Broome Hospital
Resource Guide
‘KROC Book’

(Kimberley Resources & Online Compendium)

Created: December 2019

Updated: 22nd September 2020

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Electronic Resources – Click-n-go

Australian Immunisations Handbook & WA Immunisation Schedule (Table)

Australian Medications Handbook (AMH) – Note: AMH's Needs Google Chrome

Australian Medications Handbook – (**Children's Dosing**)

Broome Pharmacy Inventory – (Search medications using **Ctrl + F**)

BMJ – Best Practice

Emergency Department Discharge Patient Advice Sheets (Adult)

Emergency Department PAEDIATRIC Advice Sheets

Electronic Therapeutic Guidelines (eTG)

Iron Infusion Protocol – Iron Polymaltose for Non-pregnant Patients.

Kimberley Aboriginal Medical Services – Clinical Guidelines (KAMS)

Kimberley Intranet (Needs to be on a WACHS computer)

Learning Management System (LMS)

Life in the Fast Lane (LITFL) – ED Handbook – ECGs etc

Major Haemorrhage Procedure – WACHS

MD Calc (ED Tools, calculators, scoring systems & guidelines)

Ortho-bullets – Orthopaedic Handbook

Paediatric Calculators: Resus, ABx, Fluids, Burns & DKA Calculators

Palliative Care Network Clinical Guideline

PCH Emergency Guidelines & PCH Fractures Guidelines

PCH Children's Antimicrobial Management Program (**ChAMP Guidelines**)

Post-Partum Haemorrhage Protocol

Referral Cheat Sheet to Specialties **(Useful for Junior Medical Officers)**

Renal Drug Database – Renal Adjusted Doses for all medications

Renal Impairment & Antimicrobial Dosing Table – eTG

Rosters: Broome Health Campus

Toxins & Poisons Information - TOXINZ

UpToDate

Vancomycin IV Guidelines - WACHS

WACHS Library (Needs to be on a WACHS computer)

WA Health Email – (hexxxxxx@health.wa.gov.au)

Phone Contact Numbers

On Call Numbers:

Radiology on Call:	0408 941 581
Pathology on Call:	0419 968 115
Paediatrician on Call:	0427 988 570
BRAMS on Call Doctor:	0407 029 602
KAMSC on Call Doctor:	9194 0388
Perth Cardiology (PCI) on Call	6314 6822

Ward Contacts:

Aboriginal Interpreters:	Ext: 2429
Allied Health Office:	Ext: 2258
Boab Health (Community Allied Health)	9192 7888
Dentist:	9192 1300
Dietitian:	0448 892 151
Dressings / Fracture Clinics	Ext: 2614 / 2624
High Dependency Unit	Ext: 2392
Maintenance	Ext: 2830
Mental Health / Mabu Liyan	Ext: 4101 / 4102
Midwifery Base	Ext: 4177
Orderly	Ext: 2878
Paediatric Ward Nurse Base	Ext: 4177
Physiotherapy:	2261
PATS Office:	Ext: 2334
Palliative Care:	0434 181 044
Pharmacy Department:	Ext: 2820
Pharmacist (Ward):	0427 779 350
Police:	*4023
Psychiatric Liaison Nurse:	0467 764 949
Security	Ext: 2872
Social Worker:	0417 974 210
Theatre Co-ordinator	Ext: 2303

Clinical Guidelines and Protocols

Emergency WA is a useful WACHS orientated clinical resource. It provides a comprehensive repository of clinical information including:

(Copy link into ***Google Chrome*** as Internet Explorer can have issues)

- Chest Pain / ACS
- Diabetic Ketoacidosis
- Emergency Sedation
- Major Trauma
- Mental Health
- Snake Bite
- SEPSIS
- STEMI
- Stroke and Neurology
- Toxicology
- Trauma (Imaging)
- Patient Information Sheets on discharge

Australian Therapeutic Guidelines (eTG)

- Diagnosis, management and antibiotic recommendations
- Antibiotic dose modification in renal failure and dialysis

Burns

Adults

- FSH Burns Management
- FSH Telehealth Burns Photo Review Referral
    - Email this to FSH.BurnsTelehealth@health.wa.gov.au
    - Ring 6152 7611 in business hours, if you do not get a reply to your email. This email is not monitored regularly out of hours, weekends and public holidays
    - Out of hours please ring Fiona Stanley Hospital on 6152 2222 and ask for the registrar on call for burns

Children

- PCH Burns Management
- If your patient is under 16 years old please contact the paediatric service at Perth Children's Hospital by phone on 64560120 and send photos to
- **PCHBurnsTelehealth@health.wa.gov.au**
- 1. Attach wound photos to email
- 2. If this is a new referral- please complete the referral form and return it to the same email address.

Dialysis Patients

- Broome Renal Health Centre (previously known as Kimberley Satellite Dialysis Centre KSDC) has been in operation since Oct 2002 and currently has 10 chairs. Working hours are Monday – Saturday
- Dialysis patients are generally cared for by the Renal General Practitioners Dr James Stacey and Dr Emma Griffiths. They are contactable via telephone within office hours for advice. You can contact the Dialysis Unit directly by calling **(08) 9191 8600** or alternatively, speed dial using ***4051** on any Broome hospital phone.

Kimberley Aboriginal Medical Services (KAMS) Clinical Protocols

These Guidelines were developed to standardise the screening & management of health conditions which are more prevalent in the Kimberley and recognise that the management of these conditions differs from standard management due to the extreme remoteness of the area.

These Clinical Guidelines include: chronic disease, maternal health, child health, sexual health and mental health.

Royal Flying Doctor Service (RFDS) Online Resources:

- Clinical Guidelines
- Drug Infusion Guidelines
- Procedure Guidelines

Marine Envenomation

Box Jellyfish
Blue Ring Octopus
Irukandji
Sea Snake
Stone Fish

Investigations

Blood Transfusion

- ***Broome Hospital Transfusion Inventory:***
  - Packed Red Blood Cells:
    - 10 x O Neg units in total (5-6 units available for ED)
    - 8 x O Pos units
    - 6 x extra units (for Cross-matching, subject to availability)
  - Stored Frozen Plasma (SFP): 6 x Units on hand
  - Cryoprecipitate : 1 x set (8 x small bags)
  - Prothrombinex: 10 x boxes
  - Fibrinogen Concentrate: 4g available in Theatre Pharmacy

Massive Transfusion Protocol:

- In an emergency or trauma there are 5-6 units of O Negative blood allocated without involvement of the lab/scientists.
- Nurses/Orderlies can collect from the lab immediately.
- These 6 units of O Neg blood are stored in the top of the fridge in Pathology, and can be used as long as the letter of acknowledgment is completed (this is stored with the PRBC's).
- Pathology should be called in for a massive transfusion protocol so that cross-matched blood can be arranged if necessary.
- After Hours/On Call Pathology contact: **0419 968 115**

Blood Transfusion requires **2 x Purple** Pathology tubes with **all** patient information including date and time of collection **hand written** – NO STICKERS on BOTH pathology tube and request form. A **secondary signature** is also needed on the request form **AND** the purple pathology tube(s). Failure to do so may lead to the sample being rejected.

Forms required for Transfusion are available in the ED Fish Bowl pigeon holes and include the following:

- Full list with highlighted important parts
- Pathwest Transfusion Medicine Request
  - **All information handwritten with second signatory. Example HERE**
- WACHS Intravenous Blood Transfusion & Blood Product Treatment Order TMR175A
- Consent to Blood Products TMR30G

Pathology

- Broome Hospital Laboratory is open
  - Monday to Friday: 7AM - 1730PM
  - Saturday: 8AM – 1630PM
  - Sunday and Public Holidays: 8AM – 1630PM
- After Hours pathology can be called in for urgent bloods at clinical discretion
  - After hours lab on call **0419 968 115** for attendance

- BHC encourages all pathology requests to be submitted electronically through iSOFT. Access the iSOFT User Guide

- **Calling in the Lab – Workforce fatigue:**

    - Please be aware of that Broome PathWest is a small lab with 4 scientists who share the on call and have to be back at work the very next day.
    - Point of Care tests can be found in ED, HDU & Maternity :
    - VBG – for Hb, Glucose, Lactate & basic electrolytes: Na & K.
    - iSTAT- Troponin(ED & HDU only) & Creat (in Medical Imaging)
    - In view of the above please consider whether you need a test result other than the above and whether this result will change your immediate management plan. If it would not change your immediate management then the sample can be processed in daylight hours.

- ***Pathology Tubes - which one should I use?***

    - Electronic pathology requests will detail tubes required on order form once printed (EDTA, SST, etc)
    - BHC Laboratory uses the **Light Green** tubes in most instances
    - iStat (ED) Troponins & Creatinine are collected in **Dark Green** tubes. Unsure of what colour tube you need for the test you want?
        - Refer to the Pathwest Test Directory
    - There is also a quick reference laminated to the blood trolleys.

- **Signing of Results:**

    - All pathology and radiology hard copy results need to be reviewed and signed & dated as a note of acknowledgement by a doctor prior to them being filed away in patient files.
    - It is also useful to record an outcome for example what antibiotic a UTI was treated with in ED and note that it matches the sensitivities as an appropriate choice.

    - This process is to minimise results getting lost to follow-up & should ideally be done by the ordering doctor who is aware of the presentation and can follow up any issues/abnormalities as needed.
    - Doctors have a pigeon hole designated to them in *Medical Records.*
    - Surgeons and Obstetricians and their locums have their pigeon holes in theatre. These results are generally histopathology related.

    - Locums please note: some of your results may be returned for signing after you have left, and it will be the responsibility of the local doctors to deal with these. Please ensure you hand over this responsibility to a colleague so that these results can be processed in a timely fashion.

Medical Imaging

- Medical Imaging operates within business hours Monday-Friday (8am – 5pm)
- Services include X-Ray, Ultrasound & CT scanning
- Radiology requests are ordered using a hand written *MRK53R* form these are located in ED, Wards, Theatre and Specialist centre.
    - NOTE: If your patient requires a CT using contrast, you will need to provide a *recent result* of their Creatinine and eGFR along with completed consent form/patient signature on the reverse side of this form.

- Outside of office hours for emergency imaging the Radiology Team can be contacted via the on call mobile on **0408 941 581** at clinical discretion.
- Any questions regarding imaging reports you can contact the Global Diagnostics on **1300 668 957**.
- Diagnostic Imaging Pathways Guidelines

Cardiac Testing

- CT Coronary Angiogram is **NOT** available in Broome
- Perth Cardiology Institute provide inpatient and outpatient cardiac investigations and cardiology consultations including:
    - Stress ECHO (Treadmill or Dobutamine)
    - ECHO
    - Exercise Stress Testing
    - Ambulatory BP
    - Holter Monitor
- Refer using the Perth Cardiology Institute Test Referral Pad available in ED
- For Urgent Referrals such as ED ECHO contact ECHO Tech directly in his office or through PCI.

