

# Diane

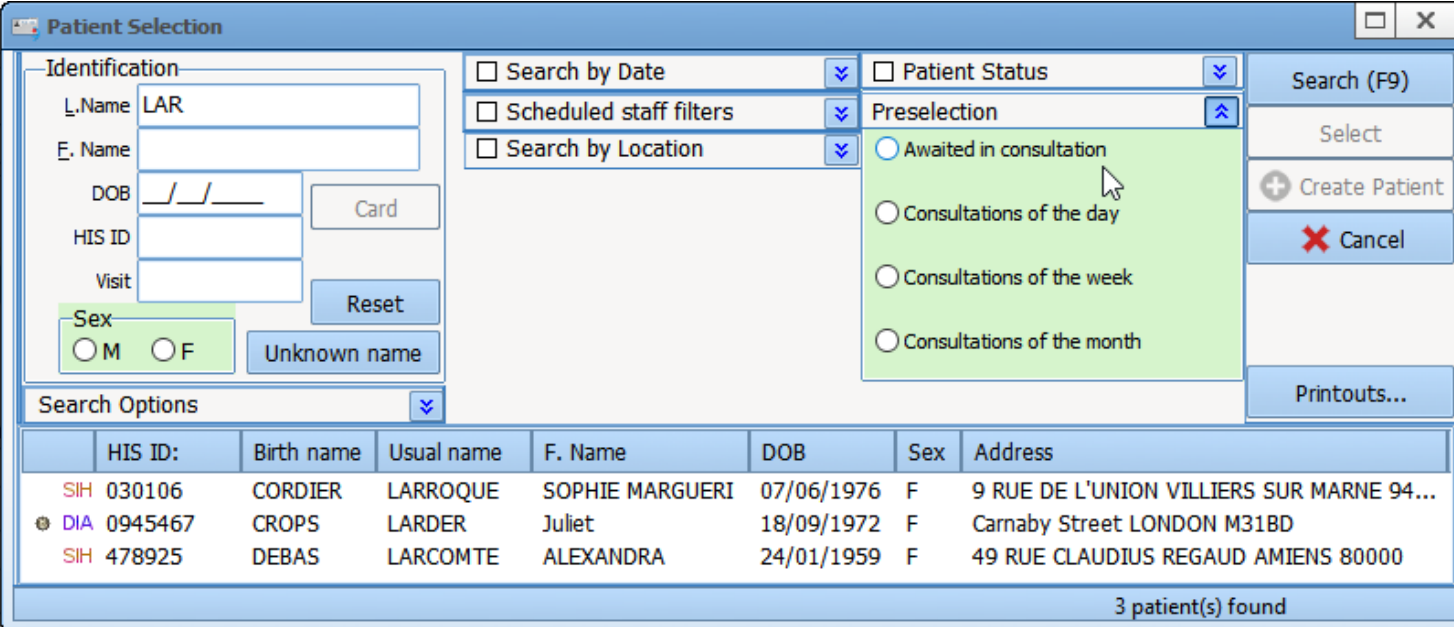
## Interoperability with HIS

2020 02 11

# Patient Identity (Basic)

Patient Identity is send by HIS using an HL7 ADT/SIU data flow.

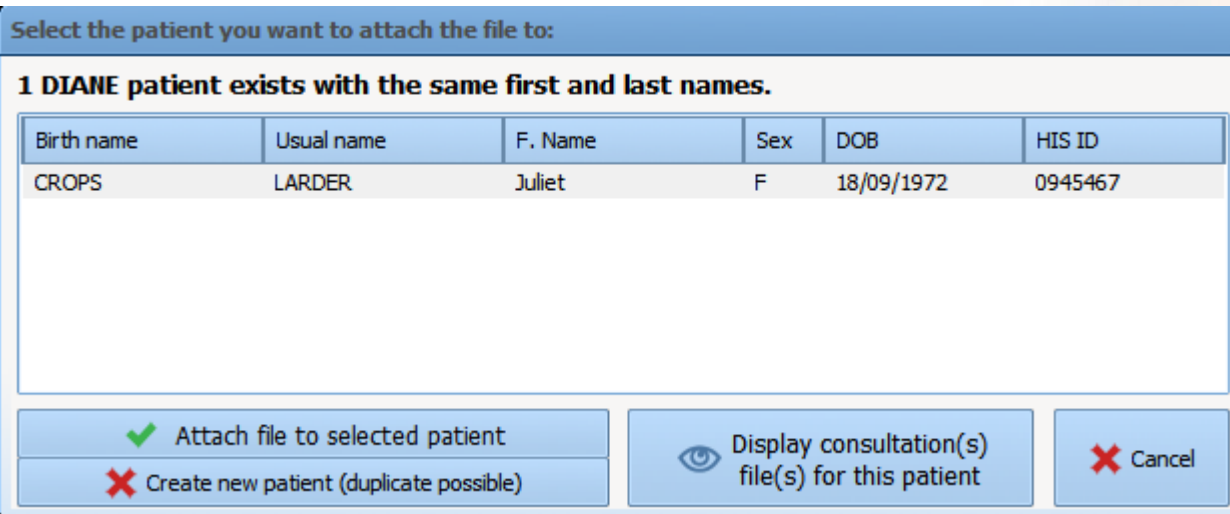
- Diane afford a search tool to find patient in its database and HIS patient identity record.
- It can also let you find a patient by his appointment (booked in Diane or HIS)
- At least, a Diane patient record could have been created with out any HIS link. You can bring closer HIS identity and Diane record using the same tools.
- It prevents double entry or homonyms



