# **DIANE User Manual** Version 4.8



A BOW MEDICAL brand



BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 1/298

# Warning

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# 1. Introduction

**DIANE** is a software suite for critical care in hospitals. Several modules are available allowing secure patient monitoring and that are catered to caregivers' needs:

- **DIANE ANAESTHESIA** enables patient monitoring from the preoperative assessment to the surgery to the recovery room.
- **DIANE ICU** enables patient monitoring in the ICU and continuous care unit.
- **DIANE OBSTETRICS** lets you monitor mums and neonates in the obstetrics unit and also women in gynaecology and family planning.

This manual explains how all the modules work to help start using the software.

The user manual can be accessed by hitting F1 on your keyboard. The help function is designed to go directly to the chapter of the manual corresponding to the tab you are in.

The **DIANE** software suite is configurable. It is therefore possible to arrange the layout, tabs and components differently.

This manual will show you the different data entry methods and the particularities of each module.

# **1.1** Reading the user manual

The user manual covers the different features of the **DIANE** software suite. Different parts will concern different users depending on what is present on their site.

To simplify things, read this manual as follows depending on the module you are used to working on.

#### - DIANE ANAESTHESIA:

- Chapter 1: General information (Introduction)
- Chapter 2: General framework (*General framework*). This chapter explains how to start up **DIANE** and the different data entry methods.
- Chapter 3: DIANE ANAESTHESIA (DIANE ANAESTHESIA) which covers the preop assessment (Selecting patient records in anaesthesia), intraoperative and postoperative monitoring (Intra and Postoperative).
- DIANE ICU:
  - Chapter 1: General information (*Introduction*)
  - Chapter 2: General framework (*General framework*). This chapter explains how to start up **DIANE** and the different data entry methods.
  - Chapter 5: **DIANEICU** (*DIANE ICU*). This chapter deals with all the functions of the intensive care module with an emphasis on medication orders (*Medication order tab, Examples of medication orders*), on the care plan (*Care plan tab*), and on the body diagram (Body diagram).

- DIANE OBSTETRICS:

- Chapter 1: General information (*Introduction*)
- Chapter 2: General framework (*General framework*). This chapter explains how to start up **DIANE** and the different data entry methods.
- Chapter 4: Chapter 4 (DIANE OBSTETRICS) deals with the entire obstetrics module. However,

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Other chapters deal with various functionalities such as coding (*Procedure/ICD-10*) and the query tool (*QUERIES*).

We have used the following fonts to help you read this manual:

Type of font	Refers to
DIANE ANAESTHESIA	The software suite concerned
Clinical examinations	A tab
Medical History	A component with this name
Stop button	A button labelled 'Stop'
Using DIANE on a laptop OFFLINE	Link giving direct access to a chapter

# **1.2** Administration and troubleshooting

At least one person is appointed to administer and manage **DIANE** to keep the database of lists up to date (create a user or multiple entry, add a drug, etc.)

Your site administrator can also help you use the **DIANE** software.

If there is an IT problem, tell your site administrator or your facility's IT department.

**NB**: In the event of a malfunction blocking the application, all **DIANE** applications can be closed using **DIANE MANAGER**. This avoids going through the Windows Task Manager. To do this, double-click on *DianeKiller.exe* then on the '**Stop** all **DIANE** processes' button.

**CAUTION**: **DIANE MANAGER** should be used only when there is no other solution as recently entered data can be lost.

# **1.3 Security**

Access permissions are assigned to each user. Each group of users has different levels of access to the application depending on their role. There are:

- Software permissions: giving access to the various DIANE applications,
- Application permissions: giving access to the different application functions,
- Administrator permissions: giving access to the configuration and the different reference lists.

You can use the software securely if the connection is lost between the computer and the network or server. The workstations continue to save all the data on the computer and this data is sent the next time it is started up normally. This enables uninterrupted use.

# **1.4 Traceability in DIANE**

The **DIANE** software tracks the data entered and who it is entered by. It is possible to view all the items entered in real time successively in the different fields by hovering over these fields. This traceability is maintained when offline, both for data already available and data entered again.

In the application, a colour is assigned to each user who changes, adds or deletes information in a patient record.

In the screenshot below, you can see a red cross at the top right of the **Medical History** field. If you hover the mouse over this area, you can see a detailed description of all the data changed or deleted in this field. This data entry traceability is available for all fields, including free text fields.

a. Lit 1 - DUMONT Anna - (REANIMATION) - Utilisateur: LAFRENIERE Charr	maine - Version : 4.7.5.2	20171						
Mme         Nom DUMONT         Prénom Anna         Âge 当 39 ans         Localisation ⊒ Llt 1         Jour	Taille Poids	Poids théorique du pat	ient en kg					
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Prregistrer Annuler Reprise CR sortie de Réa			•					
Observation d'entrée Réa Evolution Synthèse Réa Exams.Com	mplémentaires LATA	A Compte-rendu de sortie	Anciens dossiers					
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🕼 Diabète Diabète InsulinoDépendant (DID) avec Neuropathie		upprimé par Gaetan CHAUVET le						
Diabète Diabète InsulinoDépendant (DID) avec complication		nsion Artérielle (HTA) " a été saisi par Gaetan CHAUVET le 06/08/2020 10:26 é ou supprimé par Philippe CASSIS le 06/08/2020 11:01 Diabète InsulinoDépendant (DID) avec complication multiple " a été saisi par Charmaine LAFRENIERE le 06/08/2020 10:26 🔹 🍡 Importer par c						
reurologique     reurologique     WyperTension Artérielle (HTA) essentielle	et modifié ou su							
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Risque BMR/BHRe								
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						bigesti		
Facteurs de risque								
Dyslipidémie Obésité Tabagisme actif	pq/année							
Diabète ATCD cardio-vascu. familiaux								
•								

**NB:** There is no history for specific examinations (**Clinical examinations** tab) or configurable assessments (**Paraclinical** tab).

# **1.5 DIANE Manager**

In the event of a malfunction blocking the application, all **DIANE** applications can be closed using **DIANE MANAGER**.

Using **DIANE MANAGER** may cause data to be lost from the relevant patient record. Ask a key user for instructions on how to use it.



This avoids going through the Windows Task Manager.

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The following window opens to let you:

- Shut down DIANE: which forces the software to stop completely
- Restart **DIANE**: by shutting down completely then immediately restarting
- Do nothing (which allows you to close this window and go back to the portal).

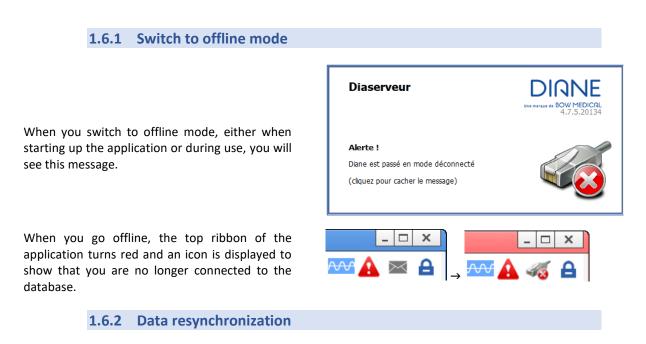
# **1.6 Offline mode and connections between computers**

The software can still be used if the server fails or the connection with the network or server is lost. In offline mode, data provided locally by biomedical devices is still recorded. You can also create a new patient and carry out the entire related procedure.

The user can be changed in offline mode.

**IMPORTANT:** Offline mode should not be used for routine use. This mode simply avoids losing the work done when the network is disconnected. Restart **DIANE** as soon as the situation returns to normal.

NB: When the problem comes from the server, the computers will still be connected to each other. When there is a network problem, the disconnected computer will no longer have access to the other computers. The other computers in the unit will also no longer have access to the computer disconnected from the network.



When the network is lost, all data is stored on the primary computer.

Resynchronization is attempted when the application is closed. Resynchronization is also attempted when the patient is discharged.

On each reboot, **DIANE** tests the access to the network and sends the patient data saved locally to the central server. The data will be automatically resynchronized the next time the computer is connected.

If you switch to offline mode:

• Are the other computers in the unit also disconnected? If they are, it may be a general problem.

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- $\circ$  Does the computer have intranet access? If it does not, there is a network connection problem.
- $\circ$   $\$  Has the computer been moved? Is the network cable still connected?

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# 2. General framework

# 2.1 Starting up DIANE

# 2.1.1 User identification

To start up a **DIANE** application, select the application name in the **Start/Programs/Diane** menu, or doubleclick on the application icon on the Windows desktop.

CAUTION: do not move the original executabl	e files on the desktop.
---	-------------------------

Dia	ine : connexion
	DIRNE Une margue de BOW MEDICAL
	Alias
	DianeDemo475Rea
	Identifiant LUC
	Mot de passe
	<ul> <li>image: Connexion</li> <li>image: Forcer la mise en mode déconnecté</li> </ul>

**NB:** When the **DIANE** software was commissioned at your facility, **BOW MEDICAL** (or your site administrator) created your username and password for you to log on to **DIANE**. Therefore, when you log on for the first time, a message tells you to change your password. This message will be displayed until you save a new password.

You may then be asked to change your password every year.

The **Alias** on the **Login** screen contains the server references.

Do not modify the content of this field.

Enter the username and password provided by the key users.

**NB:** The first time you log on, you will have to enter the username. This username will then be available in the drop-down menu.



The **Force to offline mode** checkbox lets you start up one or more **DIANE** applications in offline mode. This checkbox is useful when using a laptop where there is no internet connection. It is also used when the software is updated by the key users.

# 2.1.1.1 Login window icons



You can change your password by clicking on the Change password icon. When you click on Change password, the change password window opens. Enter your old password, the new one and then confirm the new password. Click on **OK** or hit **Enter** on your keyboard to save the change. You can change your password via different paths in the **DIANE** application:

• Via the **Configuration** menu in the **Appointment** application,

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- Via the **Options** button in the **Consultation** application, or via the specific buttons available in the **DIANE Anaesthesia** or **DIANE ICU** applications.
- Via the ? menu in the Queries... application

You can lock the **DIANE** computer by clicking on the **Lock the DIANE computer** icon. There are different ways to lock it:

- Via the Options button in the **Consultation** application,
- Via the specific buttons available in the DIANE Anaesthesia or DIANE ICU applications,

Localisation du poste

• Via the ? menu in the Queries... application

This **About...** icon shows which version of **DIANE** is installed on the computer. If there is a technical failure, this information will be useful to **BOW MEDICAL**'s technical staff.

#### 2.1.2 Computer location

A

When you log on for the first time, this window will prompt you to name the room in which the computer is located.

Sélectionnez l'établissement, le service, le bloc et la salle auxquels votre poste est actuellement rattaché :					
Etablissement	Hôpital Sud	4			
Service	Service de Réanimation				
Bloc	Réanimation				
Salle	Lit 1	4			
Fonction de la sal	le : Réanimation / USC				
<u>D</u> éfaut	<u> </u>				
Localisation du poste					
	l'établissement, le service, le bloc et la salle e poste est actuellement rattaché :	9			
		_			
auxquels votr	e poste est actuellement rattaché :	_			
auxquels votre Etablissement	e poste est actuellement rattaché : ETABLISSEMENT	_			
auxquels votr Etablissement Service	e poste est actuellement rattaché : ETABLISSEMENT Service de Réanimation	_			
auxquels votr Etablissement Service Bloc Salle	e poste est actuellement rattaché : ETABLISSEMENT Service de Réanimation Réanimation	_			
auxquels votr Etablissement Service Bloc Salle	e poste est actuellement rattaché : ETABLISSEMENT Service de Réanimation Réanimation Lit 1	_			

In units such as intensive care or the recovery room, one computer can manage several beds. In this case, when the computer is located you will be asked which beds are assigned to the computer.

The names **Bed 1**, **Bed 2** and **Bed 3** are just an idea of what you should enter; the choices are made using the drop-down menus.

#### 2.1.3 Primary mode versus Mirror mode

The **DIANE** software lets you document, log and centralize patient information. A patient's record is accessible from any computer in your unit on which the **DIANE** software has been installed. The patient's record is linked to a single computer that we call the Primary computer. The Primary computer is the one that is connected to biomedical devices (often at the patient's bedside). Mirror computers are all the other computers that have access to the record.

Patients can only be admitted and discharged using the Primary computer. All of the other functions are accessible from any computer.

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### **2.1.3.1** Direct and remote access to patient records

Direct access to a patient record means access from the Primary computer. Remote access is access to the record from a Mirror computer.

In	this	illustration:
		mastration.

The records for ANDRE Pierre and SIMON Maria are on the Primary computer.

The horizontal blue line separates records managed on a Primary computer and records viewed in Mirror mode.

PUNTILLA Justine's record is accessible in Mirror mode.

di,	Portail de réanimation - US	SC 1 - DESKTOP-ACUGK9Q -	CHIR Jean - Version : 4.7.5.2
	nésents	Rapports / Impressions	
	Lit 1 ANDRE Pier	re <b>J 16</b>	
	Lit 2 SIMON Mari	a <b>J</b> 3	
>			
>	Lit 3 PUTILLE Ju	stine <b>J 10</b>	

The record opened on the Primary computer appears with a top ribbon as follows:

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when a record is accessed remotery, the top hoboin becomes yenow and the room — appear.	When a record is accessed remotely, the top ribbon becomes yellow and the	icon 🗳	appears
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IMPORTANT: The Mirror computers give remote access to all of the unit's records and cannot be used to admit or discharge patients.

#### 2.1.3.2 The different connection icons

- The **green icon** in front of the records means that you can work on these records.
- The **red icon T** means that no communication is possible, probably because the computer in that room is switched off.

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- A **yellow icon** means that a connection attempt is in progress.
- A **black icon** <sup>6</sup> means that remote connection is not enabled.
- A **purple icon t** means that the computer is not connected to the database.
- A **blue icon** Second be means that the Primary computer and the Mirror computer versions are not the same.

# 2.1.4 DIANE home page - DIANE portal

Once the user is identified and the computer's location is confirmed, the **DIANE** portal opens. This portal provides access to the various functions through a system of buttons / shortcuts.

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Comptabilité	Impressions/Verrous	Catégorie: Réanimateurs Etat de connexion: normal
Config. utilisateurs	Outil de fusion	🕎 Poste: BOW48 
Config. application	Outil de requêtes	Bloc: Réanimation
Dianeprint	Messagerie	
•••• Changer de MdP	Télémaintenance	
Verrouiller Diane	Diane Manager	
🕐 Quitter	i A propos	Enquête de satisfaction

# 2.1.4.1 Home page icons

Buttons	Function
Rendez-vous	Gives access to <b>DIANE APPOINTMENTS</b> . See the <b>Appointment</b> <b>management</b> chapter for information on how to use the application.
Consultation	Gives access to the <b>Preoperative assessment</b> module in <b>DIANE</b> <b>ANAESTHESIA</b> . See the <b>Preoperative assessment</b> chapter for information on how to use the application.

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Per opératoire	Gives access to the Intraoperative and Postoperative modules in DIANE ANAESTHESIA. If the computer is configured in an operating theatre, the Intraoperative button will be visible. If the computer is configured in a recovery room, the Postoperative button will be visible. See the Intraoperative and Postoperative chapters for information on how to use the application.
Obstétrique	Gives access to <b>DIANE OBSTETRICS</b> . See <b>Obstetrics</b> chapters for information on how to use the application.
Réanimation	Gives access to <b>DIANE ICU</b> . See chapter on <b>Intensive care</b> for information on how to use the application. If the computer is not configured in an ICU/CCU, the <b>Patient list</b> button will be visible.
Ecomptabilité	Gives access to the <b>DIANE ACCOUNTING</b> form. See the <b>Accounting</b> chapter for information on how to use the application. It can be linked to an <b>Accounting</b> tab of the consultation. See the <b>Accounting tab</b> chapter for information on how to use the application.
Messagerie	Gives access to the <b>DIANE MESSAGING</b> to send messages between computers. See the <b>DIANE Messaging</b> chapter for information on how to use the application.

Activité	Lets you view surgeries that were finished or in progress over the last 24 hours (surgeries in progress, patients released from the operating theatre and currently in transit, patients in the recovery room, surgeries finished in the last 24 hours, patients being transferred from the recovery bed).
Information	Lets you see the identity of the person logged on and locate the computer you are working on.
Saisie rapide	Lets you use queries to group patients according to criteria corresponding to patient record contents.

CCAM/Cim10	Gives access to the Entry form for ICD-10 and procedure codes. See the <b>Procedure/ICD-10 codes</b> chapter for information on how to use the application.
Config. utilisateurs	Lets you configure users, access permissions and the site. This tool is for key users only.
Config. application	Lets you configure users, access permissions and the site. This tool is for key users only.
Dianeprint	Gives access to the <b>DIANE PRINT</b> application.

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impressions/Verrous	Gives access to the print and lock manager. This tool is for key users only.
Outil de fusion	Gives access to the <b>Record merge tool</b> . This tool is for key users only.
Outil de requêtes	Lets you search the database. This tool is for key users only.

Diane Manager	Gives access to DIANE MANAGER to close all DIANE applications.
🚥 Changer de MdP	Lets you change the password of the logged-in user.
A Verrouiller Diane	Lets you lock the DIANE computer.
A propos	Lets you see the installed version of <b>DIANE</b> .
Télémaintenance	Gives direct access to the remote maintenance web page to give <b>BOW</b> <b>Medical</b> control of your computer via the Internet. Your IT department may require you to use another tool.
U Quitter	Lets you exit the <b>DIANE</b> application.

**NB:** Some buttons may be greyed out. This happens when they are unavailable (insufficient user permissions or offline mode for example).

# 2.1.5 Patient selection

When starting up an application module, the patient selection window opens automatically.

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This window lets you select the patient whose record you wish to open.

The area located at the top left of the window is used to automatically search for a patient in both **DIANE** (DIA) and the Hospital Information System (HIS). This search can be done using the last name and/or married name. The search can also be done using the date of birth. After typing the first letters of the last name and/or first name, the list of all patients matching the search appears.

Each line corresponds to a patient matching the search criteria. At the beginning of each line, a pictogram gives information about the patient record. The list of pictograms is detailed in the '*Patient list icons*' chapter. If you hover the mouse over a patient in the list you will see more information (types of surgeries scheduled and carried out with surgery start and end times, etc.).

Once you have found the patient, select the patient record line then click on the Select button or doubleclick on their name.

If the patient has not been registered in the software and their administrative admission could not be done,

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**PLEASE NOTE:** Some preset fields can let you display patients without having to enter additional information (for example a patient expected in the recovery room).

Selection filters can be enabled by default and/or manually. They will be detailed in the following chapters.

**IMPORTANT:** Patients must be admitted from the Primary computer.

#### 2.1.5.1 The specific buttons of the Patient selection window

The **Reset** button is used to erase data inserted in the different fields in this area.

The **Unknown name** button lets you enter a fictitious last name (UNKNOWN NAME) and first name (Current date and time) to quickly create a patient who has not yet been identified.

The Printouts button displays a menu that lets you do different tasks including:

- Printing the list of patients selected in this window (UPI, Last name, Married name, First name and Date of birth).
- If you are a key user, opening the print manager to be able to mass print all records that have been changed since they were last printed.
- Installing or removing locks on certain records (only accessible to key users).

#### 2.1.5.2 Patient list icons

Icons appear before each name on the list in the Patient selection window.

Symbols	Function
АРРТ	Patient created in <b>DIANE</b> when an appointment is made (using the RDV.exe application) This symbol is only visible when the <b>Appointment made</b> filter located in <b>Patient Status</b> is ticked or if none of the filters are ticked. The Appt symbol will be replaced by DIA as soon as this patient's preoperative assessment has been confirmed.
EHC	Patient identified with their electronic health card. Once this patient's preoperative assessment has been confirmed, this symbol will be replaced by DIA.
HIS	Patient whose identity is registered in the Hospital Information System.
DIA	The patient's identity is registered in the <b>DIANE</b> software AND is linked to an identity in the Hospital Information System.
DIA	The identity was created in <b>DIANE</b> and is not linked to the HIS
\Lambda DIA	Changes made in the HIS were not carried over to <b>DIANE</b> . When the patient record is opened, a window will prompt you to automatically update the administrative data.
DIA	The record is locked on another computer. A user is currently working on the record on this record has been preloaded onto a laptop. The record can only be opened in read- only mode. It cannot be changed. Hovering over this symbol with the mouse displays a tooltip showing the name of the user who locked this record, the date, time and the computer on which it is locked.

**NB:** Only a site administrator has the right to unlock one or more patient records (if a laptop is lost, for example). In this case, all data inserted during the appointment will be considered lost and cannot be recovered.

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- <u>Attempt to link the patient record to an HIS identity</u>: This option is only available for patients not linked to an identity in the Hospital Information System. This command gives direct access to the **Record** Merge module and lets you automatically search for an HIS identity matching the patient selected.
- <u>Load in full access mode</u>: This option lets you load locally onto the computer all of the patient's data (consultations and surgeries) in read/write mode to be able to change the patient's data when you are offline. See the 'Using DIANE on a laptop OFFLINE' chapter. This option places a lock on the patient in the database, preventing other users from changing the patient's data.
- Load in read-only mode: This option lets you load locally onto the computer all of the patient's data (consultations and surgeries) in read-only mode to be able to see the patient's data when you are offline. See the 'Using DIANE on a laptop OFFLINE' chapter. This option does not place a lock on the patient in the database.

# 2.1.5.3 Different filters and search options

These areas in the **Patient selection** window let you refine the search based on the filters selected. When the patient selection window opens, some filters are enabled by default. They can:

- Be opened or closed individually using the double arrows in the top right corner of the boxes.
- Be enabled or disabled using the checkboxes in the top left corner of the boxes.

#### 2.1.5.3.1 Search options

Some of these options are based on the identification filters related to the patient's identity:

- **Unknown end** lets you search by entering only the start of the last name and/or first name

- **Unknown start** lets you search by entering only the end of the last name and/or first name

- **Ignore accents** does a search without taking into account accents in the patient's last name and/or first name.

 Options de Recherche
 ▲

 ☑ Fin inconnue
 □ Début inconnu

 ☑ Ignorer les accents
 ☑

 ☑ Recherche à la frappe
 ☑

 ☑ Recherche au clic
 ☑

 ☑ Supprime filtres à la frappe

If the first two options are ticked, you can just enter a few letters in the middle of the name.

The **Word completion** checkbox updates the list of patients after just a few letters of the last name and/or first name have been inserted.

The **One-click search** box starts the search after enabling or disabling a filter.

If neither of these two options is activated, you must click on the **Search** button (or hit **F9** on your keyboard) to display the names of the patients matching the letters you have typed.

The **Deletes word completion filters** box cancels all the filters inserted as soon as the user starts to enter text in the search fields (last name, first name, etc.). This lets you search for the patient in the entire software database. This means a patient will be found even when the selection filters chosen are inappropriate.

#### 2.1.5.3.2 Patient status filters

This area enables a search filter related to the status of the patient's record.

\* **Appointment made:** corresponds to patients with an appointment scheduled through the RDV.exe application. See the '*Appointment management*' chapter.

\* **HIS patients:** corresponds to patients entered through the hospital software.

\* **A&E patients:** corresponds to patients who arrived in the A&E and were registered at a later stage.

\* **DIANE patients**: corresponds to patients who have already had a consultation or surgery using the **DIANE** software suite.

You can add restrictions for this last filter.

\* Consultations held: lets you search for a patient who has already had a consultation in DIANE,

- \* Surgeries lets you search for:
  - a patient who has a surgery scheduled (with a scheduled date),
  - a patient who has an unscheduled surgery (no scheduled surgery date),
  - a patient who is currently in the operating theatre or recovery room,
  - a patient in transit between the operating theatre and the recovery room,
  - a patient whose surgery has already been performed.

NB: Patient Status does not apply to patients only registered in the HIS.

### 2.1.5.3.3 Time filters

This area is used to enable a search time filter.

Time filters can be applied at the same time as the **Patient Status** filter except when **Unscheduled Surgeries** has been selected.

If the time filters are enabled and the **Patient Status** filter is not ticked, the dates automatically correspond to preoperative assessments.

**NB:** time restrictions do not apply to HIS patients because date-related searches are done using key dates in the **DIANE** record.

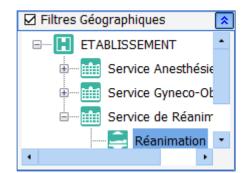
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Rendez-vous pris 🛛 😵
Patients du SIH
Patients Admis en urgence
Patients Diane
Consultations réalisées
✓ Interventions       ▲         ✓ Prévues       En bloc         △ Attendues en réveil       Réveil en cours         □ En transfert       Terminées         □ Non Planifiées       En réanimation
✓ Toutes     En induction     Naissance 72h

Filtres Temporel	S	^
Aujourd'hui		
O Cette semaine		_
O Ce mois-ci	23/07/2018	4
O Entre 2 Dates	27/07/2018	4

#### 2.1.5.3.4 Location filters

This area lets you search in:

- The facility's sites,
- The entire facility,
- A unit,
- An operating theatre,
- A room, etc.



#### 2.1.5.3.5 Scheduled staff filters

This area is used to enable a filter based on the staff scheduled to be present.

By expanding the staff categories you can limit the search to patients whose consultation or intraoperative or postoperative monitoring involves the selected staff.

When several staff members in the same category are selected, only one needs to have been entered for the search to find the record.

**NB:** Scheduled staff filters do not apply to patients in the HIS.

#### 2.1.5.3.6 **Presets**

Presets let you search based on the status of the patient records.

This preset filter can be configured by a site administrator to be the default view.

If **Expected in Theatre** is ticked, patients scheduled for today through the Consultation will be automatically displayed.

# 2.1.5.4 Possible scenarios

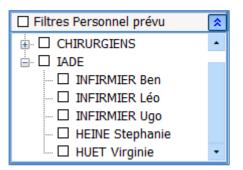
This chapter talks about special cases.

#### 2.1.5.4.1 The search is not specific enough

If the search is likely to retrieve too many patients, a warning message appears. The user can still launch the search by confirming in the warning window. However, the search results may take several minutes to load.

You can narrow the search results by clicking on the No button in the warning window in order to add .

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Présélections
Attendu en Bloc
O Attendu en Réveil
O Interventions à reprendre
O Réveils à reprendre
○ Interv. terminée aujourd'hui

If a patient's name is entered and filters are enabled afterwards, there may be no search results. If this is the case, a message prompts you to disable all filters to find the patient.

#### 2.1.5.4.2 **Patient record does not exist**

No patient records match the search. This can occur if the patient arrives in an emergency without an administrative admission. In this case you can create a temporary identity while they are receiving care. To do this:

Click on the **Create Patient** button after completing the mandatory **Last name** and **First name** fields or after selecting the **Unknown name** button.

The patient can receive care with this temporary identity.

This feature can be disabled.

**NB:** It is vital to notify the key users when this procedure is used to subsequently link this record to the patient's administrative and hospital identity.

**NB:** Remember to check that you have entered the items correctly. You can also try searching using different information (UPI, date of birth, name, etc.).

#### 2.1.5.4.3 **The patient appearing in the list has the same name**

If the patient appearing in the list is another patient with the same name :

Click on the **Create Patient** button after completing the mandatory **Last name** and **First name** fields.

When you save, an **Information** window warns you that there is at least one other patient with the same last name and first name.

The window containing the list of patients with the same name opens. You can then link your new record to a patient who already exists.

2	Sélectionnez le patient auquel vous voulez rattacher le dossier :							
	1 patient Diane existe déjà avec les mêmes Nom et Prénom.							
	Nom Naiss.	Nom Usuel	Prénom		Sexe	Date Naissance	N° IPP	
	DAMAY		Xavier			01/01/1900		
	🖌 Rattacher le d	ossier au patient séle	tionné					
					consul	le(s) dossier(s) tation du patient	🗙 Annuler	
	K Creer un nouve	eau patient (doublon pos	sible)	ue	consu	tation at patient		

To avoid linking a record to the wrong patient, you can select the patient's consultation record and click on this button to view it:

Visualiser le(s) dossier(s) de consultation du patient

To link the patient record to a patient who already exists, select the patient to whom you want to link the record then click on this button:

Rattacher le dossier au patient sélectionné

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X Créer un nouveau patient (doublon possible)

The software will then see if an HIS identity matches the new patient and will prompt you to link them.

# 2.1.6 Selecting a patient's record

After choosing the patient as described in the '*Patient selection*' section, you must select the record concerned according to the care that will start.

As this selection depends on the unit providing the care, please refer to the relevant chapter:

- For anaesthesia: 'Selecting patient records in anaesthesia'
- For obstetrics: 'Selecting patient records in obstetrics'
- For the ICU: 'Selecting patient records in the ICU'

#### 2.1.7 Retrieving information from a previous record

After creating a new record, you can retrieve certain patient data if they have a previous record in **DIANE**.

Sélectionnez l'intervention dont vous souhaitez récupérer les antécédents								
	Date	Age	Taille	Poids	Intervention			
	30/07/2018	57 ans	0 cm	0 Kg				
29/07/2018 57 ans 175 cm 67 Kg Epaule Coiffe des rotateurs								
	23/06/2008	47 ans	175 cm	68 Kg	Septorhinoplastie			
	20/09/2005	44 ans	175 cm	65 Kg	Endoscopie digestive Echoendoscopie voie haute			
Une	fois l'intervention	sélectionnée	, cliquez sur	Ok pour r	éintégrer ces éléments dans le dossier en cours			
		1	2		3			
NIV	eau de reprise :				V OK X Annuler			

There are two ways to retrieve data from previous records:

- After confirming the *Schedule a surgery* window, a message offers to automatically retrieve the history from the previous record.
  - If you click on **Yes**, the **History/Treatments** tab is completed with the history from the previous record.
  - If you click on **No**, only previous surgeries and intraoperative and postoperative complications entered into the **DIANE** software will be retrieved.
- Click on the **Retrieve** button. A menu lets you retrieve information from the previous record. The proposed retrieval levels 1, 2 or 3 correspond to the number of information items you want to retrieve (3 is the maximum retrieval level).

Antécédents chirurgicaux	4 💙 🖫 🗙
Amygdalectomie Reprise avec Végétations Adénoïdes (AVA)	1986
Endoscopie digestive Echoendoscopie voie haute	20/09/2005
Septorhinoplastie	23/06/2008
Endoscopie ORL pour ablation de corps étranger	2010

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Items retrieved automatically have a checkbox next to them. This lets you delete, change or add to the information retrieved.

The categories retrieved will depend on the configuration by the key user.

#### 2.1.8 Patient discharge

A patient is discharged via a button in each module. There is a description of the process in the relevant chapters.

Please refer to the relevant chapter:

- For anaesthesia: 'Discharging patient records in anaesthesia'
- For obstetrics: 'Discharging patient records in obstetrics'
- For the ICU: 'Discharging patient records in the ICU'.

However, please note that:

- The patient's discharge will prompt you to either transfer or close the record.

A transfer concerns a patient who will be retrieved in a **DIANE** module. (*e.g. departure from the operating theatre to the recovery room, departure from the operating theatre to the intensive care unit that has DIANE ICU, <i>departure from intensive care to the operating theatre, etc.*).

A record is closed when the patient exits the **DIANE** environment.

Closing the record can automatically generate related tasks: printing the record, exporting the record to the electronic health record, etc.

# 2.2 Ways to enter data in DIANE

There are different ways to enter information and data in **DIANE**. The following chapters will list the different possibilities.

# 2.2.1 One-line input fields

This component lets you enter free text.

They may contain input prompts to guide the user. In this case, the field will only accept the type of data expected (no numbers for a town for example.) This component accepts pasted information.

Example of input prompt:

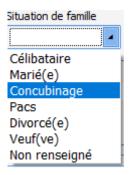
- Greyed-out text showing the type of data expected (town in the example below)

Lieu de naissance	
ville	

# 2.2.2 Drop-down menus

If you click on this component, either on the arrow or the text box, the available options are displayed. You can click on any line in this box.

Situation de famille	



**NB:** You can browse through the choices offered using the up/down arrows on the keyboard.

# 2.2.3 Checkboxes

This feature lets you confirm information. You must use the mouse to click on it to switch from one status to another. You can also change the status of the checkbox using the space bar when the focus is on that checkbox.

# 2.2.4 Checkbox groups

A checkbox group shows several choices that can be selected separately. You can therefore select several boxes in the same group.

-Critères éligibilité mère
Absence de situation de vulnérabilité psychologique, sociale, de conduites d'addictions et de dépendances sévères
☑ Soutien familial et ou social adéquat
Absence de pathologique chronique mal équilibrée
Absence de complications ou de pathologies nécessitant une observation ou un traitement médical continu
Absence d'hémorragie sévère du post partum immédiat
Absence d'infection évolutive ou de signes d'infection
Absence de signes thromboemboliques
Douleurs contrôlées
☑ Interactions mère enfant satisfaisantes
Absence de facteurs de risque d'infectionou prélèvements
Accord de la mère et /ou du couple

# 2.2.5 Radio button groups

A radio button group only lets you select one item. If you click again on a radio button already selected, it will be deselected.

Type d'admission
Chirurgie programmée
O Chirurgie urgente
O Médecine

# **2.2.6** Dates and Calendar fields

The date fields let you enter a complete date in day/month/year format. The time can also be added in \_\_: \_\_ format \_\_:\_\_. This field is completed either:

# - By double-clicking to directly enter the current date.

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- By entering the numbers in the date without spaces.
- If you hover the mouse over the field a calendar appears to select the desired date.

# 2.2.7 Input fields with a reference list

These fields let you enter information from a list and/or using free text. Free text will be used if the data sought does not already exist or to add to information.

Intervention Date prévue		BI	oc op.	prévu	Bloc	opéra	toire	4
	) -		avr	il 20				•
	lu	ma	me	je	ve	sa	di	<u>ت</u> ه،
	25	26	27	28	29	30	31	
Chirurgien	1	2	3	4	5	6	7	śvu(s) 🔭
chin di gici.	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	
	29	30	1	2	3	4	5	<b>**</b> • • • • • • • • •
							<u></u>	🗙 <u>A</u> nnuler

There are three ways to access lists:

- By right-clicking in the relevant column. A list will appear. When there is an arrow at the end of the line this means that there are submenus. These are automatically displayed when the mouse hovers over. Only one data item can be entered at a time using this search mode.

CSP	Profession 👘	Origin	e Géographique ្រែ
	1 - Agriculteurs exploitants	>	10 - Agriculteurs exploitants
	2- Artisans , commerçants et chefs d'entreprise	>	11- Agriculteurs sur petite exploitation
L	3- Cadres et professions intellectuelles supérieures	>	12- Agriculteurs sur moyenne exploitation
	4- Professions intermédiaires	>	13- Agriculteurs sur grande exploitation
	5- Employés	>	
	6- Ouvriers	>	
	7 - Retraités	>	
	8- Autres personnes sans activité professionnelle	>	Mineure

- By clicking on the icon in the top right corner. A window containing the list appears. You can then tick one or more items in the list. You can display the subitems of a list by clicking on the '+' sign to the left of the lists.

		f -	
			- 🗆 ×
	Profession 🏼 🕼	I - Agriculteurs exploitants	
CSP	Profession	10 - Agriculteurs exploitants	
		11- Agriculteurs sur petite exploitation	
		12- Agriculteurs sur moyenne exploitation	
		13- Agriculteurs sur grande exploitation	
		2- Artisans, commerçants et chefs d'entreprise	
L	,	3- Cadres et professions intellectuelles supérieures	
	Téléphone : Tutelle/ Curatelle	<u>4- Professions intermédiaires</u>	
		<u>6- Ouvriers</u>	
	Téléphone :	T - Retraités	
		B- Autres personnes sans activité professionnelle	

**NB:** some data in the list is purple. This means that the data is linked to an ICD-10 code.

- Manual entry: when you enter the first *n* letters (*n* can be configured by key users, generally 3 or 4), an automatic search will display the words recognized in the list. You can then select the desired content using the mouse.

You can access items that have not been configured for your unit but that were created for the hospital site by ticking the **View all items** box in the list display window

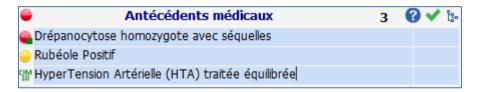
To enable free text input, simply click immediately under the title of each column and enter the desired text manually.

Profession		្រែ
CSP	Profession	

NB: these columns are invisible until data has been entered in them

In general:

You can show the importance of a history item by clicking in the box on the left. This displays a red ball to show that this history item is important. If you click again in the same place a yellow ball will appear.



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**NB:** It is always preferable to click on the green tick rather than not enter anything as this could suggest that the patient was not asked for this information.

- When a logo is visible at the top right, it means that only data with an ICD-10 code will be kept in the database (i.e. the data in the list that is purple).
- When there is a <sup>(2)</sup> on the top right of a component, you can click on it for help. For example, if you click on the <sup>(2)</sup> in the **Medical history**, you have direct access to Orphanet.

#### 2.2.8 Buttons

Buttons have a call up function in **DIANE**.

Clicking on a button can call up:

- <u>A contextual link</u>: this gives direct access to other software (e.g. direct access to the laboratory or imaging software or even to the EHR).
- <u>A detailed entry</u>: this gives access to a consultation sheet, a score, etc.
- <u>Printing</u>: this gives access to a document that can be printed (e.g. consultation report, 8th day certificate, etc.).
- <u>Multiple entries</u>: this is a method that lets you enter a series of procedures rapidly.
- <u>A list of events</u>: this is available for intraoperative/postoperative monitoring and in the delivery room; certain buttons give access to a list of events
- <u>A list of treatments</u>: this is available for intraoperative monitoring and in the delivery room

#### Examples of buttons:

Drainage / Elimination	Located on the care plan, in the intensive care unit, this button gives access to the list of events related to drainage and elimination: placing a drain, removing a drain, fitting an indwelling urinary catheter, etc.
Glasgow	Glasgow score access button. When you click on this button a window opens for you to enter the Glasgow score.
SM Induc	Button to access multiple entries for <b>Induction</b> . Allows you to enter all the data needed to intubate a patient.

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# 2.2.9 Detailed entries

Detailed entries are monitoring sheets accessed in different ways: detailed entry table, detailed entry display component with history, a button, menu in the 'entries' bar of the **MONITORING** tab during and after surgery, etc.

These sheets can be used in different ways depending on the situation. They can be used as a consultation sheet, score entry sheet, checklist, etc.

# 2.2.9.1 How detailed entries work

How it works: example of obstetrics follow-up consultation

Saisie avancée		×
DEMO - Cs Suivi		
Saisi par : Diane SYSTEM	Enfant : NOM INCONNU Enfant 1 - 9	-
Liste des enregistrements Nouveau 06/07/2020 16:51:38 06/07/2020 16:52:06 06/07/2020 16:53:05	SA       J       Congé Maternité       Activité professionnelle       Type de consultation         SB       23(06/2020 003) <ul> <li>Interrogatoire</li> <li>Oui</li> <li>Oui</li> <li>Oui</li> <li>Mourements actifs</li> <li>CU anormales</li> <li>Troubles urinaires</li> <li>Métrorragies</li> </ul> Présentation              bit 1 <ul> <li>Constantes</li> <li>Poids</li> <li>Prise de poids poids init.</li> <li>Spéculum</li> <li>Segment inférieur</li> <li>Bassin</li> <li>Constantes</li> <li>Poids</li> <li>Prise (mmHg)</li> <li>Pritid (mmHg)</li> <li>Pouls</li> <li>To</li> <li>Discussion</li> </ul> <ul> <li>Activité cardiaque</li> <li>Bassin</li> <li>Constantes</li> <li>Poids</li> <li>Bassin</li> <li>Constance</li> <li>Externed finique</li> </ul> <ul> <li>Pathologie de la grossesse</li> </ul> <ul> <li>To</li> </ul> <ul> <li>Pathologie de la grossesse</li> <li>bit</li> </ul> <ul> <li>Pathologie de la grossesse</li> </ul> <ul> <li>Constantes</li> <li>Constantes</li> <li>Constantes</li> <l< th=""><th></th></l<></ul>	
3	Traitements habituels       [s]         Imolécule       posologie         Impendie toxo       Date Ap HBs         Impression Courrier       Impression Courrier	
Nouvel enregistremen partir des valeurs coura	åes 🖶 Imprimer 🔸 5	

#### 1: Name of detailed entry

2: <u>List of</u> data registered: this column groups together all the detailed entries of the same type already registered for this file. You can view the other detailed entries by clicking on the registered data displayed in this column. If you click on **New** you can enter a new consultation. When you open a detailed entry, a new entry is displayed by default.

3: Prescription form button: lets you generate prescription forms directly from the detailed entry.

4: <u>New record from current values</u>: lets you open a new data entry sheet by retrieving all the data recorded in the previous detailed entry.

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**NB:** this button does not generate the consultation report. It prints the screen.

6: Change: lets you change a consultation sheet opened when it has already been completed and confirmed.

**NB:** A consultation sheet can only be changed by the caregiver who created it.

7: <u>Confirm/cancel</u>: lets you confirm or cancel the current entry.

8: <u>Date of occurrence</u>: lets you change the date and time of the entry (if the data was entered after the clinical examination, for example).

9: <u>Choice of child menu</u>: the fields outlined in dark blue are 'child' fields, i.e. they relate to data concerning the foetus. In a multiple pregnancy, you must choose another child (T2 for example for a twin pregnancy) to record the data for the examination of the second foetus. This choice is made using the drop-down menu. When you change the child, the outline of the data will change colour in the relevant fields. *NB: this menu is only available for the obstetrics module.* 

<u>View documents</u>: at the bottom of the detailed entry sheets is a blue bar marked with dots. If you click on this bar, a window appears containing the documents. It contains all the documents scanned, imported from other software or printed in **DIANE**.

Ordonnances	Remise du lecte	Discussio règles alimentaires pa eur et explications sur endocrinologue :	ar diététicienne :	6 ✔ ʰ. riel :	Pathologie de la grossesse 1    1    1	Traitements habituels         1         1:-           Molécule         posologie         LAROXYL 25MG CPR 100         1-1-1           25 mg (Amitriptyline         chloribudeste)
Descriptif	Date	Utilisateur	Type Fichier	Catégorie		
Formulaire Genotypage (25/			Document W	Inconnu		
Formulaire Genotypage (25/	11 25/11/20	L9 SYSTEM	Document W	Inconnu		
👁 Visualiser 🔂 Ajout	ter 🗍 📅 Supp	rimer Scanner		Agrandir Catégorie à Afficher tout	afficher: Tout	
Nouvel enregistrement à partir des valeurs courantes	, 🖶 Imprim	er			Modifier	🗶 Ferm

# 2.2.9.2 Scores

**DIANE** lets you enter many different scores. These scores are accessed in the same way as detailed entries and work in a similar way.

Example of the Aldrete score:

💩 Saisie avancée					x
Aldrete Score d' Aldrète et Kroulik Saisi par : Diane SYSTEM	Valeu Date de saisie : 31/07/2018	r: 8	11:10	0:42	•
Liste des enregistrements Nouveau 31/07/2018 11:34:55 31/07/2018 11:10:42	Score d'Aldrete         Motricité spontannée ou à la demande <ul> <li>Quatre membres mobiles</li> <li>Deux membres mobiles</li> <li>Deux membres mobiles</li> <li>Immobile</li> <li>Variation de la PA systolique (écart par rapport au préop)</li> <li>Variation de la PAS &lt; ou égale à 20 mmHg</li> <li>Variation de la PAS de 20 à 50 mmHg</li> <li>Variation de la PAS &gt; ou égale à 50 mmHg</li> <li>Coloration</li> <li>Normale</li> <li>Pâle, grisâtre</li> <li>Cyanosé</li> </ul>				
	$\triangleright$				
O Nouvel enregistreme partir des valeurs cou	ent à irrantes Imprimer Modifier		×	Ferme	r

When you open the score, simply complete each of the fields required to calculate the score. Once you have finished, the score value is displayed at the top right of the data entry sheet.

**NB:** some scores do not result in a numerical value but some other type of data such as classification in an at-risk group. This is the case for the early onset neonatal infection score used in the **DIANE OBSTETRICS** module.

If you want to print out a score, it must be saved first. When you click on the **Print** button the following window appears.

🍰 Impression			
Mme LARDEUR CREPIN Juliette Date de naissance : 09/02/1982 / Age : 38 ans (Le 14/02/2020 Localisation : Service Anesthésie > Bloc opératoire > Consu	Itation	ETABLISSEMENT IPP : 9874532	Configuration d'impression Format : A4 Orientation : Portrait Imprimante
	Respiration • Ventilation profonde, t Ventilation superficielle Apnée Conscience • Réveillé Aréactif	toux efficace	Imprimante         Brother MFC-9465CDN Printer ▲         Utiliser la configuration système         Coom         Coom         O         O         O         Sauvegarder dans le dossier         Aldrete (14/02/2020 - 17:53:50)         Exporter le document         Envoyer par email
			Exécuter les actions et imprimer

Score entries are in bold to see them more easily.

As with a form letter, you can save and/or export this document.

- Execute actions w/o printing: you will save and/or export the document without printing,
- Execute actions and print: you will save and/or export and print the document,
- **Open file only:** you will create and display a PDF of the document,
- Cancel: you will cancel all tasks

Some Detailed entries require the user logged on to have a certain function.

🐁 Saisie avancée				
LEE Score de Lee Saisi par ː Diane SYSTEM	Un compte Anesthésiste est nécessaire pour valider cette S.A.	Nouvel enregistrement Date d'occurren	nce : 21/02/2020	0 15:44:59 4
Liste des enregistrements Nouveau	Score de LEE Chirurgie à haut risque Cardiopathie ischémique Insuffisance cardiaque Pathologie vasculaire cérét Diabète insulinodépendant Insuffisance rénale Evénements 0 -> 0.4 % 1 -> 0.9 % 2 -> 6.6 % >3 -> 11 %			
	Imprimer		🗸 Ok	🗙 Annuler

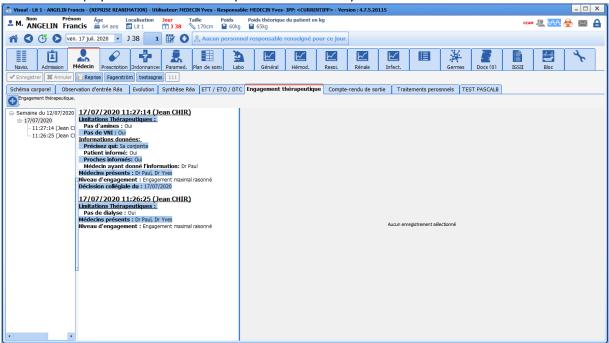
Some scores can only be entered by a given function. In the image above, a warning says that this score must be entered by an anaesthetist.

Saisie avancée		:
LEE Score de Lee Saisi par : Diane SYSTEM	A set necessaire pour	)
Liste des enregistrements Nouveau	Score de LEE Facteurs prédictifs de survenue de complications cardiovasculaires en cas de chirurgie non cardiaque	
	Chirurgie à haut risque Cardiopathie ischémique Insuffisance cardiaque Pathologie vasculaire cérébrale Diabète Insuffis Autoriser la création/édition d'une saisie avancée par MDP Valider MDP Valider MDP Valider	
	Imprimer Vk Annuler	

A window appears allowing the anaesthetist to enter their login and password.

# 2.2.9.3 Detailed entry display with History

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To add new information to the Detailed entry, click on the '+' button above the left column. When you confirm what you have entered, it is inserted in the left column.

#### Left column

This column is the history of the Detailed entries recorded. You can view the different information recorded at any time by clicking on the relevant line. When you have clicked on a line in the past, the middle column and right column are updated.

#### Middle column

This column displays the summary of the detailed entry selected in the history column.

#### **Right column**

This column displays the detailed entry.

#### **2.2.9.4** Display of Detailed entries as a list

The **Display of Detailed entries as a list** is a feature that lets you list detailed entries. Some data from the detailed entries appears in the table (configured by the key user).

🐍 Réa - Lit 4 - ANGELIN Francis - Utilisateur: MEDECIN Paul - Version : 4.7.5.20115		×
Localisation Jour Tail Age Localisation Jour Tail AngeLIN Francis ≝ 56 ans 🛃 Lit 4 🛗 J 137 📎	e Poids Poids théorique du patient en kg 170cm 🎴 69kg 🎴 66,02kg	CCAM 🚇 🚾 🏠 🐼 🔤 🔒
👬 🔇 🕒 🕑 ven. 17 juli. 2020 🔹 J 137 🔡 🔇 🗟 Aucun		
		Evénements Germes Docs (3) IGSII Bloc
✓ Enregistrer X Annuler Reprise Engagement thérapeutique.		
Checklist Macrocible d'entrée Transmissions Entretien avec les familles	Synthese/Staff éthique Kiné Diététicienne Macro cible de sortie Sc	héma Corporel
Contrôle de sécurité		<b> <b> </b></b>
Date	Checklist	Utilisateur
03/03/2020 12:38:04	Charriot Réa Anesth	Alice HUERRE
03/03/2020 12:37:41	Check list prise de poste Réa	Alice HUERRE
02/03/2020 11:55:47	Check list prise de poste Réa	Céline BRETON
02/03/2020 11:55:26	Check list arrivée du patient dans l'unité	Céline BRETON
Į		

To call up a detailed entry, click on the 'plus' to the top left of the table. If more than one detailed entry is available, a list will appear for you to choose the desired data entry sheet.

Example: it is possible to list different scores in this way. This allows easy access to all types of scores needed.

Check list prise de poste Réa
Check list arrivée du patient dans l'unité
02 Charriot Réa Anesth Ins l'unité
12/05/2018 11:55:26 Check list arrivée du patient dans l'unité
12/05/2018 11:55:47 Check list prise de poste Réa
13/05/2018 12:37:41 Check list prise de poste Réa
13/05/2018 12:38:04 Charriot Réa Anesth

- If you want to **change** a detailed entry, double-click on the line chosen and the corresponding Detailed entry opens for you to change.

- If you want to **delete a detailed entry**, click on the line chosen and then on the bin to delete the line.

<b></b>
Utilisateur
Diane SYSTEM
Céline BRETON
Céline BRETON
Alice HUERRE
Alice HUERRE

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 **NB: DIANE** keeps a trace of all entries. Therefore, an entry can be found when needed.

## 2.2.10 Multiple entries

Multiple entries are a simple way of entering a series of procedures, drugs, consumables, detailed entries, etc.

This data entry method is used particularly for intraoperative and postoperative monitoring. It is configured by the facility's key user.

#### **2.2.10.1** *Triggering multiple entries*

Multiple entries can use a button which will be at the top of the screen or can be accessed by right-clicking in the data entry bar of the above-mentioned modules. The multiple entry clicked on opens.

**2.2.10.2** Using multiple entries

Multiple entries can be short for a very specific task, such as installing the patient.

They can also be longer and include all items, for example from the patient's arrival to when they leave a room, which is particularly useful for short procedures (such as elective abortions, a tooth extraction or colonoscopy, etc.).

When you enter the data, you can choose to use all or just part of the multiple entry. Also, by clicking in the boxes, you can enter the drug dosages or change and/or supplement the preselected items.

There is a tick mark on each line to select the actions to confirm. When you enter an item in the line, the tick mark is activated.

You can use each box present. The menu of the selected section can then be modified. The choices available will only be related to what is foreseen by the original predefined list.

#### 2.2.10.3 Time management

The times, located to the right of the window, can be adjusted:

- either by entering the desired time directly,
- or by sliding the main cursor (at the top of the window): this will change all times while taking into account the preconfigured time gaps,
- or by clicking on the **Current time** button,
- or by sliding the cursor on a single line.

**TIP:** To slide the cursor on a line and also slide the following ones, keeping the time gaps for the following items, hold the **CTRL** key while sliding the desired cursor.

SM ALR Périphérique				_ X
,				
		1		
Désinfection locale	Alcool iodé		Unique 🔺	12:27:55 🔶 Heure actuelle
Anesthésie LocoRégionale (	Bloc axillaire		Unique 🔺	12:27:55 🛟 Heure actuelle
Aiguille de stimulation	050mm		Unique 🔺	12:27:55 Heure actuelle
Cathéter d'analgésie pour A	fémoral		Unique a Annuler	12:27:55 🛟 Heure actuelle
Anesthésie LocoRégionale (	Stimulateur de nerfs périphériques		BLOC TRONC 1 mg/ml	12:28:55 Heure actuelle
Anesthésie LocoRégionale (	Neurostimulation de(s) nerf(s) périp		BLOC TRONC 2 mg/ml	12:28:55 Heure actuelle
Intensité Mini de Stimulation	IMS 0.50 mA		BLOC TRONC 3,75 mg/ml	> 12:28:55 CHeure actuelle
	Anesthésie LocoRégionale (ALR) éch		BLOC TRONC 5 mg/ml BLOC TRONC 7,5 mg/ml	Heure actuelle
Neurostimulateur en sentine	Neurostimulateur en sentinelle 1,5m		CAUDALE 2 mg/ml	> 12:29:55 + Heure actuelle
Test d'aspiration	Test d'aspiration : Pas de sang, Pas		INFILTR 2 mg/ml INFILTR 3,75 mg/ml	> 12:26:55 Heure actuelle
ANESTH LOCAUX	Ropivacaïne (Naropéine)	Ind	INFILTR 5 mg/ml	> 12:30:55 CHeure actuelle
ANESTH LOCAUX	Mépivacaine (Carbocaine)	Ind	INFILTR 7,5 mg/ml	> 12:30:55 CHeure actuelle
CARDIO-VASC	Clonidine (Catapressan)	Ind	PCEA BOLUS 1 mg/ml PCEA BOLUS 1,5 mg/ml	> Heure actuelle
	Dexaméthasone	Ind	PCEA BOLUS 2 mg/ml	> 12:31:55 + Heure actuelle
Niveau sensitif	Insensibilité des membres		PERID SAP 1 mg/ml	> 12:33:55 Heure actuelle
Bloc moteur	Bloc chirurgical		PERID SAP 1,5 mg/ml PERID SAP 2 mg/ml	Heure actuelle
✓ <u>o</u> k	K et <u>p</u> oursuivre avec		Voie intrarachidienne 5 mg/ml	ynnuler 🗙 Annuler et ghoisir à la place
Conserver cette saisie multi	ple		Voie péridurale 1 mg/ml	> trl : décale l'horaire de l'item choisi et les suivants
	espi) CO2		Voie péridurale 2 mg/ml Voie péridurale 3,75 mg/ml	>
Vmni Pmoy	CO2e CO2i		Voie péridurale 5 mg/ml	>
PPlat			Voie péridurale 7,5 mg/ml	>
una Venni Di	Plat Pmoy Fr(Respi)	00	Voie péridurale 10 mg/ml Autre posologie	> PNId PNIm P
ine vinin Pr	at Filloy ri(kespi) t	~~		1.1.1.1.1.1.1.1

## 2.2.10.4 Close or cancel a multiple entry

Once the multiple entry is complete, you can:

- Confirm and close it by clicking on the **OK** button,
- Confirm it and go on to another multiple entry (from a selection of multiple entries configured by your key user) by clicking on the **OK and go to...** button.

To cancel the current multiple entry, you can:

- Cancel and close it by clicking on the **Cancel** button,
- Cancel it and go on to another multiple entry (from a selection of multiple entries configured by your key user) by clicking on the **Cancel and instead choose...** button.

## 2.2.11 Document creation area

	Evolutions journalières		
Historique	P Q ⊕ B / U ⊕ ∠ A ■ And ID ■ E E E E E / Q ♥ ∠ A		Modèles Diane
⊖ 24/06/2020	Antécédents allergiques:	•	Evol. jour.
09:39:36 (Version courante) 09:35:35	Hypersensibilité au paracétamol Eczéma		Antécédents
- 09:34:00	Antécédents Chirurgicaux;		Balance Liqu.
23/06/2020 - 14:24:43	Genou Arthroscopie droite 1996		Dernier gaz du sang
⊕-21/06/2020	Antécédents Médicaux : - HyperTension Artérielle (HTA) essentielle 2016		Derniers param.vitaux
- 20:39:09 - 20:38:12	Diabète Diabète InsulinoDépendant (DID) avec complication multiple     E12.3: Diabète sucré de mainutntion, avec complications oculaires		1er gaz du sang
- 14:07:50	E10.3. Diabète sucré de type 1, avec complications oculaires     Diabète Diabète InsulinoDépendant (DID) avec Neuropathie		
- 19:12:44	Diabete Diabete InsulinoDépendant (DID) avec retentissement oculaire		
- 19:07:10	Habitus;		
	Tabagisme Fume depuis 5 à 10 années		
	Taille (cm) : 170 Poids (kg) : 70		
	IMC (kg/m*2) : 23.88		
	FC (/min) : T* C :		
	ER (min) : PAS (mmHg) :		
	PAd (mmHg) : SaO2 :		
	Traitements actuels:		
			Résultats de laboratoire
			Importer par date
• •	💜 Valider	🗙 Annuler	and the second se

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: **39/298**  The document creation area is used in different situations such as for medical summaries, paramedical summaries or delivery reports.

This component lets you create the various reports either by manual entry or by using buttons to the right of the screen.

To start creating a report, you must first click on the Add information bar at the bottom.

You can then enter information in the central pane.

Most often, pre-existing templates can be used to create a report by automatically retrieving the data entered in the record.

In the example above, if you click on the **Daily changes** button you will automatically see the patient's history, allergies and the last recorded vitals in the central pane. You can therefore create the report you want by successively clicking on the buttons corresponding to the information you want to retrieve. The information will be added to where the mouse cursor was in the central pane.

Once the report is complete, simply click on **Confirm** at the bottom to save the changes.

On the right, a collapsible history side panel gives access to all reports previously created.

#### **2.2.12** Current treatments component

This field acts like all other data entry fields with a reference list, but has some additional options described below:



Clicking on the yellow rectangle to the left of each line gives direct access to the drug database (and the reference centre for teratogens (RCT) in the obstetrics module).

A drug management function can be enabled in this component. In this case, several icons are available on the right:

Traitements ac	tuels DPI Guide
VENTOLINE 100MCG/DOSE INHAL 200 100 µg/dose	
SPASFON LYOC 160MG LYOPHILISAT 5 1-1- 160 mg	
KARDEGIC 160MG SACHET 30 160 mg	
Relais par CALCIPARINE (Héparine calciqu	e) > KARDEGIC 160MG SACHET 30 160 mg >
Relais par CEBUTID (Flurbiprofène)	>
Relais par HBPM	>
Relais par HEPARINE SODIQUE au pousse	seringue
Relais par ORGARAN (Danaparoïde)	
Relais par XARELTO (Rivaroxaban)	
MAINTIEN, KELAIS OU AKI	st i 🗸 🖌 🖓

. .

Is used to continue the drug

Is used to switch to another drug

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- 510
- Is used to stop using the drug
- Is used to send this drug to the premedication in the Conclusion/Appointment tab
- Is used to delete the line

## 2.2.12.1 Specifics of anaesthesia

chlonydrate) 20mg PREVISCAN (fluindione)	Traitements 1-0-1	Vid			
20mg DIAMICRON (gliclazide) 60mg		00			<b></b>
MAINTIEN, RELA	AIS ou ARRE	т	4	~	20
LOXEN (nicardipine chlor à poursuivre	hydrate) 20m	g			
PREVISCAN (fluindione) remplacer par kardegic 7					
DIALUTODOU (-t-t-1)	50mg à arrête	r			

For full use of this component in anaesthesia, it is commonly used with components called **CONTINUE, SWITCH** or **STOP**.

These components share information and decisions made are inserted into the second component. You can then issue a prescription form that specifically follows what is decided in **CONTINUE**, **SWITCH** or **STOP**.

#### 2.2.12.2 Specifics of obstetrics: Access to the Reference Centre for Teratogens

To the left of the treatment there is a yellow rectangle. Clicking on it gives **direct access to RCT** (the Reference Centre for Teratogens) on the page corresponding to the drug. It also gives access to the monograph of the drug (either from BCB or Vidal).

😰 💀 抉 🕐 📵 1 🕈 Mme DURAND Carolin	Âge Taille	Poids Groupe sanguin		catriciel			
		n 🔒 Okg 🍐 N/R	37SA + 03 ♣₱0 × N			A_A	2
Administratif Antécédents	Grossesse	SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (0)
Enregistrer     XAnnuler     Interview	Informations sur	r : LAROXYL 25MG CPR 100 25 m	g (Amitriptyline chlorhydrate) 1-:	1-1		_ 🗆 X	
Antécédents ATCD Obstétricaux Allergies	Q/R « Vous et vot	tre traitement en cas de vague de ch ation d'antidénresseurs et risque d'ar	aleur » Mise au point sur le bo reident de la route : une violance particu	on usage des médicaments en cas de vage ulière est requise lors de l'initiation ou de l	ue de chaleur LAROXYL_2007 a modification du traitement - Communio	72016_AVIS_CT15297	
Pénicillines		Prise en charge médicar		ue chez l'enfant : Recommandations de br			
			Psychiatrie : Livret AFSSaPS M	lédicaments et Grossesse Version N°4. les troubles dépressifs et des troubles ans			
		Bon usage des médicaments	antidépresseurs dans le traitement des	troubles dépressifs et des troubles anxie urs de la dépression chez l'enfant et l'adol	ux de l'adulte : Recommandations.		
traitements habituels	CRAT		aments susceptibles d'altérer l'adaptation		Conservation des médicaments en cas	de vague de chaleur	
LAROXYL 25MG CPR 100 25 mg (Amitriptyline chlorhydrate)		ntre de Référence sur les A T	Agents Tératogènes			-	
$\mathbf{N}$					<b>—</b>		
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ATCD médicaux Pathologie commer	ntaire				• Par autor	VL 25MG CPR	
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				ssesse et allaiteme		rdre alphabétique DEFGHIJKLN	
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ATCD gynécologiques		ÉLAVIL® - LARO	DXYL®		BIBLIOG Lien bib	RAPHIE liographique	
rice griceoogques	IMPRIMER	•			)		
		L'amitriptyline e	st un antidépresseur imipr	aminique (tricyclique) égaleme	nt utilisé dans les F	Pour en savoir	
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Image: Second	2 29 ans 0 com Grossesse	Okg N/R     SDN	375A + 03 + 10 - x <sup>A</sup> Nor     Post partum     (Amitriptyline chlorhydrate)   1-1 ear =     Mes au point sur le bon dent de la route : une vigilance partudi thesues de la douler arguie et chronique	n Echographies	Ordonnances de chaleur LAROXYL_20072 megratique - Argumentaire.	Anesthése	Documents (0)
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Compared by the second se	2 29 ans 0 com Grossesse	Okg N/R     Okg N/R     Okg N/R     Okg O N/R     Okg	375A + 0) + 0 - A No     Post partum     Commitmight gene closely of the second s	Echographies      Echographies      turage des médicaments en cas de vague     aurage des médicaments en cas de vague     aurage des médicaments de nonsumadations de bon     mandations de bonne pratague.     terables dépressife et des truchés anvir     truchés dépressife et des truchés anvir     orboiles dépressife et des truchés anvir	Ordonnances de chaleur LAROIXY_20072 modification du traitement - Communiq. ne protoue - Argumentaire. Efficacité des antidé sux de l'adulte : Argumentaire. de l'adulte : Argumentaire.	Anesthése	Documents (0)
Admenistraz	2 29 ans 0 com Grossesse	Orig IV/R     Orig SUN     SUN     SUN     SUN     LAROXYL 2SHIC CFR 100 25 mg     traitement en cias de visque de chail     traitement en cias de visque de chail     There in charge indécaments     Son usage des médicaments     Son usage des médicaments     Le	375A + 0) + 0 - A No     Post partum     Commitmight gene closely of the second s	Echographies  Comparative  Comp	Ordonnances de chaleur LAROIXY_20072 modification du traitement - Communiq. ne protoue - Argumentaire. Efficacité des antidé sux de l'adulte : Argumentaire. de l'adulte : Argumentaire.	Anesthése	Documents (0)
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## **2.2.13** Allergies component

The **Allergies** field has two columns. The left column is used to enter the allergen. When you enter the first letters a list of allergens appears for you to choose from.

0	Allergies	•
peni		
Pénicillamine Benzylpénicilline sodique Terpéniques dérivés Phénoxyméthylpénicilline Procaïne benzylpénicilline Pénicilline V Benzathine benzylpénicilline Dérivés terpéniques Terpénique alcool Pénicillamine (classe chimique) Benzylpénicilline potassique Pénicillines Benzylpénicilline bénéthamine		

In the right column, right-click to access a list of allergic reactions caused by the product.

0	Allergies	<		
Pénicillines		m		
		Pas d'atcd allergique		
		Atcd allergique non connu		
		Terrain atopique	>	Manifestation cutanée
		Type de réaction	>	Manifestation oculaire
		Tests allergo	>	Rhinite allergique
		Carte d'allergie	>	

**NB:** There is a link between the **Allergies** component and the medication order. If the treatment prescribed mentions an allergen listed in the **Allergies** component, you will be warned that an allergy has been detected. This warning does not block the medication order.

## 2.2.14 Tooth chart

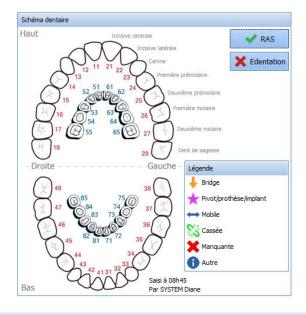
The tooth chart is suitable for adults and children as it shows both the primary teeth and permanent teeth. The

features for both types of teeth are identical with the exception of the **K** Edentation button which is only for permanent teeth.

Items are entered into this component in different ways:

- By clicking on a tooth: you can scroll through the different options available.
- By dragging and dropping: by dragging an item from the legend onto the relevant tooth.

The **NTR** button resets the diagram.



2.2.15 Common tabs

Some tabs are found in all modules. These tabs are explained below.

## 2.2.15.1 Documents tab

This tab lets you save and store the different documents from a patient's record. You can save and store documents created directly in **DIANE** but also attach documents that are not in the record such as scanned images or images imported from other software such as ECGs or X-rays.

These documents can be viewed by clicking on the corresponding line and can be generated and printed from this tab.

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Rechercher automatiquement les n	ouveaux résultats to	utes les :	minutes										
Filme temporel Racharche automatique													
	Date	Utilisateur	Type Fichier	Catégorie						olce :	Taile :		
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👁 Visualiser 🕒 Ajouter	Dig Supprimer	Scanner	Exporter	Agrandir Afficher tout	Catégorie à afficher: T	out							

All this information is stored in the patient's record and can, if you wish, be exported to another software.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 44/298 **NB:** You can make changes to a file saved in this tab.

#### 2.2.15.2 Configuration tab

The **Configuration** tab lets you **configure the drivers** of biomedical equipment connected to the computer and **configure the buttons**.

We also see the meaning of the markers inserted in the **Events** line of the **Monitoring** tab or **views**.

The **Configuration** tab buttons give access to certain detailed entries (checklist, identity monitoring, etc.) and enable ICD-10 and procedure codes to be generated.

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🕋 🔇 🥶 🜔 jeu. 23 juli. 2020 🔹 J 22 🔡 🔇 🖄 Aucu	n personnel responsable renseigné pour ce jour.	
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Ordonnances	Prescription     Protocole	<ul> <li>Mouvement du personnel</li> </ul>
Paramed.	Protocole de réa (Ajoute)	Evénement
	Protocole de réa (Remplace)     Protocole de réa (Remplace)	Evénement non spécifié
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Action	B Saise/Evénement Visual     B Soédifique	
Nom		
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Raccourci davier		
	✓ Enregistrer	X Annuler

#### 2.2.15.2.1 Configuring connected devices

After connecting the biomedical equipment to the computer using the appropriate cable, it must be configured in **DIANE**. To do this, simply select the name of the device from the list and drag it with the mouse to the **Com Port** it is connected to.

**REMARQUE :** the value retrieved from the biomedical equipment and displayed in **DIANE** is the median of all values received over 30 seconds.

Right-click on the monitor connected to a Com Port to display a menu to **Restart**, **Configure**, **Remove the driver** or **Enable Debug mode**.

If there is a problem receiving the values from a monitor, you can **Reboot the driver**. If this does not solve the problem, contact your site administrator to check the configuration.

If the biomedical equipment in a room is changed, you can **Remove the driver** from the Com Port to free it up to install other biomedical devices.

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#### 2.2.15.2.2 Configuring buttons in the different tabs

You can create programmable buttons available in the application's different tabs. These buttons can be used for simple data entry (intubation, incision, closure, extubation, etc.), to open a multiple entry window, to calculate scores, etc.

To add a button to a tab, first, in the **Button configuration** area, select the **Tab** in which you want to insert your button. Then expand the tree of **Available buttons** and choose the button you want to insert. Using the mouse, drag and drop this button onto the list of **Displayed buttons**.

The table below shows the meaning of the different buttons in the **Configuration** window.

Buttons	Function
↓ 1	These two buttons let you change the display order.
	When located above the displayed buttons area, this button lets you add a separator between button groups. The separators are created at the end of the list. Simply move them around using the arrows mentioned above. When located next to an <b>icon</b> , this button associates an icon with the button selected in the list of <b>displayed buttons</b> . Enter the icon's access path then click on the <b>Open</b> button.
6	When located above the <b>displayed buttons</b> area, this button lets you delete a button or a separator from the selected <b>tab</b> . When located above the <b>displayed buttons</b> area, this button lets you delete a button from the configuration. When located next to an <b>icon</b> , this button is used to delete the icon associated with the button selected.

In the Information area, located on the left side of the **Button configuration**, you can change or delete the name of a button after selecting it from the list of **displayed buttons**.

#### 2.2.15.3 Treatment/Premedication tab

This tab lets you replace the two components **Current Treatments** and **Continue**, **Switch and Stop**. It lets you enter the patient's current treatment and manage it.

You can enter the patient's treatment line by line and then, using favourites, manage switches, continued treatment or discontinuations.

You will then be able to generate the prescription form accordingly but also prepare the postoperative medication order.

Weight, height, gender and age are necessary to analyze the medication order. If these have not been entered beforehand, a window will automatically open asking you to enter them.

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Administratif Trait. / Préméd.	ATCD	Exam. cliniques	Paraclnique	Conclusion/Visite	STAFF / VPA	Ambulatoire	Résumé	Documents (0)
Mode admission O Ambulatoire O Hospitalisation Date hospitalisation	mentaires associés au tr	aitement 🖌 þ.			Médicaux			🛩 h-
Date intervention 15/08/2020								
ras de trakement inconnu					C <sub>2</sub>			
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Medicament LOXEN 20mg (nicardipine chlorhydrate)	12		Conciliation			Substitut		+
1 comprimé 1x/j		*						
PREVISCAN 20mg (fluindione)		Fin 8 j av interv (DP le 07/08)		Enoxaparine			🛕 â partir de 6j av in	
1 comprimé 1x/j	🖍 🗆 ALD	(DP le 07/08)		1 seringue_p	préremplie 1x/j		1	<u> </u>
DIAMICRON 60mg (gliclazide) 1 comprimé 1x/j	ADi 🖸	(DP hier)						0
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0							Vers pres. hospitalière	
							Valider	
								-
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							Editer ordonnance	Dossier médical

2.2.15.3.1 Buttons The button lets you add a line. Clicking on the button to the right of the line deletes that line. Ein 11 1 Avant date d'intervention Cette ligne sera supprimée lors de la validation... (cliquez à nouveau sur le bouton de suppression pour annuler)

NB: The line is actually deleted when you confirm by clicking on the Confirm button in the section concerned



When you click on the dosage a specific window opens to enter the dosage easily. To provide more information, you can use the pencil shown above.

By clicking on the magnifying glass you can enter the medical condition for which this drug has been prescribed. At the same time, this enters the information in the Medical History component. This data entry method enters the ICD-10 codes automatically.

By clicking on the capsule button, you can scroll through the different choices:

	A.B	Fin	5 j Avant date d'intervention	Pro	duit de substitution
		<u>R</u> el	ais AntiAgrégants Plaquettaires (APP) ou Anti-Vitamines K (AVK)	•	<u>R</u> elais par HBPM
(A. (R)		<u>A</u> P	P	1	
		AV	к		
Switch: right click to see the switch menu					
Drug continued					

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#### LD = Last Dose FD = First Dose

#### 2.2.15.3.2 Reconciliation

The reconciliation area shows what course of action has been decided for the drug: continuation, but particularly switches and discontinuation. In this area, you can adjust the number of days before the surgery the drug is stopped by clicking directly on the proposed number. If the surgery date has been entered, **DIANE** will calculate the date of the last dose (**LD**).

#### 2.2.15.3.3 Substitution

The substitution area lets you enter the drug chosen for the switch, the dosage and the date of the first dose (FD) expressed as the number of days from the surgery date. You can change the default choice by clicking directly on the name of the drug or by using the pencil to the right of the replacement drug.

#### IMPORTANT: Note that all drugs can have favourites created by your key users.

#### 2.2.15.3.4 Confirm the medication order

Each area of the **Treatment/Premedication** tab has its own confirmation button. This confirmation is equivalent to an electronic signature.

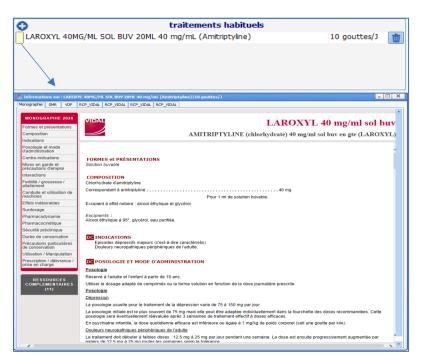
If the **To hospital medication order** box is ticked, before confirmation, everything entered will be sent to the **Medication order** tab in **DIANE ANAESTHESIA** and /or **DIANE ICU**.

After confirming, you can print out the prescription by clicking on the **Issue prescription** button.

## 2.3 Link to drug databases

**DIANE** is linked to drug databases (Vidal<sup>®</sup> and Base Claude Bernard<sup>®</sup>) and facility formularies. This improves medication order safety.

