

ARIA USER GUIDE FOR NURSES

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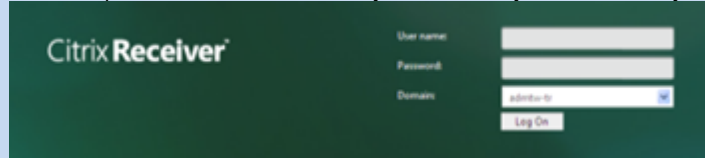
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Written by	H Downs	Checked by	Chemo EP Group	Date	September 2020	

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SECTION 1: LOGGING IN TO MANAGER AND OPENING PATIENT RECORDS

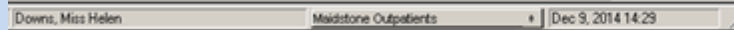
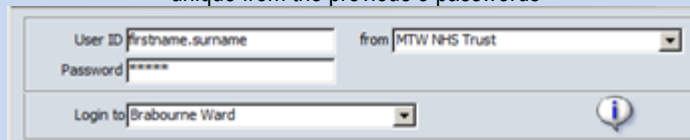
Enter your user name and password. These are usually, but not always, the same as your windows details.



Select MO Manager



Enter your username as **User ID**. This is usually firstname.surname format. **From** should always be MTW NHS Trust and **Log into** should be the area where the patient will be treated and should always be at ward/department level. Your password must be between 6 and 10 characters long, start with a capital letter and be mixed case. It should contain at least 2 numbers, no special characters and be unique from the previous 5 passwords



Your name should be displayed. If it isn't click on the name displayed and select **Switch Users**. **DO NOT USE Lock Application** Ensure you are working in the correct area. This should show the department where the patient will be treated. Click on the location displayed to change

Use *File* and *Exit* to close programme. DO NOT use X as this will close the window but will not log you off.

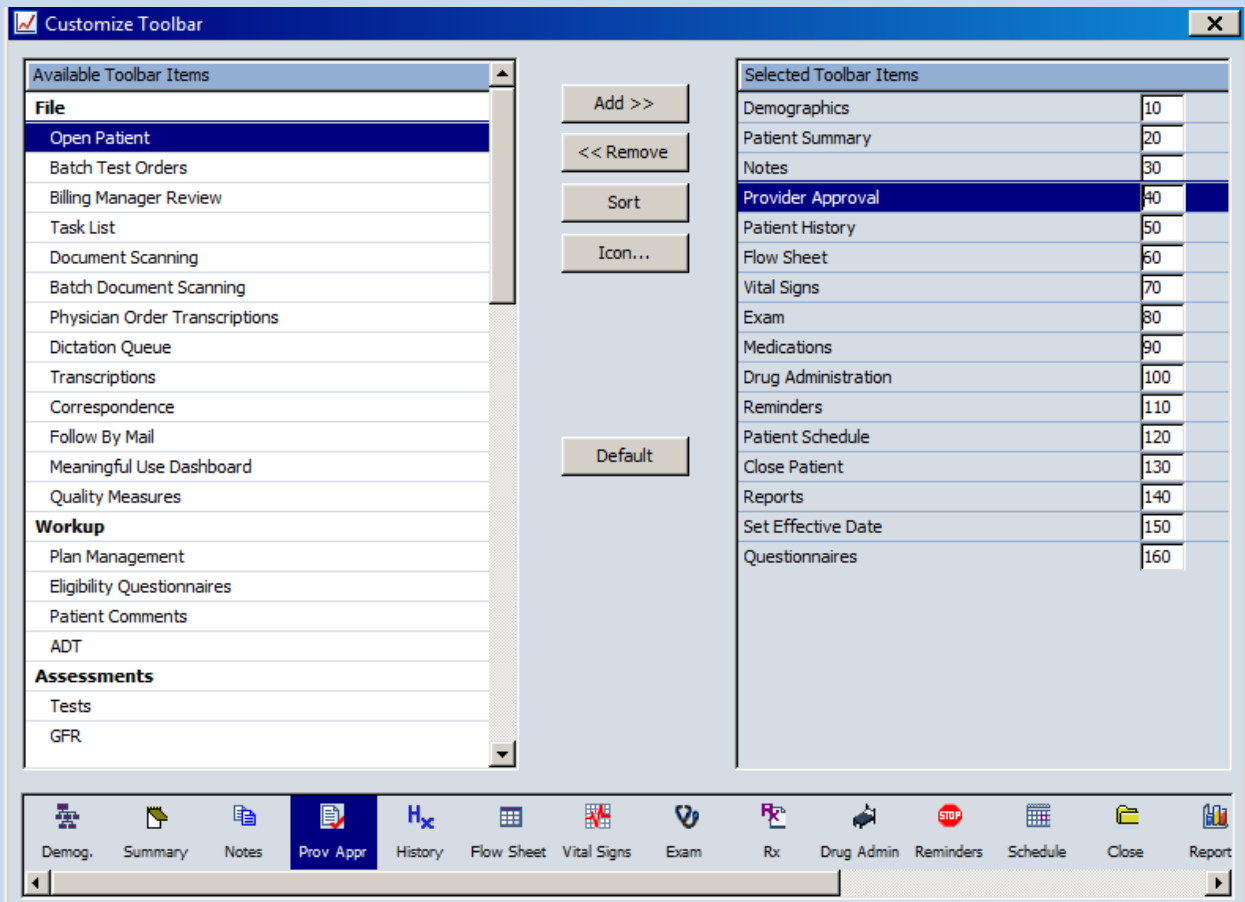
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CUSTOMISE TOOLBAR