The 'Patient Selection' dialog box is used for finding patients. It includes fields for L.Name, E. Name, DOB, HIS ID, and Visit. There are checkboxes for 'Search by Date', 'Search by Location', 'Patient Status', and 'Scheduled staff filters'. A 'Preselection' dropdown menu is open, showing options: 'Awaited in consultation' (selected), 'Consultations of the day', 'Consultations of the week', and 'Consultations of the month'. Buttons include 'Search (F9)', 'Select', 'Create Patient', 'Cancel', and 'Printouts...'. A table at the bottom shows search results.

	HIS ID:	Birth name	Usual name	F. Name	DOB	Sex	Address
SIH	030106	CORDIER	LARROQUE	SOPHIE MARGUERI	07/06/1976	F	9 RUE DE L'UNION VILLIERS SUR MARNE 94...
DIA	0945467	CROPS	LARDER	Juliet	18/09/1972	F	Carnaby Street LONDON M31BD
SIH	478925	DEBAS	LARCOMTE	ALEXANDRA	24/01/1959	F	49 RUE CLAUDIUS REGAUD AMIENS 80000

3 patient(s) found



The 'Select the patient you want to attach the file to:' dialog box shows a message: '1 DIANE patient exists with the same first and last names.' Below is a table with patient details. At the bottom are three buttons: 'Attach file to selected patient' (green checkmark), 'Create new patient (duplicate possible)' (red X), and 'Display consultation(s) file(s) for this patient' (eye icon). A 'Cancel' button is also present.

Birth name	Usual name	F. Name	Sex	DOB	HIS ID
CROPS	LARDER	Juliet	F	18/09/1972	0945467

# Preanesthesia assessment – Surgeon software (Basic)

When creating a new file, Diane can be linked with a surgery scheduling. These information can be loaded :

- Date, duration, state
- Procedure,
- Surgeon and his comment
- Outpatient care
- Posture
- CJD
- Weight / Size

In addition, that link allow Diane to send information back at the end of preanesthesia assessment (decision to proceed or not)

OR scheduling is more dynamics.

**PreAnaesthetic Consultation** User connected : SYSTEM Diane - CROPS LARDER Juliet (D.o.B 18/09/1972)

**Patient**

Select of patient

Birth name: CROPS  
Usual name: LARDER  
Sex: ☐ M ☒ F  
F. Name: Juliet

**Operation(s)**

New Operation

Date	Age	Height	Weight	Operation
03/28/2019	46 y.o.	175 cm	56 Kg	Cerebrospinal fluid (CSF) and vent...
06/23/2008	35 y.o.	175 cm	68 Kg	Septorhinoplasty
10/15/2005	33 y.o.	175 cm	65 Kg	Endoscopy Digestive endoscopy :...

Save Cancel Print

**Administrative**

**Patient informations**

D.o.B: 18/09/1972 Family situation: Married  
Social number: 555123

**Family doctor**

Name: BRONSON First name: Charles Address: 9 Paddington Square City: CAMDEN PostCode: NW1

**Operation**

Consultation date: 01/03/2019  
Operation date: 28/03/2019  
Surgery duration: 1 hour  
Asking service:   
O.R. unit: Operating Room  
Room:   
O.R.

**Scheduled operation(s) type(s) 1**

Cerebrospinal fluid (CSF) and ventricles

**Scheduled Anaesthetist(s)**

ANESTHETIST Maxwell

**Scheduled surgeon(s) 1**

PETIT Alexandre

**Illness history**

Illness history

**Realised operation(s)**

Auto fill after intervention

**Circumstances**

☒ Scheduled  
☐ Emergency  
☐ Obstetric

**Admission mode**

☒ Hospitalization  
☐ Ambulatory

**Position on table**

☒ Dorsal Decubitus  
☐ Lateral right Decubitus  
☐ Lateral left Decubitus  
☐ Ventral Decubitus  
☐ Knee-Pectoral  
☐ Seated  
☐ Gyneco (Lithotomy)  
☐ Orthopedic Table

**Comments**

# EMR Call (Basic)

During the appointment, anaesthetist can call any other software using :

- Patient identity
- User Authentication (Active directory, token, ldap, extern login)

no pop-up, the operation is user-friendly !