When entering a treatment in the **Current treatments** component, clicking on the yellow rectangle next to the data entry line gives direct access to the drug monograph.



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by Rev. 181 - ARCH IN Frances. Unliketive SYSTIP Datase: Version 4.4.2.5.1 by Rev. Dev. Dev. Dev. Dev. Dev. Dev. Dev. D	_ 8 X
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**NB:** these warnings let you check the medication order but will not block it. The drug can always be prescribed.

## 2.4 Centralized printing

This page groups together all the printable items in the record.

a Impression					_ 🗆 X		
Impression pour sortie du patient	Dernière prescription Départ en exame	n					
Prescriptions validées Première prescription du dossier * Première prescription du dossier * Résumé des modifications Intégnilité des prescription de chaque jour Is dermière prescription de chaque jour Dermière prescription en date au début de la restriction temporelle Dermière prescription en date au moment de l'Impression * Ordonnances Produits médicamenteux Selection Options Produits médicamenteux Sens concilation Avec concilation Synthèse infimière Foulutions infimière Foulutions infimière Foulutions infimière Synthèse infimière Transmissions coblées Transmissions cablées		Contraction     Contracti	Salisles avancées     ✔       Salisles avancées     Options       PRS     Onnirot Réa Anesth       Orbek let prise de poste Réa     Echelle BRADEN       Echelle BRADEN     RASS       Test de VPA	Carte dio Genitered Part de son Contes     Pan de son Options     Plan de son Options     Plan de son Options     Plan de son Options     Plan de son Options     Sasies avancées     Socres     Socres     Socres     Socres     Aurmes     Alarmes     Alarmes     Alarmes     Alarmes     Sognatures     Paramêtres     Paramêtres     AdoutestWord     Accident allergique     Antbiographylaxie     Bilan biologue     Garte d'IOT difficile     Certificat de présence     Compte-rendu remis pdt h     Consultation compilet2     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu remis pdt h     Compte-rendu     Compte-rendu remis pdt h     Compte-rendu remis pdt h	Restriction temporelle  -Séléction rapide O Restriction temporelle personnalisée Hier Les dernières 246 Aujourd'hui D Demain O Toutle dossier U [2/07/2020 4 07:00:00 0] Au [25/07/2020 4 07:00:00 0] (*) : pas de restriction temporelle applicable Configuration Ordre des éléments Impression Fractions aud de page entre chaque élément Prescriptions validées Pancertes Saules avancées Graphiques Transmissions Evolutions Tableaux de données Documents erregat Traitements Traitements Prémédications		
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#### \* In yellow:

The Yellow area is divided into nine sections: **Confirmed medication orders**, **Prescription forms**, **Treatments**, **Status changes**, **Nursing notes**, **Views**, **Infections**, **Premedication**, **Body diagram**, **Charts**, **Detailed entries**, **Data tables**, **Generate form letter**, **Recorded documents** -



Each of these sections has a series of checkboxes.

There is a *checkbox* to the left of the section heading to select all subsections. You can select separately each item that you want to print by clicking on its checkbox.

Some boxes have two tabs, others have none and one has three.

\* Views (2 tabs): the non-modifiable option indicates the display duration.

\* Charts (2 tabs): used to configure the discontinuity of the curves, the printing scale, the height of the charts and to differentiate between values provided by biomedical equipment and manual data.

\* Detailed entries (2 tabs): lets you print all the entries of the same detailed entry or only the last entry (e.g. if a score has been entered several times, you can print all the entries for this score or just the last one).

\* Data tables (3 tabs): in the Care plan tab, you can filter according to the status of the care (To do, done, etc.), sort entries either by category or chronologically. The Other options tab lets you sort the entries, other than care plan, either by category or chronologically and define which vitals to display. The asterisk indicates that the time restrictions seen in the red area do not apply.

#### \* In Red:

This area includes three boxes: time restrictions, configuration and the DiaReport template

\* Time restriction: lets you define the date and time of the start and end of data handling. The default time is the start of the ICU day.

\* Configuration: this box has two tabs: Order of items and Printing.

- Order of items: lets you prioritize the printing of the tool categories. Click on a line and click

on the  $\frown$  arrow to print the tool category before and on  $\checkmark$  to print the tool category later in the batch. If you want, you can insert a page break between each different tool category.

- **Printing**: lets you manage the way reports are printed or exported. In the Page subtab, you can manage the margins, orientation and size of the printed paper and also the font. With the Advanced subtab you can choose a specific printer and configure the document's export.

#### \* In Orange:

This area groups together preconfigured tabs. Each of these tabs is linked to a context. In our example, three tabs have been configured: Printout for patient discharge, Last medication order and Moved for examination. The content of these three tabs is identical apart from the ticked boxes.

To the right of the bar containing the tabs, there is a box with an arrow pointing downwards: this provides the complete list of tabs.



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### 2.4.1 Viewing and printing a surgery

#### 2.4.1.1 Printing intraoperative and postoperative monitoring

After clicking on the **Print surgery button**, a **DIANE Printing** window opens for default printing or to configure the printing as needed.

This can be done during or at the end of the surgery, when exiting the record or when viewing a previous record.

The initial layout is defined by the administrator but some changes can be made by the user.

🚊 Diane impression	
Modèles	Impression Options de la zone
Impression de la surveillance	Intervalle de temps à imprimer
Modèle d'impression :	Heure de début : 31/07/2018 🔺 09:43:07 ≑
Modèle DiaReport A3	
O Impression du dossier	Heure de fin : 31/07/2018 4 14:03:00 🛟
	Préselections
🗖 🤀 🗹 Entête de la page	Toutes les données *
💶 🖞 🗹 🛛 Graphe des médicaments	O Plage horaire définie manuellement
🔲 🖞 🗹 Zone verticale	O Plage noraire definie manuellement
Tableau des événements	O Plage horaire pré-déterminée :
♣ ⓓ ☑ Graphe des événements	Heure de début de l'impression
<ul> <li></li></ul>	O Début de l'intervention * 09:48 - 31/07/2018
$\sim$	O Début du réveil 13:55 - 31/07/2018
$\land \land $	<ul> <li>Début de la réanimation aucun(e)</li> </ul>
Zone de courbes : CO2	O Début de la journée 00:00 - 31/07/2018
Zone de courbes : Sev (GROUPE Sevoflurane)	O Heure courante 13:57 - 31/07/2018
🔨 🗹 Zone de courbes : Aa2, Aa, Des	Heure de fin de l'impression
* Zone de courbes : N2O (GROUPE N2O)	O Fin de l'intervention 13:44 - 31/07/2018
✓ Zone de courbes	O Fin du réveil aucun(e)
★ *Zone de courbes	O Fin de la réanimation * aucun(e)
√ ✓ * Zone de courbes 2 <sup>3</sup> A ✓ Tableau des saisies avancées	O Heure courante 13:57 - 31/07/2018
<sup>1</sup> 2 <sup>3</sup> <sup>(2)</sup> ✓ Tableau des saisies avancées <sup>1</sup> 2 <sup>3</sup> <sup>(2)</sup> ✓ Tableau des saisies avancées (selectif)	O Fin de la journée 00:00 - 01/08/2018
	O Plage horaire future : 1 jours
	O Plage horaire passée : 1 jours
	Options
	□ Forcer l'heure de début : 00:00:00 📫
	Forcer l'heure de fin : 00:00:00 🛟
	Marge temporelle : 5 minutes
	Plage horaire par page
	La totalité sur une seule page
Imprimantes	
Imprimante ietu es types .	O Personnalisée : 260 minutes 4
Brother MFC-L2740DW series Printer	Nombre de page estimé : C 1
Imprimante QuickReport :	L
Brother MFC-L2740DW series Printer	
Apercu	Imprimer K Fermer

At the top right, it is possible to choose another print template (predefined by the site's key user). This can be useful for complicated surgeries or to have a more comprehensive document than usual.

It is also possible on the right part to customize the printing time slot and define the duration on each page. By default, the entire surgery is on one page.

The printer selected at the bottom left of the window is the computer's default printer. If other printers are

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Consultation complète intégrée					
Veuillez enregistrer les modifications apportées au document avant de valider cette fenêtre					
Sauvegarder le document généré et ses modifications           Fichier         Consultation complète intégrée (20/07/2020 - 15:12:17)					
Exporter le document					
Envoyer le document par email Envoyer au format texte Document en pièce jointe     Sujet : ANGELIN Francis					
V Fermer	🗙 Annuler				

When a document is actually printed, the window opposite opens. It lets you save, export or even send the printed document by email.

### 2.4.1.2 Buttons

The **Print** button lets you start printing without seeing a preview.

The **Preview** button lets you view the printout in the **Preview** window.

The **Request to save generated documents** checkbox is used to always confirm whether or not you want to keep the document generated in the **Documents** tab from the preoperative assessment.

The **Close** button cancels the current print request.

## 2.4.1.3 Viewing past surgeries

**DIANE** lets you view a surgery already performed, displaying all the physiological parameters retrieved from the monitors connected to the patient, the textual data (patient, surgery, preoperative and postoperative data), and all the manual entries during the surgery (drugs, events).

Click on the **Open patient record** button of the intraoperative and/or postoperative application. Select the Patient record and the relevant surgery then choose **View record**.

NB: You can view all anaesthesia reports from any computer connected to the server.

#### 2.5 The cockpit

The Cockpit is an overview of all the patients present in the unit. It gives quick access to patient records and essential medical information and helps share information between caregivers.

ni Présents	Rapports / Impressions								
Lit 1 ANGELIN F	ancis J 14		Rø	BMR Aeromonas	V	<u> 2</u> C		2	
Lit 2 MULARD Da	vid <b>J 2</b>					<u> 2</u> C		3	
Lit 3 Aucun doss	er					C	Admissio	n patien	t
Connexion au Dia	ARC <b>J 12</b> Serveur impossible : affichag	ge restreint				2		•	
🏀 Lit 5 Lit Vide							trée de pa sible à part		
Connexion au Dia	re <b>JO</b> Serveur impossible : affichag	ge restreint				-92		•	
Connexion au Dia	stine <b>J 5</b> Serveur impossible : affichag	ge restreint				-2		•	
Connexion au Dia	Paul <b>JO</b> Serveur impossible : affichag	ge restreint				-22		•	



- 1 Manage unavailabilities.
- 2 View/Complete a record.
- 3 Print grouped medication orders.
- 4 Print the list of hospitalized patients.
- 5 Denials list.
- 6 Open DIANE messaging.

7 - Log out the current user (locks the **DIANE** computer and exits records opened remotely).

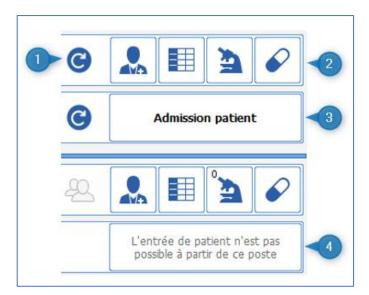
In the right part of the ribbon, the user also has access to various functions such as 'View/ Complete a record', 'Change user', etc.

NB: DIANE gives access to all of the unit's records from any computer in your unit.

The different lines represent patients with, from left to right, the bed number, name, number of days in hospital and potential infection.

The buttons on the right give access to the record's different tabs.

**NB:** The green icon next to the bed means that the patient's record is accessible remotely from a Mirror computer. If the black icon is present, it means that remote access is not possible (this may be due to a hardware or network problem).



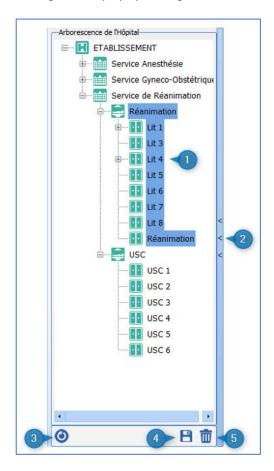
1 - Reboots the DIANE applications on the computer.

 $2-\mbox{Lets}$  you directly access the record's different tabs.

3 – Lets you admit a new patient (opens the patient selection window).

4 – Patients can only be admitted on the Primary computer.

In the left part of the screen, if you click on the vertical bar where there are three arrows, you will have access to the hospital tree structure. By default, the application displays the patients in the unit. However, it is possible to change this display by clicking on the other items in the tree structure.



 $1-\mbox{The}$  items in the area highlighted in blue are those displayed on the portal.

2 – Clicking on the blue bar with the 3 arrows opens (or closes) the hospital tree structure.

3 – Reloads the default location.

4 – Saves as the default location.

5 – Deletes the default location.

From the central part of the cockpit, you can 'Take responsibility for the current time slot' for a patient by clicking on the slot on the slot on the slot the user says that they will take care of the patient for the defined time slot (only valid for **Doctor**, **Nurse** and **Nurse aide** profiles).

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	Présents Rapports / Impressions	0	
2	Lit 4 ANGELO Marc J 12	à 2 C	
	Lit 5 Aucun dossier	C	Admission patient
3	Lit 6 ANDRE Pierre 30	<u> 2</u> C	
4	Lit 7 PUTILLE Justine J 5	<u> </u>	

1 – Issue-based nursing notes in the last 24 hours.

- 2 You are in charge of this record.
- 3 Take responsibility for current time slot.
- 4 Another person is responsible.

When someone takes responsibility the icon changes to 🌇.

#### 2.5.1 List of hospitalized patients

This page provides an overview of your unit. The different buttons provide access to patient records. From any computer in the unit, you have read and write access to all patient records.

🐁 Portail de réanimation - USC 1 - DESKTOP-/	ACUGK9Q - ANESTH Luc - Version : 4.7.5.20115	×
Arborescence de l'Hôpital		🛛 🖻 🔓 🐜 🗶 🖂 🔒
⊕• <b>11</b> Lit 4 ▲		
∎ Lit 5	n 👘 🚽	
	Présents Rapports / Impressions	
	Lit 1 ANDRE Pierre J 15	
Lit 8		A 🔁 🖉 💄 🖉
🗈 🗠 🤤 Rea Test		
	T Lit 2 SIMON Maria J 2	A G 💄 🗏 🌶 🖌
🗄 🔤 Salle Test Aml		
usc 🚽		
⊞ <b>⊡</b> USC 1	Lit 3 PUTILLE Justine <b>J 9</b>	
		A 🔁 🖉 💄 🖉
🗄 🔤 USC 3		
	T Lit 4 ANGELO Marc J 6	2 C 👢 🗐 🏊 🖌
USC 6	OUSC 4 Lit Vide	
		L'entrée de patient n'est pas possible à partir de ce poste
⊡ <b>⊡</b> USC8		
PASCALB-	USC8 Lit Vide	L'entrée de patient n'est pas
		possible à partir de ce poste
0 B 🖬		

**NB:** The green icon next to the bed means you have remote access to the patient's record. If this icon is red, it means that you do not have access to the record (this could be due to a hardware or network problem); if it is yellow, there is an attempt to connect to the bed and a black icon means that remote connection is not enabled.

#### Cockpit icons:

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BMR Adenovirus	This icon lets you know if the patient has an infection. If you hover the mouse over it, the infection is displayed. If you click on this icon, you will be redirected to the Germs tab.
	This icon lets you know if the patient is infected with coronavirus.
_ <u></u>	This icon shows the patient has physiotherapy scheduled for the day.
<b>&gt;</b>	This icon shows that the medication order is being edited.
R.	This icon shows that the current medication order is signed, i.e. that the medication order is not being edited.
<ul> <li>Lit 3 PUTILLE Justine</li> <li>◆</li> </ul>	The icon under the patient's name shows that nobody is in charge of the record. If you wish to be in charge of the record, click on this icon. Two people with different functions can claim responsibility for the patient: intensivists and registered nurses.
Lit 4 ANGELO Marc . . • MEDECIN Yves	The icon under the patient's name shows that you are in charge of the record.
Lit 3 PUTILLE Justine Compared to the second seco	The icon under the patient's name shows that somebody else is in charge of the record. You can see the name of the person in charge by hovering over the icon.
È	The green radio icon means that an issue-based nursing note or a current situation nursing note is valid. When you click on the icon, you access the nursing note tab.
	These three icons relate to pharmacist actions. The pharmacist unreservedly accepts the medication order: no reservations or warnings are issued.
	The pharmacist accepts a medication order with reservations. To see what reservations have been issued, go to the Medication order tab: when a medication order line is associated with a reservation, the previously green icon becomes orange.
	The pharmacist warns that there is an inconsistency or danger. To see what warning has been issued, go to the Medication order tab: when a medication order line is associated with a warning, the previously green or orange icon becomes red.
<u> 2</u>	When there is a message, the icon automatically turns red and remains so for 24 hours (duration configurable).
<b>۾ٿي</b> ڳڻي	Nursing notes icon.
	Clicking on this button takes you to the patient's medical record (configurable button).

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Button to go to the care plan (configurable button).
Button to go to the Lab tab (biological parameters) (configurable button).
Button to go to the Medication order tab (configurable button).

Some buttons may be greyed out. This happens when you do not have sufficient user permissions or the buttons cannot be used (for example if you are offline).

To take control of a patient remotely, just click on the patient's name and the software offers read-only access or write access.

The arrows to the left of the hospitalized patients list make it possible to view the entire unit and take control of the bed you want.

### 2.5.2 Patient information

The ICU portal (or Patient list) lets you view beds on the primary computer station as well as the remote computers.

rtail de réasonation - Li	R 3 - BOW38 - ANESTH Ann	a - Version : 4.8.1.21260	
ń	8		<u>2</u> 33 in 14 to 2 and
Présents	Liste des soins	Rapports / Impressions	
Insuffisance hép	atique	ans 170 cm 80 Kg 3 2	o 🗞 👍 a 👐 💄 🗉 🖕 🖉
\$ Informations augplimentative			
Lit n3 4636451 Traumatisme sév		1 ans 180 cm 80 Kg 3 2	48. H 強 🖌
Balance liquidienn Entrée : 0 ml Sorbe : 0 ml	e Traitements	Ventilation Autre	Event 7 (1992) Non de nostanon du patient: TESTUD Prérom du patient: Olivier
Lit n4 0945467 (	CREPIN LARDEUR Ju	allette F 48 ans 170 cm 56 Kg J 0	& La 26 🗰 🎦 🖌
A Balance liquidienn Entrile : 0 mi Sortle : 0 mi	ne Traitements Amines	Ventilation Autre	Prinom de natisantie du patienti: CREPGI - CREPG
CLUE 3 ZOÉ Cris 40	0 ans - <b>3 4</b>		
8 Momations sugglimentative			
Lit 6 Lit Vide			L'entrée de patient n'est pas possib parts de ce poste
S assessment and beginned that	8		

The collapsible side panel on the left lets you select the remote computers to display.

Arborescence de l'Hôpital	Т
🗟 🏥 Service Anesthésie 📃	I
🖮 🧮 Bloc opératoire 👘	I
B	I
🕮 🔤 🖬 Salle de réveil	I
Salle induction	I
🗷 🖬 Salle1	I
Salle2	I
B 🖬 Salle3	I
🖲 🛛 🚺 Salle4	I
B 🖬 Salle5	I
Salle6 - CEC	<
Secrétariat	<
🕮 🛗 Service Gyneco-Obstétri	<
	I
e- 📑 Réanimation	I
⊞ 💶 Chambre 1	I
⊞ <b>11</b> Lit 3	I
<b>11</b> Lit 4	I
💶 Lit 5	I
⊞ <b>11</b> Lit 6	
🖽 🚺 Lit 7 🛛 🗣	
•	
0 B 🗇	

A collapsible Additional information side panel lets you display data for each patient. Double-clicking on the

button in the <b>Present</b> list.	résents	tab will e	xpand the <b>Additi</b>	onal	Information p	ane f	or all patients in the	
Lit n1 653143 DURAND Emile N Insuffisance hépatique	4 68 ans 170 cm 80 Kg	J 2	0	e de la comercia de l	∬_ <b>दे</b> -2. ₩	C		

This data is divided into three panes:

- On the left, information about data in the record: ventilation mode, fluid balance and treatments.
   Three time intervals are available for the fluid balance:
  - o last 24 hours
  - Current ICU day
  - Previous ICU day

Treatments displayed in this field can be:

- Analgesics
- o Sedatives
- o Amines
- Muscle relaxants
- Enterable data is in the centre.

The second pane lets you click on the **vert** button in order open a window for entering the care to be provided:

Ajout d'une donnée saisissable	
Libellé affiché sur le portail	
Date / Heure de planification : _/:	
Affichage d'une alerte minute(s) avant la planificatio	n
Enregistrer X Annuler	

**Description displayed on the portal** is a text input box that lets you enter information to be displayed on the portal. This box is mandatory and automatically unlocks the **Save** button.

The **Scheduling date/time** input box is used to enter the scheduled date/time for the data. This information is optional and is displayed on the portal:

12/04 12:00 Scanner (dans 12h 55min)

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A jeun

· · ·

**Display an alert 'X' minutes before the schedule** lets you enter a time, in minutes, after which an alert will be displayed on the portal:

A 11/04 23:06	Dialyse

Clicking on each item lets you delete (i.e., completed), cancel or reschedule an item:

12/04 12:00	Scanner (dans 12h 51min)	0
	A jeun	
A 11/04 23:06	Diz ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	

#### 2.5.3 Care list

The care list is accessible from the **Care list** tab of the **Patient list** module (or **Cockpit**). It allows caregivers to see the full range of care be given to selected patients for a give time interval.

<b>n</b> 月						
Présents Liste des	soins Rapports / Impressons Affichages des Equipements / pansements, Planifications infirmi	e, Prescriptions entre le 08/04 07:00 et le 09/04 07:00				
Patients CREPIN LARDEUR Juliette 170 cm F 48 ans		ANGELO MARC 170 cm 80 Kg M 67 ans				
Tartents         Untra 1: 500.006/V(21: 15:35 b) are < + 0;           Untra 1: 500.006/V(21: 15:35 b) are < + 0;         Untra 1: 500.006/V(21: 15:35 b) are < + 0;           Untra 1: 500.006/V(21: 15:35 b) are < + 0;         Untra 1: 500.006/V(21: 15:35 b) are < + 0;           Image: State of the state of	GBFP1         Autobiotity. Butterts to The on F 44 ans           4         ON13         & Personemics de Spise Discrybute of la plaie           4         ON13         & Personemics de Spise Discrybute of la plaie           6         ON13         & Personemics de Spise Discrybute of la plaie           0         ON17         & Personemics de Spise OV01, 1:jul           0         ON17         & Cellular discrybute of ULL 1:jul           0         ON17         & Declaris: this Isin 0: In           0         ON17	Alice D FARC         Q (Second 5 % # patientism chicknes 0, 2 % + solitum chicknes 0, 4 % + 1000 ml, 2 %, en centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Machadian 1 7 3 ml/h, C (sape), in centrus           Q (SM-12)         % (Saturation no supplice du sage at relies 1 /h           Q (SM-12)         % (Saturation no supplice du sage at relies 1 /h           Q (SM-12)         % (Saturation no supplice du sage at relies 1 /h           Q (SM-12)         % (Saturation no supplice du sage at relies 1 /h           Q (SM-12)         % (Saturation no supplice du sage 1, int is 6 /h           Q (SM-12)         % (Saturation no supplice du sage 1, int is 6 /h           Q (SM-12)         % (Saturation and is (saturation is 1 /h is 6 /h) <th></th>				
Moe à jour des données dans 24 sec	0         09027         2         0000 presetybon 1: en canthu           0         09037         2         0000 presetybon 1: en canthu           0         09039         4         0000 presetybon 1: en canthu           0         09039         4         0000 presetybon 1: en canthu           1         01015         4         Presentements: 15 And parameteris           1         01155         4         Presentements: 15 And Cantherer           0         020000         6         6 cda same 1: x12 db, x13 db					

Clicking on the care type icon for an item in this list will take you directly to the care item in the patient's care plan. However, care items displayed on the portal can be confirmed only in the patient's record.

Patients				
Lit n1 : MOREAU MOREAU GUY 179 cm     Lit n3 : CREPIN LARDEUR Juliette 170     Lit n4 : ANGELO MARC 170 cm M 67 an     lit 1 : DELACHANCE Ella 40 ans     lit 2 : PASDEBOL Lucas 35 ans     Lit A : NOM INCONNU 26/02/21 09:51 ▼				
Soins				
Types Equipements / pansements Planifications infirmière Prescriptions Etats Tous les soins Uniquement les soins en retard Uniquement les soins urgents	<			
Plage horaire				
Afficher les soins des :				
12 prochaines heures				
Afficher les soins compris entre :				
Le 08/04/2021 - 07:00 -				
et le 09/04/2021 🖌 07:00 🛟				
Mise à jour des données dans 7 sec				

This collapsible selection side window lets you filter:

- Patients (by default, patients under the care of the online caregiver are displayed)
- The types of care to display:
  - Devices/dressings (medical devices on the body diagram)
  - Nurse schedules
  - $\circ \quad \text{Medication orders}$
- Care status:
  - $\circ \quad \text{All care} \quad$
  - o Overdue care only
  - Urgent care only
- The time interval (two possible solutions):
  - Display care over the next 'X' hours
  - o Display care for a specific date and time period

Overdue care is always displayed (in red) regardless of the selected time interval.

The care list is available in the patient's record by clicking on the 🖾 button. Clicking on one of the following buttons

Liste des prochains soins		
O ×     O	🛉 🗸 09h15 🛊 Pansements des plaies : Descriptions de la plaie	
/ 🚯 💥	🛉 🖌 O9h16 🛉 Voie Veineuse Périphérique (VVP) : Pose VVP	
<u>/ . / . q</u>	O9h17 O Dextro, ttes les 4h	
/ / ۹	09h17 O Diurèse, ttes les 1h	
<u>/                                    </u>	09h17 • EVA, ttes les 4h	
● _ ➤ ె = < ( _ <	🔲 🕐 09h17 💊 Pantoprazole : *100 ml/h, [0,8 mg/m], 1x/j	
<u>/ «. / ^ / (. </u> Q	<ul> <li>Oh17</li> <li>Droleptan 1,25mg/2,5ml amp iv 10: 1,25 mg, à 09h17</li> </ul>	
<u> </u>	O9h17 O VAC-AI, Lunettes nasales, en continu	
/ / / / Q	09h17 o Saignement Surveiller drainages et pansements, ttes les 1h	
/ / / / Q	09h17 o Surveiller TA, pouls, SpO2, FR , en continu	
/ <u> </u>	🔲 🕓 09h17 💊 Enoxaparine sodique : 4000 UI, 1x/j	
● 🚬 🗲 🚍 🖉 🔍 🔍	O9h17 September 130 000 6 %+ sodium chlorure 0,9 % : 500 ml, 1h, 2x/j	
●	🔲 🕒 09h17 💊 Calcium chlorure + potassium chlorure + sodium chlorure + sodium lactate : 500 ml, 12h, en continu	
> ☆ ┣ № / (. ۹	🔲 🕒 09h17 💊 Glucose 5 %+ potassium chlorure 0,2 %+ sodium chlorure 0,4 % : 1000 ml, 24h, en continu	
< < < < <	09h17 💿 Kinésithérapie respiratoire , 1x/j	
▰▰◪▰◚…	O9h17 Searcetamol: 100 ml, 15min, 4x/j	
< < < <	09h17 💿 Kinesithérapie de mobilisation , 1x/j	
< < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < < <	09h25 🗹 Surveillance drainages autres, ttes les 2h	
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< < < <	🖸 🕐 09h29 📈 Bio_Gaz du sang, 1x/j	
< < < < < <	🔲 🛕 09h41 💊 Enoxaparine sodique : 4000 UI, 1x/j	
<<<<<<<	O9h50 O9h50 Pst n°1:, 1x/j	
✓ ÷	🛊 🕒 10h15 🛊 Pansements des plaies : Suivi pansement:	
<u> </u>	0 10h17 O Saignement Surveiller drainages et pansements, ttes les 1h	
<<	0 10h17 O Diurèse, ttes les 1h	
<u < < <u></u> < < < < < < < < < < < < < < <	🗋 🕐 10h27 🖌 ECMO surveillance, 1x/h	
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🖋 🔶	12h16 🛔 Voie Veineuse Périphérique (VVP) : Suivi Cathéter	
<u> </u>	0 13h17 0 EVA, ttes les 4h	
<u> </u>	0 13h17 O Dextro, ttes les 4h	
⇒	0 15h17 💊 Paracetamol : 100 ml, 15min, 4x/j	

In this window, you can perform a number of actions (do, do not do, start, specify dilution, display medication order, etc.) by clicking on the corresponding icons. Just as in the care plan, the icons vary according to the type of medication order.

Only the first confirmation is possible from the care list. A treatment that has already started can be edited only from the treatment plan (change of flow rate, etc.).

After being confirmed, the line turns white. At this stage, it can be cancelled if an error is made. The confirmed care item disappears from the care list after a pre-set time (5 minutes by default).

#### 2.5.4 Bed anonymization

The button lest you anonymize the identity of patients visible on remote computers.

💩 Gestion de l'affichage 📃 – 🗙	]			
Anonymisation de l'identité des patients				
Afficher le nom complet				
O Afficher les trois premières lettres du nom				
O Afficher uniquement l'initiale du nom				
O Afficher uniquement les initiales nom / prénom				
O Afficher uniquement le lit				
Masquer le lit				
V Ok X Annuler				

This window contains five buttons:

Show full name: default setting



- Show first three letters of last name:

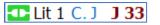
Lit 1 CRE... Juliette J 33

The first three letters of the patient's last name appear followed by an ellipsis (...).

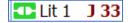
- Show first initial of last name only:

Lit 1 C. Juliette J 33

- Show first and last initials only



- **Show bed only**: if this option is selected, the **Hide bed** checkbox is greyed out, unticked and uneditable.



Caution: patients are not anonymized on the primary computer.

### 2.5.5 Managing denials

The *k* button (managing denials at the top right of the patient portal) opens the window below. This shows the list of all the care denied in your unit, the date and the reason. You can add a denial by clicking on the Enter a new denial... button and choose the reason.

b Liste des refus						
Afficher les refus du service Service de Réanimation 🔹 entre le 01/01/2020 🔹 et le 31/12/2020 🔺						
Refusé le/par	Service concerné	Diagnostic	Motif	Détails du refus		
Le 23/03/2020 par Diane SYSTEM (poste BOW36)	Service de Réanimation	Patient avec des douleurs au bras gauche	Pas de place	Pas important		
		G Saisir un nouveau refus				

#### Enter a new denial:

Nouveau refus			
Date du refus	16/07/2020	4	Motif du refus
Service concerné	Service de Réanimation	4	Pas de place
Diagnostic			Détails du refus
Accident NBC		•	Le service n'est pas équipé
		-	•
			Ajouter X Annuler

**Delete:** To delete a denial reason line, right-click on your mouse and choose **Delete**. It is not possible to change a reason for denial. You must delete the reason and create a new one.

Update: to update the list of denials, click on . This button is useful to make sure you have all the information. Each computer therefore has the ability to create a reason for denial.

**Print:** to print the list of denials, click on . This opens the following window:

a Impression		
Refus Refus du 23/03/2020 pour le service "Service de Réanimation"	Configuration d'impression Format : A4 Orientation : Portrait	
Saisi par Diane SYSTEM depuis le paste "BOW36" <u>Disquostic</u> : Patient avec des douleurs au bras gauche Motif du refus: Pas de place	Imprimante Microsoft Print to PDF Utiliser la configuration système	
<u>Détails du refus :</u> Pas important	Zoom	
	Actions supplémentaires Sauvegarder dans le dossier Refus (16/07/2020 - 12:25:40)	
	Exporter le document Envoyer par email	
	<ul> <li>Exécuter les actions sans imprimer</li> <li>Exécuter les actions et imprimer</li> </ul>	
	Ouvrir le fichier uniquement	
۰	🗙 Annuler	

## 2.5.6 Bed unavailable

When you click on the bed unavailable button, a menu appears that lets you make a bed temporarily unavailable, for example to prepare the room between two patients.

	Gestion de l'indisponibilité		×
	5 minutes	10 minutes	15 minutes
	20 minutes	30 minutes	45 minutes
X 🖬 💪 🚣	60 minutes	90 minutes	120 minutes
Lit 3 Lit 4	Durée maximum : 240 minutes (	D Pendant minutes a O	Jusque 12:28 16/07/2020 #
Lit 1 Lit 2			
USC 1			VK X Annuler

## 2.5.7 Print report

This page lets you view and print reports on patient record information.

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🚴 Portail de réanimation - USC 4 - BOW48 - ANESTH Luc - Version : 4.7.5.20115	_ <b>_</b> ×
	🖾 🖻 💪 🛬 🗶 📼 🗛
Présents Rapports / Impressions	
Selection	· · · · · · · · · · · · · · · · · · ·
	Monsieur ANGELO Marc (Née le 30/05/1994, 26 ans)
O Dernière(s) prescription(s) validée(s)	Réanimation débutée le 10/07/2020 à 09:10 (Depuis 6 jour(s))
O Dernière(s) prescription(s) validée(s) par jour	Localisation : ETABLISSEMENT > Service de Réanimation > USC > USC 4
O Première(s) prescription(s) validée(s) par jour	Prescription signée le 16/07/2020 à 14:06:32 par ANESTH Luc 98765432109
O Toutes les prescriptions validées O Les prescriptions médicamenteuses	Noradrenaline bitartrate : 8 mg à 0,3 microg/kg/min (0,17 mg/ml) en continu à partir du 16/07 à 14h10, pendant 1 jour(s) à
O Les éléments à réaliser du plan de soin (liste chronologique)	partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : gastro-entérale
O Les éléments à réaliser du plan de soin (tableau chronologique par patient)	Bumétanide : 5 mg 3 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : orale
O Les transmissions	Paracétamol : 1 g 3 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s) à partir du 16/07 à 14h10, pendant 1 jour(s) Voie
O Les synthèses	d'administration : orale
O Les évolutions	Dobutamine : 250 mg (5 mg/ml)   Vitesse seringue = 2 ml/h en continu à partir du 16/07 à heure non précisée   à partir du 16/07 à heure non précisée   Voie d'administration : IV
> 💿d'un service	Paracétamol : 100 ml   Durée d'administration = 15min 4 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : IV
> Od'un patient	Kétoconazole 2% : 1 application 1 fois par jour à partir du 16/07 à 14h10   à partir du 16/07 à 14h10   Voie d'administration : cutanée
Od'une réanimation     Odes patients en charge	Unipoompe : 1 unité 1 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s) à partir du 16/07 à 14h10, pendant 1 jour(s)
Cues pauerus en charge	Lopéramide : 90 ml 1 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : orale
Restriction temporelle	Diosmectite : 3 g 1 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : orale
Indure uniquement les 09/07/2020  et le 16/07/2020	Héparine calcique : 0,2 ml 2 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : SC
	Colistimethate sodique : 1,5 mUI 3 fois par jour à partir du 16/07 à 14h10, pendant 1 jour(s)   * Informations initiales
Restriction géographique	(Antibiotique)   Méthode Documentée   infection(s): "Cathéter/Redon"   à partir du 16/07 à 14h10, pendant 1 jour(s)   Voie d'administration : IV
☑ Inclure uniquement les patients présents	Informations complémentaires 11 produits(s) Etat du patient : Âge : 26 ans; Poids : 82 Kg; Taille : 187 cm
SelectBlocPersonnel	Madame PUTILLE Justine (Né le 12/11/1982, 37 ans)
Actualisation	Réanimation débutée le 07/07/2020 à 09:11 (Depuis 9 jour(s))
Actualisation Délai de mise	Localisation : ETABLISSEMENT > Service de Réanimation > USC > USC 4
Actualisation automatique	Prescription signée le 16/07/2020 à 11:37:39 par ANESTH Luc 98765432109
Afficher le rapport	Phénobarbital : 200 mg   + Eau pour préparations injectables ampoule: 6 ml 3 fois par jour à partir du 16/07 à 14h00, pendant 1 jour(s)   à partir du 16/07 à 14h00, pendant 1 jour(s)   Voie d'administration : IVD
	Informations complémentaires   1 produits(s)   Etat du patient : Âge : 37 ans; Poids : 47 Kg; Taille : 159 cm

You can select the type of information you want to view in the left column.

Oernière(s) prescription(s) validée(s)
O Dernière(s) prescription(s) validée(s) par jour
O Première(s) prescription(s) validée(s) par jour
O Toutes les prescriptions validées
O Les prescriptions médicamenteuses
O Les éléments à réaliser du plan de soin (liste chronologique)
O Les éléments à réaliser du plan de soin (tableau chronologique par patient)
O Les transmissions
O Les synthèses
O Les évolutions
Б

1: Last confirmed medication order(s)... (by default) - This option displays the last medication order for each patient concerned by the other filters.

**2: Last confirmed medication order(s) per day -** This option displays the latest medication order for each patient.

**3:** First confirmed medication order(s) per day - This option displays the first medication order for each patient.

**4:** All confirmed medication order(s) - This option lets you display all medication orders except those being written.

**5: Care plan items to be executed (chronological list)** - This option displays the items in the care plan that have not yet been done (as a list).

6: Care plan items to be executed (chronological table per patient) - This option displays the items in the

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 care plan that have not yet been done (as a table).

**7:** Nursing notes - This option displays the nursing notes between health workers (registered nurses, physiotherapists, dieticians, etc.).

8: Summaries - This option displays patient summaries.

9: Status changes - This option displays patient status changes.

It is also possible to display previous data for the whole unit, for a patient, for an intensive care unit or for patients taken charge of.



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#### 2.5.8 Nursing notes

Nursing notes can	be entered on the	portal by clicking	on the $rac{1}{2}$	button:

🖞 Transmissions médicales		X
Lit n3 - 4636451 TESTUD Olivier M 51 ans 180 cm 80 Kg		
		•
		-
V Ok	🗙 Annul	lor
	Annu	er

The **S** icon turns green when nursing notes have been entered. Hovering the mouse over it will show who made the entry and on what date.



#### 2.5.9 NHI status

On the portal, a patient's identity status is indicated by the colour of the word 'NHI' located after the bed number:

- Grey NHI: unknown identity
- Red NHI: temporary identity
- Blue NHI: retrieved identity
- Yellow NHI: confirmed identity
- Green NHI: qualified identity

To see the identity status, hover the mouse over 'NHI'.

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## 2.6 The Quick entry module

The **DIANE portal Quick entry** module lists the patient records and lets you interact directly with them.

The Preoperative assessment is a typical query for this module: for example, you can list all the patients having surgery today and complete the Preoperative assessment from this list.

To access the Quick entry module, click on the DIANE portal Quick entry button.



( ) Modification rapide de dossiers	_ 🗆 🗙
Requête : VPA 1 Filtre géographique : ETABLISSEMENT Biloc opératoire Consultations Salles de Naissance 2	TAVERNIER Christelle         Anesthésie : / Prémédications : KARDEGIC 500MG/5ML PDR IV 20 500 mg/5 mL Poudre pour solutio         Dossier complet         Commentaires pré-op:
Autres filtres     Champ Diane : Date de l'intervention	ANGELIN Francis sie : / Prémédications : DAFALGAN 500mg (paracétamol) 1-0-1 5553063 500mg gélule N02BE01 AU Dossier complet Commentaires pré-op:
Sector Secto	LARGILLIERE Serge         :erv. : Epaule Coiffe des rotateurs / Chir. : CASSIS Philippe / Anesthésie : Anesthésie Générale (AG)         Dossier complet         Commentaires pré-op:
Afficher les dossiers	

1. Drop-down menu of the different patient queries configured. The first is the one proposed by default.

2. Location filters to restrict the list to certain units or OTs.

3. Filters relating to patient record data. You can change these filters to adapt a date or a number. In the example above, you can specify **Yesterday** instead of today.

4. When the query is selected and any necessary filters are applied, the results appear by clicking on **Display** records.

The list appears on the right. You then have access to these records:

- Either to complete the proposed items directly,
- Or by clicking on

, the record opens and you can see additional items before completing it.

When you exit the record, you will automatically return to the list.

# 3. DIANE ANAESTHESIA

## 3.1 Selecting patient records in anaesthesia

After selecting the patient, the following window opens to choose what you want to do with the patient record.

Démarrer Intervention	Visualiser Intervention	Nouvelle Intervention	Nouvelle Fiche Consultation	CCAMCIM10	Duverture
Bloc	Date Interv	Date Consult	Type Interv Prévue	Chirurgien(s)	Etat dossier
DIA Bloc opératoire	16/08/2020	14/08/2020	Médecine nucléaire sous Anesthésie générale (AG)	CHIR Alex	Non réalisée
DIA Réanimation	27/07/2020	28/04/2022	Dilatation coronarienne avec pose de stent	CHIR Jean	Terminée
DIA Anesthésie	23/06/2008	22/06/2008	Septorhinoplastie	CHIR Léa	Terminée
DIA Anesthésie	20/09/2005	19/09/2005	Endoscopie digestive Echoendoscopie voie haute	CHIR Alex	Terminée
					r(s) trouvé(s)

By default, patient records are sorted in a given way, showing surgeries not yet completed first. The following records are sorted by place and date, taking into account the status of the record.

The surgery selected by default is the one that is in the current OT or unit, and that is scheduled to start the soonest.

From this window, and by using the buttons in the header, you can:

- **Start the surgery**: this button is used to start the surgery not yet performed that is selected in this window. You can start the surgery by double-clicking on the line you want.
- **Resume the surgery**: this button lets you restart a surgery that started less than 24 hours ago.
- View the surgery: this button is used to view a completed surgery.
- **New surgery**: this button is used to start a new surgery without a related consultation.
- **New consultation**: this button is used to create a new consultation.
- Inter-patient checklist: this button gives access to the inter-patient checklist.
- **Procedure/ICD-10**: this button gives access to the Procedure/ICD-10 code entry form.
- Safety checklist: this button gives access to the safety checklist.

If the selected patient has no surgeries planned or performed, the user will be prompted to create a new surgery.

When you double-click on a surgery performed less than 24 hours ago, a message will appear suggesting to either resume this surgery or view it.

If you right-click on one of the lines corresponding to a surgery, a menu is available to **Start the consultation associated with this surgery**.

#### **3.2 Preoperative assessment**

#### 3.2.1 Preoperative assessment buttons

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Buttons	Function
Sélection du patient	Lets you select a patient's record. See the ' <i>Patient selection</i> ' chapter.
Nouvelle Intervention	Used to start a new consultation for a new surgery for the selected patient. See the 'Scheduling a new surgery' chapter.
Champs à saisir	Opens the <b>Fields to complete</b> window which highlights the fields considered important before closing the application. See the ' <i>Important items and critical items</i> ' chapter.
<ul> <li>Enregistrer</li> </ul>	Lets you save all the information entered (new items, changes made or items deleted from the selected patient's record). The consultation is saved automatically when you print or generate ICD-10 and procedure codes.
🗙 Annuler	Lets you exit the patient's record if the <b>Save</b> button is greyed out when you click on <b>Cancel</b> . If the <b>Save</b> button is active when you click on <b>Cancel</b> , you can cancel all information entered since the patient's record was last saved. A <b>Warning</b> window prompts you to confirm your choice. The <b>Yes</b> button in this window lets you keep the data you were about to delete. The <b>No</b> button cancels all the changes you have made to your patient's record since it was last saved. The <b>Cancel</b> button cancels your cancellation request.
🖶 Imprimer	Used to print the consultation for the selected patient. A Print preview window opens first. See the ' <i>Consultation printout</i> ' chapter.
Options	Opens a context menu that lets you: <ul> <li>Lock the DIANE computer</li> <li>Change the user</li> <li>Resynchronize</li> <li>Change the password</li> <li>See the Consultation help</li> <li>See the About window</li> <li>Exit the Consultation application</li> </ul>
Reprise	Opens the <b>Retrieval</b> window to retrieve all the data in the selected tab from a choice of previous consultations listed for a given patient.

# 3.2.2 Surgery(ies) pane)

This pane, at the top of the application, displays a list of all the surgeries that the selected patient has already had during previous care in the **DIANE** software and lets you schedule a new surgery for the patient by using the **New surgery** button.

Intervention(s)	Date	Age	Taille	Poids	Intervention
Nouvelle	29/07/2018	57 ans	175 cm	67 Kg	Epaule Coiffe des rotateurs
Intervention	27/07/2018	57 ans	145 cm	52 Kg	Chirurgie de la cornée Kératoplasti
	23/06/2008	47 ans	175 cm	68 Kg	Septorhinoplastie
Champs à saisir	20/09/2005	44 ans	175 cm	65 Kg	Endoscopie digestive Echoendosc

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## 3.2.3 List of surgeries for the selected patient

The list of surgeries for the selected patient appears in the **Surgery(ies)** pane. Here, we can see the patient's **Age**, **Height** and **Weight** on the date of the surgery as well as the reason for surgery and **Date** of surgery.

Icon	Date column	Surgery colum
Record open	Scheduled date of surgery if this has been entered	Surgery scheduled
The surgery has not been done or is in progress.	OR	
The consultation can therefore be modified.	Consultation date if the surgery date has not been entered	
Record closed	Actual date of surgery	Surgery performed
The surgery is finished and the patient is in the recovery room. The consultation can no longer be modified (unless you have exceptional access permissions).		
🛅 locked record	Scheduled date of surgery if this has been entered	Surgery scheduled or performed
🚰 Currently in RR	OR	
Eurrently in OT	Consultation date if the surgery date has not been entered	
Induction in progress	OR	
This record is locked on another computer (record already open or preloaded on a mobile device). You have read-only access to the record.	Actual date of surgery if performed	
Record not accessible	Scheduled date of surgery if this has been entered	Surgery scheduled or
The surgery was performed or scheduled in	OR	performed
another unit. You cannot view this record (unless you have exceptional access permissions).	Consultation date if the surgery date has not been entered	
	OR	
	Actual date of surgery if performed	

You can sort the list of surgeries by clicking on the column headings (Date, Age, Height, Weight, Surgery).

If the last consultation carried out is not selected, the background colour of this list will be orange.

You can view the surgery associated with a consultation by right-clicking on the surgery and selecting **See associated surgery**.

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#### 3.2.4 Scheduling a new surgery

When a patient's record is selected, click on the New surgery button.

When a new patient is created, the Schedule a surgery window opens automatically.

Informations patient       Nom de naissance       Prénom         Nom de naissance       Prénom         LARGILLIERE       Serge         Nom usuel       Intervention         Sexe       Taille         Poids       BSA         BM       F         175       65         1,774       21,224         Intervention       Bloc op. prévu         Réanimation          30/07/2018       Service demandeur         Type d'intervention(s) prévue(s)       1         Isendoscopie ORL       1
Nom usuel       No       No       IPP         20/03/1961       11225544         Sexe       Taille       Poids       BSA       BMI         Intervention       Bloc op. prévu       Réanimation       4         30/07/2018       Service demandeur       4         Type d'intervention(s) prévue(s)       1       %
20/03/1961       11225544         Sexe       Taille       Poids       BSA       BMI         Intervention       65       1,774       21,224         Intervention       Bloc op. prévu       Réanimation       4         30/07/2018       Service demandeur       4         Type d'intervention(s) prévue(s)       1       %
Sexe       Taille       Poids       BSA       BMI         Image: Model of the second
Intervention       Bloc op. prévu       21,224         Intervention       Bloc op. prévu       4         30/07/2018       Service demandeur       4         Type d'intervention(s) prévue(s)       1       %
Date prévue       Bloc op. prévu       Réanimation       Image: Addition         30/07/2018       Service demandeur       Image: Addition       Image: Addition         Type d'intervention(s) prévue(s)       1       Image: Addition
Type d'intervention(s) prévue(s)     1     ½•
Endoscopie ORL
Chirurgien(s) prévu(s) 1 🐉 Anesthésiste(s) prévu(s) 1 🕵
LAFRENIERE Charmaine ANESTH Luc
✓ <u>O</u> K X <u>A</u> nnuler

In this window you can complete the first fields (the **BSA (Body Surface Area)** and **BMI (Body Mass Index)** are calculated automatically).

When this window is opened, the operating theatre is, by default, the one where the computer is located. Any change to this field will be kept during the same session for subsequent surgeries scheduled during the same session.

Click on the **OK** button or hit Enter on your keyboard to confirm this window.

The items are inserted in place.

After confirming this window, a confirmation message offers to automatically retrieve the history from the previous record.

If you click on **Yes**, the proposed action will be done: the **History/Treatments** tab is prefilled with the history from previous records.

If you click on **No**, only intraoperative and postoperative complications and previous surgeries performed with the **DIANE** software will be retrieved in the **History/Treatments** tab.

#### 3.2.5 Main preoperative assessment tabs

The anaesthesia data relating to the selected surgery is accessible in a tabbed folder and grouped, by default, into nine main categories: Administrative, History/Treatments, Clinical examinations, Paraclinical, Conclusion/Appointment, Outpatient, Summary and Documents.

**NB:** If you try to modify an old consultation record, a message will appear to tell you this. By default, this limit is set to 240 days.

#### 3.2.5.1 Administrative tab

This tab contains all the administrative data concerning the patient and the details of the scheduled surgery.

These fields are filled in using the different methods seen in the 'Ways to enter data in DIANE' chapter.

NB: If an interface is in place, the administrative fields can be filled automatically. Also, these fields may not be

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#### 3.2.5.1.1 Surgery(ies) performed component)

The **Surgery(ies) performed** field does not need to be completed. It will be automatically updated when your patient is in the intraoperative stage.

This lets you see the difference between the surgery scheduled and the surgery actually performed. Scheduled staff components

#### 3.2.5.1.2 Scheduled staff components

Completing the **Scheduled anaesthetist(s)** and **Scheduled RNA(s)** during the surgery will automatically register them as present in the theatre.

#### 3.2.5.1.3 **Procedure/ICD-10 button**

A **Procedure/ICD-10** button gives direct access to the entry form for ICD-10 and procedure codes. See the 'Procedures/ICD-10' chapter. You must click on the **Procedure/ICD-10** button for the retrieved codes to be displayed in the relevant pane.

atient Name da	!	Interver	ntion(s)		T-11-	n. de				For a state of a	]	
Sélection du patient Sexe O M O F		Nour Interve Char à sa	velle ention 27/07 23/06 mps 20/09	/2020 47 ans 6/2008 35 ans	175 cm	Poids 56 Kg 68 Kg 65 Kg	Médecine nucléa Dilatation corona Septori	vention ire sous Anesthé rienne avec pose hinoplastie stive Echoendosc		Enregistrer Annuler Imprimer Options	Reprise	
Administratif		xam. clinique	es Trait. / Pré	méd. Pa	aclinique	Co	nclusion/Visite	Ambulatoire		t = ×÷ Comptabilité	Résumé	Documents (0)
	e) le Lieu de na 109/1972 AMIENS	issance Code posta 80000	N° IPP 0945467 al Vile AMIENS		e S.S. 10805610479	Té	Situation de Concubinag éléphone 322456987			sse email		
	Correpond	lants	Médecir Docteur SERPETTE	traitant Caroline - Boves - (	1 ts Sénéraliste		Médecin ad	resseur	15a		Correspondants	ţţ.
Intervention Date de consultation 14/08/2020	Date D'interv.prév 16/08/2020	vue	Anesthés ANESTH Luc	ste en CS	1 5-	AN	Anesthésiste(s IESTH Luc	s) prévu(s) 1	<b>b</b> *	Ch CHIR Alex	nirurgien(s) prévu(s)	1 3+
4	Bloc op. Bloc opératoire Salle	•	Type Médecine nucléaire s	d'intervention( ous Anesthésie ge		5)	1 ီ÷	se complète auton		vention(s) r ent après interv		ţ.
BLOC												
-Mode d'admission prévue- O Hospitalisation O Ambulatoire	O Programmé O Urgence O Obstétrique			Motif d'Hopsitalisi	ation		<b>√</b> b-	Histoire de la maladie				
Position sur table O Décubitus Dorsal	O Génu-pectorale											
O Décubitus Latéral drt	O Assise	CCA	AM					CIM10				
O Décubitus Latéral gche O Décubitus Ventral	<ul> <li>O Gynéco (Lithotom</li> <li>O Table orthopédiqu</li> </ul>	le _	CCAM/CIM10									

#### 3.2.5.2 Treatment/Premedication tab

This tab can be used in other modules. It is therefore dealt with in the 'Treatment/Premedication tab' chapter.

#### 3.2.5.3 History tab

This tab generally groups together everything related to the patient's history.

Remember that the green ticks  $\checkmark$  are used to indicate default items for this field (e.g. NTR, no surgical history, etc.). Indeed, it is better to have an NTR type item than no information, which could mean that the patient may not have been asked about their history.

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#### 3.2.5.3.1 Surgical history, Surgical complications components

The **Surgical history, Previous surgical complications and Anaesthetic history** components are special components. They can be completed as normal but they also automatically retrieve the data from surgeries previously performed with **DIANE**.

### 3.2.5.3.2 NTR button

The **NTR** checkbox is used to fill in all the fields with a preset default item for a patient with little or no history.

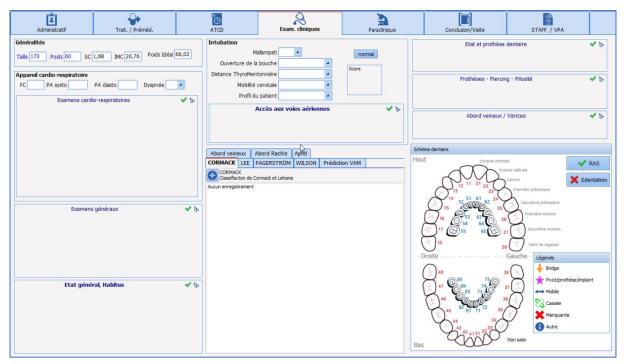
Administratif	ements	Exam. c	3 Iniques	Paraclinique	Conclusion/Visite	Ambulatoi	e	Résumé	Documents (0)	Trait	) Préméd.
Antécédents chirurgic	aux	2	🖌 🐉	Antécédents	anesthésiques	3 💙 🗽	ſ	Antécédent	s médicaux	2	0 🗸 🕼
Endoscopie digestive Coloscopie				Agitation au réveil			Ent	érites			
Vitrectomie bilatéral				Frissons postopératoires			9M Mig	raine avec signes associés			
				Intubation difficile Cormack de glotte et cartilages anyt	3 : Seuls petite partie hénoïdes visibles						
				Aspirine	Allergies	<b>√</b>					
Antécédents familia	IX	1	ي 🖌			-	0		raitements actuels	DPI	Guide
Pathologie	F	Parenté						ITOLINE 100MCG/DOSE IN ug/dose	HAL 200	$\mathbf{O}$	🤓 🖌 💼
Pas d'atcd familial								SFON LYOC 160MG LYOPH	ILISAT 5 1-1-1	00	
								mg			₩ • ₩
							KAF	DEGIC 160MG SACHET 30	160 mg	00	👳 🖌 💼
				Antécédents	obstétricaux	1 🕅 ✔ 🗽					
				Pas d'atcd obstétrical							
Etat général, Habitu	s	2	🖌 🚱								
🐄 Tabagisme < 5 cigarettes par jour				Complications on é	ratoires antérieures	3 🖌 🌬	<u>}</u>	MAINTEN DI	LAIS ou ARRET		2 🗸 🏷
Consommation d'alcool mondaine						3 ▼ เ⊳	I/AT				2 🔹 🕼
1				Diffusion extravasculaire de Compression oculaire	a pertusion		FRA	RDEGIC 160MG SACHET 30 XIPARINE (Nadroparine) So	l ini 2850 UIAXa/0.3ml	1	
				Douleur à la perfusion				,,,	,, .,		
Antécédents transfusio	nnels	1	🗸 🕼	Douleur a la perfusión							
Pas d'atcd transfusionnel											
								S Dossier m	édical Ordonnanc	es	
							, <u> </u>				

## 3.2.5.4 Clinical examinations tab

This tab is used to enter the patient's clinical examination on the day of the consultation.

You can use all types of consultation components. See the 'Ways to enter data in DIANE' chapter.

Detailed entries are customizable and can be activated by clicking on in the relevant tab. First you will be asked to save the consultation.



3.2.5.4.1 Intubation score

This score is calculated using the fields on the side: Mallampati, Mouth Opening, Thyromental Distance, Cervical Mobility and Patient Profile.

The score is between 5 (minimum score obtained by clicking on the **Normal** button, located opposite the **Mallampati** score) and 14. When this score is red, it has exceeded the critical threshold of 7.

## 3.2.5.5 Paraclinical tab

This tab is useful to request lab tests and specialist consultations and enter the results.

You can use all types of consultation components. See the 'Ways to enter data in DIANE chapter.

The most frequently recurring assessments are shown (configured by the site's key user) and accessible via checkboxes. Once you have made your selection, the **Generate** button lets you generate the prescription form for the assessments based on what has been ticked.

You can also create letters for specialist consultations.

You can include an assessment that is not configured with the configuration you are using, by clicking on the

button at the top right of the **Other assessments** pane. Once an assessment that does not belong to your configuration is completed, it will still be visible from the patient's consultation.

#### 3.2.5.5.1 Generate button

Clicking on the 💴 button lets you directly print the selected letter without going through the preview window.

The button lets you print several letters at the same time. Select the letters you want to print by ticking the boxes then click on the **Preview** button if you want to preview these letters first or on **Print** to print without a preview.

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**NB:** All typical prescription letters and assessments can be fully configured by your site administrator. They are configured by unit, operating theatre, room, etc.

Administratif	Trait. / Prémér	d.		Exam. cliniques	Paraclinique	Conclusion/Visite	STAFF / VPA	Ambulatoire	Résumé	Documents (0)
Bian amené par le pa Documents (Bian, co Groupe / RAI Gr RAI	urrier, ordonnance]	STATUT des O En attent O Valdés O Refusés Carte de groupe U vue et scannée	ie à fare	COMPTE-REHDU des consult		Se Resultats d	es examens BIOLOGIQUES	ty-		
	R.A.L _/_/	CAL a refaire avai		as de blan O Blan presc	nt 🗄 🖶 Edition	tats de laboratoire				
Autres Bilans Biologie à faire à l'admis	sion.					pérer les nouveaux résultats	0		Agrandir Taff	khage CUSTOM3 2
Groupe sanguin, Rhésus, PH     HPS-Plaquettes     Hes-Plaquettes     Hes-Plaquettes     Houpettes sur tube citraté     HS/CRP     Gauretterro protocole Eprec     Dubécie, nychita , toxoplasm     Sérologies virales Hépatte (     Gérologies virales Hépatte (     Gérologies prescrite fors de	TP, JNR, TOK TCA Pibrinogène coe ;, Hépatte B, VD1		RAI T4, - T5H Blan hépatque : ASA Caloimie - Phosphore Autre:							Test blan         blar           Image: State could be an end of the state of
Grape sanguin, Rivisus, H Grape sanguin, Rivisus, H Propuettes sur table citable Streetlance protocole Epren - Consultations spécialisé ECG en externe ECG à faire à l'admission AUTRES BLANG Cis Alergo	énotypes (1ère et 2ème dét TP, INR, TOK [ TCA [ Fibrinogène ]	Iono sang Dirée, oréat Dirée, oréat Dirée, oréat Dirée, oréat Dirée, oréat Dirée Di	Explo TSAo	Illen höpstpar : AAAT, ALAT, ALATS:     Schollen myscondigue     Go Schollen myscondigue     Go Schollen     Spid     Woll blan(0)	46pable R, VDH					
Rx Thorax	Cs pneumo	Cs Psy	L IVA		. 2.	echercher automatiquement les nouve	eaux résultats toutes les : 2	minutes		

## 3.2.5.6 Conclusion/Appointment tab

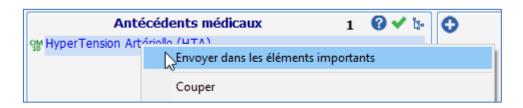
In this tab, it is customary to fill in all the items relating to the anaesthesia strategy but also everything relating to the surgery authorizations, benefit/risk information, etc.

This tab has a Printouts button to manage the printing of surgery authorizations but also all types of documents such as informative documents, consent documents, etc. They are managed and made available by your key user. This button functions in exactly the same way as the one in the previous tab (see the 'Generate button' chapter).

#### 3.2.5.6.1 SUMMARY/Important items component

The **SUMMARY/Important items** component summarizes all the items during the consultation considered important. Indeed, for each component of the consultation, you can right-click to send items to this **Conclusion/Appointment** tab.

You can send a specific complete examination or a complete assessment to the table of important items by right-clicking directly on the name of the examination (Clinical examinations tab) or assessment (Paraclinical tab).



#### 3.2.5.6.2 'Record edited by' component

A **Record edited by** pane shows you the names of all the caregivers who have edited the consultation record. A different colour is allocated for each new session opened. This pane is completed automatically.

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Administratif	Trait. / Préméd.	D ATCD	Exam. cliniques	Paraclinique	Conclusion/Visite	STAFF / VPA	Ambulatoire
	inéfices / Risques données au patient	✓ E- M	Risque septique	Estomac plein USC alle alle ivue	Postop ALR O ALR sosible O ALR sosible et souh O ALR possible et souh	FARE -Postion sur tabl O Décubitus Di O Décubitus La O Décubitus La O Décubitus La O Décubitus Vi PROTOCOLE D'ANEST	orsal O Génu-pectorale téral drt O Assise téral gche O Gynéco (Lithotomie) entral O Table orthopédique
Autorisation Document Autorisation parentale Doorer modifi pe : Luc, ANESTH (Salei au bloc) Paul MEDECIN	Autorisation d'opére	Version : 10	ASA 2 Vald. nterv	ESE / Eléments importants		ATB prophy Monitorage, Equipement, Stratégie transft	Protocole perop 🛛 🖋 🏷

## 3.2.6 Staff meeting/Preoperative assessment tab

It is possible to have a tab just for staff meetings and/or preoperative assessments.

## 3.2.6.1 Anaesthesia staff meeting

This part can be used to track the items of the staff meeting (the reason for the meeting and conclusion). Via the quick entry module, if the surgery has been confirmed on the **Record requiring staff meeting** status, you can find records that need to be reviewed by the team.

You must remember to change the status to **Staff meeting held and record confirmed** so that these records are no longer extracted during the next query.

#### 3.2.6.2 Preoperative assessment (Preop)

Information from the Preoperative assessment can be entered in different ways. The organization can be configured by the key user.

When this part is filled in using the relevant fields (**Complete record**, **NTR from the Preop**, **Comments**, **Fasting from...**), the **Done by** and **On** components are automatically entered with the name of the doctor who entered the information and date of entry.

Administratif	Trait. / Préméd.	C ATCD	Exam. cliniques	Paraclinique	Conclusion/Visite	STAFF / VPA	Ambulatoire
MOTIF DU STAFF							
CONCLUSION DU STAFF							
Visite pré anesthésique			Fait par :	Le ://			
Dossier complet							
🗌 RAS depuis la CPA	\			Commentaires			🖌 þ.
A jeun à partir de 🗾 🔺	heure						

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## 3.2.7 Exiting the patient consultation record and critical fields to fill in

## 3.2.7.1 Confirmation and status of the record

There are six possibilities for validating the surgery.

Each possibility is associated with a visual icon.

This confirmation will let you find these records via the quick entry module to complete them if necessary (record requiring staff meeting) but also manages alerts when the record is opened in the operating theatre.

Status	lcon	Effect in intraoperative stage
Date confirmed	Valid. interv Date validée	
Date postponed	Valid. interv Date différée	
Surgery cancelled	Valid. interv Intervention annulée	
Staff meeting required	Valid. interv A staffer	
Staff meeting held and record confirmed	Valid. interv Dossier staffé et validé	A window tells you that a staff meeting has been held for the record.
Patient rejected	Valid. interv Patient récusé	A window appears telling you that the patient has been rejected.

The status can be chosen in two ways:

- Either by choosing from the proposals in the Surg. valid. drop-down menu,
- Or by clicking on the icon. The order is then as follows: no status  $\Rightarrow$  **Date confirmed**  $\Rightarrow$  **Date postponed** ⇒ Staff meeting required ⇒ Staff meeting held and record confirmed ⇒ Surgery cancelled ⇒ Patient **rejected** ⇒ **No status** \_, ⇒ etc.

## 3.2.7.2 Important items and critical items

When the consultation is saved or when you click on the Fields to complete button, a window opens. This window lists the fields considered important or critical. A colour system is used to distinguish between fields that are not very important (green circle), important (yellow circle) and very important (red circle). If red circles appear in the Fields to complete window, the record cannot be exited without these fields being completed.

NB: The level of importance is configurable. Only site administrators can modify the names of the fields to complete and their order of importance.

🔄 Champs à saisir		×
Valid. interv	-	
MCJ	9	
ASA	9 1	
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If you click on , the tab where this field is located will be displayed on the screen for you to complete it as normal.

You can also select the desired item directly from the drop-down menu in the window.

The button in front of Lets you quickly insert a value. These quick entry values are fully configurable.



Once the consultation is finished, the **Anaesthesia Report** is generated according to the settings entered by key users.

You can print the report directly, display the print preview or send it directly to the Patient Record. You will need to click on the button to print:



As soon as the document is generated, the colour of the button changes from blue to orange. In addition, if you hover over it with the mouse, you can see the date on which a report was last generated.



Each time you request a printout, the window below opens. This lets you see which document will be printed. You can choose to save the document, in which case it will be stored in the **Documents** tab. It can also be exported.

If this window appears, the document is exported or saved after clicking on the **Perform the selected operations and proceed** button.

<u>Compte-rendu</u>					
Veuillez enregistrer les modifications apportées au document avant de valider cette fenêtre					
Sauvegarder le document géné	Sauvegarder le document généré et ses modifications				
Fichier Compte-rendu (17/07/2020 - 09	9:48:31)				
Exporter le document					
Effectuer les opérations selectionnées et continuer	🗙 Annuler				

On the right, the 🚺 button sends the report directly to the printer then opens the window above.

# 3.3 Using DIANE on a laptop OFFLINE

You may need to see a patient in a remote location, for example perform anaesthesia at a site not equipped with the software. With a laptop computer that has the **DIANE** software, you can load the record onto the computer, carry out the consultation, the preop assessment, surgery, etc. then put it back on the network.

To do this, different steps must be carried out:

- The patient records are preloaded onto the computer.
- The relevant procedures are carried out.
- The data is resynchronized.

## **3.3.1** Preloading patient records

Before working offline, the relevant patient records must be loaded onto the computer.

To do this, you must search for the patient record then right-click to select **Load in full access mode**. This loads and locks all the data from the record onto the computer. This record will be accessible only from this computer in read and write mode while offline.

Lock: this option places a lock on the patient in the database, preventing other users from changing data in the patient's record. Locked records show the  $\frac{6}{2}$  lock symbol in the **Patient selection** window.

The selected records now appear in the **List of locally loaded records** pane.

When the upload is complete, you can close this window and follow the relevant procedure. The computer can be disconnected from the network.

Run the relevant application, ticking **Force to offline mode** in the login window. Forcing the application to work offline prevents the software from searching for the network.

In offline mode, the application is red. See the 'Offline mode and connections between computers' chapter.

You can now carry out the necessary actions: preoperative assessment, consultation, complete surgery, etc.

## **3.3.2** Data resynchronization

When the procedure is finished, you must reconnect the computer to the network. Data resynchronization is proposed.

When you start up a **DIANE** application, the records found on the laptop are automatically transferred to the central server.

Only site administrators can unlock one or more patient records (if a laptop is lost, for example). In this case, all data inserted during the procedure will be considered lost.

NB: To load and unload patients from the laptop, the network connection must be working.

## 3.4 Intraoperative and postoperative modules

The **DIANE** Anaesthesia intraoperative and postoperative modules let you document the surgery in induction, the OT or recovery room. The most important tab in these modules is the **MONITORING** tab in which all the items entered in the record can be found.

The use of this module is similar in induction, in the local and regional anaesthesia room, operating theatre

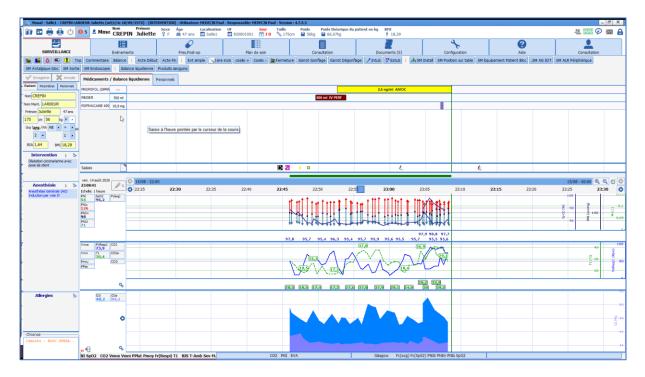
BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: **80/298**  and recovery room. The differences will be seen at the end of the chapter.

The display is adapted to the work area where the computer is located.

Medication orders for the recovery room and postoperative units are now managed taking into account the developments in place for intensive care, making it possible to generate structured medication orders (see the '*Medication order tab*' chapter).

## 3.4.1 General appearance of the application

The application is divided into tabs, the main tab being the **MONITORING** tab.



Above the tabs there is a ribbon containing information about the patient (marital status, age, weight, height, BMI, etc.).

Nom         Prénom         Sexe         Âge         Localisation         UF         Jour         Taille         Poids         Poids théorique du patient en kg         BMI           Mme         CREPIN         Juliette         ♀         F         ≝         47 ans         ≅         Salle1         ≅         920001001         1 J 0          ∿         175cm         ≅         66,07kg          18,29	29
--	----

Just below, there is a series of tabs giving access to different information detailed in the following chapters.

Evénements	Pres.Post-op	Plan de soin	Consultation	Documents (0)	Configuration	(?) Aide	Consultation

Below the tabs there are buttons for quick access to enter data.

Top Commentaire Balance | Ext simple Lière incis Defermeture l'Intub PEctub Lière incis Defermeture l'Intub Pecking Pose Lipadong Retrait & Campage & Déclampage | 4-5M Instal SM Induc SM Sortie SM Greffe SM VG | Nuban Balance lquidenne Produts sanguns

On the left is an area with other types of tabs. The anaesthesia record appears in the middle.

## **3.4.1.1** Intraoperative and postoperative buttons

The table below shows the meaning of the application's different buttons.

On the left, there are buttons to open or exit the record.

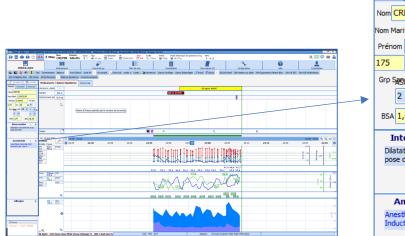
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	Button to open record
20	Button to exit record
<b>()</b> 1	Warning telling you that important actions have not been done. 'Important items reminder' button.
	One or two printers are used to manage default printing, but also specific printing (see the 'Centralized printing' chapter.).

On the right there are other buttons:

<u></u>	Patient-oriented email client
$\sim$	Status of data transmissions between biomedical devices and the software
$\boldsymbol{arphi}$	Warning telling you that medication orders are awaiting confirmation
$\succ$	Internal messaging
8	Internal email client Button to log out while leaving the patient record open

# 3.4.1.2 Patient subtab



This tab summarizes important patient information. This data is retrieved from the consultation.

These fields are writeable during and after surgery to be able to readjust what was planned.

The name of the surgery comes from the consultation's **Surgery scheduled** field. When the record is closed, the **surgery performed** field will be completed.

**NB**: when you exit the software or close the record, this tab is automatically saved. It is also possible to save manually by clicking on the **Save** button above the **Patient** and **Parameters** tabs.

## 3.4.1.3 Parameters subtab

Patier	nt	Par	am	ètre	s	P	e	sor	n	els	
Nom CREPIN											
Nom Marit. LARDEUR											
Préno	Prénom Juliett			te			4	17	ar	ns	
175		cm	5	6		kç	9	F	1	4	
Grp S	AS.	<b>q /</b> R	۱h	AB		4		+		4	ati
	2	4						1		4	
BSA	1,	64			BI	MI	1	8,	29	9	
		erv						1			20
Dila	atat se c	ion ( le st	cor	ona t	arie	nn	e	av	e	-	
				ési	e		Anesthésie 1 🕅				
Ane						1		1	20		
Anesthésie Générale (AG) Induction par voie IV						le ( IV	A	_		1	2
Ind	luct	nésie ion p	e G par	iéné r vo		le ( IV	A	_		1	-9-9-
Ind	luct	nésie ion p	e G par	iéné r vo		le ( IV	A	_		1	
Ind	luct	nésie ion p	e G par	iéné r vo		le ( IV	A	_		1	-9-9-
Ind	luct	nésie ion p	e G par	iéné r vo		le ( IV	A	_		1	-9-
Ind	luct	nésie tion p	e G par	iéné r vo		le ( IV	A	_		Ĩ	99 9
ING	luct	nésie ion p	e G par	iéné r vo		le ( [V	A	_		Ĩ	20
Ind	luct	nésie jon p	e G par	iéné r vo		le ( IV	A	_		Ĩ	-9-2-
Ind	luct	nésie tion (	e G	iéné r vo		le ( IV	A	_		1	29g
100	luct	nésie ion (	e G par	iéné r vo		le ( IV	A	_		Ĩ	-9- 
110						le ( IV	A	_			
110		nésie ion (				le ( IV	A	_			-9 <sup>0</sup>
110						le ( IV	A	_			
110						le ( IV	A	_			
						le ( IV	(A	_			
						le ( IV	<u>`</u> A	_			
	Α	ller					· A	_			
Chrc 4 9m:	A	ller	gi	ies	ie ]			G)	T	1	
Chro	A	ller	gi	ies	ie ]			G)	T.	1	
Chro	A	ller	gi	ies	ie ]			G)	T.	1	
Chro	A	ller	gi	ies	ie ]			G)	T	1	
Chro	A	ller	gi	ies	ie ]			G)	T.	1	
Chro	A	ller	gi	ies	ie ]			G)	T	1	
Chro	A	ller	gi	ies	ie ]			G)	T	1	
Chro	A	ller	gi	ies	ie ]			G)	T.	1	

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 This tab shows you the data collected from biomedical devices and data entered manually.