Broome Admissions & Referral Processes:

Admission process for all patients, irrespective of specialty:

- Discuss patient with admitting doctor/surgeon on call (as per roster)
  - For out of hours admissions please see specific information below.

- Advise ED Nurse Co-ordinator that your patient requires a bed booking – early notification appreciated!

- Complete an Admission Checklist Form (MRK 110B).
  - These are affectionately referred to as ***"Tick & Flick"*** forms by the ED nurses.

- Reconcile and chart usual patient medications
  - Guide to medication reconciliation resources here
    - Ensure Analgesia & Antiemetic's charted

- Order relevant AM Phlebotomy bloods for next day

- If indicated ensure the following are complete:
  - Anticoagulant Charts
  - Alcohol Withdrawal
  - Neurological Observation requirements
  - If any observations are outside normal parameters please document observation requirements or modify parameters on the Adult Observation and Response Chart (MR140A)

NOTE: If the patient is being referred in externally from community then the referring doctor must discuss with accepting specialty.

General Medicine

- **In Hours (Monday – Friday 8AM 4PM):**
  Discuss with Ward DMO to ensure appropriate early investigation and management.
- **After Hours:**
  Handover to Evening / Night Shift DMO for communication for Ward Team.

Obstetric

- Discuss obstetric admissions with the GP Obstetrician on call

Gynaecology

- Discuss Gynaecology admissions with the Gynaecology Consultant on call

Paediatric

- Discuss Paediatric admissions with the Paediatrician on call
- Paediatric on-call mobile: **0427 988 570**
- Useful Resources:
  - Royal Children's Hospital Clinical Guidelines
  - Kid's Health Calculator Tool
  - Perth Children's Hospital Clinical Guidelines
  - ChAMP Guidelines (Children's Antibiotic Management Program)
  - KAMS Clinical Guideline – Child Health
- Please note: If you are reviewing any paediatric patient under the age of 2 years in regard to injury, burn or poisoning - you must complete an "Emergency Department Paediatric Injury Assessment" (MRK9) form.

Paediatric Rapid Review Clinic

- The Rapid Review Clinic operates out of the ED from **10:30 – 11:30am** using 4 x **15 minute appointment**s per day.
- The clinic is run by the Broome Paediatric team & is used to review Paediatric patients seen in the ED for ongoing assessment / follow up the next day.
- Reviews are for acute pathologies and chronic issues are **NOT appropriate** to be referred to the Rapid Review Clinic. These need OPC appointments.
- For example, a child may be seen in ED at 10pm, is not unwell enough to require an admission but would benefit from a Paediatric Review in the morning and is sent home in the interim - this is an appropriate referral.
- There is a diary in the Triage Office that you can book patients into the Rapid Review Clinic – you will need to record patient details, indication and clinical question you have for the Paediatric team.

Psychiatric

- **In Hours**
  Discuss with PLN on call first who will liaise with the duty Psychiatrist
- **After Hours:**
  - Discuss with Duty Psychiatrist on call if psych admission required
  - For medical patients or patients who may require review (i.e intoxicated patients in situational crisis) hold in ED or admit to SSU/medical as appropriate and make inpatient PLN referral
    - *Client Referral Form* (MRK52A) place in try next to photocopier or better yet email the referral to Broome.PLN@health.wa.gov.au
    - *Risk Assessment Form* (MR46).
    - If indicated, *Agitation and Aggression Chart* – liaise with the Psych team and they will advise you 1st, 2nd, 3rd line medications to prescribe and/or see Mental Health Guidelines

- Psychiatric patients require a medical clearance documented including:
  - Basic Systems History and Examination
  - ECG
  - Psychiatric Admission bloods:
    - FBC, UECs, LFTs, Mag, Ca, Phosphate, Vit D, Prolactin, Iron Studies, Vit B12, Folate, TFTs, PTH, Lipid Studies, Serum Glucose/HbA1c, BHcG
  - Consider: Urine drug screen, Urinary Dip
  - Passing Urine (not in retention)
  - A mental state exam should be completed as part of the physical examination in ED. A template can be found in the appendix section or click here.

Surgical

The surgical unit is a true rural generalist surgical unit and will manage many/most surgical issues and are happy to provide advice for any. However some Surgeons have particular areas they may or may not manage

- Acute Surgical Admissions: contact the on call registrar /surgeon as per duty roster
- After hours: Patients who are medical or may require a surgical review (e.g. cellulitis with a wound) but do not require urgent surgical review or advice may be admitted to medical/SSU as appropriate with a planned surgical review the next day

Physician Team:

- The General Physician team consult to the Hospital, Outpatient Clinics, General Practices and Remote Communities in the Kimberley.
- There is a roster for the Physician team who are on call and available to discuss complex patients seen in ED & offer a consult service for admissions.
- **Please Note**: Physicians do not admit under their bed-card for inpatients, they are a consult service.

On The Wards:

Junior Doctors:

- Broome Hospital is a teaching Hospital employing Interns and Residents as part of the JMO team. Interns can be employed via secondment from a tertiary hospital whilst RMO's are given 6-12 month contracts full time.
- JMOs work in most clinical areas of the hospital as follows:
    - General Medical: 1 x RMO & 2 x Interns
    - General Surgery: 1 x RMO & 1 x Intern
    - Mental Health / Mabu Liyan: 1 x RMO
    - Paediatrics: 1 x RMO
    - Obstetrics & Gynaecology: 1 x RMO
    - Emergency: Approx. 4 x RMOs & Interns.
- Weekend shifts/ward rounds are generally on a rotating roster for the General Ward. Paediatrics, O&G and Mental Health RMO's do not cover weekends.

Discharge Summaries:

- Discharge Summaries must be completed for every inpatient upon discharge.
- This includes patients admitted to the Short Stay Unit (SSU).
- Broome hospital uses NaCS (Notification and Clinical Summary) software which is standard to WA Health public hospitals.
- They should include relevant Pathology, Radiology reports and Discharge Medications / changes to update GP's on their patients.

Multi-Disciplinary Team Meetings:

- These are generally held every Tuesday from 08:30 onwards in the specialist conference room. The duration varies depending on patient load/complexity.
- The Medical/Surgical teams present and discuss current inpatients with representatives from the Physician Team, BRAMS (GP), KAMS (GP), Silver-chain & Boab Health (Community Allied Health).
- The aim is to discuss patient care, refer to other disciplines as needed during the inpatient stay and also create appropriate follow up plans in the community post discharge.

HDU

- HDU has 4 beds which are cared for under the Medical Team on Gen Ward.
- Physicians, Surgeons, Paediatricians may all consult in HDU as needed.
- Sir Charles Gairdner Hospital offers a Video-Link Consult Service Daily
- These are for the more complex patients and should be referred **DAILY.**
- To refer to SCGH ICU team – you will need to fill out and fax a referral form for each patient you wish to discuss to **6457 6947.** It is also a pre-set fax address on the General Ward Printer under "**VC Request SCGH"**
- There is a roaming video-link computer within the HDU and SCGH usually call at 11:00am. They call Broome, you just need to have it switched on and ready
- There is also a ICU Video call registry to record each call – this info is audited.
- Broome HDU Handover Tool – printable copy
    - Please print select page numbers not entire handbook

Short Stay Unit – (SSU).

- The SSU is a 4-bed unit located on the main ward that aims to provide comprehensive treatment over a period up to 24 hours before discharge.
- Patients admitted to the SSU must have a *clear* written plan from the Admitting Medical Officer - outlining what is to be gained from the admission, and this must include discharge planning. See medical admission documentation section.
- ED staff must provide a thorough assessment and physiological stabilisation prior to SSU Admission.

SSU Inclusion Criteria ✓

- Anticipated length of stay less than 24 hours
- Low to medium complexity patients
- Patient has a clear diagnosis and management plan that can be executed within 24 hours
- Patient is continent and can mobilise and feed self independently

SSU Exclusion Criteria ×

- Expected length of stay greater than 24 hours
- Lack of written, clear, concise plan by admitting doctor
- Complex, unstable or seriously ill patients
- GCS < 15 without a clear diagnosis (however GCS of 13 or 14 due purely to a benign cause e.g. alcohol intoxication is acceptable)
- Age < 18
- Vague or undiagnosed problem especially if possibility of deterioration
- Pregnancy > 20 weeks
- At risk of aggressive or violent behaviour
- Psychiatric patients who are deemed actively suicidal or at risk of self-harm or harm to others.

Patient Assisted Travel Scheme (PATS):

Outpatients:

- This is a form of travel assistance for outpatients to access Specialist services not available in the region. It is only available to WACHS residents.
- Please refer to the PATS guidelines or liaise with the PATS clerk or if you are unsure of patient suitability. PATS contact info can be found here.
- PATS applications must be approved by the administrator prior to travel.
- PATS application forms can be found on the intranet
- PATS is Urgent referral to a specialist service in Perth may also be considered as an inter-hospital transfer which is outside of the PATS system.
- It is Regional policy that because of the distances involved, travel to Perth or Darwin by air is acceptable. All other destinations should be by road.

Inpatients:

- **Commercial Services**
    - Where possible, inpatient transfers should utilise commercial air or bus services (generally air to Perth).
    - A nursing/medical escort should accompany the patient when clinically indicated as per Fitness to Fly forms
    - Commercial travel must be safe for patient and airline.
    - 'Fitness to Fly' forms are specific to QANTAS and Virgin
    - If you get stuck just ask your PATS officer or Ward Clerk for assistance

Emergency Services: Royal Flying Doctor Service (RFDS)

- If clinical conditions necessitate, the patient should be transferred quickly via RFDS. They have a fleet of propeller planes and one jet stationed in the Kimberley.
- RFDS contact to switchboard: **Phone: 1800 625 800**
- RFDS should always be contacted regarding a transfer **as early as possible** and updated of any deterioration/changes.
- ***They will ask for the patient's weight – so have it handy!***
- You will also need to provide a clinical handover (ISOBAR), they will expect the most recent set of observations, medications, which hospital they are travelling to, an accepting Consultant & if they are on any infusions, ensure RFDS are aware of them and are happy with these. RFDS Guidelines are great resources. Consult with the Anaesthetic DMO's if you need assistance.
- If your patient is stable there may be delays as RFDS triages transfers as per urgency, this is why an early contact is important.

Aboriginal Liaison Officers: ALO's

- ALO's provides crucial support to the Broome Hospital to ensure that Aboriginal people have access to health care across the spectrum.
- They are involved in all areas of the hospital, working 7 days a week
- A roster with contact numbers for each ALO is located to the left of the ED Nurse Coordinator desk and on the nursing whiteboard on the ward.
- All clinical areas of the hospital have an ALO diary which you can book the ALO service for your patient for pickups/transport.
- *It is important to remember that the ALOs are not health workers & do not have any formal training.*

- **ALO's can:**
    - Assist the ED in following up at risk patients via community visits.
    - Provide transport for follow up medical treatment, specialist appointments and ongoing dressings. They can also do halfway meets for Derby / Fitzroy patients who are unable to access the bus.
    - Provide transport for incoming patients from the bus each morning & drop offs/ pick-ups from the airport.