If the software called is web application, it can be showed in our builtin browser (IE or Chrome)

PreAnaesthetic Consultation User connected : SYSTEM Diane - CROPS LARDER Juliet (D.o.B 18/09/1972)

Administrative History/Treat. Clinical exams Paraclinical Conclusion/Visit Ambulatory Summary Documents (0)

Utilisateur : caroline Mot de passe Déconnecter

Planning du mercredi 8 avril 2015 AMALTO ERIC

	lundi 06	mardi 07	mercredi 08	jeudi 09
	SALLE 1.	SALLE 2.	SALLE 1.	SALLE 2.
07:00				
08:30	COIFFE EPAULE 08:30-10:50 ANDRE ANDRE		CAT OG / PN 08:00-10:50 GERARD GERARD	CAT OG / AMBU 08:00-11:00 CARMEN CARMEN
10:00				
11:30		Rhizarthrose 11:30-12:50 POISSON MARIE CATHERINE	ENDOPROTHESE A. 11:20-12:20 RAYMOND	Rhizarthrose 11:15-14:05 ANTOINETTE ANTOINETTE
13:00	EVENTRATION VOI 13:25-16:05 FRANCOIS FRANCOIS		HERNIE LOMBAIRE 13:10-14:40 JEROME JEROME	CAT OD / AM 10:25-13:15 MIREILLE MIREILLE
14:30			HERNIE OMBILICALE 15:10-16:20 SAMIR SAMIR	CAT OD / AMBU 12:00-14:50 MICHELE MICHELE
16:00			ABLATION MATE 15:55-16:40	EVENTRATION 15:20-16:30 PATRICK PATRICK
17:30				

Création rapide  
Séjour  
Lancer

Accueil  
Séjours  
Planning  
Absences  
Bloc  
Réveil  
Planning spécialité  
Comptes rendus opératoires  
Planning Excel  
Planning Opératoire  
Options

Créer un nouveau :  
Séjour  
Changer de chirurgien :  
AMALTO ERIC  
Affichage :  
1H30 14 jours  
Couleurs des plages du planning  
Plage de vacation  
Plage de vacation libérée  
Plage Hors vacation  
Jour férié  
Couleurs des opérations  
Opération validée  
Autre chirurgien:  
Opération validée  
Opération non validée  
Autre chirurgien:  
Opération non validée

Operation

Consultation date  
01/03/2019

Operation date  
28/03/2019

Surgery duration  
1 hour

Asking service  
[dropdown]

O.R unit  
Operating Room

Room  
[dropdown]

O.R

# Anaesthetic patient record (Basic/Expert)

PreAnaesthetic Consultation User connected : SYSTEM Diane - CROPS LARDER Juliet (D.o.B 18/09/1972)

**Patient**

Select of patient

Birth name: CROPS

Usual name: LARDER

Sex: ☐ M ☒ F

F. Name: Juliet

**Operation(s)**

New Operation

Fields to be filled in

Date	Age	Height	Weight	Operation
03/28/2019	46 y.o.	175 cm	56 Kg	Cerebrospinal fluid (CSF) and vent...
06/23/2008	35 y.o.	175 cm	68 Kg	Septorhinoplasty
10/15/2005	33 y.o.	175 cm	65 Kg	Endoscopy Digestive endoscopy ...

Save Cancel Print Options Retrieve

**Administrative** **History/Treat.** Clinical exams Paraclinical Conclusion/Visit Ambulatory Summary Documents (0) Treat./Premed.

**Surgical history** 3 ✓

Tonsillectomy Revision with adenoids 1986

Endoscopy Digestive endoscopy : EUS upper access 15/10/2005

Septorhinoplasty 23/06/2008

**Family history** 1 ✓

Pathology Kinship

Cardiac problems Father

**General condition, Habitus** 1 ✓

Alcohol consumption occasional and moderate

**Transfusion history** 1 ✓

No transfusion history

**Anaesthetic history** 1 ✓

No anaesthesia history

**Allergies** ✓

Latex

**Obstetric history** ✓

**Previous operative complications** 2 ✓

Emesis without inhalation 15/10/2005

Erythema 23/06/2008

**Medical history**

Cataract

Peptic ulcer disease old healed

Psoriasis

**Treatments**

PARALYOC 500mg (paracétamol) 1-1-1

CORTANCYL 5mg (prednisone) 3-0-0

**MAINTAIN, RELAY OR STOP**

CORTANCYL 5mg (prednisone) to stop 3 days before the surgery

NTR Medical file Prescriptions

Medical history, allergies, usual therapy can be sent in a report (PDF / Word). It is possible to update a document but it is not structured data.

We can also send information as structured data : every input has its own label, id, code (dci)

So the receiving software can integrate them in his formulary.

At least, that data flow can be unidirectional or bi directional.

Document and structured data can be simultaneously activate.



# EMR Call (Expert)

When you call a web application in our builtin browser, it's possible to get information back.

Example : Anaesthetist call HIS in order to fill preanaesthetic medications on it.

- You may retrieve theses information :  
Anaesthetic assessment is complete.
- Generally these informations aren't structured.

