IT Dept Quick Reference Guide (QRG)



Document No - Ref 221

Version Number – 2.0

## STARTING THE CONFIDENTIAL COMMUNIQUE

	This guide will show	you through the process of starting	the Confidential Communique from the point of			
1.	Once the CC has already been started and requires updating the process is different. Please refer to					
	QRG ' Updating Confidential Communique' for this information					
	Se	elect Asses <u>sments/Fluid Balance f</u>	rom the Main left hand menu.			
2.		SMITH, HANNAH 🛛 SMITH, HANNAH				
		Allergies: Morphine	PDD:			
		Custom Menu +	<ul> <li>A Obstetrics View</li> </ul>			
		Obstetrics View	A 100%			
		Nurse Workflow	latal × Int			
		Clinician Workflow Pregn Results Review Pregn	ancy Overview			
		Requests/Care Plans 🕇 Add EDD (	2)			
	Drug Chart Antenatal Visits Task List Problem List					
	Assessments/Filuid Balance Risk Factors (4)					
		Preyn	ancy to bo's and notes			
	From the bands, sele	ect appropriate for whichever area y	you are working within but for the purpose of this			
3.		Safequarding	Check.			
_	Menu P	< 🔹 i 👫 Assessments/Fluid Balance				
	Obstetrics View	**• 🔜 💷 🎶 🖌 🗭 🗫 📰 🗮 🗶				
	Nurse Workflow	K Fluid Balance				
	Clinician Workflow	Medication Related Monitoring     Antenatal Clinic	Find Item  Critical High Low [			
	Results Review	Vital Signs Measurements	Result Comments			
	Drug Chart	Abdominal Palpation Fetal Heart Monitoring				
	Task List	Additional Matemal Observations Vaginal Examination	14/Nov/18 09:22 GMT			
	Assessments/Fluid Balance	<ul> <li>Point of Care Tests Anti D Management</li> </ul>	Safeguarding Check     Any Existing Safeguarding Concerns			
	 Clinical Notes	Safeguarding Check Pre-Eclampsia	Any New Safeguarding Concerns			
	Allergies 🕂 Add	Fetal Anomaly Antenatal Screening and Invasive Testing				
	Problems and Diagnoses	External Cephalic Version (ECV) Induction of Labour (IOL)				
	Form Browser	Vaginal Birth After Caesarean				
	Complete the	relevant details in this section and	sign using the green tick once complete.			
4	This section has conditional logic. When you type into 'Details of Safeguarding Concerns', this opens up					
4.	more sections underneath to complete. Conditional logic is identifiable by the following symbol					
	8	Fluid Balance	8			
	8	Antenatal Clinic	Find Item Critical High Low			
		Vital Signs Measurements Abdominal Paloation	Result Comments			
		Fetal Heart Monitoring Additional Matemal Observations	14/Nov/18			
		Vaginal Examination Point of Care Tests	R 09:40 GMT ≥ Safeguarding Check			
		Anti U Management Safeguarding Check	Any New Safeguarding Concerns No Any New Safeguarding Concerns Yes			
		Pre-Eclamosia	Details of Safeguarding Concerns domestic			
		Pre-Eclampsia Fetal Anomaly Antenatal Screening and Invasive Testing	Oetals of Safeguarding Concerns domestic     Adult Safeguarding Alert Raised? Yes     Yes        Child Behind the Adult Alert Raised? No			

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Now click on the AdHoc folder located on the toolbar at the top of the screen. Select Maternity Confidential Communique and click Record. 5. rd 🌐 🤯 Insignia 🝦 📆 New Sticky N s 🏽 Tear Off 🇱 Suspend 🏨 Exit 🗿 Calculator 🎬 AdHoc 💵 Medication Administration じ Specimen Collection 🔒 PM Conversation 👻 Depart 🔩 Communi 3-GH Ward-09; Bay | t [02/Nov/2018 14:24 -MRN:910146 NHS No: Clinical Staff:Hanna , Ghalv As nts/Fluid Bak luid Ba Meemby Contidential Communic Meternity Assessment Meternity Assessment Meternity Birth Preferences Meternity Diabetes Form Meternity SBAR Meternity SBAR Meternity reprise Meternity rep edical ttenat Vital Mea Abdi Feta Addi Vagi Poin Safe Pre-Feta Ante Exte Indu Vagi Cerv Inter Mate Pain Patie Record Close Complete the details within the Confidential Communique form and sign one complete (green tick). Try where possible to keep this text brief because you have a limited number of characters and you will 6. see further through this guide where you can document all of the details relating to the scenario. 🖌 🖬 🛇 🖹 🕷 🛃 + 🔺 💷 🗒 🗎 14/11/2018 🗘 💌 1011 🖨 GMT By: Manager , Midwife y Confider SMITH, HANNAH NHS: MRN: 910146 Confidential Communique **Risks Factors**  Yes
 No Learning or physical disabilities O Yes ● No Welfare of the unborn baby Mothers Physical / mental health O Yes ● No O Yes No less / housing difficultie H/o self harm / depression / at Recent migrant / asylur refugee status O Yes ● No O Yes No e / alcohol m O Yes ● No ⊖Yes ●No Difficulty reading / speaking Englis nale genital mutilation ⊖ Yes ● No ⊖ Yes ● No O Yes No ge pregnancy up to 20 yrs of age at Yes
 No upported mothers Parent / carer "looked after" in Yes
No O Yes No er / cause for concer History of Social Care involvement with prospective parents or family O Yes ● No O Yes No sed domestic abuse dur Once the Confidential Communique form is signed you must pull these details into a Clinical Note. Select Clinical Notes from the Main left hand menu. 7. 圁 Click on the Add icon to create a new note.