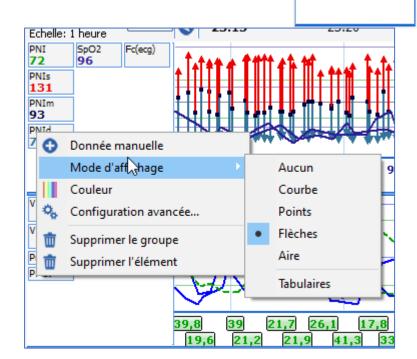
It is this tab that will allow the user to customize their anaesthesia report. Indeed, you can drag and drop the relevant items to the appropriate place. They are then displayed with the default graphical configuration.

Once in place, you can right-click on the item to configure the type of display (curve, area, arrow, etc.) but also the tabular (= numerical) view or colour, etc.

Feel free to personalize your anaesthesia record. The data is recorded the same way regardless of the display used. Each user can therefore put the data they need on the screen according to the surgery, patient and conditions.

_		_		-	
Pa	tient	Paramèt	tres	•	Personnels
-	du 14	tres phy 4/08/20 5/08/20	à 2	1	55
					.05
		e manue			_
	- Poi			5	-
		ateurCO		_	
	- Fc				21,9
		(Sp02)			
		(Respi)			
- 1	02e				4,3
	~02i				7,8
	- PNJ			9	
1	- PNJ			7	
- 1	··· PN3			9	
	- PNJ				28
	- SpC	)2			5,4
	- T1			2	4
		ateurCO			
	- Fc				26,8
		(Sp02)		_	21
		(Respi)			
	02e				4,2
- 1	-02i				7,4
-	··· PN3			2	-
	- PNJ		-	7	-
	- PN3				05
	- PNJ				33
	- SpC	02			5,6
-	T1		-	3	5,5





By right-clicking in the pane you can add a	🂩 Sa

۲

Ajouter une valeur Ajouter un score

score or value manually.

Saisie de données manuelles						
Choix du paramètre ou du groupe : 🛛 Afficher tous les paramètres						
Gaz carbonique inspiré - CO2i	4					
CO2i CO2e	Unité mmHg					
Modifier la date et l'heure d'occurrence : 29/04/2020 : Date / Heure actuelle						
Envoyer V Envoyer et Fermer	Fermer					

When you hover the mouse over it, you can

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Patient P	aramètres	Personnels	l
- du 05/0	es physiol 06/20 à 09 06/20 à 13	:55	
CO2e CO2i	: ( cg) : 9	36,1 0,1 98	·
-Fc(S	p <mark>02) :</mark> 1	108	
FcF O2e PICd PICm PICs PNId PNIm PNIs PPC	80 Bpm e 90 Bpm e 80 Bpm e 92 Bpm e 74 Bpm e 86 Bpm e 95 Bpm e 86 Bpm e	nregistré le C nregistré le C	a partir de la SPO2           15/06/2020 - 11:18:18           15/06/2020 - 11:19:02           15/06/2020 - 11:19:02           15/06/2020 - 11:19:02           15/06/2020 - 11:20:30           15/06/2020 - 11:20:38           15/06/2020 - 11:21:31           15/06/2020 - 11:21:31           15/06/2020 - 11:21:31           15/06/2020 - 11:21:31           05/06/2020 - 11:21:31
SpO2	108 Bpm	enregistré le	05/06/2020 - 11:51:41
Simulat	Diane - Si	mulateur - P	ort COM 11

#### **3.4.1.4** Timers

This pane displays the timers triggered by certain events. There are two types of timers:

- Configurable automatic timers, with or without alerts.
- Manual timers.

Chronos						
52s	~	Séjour SSPI				
11s	~	Intubation d				

#### 3.4.1.4.1 **Purpose of timers**

Timers can be used for two purposes:

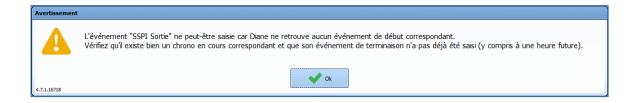
- To remind you of an action that needs to be repeated (repeat antibiotic injection, tourniquet time, etc.) via a pop-up.
- To simplify the entry of an action completed.

Indeed, triggering an action associated with a timer gives easy access to the closing event (see the '*Different ways to enter data during monitoring*' chapter).

#### 3.4.1.4.2 Automatic timers

Three items characterize an automatic timer: its name and its starting and stopping conditions. The **Intubation** timer is started by the **Intubation** event and will be stopped by the **Extubation** event. An alarm can be generated with an automatic timer.

**NB:** A **Timer warning** message is generated when the event ending the timer is entered before the event starting the timer.



#### 3.4.1.4.3 Manual timers

If you right-click in the **Timers** pane, at the bottom left of the **MONITORING** tab, a menu is displayed to start a new timer manually. The **New timer** window opens for you to name the timer and choose the time interval between warnings, if you want warnings to be generated for your timer.

Right-clicking on a manual timer opens a menu that lets you **Stop**, **Start the timer**, or configure the time interval between warnings.

This is particularly useful for managing repeat injections of antibiotics or for clamping times for example.

## *3.4.1.5 Staff in the OT/Doctor in charge*

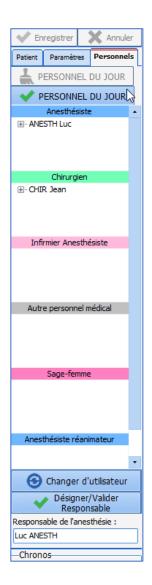
This tab is used to say which staff is present in the operating theatre.

The **Today's staff** button at the top lets you say that the staff currently entered will be the staff for the current day. The staff will then be entered automatically for the next records.

At the bottom of this tab there is a **Designate/Confirm person in charge** button to name the doctor in charge of the anaesthesia.

This information can also be found by using the tab behind the drugs, which gives a different view of the people present.

These fields are currently not configurable.



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ANESTH Luc								
CHIR Jean								
HEINE Stephanie								
HUET Virginie					[			
un clic droit sur un perso	nnel pou	r faire apparaître le i	menu contextuel ou	clic sur le titre				

## 3.4.1.6 Drugs/Fluid balance ribbon

The **Drugs/Fluid balance** ribbon lets you enter products administered but also fluid loss such as bleeding, transepidermal water loss, urine output, etc.

The green vertical bar represents the current time.

The different ways to enter a product or output will be shown in the '*Different ways to enter data during monitoring*' chapter.

Médicaments /	Balance l	iquidienne	juidienne Personnels										
DIURÈSE	75 ml		75 ml SONDE										
OXYGÈNE (02)			70 % Voie respiratoire										
PROPOFOL (DIPRIN	0,678 mg										2 ml/t	n - 10 mg/ml SAP	
ULTIVA PDRE 2 MG	4,86 µg								5 m	l/h - 10 µg/ml SAP			
RINGER	500 ml		500 ml TV PERF										

## 3.4.1.7 Events input pane

Located between the **Drugs/Fluid balance** ribbon and the parameter chart pane, this pane contains icons representing all events, consumables and scores that have been entered.

This pane tends to be narrow. When two items are entered for the same time, they overlap and a number replaces the icons. If you hold the **CTRL** key and click on the number they will be separated.

It is also possible to expand the pane by placing the cursor on the blue line at the top or bottom.

If you hover the mouse over a marker on the line you will see a tooltip showing the event entered and the time of occurrence. The same applies for drugs.

You can change the time of occurrence of an entry by dragging and dropping the marker to the relevant time in the input pane. You will be prompted to confirm the change. You can also delete an entry by right-clicking on it.

Evènements		<b>5</b> 3 8 2 2	<b>`</b> ◆2 2 ◆	1 ×8	(
Evènements	Ç,		∽• <u>°</u> ♥•	1 ×8	

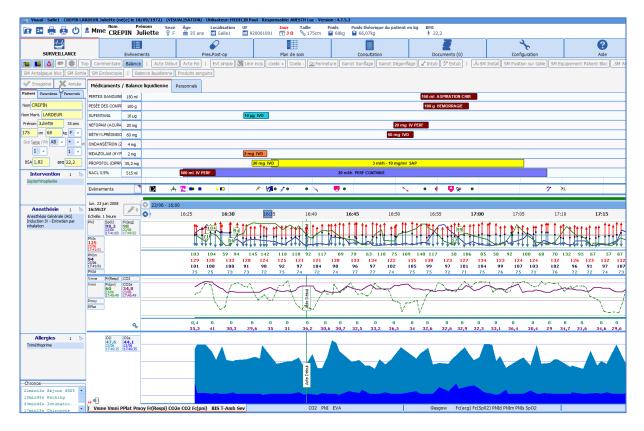
The various ways of entering a product or output will be discussed in the '*Different ways to enter data during monitoring*' chapter.

#### 3.4.1.8 Parameters chart

The parameters chart is synchronized with the time bar. Parameters can be entered automatically by connecting biomedical devices to the computer or entered manually.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 87/298 A chart pane can include as many parameters as you want. There are three different pages accessible using the tabs at the bottom of the page.

The size of the 3 chart panes can be changed. To do this, drag and drop the **blue line** separating each of the panes to change the size of the chart pane. Your cursor should look like this  $\stackrel{\bullet}{=}$ .

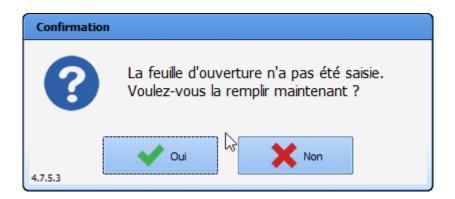


# 3.4.2 Important actions

When configuring the software, some items can be made mandatory. The **Safety Checklist** (or opening checklist) is adapted to each anaesthesia site and you are prompted to fill it in when opening the software. In the same way, inter-patient checklists can be offered.

## 3.4.2.1 Entering and confirming the operating theatre Safety Checklist

As soon as the software is opened, you are prompted to complete the safety checklist.



In an emergency, you can skip this step by clicking on **No**. It can be completed later during the surgery and will be proposed automatically when the next record is opened, until it is completed. During the surgery, it can be accessed via the important items reminder button (see the '*Intraoperative and/or postoperative buttons*' chapter). It is also accessible via the **Safety checklist** button in the Button **Configuration** tab and in the patient record selection window.

Filling in this form is simplified by checkboxes and a **Tick all** button.

Feuille ouvert	ure				_		
Service : Service A Bloc : Bloc opérato		Feuille ouverture	14/08/2020 -	22:43:34			
Salle : Salle 1			Registre				
Salle : Salle I			Page				
				🔸 Cocher t	out		
BRANCHER SOURCES							
Brancher l'o:	xygène, le protoxyde d'a	zote, l'air, le vide, l'électricité, le monitorage sur v	eille.				
Mettre l'inte	rrupteur général sur "ON	", le débit d'O2 atteind 150 ml/mn.					
Vérifier le fo	nctionnement de l'aspirat	tion (bocal, vide, sondes).					
Présence d'u	une bouteille d'oxygène d	le secours. Etat de remplissage (> 200 bar).					
Etalonner la	cellule d'oxygène du ver	ntilateur.					
Vérifier la pr	ésence de chaux et le bl	ocage du canister.					
Brancher le	vaporisateur chauffant (:	selon le protocole anesthésique retenu).					
CIRCUIT D'IN	DUCTION : BALLON	D'INDUCTION, VALVE ET MASQUE			_		
Diriger les ga	az frais vers le circuit d'in	duction, vérifier l'étanch 😒.					
- CIRCUIT MAN	UEL : GAZ FRAIS V	ERS LE BALLON "MACHINE"					
Vérifier la m	ontée en pression. Quan	d la pression > 30 cm H2O, ajuster la valve APL à	cette valeur.				
Fermer le dé	ibit de gaz. Si le ballon ne	e se dégonfle pas : Fuite < 150 ml/mn.					
- CIRCUIT VC :	DIRIGER LES GAZ F	RAIS VERS LE SOUFFLET					
Couper les g	jaz frais. Si le soufflet ne	descend pas : Fuite < 150 ml/mn.					
Mettre la ma	chine en marche, vérifie	r le déplacement du soufflet.					
DIVERS							
_		et de sa valve unidirectionnelle.					
Présence du	matériel d'intubation : se	ondes, masques, filtres antibactériens.					
Présence d'u	in laryngoscope fonction	nel et de lames adaptées.					
- EVAPORATEU							
Vérifier le re	mplissage, la limpidité de	la solution, la connexion, la rotation de la bague.					
- MONITORAGE							
		de capteurs et l'état de propreté.					
		E (ROBINET 3 VOIES)					
		e : Ouvrir l'oxygène et le N2O à fond. Vérifier le ra					
		rrêt de l'administration du N2O et l'émission sonore	e.				
	l'O2, vérifier l'oxygène ra						
		ioisir le mélange anesthésique voulu (air ou proto).	6				
Vérifier la pression d'alimentation des 3 gaz.							
Permuter sur air, vérifier le fonctionnement débit litre.							
	Vérifié par : PAUL Mot de passe : PAUL Pregistrer						
Imprimer	Validé par :	Mot de passe :	Enre	egistrer et ferm	er		
Implifier	Prendre e	en charge la responsabilité de l'anesthésie	3	🕻 Fermer			

To confirm the entry, the person logged in must retype their password in the **Checked by** box. A medical profile in the **Confirmed by** box will confirm.

Permissions are managed by the site's key user.

The Safety checklist must be completed every 24 hours. It is possible to set the time from which it is proposed (operating theatre opening time, for example).

**NB:** The Safety checklist can be configured entirely by your site administrator. It is configured by unit, operating theatre, room, bed, etc.

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## 3.4.2.2 Entering and confirming the Inter-patient checklist

Between each patient, a message prompts you to complete the inter-patient checklist. This checklist is completed, confirmed and printed in the same way as for the safety checklist.

💩 Fiche inter-patient			×			
Service : Service Anesthésie Bloc : Bloc opératoire Salle : Salle 1	Fiche inter-patient Patient : CREPIN Juliette	14/08/2020 - Registre Page	22:52:00			
Intervention : Dilatation coronarienne avec pose de stent						
Effectuer un réarmement total sur l'A  Ffracer les tendances du Cato  Vérifier la présence d'O2 et de Ballon Réaliser un test d'étanchéité de l'Aes CHOISTR. LE MELAVGE GAZEUX DESIRE Vérifier l'aspiration (fonctionnelle pro						
SSPI FICHE INTER-PATIENT  Vérifier la présence du ballon autoremplisseur et le tester Vérifier l'aspiration Vérifier la présence d'O2 Vérifier la présence d'un défibrillateur testé dans la SSPI						
Vérifié par : PAUL Validé par : Imprimer Prendre e	Mot de passe : Mot de passe : In charge la responsabilité de l'anesthésie		Enregistrer egistrer et fermer Fermer			

## 3.4.2.3 Safety checklist summary

In the configuration tab, there is a button to access a Safety checklist search engine. You can search for the Safety checklist by site, date, etc.

la Résumé des feuilles d'ouverture	x
Sélection du lieu	Résumé des feuilles d'ouverture
	Jour concerné 14/08/2020 🔹 🖸 Aperçu 📑 Imprimer
Service Ambulatoire	Détails d'une feuille d'ouverture
Service Anesthésie	Période de recherche
🗄 🤤 Bloc opératoire	du 14/08/2020 🔺 au 14/08/2020 🔺
🐵 🔤 Consultation	
🗈 🔤 Salle de réveil	🔍 Rechercher les feuilles d'ouveture
Salle induction	
🖽 \cdots 💽 Salle1	
Salle2	
······ 💽 Salle3	
Salle4	
······ 💽 Salle5	
Salle6 - CEC	
Secrétariat	
🕮 📶 Service Gyneco-Obstétrique	
🕮 📶 Service de Réanimation	
	Q Visualiser la feuille sélectionnée

## 3.4.2.4 Other important actions

Your key users can set items as mandatory if they wish. These items are often chosen from official indicators to improve the quality and safety of care to ensure that medicolegal information has been entered (RR departure score, complications, pain assessment, name of the doctor in charge, preop entry, etc.).

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 90/298 You can determine that a detailed entry is needed when a surgery starts (e.g. Preop assessment when it is entered during the operation). In this case, you are prompted to enter the information as soon as the patient's record is opened. This action can be postponed. It will be accessible in the important events reminder button.

Actions importantes à l'ouverture		х
Actions obligatoires :		
Saisir la saisie avancée : "Visite Pré Anesthésique NC"	🗆 Di	fférer
€ <sup>2</sup>		
🗸 ОК		

To complete the detailed entry, simply click on the relevant line.

If the **Postpone** box is active, you can enter this item later by clicking on the **OK** button.

If the **Detailed entry** is not filled in, a reminder will be given in the 'important events to enter' reminder button. By clicking on the button you can see and then enter items considered important.



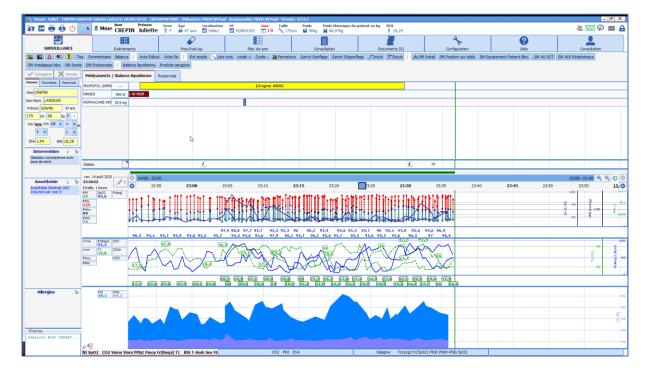
If these items are still not entered, you will be reminded when you exit the record.

Êtes-vous sûr(e) de vouloir fermer le dossier ?	
Fermer le dossier du patie	ent Juliette CREPIN ?
Il reste 2 action(s) bloquante(s) non renseignée(s) : - Saisir la feuille d'ouverture	
- Saisir la saisie avancée	
- Saisi la saise availeet Il y a 5 avertissement(s) : - Saisir l'IADE présent	
- Saisir le risque ASA	
- Saisir le type d'anesthésie	
- Saisir les allergies	
- Saisir l'évènement	
Choisissez les actions à effe	ctuer pour le dossier
© Cloturer le dossier	Heure de fin d'intervention 12:30:37 17/08/2020
O Transférer : Réveil	Imprimer le dossier
	Vui X Non

## 3.4.3 Monitoring tab - anaesthesia record

Intraoperative and postoperative monitoring lets the user document the record as the surgery progresses.

All the information can be entered by choosing the corresponding entry in the menu that appears when you right-click on the events area.



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**NB:** The monitoring sheet is preconfigured by key users. It can be adapted by the user during the procedure.

All the data entered and saved will be associated with the record even if the data is not configured for the display at the time of the procedure.

## 3.4.3.1 Different ways to enter data during monitoring

There are different data input methods for each item. Each method will take the item to where it should be. These different input methods are detailed in the following chapters. Different situations call for different methods.

Events and drugs can be entered in real time, in advance or afterwards.

You can change the time of occurrence of an entry by dragging the marker to the relevant time in the input pane. You will be prompted to confirm the change. You can also delete an entry by right-clicking on it.

You can also change the time of occurrence of the entry or delete it using the **Events** tab (see the '*Events tab*' chapter) or using the specific buttons **Change an event**, **Delete an event**, **Change a drug** and **Delete a drug**.

#### 3.4.3.1.1 **Events, patient environments, complications and consumables**

These items are accessed by right-clicking in the event input bar.

**Events:** This section contains events relating to anaesthesia (Induction, Intubation, etc.), surgery (first incision, clamping, etc.). The symbol is used for events. Entering events is easy. Simply browse in the drop-down context menu. Move the mouse cursor onto **Events**, then over to the event you want to enter. Only the last item of each branch will be saved.

**Patient environments:** You can insert all items concerning the patient such as position, type of ventilation, type of IV administration, etc. The symbol is used for patient environments where the patient's position is inserted. Patient environments are entered the same way as events.

**Complications:** All complications, whether allergy-related, cardiovascular, etc. can be inserted. The symbol is used for complications. Any complications that you have inserted during the surgery will be automatically retrieved when you schedule your patient's next operation. Complications are entered the same way as events.

**Consumables:** You can enter all the consumables used during the surgery such as compresses, needles, catheters, etc. The  $\Box$  symbol is used for consumables. Consumables are entered the same way as events, apart from the fact that the last two items will be saved, rather than just the last one.

You can insert an event, a patient environment, a complication or a consumable that is not in the configured lists of your unit, your operating theatre, your room, etc. but which was created in the hospital's configuration by clicking on **Other choice...** 

You can configure automatic event entries in the configuration tool when opening/exiting records (OT arrivals, OT departures, RR arrivals, RR departures, return to OT, etc.) from the **Automatic events when a record is opened and exited** section of the **Display settings** tab in the configuration tool.

# NB: All of these lists can be configured entirely by your site administrator. They are configured by unit, operating theatre, room, etc.

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#### 3.4.3.1.2 Time markers

You can insert a time marker using the specific **Enter a time marker** button.

A **Time marker** is an unspecified event that can be entered to mark the time of an important event. This lets you pinpoint the exact time of a problem, such as a complication, and continue to care for your patient. The symbol is used for a time marker on the markers line. You must then assign the corresponding event to this time marker by right-clicking on it

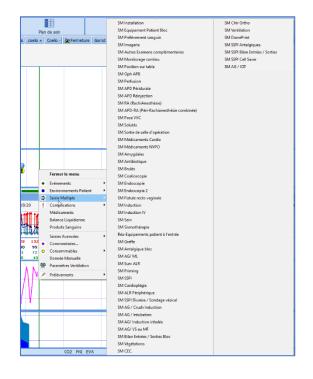
Please note, if the time marker is not renamed before the patient record is exited, it will not be saved.

#### 3.4.3.1.3 Multiple entries

Multiple entries are particularly useful at certain key times for anaesthesia (patient's arrival, induction, when patient wakes up, etc.), when a lot of information has to be entered in a short time.

Multiple entries are accessed via buttons at the top of the application and/or by clicking in the **Entries** >> **Multiple entries** bar.

To use multiple entries, see the 'Multiple entries' chapter.



#### 3.4.3.1.4 Drugs, fluid balance and blood products

#### 3.4.3.1.4.1 Select a drug or fluid loss

To enter a dose and/or fluid loss, click in the **Drugs/Fluid balance** pane to open a menu. Drugs are classified by therapeutic class. Once the drug is selected, you must choose the route of administration and dosage.

/ Balance liquidienne Pers	onpels		
11	ANALGESIQUES		Alfentanyl (Rapifen)
	ANESTH LOCAUX	•	Fentanyl
	ANTALGIQUES	•	Rémifentanyl (Ultiva)
Fermer le menu	ANTIBIOTIQUES	•	Sufentanil
BALANCE LIQUIDIENNE	ANTICOAGULANTS	- • T	
MEDICAMENTS	ANTIDIABETIQUES	•	
PRODUITS SANGUINS	ANTIDOTES	•	
Descriptions	ANTIFONGIQUES	•	
Prescriptions	ANTIHEMORRAGIQUES	•	
Aide	ANTIHISTAMINIQUES		

		1 ml/h
		2 ml/h
		3 ml/h
		4 ml/h
		5 ml/h
		6 ml/h
		7 ml/h
	-11	8 ml/h
Rémifentanyl (Ultiva)	_	9 ml/h
AIVOC CEREB 20 µg/ml	•	10 ml/h
AIVOC CEREB 50 µg/ml	•	11 ml/h
AIVOC CEREB 100 µg/ml	•	12 ml/h
AIVOC PLASMA 20 µg/ml	•	13 ml/h
AIVOC PLASMA 50 µg/ml	•	14 ml/h
AIVOC PLASMA 100 µg/ml	•	15 ml/h
IVD	•	16 ml/h
IVD PÉD	•	17 ml/h
SAP 20 µg/ml	•	18 ml/h
SAP 25 µg/ml	•	19 ml/h
SAP 50 µg/ml	•	20 ml/h
SAP 100 µg/ml	•	Autre ml/h
Autre posologie	T	

You can also use the specific button You can type the first letters of the drug to quickly search for it. Drugs starting with those letters are displayed in the bottom window on the left. You must then select it to show on the right its location in the tree above and you can then select the route of administration and dosage.

If the drug, route of administration or dosage is not displayed in the list, click on **Other drugs** or **Other dosage**. The window below appears.

Médicaments	Posologies	Voie d'administration
MEDICAMENTS	•	Vole a daministration
ANALGESIQUES		IVD
- ANESTH LOCAUX		
		Posologie Unité
	45	20 mg 4
		Concentration Unité
ANTIHEMORRAGIOUES		0
ANTIVIRAUX		Conversion en fonction
E- CARDIO-VASC		du poids du patient 🛛 🔁 🖻
IT: CORTICOÏDES		
Atracrium (Tracrium)		A
Cisatracurium (Nimbex)		Modifier heure occurrence :
Mivacurium (Mivacron)		10:36:53 31/07/2018
···· Rocuronium (Esméron)		10.30.33
···· Succinylcholine (Célocurine)		
Wécuronium (Norcuron)	-	🗸 OK 🛛 💢 Annuler
üsatracurium (Nimbex)		·

Enter the name of the drug at the bottom left of the window, if necessary. Otherwise, select it from the list. Also enter the **Route of administration**, **Dosage**, **Unit** and **Concentration** of your product.

If you wish to perform a conversion based on your patient's weight, you can use the different buttons provided in the window.

If you click on the whether the dosage, concentration and conversion unit.

If you click on the button, you can calculate the concentration according to the dosage and mass dosage. To do this, you must enter the dosage, conversion and concentration unit.

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You can change the time of occurrence before confirming the window by clicking on the **OK** button. There are three different drug injection and display modes: syringe pump type drugs (continuous injection), ventilator type drugs and flash injections.

**Syringe pump type injections** can be entered manually or retrieved automatically: a progress bar is used to represent continuous injections. It is synchronized with the time bar.

When the flow rate changes or is stopped, the colour of the bar representing the former flow rate also changes. You can see in the image below that **Ultiva** was injected using a syringe pump at a concentration of 20  $\mu$ g/mL. The injection started with a dosage of 10 mL/h, then 5 mL/h. The progress of this new flow rate continues in the same form as the previous progress bar. The total injected is shown in the box provided, to the right of the name of the drug.

You can enter a syringe pump drug without specifying a concentration, in which case the volume injected will be calculated automatically.

Médicaments	/ Balance	e liquidienne	Personnels				
RÉMIFENTANYL (U	12,4 µg		10 ml/l	h - 20 µg/ml - S	AP !	5 ml/h - 20 µg/ml	SAF
AMOXICILLINE (CL	1 g					1 g IVD	
CEFAZOLINE	3 g				3 g - IVD -	- 2 Saisies	
CISATRACURIUM (	3,08 mg			3 mg	IVD I ml/h	- 2 mg/ml SAP	
DIPRIVAN	9,77 mg			3 mg	/ml_TCI plas	matique - 20 SIM	

You can automatically retrieve data from a syringe pump. To do this, turn on the syringe pump. Install the syringe and enter the flow rate directly on the syringe pump. Once you have confirmed your flow rate (the green arrows on the syringe pump are flashing), you will be able to view the progress of your syringe pump on the screen. Depending on the <u>type</u> of equipment you are connected to, you may need to enter the name

of the product by clicking on the *button below* **Entries**. *You can see that* **Diprivan** was injected using a syringe pump at a dosage of 3 mg/mL.

When two entries are too close together and risk overlapping, the system merges them together as you can see. Simply hover the mouse over to display a tooltip showing you the injection times, routes of administration and dosages.

3 g - IVD - 2 Saisies [ 3 g ]	
- 16:56:13 : 1 g IVD [ 1 g] 16:56:44 : 2 g IVD [ 2 g]	
Appuyer sur la touche "Ctrl" pour défusionner les éléments et les m	odifier

To separate them, just press the **CTRL** key. Likewise, if a syringe pump and a flash injection overlap, simply hover your mouse over the syringe pump for a tooltip to display the syringe pump start time, concentration and dosage.

3 mg IVI	) 2 mg/m	I SAP		
3 mg/ml	TCI plasma	tique -		
			: 1 ml/h - 2 mg/m	I SAP
		DM : 2 mg	J/h	II
		[ 0,485 mg	]	
		Saisie en	cours	

#### 3.4.3.1.4.2 Managing repeat injections

When a drug has already been entered during the surgery, you can enter a new dosage by clicking directly on the line of that drug.

- If you click on the name of the drug, the injection time will be the current time.

- If you click on the drug line, the injection time will be where you clicked.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 When you click on the marker representing the injected drug or on the drug line, you can insert an **Other dosage**, **Resume** or **Stop the SP** or **Delete** it.

**NB:** You can view a certain amount of information by hovering over the entries with your mouse.

#### 3.4.3.1.4.3 Entering the volume of the blood bags and drip bags

When a drug is delivered from a blood bag or drip bag, a volume entry window will appear if the drug has been configured with the volume entry request.

Saisie du volume	×
Veuillez précisez le volume correspondant à 1 "culot(s)"	
Commentaire :	
Ok X Annul	er

Enter the information about the blood bag in the **Comment** field or scan the blood bag's barcode.

Saisie du volume	×
Veuillez précisez le volume correspondant à 1 "culot(s)"	
🗸 Ok 🗙 Annul	er

The unit of volume (in **mL** by default) can be changed.

#### 3.4.3.1.5 Written comments

In the context menu, move the mouse cursor over Comments. The Enter a comment window opens. Write

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The **Symbol** is used for comments on the markers line.

#### 3.4.3.1.6 Ventilation parameters

If your ventilator does not have an RS232, local HL7 or network HL7 link to retrieve parameters automatically, these ventilation parameters can be entered manually.

In the context menu, move the mouse cursor to **Ventilation parameters**. A **Ventilation parameters** window opens. Enter the different ventilation parameter items using the drop-down lists (ventilation, vt(-), RR, I:E ratio, FiO2, PEEP, pressure, pressure support, NO, prone). The date and time of occurrence can be changed. Click on the **OK** button to confirm your entry.

The • s symbol is used for ventilation parameters on the markers line.

You can also insert a ventilation parameter using the specific Ventilation parameters button.

**NB:** Ventilation parameters can be configured by your site's key user.

#### 3.4.3.1.7 Manual data

It is possible to enter data manually.

In the data entry bar menu, move the mouse cursor to **Manual Data**. A **Manual data entry** window opens. Choose the parameter or group of parameters that you want to enter manually using the drop-down list. You must then complete the various fields offered to you based on the parameter chosen previously. The date and time of occurrence can be changed.

Click on the **Send** button to confirm your manual entry. The **Send and close** button lets you close the **Manual data entry** window without having to click on the **Close** button.

This entry is displayed in the Current Values pane of the **Parameters** subtab (see the 'Parameters subtab' chapter). Like the other parameters, this parameter can be inserted in the chart pane to monitor changes (see the 'Adding or removing a parameter in the charts pane' chapter).

You can also insert data manually using the specific Manual data button.

#### 3.4.3.1.8 Artefacts

You can tell the software that an artefact is present using the specific **Enter an artefact** button. The **①** symbol is used for artefacts on the markers line.

#### 3.4.4 Intraoperative and postoperative components

Quick presentation of the components usually encountered **during** and **after surgery**. The anaesthesia record is preconfigured by the site's key user. However, it can be personalized by the user in real time to take into account the specificities of the procedure in progress.

#### 3.4.4.1 Adding or removing a parameter in the charts pane

To view a parameter in a chart, use the mouse to drag and drop this parameter from the **Current Values** pane to the **Charts** pane. Hold down the left mouse click while the cursor looks like this O. For the

parameter to be taken into account, your mouse cursor must look like this . As soon as you release the left click of your mouse, the parameter, symbolized by its abbreviation and instantaneous value(s), is displayed in the curve pane. Right-clicking on the parameter in the charts pane displays a menu that lets you remove that parameter from the charts area.

## 3.4.4.2 Parameter display mode

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Display modes	Instructions								
None	Does not display the parameter as a chart. Useful in conjunction with the <b>Tabular</b> mode.								
Curve	Suitable for all parameters.								
Tabular	Suitable for all parameters.								
Arrow	Only concerns parameters measured discontinuously ( <i>e.g. NIP</i> ). Only a parameter with 3 physiological inputs will appear in the charts pane in this case.								
Area	Applies to curve panes only containing one parameter with two inputs (e.g. gas inhaled and exhaled) or two parameters with one input but not intersecting.								
Parameter zoom	From the <b>Current Values</b> area ( <i>left column, Parameters tab</i> ), double-click on one or more parameters to obtain a continuously visible zoom on the screen. This large number can be repositioned by the user. <i>See example</i> <i>of HR (SpO2).</i>								
	This display mode is very useful to closely monitor a particular parameter.								

## 3.4.4.3 Choice of timescale

Right-clicking on the time bar (between the markers line and the charts pane) brings up a context menu allowing you to choose a timescale.

You can display your charts over a 15- or 30-minute period for short surgeries, and over a period of one, two, four or eight hours depending on the length of the surgery you are performing. If you select the automatic scale, the scale will change on its own based on the length of surgery.

**NB:** Real time simply makes it possible to see the biomedical monitor data in real time in the scale chosen previously. The **Real time** option is not visible in **Read-only** mode.

## 3.4.4.4 Display colour changes

*In the curve pane:* If you right-click on the instantaneous value of the **Parameter** in the charts pane, the **Configure Parameter display** window is displayed. To change the colour, click on the **Colour** box and choose the colour you want from the palette. This colour palette is used in the same way as in Windows. You can also choose the **Thickness** and **Style** of the line (Continuous, Dotted, etc.).

By default, the **Automatic scale** item is preselected. You can set the parameter **Scale** manually by giving the **Min** and **Max** scale in the relevant boxes. We advise users to set these minimum and maximum scales rather than using the automatic scale. This is because, if there is an artefact in the physiological data retrieved from biomedical equipment, the curves could be illegible (artefacts are always deleted during printing).

It is also possible to change the parameter display mode (chart, tabular, etc.) for the session that is open. If you right-click in the parameters pane you can change the background colour of the different chart panes. This colour palette is used in the same way as in Windows.

**NB:** The print colour of the curves is as configured on the computer requesting the printout of your patient's surgery.

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#### 3.4.4.1 Alarms

You can choose whether or not to activate alarms displayed on the markers line and in the **Alarms!** window by using the specific **Alarms On/Off** button.

A 4 symbol next to the **Entries** pane will indicate that the alarms are displayed on the markers line.

Evénement	H.Occurre	nce F	Saisie	Catég	jorie	Saisi p	ar Comn	rentaire						Alarme	H.Début	H.Fin	
Aldrete [10]	31/07 11:3	4:55 1	1:35:09	Sco	re	Diane SYS	STEM										
Aldrete [8]	31/07 11:1	0:42 1	1:33:15	Sco	re	Diane SYS	STEM										
Installation sur table	31/07 10:5	6:42 1	1:01:03	Environne	ments	Diane SYS	TEM										
Position Décubitus dorsa			1:01:03	Environne		Diane SYS											
Sortie vers la SSPI	31/07 10:5		1:02:01	Evéner		Diane SYS											
Arrivée du patient - Dé			1:01:03	Evéner		Diane SYS											
Début 02 Masque	31/07 10:3		1:02:01	Evéner		Diane SYS											
Masque Facial Retrait	31/07 10:3		1:02:00	Evéner		Diane SYS											
Attente place en SSPI	31/07 10:3		1:02:01	Evéner		Diane SYS											
Attente place en SSP1 Reprise Ventilation Spo			1:02:01	Evener		Diane SYS											
hangement de position			1:01:56	Evéner		Diane SYS											
Acte Fin	31/07 10:3		1:01:12	Evéner		Diane SYS											
Position Décubitus dorsa			1:01:56	Environne		Diane SYS											
Acte Début	31/07 10:2		1:01:12	Evéner		Diane SYS											
Acte Fin	31/07 10:2		1:01:56	Evéner		Diane SYS											
Protection - Fermeture			1:01:03	Evéner		Diane SYS											
Lésion trachéale	31/07 10:2		1:01:12	Complic	ations	Diane SYS											
CORMACK [2]	31/07 10:2		1:03:13	Sco	ire	Diane SYS											
Intubation par mandrin	31/07 10:2	6:27 1	1:01:03	Environne	ments	Diane SYS	STEM										
Auscultation pulmonair	31/07 10:2	6:27 1	1:01:03	Evéner	nents	Diane SYS	TEM										
Sonde d'intubation: 6,5			1:01:03	Consom	mables	Diane SYS	STEM										
Pré-oxygénation	31/07 10:1		1:01:03	Evéner	nents	Diane SYS	TEM										
Voie Veineuse Périphéri.			1:01:03	Environne	ments	Diane SYS	TEM										
Cathlon: G20	31/07 10:1		1:01:03	Consom		Diane SYS											
Patient perfusé en salle			1:01:03	Evéner		Diane SYS											
Ponction d'un épanche			01:07:08	Evéner		Diane SYS											
Intubation difficile Fin	31/07 10:0		0:03:03	Complic		Diane SYS											
Intubation difficile Début			0:01:11	Complic		Diane SYS											
SSPI Arrivée	31/07 10:0		0:00:30	Evéner		Diane SYS											
Entrée de CHIR Jean	31/07 10:0		9:48:08	Mouveme		Diane SYS											
Entrée de CHIR Jean			9:48:08	Mouveme		Diane SYS											
Entrée de SYSTEM Diane			9:48:08			Diane SYS											
cittree de 5151EFI Dialie	31/07 09:4	8:07 0	9:46:07	riouvenie	int Pers	Diane Sta	SIEM										
			1	1 .			_				L				1		
lédicament	Voie	Numéro S.		Unité	Concen	Unité C.		H.Fin	H.Saisie	Total	Unité T.	Bal. Liq.	Saisi par	Commentaire			
liurèse	SONDE		75	ml			31/07 10:54:03		10:58:11	75	ml	-75 ml	Diane SYSTEM				
linger	IV PERF		500	ml			31/07 10:49:35		11:01:03	500	ml	+500 ml	Diane SYSTEM				
ULTIVA PDRE 2 MG (	SAP		5	ml/h	10	µg/ml	31/07 10:44:50	10:57:24	10:52:34	10,473	pg	+1,047 ml	Diane SYSTEM				
Ringer	IV PERF		500	ml			31/07 10:35:41		10:57:48	500	ml	+500 ml	Diane SYSTEM				
Propofol (Diprivan)	SAP		2	ml/h	10	mg/ml	31/07 10:31:32	11:01:12	10:57:05	9,886	mg	+0,989 ml	Diane SYSTEM				
Dxygène (O2)	/oie respi_		70	9/6			31/07 10:13:57	11:02:17	10:51:08	0	- 16		Diane SYSTEM				

## 3.4.5 Events tab

You can sort the list of events, drugs and alarms by clicking on the column headings.

## 3.4.5.1 Events log

We can see a list of all the **Events** (*Events*, *Patient Environments*, *Complications*, *Consumables*, *Comments* and *Ventilation parameters*) entered throughout the surgery, with the **Occurrence** and **Entry** times. These events appear in descending order of occurrence so that the most recent event inserted is always at

the top of the **Events log**. If you click on one of the entries, a menu lets you delete this event or change its time of occurrence. A **Confirmation** message will ask you to confirm each time you change or delete an entry.

NB: If this information was entered during a previous session, you can no longer change or delete it.

From the **MONITORING** tab, you can change the time of occurrence of an event by clicking and dragging it on the markers line or delete it by right-clicking on the marker. You can also delete or change an event using the specific buttons provided.

## 3.4.5.2 Alarm log

Here we find the list of alarms transmitted by the biomedical equipment with their **Start** and **End** times. More than 500 alarms can be transmitted by biomedical equipment connected via the RS232 link. These alarms appear in descending order of occurrence so that the most recent alarm triggered is always at the top of the **Alarm log**.

**NB:** The alarms cannot be changed or deleted.

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## 3.4.5.3 Drug log

Here we find the list of all the drugs (*Drugs, Fluid balance* and *Blood products*) entered throughout the surgery, with their **Route** of administration, the equipment's **Serial number** if it is a product retrieved automatically, their **Dosage, Unit, Concentration** and **Concentration unit** if it is a syringe pump, and the **injection** time and **end** time (if it is a syringe pump) and **entry** time. These drugs appear in descending order of occurrence so that the most recent drug injected is always at the top of the **Drug log**.

If you click on one of the drugs, a menu lets you delete that drug, change its time of occurrence or stop the flow when the selected drug is injected continuously. A **Confirmation** message will prompt you to confirm the change or deletion.

NB: If this drug was entered during a previous session, you can no longer change or delete it.

From the **MONITORING** tab, you can change the time of occurrence of a drug by dragging and dropping it or delete it by right-clicking on it. You can also delete or change a drug using the specific buttons provided.

## 3.4.6 Consultation tab

This tab displays the preop assessment window relating to the current surgery. The information displayed (that you can view or modify depending on your access permissions) adds information to the **Patient** subtab of the **MONITORING** tab.

You can obviously view or add information to the consultation of another patient by selecting it using the Patient selection button. See the 'Preoperative assessment' chapter for more information on how the **Consultation** application works.

To go back to the **MONITORING** tab, select the title bar that you see displayed above the **Consultation** application.

## 3.5 Specificities of the Postoperative application

The types of tools available in the **Postoperative** application are identical to those in the **Intraoperative** application.



Available beds and occupied beds are displayed at the top of the application as buttons, one of which is outlined in red to show the currently active bed. *In this example, the record belongs to patient Juliette Crépin in Bed 1. Beds 2 and 3 are empty.* 

These buttons let you switch quickly and easily from one bed to another in the recovery room. These buttons show the name of the bed and the name of the current patient.

A red vertical line marks the move to the RR.

Before removing a patient record from the application, a person authorized to sign the discharge form must enter their username and password. Your key users can choose whether or not to activate this RR patient discharge form.

**NB:** you can transfer the patient to another recovery bed. To do this, you must exit the record and choose the **Transfer in Recovery** item in the **Exit** window. Open the correct bed and tend to the patient's arrival.

## **3.6** Discharging the patient

When a patient is discharged from a room the record must be exited. You can then choose to:

- Transfer the patient
- Close the record

The transfer will be used when the patient goes to an area/unit where they will be monitored using the **DIANE** software.

You should close the record when the patient will no longer be monitored by the software.

If there are important actions that have not been entered, the discharge window can display a reminder and you can enter the information directly from this space. See the *'Important actions'* chapter.

## 3.6.1 Name and signature of doctor in charge

You can name a doctor in charge of the surgery. If it is an anaesthetist who has logged in to the software, they will automatically be considered as the person in charge of the surgery. You can name the doctor in charge if this person is not logged in, but in this case, they will have to confirm they are in charge by entering their password.

To name the doctor in charge, you can use the button at the top left of the application or the Designate/Confirm person in charge button in the **Staff** subtab of the **MONITORING** tab (see the 'Staff in the OT/Doctor in charge' chapter).

There may be more than one doctor in charge of a surgery.

## **3.6.2** Signing postoperative medication orders

When postoperative medication orders have been entered in the application's Medication order tab, a doctor must sign these medication orders by entering their name and password.

It is possible to sign these medication orders using the button at the top left of the application or using the **Medication order** tab (see the 'Medication order tab' chapter).

## **3.6.3** RR discharge signature

When a patient is discharged from the recovery room, the discharge from the recovery room can be confirmed in the **DIANE** software.

It is possible to sign the discharge from recovery using the button at the top left of the application or using the Mediation order tab (see the 'Medication order tab' chapter).

# 4. **DIANE OBSTETRICS**

DIANE OBSTETRICS lets you monitor obstetrics, gynaecology and family planning patients.

When a new record is opened, you will be asked whether you want to open a gynaecology, obstetrics or family planning record. The software configuration will change based on your choice to adapt the monitoring.

## 4.1 Selection of the record in obstetrics

To select the patient's record, see the 'Patient selection' section.

# 4.1.1 Selecting the type of record

Sélection du dossier du patient : DUFEUILLE Jeanne - 07/03/1988										
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DIA 27/06/2019	Singleton		E	En transfert	08/03/2020		Obstétrique			
						1 Dossier(s) tro	uvé(s)			

When the record has been selected, a new window opens offering different choices:

- **Resume delivery:** lets you continue monitoring a patient already registered in the unit.
- New delivery: lets you start monitoring a new pregnancy.

When a record is opened for the first time, a window will appear to enter the type of record. Three choices are available and will change the software configuration (obstetrics, gynaecology or family planning record). Some tabs will appear or disappear depending on the choice made.

**NB:** For obstetrics and family planning records, it is mandatory to enter the Pregnancy start date. This can be changed later.

Sélection du type de dossier	
Type de dossier Obstétrique O Gynécologique O Orthogénie La date de début de grossesse doit être re Date de début de grossesse	nseignée
Valider	

# 4.2 General appearance of the application

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				Lefebvre Jean			062659593	26		Mineure		Autorisation d'opérer	4			
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The application is divided into tabs. Each tab corresponds to the different phases of pregnancy monitoring.

Above the tabs there is a ribbon containing information about the patient (marital status, age, weight, gestational age, uterine scars, parity, etc.).

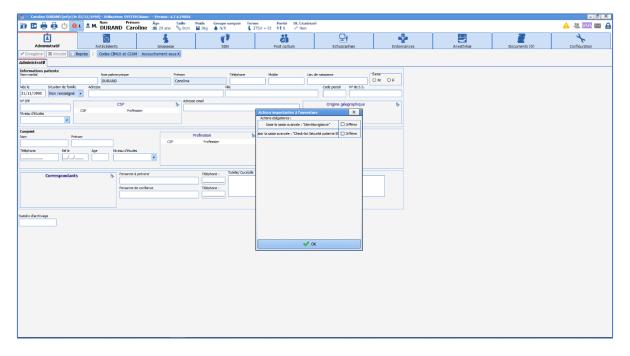
Lefebvre (DURAND) Prénom Caroline Groupe sanguin A+ **Ut. Cicatriciel**  *x*<sup>★</sup> Unicicatriciel **Terme** § 39SA + 4J **Âge** ≝ 29 ans Taille Poids Parité 2 85kg **\** 165cm 赤青 1 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 BOW Médical SAS, 43 Avenue d'Italie Email: contact@bowmedical.com 80090 Amiens - FRANCE **DIANE** User Manual: Version: 4.8 Page: 106/298

On the right, there are buttons to open or exit the record.

	Button to open record
20	Button to exit record
<b>0</b> 1	Warning telling you that checklists (important actions) have not been done
<u>A</u>	Warning telling you that serology tests have not been entered

# 4.3 Safety checklist

**Checklists** must be completed. They appear depending on where the computer is located. There are, for example, two checklists to be completed upon admission to the **Delivery Room**, but none for computers in consultations. Their completion can be postponed. However, this will prevent the record from being exited. They must always be completed.



The screenshot below shows that the checklists have not been completed. All you have to do is click on **Enter the 3 detailed entries** and enter the data. You can then exit the record.

Êtes-vous sûr(e) de vouloir fermer le dossier ?										
Fermer le dossier du patient Caroline DURAND ?										
Il reste 3 action(s) bloquante(s) non renseignée(s) : - Saisir les 3 saisies avancées										
Choisissez les actions à effe	Choisissez les actions à effectuer pour le dossier									
• Sortir de la salle de naissance	Heure de fin d'intervention 15:40:08 21/11/2019									
O Transférer : Autre	Imprimer le dossier									
	Vui X Non									

Fields with an asterisk (screenshot below) are mandatory and prevent the checklist from being closed if they are not completed.

Caroline DURAND (né(e) le 21/11/1990) - Utilisateur: SYSTEM Diane -	Version : 4.7.4.19004						- 8 ×
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Correspondants 5 Pesore à préver Pesore de confin	O Dui O Non Milangeur O2 avec laerdai et mas O Dui O Non	Ques					
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					√ Ok X Annuer		

## 4.4 Administrative tab

Administrative information comes from the electronic health record (EHR) and is filled in automatically. You cannot change this information in **DIANE**.

If a record is created directly in **DIANE**, all of the data must be completed.

**NB:** the administrative data entered in **DIANE** is not sent to the EHR, so it is preferable in all cases to enter or change this information in the EHR to avoid inconsistencies.

This tab lets you enter information about the patient, spouse, correspondents (GP, private gynaecologist,

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 108/298 private midwife, etc.) and trusted person.

Specific features:

- The patient's gender is by default: 'F' but you can change it using the Gender checkbox at the top right of the **Patient information** pane.

- There is an automatic calculation that ticks the **Minor** box (at the bottom of the tab) according to the date of birth entered.

# 4.5 History tab

### 4.5.1 History subtab

The **History** subtab lets you enter the patient's medical history with the exception of the obstetric history. The tab is composed of input fields with a reference list. The **Allergies** and **Usual treatments** fields do not have an actual list. The list is called up directly when data is entered manually.

#### Usual treatments: access to the reference centre for teratogens):

To the left of the treatment there is a yellow rectangle. If you click on it, you have **direct access to the reference centre for teratogens** page for the drug and monograph of the drug (either from BCB or Vidal).

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				o romplacor ou d'arrôtor l'amitrin	styling	

The other fields in the **History** subtab have no particular function. They let you enter the medical, gynaecological, surgical, transfusion and family history of the patient and their spouse. These fields are filled in using the different methods described in the '*Ways to enter data in DIANE*' chapter.

The **MDRO risk** pane is used to assess the measures to take in the event of a risk. The fields are invisible if the patient is not at risk for MDRO. The fields concerning preventive measures appear if you click on Yes on the drop-down menu to say that the patient is at risk for MDRO.

Risque de BMR	Risque de BMR
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	Dépistage microbiologique
	Commentaire

#### 4.5.2 Obstetric history subtab

The **Obstetric history** subtab lets you enter previous pregnancies regardless of their outcome. This is where the **history** of deliveries, IUFD, therapeutic abortions, miscarriages and elective abortions will be recorded.

The data is entered into a table. You can click on the end of the sign at the top left to create a history item. To delete a **history** item, select the item in the table then click on the sign.

**NB:** History items for pregnancies monitored in **DIANE** are created automatically and cannot be deleted from the software.

- <u>Creating a pregnancy history item</u>: when you click on the sign, a window appears to either create a pregnancy history item (including liveborn children, IUFD and therapeutic abortions), or to create a history item for a pregnancy stopped (including early miscarriages, late miscarriages, elective abortions and molar pregnancies).

If you click on **Obstetrics** in the **Record type selection** window, a component appears for you to choose the type of pregnancy (singleton, twins, etc.). You can also choose inside the history creation window that appears when you have confirmed the type of history item you want to create.

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Nb 114G < 22 SA							
Nb IMG >= 22 SA							

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How the specific fields of the window for creating an obstetric history item work:

- **Pregnancy outcome** field: this field is the same as the one in the pregnancy summary.

The list includes two subsections: one **Delivery method** section and one **Outcome** section:

It is VITAL to complete the 2 pieces of information (this list is used to calculate the data to enter the parity and number of uterine scars in the top ribbon). <u>The delivery method AND the outcome</u> must therefore always be entered. In the event of a multiple pregnancy, the information must be entered for each child.

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- Two options are possible for entering the gestational age:

• If the pregnancy start date and delivery date are known, simply enter them and the gestational age is calculated automatically.

**NB:** the delivery date and time must be entered even if they are only approximate.

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• You can also manually enter the gestational age directly in the manual input fields **WA** and **D** 

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- Measurements: the percentiles are calculated automatically. The measurements and the gestational age must be entered beforehand to enable this calculation.
- The **Reason for procedure or C-section** field concerns C-sections and also instrumental deliveries or obstetric manoeuvres.
- In the event of a multiple pregnancy, simply select the child to whom the data belongs from the dropdown menu at the top of the window. The mother's data remains displayed. Only the data specific to each child can be re-entered.

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**NB:** remember to **fill in the** <u>Pregnancy outcome</u> **field for both children** because the delivery method and the outcome can be different for each child in multiple pregnancies. The data must be re-entered even if it is identical for both children (in practice, if both children are liveborn by vaginal delivery you must enter this for each child).

# - <u>Creation of a 'Pregnancy stopped' history item: elective abortion, early miscarriage, late miscarriage, molar pregnancy</u>

This works in the same way as for Obstetric history. You can choose Pregnancy stopped after clicking on

the sign at the top left of the history summary table. This opens a specific window to enter a past pregnancy that stopped. This window has no particular function. In the same way as in obstetrics, a family planning history item entered in DIANE during a previous stay will be automatically included in this table.

S	élection du type de dossier	•
	Type de dossier	
	O Obstétrique	
	● Grossesse arrêtée	
	Valider	🗙 Annuler
		••

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Donnée mère	(saisie complète des dates même approximatives)								
	Obtenue par Spontanée inopinée	-		DDG         Date issue grossesse           _/_/         13/07/2018 11:39					
	Issue de la grossesse T1 Fausse couche Spontanée	1	ង	DDR SA J					
Lieu d'accouchement	·			SA J 13 5					
Commentaire :				complication intervention ເຊື່ອ					

The history items will be entered into the summary table as they are entered into the software and you can simply click on a history item to view or change it.

# 4.5.2.1 Calculated fields

Under the history summary table you can see several fields. These are automated calculations and cannot be changed manually:

Total children born: Counts the number of liveborn children (Pregnancy outcome DiaListMemo)

Total IUFDs > 22 WA: Counts the number of IUFDs > 22 WA (Pregnancy outcome DiaListMemo)

Total IUFDs > 22 WA: Counts the number of IUFDs > 22 WA (Pregnancy outcome DiaListMemo)

Total TABs > 22 WA: Counts the number of TABs > 22 WA (Pregnancy outcome DiaListMemo)

Total TABs > 22 WA: Counts the number of TABs > 22 WA (Pregnancy outcome DiaListMemo)

Total miscarriages: Counts the total number of miscarriages = early miscarriages + late miscarriages (**Pregnancy outcome T1** DiaListMemo)

Total EAB: Counts the number of elective abortions (Pregnancy outcome T1 DiaListMemo)

Total EP: Counts the number of ectopic pregnancies (Pregnancy outcome T1 DiaListMemo)

Total PIH: Counts the number of pregnancies involving pregnancy-induced hypertension + preeclampsia (**Pregnancy-related condition** DiaListMemo)

Total gestational diabetes: Counts the number of pregnancies involving gestational diabetes. Any diabetes prior to the pregnancy is excluded from this calculation (**Pregnancy-related condition** DiaListMemo)

Total premature births: This calculation is automated if the following information is entered: Liveborn child (**Pregnancy outcome** DiaListMemo ) and gestational age < 37 WA (WA + D entered in the history window)

Total RPB: Counts the number of risks of premature birth (Pregnancy-related condition DiaListMemo)

<u> </u>	U			1990) - Utilisateur: Nom Prér DURAND Ca						Terme § 37SA +	43 春春1	UL Cicatrici	triciel					
Administratif			Antécé			Grossess	e		SDN SDN		Post partum		Echogra		Ordonnances	A	12 nesthésie	Documents (0)
Enregistrer X Annu técédents ATCD C																		
ecédents Obstétrica	JX														n <i>bre de dossiers : 2 (2)</i> ir tous les dossiers □			
	iA 🛛	Po	ids Iss	sue de la grossesso			Patho grosse	sse	Indication ce	sarienne	Délivrance	Hémorra	. Perinée	Patho P.partun				
(2) 25/11/201						Môle												
22/11/201	37						RAS		Stagnation of	de la dila	Spontanée			Baby blues				
		32	250 Ce	ésarienne Segmen	ntaire													
re d'enfants nés 1		Nb FC	Nb HT	fA gravidique	Nb préma													
b MFIU < 22 SA		Nb IVG	Nb d	rA gravidque	Nb préma Nb MAP													
Ib MFIU < 22 SA			Nb d															
ive d'enfants nés 1 éb MFIU < 22 SA D MFIU >= 22 SA Nb IMG < 22 SA		Nb IVG	Nb d															
b MFIU < 22 SA		Nb IVG	Nb d															

# 4.6 Pregnancy tab

#### 4.6.1 Pregnancy start subtab

#### 4.6.1.1 General information

This subtab is used to enter information about the start of pregnancy usually collected when the patient has her first consultation. It is used to show the gestational age, type of pregnancy, blood type, serology tests, first trimester ultrasound data and potential information concerning the prenatal diagnosis, psychosocial context and addictions.

#### 4.6.1.2 Calculation of the gestational age

When opening an obstetrics or family planning record, it is mandatory to enter the pregnancy start date. This will be automatically displayed at the top left of the screen. The LMP, 41 WA and date of maternity leave are calculated automatically based on the PSD. You can change the PSD by simply entering a new one. The **Determined by** drop-down menu is used to enter the PSD calculation method. In this menu, when the selected items are: **Ultrasound < 20 WA**, **LMP**, **Uncertain** or **Date of IVF**, the PSD must be entered manually.

Debut de grossesse	Surveillance de	e la grossesse		
	DDG	41 SA	Date du congé maternité	Déterminé par :
	13/01/2020	12/10/2020	31/08/2020	DDR

Dating based on T1 ultrasound: in the **Determined by** drop-down menu, if **CRL < 14 WA** is selected, then the gestational age is calculated automatically based on the ultrasound data entered in the **First trimester ultrasound** pane.

Simply enter the ultrasound date and CRL, and select that the **Gestational age** is determined by **CRL < 14 WA**. The gestational age will then be calculated automatically according to the ultrasound **CRL** measurement.

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🌡 - Lefebvre Caroline DURAND (né(e) le 21/11/1990) - Uti		.19004					
📴 🖪 🖶 🚯 🕛 🚳 1 🕈 Mme DURAN	Prénom Âge Taille D Caroline ≝ 29 ans 📎 0c	Poids Groupe sanguin m 🔐 0kg 🍐 N/R	Terme         Parité         Ut. Cicata           ዿ 34SA + 03         ** 1         ** Unicata				
Administratif Antécédents	Grossesse	SDN SDN	Post partum	Echooraphies	Ordonnances	Anesthésie	Documents (0)
Enregistrer     Reprise							
Debut de grossesse Surveillance de la grossesse							
DDR DDG selon LCC 41 SA	Date du congé maternité Déterminé par		PNP	Reconnaissance anticipée	24/44/2040		
01/04/2019 15/04/2019 13/01/2020	02/12/2019 LCC < 14 S	A 🖌	-	•	Fin de suivi		
			Activité professionnelle pendant la gro	000000			
Grossesse Type de grossesse : Singleton	Morphologie Taile (cm) Poids Kg	0	O Oui O Non	556556			
	Taile (cm) Poids Kg	Poids init. IMC Init.	Contexte psychosocia	i b			
Prise d'acide folique Obtenue par							
Sang Gpe Rh 1er DETER EFS 2ème DETER EFS	Sérologie Toxoplasmose Syph	lis					
		syphilis	Addictions	b-			
Gpe Rh conjoint		ène HBs					
		4					
RAI Dernière RAI négative		Ag Hbs					
		/ mégalovirus Cor	mmentaires				
	A Cyu		initie raties				
	Date rubeole Date	CMV					
Echographie 1er trimestre Echographie	Echographie faite à		iagnostique Ante Natal (DAN) T21 DPNI				
Echographiste % Date echographie 25/06/2019			1/ 4				
			Suivi DAN				
			O Oui				
Activité cardiaque LCC Bip	Clarté nucale						
	_/_ mm						
Ex. morphologique Commentaire			Résumé / CAT post partum				
In red: data to enter		In orange: a	utomated cal	culations			

# 4.6.1.3 Blood

The **Blood** pane is used to enter the blood type of the patient and her spouse, and IAS. If a patient is Rhesus negative, fields regarding foetal genotyping and potential *Rhophylac* injection will appear.

#### 4.6.1.4 Morphology

This pane is used to record the patient's weight and height at the start of pregnancy. To enter the weight, click on the blue **Enter** button. A window opens for you to enter the patient's initial weight, which will be displayed in the adjoining field. The body mass index is calculated automatically in the field to the right. Click on **Edit** to change the data.

Morphologie Taille (cm) 170	Poids Kg Saisir 58 Editer	Poids init.	IMC Init. 20,07
Saisie de donné Choix du paramètre Poids du patient - Po Poids [58]	ou du groupe :	ے Unité Kg ہ	
	Envoyer et Fermer	Fermer	

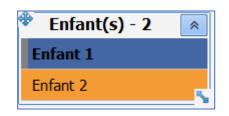
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#### 4.6.1.5 Pregnancy type

In the **Pregnancy** pane at the top left of the subtab, a specific component lets you select the type of pregnancy by clicking on the pencil sign. A window is then displayed for you to say whether it is a singleton, twin, triple pregnancy, etc.

	Détermination du type de grossesse X
	Valeur actuelle : Singleton
	Type de grossesse Nombre de foetus
	Singleton 1
	Non déterminée
Grossesse	Singleton X Annuler
	Gémellaire MCBA
Type de grossesse : Singleton	Gémellaire MCMA
	Triple TCTA
Prise d'acide folique Obtenue par	Triple MCBA + singleton
	Triple MCMA + Singleton
4	Quadruple
	Autre multiple

In the event of a multiple pregnancy, a specific window throughout the record lets you choose which child the information entered is for by clicking on **Child 1** or **Child 2**.



Informations J1 (cadre bleu)	Informations J2 (cadre orange)						
Echographiste by Date chographie Echographiste by Date chographie Date chographie Date chographie Date chographie Date chographie SA Date chographie Date chographie SA Date chographie Date chographie SA Date chographie SA SA SA SA SA SA SA SA SA SA	Echographis 1er trimestre  Echographiste  Date echographe Edwardshe Echographiste Edwardshe Edwa						
Activité cardaque LCC (mm) Bp (mm) Clarté nucale Présente 66 22 1.6 Ex. morphologique Commentaire	Activité cardiaque LCC (mm) Bp (mm) Cierté nucale Présente 70 20 2.2 Ex. morphologue Anormal						
Ex. des annexes Normal	Ex. des annexes Commentaire						

Data outlined in blue is for the first child. If you click on **Child 2**, you will notice that the relevant fields are empty and are outlined in orange, indicating that this is data for the second child and must therefore be entered

The other fields in this window have no particular function.

#### 4.6.2 Pregnancy monitoring subtab

This subtab will let you monitor the patient throughout pregnancy and has several parts:

<ul> <li>Francine DUREUII. (né(e) le 13/07/1985) - Utilisateur: SYST</li> <li>E 🖶 🖶 🔄 🕛 1 2 M. Nom Prés</li> <li>DUREUII. Fra</li> </ul>		Poids G	roupe sanguin A+	Terme Parité Ut. Cicat	riciel			
Administratif Antécédents	Grossesse		DN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (0)
Enropitre   24 Annuer   E Reprise       Endet de grossesse     Surveillance de la grossesse     Courrers administratifs				Résumé de grossesse		Toxxplasmose	Enfanti Enfant 1	(s) - 2 🔹
Surveillance		m		Négatif	Glycémies (g/L) à jeun Post prandale	Non fait -	Enfant 2	
Date SA J Motif consultation	Responsable M	lode de sortie		Patiente a risque de EMR	0,75 1,12	HTV	Antipine Hils	
13/07/2020 15:19:07 28 Cs - COS	Diane SYSTEM	iode de sorbe		· · · · · · · · ·			Non fait	
13/07/2020 15:21:08 28 Diminution des MAF		omicile	2	Contcothérapie	H0 H1 H2 0,77 1,74 1,44	Rubéole	Cytomégalovirus	
				Présenta Cephalique Pathologie de la g		) Allergies med	icamenteuses 🗸 🗸	
Vaccinations		_						
Coqueluche : Mme Année M.	Amée	_				ATCD médicaux	<b>0</b> ₩ √ 5-	
Grippe : Mme Date								
					Synthese CAT ac	couchement		
				5 B B 6 1 2 00	A Arial	· 10 · 📰 🗃 🗃 1	a a ja 🗆 🍓 🛫 📆 -	
				8				4

- **1** Administrative letters: button calling up different printable letters:
  - <u>Pregnancy and Rhesus group</u>: information letter for Rh negative patients.
  - <u>Pregnancy calendar</u>: information letter to help plan pregnancy monitoring (consultations and ultrasounds).

**NB:** You can associate any type of letter with this button.

- 2 **Monitoring:** to call up the different types of consultation.
- **3** Vaccination: pane to provide information on pertussis and influenza vaccinations during pregnancy.
- 4 **Delivery WTD summary:** lets you enter important things to do or specific pregnancy-related events.
- 5 **Pregnancy summary:** this pane gives an overview of all the significant events during the pregnancy. This information is read-only and gives a rapid display of serology results, presentation or strep B presence.

# 4.6.2.1 Consultation tracking table

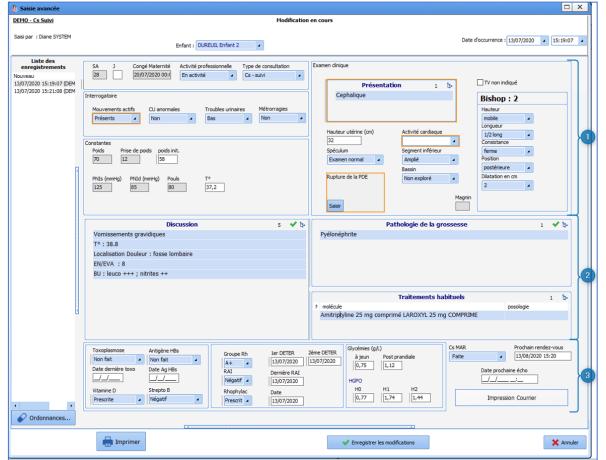
Several types of consultations are available. You can click on the sign at the top left of the table to call up the different templates.

Lefebvre Caroline DURAND (né(e) le 21/11/1990) - Utilisateur: SYSTEM Diane Version : 4.7.4.19004						- 8 X
) 🖪 🖶 🔂 🕐 📵 1 🚨 Mme <sup>Nom</sup> Prénom Áge Taille Poids Groupe sanguin DURAND Caroline 🏯 29 ans 📎 165cm 🎴 63kg 🌢 A+	Terme Parité UL.C					🤐 🚾 🛕 🔤 🔒
Administrat Antécédents Grossese SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (2)	Configuration
Erregistrer 11 Annuler L Reptile 1 but de grossesse Surveillance de la grossesse						
ouries administratifi	Résumé de grosses:			*Enfant(s	) - 2 🔺	
Ca - Suña- Ca - Suña	Strapto B Patente a risque de IIPR Séjour hospitalier < 1 an  Cotiscothérapie Présent Présent Pathologie de la	HO HI HZ	HIV Anb Négatif A	gatif  a Enfant 2 Enfant 2 mrégalovirus gatif a		
xcinations opueluche : Mine Annie X. Annie Annie Crippe : Mine Coule J.			ATCD médicaux ¶*Drépanocytose hétérozygote sz	1 🚱 🖫 ✔ № ans séquelles		
Kalab Libo CHU Résultat Libo Ext Doeser Transfusional	უ <u>ს, რ</u> ი / აი		accouchement			
© Cheltinge	-7 LK CB 0 7 2 m	N N		<u> </u>		

Calling up one of these consultations opens a new **detailed entry** sheet (the way these sheets work is explained in the '*Detailed entries*' chapter).

# 4.6.2.2 The consultation





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Special features:

- (Systolic and diastolic) blood pressure must be entered in mmHg
- If the digital vaginal examination is not performed during the consultation, you must tick the **DVE not indicated** checkbox. This will hide the Bishop score.
- Rupture of membranes: if the membranes have ruptured, click on the **Saisir** button located at the bottom of the **Rupture of membranes** box. Then select **artificial rupture** or **spontaneous rupture**. A window opens to enter the exact date and time of rupture.

**NB:** Entering the rupture of the membranes starts a **Time amniotic sac open** timer which will be stopped when the birth is entered.

Ajout (	de l'	évé	ène	me	nt:																х
	Rupture spontanée																				
Dé	place	er le	cur	seu	ir ou	ı édi	ter	les	char	nps	pou	ır sé	lect	tionr	ner l	'heu	ire d	dési	rée:		
Ŀ		•									1			•						4	i i
	'		<u> </u>	<u>'</u>	<u>'</u>	<u>'</u>	<u>'</u>	_	_	<u>'</u>	'	'	<u>'</u>	<u>'</u>		_	<u>'</u>	<u>'</u>	<u>'</u>		
	G	5 F	leu	re	cou	ran	te		14	<b>:06</b>	:30			÷		27	/11	/201	19		•
Image: Second Secon																					
	_	-		_		_	_										-		_		

- 2 Central part: lets you specify details of the clinical examination and diagnosis
- **Discussion** field: this field is used to enter specific clinical examinations. The associated list is of information gathered from the patient interview and from the clinical examination and is adapted to different conditions.

For example: if you click on **Gestational diabetes**, the list of subitems will be automatically ticked. Then by clicking on **OK** at the bottom of the list, the different items will be displayed in the relevant box.

			_			
Seld per 1 Diene SYSTEM	Drivet : DURAND Grifant	Date docurrence (22711/2019 🔹 (2016)	90 ×	Seldper : Date S1575H	priart 0.6/00 Teller	Sele factorere (2012/2012 * 1015/2012 *
united die Konne Doorwe 27/14/2019 Suides Riffere	Image: Second	Hann plant Marco		Left des enregidentends 2010/00 E3200/hr	Image: Second	- The second sec
E	Insulations         Margine 10         Insulation         Insulation           Date device two         Margine 10         Margine 10         Margine 10           Date device two         Margine 10         Margine 10         Margine 10           Date device two         Margine 10         Margine 10         Margine 10           Date device two         Margine 10         Margine 10         Margine 10           Values 2         Wearch 10         Margine 10         Margine 10			• • •	Image: Section 2010	Ho         Todesser - Awarpton Strift           Ho         Todesser - Awarpton Strift           Ho         Ho           Todesser - Awarpton Strift         Strift
		🗆 Afficher tous les éléments canato ccAvi 🖉 🖌 🗶 Anular			🚔 Impliner	V Dregister iss nodifications

You can then add to the data by typing in the box.

- **Pregnancy-related condition** field: this field is used to enter the diagnosis reached during the consultation.
- Usual treatments field: this field is the same as for the history items. It directly displays the patient's current treatments.

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4.6.2.3	Generating the consultation letter:		
	consultation letter can be accessed from the sultation sheet.	Impression Courrier	button at the bottom of the

Clicking on the button calls up the template, which you can then print. This is designed to duplicate information in the event of multiple pregnancies. It also mentions treatments and additional examinations prescribed during the consultation.

**NB:** The data in the consultation letter comes directly from the data entered in the consultation sheet. This is automated, but in no way means that users should not check the information in the letter.

**NB:** To generate the consultation letter you must first close the detailed entries. To simply things, the letter should therefore be printed last. However, it is possible to reopen and change the consultation afterwards.

#### 4.6.2.4 Emergency consultation:

The emergency consultation lets you enter data adapted to the context of the obstetric emergency, including the possibility of entering a reason for consultation and a diagnosis called 'suspected diagnosis' because of the potential uncertainty in this emergency context. You can also enter the blood tests and dipstick results (in the form of a score).

👃 Saisie avancée		
<u>Cs - Urgence</u>	Nouvel enregistrement	
Saisi par : Diane SYSTEM Enfan	at : DURAND Enfant	Date d'occurrence : 27/11/2019    14:40:08
SA       38       5       Poids       Price de poids       Poid         38       5       9       9       63         Motif de consultation       10-       Adressée r         Hauteur utérine       PNId       pouls         Interrogatoire       PNId       pouls         Moureents actifs       Troubles urinaires       EN         ERCF       •       Score : Obst Bandek(       23 Sated         Metrorragies       •       Shift       •         Signes digestifs       •       •       •	Traitements habituels     1     1       Traitements habituels     1     1       molécule     LAROXYL 25MG CPR 100 25 mg     1-1-1       (Amitriptyline chlorhydrate)     1-1-1       Examen Obstétrical     TV non indiqué       Présentation     b-       Hauteur       congueur	Traitement - Prescription USV2 Imagerie Résultats GED Synthèse Ordo Ex. complémentaires
Ex. morphologique	Manning  Examens complémentaires  Examens complémentaires  Prochain rendez-vous  J Prochain RDV écho	
Imprimer	Diagnostic évoqué	▼ Ok 🗙 Annuler

As for the follow-up consultation, you can print a consultation letter by clicking on the button at the bottom.

efebvre Caroline DURAND		isateur: SYSTEM Diane Vers		
🖸 🖶 🦣 🕛 🧕		Prénom Âge	Taille Poids Groupe sanouin Terme Parité UIt. Cicatriciel	
	1 & Mme DURAN	Saisie avancée		
Ê	Ð	Franck Cs - Urgence V2	Modification en cours	Ĩ
Administratif egistrer 🗙 Annuler 📋	Antécédents Reprise	Saisi par : Diane SYSTEM	Enfant : DURAND Enfant · Date d'occurrence : 27/11/2019 · 14-49:08 ·	cuments (2)
de grossesse Surveil	ance de la grossesse	Liste des enregistrements	Indécule possioge     Indécule possioge     ILAROXYL 25MG CPR 100 25 mg 1-1-1     GED Synthèse	
iers administratifs		Nouveau 27/11/2019 10:51:50 (Fran 27/11/2019 14:40:08 (Fran	Hauteur utérine PREs (mmHg) PREd (mmHg) pouls T° (Amitriptyline chlorhydrate) GED Synthese	
		27/11/2019 14:40:08 (Pran	Interrogatoire Examen Obstétrical TV non indiqué Bishop : 2	
Surveillance			Houvenents acuis Troubles unnares EN Definition of the United	
SA	3 Motif consultation		Epre Cephalique moble	
1/2019 14:40:08 38	5 Contractions utérines		Longueur	
	5 Cs - suivi		Contractions utilizes	
			Leucoytes : +++	
		8	Métrorranies Protéines (g.A.) : +	
			PH: 6,5	
			SPHTA 2 4	
			Corps cébniques : Neg Bupture de la PDE  Bundette: positive	
			Signes digestifs Segment inteneur	
			sar in the second secon	
nations			Echoraphie Discussion 1.	
eluche : Mme	Année 1		Echographie Discussion bi- Présentation écho Estimation poids perc DU	
Grippe : Mme	<ul> <li>Date _/_/</li></ul>		v g Normaux v	
			Ex. morphologique LA PGC DO	
Itats Labo CHU Rési	ltats Labo Ext Dossier		Longueur OI (mm) Placenta Manning	
GED	PACS		Examens biologiques  Node de sorte  Units  Node de sorte  Node de sorte Node de sorte Node de sorte  Node de sorte Node de sorte Node de sorte Node de sorte Node de sorte Node de sorte Node de sorte No	
			□ CRP □ Klehauer □ ECBU Prochain rendez-vous	
Obstétrique			□ KAL □ AC. Ditartes □ Gr Rh □//	
			Prochain RDV écho	
			Comencare Diagnostic évoqué b-	
			Courrier	
			Courier	
		Ordonnances		
			🖶 Imprimer 🗸 Enregistrer les modifications 🗶 Annuler	

The other types of consultation do not have any particular function. At each consultation, the information is sent both to the pregnancy summary and the consultation summary

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### 4.7 Prescription form management

There are two ways to generate a prescription form:

By using the Prescription form... button found in each consultation (at the bottom left).

