

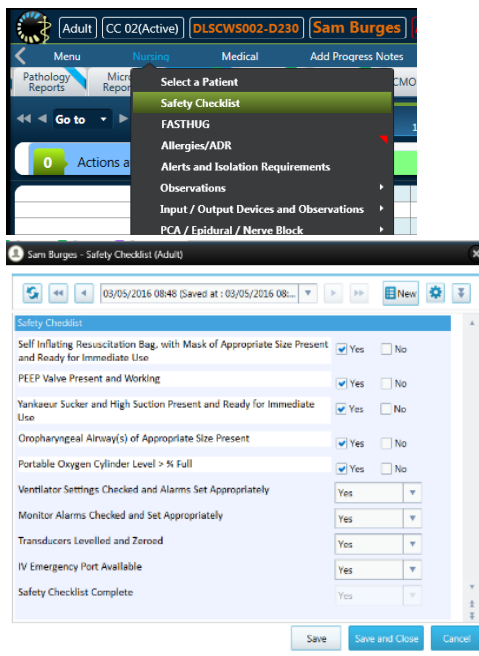
This Quick Reference Guide (QRG) provides you with information about the nursing daily routine in eRIC

Safety Checklist

The Safety Checklist should be completed by the nurse at the start of the shift. Each time the nurse opens the Safety Checklist it will take them to a new blank checklist session. The Previous Session button will navigate to earlier checklist sessions.

Safety Checklist Form is located under:

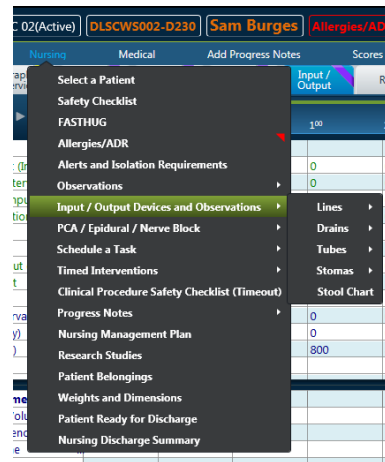
[Nursing] → Safety Checklist



Lines/Drains/Tubes

Documentation for Lines/Drains/Tubes is performed by accessing:

[Nursing] → Intake/Output Devices and Observations → Lines/Drains/Tubes/Stomas/ Stool Chart



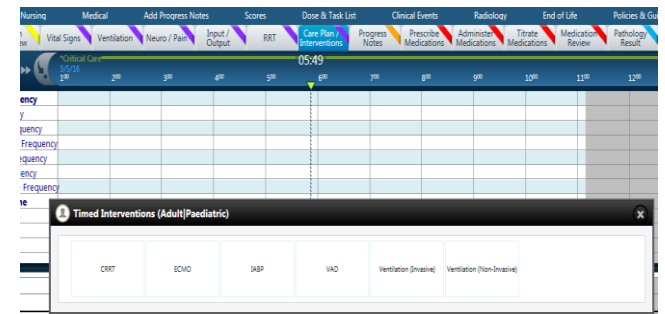
Common Lines/Drains/tubes are:

- Lines → CVC → CVC 3 Lumens → CVC IJ
- Lines → Arterial Catheter → Arterial Radial L
- Tubes → Airway → ETT (oral)
- Tubes → Gastrointestinal → NG tube
- Tubes → Gastrointestinal → Bowel Management System
- Tubes → Genitourinary → IDC
- Drains → Neurological → EVD

Timed Interventions

ICU Interventions that occur over a specific duration of time can be documented as Timed Interventions in eRIC. This allows a record of how long these interventions have been in progress for (e.g. number of ventilation days) as well as a review of duration between episodes of therapy (e.g. CRRT).

Select from the **Timed Interventions** buttons at the bottom of the **Care Plans / Interventions** Tab View.



Timed interventions include:

- CRRT
- ECMO
- IABP
- VAD
- Ventilation (Invasive)
- Ventilation (Non-invasive)

Care Plan/Interventions

This tab view allows for the scheduling of tasks and timed interventions.

