Cameron	Unallocated
HARRIS, Horace	ABG Required

Refresh Logout

After logging in, all tasks for the ward are visible. Please ensure that the ward is selected on the form.

Bed/Patient	Category
ROGERS, Cameron	Assessment post fall
HARRIS, Horace	Confused/Agitated
ROGERS, Cameron	Unallocated
HARRIS, Horace	ABG Required

Assessment post fall
ROGERS, Cameron, N9990073

Priority: Green
Status: Not Assigned
Raised By: nw
Assigned To:
Date Created: 6/4/2019, 12:27:00 PM

Speciality: Urology
Time of Request: RT
Obvious Injuries: No

Edit Time Cancel Request

selecting a task will display more information and allow a task to be cancelled

A reason for cancelling the task can be populated prior to submitting the cancellation

Cancel Task

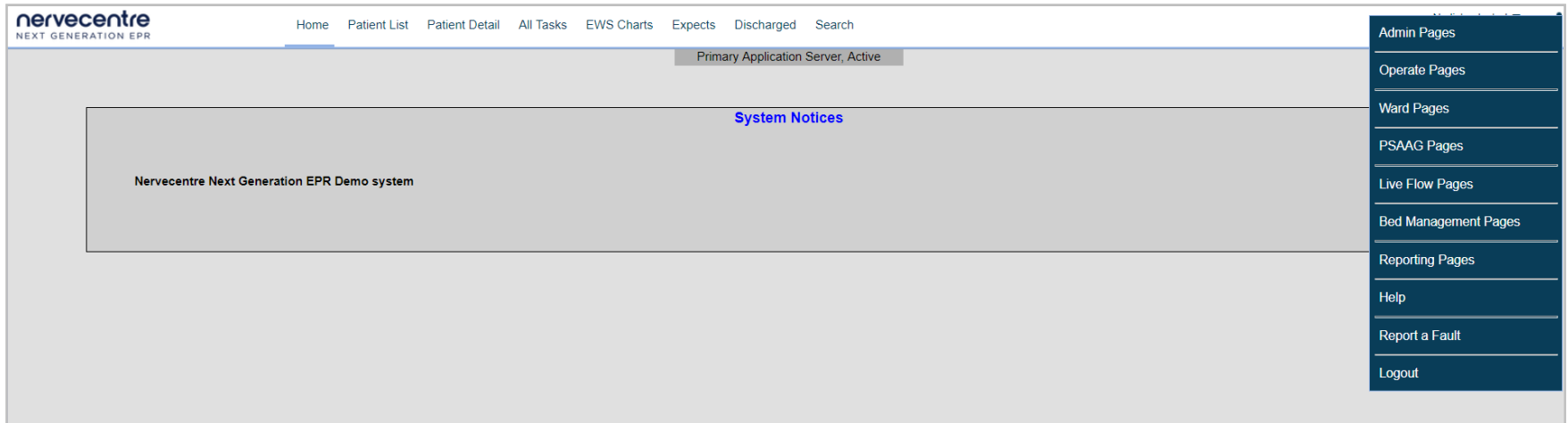
Patient Name: ROGERS, Cameron
Nature of Call: Assessment post fall

Reason

Cancel Task Cancel



selecting the 3 dots in the top right hand corner of the Nevecentre Desktop home page will bring up the drop down list displayed below.



The H@N coordinator pages can be accessed by selecting the 'Operate' tab. Access to the Operate pages are permission based and only accessible by H@N team, coordinators or staff authorised by The Trust to do so.

The **Assign Tasks** tab displays a page with all of the unallocated H@N Tasks on the left hand side. All of the available staff who can perform these tasks and are logged in are listed on the right hand side

Available staff to carry out tasks (role-based routing of tasks ensure that the right staff members receive the right tasks)

Task can be configured to have varying levels of priority and can have mandatory information entered by the requesting clinician to support clinical decision making within the H@N process

The correct hospital campus can be selected from this field to show only the tasks relevant to a particular hospital site

The correct partition for H@N must be selected in this field. This allows only H@N tasks to be displayed as opposed to task such as High News scores or Obs Overdue tasks.

The screenshot shows the 'Assign Tasks' interface. The 'Assign Tasks' tab is highlighted in red. The page is divided into two main sections: a task list on the left and a staff list on the right. The task list has columns for Priority, Category, Status, Age, Patient, and Location. The staff list has columns for Name, Title / Role, Workload, and Location. The bottom of the page shows 'Selected Person(s)' and 'Auto-assign' buttons, and a footer with 'Logged in as Administrator', 'Nervecentre Seminar Demo', 'All hospitals (Change)', 'H@N (Change)', and 'v5.1.0'.

Priority	Category	Status	Age	Patient	Location
Amber	Clerking	Aborted	934 hrs 29 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)
Green	ABG Required	Not Assigned	430 hrs 40 mins	HARRIS, Horace P92026 943 476 0306	Ward M15 (1-4)
Green	ABG Required	Not Assigned	429 hrs 30 mins	REYNOLDS, Elaine K1560972 888 999 2546	Ward M4 (4-20)
Green	Assessment post fall	Not Assigned	261 hrs 26 mins	BUTLER, Addison N8992879 888 999 2879	Ward M7 (SR16)
Green	Unallocated	Not Assigned	13 hrs 27 mins	BUTLER, Addison N8992879 888 999 2879	Ward M7 (SR16)

Sel	Name	Title / Role	Workload	Prev Rv	Location	Notes
<input type="checkbox"/>	Doctor One	Junior doctor ED Referrals	1		Royal Infirmary	

nervecentre
NEXT GENERATION EPR

Home Assign Tasks All Tasks Map View Referrals Process Dashboard People Dashboard Notes

Location: [] Patient: []

Priority	Category	Status	Age	Patient	Location
Green	Unallocated	Not Assigned	14 hrs 16 mins	BUTLER, Addison N9992879 888 999 2879	Ward M7 (SR16)
Amber	[]	[]	935 hrs 18 mins	HILL, Alex N8990171 335 954 6242	Ward 28 (1-1)
Green	[]	[]	262 hrs 15 mins	BUTLER, Addison N9992879 888 999 2879	Ward M7 (SR16)
Green	[]	[]	431 hrs 28 mins	HARRIS, Horace P92026 943 476 0306	Ward M15 (1-4)
Green	ABG Required	Not Assigned	430 hrs 18 mins	REYNOLDS, Elaine K1560972 888 999 2546	Ward M4 (4-20)

Time Required: 06:00

Name: [] Role: [] More... Everyone

Sel	Name	Title / Role	Workload	Prev Rv	Location	Notes
<input type="checkbox"/>	Doctor One	Junior doctor ED Referrals	1		Royal Infirmary	

1 tasks selected

- Force Assign
- Close task
- Change priority
- Change description
- Show History
- Select All
- Copy Selected to Clipboard
- About...