Administrative		History/Treat.		Clinical exams		Paraclinical		Conclusion/Visit		Ambulatory		Summary		Documents (0)		Treat./Premed.			
Laboratoire				Pancarte O2				Transfusion				Post-Opératoire				Infectieu			
T(°C)	TA(mmHg)	Pouls(bpm)	EVA(EVA)	Diurèse(mL)	07h				08h										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	00	15	30	45	00	15	30	45	00						
41	185	137	9	2750															
40	170	124	8	2500															
39	155	111	7	2250															
38	140	98	6	2000															
37	125	85	5	1750															
36	110	72	4	1500															
35	95	59	3	1250															
34	80	46	2	1000															
33	65	33	1	750															
32	50	20	0	500															
HGT																			
Refection de lit																			
GAZ																			
SELLES																			
Total GLASGOW																			
IMC																			
Soins					07h				08h										
					00	15	30	45	00	15	30	45	00						
Bilan E/S																			
NOVATREX 2.5 mg, cpr 4 comprimé, Tous les mardis, Matin, Voie orale, jusqu'à arrêt																			
Prise en charge en Kinésithérapie Matin, jusqu'à arrêt																			
1 - J-1 à J0 : Fracture fémur personne >75 ans																			
o) Risque infectieux																			
a) Dépilation 1 fois																			
a) Fracture																			
a) Attelle/Tillau 1 fois																			

# Preadesthesia assessment conclusion (Expert xmlhprim)

**PreAnaesthetic Consultation** User connected : SYSTEM Diane - CROPS LARDER Juliet (D.o.B 18/09/1972)

**Patient**

Birth name: CROPS  
Usual name: LARDER  
F. Name: Juliet  
Sex: ☐ M ☒ F

**Operation(s)**

New Operation

Fields to be filled in

	Date	Age	Height	Weight	Operation
	03/28/2019	46 y.o.	175 cm	56 Kg	Cerebrospinal fluid (CSF) and vent...
<input checked="" type="checkbox"/>	06/23/2008	35 y.o.	175 cm	68 Kg	Septorhinoplasty
<input checked="" type="checkbox"/>	10/15/2005	33 y.o.	175 cm	65 Kg	Endoscopy Digestive endoscopy :...

Save Cancel Print Options Retrieve

**Administrative** **History/Treat.** **Clinical exams** **Paraclinical** **Conclusion/Visit** **Ambulatory** **Summary** **Documents (0)** **Treat./P**

**SYNTHESIS / Important Elements** 2

Cardiorespiratory examinations=  
- Systolic bruit at the aortic area Check-up not done

**INFO - Benefits / Risks** 1 ✓

Information on the risk Anaesthesia-related : Backgrounder given to the patient

ASA 1  
Septic risk 1  
CJD None

LRA  
I-LRA  
☐ LRA possible  
☐ LRA recommended  
☐ LRA possible and recommended

**Suggested ANAESTHESIA PRO**

Local anesthesia (LA)

File modified by :  
Luc ANESTH 10/15/  
Luc ANESTH 10/17/  
Diane SYSTEM 02/28/  
Diane SYSTEM Current

☐ Full stomach ☒ CCU postop

**INSTRUCTIONS given to patient** 1 ✓

BRING to the clinic the CARDIOLOGIST summary

**PREMEDICATION** 1 ✓

ATARAX (Hydroxyzine) the previous evening 100mg PerOs

**Transfusion strategy**

No particular transfusional strategy

**Antibiotics prophylaxis** ✓

**Monitoring, Equipment, Perop protocol** ✓

Done by : The :

**Pre Anaesthetic visit**

☐ NTR from PAC  
☐ File complete

Fasting since hour  
Nurse Document  
Version : 7  
Printings

**Comments** ✓

As a conclusion to preanesthesia assessment, the user can share his decision to confirm or not the surgery and send it to OR software : It is useful to complete the scheduling workflow.

In this kind of interface, these informations are also sent :

- Anaesthetic
- Physical status score (ASA)
- CJD
- Anaesthetist comment.