😰 🖪 🖶 🧔 🕛 💶 🛎 Mme DURA	Prénom Âne	Taille Pold's Groune sannuin Terme Parité UL Cicatriciel	1
<b>É</b>	Franck Cs - Suivi - versio	on Caen Houvel enregistrement	2
Administratif Antécédents	Saisi par : Diane SYSTEM	Enfant : DURAND Enfant - Date d'occurrence : 02/12/2019 - 14:23:04 -	Documents (2)
Debut de grossesse         Surveillance de la grossesse           Cauriers advoitatifs           Surveillance           Debe         SA           Debe         SA           Dynamic Same         Same           Dynamic Same         Same	Liste des encegistrements Novemba 27/11/0019 10:51:50	5A     2     Congle Nationality     Type de consultation       19     3     5005/2019     Image: State of the state of t	
•			
Vaccinations Coqueluche : Mine Prescrite Année 2019 Grippe : Mine Faite Date 02/10/2		Discussion ✓ b Pathologie de la grossesse 1 ✓ b Tratements habituels 1 ★ b Diobète gestionnel Troité per régime 1 KARONT 25% CPR 100 1-1-1 c c discriptione chierhydrate) EXERCIT 25% CPR 100 1-1-1 c c c c c c c c c c c c c c c c c	
Résultats Labo CHU         Résultats Labo Ext         Dosse           GED         PACS         0			
40 Contributions	Ordonnances	Toroglamore         Ansphe 185         Groups Phy         Inr CPTTR         James LETER         Directions (gL)         Ansphe 185         GED           Name         P.Striker/2019         P.VO/2019         P.VO/2019 <td< th=""><th></th></td<>	
	• orounnances	Sensitive futer for the first of grandene unit of the sensitive for the sensitive fo	

- Directly in the Prescription forms tab:

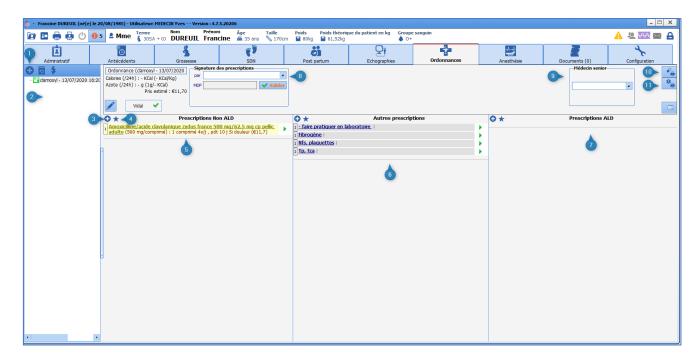
	nc(c) lc 21/11/1990) Utilisateur: 5Y51							- 6 X
🖻 🖪 🖶 🔂 🙂 🧶	1 & Mme DURAND Carolin	Age Taille Pods Groups sangun IIC # 29 ans \$ 165cm \$ 20kg \$ A1	Terme Panté UL ≸ 395A + 3) ěŤ 1 ≥	Unicatriciel				42. MAR 🛕 🔤 🔒
Administratif	Antécédents	Grossesse SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (2)	Configuration
ejeje - 25/11/2019 14:47:42	Ordonnance (jeje)           Calores (/24h) : - KCal (~ KCal/Kg)           Azote (/24h) : - g (1g/- KCal)           Prix estimé : €42,00           PCB (WS)	per [STSDIANE						* <u>a</u> 9 <u>a</u>
	U schenk de Penedamud 4 000 no	Proceedingsing the AD on a point of the second seco	•	Autres prescriptions		© *	Presc/pilons ALD	

When accessing the medication order module via a detailed entry, you can enter medication orders directly.

From the Prescription forms tab, you must first create a new prescription form by clicking on the  $\bigcirc$  at the top right of the medication order window. A window then opens asking to name the new medication order form.

The main features of the medication order module are shown below.

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- 1 New prescription form: used to create a new prescription form
- 2 History pane: lets you see all the prescription forms issued during the pregnancy
- 3 New treatment: button to open the medication order window
- 4 Favourites: button to call up medication order favourites
- 5 Medication order pane for non-LTC treatments
- 6 Medication order pane for further tests and care
- 7 Medication order pane for LTC treatments
- 8 Signature for medication orders
- 9 Senior doctor: lets you name the doctor in charge (for medication orders issued by a foundation doctor).
- 10 Button to print the treatment prescription form
- 11 Button to print the prescription for further tests and care

# 4.7.1 Medication orders

Click on the  $\bigcirc$  button at the top left of the **Non-LTC medication order** column. A medication order window appears.

- Type the name of the drug (INN or brand name) in the top box. A list appears that is linked to the drug database.
- Choose the treatment you want.

🌡 - Lefebvre Caroline DURAND (1	né(e) le 21/11/1990) - Utilisateu	r: SYSTEM Diane Version : 4.7.4	.19004					
📴 🖪 🖶 🖨 🕛 😐	Mmo Nom Pro	énom Âge Taille	Poids Groupe sanguin					
	DURAND C	aroline 🚔 29 ans 📏 16	icm 🎴 70kg 🌢 A+	💃 39SA + 3J 🛉 🛊 1 💉	Unicicatriciel			
Î.	<u>e</u>	8	() ()	ėj.	₽î	÷	12 C	
Administratif	Antécédents	Grossesse	SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (2)
054	Ordonnance (02/12/2019	Circustum das assessi						
	Calories (/24h) : - KCal (- KCal/K							
02/12/2019 - 02/12/2019 1 ieie - 25/11/2019 14:47:42	Azote (/24h) : - g (1g/- KCal)		Valider					
jeje - 25/11/2019 14:47:42								
	BCB (WS) 💙	0						
	Prescription de produit sin	ıplifiée	×	0*	Autres prescriptions		0*	Prescriptions Al
	-	Posologie		V X	Autres prescriptions		v ×	Prescriptions A
	paracétamol	1						
	RARACETAMOL SOOMG A	RROW CPR 16						
	TS PARACETAMOL SOOMG A	RROW CPR EFF 16 Pendant jo	#(S) =					
	Is PARACETAMOL SOOMG A	RROW FL GEL 16						
	IS PARACETAMOL SOOMG A							
	TS PARACETAMOL SOOMG A							
	IS PARACETAMOL SOOMG A							
	IS PARACETAMOL SOOMG A							
	TS PARACETAMOL S00MG B		Annular					
	IS PARACETAMOL SOUND B							
	PARACETAMOL SOOMG B							
	PARACETAMOL SOOMG B							
	S PARACETAMOL 500MG B	IOGARAN SACH 12						
	SPARACETAMOL SOOMG C	RISTERS CPR 16						
	TS PARACETAMOL SOOMG C	RISTERS GEL 16						
	IS PARACETAMOL SOOMG E							
	IS PARACETAMOL 500MG E							
	TS PARACETAMOL SOOMG E							
	IS PARACETAMOL SOOMG E							
	IS PARACETAMOL SOUMG E							
	TS PARACETAMOL SOUND G							
	PARACETAMOL SOOMG M							
	PARACETAMOL SOOMG M							
	PARACETAMOL SOOMG M							
	Is PARACETAMOL SOOMG M	MLAN FL GEL 100						
	SPARACETAMOL 500MG M	MLAN FL GEL 16						
	TS PARACETAMOL SOOMG N							
	IS PARACETAMOL SOOMG R							
	IS PARACETAMOL 500MG S							
	TS PARACETAMOL SOOMG S							
	IS PARACETAMOL SOOMG S							
	Is PARACETAMOL SOOMG T							
	TS PARACETAMOL S00MG T							
	IS PARACETAMOL SOUMG T							
	Standourneroc 500MG T	C171 GLZ 10						

- In the **Dosage** box, choose the appropriate dosage.

**NB:** By default, a dosage is proposed with the pharmaceutical form according to the choice in the drug database. If the treatment is entered without using the drug database suggestions, the dosage and pharmaceutical form cannot be prescribed properly.

In other words, the treatment MUST be chosen from those suggested by the drug database

- The **Schedule** box lets you choose the frequency and duration of treatment.
- The **Condition** box is used to add comments about the treatment (specify administration conditions, a specific indication, etc. (e.g. if pain)

Prescription de produit simplifiée	×
PARACETAMOL 500MG ARROW CPR 16	Posologie 1 comprimés
Planification 3 fois par jour ou	Pendant 1 mois
Condition ou Si douleur commentaire	
* 💼 💉 😤	V OK X Annuler

- Click on **OK**. A medication order line will appear in the corresponding column.

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🌡 - Lefebvre Caroline DURAND	(né(e) le 21/11/1990) - Utilisate		Diane Versio	on : 4.7.4.190	04			
🖻 🖪 🖶 🤮 😃 🧕	1 2 Mme DURAND	<sup>Prénom</sup> Caroline	<b>Âge</b> ≝ 29 ans	Taille 📎 165cm	Poids 2 70kg	Groupe sanguin A+	<b>Terme</b> <b>§</b> 39SA + 3J	Pai 赤赤
Administratif	Antécédents		Grossesse		S	DN .	Post pa	
• 02/12/2019 - 02/12/2019 1 • 02/12/2019 - 02/12/2019 1 • 02/12/2019 14:47:42	Ordonnance (02/12/20 Calories (/24h) : - KCal (- KCa Azote (/24h) : - g (1g/- KCal)	I/Kg)	<b>Signature des</b> par SYSDIANE	prescriptions		-		
	★   1 comprimés de Paracétan   douleur		Prescriptions <u>comprimé</u> (50		nés) 3x/j , p	dt 1 m Si 🗼	0*	

- Click on the <sup>O</sup> button to add another drug.

**Favourites:** certain treatments and further tests frequently used in Obstetrics have been preconfigured and are available in the favourites.

To access them:

- Click on the 📩 button at the top left of the relevant column.
- A list appears: select the appropriate treatment.

					_
Ordonnance (clamoxyl)	Signat	ure des prescription	s		
Calories (/24h) : - KCal (- KCal/Kg)	par			-	
Azote (/24h) : - g (1g/- KCal)	MDP			Valider	
Prix estimé : €16,77					
Vidal 🗸					
⊕★	Drocer	iptions Non ALD			
1 Amo Anémie	•	leur		•	
Antalgiques	•				
Contraception	•				
Gaviscon					
Traitements gynécologiques	•				
Traitements Obstétrique	•				
Spéciafoldine 0.4 mg					
Infection	•	Vaginose			
Magnésium		Mycose		Econazole	
Anticoagulants post-partum	•	Herpès	•	Monazole	
IVG	•	Cystite	T T		1
Omeprazole		Antibiotiques	- +		
Vaccins	•				

- Click on the treatment you want. The medication order line appears automatically with the prescheduled dosages, frequency and duration of administration.

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Ordonnance (clamoxyl) Calories (/24h) : - KCal (- KCal/Kg) Azote (/24h) : - g (1g/- KCal) Prix estimé : €16,77	Signature des prescriptions       par       MDP         Valider					
• ★ Prescriptions Non ALD        1 Amoxicilline : 1 comprimé 4x/j , pdt 10 j si douleur       1 Econazole 1% sandoz cr tub 30q : 1 applications 1x/j , pdt 8 j       1 Econazole lp 150mg sandoz ovule 1 : 1 ovule Le soir au coucher						

You can create your own favourites by clicking on the  $\star$  button at the bottom of the medication order window. If you choose **Private** the favourite will only be available to its creator. The favourite will then be available by clicking on  $\star$ .

	Création d'un favori de prescription 🛛 🗙
Prescription de produit simplifiée X	Choix de la catégorie du favori Pas de parent
CLAMOXYL 1 g cp dispers	Visibilité du favori (Un favori public sera accessible par tous les utilisateurs, un privé ne sera accessible que par son créateur)
Planification       4     fois par jour ou       Pendant     10       jour(s)	O Public Privé
Condition ou si douleur si douleur	Nom du favori \moxicilline : 1 comprimé 4x/j , pdt 10 j si douleur
★ 💼 🖍 🝸 🛛 💉 Fermer	Valider X Annuler

# 4.7.2 Orders for further tests and care:

These medication orders are issued by using the **Other medication orders** column.

- Click on the <sup>O</sup> button at the top left of the **Other medication orders** column.
- In the top window, enter the test you need then click on **Confirm**.

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0 <b>*</b>	Auti	es prescrip	tions		0 *	
Faire pratiquer en labo	oratoire : NFS, CRP, TP T	CA:				
Autres prescriptions						
Faire pratiquer en labora	atoire : NFS, CRP, TP TCA				Poids : 80 Kgs	Taille : 170 cms
Planification <b>A</b>						
Unique		Condition	]1			
		Heure non	définie		Commentaire	
	Date/Heur	e	16:48 13/07/2020	4 Demain		
13-07-2020	14-07-2020	14-07-2020	14-07-2020	14-07-2020	15-07-2020	15-07-2020
1						
16:00 18:00 20:00	22:00 00:00 02:00 04:0	0 06:00 08:00	10:00 12:00 14:00	16:00 18:00 20	:00 22:00 00:00 02	:00 04:00 06:00
					~	Valider 🗙 Annuler

A line with the medication order appears in the **Other medication orders** column.

<b>⊙</b> ★	Autres prescriptions	
1 Faire pratiquer en laboratoire : NFS, TP, TCA :		**

In the same way as for medication orders, favourites have been created and are accessed by using the  $\star$  button.

0 *-	Autres prescri	ptions	⊕★
1 Faire	Examens complémentaires Gynécologie		
	Examens complémentaires obstétrique	Examens Biologiques divers	
	Ablation des agrafes	Injection Rhophylac	
	Anticoagulants ordo IDE + plaquettes	Bilan Hépatique	
	Bilan métabolique OP	Bilan début de grossesse	Groupe sanguin connu
5		Bilan chirurgie bariatrique	Groupe sanguin inconnu
		Bilan APD	
		Bilan 6ème mois 🔹 🕨	
		Acides Biliaires	

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O ★ Autre	rescriptions
1 - Faire pratiquer à jeun en laboratoire :	•
1 ECBU :	•
1 Faire pratiquer en laboratoire : NFS, TP, TCA :	**
1 Ferritinémie :	•
1 Glycémie à jeun :	•
1 NFS, plaquettes :	•
Protéinurie sur échantillon. Si résultat supérieur ou égal à 0.30g/L	ire le rapport P/C :
1 TUBES A L'EFS DE NORMANDIE CAEN POUR EXPLORATIONS COMPLIE Sérologies CMV, Rubéole, Syphilis, Toxoplasmose, VHC, VIH, Ag Hi	ENTAIRES) :

# 4.7.3 LTC medication orders

These work in the same way as non-LTC medication orders but concern specific treatments of long-term conditions.

#### 4.7.4 Confirming a medication order

Once the medication order has been created, it must be confirmed using the **Signature for medication** orders box (at the top left of the window). The prescriber enters their username and password in this box to sign the medication order and then click on **Confirm**.

**NB:** For midwives, a warning will appear if a medication order is not in the medicatoin order field. For foundation doctors, the **Senior Doctor** box must be completed to name the person responsible for the medication order.

<u>Drug database analysis</u>: each medication order is analyzed by the drug database. A warning appears if there is a drug interaction, an incorrect dosage or allergy risk.

Below is an example of a warning when Clamoxyl is prescribed to a patient with a history of a penicillin allergy.

	1 2 Mme DURAND Caroline 2	19 ans 📏 165cm 🎴 70kg 🍐 A+		icatriciel Inicicatriciel				🤽 🚾 🛕 🔤 🔒
	C Antécédents Gross	esse SDN	Post partum	Echographies	Ordonnances	Anesthésje	Documents (2)	Configuration
19 1 7:42	Antěčédents         Gross           Ordonnance (02/12/2019)         Signat           Calories (/24h) : - o (1g/- KCal/Kg)         Parce (1/24h)           Azote (1/24h) : - g (1g/- KCal/Kg)         Prix estmé : e12,60           M         BCB (WS)         Image: Signat (1/2)	Validation de la prescription           Commentare           Rapport de la base de médicament           Aucune incompatibilité physico-	Post sartum chimique ng Poudre pour solution buvz male est - 4 sachets t dans plusieurs produits nt dans : ACHET 8 R 16 R 16	Echoozobes	Ordonnances	Anesthése	Decuments (2) Prescriptions ALD	
		Source RCP du 23/07/2009						

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# 4.7.5 Printing prescription forms

Two buttons at the top right of the window let you print out prescription forms.

The button at the top lets you print drug prescriptions.

The lower button lets you print prescriptions for further tests and care.

Mme DURAND Caroline	29 ans 🚿 165cm	₽ 70kg ♦ A+	\$ 395A + 33 ∲‡ 1 ×*	Unicicatriciel	÷	4	4 000 🛕 🛚
Ordonnance (02/12/2019)	Grossesse ignature des prescriptions ir SYSDIANE Signé par SYSTEM le 02/12/2019 à 16	✓ Valider Diane	Post partum	Echographies	Ordonnances	Anesthésie	Documents (2) Configuration
Commissión Paracitamol 500 ma co Commissión Paracitamol 500 ma co Commissión de Amosicilime 1. a compresent 71			P/C : RAI (POUR DES RAIS RAI POSITIVES DE BIEN VO CAEN POUR EXPLORATION	. Si résultat supérieur ou égal à ONS DE SECURITE TRANSFUSIOI VILOIR TRANSFERRE LES TUBE	D.30g/L, faire le rapport NELLE, MERCI EN CAS DE S A L'EFS DE HORMANDIE	0*	Prescriptions ALD

**NB:** during consultations, the treatments appear automatically on the consultation letter only if they are prescribed using the **Prescription forms...** button present in the detailed entry.

#### 4.8 Hospitalizations

Hospitalizations will be monitored on the electronic health record. **DIANE** lets you fill in a hospitalization sheet and a discharge sheet (located in the **Pregnancy monitoring** table).

🎍 - Lefebvre Caroline DURAND (né(e) le 21/11/1			on : 4.7.4.1900	14				
📴 🔛 🌐 🥶 🕐 🚺 🕺 Mme 🛛	om Prén DURAND Cai	iom Âge roline ≝ 29 ans	Taille \$165cm	Poids Groupe sanguin 2 70kg A+	💃 39SA + 4J 🔺 🕯 1 💉 U	Cicatriciel Jnicicatriciel		
Administratif Antécé	-	Grossesse		SDN SDN	Post partum	Echographies	Ordonnances	Anest
Enregistrer X Annuler     Carles	donto		L	0011		Contragraphico	ordonnances	71105
Debut de grossesse Surveillance de la gros	00000							
Surveillance de la gros	3e33e							
Courriers administratifs					Résumé de grossesse			
					Strepto B	Glycémies (g/L)	Toxoplasmose Sy	philis
Surveillance				<b>T</b>	Positif 🔺	à jeun Post prandi	ale Négatif 🖌 N	égatif 🤺
Cs - Suivi - version Caen Dat Cs - Urgence	tation	Responsable	Mode de se	ortie	Patiente a risque de BMR	0,25 1,09	HIV An	tigène HBs
27/1 hospitalisation Obst	utérines	Diane SYSTEM	Domicile	Juc	Séjour hospitalier < 1 an 🔺	H0 H1 H2		égatif 🤺
27/1 Cs - IMG		Diane SYSTEM			Corticothérapie	0,82 1,96 1,		tomégalovirus
Cs - Psychologique							Négatif 🔺 N	égatif 🤺
Cs - SMPS	-				Présent	ation 1 b	Allergies médic	amenteuses
Cs - Tabacologie					Cephalique		Pénicillines	Oed
Cs - Acupuncture								de C
Cs - Colposcopie								
					Pathologie de la			
Vaccinations					Diabète gestationnel Trai	ité par régime		
Coqueluche : Mme Prescrite Année	2019 M. A pré	voir 🖌 Année	·				ATCD médicaux	1 🕜
Grippe : Mme Faite A Date	02/10/2019						😵 Drépanocytose hétérozygote :	
Résultats Labo CHU Résultats Labo Ext	Dossier Transfusio	onnel						
						Supplies CAT	accouchement	
GED PACS	CROSSWAY				<b>1 1 1 1 1 1 1 1 1 1</b>	· · · · · · · · · · · · · · · · · · ·		= t= m @
GED PACS	CROSSWAY				5 Q ⊕ G 1 S a	· · · · · · · · · · · · · · · · · · ·	▲ 11 ▲ 🖬 🗮 🗮 🗮	= 💷 🔍

The hospitalization sheet is in the same format as the emergency consultation and is completed in the same way.

- The **Type** field at the bottom of the detailed entry is used to say whether it is outpatient care, a hospital admission or discharge. By clicking on **Admission**, a box will appear for you to enter the hospital admission information.

- Moar consultation	Placenta Manning	
5 Contractions utérines 5 Cs - suivi	Longueur OI (m) Pacenta Marring	
	Examens biologique       Mode de sortie         InFS       Bian rénal       PLA         CRP       Kehauer       Examens complémentaires       Mode de sortie         InFS       Kehauer       Ecourt       Prochain rendez-vous         InFS       InFS       Frei       Prochain rendez-vous         Isten Hépastque       PV       Autre       Prochain RDV édo         Commentaire       Diagnostic évoqué       Image: Courtier	
te 🔺 Année 2019 🕴		
<ul> <li>Date 02/10/20</li> </ul>		
Date 02/10/20  Résultats Labo Ext  PACS  G	Fire *       De jour O Sorte       De dented *	
	✓ Ordonnances	
	🖶 Imprimer	
	DianeKiller	

- When the patient is discharged, you must open the same sheet and click on **Discharge** in the **Type** box. This brings up a box for you to record the discharge information.

SA         J         Motif consultation           J8         5         Contractions ut/Fines           S0         38         5         Cs - suivi		
Prescrite Avride 2019 y	Commentaires     Node de serte       O SP     Skinn rénut       O SP     Commentaires       O SR     Commentaires       O Skin résult or Rh     Skin résult or Rh       O Skin résult or Rh     Or Rh       O Skin résult or Rh     Or Rh       Obignostic évoqué     Diagnostic évoqué	
Faite Date 02/10/201 Résultats Labo Ext Dossier PACS C5 Ordonr	Type *         Date dertric*         Obsite         Obsite	
	Timprimer V Ok X Annuler	

- Prescription forms can be generated from this hospitalization sheet by using the **Prescription form** button.

- You can generate the liaison letter by clicking on the **Liaison letter** button.

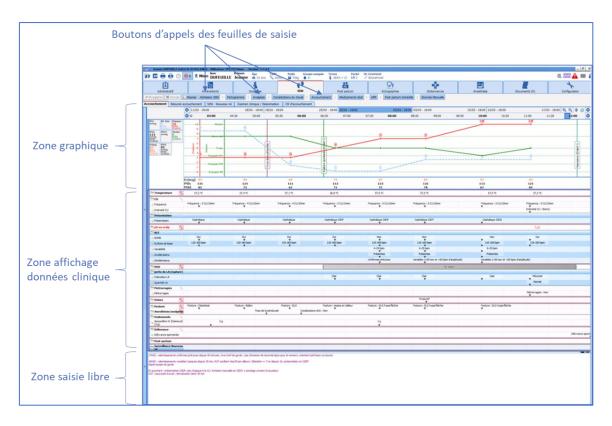
# 4.9 DR tab

4.9.1 Labour curve

# 4.9.1.1 Entering data in the labour curve

The labour curve is accessible from the **DR** tab, **Delivery** subtab.

To record the patient monitoring data during labour and delivery, different buttons are available on the subtab's top ribbon.



#### - **DR admission** button:

The **DR admission** detailed entry should be considered as a checklist to enter the main items of the clinical examination when the patient enters the delivery room and check certain items such as serology results, blood type information, etc.

At the top right are two scores to enter the NRS and dipstick at admission.

The **Start of labour** event is important and must be completed. This is used during labour to calculate the different phases of labour.

Saisie avancée	
DEMO - Admission SDN Admission accouchement Saisi par : Diane SYSTEM	Enfant : DUFEUILLE Enfant 1 a
Liste des enregistrements	SA J paramètres maternels EN Obst : N/R
Nouveau 03/03/2020 02:45:02	Motif d'admission       38       1       Poids       Prise de poids initial       HU(cm)         Travail spontané       72       72       32         Provenance       Domicile       68       FC       SpO2 (%)       T°         85       1       68       Valeur : Invalice
	Carte de groupe       RAI       Strepto B            © Complete           Positif             Toxo < 10jours si Neg           Positif             O Qui           Non             O Qui           O Non             Bilan pré anesthésique vu           Positif             O Qui           Non             Résultat Antigène HBs vu           Cs pré-anesthésique faite             O Qui           Non             Pose VVP           O Non             Pose VVP           O non             O Qui           O Non             Pose VVP           O non
	Mouvements actifs       Début de travail le 03/03/2020 à 00:45:30         Présents       Début de travail le 03/03/2020 à 00:45:30         Métrorragies       Saisir         Non       Rupture spontanée le 03/03/2020 à 06:30:00         LA à la rupture       Saisir         Saisir       Image: Saisir         Commentaire       Commentaire
	Pathologie de la grossesse     1/2+1       Diabète gestationnel Traité par régime     Image: Commercial Comm
Nouvel enregistrement partir des valeurs courar	

**NB:** the data entered in this sheet is not displayed in the labour curve. You must complete a **Labour curve** sheet after the DR admission sheet.

#### - Labour curve button:

This button calls up the detailed entry to enter the details of the clinical examination.

👃 Saisie avancée		□ ×
DEMO - Partogramme Partogramme Saisi par : Diane SYSTEM	Enfant : DUFEUILLE Enfant 1 Date d'occurrence	::03/03/2020
Liste des enregistrements Nouveau 03/03/2020 03:45:35 03/03/2020 04:45:34	PNis (mmHa) PNid (mmHa) Fc T <sup>o</sup> Glycemie (g/l) SpO2 (%) SCORE : EN OL 103 Affector	téalisé par 🕼 1 JSSAC Florence
03/03/2020 05:45:50 03/03/2020 06:45:40 03/03/2020 07:45:27 03/03/2020 08:45:31 03/03/2020 10:00:04	Toucher vaginal - Col	ure spontanée le 3/2020 à 06:30:00
03/03/2020 11:04:51	Présentation     % 1     Consistance     Dilatation: 7     Sais       Cephalique OIDP     Position     7     Image: Construction of the second se	plément rupture
	Rotation manuelle	ntité LA
	Rythme cardiaque foetal (RCF) NONR Rythme de base Variabilité Accélérations Ph au scalp	e 03/03/2020 à 08:47:00
	Uniformes précoces       Variables (<60 sec et <60 bpm d'amplitude)	✓ ★
	Diurèse Autres thérapeutiques Productif le 03/03/2020 à 08:47:30 Posture 1 DLG hyperfléchie	
	Saisir maine SAD	
	Saisir Coloration des urines	
Nouvel enregistreme partir des valeurs cou	nent à urantes Modifier	¥ Fermer

CAUTION: If the data is entered at a different time to the actual clinical examination, you must change the time in the Date of occurrence box at the top right.

Date d'occurrence : 03/12/2019 08:30:41 

There are several boxes in this data entry sheet:

Vitals: the vitals are provided automatically by the monitors. There is no need to change them unless the data recorded is different.

Uterine contractions: lets you enter data relating to the uterine dynamics

Digital vaginal examination: lets you fill in the data from the clinical examination

Foetal heart rate: lets you state that the FHR has normal variability and reactivity (NVR) and enter the baseline FHR. In the **NVR** drop-down menu, if you choose **NO**, then new fields appear for you to enter the

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 FHR characteristics.

The FHR analysis criteria correspond to the French society of Gynaecologists and Obstetricians' classification.

Rythme cardiaque	foetal (RCF)	
NONR	Rythme de base	Ph au scalp
Oui 🔺	100-110 bpm 🗾 🔺	
-		
Rythme cardiaque	foetal (RCF)	
NONR	Rythme de base Variabilité Accélérations	Ph au scalp
Non 🔺	100-110 bpm	
-Décélérations-		
Uniformes pr	récoces 🛛 Variables (<60 sec et <60 bpm d'amplitude) 🗌 Prolongée :	> 3 min
Uniformes ta	ardives 🗹 Variables ( <60 sec et >60 bpm d'amplitude)	

Urine output: lets you enter drainage catheter information or enter that an indwelling urinary catheter is fitted and report the urine colour.

**NB:** By default, the last recording remains displayed but this does not prevent a new drainage catheter from being entered for example.

Other treatments: provides information about positions and non-drug therapies.

Fluid: provides information about the rupture of the membranes (spontaneous or artificial), any additional rupture and the colour of the fluid.

**NB:** It is not possible to enter the **rupture of membranes** twice: it is preconfigured to only be entered once.

**CAUTION:** the time of occurrence and time of entry of an event are different. It is important to check the time of the event (if wrong, it can be changed).

🌡 Saisie avancée	
partogramme Partogramme	Nouvel enregistrement
Saisi par : Diane SYSTEM	Enfant : DURAND Enfant
Liste des enregistrements Nouveau	Constantes PNIS (mmHg) PNId (mmHg) Fc T° Glycemie (g/l) SpO2 120 68 82_bpm 37,2% Score : EN OI 13 Afficher Valeur : 8 Afficher EN : 8 Afficher
	Contractions Utérines Fréquence Intensité CU Relâchement Iliquide Rupture de la PDE Rupture de la PDE
	Toucher vaginal - Col Présentation 1 1: Cephalique OIGA Consistance Ouverture du col Ouverture du col Satisr Complément rupture Satisr
	Flexion de tête     Rotation manuelle     Longueur     Hauteur: 7,5     Coloration LA       Ajout de l'évènement:     X     Image: Coloration LA       Saisir     Rupture artificielle     té LA
	Rythme cardiaque foetal (RC       Déplacer le curseur ou éditer les champs pour sélectionner neure désirée:       ragies         Oui       110-160       Intervention (RC)       103/12/2019         Image: Comparison (RC)       Réinitialiser       03/12/2019       Image: Comparison (RC)
4	Durèse Sondage Evacuateur Posture ts-
	Sonde urinaire SAD
	Satisr Coloration des urines
	Timprimer V Dk X Annuler

Once the detailed entry named **Labour curve** has been completed, click on **OK**. The labour curve will then be automatically displayed. In cases of multiple pregnancy, the data concerning the foetus(es) will be duplicated automatically.

As the data is entered, the labour curve will be built as labour progresses and the different clinical examinations are performed.

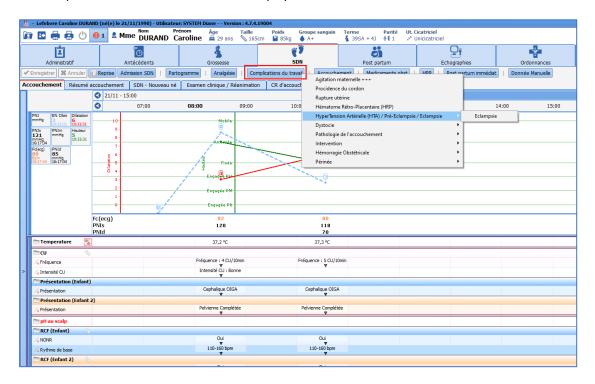
n 🖪 🖶 🖶 🕛	1 🚨 Mm	e DURAND	Prénom Caroline	Âge 29 ans	Taille Poids	Groupe sanguir kg A+	n Terme § 39SA + 4	Parité Ut.	Cicatriciel Unicicatriciel		
		Þ	curonne	Ø	\$ 105cm		_		- Children Cher		- (
É.		œ		- 2			4	-)		2i	
Administratif	-	técédents		Grossesse		SDN		partum	_	chographies	
Enregistrer 🕻 Annuler	📋 Reprise 🛛 Adm	nission SDN   Pa	rtogramme	Analgésie	Accouchement	HPP   Com	plications du trava	al   Medicame	nts obst	Post partum imm	iédiat   C
ouchement Résumé	/ · ·		é Examen	clinique / Réar	nimation CR d'a	ccouchement			10		
	3 21/11 - 15								15:00 28/11		
	3 00	06:30	07:00	07:30	08:00	08:30	09:00	09:30	10:00	10:30	11:00
PNI EN Obst Dilatation mmHg 0 6 16:17:34 10:33:31	10			Mobile					_		
PNIs PNIm Hauteur	9-					8					
mmHg 10:33:31 16:17:34	8.			Amorcée							
Fc(ecg) PNId 80 85	7 - c 6 -								2	6	
3pm mmHg 16:17:34 16:17:34				Fixée				10000	Rupture artificielle (Endart)		
	₫ 4-					3			18		
	3			Engagée PH		*			âtite		
	2 -			Engagée PM					bture		
				Engagée PB					2		
	Fc(ecg) PNIs					82 120				80 118	
	PNId					120				70	
🖿 Temperature 🏻 🐴						37,2 ℃				37,3	°C
🖿 CU 🐁											
👍 Fréquence						Fréquence : 4 O				Fréquence :	: 5 CU/10min
🔏 Intensité CU						Intensité CU : Be ▼	onne				
Présentation (Enfant)						0.1.1.00					0101
A Présentation						Cephalique OI0	GA			Cephalique V	OIGA
Présentation (Enfant	2)					Pelvienne Compl	látán			Pelvienne C	omplétée
A Présentation						▼				V	ompreses
pH au scalp											
RCF (Enfant)						Oui				Oui	
/ NONR						110-160 bpm				110-160	
Rythme de base           RCF (Enfant 2)						₹				▼	opin
NONR						Oui				Oui	
Rythme de base						▼ 100-110 bpm	1			110-160	
DOO 2	1		_								
DOO 🛐											
Coloration LA										Clair	
Metrorragies											
- Urines											
Posture											

#### Timers:

Entering the **Rupture of membranes** event starts a timer. This is displayed in green on the labour curve under the name **TASO** (Time amniotic sac open). Entering the **birth** event stops the timer. A warning will be displayed after 12 hours of TASO.

#### - **Complications** button:

This button calls up a list of labour complications to enter data quickly in an emergency. Selecting one of these complications results in an immediate display.



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Temperature	100					37,2 °C	37,3 °C	
Complications								
Eclampsie	面						Eclampsie 03/12 09h45:00 0	Eclampsie
cu	4							
Fréquence						Fréquence : 4 CU/10min	Fréquence : 5 CU/10m	n
Intensité CU						Intensité CU : Bonne	· ·	
D. (	r /11					▼		
		3 - 2 - 1 -	Engagée PH Engagée PM	upture artific	Confirmation	1	<b>~</b>	
		- 	Engagée PM Engagée PB	Rupture		Confirmez-vous la nouvelle date/heure de	- lévénement "Eclamosie" · 03/12/20	19.08:20:00.2
	Fc(ecg) PNIs PNId		· · · · ·		•			
Temperature	-				4.7.4.19004	🗸 🗸 Oui	Non	
Complications	4				4.7.4.19004			
	-					Edampsie		Eclampsie
Edampsie	Ξ					C U3/12 U8h20:00 P	Þ.	~
cdampsie	₩ \$					Fréquence : 4 CU/10min	Fréquence : 5 CU/10min	<b>v</b>

#### - **Delivery** button:

The **Delivery** button lets you record information about the delivery.

The **Vaginal delivery** box lets you enter the delivery position and the start time of expulsive efforts.

The **C-section** box lets you enter the time at which it was decided to perform a C-section and the time at which the patient entered the operating theatre.

The **Urine** box lets you record the urine drainage catheter or the time at which an indwelling urinary catheter is fitted if necessary.

The **PAO** (Prophylactic Administration of Oxytocin) box is used to name the person responsible for the PAO, the injection stage, the quantity of oxytocin, and the time and method of administration.

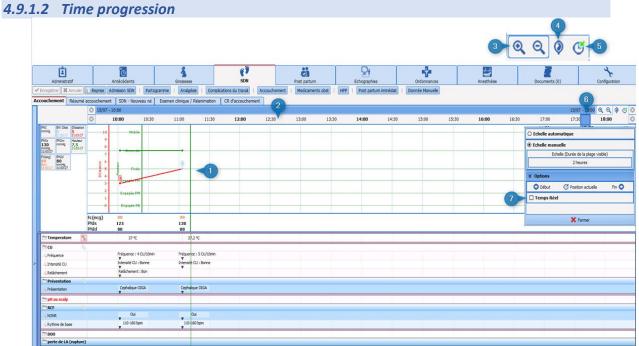
To the right of the sheet, you can record the time of birth, the time and method of the placental delivery, the performance of a uterine examination and the time at which the team was called if necessary.

**NB:** in the event of a multiple pregnancy, you must remember to enter the time of birth for each child by changing the child in the drop-down menu at the top of the sheet.

Saisie avancée				
accouchement		Nouvel enregistreme	nt	
aisi par : Diane SYSTEM			Date d'occurrence : 03/12/2	2019 12:00:46
		Enfant : DURAND Enfant		12.00.40
		DURAND Enfant		
Liste des enregistrements	Accouchement:	DURAND Enfant 2		
ouveau	Voie basse		Naissance le 03/12/2019 à 12:00:30	
	Posture 1 🕼	Début des efforts expulsifs le	a 12:00:50	
	Gynécologique	03/12/2019 à 11:30:30		
		Saisir 💉 💼	Saisir 💉 💼	
	Extraction instrumentale		Délivrance spontanée le	
	Césarienne		03/12/2019 à 12:30:00	
	Décision de césarienne Passag	ge au bloc	Révision utérine	
	Saisir Saisir		Revision uterine	
	Urines		Saisir	
	Sondage Sonde Evacuateur SAD	urinaire	Appel	
	Saisir		Saisir	
	APO	AP Oxytocine		
	Responsable APO 1 1	。Oui		
	SAGE-FEMME Serge			
	Moment de l'injection	Heure APO		
	Dégagement de l'épaule antérieure			
	Mode d'administration Dose Oxyt			
	IVL 🖌 5 UI	4		
				-
	imprimer 👘			Ok 🛛 🗙 Annule

-PPH button: the PPH (postpartum haemorrhage) sheet lets you enter the time of diagnosis, the procedures performed, the quantity and cause of the PPH.

Immediate postpartum button: used to record the monitoring of patients after delivery and until they leave the delivery room.



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- 1 Time progression pane
- 2 Time progression is materialized by a green bar moving along the labour curve.
- 3 Zoom in / out: lets you zoom in or out of the charts pane.
- 4 Lets you go back 6 hours before the delivery.
- 5 Go to the current position: this lets you go back to the present.
- 6 Blue cursor: lets you go to the time you want. Simply click and drag the cursor to move it.
- 7 Block time progression: when you right-click on the time progression top ribbon this opens a window. The **Real time** box is already preticked, which means that the labour curve is progressing in real time. If you untick the box the time progression stops. You can also change the display range via this window.

#### 4.9.1.3 Free text input box

A box under the labour curve lets you enter comments manually to specify events occurring during labour if necessary.



#### 4.9.2 Medication orders during labour

The treatments that can be administered during labour are accessible in two ways:

Either by using the **Obst drugs** button at the top of the labour curve (this button calls up a list of treatments) or by double-clicking on the 'record' icon to the left of the **Treatments** line in the clinical examinations display pane.

	21/11 - 13.0						20/11	
	05:30	06:00	06:30	07:00 07:30	08:00	08:30	09:00	Innitrate de Glycerine (Nitronal)
Bom mmHa	8 . 1	00100			00100	00000	05100	
Bom mmHg 13/12 03/12 16:17:34 16:17:34	5 A		Ŧ		1.	3	-	Carbétocine (Pabal)
	3		Engagée	**	1			Cimedane 39 8
	2				1.			a a a
	1		Engagée	1				Esoméprazole(Inexium)
			Engagée	PB				Glucosé G10%
	Fc(ecg)			1 07		82		Hydroxyzine - (Atarax)
	PNIs					120		Insuline - 50UI dans 50ml de sérum phy
	PNId							Labétalol (Trandate)
🛅 Temperature 🛛 📍	4					3	7,2 ℃	Misoprostol (Cytotec)
Complications	2							Nicardipine - 10mg/10ml (Loxen)
Eclampsie								Paracétamol. Eclampsie
								Pénicilline G 🛛 🗸
						Frécue	nce : 4 CU/10min	Phényléphrine (Neosynéphrine 10µg) + Ephédrine 2mg/ml
A Fréquence						<b>v</b>	é CU : Bonne	Phényléphrine (Neosynéphrine 40µg) + Ephédrine 3mg/ml
👍 Intensité CU						uncensii V	e co : bonne	Phényléphrine (Neosynéphrine 50µg) + Ephédrine 1,5mg/ml
Présentation (Enfan	t)							Phloroglucinol - 40mg/4ml
A Présentation						Cepha V	lique OIGA	Ringer 500ml + Oxytocine (Synto 10UI)
Présentation (Enfan	t 2)							Salbutamol (Salbumol)
👍 Présentation						Pelvien V	ne Complétée	Sérum physiologique NaCl
🗂 pH au scalp								Sulfate de Mg
🛅 RCF (Enfant)	8							Sulprostone
ANONR							Oui	Sulprostone 500ug dans 50 ml de sérum phy
ARythme de base							160 bpm	Sulprotosne (Nalador)
	X					<b>v</b>		Tranexamique Acide (Exacyl)
/+NONR							Oui	Oui
A Rythme de base						100	110 bpm	110-160 bpm
						<u>v</u>		· · · · · · · · · · · · · · · · · · ·
						7h		
🛅 perte de LA (rupture	e) (Enfant)							Clair
A Coloration LA								Can V
Metrorragies								
🛅 Urines								
The Posture								
Traitements								
Délivrance	\$							
Délivrance spontanée								Délivrai
								Y

# 4.9.2.1 Medication order for slow IV/SP treatments: example of oxytocin

Click on 'Oxytocin' in the list of drugs.

efebvre Caroline DURAND (né(e) le 21/11/1990) - Utilisateur: SYSTEM Dia.	ne Version : 4.7.4.19004					
🛂 🖶 🤮 🕛 📵 1 🚨 Mme DURAND Caroline	<b>Âge Taille Poids Groupe sanguin</b> ≝ 29 ans 📎 165cm 🔐 85kg 🌢 A+		icatriciel Unicicatriciel			
Administratif Antécédents G	STOSSESSE SDN	Post partum	Echographies	Ordonnances		날 sthésie
egistrer X Annuler C Reprise Admission SDN   Partogramme   chement Résumé accouchement SDN - Nouveau né Examen c	Analgésie   Complications du travail   Accouchen Jinique / Réanimation   CR d'accouchement	Oxytocine	HPP Post partum immédiat (Syntocinon) ne IV (Clamoxyl)	Donnée Manuele		
◊         21/11 - 15:00           ◊         05:30         06:00         06:30	07:00 07:30 <b>08:00</b>	08:30 APO	le Glycérine (Nitronal)	11:0	0 11:30	12:00
	Mobile Amercée Fixée Ingagée PH Ingagée PH	Esomépraz     Glucosé G     Hydroxyzi     Insuline -     Labétalol (     Micoprota     Nicardipin     Paracétam	ine - 600mg/4ml (Dalacine) olof(nexium) 10% ne - (Atrax) 001 dans 50ml de sérum phy Trandste) 01 (Cytotec) e - 10mg/10ml (Loxen) ol.		<b>-</b>	Naissance (Erlant)
Fc(ecg) PNIs PNId Temperature 🗞			G rine (Neosynéphrine 10µg) + Ephédrir rine (Neosynéphrine 40µg) + Ephédrir	-		

In the window displayed, choose the appropriate dosage.



#### • The treatment is then displayed in the **Treatments** line.

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Hetroragies												
Times International Internationa International International Internation												
Posture												
Traitements												
Syntacine (Syntacinon)	ytoine (Syntoinan) 2,5 mU/min // 547,577 mU											
Délivrance												
U Délivrance spontanée												
The Post-narhum												

• To change the start time, simply click on the left end of the medication order and drag it to the time you want.

• To change the flow rate, click on the relevant treatment line at the time when the rate was changed. Choose the new flow rate.

Temperature 😵	
Complications 🚯	
Edampsie	
cu 💊	
Fréquence	
Intensité CU	
Présentation (Enfant)	
Présentation	
Présentation (Enfant 2)	
Présentation	
pH au scalp	
RCF (Enfant)	
NONR	
Rythme de base	
RCF (Enfant 2)	Fermer le menu
NOR	IV PERF 40 mUl/ml
Rythme de base	SAP 10 mUl/ml 2,5 mUl/min
DOO 💽	Autre posologie 5 mUl/min
Coloration LA	Reprendre 7,5 mUl/min
Metrorragies	Arrêter 10 mUl/min
Urines	Arrêter ici 12,5 mUl/min
	Modifier 17,5 mUl/min
Posture	Associer un commentaire 20 mUl/min
traitements	Supprimer Auto mtl/(min
Oxytoche (Syntodinon)	2,5 mog/min// 505/04 mog
Délivrance	Cliquer à l'heure de la modification de débit
Post-partum	

• The infusion with the old rate will turn grey, and the new rate will continue in green.

		1	1						
D00									
perte de LA (rupture) (Enfant) Coloration LA									
A Coloration LA									
Metrorragies									
Urines									
Posture									
🗖 traitements 🐁	 	 	 		 	 			
Syntocine (Syntocinon)				2,5 mUI/min	[	5 mUI/min // 85	3, 156 mUI		
Délivrance	 		 		 	 			
<ul> <li>Délivrance spontanée</li> </ul>									

• To stop the infusion, double left-click on the infusion line (in green). Choose **stop** to stop the infusion immediately. Choose **stop here** to stop the infusion where you click. Choose **change** to enter a specific time to stop the infusion.

4.9.2.2 One-off treatment order: example of Clamoxyl during labour

• Choose Clamoxyl from the list of drugs then choose the appropriate dosage.

efebvre Car	oline DUR/	AND (né(e) l	e 21/11/1990) - Ul	tilisateur: S	YSTEM Diane	Version : 4.7.4.	19004								
	<u>ں</u>	<b>()</b> 1	Mme DURA	Préno ND Caro	om Âge Oline 🛎 29	ans 📏 165	Poids cm 🗳 85kg	Groupe sanguin A+	Terme § 395A + 4J		Cicatriciel Unicicatric	iel			
1			e		\$		( SI	<b>)</b>	Ö			Ð	-		<b>₩</b>
Administratif egistrer 🗱 Annuler 📋		🗋 Reprise	Antécédents Reprise Admission SDN   Part		Grosse		nplications du trav		Post pa	aments obst	HPP	Echooraphies Post partum immédiat		Manuelle	Anesthésie
chement		accoucheme			Examen cliniqu		· .		mene   Medic	americs obsc	tire.	Post parcum inneula	Donnee	Manuelle	
chement	Resume	21/11		edu ne	Examen ciniqu	e / Redninddo		chement		28/11 -	15:00 28	Amoxicilline IV (Clar	moxyl)		
		0	08:00	08:30	09:00	09:30	) 10:00	10:30	11:00	11:3	0	IVL	•	1 g	14:00
	_	3			Engage	e PH						Autre posologie		2 g	
		2	-		Engagé	e PM								Autre g	_
		0			Engagé	ie PB									
		Fc(ecg)	1			1									
		PNIs PNId													
Temperatu	re 🍕														
Complicatio	ons 🥎														
Eclampsie															
CU	Ŵ														
Fréquence															
Intensité CU															
Présentation															
Présentatio		2)													
Présentation															
pH au scalp	,														

• The treatment is automatically displayed in the **Treatments** line.

Image: Market bulkers       Image: Market bul	efebvre Car	roline DURA	ND (né(e) le 2	1/11/1990) - Uti			Version:4	4.7.4.1900	4													
Adve:dot:         Adve:dot: <t< th=""><th>🗈 🖶 I</th><th>0 e</th><th>🔁 1 🚨 M</th><th>Ime DURAN</th><th>Prénom ID Carol</th><th>ine 🚆</th><th>e Ta 29 ans 🚿</th><th>ille 165cm</th><th>Poids Gr</th><th></th><th>in Terme 指 39:</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	🗈 🖶 I	0 e	🔁 1 🚨 M	Ime DURAN	Prénom ID Carol	ine 🚆	e Ta 29 ans 🚿	ille 165cm	Poids Gr		in Terme 指 39:											
Martine Linguestie       Manageries       Manageries       Compositioned Manuelie       Manageries       Manuelies				ê		4	5		(ĵ												Ĩ	
Network       Start       <					-													Ane	esthesie		Documents ()	2)
21/11 - 15:00       20/11 - 15:00       20/11 - 15:00       10:00       13:30       14:00       14:30       15:00											chement	Medicament	s obst	HPP   P	ost partum immédia	at Donnée	Manuelle					
•             09:00             09:30             09:30             09:30             10:30             10:30             11:30             12:30             12:30             13:30             14:30             14:30             15:0	chement				au né Ex	kamen clini	ique / Réanin	nation	CR d'accouche	ement				1								
																						04/1
N     Image: Control of the second of the seco			0	08:00	08:30	09:0	0 1	09:30	10:00	10:	:30	11:00	11:30	12	12:3	30 13	:00 13:	30 14	:00	4:30	15:00	15:3
rfqurd     Image																						
Image: Control in the second of the secon	CU	Ø																				
heisatata (falat)																						
when the																						
heisealaba (sfahz)																						
image: set in the set in th																						
At a scalp     Image: Constraint of the scale of the scal			9																			
Kit (Infant)     Image: Section of the s																					_	
OVA Image: Constraint of the																					_	
symme de base        CK (funda )        CK (funda )        Statute		t) %																				
KCI (Indinit )																						
OVR Image: Constraint of the section of the se																						
http://www.clines.cl	NONR																					
boo     Image: Comparison of the second of the		ase																				
serte de LA (rupture) (Infant)	DOO																				_	
Johensen LA     Image: Section La Sectio			(Enfant)																			
Immediate     Immediate     Immediate       Switzer     Immediate     Immediate       Veckerer     2,5mUltmm // 157,458mult     Immediate       Veckerer     2,5mUltmm // 157,458mult     Immediate       Veckerer     2,5mUltmm // 157,458mult     Immediate	Coloration LA																					
Vordare     Image: Constraint of the con	Metrorragi	es																				
vortagements            Sovptagene (Symbodravia)         2.5 mcl./mm // 1037-658 mcli           monoidine EV (Cameary)         2.9 mcl./mm // 298, 255 mcli           2.9         2.9	Urines																					
Smithen/(1/37/458 mu)         Smithen/(1/37/458 mu)         Smithen/(1/37/458 mu)           Smithen/(1/37/458 mu)         Z g         Z	Posture																					
2 g	traitement	s 🚸																				
												2,5)	mUI/min // 135	,458 mUI	[		5 mUI/min // 89	98,295 mUI		2 g		
	Délivrance	\$																		-		

**NB (1):** you can change the time of administration of the treatment by clicking on the arrow under the dosage (2 g in the example above) and dragging it from left to right.

**NB (2):** the data entered in the labour curve is automatically visible in the **Anaesthesia** tab so that information is shared efficiently between the 2 specialities. In addition, when the administration of an epidural is recorded in the **Anaesthesia** tab by the anaesthetist, it is automatically displayed in the labour curve.

### 4.9.3 Delivery summary

The delivery summary is organized into 4 columns:

Administratif	Antécédents	Grossesse	SDN Post partum	Echoarabhies	Ordonnances	Anesthésie	Documents (0)
	SDN - Nouveau né E	amen clinique / Réanimation CR d'acc	ccouchement	HPP   Post partum immédia			
isesse suivie par ge: Femme	N8 d'échographies N° accou	SA         J         Date dissue de la           38         1         03/03/2020 12		Enfant J	nfant(s) - 1 🛛 🔊		
F suivi du travail b	Pathologie de la Diabète gestationnel Traité par régi		S Accouchement par S MAR à l'acco	chement 1:-		Responsable APO	b-
dalités début de travail	Déroulement du travail		ACCOUCHEMENT	POST PARTI	TAIDEMMI MU	APO	
Spontané Pathologies et complications en cours de t		ons en cours de travail 1 b-	Issue de la grossesse voie basse spontanée Enfant né vivant	2 b- Spontanée S RU :		AP Oxytodne Oul  Moment de l'répaule antérieure	
	Foetus Survitarge permanent Monitorage permanent Monitorage permanent Out Out Pole-ment au solo Netermal Aromales CU Hypochriste	Raghtre des membranes Modalids Avant travail Aspect à nyaixe Médicanial Aspect da nyaixe Médicanial Médicanial Rughurs spontanée le 03/03/2020 La Gel30-00		1 b- 200 1 b- 1 b- are 1 b- continu	unes en ni	Durée d'administration         Dose Ovytobre           NL         #           Jones APO         [3:0]           Durée stade 1 (min)         Durée phase de la Contemposa de la Conte stade 2 (min)           Durée stade 1 (min)         Durée phase de la Conte phase de la Conte stade 2 (min)           Durée stade 1 (min)         Durée phase de la Conte phase de la Conte stade 2 (min)           Durée stade 1 (min)         Durée phase de la Conte phase de la Conte state 2 (min)           Durée stade 2 (min)         Durée phase de la Conte phase	tence
algésie / Anesthésie eribésie avant accouchement iridurale - esthésie après l'accouchement on - Anesthésiste b-	Antibiorophysiole per partum Out   Indexion ATB  FDR D/INEP  Antibiorophysiole per partum  (damoxyl 2g  Antibiologue 2  gentamycone 240 mg	Oxytosie Oxytosie en cours de travail Oxi	Non	Transfusion Non Placenta Anonales Analyse	•	19	
fhérapeutiques complémentaires- ] Acu			Motif de l'intervention ou de la césar		Cordon 1 b- e Sans compression		

- Start of labour
- Labour process
- Delivery process
- Immediate postpartum

### 4.9.3.1 Start of labour

Fields appear depending on the start of labour method (e.g. if labour is induced, the **Reason** and **Induction method** fields appear).

The **Analgesia/anaesthesia** field lets you enter the type of anaesthesia used during labour or after delivery if necessary.

#### 4.9.3.2 Labour monitoring

Lets you record information concerning foetal monitoring, the amniotic fluid and treatments during labour.

#### 4.9.3.3 Delivery

Lets you record information about the delivery method.

#### Specific features:

• Pregnancy outcome: as in the **Obstetric history** tab, you must enter both <u>the delivery method and the</u> <u>outcome</u> for all children in the event of a multiple pregnancy.

🌡 🕘 Lefebvre Caroline DURAND	(né(e) le 21/11/1990) - Utilisateur: SYS								
🖻 🕒 🖶 🖶 🕛 🧧	1 2 Mme DURAND Carol	ine ≝ 29 ans 📎 165cm 🔐 85kg	Groupe sanguin Terme \$ 39SA + 43	Parité Ut. Cicatric ††1 x <sup>×</sup> Unicical					
Administratif	Antécédents	Grossesse Si	DN Post pa		Echographies	Ordonnance	15	Anesthésie	Documents (2)
🖉 Enregistrer 🔀 Annuler 📋	Reprise Admission SDN   Partogram	me   Analgésie   Complications du tra	al Accouchement Medic	aments obst   HPP	Post partur	n immédiat   Donnée Manuel	e		
Accouchement Résumé acco	ouchement SDN - Nouveau né Ex	amen clinique / Réanimation CR d'accou	chement						
Grossesse suivie par	NB đếchographies N° accour	<b>39 4</b> 03/12/2019 12:30	Saisir 🖍 💼		E	Enfant(s) - 2 Enfant Enfant 2			
SF suivi du travail b	Pathologie de la Diabète gestationnel Traité par régir		Accouchement par 12-	Co Responsabl	es h	MAR à l'accouchement		Responsable APO FEMME Serge	1 b-
					\$			_ 0	×
Modalités début de travail	Déroulement du travail		ACCOUCHEMENT			Mode d'accouchement			
Traval Déclenchement	Pathologies et complication	ons en cours de travail b.	Issue de la gr	Issue de la grossesse b					
	Foetus Surveilance	Rupture des membranes Modalités	Présentation à l'e	ngagement	p.	✓ Enfant né vivant     ✓ Enfant né vivant     ✓ MFIU < 22SA     ✓ MFIU > 22SA     ✓ IMG < 22SA     ✓ IMG > 22 SA			
Motif du déclenchement	Anomalie du RCF	Aspect à la rupture Aspect ultérieur du liquide	Présentation au d	légagement	₿×	Décès post natal			
Méthode dédenchement 1 Méthode dédenchement 2		ARUPTURE artificielle le 03/12/2019 à 05:00:30	.ésions des parties molle:	b. Suture	ţş.				
Analgésie / Anesthésie	Antibiotiques	Saisir 1	Césarienne Césarienne						
Anesthésie avant accouchement Anesthésie après l'accouchement Complication	Antbioprophylaxie per partum	Oxytoche en cours de travail							

- Presentation at engagement and expulsion: in the event of a C-section, it is the presentation at expulsion that will be taken into account when the reports are prepared. You can simply enter 'cephalic' without specifying the presentation direction.
- C-section drop-down menu: lets you display additional fields for C-sections, such as 'incision type', any additional procedures or complications.
- Reason for procedure or C-section: this box must be completed in the event of a manoeuvre, instrumental delivery or C-section.

#### 4.9.3.4 Immediate postpartum

This lets you enter the placental delivery procedures. In the event of **postpartum haemorrhage**, fields appear for you to specify the care administered.

The **PAO** (Prophylactic Administration of **O**xytocin) box is completed automatically from the **Delivery** detailed entry completed beforehand. However, it is possible to fill in the fields in the delivery summary.

#### 4.9.3.5 Calculation of labour phases

The different labour phases are calculated automatically. To make these calculations possible, the following events must be entered: Start of labour (in **Delivery admission**), 10 cm dilation (in **Labour curve**), Birth (in **Delivery**), placental delivery (in **Delivery**).

#### 4.9.4 DR – Neonate subtab

The DR – Neonate subtab lets you enter neonatal data relating to the birth conditions:

The top ribbon lets you enter the child's identity and gender.

Apgar: the Apgar score is shown in the form of multiple drop-down menus containing all the criteria to calculate

the score. You can enter the data more quickly by clicking on the 10 button at the bottom of each column.

Samples box: this box lets you record the different samples taken from the neonate.

The **EONI risk** (risk of **E**arly **O**nset **N**eonatal Infection) component classifies the child according to the risk of early onset neonatal infection. Click on the **O** to the top left of the component. Enter the information in the window

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 displayed. The component will tell you which EONI risk group the child is in.

🌡 Saisie avancée								×
Risque INBP			Nouvel e	nregistrement				
Saisi par : Diane SYSTEM							Group	еB
					Date d'occurrer	ce: 04/12/2019	4 16:44:54	-
Liste des								
enregistrements Nouveau		Risque d'Infection Néonatale Bac	térienne Précoc	e				
Nouveau		colonisation streptocoque B	Antibiopr	ophylaxie adequate				
		ATCD d'INBP à strepto B	Antibiop	ophylaxie inadequate				
		☑ RPM > 12H	🗌 fievre ma	ternelle > 38°c				
		prématurité < 37 SA inexpliqué	<u>.</u>					
		imprimer				🗸 Ok	🗙 Annu	ler
Risque INBP - 04	/12/201	19 16:44:54 Gro	upe B ]					
Ð	,,							
		onatale Bactérienne Pré						
colonisation streptor	coque	B, colonisation streptocoquiate	ie B,					
Antibioprophylaxie ir	lauequ	Jace						

#### Measurements and percentiles box:

To enter the weight, click on **Enter** in the box.



A window opens for you to enter and change the weight in the event of an error.

Saisie de données manuelles		<u> </u>
Choix du paramètre ou du groupe :		
Poids du patient - Poids	4	
Poids 3250	Unité g 4	
Envoyer et Fermer	🗙 Fermer	

The length, head circumference and biparietal diameter are simply entered into the fields. The percentiles are calculated automatically.

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Mensurations et Perce	entiles
Poids g 3250 <mark>Saisir</mark> Taille (cm) 50	perc Poids 40,74 perc Taille <mark>51,75</mark>
Périmètre cranien (cm) 34 Diamètre bipariétal (mm	perc PC <mark>29,79</mark>
92_	
Equilibre acido basique	e
pH         Lactates pCO2           7.22         3.2         49	Déficit de base ·11,25

As in the entire record, you must enter the data for all the children by clicking on the component:

*

# 4.9.5 Clinical examination/Resuscitation subtab

The data from the neonatal clinical examination is entered simply using checkboxes.

A **Resuscitation** box is present at the bottom of the sheet. In the **Resuscitation** drop-down menu, if you enter **Yes**, fields appear for you to enter the Silverman score, procedures performed during resuscitation or instructions on what to do.

E.g.: Clinical examination Twin 1:

🀇 🕘 Lefebvre Caroline DURAND (né		SYSTEM Diane Version : 4.7.4.1900						
🖻 🖪 🖶 🧔 🕛 💶	Ame DURAND Car	om Âge Taille oline ≝ 29 ans 📎 165cm	Poids Groupe sanguin Terme \$ 85kg \$ A+ \$ 39	e Parité Ut. Cicatricie SA + 4J ∳† 1 x <sup>×</sup> Unicicatr				
	Antécédents  Admission SDN   Partogr  mement   SDN - Nouveau né   E	Grossesse amme   Analgésie   Compica xamen clinique / Réanimation	SDN tions du travail   Accouchement CR d'accouchement	Post partum Medicaments obst HPP	Echoarabhies	Ordonnances t Donnée Manuelle	Anesthésie	Documents (2)
	Prénoms Enfant	Naissance le 03/12 12:00:30 Saisr 2 1	OF ● M OI 39		Enfant Enfant Enfant 2	[s) - 2 🔹		
Examen cardio-respiratoire Auscultation cardiaque normale © Oui O Non -Auscultation pulmonaire normali © Oui O Non -Auscultation pulmonaire normali © Oui O Non -Anonales à l'auscultation - advarade - advarade - Ause Pouls fémoraux perçus © oui O Non	-Cri normal	Abdomen           Abdomen souple         © Oul         O Non           Ombilic normal         © Oul         Non           Explanningalie         © Oul         O Non           Splefonomégalie         © Oul         O Non           Splefonomégalie         © Oul         O Non           Reins normaux         © Oul         O Non	Face et cou Cevité buccale normale @ Oui O Non Examen oculaire normal @ Oui O Non Choanes perméables @ Oui O Non Fontanelles normales @ Oui O Non	Henches stables © Oui O Non Rachis normal © Oui O Non OGE Normaux © Oui O Non Malformation Commentare		efert (mn)		
Réanimation en salle de naissance Réanimation Dui • Responsable réanimation Appel pédatrique Antenatal • Transfert Réa • Consignes du STAFF	Core Silveman - G4/12 Ralancement thorace Battement des alles d Trage intercostal : Int Entonnoir xypholien Geignement expiratoir	- <b>abdominal :</b> Absent <b>u nez :</b> Absent :ercostal : Modéré	Acte	r <b>fa 1</b>		TTT finé en SDI		

#### Clinical examination Twin 2:

4 - Letebvre Caroline DURAND (ne		SYSTEM Diane Version : 4.7.4.1900	)4					
🖻 🗳 🖶 🧔 🕛 💷	Mme DURAND Car	oline 🚆 29 ans 🚿 165cm	Poids Groupe sanguin Terme 85kg A+ § 39	e Parité Ut. Cicatriciel SA + 4J ≜†1 → Unicicatric				
Ĺ	°O	4	() ()	ö	Qi		<b>2</b>	2
Administratif	Antécédents	Grossesse	SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (2)
✓ Enregistrer 🕱 Annuler 🖬 Rep			ations du travail Accouchement	Medicaments obst HPP	Post partum immédiat			
		xamen clinique / Réanimation						
NOM	Prénoms	Naissance le 03/1	2/2019 à Sa		🔶 Enfant(s	5) - 2 🔹		
DURAND	Enfant 2	12:30:00 Saisir 💉 🍵	OFOMOI 39	J Rang de naissance	Enfant			
		saisr 🖉 🔟			Enfant 2			
Examen cardio-respiratoire	Examen neurologique	Abdomen	Face et cou	Hanches stables	cinant z			
-Auscultation cardiaque normale-		-Abdomen souple		● Oui O Non		2		
Oui O Non	- Cri normal	Oui O Non	Cavité buccale normale	Rachis normal	Sortie salle de naissa	nce		
-Auscultation pulmonaire normale		Ombilic normal	Oui O Non	● Oui O Non	Transfert immédiat			
Oui O Non		● Oui O Non		OGE Normaux		<u>·</u>		
Anomalies à l'auscultation	Succion normale		Examen oculaire normal     Oui O Non	Oui     O Non				
Souffle	Oui O Non	Hépatomégalie	e dui O Noir	(				
Trouble du rythme Tachycardie	-Tonus axial normal		-Choanes perméables	Malformation	Décès SDN			
Bradycardie	Oui O Non	Splénomégalie	Oui O Non	Présence d'une ou plusieur Commentaire	5			
Autre	] [	● Oui O Non		Commentaire	1			
Pouls fémoraux perçus	Tonus périphérique normal	Reins normaux	-Fontanelles normales					
oui O Non	Oui O Non	Oui O Non     One     One	Oui O Non     One     One					
		.)[			JL			
Réanimation en salle de naissance					<b>О</b> Т	TT Nné en SDN		
Réanimation								
-								
Consignes du STAFF								

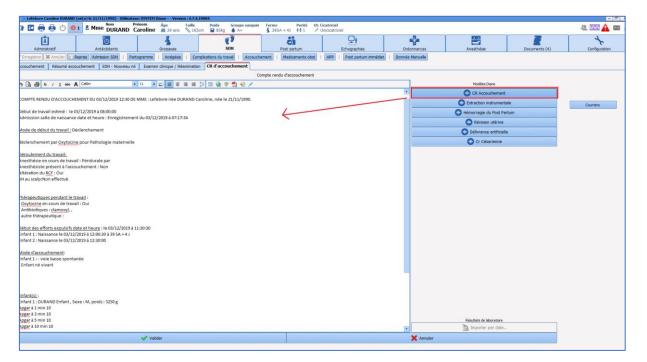
The **Neo TT in DR** component lets you enter the treatments administered. It has two columns. The left column lets you choose the treatment administered and the right column lets you enter the dosage and the child to whom the treatment was administered for a multiple pregnancy



# 4.9.6 Delivery report subtab

This part is used to create the different delivery reports and certificates. The subtab contains a large data entry window, buttons to the right of the window to prepare the delivery report and a letters button (on the right) to print the different reports.

<u>Example of a vaginal delivery</u>: for a vaginal delivery, simply click on the **Delivery report** button. The report is automatically displayed in the data entry window. In most cases, you can simply print the report by clicking on the **Letters** button and choose: 'Delivery report'.



🔒 – Lefebvre Caroline DURAND		isateur: SYSTEM Diane Vers								_ & X
🖻 🗳 🖶 🚳 🖒	1 & Mme DURAN	Prénom Âge D Caroline 29 ans	Taille         Poids         Grou           № 165cm         🖬 85kg         🌢 A	+ Terr		Dicatriciel Unicicatriciel				🤐 🏧 🛕 📾 🔒
Administratif	Antécédents	Grossesse	SDN		Post partum	Echographies	Ordonnances	Anesthésie	Documents (4)	Configuration
🖋 Enregistrer 🗱 Annuler 🚺	Reprise Admission SDN	Partogramme   Analgésie	Complications du travai	Accouchement	Medicaments obst	HPP   Post partum immédiat	Donnée Manuelle			
Accouchement Résumé acc	ouchement SDN - Nouvei	au né Examen clinique / R	éanimation CR d'accoucher	ient						
					rendu d'accouchement					
Deroulement du travail:	A Calbri	· 11 · 2 8 8		<b>1</b>				Modèles Diane		
Anesthésie en cours de trava										
Anesthésiste présent à l'acco Altération du RCF : Oui	ouchement : Non			(	NN 1022/101	v	n	O Extraction instrument		Courriers
pH au scalp:Non effectué					pression	×		O Hémorragie du Post Pa	rtum	
					pe d'impression rtificat d'accouchement			O Révision utérine		
Thérapeutiques pendant le t	ravail :				urrier d'accouchement			Délivrance artificiel	le	
- Oxytocine en cours de trava					iclaration de naissance he dasseur accouchement			Cr Césarienne		
<ul> <li>Antibiotiques : clamoxyl, ,</li> <li>autre thérapeutique :</li> </ul>					mpte-rendu d'accouchement VF	1		<b>U</b> countries		
- autre therapeutique :										
Début des efforts expulsifs d										
Enfant 1 : Naissance le 03/12 Enfant 2 : Naissance le 03/12		IJ								
	LOLD G ILIDOIOU									
Mode d'accouchement:	12									
Enfant 1 : • voie basse sponta • Enfant né vivant	anee									
Enfant(s):										
Enfant 1 : DURAND Enfant, S Apgar à 1 min 10	exe : M, poids : 3250 g				Tout décocher					
Apgar à 3 min 10 Apgar à 3 min 10										
Apgar à 5 min 10					Imprimer 📝 Editer	et imprimer 🔀 Fermer				
Apgar à 10 min 10										
Enfant 2 : DURAND Enfant 2,	sexe : , poids: 5000 g									
Délivrance: Spontanée										
Administration prophylactique										
Pertes sanguines totales : 27	'5 ml									
Lésion des parties molles : s	uturée par									
								Résultats de laboratoire		
L								🐴 Importer par date.		

In the event of an instrumental delivery, PPH, uterine examination or artificial placental delivery, the corresponding buttons let you add specific information relating to these events.

<u>Example of a uterine examination</u>: click on the data entry window where you want the data to be added. Click on the **Uterine examination** button. The data will then be displayed where you want in the report.

You can then print the report.

🧟 - Lefebvre Caroline DURAIID (né(e) le 21/11/1990) - Utilisateur: SYSTEH Diane Version : 4.7-4.19904			- 8 X
	Ut. Cicatriciel		42 🚾 🛕 📾 🔮
Administratif Antócédents Grosesse SDN Pot catum	Echographies Ordonnar		Configuration
Chregistrer Annuler Reprise Admission SDN   Partogramme   Analpésie   Complications du traval   Accouchement   Medicaments of	st   HPP   Post partum immédiat   Donnée Manu	uelle	
Accouchement Résumé accouchement SDN - Nouveau né Examen dinique / Réanimation CR d'accouchement			
Compte rendu d'accouchemen	it		
(a)		Modèles Diane	
Déroulement du travail: Anesthésie en cours de travail : Péridurale par		CR Accouchement	
Anesthésiste présent à l'accouchement : Non		Extraction instrumentale	Courriers
Altération du RCE : Oul pH au scalp:Non effectué		C Hémorragie du Post Partum	
	2 : cliquer sur le bouton révision utérine	Révision utérine	
Thérapeutiques pendant le travail :	TOTAL OT A CONTROL OF A CONTROL	O Délivrance artificielle	
Oxytocine en cours de travail : Oui     Antibiotiques : clamoxyl, ,		Cr Césarienne	
- autre thérapeutique :			
Debut des efforts expulsifs date et heure : le 00/12/2019 à 11:80:30 Enfant 1: Naissance le 00/12/2019 à 12:00:00 à 195.4 - 4.J Enfant 2: Naissance le 00/12/2019 à 12:00:00			
Mode d'accouchement: Erfant 1: - voie base spontanée - Erfant né vanu			
Enfant(1): Enfant 1: JURAND Enfant, Sexe : M, polds : 2350 g Agger 2 a min 10 Agger 3 a min 10 Agger 2 a Jomin 10 Enfant 2 : DURAND Enfant 2, sexe : , polds: 5000 g			
Délivrance: Révision Laferne Administration prophylactinge d'Eurytocine : Oui Peters susquines testas : 226 mi Les données concernant la révision utérine			
Lésion des parties molles : suturée par		Résultats de laboratoire	
		importer par date	1
Valider	×	Annuler	1

🛔 = Lefebvre Caroline DURAND (né(e) le 21/11/1990) - Utilisateur: SYSTEM	Diane - Version : 4.7.4.190	904						- 8 )
😰 🗄 🖶 🕐 🚺 1 🕹 Mme DURAND Caroline	Age Taille	Poids Groupe sanguin	Terme         Parité         Ut. C           \$ 395A + 4)         † † 1         >* 0	icatriciel nicicatriciel				42. WA 🛕 📼
Administratif Antécédents	Grossesse	SDN	Post partum	Echographies	Ordonnances	Anesthésie	Documents (4)	Configuration
Enregistrer Annuler Reprise Admission SDN   Partogramme		ications du traval   Accouche		HPP   Post partum immédiat	Donnée Manuelle			
Accouchement Résumé accouchement SDN - Nouveau né Exam	en clinique / Réanimation	CR d'accouchement						
			mpte rendu d'accouchement					
* Calibri II - 11		i 🗉 🍓 💝 🔁 😜 🖊				Modèles Diane		
Enfant 1 : - voie basse spontanée						CR Accouchemen	14	
- Enfant né vivant						Extraction instrumer	and the second	Courriers
					1	C Hémorragie du Post P		
						C Révision utérine		
Enfant(s) : Enfant 1 : DURAND Enfant , Sexe : M, poids : 3250 g						O Délivrance artificie	lle	
Apgar à 1 min 10 Apgar à 3 min 10					5	Cr Césarienne		
Apgar à 5 min 10								
Apgar à 10 min 10								
Enfant 2 : DURAND Enfant 2, sexe : , polds: 5000 g								
Délivrance: Révision utérine Administration prophylactique d'oxytocine : Oui Pertes sanguines totales : 275 ml								
Révision Utérine :	1							
Indication : Placenta Incomplet Obstétrice: Dr Serge Anachtériste : Dr Kendi Mode d'anachtériste : Pérdiaule Sonde vésical évanteur : Ou Sonde vésical évanteur : Ou Indication de analidas Denne rétracoux usérine Orarisenta Du UNIX Anthogorphylixate : molécule, posologie, heure administration. Anthogorphylixate : molécule, posologie, heure administration.	Les données de la ré utérine s'affichent à l'endroit sélectionne							
						Résultats de laboratoire		
Va	lidor				• X Annuler	an emporter par case		
¥ Va					Annoier			

You can also print the birth declaration or the delivery report using the **Letters** button.