Interpreter Services:

Aboriginal Interpreting Services WA

- Contacts: **0499 777 452** or **0447 958 417** **After Hours: 1800 330 331**
- Inpatient Services **Mon – Fri 8:00am – 4:30pm** (Lunch 12 – 1pm)
- Extension Number **2429** (from hospital phone)

International Translating & Interpreting Services: (TIS)

- Within Office Hours: **1300 655 082** or **131 450** after hours
- You will need to quote this code: **C269173** when prompted.

Outpatient Resources

Broome Standard Outpatient Referrals

- Complete standard referral request form MR 52, consider attaching relevant ED consult notes, imaging reports etc.
- Check and update patient contact and address information
- Fax Form to

Dental

- Broome Emergency Clinic
    - Walk in 8am - 10am.
    - Patients will need to bring their **Health Care Card** to appointment
    - You will need to make a booking for times outside of this.
- BRAMS Dental Clinic
    - Wednesday book in clinic (free).
    - Referrals need to be sent to BRAMS to access this Dental Clinic.
- Emergency Dental Advice (6pm – 8am overnight) **1800 098 818**

Dressing Clinic

- In Hours (800AM to 1630PM, mon to Fri) Please phone Dressing Clinic Clark on 2291 to book appointment
- After Hours Book through the Dressing Clinic Booking Spreadsheet
    - Be sure to SAVE the spreadsheet prior to closing it.
- Dressing Clinic will also do
    - PICC line and Access Port flush and dressing changes

Fracture Clinic (Broome)

- Fracture Clinic runs on Tuesdays and Thursdays 8:30AM 11AM
- Book through the Dressing Clinic Booking Spreadsheet
- Please ensure you follow the Fracture Clinic Booking Guide – these are being audited!

Infusion Clinic

- Refer with referral form (MR52) and blood results to email it to broome.daysurgery@health.wa.gov.au
    - Venesection
    - Iron Infusion – Iron Infusion Protocol
    - MAB
    - Short Synacthen Test

Gynaecology

- General Gynaecology
- Miscarriages: Discuss with On call Gynaecology
- Terminations: Book through GP / BRAMS – Kimberly termination guidelines or call Gynaecology on call

Ophthalmology

- Lions Outback Vision regularly has a mobile Ophthalmology Clinic attending Broome and other community locations. Dates are on the Visiting Specialist planner.
    - To book a patient into Lions Outback Vision "Vision Van" clinic email a referral to
        - Fax: 9381 0700
        - Email: info@outbackvision.com.au
    - For urgent / last minute Vision Van appointments contact Lions Outback Vision on 9381 0802 https://www.outbackvision.com.au/contact-us/
- Lions Outback Vision also run an outpatient Telehealth service patients can be booked into: https://www.outbackvision.com.au/telehealth/
- There is also a retinal photography computer/machine in the specialist centre

Palliative Care

- Useful Contacts:
    - *Kimberley Pal Care Service Team*: 9194 2325 (Mon-Fri 8am-4pm)
        - *Email*: KHR.PalliativeCare@health.wa.gov.au
    - *WA Combined Pal Care Outreach Service*: 1300 558 655 (*Hours: 24/7*)
    - *Silver Chain Palliative Nursing Helpline*: 1800 420 102 (*Hours: 24/7*)
    - *Advance Care Planning Phone Advisory Service*: 1300 420 102 (8am-8pm, operates 7 days a week)

- Useful Websites / Links:
    - WACHS intranet Directory: Palliative Care Services – *Quick Links*
    - WA Cancer and Palliative Care Network Clinical guideline for adults:
        - Provides Flow Charts outlining management of common symptoms of the terminal stage:
        - Dyspnoea, Nausea & Vomiting, Pain, Secretions & Agitation.

Psychiatric

- **In Hours**
  Discuss who can link in with outpatient services

- **After Hours:**
  - Outpatient PLN or community psychiatric referral /follow up request *Client Referral Form* (MRK52A) place in try next to photocopier or better yet email the referral to Broome.PLN@health.wa.gov.au
  - *Risk Assessment Form* (MR46).

RPH Plastics Telehealth

Urgent Trauma Referrals

- Phone Registrar on call through
  - RPH switch *4109, or
  - Mob 0404 894 362
- Email or Fax standard referral form (MR 52)
  - Fax 64775425
  - Email rph.telehealth@health.wa.gov.au
  - RPH Telehealth will contact patient when referral has been received

- Referral Details Required:
  - Demographics: Name; Age; Address; Phone Number; **Please make it clear patient is from remote/country**
  - Dominant Hand and Occupation
  - Injury history and any concurrent injuries
  - Medical history including: Smoking status; EtOH; Drugs.
  - Social issues
  - X-rays loaded onto PACS
  - Wound Photos sent to ACNC

  ACNC Beth Sperring
  Ph: 64775424 Mob: 0424155545
  Email: beth.sperring@health .wa.gov.au
  Telehealth clerical: 64775429

RPH Telehealth Appointments

Urgent Referrals to be sent directly to receiving hospital
- Speak with on call specialist team at RPH
- Send referral (MR 52) to Royal Perth Central Receipting, ensure TELEHEATH is noted on referral
  - Fax: 6477 5199
  - Email: RPH.OutpatientReferrals@health.wa.gov.au

RPH Telehealth Appointments – Continued:

Non Urgent Referrals

- Send referral (MR 52) to Royal Perth Central Referral Service on fax only
- Fax: 1300 365 056

Surgical

- Refer to "Surgical Outpatient Clinic" with standard referral form (MR52)
- You may be asked to complete an MR20 – this is a referral form to Surgical outpatient clinics where the team will triage patients to be seen. There should be a collection of these forms on the pigeon holes in ED.
- Surgeons triage and run clinics organise bookings for:
    - General Surgical Consultations
    - Endoscopy
    - Lumps and Bumps (local anaesthetic clinic)
    - Removal of K Wires
    - Some surgeons will do cystoscopy
    - Some surgeons will do hands/tendons

Anaesthetics

- Anaesthetic Service is provided locally by GP Anaesthetists.
    - Check the anaesthetic on call roster on the ward, in ED or on the intranet to find out who the on call anaesthetist is for the day.
    - The cut off for elective surgery is a patient BMI >40 in Broome.
    - For paediatric cases weight cut off is <20kg and age < 4 years.

Visiting Specialties

A timetable/calendar outlining visit dates and names of specialists are on the wall to the right of the Printer in ED. Visiting specialist teams include:

- ENT & Audiology
- Orthopaedics
- Paediatric Cardiology
- Renal & Renal Access Teams
- Palliative Care
- Rheumatology
- Ophthalmology
- Urology
- Dermatology
- Adult Cardiology

COVID Clinic RMO.

Responsibilities per COVID Clinic Shift:

1. **Assess patients as they present determine need for swab +/- other investigations / treatment ☑**
   a. Refer to the "Discharge of patients with possible COVID (2) flow chart to organise patient follow up for ALL patients.
   b. Don't forget to offer / provide Medical Certificates to patients to cover their pending results and isolation period.
2. **Communicate to patients previously tested their results ☑**
   a. Generating a daily COVID Results Log Excel spreadsheet to capture ALL patients tested.
   b. Generating an iSoft list to review all COVID results, do this by following "How to access Broome patients with COVID results – icm"
   c. Call all patients with their results EXCEPT –KAMS patients, as per the "Discharge of patients with possible COVID- awaiting swab result" flow chart.
   d. If patient is positive – call population health immediately (also update the SMO & COVID DMO)
   e. If patient negative – assess as per Telephone screening tool
   f. And fill in the COVID Results Log Excel Spreadsheet (MASTER COPY) as appropriate.
      i. If seen in ED for swab – fill in WebPas to document results/outcome as per "WebPas stencil" - copy & paste.
      ii. If seen in COVID clinic for swab – there is no place to formally document at this stage – ensure documentation is as accurate/detailed as possible in COVID Results Log Excel Spreadsheet

3. **Create GP follow up for all patients with results. ☑**
   a. ***KAMS patients*** – confirm with KAMS that they are following up and are aware of result as per "Discharge of patients with possible COVID- awaiting swab result" flow chart.
   b. ***Broome patients:***

i. Complete electronic MR5 & Fax/Email to GP along with a hardcopy to be filed in Medical Records please. (Don't Save the document when finished – keep it as a template for the next user.)

4. **Cross reference to make sure no patients have been missed on the COVID Results Log Excel spreadsheet.** ☑
   a. Cross referencing the daily lists with the hard copy paper results as printed by PathWest, these will need to be collected daily from the lab.
   b. Review the summarised list of daily generated COVID Clinic Assessments pdf document. This will be emailed to you. Once you've cross-referenced this document to make sure no-one is missed, can save the pdf under Cross checked on Register file in the HITH folder on shared W:// Drive

Serology & Point of Care (POC) Testing Procedures

1. If you come across any serology results please communicate this to:
   a. Dr Rebekah Ledingham (Rebekah.Ledingham@health.wa.gov.au)
2. If you come across / do any Point of Care Testing – there is a separate spreadsheet to document these cases: Copy of GeneXpert Spreadsheet.

Community Follow-Up

1. **BRAMS** has the capacity to support patients in isolation from a social and emotional wellbeing point of view so a timely notification for them is important.
   a. At this stage GP Dr Jonathan Blundell is accepting emails as referrals. jonathanb@brams.org.au is the best contact.
2. **Ongoing hospital follow up**: There is an excel spreadsheet "**Daily Call Registry**" which is used to keep track of patients who were concerning on review/still unwell & need a daily follow up due to illness/ accommodation issues/ other. This will be done by Dr Ledingham's team and they will amend / document these daily consults, you just need to refer cases to them via email: Rebekah.Ledingham@health.wa.gov.au
3. **Accommodation Issue:** If you are contacting patient who is in isolation accommodation that was organised by the Department of Communities, they need to be updated to either discharge or continue temporary

accommodation. At this stage Alan Ingram is our main contact via Alan.Ingram@communities.wa.gov.au or Tel: 9158 3635 / Mob: 0417 587 339:

4. **Respiratory Panels:** are often taken with the COVID results – if possible, please "cc in" the patient's GP to ensure they are aware of any other potential infections or follow up.
    a. Easiest way to do this is via completing an electronic MR5
    b. Calling the PathWest Broome lab **(Ext: 2286)** and asking them to cc in the GP practice to this result.

COVID Results Log Excel Spreadsheet.