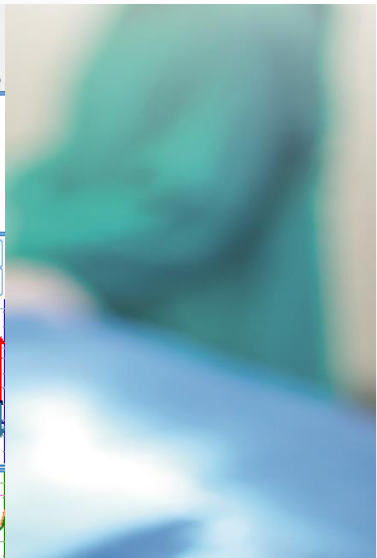
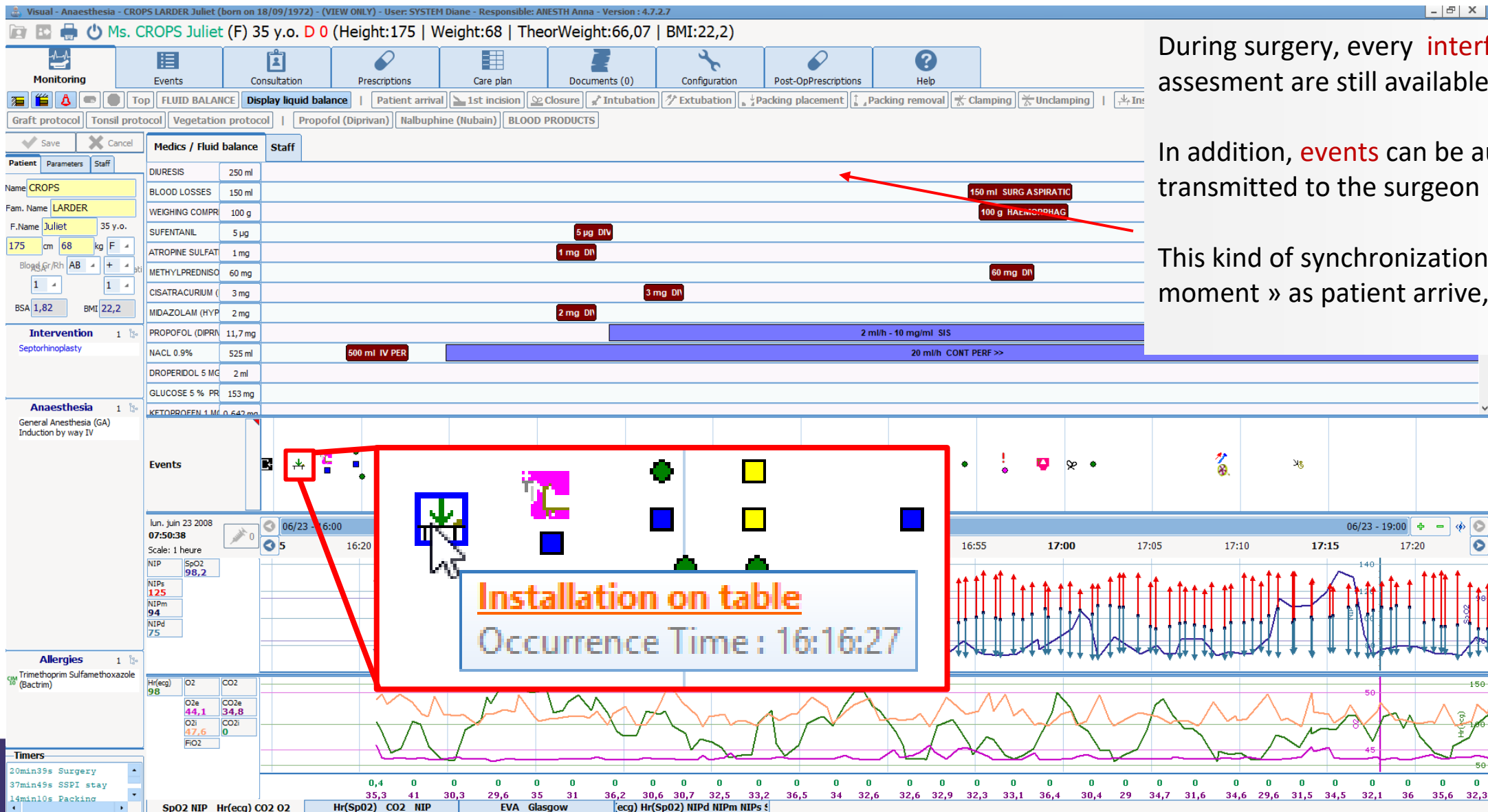
## Anaesthesia report

# OR Interop (Expert HL7 ORU)

During surgery, every **interface** in anaesthesia assesment are still available.

In addition, **events** can be automatically transmitted to the surgeon software.

This kind of synchronization save every « key moment » as patient arrive, incision, etc...





# Prescriptions (Expert)

Hospital prescribers have to ensure the continuity of prescription. We assume that 2 scenarios exist to transmit and
























Visual - Salle Demo - CREPIN LARDEUR Juliette (né(e) le 18/09/1972) - (INTERVENTION) - Utilisateur: MEDECIN Paul - Responsable:

Mme CREPIN Juliette (Femme) 44 ans Salle Demo (UF : UF-124578) J 0 (Taille:175 | Poids:65 | PoidsTheor:66,07 | IMC:21,22)

MEDECIN Paul

SURVEILLANCE Evénements Consultation Prescriptions Plan de soin Documents (3) Configuration Prescriptions Post-Op Aide

Alertes 0 1 0 13

		<b>ONDANSETRON 4 mg film orodispers (SETOFILM)</b> <span>Gen</span> 				
 AnesthRea04b			Orale	A04AA01 (ondansetron)	 03/02/2017 11:15  03/02/2017 11:15	
Discontinu, 1 LYOC 08h, 1 LYOC 12h, 1 LYOC 18h (soit 3 LYOC/j)						
Condition : SI NAUSEES ET/OU VOMISSEMENTS MAX 3/J						
			 AnesthRea04b	Orale	N02AX02 (tramadol)	 03/02/2017 11:15  03/02/2017 11:15
Discontinu, 1 gel 02h, 1 gel 05h, 1 gel 08h, 1 gel 11h, 1 gel 14h, 1 gel 17h, 1 gel 20h, 1 gel 23h (soit 8 gel/j)						
Condition : SI EVA > 3 MAX 8 GELULES/J AVEC AU MOINS 30MIN ENTRE DEUX PRISES SUCCESSIVES						
			 AnesthRea04b	Orale	N02BE01 (paracetamol)	 03/02/2017 11:15  03/02/2017 16:00
Discontinu, 2 gel toutes les 6 heures (soit 8 gel/j)						
			 AnesthRea04b	Orale	M01AE01 (ibuprofene)	 03/02/2017 11:15  03/02/2017 17:00  05/02/2017 11:14
Discontinu, 2 cpr toutes les 8 heures (soit 6 cpr/j)						2 j
Condition : PRESCRIPTION VALABLE SI PAS DE PROFENID PRESCRIT						

ne ☹️  
remains in

# Care plan (Expert)

- Care plan can be sent as a report
- External events can be received and shown.
  - Every kind of event can be process (care action, blood sample, etc )