Right selecting a task allows the Coordinator to edit or view certain information such as:

- Force Assign
- Close task
- Change priority
- Change description
- Show history

Selected Person(s) Auto-assign

Force Assign Puts work into a clinician's task list without the option to accept or decline.

This should only be used if the recipient is stood with the coordinator and is aware that the work is being put on to their list
***THIS SHOULD NEVER BE USED FOR A RED TASK**

A dialog box titled "Force Assign Task(s)" with a close button in the top right corner. It contains a dropdown menu labeled "Assign To:" and two buttons at the bottom: "Assign" and "Cancel".

Close task allows the coordinator to close a task and document specific information. This can be a pick list option or free text

A dialog box titled "Close Task(s)" with a close button in the top right corner. It contains a dropdown menu labeled "Assigned To:", a text field for "Close Reason:", and two text fields for "Date Completed:" and "Time:". Below these fields is the instruction "Leave blank to use the current date and time". At the bottom are two buttons: "Close Task(s)" and "Cancel".

A screenshot of a task list interface. A context menu is open over a task, showing options: "Force Assign", "Close task", "Change priority", "Change description", "Show History", "Select All", "Copy Selected to Clipboard", and "About...". The "Change priority" option is highlighted, and a sub-menu is visible showing priority levels: "5 Red", "4 Red-Amber", "3 Amber", "2 Green-Amber", and "1 Green".

Category	Status	Age
Clerking	Aborted	959 hrs 36 mins
ABG Required		5 Red
ABG Required		4 Red-Amber
ABG Required		3 Amber
ABG Required		2 Green-Amber
ABG Required		1 Green
Confused/Agitated	Not Assigned	1 hrs 10 mins

Change priority allows the coordinator to change the priority of the chosen task.

Change description allows the coordinator to add notes

Update Task Description

Existing description
 BM: 6.4
 25/04 14:14 vicki Kaluza: Needs to be done prior to midnight please in accordance with policy, patient stable

Enter your comments here to be appended

Clinicians can be organised into various orders like amount of workload/ location/name etc

Sel	Name	Title / Role	Workload	Prev Rv	Location	Notes
-----	------	--------------	----------	---------	----------	-------

Tasks can be reorganised by selecting the heading to organise into category/ age of task/ location

Priority	Category Description	Status	Age	Patient	Location
----------	-------------------------	--------	-----	---------	----------

Task Details

Patient: HILL, Alex
Location: Ward 28

Assigned By: _____ Assigned To: _____
 Close Reason: _____ Job Title: _____
 Closed by: _____ Role: _____

Date	Action	State	User
25/4/2019 14:03	EE_CREATETASK	Created	
25/4/2019 14:11	EE_OFFER_TASK		Rachael Dempsey
25/4/2019 14:11	EE_ASSIGNTASK	Offering (Rachael Dempsey)	
25/4/2019 23:03	EE_SENDFAILED	No-one Accepted	
25/4/2019 23:08	EE_TASK_TIMEOUT	No-one Accepted	
26/4/2019 10:32	EE_OFFER_TASK		Debbie Guy
26/4/2019 10:32	EE_TASK_TIMEOUT	Offering (Debbie Guy)	
26/4/2019 10:32	EE_DEVICE_TASKDELIVERED		Debbie Guy
26/4/2019 10:32	EE_USERACCEPT_CONFIRM	Accepted	Debbie Guy
14/5/2019 14:40	EE_TASKABORTEDBYUSER	Aborted	

Original Task Details
 Temp: 36.5
 Pain Score: 2
 BM: 6.4

Show history allows the coordinator to view the individual steps of the task request through to completion

nervecentre
NEXT GENERATION EPR

Home Assign Tasks All Tasks Map View Referrals Process Dashboard People Dashboard Notes

Location: [] Patient: []

Name: [] Role: [] More... Everyone

Priority	Category	Status	Age	Patient	Location
Amber	Clerking	Aborted	934 hrs 29 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)
Admission Type: Elective, Transfer from: MCH, Percentage O2/ Device: 2, RR: 16, Sats: 96, BP: 120/60, Pulse: 85, AVPU: Alert, Temp: 36.5, Pain Score: 2, BM: 6.4, 25/04 14:14 vicki Kaluza: Needs to be done prior to midnight please in accordance with policy, patient stable					
Green	ABG Required	Not Assigned	430 hrs 40 mins	HARRIS, Horace P92026 943 476 0306	Ward M15 (1-4)
Time Required: 06:00					
Green	ABG Required	Not Assigned	429 hrs 30 mins	REYNOLDS, Elaine K1560972 888 999 2546	Ward M4 (4-20)
Time Required: 06:00					
Green	Assessment post fall	Not Assigned	261 hrs 26 mins	BUTLER, Addison N9992879 888 999 2879	Ward M7 (SR16)
Speciality: Urology, Time of Request: RT, Current Diagnosis: copd, Obvious Injuries: Yes , Transferred: AMU to Ward M7					
Green	Unallocated	Not Assigned	13 hrs 27 mins	BUTLER, Addison N9992879 888 999 2879	Ward M7 (SR16)
Category: Assessment post fall, Action: Unassigned after 20 minutes, Speciality: Urology, Time of Request: RT, Current Diagnosis: copd, Obvious Injuries: Yes , Transferred: AMU to Ward M7					

Selected Person(s)

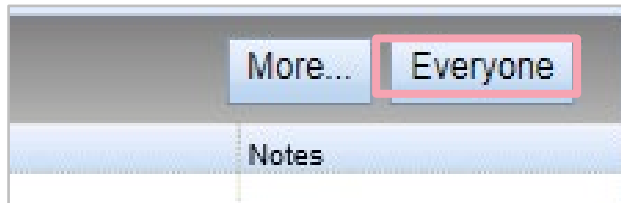
Logged in as Administrator (logout) Nervecentre Seminar Demo

Information about the clinicians available to carry out the H@N task is displayed along side their name and Tile /Role. Additional information can

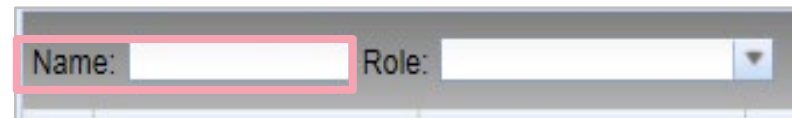
- **Workload** (see below for more information)
- **Prev Rv** – This field indicates if a clinician has had previous contact with a patient over the last 36hrs. This information may aid the coordinator in deciding who is most appropriate to carry out a task.
- **Location** (campus) of the clinician
- **Notes** shows information if the clinicians is on a break or unavailable for another reason such as in theatres (this is preconfigured as part of the scoping process)

Name: <input type="text"/>		Role: <input type="text"/>		More... Everyone		
Sel	Name	Title / Role	Workload	Prev Rv	Location	Notes
<input type="checkbox"/>	● Doctor One	Junior doctor <i>ED Referrals</i>	1		Royal Infirmary	
<input type="checkbox"/>	● Nurse One	Nurse <i>NIC</i>	12 (3)		Royal Infirmary	On a Break

The workload is showing that this clinician (Nurse1) currently has 12 outstanding tasks, 3 of which are red priority tasks. It is also clearly apparent to the Coordinator that Nurse1 is currently on a break.