This is the master spreadsheet of all COVID -19 patients tested by Broome Hospital.

It can only be altered by ***one user at a time***; otherwise you will be in a read only document.

Because results take > 24 hours to return, at this stage we generate a daily list working 48 hours behind. E.g. if today is the 5th we will be making a list for the 3rd.

Make this daily list out of 3 sources.

1. Emergency Department presentations that have been COVID tested. Instructions on how to do that here.
    a. ED Register Reporting
2. COVID Clinic Presentations. Instructions on how to do that here.
    a. COVID Clinic List creation
3. Ward Admissions
    a. This is communicated to a COVID email (Covid.Broome@health.wa.gov.au) by the ward doctors and will be forwarded to the COVID RMO rostered on for the day.

Allied Health:

Occupational Therapy

- Outpatient referrals via eReferral system
- OT covers the following case-load areas
  - Hand clinic, including clinical support for telehealth service
  - Burns/scar management
  - Aids and Equipment
  - Home modifications
  - Home visiting – functional assessments, falls prevention
  - Cognitive assessments and rehabilitation for function
  - Lymphoedema management
  - Inpatient services
  - Remote community outreach services: Bidyadanga, Beagle Bay, Lombadina, Djarindjin and One Arm Point
  - Child Development Service (developmental concerns for 0-17 year olds. Call Allied Health to discuss #2258

Hand clinic

- Run by OT 2 x clinics per week – booked appointments only Tuesday and Thursday mornings
- **Urgent Referrals** call #2258 to discuss as therapists have other case-load areas to cover outside hand clinic times.
- Refer via eReferral please include the following information:
  - Date of injury or onset of symptoms
  - Diagnosis – including medical imaging results
  - Information from consultations with other services eg. Plastics or Ortho
  - Recommended management plan
  - **Planned medical follow-up and referrals to other services ie. Telehealth and fracture or dressings clinic**

Work Cover hand injuries

- Hand injuries sustained at work consider referral to private medical/surgical and Allied Health services
- Private hand therapy in Broome at Kimberley Physiotherapy (08)91935800

Pharmacy

Pharmacy Services at Broome Hospital

- Kimberley Intranet Pharmacy Page – quick link

Contacts

- Pharmacy : Ext: 2820
- Ward Pharmacist: 0427 779 350

Prescribing: General Principles

- **The "6-Rights of Medication Administration":**
  - All staff to ensure the team is prescribing/dispensing medications to the Right: Patient, Time, Drug, Dose, Route & Documentation
  - In addition, all patients should be asked if they have any allergies / ADR's prior to prescribing and this should be updated accordingly.

- **Elderly patients: Reduce the Dose**
  - Many medications require dosage adjustments in the elderly.
  - 'Start Low and Go Slow' dosing is considered an important rule in rational geriatric drug therapy.
  - If rapid plasma concentrations are not essential, an initial dose of approximately half the adult dose should be considered.
  - Doses may then be increased if toxicity does not occur.

- **Prescribe the Minimum Number of Essential Drugs**
  - Ensure that drug therapy is actually required. This goes for all patients.
  - Maximum use should be made of non-pharmacological methods of treatment where feasible.

- **Review Regularly**
  - All medications should be regularly reviewed to identify potential drug interactions and eliminate medications no longer needed.
  - This is particularly important before a new medication is commenced.
  - Consider whether the patient is experiencing drug-related symptoms associated with another agent.

- **Simplify**
  - Dose regimens should be made as simple as possible.
  - Once or twice daily therapies are likely to achieve greater compliance than more complicated regimens.
  - Establish medications dosage times congruent with the patient's daily rituals in order to make therapy more manageable and to maximize compliance.

Antimicrobial Stewardship – AMS

Weekly AMS Rounds

- Every Wednesday at 12:30 the AMS rounds will be held in the Clinical Coding offices, this is located near the General Ward entrance.
- A member of the Physician Team, Pharmacist and RMO/Interns attend.
- A case is selected from the ward and Antimicrobial choice, dose, duration and appropriateness is reviewed and documented (patient info de-identified).
- A score will be given from ‘optimal’ to ‘inappropriate’ and feedback provided.
- Cases are emailed via the WA Health Webmail to all staff for their perusal.
- These cases are audited and data presented to the regional AMS meetings.

Prescribing in the Kimberley

The Kimberley Region has some important microbes found within it which need to be considered prior to prescribing antibiotic therapy. As you are likely aware, tropical diseases are prevalent with seasonal consideration also playing a factor for bacterium such as Melioidosis in the wet season for example. The Australian electronic therapeutic guidelines (eTG) are the endorsed guidelines for Broome Health Campus and should be referred to for best practice prescribing.

Some important factors to remember when working in ED or on the wards prescribing antibiotics are listed below. **Please note**: this is not an exhaustive list.

- **Skin Flora** – MRSA is highly prevalent in the Kimberley with up to 50% of patients being MRSA carriers. Therefore it is integral to check if patients have any micro-alerts on their files prior to prescribing antibiotics for skin infections or abscesses/carbuncles.

- **Lower Respiratory Tract Infections** – Community acquired pneumonia (CAP) is also a common issue in the community. When suspected, pneumonia severity scoring systems (PSI, CURB-65, SMARTCOP etc) should be used and treated accordingly. eTG has important recommendations for CAP in tropical regions, wet season and ABx choices may change – please review them prior to prescribing antibiotics for patients.

- **Urinary Tract Infections (UTIs)** – Recent urinalysis data has been audited by the Broome Hospital AMS and PathWest team and Antibiotic Biograms have shown that Kimberley UTIs have a significant resistance to Trimethoprim. Cephalexin had a much higher rate of sensitivity and should be the empiric choice until formal sensitivities return & as always prescribing to sensitivities.

- **Group A Streptococcus** – The Kimberley has an extremely high incidence of Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) as a sequelae. Early clinical suspicion, investigation and treatment are key to reduce the burden of disease. Local DMO, Paediatric and Community Nurse advice should be sought if any patients have a suspicious history or examination findings. KAMS has a fantastic ARF guideline online.

Vancomycin

Vancomycin should be reserved for use in patients who are septic / systemically unwell where MRSA is suspected e.g. previous Micro Alerts from community or previous hospital admissions. Consider utilising a loading dose if sepsis is suspected.

Always weigh a patient formally prior to prescribing and monitor renal function as vancomycin is a potent nephrotoxin. Daily UECs are advised to monitor renal function whilst a patient is on Vancomycin, and should be aimed to be prescribed at 10am & 10pm scheduling if prescribing BD dosing. Vancomycin should be charted in the top left corner of the Medication Chart (MR170A) under the Variable Dose Medicine section as the drug may need to be titrated up or down depending on the serum trough level.

Trough levels are taken prior to the 4th dose and if prescribed at 10:00 it optimises the ability for the phlebotomy team to assist and minimises patient disturbance at night. Serum vancomycin levels are targeted to 15-20 as a therapeutic range. See Formulary 1 for the WACHS guidelines for Intravenous Vancomycin in Adults Guideline.

Clinical Information Retrieval

IMPAX

WA Public Radiology images – this is used by Tertiary Hospitals in Perth

Link: IMPAX (click hyperlink)

Username: bremer

Password: bremer

Intelebrowser

This is used to upload & share Global Diagnostic radiology images to the WA Public Imaging system (IMPAX) for review by Perth Specialties.

*Check they have been successfully uploaded on IMPAX prior to referring a public specialty service to them as there is often a significant delay.

Intelebrowser Link: **NOTE**: This program is not available on all computers.

Username: BRED

Password: Global2019!

An Intelebrowser How-To Guide is available in the Appendix section.

Click here to view it.

Inteleviewer

Broome Medical Imaging Viewer

Username: BRED

Password: Global2019!

iSOFT

Pathology Results and requesting, usually accessed through your personal HE number and password

iSOFT User Guide

MMEX

Click Here for guide to access patient clinical information through MMEX
Username: Broome-ed
Password: Br00meed (00 = zeros)

PCI ECHO Portal

Broome ECHO Reports by Perth Cardiology Institute

*Note currently you must use **Internet explorer** or the hyperlink fails.

Username: BHC

Password: PCI@BHC

Physicians Clinic Letters

Username: he155657

Password: Docdave6!

Domain/Client: kimbchs

Appendices:

Burns Management (FSH)

MANAGEMENT OF MINOR BURNS IN ADULTS

1. **IMMEDIATELY OR WITHIN 3 HOURS OF BURN**
    - Cool the burn with running water for 20 mins
    - Apply wet towels of dressings after cooling if required or no running water available
    - NO ICE should be used on the burn
    - Remove any jewellery that is on or distal to affected area
    - Remove any constrictive clothing if required.

2. **ASSESSMENT**
    - Patient history of the event, past medical history
    - Superficial burns- erythema or blistered, red wound bed, painful
    - Partial thickness burns- blisters, pink wound bed, painful, hairs still present
    - Full thickness burns – white, black, red, leathery eschar, little pain, hairs not present
    - Burn size- 1% TBSA is patient's hand, including fingers

3. **WOUND MANAGEMENT**
    - Give analgesia as required
    - Deroof and trim off any loose skin and blisters
    - Cleanse with Chlorhexidine pre op soap 4% and water
    - Take a digital image, complete the referral form attached to this response, and email to fsh.burnstelehealth@health.wa.gov.au
    - NO FIXOMULL to be put on any area without a dressing underneath. Emollient to face burns.
    - All burns, except the face are to have: Intrasite, Acticoat, with water compress. Cover with jelonet, dry gauze and bandage or tubigrip. This needs to be changed daily.
      OR
    - Acticoat and duoderm CGF can also be used on small areas. Requires 2nd daily dressing.
    - Elevate all burnt limbs. Sit/Lie with head up for face burns. Double tubigrip to lower limb burns

Phone Fiona Stanley Hospital burns Clinical Nurse Consultant

on 61527611 M-F 0730-1530. After hours call 61522222 and

ask for registrar on call for burns.

Referral criteria for adult burns

Immediate transfer

>5% TBSA in children

> 10%TBSA in adults

Immediate referral

- Any full thickness burn
- Circumferential burns
- Possible non accidental injury
- Pain control issues
- Inhalation/airway burns
- Electrical Burns
- Chemical Burns
- Burns to special areas : hands, face, neck, feet, genitalia, perineum, joints
- People with burns and concurrent injuries or co – morbidities.

Contact FSH : 61522222 and ask for the registrar on call for burns OR burns Clinical Nurse Consultant 61527611 M-F 0730-1530

Complete the attached referral form, send photos.

If it is an emergency please call 61522222 and ask for the burns registrar on call.