Visual - Anaesthesia - CROPS LARDER Juliet (born on 18/09/1972) - (VIEW ONLY) - User: SYSTEM Diane - Responsible: ANESTH Anna - Version : 4.7.2.7








Ms. CROPS Juliet (F) 35 y.o. D 0 (Height:175 | Weight:68 | TheorWeight:66,07 | BMI:22,2)

Monitoring Events Consultation Prescriptions **Care plan** Documents (0) Configuration Post-OpPrescriptions Help

Monitoring Care plan

HOURL	06/23 16h 00	06/23 16h 37	06/23 17h 15	06/23 17h 52	06/23 18h 30	06/23 19h 07	06/23 19h 45	06/23 20h 22	06/23 21h 00	06/23 21h 37	06/23 22h 15	06/23 22h 52	06/23 23h 30	06/24 00h 07	06/24 00h 45	06/24 01h 22	06/24 02h 00	06/24 02h 37	06/24 03h 15	06/24 03h 52	06/24 04h 30	06/24 05h 07	06/24 05h 45	06/24 06h 22
<b>Perfusions</b>																								
Glucose * 5 % ()																								
<b>Vascular filling</b>																								
<b>IV</b>																								
Ondansetron ()																								
Droperidol ()																								
Paracetamol ()																								
Ketoprofen ()																								
<b>Drugs in another mode of administration</b>																								
<b>Per-OS</b>																								
<b>Ventilation parameters</b>																								
<b>Supervision</b>																								
Heart rate from the ECG																								
Non invasive pressure (Group)																								
Oxygen saturation of arterial blood																								
Tympanic T°																								
<b>Food</b>																								
Bouillon Yahourt Compote																								
Drink allowed this evening																								
<b>Products derived from blood</b>																								
<b>Advanced entries</b>																								
Monitoring Pain Sedation																								

Visual - Salle Demo - CREPIN LARDEUR Juliette (né(e) le 18/09/1972) - (INTERVENTION) - Utilisateur: MEDECIN Paul - Responsable:

 SURVEILLANCE
  Evénements
  Consultation
  Prescriptions
  Plan de soin
  Documents (3)
  Configuration

✚ Effectuer une saisie à :

Horaires
<input type="checkbox"/> Perfusion
<input type="checkbox"/> Antibiotiques
<input type="checkbox"/> Anticoagulants
<input type="checkbox"/> Antalgiques Chlorhydrate de morphine (morphine) sc
<input type="checkbox"/> Thérapeutique
<input type="checkbox"/> Alimentation
<input type="checkbox"/> Surveillance Saignement: noter volume Pouls, TA, Respiration, Coloration, Conscience
EVA
<input type="checkbox"/> PSL
<input type="checkbox"/> Divers Si douleur, pas de perfalgan mais donner du paralyoc (2cp/24h) en
<input type="checkbox"/> Paraclinique
<input type="checkbox"/> Ventilation
<input type="checkbox"/> Saisies avancées
<input type="checkbox"/> Alimentation entérale
<input type="checkbox"/> Drains
<input type="checkbox"/> Examens

## Action on an event (done ...) can be sent to HIS.

Plan de soin

Libellé
Chlorhydrate de morphine de 10 à 10 mg 3x/j

1234563 Ilp

09:00 3

☒ A Faire

☐ Fait

☐ Non Fait

☐ Patient

EVA

Si douleur,

[illegible][illegible]

# Lab result (Basic)

- Diane receives lab result to show them during anaesthesia consultation, surgery or ICU stay.
  - During the consultation, we generally show them as a document (pdf, txt)
  - During hospital stay, lab result are integrated on a DiaGrid ( cross view of every kind of data (careplan, event, lab ...)

History

From 01/10/2018 07:00:00 to the 02/03/2019 07:00:00 Previous day Next day ☒ Auto refresh

Care plan Prescription plan **Lab results** Advanced entries Scores Parameters Events Drugs Timers Alarms Signatures Mixed view Search

Display data from 10/01/2018 at 07:00 to 03/02/2019 at 07:00. History generated 03/01/2019 at 08:37