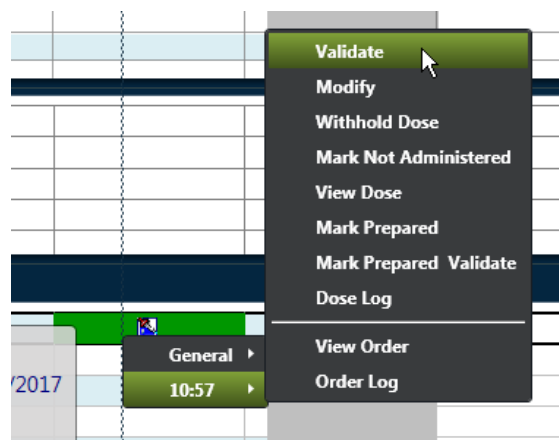
Care plans can include:

- Assessment and frequency of vital signs, neurological observations, BGL, gastric aspirate, urine output
- Mobility and hygiene plan – eye care, oral care, pressure area care
- Ventilation – O₂ delivery device, suction, trache care, trache weaning
- Checklists – safety checklist, FASTHUG, physical restraints.

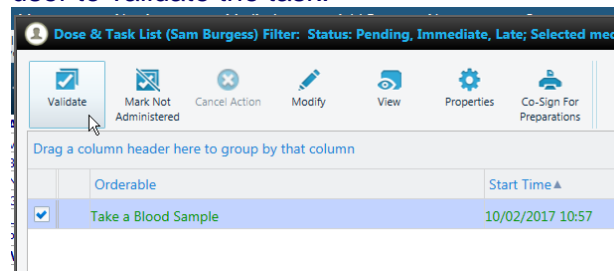
To validate a task in the Task List View:

Right click  → time → [Validate].

Nurse can also [Modify] or [Withhold] the task



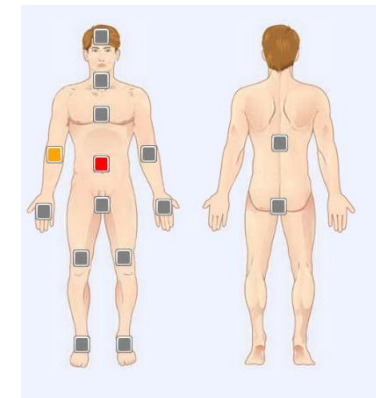
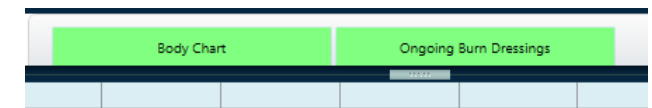
Dose & Task List Menu: Also prompts the user to validate the task.



Tasks that are validated as complete will be in the Tasks Window view.

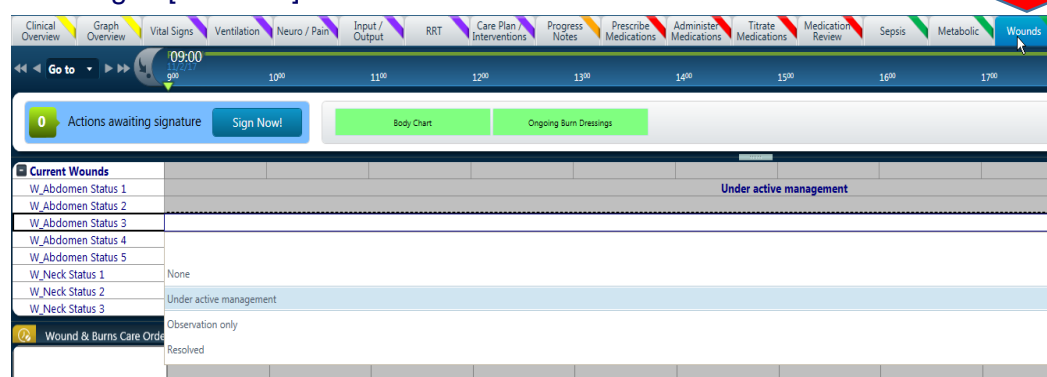


→[Ongoing Burn Dressings] for documenting details about burns dressings.



Wound Care Plan

To document patient's wounds and Validate Dressings - [Wounds] Tab.



→[Body Chart] to open chart and document wound area.