STATE BURNS UNIT REFERRAL FORM

Patient UMRN	
Name of Referring Practitioner	
Contact Details	
Referring Hospital	
Patient Name	
Patient Age	
Patient DOB	
Contact Details for Patient	
Time and Date of Injury	
Mechanism of Injury	
%TBSA	
Site of Injury	
Depth of Burn	
Details of Injury, alcohol or drugs involved? ADT/Tetanus prophylaxis	
Details of First Aid Given	
Inhalational Injury	Y / N Details:
Other Details/Comorbidities Occupation	
Advice Given	
Case Discussed with	

Burns Clinical Nurse Consultant Monday to Friday 0730-1530 (08) 61527611. After hours ring (08) 61522222 and ask for Registrar on call for burns.

Fracture Clinic Bookings

Fracture Clinic Broome

When you have a fracture, and you need to fix it

Fracture clinic runs Tuesday and Thursday mornings in the Lilac Room (Dressings Clinic). It is run by an ED doctor and a nurse. Patients can be referred from ED for management and follow up of fractures and other bone and joint injuries.

Booking Fracture Clinic

- Electronic booking system via an excel spreadsheet on the shared computer drive
  - Open a folder on the computer → *shared drive → WACHS K → BR Hospital → Outpatient Clinic → Electronic Appointment Book for Dressings Clinic → year → month*.
  - Open excel file, click the date you want the appointment (only on Tues and Thursday mornings), enter details and SAVE FILE. Close file.
  - If you're stuck, ask ED staff for assistance

Referring a patient to fracture clinic

- You "refer" by booking an appointment on the electronic booking system AND by **writing good notes**
- No specific referral form, don't write x-ray forms
- Please make the plans clear in your ED Webpas notes
- Don't refer a patient to fracture clinic expecting that doctor to refer to ortho/plastics. If they need specialist input from the start – call them at the start. *The specialist teams don't appreciate the late referral when they should have been involved from the start. This delays appropriate management and leads to poorer outcomes.*

Document:

- Injury sustained, date, mechanism, side
- Specialists in Perth it was discussed with (if relevant)
- Type of cast/immobilisation applied and duration
- Weight bearing or load bearing status and duration
- Precautions and duration
- Follow up plans:
  - Plaster care/changes
    - If it needs to be changed, what to change it to, and clearly document if the plaster must not be removed (eg for MUA unstable fractures)
  - Weight bearing plans
  - When any repeat x-rays are needed (and of what), and specify if in or out of plaster
  - If Perth specialists wanted to be recontacted at follow up
  - What the fracture clinic appointment is actually for; e.g. checking pain, examining a joint when swelling settles, checking fracture healing, changing plaster etc.

- Appropriate plans:
    - *"Fractured clavicle. Follow up in fracture clinic in 2 weeks with x-ray to check fracture healing. If signs of fracture healing, start passive ROM. Re x-ray 6 weeks, if good healing consider strength exercises."*
    - *"Fractured distal radius. Follow up 1 week to change to fibreglass plaster. X-ray in fibreglass plaster. If good position and healing well then follow up at 6 weeks."*
- Inappropriate plans:
    - *"Fracture clinic 2 weeks for review"*
    - *"Fracture clinic 1 week for repeat exam"*

Running Fracture Clinic

- Run clinic with nurse
- Patients to go to ED with doctor if clinic runs overtime

X-ray requests:

- It is the responsibility of the doctor running fracture clinic to write out their clinic's x-ray request forms
- Review files and notes for appointments and write out imaging request forms
- Please send all forms to radiology department at the start of fracture clinic so they can upload the request forms
- If a patient needs an x-ray, send them to radiology when they arrive. The form will be in radiology and uploaded ready to go

Fracture clinic resources:

- Paeds:
    - Kids Health WA website: *clinical guidelines* → *Fractures: Quick reference*
    - Royal Children's Hospital website: *clinical guidelines* → *Fractures*
    - Book: *"Practical Fracture Treatment"* – copy in ED and fracture clinic. Good for plasters.
- Adults
    - Orthobullets website
    - Book: "*Practical Fracture Treatment*" – copy in ED and fracture clinic. Good for plasters.

Who to call for help:

- Second opinion: DMOs in ED
- Specialist advice:
    - Paeds: plastics or ortho via Perth Children's Hospital switch ext *4103
    - Adults:
        - Plastics: via Royal Perth Hospital switch ext *4109
        - Ortho: via ortho registrar telehealth roster, which will be up in fracture clinic. The idea is that you can access a registrar with consultant input in a timely manner. If they are busy in a telehealth apt they will call you back ASAP. If you can't get through and get stuck, you can call ortho on call via RPH switch ext *4109

Medication Reconciliation:

When admitting patients to the ward every attempt should be made to reconcile their regular medications. It is also important to check with the patient if they actually take the medication they are prescribed eg large doses of diabetes medications.

If you are doing a discharge summary it is also very important to include the up to date medication list and any changes that have been made on NACS. This is covered in the discharge summary document but if you have any issues the pharmacists are a great resource to use.

Ways to check medication lists:

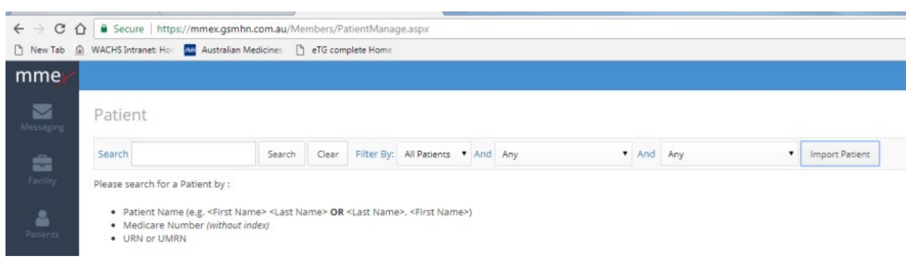
- **The patient's usual GP**
    - Broome Doctor's Practice Ph: 9193 7933
    - Kimberley Medical Group Ph: 9138 7200
    - Broome Medical Clinic Ph: 9192 2022
    - BRAMS On call Ph: 0407 029 602
    - KAMS doctor on call for Balgo, Beagle Bay, Bidyadanga, Billiluna and Mulan patients Ph: 9194 0388
    - Kimberley Renal services Renal GP on call for dialysis patients Ph: 0427 808 873
        - KRS clinics
        - Broome Ph: 9191 8600
        - Derby Ph: 9193 3500
        - Fitzroy Crossing Ph: 9166 1401
        - Kununurra Renal Health Centre Ph: 9166 4400

- **Local pharmacists**
    - Broome Pharmacy (Boulevard) Ph: 9192 1866
    - Chinatown Pharmacy (near coles) Ph: 9192 1399
    - Kimberley Pharmacy Services (for more rural patients eg FX) Ph: 9192 3611

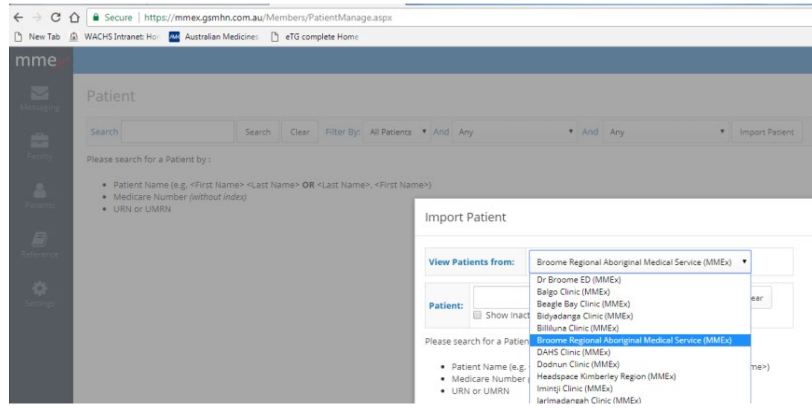
MMEx

- This includes Aboriginal Medical Services eg BRAMS, DAHS (Derby) and KAMS remote communities.
- You must get patient PERMISSION to access this or document why you cannot eg unconscious, cognitive impairment ect
- This access is only given to us provided we give them information back – so please follow all the steps or ask someone (eg a friendly RMO) to do it for you/show you.
- https://mmex.gsmhn.com.au/
- Log in details
    - username: Broome-ed
    - password: Br00meed (00 = zeros)

1. Import patient



2. Select clinic they attend



3. Search patient name and click select (right side of patient name)
4. This then gives you access to the patient record for 24 hours including medication list, letters, results ect
5. You MUST write a note to say you have accessed the patient record
    - In “Progress notes” you will see an ED import template “insert” button
    - Fill in the fields that appear in the note including your name and role
    - Press SAVE – top left

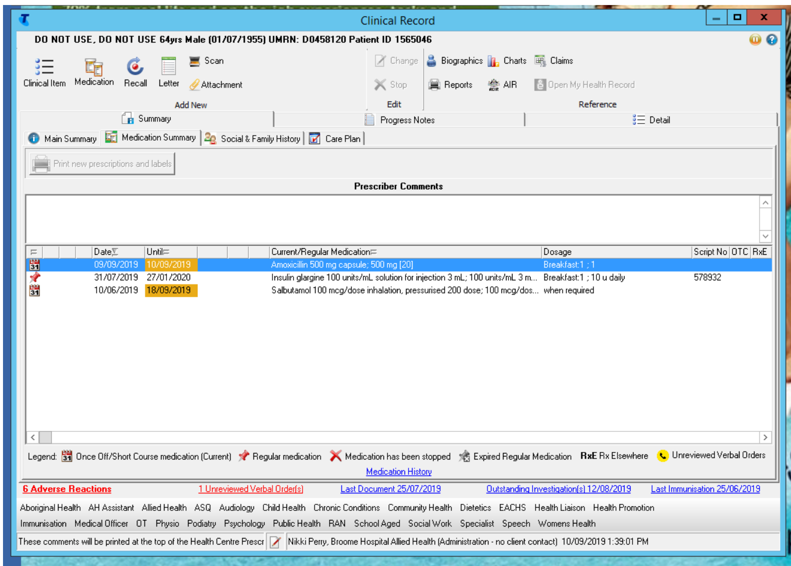
6. To print a summary of PMHx and medication list go to click on the patient name top left of screen -> create letter -> select a template -> ED import full summary -> OK -> print

- This printed summary can then go in the patient’s notes so the ward team can also see it and know you have accessed MMEx