It is possible to search for someone who has logged in but is not automatically appearing by selecting the **Everyone** tab



Alternatively a clinician can be found by typing in their **name**

A task can be assigned as easily as selecting the task on the left side of the page (1) then selecting **Sel** next to the clinicians name on the right side (2). Finally the **Selected Person(s)** button is selected to complete the task assign process.(3)

The screenshot shows the 'Assign Tasks' interface. On the left, a list of tasks is displayed with columns for Priority, Category, Status, Age, Patient, and Location. A task with status 'Not Assigned' is highlighted with a green background and a '1' next to it. On the right, a table lists available clinicians with columns for Name, Title / Role, Workload, and Location. The 'Doctor One' row is selected with a checkmark in the 'Sel' column. A callout box points to the 'Doctor One' row with the text: 'Tip: Multiple tasks can be sent to one clinician by holding the ctrl button down on your keyboard as you left select the jobs you wish to multi select'. At the bottom of the interface, a 'Selected Person(s)' button is highlighted with a '3' next to it.

After the task has been allocated it are marked as 'Offering'. Once the task has been accepted by the chosen clinician it will drop off the list of unallocated tasks. It is possible to send the task to multiple clinicians by selecting more than one clinician on the right hand side list.

If the accepting clinician can no longer carry out the task and aborts it then it will appear back on the task list and marked as 'Aborted'. This informs the coordinator that this task needs to be reallocated.

This screen displays all the ALL of the open, archived or scheduled tasks, .This includes those that have been accepted and those that have not yet been allocated. The tasks can be re-organised by selecting the blue heading tab of each column

Open, Archive or Scheduled task can be viewed by switching view here

Priority	Category	Status	Age	Last Changed	Patient	Location	Raised By	Assigned To
Green	ABG Required	Accepted (Chosen)	2183 hrs 39 mins	1703 hrs 28 mins	POOLE, Kendall N9990070 387 515 3181	Ward M15 (1-2)	Doctor One	Nurse Two
Green	Blood Test Request	Accepted	1009 hrs 10 mins	958 hrs 19 mins	REID, Alex 123456 579 180 4102	Ward M4 (4-17)	Rachael Dempsey	Debbie Guy
Amber	Clerking	Aborted	958 hrs 6 mins	501 hrs 29 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)	Debbie Guy	...
Green	IV Fluids Prescribing	Accepted	958 hrs 4 mins	957 hrs 58 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)	Debbie Guy	Debbie Guy
Green	Assessment post fall	Accepted (Chosen)	958 hrs 4 mins	935 hrs 52 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)	Debbie Guy	Vicki Kaluza
Red	Sudden Onset of Breathlessness	Accepted (Chosen)	958 hrs 0 mins	526 hrs 8 mins	HILL, Alex N9990171 335 954 6242	Ward 28 (1-1)	Debbie Guy	Beverley Prince
Green	ABG Required	Not Assigned	454 hrs 17 mins	454 hrs 17 mins	HARRIS, Horace F92026 943 478 0306	Ward M15 (1-4)	Debbie Guy	...
Green	ABG Required	Not Assigned	453 hrs 7 mins	453 hrs 7 mins	REYNOLDS, Elaine K1580972 888 999 2546	Ward M4 (4-20)	Debbie Guy	...
Green	Assessment post fall	Accepted	285 hrs 3 mins	21 hrs 15 mins	BUTLER, Addison N9992379 8686992879	Ward M7 (SR16)	bp	Nurse One

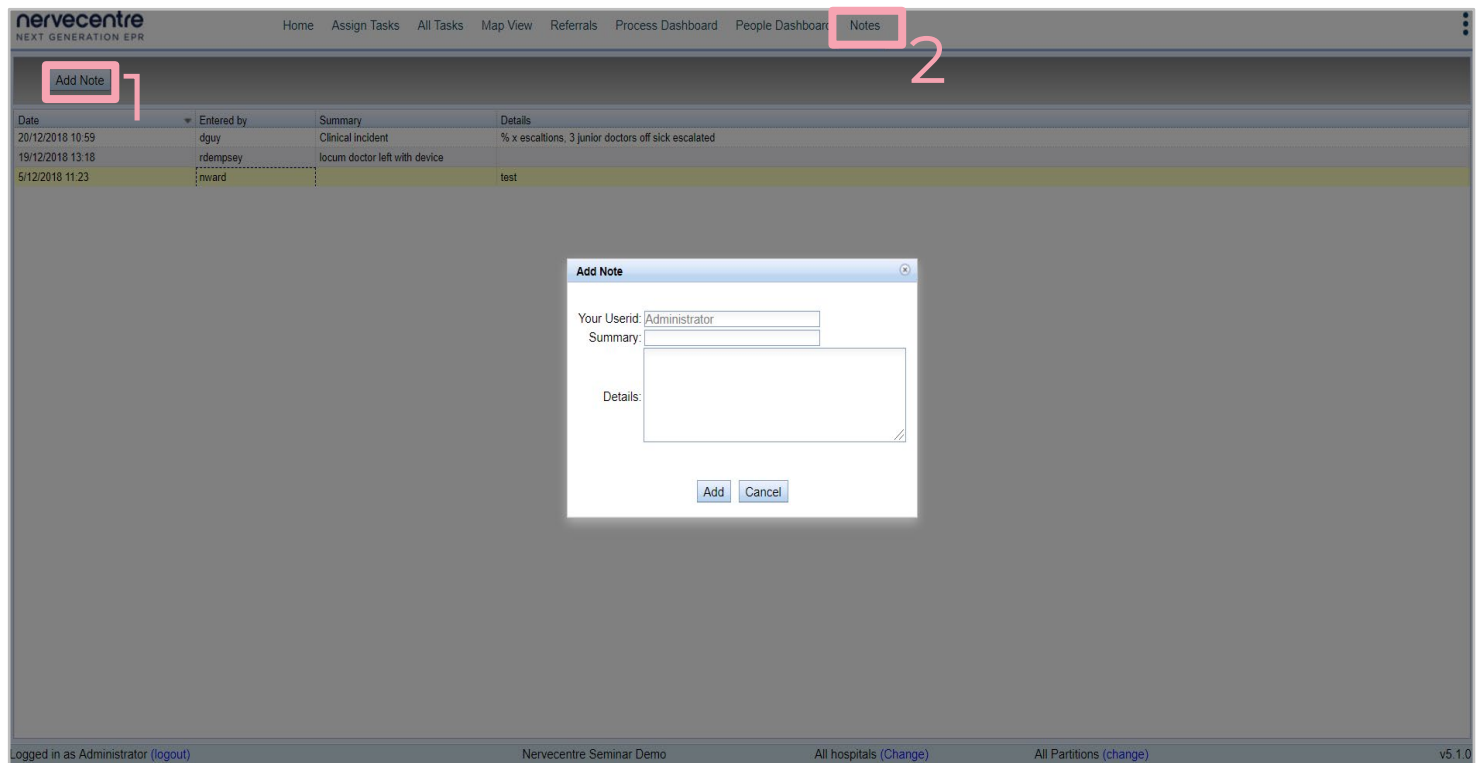
Task can be further filtered down to focus in specific information. This can be a single filter of a combination of filters including:

- Category
- Priority 1-5
- Location
- Assigned to
- Patient

A note can be added by the coordinator to highlight any information or issues that may need to be recorded against a shift. For example, this may be a documented record of staff shortages on a particular night that gave rise to workload issues.

selecting the Notes tab (1) at the top of the Operate page will open up this screen. Previously recorded notes can be viewed and reorganised by selecting the blue column headings.

selecting the Add Note (2) filed allows the user to enter a free text note. A summary title can be added and all notes are saved with the user id, time and date



The screenshot displays the Nervecentre software interface. At the top, the 'Notes' tab is selected and highlighted with a red box and the number '2'. Below the navigation bar, there is a table of notes with columns for Date, Entered by, Summary, and Details. The 'Add Note' button is highlighted with a red box and the number '1'. A modal window titled 'Add Note' is open, showing a form with the following fields:

Date	Entered by	Summary	Details
20/12/2018 10:59	dguy	Clinical incident	% x escalations, 3 junior doctors off sick escalated
19/12/2018 13:18	rdempsey	locum doctor left with device	
9/12/2018 11:23	nvard		test

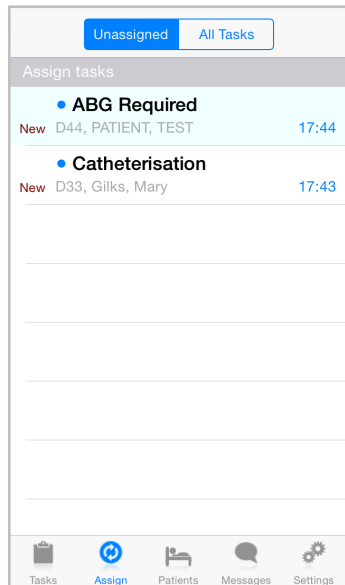
The 'Add Note' modal window contains the following fields:

- Your Userid: Administrator
- Summary: [Text input field]
- Details: [Text area]
- Buttons: Add, Cancel

At the bottom of the interface, the status bar shows: logged in as Administrator (logout), Nervecentre Seminar Demo, All hospitals (Change), All Partitions (change), and v5.1.0.

Unassigned Tasks

IOS: select [Assign](#)
Android: select > [Assign](#).



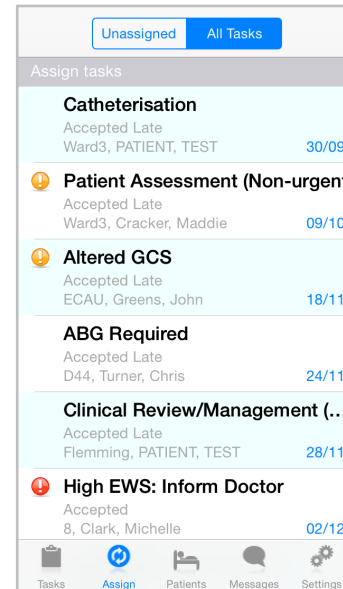
You only see this option if you have the correct permissions.

This function allows manual allocation and redistribution of tasks typically used by a H@N (hospital at night) or team leader.

By default the unassigned tasks are shown when the screen is opened.

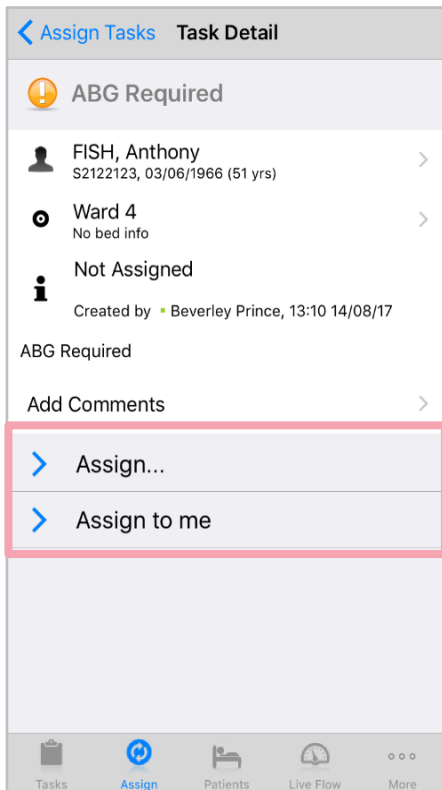
All Tasks

To view all tasks select [All Tasks](#).



[All Tasks](#) displays all tasks whether they are assigned to users or unassigned. Details of who owns the work are displayed against each task.

Assigning Tasks



IOS: select **Assign**
Android: select **≡ > Assign**.

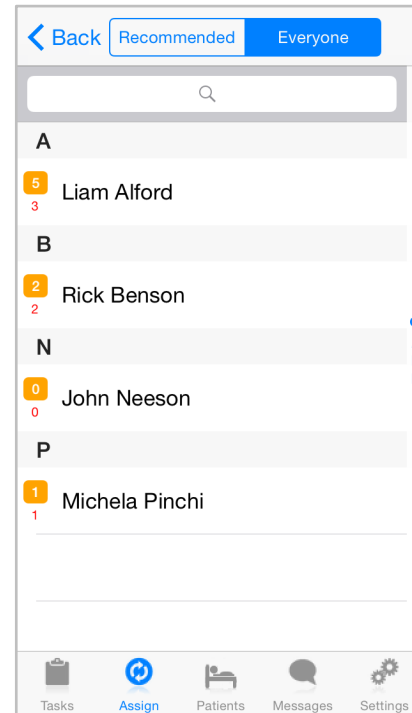
To assign an unassigned task, select the task.

The task is displayed showing task and patient details.

To assign the task select the assign button.

You are prompted to assign or cancel.

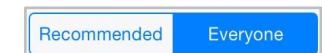
If the person you are using a mobile phone and are assigning to a user who has a phone to use Nervecentre their mobile telephone number are displayed. Tap the telephone number to call.



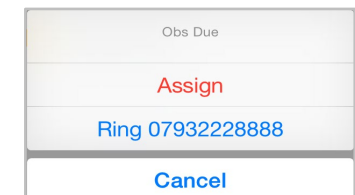
The recommended people screen displays all the available clinicians who have the patient on their list and their role is suitable to take on the task.



If the person you want to assign the task to is not on the recommended screen select the Everyone button to select from the list.