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8.	Select Maternity Confidential Communique from the <b>*Type</b> drop down. This will pull in the details from the Maternity Confidential Communique form. Complete the Subject field as appropriate. For example 'Start of Confidential Communique'. You can add as much detail to this document as you like, just scroll to the bottom, below the template, and click with the mouse before you start typing. This is the most appropriate place to enter full detail regarding the scenario/content of the confidential communique.				
	Add Document: SHITH, HARRAH - 9103 *Type: Maternity Confidential Communique *Date: 14/11/2018 v 1134 Subject: Start of Confidential Communique Associated Clinical Staff: Modify Patient-Level Document:  Arial v v Domestic abuse Other / cause for concern Welfare of the unborn baby Homeless / housing difficulties Recent migrant / asylum seeker / refug Difficulty reading / speaking English Travellers Unsupported mothers Parent / carer "look after " in past History of Social Care Involvement with prospective parents or family Further Information	*Author:   Manager.   Mdwife   Manager.   Monager.   Monager.   Yes   No   Yes   No   Disclosed domestic abuse during clinic visit.			
9.	Once comple The documentation has now been start create	te, sign the documentation. ed and every time someone makes an entry it must be modified to a contemperaneous document.			
10.	The final step is to inform the MKUH S left hand menu Type MKUH into the search. Select M do	Safeguarding Team. Click on Requests/Care Plans from the Main and then select Add (top left hand corner). KUH Safeguarding Team Informed from the drop down and click one to the Add Order window.			
	Allergies: Morphine     DOE       PDD:     Res       Custom     Diagnoses & Problems       Diagnoses & Problems     Diagnoses & Problems       Physical Addressed this Visit     Image: Addressed this Visit       Add     Convert       Display:     All       Problems     Convert       Problems     No Chronic Problems       Display:     All       Image: Add     Convert       Display:     All       Image: Add     Convert       Image: Add     Image: Convert       Image: Add     Convert       Image: Add     Image: Convert       Image: Convert     Image: C	Interfeb/99       MRN:910146       Inpatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         Us:       IHIS No:       Clinical Staff:Hanna , Ghaly         Search:       mkuh       Impatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         Search:       mkuh       Impatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         Search:       mkuh       Impatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         Search:       mkuh       Impatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         Search:       mkuh       Impatient [02/Nov/2018 14:24 - <no -="" date="" discharge="">]         MKUH Safeguarding Follow Up       Advanced Options        Type:       Impatient         MKUH Safeguarding Follow Up       Methods       Pre-Assessment       Impatient         Actute Medicine       Respiratory       Surgery       Safetartics         Ante Natal Day Assessment       Fracture Clinic       Safetartics         Gastroenterology       Obstetrics and Gynaecology       Obstetrics and Gynaecology         Obstetrics and Gynaecology       Methods</no></no></no></no></no></no>			

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	There is a Mandatory field that must be completed for this order - *Reasons. Select from the drop down or		
	select multiple by holding control and selecting the required. If appropriate, comments can be added to		
11.	Clinical Details before signing for the order (bottom right hand corner).		
	0ides for Signature Status Status Status Details		
	M4LH5 Seleganding Team Order 14/APV/2018 11:43 I4/APV/18 11:43 GMT, Downestic abuse   OPter - specify in dirical details, Risk to the unborn divid optimized and the specify in dirical details, Risk to the unborn divid optimized and the specify in dirical details.		
	MYTHI Selesundias Team Informed		
	* Recursted Start Date/Time: 14/11/2018 € 143 € GMT *Reasons: Dowest abue! Other - pecify ▼		
	Clincal Details: Risk to the unborn child		
	0 Mining Requeed Deals Dot Table Defer For Cospondue		
	Once this order has been signed and the screen refreshed, the order status changes from processing to		
	ordered.		
12.	Display: All Orders 5 Days Back 🔪 📖		
	Image: Status         Details		
	∠ Patient Care		
	Achibites of Daily Living Ordered Requested Start Date/Time 02/Nov/18 14:25:12 GMT, once a WEEK on the same day each week Assessment Ordered automatically on a dmission.		
	Environmental Safety Ordered Requested Start Date/Time 02/Nov/18 14:25:12 GMT, ONCE a day (afternoon)     Ordered automatically on admission.		
	Safety Assessment Ordered Requested Start Date/Time 02/Nov/18 14:25:12 GMT, once a WEEK on the same day each week		
	△ Medications		
	Trainadol Ordered *CD*DOSE: 50 mg - ROUTE: oral - capsule - FOUR times a day - START: 08/Nov/18 16:01:00 GMT, Pharmacy supply: Order via CD request book		
	MCLH Safeguarding Team Ordered 14/Nov/18 11:43:00 GMT, Domestic abuse   Other - specify in dinical details, Risk to the unborn child		
1			