System admin – security – customise toolbar

Select an item from the menu on the left by clicking on it once then select 'Add' to add to your toolbar. Select an item on the right then select 'Remove' to remove it from your toolbar. Click on an item on the right then select 'Icon' to change the picture of that icon. Change the numbers to change the sequence in which the icons will appear on your toolbar, item 10 will be on the far left, item 20 second from left and so on. Select Sort to put in numerical order once re-numbered.

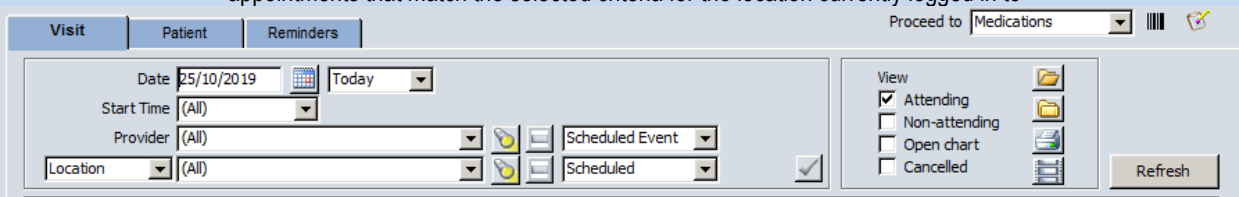


The items listed as 10 – 160 above, show from left to right in the order defined by their numbers



OPEN PATIENT - VISIT TAB

Ensure only the Attending box is ticked to view a list of patient appointments that match the selected criteria for the location currently logged in to




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OPEN PATIENT - PATIENT TAB

To search for a patient enter at least the first 2 letters of their first and last names or select their primary ID type from the drop down list and enter in the box to the right then click **Search**. To select patient from list, highlight line by clicking once then select **Open** or double click on line

Select an option from the **Proceed to** menu and whenever you open a patient record it will go directly to the area selected.

Selecting  displays the last 20 patients you have viewed in the department selected

Modify to change patient details or **View** to just view them

PATIENT DETAILS

Open patient window – view patient

All information in the demographics tabs is imported from KOMS however the patient's Provider (Consultant) will need to be added manually. To add the Provider, select the Providers tab

Select Modify then New. Type the surname of the required consultant then select Search. Highlight the relevant consultant then select OK

From the Relationship menu, always select Consultant. Select OK to complete

Once added, the nominated consultant will remain in the patient record

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SECTION 2: PATIENT HISTORY

DRUG ALLERGIES

Patient history – allergies tab

Allergies already entered are displayed here. Highlight and click **View** to see details. Icon is added to EMR for allergy information:

= Allergy status not completed = NKDA = Documented allergy

Reaction Type	Response	Type	Onset Date
Allergies			
GENTAMICIN	Skin Rashes/Hives, Shock/Unconsciousness, Asthma/Shortness of Breath, Nausea/Vomiting/Diarrhea, Swollen-lips, Chest Pains/Irregular Heart Rate	Drug	Unknown

Check 'No Known Allergies' if appropriate or select New... to add

No Known Allergies

Always select Drug from Type drop down menu and not drug class. For drug allergies click to search

Allergy Adverse Reaction
 Type
 Allergy

DO NOT FREE-TYPE DRUG NAMES as these won't then be linked to inputted information. Always select from list.