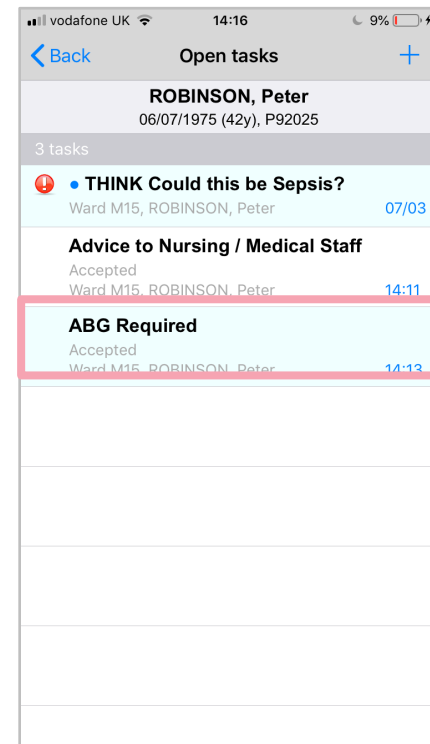
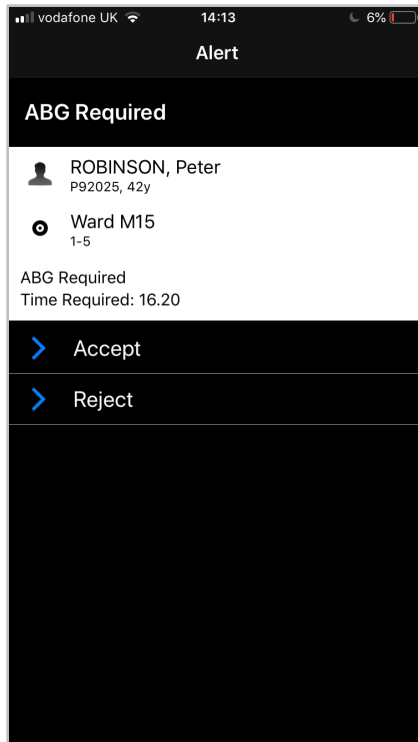


Whether selecting from the Everyone or the Recommended list select the name of the person you wish to assign the task to.



Once the H@N coordinator has allocated a task an task alert will appear on the recipient clinicians mobile device. The clinician can select to accept or decline the task

If accepted by the chosen clinician then this task will appear in the patients open task list



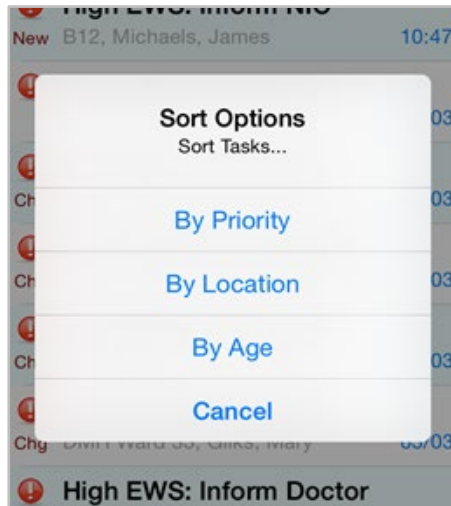
IOS: select **Tasks**
Android: select **☰** > **Tasks**.

Tasks in the can be sorted to display in in different orders.

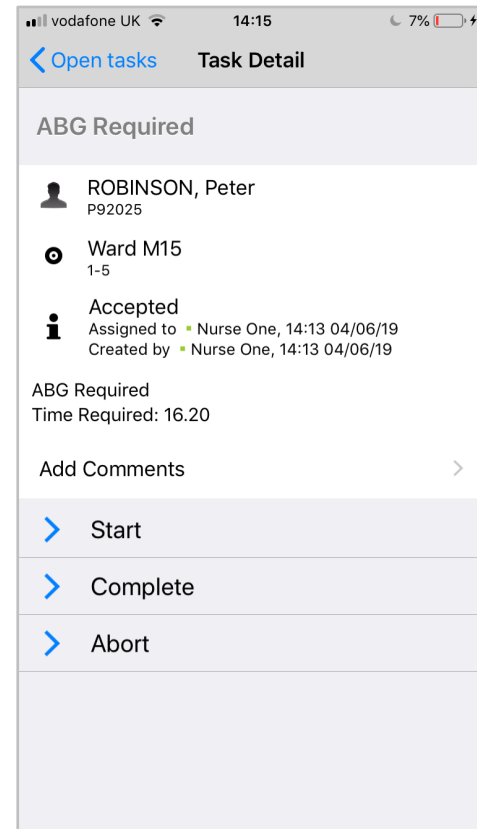
Tap and hold anywhere in the screen until the Sort Options menu appears.

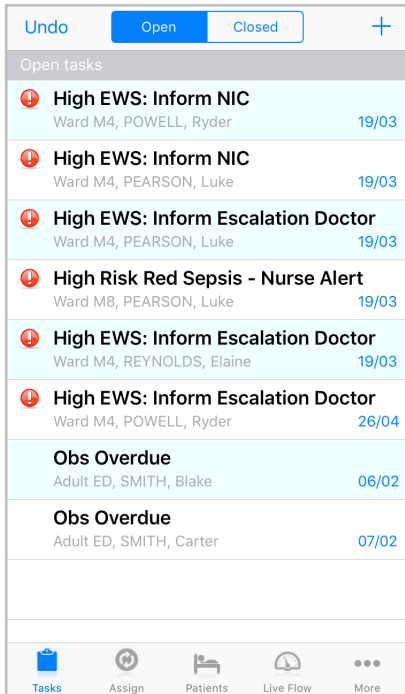
Select one of the options:

- By Priority of task
- By Location (ward/dept.)
- By Age of



The clinician can manage this task by selecting the task name. This are display the configured progress buttons for that particular task. On completion the task will move into the closed task folder.



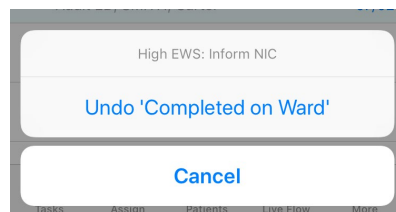
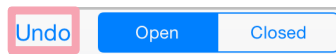


IOS: select **Tasks**
 Android: select **☰ >**
Tasks.

All closed tasks can be viewed by selecting the closed tab.