Time of occurrence	Caption	Label2	Value	Value2	Unit	Unit2	Comment	Normal	Meter normality	File
2018/10/05 06:30	P. neutrophiles		20.61	PN3	Giga/L			1.50 à 7.50	H	
2018/10/05 06:30	I.N.R.		1.13	INR2						
2018/10/05 06:30	Lymphocytes		8.2	LY	%					
2018/10/05 06:30	Lipase		35	LIPA	U/L			13 à 60	N	
2018/10/05 06:30	G.G.T.		104	GGT	U/L			Inf. à 60	H	
2018/10/05 06:30	Rapport P/T		0.84	rTCA				Inf à 1.20	N	
2018/10/05 06:30	Réserve alcaline		27	RA	mEq/L			22 à 29	N	
2018/10/05 06:30	ALAT		55	PT	U/L			Inf à 41	H	
2018/10/05 06:30	P.A.L.		73	PAL	U/L			40 à 129	N	
2018/10/05 06:30	Lymphocytes		2.23	LY3	Giga/L			1.00 à 4.00	N	
2018/10/05 06:30	ASPI Origine	Expectorations	EXP08	EXOR						
2018/10/05 06:30	Sodium		121	NA	mEq/L			136 à 145	L	
2018/10/05 06:30	Potassium		4.4	K	mEq/L			3.7 à 4.9	N	
2018/10/05 06:30	T.C.A. patient		24.7	TCAP	mm					

Element : 0/0 ☐ Full word only

Line	10/06 07h 00	10/06 07h 35	10/06 08h 10	10/06 08h 45	10/06 14h 35	10/06 15h 10	10/06 15h 45	10/06 16h 20	10/06 16h 55	10/06 17h 30	10/06 18h 05
Blood gases											
SATURATION O2		98									99
pO2		103.0									152.0
pCO2											41.0
pH											7.42
Bicarbonates		26.00									26.60
Base excess		1.2									1.9
CO2 total		27.3									27.9

Hour	Results	Value	Unite	Normal	Meter normality
07h35	pO2 (PO2)	103.0	mm de Hg	80,0 à 100,0	Above the normal (H)





# Logipren

Réa - Lit 3 - MULARD David - Utilisateur: SYSTEM Diane - Version : 4.7.3.3

Nom: MULARD David, Prénom: David, Âge: 58 ans, Localisation: Lit 3, Jour: 137, Taille: 173cm, Poids: 81,5kg, Poids théorique: 68,75kg

mer. 17 juil. 2019 J 137

Aucun personnel responsable renseigné pour ce jour.

Navigation: Navio, Admission, Médecin, Prescription, Lodioren, Paramed., Plan de soins, Labo, Général, Hémod., Resoi., Rénale, Infect., Evénements, Germes, Docs (0), IGSI, Bloc

Afficher la balance liquidienne | Prescription examens | LOGIPREN | LOGIPREN 2

Prescription en cours

Calories (/24h) : - KCal (- KCal/Kg)  
Azote (/24h) : - g (1g/- KCal)  
Prix estimé : €9,06

Signature des prescriptions  
par PAUL  
MDP  
Signé par MEDECIN Paul  
le 17/07/2019 à 10:12:29

Signature senior des prescriptions  
par PAUL  
MDP  
Signé par MEDECIN Paul  
le 17/07/2019 à 10:12:29

L'analyse en temps réel des informations de la prescription est désactivée.

Informations patient :  
Allergie Connu  
ATCD Med-Hypertension Artérielle (HTA),  
Arrythmie Complète - Fibrillation Auriculaire (AC/FA), Dyslipidémie  
Traitements: ALLOPURINOL (Allopurinol) Comp  
100mg (Générique Zyloric), LASILIX

Vidal ✓

Charger une prescription (Ajout)  
Charger une prescription (Remplace)  
Arrêter toutes les prescriptions  
Annuler les modifications en cours

Remplissage vasculaire

2 Isofundine poche 500 ml perf-iv - chy : 500 ml; D=1h le 03/03 à 15h44

IV

1 Amiodarone chlorhydrate : 150 mg + Diluant non précisé: 50 ml; D=30min à 14h00  
3 Amiodarone chlorhydrate : 600 mg (12,5 mg/ml); V=2 ml/h en continu  
2 Atropine sulfate : 0,5 mg le 03/03 à 02h00  
2 Magnesium sulfate 10 % : 3 g (0,06 g/ml); D=20h le 03/03 à 19h45  
2 Nicardipine chlorhydrate : 50 mg; V=1 ml/h en continu  
Commentaire associé : "V de 0 à 6ml/h pour TAs <160 et > 120 mmHg"

2 Potassium chlorure 10 % : 3 g (0,06 g/ml); D=6h le 03/03 à 19h58

Per-OS

3 Acide acetylsalicylique : 75 mg Le midi  
2 Clopidogrel : 600 mg le 02/03 à 15h19  
Commentaire associé : "Administer par SNG"  
3 Clopidogrel : 75 mg Le midi  
Commentaire associé : "Administer par SNG"

Médicaments à autre mode d'administration

Paramètres ventilatoires

3 VAC, Sonde d'intubation : en continu

Aérosols

Proctocole Meynaar

2 Cisatracurium : 100 mg; V=6 ml/h 1x/

3 Midazolam : 50 mg (1 mg/ml); V=1 ml/h en continu

2 Midazolam : 50 mg (1 mg/ml); V=3 ml/h en continu

3 Morphine chlorhydrate dix milligrammes par millilitre solution injectable : 50 mg (1 mg/ml); V=2 ml/h en continu

2 Propofol 1 % : 50 mg 1x/

Antibiotiques

3 Acide clavulanique + amoxicilline : 1000 mg + Diluant non précisé: 50 ml; D=30min ttes les 6h

Anticoagulants

3 Heparine sodique : 25000 UI (500 UI/ml); V=1,3 ml/h en continu  
Commentaire associé : "se référer au protocole pour adaptation TCA"