Ensure the Formulary Only box is unchecked then type the first few letters of the drug, this will then display a list of matching agents. Highlight the drug you require from the list then select OK to add.

Agent Name

Formulary Only

Agent	Number of Matching Entries
<input checked="" type="checkbox"/> PENICILLAMINE - (oral liquid Oral)	7
<input checked="" type="checkbox"/> PENICILLAMINE - (tablet Oral)	
<input checked="" type="checkbox"/> PENICILLIN V - (capsule Oral)	
<input checked="" type="checkbox"/> PENICILLIN V - (oral liquid Oral)	
<input checked="" type="checkbox"/> PENICILLIN V - (tablet Oral)	

Tick the box(es) beside the correct reaction description then select the severity from the drop-down menu

Select Save-New to complete current entry then add another or select OK to complete task

Allergy Adverse Reaction
 Type
 Allergy
 Onset Date Unknown Form

Response	Description	Severity
<input type="checkbox"/>	Skin Rashes/Hives	
<input type="checkbox"/>	Shock/Unconsciousness	
<input type="checkbox"/>	Asthma/Shortness of Breath	
<input type="checkbox"/>	Nausea/Vomiting/Diarrhea	
<input type="checkbox"/>	Anemia/Blood Disorders	
<input type="checkbox"/>	Photosensitivity	
<input type="checkbox"/>	Swollen-lips	
<input type="checkbox"/>	Chest Pains/Irregular Heart Rate	
<input type="checkbox"/>	Other	<input type="button" value="Search"/>

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OTHER MEDICATIONS

Patient history – Medications tab

SECTION 3: PATIENT VITAL SIGNS

ENTER VITAL SIGNS

Vital signs - New

Enter Vital signs in the right hand box next to the unit of measure. Once height and weight are entered, the system will calculate BSA & BMI. Range parameters are provided for reference

Vital Sign	Unit	Value	Unit Label	Range	Approve
Height	cm	195.0	cm	(195.0 - 195.0)	<input checked="" type="checkbox"/>
Weight	kg		kg	(130.0 - 130.0)	<input checked="" type="checkbox"/>
BSA	sq.m		sq.m	(-)	<input checked="" type="checkbox"/>
BMI				(18.0 - 30.0)	<input checked="" type="checkbox"/>
Pulse	/min		/min	(60.0 - 100.0)	<input checked="" type="checkbox"/>
Respiration	/min		/min	(12.0 - 28.0)	<input checked="" type="checkbox"/>
Temperature	Celsius		Celsius	(-)	<input checked="" type="checkbox"/>
Systolic	mm(hg)		mm(hg)	(90.0 - 140.0)	<input checked="" type="checkbox"/>
Diastolic	mm(hg)		mm(hg)	(65.0 - 90.0)	<input checked="" type="checkbox"/>
O2 Sat	%		%	(96.0 - 100.0)	<input checked="" type="checkbox"/>
Pain				(0.0 - 10.0)	<input checked="" type="checkbox"/>

Select All Approve to complete

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SECTION 4: DELAY REGIMEN

DELAY REGIMEN

Medications – treatment tab – Green Pen – Delay

Treatment can be delayed from 2 points:

Next to be Given – Next ordered prescription that has not been administered

Next to Order – Next unordered prescription

Enter duration of delay in number of days or weeks then select Approve to complete. To bring treatment forward, prefix number of days/weeks delay with '-'. **Pending orders cannot be delayed therefore Next to be Given and Next to Order may not be consecutive. To delay a pending order it should be approved first then delayed.**

If the date of treatment has elapsed then the delay will need to be performed by a user with access to set the effective date (see below)

DELAY A PRESCRIPTION FROM AN ELAPSED DATE

Open Patient Window - Security – Set Effective Date

Click on the prescription date from the calendar then select Set Date then Close. The date and time at the bottom of the window will now appear in red to indicate the date change to the system

Jan 13, 2020 11:05 (past)

Perform the prescription delay as usual. When leaving the patient record, a pop-up will ask to reset effective date. Always select Yes to return the system to today's date.