<u>NB: When reports are generated automatically you should check the data, which is under the responsibility of the healthcare provider.</u>

## 4.10 Postpartum tab

# 4.10.1 Maternal postpartum subtab

This subtab is used to monitor patients during the **Postpartum** stay. This subtab consists of a table for you to enter the different patient monitoring information for each day. The different detailed entries are available by clicking on the button at the top left of the table.

1 🖶 🚭 😃 😝 2 Mm	۳	1		13		95A + 43 👬 1 💉 Ur	<b>Di</b>	4	4	1
Administratif Ar Istrer X Annuler C Reprise	técédents	Gros	sesse	SDN		Post partum	Echographies	Ordonnances	Anesthésie	Documents (2
tum maternel Post partum Nou	eau-né Courb	es Prado / sortie	précoce							
Land				onsignes du STAFF						
Eligible PRADO	Eligible Sor	lie précoce								
Non +	Non									
Admission Post Partum	1						1	5		
Voie basse Post-Partum		Issue grossesse	Pathologie PP	Allaitement	Périnée	Contraception	Responsable			
Voie basse - Sortie										
Césarienne Post-Partum Césarienne - Sortie										
Cs - Psychologique										
Cs - SMIPS										
Cs - Post IMG - MFIU										
Franck Cs - Post natale										
								•		

### 4.10.1.1 Postpartum admission

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 152/298 This monitoring sheet should be opened for each patient. It provides a summary of the patient's record. Most of the information is prefilled from the delivery summary.

Saisie avancée		2
Admission Post Pa dmission Post Partum	rtum Nouvel enregistrement	
aisi par :Diane SYSTEM	Enfant : DURAND Enfant   Date d'occurrence : 05/12/2019  11:52:44	5
Liste des enregistrements puveau	Groupe RH     Rhésus enfant     Rhophylac       A+     A       Kleihauer       A       Kigatif       Négatif	
	Antécédents médicaux 1 🕜 🗽 Pathologies de la grossesse 1 🗽	
	Drépanocytose hétérozygote sans pas de suivi séquelles particulier; conjoint non porteur	
4	Allergies 1 12- Pénicillines Oedème de Quincke	
	Date et heure de l'accouchement :     SA + J     Nb Heures     Transfert post-natal       03/12/2019 12:30     39     6     47       début du travail     Dédenchement	
	Issue de la grossese     2     1/2*       voie basse spontanée     Enfant né vivant	
d	Lésion des parties molles tavail 1 tava	
	Modalités de délivrance     Hémorragie     Pertes sanguines en mL     transfusion       Spontanée     Image: Comparison of the sanguines en mL     Non     Image: Comparison of the sanguines en mL     Image: Comparison of the sanguines en mL	
	Enfant Nom DURAND Prénom Enfant Localisation à l'entrée Mme Prescrite Mr A prévoir A prévoir Mr A prévoir A prévoir Mr A prévoir A provint A provi	
	🖶 Imprimer 🗸 🗸 😽 🖈 Annu	ller

# 4.10.1.2 Vaginal delivery and C-section postpartum monitoring

These sheets are used to monitor patients during their stay. The **Vaginal delivery** detailed entry is used for the follow-up of vaginal deliveries (spontaneous and instrumental extraction) and the **C-section** detailed entry is used for C-section deliveries

Saisie avancée		🖇 Saisie avancée 🔲 🖂 🛛
Franck- Voie basse Post-	Partum Nouvel enregistrement	Franck-Césarienne Post-Partum
Saisi par : Diane SYSTEM	Enfent : DURAND Enfant	Seis per : Dane SYSTEM Enfant : DURAND Enfant . Dete d'occurrence :[05/12/2019 - ] [22-0512 -
Sea per : Clane SHITH Leads des encregationenents Reuveau	brier: DNED Erfeint	
	Mex.1     Anne1:     Anne1:       Cogetuble     Memobrane Market     Other envisaged is 1:       Tembographythes     Some prices and states     Other envisaged is 1:       Tables     Other envisaged is 1:     Contraception envisaged is 1:       Tables     Other envisaged is 1:     Microprogram       Tables     Some envisaged is 1:     Microprogram	Mon.:     Arrofe:     N.:     Arrofe:       Counstluctive     Presentar of Dials     Dials     Dials       Presentarophylaxie     Enfo countage downie     Storte precious survatilitie       Commentare geleid     Image: Commentare geleid     Image: Commentare geleid
	Ander 🕹 🕹	🕒 Nouel encychement 3. 🖶 Imprimer 🖌 Modifier 🗶 Femer

The most important detailed entries are grouped together in the table of detailed entries for a quick overview. You can access the detailed entries by clicking on them.

**NB:** to change a detailed entry that already exists, you must click on the **Change** button at the bottom of the detailed entry. However, detailed entries can only be changed by their creator.

### 4.10.1.3 Vaginal delivery and C-section discharge sheet

The **Vaginal delivery and C-section** discharge sheets must be completed when the patient is discharged. They are designed in the same way as the postpartum monitoring sheets but have an additional **Discharge** box for you to enter the discharge date and adverse events and generate letters. From this sheet you can generate the liaison letter for the GP. Discharge prescriptions are generated by using the **Prescription form** button.

### 4.10.1.4 Postnatal consultation:

The postnatal consultation is accessible from this same tab. In the same way as for the other detailed entries, you can generate the consultation report and the prescription forms from this consultation sheet. The consultation lets you fill in the data from the clinical examination and also the Edinburgh score. You can close the record following this consultation.

#### 4.10.2 Neonatal postpartum subtab

This subtab is primarily designed for paediatricians. It gives a quick overview of all the events of pregnancy and delivery concerning the neonate.

🥼 - Lefebvre Caroline DURAND (né(e) le 21/11/1990) - Utilisateur: SYSTEM Diane Version : 4.7.4.19004								
	Nom Prénom DURAND Carolin	Âge Taille ≝ 29 ans  § 165cm	Poids Groupe san 85kg A+	🐇 39SA + 4J  🛉 🛊 1	Ut. Cicatriciel			
L I	θ	8	<b>7</b>	ò	Qi	-	<b>₩</b>	
	cédents	Grossesse	SDN	Post partum	Echographies	Ordonnances	Anesthésie	
🖋 Enregistrer 🗱 Annuler 📔 Reprise								
Post partum maternel Post partum Nouve	au-né Courbes Prad	lo / sortie précoce						
Antécédents de la mère				DSI	Enfant 2	R		
Allergies		Antécédents obstétricaux de la SA P	oids nouveau +	i prévu		Y		
me de 👘			é		Sérologie Toxoplasmose Rub	éole		
Quinc ke •	22/11/2018 15:05	37 3	250 g			igatif 4		
Contexte psychosocial to	25/11/2015	6			Antigène HBs HIV			
	11:28	0				escrit 🔺		
				c <b>cins</b> ccination coqueluche Monsieur	Syphilis Cyt	omégalovirus		
Antécédents médicaux 1 b	].			prévoir 4	Négatif 🔺 Né	igatif 🔺		
Drépanocytose pas de suivi	0	traitements habituels	Va	ccination coqueluche madame	GS/rh maternel			
hétérozygote sans particulier;	LAROXYL 25MG CPR chlorhydrate)	100 25 mg (Amitriptyline 1-	1-1 P	rescrite 🔺 🔟	A+ 4			
<sup>18</sup> séquelles conjoint non -			Va	ccination contre la grippe				
Addictions 1 b			A	. jour 🔺 02/10/3				
Tabac Consommation hors grossesse occasionnel			At	cd d'allergie/Asthme/Eczéma	O Oui Non			
				4				
Résumé de l'accouchement								
Déroulement de l'accouchement	Nouve	au-né						
Issue de la grossesse	2 S Poids	en gr Taile en c		cm				
voie basse spontanée	325	0 99,06 50	51,75 34	29,79 🔂 Risque IN	IBP - 04/12/2019 16:44:54 [Gro	supe B ]		
Enfant né vivant				Risque d'In	écoce :			
	Ap 10	gar à 1 min Apgar à 3 min 10	Apgar à 5 min A 10 10		treptocoque B, colonisation streptocoqui vlaxie inadequate	Je B,		
		10	10 10					
Motif de l'intervention ou de la césarie				mies capillaires				
	7.23	2 3.2 Non	⊿ Non	-				
		Méconium	Indication PG	b-				
		Meconium						
Anomalie du RCF Coloration I	A	Miction		Alimentation en		on		
Oui 🖌 Clair	4			Oui	<u> </u>			
Examen clinique Nouveau né						<b></b>		
	Date	Deserveshie	Commentations					
Venue pour	Date	Responsable	Commentaires					
1								

A table at the bottom of the subtab provides access to 2 detailed entries: **Neonatal clinical examination** (to enter the data from this examination if it is necessary during the stay) and **Discharge examination** to let paediatricians record their examination before the child is discharged.

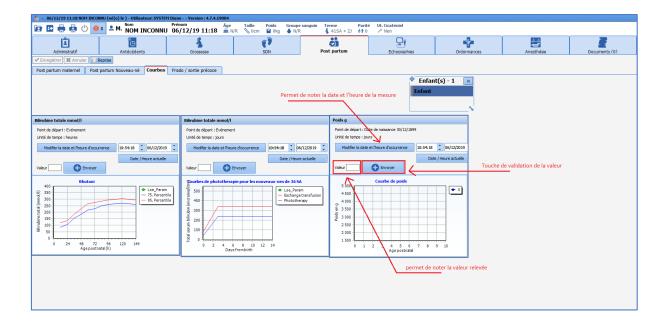
Letters and prescription forms are accessible from these detailed entries.

### 4.10.3 Curves subtab

In this window you can enter the daily weight and the bilirubin values.

To enter a value:

- enter the relevant value in the Value box,
- click on the **Send** button to confirm the value and display it on the curve.
- You can change the time and date of entry by clicking on **Change the date and time of occurrence** or directly in the date and time fields.



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# 4.11 Ultrasounds tab

This tab lets you record information about the different ultrasounds. It has four subtabs to enter information about the first, second, and third trimester ultrasounds or other additional ultrasounds. To enter the data for an ultrasound click on the ultrasound's subtab. Click on the sign. A window to enter the data appears. Complete it and click on **OK** at the bottom of the data entry sheet.

🎍 - 06/12/19 11:18 NOM INCONNU (né(e) le			9004					
📴 🗈 🖶 🤮 🕛 💶 🛎 M.	Nom Préne NOM INCONNU 06/		Âge Taille ≝ N/R 📎 0		Groupe sanguin N/R	Terme	Parité ** 0	Ut. Cicatriciel
Administratif A	ntécédents	Grossesse		SDN		Post partum		Echographies
< Enregistrer 🔀 Annuler 📋 Reprise								
Echographie T1 / DAN Echographie T2	Echographie T3 Echograp	ohie autre						
Franck Echographie T1								
	🌡 Saisie avancée							
	Franck Echographie T1			Nouvel enreg	gistrement			
	Saisi par : Diane SYSTEM		E	fant : NOM INC	CONNU Enfant 4	Date d'occurr	ence : 06/	12/2019 4 14:52:38 4
	Liste des enregistrements Nouveau	Echographist		DG 6/03/2019	Date echographie 06/04/2019	SA J 12 2		
1		Activité cardiaque présente		CC Omm	Bip	Clarté nucale		
	4	Ex. morphologique Normal	•	Commentaire profil non vu,	a revoir			
		Ex. des annexes Normal		Commentaire			-	
			Chorionicité (	si grossesse mult	tiple)			
-								
						A.		
		📑 Imprim	er					🖊 Ok 🔀 Annuler

In the column on the right, the list of ultrasounds appears. Click on the relevant ultrasound to display the data entered.

🐇 - 06/12/19 11:18 NOM INCONNU (né(e)			004							
📴 🖪 🖶 🤮 🕛 🔒 1 🗷 M	· NOM INCONNU	Prénom 06/12/19 11:18	Âge Taille ≝ N/R 🚫 Ocm	Poids Okg	Groupe sanguin N/R	Terme Pa	arité Ut. Cicatr ‡0 x <sup>×</sup> Non	iciel		
Ĺ	Antécédents	Grossesse		SDN		Post partum		ographies	Ordonnances	Anesthésie
🛩 Enregistrer 🔀 Annuler 📔 Reprise										
Echographie T1 / DAN Echographie T2	Echographie T3 E	chographie autre								
Franck Echographie T1										
Generation System 2011 Section 2011 Section 2011 Section 2012 Se	Franck Echographie T Saisi par : Diane SYSTEM		Enfant	NOM INCON	Date d'occ	umence : 06/12/2019	a 14:52:38 a	Enfant Enfant	[s) - 1 🔹	
liste des échographies	Echographist	200 DDG 06/03/2019	Date echogra; 06/04/2019	hie SA	2				N	
	Activité cardiaque présente	4 60mm	Bip	Clarté nu	icale					
	Ex. morphologique		aire n vu, a revoir							
	Ex. des annexes Normal	2 Comment	taire					Diagnostique Anto	: Natal (DAN)	
								T21 1/	DPNI	
		Chorionicité (si grossesse	e multiple)					Suivi DAN	on	
								Amniocentèse	Biopsie de trophoblaste	a
								Résumé / CAT post	partum	
		<b>i</b> ≉			*	l	Modifier			

**NB:** The T1 ultrasound located in the **Ultrasound** tab is the same as the one in the **Pregnancy start** tab. As the gestational age calculation using the CRL is based on the CRL entered, it can be entered in either tab.

**NB:** Ultrasounds performed outside the maternity unit can be scanned. These will be stored in the **Documents** tab.

# 4.12 GYNAECOLOGY RECORD

The gynaecology configuration lets you manage consultations, hospital admission and discharge sheets, hospitalization reports and surgery reports.

When opening a record, choose Gynaecology.

In this configuration, the Administrative, History, Gynaecology, Ultrasounds, Prescription forms, Documents and Configuration tabs are present.

The Administrative, History, Ultrasounds and Prescription forms tabs function in the same way in the different configurations.

We will therefore only look at how the Gynaecology tab works in this part.

The **Gynaecology** tab consists of two buttons at the top of the data entry sheet. The **SR** button is used to generate the different surgery reports.

Morphology: this box lets you enter the patient's morphology in the same way as in the obstetrics configuration.

Blood: this box is used to enter the blood type and the date of the 2 blood type results.

Detailed entries table: this table is used to call up the different types of consultation. Several templates are available.

#### 4.12.1 Gynaecology consultation

The gynaecology consultation is a simple detailed entry to enter all the data from the clinical examination. A special **Obstetric history** component provides a quick overview of the history.

The consultation is organized from top to bottom with the following sections: history, patient interview, clinical examination, pelvic ultrasound, diagnosis.

You can generate prescription forms from the Prescription form button within the consultation.

### 4.12.2 Gynaecology hospitalization

This sheet is used to fill in the data when the patient is admitted and discharged. At admission, select **Admission** in the **Type** field and then fill in the data.

Saisie avancée		
lospitalisation Gynéco	Nouvel enregistrement	
ialsi par : Diane SYSTEM	Date d'occurrence : 06/12/2019	40:41
Liste des enregistrements Nouveau	Date lasur graneese SA Pold nouveau né	
	Type *         Deter dentele *         JID         Welf d'hospitalisation O programmi O sorte         Pancarte USV2           O strise         Determine *         Determine *         Our operation O Autor         Pancarte USV2	
	T     Albertation     Gar     BA       EN Obst : N/R     Durise     Addreen     Image: Complexition       St     Durise     Diffulli psychologiuse     Complexition       Cuatice     Modes     Diffulli psychologiuse     Complexition       Commontaile :     RAS     Image: Complexition     Image: Complexition	
e	Conduite à terr         Sorte envesgée le :         Adde de sarte envesgée         AL LABO           Orduite à terr         Sorte envesgée le :         Mode de sarte envesgée         AL CLABO           Addeton rotholité         Imanualité de sarte envesgée         Ac pacs           Addeton rotholité         Imanualité de sarte envesgée         CRO           Réalimentation nome         Imanualité de sarte envesgée         CRO	
	Diagnostic 1:-	
0		
Ordonnances	[A	

When the patient is discharged, use the same hospitalization sheet and click on **Discharge** in the **Type** box. A new box will appear at the bottom of the sheet to enter information about the patient's discharge. The **Liaison letter** button will appear for you to generate the hospitalization letter.

🌡 Saisie avancée	
Hospitalisation Gynéco	Nouvel enregistrement
Saisi par : Diane SYSTEM	Dete d'occurrence : [06/12/2019 / 16:40:41 /
Liste des enregistrements Nouveau	Tipe *         O brité e *
P	EN Obst : N/R     T*     Alternation     Gaz     B4       B1     Durbe     Addenen     Image: Complexity     Image: Complexity       Costore     Molets     Diffo.Uk psychologoue     Complexity     Image: Complexity       Costore     Molets     Diffo.Uk psychologoue     Complexity     Image: Complexity       Contracte & terr     Image: Complexity     AC Prescryption       Conducte & terr     Sorte envisagele     Image: Complexity       Conducte & terr     Sorte envisagele     AC DABO       Abation video(in)     Sorte envisagele     CRO       Realimentation normale     Time Demande SR faite     Courter de lation
	Diagnostic (5-
Ordonnances	Sorte Date prochain rdv Determined and the sorted a
	Imprimer 🗸 Annuler

4.12.3 SC – Gynaecology acupuncture/SC – Gynaecology colposcopy

These two data entry sheets work in the same way as other detailed entries with data focused on acupuncture and colposcopy. They do not have any particular functions. When the patient is discharged or at the end of the consultation, the record should be closed if regular close monitoring is not foreseen.

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# 4.13 FAMILY PLANNING RECORD

### 4.13.1 Introduction

The family planning configuration allows elective abortions to be fully managed from the preop assessment to the postabortion assessment.

When opening a record, choose **Family planning**. At this stage you must enter the pregnancy start date (this can be changed later).

Sélection du type de dossier	
Type de dossier	
O Obstétrique	
O Gynécologique	
Orthogénie	
Date de début de grossesse	
23/07/2020	
Valider	

In this configuration, the Administrative, History, Family planning, Ultrasounds, Prescription forms, Documents and Configuration tabs are present.

The Administrative, History, Ultrasounds and Prescription forms tabs function in the same way in the different configurations.

We will therefore only look at how the Family planning tab works in this part.

### 4.13.2 Family planning monitoring

The top part of the family planning sheet lets you enter administrative data including information about the support person if the patient is a minor.

This part also lets you enter the outcome of the pregnancy in the **Pregnancy outcome T1** field. The data entered in this tab will be transferred automatically to the obstetric history for subsequent pregnancies.

🌡 - na	2 - nadine durand (né(e) le ) - Utilisateur: SYSTEH Diane Version : 4.7.4.19004										
ē E	l 🖶 🖶 🙂	🤨 1 🚨 M. d	om Prén lurand nac	om Âge line 🚔 N/R	Taille Poid		erme Parité 6SA + 2J क≹ 0	Ut. Cicatriciel			
	Administrat	f		0 Antécédents		(2) Orthogér	ie	Echographies		Ordonnances	Documents (0)
🗸 Enreg	istrer 🔀 Annuler	C Reprise Ordon	nance vierge L	ettre de liaison							
Orthogé	nie										
● Ou		der sa démarche ci O Non		Téléph	one	On peut joindre Oui O Non	Nom de l'ac	ompagnant majeur : N° de tél d 06-26-1	le l'accompagnar 8-61-71	it majeur :	
		der sa démarche co	onfidentielle						Comment	taire éventuel pour personnel soignant :	
⊙ Ou		O Non		Type de gross	esse : Singletor	n 📝	Issue d	e la grossesse T1	2		
Groupe R A+		Carte ● Vue   ○ /	A voir	DDR 23/10/2019	DDG 06/11/2019	Date dissue de la grosses 06/12/2019 17:48	5e				
Date										<b>m</b>	
	Cs - Pré IVG			Venue							
Date	Protocole IVG mé Protocole IVG chi			venue							
	Cs - Post IVG	urgicale									
	Cs - Psychologiqu	e									
	Cs - SMPS										
_	Cs - Assistante so	tiale									
Courriers	orthogénie										

In the detailed entries table, click on the 🕑 sign to display the list of detailed entries available.

SC - Pre-abortion: the main purpose of this sheet is to collect the data from the patient interview and the clinical examination and collect the patient's consent.

- Medicated abortion/surgical abortion protocol: these 2 sheets are used to record the treatments prescribed to prepare for a surgical abortion or perform a medicated abortion.

SC – Postabortion: this consultation lets you fill in the data from the postabortion assessment.

The field automatically calculates the number of days since the elective abortion (entered in the **Pregnancy outcome date** box).

Other consultations are available: SC psychologist, first aid unit and social worker.

Under the consultation box is a call button Courriers or thogénie to generate the different family planning letters.

When an elective abortion record is exited, click on the **Close the record** checkbox. The record will then be finalized. The elective abortion history thus created will be automatically entered in the **Obstetric history** field during a subsequent pregnancy.

# 4.14 Exiting the record

A record is exited by clicking on the screen.

- In a consultation and postpartum, a window opens for you to exit the record. Click on Yes to simply exit the record. The Close the record checkbox closes the record permanently.

Êtes-vous sûr(e) de vouloir fermer le dossier ?						
	Choisissez les actions à effectuer pour le dossier					
Cloturer le dossier						
	🗸 Oui 🔀 Non					

- In the delivery room, the same procedure opens the following window:

Êtes-vous sûr(e) de vouloir fermer le dossier ?								
Fermer le dossier du patient Caroline DURAND ? Il reste 3 action(s) bloquante(s) non renseignée(s) : - Saisir les 3 saisies avancées								
Choisissez les actions à effe	ctuer pour le dossier							
Sortir de la salle de naissance     O Transférer : Autre	Heure de fin d'intervention 10:10:36 06/12/2019							
	Vui 🗙 Non							

In red, critical actions prevent the record from being exited. These actions are the checklists that must be completed (identity monitoring and delivery room material checklist).

The Discharge from delivery room box lets you simply exit the record.

The **Transfer** box lets you transfer the record which can be opened in another unit (postpartum hospitalization for example). This box must be ticked after delivery when a patient is transferred to the postpartum unit.

The ICU module makes it possible for all healthcare providers to collect information and complete the entire patient's record. It is made up of tabs and subtabs corresponding to the different phases of medical and paramedical care.

### 5.1 General appearance of DIANE ICU

The different parts of the software tailor the monitoring to each type of medical condition. Different components offer specific features to facilitate data collection and provide safe care.

Certain subtabs are used to collect administrative, medical and paramedical information. Specific data entry methods help to record developments and generate reports through a number of predefined templates. Also, a specific component lets you quickly enter issue-based nursing notes

The care plan provides information about the different care provided throughout the ICU day. It also displays the various physiological and biological parameters recorded.

A comprehensive medication order tool lets you manage all the medication orders used in intensive care.

Hybrid views let you combine a graphic display of physiological data (vitals, ventilation parameters, etc.) and therefore let you make a detailed visual analysis of the patient's clinical condition.

In **DIANE ICU** you browse through the different configured tabs. You can view the information contained in the patient record by clicking on the different tabs. Depending on the configuration chosen, you will not necessarily have access to all the tabs presented below and their names may be different

#### changing the time

On all of the application's tabs, you can change the time using the ribbon below.



If you click on **one of the blue arrows** you can move back or forward one day and therefore view the patient's data for that day (here, Friday, April 12, 2019).

If you click on the blue arrow button to the right, you will display the information for the next day, which is Saturday April 13, 2019.

Clicking on **the button** takes you to the current day. If you right-click on it, the application will take you to the day the patient was admitted.

The drop-down menu lets you choose a specific day using a calendar. The red items let you return to the present.

The for button lets you return to the list of patients in the unit.

**NB:** When you change the view on one tab, the other tabs also change.

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### 5.1.1 Top ribbon

The top ribbon is always visible on the screen and permanently displays certain information such as

- O Last name, married name, first name, gender, age
- Location, service
- Length of stay
- Height, weight, theoretical weight, body mass index, etc.

🦺 Réa	Réa - Lit n1 - DURAND Emile - Utilisateur: ANESTH Anna - Version : 4.8.1.21357											
2 м.	DURAND	Prénom Emile	Âge ≝ 68 ans	Localisation:	Jour	Taille	Poids initial 80kg	Poids 80kg	Poids théorique 66,02kg	CCAM		
ñ	0 0 0	ven. 16	avr. 2021	• J7	01	0 2 AI	ucun personn	el respons	able renseigné pou	r ce jour.		

On the right side of the ribbon there are different icons.



- 1 Procedure codes <sup>CCAM</sup>: when you hover with the mouse you can see the codes registered based on the information entered in the record. When you double-click on them, you can access the entry form for ICD-10 and procedure codes.
- 2 Patient-oriented email client <sup>2</sup>: by clicking on the icon, you can write a message concerning the patient which will be visible when the mouse hovers over (also present on the portal). The icon turns red when there is a message in the record and shifts back to grey after 24 hours.
- 3 Data capture 2000: dynamic icon (wave) that shows whether data from biomedical devices is captured.
- 4 Allergy icon: shows allergies when you hover the mouse over it.
- 5 Coronavirus icon
- 6 Contact isolation icon: shows the type when you hover the mouse over it.
- 7 Airborne isolation icon: shows the type when you hover the mouse over it.
- 8 Droplet isolation icon: shows the type when you hover the mouse over it.
- 9 Protective isolation icon: shows the type when you hover the mouse over it.
- 10 Colonization icon: shows the type when you hover the mouse over it.
- 11 DIANE MESSAGING Clicking on the envelope gives you access to the DIANE messaging system so that you can write messages
- 12 Change user : by clicking on the padlock you lock the application. You or another user can log in again by entering your password in the login window located in the taskbar or by clicking on the **Change user button** on the green window that appears.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE **DIANE** User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 165/298 Estimated data <u>Estimated data</u>: this icon will appear when a box has been ticked in the information window when a patient record is opened. By double-clicking on this icon you can view this estimated data and/or change it.

Other features of the top ribbon:

Today's date ven. 25 oct. 2019 A Box displaying today's date by default. By changing the date, you can

move to a specific date.  $\Delta$  When the box does not display today's date, it turns red.

Length of stay ] 0 Counter of the patient's length of stay since being admitted with DIANE,

Entry of staff in charge Opens a window for you to name the team in charge of the patient (doctor, nurse, nurse aide) for the timeframe of the shift (depending on the ICU day configured: e.g. from 7 a.m. to 7 p.m.)

<u>Take responsibility</u> <u>Solution</u> Directly names the logged-in user (choose from doctor, nurse or nurse aide) as in charge. This function is also directly accessible from the ICU portal. When someone takes responsibility the

icon changes and turns green an on the portal.

Staff in charge pane

Aucun personnel responsable renseigné pour ce jour.

Displays the

function, the corresponding timeframe and the last name and first name of the persons entered as in charge of the patient (for the doctor, nurse and nurse aide categories)

Some icons specifically for containment measures may be displayed to the right of the bar:



Here are their meanings:



### 5.2 Patient admission and record selection

The patient can only be admitted and therefore the record can only be opened on the primary computer.

Click on the **Patient admission** button. Select the patient (see the 'Patient selection' chapter). This opens the **Patient record selection** window.

Sélection du dossie	r du patient : ANGELIN	Francis - 24/02/1964						
Reprendre Dossier 1	Visualiser Dossier 2	Nouveau Dossier 3	Nouveau Dossier	Fiche Inter Patient	Å	CCAMCIM10	Feuille Ouverture	🗙 Annuler
Localisation	Date du dossier	Date Consult	Type Intervention			Chirurgien(s)	Etat dossier	
DIA Réanimation	12/05/2018	29/07/2020					Terminée	
						1 Docsier	s) trouvé(s)	

This window has buttons in the header:

- New record: this button is used to start a new stay in intensive care. Used to open a new record.
   Resume record: this button lets you go back to a record already in use. For example: the patient is released from intensive care to the CCU. To ensure the continuity of the record, it is important to click on Resume record.
- **1. View record**: this button is used to view the patient's old record in its entirety.

**NB:** When the patient already has several records in **DIANE**, the window displays at the top of the list the stay foreseen in the unit where you are; the list is then sorted by date then by the record status: completed, not completed, etc.

In the example above, the patient has already been in intensive care. The status of his record is **Completed**. No record is dated on the current day or has **Transfer to ICU** status, therefore the patient is not expected.

- If you click on the **New record** button this opens a window asking you to enter the mandatory data to manage the record such as the patient's weight and height...
- Enter the missing data.

Tick the **Estimated data** checkbox when you are not certain about the data. The estimated data can be completed later in the record.

- Click on the **Confirm** button
- Loading and opening the record
- The patient has been admitted. You can start providing care.

**NB:** If during their previous stay, the patient had an unresolved infection, the information will be included in this window.

Veuillez saisir les inforr manquantes :	mations du patier	nt "/	ANGELIN	l Jean"					
				Donnée estimée ?					
Taille :	154		cm						
Poids :	56		kg						
Date de naissance :	20/12/1965	4	]						
Sexe :	Homme	4	]						
Date d'entrée :	11/04/2019	4	]						
Heure d'entrée :	16:34	•	]						
	One infection était en cours sur le séjour précédent ! Pour plus d'information, consultez les dossiers antérieurs.								
	💙 Valide	er							

# 5.3 Main menu tab

The Main menu tab gives access to all the application's tabs. These tabs can also be accessed directly by clicking on them.

The buttons on the Main menu tab are divided into five main sections: Medical records, Medication orders, Nurse record, Printouts and Administration.

M. ANGELIN Francis	Âge         Localisation           ≝ 56 ans         를 Lit 1	Jour 1 J 37Taille > 170cmPoids 2 69		*0
🕈 🔇 🥌 🜔 ven. 07 ao	ût 2020 🔺 J 37 🔡	Aucun personnel r	esponsable renseigné pour ce jour.	
Navig. Admission	Médecin Prescription	Ordonnances Paramed.	Plan de soins Labo Hén	
Dossier Médical	Prescriptions	Dossier Infirmiers	Impressions	Administration
Observation d'entrée Réa	Prescription	Checklist	Impressions centralisées	Correspondants
Evolution	Protocoles Médicaux	Plan de soins	Lettres types :	Paramétrage
Synthèse Réa	BCB (WS)	✓ Germes	Grdonnance-Réa	
Procédures		Protocoles Infirmiers	Bilan biologique Scanner	
IGSII			Résumé de séjour de réanimat	
RUM			CR macrocible de mutation CR -Courrier de sortie Réa	
Docs			Ordonnance- Réa	
Admission à distance en réa			CR -Courrier de sortie Réa CRO Type	
Sortie du patient				
			Rapport infectieux	

**NB:** Depending on the configuration in your facility, it is highly likely that the same tabs will not be displayed and you may even arrive on another tab.

**NB:** The **Main menu** tab is the only tab where you can discharge the patient. To exit the patient's record, click on the **Patient discharge** button (see the 'Patient discharge' chapter).

Some functions are only accessible from the Main menu tab, such as access to medical protocols, centralized printing or patient discharge.

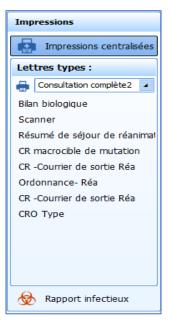
5.3.1 Medical protocols

This tool makes it possible to centralize the protocols used in the unit.

By clicking on **Medical protocols**, a window opens containing all of the unit's medical protocols. You can then select the protocol you want to view in the left column. It will then be displayed in the right column.

Protocoles Médicaux	
Autopsie Decubius ventral Hémoviginace_Accident d'exposition au sang Infectieux_Infections au cours du SIDA Infectieux_Pneumocytose du SIDA Infectieux_Pneumocytose du SIDA Infectieux_Pneumocytose du SIDA Préparation et pose CVC_sans schéma_29 - 06 - 2013 Préparation et pose CVC_sans schéma_29 - 06 - 2013 Protocole Service_Infectieux_Dermo-hypodernites Protocole Service_Infectieux_Pneumopathies nosocomiale Protocole Service_Infectieux_Reconnaitre les BMR sur l'antit Protocole Service_Infectieux_Internent de la tuberculose Protocole Service_Néphrologi_Insuffisance rénale et Iode Protocole Service_Néphrologi_Insuffisance rénale et Iode Protocole Service_Neurologie_Insuffisance rénale et Iode Protocole Service_Neurologie_Insuffisance rénale et Iode Protocole Service_Neurologie_Insuffisance rénale et Iode Protocole Service_Neurologie_Insuffisance d'arosesse Protocole Service_Toxicologie_Intoxication au Paracétamol Protocole Service_Insuffisance_Imbolio pulmonaire grave oun Protocole Service_Ventiation_Mise en route d'une VIII au Ion Recommandations de la SRLF_Les limitations et arrêts de thér Respiratoire_Fibrinolyse intra-pleurale	Etat de mal épileptique : Définition : Constatation de trois crises successives sans reprise de conscience ou lorsqu'une activité convulsive continue se prolonge au delà de 5 à 10 minutes. Traitement symptomatique : - Pose de deux voies veineuses dont l'une sera dédiée à l'administration des médicaments anti-épileptiques - Administration intraveineuse de sérum glucosé à 5% et de 100mg de thiamine (B1). - Refroidissement par drap imbibé si Température > 40° - Cédation des crises : 1ère intention : Diazepam (Valium) 10 mg à renouveler à la 10ème minute si l'EME ne cède pas. Pas de réinjection d'entretien. ET Phenitoine (Dilantin) 20 mg/Kg en 20 min puis traitement d'entretien 8h après la première dose : 10 mg/Kg/24h à la seringue électrique 2ème intention : c'est à dire si l'EME persiste plus de 30 mn Phenitoime (Dilantin) 20 mg/Kg en 20 min puis traitement d'entretien 8h après la première dose : 10 mg/Kg/24h à la seringue électrique 3ème intention : c'est à dire si l'EME persiste plus de 60 mn Nesdonal (Thiopenthal) : 5 mg/kg puis 50 mg toutes les 5 min jusqu'à l'arrêt des crises puis 125 mg/kg/24h à la seringue électrique
•	impression 🔀 Eermer

### 5.3.2 Printouts



The **Printouts** column gives access to centralized printing (see the '*Centralized printing*'chapter).

It is also possible to directly create and print certain reports or letters by clicking on them.

The infection report makes it possible to generate a document summarizing all the patients who presented with an infection during their stay, such as a pneumopathy, catheter colonization or bacteraemia.

### 5.4 Admission tab

This tab contains the administrative aspects of the patient record from admission to discharge.

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🐁 Réa - Réanimation - CREPIN Juliette - Utilisateur: SYSTE	M Diane - Version : 4.7.1.16718			_ 🗆 X
Mme CREPIN Juliette 45 ans Réanima	tion J 0 (Taille:175, Poi	ids:56, PoidsTheor:66,0	7)	CCAM 🗶 🚧 🖂 🔒
🕋 🔇 🝊 🔈 mer. 01 août 2018 🖬 J () 🎬	O Aucun personnel response	able renseigné pour ce jour.		
Navig. Admissior Médecin Prescription rdonnance Paramed. Ja	n de soir Labo	Respi. Rénale Infect. vénemen	t Germes Docs (0)	IGSII Bloc
✓ Enregistrer 🗱 Annuler 🚺 Reprise				
Admission Correspondants Sortie				
Sexe * Nom Patronimique *	Nom Marital	Prénom *	Poids (kg)	Date d'admission
OM OF CREPIN	LARDEUR	Juliette	56	01/08/2018
Date de naissance * Lieu de naissance	Situation familiale	IPP	Taille	Pro
18/09/1972 AMIENS	Concubinage 🖌	0945467	175	
Numéro de SS Couverture Sociale			IMC	
280108056104792	l(e) 🔲 Sans prise en charge		18,286	
Prise en charge	100% 🗌 Patient non résident payant		SC 1,638	
Mutuelle	Autre		1,050	
		]		
Adresse 12 rue de la savonnière				Protection juridique
12 rue de la savonniere Code Postal Ville				() Tutelle
80000 Amiens	Pays			
				○ Curatelle
Téléphone 1 Téléphone 2	Email			
0322456987				O Sauvegarde de justice
Informations complémentaires:				
				•
•				•

### 5.4.1 Admission subtab

The Admission subtab lets you collect the patient's administrative information such as civil status or special preventive measures (guardianship, legal protection, authorization to operate on minors, etc.)

Admission Correspondants Sortie					
Sexe         Nom Patronimique *           OM<         ● F         CREPIN           Date de naissance *         Lieu de naissance         Lieu de naissance           18/09/1972         AMIENS           Numéro de SS         280108056104792		Prénom * Juliette IPP 0945467	Poids (kg) 56 175 1MC 18,286 SC 1,638	Date d'admission 01/08/2018 Pro	venance b-
Adresse       I2 rue de la savonnière       Code Postal     Ville       80000     Amiens       Téléphone 1     Téléphone       03224556987     Informations complémentaires:	2 Emai			) Trotection juridique ) Tutele ) Curatelle ) Sauvegarde de justice	Prévenu Oui Non Autre Directives anticipées écrites Oui Non

Most of the time, most of this information comes from the electronic health record and therefore does not need to be completed. In this case, this information cannot be modified. If a patient is registered in **DIANE** without creating the patient identity in the electronic health record, the information can be completed directly from this tab. In this case, when the patient identity has been created in the EHR, the software will offer to merge the records.

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#### 5.4.2 Correspondents subtab

This tab is used to document all known information about the patient's correspondents. This information can be used in the reports to send letters and hospitalization reports.

ersonne à prévenir			1	Personne de co	onfiance
iom - Prénom :	Nom - Prénom :		Nom-Prénom :		Nom-Prénom :
ien :	Lien :		Lien :		Lien :
éléphone fixe :	Téléphone fixe :		Téléphone fix	e :	Téléphone fixe
éléphone mobile :	Téléphone mobile :		Téléphone mo	bile :	Téléphone mobile
éléphone professionnel :	Téléphone professionnel :		Téléphone pro	ofessionnel :	Téléphone professionnel :
Correspondants médica	aux				
Corresponda	ints Provide the second	Médecins adresseurs	220 20		e <b>cins traitants</b> 1 PETTE Caroline (Généraliste

### 5.4.3 Discharge subtab

This subtab lets you record how the patient is discharged, for example where they are transferred to, transportation method, etc.

The **ICU discharge date** field cannot be filled in manually. It is completed automatically when the record is closed (or transferred).

**REMINDER:** the record is discharged via the **Patient discharge** button in the **Main menu** tab. The subtab presented here simply lets you enter certain data when the patient is discharged but not actually discharge the patient.

Admission Correspondants Sortie				
Date sortie de réa Mutation vers	Patient décédé	•		
		Intitulé	Famille prévenue	
Transport effectué par :				
● SAMU				
O Ambulance privée				
OAutre				
Informations complémentaires :				
informations complementaires :				

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# 5.5 Doctor tab

The **Doctor** tab is used to enter data from the patient interview, the clinical examination, hospitalization follow-up information and to prepare reports.

This tab is made up of several subtabs that are described in the next chapters. Some data from these tabs is available in the paramedical tabs. They are often programmed to be read-only so that medical data can only be completed by doctors.

🐮 Réa - Lit n1 - DURAND Emile - Utilisateur: ANESTH Anna - Version : 4.8.1.2	1357			- 🗆 X
	aille Poid	ls initial Poids Poids théorique 80kg 🔐 80kg 🔛 66,02kg	ccar 💷 🔽 🔬 🚳 🚸	♥♥♥⊡* ☎ 8
n 🔇 🕛 🛇 ven. 16 avr. 2021 - J 7 腠 🔳 🕻	-	personnel responsable renseigné pour ce jour.		
Navig. Admission Médecin Prescription Ordonnance: Logipren	Paramed. Pk	an de soin: Labo Général Hémod. Respi. Réf		SII Bloc
Enregistrer A Annuler Keprse Pagerstrom Réa	Poids			
Observation d'entrée Réa Evolution Synthèse Réa Exams.Com	plémentaires	Engagement thérapeutique Compte-rendu de sortie CUST	TOM_12_111_	
Motif d'admission Insuffisance hépatique	1 8-	Histoire de la r	maladie	
Antécédents Médicaux 2 Ulcère Gastro-Duodénal (UGD) ancien	Ø ¥ ✓ Þ			
WeyerTension Artérielle (HTA) maligne				
Antécédents Chirurgicaux	2 <b>*</b> b-	EXAMEN CLINIQUE A L'AI Cardio-Vasculaire	DMISSION Ventilatoire	1
Artère Pulmonaire (AP) Thrombo-endartériectomie	2 • 0-	Cardio-Vasculaire 🗸 🚱	ventilatoire 🗸 🕹	
Colostomie				
1				
		Neurologique 💉 🏚	Digestif b-	
Allergies médicamenteuses     Hypersensibilité au paracétamol	Ť			
the binner frank Caladard		Complications ant	érieures b	J
Habitus, Etat Général	V b-	Complications and	eneures Q.	

### 5.5.1 ICU admission observations subtab

This subtab lets you enter the reason for admission, the patient's medical and surgical history, allergies and also the patient's usual treatments.

This subtab also lets you enter the history of the condition and the admission clinical examination manually. Some of this data (in particular the history) may come from previous records if the patient has already been monitored using the **DIANE** software.

Most often, these fields can be completed using lists of items accessed directly in each field. It is better to use the lists rather than enter the data manually, as this will facilitate matters for queries and clinical studies.

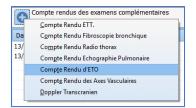
The '*Ways to enter data in DIANE*' chapter explains how to use these fields.

-	-							
Observation d'entrée Réa	Evolution 5	Synthèse Réa	Exams.Complémentaires	Engagement thérapeutique	Compte-rendu de sortie			
	Motif d'adm	nission	1 13-		Histoire	e de la maladie		3
Détresse respiratoire aigü	e hypoxémique			antibiothérapie depuis 72 h.		esse respiratoire da	ins un contexte de pneumopat	ithie traité par
Antá	cédents Médic	COURT	2 🕜 🐨 ✔ 🗽	A son entrée par sédaté / in	tubé / ventilé.			
W HyperTension Artérielle (H			2016	Hémodynamique stable.				
Asthme dans les atcd	TTA) essentielle		2010					
					EXAMEN CLINIQUE			
	cédents Chiru	rgicaux	1 💙 🕼 🗙	Cardio-Vasc	culaire 4 🗸		Ventilatoire	3 💙 🏷
Genou Arthrolyse droite				Souffle carotidien droit			chiques perçus à droite	
				hémodynamique instable TA	x= 10/5		chiques perçus Crépitants pré	idominants à droite
				Marbrures des genoux		Patient intu	bé FiO2 50% sat 95%	
				Auscultation Cardiaque Bruit	ts du coeur assourdis			
				Neurologi	que 1 🗸	~	Digestif	1 %
0	Allergies mé	dicamenteuse	s	Patient sédaté		Abdomen s	ouple	
Hypersensibilité au paracéta	mol	Eczéma						
					0EK	ons antérieures		
	abitus, Etat G	eneral	1 💙 🏷		Complicatio	ons anterieures		la.
Tabagisme Fume depuis 5	a 10 annees							
						CLUSION		
0	Traitemen	nts habituels		Epanchement pleural droit compressif Choc septique ?	t : Pleurésie purulente ?			

### 5.5.2 Further examinations subtab

The **Further examinations** subtab is a table for calling up different sheets to enter the results of the different additional examinations carried out in the unit. You can, for example, enter the results of a transthoracic ultrasound or a fibreoptic bronchoscopy.

To call up a data entry sheet, click on the icon at relevant further examination using your mouse.



Then all you have to do is enter the data in the corresponding sheet. Once the data has been entered, click on **OK**. The sheet will close.

Some data is visible in the table, which lets you see all the examinations performed on the patient. Then simply click in the table, on the line you want, to see all the data.

Réa Evolutio	n 🛛 Synthèse Réa	Exams.Complémentaires	Engagement thérapeutique	Compte-rendu de sortie	
les examens com	plémentaires				
Type d'examen:			Réalisé par:	Conclusion	
			Paul MEDECIN	Cavités droites dilatées	⁰FG normale. Pn re
Compte Rendu	Radio thorax		Paul MEDECIN	Drainage horacique en p	lace.;Angle costo-v
	des examens com Type d'examer Compte Rendu	des examens complémentaires Type d'examen: Compte Rendu ETT.	des examens complémentaires Type d'examen: Compte Rendu ETT.	tes examens complémentaires           Type d'examen:         Réalisé par:           Compte Rendu ETT.         Paul MEDECIN	tes examens complémentaires           Type d'examen:         Réalisé par:         Conclusion           Compte Rendu ETT.         Paul MEDECIN         Cavités droites dilatées l

# 5.5.3 Changes, ICU summary and Discharge report

The **Changes**, **ICU summary** and **Discharge report** subtabs are used to generate documents (see the 'Document creation area' chapter). These components let you enter information manually while importing preconfigured templates. This method lets you incorporate data from the record such as vitals, history and lab results.

## 5.5.3.1 Example of the Changes subtab:

This subtab lets you record changes to the patient's medical data on a daily basis. Depending on the settings:

- 1. Click on the **Add information** button at the bottom of the component then click inside the field. The user's first and last name and the date and time of data entry are automatically displayed.
- 2. A template can be displayed immediately when you click inside the component. Then simply enter the data.
- 3. On the right of the component, there are buttons to call up templates containing data taken directly from the record. Click where you want to be in the data entry field then click on the relevant button (e.g. **Fluid balance**). The data will be entered automatically where you need in the field.

It is therefore possible to compile a daily report of the patient's clinical progress.

Observation d'entrée Réa <b>Evolu</b>	rtion Synthèse Réa Exams.Complémentaires Engagement thérapeutique Compte-rendu de						sortie	]							
Evolutions journalières															
Historique	Image: Second state         A rial         Image: Second state         Image: Second state <th< th=""><th></th><th>Modèles Diane</th></th<>									Modèles Diane					
□-13/05/2018											Evol. jour.				
- 20:39:09 (Version courante) - 20:38:12	Hémocs et ECBU prélevés.									-					
14:07:50	Sur le plan respiratoire:								Admission						
<u>□</u> . 12/05/2018													Antécédents		
- 19:12:44					S-4 FiO2 50%	sat 95%									
19:07:10	Res	sultats o	lu Dern	ier gaz du	Sang:									Balance Liqu.	
	pН												🜔 Dernier gaz du sang		
	PaO	_		0mm de Hg									Derniers param.vitaux		
	PcO2 44.00mmhg														
	HCO3 26.00mmol/I						C	1er gaz du sang							
	excès de base 0.5mmol/l														
	FiO2 55%														
	lactates 13.10mmol/l														
	Paul MEDECIN le 13/05/2018 à 14:01 Sur le plan infectieux: Leucocytes: 21.15 Giga/L														
	Polynucléaires:20.61 Giga/L Procalcitonine:0.46 ng/mL														
	Sur le plan rénal:														
	Diurèse: 500cc /24h														
	Urée: 5.5 mmol/L														
4							Avis spécialisé								

\* **Integrated text editor**: for long and formatted text entries (bold, italics, colours, preconfigured templates, etc.)

The ICU summary subtab works in the same way and lets you compile a summary of the patient's daily changes.

The **Discharge report** subtab works in the same way and lets you compile the patient's discharge report. The report can be printed from the **Main menu** tab and/or directly exported to the electronic health record.

Solutions	
* Colonisation : BMR - Germe(s) : Bacilles Gram + : aut * Colonisation : BHR	L'entrée de patient n'est pas possible à partir de ce poste
- Germe(s) : Candida : autres	

### 5.5.4 Limitation of Therapeutic Effort (LTE) subtab

This subtab includes one or more tables to call up data entry sheets and enter information about the level of therapeutic effort by the medical teams.

The data entered will be visible in the summary table to see the information easily.

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👌 Saisie avancée								×
RGDS LATA								
Saisi par :Diane SYSTEM					Date d'occurrence	: 16/07/2020 🔺	18:15:57	-
Liste des enregistrements Nouveau	ENGAGEMENT THERAPE	UTIQUE	_	écision collégiale du 6/07/2020	:			•
16/07/2020 18:15:57	Niveau d'engag Engagement m	ement aximal raisonné	L	Directives and	ticipées écrites			
Г	Médecins	présents	៉ៃ 1	Intervenant e	extérieur consulté			
	Réanimateurs			Nom et fonction	du/ des consultant(s):			
	MEDECIN Yves							
•		ISABLE ASSURE: uipe de soins concernant la atient conscient et apte à c			on et ses modalités			
		lté le patient car celui-ci ét xistence potentielle de dire		-		més par le patient		
		ersonne de confiance (si dé ersonne référente et les pr						
	🗹 Assure avoir consig	gné les motifs de l'identité d	des interv	enants				
	TRAITEMENTS LIMITES	OU ARRETES					ו	
		Massage cardiaque exter	ne en cas	d'ACR	● Oui O Non	]		
		Intubation quelque soit la	situation		● Oui O Non			
		Extubation			O Oui 💿 Non			
		Abstention ou ablation de quelle que soit la situation	n		O Oui 💿 Non			
		Limitation de la ventilation de la FiO2			◉ Oui O Non			
		Limitation de la ventilation du mode ventilatoire	n mécaniq	ue par limitation	● Oui O Non			•
		<u> </u>			*			
Nouvel enregistrement à partir des valeurs courante	es Imprimer	Mod	lifier				🗙 Fermer	

### 5.6 Medication order tab

The Medication order tab allows users with application permissions to prescribe any necessary procedures or treatments for the patient. Signing medication orders lets you generate the care plan.

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her is balance lauderne   PROTOCOLES NRUBES Prescription en cours en (244) : - KGI (- KGIK) Prescription entitie : 45,31 et (244) : - G (16 - KGIK) Prescription entitie : 45,31 Expedigmentation entities : 45,31 Expedigm	Sugnature senior des prescriptions								Dispol	8loc		
Vidal V	HCP Valider	lucune alerte sur lå prescription en ours	Informations patient : ATCD MedinyperTension Artérie complications oculaires, E10.3: D InsulinoDépendant (DID) avec re	abête sucré de typ	e 1. avec complication	ánsDépendant (DII) s oculaires, Diabète	) avec complication Diabète InsulinoDe	multiple, E12.3: D pendant (DID) ave	labète sucré de mai ec Neuropathie, Diab	nutrilion, avec nete Diabète	8	
* Paramètres ventilatoires @	0*	,	Perfusions				• 0 *		Alime	ntation		
★ Epuration Extra∙Rénale	2 Glucose 2.5 % : 1000 ml en continu						0*		Biologie / B	actériologie.		
🛨 Е.С.М.О.	0*		PSL				°0*		Ima	gerie		
★ Isolement / Précautions	0*		ssage vasculaire				• 0 *	★ Kinésithérapie				
Import depuis le traitement personnel 250 mg (5 mg/m); V=2 mj/h en contru						°0*	Consignes Particulières					
<ul> <li>Ajout de dispositif (élément de soins)</li> </ul>	O * Sédation/Analgésie/Curarisation						• O *		Surve	lillance		
<ul> <li>Retrait de dispositif (élément de soins)</li> </ul>	O * Antibiotiques						. O *		Autres St	rveillances		
	2 Amoxicilline : 1 g + Sodium chlorure 0,9	% : 30 ml; D=30min 3x/)					8					
•		An	ticoagulants				0					
	0*	Proto	coles d'Insuline			1.1.1						
	0*		īv			(	7					
6	★     Paracetamol : 500 mg 4x/)		Per-OS			-	1					
	0*		Aérosols				-					
	🗘 🖈 Médicaments à autre mode d'administration											

The Medication order tab is made up of different boxes called Medication order fields (e.g. IV, oral, etc.) to easily see current medication orders.

1: Medication order signature: this box lets you confirm the medication order .

**2**: Medication order analysis: this box is used to create automatic warnings about potential drug incompatibilities, overdoses or allergies.

**3**: Patient information: this area is for feedback about the patient such as history or allergies.

4: Calorie and nitrogen calculation: this area lets you see the estimated number of calories over 24 hours and the quantity of nitrogen in the current medication order.

**6** : Medication order field: an area that groups together several medication order of the same type. For example, the Antibiotics medication order field is used to prescribe all antibiotics.

**7**: Medication order status: this area to the right of each medication order field is used to show its status using a system of icons.

8: Contextual information indicator - eye: this provides information about the patient when you hover the mouse over it. For example, you can directly see the vitals or the latest lab results to help prepare the medication order.

#### 5.6.1 Medication order window

Clicking on the '+' sign to the right of a medication order field opens the medication order window.

Nicardipine chlorhydrate : 10 mg + Sodium chlorure 0,9 %: 40 ml en continu	
Remplissage vasculaire NICARDIPINE * NACL + 19	Taille : 170 cms Poids : 70 Kgs
NICARDIPINE AMP ARROW 10MG/10ML(*10) - DCI : NICARDIPINE	Contenant et dilution Contenant volumique Seringue 50 (50ml) Débit de la perfusion Débit libre Débit libre Débit libre Détails
Ne pas remplacer/substituer otal par jour utilisé pour l'analyse de la BdM: 1 ampoules Durée d'administration  24h O 12h O 8h O 6h O 4h O 3h O 2h O 1h O 30min O Autre: O 24h O 12h O 8h O 6h O 4h O 3h O 2h O 1h O 30min O Autre: O bébit continu (durée et dilution non définies) Voie intraveineuse (en perfusion) A la demande Apporté par le patient Planification	NICARDIPINE AMP ARROW 10MG/: Conc. 0,2 mg / ml Dilution : 80 % Volume total : 50 ml Par jour 1 Seringue 50 (50ml) Volume total : 50 ml 0
Planification	14   J1     Condition   I    Commentaire
9       8       Date/Heure de début       14:00       21/08/2020       Der <ul> <li>Preciser une durée</li> <li>Pendant 1</li> <li>jour(s)</li> <li>jour(s)</li> <li>Jusque 14:00</li> <li>22/08/2020</li> </ul> <li>Preciser 14:00</li>	nain
10 11 14:00 16:00 18:00 20:00 22:00 00:00 02:00 04:00 06 Remarques Remarques	22-08-2020 :00 08:00 10:00 12:00 14:00
	Valider X Annuler

1 Product selection: this box lets you choose the product and its pharmaceutical form (e.g. Nicardipine: 10 mL ampoule containing 10 mg). When you start typing the letters in the input field, the list of corresponding drugs (from the facility's formulary and/or the drug database) appears. Simply choose the product and pharmaceutical form you want.).

2 Dosage per administration: this box lets you choose the quantity of drug per dose. It is possible to change the unit (mg, drops, etc.) via the drop-down menu. You can adjust the dosage according to weight, body surface area or duration by clicking on kg, m<sup>2</sup>, h or min, to the right of the input fields.

NB: changing this box automatically changes the flow rate and dosage per day boxes

3 Flow rate: this box is used to change the flow rate of the drug in units (mg, g, drops, etc.). In the case of an infusion using a syringe pump, the flow rate in mL/h (for example) is entered in the **Infusion flow rate** box (17).

4 Duration of administration: this box is used to enter the duration of treatment. If you choose 'continuous flow', it means that there are no interruptions between the different administrations.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 180/298 5 Schedule: this box lets you enter the frequency of administration of a treatment (e.g. every 8 hours, single injection, etc.).

**NB:** to avoid inconsistencies in medication orders, when 'continuous flow' is selected in the duration of administration box, the schedule box will automatically display 'continuous'.

6 Emergency administration: this checkbox is used to show in the care plan, using the A icon, that the treatment is administered in an emergency. The medication order summary font colour will be red.

7 Undefined time: this checkbox means you do not have to schedule a treatment start time. In the care plan, the nurse will be able to schedule the time of the first dose of treatment, which will automatically shift the following doses, maintaining the interval between each one. (For example: if Lovenox 4000 IU/24h is prescribed in the afternoon but injections are usually given in the unit at 7 p.m., the nurse can change the injection time and all the injections will be scheduled for every evening at 7 p.m.). This will also make it possible to schedule injections 6 hours after a patient comes out of the OT for example

8 Start date/time: this box is used to schedule the date and time the treatment starts.

9 Specify duration: this box is used to specify the duration of the treatment (e.g. Clamoxyl 3 g/day **for 5 days**). You can also schedule the day the medication order should stop.

10 Chart display: this area shows the frequency of administration of the prescribed treatment in chart form. A solid blue bar means continuous administration (such as an infusion) and a treatment administered 3 times a day will be shown as 3 blue lines, each one every 8 hours.

11 Delete and favourites box: the 'bin' icon lets you delete the medication order being written and start from scratch.

The star icon lets you create a favourite. For a medication order to become a private favourite (i.e. only visible to the user who created it), just click on this icon then click on **Private favourites**). Users with the necessary permissions can create a 'public favourite' that will be available to all prescribers.

12 Pharmacist's comments: medication orders created in **DIANE** are checked by the pharmacist who can make comments that are visible in this section. Their level of importance can be shown using a coloured ball. The comment will be visible in the medication order summary area

13 Notes: lets you enter notes about the medication order that will be visible in the care plan.

14 Condition: lets you specify a condition for the medication order (e.g. if systolic blood pressure > 16 mmHg).

15 Details: this area lets you see certain details about the content of a syringe or infusion bag (concentration of the drug after dilution, volume infused, etc ...)

16 Dilution chart: this area shows the volume of each ingredient in the syringe as a chart.

17 Infusion rate: this area lets you enter the flow rate of a dilution in mL/h. Changes to this field modify the dosage per day (21), dosage per administration (2) and flow rate in mg/h (3) fields

18 Volumetric container: this box lets you choose the type of container for IV administration (syringe or infusion bag) and its volume.

19 Diluent tab: this tab lets you combine several products in the same infusion. You must open one tab for each product. This can be used, for example, to combine ions in a base.

20 MAX: this field is used to limit the medication order to a maximum dose.

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#### 5.6.2 Simplified medication order pane

You can use a simplified medication order window for oral treatment medication orders. The *Ordering oral treatment* chapter describes how this works.

Prescription de produit simplifiée	×
PARACETAMOL ALTER 1 g cp	Posologie 1 comprimé 9
Planification 3 fois par jour ou	Pendant 10 jour(s)
Condition ou Si douleur commentaire	
a★ 🗰 💉 🦈	OK Annuler

- 1 Product selection
- 2 Schedule
- 3 'Favourite' button
- 4 Bin icon
- 5 Pencil icon
- 6 Caduceus icon
- 7 Confirm/cancel medication order
- 8 Duration of treatment
- 9 Dosage

#### 5.6.3 Medication order field icons



This box preceding the text in the medication order line shows how many days this medication order line has been active.

It can also be orange to show that there is an interaction on this medication order line (hovering your mouse over it will show the details of the interaction).

It is blue-grey when this entry contains unsecurable units because the dosage of at least one product has been changed or could not be retrieved from the drug database due to incompatible dosages.

#### 5.6.3.1 Drug database report:

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 182/298 The **DIANE** application is connected to a drug database to try to prevent interactions, overdoses and allergies.

The green icon here are successfully connected. If this icon turns red, contact your IT team to reconnect.

A summary of the drug database report is displayed in the top ribbon of the Medication order tab. This tab is colour-coded as follows:

Red: Allergy warning.

Orange: Dosage, interaction, contraindication and medical condition warning.

**Black**: redundancies and precautions for use.

A colour code is also used in the medication order line to easily find the product(s) that triggered the warning. The background colour of the medication order line depends on the drug analysis report:

- Orange interaction indicator: product interacts with another, interaction not recommended.
- Red interaction indicator: product interacts with another, interaction contraindicated.
- Mauve: product redundant with another.
- Yellow: product confirmed.
- Grey: product not found in the drug database.
- White: line not included in the drug database report.

# 5.6.3.2 Colour coding of medication orders:

The normal colour for a medication orders is **Dark blue** for the main product and black for additional information. Clicking on the summary line opens the medication order creation window to view or change it.

When the medication order is signed the red bar turns green.

٢
Þ
ré paracétamol et AINS
Þ
ļr

The dark green bar means a medication order has just been changed. The light green bar means a current medication order.

Antalgiques	0
ctale 2x/j	Þ
nl; Voie SC 1x/j	Þ
mg/kg; Voie IM 3x/j Si douleurs malgré paracétamol et AIN	S 👂
ectale 3x/j En systématique	Þ
g + <u>Diluant non précisé</u> : 50 ml; D=15min; Voie IV 1x/j	Þ
1 1	tale 2x/j l; Voie SC 1x/j mg/kg; Voie IM 3x/j Si douleurs malgré paracétamol et AIN ctale 3x/j En systématique

The pink line means a medication order requested by the doctor and administered by the nurse. This must be confirmed by the doctor. The dosage is shown in red here.

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The orange line indicates an emergency medication order.



The line indicates an antibiotic medication order to be completed. Once completed, the line turns blue.



# 5.6.3.3 Meaning of the icons to the right of the medication order lines:

- : Current medication order.
- Current medication order without a scheduled end date.

\*I: End scheduled (finished soon) – Scheduled to end that day. The medication order will be considered finished when the date and time have elapsed and will not be retained the following day.

\*II: Pause scheduled (pause soon) – Paused scheduled that day. The medication order will be considered paused when the end date and time have elapsed and will be retained over the coming days if its status does not change.

Medication order finished

I Medication order paused

**I**: Urgent stop – Unlike a typical stop, an urgent stop means that all occurrences with a **'To do'** status (including occurrences prior to the current time) will be removed from the care plan when the doctor signs)

III: Urgent pause – Unlike a typical pause, an urgent pause means that all occurrences with a **'To do'** status (including occurrences prior to the current time) will be removed from the care plan when the doctor signs)



By clicking on this icon you can stop, pause or resume a medication order.

#### 5.7 Medication order examples

#### 5.7.1 Ordering clinical monitoring

Prescription de paramètres physiologiq	jues à surveiller		X
Paramètre Fréquence cardiaque à	partir de l'ECG - Fc(ecg)	1 fois 4	•
A partir du 25/10/2019 à 15h 📑	Commentaire		0
Paramètre PNI (Groupe) - PNI		1 fois 4	
A partir du 25/10/2019 à 15h 🚖	Commentaire		0
Paramètre Fréquence respiratoire	- Fr	1 fois 🔺	•
A partir du 25/10/2019 à 15h 🚔	Commentaire		Û
Paramètre Saturation en oxygène	du sang artériel - SpO2	1 fois	•
A partir du 25/10/2019 à 15h 🚔	Commentaire		0
Paramètre Glycémie capillaire - Glu	l(cap)	1 fois 🔺	•
A partir du 25/10/2019 à 15h 🚖	Commentaire		•
Paramètre Poids du patient - Poids	5	1 fois 🔺	•
A partir du 25/10/2019 à 15h 🚖	Commentaire		•
Paramètre Tº Tympanique - T-Ty	mp	1 fois 4	•
A partir du 25/10/2019 à 15h 📑	Commentaire		0
Médicament Diurèse		1 fois 🔺	
A partir du 25/10/2019 à 15h 🚖	Commentaire		G
	G Surveiller un autre paramètre		
		Valider	🕻 Annuler
			•

To prescribe the monitoring of physiological parameters, you can add as much physiological data as you wish and choose from the monitoring frequency choices in the drop-down menu.

**NB:** once prescribed, you cannot (for now) remove a parameter from the list to reduce the amount of information in the window. Choose the 'zero' frequency to prevent the parameter from being displayed in the medication order.

#### 5.7.2 Ordering drugs

# 5.7.2.1 Ordering oral treatments

#### Example: medication order for Paracetamol $1 \text{ g} \times 3/\text{day}$ for 3 days.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 The application lets you use a simplified medication order window to quickly enter a simple medication order.

Prescription de produit simplifiée	2×
DAFALGAN CP EFF 500 MG (*16)*HOP PARACETAMOL 3400936256576	Posologie 1000 mg
Planification 1 fois par jour ou	Pendant 5 jour(s)
Condition ou commen	
	OK Annuler

(1) Drug search: enter the first letters of the product. Choose from the list.

(2) Dosage: enter the chosen dosage.

(3) and (4) Schedule: lets you enter the frequency of administration and duration of treatment. Here, once a day for 5 days.

(5) Condition or note: lets you enter a note.

(6) Clicking on this star will save the medication order as a favourite. This favourite will be proposed to you in the field in which it was created. Here, the **Per Os** field.

(8) Bin icon: lets you delete the selected medication order.

(9) Pencil icon: opens the usual, non-simplified medication order window.

The information entered from the simplified window is outlined in red here.

(10) Caduceus icon: used to display the product monograph.

(11) OK or Cancel button: lets you confirm or cancel the medication order being written.

**NB:** the pharmaceutical form is automatically proposed according to the drug chosen in the product selection box. For example, if you choose paracetamol tablets, the 'tablet' form will be offered in this area.

Clicking on the **Pencil** button (9) opens the medication order window detailed below.

Paracetamol : 1000 mg 3x/j (€0,06)			
Per-OS			
DAFALGAN * +			Taille : 176 cms Poids : 78 Kgs
DAFALGAN CP EFF S	500 MG (*16)*HOP PARACETAMOL		
3400936256576		Y	
500 mg/comprimés	Ce produit n'est pas diluable	Q /	
Posologie par adn		sologie par jour	
1000 mg .	/m2 Max. 30	00 mg 🔺	
Débit 🔻 🔛			
Ne pas remplacer/sub	ostituer		
Total par jour utilisé	pour l'analyse de la BdM: 3000	mg	
Durée d'administrati	ion 🔻		
Voie orale	A la demande	ent	
Planification			
3 fois par 🖌 jour(s) 🖌			J1
	Administration urgente	Condition	
Jours ►	Heure non définie	Commentaire	
Date/Heure	de début 14:21 15/07/2020	Demain	
Preciser une durée			
Pendant 5 jour(s)	O Jusque 14:21 20/0	7/2020 4	
15-07-2020 16-07-2020	16-07-2020 16-07-2020	16-07-2020 17-07-20	20 17-07-2020
1 1	1	1 1	1
18:00 00:00	06:00 12:00	18:00 00:00	06:00
Remarques du pharmacien			
			🖊 Valider 🛛 🗙 Annuler

# 5.7.2.2 Ordering an infusion

Example: medication order for continuous infusion of 1000 mL glucose 5% without a scheduled end date.

Glucose 5 % : 1000 ml en continu		
Perfusions		Tailla y 170 anns
GLUCOSE * + +	1	Taille : 176 cms Poids : 78 Kgs
GLUCOSE 5 % ECOFLAC INJ 500 ML	contenant et ▲	
25 g/500 ml/poche	dilution	50 mg/ml
🖾 base	-Contenant volumique	
Posologie par jour		1 100-
1000 ml /kg Max.	Poche à perfuser	1 000 1 000 ml
	2	900
Débit 🔺 🏭 🗙	Débit de la perfusion	800-
13.89 outte /kg /h	13,89 goutte/	700-
10,05 godice /m2 /min	Détails V	650
	Details	550- 500-
Ne pas remplacer/substituer		450- 400-
Total par jour utilisé pour l'analyse de la BdM: 1000 ml		350
Durée d'administration 🔺 🗙	J	300- 250-
O 24h O 12h O 8h O 6h O 4h O 3h O 2h O 1h O 30min O Autre:		200- 150-
Débit continu (durée et dilution non définies)		100 50
3 die intraveineuse (en perfusion)		مل
Planification A		11
En continu	Condition	J1
Jours ►	Commentaire	
Date/Heure de début 19:15 14/07/2020 🔺 De	main	
5		
15-07-2020 15-07-2020 15-07-2020 15-07-2020 16-07-2020 16-07-2020 10	6-07-2020 16-07-2020 1	17-07-2020 17-07-2020
00:00 06:00 12:00 18:00 00:00 06:00	12:00 18:00	0700 06:00
Remarques du pharmacien		
du pharmacien		🖊 Valider 🛛 🗙 Annuler

Type the name of the product in the product selection box. A list of proposals is displayed. (1)

- Select the product matching your choice. The dosage, unit and route of administration are automatically entered.
- Adjust the dosage as necessary (2). In the example, we have voluntarily chosen <u>500 mL glucose 5%</u> to change the dosage.
- Enter the duration of administration (3).
- Uncheck the default 1-day schedule (5).
- Choose the volumetric container (6); a message tells you that the product will automatically be considered as a base.
- Click on confirm (7). Your medication order is now ready to be signed.

Example 2: Glucose 5% infusion 1000 mL/24h, to which we will add ions and vitamins, administered over 2 days.

Glucose 5 % : 1000 ml + Potassium chlorure 10 % : 2 g + Nicotinamide : 500 mg; D=24	h 1x/j (€2,56)
Perfusions	
GLUCOSE * POTASSIUM VIT +	Taille : 176 cms Poids : 78 Kgs
SLUCOSE 5% PC 1L PERF ISOTONIQUE	contenant 3
50 g/1000 ml/Poche	dilution 48,78 mg/ml
Posologie par administration	
1000 ml /kg Max. 1000 ml /	
Débit 🔺 🔡 🗙	
41,67 ml /kg /h /m2 /min	
□ Ne pas remplacer/substituer	
Total par jour utilisé pour l'analyse de la BdM: 1000 ml	
Durée d'administration 🔺 🗙	
<ul> <li>24h</li> <li>12h</li> <li>8h</li> <li>6h</li> <li>4h</li> <li>3h</li> <li>2h</li> <li>1h</li> <li>30min</li> <li>Autre:</li> <li>Débit continu (durée et dilution non définies)</li> </ul>	
Voie IV	
Planification	
1 fois par jour(s)	
Administration urgente	Condition
Jours  Heure non définie	Commentaire
	Nemain
Preciser une durée     Prendant 2 jour(s)      Jusque 19:32 16/07/2020	
15-07-2020 15-07-2020 15-07-2020 15-07-2020 16-07-2020	16-07-2020 16-07-2020 16-07-2020
00:00 06:00 12:00 18:00 2 00:00 Remargues	06:00 12:00 18:00
	Valider X Annuler

- Click on the plus sign (1) next to Glucose\*, this opens a new product selection window. Add the product you want (here we have used Potassium), and the desired dosage.
- Repeat as needed.

**NB:** The summary in the blue ribbon at the top of the medication order lets you check that the medication order is correct.

# 5.7.2.3 Ordering a syringe pump

Example: <u>medication order for a syringe pump of Noradrenaline 1 mg/mL with flow rate as desired with target</u> <u>MAP > 65 mmHg for emergency administration</u>.

Noradrenaline bitartrate : 48 mg + Sodium chlorure 0,9 %: 24 ml; V=libre en continu; 0	bjectif PAM > 65 mmHg (€0)
Amines NORADRENALINE * SODIUM + +	Taille : 176 cms Poids : 78 Kgs
SODIUM CHLORURE 0.9% 100MLPOCHE FREEFLEX (*50)	contenant et dilution Contenant volumique
Ne pas remplacer/substituer	ENALINE TARTRATE 8mg-4ml AMP · 20 Conc. 1 mg / ml Dilution : 50 % 3 Volume total : 48 ml 10 -Par jour 1 Seringue 48 (48ml) Volume total : 0.00 ml
Vole gasuo-enterale	
Planification En continu  Jours	J1 Condition Objectif PAM > 65 mmHg Commentaire
Preciser une durée	
Administration en débit libre, la planification n'est pa	s visible
Remarques du pharmacien	Valider X Annuler

- Choose the relevant product by typing its name in the product search box.
- Select the Volumetric container (2). A 48 cc syringe, here.
- When selecting the volumetric container,
- check the **Flow rate as desired** box. The nurse will be able to start administration at the dose they deem appropriate.
- Enter the desired **Concentration** in (3). The quantity of the main product and the quantity of solvent will be calculated automatically (division visible in the picture of the volume container
- Enter the schedule and desired duration of administration (here, the Schedule box says 'continuous').
- Enter the diluent.
- If you tick the **Emergency administration** box (6), a pictogram will be visible on the care plan showing the importance of the administration.
- Fill in the **Condition** box by stating the objective. Using a condition creates a specific display on the care plan. The occurrences will be shaded to clearly show that the administration depends on an objective or assessment such as the VAS.

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NB: In the capture, you can see that the sodium chloride was automatically recorded as a diluent ».

Example: <u>medication order for a continuous flow of 500 IU/kg of Heparin over 24 hours with an undefined</u> <u>administration start time</u>.