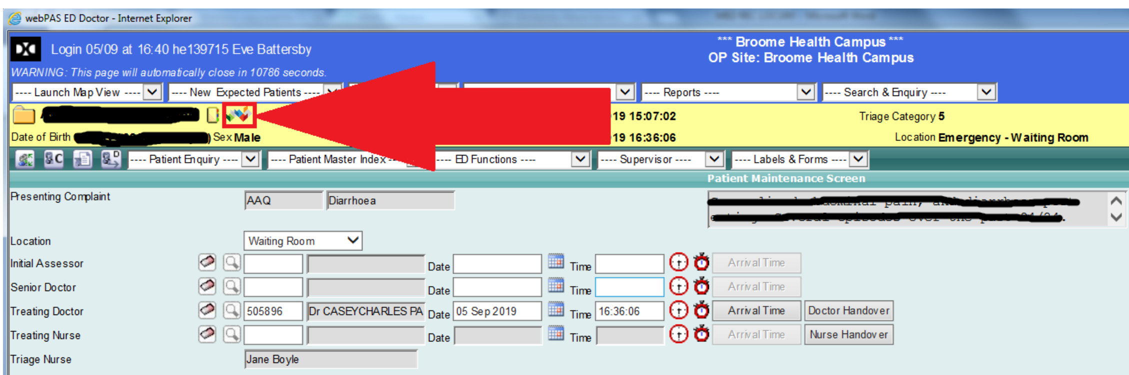
- **CHIS**
    - Click on windows start menu and search WA Health MYAPPS Citrix Portal. Enter your he number and windows password, then click “allow” if prompted
        - Click on CHIS to open applications (be patient as it takes a while to open)
        - Click on Clinical record, enter surname then first name and double click

on patient

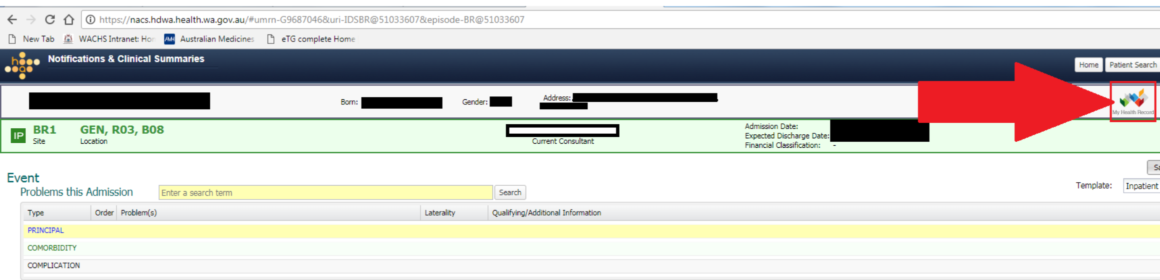
- Click on Medication Summary



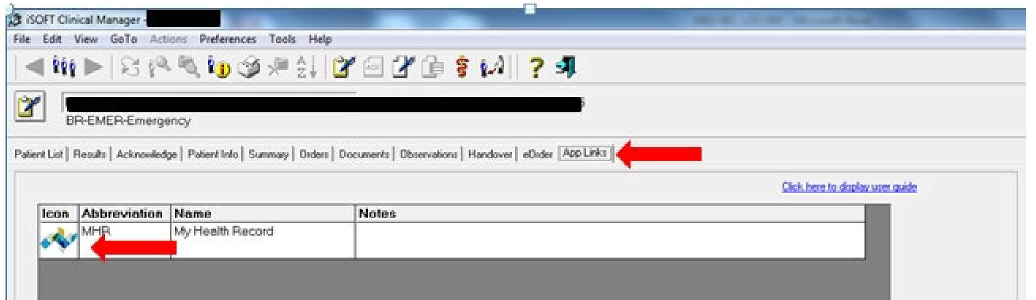
- **My health record:**
    - Again you need patient PERMISSION to access this and if unable to access and using the “break glass” function you need to clearly document in your notes why.
    - Use the icon on the following programs and follow the prompts.
        - WEBPAS



- NACS



- iSOFT



Transfusion Medicine Request and Charting

PathWest Laboratory Medicine WA — Broome Health Campus, 62 Robinson Street, Broome WA 6725

RESULTS & ENQUIRIES **9194 2286**

BROOME HEALTH CAMPUS
TRANSFUSION MEDICINE REQUEST

NO ID STICKERS - HAND WRITE ONLY

UMRN A123456 Medicare #
Family Name SMITH
Given Name JOHN
Date of Birth 01/01/2000 Age 19 (M) / F
Address 3 SAMPLE ST BROOME 6725

Copy to:

Ward/Clinic: Lab No.
Consultant
Requesting Doctor (Print) Dr B. GOOD. (Surname & Initials)
Doctor's Signature B GOOD Date 30/11/19.
Provider Number 491234K,
Address BROOME EMERGENCY
Page Number/ Mobile 041 123 456.

CLINICAL DETAILS

Trauma.

Operation:
Date of operation:
Hospital site:

Previous Transfusions No ☑ Yes ☐ Date
Pregnant No ☑ Yes ☐ Gestation
Prophylactic Anti-D * No ☑ Yes ☐
* Date of last dose

Part A: TESTS REQUESTED

Group / Hold + Crossmatch.

Part B: COMPLETE IF BLOOD COMPONENT(S) REQUIRED. CLINICAL INDICATION MUST BE SPECIFIED

☐ URGENT (<1 hour) Phone Transfusion Medicine Unit

☐ Routine
Date required:
Time required:

Special Requirements:
☐ CMV Neg ☐ Irradiated

RED CELLS
No. Units: 2
Hb 85 g/L

☐ Pre-operative surgical request. Refer to MSBOS
☐ Hb <70g/L
☑ Hb 70 - 100g/L and ongoing blood loss
☐ Hb 70 - 100g/L and signs and symptoms of anaemia
☐ Hb 80 - 100g/L and bone marrow failure
☐ Hb >100g/L. Reason:
☐ Massive bleeding
☐ Other. Specify:

PLATELETS
No. Doses:
Platelet count: x10⁹/L

☐ Bone marrow failure: platelet count <10x10⁹/L or <20x10⁹/L with risk factors
☐ Platelet count <50x10⁹/L and bleeding or procedure/ surgery. Specify:
☐ Antiplatelet drug(s) or platelet disorder and bleeding/ surgery. Specify:
☐ Massive bleeding
☐ Other. Specify:

FFP
No. Units:
INR
APTT
Wt. kg

☐ Massive transfusion and bleeding
☐ Cardiac surgery and bleeding
☐ Liver disease and bleeding or surgery Specify:
☐ Warfarin reversal and bleeding
☐ Other. Specify:

CRYOPRECIPITATE
No. Units:
Fibrinogen level g/L

☐ Fibrinogen <1.0g/L or <1.5g/L peri partum and bleeding or surgery
☐ Other. Specify:

Above section based on NHMRC/ASBT Clinical Practice Guidelines

PERSON COLLECTING SAMPLE SHALL COMPLETE: Second Signature: Dr B. GOOD 30/11/19.

Signature: Name (print) Anthony Jonathan Date Collected 30/11/19 Time Collected 11.14am

LABORATORY USE ONLY

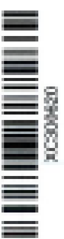
PATHWEST TRANSFUSION WORKSHEET			DATE:	ACC NO.
PREVIOUS HISTORY:	CHECK ARCBS: (sign)	CHECK LOCAL: (sign)	PREVIOUS GROUP:	ANTIBODIES DETECTED:	LAST TRANSFUSION DATE:

DIAMED BLOOD GROUP							ANTIBODY SCREEN			TUBE BLOOD GROUP			
Anti A	Anti B	Anti AB	Anti D	Control	DCT	Sign Group	Abtect Cell	Diamed	Sign AB Screen	Anti A	Anti B	Anti D	Sign Group
A1 cells	B cells	Blood Group:								Blood Group:			

RESULTS:	BLOOD GROUP:	AB SCREEN/DCT:	IgG/IgM ANTI - D BLEND:	ENTER:	VERIFY:

BAG NUMBER	Group	Expiry	IS Reaction	Diamed Reaction	Signed	Enter	Verify

Comment: Storage Location



_______________ Hospital / Health Service

Consent to Blood Products

Ward: ________________________

Doctor: ________________________

Surname		UMRN / MRN
Given Name	DOB	Gender
Address		Post Code
	Telephone	

This form is to be completed giving due consideration to:

WACHS Blood and Blood Products Clinical Practice Standard.

This form is to be used for infusion of: Packed Red Blood Cells (PRBC), Platelets, Fresh Frozen Plasma (FFP), cryoprecipitate and / or other blood products (specify): ________________________

Clinical Condition / indication for administration of blood components / products

(To be recorded by the medical officer obtaining consent)

____

Duration of Consent:

☐ This hospital admission

☐ 12 months (Recurrent transfusion / infusion to manage chronic illness. Consent is valid for 1 year from date of consent **unless** clinical condition changes OR consent is withdrawn).

Patient's Declaration

1. I understand that blood transfusion / blood product infusion may be a necessary part of my medical treatment.
2. I acknowledge that I have had the opportunity to ask questions and request further information related to transfusion / infusion.
3. I have received the Blood Transfusion Consent Information Brochure.
4. I acknowledge that the doctor has discussed the potential risk, benefits, and appropriate alternative treatments.
5. The doctor has discussed the possible consequences of refusing this treatment.

Patient's full name (PRINTED) ________________________

Patient's signature ________________________ **Date** ________________________

Person responsible for giving consent if NOT patient:

Full name (PRINTED) ________________________ **Relationship to patient** ________________________

Signature ________________________ **Date** ________________________

Declaration of doctor obtaining consent:

- I have explained the following information to the patient and or their substitute decision maker:
  - ➢ risks and benefits associated with transfusion / infusion
  - ➢ appropriate alternative treatments
  - ➢ risks of non-transfusion / infusion
- The patient has informed me of their transfusion history (please tick): ☐ YES ☐ NO Transfusion history
- The patient has been given the opportunity to ask questions and request further information: ☐ YES ☐ NO
- I have provided the patient with the Blood Transfusion Consent Information Brochure: ☐ YES ☐ NO

Concerns discussed (if any): ________________________

____

Full name (PRINTED) ________________________ **Position** ________________________

Signature ________________________ **Date** ________________________

Interpreters Declaration

Language requirements inc. language spoken (if applicable): ________________________

Interpreter services used: ☐ NO ☐ YES If yes, specify: ☐ TELEPHONE ☐ ON-SITE

I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance.