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SECTION 5: REVIEW PRESCRIPTION

REVIEW PRESCRIPTION

Medications – Orders/Rx tab

Prescription statuses: *Approved:* Approved by Doctor, *Pending:* Awaiting Doctor's approval, *Dispensed:* Dispensed by pharmacy

Order #	Start Date	Medication	Status
402100030	Oct 03, 2016	BRE-005 Docetaxel	PENDING
402100029	Sep 12, 2016	BRE-005 Docetaxel	APPROVED
402100028	Aug 22, 2016	BRE-005 Docetaxel	DISPENSED

New: To order a new regimen or support drug
Review: To review an approved order
Error: To cancel the prescription and return it to being un-ordered
Reissue: To open the prescription to make changes. If there are subsequent prescriptions in Pending, and changes are made to an approved prescription by using the Reissue button, these changes will not be carried forward to the pending prescription. If the changes need to be continued into subsequent prescriptions, the pending order will either need to be updated manually or, before reissuing the approved prescription, delete the pending prescription then re-order once changes have been applied to the prescription being changed. If the button is greyed out and you would usually have access to this button, then pharmacy have locked the prescription as they have begun processing it. Contact pharmacy before proceeding
Approve: To pharmacy approve the order. Continued below
Dispense: Button only enabled if order is pharmacy approved

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SECTION 6: DRUG ADMINISTRATION

DRUG ADMINISTRATION – DRUGS MARKED INTERNAL

Drug administration – Daily administration tab

The **Daily Administration** tab shows all drugs that should be administered within the ward/department and are therefore defined as 'Internal' on the prescription. They are listed in administration order. Ensure the correct administration date is selected from the left. All entries for the selected day should be completed, including NB notes, by either recording them as having been administered or by marking them as not given. This will result in an empty screen for the selected day.

The screenshot displays the 'Daily Administration' tab in the ARIA system. It features a navigation bar with tabs for 'Daily Administration', 'Other Administration', 'Standing Orders', 'Administration Hx', and 'Medication Hx'. The patient information at the top right shows 'Sex: Female' and 'DoB: Oct 22, 1'. A left-hand pane lists dates from Dec 09, 2014, to Dec 18, 2014, with 'Dec 10, 2014' selected. The main area shows a list of drugs under the 'Internal' category. Each drug entry includes the agent name, dose, administration date/time, status (e.g., 'PENDING'), order number, and recording information. For example, 'ONDANSETRON 8 - 16 mg injection Intravenous Inf once short over 15 minutes in sodium chloride 0.9% w/v 50 ml (1) at the rate of 200 mL/hr' is listed with a status of 'PENDING' and a recording status of '100%'. Other drugs include 'DEXAMETHASONE 8 mg tablet Oral once', 'ATROPINE SULFATE 0.25 mg injection Subcutaneous Inj once bolus PRN', 'IRINOTECAN HYDROCHLORIDE 486 mg (at 180 mg/m2) infusion Intravenous Inf once short over 30 minutes in sodium chloride 0.9% w/v 250 ml (2) at the rate of 500 mL/hr', 'CALCIUM FOLINATE 350 mg injection Intravenous Inf once short over 2 hours in sodium chloride 0.9% w/v 500 ml (3) at the rate of 250 mL/hr', and 'FLUOROURACIL 1,100 mg (at 400 mg/m2) injection IV Inj once bolus'. At the bottom of the interface, there are buttons for 'Record...', 'Adjust...', 'Adjust All...', 'Error...', and 'Co-Sign...', along with navigation arrows and a search icon.

Record: Click once on drug to highlight then click to record drug administration details

Co-Sign: Click to record co-sign of drug. Co-signee will then need to enter username and password. Hold shift and click on each drug to be co-signed to acknowledge co-sign for numerous drugs

Lined paper contains administration instructions, click to view

R in a yellow triangle indicates a previous reaction to the prescribed drug, Click to view

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DOSE RECORDING

Drug administration – Daily administration tab - Record

The top line displays what the prescriber ordered and the bottom line, what the pharmacy supplied. In most cases these will match but sometimes pharmacy may have made a change and they will differ e.g. change of diluent