Heparine sodique : 500 UI/kg + Sodium chlorure 0,9 %: 42,2 ml; V=2 ml/h 1x/j (€2,59)	
Anticoagulants	
HEPARINE * SODIUM + +	Taille : 176 cms Poids : 78 Kas
HEPARINE SODIQUE 25000 UI/5 ML	contenant et ▲ dilution
Posologie par administration       Posologie par jour         500       UI       /kg       2         Soit 39 kUI       37440       UI       Image: Constraint of the second	Image: Seringue 50 (50ml)       42,2 ml         Obbit de la perfusion       40         Débit libre       30         Débit libre       30         Détails ▲       -         Produit principal       -         HEPARINE SODIQUE 25000 UI/5 ML       -
<ul> <li>□ Ne pas remplacer/substituer</li> <li>Total par jour utilisé pour l'analyse de la BdH: 7,49 ml</li> <li>Durée d'administration ▲ 25h</li> <li>○ 24h ○ 12h ○ 8h ○ 6h ○ 4h ○ 3h ○ 2h ○ 1h ○ 30min ○ Autre:</li> <li>○ Débit continu (durée et dilution non définies)</li> <li>Voie intraveineuse ▲ A la demande</li> <li>□ A poporté par le patient</li> </ul>	Performer         SobiQue 25000 01/5 Mit         20-           Conc.         780         UI         / ml         20-           Dilution :         84 %         10-         10-           Par jour         10-         7,8 ml         10-           1 Seringue 50 (50ml)         Volume total : 48 ml         0-         0-
Planification 1 fois par Jour(s) Heure non définie	J1 Condition Commentaire
Preciser une durée     Pendant 1 jour(s)     Jusque 21:36 15/07/2020	•
15-07-2020 15-07-2020 15-07-2020 22:00 00:00 02:00 04:00 06:00 08:00 10:00 12:00 Remargues	15-07-2020 14:00 16:00 18:00 20:00 22:00
	Valider X Annuler

- Type in the first letters of the product
- Select the product you want (heparin) from the list.
- In the **Dosage per administration** field, enter the desired dosage (1) (500 here).
- Change the unit using the drop-down menu if the default unit does not apply.
- Click on /kg (2). The daily quantity is then calculated automatically and entered under the **Dosage per** administration field (outlined in red)
- Tick **Undefined time** (4). Ticking this box will allow the nurse to schedule the administration start time, 6 hours after the patient comes out of the OT for example.

**NB:** hovering over the calculator (3) lets you see the number of calculations performed according to the dosage entered. By double-clicking on one of the displayed values you can automatically use that value for the medication order.

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# 5.7.2.4 Ordering LBP

Concentré érythrocitaire (cgr) : 1 culot(s); D=1h ttes les 2h	
PSL Concentré * +	Taille : 176 cms Poids : 78 Kgs
Concentré érythrocitaire (CGR)	contenant et ▼ dilution
Pas de dosage Ce produit n'est pas diluable	alution
Posologie par administration 1 culot(s) /kg Max. 1 culot(s) /m2 Max. 1 culot(s) /m	
Débit A B /kg /h 1 culot(s) / /kg /h /m2 /min	
Prescription non sécurisable par la banque de médicaments	
Durée d'administration 🔺 🔀	
O 24h O 12h O 8h O 6h O 4h O 3h O 2h  ● 1h O 30min O Autre: O Débit continu (durée et dilution non définies)	
Voie IVL A la demande	
Planification	
1 fois tous(tes) les 2 heure(s) Administration urgente	J1 Condition
	Commentaire
• • -	
Date/Heure de début 22:01 14/07/2020  Dem	ain
	4
5 14-07-2020 14-07-2020 15-07-2020 15-07-2020 15-07-2020	0 15-07-2020 15-07-2020 15-07-202
21:30 22:00 22:30 23:00 23:30 00:00 00:30 01:00 01:30 02:00 Remarques du pharmacien	02:30 03:00 03:30 04:00 04:30 05:00

Example: medication order for three blood bags

For this medication order you must pay special attention to the schedule so that the care plan has 3 different occurrences.

- Type in the first letters of the product.
- Select the blood product you want.
- Enter 1 blood bag in the Dosage per administration box (1) and choose the unit Blood bag
- Choose the **Duration of administration** (2). This is the time over which you want the blood bag to be administered.
- Enter the **Route of administration** (for labile blood products, the route of administration is not entered automatically, so it must be entered manually).
- Fill in the schedule (4). Here, it is important to enter a frequency of 'Every X hours' to register the time required between each blood bag.

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: **192/298**  • Lastly, specify a duration (5) (6 hours here). If you look at the chart display of the administrations (overview of the care plan), you can see that each blood bag is administered over 1 hour with a 1 hour gap, and that only 3 blood bags (occurrences) will be available on the care plan. In addition, if you look at the **Dosage per day** box, you can see 3 blood bags.

#### 5.7.2.5 Isolation/Precautions

#### Example: Implementing 'Droplet' type precautions.

To be able to use all the functions associated with this type of medication order, you must use the field provided for this purpose. Attached to this field are a list and the information icons that are displayed in the application's top ribbon and on the list of hospitalized patients registered in DIANE.

▶★ Isolement / Précautions		
Goutelettes: en continu		
Isolement / Précautions Goutelettes	Poids:78 Kgs Taille:176 cms	
Planification ▼ en continu à partir du 14/07 à 22h33	Valider X Annuler	

- In the search box (1), type in the first letters to start the search.
- Select the relevant item from the preconfigured list. Only items from this list can trigger the warning.
- By default, the schedule is 'continuous' with no end time. However, you can change it by clicking on the ▼ to access the drop-down menu.

#### 5.7.2.6 Dilution required

If the **Dilution required** box was checked during setup, '**Dilution required**' appears in red in the medication order window.

Acide zoledronique : 4 mg 1x/j	
Sédation/Analgésie/Curarisation	
ACIDE * +	Taille : 180 cms Poids : 80 Kgs
ACIDE ZOLEDRONIQUE 4mg-5ml FL PERF-IV	contenant et ▲
4 mg/5 ml/flacon Dilution obligatoire 🔍 Taille : 180 cms Poids : 80 Kgs	dilution 0,8 mg/ml
Posologie par administration	Contenant volumique
4 mg / /kg Max. 4 mg /	
	· · · · · · · · · · · · · · · · · · ·
	Débit de la perfusion
Débit A 📴 /kg /h	ml/h □ Débit libre
/m2 /min	Détails
Ne pas remplacer/substituer	
Total par jour utilisé pour l'analyse de la BdM: 4 mg	
Durée d'administration 🔺	
O 24h O 12h O 8h O 6h O 4h O 3h O 2h O 1h O 30min	
O Débit continu (durée et dilution non définies) Voie intraveineuse (en perfusion)	
Apporte par le patient	
Planification	]1
1 fois par / jour(s)	Condition
	Commentaire
Heure non définie (réinitialise le plan de soin	-
Administration urgente Date/Heure de début 18:00 09/03/2021  De	main
Preciser une durée     Pendant 1 jour(s)      Jusque 18:00 10/03/2021	
09-03-2021 10-03-2021 10-03-2021	10-03-2021 10-03-2021
18:00 20:00 22:00 00:00 02:00 04:00 06:00 08:00 10	0:00 12:00 14:00 16:00 18:00
tu pharmacien	Valider X Annuler

If you try to confirm the window without specifying the diluent, the following warning will appear:

Avertissemen	t
	Prescription incomplète : le diluant n'est pas renseigné.
4.8.0.21002	Ok

The **Diluent +** tab is automatically generated when the volumetric container is selected.

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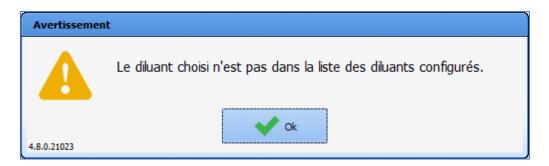
Acide zoledronique : 4 mg + Diluant non précisé: 500 ml 1x/j	
Sédation/Analgésie/Curarisation	
ACIDE * Diluant + +	Taille : 180 cms Poids : 80 Kgs
Diluant non précisé	contenant et ▲
Pas de dosage Taille : 180 cms Di base Doids : 80 Kgs	dilution 7,92 µg/ml
Posologie par administration	550-
	500-
/m2 /m2	Poche à perfuser 500 (5      450-
	Débit de la perfusion 400-
Débit 🔺 🚼	goutte/min 350-
goutte /ms /min	
	Détails 🔻 300
	250
Ne pas remplacer/substituer	200
Prescription non sécurisable par la banque de médicaments	150
Durée d'administration 🔺	100-
O 24h O 12h O 8h O 6h O 4h O 3h O 2h O 1h O 30min	50
Débit continu (durée et dilution non définies)	
Vole Ind aveneuse (en periosion)	0
Planification A	11
1 fois par 🧉 jour(s) 🔺	Condition
	Commentaire
Heure non définie (réinitialise le plan de soin	s)
Administration urgente Date/Heure de début 18:00 09/03/2021	main
Preciser une durée	
Pendant 1 jour(s) Jusque 18:00 10/03/2021	<u>!</u>
09-03-2021 10-03-2021 10-03-2021	10-03-2021 10-03-2021
18:00 20:00 22:00 00:00 02:00 04:00 06:00 08:00 10	0:00 12:00 14:00 16:00 18:00
the marques du pharmacien	Valider X Annuler

Then you have to enter the diluent. You can only enter a diluent that has been configured. Double-click on the input box to see the list of configured diluents.

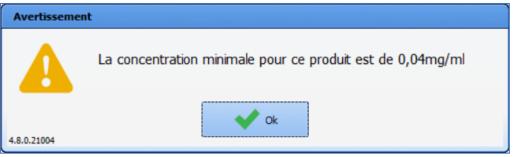
sol	
NACL 0.9 % FLAC 500 ML ECOFLAC = CHLORURE DE SODIUM	
GLUCOSE 5% PC 500 ml PERF ISOTONIQUE	

If only one diluent has been configured, it is automatically selected when the 'diluent' tab is generated. This tab is named after the diluent.

The diluent must be included in the list of configured diluents for the medication order to be confirmed.



If a minimum concentration has been specified at setup, the medication order cannot be confirmed until this minimum concentration is entered.



# 5.7.2.7 Special case of titrations

The **Titration protocol** field in the **Medication order** tab is used for managing titration protocols.

Protocole de titration X
Conditions d'administration
Titration dédenchée si > 🔺
Donnée manuelle
Titration dédenchée si le paramètre est > 🔺
Préparation
Produit principal Posologie
Pas de dosage
-
Diluant Posologie
Pas de dosage
Contenant volumique
Posologies
Voie
/Kg Commentaire : Tota
Dose de charge
Dose de titration
Posologie max
Intervalle entre deux évaluations : 1 heures
Démarrer le : 11/03/2021 🖌 09:26 🛟
Demarrer le : 11/03/2021
Remarques du pharmacien
u du pharmaden

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- A score: titration is started if the score value is equal to, greater than or less than a value determined at the time of the medication order (*for example, if the VAS score is greater than 5*)

Score Score	
EVA	
Titration déclenchée si EVA	> _ 5

- Manually entered data: titration is started if the parameter value is equal to, greater than or less than a value determined during the medication order (*for example, if the HR is higher than 150*)

🗹 Donnée manuelle		
Fc (Fréquence cardiaque)		4
Titration déclenchée si le paramètre est	> <b>150</b> Bpm <b>4</b>	

- A score AND manually entered data: titration is started if the value of both the score and the parameter meet the defined conditions. Both checkboxes (score and manual data) must be ticked.

Preparation requires a main product and, where necessary, a diluent (if the main product is set to 'Dilution required', the titration protocol cannot be confirmed until the diluent is specified).

P	éparation	
	Produit principal	Posologie
		Pas de dosage
	Diluant	Posologie
		Pas de dosage
	Contenant volumique	4

The dosage can be adjusted to the patient's weight (case of children). To do so, click on /Kg after the field. It will

Posologies /Kg	
Posologies /Kg	Commentaire : Voie
Dose de charge	
Dose de titration	
Posologie max	
Intervalle entre deux évaluations :	1 heures

The loading dose (administered unconditionally) is optional, i.e. it is not taken into account unless its box is ticked. The titration dose is the dose delivered whenever required by the patient's assessment.

Max. dose is the maximum dose that can be given to the patient. It must be at least equal to the sum of the loading dose and the titration dose. It is optional, i.e. it is not taken into account unless its box is ticked. The titration protocol is stopped once the maximum dosage is reached.

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The assessment interval (refractory period) is the minimum period required between two assessments. It can be in minutes or hours.

The start date and time can be specified.

Démarrer le : 11/03/2021 🖌	12:19		
temarques du pharmacien	$\bigcirc$	Valider	🗙 Annuler

As with medication orders, public and private favourites can be created from a titration protocol.

# 5.7.2.8 Special case of antibiotics

Example: medication order for Amoxicillin 1 g morning, noon and evening for 5 days from 6 p.m. tomorrow.

The application can make the monitoring and reassessment of the antibiotic therapy mandatory.

Amoxicilline (Ne pas remplacer ou substituer) : 1000 mg M,M,Soir (€0,18)	
Antibiotiques	
AMOXICILLINE * +	Taille : 176 cms Poids : 78 Kgs
	ontenant et ▼
1000 mg/comprimés Ce produit n'est pas diluable	dilution
Posologie par administration	
1000 mg /kg Max. 3000 mg /	
2	
Débit 🔺 🚼	
microg /kg /h /m2 /min	
3	
Ne pas remplacer/substituer	
Total par jour utilisé pour l'analyse de la BdM: 3000 mg	
Durée d'administration 🔻	
Voie orale	
Planification A	
M,M,Soir	Condition J1
Jours >	Commentaire
Date/Heure de début 18:00 14/07/2020 A Demain	
Date/Heure de début 18:00 14/07/2020  Demain  Preciser une durée 6	
Predser une duree	
18         19         20         21         22         23         0         1         2         3         4         5         6         7         8         9         10	11 12 13 14 15 16 17
1 1 1000 mg 1000 mg	1 1000 mg 7
	Compléter
Remarques du pharmacien	8 Valider X Annuler

• Start the search by typing in the first letters of the product in the product box (1).

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- Choose the antibiotic from the list.
- Check the dosage (2)
- Select the 'Morning, Noon, Evening' Schedule (the application lets you enter default times corresponding to the treatment distribution times, in the example 8 a.m./noon/6 p.m.). It is important to know that if the treatment is administered late, this schedule will not shift the following doses).
- Enter the **Duration of administration** (6) you want (5 days here).
- Enter the Start date/time (5) by changing the time shown, and by clicking on the Tomorrow button (NB: by default, the date/time shown is always current, so you only need to change this field when you wish to enter a specific administration start time).
- Click on the Complete... button (7). This opens a mandatory pop-up window (that blocks the signing of the medication order if not completed) asking you to enter the indication for the antibiotic treatment and whether it is probabilistic or documented. C

nce completed,	click on <b>C</b>	<b>DK</b> , then	confirm (8	3) your	medication	order.

a Détails Prescription Antibiotique	×
Méthode O Probabiliste O Documentée	
Type infection Commentaires (512 caractères max) :	
<ul> <li>Urinaire</li> <li>Peau/Tissus mous</li> <li>Cathéter/Redon</li> <li>Bactériémie/Septicémie</li> <li>Respiratoire</li> <li>Disgestive</li> <li>Méningé</li> <li>Osseuse</li> <li>Autre</li> </ul>	
Imprimer VK XAnnul	er

NB: In the screenshot you can see that the dosage used for the drug database dosage analysis is always shown. It is also possible to specify that a product 'Must not be replaced' (3)

# 5.7.2.9 Special case of expensive drugs (list of additional billable drugs)

Example: Cancidas 50 mg slow IV 3 times a day.

The ordering of an expensive product is shown by an icon on the medication order window. As with antibiotics, the application lets you make it compulsory to enter the indication for treatment.

# 5.7.2.10 Special case of patches

The administration time is limited to 99 hours, which allows patches to be administered.

Durée d'administration 🔺	×	
○ 24h ○ 12h ○ 8h ○ 6h (	○ 4h ○ 3h ○ 2h ○ 1h ○ 30min ④ Autre:	72:00
O Débit continu (durée et dilution	n non définies)	

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Caspofungine : 50 mg; D=8h 3x/j	
Perfusions	_
CANCIDAS * +	Taille : 176 cms Poids : 78 Kgs
CANCIDAS PDRE 50MG FL (*1)*HOP	contenant et ▲
50 mg/flacon	dilution
Ce produit n'est pas diluable	Contenant volumique
Posologie par administration	
50 mg /kg Max. 150 mg /	
	Débit de la perfusion
Débit ▲ 🔡 🗙	0,13 flacon/h
6,25 mg /mg /min	Débit libre
	Détails 🔻
E 15	
Ne pas remplacer/substituer	
Total par jour utilisé pour l'analyse de la BdM: 150 mg	
Durée d'administration 🔺 🔀	
O 24h O 12h ● 8h O 6h O 4h O 3h O 2h O 1h O 30min O Autre:	
O Débit continu (durée et dilution non définies)	
Voie intraveineuse (en perfusion)	
Planification 🔺	
3 fois par 🖌 jour(s) 🖌	J1 Condition
Administration urgente	Commentaire
Heure non définie	
	but peut-être modifiée depuis le plan de soins
	main
Preciser une durée     Pendant 1 jour(s)     Jusque 10:07 16/07/2020	
Pendant 1 jour(s)      O Jusque 10:07 16/07/2020	
15-07-2020 15-07-2020 16-07-2020	16-07-2020
10:00 12:00 14:00 16:00 18:00 20:00 22:00 00:00 02	:00 04:00 06:00 08:00 10:00
time Remarques du pharmacien	Compléter Valider X Annuler

- Select the product you want.
- Enter the items necessary for its administration: dosage, duration of administration, etc.
- Click on the **Complete...** button. A pop-up window will appear.

🐉 Produit hors GHS : une indication est nécessaire pour valider la prescription	x
Nom du produit prescrit CANCIDAS PDRE 50MG FL (*1)*HOP	
Veuillez sélectionner l'indication correspondante à la prescription en cours :	
1999998: Indications faisant l'objet de recherches menées dans le cadre de l'article L. 1121-1 du code de la santé publique	
1999999: Prescription en dehors d'une indication prévue par l'autorisation de mise sur le marché au sens de l'article L. 5121-12-1 du code de la santé publique	5
La saisie du commentaire est obligatoire :	_
Emprimer Code 1999998 · Inscription Non connu ·	ler

Select the relevant indication (the indications offered are from the drug database). If there is no corresponding indication, use one of the following two generic codes:
 I999998: Product subject to biomedical research within the meaning of Article L. 1121-1 of the Public Health Code.

**I999999**: Off-label indication but medically justified in accordance with Article L. 5121-12-1 of the Public Health Code.

When you use one of these two codes you must enter a comment.

• Click on the **OK** button then confirm your medication order.

Indication code colours:

Red	• This means that the indication for this expensive drug has not been completed: click on the <b>Complete</b> button
Blue	• This means that you have confirmed the indication correctly for this expensive drug, but the reimbursement status is not known.
Green	• This means that you have confirmed the indication correctly for this expensive drug and that it will be reimbursed.

#### 5.7.3 Import from personal treatment

The application lets you copy the products entered in the **Patient's personal treatments** field in the **Doctor** tab into the medication order.

When the option is enabled, the products are entered in the Import from personal treatment field.

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Traitements pers	sonnel du	patient	
Medicament		Conciliation	Substitut
PLAVIX 75mg comprimé pelliculé 75 mg 1x/j			Ť
COAPROVEL 150mg/12,5mg comprimé pelliculé 150 mg 1x/j	 ▲LD	Jusqu'à 15h56 aujourd'hui	Ť 0
<b>CRESTOR 10 mg comprimé pelliculé</b> 10 mg 1x/j	🖸 🖊	Jusqu'à 15h56 aujourd'hui	* 0
3			
Vers pres. Valider par MEDEC	Editer ordo	nnance te Pro 15/0	07 15:57

Section 1: Area to enter product: click on the first line Type in the first letters of the product. A list of suggestions opens. Choose the one you want. Enter the dosage and frequency of administration (Plavix 75 mg once daily, here).

Section 2: The Reconciliation area lets you specify the treatment management: continue, switch or stop.

In the example above, the treatments are specified as stopped at the current time, which allows the patient's personal treatment to be paused, and only resumed at the appropriate time during their stay.

Section 3: To hospital medication order: ticking this box lets you transpose the personal treatment into the Import from personal treatment field in the Medication order tab.

Section 4: Click on the **Confirm** button: this opens a window to enter your password and confirm that you want to send the treatment to the medication order.

# Import from personal treatment component in the Medication order tab:

Import depuis le traitement	: personnel	_
niazide + irbésartan : 150 mg 1x/j		
: 10 mg 1x/j		
3 Clopidogrel : 75 mg 1x/j		
	niazide + irbésartan : 150 mg 1x/j e : 10 mg 1x/j	2:10 mg 1x/j

The patient's personal treatment is now included in the Medication order tab (the product's INN, dosage and frequency of administration are copied).

The red marker at the end of the line (1) clearly shows that the treatment has been stopped.

Depending on the option enabled in your facility, you will be able to either:

- renew the treatment by clicking on the red marker to change its status
- or re-enter the medication order in the appropriate field in the Medication order tab. In this example

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# 5.7.4 Ordering using free text (food, imaging, etc.)

Medication order fields can call up a specific list. When the field is configured in this way, you can enter free text.

Example: medication order for respiratory physiotherapy twice a day for 5 days.	Example:	medication	order for	respiratory	physiotherapy	twice a day	for 5 days.
---	----------	------------	-----------	-------------	---------------	-------------	-------------

Kiné respi avec aide à l'expect	oration : 3x/j						
Kinésithérapie							
Kiné respi avec aide à l'expectora	ition 1				Poids : 78 I	Kgs Taille :	176 cms
Planification <b>A</b>							
3 fois par	jour(s) 🔺 🗌 Adr	ninistration urgente	2		Condition		]1
Jours 🕨 2	🗌 Hei	ure non définie			Commentaire		
Preciser une durée	Date/Heure de dé	O Jusque 22	5/07/2020 <b>-</b> 2:49 20/07/202	Demain			
			20107120.	20 4			
16-07-2020 16-37-2020	16-07-2020 16-07-20	20 17-07-2020	17-07-2020	17-07-2020	17-07-2020	18-07-2020	18-07-2020
0 0	I	0	0		0	0	0
00:00 06:00	12:00 18:00	00:00	06:00	12:00	18:00	00:00	06:00
★ 💼					[	Valider	X Annuler

- Enter the desired medication order or instruction (1).
- Enter the frequency (2). Here, it is 3 times a day.
- Enter the duration to apply to this medication order (3). Here, it is for 5 days.
- Click on the **Confirm** button.

# 5.7.5 Ordering using a detailed entry (physiotherapy, lab test/bacteriology, ECMO, etc.)

For medication orders that require a lot of information (lab tests, renal dialysis, etc.), you can use a form integrated into the medication order window.

Example: medication order for a lab test when the patient is admitted to intensive care at an undefined time.

RGDS_Examens de biologie : heure non précise	sée	
Biologie / Bactériologie.	Poids : 78 Kgs Taille : 176 cms	
RGDS Examens de biologie	Prescription	
Responsable :		
Responsable .		
PRESCRIPTION D'EXAMENS DE BIOLOGIE HEMATOLOGIE 1 Groupe Rh, 1er déter I Plaquettes RAI Schizocytes Carte de groupe URG Recticulocytes NFS	BIOCHIMIE SANGUINE Di Iono sang Di Calcium, Phosp., Mg Di Triglycérides Urée, créat Di Albumine Di Hb Glycosylée Réserve alc.,Protidémie Di cholestérol total, HDL Di Haptoglobine	•
	Impression Ordo	
TCA Fact II, V, VII, X Ar Fibrinogène Anti-thrombine III Ar D-Dimères PDF  PROTEINES SERIQUES	Ac anti PF4 Anti-Xa Anti-Xa orgaran  CPK Phos. alc, CGT Upase UDH Bili. tot, libre +conj  HORMONOLOGIE TSHus AGT, ATPO	
	□ Folates, Vit. B12 □ T4 Libre □ Test synactène T0/T60 □ Immuno-électro. prot. □ Cortisol à 8h	
-FACT. TUMORAUX		-
Planification A Unique 3 4	J1       Condition       ☑ Heure non définie   Commentaire	
16-07-2020 16-07-20	2020 16-07-2020 16-07-2020 17-07-2020	
0		
00:00 02:00 04:00 06:00	0 08:00 10:00 12:00 14:00 16:00 18:00 20:00 22:00 00:00	

When the medication order window opens, the top part gives you access to the data entry form.

- Tick (1) the lab test items that you wish to prescribe.
- Default value buttons can be configured (2). This lets you save values ticked by default. In this example, clicking on the button (2) will automatically tick the lab test items.
- Fill in the schedule (3). Here the 'one-off' choice means that the prescribed test is done once and will not be repeated. It will automatically be marked as stopped. (scheduling as 'one-off' will require you to create a new medication order if you decide to prescribe this test again.)
- Tick **Undefined time** (4). This will allow the nurse to schedule the blood test time.
- Confirm your medication order by clicking on the button (5).

#### 5.7.6 Ordering ventilation parameters

Ventilation or oxygen therapy is prescribed using a specific window adapted to the ventilation method chosen.

VAC, Sonde d'intubation : en continu		
Paramètres ventilatoires	6	Poids : 78 Kgs Taille : 176 cms
-Traitement-	Paramètres :	
Ventilation Oxygénothérapie	VT 428,88 mL ou VT/PIT 6	mL/kg FiO2 40 % O2 L/min
-Ventilation 2	FR /min I/E	]
Invasive Non invasive	PEP cmH2O PI	cmH2O AI cmH2O
Volumétrique Barométrique Autre	NO ppm DV	heures ou de hà h
	Objectif de saturation 96 % à 98	
Interface 4	Sevrage Utilisation raccord en T	•
Sonde d'intubation	Commentaire :	
Mode 5		
VAC		
Planification 🔺		
En continu 🖌	Administration urgente	J1 Condition
Jours 🕨		Commentaire
	=	
	Date/Heure de début 23:32 15/07/2020	Demain
Preciser une durée		
16-07-2020 16-07-2020 16	-07-2020 16-07-2020 17-07-2020 17-07-2020	17-07-2020 17-07-2020 18-07-2020 18-07-2020
00:00 06:00	12:00 18:00 00:00 06:00	12:00 18:00 00:00 06:00
* 💼		Valider X Annuler

The left part of the window (blue outline) must be completed first.

This area lets you use the different input fields depending on the treatment and the ventilation method chosen. It has five sections:

Section 1: Treatment: choose between Ventilation and Oxygen therapy.

Section 2: Ventilation: choose between Invasive and Noninvasive ventilation.

Section 3: choose between Barometric, Volumetric and Other ventilation method.

Section 4: Interface: used to enter the interface chosen for ventilation or oxygen therapy.

Section 5: Method: used to enter the ventilation method.

**NB:** In sections 1, 2 and 3, select your choice by moving the blue cursor from left to right.

The boxes with a pink background must be filled in. They are adapted to the ventilation method. Section 6: lets you enter the VT/PBW in mL/kg. When you enter this the VT is calculated automatically. Section 7: this section is used to enter the saturation targets.

BIPAP-VACI, Masque naso-buccal : en conti	nu
Paramètres ventilatoires	💿 Poids : 78 Kgs 🛛 Taille : 176 cms
Traitement	Paramètres :
Ventilation Marco Oxygénothérapie	VT         mL         ou VT/PIT         mL/kg         FiO2         40         %         O2         L/min
Ventilation	FR //min I/E
	PEP 3 cmH2O PI cmH2O AI cmH2O
Volumétrique Barométrique Autre	NO ppm DV heures ou de hà h
	Objectif de saturation 96 % à 98 %
Interface	VNI alternée 2 (2) (VII alternée (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
Masque naso-buccal	Mode CPAP Interface Masque facial I h ttes les 6 h
Mode BIPAP-VACI	PEP cmH2O AI cmH2O FiO2 % O2 L/min
	Commentaire :
Planification	
	31
En continu	Administration urgente Condition
Jours 🕨	Heure non définie     Commentaire
	Date/Heure de début 23:32 15/07/2020  Demain
Preciser une durée	
16-07-2020 16-07-2020 1	6-07-2020 16-07-2020 17-07-2020 17-07-2020 17-07-2020 17-07-2020 18-07-2020 18-07-2020
00:00 06:00	12:00 18:00 00:00 06:00 12:00 18:00 00:00 06:00
*	Valider Xalider

Depending on the method (1) chosen, it is possible to prescribe alternated ventilation (2) with NIV for example.

You can then enter two different interfaces in (1) and in (3), and enter the alternation pace you want (4). In this configuration, the Schedule (5) applies to the primary method that is determined in the left part of the window.

5.7.7 Ordering medical devices (placement and removal)

# 5.7.7.1 Adding a care item via the Medication order tab

The placement of a care item is prescribed from the **Add device** (care item) field in the **Medication order** tab.

Ajout de dispositif (élément de soins)

O ×

KT Artériel (KTA) : à 00h19		
Ajout de dispositif (élément de soins)		
KT Artériel (KTA)		Poids : 78 Kgs Taille : 176 cms
Planification 🔺		
Pré renseigner les informations du formulaire		
Pre renseigner les informations du formulaire	Administration urgente	Condition
2	Heure non définie	Commentaire
Date/Heur	re 00:19 16/07/2020 🔺 Demain	
16-07-2020 16-07-2020	16-07-2020 1	16-07-2020 17-07-2020
00:00 02:00 04:00 06:00	08:00 10:00 12:00 14:00 16:00	18:00 20:00 22:00 00:00
*		Valider X Annuler

Area 1: Area to enter the device: area to enter the desired insertion.

- Click in the box and type in the first letters. A list opens showing the available devices. Doubleclicking in this area (1) opens the complete list of devices.
- Select the device you want. Here this is 'Arterial cath'.

Area 2: Call button for the placement form: the initial form used to enter details about the care item can be completed from the medication order.

Only the form (1), outlined in red, can be completed.

Date de réalisation : 16/07/2020 4 00:30:49	Commentaire							
¥ Pose KTA								
Lo	e de KTA: an ganz							
Cathéter perméable fonctionnel Commentaires:								
	-							
▲ Images /	photos associées							
Formulaire suivant : Suivi Cathéter								
	Enregistrer     Annuler							

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#### 5.7.7.2 Removing a care item via the Medication order tab

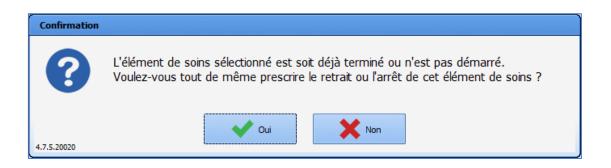
The removal of a device is prescribed from the **Remove device (care item)** field in the **Medication order** tab.



The window to prescribe the removal is identical to the placement window. They are used in the same way.

- In the search box (1), enter the type of device you would like to be removed. Choose from the list of proposals or double-click in the search box.
   Only care items with a removal form will be offered.
- You can prefill the removal form or not (2).
- Enter the removal date/time.
- Confirm your medication order by clicking on the button.

NB: A warning is displayed if the removal prescribed is for a care item that is already finished or not started.



#### 5.7.8 Medication order favourites

Several shortcuts have been integrated in the application to make it easier to write medication orders.

- 'Favourites': these are prefilled medication orders available for each field.
- Load a medication order (Add): these are protocols to fill in a set of medication orders in different fields in one click.
- Load a medication order (Replace): these let you replace the current medication orders with a new protocol.

Using a favourite:

Favourites are configured for each medication order field. This lets you limit the list of suggestions.

⊕ ★ Ĵ		Amines	_	٢	<b>0</b> *	
0 * L	CARDIO-VASCULAIRE	ADRENALINE ATROPINE	+	ion	٢	<b>⊙</b> ★
<b>0</b> *	2	DOBUTAMINE.	•		DOBUTAMINE PSE 250mg / 50ml-	vitesse 2 ml/h
•*		EPHEDRINE ISOPRENALINE	•		DOBUTAMINE PSE 5000mg / 50ml-	vitesse 2 ml/h

- Area (1): Area to create a favourite: Create the favourites menu accessible in the field. There are two ways:
  - Left-click on the star 📩
  - Right-click on the plus sign
- Area (2): Favourites menu: the list of favourites available for the field opens. In this example, we are in the **Amines** field, so only favourites belonging to the **Amines** field are suggested.
- Click to select the favourite you want to prescribe. The favourite is automatically entered in the field.

<b>⊙</b> ★		Amines	۲
1 DODULAIMINE . 250	mg (5 mg/ml); V=2 ml/	/h en continu (€0,52)	»>

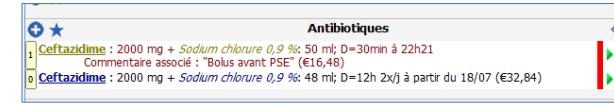
• If you want to edit the medication order generated by the favourite or check its content, click on the product line to open the medication order window.

**NB:** using a single favourite you can prescribe multiple medication order lines in the same field. Example: *Ceftazidime loading dose then switch to syringe pump* 

es prescriptions	AMOXICILLINE	+	temps réel des de la prescription est Traitements:Traitements personnels
valider I	CEFOTAXIME	•	ALD :, médicament "Clopidogrel" (75 mg 1x/)), médicament 'Hydrochlorothiazide + rbésartan''
MEDECIN Paul	CIPROFLOXACINE	•	(150 mg 1x/j), Traitements
	IMIPENEM+CILASTATINE (TIENAM)	•	personnels non ALD :, médicament
	AMINOSIDES	•	
© ★ 🗘 🔍	AMOXICILLINE + AC CLAVULANIQUE	•	Imentation
0*	CEFEPIME	•	💿 🔂 🛧 🛛 Biologie / Bactériologie.
	CEFTAZIDIME	•	CEFTAZIDIME IV PSE 4 g sur 24h (2g sur 12h x 2/24h)
• • • • • • • • • • • • • • • • • • •	CEFTOLOZANE+TAZOBACTAM (ZERBAXA)	•	CEFTAZIDIME IV PSE 6 g sur 24h ( 2g sur 08h00 x 3 / 24h)
0*	CEFTRIAXONE	→	CEFTAZIDIME IVL 2g - dose unique - bolus avant PSE + Relai pse
1 Dobutamine : 250 mg (5 m	CLINDAMYCINE	•	CEFTAZIDIME IVL 2g x 2 / 24h
Noradrenaline bitartrate : 2	CLOXACILLINE (ORBENINE)	•	CEFTAZIDIME IVL 2g x 3 / 24h
<sup>2</sup> mmHg	DAPTOMYCINE (CUBICIN)	→	G 🛧 Surveillance
0*	RIFAMPICINE	•	Sur Veinance
	ROVAMYCINE	•	🔂 🛨 🛛 Autres Surveillances
	VANCOMYCINE	•	
	Anticoagulants	_	Ajout de dispositif (élément de s

- Select the favourite. Here, Ceftazidime slow IV 2 g single dose before syringe pump then switch to syringe pump.
- The favourite is automatically entered into two separate medication order lines: The first giving the medication order for the loading dose, which is configured as a single dose so as not to be repeated.

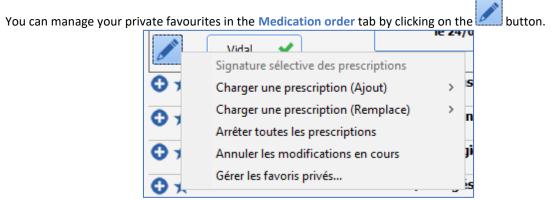
The second integrating the switch to the syringe pump, scheduled to start after a time lag of 12 hours, which will therefore be available on the care plan 12 hours later to make the switch and to avoid simultaneous administration.



Public favourites must be approved by a key user who has permission to do so. If a favourite is not approved, a message indicating this will appear on the screen. This does not apply to private favourites.



# 5.7.8.1 Managing private favourites



The 'Managing Private Favourites' window lets you easily delete private favourites and restore previously deleted favourites.

a Gestion des favoris privés	×
Favoris privés disponibles	Favoris privés supprimés
Calcium chlorure + potassium chlorure + sodium chlorure + sodium lactate : Gaz du sang : x1 à 22h, x1 à 8h Glucose 5 % + potassium chlorure 0,2 % + sodium chlorure 0,4 % : 1000 ml Hydroxyethylamidon 130 000 6 % + sodium chlorure 0,9 % : 500 ml; D=1h Kinesithérapie de mobilisation : 1x/j NFS, Iono, Coag : 1x/j à partir du 13/03 Commentaire associé : "Demain m Pantoprazole : 40 mg (0,8 mg/ml); D=30min 1x/j VAC-AI, Lunettes nasales : en continu	Kinésithérapie respiratoire : 1x/j Paracetamol : 100 ml; D=15min 4x/jour
Supprimer le favori sélectionné	Restaurer le favori sélectionné

When a private favourite is selected in the list, the name of the associated medication order field and the summary are displayed so that you can verify whether you indeed want to delete or restore.

a Gestion des favoris privés	×
Favoris privés disponibles	Favoris privés supprimés
Calcium chlorure + potassium chlorure + sodium chlorure + sodium lactate : Gaz du sang : x1 à 22h, x1 à 8h Glucose 5 % + potassium chlorure 0,2 % + sodium chlorure 0,4 % : 1000 ml Hydroxyethylamidon 130 000 6 % + sodium chlorure 0,9 % : 500 ml; D = 1h Kinesithérapie de mobilisation : 1x/j NFS, Iono, Coag : 1x/j à partir du 13/03 Commentaire associé : "Demain m Pantoprazole : 40 mg (0,8 mg/ml); D = 30min 1x/j VAC-AI, Lunettes nasales : en continu	Kinésithérapie respiratoire : 1x/j Paracetamol : 100 ml; D=15min 4x/jour
Remplissage vasculaire Calcium chlorure+ potassium chlorure+ sodium chlorure+ sodium lactate : 500 ml; D=12h en continu	
Transformer le favori sélectionné	Restaurer le favori sélectionné

# 5.7.9 Medication order protocols

The application also lets you prescribe medication order favourites in several different fields with just one click. This is done by using the pencil icon at the top left of the Medication order tab.

**Load a medication order (Add)**: using presaved protocols this option lets you enter medication order favourites in several medication order fields at the same time.

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	Prescription en cours (/24h) : - KCal (- KCal/Kg) /24h) : - g (1g/- KCal) Prix estimé : €36,87	par PAU	JL Signé	prescriptions	-	PAUL	enior des prescriptions	L'analyse en temps réel des informations de la prescription désactivée.	est
	Charger une prescription (Ajo Charger une prescription (Ren	nplace)	>	Admission patient Intubé Admission patient Non In	tubé	2	Perfusions		٢
2 <b>V</b> 5	Arrêter toutes les prescriptions Annuler les modifications en o	cours				<u> </u>	PSL		٢
0 * 0 *	Epuration Extra-Re	enale		0×			Remplissage vasculai	e	٢
0 *	Isolement / Précau	itions			i mg/m	nl); V=2	Amines ml/h en continu (€0,52)		© >>
	Import depuis le traiteme	nt persor	nn€	2 Noradrenaline bitartrate	:24 r	ng + <i>Soc</i>	<i>dium chlorure 0,9 %</i> : 36 ml er	o continu Objectif PAM > 65	

Area (1): Pencil icon: area giving access to the medication order menu.

- Click on the pencil icon.
- Select the **Load a medication order (Add)** option to open the add medication order menu (2).
- Click on the protocol you want to prescribe.
- This loads automatically.
- You can, if you wish, change or check the favourites loaded in this way by clicking on the medication order line.

Example: Load a medication order (Add): Intubated patient admission.

) *	Paramètres ventilatoires	• • *	Perfusions tassium chlorure 0.2 %+ sodium chlorure 0.4 % : 1000 ml en contin		0*	Alimentation		
VAC, Son	de d incubation : en continu	1 Glucose 5 %+ po	3	nu (€0,72)	0*	Biologie / Bactériologie.		
>*	Epuration Extra-Rénale	O *	PSL	۲	Bio_Gaz d	lu sang : x1 à 6h	Þ	
*	E.C.M.O.	•	Remplissage vasculaire	۲	0 * <sup>4</sup>	Imagerie		
*	Isolement / Précautions	<b>0</b> *	Amines	۲	0*	Kinésithérapie		
Import depuis le traitement personne	Commenta	Sédation/Analgésie/Curarisation g (1 mg/mi); V=3 ml/h en continu ire associé : "à adapter seion RASS"	•	_	Consignes Particulières	Þ		
		1 Commenta	pg (5 pg/m) en concinu ire associé : "à adapter selon RASS" (€0,69)		O ★ Surveilance Fréquence cardiaque à partir de l'ECG	Surveillance		
		•	Antibiotiques	۲	<sup>1</sup> ttes les 2h 1 Saturation en oxygène du sang artériel : 1 ttes les 2h		>>	
		0*	Anticoagulants	۲			>>	
		0*	Protocoles d'Insuline		Poids du patient : ttes les 24h     Fréquence respiratoire : ttes les 2h			
		0 <b>*</b>	IV	2		ipe): ttes les 2h	>>	
		0*	Per-OS		•*	Autres Surveillances		
		0*	Aérosols	9	Surveillan	ce Douleur Sédation : ttes les 2	h 🚺	
		0*	Médicaments à autre mode d'administration		🗘 🖈 Ajout de dispositif (élément de			
					🔿 ★ Re	trait de dispositif (élément de	soin	

In this example, you can see that by calling up the protocol you can prescribe

\_<u>Treatments:</u> (2) in the Infusion field, (3) in the Sedation/Analgesia/Curarization field.

<u>Monitoring and instructions</u>: in the **Monitoring** field (6), **Other monitoring** (7) and in the **Special instructions** field.

\_ <u>Patient ventilation</u>: in the **Ventilation parameters** field (1).

**Load a medication order (Replace)**: This option will replace the current medication orders. The status of the current medication orders will be 'stopped' and no longer be active in the care plan when you sign the medication order.

Example: let's keep the previous example where we Load a medication order (Add): Intubated patient admission

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Afficher la b	alance liquidienne	TOCOLES INSULI	VES				
Calories (/2	escription en cours 4h) : - KCal (- KCal/Kg) h) : - g (1g/- KCal) Prix estimé : €1,41 Vidal		prescriptions	Signature senior des prescriptions par [PAUL / / MDP / Valider Signé par MEDECIN Paul le 17/07/2020 à 22:40:36	L'analyse en temps réel des informations de la prescription est désactivée.	Informations patient :	
O *	Paramètres ventilande d'intubation : en con		O ★ I Glucose 5 %+ potassium	Perfusions		S 🛧 Alimentation	
<b>○</b> ★	Epuration Extra-R		0*	PSL		O ★     Biologie / Bactériologie.       1 Bio_Gaz du sang : x1 à 6h	
•	E.C.M.O.		<b>⊙</b> ★	Remplissage vasculain	e 📀	🕀 ★ Imagerie	
<b>•</b> *	Isolement / Préca		⊙★	Amines		🔂 ★ Kinésithérapie	
Ir	nport depuis le traiteme	nt personne	★     Midazolam : 50 mg (1 mg, Commentaire assor     Sufentanil : 250 µg (5 µg)	tié : "à adapter selon RASS"		Consignes Particulières Contentions Physique : en continu	Þ
				cié : "à adapter selon RASS" (€0,69) Antibiotiques		Saturation en oxygène du sang artériel : ttes les 2h	»
			<b>•</b> *	Anticoagulants	٢	<ol> <li>Poids du patient : ttes les 24h</li> <li>T° Tympanique : ttes les 2h</li> <li>Fréquence cardiaque à partir de l'ECG :</li> </ol>	» »
			0 *	Protocoles d'Insuline		1 ttes les 2h 1 PNI (Groupe) : ttes les 2h	» »
			⊙★ ⊙★	IV Per-OS		Fréquence respiratoire : ttes les 2h Autres Surveillances	»
			0 *	Aérosols		Autres Surveillances     Surveillance Douleur Sédation : ttes les 2	81
			<b>⊙</b> ★	Médicaments à autre mode d'ad	ninistration	😯 ★ Ajout de dispositif (élément de s	
						😧 🖈 Retrait de dispositif (élément de	soin

In the above screenshot all the medication order lines are current. They are visible in the care plan (area outlined in red).

We will now Load a medication order (Replace): Non-intubated patient admission.

Afficher la balance liquidienne   PROTOCOLES INSULINES								
	Prescription en cours 5 (/24h) : - KCal (- KCal/Kg) (/24h) : - g (1g/- KCal) Prix estimé : €1,41	par PAUL MDP Sigr le 17	s prescriptions Valider A Part MEDECIN Paul V07/2020 à 22:40:36	par PAUL MDP	senior des prescriptions	L'analyse en temps réel des informations de la prescription es désactivée.	st	
$\bigcirc$	Charger une prescription (Ajor Charger une prescription (Rem		Admission patient Non In	tubé 2	Perfusions		0	
1 VA	Arrêter toutes les prescriptions Annuler les modifications en c	Douleur faible Douleur modérée		2 %+ sodium chlorure 0,4 % : 1000 ml en continu (€0,72)		Þ		
0×	Epuration Extra-Re	énale	Douleur forte PSL				۲	
0×	E.C.M.O.		<b>⊙</b> ★		Remplissage vasculain	e	۲	
0 *	Isolement / Précau	itions	© *		Amines		۲	
	Import depuis le traitemer	nt personne	0 <b>*</b>		Sédation/Analgésie/Curari	sation	۲	
			1 Midazolam : 50 mg (1 mg Commentaire asso 1 Sufentanil : 250 μg (5 μg Commentaire asso	cié : "à adapt g/ml) en cont	er selon RASS"		ŀ	

Area (1): Pencil icon: area giving access to the medication order menu.

- Click on the pencil icon.
- Select the Load a medication order (Replace) option to open the add medication order menu (2).
- Click on the protocol you want to prescribe (here, non-intubated patient admission).
- All the current medication orders are marked as stopped. (1)
- The chosen protocol is loaded automatically. It will therefore **Replace** the previous medication orders (2).

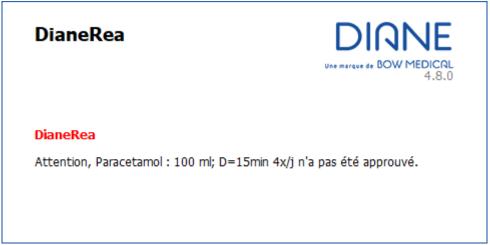
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0*	Paramètres ventilatoires	> <b>0</b> *	Perfusions	٢	O ★ Alimentation
Lunette	othérapie conventionnelle, is nasales : en continu inde d'intubation : en continu		otassium chlorure 0.2 %+ sodium chlorure 0.4 % : 1000 ml en continu (€0,; otassium chlorure 0.2 %+ sodium chlorure 0.4 % : 1000 ml; D=12h en cont		G ★     Biologie / Bactériologie.       1 Bio_Gaz du sang : x1 à 6h
0*	Epuration Extra-Rénale	0*	PSL	٢	Bio_Bilan complet : 1x/j Commentaire associé : "à l'admission" 1 Bio Gaz du sang : x1 à 6h
0*	E.C.M.O.	<b>⊙</b> ★	Remplissage vasculaire	٢	
0*	Isolement / Précautions	0*	Amines	٢	
1	mport depuis le traitement personn	O*	Sédation/Analgésie/Curarisation	۲	😯 🛧 Kinésithérapie
		Comment Sufentanil : 250	mg (1 mg/m); V=3 m/h en continu tare associé : "à adapter selon RASS" Ju g(5 Lug/m) en continu tare associé : "à adapter selon RASS" (€0,69)		Consignes Particulières
		0*	Antibiotiques	٢	Fréquence cardiaque à partir de l'ECG :
		0*	Anticoagulants	۲	PNI (Groupe) : ttes les 2h
		0 <b>*</b>	Protocoles d'Insuline		I Fréquence respiratoire : ttes les 2h     Saturation en oxygène du sang artériel :
			IV 4 mg + Sodium chlorure 0.9 %: 50 ml; D=15min 3x/j (€5,13)		Poids du patient : ttes les 24h
			Per-OS		1 T° Tympanique : ttes les 2h 1 Fréquence cardiaque à partir de l'ECG :
		0*			ttes les 4h T <sup>o</sup> Tympanique : ttes les 4h
		O*	Aérosols		1 PNI (Groupe) : ttes les 4h
		0*	Médicaments à autre mode d'administration		Saturation en oxygène du sang artériel :
					🕄 🛨 Autres Surveillances
					Surveillance Douleur Sédation : ttes les 2h

The pencil icon gives you access to other options:

- Stop all medication orders: used to immediately stop all current medication orders.
- Cancel unsaved changes: lets you delete all changes made since the medication order was last signed.

Medication order protocols must be approved by a key user who has permission to do so. If a favourite is not approved, a message indicating this will appear on the screen.



# 5.7.10 Confirming and signing the medication order

#### 5.7.10.1 Signing of all medication orders

When you write a medication order, it must be **MUST BE SIGNED** to ensure it is actually created and therefore visible on the care plan.

To do this, you must enter your login and password in the **Signature for medication orders** component located in the **Medication order** tab ribbon.

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Afficher la balance lquidienne         I         PROTOCOLES INSU           Prescription en cours         Signature de par         par           Calories (/24h) : - KCal (- KCal/Kg)         MDP         MDP		s prescriptions	ES Signature senior des prescriptions par v Valider Valider		L'analyse en temps réel des informations de la prescription est désactivée.		Informations patient :			
<ul><li>✓</li><li>✓ ★</li></ul>	Vidal A	toires 🔇	⊳ <b>⊙</b> ★			Perfusions		> <b>○</b> ,	Alimental	tion
<b>0</b> *	Epuration Extra-Re	énale	<b>0</b> *			PSL		s 🗘 🤉	Biologie / Bact	ériologie.
•	E.C.M.O.		0×		1	Remplissage vasculai	re e	» 🗘 🤊	k Imager	ie
0*	Isolement / Précau	itions	0×	🕽 🛧 Amines 💿			s 🗘 🤊	Kinésithér	apie	
	Import depuis le traitemer	nt personne	🗘 🛨 Sédation/Analgésie/Curarisation 💿			s 🗘 🤊	Consignes Part	ticulières		
		🗘 🛧 Antibiotiques 💿				<b>•</b> • •	Surveillance			
			♦ ★ Anticoagulants ♦				<b>• •</b> •	Autres Surveillances		
				🗘 🖈 Protocoles d'Insuline				0,	🗙 Ajout de dispositif (élément de soin	
			Ô★ Ⅳ ③				<b>•</b> • •	🖌 Retrait de dispositif (é	lément de soi	
			O ★ Per-OS							
		O ★ Aérosols			_					
			O ★ Médicaments à autre mode d'administration				_			
								_		

Two components can be available to be able to sign (1) and for the senior doctor to countersign (2) if your facility receives medical students.

Various permission options are available for the issuing and signing of medication orders.

- **Medication order authorized, signature required**: the foundation doctor can issue medication orders but the care plan will not be be generated until the senior doctor signs them.
- **Medication order and signature authorized**: the foundation doctor can issue and sign medication orders. In this case the care plan is generated. The senior doctor's countersignature will confirm that the medication orders have been checked.
- Signed medication orders only: in this case, some medication order lines will only be visible in the care plan once the senior doctor has signed.
   For example: narcotics, etc.

**NB:** A medication order automatically saved while it is being written. However, it does not generate the care plan until it is signed.

When you change tabs, a message will remind you to sign the medication order.

Quelle action souhaitez-vous effectuer ?							
?	La prescription du jour a été modifiée. Si vous ne la signez pas, le plan de soins ne sera pas mis à jour ! Quelle action souhaitez-vous effectuer ?						
4.7.5.2	Signer la prescription Ne pas signer la prescription						

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Medication order signature shortcuts				
Keyboard	Function			
button				
F2	Go directly to the <b>by</b> (login) field of the <b>Medication order signature</b> component			
F3	Go directly to the PW (password) field of the Medication order signature component			
F4	Go directly to the <b>by</b> (login) field of the <b>Medication order signature by senior</b> component			
F5	Go directly to the <b>PW</b> (password) field of the <b>Medication order signature by senior</b> component			

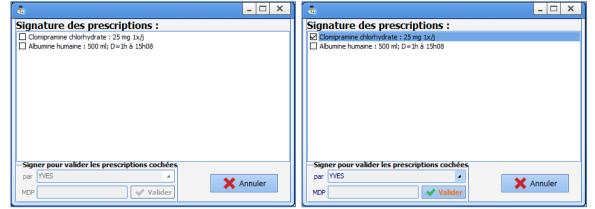
#### 5.7.10.2 Selective signing of medication orders

**DIANE** allows medication orders to be confirmed one by one. A medication order is analyzed by looking at which drugs already have a signed medication order and which drugs have medication orders that are in the process of being signed. Drugs selected for selective signing are not included in the analysis.

To access selective signing of medication orders, click on the **button** in the **Medication order** tab. The following menu appears:

Signature sélective des prescriptions	
Charger une prescription (Ajout)	>
Charger une prescription (Remplace)	>
Arrêter toutes les prescriptions	
Annuler les modifications en cours	

Click on Selective signing of medication orders to display the menu below. Simply tick the boxes next to the medication orders to be signed. As soon as one box is ticked, the doctor can sign using their login and password.



Medication orders can be confirmed line by line by right-clicking on an unsigned medication order. A signature window will appear prompting the doctor to enter their login and password.

		X						
-Sign	Signer pour valider cette prescrition							
par	YVES	4						
MDP		Valider						

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#### 5.7.11 Drug database report

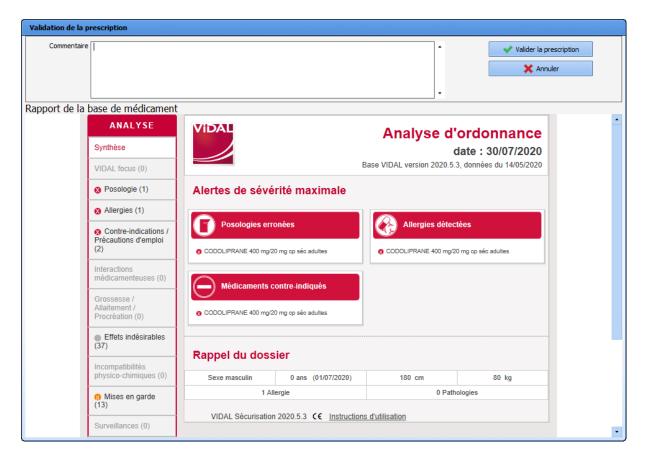
The **DIANE** application is connected via an API to a drug database (either Claude Bernard or Vidal database, depending on your facility) to prescribe safely.

When the software is properly connected to the drug database you will see the 💙 icon on the medication order

	Prescriptions		Prescriptions		
	Prescription		Prescription		
	Protocoles Médicaux		Protocoles Médicaux		
(Vidal 🗸 or BCB (WS) 🖍) and on the Main menu tab (	BCB (WS) 🗸	or	Vigh	✓ .	. However, if
this is an it would be this as some that the use is a second string of		-		1 - 17	,

this icon is red **A**, this means that there is a connection problem. You must contact your facility's IT department to reconnect.

When the medication order is signed, a full report issued by the drug database opens, which you must confirm that you have read.



When you click on the **Confirm medication order** button, the medication order is signed and the care plan is generated.

A summary is always visible in the Medication order tab showing any allergies, interactions, etc.

By hovering over this section you can view the details.

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Rapport de la base de médicament : 1 Alerte(s) allergie	Informations patient :										
<ul> <li>1 Alerte(s) allergie:</li> <li>CODOLIPRANE 400 mg/20 mg cp séc adultes:</li> <li>* Hypersensibilité au paracétamol, risque d'allergie avec le médicament CODOLIPRANE 400 mg/20 mg cp séc adulte</li> </ul>											
1 Alerte(s) posologie:											
	-CODOLIPRANE 400 mg/20 mg cp séc adultes: * Information sur la posologie pour CODOLIPRANE 400 mg/20 mg cp séc adultes										
•+ 1 Pathologie(s):											
-+ -CODOLIPRANE 400 mg/20 mg cp séc a * Contre-indication absolue entre COE	adultes: OCLIPRANE 400 mg/20 mg cp séc adultes et Enfant de moins de 15 ans										
You can see the full report again at any t	ime by double-clicking on the <b>Drug database report</b> area.										

Colour code	2:
Red:	Allergy warning.
Orange:	Dosage, interaction, contraindication and medical condition warning.
Black:	Redundancies and precautions for use.

# 5.7.12 Medication order history

The application lets you easily see the patient's medication order history.

3 Afficher la balance liquidienne	PROTOCOLES INSULINES		
29/07/2020     29/07/2020     29/07/2020     18/07/2020     18/07/2020     11:34:34     18/07/2020     11:33:08	Prescription du 29/07         Signature des prescription           Calores (724h) KG1 (+ KG1/Kg)         par [PALL]           Azote (724h) o (1g/-KG1)         par (25,09)           Vidal         signé par HE	Par     Par     Accure elerte sur la prescription en     Accure elerte sur la prescription en     Accure elerte sur la prescription en     Accure elerte elerte elerte     Accure elerte elerte elerte     Accure elerte elerte     Accure elerte elerte elerte     Accure elerte elerte     Accure elerte elerte     Accure elerte elerte     Accure elerte elerte     Accure elerte elerte     Accure elerte elerte	
- 18/07/2020 09:56:50 - 18/07/2020 08:14:17	O + Paramètres ventilatoires		
E 17/07/2020	SVAC, Sonde d'intubation : en continu	Perfusions     Smofkabiven e perf ptb986ml : 1000 ml; D=8h 1x/j	
-117/07/2020 16:43:17 17/07/2020 16:39:40		4 Sodium chlorure 0.9 % : 1000 ml en continu	■ O ★ Biologie / Bactériologie.
17/07/2020 11:36:19 17/07/2020 10:33:41	🔿 ★ Epuration Extra-Rénale	O ★ PSL	o ★ Imagerie
16/07/2020	↔ E.C.M.O.		A Kinásithárania
- 17/07/2020 06:47:09 - 16/07/2020 22:27:04	🔿 🛨 Isolement / Précautions	♥★ Remplissage vasculaire	
- 16/07/2020 20:10:27 - 16/07/2020 16:47:16	Import depuis le traitement personnel	O * Amines	Consignes Particulières
16/07/2020 14:13:48		Koradrenaline bitartrate : 24 mg + Sodium chlorure 0,9 %: 36 ml en continu     Objectif PAM > 70 mmHg	•
16/07/2020 14:12:21 16/07/2020 12:13:10	Autres (non configurées) Cough assist: 1x/j, modifications à appliquer à partir du	© ★ Sédation/Analgésie/Curarisation	Surveillance     Deoids du patient : ttes les 24h, modifications à appliquer à
	13 Cough assist: 1X/J, modifications a appliquer a partir ou	Midazolam : 50 mg à 7 mg/h (1 mg/mi) en continu	partir du 14/06/2021
	🗘 🛨 Ajout de dispositif (élément de soins)	4 Sufentanii: 250 µg à 10 µg/h + Sodum chibrure 0,9 %: 45 ml en continu Commentaire associé : "Selon score BPS"	Saturation en oxygène du sang artériel : ttes les 2h, modifications à applquer à partir du 14/06/2021
	🔿 🛨 Retrait de dispositif (élément de soins)	⊖ ★ Antibiotiques	Fréquence respiratoire : ttes les 2h, modifications à appliquer à partir du 14/06/2021
	· · · · · · · · · · · · · · · · · · ·	4 Ceftriaxone. : 2000 mg + Sodium chlorure 0,9 %: 250 ml 2x/j	T <sup>o</sup> Tympanique : ttes les 2h, modifications à appliquer à partir du 14/06/2021
		O ± Anticoagulants	4 Diurèse : ttes les 2h
		3 Enoxaparine sodique : 4000 UI 1x/j	Fréquence cardiaque à partir de l'ECG : ttes les 2h, modifications à appliquer à partir du 14/06/2021
		O 🛨 Protocoles d'Insuline	Glycémie capillaire : ttes les 2h, modifications à appliquer à
		0 * IV	PNI (Groupe) : ttes les 2h, modifications à appliquer à partir du 14/06/2021
		Pantoprazole : 40 mg (0.8 mg/m): D=30min 1x/i	Autres Surveillances
		O + Per-OS	Autres Surveillances     Autres Surveillances
	3		
		O ★ Aérosols	
		2 Salbutamol : 5 mg + Ipratropium bromure : 0,5 mg ttes les 8h	•
		♥ ★ Médicaments à autre mode d'administration	

1. Medication order history:

Shows the different changes made to the medication orders during the stay.

- Click on the arrows to the left of the Medication order tab. 1
- Opens the signature history in chronological order. 2
- Select the date and time you want to see.
- The medication order is then displayed as it was.

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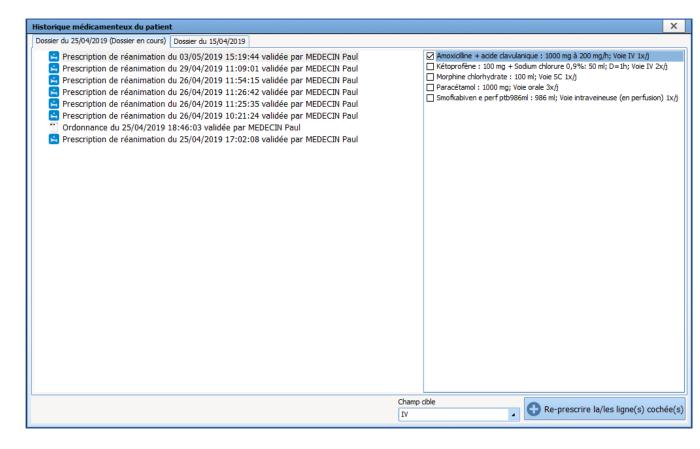
Current medication order (not signed)

Past medication order (signed)

### 5.7.12.1 Patient's drug history

View patient's drug history 3:

Lets you see the different drugs prescribed to the patient during their different stays.



View history of the additional data associated with the record's medication orders Lets you see additional information entered when ordering antibiotics and additional billable drugs.

### 5.8 Pharmacy confirmation

The application can manage pharmacy confirmations. To facilitate this, the entire record is accessible in readonly mode.

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Afficher la balance liquidienne   PROTOCOLES INSULINES					
Sale des prescriptions non autorité         Signature des prescriptions           Colores (C44): 114 KC3 (C73 A KC3)         PRAL         #           Ante (C44): 12 (C13 KC3)         Prix ettrmit : 66,63         Signature des par HEDCCIN Real le 29(87/2820 à 23:40:33           Vidal         Vidal         Signature des par HEDCCIN Real         L	Signature senior des prescriptions per PALL « MDP Signé par HEECCUR Paul le 29/07/2020 à 23-40:03	L'analyse des interactions a échoué avec l'erreur suivante : La connexion à la banque de médicaments n'est pas disponible.	Informations patient :		2 0
🔾 🛧 Paramètres ventilatoires 👁 🔇	imel e n7 poche 11 : 1000 ml en continu	Perfusions	5	• • • •	Alimentation 3
	dium chlorure 0.9 % : 1000 ml en contin	u		<b>○</b> ★	Biologie / Bactériologie.
⊙ ★ E.C.M.O.	*	PSL		• • • •	Imagerie
🔾 🖈 Isolement / Précautions	*	Remplissage vas	culaire		Kinésithérapie
Import depuis le traitement personnel	*	Amines			Consignes Particulières
· · · · · · · · · · · · · · · · · · ·	butamine : 250 mg (5 mg/ml); V=2 ml/h				Surveillance
🔾 🛧 Retrait de dispositif (élément de soins) 🔇	*	Sédation/Analgésie/	Curarisation		Autres Surveillances
0	*	Antibiotique	es	٩	
	xaparine sodique : 4000 UI 1x/j	Anticoagular			
0		Protocoles d'In	suine		
0		IV		•	
	examethasone phosphate : 10 mg + Sod		9	e e e e e e e e e e e e e e e e e e e	
0	*	Per-OS			
0		Aérosols			
	rbutaline sulfate : 5 mg 3x/j				
• • • • • • • • • • • • • • • • • • •	*	Médicaments à autre mode	e d'administration		

Several options are available for pharmacy confirmations.

# 5.8.1 Line-by-line confirmation:

- Click on the grey ball at the end of the line. The ball turns green. The medication order line is now confirmed.
- If you click again, the medication order window opens and you can add a comment in the line provided for this purpose.
- When a comment is entered the ball immediately turns orange.
- If you want to stress the importance of this comment, you can turn the ball red by clicking on it again.

Veuillez saisir l'état de validation et/ou le commentaire pharmacien	
Remplissage vasculaire VIALEBEX * +	Taille : 170 cms Poids : 69 Kgs
VIALEBEX 4% 20g-500ml FL 500ml PERF-IV	contenant et dilution 40 mg/ml
Débit 🔻 🔛 500 ml/h	
□ Ne pas remplacer/substituer Total par jour utilisé pour l'analyse de la BdM: 500 ml	250 200 150
Durée d'administration     ▼     1h       Voie     IV     □ A la demande	100 50 0
Vole       1         Planification       ▼ à 23h07 le 29/07         1       Remarques         du pharmacien       Attention fonction rénale un peu juste	2 Valider X Annuler

### 5.8.2 Aggregate confirmation of a medication order

Lets you confirm all the lines in a medication order in a single click.

- Click on the 💿 icon to the right of the tab 2.
- However, if there is a comment on one of the lines, it will not be modified and the line marked with an orange ball will stay the same.

### 5.8.3 General comment about the medication order

Lets you add a comment for the entire medication order.

- Click on the icon 🗾 3
- Add your comment.

### 5.9 Care plan tab

The **Care plan** tab provides information about the different care provided to the patient throughout the ICU day. It also displays the various physiological and biological parameters recorded.

In the example below, the Care plan tab is split into different specific subtabs:

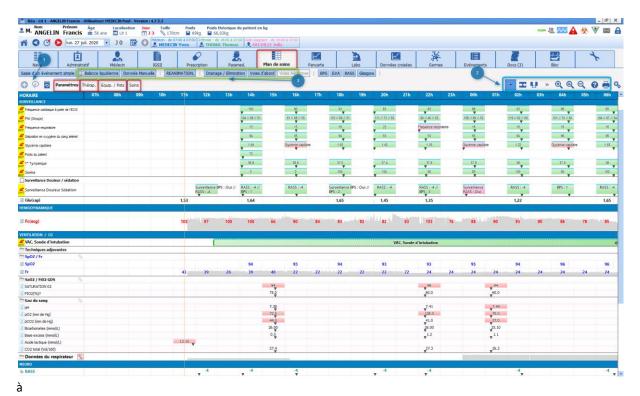
Parameters: this mainly includes the patient's physiological data (entered manually or reported from connected devices) and the reading of the liquid balance outputs.

Treatment: this information comes from the medication order and shows the treatment administered.

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Care: this lets you track different hygiene and comfort care provided to the patient.

The **Care plan** is by default configured for a 24-hour display corresponding to your ICU day and each column represents 1 hour.



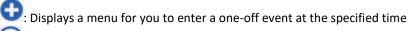
5.9.1 Care plan icons

#### 5.9.1.1 *Icons visible in the headings*

- Line from a medication order.
- 🖄 🆄 : Nurse scheduling line.
- Data entry item line. Lets you enter one-off events.

: Shows that the display lines are merged. By clicking on this icon you can expand the display over several lines.

5.9.1.2 Icons visible in the menu bar (above the care plan)



Prescribe verbally

Θ

Displays a record history window to search by type of data and filter by date

Q : Adjusts the display zoom level

# : Changes the tab arrangement

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🕌 : Displays a custom time slot

? Displays the care plan help tool and explains the colour codes used for occurrences.

: Used to print the screen

💫 : Opens the care plan configuration window

#### 5.9.1.3 *Other icons also visible in the care plan*

#### Types de données

- Paramètre physiologique
- 2 Résultat de laboratoire
- Chronomètre
- Score
- 🖉 Saisie avancée
- 👍 Champ de saisie avancée
- Evènement
- S Médicament

#### Divers

- Présence d'un commentaire
- Σ Affiche la somme des différentes saisies de la colonne
- Résultat de laboratoire mis à jour
- Fichier joint au résultat de laboratoire
- ▲ Déclenchement d'une alarme
- ? Element non disponible dans la configuration du poste
- Groupe de ligne replié (double clic pour déplier)

#### Elements de prescription

- Débit du produit incohérent par rapport à la prescription
- Elément prescrit relié à un appareil
- Prescription arrêtée
- Prescription mise en pause
- Prescription conditionelle
- Dépassement de l'heure d'arrêt prescrite

#### Filtrage des lignes

- Affichage des saisies
- Affichage par voie (médicaments)
- Affichage de la planification infirmière
- Affichage des saisies non configurées (par type)
- 🐇 🛛 Affichage des signatures

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 When the medication order has been changed, a star appears on each changed line on the corresponding medication order in the care plan:

Amines	
💊 Dobutamine	☆
Nétoconazole 2%	☆

When you click on the star, you can see the time at which the medication order was signed. The length of time the star is displayed can be configured by your key users. By default this is 1 hour.

### 5.9.2 Using the care plan

All of the patient's data can be viewed in this tab. You can also enter any new data you wish.

The **Care plan** provides information about all the different care provided to the patient. The data can be entered in different ways depending on the type of line: **From medication order**, **Nurse scheduling** or a **Data entry item**.

5.9.2.1 Data entry items

Almost all of the lines in the Care plan tab are in this category.

These lines are represented by the icon in the heading

### 5.9.2.1.1 Adding an item from the Diagrid.

Example: Mouth care performed at 9 a.m. and 1 p.m.

Saisie d'un événement simple	🕆 Balance liqu	Jidienne	onnée Manu	ele   RE	ANIMATION	Drains	age / Elimina	tion Voies	d'abord V	oies Aérienn	es   BPS	EVA RAS	Glasgow	1						_				
🗘 🗭 💆 Paramètres	Thérap. Ei		Soins 1		ption																<b>1</b>	୍ ତ୍ ବ	୍ର୍	9 🖶
HORAIRE	07h	08h	09h	10h		12h	13h	14h	15h	16h		18h	19h	20h	21h	22h	23h	00h	01h	02h	03h	04h	05h	06h
🐇 Modifications precriptions 📑	\$								MEDECIN Pa	ul.														
" Poids																								
Diurèse	-																-							
UF des 24h	-																-							
IYGIENE																					-			
Isolement																Goutelettes								
Hygiène			-			-										0001041100								
Soins de bouche																								
	nuler																							
	muller		_	-									_										_	
						_											-							
V Sona de bouche u Refa de son de bouche u Saina de bouche : basingen u Saina de bouche : jargariame u Saina de bouche : jargariame u Saina de bouche : jargariame u Saina de bouche : nettoyage Saina de bouche : n	des dents	dentaires																						
LIMENTATION																								
Alimentation rôle propre																								
Résidus gastrique																	-							
Liquide gastrique						_							_											-
IOBILISATION																								
Prescription	4	Contentis	ons Physique																					
Contentions Membres Inférie		contenta	and a share														-							_
Contention veineuse																	-							
Mobilisation																								_
Immobilisations																	-							
AUTRES																								

- Double-click on the heading of the corresponding line.
- The menu window offering the available items opens.
- Select the **Mouth care: sticks** item.
- This will be automatically positioned in the current time column (9 a.m. here).

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HORAIRE	07h	08h	09h	10h	11h	12h	13h	14h	15h	16h	17h	18h
🐇 Modifications precriptions 🛛 🚳							MEDECIN Pau		MEDECIN Paul			
The Poids							*	• •	*			
🛅 Diurèse												
🛅 UF des 24h												
HYGIENE												
🗌 Isolement								(				
🛅 Hygiène												
🛅 Soins de bouche 🛛 🐁		Soins de bouche : batonnets			Soins de bou	iche : baton	nets					
🗂 Soins des yeux			*									

Navig.	Administratif		Médecin		IGSII		Prescription		Paramed.		Plan de so	ins	
Saisie d'un événem	ent simple	🕂 Balance	liquidienne	Donnée M	Manuelle	REANIMA			EVA RASS	Glasgov	w I		
0.0	Paramètres	Thérap.	Equip. / Pst	ts Soins			2				_		
HORAIRE		071	n 08h	09	)h 10	n 1	1h 1	l2h	13h	14h	15h	16h	
🔬 Modifications pre	criptions 🛛	A.\$						ľ	MEDECIN Pau	MEDECIN P	MEDECIN Pau		
Poids									₹	⊽ ₹			
Tolas Diurèse													
UF des 24h													
HYGIENE													
Isolement										-			
— — Hygiène													
Soins de bouche	4	A-4		٠					٠				
🛅 Soins des yeux													
🛅 Soins de nez													
Prévention d'esc	arres												
🛅 Changement de r													
Entretien enviror													
Préparation pré-operation	0												
ELIMINATION													

### 5.9.2.1.2 Adding an item from a 'quick entry' button (2) or from the Make an entry button (1)

The application offers quick entry buttons to enter data at the current time without necessarily being positioned in the tab displaying the data.

- Click on the ICU button (2)
- The menu opens
- Select the item you want
- The action is then entered in the Care plan at the current time

Likewise, you can use the **Make an entry** button located at the top left of the **Care plan (1)**. This lets you access all the items available in your unit.

Saisie d'u	n événement simple 👍 Balanc	e liquidienne D	onnée Manue	elle   REA	NIMATION.	BPS	EVA RASS	Glasgow	]	
C 🧭	Paramètres Thérap.	Equip. / Psts	Soins							
HOR	Fermer le menu 07	'h 08h	09h	10h	11h	12h	13h	14h	15h	16
<u><u>é</u> M( * 1</u>	Evénements  Complications						MEDECIN Pau		MEDECIN Paul	
⊡ Pc ⊡ Di	Donnée Manuelle									
E UI HYGII	Saisies Avancées  Médicaments									
🔲 Is 🛅 Hy	Balance Liquidienne Produits Sanguins							[		
Hy Sc Sc Sc	Commentaires – Saisie Multiple		٠				٠			
-										
	ition d'escarres ement de matériel									
🛅 Entreti	en environnement									
🛅 Prépara	tion pré-op									
CI INAINIATI	ON									

#### 5.9.2.1.3 Add a comment, change or delete an entry item.

You can change an entry made. To do this:

- Click on the entry to change or delete.
- The details window opens.
- Right-click on the details window.
- The options window opens.
- Select the relevant option.