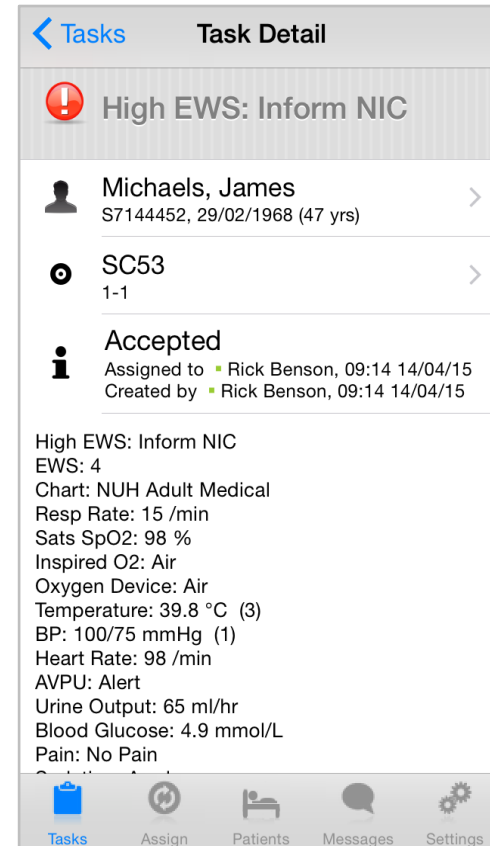
If a task has been completed or closed by mistake it can be re-opened by selecting 'Undo' & then 'Undo Complete'.

The task will appear back on the Open list.



Tap a closed task to view the information.

Sometimes it's useful to access the patient's details, observations, and handover notes directly from the task. This can be achieved by selecting the patients name.



Case notes

Case note encounters are configured within the Nervecentre administrator pages and are permissions based.

To view patient case notes go to [Ward Pages > Case notes](#).

There are three main ways in which you can view case notes. This is determined by the case note profile.

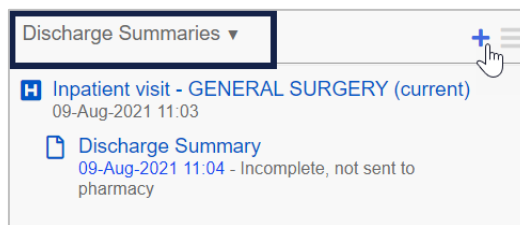
1. The Collapsible Tree

The collapsible tree view is the default case note view. It displays the case notes in a collapsible hierarchy of folders.



2. The Fixed Tree

The fixed tree displays a fixed hierarchy and doesn't allow nodes to be opened/closed.



3. The Flat Layout

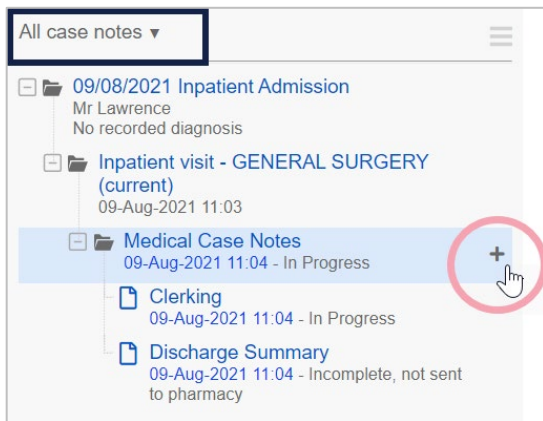
A flat layout doesn't display a hierarchy. You can use this to show all medical case notes for the current episode. Or, to show encounters of the same type covering all episodes.



To add an encounter:

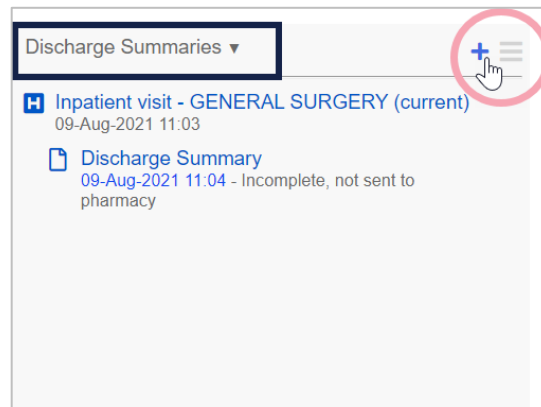
1. The Collapsible Tree

The collapsible tree add icon location appears next to the node that you are adding the encounter to.



2. The Fixed Tree

The add "+" icon for fixed views appears at the top.



3. The Flat Layout

The add "+" icon for flat views appears at the top.



When you want to add an encounter within a fixed or flat view, the default is to add into the current episode. So, if we add a clerking form it will automatically add it to the current episode.

However, if a node is selected from a previous episode (indicated in black), that will be used instead. You will then be asked whether to continue prior to adding the new encounter into the selected episode.

To add an encounter go to [Ward Pages > Case notes](#).

1. select the + to display the available list of options.
2. Select the desired encounter.

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks All Investigations EWS Charts Expects

EVANS, Sienna
N9995215, 888 999 5215
DOLS

DoB / Age / Gender: 25 Apr 1964
Ward / Bed: Ward S7
Admitted: 4 Nov 2019
54y Female
4-18
375 days

Search/Register Summary Edit Details Preadmit to Ward Preadmit to ED Clinic

13 Oct 2018
Mr Serge Rea
No recorded diagnosis
Inpatient visit (current)

13 Oct 2018
Mr Serge Rea
No recorded diagnosis
Inpatient visit (current)
Medical case notes
In Progress

Add encounter

- Nursing case notes
- Discharge Team
- Infection Control Case
- Medical case notes
- Infection Prevention Case
- Outpatient Case Notes

Inpatient visit

03:05

Hospital:
Departed from:

Medical case notes

Add encounter

- Medical Discharge Summary
- Clerking
- Continuation
- Ward Round
- Operation Note
- Pre-Assessment Anaesthesia

Once the encounter has been added. In this example, a clerking encounter has been chosen under Medical Case Notes. Some encounters are configured to contain multiple forms and letters.

1. Click on the drop arrow to display the list of available forms.

The screenshot shows the Nervecentre patient record interface for Sienna Evans. The patient's details are displayed in a dark blue header: Name (EVANS, Sienna), DoB (25 Apr 1964), Ward (Ward S7), Admitted (4 Nov 2019), and Consultant (Mr Serge Rea). Below this is a navigation bar with buttons for Search/Register, Summary, Edit Details, Preadmit to Ward, Preadmit to ED, Clinical, and Meds. The main content area is divided into two sections. On the left, a folder view shows the encounter history for 13 Oct 2018, including 'Inpatient visit (current)', 'Medical case notes', and 'Medical Discharge Summary' (highlighted in yellow). On the right, a 'Form' dropdown menu is open, showing a list of available forms: 'Inpatient Discharge Summary', 'DC Summary Nervecentre', and 'DC Summary (Patient deceased)'. A red circle with the number '1' is placed over the dropdown arrow, and a red arrow points to the 'Inpatient Discharge Summary' option.

Signing an associated letter

Some forms are configured to display, print and send letters.

1. If a letter is associated, you will see a blue letter button. select this button to display the letter.
2. To sign the letter, select the sign icon.
3. If there are multiple letters associated, i.e. for a GP and Patient, select the drop arrow to select another letter type.