ONDANSETRON						100%	Order # 402100006	Tx Optional
8 - 16 mg injection Intravenous Inf once short over 15 minutes in sodium chloride 0.9% w/v 50 ml (1) at the rate of 200 mL/hr								
Dispensed: 8 - 16 mg injection Intravenous Inf once short over 15 minutes in sodium chloride 0.9% w/v 50 ml (1) at the rate of 200 mL/hr								
Dose Seq.	Admin. Date/Time	# Doses	Amt. Received	Duration	Prep Wastage			
Dose 1 of 1	Expected 10/12/2014 00:00	1		Detailed Recording				
PENDING	Actual 10/12/2014 00:00	1	8 mg			Drug Lot #: _____		
Dispensing	End 10/12/2014 00:00		<input type="checkbox"/> Not Given			Manufacturer: _____		
Disp Admin Instr								

Enter the administration time and dose as appropriate
Use the plain paper to document batch number, expiry or any notes
The lined paper continues to contain any drug specific administration instructions

Recorded As Per

Clinic / Hospital

Patient

Agency

Adverse Reaction

Detailed Recording

For infusions, select Detailed Recording to enable start and stop time details to be recorded

Enter a start time then select **Approve All** then **OK** to record but still leave item 'Active' to allow a stop time to be entered

Administration Date/Time	# Doses	Amount Received	Approved By	Approve
Start 22/08/2016 10:00				<input type="checkbox"/>

2nd nurse should follow the same process for entering a stop time then select **Approve All** then **Approve** at the admin screen to complete. This will then record at which stage each nurse was involved

Administration Date/Time	# Doses	Amount Received	Approved By	Approve
Start 22/08/2016 10:00			Downs, Helen	<input checked="" type="checkbox"/>
Stop 22/08/2016 11:00	1	200 mg		<input type="checkbox"/>

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DRUG ADMINISTRATION – DRUGS MARKED PICK-UP INTERNAL

Drug administration – Other administration tab

DO NOT COMPLETE OTHER ADMINISTRATION UNTIL COMPLETION OF DAILY ADMINISTRATION. Once recordings have been made against drugs on the 'Other administration' tab, the prescription cannot be amended e.g. to delay prescription following treatment failure

The **Other administration** tab shows all drugs to be given to the patient to take home. Should a subsequent day or cycle be ordered this will be listed at the top of the screen. Care should be taken to ensure the correct date is selected for each drug. To document issue of drug to the patient, highlight the line then select **Record...**

Agent	Admin Instr	Admin Start Date	Quantity	Date of Last Dose
DEXAMETHASONE tablet Oral Take as Directed (Pickup - Internal)		Sep 12, 2016		
METOCLOPRAMIDE tablet Oral Take as Directed (Pickup - Internal)		Sep 12, 2016		
DEXAMETHASONE tablet Oral Take as Directed (Pickup - Internal)		Aug 22, 2016		
METOCLOPRAMIDE tablet Oral Take as Directed (Pickup - Internal)		Aug 22, 2016		

Record in the same way as for items on the **Daily Administration** tab

Dose Seq.	Admin. Date/Time	# Doses	Amt. Received	Duration	Prep Wastage
Dose 1 of 1	Expected 23/08/2016 00:00	1			
PENDING	Actual 23/08/2016 00:00	1			
Dispensing	End 23/08/2016 00:00		<input type="checkbox"/> Not Given		

Once an item had been recorded, it must be removed from the screen to ensure no further dose recordings are made against it. Highlight the relevant item then select **Stop Recording**. On the following screen select **Yes**.

Agent	Admin Instr	Admin Start Date	Quantity	Date of Last Dose
DEXAMETHASONE tablet Oral Take as Directed (Pickup - Internal)		Sep 12, 2016		
METOCLOPRAMIDE tablet Oral Take as Directed (Pickup - Internal)		Sep 12, 2016		
DEXAMETHASONE tablet Oral Take as Directed (Pickup - Internal)		Aug 22, 2016		
METOCLOPRAMIDE tablet Oral Take as Directed (Pickup - Internal)		Aug 23, 2016 10:00		

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SECTION 7: FLOW SHEET

FLOW SHEET

Flow Sheet will display Vital Signs, Blood results (selected Trusts only) and Drug administrations, with the data dated at the top of the column with the cycle and day number if appropriate