PSL

Médicaments dérivés du sang

Alimentation

Alimentation entérale

2 Sondals standard : 500 ml; V=6,94 goutte/min en continu

Surveillance

38 Fréquence cardiaque à partir de l'ECG : ttes les 4h  
38 Fréquence respiratoire : ttes les 4h  
38 Glycémie capillaire : ttes les 4h  
38 PNI (Groupe) : ttes les 4h  
38 Poids du patient : ttes les 24h  
38 Saturation en oxygène du sang artériel : ttes les 4h  
38 T° Tympanique : ttes les 4h  
Commentaire associé : "Hypothermie objectif 34-36°"

Autres Surveillances

38 Surveillance neuro GCS + pupilles : ttes les 4h

Consignes Particulières

Biologie / Bactériologie.

1 Bio\_Bilan complet : 1x/

2 Bio\_Bilan d'entrée : le 02/03 à 18h00

1 Bio\_Bilan simple : ttes les 6h

# Logipren

Réa - Lit 1 - ANGELIN Francis - Utilisateur: SYSTEM Diane - Version : 4.7.3.3

M. ANGELIN Francis

Prénom

Âge

Localisation

Jour

Taille

Poids

Poids théorique

55 ans

Lit 1

J 4

170 cm

120 kg

66,02 kg

CCAM

ven. 19 juil. 2019

J 4

Aucun personnel responsable renseigné pour ce jour.

Navio.

Admission

Médecin

Prescription

Logipren

Paramed.

Plan de soins

Labo

Général

Hémod.

Resol.

Rénale

Infect.

Evénements

Germes

Docs (3)

IGSII

Bloc

Logipren

Christophe Cann (Administrateur)

INTEGRATION 2.2.3-SNAPSHOT

Poids de prescription

1 000 g

Surface corporelle (formule pédiatrique)

0,12 m<sup>2</sup>

Volume

29,2

ml

Volume rapporté au poids

29,2

AG 28 SA + 0 j

PN 950 g

AC 28 S + 4 j

Pds mesuré 1 000 g (17/07/19)

APN 4 j

Pds 1 000 g (17/07/19)

prescript.

15 juil. 2019

Réa Néonatal > R01-01 > A

Morphine chlorhydrate (MORPHINE 10 mg/1 ml sol inj)

Indication(s) ☒ douleurs rebelles aux antalgiques de niveau plus faible ☐ douleurs intenses ☐ Autres, précisez

Traitement ☒ Débuté le 16 juil. 2019 (J4)

Notes

Protéger la perfusion de la lumière.

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16 juil. 2019 au ?

Prescription : 288 mcg/kg/j , soit 12 mcg/kg/h , soit 12 mcg/h , soit 288 mcg/j en perfusion continue pendant 24 h à un débit de 0,2 ml/h

Préparation : Ampoule de 10 000 mcg pour 1 ml

(1/2) - Prendre 1 ml de la solution et rajouter 49 ml de NaCl 0,9% , on obtient 50 ml = 10 000 mcg (1 ml = 200 mcg) ;

(2/2) - Prendre 1,4 ml , ajouter 3,4 ml de NaCl 0,9% , on obtient 4,8 ml = 280 mcg (1 ml = 58 mcg) ;

Préparer la quantité administrée multipliée par 1 (tubulure, variations de débit)

Administration : Administrer 4,8 ml en perfusion continue en 24 h à un débit de 0,2 ml/h

Paracétamol (PERFALGAN 500 mg/50 ml inj)

Indication(s) ☒ antipyréxie ☐ antalgie ☐ Autres, précisez

Traitement ☒ Débuté le 17 juil. 2019 (J3)

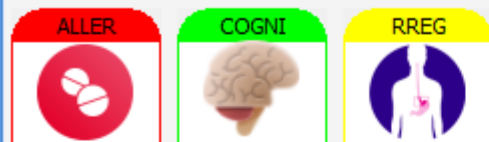
Notes

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# SFAR -

MOEBIUS - Analyse effectuée le 10/02/2020 16:07 | Les données récupérées sont obsolètes, veuillez rafraichir le dossier.

## Evaluation



## Suggestion de conciliation

Consignes AAP proposées :

✓ Arrêt de l'antiagrégant principal à J-5 et de poursuivre l'ASPIRINE.

Prescription non médicamenteuse :

✓ Contention élastique

Arrêt du traitement :

✓ Tareg 160mg comprimé pelliculé (160 mg/comprimé) : 1 comprimé 1x/j

Antibioprophylaxie proposée :

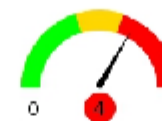
🔍 METRONIDAZOLE 1 g - Gentamicine 5 mg/kg

Maintien du traitement habituel :

✓ Omacor 1000mg capsule molle (1 g/capsule) : 1 capsule 1x/j

## Scores

Score d'APFEL



Douleur chronique



STOP BANG