The screenshot displays the Nervencentre EPR interface. At the top, the patient record for Sienna Evans is shown with details: N9995215, 888 999 5215; DoB 25 Apr 1964, 54y Female; Ward S7, 4-18; Admitted 4 Nov 2019, 375 days; Consultant Mr Serge Rea, General Surgery. Below this is a navigation bar with options like Search/Register, Summary, Edit Details, Preadmit to Ward, Preadmit to ED, Clinical, and Meds.

The main content area shows a folder view on the left with 'Medical Discharge Summary' highlighted. On the right, the 'Inpatient Discharge Summary' form is open, showing a 'Letter not signed' warning. The form header includes 'GP' with a dropdown arrow (3) and icons for refresh (2) and print. The NHS logo and address (Royal Hospital, Main Street, Wokingham, RG41 1AL) are visible at the bottom right of the form.

☰ switches the display between narrative and summary views.

In the example below, one of the Discharge summary encounters is highlighted and this is displaying the form in the right-hand pane.

The screenshot shows a software interface with two main panes. The left pane, titled "Discharge Summaries (Flat)", contains a list of two items:

- Discharge Summary (highlighted in yellow) with a dropdown arrow, dated 09-Aug-2021 11:29 - Completed
- Discharge Summary, dated 09-Aug-2021 11:04 - Incomplete, not sent to pharmacy

A red circle highlights a hamburger menu icon (☰) in the top right corner of the left pane. The right pane, titled "Discharge Summary [Completed]", displays a form with the following sections:

- Discharge Details**
 - Planned Discharge Date/Time: 9 Aug 2021 14:00
- Clinical Information**
 - Diagnosis: [C]Stroke co-occurrent with migraine
 - Clinical Summary/Plan: Follow up in clinic in 2 weeks
 - Procedures: Chest Xray - left lower base effusion, CT Brain - subarachnoid hemorrhage
 - Comorbidities: Hypertension
 - Actions for HCPs: Physio referral

☰ switches the display between narrative and summary views.

Summary view shows a summary of all closed encounters in the left hand pane. Open encounters show as blue place-holders without any data.

Summary data shows clinical note information that is new to that specific form, not data entered elsewhere.

The screenshot shows the 'Discharge Summaries (Flat)' interface. At the top left, there is a dropdown menu labeled 'Discharge Summaries (Flat)' and a hamburger menu icon (☰) circled in red. To the right of the hamburger menu is a search bar with a red 'x' icon. The main title is 'Discharge Summaries (Flat)' with links for 'Forms | Summary' and a printer icon. The left pane contains two items:

- Discharge Summary
09-Aug-2021 11:29 - Completed
- Discharge Summary
09-Aug-2021 11:04 - Incomplete, not sent to pharmacy

The right pane displays the details for the selected 'Discharge Summary' (Created: Administrator, 09-Aug-2021 11:29), which is marked as 'Completed'. The details include:

- Planned Discharge Date/Time: 09 Aug 2021 14:00
- Diagnosis: [C]Stroke co-occurrent with migraine
- Clinical Summary/Plan: Follow up in clinic in 2 weeks
- Procedures: Chest Xray - left lower base effusion
- CT Brain - subarachnoid hemorrhage
- Comorbidities: Hypertension
- Actions for HCPs: Physio referral
- Allergies and adverse reactions: No known allergy

Below this, there is a blue highlighted section for another 'Discharge Summary' (Created: Administrator, 09-Aug-2021 11:04), which is marked as 'Incomplete, not sent to pharmacy'.

The printer icon appears in the top right when showing the narrative view, and prints every encounter that is displayed.

You can print just one form by highlighting that specific form, clicking on the 3 dot menu and selecting Print Form.

The screenshot displays the patient record for **BLOOM, Frank** (NC0000079), 40y Male, admitted on 1 May 2021 to Ward 10. The interface includes a navigation bar with tabs for Search/Register, Summary, Clinical, Meds, Investigations, and Case Notes. The main content area shows a list of case notes on the left, with the current **Inpatient visit - GASTROENTEROLOGY** highlighted. The central panel displays details for this visit, including admission and departure dates, hospital name, and a discharge summary. On the right, a triage form is visible, showing a list of triage events and a detailed view of a triage event on 15-Jan-2021. A printer icon is circled in red in the top right of the main content area, and a 3-dot menu is circled in red in the triage form's top right corner, with a 'Print form' option visible.

There is a search facility which looks for text within the displayed narrative.
As soon as you start typing in the search box, any text matches will be highlighted.

The screenshot shows a software interface for viewing case notes. On the left, a sidebar titled "Discharge Summaries (Flat)" contains two entries: "Discharge Summary" (09-Aug-2021 11:29 - Completed) and "Discharge Summary" (09-Aug-2021 11:04 - Incomplete, not sent to pharmacy). On the right, a search box is highlighted with a dark blue border and contains the text "All" with a red "x" icon. Below the search box, a detailed view of a "Discharge Summary" is shown, created by Administrator on 09-Aug-2021 11:29. The narrative text includes: "Planned Discharge Date/Time: 09 Aug 2021 14:00", "Diagnosis: [C]Stroke co-occurrent with migraine", "Clinical Summary/Plan: Follow up in clinic in 2 weeks", "Procedures: Chest Xray - left lower base effusion", "CT Brain - subarachnoid hemorrhage", "Comorbidities: Hypertension", "Actions for HCPs: Physio referral", and "Allergies and adverse reactions: No known allergy". The word "allergy" in the last line is highlighted in yellow.

The Show History button displays a history of user interaction including creation, sending of letters, signing of letters, etc. It does not include the history of the fields within the forms.

This is logged and is available from other sources within Nervecentre, but is not consolidated into this view. The Show History option is available on the menu icon shown against an entry in the Case Notes tree.

The screenshot shows the Nervecentre interface for patient BARNES, Hunter. The patient's details include N9990210, 870 065 2540, DoB 28 Dec 1932, Ward/Bed ACU, Admitted 4 Nov 2019, and Consultant Mr Serge Rea. The 'Medical case notes' section is active, showing a tree view with 'Medical case notes' as 'In Progress'. An 'Options' menu is open over the 'Medical case notes' entry, with 'Show history' selected. A 'Medical case notes History' dialog box is open, displaying a table with one entry:

Date/time	Action	By
08 Sep 2020 18:56	Created	Sophie Bloomfield

Custom forms

Types of Custom Forms

Customs forms are configured within the Nervecentre admin pages. They are displayed throughout the system and most commonly used within the ED, Investigations and Case Note screens. Forms use a multitude of clinical notes, all with different data types, as described in the following examples.