HYGIENE														
🔲 Isolement					[									
🛅 Hygiène														
🖿 Soins de bouche 🛛 🐁		٠		۲										
🛅 Soins des yeux					Évènemer				Saisi par					
🛅 Soins de nez					Soins de b	ouche : bat	onnets :							_
Prévention d'escarres								S	oins de boi	uche : bato	onnets			
🛅 Changement de matériel								A	jouter un o	ommenta	ire (associé	à l'évènemer	t)	
🛅 Entretien environnement								N	<b>Aodifier</b>					
Préparation pré-op								s	upprimer					
ELIMINATION														
🛅 Matériel								-	ermer le n	nenu				
🗖 Bandelette urinaire														

**NB**: If you want to change the data entry time, just drag and drop the occurrence to the time you want. To delete the occurrence you can also drag it to the heading area.

### 5.9.2.2 Confirming device placements and removals

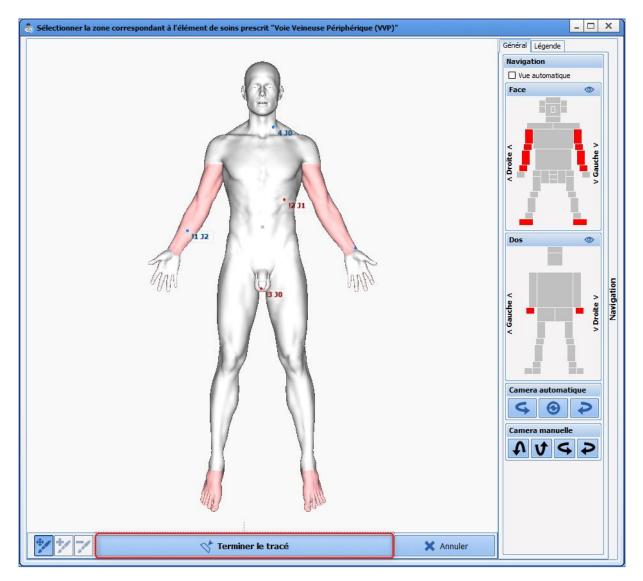
When a device placement or removal is prescribed, this information appears in the care plan like all other medication orders. It is preceded by the tion.

💈 Réa - Lit 1 - ANDRIEUX Paul -													- 8 X
M. ANDRIEUX Paul	🚎 70 ans 📑 Lit 1	🗂 J 2 💊 176a	m 📓 82kg 📓 71,48kg	ique du patient en kg								CCAH .	
ni 🔇 🕓 🜔 jeu. 20	août 2020 🔹 J 2		7:00 à 07:00 N Paul										
	stratif Médeci	n IGSII	Prescription	Paramed.	Plan de soins	Pancarte	Labo	Données croisées	Germes	Evénements	Docs (0)	Bloc	z
Saisie d'un événement simple	Balance liquidienne Do	nnée Manuelle   REAM	IMATION.   Drainage / I	Elimination Voies d'abo	rd I I BPS EVA	A RASS Glasgow							
🕒 💬 🙍 Paramètres	Thérap. Equip. / Psts	Soins EER ECMO									• X U	* Q Q	Q 0 0 9
Hornine	07h 08h	096 106	dith 12b	13h 14h	15h - 16h	17h	18h 19h	500 510	22h 23h	00b 01h	02h 03h	04h	05h 06h
Pres. Pose dispositif													
🛔 Voie Veineuse Périphérique (VVP) 🐒				Voie Veneuse	Resphérique (VVP)								
Pres. Retrait dispositif			241										
🛔 Sonde Vésicale (SAD) 🧯	2	Sonde Vésica	e 🛻 D)		2								
Voies d'abord													
Vole Veineuse Centrale (VVC) geuche n°1 (2h 52min) 20/08 08h01:14	Pose VVC		Suivi Cathéter										
Drainages Elimination													
Redans gauche n*1 (1j 10h ) 20/08 08h53:08 (220)	Suivi des Drains	Suni des Suni des Drains Drains				ľ.					1 ľ		
1 Sonde Vésicale (SAD) (3h 46min) 20/08 09h07:12 (200)	Pose de SAD Surveillance d la sonde	te Surveilance o la sonde	×										
🛅 Drainage Abdo	6												
S Drainage autre (40 ml)	+ 10 mi	v 20 ml	10 ml 🖉										
Pansements													

- (1) Specific medication order lines to place and remove devices in connection with the related medication order fields.
- (2) Occurrence to confirm the action carried out.

### These medication orders are only confirmed from the Care plan.

- Mark the occurrence as done by clicking on the first icon.
- When you click, the diagram pop-up window opens to let you show where the device is located.



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- Position the device.
- Confirm by clicking on the 'Terminate drawing plot' button.
- Now enter the device information as seen in the 'Body diagram' chapter. If the doctor pre-entered information when issuing the medication order, this information will be available but not editable. The other information can be entered.
- Confirming the initial form indicates that the occurrence is done and updates the Body diagram.

M. ANDRIEUX Paul 🛎 70 ans 🔤 Lit 1 🛗 J 2 📏 176cm 留 82kg 留 71,48kg	🖏 Schéma corporel 📃 🗆 🗙
Image: Second content of the second content	Début d'affichage : 20/08/2020 • 07:00:00 📜 💿 💿 Durée affichée : 1j Fin d'affichage : 21/08/2020 • 07:00:00 ‡
Image: State of the s	Soins réalisés et prévus : - Entre le 20/08 07:00 et le 21/08 07:00 - De type Vois d'abord Déselectionner
Paramètres Thérap. Equip. / Psts Sons EER ECHO      Herraire 07h 08h 09h 10h 11h 12h      Pres. Posc dispositif      Voe Veneuse Pérphérique (VVP)      Press Retrat dispositif      Sonde Véscule (SuD)     Sonde Véscule (SuD)	Vue mixée (Dispositifs) Vues d'abord 1.) (r7 Artel (YTA) droite n°1 1.) (r7 Artel (YTA) dr
Visite discusse Centrale (VVC)         Pose VVC         Suite Catholer           gadden nº1 (3h Jam) 30,08         Pose VVC         Suite Catholer           gadden nº1 (3h Jam) 30,08         Pose VVC         Rose VVP           yeadre nº1 (3h Jam) 30,08         Pose VVC         Rose VVP           Datalages Etimination         Suite des Drans         Drans           Redors gade nº1 (1 J3h)         Pose de Suite S	Soins prévus       Voies d'abord       Voi d'abord       Voi d'abord       Voi 18/08 12:01 : Sub/Carbier       Voi 18/08 12:01 : Sub/Carbier       Voi voi Venoue Carbiér (VC) puchen*1       Voi voi voi voi Stavis de Drains       Voi voi Venoue (Carbier       Voi voi voi voi Stavistence de la sonde
t Sond Velscule (SAD) (47 mm) ⊂ 2008 959/12 (200) The Drainage Abdo Sond Drainage autre (40 mm) Partnements Autres	Image: Source Source And

#### To confirm a Device removal, the procedure is the same.

#### 5.9.2.2.1 Items from a medication order

A medication order automatically generates the Care plan lines when signed.

These lines are specific and are denoted by the icon in the name headings. They use the different categories present in the Medication orders tab.

#### 5.9.2.2.2 Indicators of changes or new medication orders.

With each new signature, a message is displayed in all the tabs to tell you what actions need to be taken.



Other indicators show that there are new medication orders or that a particular line has been changed.

The Star next to the name of the medication order line



Clicking on the Star displays the time of the change.
The Medication order changes line at the top of the Care plan shows you who signed for the change. When you click you can see a summary of the changes made.

🐇 Modification Prescription		MEDECIN	N Paul	
<b>H</b> Infection	🍫 💠	Pneumopa		
🗌 Isolement	¢	Goute	bugh assist : 1x/j, modifications à appliquer à partir du 25/06/2021 I Bio Bilan simple : 1x/j butelett	
SOLUTES ET TRAITEMENT			A jeun jusqu'à la reprise du transit : en continu	
Perfusions			Droleptan 1,25mg/2,5ml amp iv 10 : 1,25 mg à 14h00 Si nausées	
Smofkabiven e perf			Calcium chlorure + potassium chlorure + sodium chlorure + sodium lactate : 500 ml;	_
29/07 ptb986ml	1000 n <mark>411</mark> / 8h		D=15min à 10h33 en urgence	
Sodium chlorure 0,9 % (194,792 ml)		I // Continu // 1000 m	iodium chlorure 0,9 % : 1000 ml en continu Sodium chlorure 0,9 % : 1000 ml en continu (planification du plan de soins conservée)	

### 5.9.2.2.2.1 Icons to confirm prescribed occurrences

In the care plan, occurrences are shown according to their duration of administration.

Above each one is a thin light blue line representing the Medication order plan.

This is the medication order as entered by the doctor. Its purpose is to keep the initial medication order. When the administration is early, late or rescheduled, the two lines are separated.

The confirmation options will differ depending on the type of medication orders involved.

Here are the different icons offered and their meaning.

				Libellé	Etat	Début	Prescripteur	Voie
			٩	100 ml de Paracetamol 4x/j		1 <b>4</b> h44	MEDECIN Paul	IV
<b>~</b>	<	4	٩	100 ml de Paracetamol 4x/j	A Faire	1 <b>4</b> h44	MEDECIN Paul	IV

\*: show that the occurrence has been done

 $\checkmark$ : show that the occurrence has been done and enter a comment (and change the time of completion)

\*\*\*: show that the occurrence has not been done

igstyle: display the details of the medication order (opens the editor)

ſ											50	0 ml // Contin	u
ľ								Libellé	Etat	Début	Fin	Prescripteur	Voie
							٩	500 ml de Glucose 10 % en continu		14h56	le 26/10/2019 à 14h56	MEDECIN Paul	intraveineuse (en perfusion)
	1	-	<b>*</b> .	≻	₽	<b>!</b>	Q	500 ml de Glucose 10 % en continu	A Faire	14h56	le 26/10/2019 à 14h56	MEDECIN Paul	intraveineuse (en perfusion)

: enter the dilution

: start the infusion

\*\*: start the infusion and enter a comment (and change the time of completion).

: used to change the flow rate and/or pause

🚟 : lets you start at another flow rate at a specific date/time

			Libellé	Etat	Début	Prescripteur	Dernière modif. par	Voie	Infos Suppl.
		4	100 ml de Paracetamol 4x/j			MEDECIN Paul		IV	
U	/	٩	100 ml de Paracetamol 4x/j	Réalisé	14h44	MEDECIN Paul	MEDECIN Paul	IV	100 ml - 10 mg/ml (Poche à perfuser 100) [ 1000 mg ]

. « cancels' the occurrence (returns to **To do** status)

: enter a comment about the completion of the occurrence

	Libellé	Etat	Début	Fin	Prescripteur	Dernière modif. par	Voie	Infos Suppl.
्। । । । ।	50 mg de Midazolam (1 mg/ml) Dans 50 ml; V=3 ml/h en continu		14h31	le 26/10/2019 à 07h11	MEDECIN Paul		IV	
<mark>≫ ☆ ⊃= ?= II U. t</mark> 2 t2 ∪ ∕ <	50 mg de Midazolam (1 mg/ml) Dans 50 ml; V=3 ml/h en continu		14h31	le 26/10/2019 à 07h11	MEDECIN Paul	MEDECIN Paul	IV	3 ml/h - 1 mg/ml (Seringue 50) DM : 3 mg/h [ 2,2 mg ]

🔫 : stop the infusion

Estop the infusion and enter a comment

I : pause the administration

u.; pause the administration at a scheduled date/time

🕏 : clean the volumetric container

🧱 : clean the volumetric container at a scheduled date/time

					Libellé	Etat	Début	Prescripteur	Voie	Condition
				ч	100 ml de Paracetamol 4x/j			MEDECIN Paul		Si EVA > 4
<b>~</b>	<b>~</b>	<u>^</u>	<b>!</b>	٩	100 ml de Paracetamol 4x/j	A Faire	20h44	MEDECIN Paul	IV	Si EVA > 4

• : show that the occurrence has not been done because the condition is not met

# 5.9.2.2.3 Examples of confirmation of prescribed items

Nom         Prénem         Age         Localisation         Jeur         Talle         Paids         Paids		2 🚾 🕅 🔤
wy. Admission Médecin Prescription Ordenmances Paramet. Pan Paramet.	te Labo Hémod. Respl. Rénale Infect. Evénements Germes Docs (0) IGSII Bio	
d'un événement simple 🔮 Balance Iquidienne Donnée Manuelle   REANIMATION.   Drainage / Elmination Voies d'ab	rd I BPS EVA RASS Gaagow I Schéma Corporel	
Paramètres Thérap. Equip./ Psts Soins EER ECMO	- II + Q (	ର୍ ପ୍ 👩 🖶
IRE 07h 08h 09h 10h 11h 12h 13h 14h	15h 16h 17h 18h 19h 20h 21h 22h 23h 00h 01h 02h 03h 04h	05h 06h
dification Prescription 👋		
DECIN Paul	MEDICIN Paul	
ement 1	Goutettes	
rest TRADICATENT futions		
cose 5 % 🏠	500 ml // Continu	
nplissage		
er lactate 500 mi flac 🙀	500 m <mark>98</mark> 30min	
veillance Transfusion		
adrenaline bitartrate 😭	2 ml/h // [1 mg/ml] // (Objectif PAM > 65 mmHg)	
	4000 UI.// (Nem sprès retour de bloc)	
xaparine sodique 😭	align ur/ ur/a pres retour de bio()	
Os	1000 mg // (Si EVA > 3) 1000 mg // (Si EVA > 3)	
acetamol 😭	1000 mg // (Si EVA > 3)	
BRE GLYCEMIQUE		
cémie capillaire		
idus gastrigue		
nus gas unque		
ns complémentaires		

Reminder:

(1) Icon showing that the line is from a medication order. The name is that of the corresponding medication order field.

(2) Icon showing a pharmaceutical medication order. The name is that of the prescribed product.

#### 5.9.2.2.3.1 Drug prescribed as X per day with a condition

Example: medication order for Paracetamol per os 3 times a day if VAS > 4.

Per-Os			
💊 Paracetamol		1000 mg /	<mark>/ (</mark> Si EVA > 3)

				Libellé	Etat	Début	Prescripteur	Voie	Condition
			٩	Paracetamol : 1000 mg 3x/j		15h11	MEDECIN Paul	orale	Si EVA > 3
🖌 🏹	<u>^</u>	4	٩	Paracetamol : 1000 mg 3x/j	A Faire	15h11	MEDECIN Paul	orale	Si EVA > 3

- Click on the first icon: Do: the occurrence will be marked as confirmed at the current time, represented by the green timeline.
- Click on the second icon: Do (changing the date/time or entering additional information.)

Used to enter the actual completion time. Example: administration done at 3 p.m. (scheduled time), but not confirmed in **DIANE**. By clicking on the Scheduled time button (4) the occurrence will be confirmed at 3 p.m. (You can also use the cursor (1) or the clock (2) to indicate the precise time.)

Or you can give additional information, e.g. the actual dose administered (3), here one 500 mg capsule and not two.

Click on the third icon: the condition is not met: used to indicate that the drug has not been administered because the condition (here VAS > 3) is not met.

### 5.9.2.2.3.2 Treatment with a duration of administration

Dobutamine 5 µg/kg/min continuously without specified dilution prescribed in an emergency (1) (indicator of

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Amines															
💊 Dobutamine		A						25	i0 mg .	// 5 µg/	kg/min				
Noradrenaline bitartrate (13,634 mg)	☆ 🛧^*1 ml/h // [1 mg/ml] // (Objectif PA	PA						Libellé Dobutamine : 250 mg à 5 µg/k	(g/min		Début		Prescripteur		
Anticoagulants							14	en continu			11n50	21n59	MEDECIN Paul	intraveineuse (en perfusion)	
Enoxaparine sodique	ය 	2	-	-	<u>.</u>  >	- 2	 <u>م</u>	Dobutamine : 250 mg à 5 µg/k en continu	kg/min	A Faire	11h50	21h59	MEDECIN Paul	intraveineuse (en perfusion)	

To ensure that the occurrences of the Care plan are representative of the speed of administration and the pace of syringe changes, before starting the administration you must enter the container used and therefore the dilution applied.

• Click on the first icon: Dilution information: used to enter the volumetric container used. This automatically calculates the dilution of the product.

Veuillez préciser/confirmer la dilution de la prescription médecin	
Amines DOBUTAMINE *	Taille : 176 cms Poids : 82 Kgs
DOBUTAMINE PANPHARMA250MG/20ML (*10)         250 mg/20 ml/flacons         Posologie par administration         250 mg       /kg         590,4 mg       590,4 mg	contenant et dilution
Débit ▼ Cos 5µg/kg/min	Seringue 10 (10ml) Seringue 12 (12ml) Seringue 20 (20ml) Seringue 24 (24ml)
Seule la quantité de produit diluant peut-être modifiée Total par jour utilisé pour l'analyse de la BdH: 590,4 mg	Seringue 40 (40ml)           Seringue 48 (48ml)           Seringue 50 (50ml)
Durée d'administration 💌 🗶 10h10min	Seringue 60 (60ml)
Voie intraveineuse (en perfusion)	Poche à perfuser 100 (100m Poche à perfuser 200 (200m
Planification  encontinu à partir du 19/08 à 11/50 en urgence Remarques du pharmacien	Poche à perfuser 250 (250m     Valider X Annuler

• Now click on the second icon: Start: to start the administration.

When necessary, it is also possible to **Change the product concentration** (e.g. need to double the concentration of Noradrenaline to be able to reduce the speed of administration). To do this,

- Click on the first icon: 'Dilution information'
- Now enter the concentration of the product in box (1).
  - If you wish, instead of entering the concentration, you can enter the quantity of main product present in the syringe.

To do this, click on the double-sided arrow in area (2).

Amines	
-	
NORADRENALINE * SODIUM + Taille : 176 cms Poids : 82 Kgs	
SODIUM CHLORURE 0,9% FL 50ml/125ml PER F ISOTONIQUE	
176,958 mg/50 ml/flacons dilution	
☑ diluant	_
Posologie par administration 2 Nosologie par jour 2 2	nl
24 m /m2 Max. 12 m 2 Seringue 48 (48m 3 40-	
Débit 🔺 🔛	
0,5 ml /m2 /min 30-	
Détails 🔺	
Produit principal VE TARTRATE 8mg-4ml AMP 4ml IV+ 20-1	nl
Seule la quantité de produit diluant peut-être modifiée	
Total par jour utilisé pour l'analyse de la BdM: 12 ml	
Durée d'administration 🔻 🗶 48h	
Voie IV A la demande Apporté par le patient	
Planification A /!\La planification n'est pas modifiable /!\	
En continu  Administration urgente Condition Objectif PAM > 65 mmHg	J1
Commentaire	
Preciser une durée	
• Pendant 1             jour(s)                  O Jusque 15:14                 19/08/2020	
Le médecin a apporté des modifications s'appliquant après l'occurrence en cours, les occurrences correspondantes ne sont pas affichées ici 18-08-2020 19-08-2020 19-08-2020 19-08-2020 19-08-2020	
	]
14:00 16:00 18:00 20:00 22:00 00:00 02:00 04:00 06:00 08:00 10:00 12:00 14:0	0
Remarques du pharmacien	ler

For long (continuous) administrations, you can:

• **Change the flow rate**. Click on the third icon: Change the administration rate now: Enter the desired flow rate in area (3) then confirm.

Libellé	Etat	Début	Fin	Prescripteur	Dernière modif. par	Voie	Infos Suppl.
C Dobutamine : 250 mg à 5 µg/kg/min en continu		11h50	21h59	MEDECIN Paul		intraveineuse (en perfusion)	
→ $\blacksquare$	Démarré	11h50	21h59	MEDECIN Paul	MEDECIN Paul	intraveineuse (en perfusion)	1,97 ml/h - 12,5 mg/ml DM : 24,6 mg/h [ 47 mg ]
Changer le débit de l'administration maintenant 1000 mg// (Si EVA > 3)							

- Stop current administration: Click on 'Finish' (first icon)
- Pause administration: Click on 'Pause administration' (fifth icon)

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#### 5.9.2.2.3.3 Confirming and scheduling a medication order for an 'undefined time'.

When a medication order is issued for an 'undefined time', you can schedule the administration at the desired time in the Care plan.

The confirmation of the first occurrence will schedule all the other occurrences taking into account the time of administration and the gap required between each administration.

Example: Enoxaparin 4000 IU once daily 6 hours after leaving the OT.

Anticoagulants				 
Enoxaparine sodique	☆			4000 UI // (H+6 après retour de bloc)
4000 UI // H+	6 après	retour de blo	c)	

On this type of occurrence, a cell with a white arrow on each side shows that you can move the cell to schedule it. To do this, click on the occurrence, and drag and drop it to the desired time (9 p.m. here).

	4000 UI
4000 UI // (H haprès retour de bloc)	(H 19708 2 1100:00 H)

#### 5.9.2.2.3.4 Association with a syringe pump

Care plan occurrences may be associated with a syringe pump (SP). If one is connected to **DIANE**, the **Link with devices** window is displayed when the occurrence is started.

Lien avec les appareils	х
Association d''une occurence du plan de soins à un appareil 😵 Déployer 🖌 🗶 L'appareil n'est	pas
Sélectionnez l'appareil correspondant à votre occurence :	
canal : 1 Pilote Anesthésie/Anesthésie2 "CE" (C / Produit inconnu 10,00 ml/h	8
Afficher tous les PSE et AIVOC détectés durant cette session     Valider ces association	ons
Nom du produit dans le plan de soins :	
NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF	

After clicking on the **Confirm these associations** button, a confirmation message appears to allow you to check the SP information (product name, serial number and container).



If the dilution was not specified when the medication order was issued, a dilution entry/confirmation form appears so that you can check the final dilution.

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Veuillez préciser/confirmer la dilution de la prescription médecin	
Amines NORADRENALINE * Diluant +	Taille : 180 cms Poids : 80 Kas
Diluant non précisé         Pas de dosage         ✓ diluant         Posologie par administration         46       ml         /kg         Max.	contenant et dilution Contenant volumique Seringue 50 (50ml)
Débit A 🚼 /kg /h 0,00 ml /m2 /min	9 ml/h Détails ▲ Produit principal NORADRENALINE TARTRATE 8mg-+ 20-
Seule la quantité de produit diluant peut-être modifiée	Conc. 0,16 mg / ml
Prescription non sécurisable par la banque de médicaments Durée d'administration 🔻 🗙 5h33min	Dilution : 92 % Volume total : 50 ml 10 -
Voie       intraveineuse (en perfusion)         A la demande         Apporté par le patient	5 Seringue 50 (50ml) Volume total : 216 ml
Planification 🔻 en continu à partir du 02/04 à 16h30	
Remarques du pharmacien	Valider X Annuler

When a PS is disconnected, the **PS Management and TCI** window appears in the foreground to indicate that a disconnection has been detected. If the PS is associated with a care plan occurrence,

Gestion PSE et TCI: 1 appare	il(s) détecté(s) durant cette session					х
		♠ Ré	éduire	🗙 Ferm	er la fen	être
	Pilote Anesthésie/Anesthésie2 "E" BPf contenant 50 ml Volume perf/rest/lim : 17,00 ml / Masse perf/rest/lim : / perfusion est toujours en cours sur l'apparei z sur "Interrompre", en cas de fin de perfus		Concent Débit a Mode :	NORADREN tration : 0,16 ictuel : 10,0 PSE Continue Modifier	mg/ml D <b>0 ml/h</b> E Déta n. En cas d	iils
	z sur interrompre , en cas de fin de perfus	aon aiquez	sur Arrete	er (Action par		êter
	OC détectés durant cette session	5 Cacher	le PSE/l'	AIVOC séle	ctionné	

Once the connection is re-established, the product name, concentration and syringe volume can be retrieved by clicking on the **Retrieve this information for the current infusion** button.

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Gestion PSE et TCI	×							
	> Déployer  Fermer la fenêtre							
015711/16593188X         Port COM : 3 n° canal : 1         Etat de la connexion :         Etat de l'acquisition :         Lié au plan de soin :         Etat de l'appareil :         Volume perf/rest/lim : 7,80 ml /         Perfusion	Produit : Produit inconnu     Concentration :     Débit actuel : 10.00 ml/b							
Informations de perfusion Nom du produit NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PE								
Concentration 0, 16 mg/ml Volume seringue 50 ml X Ne pas renprendre ces informations								
Afficher tous les PSE et AIVOC détectés durant cette session								

The link between the occurrence and the SP can be restored by clicking on the **Restore the link and add the volume**.

Gestion PSE et TCI					)	X	
		*	Déployer	🗙 Fermer	la fenêt	re	
015711/16593188X Port COM : 3 n° canal : 1 Etat de la connexion : Etat de l'acquisition : Lié au plan de soin : Etat de l'appareil : Perfusion	Pilote Anesthésie/Anesthésie2 BPf contenant Volume perf/rest/lim : 7,90 ml / Masse perf/rest/lim : /	]	Concen Débit a Mode :	on : NORADRENALI tration : 0, 16 mg/ actuel : 10,00 m PSE Continue Modifier	íml		
	oduit NORADRENALINE TARTRATE & Jébutée à 14h46) semble toujours en		Rétablir la li réintégrer		Ignorer		
Afficher tous les PSE et AIVOC détectés durant cette session     Désactiver la capture des données     Cacher le PSE/l'AIVOC sélectionné							
	la capture des données	ye ca	cher le PSE/I	AIVOC Selectio	nne		

Any volume that is infused during the disconnection can be reinserted in **DIANE** by creating a manual record and entering the start and end time and date of the occurrence, the quantity of product, the infused volume and the calculated average flow rate.

Gestion PSE et TCI						х	
		× D	)éployer	🗙 Ferm	ner la fen	iêtre	
015711/16593188X Port COM : 3 n° canal : 1 Etat de la connexion : Etat de l'acquisition : Lié au plan de soin :	Pilote Anesthésie/Anesthésie2		Concent Débit a	NORADREN ration : 0,16 ctuel : 10, PSE Continue	mg/ml , <b>00 ml/h</b>	RTRAT	
Etat de l'appareil : Perfusion	Volume perf/rest/lim : 17,20 ml / Masse perf/rest/lim : /	/ /	M	lodifier	Déta	ails	
La perfusion du plan de soins (produit NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF, occurrence débutée à 16h27) semble toujours en cours Voulez-vous réintégrer un enregistrement (volume = 2 ml; 17h59 ->18h10 soit un débit = 10,48ml/h) dans Diane ?							
Afficher tous les PSE et AIVOC détectés durant cette session							
Vésactiver	la capture des données	🗾 Cache	er le PSE/l'A	AIVOC séle	ectionné		

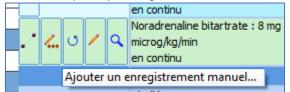
### Records of this type are found in the **Events** tab.

Médicament	Voie	Numéro Serie	Poso	Unité	Concen	Unité C.	H.Occurrence	H.Fin	H.Saisie	Total	Unité T.	Bal. Liq.
NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF	PSE Conti	015711/16593188X	10	ml/h	0,16	mg/ml	02/04 18:10:49	en cours	18:10:49	0,032	mg	+0,2 ml
NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF	PSE Conti	015711/16593188X	10,485	ml/h	0,16	mg/ml	02/04 17:59:22	18:10:48	18:11:22	0,32	mg	+2 ml
NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF	PSE Conti	015711/16593188X	10	ml/h	0,16	mg/ml	02/04 17:58:21	17:59:21	17:58:21	0,016	mg	+0,1 ml

They are also visible on the care plan occurrences.



A manual record can be added to the care plan by clicking on the 🛄 button.



The **Add a manual record to a PS-related occurrence** window appears. The list of the various records associated with the occurrence is visible.

🐁 Ajout d'enregistrement manuel à une occurrence liée à un PSE	X
Nom du produit NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PEF Concentration 0,16 mg/ml Liste des enregistrements associés à l'occurrence	nº de série PSE 015711/16593188X
Perfusion PSE AUTO, Débit : 10 ml/h [13,7 ml] (à 16h27 -> à 17h50)           Perfusion PSE AUTO, Débit : 10 ml/h [0,7 ml] (à 17h50 -> à 17h55)           Perfusion PSE AUTO, Débit : 10 ml/h [0,1 ml] (à 17h58 -> à 17h59)           Perfusion Avec durée (longue), Débit : 10,48 ml/h [2 ml] (à 17h59 -> à 18h10)           Perfusion PSE AUTO, Débit : 10 ml/h [3,1 ml] (à 18h10 -> à 18h30)	Volume à renseigner 13,7 ml ou débit 10 ml/h Date/heure de début de l'enregistrement : 02/04/2021 4 16:27:22 Date/heure fin de l'enregistrement 02/04/2021 4 17:50:48
Ajouter un enregistrement Supprimer l'enregistrement Valider les mo	difications

Records retrieved by the SP are not editable. Only automatic volume reinsertion and other such manual records can be edited or deleted.

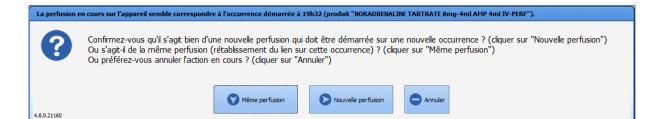
a Ajout d'enregistrement manuel à une occurrence liée à un PSE	×
Nom du produit NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PEF Concentration 0,16 mg/m	n° de série PSE 015711/16593188X
Liste des enregistrements associés à l'occurrence	
Perfusion PSE AUTO, Débit : 10 ml/h [13,7 ml] (à 16h27 -> à 17h50) Perfusion PSE AUTO, Débit : 10 ml/h [0,7 ml] (à 17h50 -> à 17h55) Perfusion PSE AUTO, Débit : 10 ml/h [0,1 ml] (à 17h58 -> à 17h59) Perfusion Avec durée (longue), Débit : 10,48 ml/h [2 ml] (à 17h59 -> à 18h10)	Volume à renseigner           1,91         ml
Perfusion PSE AUTO, Débit : 10 ml/h [3,1 m] (à 18h10 -> à 18h30)	10 ml/h
	Date/heure de début de l'enregistrement : 02/04/2021 17:59:22
	Date/heure fin de l'enregistrement
	02/04/2021 🔺 18:10:48 🛟
Ajouter un enregistrement Supprimer l'enregistrement Valider les mo	odifications X Annuler les modifications

If the start and end time and date of the record overlap with other records, a warning message will appear.

	Date/heure de début de l'enregistrement :
	02/04/2021
	☑ Date/heure fin de l'enregistrement
	02/04/2021 🔺 18:10:48 📮
L'enregistrement débutant à 16h27 et terminan	t à 17h50 (posologie = 10 ml/h) est en conflit.
Supprimer l'enregistrement Valider les mo	difications X Annuler les modifications

If, when the SP is reconnected, the infusion currently occurring on the device seems to correspond to a started occurrence (e.g. a user tries to associate the SP with a care plan occurrence different from the initial occurrence), DIANE ICU will ask you if you want to restore the link with the initial occurrence. Click on the **Same infusion** button if the answer is yes. However, if the infusion is actually a new one (different line in the care plan), click on the **New infusion** button to start a new occurrence.

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If a change is made to the medication order (flow rate to be changed immediately), **DIANE ICU** will ask you if you want to restore the link. If the answer is yes, click on the **Scheduled occurrence**. This will start a new occurrence with the new flow rate prescribed following the initial occurrence. However, if the infusion is a new one (different line in the care plan), click on the **New occurrence** button to start a new occurrence.

La perfusion e	en cours sur l'appareil semble correspondre à l'occurrence démarrée à 22h01 (produit "NORADRENALINE TARTRATE 8mg-4ml AMP 4ml IV-PERF").
3	Confirmez-vous que la perfusion doit-être poursuivie sur cette nouvelle occurrence ? (cliquer sur "Nouvelle occurrence") Ou doit-elle être associée à l'occurrence suivant celle précédement liée (prévue à 23h09) ? (cliquer sur "Occurrence prévue") Ou préférez-vous annuler l'action en cours ? (cliquer sur "Annuler")
4.8.0.21161	Occurrence prévue Nouvelle occurrence

### 5.9.2.2.3.5 Special case of ventilation parameters

The ventilation parameters confirmation window lets you enter the patient's machine parameters without changing the medication order.

Click on the Do icon: this opens the confirmation window showing the information in the medication order. From this window, you can directly enter the patient's monitoring information and the patient's machine data. Clicking on the last icon displays the content entered at confirmation.

			Libellé	Etat	Début	VAC, Sonde o	Prescripteur	Dernière modif. par
		م	Mode : VAC Interface : Sonde d'intubation VT : 428,88mL ; PEP : 5cmH2O SaO2 de 96% à 98% en continu		le 18/08/2020 à 15h15	15h15	MEDECIN Paul	
/ <b>4</b> . 0	/	۹	Mode : VAC Interface : Sonde d'intubation RR : 15bpm ; VT : 428,88mL ; FiO2 : 40% PEP : 5cmH2O SaO2 de 96% à 98%	Réalisé	13h16	le 20/08/2020 à 13h16	MEDECIN Paul	MEDECIN Paul

When you confirm the occurrences in the Care plan, their background colour changes, showing the new status.

The colour code is accessible by hovering the mouse over the

at the top right of the Care plan.

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🕈 🧭 🙍 Paramètres	Thérap. Eq	up./ Psts Sc	oins EER B	CMO															ତ୍ ର୍ ତ	0 🖶 🔍
	07h	08h	09h	10h		12h	13h											Couleurs d'état Plan de prescriptions		
🕻 Modification Prescription 👘 🔍																		Van de prescriptions		
S MEDECIN Paul					MEDECIN		MEDECIN Pa	ul in the second se												
Isolement													Soutelettes					léments prescrits d	ı plan de soin :	
																				En Pause Non documente
Perfusions																	- 1			accuments
Glucose 5 % (145,525 ml)	<b>\$</b>			00 ml // Cor														léments saisis prés		
Surveillance Transfusion																		Terminé En cours	entant une dure	
Amines																				
Dobutamine (52,936 mg)						A				250 mg // 5	µg/kg/min					250 m	ng // !			
Noradrenaline bitartrate (19,346 mg)	4		*1 ml/b //	1 mg/ml] //	(Objectif P)	4M > 65 mm	Hg)		-			 						Cliquez sur le bou	ton pour affiche	Taide complête
Anticoagulants																				
Enoxaparine sodique 🛛 🐒	4								4000 UI // 0	H+6 après rel	tour de bloc)									
Per-Os																				
Paracetamol	1000 mg //	Si EVA > 3)							1000 mg //	(Si EVA > 3)				1000 mg //	(Si EVA > 3)					

5.9.2.2.3.6 Special case of products delivered in blood bags or drip bags

If a blood bag is prescribed (in the Medication order tab), the associated volume will also be requested when the occurrence is performed in the care plan.

х
er

Enter the information about the blood bag in the **Comment** field.

The comment will appear in the Additional Information field when the occurrence is clicked on.

		Prescriptions					
		Libellé	Etat	Début	Prescripteur	Dernière modif. par	Infos Suppl.
٩		Concentré globulaire : 1 culot(s) 1x/j		16h 15	SYSTEM Diane		
J	<u>/</u> Q	Concentré globulaire : 1 culot(s) 1x/j	Réalisé	16h 10	SYSTEM Diane	SYSTEM Diane	1 culot(s) - 180 ml/culot(s) [ 180 ml ] (Numéro 67064893511)

### 5.9.3 Nurse scheduling

The application also lets you enter 'Scheduling' type information to schedule a series of care.

These items are shown in the care plan by the items are confirmed using the same procedure as for confirming the items from a medication order.

		Ĺ			P		+				K	Т	2	$\swarrow$		~	K				¥		ł			<u>.</u>	×
Nav	ig.	Admission	Méd	decin	Prescriptio	on (	Ordonnances			Plan de soins	Pancarte		Labo	Hémod.	R	espi.	Rénale	Infect	. Evé	nements	Germes	Do	ics (0)	IGSII		Bloc	
Saisie d'	un événer	nent simple	🕂 Balance I	lquidienne	Donnée N	tanuelle	REAND	ATION.	Draina	ge / Elimination	Voies d'abord	BP	5 EVA RAS	S Glasgow	Schém	na Corporel											
0 9	0	Paramètres	Théran	Equip / Pa	sts Soins	CEP 6/	CMO																-	<b>TR 1.1</b>	zh (		0 🖶 🤇
										431						401							_				
HORAIR			07h		Sh O	09h	10h	11h MEDECIN Pau	12h	MEDECIN Paul		15h	16h	17h	18h	19h	20h	21h	22h	23h	00h	01h	02h	03h		04h 0	5h 06h
# Hodit		recriptions	1. A.					PEDECIN PAU		WEDECLIN PAU		-												_	_		
Diure			_									-												_	_		
TUF de												-												_	_		
HYGIENE					_		_									-							-				
Isoler					_													Goutelettes									
The Hygiè							_											AVAILUED									
	de bouche										Soin	is de be	ouche : batonn	ets	- (	Soins de bo	ouche : batone	nets		Soins de bou	che : batonne	ts		Soins de	bouche :	batonnets	
	des yeux		-									1						15-14		Cart	Different Descent	data a			4		
	de nez			_	_							-					1114	Soins de b ttes les 4h	ouche : batonn	ets : A Faire	19h41 MEDE	CINERAL	-	_	_		
	ntion d'es	carres					_					-			_		· · · · · ·	ttes les 4h							_		
"" Chang	ement de	matériel										-															
Entre	tien envire	onnement																									
🐂 Prépa	ation pré-	op																									
🐃 Matér	el																										
	lette urin	aire.																									
Urina																											
Transi												_															
Diges												_															
ALIMENT												_															
	ntation rö 15 gastriqu											-			_					_					-		
	e gastriqu											-												_	_		
MOBILIS/		•	-			-		_	-					_	_				_		_	_					
		mbres Inférie	eurs																								
	ntion vein											-															
Mobil							_					-													_		
🗀 Imm	bilisation											-															
AUTRES																											

### 5.9.4 Fluid balance

The application makes it easy to calculate the total intake/output.

'Intake' is calculated from the administrations entered from the Care plan (including the quantities entered for product dilutions, which is why it is important to enter them before commencing administration.) 'Outputs' are derived from the quantifications from the Care plan.

M. AN	DRIEUX Par	om Âge ∎ 70 a	Localisation			📔 82kg 🛛 📔	s théorique du p 1,48kg	patient en kg														60	• 🗶 砅	<b>V</b> 🖂	A
ń O	🕑 🜔 jeu.	20 août 2020	· J2 🗒	0	decin - de 07:00 MEDECIN Pa	à 07:00 ul																			
Navi		nistratif	Médecin		IGSII	Prescript	on F	aramed.	Plan de		Pancarte		Labo	Donn	nées croisées	Germ		Evéneme	ints	Docs (0)		Bloc		r	
Saisie d'un	événement simple	Balance le	quidienne Donné	e Manuelle	REANIMA	TION.   Dra	nage / Eliminatio	n Voies d'abo	vrd	BPS EVA	RASS Glasgo	W I													
<b>O</b> Ø	Daramètre	s Thérap. I	Equip. / Psts Soi	IS EER	ECMO															- 2	U S	1h 🔍	ର୍ ପ୍	0 🖶	٩,
HORAIRE		07h	08h	09h	10h	11h 1	!h 13h	14h	15h	16h	17h	18h	19h	20h	21h	22h	23h	00h	01h	02h	03h	04h	05h	06h	
Hodficat prescript	ions de la ions	2		DECIN Paul																					
SURVEILLAN																									
HEMODYNA	MIQUE																								
VENTILATION																									
VAC, Son	de d'intubation	<b>\$</b> 4		VAC Sond	d'intubation										VAC, Sonde										-
Distant sectors.																e d intubation									
- recnniqu	es adjuvantes			The Joing	GIRLOUILION										THE, JOHN	e d intubation									
NEURO	es adjuvantes			TAC, JOIN											THE, JOINT	ed intubation									
															THE, JOINT	e d'intubation									
NEURO	membres			742, 30110											THE, JOHN	e d intubation									
NEURO Pupilles ; ELIMINATION	membres I/DRAINAGE														The, John	e d'intubation									
NEURO	membres I/DRAINAGE	~		2											the, John	e d'influbation									
NEURO Pupilles ( ELIMINATION Lavages Diurèse Diurèse (2)	membres I/DRAINAGE vésicaux 20 mi)	~	y SO mi	2)											UNC, JOINT	e d' influbation									
NEURO Pupilles ( ELIMINATION Lavages Diurèse Diurèse (2)	membres I/DRAINAGE vésicaux	~		2)												d intubation									
NEURO Pupilles ; ELIMINATION Lavages Diurèse (2 Melevén	membres I/DRAINAGE vésicaux 20 ml) itomies urinaires n Fécale	ار الم		2												e d' intubation									
NEURO	membres I/DRAINAGE vésicaux 20 ml) tomies urinaires n Fécale ation drainage plei	stal		2)												e d' intubation									
NEURO	membres I/DRAINAGE vésicaux 20 ml) itomies urinaires n Fécale	vita a la construcción de la con	y 50 ml	2)												e d'intubation									
NEURO	membres I/DRAINAGE vésicaux 20 ml) tomies urinaires n Fécale ation drainage plei	stal	y 50 ml	20 ml		10 ml _										e d'intubation									
NEURO	r membres //DRAINAGE //DRAIN	vita a la construcción de la con	y 50 ml	2)		10 ml <sub>v</sub>										e d' infutbation									

- (1) Button displaying the Fluid balance.
- (2) Display of the quantity entered during the reading.
- (3) Daily total of the same output: this total is calculated over the display day, here from 7 a.m. to 6:59 a.m.

### 5.9.4.1 Quantification of 'Outputs' in the absence of the body diagram

There are two ways to quantify 'Outputs':

- Using the level: during your reading, simply enter the total quantity in the container.
- \_ Double-click on the desired item in the heading column (Other drain here).
- \_ Select the 'Enter using level' option at the top of the list.
- The pop-up window opens to enter the quantity.

\_ Confirm.

The daily total is then displayed in the heading column, and the difference between the previous entry and the

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N.B.: as long as no reset is carried out, the 'Previous level' (3) displayed in the pop-up window will show the total since the first entry.

-	-	_	(		_			_	<u> </u>					
0	$\boldsymbol{arphi}$	0	Paramètres	Thérap.	Equi	p. / Psts	Soins	EER	ECMO					
HORA				071	1	08h		9h	10	Dh	11h	12h	13h	14h
🖌 Mo pre	dficati	ions de	e la 💦	\$			MEDEO	IN Pa	ul					
SURVE				_			V							
немо	DYNA	MIQUE												
VENTI	ATION													
o VA	C, Son	de d'ir	tubation	<u>~</u> .			''A(	, Son	de d'int	ubation				
Teo	hniqu	es adju	ivantes		e du n	iveau								
NEURO	)			0 ml										
🛅 Puj	oilles /	mem	bres	10 m										
ELIMIN	ATION	I/DRAI	NAGE	20 m										
🛅 La	vages	vésica	ux	30 m										
🛅 Diu	rèse			40 m										
No. Diur				50 m										
			s urinaires	60 m										
🗂 Elin	ninitio	n Féca	le	70 m	d in									
			drainage pleur	80 m	d -		L							
			drainages autro	90 m	d -									
200	inage	autre	(40 ml)	100 r	nl		20	m			10 ml ▼			
	DRAI	N AUT	RE	110 r	nl		L		_					
2	Autre	e posol	ogie	120 r	nl									
_				130 r	nl									
				140 r	nl									
				150 r	nl									
				160 r	nl									
				170 r	nl									
				180 r	nl									
				190 r										
				200 r	nl									
				210 r	nl									
				220 r	nl									
				230 r	nl									
				240 r	nl									
				250 r	nl									
				260 r	nl									
				270 r	nl									
				280 r	nl									
				290 r	nl									

🔁 Lavages vésicaux		
🛅 Lavages vésicaux		
🛅 Diurèse 🖏	40	Saisie de sortie par niveau (balan je liquidienne)
So ml 120 ml S0 ml	Ent	rez le niveau (à 09h39)
🛅 Relevés stomies urinaires		
Eliminition Fécale		3 Drainage autre m après la mesure
Cuantification drainage pleural	Cor	nmentaire Précédent niveau : 220 ml à 09h06
Cuantifiaction drainages autres		
Subscript Section Sect	10 ml 👷	
Surveillance SNG		
Commentaires		Valider 🗙 Annuler

- (1) Box to enter the quantity in mL.
- (2) Reset: checking this box lets you start quantification again from zero (when you change the container or empty it).
- (3) Previous level indicator.

#### • Using the volume:

This method lets you enter the difference between the previous reading and the current reading.

- \_ Double-click on the desired item in the heading column (Other drain here).
- \_ Select the desired quantity from the menu.
- \_ The entry is automatically displayed in the current time slot.

### 5.9.4.2 Viewing the overall Fluid balance:

The patient's overall input/output report is displayed using a shortcut button under the tabs.

	🚊 1 )			$\mathbf{P}$	2		$\swarrow$
Navig.	Administratif	Médecin	IGSII	Prescription	Paramed.	Plan de soins	Pancarte
Saisie d'un événemen	t simple 🕂 Balance I	iquidienne Donnée Man	uelle   REANIMATI	ION.   Drainage / E	limination Voies d'abo	rd     BPS EVA	RASS Glasgow

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🐔 Détail de la balance liquidienne	×
Entrée(s): 3491,511 ml	Θ
Sondais standard (Hors AMH): 1000 ml en contru Aarts contrille rado - 99, 44ml	Echelle 2 heures
✓ 2004: DRAW PERBAR, (C 21/01/2020 à 004:11)                 ✓ Store DRAW PERBAR, (C 21/01/2020 à 004:11)                 ✓ Store DRAW PERBAR, (C 21/01/2020 à 004:11)                 ✓ Done DRAW PERBAR, (C 21/01/2020 à 004:01)                 ✓ Done DRAW PERBAR, (C 21/01/2020 à 004:01)                 ✓ Done DRAW PERBAR, (C 21/01/2020 à 004:02)                 ✓ Store GASTRIQUE (C 21/01/2020 à 004:060)                 ✓ Store Schole (ENDUARE (C 22/01/2020 à 004:060)                 ✓ Store Schole (ENDUARE (C 22/01/2020 à 03:060)                 ✓ Store CENDUARE (C 22/01/2020 à 03:060)	- 2 000 -2 500 21/01/2020 21/01/2020 22/01/2020
20/01/2020 • 11:00:00	
22/01/2020 - 11:00:00 Total selectionne	2
Grouper les résultats par produit	mi 🚽 🔍

- (1) Calculation of total intake: the detail of each input is shown underneath.
- (2) Total outputs: the detail is shown underneath.
- (3) Total: calculation of a patient's total fluid intake and output (all intakes and outputs).
- (4) Selected total: calculation of a patient's total fluid intake and output (selected intakes and outputs only).
- (5) Used to select a customizable time slot. By default, this field shows the previous ICU day.
- (6) Check box for pooling intakes:
  - By product
  - By medication order
  - By care item
- (7) Check box for pooling outputs:
  - By product (or route)
  - By medication order
  - By care item

### 5.9.5 Care plan history

The Care plan history button lets you quickly view, group and analyze the data entered and collected in the Care plan.

Its search functions let you rapidly retrieve data in the record.

The 'Mixed view' function lets you analyze the data.

The data is presented in a table that can be printed or exported as a spreadsheet or in PDF format.

Réa - Lit 2 - ANGELIN Francis - Utilisateur: MEDECIN Paul - Version : 4.7.5.3		- 6
M. ANGELIN Francis 🚔 56 ans 🔂 Lt 2	Poids Poids théorique du patient en kg	ccare 🔮 🚮 🛕 👲 🔤
I V G G Ieu. 06 addi 2020 - J I EB V 🔝 MEDECIN YV	107:00 (offmer - de 07:00 à 13:00) (offmer - de 19:00 à 07:00) Adde Sognant - de 07:00 à 19:00 es 🕱 HURRE Alice 🕏 BESSAC Laurent 🔍 VASSEUR Julien 🔍 BELVILLE Julia	
Navig. Administratif Médecn 16511	Prescription         Paramed.         Paramed.	Docs (3)
sie d'un événement simple 🔅 Balance liquidienne Donnée Manuelle   REANIMA	TION.   Dramage / Elimination Voies d'abord     BPS EVA RASS Glasgow	
Paramètres Thérap. Equip. / Psts Sons EER ECHO 1 autre	prescription 2	🗾 ଅ 🖞 🔹 ପ୍ ଣ୍ ପ୍ 🗑 🖶
	ih 12h 13h ih 15h 16h 17h 18h 19h 20h 21h 22h 23h 00h 01h	
Hodications de la MEDECIN MED prescriptions Yves_ Yves_		
Poids du patient 69		Plage horaire
VEILLANCE	be 01/07/2020 · 0730000 · au 07/08/2020 · 0730000 · O Jour precedent Jour sunant O KC automatiquement O Americe ses	automatique
réquence cardiaque à partir de l'ECG	Plan de soin Plan de prescription Plan de prescription Résultats labo Sasies avancées Scores Paramètres Événements Médicaments Orionomètres Ala	rmes Signatures Vue mixée Rechercher
Ni (Groupe) 105 // 71 // 60 136 // 102 // 78	2	
	dg 100	Echelle 104/15
réquence respiratoire	9 95	Automatique
turation en oxygéne du sang antinet		min : 35,3 max : 102 495
vcémie capitaire 1,63 1,41		Type de courbe
ds du patient		Courbe O Aire O Point
Tymperique 37,5 37,8		
arites 37120		Options d'affichage
v v		Discontinuités supérieures à 00:02:00
urveillance Douleur Sédation RASS: -4// BPS : 1 RASS : -4		Fonctions
lu(cap) 1,63 1,41		Fonction Période Coul. Largeur 1.5
ODYNAMIQUE		Moyenne 10 • • • • 1 •
	50	20 Medane 30 • • • • • 1 •
Fc(ecg) 80 92 102 103 1	2 45	□ Tendance 50 • • • • • • 1 • 84
	40	Variation (%)
ILATION / 02		Mesures
AC. Sonde d'intubation	12H00 05/18 18H00 05/18 00H00 04/08 06H00 06/18 12H00 06/18 00H00 05/18 06H00 07/18 06H00 07/1	Statistiques
chniques adjuvantes	1 Données ; Distinguer les sources te sources	maximum : 102 .
02 / Fr %	Eléments disponibles Béments activés	minimum : 46 étendue : 56
02	Process Process 4	moyenne : 71,82 nombre de valeurs : 167
		asymétrie : 0,59 kurtosis : 3,14
102 / FI02 GDS	P.neutrophiles % (POPk)	NJ (056 + J) 17
iz du sang	PASm Pc(\$p02)	
7.41	□ sp02pr	
2 (mm de Hg)	- ₩ Phim	·
02 (mm de Hg) 41.0		
carbonates (mmol/L) 26.00	Elément : 0,0 temp 6 0 0 0 Empriment	
ise excess (mmol/L) 1-2	C	8
02 total (Vol/100) 27.3	27.9	
onnées du respirateur 🔣		

- (1) 'History' button.
- (2) Record 'History' pop-up window.
- (3) Subtabs giving access to the different types of data available.
- (4) Expandable area giving access to advanced curve processing functions.
- (5) Area to select a customizable time slot.
- (6) Text search box.
- (7) Area to select available items.
- (8) Export and print button.

u 30/07/2020 - 07:00	:00 📜 au 07/08/2020 🔺	07:00:00 🛟	Jour précédent Jo	ur suivant 🜔 🛛	Rafraichir automatique	ement 💿 A	fficher les données	📙 Plage hora	ire 🛛 Lar aut	geur colonne tomatique
Plan de soin Plan de prescr	iption Elements de soins Ré	sultats labo Sais	sies avancées Scores	Paramètres Év	ènements	Médicaments	Chronomètres Alarr	mes Signatures	Vue mixée	Recherche
lecherche effectuée : RASS			Ļ							
aisie avancée										
leure d'occurence	Nom	Plan de soin	Saisi par	Saisi à	Détail					
020/08/05 12:10	Surveillance Douleur Sédation	х	Céline BRETON	2020/08/05 13:28	Surveilla	nce BPS : Oui   R	ASS : -4			
020/08/05 14:08	Surveillance Douleur Sédation	x	Céline BRETON	2020/08/05 14:08	RASS : -	4   BPS : 1				
020/08/05 16:32	Surveillance Douleur Sédation	x	Carole BULLE	2020/08/05 16:33	RASS : -	4				
020/08/05 20:05	Surveillance Douleur Sédation	x	Yves MEDECIN	2020/08/05 20:05	RASS : -	4				
020/08/05 22:21	Surveillance Douleur Sédation	x	Thomas THOMA	2020/08/05 22:21	RASS : -	4   BPS : 3				
020/08/06 02:40	Surveillance Douleur Sédation	x	Thomas THOMA	2020/08/06 02:41	RASS : -	4				
020/08/06 06:49	Surveillance Douleur Sédation	x	Thomas THOMA	2020/08/06 06:49	RASS : -	4				
020/08/06 08:40	Surveillance Douleur Sédation	x	Alice HUERRE	2020/08/06 08:40	RASS : -	4   BPS : 1				
020/08/06 10:27	Surveillance Douleur Sédation	x	Alice HUERRE	2020/08/06 10:27	RASS : -	4				
020/08/06 14:23	Surveillance Douleur Sédation	х	Alice HUERRE	2020/08/06 14:24	RASS : -	4				
020/08/07 00:19	Surveillance Douleur Sédation	x	Laurent BESSAC	2020/08/07 00:19	RASS : -	4				
020/08/07 06:31	Surveillance Douleur Sédation	х	Laurent BESSAC	2020/08/07 06:31	RASS : -	3				
tore										
leure d'occurence	Nom	Plan de soin	Saisi par	Saisi à	Détail				Valeur	
020/08/05 12:10	RASS	-	Céline BRETON	2020/08/05 13:28	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/05 14:08	RASS	-	Céline BRETON	2020/08/05 14:08	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/05 16:32	RASS		Carole BULLE	2020/08/05 16:33	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/05 20:05	RASS	-	Yves MEDECIN	2020/08/05 20:05	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/05 22:21	RASS	-	Thomas THOMA	2020/08/05 22:21	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/06 02:40	RASS	-	Thomas THOMA	2020/08/06 02:41	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/06 06:49	RASS	-	Thomas THOMA	2020/08/06 06:49	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/06 08:40	RASS	-	Alice HUERRE	2020/08/06 08:40	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/06 10:27	RASS	-	Alice HUERRE	2020/08/06 10:27	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/06 14:23	RASS		Alice HUERRE	2020/08/06 14:24	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/07 00:19	RASS	-	Laurent BESSAC	2020/08/07 00:19	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/07 06:31	RASS	-	Laurent BESSAC	2020/08/07 06:31	RASS : -	3:	Sédation moyenne	mouvement à l'ap	-3	
020/08/05 12:10	RASS	-	Céline BRETON	2020/08/05 13:28	RASS : -	4:	Sédation profonde	aucune réponse à	-4	
020/08/05 14:08	RASS	-	Céline BRETON	2020/08/05 14:08	RASS : -		Sédation profonde	aucune réponse à	-4	
020/08/05 16:32	RASS	-	Carole BULLE	2020/08/05 16:33	RASS : -	4: (2)	Sédation profonde	aucune réponse à	-4	
020/08/05 20:05	RASS	-	Yves MEDECIN	2020/08/05 20:05	RASS : -		Sédation profonde	aucune réponse à	-4	
020/08/05 22:21	RASS	-	Thomas THOMA	2020/08/05 22 21	3 ASS : -	4:	Sédation profonde	aucune réponse à	-4	

- (1) Text search box.
- (2) Lets you search for the keyword in all tabs except parameters. Here the RASS search displays the reports for the different entries made in the record during the stay.
- (3) Directional arrow to move from one result to another.

# 5.9.6 Case of doctor-ordered administration

In the Care plan tab, DIANE lets you administer products ordered by a doctor.

9 👰 💿	Paramètres	Thérap.	Equip./ Psts	Soins		
RAIRE Effectuer une administration demandée par un médecin						

The entry appears in the care plan with a special icon.

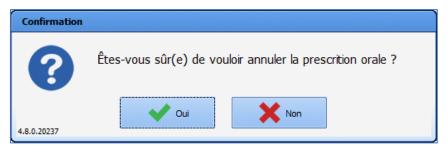
💊 Paracetamol (500 mg) 🛛 🙀

Provided it has not been confirmed by a doctor, an erroneous entry can be cancelled by clicking on it to display a menu.

			Libellé	Etat	Début	Prescripteur	Dernière modif. par	Voie	Infos Suppl.
		٩	Paracetamol : 500 mg 1x/j		12h04	MEDECIN Yves (Administration demandée oralement par le médecin)		orale	
U	An	nule	Paracetamol : 500 mg r la prescription orale	éalisé	12h04	MEDECIN Yves (Administration demandée oralement par le médecin)	SYSTEM Diane	orale	1 gélules - 500 mg/gélules [ 500 mg ]
-	Pai	race	etamol		<b>.</b> !				

If the user cancelling the entry is different from the user who entered it, a confirmation message is displayed.

500 m 🖓 🔤



In the Medication order tab, the medication order appears in light pink with an urgent stop icon.

<b>⊙</b> ★	Antalgiques	٢
1 Paracetamol : 500 mg 1x/j		=1

Doctors can confirm a medication order by opening it. A message confirming that the medication order has been urgently stopped appears.



The medication order can also be re-enabled.

I Paracetamol : 1000 mg 1x/j, mo	difi
Prescription en arrêt urgent depuis 12h29 Cliquez pour réactiver	M
 Saisie par Yves MEDECIN (à 12h29)	

# 5.10 Picking plan

The picking plan can be printed from the Medication order tab and from the Care plan tab.



The picking plan can also be printed from the Reports/Printouts tab of the ICU portal.

résents	Liste des soins	Rapports / Impressions
Selection		
-	s) validée(s) par jour (s) validée(s) par jour validées	
d'un service    d'un patient    d'un patient    d'un e réanimation    des patients en charg	e	
Restriction temporelle		
☐ Indure uniquement les prescriptions validées ent -Choix d'une plage horaire (en ● 3 ○ 6 ○ 12 ○ 24	rele:	et le 16/03/2021

The picking plan can be printed for four different time ranges.

3 heures
6 heures
12 heures
24 heures

Only products that have a dosage and are scheduled to start within the time interval (3, 6, 12 or 24 hours) starting from the current time are taken into account.

ETABLISSEMENT	Service de Réanimation				
Mr DUPOND Pierre Date de naissance: 01/01/1970 Age: 51 ans / Polds: 84 kg (Le 16/03/2021 à 10h16) Localisation: Service de Réanimation > Réanimation > Chambre 1 Admission le 11/03/2021 à 16h49	Document édité par : RPPS : 65432109876 MEDECIN Yves				
Plan de cueillette du mardi 16 mars 2021 10:18 au	u mercredi 17 mars 2021 10:18				
Signée par MEDECIN Yves à 10h16	RPPS : 65432109876				
BIONOLYTE G 5 % 1000 ML POCHE FREEFLEX (*10) - DCI : ASS D ELECTROLYTES 1 poche soit 1000 ml	+GLUCOSE : 1000 ml (1 poche/1000 ml), à administrer				
BIONOLYTE G5% FL 1000 MLKABIPAC (*10) : 2000 ml (1 flacon/1000 ml), à admin	nistrer : 2 flacon soit 2000 ml				
Diluant non précisé : 85 ml , à administrer : 85 ml					
INS HUMALOG 100 U/ml FL 10 ml SC : 1 flacon (1000 Ul/10 ml/flacon), à admini	istrer : 50 UI soit 0,5 ml soit 0,05 flacon				
MIDAZOLAM 50mg-10ml AMP10ml PERF-IV IM : 1 ampoule (50 mg/10 ml/ampo	oule), à administrer : 50 mg soit 10 ml soit 1 ampoule				
ONDANSETRON INTAS SOL 4MG/2ML(*10) *HOP : 3 ampoule (4 mg/2 ml/ampo	oule), à administrer : 12 mg soit 6 ml soit 3 ampoule				
SODIUM CHLORURE 0,9% PC 50 ml PERF ISO TONIQUE : 3 poche (450 mg/50 m poche	nl/poche), à administrer : 1350 mg soit 150 ml soit 3				
SODIUM CHLORURE 0.9% 1000MLPOCHE FREEFLEX (*10) : 1 poche (9000 mg/10 soit 0,05 poche	000 ml/poche), à administrer : 445,5 mg soit 49,5 ml				
SODIUM CHLORURE 0.9% 50MLPOCHE FREEFLEX (*60) : 1 poche (450 mg/50 ml poche	l/poche), à administrer : 72 mg soit 8 ml soit 0,16				
SUFENTA AMP INJ 250MCG/5ML(*10) SUFENTANIL 3400891536621 : 1 ampoule (250 µg/5 ml/ampoule), à administrer : 250 µg soit 5 ml soit 1 ampoule					
VANCOMYCINE SANDOZ 1G (*1) : 2 flacon (1000 mg/20 ml/flacon), à administre	er : 2000 mg soit 40 ml soit 2 flacon				
Nombre de médicaments : 11					

In the Reports/Printouts tab of the ICU portal, you can print the picking plan for:

### - a unit

🖞 Portail de réanimation - Chambre 1 - BOW38 - MEDECIN Yves - Versio	n : 4.8.0.21043 💶 🗆 👌
	🛛 🔯 🖕 🚣 🏒 📼 🕯
Présents Liste des soins Rapports / In	pressions
Selection	Impression du plan de cueillette du jeudi 18 mars 2021 11:19 au jeudi 18 mars
Dernière(s) prescription(s) validée(s)     Dernière(s) prescription(s) validée(s) par jour     Première(s) prescription(s) validée(s) par jour     O Toutes les prescriptions validées	2021 17:18 du service Service de Réanimation (Patients présents uniquement) ATROPINE SULFATE 0,50mg-1ml AMP 1ml IV SC : 1 ampoule (0,5 mg/ml/ampoule), à administrer : 0,5 mg soit 1 ml soit 1 ampoule
Les prescriptions médicamenteuses     Les éléments à réaliser du plan de soin (liste chronologique)     Les éléments à réaliser du plan de soin (tableau chronologique par patient	AUGMENTIN 1g+200mg FL IV-PERF : <b>1 flacon</b> (1000 mg/flacon), à administrer : 1000 mg soit 1 flacon
Les elements à realiser du plan de son (tableau chronologique par patient     Les transmissions     Les synthèses     Les évolutions	BIONOLYTE G 5 % 1000 ML POCHE FREEFLEX (*10) - DCI : ASS D ELECTROLYTES+GLUCOSE : 1000 ml (1 poche/1000 ml), à administrer : 1 poche soit 1000 ml
Plan de cuellette	BURINEX 2 mg-4 ml AMP 4 ml IV-PERF : 10 ampoule (2 mg/4 ml/ampoule), à administrer : 20 mg soit 40 ml soit 10 ampoule
d'un service     Od'un patient	Diluant non précisé : 635 ml , à administrer : 635 ml
Odune réanimation Odes patients en charge	DOBUTAMINE PANPHARMA250MG/20ML (*10) : 2 flacon (250 mg/20 ml/flacon), à administrer : 500 mg soit 40 ml soit 2 flacon
Restriction temporelle	GLUCAGEN 1 mg-ml FL 1 ml IM IV SC : 1 flacon (1 mg/ml/flacon), à administrer : 1 mg soit 1 ml soit 1 flacon
	GLUCOSE 10% PC 250 ml PERF-HYPERTONIQU E : 1 poche (25000 mg/250 ml/poche), à administrer : 25000 mg soit 250 ml soit 1 poche
Restriction géographique	GLUCOSE 10% PC 500 ml PERF HYPERTONIQU E : <b>1 poche</b> (50000 mg/500 ml/poche), à administrer : 50000 mg soit 500 ml soit 1 poche
Inclure uniquement les patients présents SelectBlocPersonnel	GLUCOSE 2.5% PC 1L PERF HYPOTONIQUE : 1 poche (25000 mg/1000 ml/poche), à administrer : 25000 mg soit 1000 ml soit 1 poche
Gervice Anesthésie     Gervice Gyneco-Obstétrique	HEPARINE SODIQUE 25000 UI/5 ML : 2 flacon (25000 UI/5 ml/flacon), à administrer : 50000 UI soit 10 ml soit 2 flacon
Bervice de Réanimation	IPRATROPIUM 0,5mg-2ml UNIDOSE SOL INH : 1 récipient unidose (0,5 mg/2 ml/récipient unidose), à administrer : 0,5 mg soit 2 ml soit 1 récipient unidose
Actualisation	KETOPROFENE 100MG/4ML SOL IVPERFUSION MEDAC(*10)CARTON 48 : 1 ampoule (100 mg/4 ml/ampoule), à administrer : 100 mg soit 4 ml soit 1 ampoule
Actualisation automatique Délai de mise 00:02:00 🗘	MIDAZOLAM 50mg-10ml AMP10ml PERF-IV IM : 1 ampoule (50 mg/10 ml/ampoule), à administrer : 50 mg soit 10 ml soit 1 ampoule
O Afficher le rapport	MORPHINE 10 MG / 1 ML AMP INJ : 2 ampoule (10 mg/ml/ampoule), à administrer : 20 mg soit 2

- a patient

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1	Portail de réanimation - C	hambre 1 - BOW38 - MEDEC	IN Yves - Version : 4.8.0.2	1043 _ 🗆 🖂 X
Π				🖾 📴 💪 🐜 🗶 📼 🔒
	ń	₿		
	Présents	Liste des soins	Rapports / Impressions	s
	Les éléments à réaliser of     Les transmissions     Les synthèses     Les évolutions     Plan de cuellette     Od'un service	Liste des soins Rapports / Impressions (%) vialdée(c) (%) vialdée(c) par jour (%) par de son (tableau drionologique par patient) (%) par de son (tableau drionologicue par patient) (%) par de son (tableau drionologicue par de	Impression du plan de cueillette du jeudi 18 mars 2021 11:19 au jeudi 18 mars 2021 17:19 du patient CREPIN Juliette BIONOLYTE 6 5 % 1000 MP COLFE FREEFLEX (*10) - DCI : ASS D ELECTROLYTES+GLUCOSE : 1000 ml Diluant non précisé : 85 ml , à administrer : 1 poche soit 1000 ml Diluant non précisé : 85 ml , à administrer : 85 ml GLUCOSE 10%, PC 500 ml PERF HYPERTONIQU E : 1 poche (50000 mg/500 ml/poche), à administrer : 50000 mg soit 500 ml soit 1 poche MIDAZOLAM 50mg-10ml AMP10ml PERF-IV IM : 1 ampoule (50 mg/10 ml/ampoule), à administrer : 50 mg soit 10 ml soit 1 ampoule SUFENTA AMP INJ 250MCG/SML(*10) SUFENTANIL 3400891536621 : 1 ampoule (250 µg/5 ml/ampoule).	
~ ~	d'un patient    d'une réanimation    des patients en charg      Restriction temporelle	e		nnyampoue), a auministrer : 230 µg son 3 m son 1 ampoue
>	☐ Indure uniquement les prescriptions validées ent Choix d'une plage horaire (en O 3 ● 6 O 12 O 24	rele:	et le 18/03/2021 •	
	Actualisation Actualisation automatique	Délai de mise à jour : 00:02:0	10 🗘	
		Afficher le rapp	port	

- a patient in intensive care

Portail de réanimation - Cl	hambre 1 - BOW38 - MEDEC	IN Yves - Version : 4.8.0.2	1043 _ 🗆
			🛛 🖾 🖾 🖕 🗶 📼
Rrésents	Liste des soins	Rapports / Impressions	
ielection			Impression du plan de cueillette du jeudi 18 mars 2021 11:20 au jeudi 18 mars
	s) validée(s) par jour (s) validée(s) par jour validées	ue)	2021 17:20 de la réanimation débutée le 16/03/2021 du patient CREPIN Juliette BIONOLYTE G 5 % 1000 ML POCHE FREEFLEX (10) - DCI : ASS D ELECTROLYTES+GLUCOSE : 1000 ml (1 poche/1000 ml), à administrer : 1 poche soit 1000 ml Diluant non précisé : 85 ml , à administrer : 85 ml GLUCOSE 10% PC 500 ml PERF HYPERTONIQU E : 1 poche (50000 mg/500 ml/poche), à administrer : 50000 mg soit 500 ml soit 1 poche MIDAZOLAM 50mg-10ml AMP10ml PERF-IV IM : 1 ampoule (50 mg/10 ml/ampoule), à administrer : 50 mg soit 10 ml soit 1 ampoule
d'un service    d'un patient    d'une réanimation    des patients en charg	e		SUFENTA AMP INU 250MCG/5ML(*10) SUFENTANIL 3400891536621 : <b>1 ampoule</b> (250 µg/5 ml/ampoule), à administrer : 250 µg soit 5 ml soit 1 ampoule
Restriction temporelle			
Indure uniquement les prescriptions validées ent Choix d'une plage horaire (en ○ 3 ● 6 ○ 12 ○ 24	rele:	et le 18/03/2021	
Actualisation			
actualisation automatique	Délai de mise à jour : 00:02:0	0 🗘	
	💿 Afficher le rap	port	

- all patients under your care

1	Portail de réanimation - Ch	nambre 1 - BOW38 - MEDEC	IN Yves - Version : 4.8.0.21	1043 – 🗆 ×
Π				X 🖻 💪 🕹 🗶 🕿 🔒
	ñ	Ē		7
	Présents	Liste des soins	Rapports / Impressions	
	Selection O Dernière(s) prescription(			Impression du plan de cueillette du jeudi 18 mars 2021 11:21 au jeudi 18 mars 2021 17:21 des patients à charge de MEDECIN Yves BIONOLYTE 5 % 1000 MLPOCHE FREEFLEX (100) - DCI : ASD D LECTROLYTES+GLUCOSE : 1000
	O Première(s) prescription( O Toutes les prescriptions	s) validée(s) par jour		ml (1 poche/1000 ml), à administrer : 1 poche soit 1000 ml
	O Les prescriptions médicar O Les éléments à réaliser d	menteuses u plan de soin (liste chronologiq	ue)	Diluant non précisé : 85 ml , à administrer : 85 ml
		u plan de soin (tableau chronolo		GLUCOSE 10% PC 500 ml PERF HYPERTONIQU E : <b>1 poche</b> (50000 mg/500 ml/poche), à administrer : 50000 mg soit 500 ml soit 1 poche
	Les évolutions     Plan de cuellette			MIDAZOLAM 50mg-10ml AMP10ml PERF-IV IM : 1 ampoule (50 mg/10 ml/ampoule), à administrer : 50 mg soit 10 ml soit 1 ampoule
>	d'un service    d'un patient    d'une réanimation    d'une réanimation    des patients en charge	•		SUEENTA AMP INJ 250MCG/5ML(*10) SUFENTANIL 3400891536621 : <b>1 ampoule</b> (250 µg/5 ml/ampoule), à administrer : 250 µg soit 5 ml soit 1 ampoule
>	Restriction temporelle			
>	Indure uniquement les prescriptions validées entr -Choix d'une plage horaire (en	ele:	et le 18/03/2021 🔺	
	○ 3 ● 6 ○ 12 ○ 24			
	Actualisation			
	Actualisation automatique	Délai de mise à jour : 00:02:0	• ‡	
		( Afficher le rapp	iort	

# 5.11 Lab test tab

The application directly incorporates the patient's lab test results.

They are displayed in the form of a grid in a specific Lab tab. The entire PDF file containing the results sent by the laboratory can also be viewed.

In the example below, this tab is divided into subtabs for you to split the different results according to category.

This organization also lets you see a summary of the patient's results over several days, here one week, to easily analyze changes.