Visit Date	Mar 10/20 C1- D1	Mar 11/20 Visit	Mar 12/20 Visit	Mar 13/20 Visit	Mar 16/20 C1- D1	Apr 20/20 C2- D1	Apr 21/20 Visit	Apr 22/20 Visit	Apr 23/20 Visit	Apr 24/20 C2- D5
Vital Signs										
Height	166.00							166.00	166.00	166.00
Weight	73.90						67.9		67.90	
BSA	1.85						1.77		1.77	
BMI	26.82						24.6400		24.64	
Temperature	37.7						37.7	37.3	38.1	
Pulse	65						84	83	67	
Respiration	15						18	17	14	
Systolic	166						146	159	148	
Diastolic	67						77	66	74	
O2 Sat	98						97	100	96	
Dose Recordings										
AZACITIDINE	90	90	90	90	90	90	90	90	90	90
NB Check accuracy of % dose reductions	1						1			
NB Monitoring parameters	1						1			
ONDANSETRON	8	8	Not Given	Not Given	8	8	8	8	8	8

View/Date Range

All Days with Data

Date: 21/05/2019

To: 20/05/2020

View: (none)

Choose Data... Edit...

Data: Save As Print

Refresh

Select **Choose Data** to customize what is displayed on the flow sheet. Entries with multiple same day results will be indicated by the green square and the most recent entry of the day will appear on the main view of the flow sheet and on any graphs produced. Right click on the relevant result and select View Details to view all results for that entry for that day.

Neutrophils (Gran)			
	Result	Unit	Date Collected
→	1.1	10 ⁹ /L	L Jun 15 2015 09:30:55 (1.8/7.8)
	1.5	10 ⁹ /L	L Jun 15 2015 09:27:05 (1.8/7.8)
	1.5	10 ⁹ /L	L Jun 15 2015 09:25:29 (1.8/7.8)

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SECTION 8: ARIA DOCUMENTATION

QUESTIONNAIRES

Assessments – Questionnaires

Questionnaires are patient specific so can only be opened from within the patient record. The window will open with 'Today' selected in the drop down menu. Select 'All' to view all questionnaires completed for the patient

Highlight the required questionnaire then select View to open or Error to delete it. To start a new questionnaire, select New, select a questionnaire from the list then OK to open. To view errored questionnaires, check the 'Show errors' box

Patient Questionnaires - xtest, helendowns - helentest - Birthdate: Dec 26, 1992 *** NOT AN ACTUAL PATIENT ***

View Time Period
Date: [] All [v]

Date	Type	Title	ID	Status	
Feb 19, 2016	Procedural	Patient Initial Set-Up Checks	2	Approved	[A] [v] []
Feb 19, 2016	Procedural	Pharmacist Clinical Screen	3	Approved	[A] [v] []

Clinical	Pre and post treatment medication record
Procedural	Patient Initial Set-Up Checks
Procedural	Pharmacist Clinical Screen
Procedural	Pharmacy Comment

Complete the questionnaire as appropriate then select Approve to complete or OK to save part-completed details to return to later.

Date and Time of entry
28 / 05 / 2020 01 : 00

Where were pre-meds taken?
Taken on the ward

TTOs supplied
 Yes No N/A

Number of TTOs supplied to the patient
1 2 3 4

NOTES

Existing notes are listed in date order. Highlight note and select View to open. Select Error to delete. To view errored Notes, check the 'Show errors' box.

Date / Time	Note	Author / Type
Oct 25, 2019 15:08	Patient didn't require TTOs as plenty at home.	Progress Note Helen Downs Pharmacy

Use the filters at the bottom of the screen to show by note type and author type

Note Type: (All) [v] View: Discipline [v] (All) [v]

View: [x] Header [x] Data

Free-type text here

Select New to start a new note. If note templates are available, they will be shown on a pop-up window for selection. Select to choose a template or select Cancel to start a blank note. Complete the note as a free-text document then select OK to save but return to later or Approve to complete

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SECTION 9: REVERSE FUNCTIONS

DRUG ADMINISTRATION – DOSE RECORDING – ERROR

On the Daily administration tab, drugs whose dose recordings have been completed will not be listed and if all the internal drugs have been administered, the whole panel will be empty. To recall the drugs, check the 'All but errored' radio button on the right.

Click once on the bottom administration line of the drug you required, then select 'Error' then 'Yes' to the pop-up window.

Enter a reason for erroring the dose recording when prompted and OK to complete. The dose recording entry will now return to a Pending state