Interpreter's full name (PRINTED) ________________________ **Phone** ________________

Interpreter's signature and NAATI number ________________________ **Date** ________________

TMR 30G CONSENT TO BLOOD PRODUCTS

WACHS TRIAL VERSION DATED 2 OCTOBER 2019 - Endorsed by WACHS TRANSFUSION COMMITTEE

QUICK REFERENCE GUIDE
Obtaining Informed Consent – Blood & Blood Products

Infection	Estimated residual risk with tested blood per unit
HIV (antibody + NAT)	Less than 1 in 1 million
Hepatitis C	Less than 1 in 1 million
Hepatitis B	Approximately 1 in 557,000
HTLVI & II (antibody)	Less than 1 in 1 million
Variant CJD	Possible, not yet reported in Australia
Malaria	Less than 1 in 1 million

Per unit transfused unless specified		Morbidity	Mortality
Sepsis	Red Cells	1: 500,000	
	Platelets	1: 75,000	
Haemolytic reactions	Acute	1: 40,000 – 76,000	1: 1.8 million
	Delayed	1: 2,500 – 11,000	
Anaphylaxis		1:20,000 – 50,000	
Transfusion-associated circulatory overload (TACO)		Less than 1% of patients	
Transfusion-related acute lung injury (TRALI)		1: 1,200 - 190,000 (approx. 1:10,000)	
Transfusion-associated graft versus host disease (TA-GVHD)		Rare	>90% cases fatal

The CALMAN Chart (Calman 1996) for explaining risk (UK risk per 1 year):	
Negligible	< 1,000,000 e.g. death from a lightning strike
Minimal	1:100,000 - 1:1,000,000 e.g. death from a train accident
Very low	1:10,000 - 1:100,000 e.g. death from an accident at work
Low	1:1,000 - 1:10,000 e.g. death from a road accident
Moderate	1:100 - 1: 1,000 e.g. death from smoking 10 cigarettes per day
High	> 1:100 e.g. transmission of chickenpox to susceptible household contacts

Checklist for Consent - Blood & Blood Products
Consent is a process - not a piece of paper

Explain
- Cause / likelihood of bleeding / low blood count?
- Nature of the proposed transfusion therapy - what is involved?
- Benefits expected?
- Risks - common and rare but serious?
- Alternatives - including the risk of doing nothing?

Ask
- Is there anything else you would like to know?
- Is there anything you do not understand?

Provide
- Give written information or use diagrams where appropriate
- A competent interpreter when the patient is not fluent in English

References:
National Blood Authority. *Patient Blood Management Guidelines - Companions.* Canberra, ACT: National Blood Authority; 2014

Hospital / Health Service	Surname	UMRN / MRN	
Release of Liability Refusal of Blood Products	Given Name	DOB	Gender
Ward:	Address		Post Code
Doctor:		Telephone	

I, ______________________________ of ______________________________

Given Name / Surname — Address

DO NOT consent to administration of blood products except as documented below. I will however, accept the use of blood conservation strategies (also referred to as bloodless strategies). I understand that some alternative management strategies involve recycling my own blood and using medications that may include products derived from blood.
I hereby indicate which of these I will accept by ticking **YES** and will not accept by ticking **NO**.

PRODUCTS	**YES**	**NO**	**Not Available**	**Not Discussed**	**Patient Initials**
Red Blood cells	☐	☐	☐	☐	
Platelets	☐	☐	☐	☐	
Fresh frozen plasma	☐	☐	☐	☐	
Cryoprecipitate	☐	☐	☐	☐	
Albumin	☐	☐	☐	☐	
Immunoglobulin	☐	☐	☐	☐	
Recombinant clotting factors	☐	☐	☐	☐	
Other factor concentrates	☐	☐	☐	☐	
Prothrombinex	☐	☐	☐	☐	
Fibrinogen concentrate	☐	☐	☐	☐	
Fibrin glues and sealants (human)	☐	☐	☐	☐	
Fibrin glues and sealants (non-human)	☐	☐	☐	☐	
Other (specify): ____________	☐	☐	☐	☐	
PROCEDURES	**YES**	**NO**	**Not Available**	**Not Discussed**	**Patient Initials**
Haemodilution	☐	☐	☐	☐	
Cell salvage	☐	☐	☐	☐	
Haemodialysis	☐	☐	☐	☐	
Plasmapheresis	☐	☐	☐	☐	
Blood patch	☐	☐	☐	☐	
Labelling or Tagging	☐	☐	☐	☐	
Other (specify): ____________	☐	☐	☐	☐	

Patient's Declaration / Guardian

The risks related to my refusal have been fully explained to me and hereby release the hospital / attending doctors and hospital staff from any liability whatsoever for respecting and following my express wishes and direction.

Full Name (PRINTED) ______________ **Relationship (if not patient)** ______________

Patient's Signature ______________ **Date** ______________

Doctor's Declaration

I have described to the patient / person legally responsible for the patient the nature and effect of the above refusal to receive blood or its derivatives. In my opinion, he / she has understood this explanation.

Risks / benefits discussed: ______________________________

Full Name (PRINTED) ______________ **Position** ______________

Doctor's Signature ______________ **Date** ______________

Interpreter's Declaration

Language requirements inc. language spoken (if applicable): ______________

Interpreter services used: ☐ NO ☐ YES If yes, specify: ☐ TELEPHONE ☐ ON-SITE

I declare that I have interpreted the dialogue between the patient and health practitioner to the best of my ability, and have advised the health practitioner of any concerns about my performance.

Interpreter's Full Name (PRINTED) ______________ **Phone** ______________

Interpreter's Signature and NAATI number ______________ **Date** ______________

TMR 30H RELEASE OF LIABILITY – REFUSAL OF BLOOD PRODUCTS

NAME OF PRODUCTS

Red Blood Cells

This component of blood is used to transport oxygen around your body, a transfusion of red blood cells increase the oxygen carrying capacity.

Platelets

This component of blood is used to stop bleeding due to thrombocytopenia.

Fresh Frozen Plasma

This component of blood is used to replace clotting factors and to quickly reverse the effects of blood thinning medication.

Albumin

A protein extracted from human plasma. Other types of albumin are found in meat, eggs, breast milk. Albumin is sometimes added to some medicines and occasionally used as a volume expander.

Clotting Factors (cryoprecipitate, recombinant, concentrates, Prothrombinex, Fibrinogen, glues and sealants)

These products are used to stop bleeding. Sometimes they are found in gels, glues, ointments and foams. They can also be found in some intravenous preparations and used if life threatening bleeding happens.

Immunoglobulins

Protein fractions that may be used in some medicines that fight viruses and diseases. They may be used in injections to guard against medical conditions that threaten your life and during pregnancy can put your baby at risk.

NAME OF PROCEDURES

Cell Salvage

Phrase used to describe different devices that vacuum surgical blood loss from your body during or immediately after surgery. These devices will clean the collected blood, filter it, and then it is returned back into your body.

Haemodialysis

Does the work of your kidneys to clean the blood of toxins by routing it through tubing outside your body. The blood continues through a machine, and then re-enters your vessel or artery.

Haemodilution

Performed by a doctor who temporarily routes a safe portion of your blood through tubing into bags before your surgery starts. During that same time, you are receiving fluid delivered into your veins. The blood bags that have been created by withdrawing a portion of blood from you are then placed right near you as the surgery takes place. The purpose of this procedure is to reduce the amount of red blood cells you lose during surgery. When your operation is complete, the doctor gives you back that diverted blood back into your vein.

Plasmapheresis

Procedure used to treat very specific illnesses. Blood is withdrawn and filtered to remove plasma that may be contributing to a disorder or symptom. The rest of your blood is returned to you through tubes and filters. Replacement fluid is necessary after the plasma is removed. Albumin (if you have said you are willing to accept) is frequently used as the replacement fluid. If you refuse Plasma (sometimes used as a replacement fluid) due to religious reasons you will need to discuss this with your consultant / physician.

Blood Patch

Procedure that is sometimes used after someone has received spinal anaesthesia. The small hole that is created by the injection of spinal anaesthesia occasionally does not heal itself immediately. This procedure is used to supply a clot to cover that hole. A small amount of blood is drawn from your arm and the doctor injects just enough of your blood around that hold into your back, to have the clot act as a plug.

Labelling or Tagging

Performed by having blood drawn out of your arm and injected into a vial of radioisotope material. The technician then draws up that solution and injects it back into your vein to illuminate the flow of cells to a specific site that needs to be identified through x-ray type machines.

______________ Hospital / Health Service	Surname		UMRN / MRN
WACHS Intravenous Blood Transfusion & Blood Product Treatment Order	Given Name	DOB	Gender
	Address		Post Code
Ward / Dept: ______________ Doctor: ______________		Telephone	

Blood Administration Requirements (check to be performed by 2 staff, 1 must be an RN / Dr)

1. Check valid consent and prescription are present
2. Check patient details
   a. Ask patient to verbally state Family name, Given name and DOB
   b. Check 3 patient identifiers on patient ID band
   c. Check patient identifiers on blood compatibility label
3. Check ARCBS label and blood compatibility label match for
   a. Donor number
   b. Blood group
   c. Expiry date on ARCBS label
4. Check product for clots, discolouration and/or turbidity
5. If all checks match then both checkers sign prescription and hang blood product

Patient must be visually monitored and observations (T, P, R, BP, O_2) to be recorded at:

- **Baseline** immediately prior to commencing blood product
- **15 minutes** following commencement
- **1 hour** following commencement
- **Hourly** from start time until completion
- On completion – **Remember to document finish time**

Adverse Transfusion Reaction

If signs and symptoms including: **fevers, chills, rash, shortness of breath, chest pain, and/or back pain** occur, **STOP** the transfusion and refer to **WACHS Blood and Blood Products Clinical Practice Standard** for management of a transfusion reaction, **notify a medical officer** and **complete a DATIX CIMS**.

To be completed after the patient has received their blood transfusion

Did the patient have an adverse reaction during their transfusion? ☐ YES ☐ NO

If **YES**, please complete a **Datix CIMS** and document in the Patient Medical Record

Transfused Blood Products

ATTACH BLOOD COMPATIBILITY LABELS HERE

1	2
3	4

_______ Hospital / Health Service **WACHS Intravenous Blood Transfusion & Blood Product Treatment Order** Ward / Dept: ____________ Doctor: ____________	Surname	UMRN / MRN	
	Given Name	DOB	Gender
	Address		Post Code
		Telephone	

Transfused Blood Products
ATTACH BLOOD COMPATIBILITY LABELS HERE

5	**6**
7	**8**
9	**10**
11	**12**

Hospital / Health Service	Surname	UMRN / MRN	
WACHS Intravenous Blood Transfusion & Blood Product Treatment Order	Given Name	DOB	Gender
	Address		Post Code
Ward / Dept: ______		Telephone	
Doctor: ______			

If your patient is iron deficient, please consider iron products first, otherwise please complete section below prior to prescribing blood products.

Blood Results: Date of test: ______ Hb: ______ Plt: ______ Other: ______

Transfusion History

Has the patient had a previous transfusion? ☐ YES ☐ NO ☐ UNKNOWN

If YES, has patient had previous adverse transfusion reaction? ☐ YES ☐ NO

Valid Consent sighted? ☐ YES ☐ UNABLE

Date Consent signed: ______ Doctor Signature: ______

Document in the patient medical record: blood product required; indication for transfusion; transfusion history; previous transfusion reactions; any special product requirement (CMV, irradiated, RhD etc.)

Please check with PathWest if unsure of patient's special blood requirements.