ED Form

The screenshot shows the Nervecentre interface for a patient named Lawson, Lauren. The form is titled "ED Steaming /Triage Form" and is divided into three main sections: Streaming, Triage, and Observations. The Streaming section includes a dropdown menu for "ED Presenting Complaint" and a multiselect list for "ED Stream Minors". The Triage section includes a text field for "Ambulance Information/ Handover" and a scoring assessment for "Manchester triage" with a value of 2 and a description "Abdominal pain in adults (Vomiting blood, Persistent vomiting)". The Observations section includes a text field for "Obs", a GCS score field, a "Pain" field, and a "Height and Weight" field. Callouts point to these elements: "Drop down select and multiselect lists" points to the "ED Presenting Complaint" dropdown and "ED Stream Minors" multiselect; "Scoring assessments" points to the "Manchester triage" field; "Enter patient observations" points to the "Obs" field; "Fields with a red dot are mandatory" points to the red dots next to "ED Presenting Complaint" and "Obs"; and "Free text fields" points to the "Ambulance Information/ Handover" field.

About custom forms

“Set to me” or search users

Date and Time fields, with default to current time/date.

The screenshot shows the Nervecentre EPR interface for patient BARNES, Hunter. The top navigation bar includes 'Patient List', 'Patient Detail', 'All Tasks', 'All Investigations', 'EWS Charts', 'Expects', 'Discharged', and 'Search'. The patient details bar shows 'BARNES, Hunter' with ID 'N9990210, 870 065 2540' and status 'SEPSIS FALL DEM Closed for Cleaning'. The patient's date of birth is '28 Dec 1932', ward is 'ACU', and admission date is '4 Nov 2019'. The consultant is 'Mr Serge Rea'. The main content area is titled 'Clerking - Cardiology (Chest Pain Pathway)'. It contains a 'Clerking Details' section with fields for 'Admitted from:', 'Clerking Date/Time:' (set to '12 Nov 2020 16:07'), 'Clerking Doctor:', and 'Grade:'. Below this is a 'Patient History' section with fields for 'Presenting complaint:', 'Date/Time of worst pain:', 'History of presenting complaint:', and 'Past Medical/Surgical History:'. A red box on the right side of the 'Patient History' section contains the following text: '*** Red Flag Presentation ***', '? Dissection - Hypertensive, pain between the shoulder blades', '? Massive PE - Hypotensive + low sats', '? MI - Sweaty, grey, looks unwell/ abnormal ECG', '? Pneumothorax - Tall & thin +/- previous pneumothorax or history of trauma', and 'Alert a Senior Doctor if the patient presents with any of the above'.

Advice and guidance text

Search:

[Place Orders](#)

Standard | **Advanced**

Imaging Request Form
Relates to services: Pelvis

Clinical / Patient Information

Allergies:

Select the options that apply:

Patient Requirements & Transport:

Infection Risks:

Patient Risks:

Diabetic Status:

Pregnancy Status

Is patient having periods?:

LMP:

Could the Patient be pregnant:

Pregnancy Warning text here - please confirm urgency overrides TDR

Urgency overrides radiation risk?:

You have made a selection indicating a concern for foetal risk. You will be unable to submit this request. Please review.

Dependencies can be set to populate text if a specific question option is chosen.

Conditions can be set so that if a text field is populated it **blocks** form submission.

SNOMED coding

The screenshot shows a web interface for placing orders. At the top left, there is a search bar with the text 'mabdo' entered. To the right of the search bar is the title 'Place Orders'. Below the search bar is a section titled 'MRI Related Questions' with a light blue header. Under this section is a form field with the label 'Any patient implants?'. To the right of the main form area is a sidebar. The sidebar has a dark grey header 'Orders To Place' and a white body containing the text 'MRI Abdomen' and a red button with a left-pointing arrow and the text 'Back'. A teal callout bubble points from the 'MRI Abdomen' text in the sidebar to the explanatory text below.

Tags can be applied to sections of a form. These sections will only be displayed when a service, with the tag applied, has been requested.

As an example, the MRI section of the Imaging form has a Tag attached. That tag is applied to all MRI investigations. The result is this section will only appear for MRI requests.

The existing form Lab Results table has been enhanced to allow the user to dynamically add order service results to a form.

To add a result, type the service code (e.g. "WBC") into the search box and press enter. Although the search functionality is not case-sensitive, the exact service code must be entered in order for a result to be returned. Results can also be programmed to be static and only added if available.

Time constraints can be added to the results so they will only show if results was received within x mins/ hours or days.

Current Results:

Current Results:

Date	Service	Value
	APTT	No result available
	RCB	No result available
16 Sep 2020 14:43	HGB / Haemoglobin *	102 (L) g/L
16 Sep 2020 14:43	PLT / Platelet Count *	99 (LL) x10S9/L
16 Sep 2020 14:43	WBC / White Cell Count >>> *	7.2 x10S9/L
16 Sep 2020 14:43	INR / INR *	4,1

Clerking - Cardiology (Chest Pain Pathway) ▾

Lab Results

Lab Results:

No results currently selected.

Search for result...

***Note** that ECG results cannot be added. Results can be removed from the table by selecting the red 'Remove' icon - this will only remove them from the table, not the database.

Interventional Related Questions

Current Results:

Current Results:

Date	Service	Value
10 Nov 2020 22:28	APTT / APTT *	1.3
	RCB	No result available
12 Nov 2020 16:22	HGB / Haemoglobin *	102 (L) g/L
12 Nov 2020 16:22	PLT / Platelet Count *	96 (LL) x10S9/L
12 Nov 2020 16:22	WBC / White Cell Count *	7.5 x10S9/L
12 Nov 2020 16:23	INR / INR *	1.7

The Platelets result is either out of range, past its valid date or not taken, please complete the following question:

Planned/pending PLT result?:

The Haemoglobin result is either out of range, past its valid date or not taken, please complete the following question:

RAD Planned Haemoglobin result?:

The Haemoglobin result is incomplete or out of a safe range. You have made a selection for no planned INR results which prevents the user from submitting this request. Please review.

Clinical rules can be applied to the form configuration which populate additional fields if a lab result is out of range or not taken.

The Gender, Minimum Age and Maximum Age conditions enable the display of form components to be determined by the patient's gender and age. This can be single or combination age/ gender conditions.

The Gender condition field enables one or more gender values to be selected to be inclusive of non male/ female terms.

JONES, Parker ▾ DoB / Age / Gender
N9990186, 108 251 5473 6 Oct 1931
86y Male

Clinical / Patient Information

Allergies:

Select the options that apply:

- Patient Requirements & Transport:
- Infection Risks:
- Patient Risks:
- Diabetic Status:

Contrast Related Questions

eGFR:

GILL, Avery ▾ DoB / Age / Gender
N9990475, 888 999 0475 10 Jun 1999
18y Female
DNACPR DEM NBM

Clinical / Patient Information

Allergies: Feather allergy - Streaming eyes
 Ramiptill pseudoallergy - rash

Select the options that apply:

- Patient Requirements & Transport:
- Infection Risks:
- Patient Risks:
- Diabetic Status:

Pregnancy Status

- Is patient having periods?:

Pregnancy section is only displayed for females between the ages of 16-55.