To be completed if unable to obtain consent

This patient was unable to consent to transfusion of blood products because the transfusion was urgent / emergency **AND** the patient's conscious state was impaired due to ☐ illness / injury ☐ sedation in ICU / HDU ☐ anaesthesia.

There is no evidence that the patient objects or would have objected to receiving a blood product transfusion e.g. refusal of treatment form, advanced health directive.

Signature of Doctor ______ Designation ______ Date ______

For clinical code, refer to indication for transfusion on Page 1

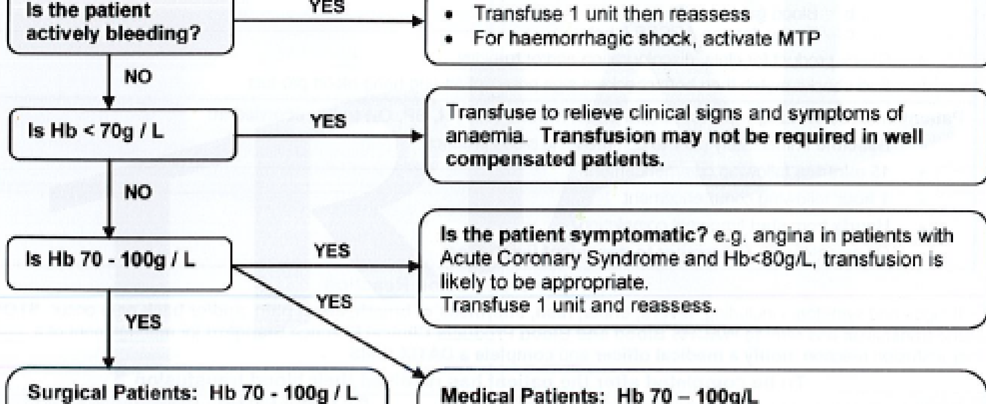
Date	Blood Product	Clinical Code	Dose	Rate	MO Signature	Date of admin	Time of transfusion	Signature of 2 staff checking and hanging blood
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.
							Start	1.
							Finish	2.

XC301061

______________ Hospital / Health Service	Surname	UMRN / MRN	
WACHS Intravenous Blood Transfusion & Blood Product Treatment Order	Given Name	DOB	Gender
	Address		Post Code
Ward / Dept: ______________ Doctor: ______________		Telephone	

In non-bleeding patients: order one unit and review the patient following transfusion
Refer to WACHS Blood & Blood Products Clinical Practice Standard

- Red blood cell transfusion should not be dictated by Haemoglobin alone but based on assessment of the patient's clinical status.
- In patients with iron deficiency or depleted iron stores, replacement iron therapy is indicated



Hb >100g/L: Transfusion is likely to be unnecessary and inappropriate unless **the patient is actively bleeding**

Component	Clinical Code	Indication for Transfusion
Major Bleed	1	Major Haemorrhage inclusive RBC, FFP, PLT, Cryo, Albumin, Prothrombinex, rFVIIa
RBC (RBC)	2	Active bleeding
	3	Symptomatic anaemia
	4	Bone Marrow Suppression
Platelets (PLT)	5	Bone Marrow Failure Plt count < $10x10^9$/L in absence of risk factors
	6	Bone Marrow Failure Plt count < $20x10^9$/L in presence of risk factors: fever, sepsis
	7	Thrombocytopenia: Plt count > $50x10^9$/L with invasive procedure planned
	8	Surgical / invasive procedure: maintain Plt count > $50x10^9$/L
	9	Platelet dysfunction: medical or drug related
FFP (FFP)	10	Liver Disease in the presence of bleeding or at risk of serious bleeding
	11	Multiple coagulation deficiencies: use specific coagulation factors when available
	12	Plasma exchange procedure
	13	Warfarin reversal in clinically significant bleeding: in addition to Prothrombinex
Cryoprecipitate (Cryo)	14	Disseminated Intravascular Coagulopathy (DIC)
	15	Fibrinogen Deficiency
	16	Coagulation factor deficiencies
Fractions from Plasma	17	Albumin, IVIg, Prothrombin Complex, Immunoglobulins
	18	rFVIII, rFIX, rFVIIa: **specify factor, product name and dose on prescription**

TMR175A INTRAVENOUS BLOOD TRANSFUSION & BLOOD PRODUCT TREATMENT ORDER

WACHS VERSION TRIAL DATED 2 OCTOBER 2019 Adapted from Sir Charles Gairdner Hospital Blood Product Transfusion Form 826

Mental State Examination (MSE)

The MSE is part of the clinical assessment that describes the sum total of the examiner's observations and impressions of the time of the interview. A good memory tool for an MSE is the mnemonic "ASEPTIC" outlined below:

- APPEARANCE:
  - Posture, clothing, well groomed, young looking, dishelleved
  - Behaviour and psychomotor activity
  - Record the level of rapport established
  - Attitude towards examiner

- SPEECH:
  - Volume, rate, content, pressured, rhyming, tangential
  - Responses to cues from interviewer
  - Content of speech & appropriateness.

- EMOTION:
  - Mood: depressed, irritable, anxious, angry, euphoric, guilty, awed, futile, self-contemptuous, frightened, perplexed)
  - Affect (euthymic, constricted, blunted, flat)

- PERCEPTUAL DISTURBANCES
  - Describe the content of hallucinations and illusions and the sensory system involved such as auditory, visual, olfactory, and tactile

- THOUGHT PROCESS:
  - Process or form of thought (logical and coherent, completely illogical and even incomprehensible)
  - Content of thought (ideas, beliefs, preoccupations, obsessions)

- INSIGHT
  - Ability to describe the degree of awareness and understanding that they are unwell.
  - Capacity to report their situation accurately.

- COGNITION
  - Alertness and levels of consciousness
  - Orientation (Check orientation to time, place and person)

Police Report Template:

Government of **Western Australia**
WA Country Health Service

To: Detective Sergeant ********

Broome Police Station / Detectives Office

PO Box 82

Broome WA 6725

Dear Detective Sergeant ***********

RE: name, surname

DOB: / /

URN:

Mr/ Ms/ Miss **** was seen on 17 July 2007 at 1100 hours in the Emergency Department.

Her / His injuries consisted of:

He / She was treated with:

Mr/ Ms/ Miss **** **has / has not** recovered from the above injuries.

The injuries **are / are not** consistent with the alleged assault.

The injuries **did / did not** interfere with the health or comfort of the person.

The injuries **were / were not** likely to endanger life **or / nor** were likely to cause permanent injury

Dr **********

Broome Hospital

24 November 2020

I, Doctors Name, am a qualified medical practitioner employed at Broome Hospital, WA.

On 15 March 2006 at 2145 hrs, a name surname presented to the Broome Hospital Emergency Department where I examined him / her.

I declare that this statement is true to the best of my knowledge and belief and that I have given this statement knowing that if it is tendered in evidence, I will be guilty of a crime if I have wilfully included in this statement anything which I know to be false or that I do not believe is true.

Signed

Date

Broome HDU Handover Tool

(If Printing – FILE → PRINT → Pages: 51-52 → PRINT)

BROOME HIGH DEPENDENCY UNIT HANDOVER TOOL

Affix Patient label

Date:

HDU Admission Date:
HDU Doctor:

Primary Diagnosis / Presenting Complaint:

Comorbidities:

MEDICATIONS:
Chronic: **Current:**

Current Vital Signs **HR** **BP** **SpO2** **RR** **Temp**

Examination Findings of note:

Interventions / Supportive therapy in past 12 hours:

Vasopressor/Inotrope:

Antimicrobials:

Oxygen Delivery:

Ventilatory support: **HFNC** **CPAP** **BiPAP** **N/A**

Glucose Control: **BBI** **Insulin infusion** **N/A**

Dialysis:

Surgery:

Other:

Lines:
Peripheral IVC **PICC** **CVC** **Arterial** **Chronic lines**

Investigations of note:

Questions for consideration:

Advice Received/Plan:

SCGH Doctor: ______________________________ **(08) 6457 6891**

Audit:

No change in management	☐
New investigation ordered (circle)	☐
• Bloods • Imaging (echo/CT)	
New diagnosis made	☐
New treatment commenced	☐
Change in treatment goals/palliation	☐
Transfer requested	☐
Transfer avoided	☐

Patient Deceased

Intelebrowser – How-To-Guide

If you are discussing with a specialty in Perth re: managing a patient and they wish to review the images, this guide will assist you to upload Images from Broome Imaging (Global Diagnostics) to the Metro Tertiary Hospital Services (IMPAX)

1. Load the Intelebrowser webpage (click hyperlink)
2. Enter login credentials
    a. Username: BRED
    b. Password: Global2019!

3. Click *Patient Search* on the drop down menu at the top left of screen
4. Search patient name in the search bar *(Surname, First name)*
5. Refer to the *study description* column to identify the images you want to share
6. Click on the study you want to upload/transfer to Perth teams.
    a. NOTE: if there are > 1 image you want to upload, hold Control and click all of the images you want to upload/transfer.
7. Click "*Move Selected Study*" – the icon looks like this:

8. Click the double arrow icon to send images to WAPACSCOMPASS
9. Click move and await the green ticks to confirm the images have been successfully uploaded

Result

Top Tips:

- X-rays will upload immediately; CT scans can take up to 40mins to upload the entire study.

- You can check your studies are uploaded prior to calling your specialty by logging into IMPAX and searching your patient by name.

- Patient URN's do not always work when transferring images – Name searches only please.

- Perth will **only receive the images** – any reports given by Global Diagnostics are not transferred with them.

Referring Paediatric Cases to Outpatient Cardiology Follow-up:

RE: Regional Patient Referrals for Visiting Paediatric Cardiology Clinics

Please be advised that as per hospital directive, all referrals, including to the cardiology regional clinic services, now need to be directed as below.

Perth Children's Hospital has implemented eReferral, the state-wide referral management system. All specialist rooms, GPs and WA Country Health Service referrers are being advised to direct all non-urgent referrals for PCH outpatient services to the Central Referral Service.

Phone: 1300 551 142 **Fax: 1300 365 056**

Website: https://ww2.health.wa.gov.au/Articles/A_E/Central-Referral-Service-guide-for-referrers

Referrals from nurse practitioners, other non-medical referrers and private hospitals (including those with a private-public partnership) are to be directed to PCH Referral Office.

All urgent referrals are to be sent to the PCH Referral Office. Urgent referrals must always be discussed with the PCH Cardiologist /Registrar on call before the referral is sent. The referral needs to include the name of the Consultant/ Registrar the referrer spoke to. Each referral is to be faxed individually.

PCH Referral Office fax: 08 6456 0097

PCH Referral Office email: pch.referrals@health.wa.gov.au

Please refrain from sending referrals to personal email addresses.

Referrals sent via this method will not be actioned.

Echocardiogram requests are not accepted.

The new email address for general admin queries re cardiology regional clinics is PCHCardiologyOutreach@health.wa.gov.au