M. ANGELIN Francis	56 ans 🔤 Lit 2 📺 J 15 📏 170cm 🞴 69k				ccare 🚇 🚾 🛕 💩 📼
🕻 🔇 🥶 🜔 lun. 17 août 20	020 🔹 J 12 🔡 🔇 🏖 Aucun personnel re	sponsable renseigné pour ce jour.			
Navig. Administratif	Médecin IGSII Pr	Arrightion     Arriance     Arriance	Pancarte	oisées Germes Evénements Do	cs (3) Bloc
🕑 👩 Synthèse Hebdo.	Résult. quotid. Bactério/Antibio Medic. / toxique				• 🚾 🖳 🖉 🔍 🍳 🍳 🥝 🖶
RAIRE	05/08 19h	06/08 01h	06/08 07h	06/08 13h	07/08 07h
Groupe/ RAI					
K+ (mmol/L)	4.0 mmol/L	4.0 mmol/L	3.9 mmol/L	3.9 mmol/L	3.9 mmol/L
Gaz du sang		v	*	· · · · ·	•
FIO2(%)? (%)	60.0 %	60.0 %			70.0 %
H	7.41	▼ 7.44	7.41	7.42	7.27
oO2 (mm de Ha)	128.0 mm de Hg	70.0 mm de Hg	103.0 mm de Hg	152.0 mm de Hg	▼ 59.0 mm de Hg
CO2 (mm de Hg)	41.0 mm dg Hg	37.0 mm de Hg	41.0 mm de Hg	41.0 mm de Hg	▼ 60.0 mm de Hg
ATURATION 02 (%)	99 %	94% 3		99 %	¥ 86.%
O2 total (Vol/100)	27.3 Vol/100	26.2 Vol/100	27.3 Vol/100	27.9 Vol/100	29.4 Vol/100
icarbonates (mmol/L)	26.00 mmol/L	V 25.10 mmol/L	▼ 26.00 mmol/L	26.60 mmol/L	▼ 27.60 mmolA
	1.2 mmol/L	v 1.1 mmol/L	▼ 1.2 mmol/L	1.9 mmol/L	-0.8 mmol/L
		V Li Li Millioje	v	Li Fininațe. V	T CONTRACT
ono sanguin	174 mmol 8	125 mmol/1	129 mmol/1	124 mmol/1	126 mmol/1
ia+ (mmol/L)	124 mmol/1	V Contraction	* 129 mEg/L	To a minute V	* 132 mEa/L
odium (mEq/L)			▼ 4.0 mEq.L		▼ 132 mEq/L 4.0 mEq/L
otassium (mEq/L)					
éserve alcaline (mEq/l)			25 mEq/L		₹ 26 mEq/L
rotides totaux (g/L)			49 g/L	_	52 g t
Slycémie (mmol/L)			7.25 mmol/1		8.34 mmol/L
Fonction rénale					
Jrée (mmol/L)			3.70 mmol/L		▼ 4.00 mmol/L
Créatinine (µmol/L)			47 µmol/t		39 µmol/L
larqueurs infectieux/ Inflammatoire	es 📎				
rotéine C réactive			103.1		121.4
émogramme					
lémoglobine (g/dL)			v 14.3 g/dL		v 14.3 g/dL
fématocrite (%)			40.9 %		42.3 %
EUCOCITES (Giga/L)			26.99 Giga/L		32.55 Giga/L
.G.M. (fl)			92 fi		94 11
neutrophiles (Giga/L)			17.08 Giga/L	_	24.22 Giga/L
neutrophiles (%)			63.3 %		74.4 %
mphocytes (Giga/L)			▼ 3.29 Giga/L		2.02 Giga/L
mphocytes (%)			12.2 %		6.2%
éosinophiles (%)			15.3 %		11.6%
éosinophiles (Giga/L)			▼ 4.13 Giga/L	-	▼ 3.78 Giga/L
LAQUETTES (Giga/L)			▼ 173 Giga/L		* 175 Giga/L
C.M.H. (g/dL)			¥ 35.0 o/dl		V 23.8 o/dl
EMATIES (Tera/L)			▼ 4.46 Tera1		4 51 Tera/
basophiles (%)			V 10%		V 0.5%
			0.27 Giga/L		▼ 0.16 Gian/I
P. basophiles (Giga/L)			V Dist Gigar		V Otto Gigari

- (1) Subtab to browse through the different categories.
- (2) Heading area incorporating the parameter names used by the laboratory, and the units.
- (3) Grid display area. The results are displayed by column.

When the laboratory sends the results, it also sends us the units, normal ranges, comments and interpretations. All of this information is displayed in **DIANE**.

In the example above, the red cells show that the results are outside normal values. Clicking on the cell displays the details of the test.

🛅 lono sanguin 🔗			
🔀 Na+ (mmol/L)	124 mmol/L	125 mmol/L	129 mmol/L
Sodium (mEq/L)	•	Heur Késultat Valeur Unite Normales Indicateur de normalité	129 mEq/L
Potassium (mEq/L)		22h19 Na+(GNA) 124 mmol/L 132 à 146 Inférieur aux normales (L)	4.0 mEq/L
Réserve alcaline (mEq/L)			25 mEq/L
			18. 1

It is possible to display the results as a curve by right-clicking on the analysis you want to see.

			V		
🛅 lono sanguin					
🔀 Na+ (mmol/L)		124 mmol/L	<b>a</b>	125 mmol/L	
Z Sodium (mEq/L)	Afficher la courbe		•		
🖉 Potassium (mEq/L)		-			

torique	19:00:00 🛟	au 18/08/2020	4 07:00:00	🕄 🔇 Jour précé	ident Jour suivant	Rafraichir	. O A	Afficher les don	nées	Plage hor	aire 🛛 Lar	geur colonn
	e prescription	Elements de soins	Résultats labo	Saisies avancées	Scores Paramètre		Médicaments	Chronomètres	Alarmes	Signatures	Vue mixée	omatique Recherch
50 -			1		1							1
50 - 18 -												
6												
4 -												
2												
, <u> </u>												
÷												
1												
8		129										
			8/2020 - 07:35:00 - ium (NA)									
1												
)												
08h00 06/08	10h00 06/08	12h00 06/08	14h00 06/08	16h00 06/08 1	8h00 06/08 20h00	06/08 22h00	06/08 00h00	0 07/08 02h00	07/08	04h00 07/08	06h00 07	
Données ↓			· · · · · · · · · · · · · · · · · · ·				•••••			guer les sources	4	• 1 •
léments disponibl								Eléments activé	s			
Bicarbonates (								Sodium (NA)				
	(Y3)											
Lymphocytes (												
Lymphocytes ( P. éosinophiles Hémoglobine (H	(PE)							-				
P. basophiles ( Lymphocytes ( P. éosinophiles Hémoglobine ( Urée (UR)	(PE)			_								
Lymphocytes ( P. éosinophiles Hémoglobine (H	(PE)											

## 5.12 Paramedical tab

The **Paramedical** tab is used to collect patient information in connection with the paramedical professions. This tab is made up of several subtabs that are described in the next chapters.

Navig. Administratif Médecin IGSII	rescription	Paramed.	Plan de soins	Pancarto	e Labi			es Evénement	s Docs (3)	Bloc	×
🛩 Enregistrer 🗱 Annuler 📋 Reprise		-									
Checklist Macrocible d'entrée Transmissions Schéma Corporel Entretien avec les Motif d'hospitalisation 1	_	Synthese/Staff éthique			de sortie		Sécurité des biens				
Détresse respiratoire aigus hyposifinique  Atcd Médicaux 2 ✓ " " " " " " " " " " " " " " " " " " "		Exclose d'activité         Terde de groupe seguin valide au dossier         Porte du groupe seguin valide au dossier         P									
Allergies		Evaluation de l'automie		our prothèse dentai	re donnée						
Hypersensibilité au paracétamol Eczéma								Luce a	1		
	20/0	e: Utilisateur: 18/2 Paul MEDECIN	Respirer		Mobilisation Droitier	Toilette / habillage Autonomie compléte	Elimination Autonome	Waterloo	Communication Adaptée	Langue parlée	Interprête
Traitement personnel séquestré											
Copie de l'ordonnance du patient dans le dossier											
C Tratement hobituel											

## 5.12.1 Situation at admission subtab

This subtab contains different information such as history, usual treatment, etc. which is information collected by the doctor in his admission observations. This information can be read-only, i.e. it cannot be modified from

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 253/298 this tab. This lets you quickly review information without having to switch between tabs while retaining limited writing access.

Other information is also present in this tab, which is collected and entered by paramedical staff. Example: checking the identity, the presence or absence of relatives, assessing autonomy and different risks, etc.

Navig.	Administratif	Médecin	IGSII			aramed.	Plan de soins	Pancarte	2	Données croisées	Germes	Evénements	Docs (3)	Bioc	×
	Administratir			Prescription		araineo.	Plan de soins	Pancarte	Labo	Donnees croisees	Germes	Evenements	DOCS (3)	BIOC	
Checklist Macroo	ible d'entrée Trar	smissions Schéma	Corporel Entre	tien avec les famill	es Synth	hese/Staff éthi	que Kiné Diétét	icienne Macro cib	le de sortie						
Motif d'hospitaleation         1         1           Détresse respiratore algile hyporémique         1         1         1           Yersee respiratore algile hyporémique         2         4         2         4           Yersee respiratore algile hyporémique         2016         2         4         2         4           Yersee respiratore algile hyporémique         2016         2         4					Bracelet d	Synthese Staff dehique         Ond         Détéctionem         Macro cable de sorte           Setenté patient vérifié									
							rsonne soignée								
Hypersensibilité au	u paracétamol	Allergies Eczém			C Evalu	uation de l'auto	omie 🛛 🖓 Boit	e pour prothèse dent	aire donnée						
						Utilisateur: Paul MEDECIN	Respirer	Alimentation	Mobilisation Droitier	Toilette / habillage	Elimination Autonome	Waterloo	Commu	nication Lar	ngue parlée Inte
Traitement per	sonnel séquestré				20/08/2	Paul MEDECIN	Normale		Droiber	Autonomie compléte	Autonome		Adaptée		
	nnance du patient da														
•		Traitement habituel													
					•										
•															

#### 5.12.2 Issue-based nursing notes

A component here lets you enter nursing notes using issues based on the DAR model (Data - Actions - Results)

Checklist Macrocible d'entrée	Transmissions Schéma Corpor	el Entretien avec les familles	Synthese/Staff éthique Kiné	Diététicienne Macro cible de se	onte	
Transmissions ciblées Transmissi	ion macro ciblées					
Modifiée le : **	Par 1	Cible	Données	Actions	Résultat	
07/12/20 06:37:27	BESSAC Laurent (Infirmier)	Nutrition	Nutrition entérale en cours Vu avec la diet mise en place alimentation SNG dès que possible	Réevaluation demain		
æ- <u>∱</u> 06/08/2020 20:24:50	BESSAC Laurent (Infirmier)	Hémodynamique	Stable	Pas d'adaptation thérapeutique		
⊕ 06/08/2020 20:22:59	BESSAC Laurent (Infirmier)	perturbation des échanges gazeux	Patient de retour de son scanner	Drain bien positionné Toujours peu productif Perte sérosanglante++	Avis chirurgicale demendé Réevaluation en staff demain	
3- 06/08/2020 18:15:36	HUERRE Alice (Infirmier)	perturbation des échanges gazeux	Drainage peu productif	Signalé au MAR Mobilisation		
- 06/08/2020 04:55:33	THOMA Thomas (Infirmier)	perturbation des échanges gazeux	Désaturation tirage ++	1)Pose d'un drain thoracique drt ===>900cc Compensation par 500cc de Ringer 2) Fibroscopie faite Prélévements LBA +anapath erwoyé au labo	Dram thems > 200cc sur le reste de la nuit . Sat 90%	
⊕ 06/08/2020 18:16:28	HUERRE Alice (Infirmier)	Elimination	Diurèse à 150 ml ce midi malgré amines e remplissage	Mobilisation de la sonde. Bladderscan => 100cc Appel du MAR	pas de nette reprise	
- 06/08/2020 12:42:02	HUERRE Alice (Infirmier)	Douleur	Patient sédaté	BPS 3 pas de changement de vitesse		
- 06/08/2020 12:40:06	HUERRE Alice (Infirmier)	Drainage	Mobilisation du drain thoracique	1) Radio de contrôle faite 2) Scanner thoracique prévu ce Jour		
- 05/08/2020 19:17:49	BRETON Céline (Infirmier)	Neuro	Paient intubé / ventlié / sédaté sous hypnovel, sufentanta et tracrium	Surveillance pupillaire RAS	Scare de RASS -4	
L 05/08/2020 16:38:41	BULLE Carole (Aide soignant)	Elimination	Pose d'une sonde urinaire.	BU faites ECBU en cours	Urines concentrées	
	56 D					
Afficher les supprimées. Afficher les dôturées depuis plus de 24 Limiter Phistorique à 481.					🕐 Ajouter une transmission 🔫	

- (1) Button to add a nursing note.
- (2) Nursing note display options.
- (3) History of nursing notes since the issue or problem.
- (4) Issue importance marker.
- (5) Lets you change the nursing note.
- (6) Used to 'close' an issue. When the problem is no longer relevant, this lets you display only today's information. The information can be redisplayed by ticking the 'View closed for more than 24h' box.

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#### **5.12.2.1 Adding a new nursing note:**

- Click on the Add a nursing note button (1)
- The data entry window opens. This is made up of four columns: issues, data, actions and results. Only the first column uses a predefined list that is modifiable (2). However, it is still possible to enter the information manually without using the list.
- To save the nursing note you must enter data in the first three columns (issues, data, actions).
- Lastly, you can mark the nursing note as important by ticking the box (3).

44)				
Cible		Données	Actions	Résultat
		* •	•	•
Marquer la transmission com	me importante.	<b>a</b>	_ 🗆 ×	Valider X Annuler
111011	alimentation SN possible	absence de soutien     agitation     agressivité	•	
nodynamique	Stable	altération de la mobilité     diferation de la vision/audition/toucher/gout)		
turbation des échanges eux	Patient de retou	altération du capital veineux     anurie     anurie     anuitét / angoisse     apathie		
lination	Diurèse à 150 m amines e rempli	apnée ascite time de la muqueuse buccale time de la peau/tissus/muqueuses		
leur	Patient sédaté	□ automutilation (risque de) □ ballonnement		
inage	Mobilisation du o	bradycardie(tachycardie     brulures mictionnelles     conflit décisionnel		
ro	Paient intubé / v sous hypnovel, s tracrium	conflit familial     confusion     constipation     constipation     consig gémissements		
nination	Pose d'une sond	⊂ cyanose ⊂ défaillance dans le rôle d'aidant naturel		
		défoit alimentaire/nutritionnel     dégout     déni     déni     désivdratation (risque de)     désorientation     desquamation     deuil par anticipation     deuil par anticipation     diarrhée     difficultés d'acceptation     Afficher tous les éléments <u>Cim10 CCAM</u>	V OK X Annuler	

#### 5.12.2.2 Add to a nursing note or generate a nursing note using an issue already present.

- Click on the issue you want to add to.
- The pop-up window opens with the previous data entered.

You can add to the information available. You can also delete the information present to enter new information. **This action will not remove the original content.** 

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#### 5.13 SAPS II tab

DIANE ICU has a specific tab to calculate the SAPS II.

The data extracted comes from the record's different sources. Only data from the first 24 hours of hospitalization is kept, so the score can be confirmed afterwards. The worst data from the first 24 hours is entered in the fields.

#### 5.13.1 Entering and confirming the SAPS II score Saisir When the tab opens, click on the Enter button. • This gives you access to the data entry fields. • 4 $\mathbf{P}$ $\sim$ ¥ Ē 2 $\sim$ × rescripti Plan de so Docs (3) Navig ies cr Type d'ac Maladies chroniqu Glasgow (pts) O Chirurgie programmée Médecine 0 < 6 O de 9 à 10 O de 14 à 15 Aucune O Cancer Métastasé O Chirurgie urgente O de 6 à 8 O de 11 à 13 O Hémopathie maligne O Sida Age 6 Fréquence cardiag O inf à 40 ans O de 60 à 69 ans O de 75 à 79 ans T.A.systolique 5 ● < 40 bpm</p> O de 120 à 159 O de 100 à 199 mmHg < 70 mmHa </p> O >=160 bpm O de 40 à 69 bpm ● de 40 à 59 ans O de 70 à 74 ans O sup ou = à 80 an O de 70 à 119 bpm O de 70 à 99 mmHg O >= 200 mmHg -Température Diurèse O >=39 ⊙ <39 Leucocytes O < 0.5 L/24H O >= 1 L/24H O < 1000 mm3 O 1000 à 19999 ● >= 20000 mn ● de 0.5 à 0.999 L/24H Urée sanguine 6 < 10.0 mmol/L (ou < 0.6 g/L) </p> PaO2/FiO2 (mmHg) Kaliémie (mEg/l) 6 O de 10.0 à 29.9 mmol/L ( ou de 0.6 à 1.79 g/L) O <3.0 ● 3.0-4.9 O >=5.0 O <100 O 100-199 O >=200 O >= 30 mmol/L ( ou >= 1.8 g/L) Bilirubine (µmol/I) (ou si jaunisse (mg/I)) Natrémie HCO3 (mEg/l) O <68.4 (ou <40.0) O >=102.6 (ou 60.0) O <15 O 15-19 >=20 O 68.4-102.5 (ou 40.0-59 Score IGS II (sans l'âge): 42 Score IGS II : 49 Risque décès (%) : 43,75

- and (2) are specific fields communicating directly with the data entry fields present in the Admission observations as shown by the icon to the right of the component. These fields can only be filled and changed from the Doctor tab.
- (2) Example of a field filled in by the application from the biological data in the record. Here the data used is the worst data over the first 24 hours. This data can be changed manually if it is not representative of the clinical situation.
- (3) Fields circled in grey, like PaO2/FiO2 here, indicate that the data has not been recovered.
- (4) Button to display the data in the record.
- Change the data if necessary.
- Complete the fields outlined in grey.
- The score is calculated automatically (area outlined in red).
- Confirm by clicking on the button.
- Enter your password.
- The score is now confirmed: the date and time and the name of the person in charge are automatically entered.

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Navig. Administratif Médecin IGSII Prese	Paramed. Plan de soins Pancarte	Labo Onnées croisée Germes Evénements
IGSII — Type d'admission — Chirurgie programmée	-Maladies chroniques (i) Aucune O Cancer Métastasé	Glasgow (pts)         Image: Constraint of the second
Age O inf à 40 ans O de 60 à 69 ans O de 75 à 79 ans	O Hémopathie maligne O Sida	Fréquence cardiaque ● < 40 bpm O de 120 à 159 bpm
● de 40 à 59 ans O de 70 à 74 ans O sup ou = à 80 ans _ Température	<ul> <li></li></ul>	<ul> <li>○ de 40 à 69 bpm</li> <li>○ &gt;=160 bpm</li> <li>○ de 70 à 119 bpm</li> </ul>
● <39	-Leucocytes	Diurèse O < 0.5 L/24H O >= 1 L/24H
Urée sanguine	O < 1000 mm3 O 1000 à 19999	● de 0.5 à 0.999 L/24H Kaliémie (mEq/l)
O >= 30 mmol/L ( ou >= 1.8 g/L)	O <100	O <3.0
● < 125 mEq/L ○ de 125 à 144 mE(O >=145 mEq/L	O <15 O 15-19	O <68.4 (ou <40.0)
Score IGS II (sans l'âge): 65 Score IGS II : 72 Score IGS validé par MEDECIN Paul le 20/08/2020 à 22:01 (Arrivée		Modifier

• The **Change** button is now available to let you go back and change the entry if necessary.

## 5.14 Cross-referenced data tabs: haemodynamic, respiratory, renal, etc.

Another type of tab is available in the application to give a combined display of the different data in the record. These tabs are dynamic and also let you enter information.

They are useful in that they enable a more detailed analysis of the clinical situation.

In the example below, the data displayed lets you see all of the different respiratory system data.

This dynamic display gives a quick view of the data over a longer or shorter period simply by sliding the time cursor in (3).

Navig. Admission M	Aédecin Prescription I	Paramed. Plan de soins	Labo	Général I	lémod.	Rénale Infect	Evénements	Germes	Docs (3)	IGSII	Bloc	r.
Enregistrer X Annuler     O6/08	8 - 07:00										07/08 - 07-00	0 0 0 0
	7:00 08:00 09:00 10:	00 11:00 12:00	13:00 14:00	15:00 16:00	17:00 18:00 19:00	20:00 21:00	22:00 23:00	07/08 01:00	02:00 03:0	00 04:00	05:00 06:00	
Vce	100 00.00 00.00 10	11.00 11.00	10.00	15:00	10.00 10.00	20100 22100	22.00 20.00 ,		02.00 03.		1	1 1
55 A4				60-	60-			1			550	25
Pep 6,6 07/08 06(59)44								Λ				20
07/08 06/59/44				50	50-							
FIO7 CA PPlat FIO7 3,4 D708 1508 1509 045544 1111828 200000								-11				20-
06-15-44 13-18-26 0.0000			1	1 82	- 40·					••••••	••••••	2
Ptrau#			A		1							8
Ev/Based		~~ \ ///			8 20							
91,1 18/08 11:18:24					a 30.			$\sim$				E I
							M A					
						$ \rightarrow $	10m					
												°.
										_		
	6,6 5,8 5,8 5,7		5,7 5,7 5,6			5,8 6,2 6,2 6,1			9 5,6 6,6		5,8 5,9	6,1
Surv. ventilation	6,6 5,8 5,8 5,7				3 6 6,2 6,1 Inet : 20 // Repère sonde d'intubal		L 6,2 5,9					<u>671</u>
Surv. ventilation	v				nnet : 20 // Repère sonde d'intuba							^
Surv. ventilation Surv. ventilatio Surv. ventilation Surv. ventilation Surv. ventila	98				nnet : 20 // Repère sonde d'intubal							· ·
Surx, ventilation     invasive     Gaz du sang     SaturAtion 02     po2	98 1030				nnet : 20 // Repère sonde d'intubal							· ·
Surv. ventilation Surv. ventilatio Surv. ventilation Surv. ventilation Surv. ventila	98				nnet : 20 // Repère sonde d'intubal							· ·
Surv. ventilation Invasive Galacity and Salacity and Sala	99 99 99 99 99 99 99 99 99 99 99 99 99				1000 1000 1000 1000 1000 1000 1000 100							· ·
	98 103 0 41 0 7.41 28.60				99 1520 41.0 7.42 26.60							· ·
Constantiation     Constant	94 1030 410 7.41 26.00 1.2				net : 20 // Repère sonde d'intuba							^
Grave ventilation         Solution           Grave ventilation         Solution           Grave ventilation         Solution           Grave ventilation         Solution           2         PO2           2         PC02           2         PC02           2         PC02           2         PC02           2         PIN           2         Base excess           2         CO2 total	98 103 0 41 0 7.41 28.60				99 1520 41.0 7.42 26.60							6,1 46 53.0 50.0 70.
Correction	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			· ·
Impact of the second station         Cut provide the second station           Impact of the second station         Cut provide station           Impact of the second station         Impact of the second station           Impact of the second station         Cut provide station           Impact of the second station         Cut provide station	94 1030 410 7.41 26.00 1.2	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9		SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			· ·
Serverblahen     Copy and     Serverblahen     Serve	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			· ·
Serverdiation     Code provide the metalities     Servering of the metalities	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			· ·
Serverblahen     Copy and     Serverblahen     Serve	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			· ·
Serventiation     Code participation     Serventiation     Code participation     Code	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			46. \$20. \$0.0 \$20. \$22. \$25. \$25. \$28. \$24. \$24.
Serventiation     Code participation     Serventiation     Code participation     Code	99 103,0 41 25,0 2,41 2,52,00 1,2 2,7 2,7 2,7 2,7 2,7 2,7 2,7	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			^
Serventiation     Corporation     Serventiation     Corporation     Serventiation     Serventiati	9 10 10 74) 74) 250 27 27 27 27 27 27 27 27 27 27	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			5 5 5 5 5 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7
Serventiation     Code participation     Serventiation     Code participation     Code	9 10 10 74) 74) 250 27 27 27 27 27 27 27 27 27 27	Mode	VAC // Verif alarmes res		net : 20 // Repére sonde d'intubai 99 1520 41.0 7.42 26.60 1.9 27.9	ion : 24 Mode : 19	SC // Vēnt alarmes respi :	Oui // Pression ballo	nnet : 20 // Repère s			46. 30.0 70.0 7.27 3.60 3

- (1) Curve pane displaying data retrieved from biomedical devices such as the ventilator. These curve panes also display data such as weight, lab results, etc.
- (2) Diagrid-type display area to provide information from the Care plan but also enter it.

## 5.14.1 Alarm log

Here we find the list of alarms transmitted by the biomedical equipment with their **Start** and **End** times. More than 500 alarms can be transmitted by biomedical equipment connected to **DIANE** via the RS232 link. These alarms appear in descending order of occurrence so that the most recent alarm triggered is always at the top of the **Alarm log**.

NB: The alarms cannot be changed or deleted.

You can display the alarms as a  $\overset{0}{4}$  on the markers line using the specific Alarms On/Off button  $\overset{0}{4}$ 

#### 5.15 Germs tab

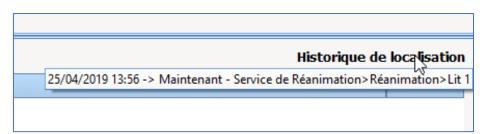
This tab lets you monitor the patient's infection status.

It has a configurable upper section showing the patient's different bacteriology results and how long the various invasive devices have been present, to help monitor nosocomial infections.

Navig. Admission	Médecin Prescript	tion Paramed.	Plan de soins	Labo			spi, Rénale	Infec		Germes	Docs (3)	IGSII	Bloc	z
	/ Résultats de bactério												0,00	0 🖶
	01/08 07h		0.2 494 0.74		03/08 07h		01408.075		05/08 07h				07/08 0	
	01/08 0/11		02703 0711		03/08 071		04/05/070		05/08 0/h		00705.0711		07/08.0	/11
patient Dispositifs invasifs														
or other and the state of the s														
ntubation(oro) (réa) (T Artériel (fem drt)											15j 11h 41min			
											15j 8h 19mi			
Sonde intubation 8									L					
Sonde urinaire (ablation) ultats de bactério									L		15j 6h 29r	nin		
ultats de bacterio Hémoculture														
Aspect									Trouble (T0010)					
Aspect HEMOC Date et Heure									22/08/17 à 11H00					
Prélèvements respiratoires	<2							,	1					
AG LEGIONELLE URINE							Négatif (EF001)		Négatif (EF001)					
Ag Pneumoniae							Négatif (EF001)	A A	Négatif (EF001)					
Aspect								v v	Limpide (AK001)	•1				
BLSE CULTURE									Recherche négative (NII)					
Cellules Non Pavimen								Rares	cellules non pavimenteuses	RRNET				
ASPI Date et heure							22/08/17 à 05H53		22/05/17 à 16H15	•				
ASPI Origine							Expectorations (EXPOS)	<b>V</b> 0	1 PA					
CR_PDF9								<b>V</b> *	₹ LUN			<b>10</b>		
Prélèvements Nez/Bouche/Gorge										<b>v</b>		_		
SARM Nasal									Recherche négative (NI)					
ECBU								9						
Cel. épithéliales								Abse	nce de cellules épithéliales (	(BL001)				
Commentaire								LEUCO	> 104 SANS BACTERIURIE (C	COMU7)				
Cristaux								v	Absence de cristaux (CE001	) 🗉				
Culture								NEGATI	VES après 36-48h d'incubati	ion (N4EL)				
Cylindres								· •	Absence de cylindres (CS001	1) 🗉				
fections <3												4	Historiqu	ue de localisa
Type d'infection	Infection liée au CVC / Port	te d'entrée Début	Germes		Colonis	ation Isolement								Fin
Pneumopathie		06/08/2020	Streptococcus pneumor	niae (pneumocoque)	BMR	119342								En cours
Ajouter Modifier	Supprimer	er toutes les infections											Afficher les in	fections supprin

- (1) Duration of presence of invasive devices.
- (2) Patient's bacteriology results.
- (3) Area to enter different information about infections.
- (4) View of the patient's different geographical movements within the DIANE application to help track contact patients.

Example: cardiology OT 2, ICU room 6, CCU room 3. This information is visible when you hover over the title **Location history**.



## **5.15.1** Add to/Enter the presence of an infection in the patient.

- Click on the **Add** button at the bottom left of the tab.
- The pop-up window opens to complete the information.
- Enter the different information: type of infection, type of colonization, germ present and antibiotic resistance
- Confirm.

🌡 Détail de l'infection			×
Type d'infection Pneumopathie	Germes Streptococcus pneumoniae (pneumocoque)	1	<sup>2</sup> 2ª
Début d'infection Fin d'infection     13/05/2020	Résistant aux antibiotiques Méticilline	1	29.0 [0
Colonisation BMR			
	Isolement / Précautions Aérien	1	Ľ۵-
	✓ OK	X Ar	nuler

When an MDRO or XDRB type colonization is entered, a pictogram indicating the presence of an infection is visible on the application ribbon and on the cockpit.

	isateur: MEDECIN Paul - Version : 4.7.5.3									- 8 ×
M. ANGELIN Francis	ge Localisation Jour Taili 56 ans 🛃 Lit 2 👘 J 15 📎 1	e Poids Poids t 70cm 🎴 69kg 🎴 66,	héorique du patient en kg D2kg						ссан 🚇 👬	🚸 🔤 🔒
🕋 🔇 🥶 👂 ven. 07 août	2020 🔹 J 2 🔡 🔇 🤮 Aucur	personnel responsable	renseigné pour ce jour.							
Navig. Admission	Médecin Prescription Parame		Labo Général	Hémod. Resp		ect. Evénements	Germes	Docs (3)	Bloc	÷
🕒 🕑 🗾 Info patient / Ré	isultats de bactério							• X U		0 🚔 🗞
n										
Présents	Rapports / Impressions									
Lit 1 ANDRIEUX	Paul (M) - 70 ans <b>J 2</b>					R.	<b>V</b> 20	© 💄		
	rancis (M) - 56 ans <b>J1</b> oire aigüe hypoxémique			Ŷ	BMR Streptococcus p	neumoniae (pneum	<b>à</b> 2	6		
Lit 3 MULARD Da ACR récupéré	avid (M) - 59 ans <b>J 16</b>						<b>≫</b> , ₽	6		

## 5.15.2 COVID infection

- Click on the **Add** button at the bottom left of the tab.
- The pop-up window opens to complete the information.
- Enter Coronavirus in Type of infection.

a Détail de l'infection		X
Type d'infection Coronavirus	Germes	ζ.
Début d'infection Fin d'infection 09/04/2021  Porteur à l'admission	Résistant aux antibiotiques	22ª
Colonisation Aucune Détail	Isolement / Précautions	°¢°
	Attention, la saisie de l'isolement dans cette zone n'est pas une prescr Utilisez la zone de prescription correspondante pour prescrire un isoler	ment.

The <sup>1</sup> icon appears on the portal and on the banner at the top of the patient's record.

Lit n1 INS 653143 DURAND En	nile M 68 ans 17(	0 cm 80 Kg <b>J 3</b>	0 🎣	sspi	è 🕾 🐫 C		•
Réa - Lit n1 - DURAND Emile - Utilisateur         M.       Nom         Prénom       Âge         Burgardin       Emile	Localisation: J	sion : 4.8.1.21268 Jour Taille ☆ J 3 ∕ 170cm			Poids théorique 66,02kg	ссам 🚇 🚧	× `

## 5.16 Body diagram

A care item can be entered directly from the **Body diagram** subtab of the Paramedical tab.

The following steps must be carried out:

- Choose the area where the care item is applied,
- Choose the care item,
- Fill out the initial form and schedule the next form.

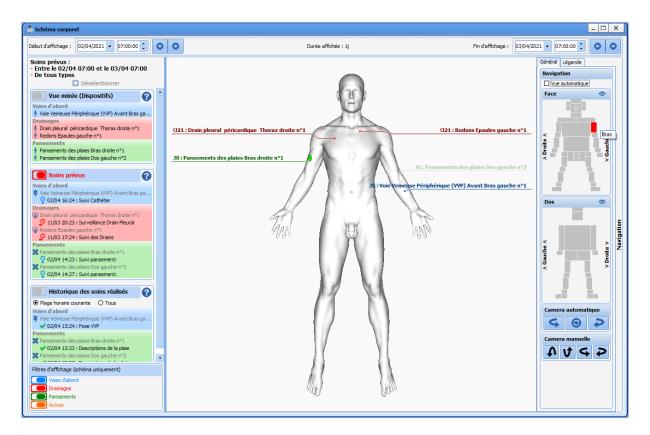
You can associate the care item with:

- A score,
- A fluid balance,
- Images.

## 5.16.1 Positioning a medical device

#### The **body diagram** allows you to position the care directly on a 3D model of the patient.

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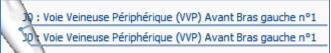
The various care items are identified by a description colour coded by category:

- Blue for access points.
- Red for drainage points.
- Green for dressings.
- Orange for other care items.

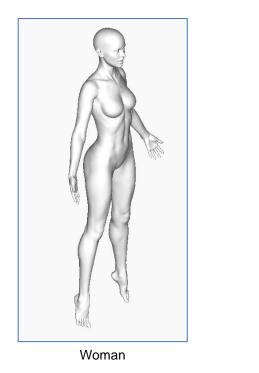
If a device is located on a part of the body that is not visible on the 3D model, the description appears in a light colour.

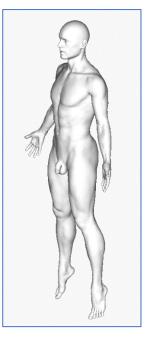


The Care history view lists the various treatments administered for each device.



The 3D model adapts to the patient's gender.

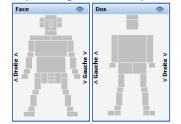






You can move around the model by clicking and holding your mouse button outside the model and then moving your mouse.

You can also directly zoom in on an area by clicking on the area you want on the right in the navigation pane.



Each grey rectangular area is active and lets you zoom in on the corresponding area of the body diagram.

Various icons allow you see, in the left column, active devices and administered, delayed or planned care.

Général Légende
Autres
🛉 Dispositif actif
✓ Réalisé
( ) : Plus aucun soin à réaliser dans la plage horaire
Soin en retard dans
Ia plage horaire affichée
💁 la plage horaire suivante
la plage horaire précédente
! : Soin en retard
Soin prévu dans
La plage horaire affichée
une plage horaire suivante
une plage horaire précédente

The timeline lets you show only devices and scheduled and pending care plan items for a specific date and time period (display start and display end).

The various devices can be filtered for easier viewing (of the diagram only). For example, the configuration below only displays **Access points** and **Drains** care items.

Filtres	d'affichage (schéma uniquement)
	Voies d'abord
	Drainages
	Pansements
	Autres

## 5.16.2 Choosing the medical device

After clicking on the 3D diagram, a window opens with the different care items configured for the selected area. You can choose from several care items then confirm.

Nouvelle saisie					×
Zone sélectio Bras Côté Droit	onnée :				
Type de saisi	ie				
Voies d'abord	Drainages	Pansements	Autres		
Voie Veine	use Périph	érique (VVP)	)		
Picdine / Nid KT Artériel ()					
<b>~</b>	Valider			🗙 Annuler	

## 5.16.3 Completing the medical device placement form

The forms contain the following components:

Component	Example			
checkbox	Aspiration ok			
multi-line input field	Détails:			
one-line input field	Type de cathéter:			
radio button group	O Sans fibroscope	O Avec fibroscope		
checkbox group	Cathéter fonctionnel			
drop-down menu	Taille du KT: 24 G 22 G 20 G 18 G 16 G 14 G			

#### Once the information has been entered, you can confirm the form by clicking on the Save button.

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#### 5.16.3.1 Associate a score

If a score is associated with the care item, it is entered when creating the forms. Clicking on the button displays the usual score entry window.

Branchement FAV		
Date/heure réalisation 01/04/2021	▲ 15:18:26 🛟 🗋 Synchroniser planifications	modifier commentaire
EVS Aucun enregistrement	Saisir/modifier la	valeur de score

The score and entry time are displayed.

EVS	
1	Saisi à 15h18

#### 5.16.3.2 Associate a fluid balance

If a fluid balance is associated with a care item, it is entered when creating the forms.

Redons		
Date/heure réalisation 01/04/2021	▲ 15:21:15 🛟 🗋 Synchroniser planifications	modifier commentaire
Entrez le niveau (à 15h21)		
	Drainage autre 🗾 📶 🔺	Vidange après mesure
Commentaire associé à la saisie de BL :		
		:
L		]

The 'Empty after measurement' checkbox lets you reset the counter. Enter the fluid balance level. It is not necessary to subtract the previous level from the current one to get the correct level. For example, if the level of a drain is 50 mL at the first reading, and then 70 mL at the second reading, just enter 50 mL and then 70 mL in the forms. The application will carry out the subtraction and record an increase in level of 20 mL. When changing a container, you must check the 'Empty after measurement' box to reset the counter.

#### 5.16.3.3 Associate images or photos

You can associate an image or photo with a care item:

Date de réalisation : 19/06/2020 🛛 10:43:3	8 🛟 🕯		Commentaire
* 1	Pose VVI	p	
¥ Images ∕	photos	associées	
Sélectionner l'image ou la photo à afficher			
Formulaire suivant : Suivi Cathéter	🖲 Dan	O minute(s)	18:43:38
	8	heure(s)     jour(s)	.e 19/06/2020 🔺
		Enregistrer	🗙 Annuler

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**Documents** tab, it can be recovered using the button. In this case it is deleted from the list of documents.

Pose VVP				
Date/heure réalisation 01/04/2021 4 15:25:08	Synchroniser planifications modifier commentaire			
× I	Pose VVP			
* Images /	photos associées			
★ Images / photos associées          Sélectonner Image ou la photo à afficher         VM 00104/2021 152/516)				
Formulaire suivant (répété) : Suivi Cathéter	Dans: Unité     O minute(s)     O A : 18:25:08     Deure(s)     Ojour(s)     Le     01/04/2021			
Formulaire suivant : Pansement Voies veineuses et Artérielles	● Dans : Unité			
Ajouter une planification	Enregistrer X Annuler			

You can change the image by clicking on the *button* button. The *button* button cancels the changes made. Only the image associated with the form being created can be modified: the images added in a previous form cannot be modified.



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## 5.16.3.4 Choosing and scheduling the next form

The next form can be selected. You can choose:

- $\circ$  one of the configured monitoring forms,
- the removal form (if configured),
- no schedule (care has ended).

Formulaire suivant (répété) : Suivi Cathéter Suivi Cathéter Pansement Voies veineuses et Artérielles	<ul> <li>● Dans :</li> <li>○ minute(s)</li> <li>○ heure(s)</li> <li>○ jour(s)</li> <li>○ A : 18:25:08</li> <li>○ 1/04/2021</li> </ul>
Aucune planification Pansement Voies veineuses et Artérielles	O Dans : Unité O minute(s) O heure(s) O heure(s) o jour(s)     O A : 15:25:08 ↓ Le 05/04/2021 ▲
Ajouter une planification	Enregistrer X Annuler

There are two ways to schedule the next form:

- by choosing an interval after the current form,
- by choosing the date and time.

You can schedule multiple forms or delete some of the forms configured for the care item. You cannot delete all schedules. If you do not want to schedule any more forms, you must select **No schedule**.

In the care plan, double-click to select a form in the list of configured forms. If a score and/or fluid balance is associated with the device, you can enter just the score or fluid balance.

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Liste des surveillances possibles	
Sélectionner la surveillance à réaliser Saisir la balance liquidienne "Drainage pleural" Saisir le score "CORMACK" Vurveillance Drain Pleural Ablation Drain Suivi des Drains Pansements des Drains Ablation des points de sutures Drain pleural Aspirations Changement d'aiguille de Huber Changement de socle	
	V OK X Annuler

## 5.16.3.5 Example: applying a dressing

When you click anywhere on the model, a device window appears displaying the care items configured for the corresponding area.

These care items are divided into four categories:

- O Access points,
- O Drains,
- Dressings,
- Other.



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Descriptions de la plaie				
Date/heure réalisation 02/04/2021	4 09:22:56	≑ 🗆 Syne	chroniser planifications	modifier commentaire
	* Descript	ions de la	plaie	
	Type de Brülure Autre type de p	2		
Consignes du chirur	gien:			
Description du pans	ement:			
				•
* Images / photos associées				
Formulaire suivant (répété) : Suivi pansement:	-	Oans: 1	Unité O minute(s) O heure(s) O jour(s)	○ A: 10:22:56 🔶 Le 02/04/2021 🖌
Ajouter une planification			✓ Enregistrer	Annuler

In the rest of this chapter, we will look at the management of a dressing from placement to removal.

Two choices are possible:

Formulaire suivant (répété) : Suivi pansement:	● Dans : Onité O minute(s) 1 O A : 10:22:56 ↓ D A : 10:22:56 ↓ Le 02/04/2021 ▲
Ajouter une planification	Enregistrer     Annuler

In this menu, you have the scheduled monitoring form(s) as well as the removal form (if scheduled). The first are for potential monitoring purposes, then there is the removal form.

NOTE: No scheduling is the only option that is always suggested. The rest are configured by the key users.

Each option has its own default timeline setting.

Formulaire suivant (répété) : Suivi pansement:	● Dans : Unité ○ minute(s) 1 ○ jour(s) ○ A : 10:22:56 ○ heure(s) ○ jour(s) ↓ Le 02/04/2021 ◀
Ajouter une planification	Enregistrer     Annuler

The sequence of monitoring care forms is built up as the situation progresses.

#### 5.16.3.6 Example: removal of a dressing

After the removal (and, where applicable, the post-removal form) is confirmed, the left column shows the list of devices in the mixed view. As the device has been removed, no other care items are scheduled for it.

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	Début d'affichage : 02/04/2021  07:00:00 🗘 🛇	•	Durée affichée : 1j
	Soins réalisés : - Entre le 02/04 07:00 et le 03/04 07:00 - De tous types Déselectionner Vue mixée (Dispositifs) Pansements Pansements des plaies Avant Bras droite n°1	Pansements des plaies Avant Bras droite n°1 Localisation: Avant Bras (Côté droite) Saisi le 02/04 à 09:22 Durée : 1h 30min (Terminé) Détails : Pansement renforcé : Non Retrait effectué le 02/04 à 10:53	
	Soins prévus ?		A
	<ul> <li>Plage horaire courante</li> <li>Tous</li> <li>Pansements</li> <li>Pansements des plaies Avant Bras droite n°1</li> <li>02/04 09:22 : Descriptions de la plaie</li> <li>02/04 10:22 : Suivi pansement:</li> <li>02/04 10:53 : Dernier pansement</li> </ul>	J0 : Pansements des plaies Avant Bras droite n°1 J0 : Pansements des plaies Avant Bras droite n°1 J0 : Pansements des plaies Avant Bras droite n°1	
1			

## 5.17 Discharging the patient

The patient is discharged using the **patient discharge** button in the **Main menu** tab.

When you click on the **Sortie du patient** button at the bottom of the first column of the main menu tab, a window opens for you to choose to close the record or transfer the patient.

The record must be closed when the patient will no longer be monitored in **DIANE**, whereas the record must be transferred if the patient is monitored in another unit still using the **DIANE** software even if it is a different module.

For example: when a patient comes from the operating theatre and the OT uses **DIANE ANAESTHESIA**, the patient will be transferred when leaving the OT. At the end of hospitalization, if the patient is transferred to a medical unit that does not use **DIANE**, the record must be closed. However, if the patient is hospitalized in a unit (e.g. CCU) that uses **DIANE**, the patient must be transferred.

es-vous sûr(e) de vouloir fermer le dossier ? Fermer le dossier du patien	t Serge LARGILLIERE ?
Choisissez les actions à effe	ectuer pour le dossier
⊙ Cloturer le dossier	Heure de sortie de réanimation
O Transférer : Réveil	Imprimer le dossier
	Vui X Non

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**NB:** Once discharged, you can reopen the patient's record by clicking on **Resume ICU** in the surgery selection window.

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## 6. QUERIES

The query tool lets you extract information from the database to compile statistics (OT occupancy times, average duration and standard deviation of stay on the site, etc.). There are three categories of reports (Anaesthesia, ICU or Obstetrics).

## 6.1 Queries module presentation

💈 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )			- 🗆 X
Configuration Actions spé	ciales ?			
Requêtes standards	Requêtes avancées			
Catégorie de rapp	wort Réanimation			
Rapports	Rapports disponibles	Détail du rapport		
Filtres	Date d'admission en réa des patients majeurs	Intitulé de la requête		
Colonnes	Date d'admission en réa des patients mineurs Urgence	Urgence		
Groupes de filtres		Groupes de filtres associés (non exclusifs)	Groupes de colonnes associés	
Groupes de colonnes		☐ Patients majeurs ☐ Patients mineurs ☑ Urgence	Date d'admission	
		🗧 Exécut	er le rapport	

The queries module is used to generate reports. For each report, you can configure data filters and choose which columns to display.

#### 6.2 Creating filters and filter groups

Filters are configured in the Filters subtab.

🐻 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )			- 🗆 X
Configuration Actions sp	péciales ?			
Requêtes standards	Requêtes avancées			
Catégorie de rap	port Réanimation			
Rapports	Filtres 🕒	Configuration du filtre "Mineur"		
Filtres Colonnes	Admission en urgence	Intitulé du filtre		
Groupes de filtres	ter Mineur	Source du filtre		
Groupes de colonnes	٥	3     Donnée du dossier       Donnée du filtre       4       Age du patient (années)       Format des données: Entier (Calculée/Automatique)       Opérande       5       est plus petit que       Valeur du filtre       6	Recherche	

- 1. List of filters already configured
- 2. Filter name
- 3. Source of filtered data
- 4. Data on which the filter is based
- 5. Operand: depends on the type of data (number, date or text)
- 6. Value to which the data can be compared: depends on the operand and type of data
- 7. List of filter groups using the filter being configured: you can assign the filter to a filter group by ticking the box (or remove it by unticking the box).

To create a group of filters, click on the 🕑 button, name the filter and tick the filters assigned to this group.

💈 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )			- 🗆 X
Configuration Actions sp	éciales ?			
Requêtes standards	Requêtes avancées			
Catégorie de rap	oport Réanimation			
Rapports	Groupes de filtres	Ð	Filtres associés	
Filtres	Patients majeurs		Intitulé du groupe de filtres	
Colonnes	Patients mineurs Urgence		Patients majeurs	
Groupes de filtres			Admission en urgence	
Groupes de colonnes			☑ Majeur □ Mineur	

A filter group lets you select the data that is valid for all the filters in the group. For example, a group made up of the filters Age  $\geq 20$  and Age < 30 will select patients aged 20 to 29.

#### 6.3 Creating columns and column groups

Columns are configured in the Columns subtab.

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🗟 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )		_ 🗆 X
Configuration Actions	péciales ?		
Requêtes standards	Requêtes avancées		
Catégorie de ra	pport Réanimation		
Rapports		Configuration de la colonne "Date d'admission"	
Filtres	Date d'admission	Intitulé de la colonne	
Colonnes	International In	2 Date d'admission	
Groupes de filtres	Prénom	Source de la colonne	
Groupes de colonnes	6	3 Données du dossier	
		Donnée de la colonne Recherche Date d'admission [= Date/Heure de début de réanimation]	00
		Format des données: Date/Heure	
		Format Utilisé	é par les groupes
			e d'admission
		6	

- 1. List of columns already configured
- 2. Column name
- 3. Data source used: it is possible to use data from the record, timers and detailed entry fields or score fields.
- 4. Data used for the column (for detailed entries or scores, the field must also be selected)
- 5. Data format (only valid for Date/Time type data)
- 6. List of column groups using the column being configured: you can assign the column to a column group by ticking the box (or remove it by unticking the box)

💈 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )			_ 🗆 X
Configuration Actions sp				
Requêtes standards	Requêtes avancées			
Catégorie de rap	port Réanimation			
Rapports	Groupes de colonnes	•	Colonnes résultat associées	
Filtres	Date d'admission		Intitulé du filtre	
Colonnes			Date d'admission	
Groupes de filtres			Nom du patient	
Groupes de colonnes			☑ Date d'admission ☑ Prénom	
-				

A column group groups together one or more columns: the columns are (de)selected by (un)ticking them in the **Associated results columns** area. It is also possible to reorganize the columns by dragging and dropping them in the **Associated results columns** area.

## 6.4 Creating reports

👩 Module de requêtes	Utilisateur connecté : YVES ( Yves MEDECIN )		_ 🗆 X
Configuration Actions sp	éciales ?		
Requêtes standards	Requêtes avancées		
Catégorie de rap	port Réanimation		
Rapports	Rapports disponibles	Détail du rapport	
Filtres	Date d'admission en réa des patients majeurs	Intitulé de la requête	
Colonnes	Date d'admission en réa des patients mineurs Urgence	Urgence	
Groupes de filtres		Groupes de filtres associés (non exclusifs)	Groupes de colonnes associés
Groupes de colonnes		☐ Patients majeurs ☐ Patients mineurs ☑ Urgence	Date d'admission
		🗧 Exécute	er le rapport

A report displays the data filtered by one or more filter groups in a table whose columns are determined by the column group(s).

If more than one filter group is selected, the data displayed will be data that is valid for at least one of the filters. For example, **Age <20** and **Age >30** filter groups will select patients under 20 and those over 30.

Caution: if a column is present in several filter groups, it will be displayed several times.

### 6.5 Example of report

View history and date of birth of patients aged 30 to 65 with a history of hypertension or aged over 65.

#### Create History of HT, 30 or over, Under 65 and 65 or over filters

Intitule du filtre		
Antécédent HTA		
Source du filtre		
Données du dossier		
Donnée du filtre Reche	erche	Intitulé du filtre
Antécédents Médicaux / Atcd Médicaux [= Antécédents fam 🔺		Plus de 30 ans
Format des données: Texte long		
Opérande Recherche		Source du filtre
contient (non exclusif) les éléments		Données du dossier 🖌
	Utilisé par les groupes     ArtO / motif d'hospi     Anticédents HTA plus de 30 ans et moins de 65 ans     Anticédents HTA plus de 30 ans et moins de 65 ans     Motif d'hospi     Séniors	Donnée du filtre          Age du patient (années)         Format des données: Entier (Calculée/Automatique)         Opérande         est plus grand que ou égal à         Valeur du filtre
🗖 gravidique		30
B□ secondaire B□ <u>Troubles du RYTHME et de la conduction</u>		

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Intitulé du filtre
Moins de 65 ans
Source du filtre
Données du dossier
Donnée du filtre
Age du patient (années)
Format des données: Entier (Calculée/Automatique)
Opérande
est plus petit que
Valeur du filtre
65

Intitulé du filtre	
Plus de 65 ans	
Source du filtre	
Données du dossier	
Donnée du filtre	
Age du patient (années)	4
Format des données: Entier (Calculée/Autom	atique)
Opérande	
est plus grand que ou égal à	
Valeur du filtre	
65	

#### Create the History of HT, 30 to 65 and Elderly filter groups

Intitulé du groupe de filtres
Antécédents HTA plus de 30 ans et moins de 65 ans
Antécédent
☑ Antécédent HTA
Avant 2000
🗆 Intub
☑ Moins de 65 ans
Motif d'hospitalisation
✓ Plus de 30 ans
Plus de 65 ans

Intitulé du groupe de filtres
Séniors
<ul> <li>Antécédent</li> <li>Antécédent HTA</li> <li>Avant 2000</li> <li>Intub</li> <li>Motins de 65 ans</li> <li>Motif d'hospitalisation</li> <li>Plus de 30 ans</li> <li>☑ Plus de 65 ans</li> </ul>

#### Create the Last name, First name, Medical history and Date of birth columns

Intitulé de la colonne
Nom
Source de la colonne
Données du dossier
Donnée de la colonne
Nom / Nom de naissance [= Nom de naissance du patient]
Format des données: Texte

	Intitulé de la color
	Date de naissanc
	Source de la colo
	Données du doss
Intitulé de la colonne	Donnée de la colo
Antécédents médicaux	Date de naissanc
Source de la colonne	Format des donne
Données du dossier	
Donnée de la colonne	
Antécédents Médicaux / Atcd Médicaux [= Antécédents fam	Format
Format des données: Texte long	Format original

Intitulé de la colonne	
Prénom	
Source de la colonne	
Données du dossier	
Donnée de la colonne	
Prénom [= Prénom du patient]	4
Format des données: Texte	
Intitulé de la colonne	
Date de naissance	
Source de la colonne	
Données du dossier	
Donnée de la colonne	
Date de naissance [= Date de naissance du patient]	4
Format des données: Date/Heure	
Format	
Format original	

#### Create the History and date of birth column group Intituló du filtre

Incluie du nicre	
Antécédents et date de naissance	
<ul> <li>Nom</li> <li>Prénom</li> <li>Antécédents médicaux</li> <li>Date de naissance</li> <li>Adresse</li> <li>CORMACK</li> <li>Durée d'intubation</li> <li>ISSII</li> <li>IMC</li> <li>Motif d'hospitalisation</li> </ul>	

#### Create the Elderly and HT report

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Détail du rapport	
Intitulé de la requête Séniors et HTA	
Groupes de filtres associés (non exclusifs)	Groupes de colonnes associés
□ ATCD / motif d'hospi ❷ Antécédents HTA plus de 30 ans et moins de 65 ans □ Avant 2000 □ Motif d'hospi ❷ Séniors	Ø Antécédents et date de naissance ☐ IMC ☐ Intub

#### Click on the Execute report button

#### The report is displayed:

Nom	Prénom	Antécédents médicaux	Date de naissance
BARBIER	Jean-Paul	Cataracte   Ulcère Gastro-Duodénal (UGD) ancien cicatrisé   HyperTension Artérielle (HTA) maligne 2008	
MULARD	David	HyperTension Artérielle (HTA)   Arythmie Complète - Fibrillation Auriculaire (AC/FA)   Dyslipidémie	12/11/1948 24/09/1960
	Juliette	Cataracte   Ulcère Gastro-Duodénal (UGD) ancien cicatrisé   HyperTension Artérielle (HTA) maligne 2008	18/09/1972
BARBIER	Jean-Paul	Cataracte   Ulcère Gastro-Duodénal (UGD) ancien cicatrisé   Hyper l'ension Arcenene (HTA) maligne 2008	12/11/1948
BARBIER	Jean-Paul	Cataracte	12/11/1948
DUVAL	Justine	Cataracte	01/01/1950
BOUCHAUD		Cataracte   Ulcère Gastro-Duodénal (UGD) ancien cicatrisé   HyperTension Artérielle (HTA) maligne 2008	04/07/1988
ANDRIEUX		catalacte   olecte dasto babacha (obb) anden dicatise   typer ension viteriele (trive) maligne 2000	18/06/1950
GARNIER	Simone		01/01/1950
ARMINE	Elisa	Cataracte   Ulcère Gastro-Duodénal (UGD) ancien cicatrisé   HyperTension Artérielle (HTA) maligne 2008	23/01/1979
ANGELIN	Francis	HyperTension Artérielle (HTA) essentielle 2016   Asthme dans les atcd	24/02/1964

You can export the report to Excel and open the corresponding records by double-clicking on the patient line.

## 7. Procedure/ICD-10

## 7.1 Start up the Procedure/ICD-10 application

To start up the CCAMCIM10.exe application, select **Procedure/ICD-10** in the **Start/Programs/Diane** menu, or double-click on the icon on the Windows desktop. If the shortcut to this application has not been created, you will find the original executable file by following the path **C:\Program Files\Diane\CCAMCIM10.exe**.

**CAUTION**: do not move the original executable files on the desktop.

This application lets you search records to enter or update ICD-10 and procedure codes. You will scan the relevant patient records to retrieve the corresponding codes, confirm them and export them

Type de dossier à rech • Tous • Contenant aucun co		Limiter la rech	ierche sur le bloc	suivant :		Rechercl	ner 🔀 Stopp	er 🕜
<ul> <li>Contenant aucun ci</li> <li>Contenant aucun ci</li> <li>Contenant aucun ci</li> <li>Contenant des code</li> </ul>	ode CIM10 ode CCAM	Limiter la rech		ode suivante :			r les codes CCAM/C	
<ul> <li>Contenant des code</li> <li>Contenant des code</li> <li>Contenant des code</li> </ul>	es CCAM	Date min : 15/05		te max : 16/05/20	020 🔺 🗹 R	echerche autom	· · · · · ·	IMIO
om de naissance	Nom usuel	Prénom	Né(e) le	Date MAJ CPA	Bloc prévu	Date interv.	Etat du dossier	
CHARLES		Xavier	01/01/2000	07/05/2018	Réanimation	07/05/2018	CIM10: 0, CCAM: 0	
LARGILLIERE		Serge	20/03/1961	04/03/2019	Réanimation		CIM10: 0, CCAM: 0	_
DUPONT		Maurice	15/05/1970	15/05/2020	Réanimation	15/05/2020	CIM10: 6, CCAM: 3	
HUGUET		GILBERT	04/12/1948	12/09/2017	Réanimation	12/09/2017	CIM10: 0, CCAM: 0	
PC Maurice DUPON	T né(e) le 15/05/1970		24/01/1934	12/09/2017	Réanimation		CIM10: 0, CCAM: 0	
	se à jour le 15/05/2020		24/02/1964	12/05/2018	Réanimation		CIM10: 0, CCAM: 0	
		umation"	la - lu				CIM10: 0, CCAM: 3	
M Intervention pré	ue dans le bloc "Rear	14.00.07	24/09/1960	23/08/2017	Réanimation		CIMID: 0, CCAM: 3	
M Intervention pré	vue dans le bloc "Rear ninée le 15/05/2020 à "	14:09:07	24/09/1960 25/08/1985	23/08/2017 31/01/2020	Reanimation Réanimation		CIM10: 0, CCAM: 0	
M Intervention pré	vue dans le bloc "Rear ninée le 15/05/2020 à "	14:09:07 Christelle				22/03/2019		
<sub>MI</sub> Intervention pré <sub>VI</sub> Intervention terr	vue dans le bloc "Rear ninée le 15/05/2020 à	14:09:07	25/08/1985	31/01/2020	Réanimation	22/03/2019	CIM10: 0, CCAM: 0	
M Intervention pré VI Intervention terr TAVERNIER	vue dans le bloc "Kear ninée le 15/05/2020 à	14:09:07 Christelle	25/08/1985 25/10/1980	31/01/2020 23/08/2017	Réanimation Réanimation	22/03/2019	CIM10: 0, CCAM: 0 CIM10: 0, CCAM: 0	

## 7.2 Searching for patient records

-Type de dossier à rech	ercher	_					Recherc	her 🗙 Stop	G
Tous		Limiter la r	echerche sur le blo	: suivant :			< Recherci		
O Contenant aucun co	ode CIM10 et CCAM	Réanimation							
O Contenant aucun co	ode CIM10					<	Afficher le	e formulaire CIM10 e	t CCAM
O Contenant aucun co	ode CCAM		echerche sur la pér			, <u> </u>	-		
O Contenant des code	es CIM10	Consultation	s prévues entre "Da	ite min" et "Date	max" 🔺		🕜 Génére	r les codes CCAM/C	IM10
O Contenant des code	es CCAM	Dossiers réali						- 11	
O Contenant des code	es CIM10 ou CCAM	Dossiers reali Dossiers réali	sés cette semaine				echerche autom	atique	
			sés entre "Date min	et "Date max"				1	
lom de naissance	Nom usuel	P Consultations				évu	Date interv.	Etat du dossier	
TAVERNIER		C Consultations	s de la semaine			ation	22/03/2019	CIM10: 0, CCAM: 0	
ANGUERRAN			s prévues entre "Da	te min" et "Date i	max"	ation		CIM10: 1, CCAM: 5	
MULARD			nimation entre "Date			ation		CIM10: 0, CCAM: 3	
MARTINEZ		CINDY	18/03/1994	13/09/2017	Réanin	nation		CIM10: 0, CCAM: 0	
TRAPAND		COLETTE	02/07/1942	14/09/2017	Réanin	nation		CIM10: 0, CCAM: 0	
POULIQUEN		GEORGES	24/01/1934	12/09/2017	Réanin	nation		CIM10: 0, CCAM: 0	
HUGUET		GILBERT	04/12/1948	12/09/2017	Réanin	nation	12/09/2017	CIM10: 0, CCAM: 0	
CREPIN	LARDEUR	Juliette	18/09/1972	20/03/2019	Bloc ch	nirurgie		CIM10: 0, CCAM: 0	
CREPIN	LARDEUR	Juliette	18/09/1972	11/06/2008	Anesth	_	23/06/2008	CIM10: 0, CCAM: 0	
CREPIN	LARDEUR	Juliette	18/09/1972	12/09/2005		de N	28/11/2019	CIM10: 0, CCAM: 0	

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: **279/298**  To make the patient record search window more compatible with ICU, the list of filtering queries includes an additional query: **Discharged between 'Min date' and 'Max date'**.

This query lets you display the records of patients who left the ICU between the two dates entered by the user.

#### 7.2.1 Record type to search

In the Record type to search area, we can see seven different cases:

When the **All** filter is selected (type selected by default when the application opens), the patients in the list are patients whose complete anaesthesia record (preop assessment and intraoperative and/or postoperative information) contains or does not contain ICD-10 and procedure codes related to the patient's anaesthesia record.

When the **Containing no ICD-10 or procedure code** filter is selected, the patients in the list are patients whose complete anaesthesia record does not contain codes related to the anaesthesia record. The **Number of codes** column only displays records stipulating **ICD-10: 0, procedure: 0**.

When the **Containing no ICD-10 code** filter is selected, the patients displayed in the list are patients whose complete anaesthesia record does not contain ICD-10 codes related to the anaesthesia record. The **Number of codes** column displays records stipulating **ICD-10: 0**.

When the **Containing no procedure code** filter is selected, the patients in the list are patients whose complete anaesthesia record does not contain procedure codes related to the anaesthesia record. The **Number of codes** column displays records stipulating **Procedure: 0**.

When the **Containing ICD-10 codes** filter is selected, the patients displayed in the list are patients whose complete anaesthesia record contains ICD-10 codes related to the anaesthesia record. The **Number of codes** column displays records stipulating **ICD-10: 1 or 2 or ...** 

When the **Containing procedure codes** filter is selected, the patients displayed in the list are patients whose complete anaesthesia record contains procedure codes related to the anaesthesia record. The **Number of codes** column displays records stipulating **Procedure: 1 or 2 or ...** 

When the **Containing ICD-10 and procedure codes** filter is selected, the patients displayed in the list are patients whose complete anaesthesia record contains codes related to the anaesthesia record. The **Number of codes** column does not display records stipulating **ICD-10: 0** and **Procedure: 0**.

#### 7.2.2 Selection filters

When the application is opened, the search is, by default, limited to the operating theatre in which your computer is configured. You can limit the search to a particular operating theatre. You can also not limit the search and display all the operating theatres in your hospital by unticking the **Narrow search to the following OT** box.

When the application is opened, the search is, by default, limited to surgeries performed that day. You can limit the search to a specific period, such as **Surgeries performed this month** or **This week's consultations**. You can also decide not to limit the search and display all the periods by unticking the **Narrow search to the following period** box.

The **Start search** button lets you start searching for patients according to the filters you have inserted. The **Stop** button is used to stop the current search.

By default, the **Automatic search** checkbox to the right of the window is ticked. If this box is unticked, you must click on the **Start search** button to display the records you are looking for.

The View ICD-10 & procedure form button lets you access the Entry form for ICD-10 and procedure codes.BOW Médical SAS, 43 Avenue d'ItalieTel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 8780090 Amiens – FRANCEEmail: contact@bowmedical.comDIANE User Manual: Version: 4.8Page: 280/298

You can sort the list of patients displayed by clicking on the window column headings.

## 7.3 Entry form for ICD-10 and procedure codes

📻 Formulaire	de saisie des coo	les CIM10 et CCAI	1					×	
Nom de naissance : DUPONT Nom usuel : Prénom : Maurice Date de naissance : 15/05/1970 N° IPP :					N° de séjour : CAC demandeur : Date prévue : 15/05/: Réalisée	۹ 2020			
Motif : Codes CIM1		e colo-rectale						•	
Codes CIMI	Type	Mode	Extrait par	Le	Validé par	Le	Exporté par	Le	
🗹 Z83.3	NR	automatique	SYSTEM Diane	15/05/2020 14:05:12				11	
Z82.6	NR	automatique	SYSTEM Diane	15/05/2020 14:05:13					
☑ Z82.2	NR	automatique	SYSTEM Diane	15/05/2020 14:05:13					
☑ R04.2	DAS (CMA)	automatique	SYSTEM Diane	15/05/2020 14:05:13					
✓ T75.3	NR	automatique	SYSTEM Diane	15/05/2020 14:05:13					
☑ Т80.9/	DAS	automatique	SYSTEM Diane	15/05/2020 14:05:13					
Afficher le	s codes inactifs						Okatu i		
							Choix impres		
🕒 Ajou	iter un nouveau o		Ajout en masse	Exporter les	codes CIM10 validés	Modifier le code couran	L	avec les codes barre	

📻 Formulaire de	saisie des codes (	CIM10 et CCAM											×
Nom usuel : CAC dem Prénom : Maurice Date pré Date de naissance : 15/05/1970 Réalis N° IPP :			N° de séjour : Lieu de réalisation : 920001001 CAC demandeur : Date prévue : 15/05/2020 Réalisée Sortie Réa : 15/05/2020			920001001		mai 202 lun. mar.		J. ven.	sam.	dim.	
Motif : Codes CIM10	Anastomose colo	o-rectale						•		Aujour	ďhui		j
Code	Mode	Praticien	Extrait par		Validé par		Le	Expor	té par	Le			
DEQP004	automatique		SYSTEM Diar	пе									
DEQP007	automatique		SYSTEM Diar	пе									
✓ YYYY015	automatique		SYSTEM Diar	1e									
Afficher les co	des inactifs								Choi	impression			
Ajouter	un nouveau code	Ajout	t en masse		Favoris	s CCAM valid	Modifier le cod	e courant	CCA	M et CIM10	) les codes	barre K Ferm	▲ ner
			o contractito		, or cor 135 cours.	- contri venu				- inspirite		, cin	

At the top of the Entry form for ICD-10 and procedure codes, you will find all the patient's administrative

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE DIANE User Manual: Version: 4.8 Tel: +33 (0)3 60 03 24 68 - Fax: +33 (0)9 72 29 34 87 Email: contact@bowmedical.com Page: 281/298 information (last name, married name, first name, date of birth, UPI number), all the information related to the surgery (name of the surgery, date, a surgery completion indicator), and items related to your patient's stay (stay number, place where done, Requesting service and Service performing surgery).

In the **Stay No.** drop-down list, you will find the stay numbers corresponding to the surgery. Several numbers can be associated with the same surgery. The stay number selected by default is the last associated stay.

Regarding the fields **Place where done**, **Requesting service and Service performing surgery**, it is the list of existing services that is displayed. By default, the choices corresponding to the data previously entered in the consultation or intraoperative or postoperative monitoring record are displayed.

The **Requesting service** corresponds to the service of the unit requesting the surgery (value of the field entered in the **Administrative** tab of the consultation record).

The Service performing surgery corresponds to the OT service responsible for the surgery.

The **Place where done** corresponds to the service where the surgery took place.

#### 7.3.1 ICD-10 codes (International Classification of Diseases)

When you open the Entry form for ICD-10 and procedure codes, you directly see all the ICD-10 codes related to the patient's anaesthesia record.

If several ICD-10 codes are assigned to the same item, you will need to select the one(s) you want in the **Select the ICD-10 code(s) associated with the entry** window. Once the code(s) have been selected, you will no longer need to select it/them again if the **Entry form for ICD-10 and procedure codes** is displayed again. You can add new codes or change existing codes using the buttons provided, but you cannot change a code that has been entered by another user.

NB: If you hover the mouse over any ICD-10 code this displays a tooltip indicating the ICD-10 code, the ICD-10 type, the Entry type, the Description (comment) and the Official wording of the item that generated this code (if there is one).

The Add a new code and Edit current code buttons display the ICD-10 coding help window.

🚔 Aide à la saisie d'un code CIM10	X								
Saisie manuelle									
Chapitre Catégorie Sous-catégorie et sous-division									
Lettre de A à Z Nombre de 00 à 99 Chiffres de 0 à 9 (et les caractères , / * et +)									
Commentaire associé :									
-Saisie progressive	1								
Chapitre U00U99 ==> Codes d'utilisation particulière									
Catégorie U00U49 ==> Classement provisoire d'affections nouvelles d'étiologie incertaine									
Sous-catégorie U07 ==> Codes pour usage urgent									
Sous-division U07.1 ==> Maladie à coronavirus 2019 [COVID-19]									
Extension									
Extension 2									
Recherche de code par mots-dé									
Mots-dé : coronavirus tous les mots 🕢 🔍 Rechercher les codes CIM10									
Résultat(s) : 2 Résultat(s) trouvé(s)									
B97.2 ==> Coronavirus, cause de maladies dassées dans d'autres chapitres U07.1 ==> Maladie à coronavirus 2019 [COVID-19]									
Codage CIM10									
Coage Cimito									
Type :									
Non renseigné									
V Enregistrer 🔂 Ajouter 🗙 Ann	ıler								

#### There are three different ways to enter the International Classification of Diseases code.

#### If you know the International Classification of Diseases code for the selected item:

In the **Manual entry** area at the top of the **ICD-10 coding help** window, enter the letter corresponding to the **Chapter**, the number corresponding to the **Category** and then the numbers corresponding to the **Subcategory and subdivision**. You can insert an **Associated comment**.

The Entry by section area is completed as you enter your code. Then click on the Save button.

**NB:** If the ICD-10 code you have entered is unknown, you can manually edit the Type, i.e. specify whether it is a Principal diagnosis, a Significant secondary diagnosis, an Informational secondary diagnosis or Related diagnosis.

#### If you know the International Classification of Diseases code sections for the selected item:

In the Entry by section area, located in the middle of the ICD-10 coding help window, select in turn, using the drop-down lists, the Chapter, Category, Subcategory, Subdivision and, if necessary, Extension and Extension 2.

The **Manual entry** area is completed as you enter the various sections of your ICD-10 code. Then click on the **Save** button.

#### You are looking for the International Classification of Diseases code using a keyword:

In the Search code by keyword area at the bottom of the ICD-10 coding help window, enter the keywords corresponding to the item you wish to code. You can use an entire expression as a keyword by placing it between ''. Using the drop-down list, specify that you want to search for All words or At least one of the words, then click on the Search for corresponding ICD-10 codes button or hit Enter on your keyboard All the possible wordings are found in the Result(s) box. Simply choose the one you want and the Manual entry and Entry by section boxes are automatically completed based on the wording selected. Then click on the Save button.

ICD-10 codes can have three statuses:

#### • Extracted: only Extracted by and On columns are filled.

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• Exported: this new status is defined by the new **Exported by** and **On** columns. These columns make it possible to monitor data sent to the interface and are filled once the ICD-10 codes have been exported. This status is in the ICD-10 code look-up table.

📄 Formulaire de	saisie des codes (	IM10 et CCAM													X
Nom usuel : Prénom : Charl Date de naissan N° IPP : 69713 Motif :	ce : 24/02/1976	CAC dema	ndeur : ue : 11/09/2	017		Lieu de réalisatio CAC réalisateur : Entrée Réa : 18 Sortie Réa : 30,	920001001	•		i 202 mar. 28 5 12 19	mer. 29 6 13 20	jeu. 30 7 14 Jourdh	1 8 15	^ sam. 2 9 16	dim. 3 10 17
Codes CIM10	Codes CCAM	Praticien	Extrait par	Evtrait par		Validé par Le		Expo	rté par			Le			
☑ LAQK0011 0	manuel	ANESTH Bignon	SYSTEM Dia	ne	SYSTE	1 Diane	20/05/2020 15:57:55								
Afficher les co	des inactifs un nouveau code	Ajout en n			Favo	ris codes CCAM valid	Modifier le code c	ourant		CCAI	impre M et Cl primer Impr	IM10 avec les		barre <b>(</b> Ferr	ner

#### 7.3.2 Procedure codes

A calendar is available to select a day and list any procedure codes for the chosen date. The colour of the calendar day shows the status of the procedure codes.

- Red = day not scanned or no codes for this day,
- **Orange** = there are unconfirmed codes for this day,
- **Yellow** = there are codes not exported for this day,
- **Green** = all codes have been exported for this day.

m	ai 202	0			^	~					
lun.	mar.	mer.	jeu.	ven.	sam.	dim.					
27	28	29	30	1	2	3					
4	5	6	7	8	9	10					
11	12	13	14	15	16	17					
18	19	20									
	Aujourd'hui										
						Rouge :					
té pai			Le			- Jou	- Jour non scanné ou sans code.				
EM Dia	ine		20/05	/2020	17:00	Oran - Jou	ge : r scar	nné et présence de codes non validé			
						Jaune : - Jour scanné et présence de codes non exportés					
						Vert : - Tou		codes du jour ont été exportés.			

Clicking on a day on the calendar displays the codes entered on that day. You can only click on a date between the surgery start date and end date.

Procedure codes can have three statuses

- Extracted: only Extracted by and On columns are filled.
- Confirmed: the **Confirmed by** and **On** columns are filled in addition to the **Extracted by** column.
- Exported: this new status is defined by the new **Exported by** and **On** columns. These columns make it possible to monitor data sent to the interface and are filled once the procedure codes have been exported. This status is in the procedure code look-up table.

#### 7.3.3 Data export

You can untick the checkbox next to the code number to ignore it during the export.

The **View non-enabled codes** checkbox lets you display or not display in the Entry form any codes that have been unticked.

Once you have confirmed the ICD-10 and procedure codes you will be able to export them. The button enabling the export is greyed out until the surgery has taken place. This button will only be accessible when the patient arrives in the recovery room.

NB: Code confirmation is irreversible and no subsequent changes are possible. Once the codes are exported, they cannot be changed. In addition, these codes can only be exported after the surgery has been done.

NB: Procedure codes and ICD-10 codes can be exported and confirmed separately.

#### 7.3.4 Printing codes

You can print the procedure and ICD-10 codes together or separately, and can choose to print just the codes or also their description and official wording. To do this, select what you want to print from the drop-down list and click on the **Print** button.

When a procedure code is added automatically, if the date on which it is added is a public holiday or a Sunday, the modifier 'Emergency procedures on a Sunday or public holiday' is added automatically

A number of automatic codes have been created in **DIANE**:

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# EQLF003: Procedure automatically added dobutamine/dopamine continuously rate > 8 µg/kg/min/adrenaline/Noradren excl. neonate/24

There are two ways to add this code:

 Continuous intravenous injection of dobutamine or dopamine at a rate greater than 8 micrograms per kilogram per minute [µg/kg/min] outside the neonatal period, per 24 hours
 -> code valid outside the neonatal period (patient aged over 28 days)

<b>0</b> *	Remplissage vasculaire	
1 Dobutamine 250mg ml/flacons) : 250 mg à	<mark>/20ml panph fl 10</mark> (250 mg/20 δ 10 μg/kg/min (1,25 mg/ml) en continu	Þ

 Continuous intravenous injection of adrenaline or noradrenaline at a rate greater than 8 micrograms per kilogram per minute [µg/kg/min] outside the neonatal period, per 24 hours
 -> code valid outside the neonatal period (patient aged over 28 days)

↔ Perfusions	۲
1 Adrenaline 1mg/ml ren ab 5ml 10 (5 mg/5 ml/ampoules) : à 20 μg/kg/min (1 mg/ml) en continu	Þ

The code is **automatically** added 5 min after starting the medication order and automatically adds the ICU package **B YYYY020** 

🐁 Formulaire de saisie des codes CIM10 e	ССАМ							×	
Nom de naissance : NOM INCONNU									
Nom usuel :			Navigation	dans le dossier					
Prénom : 25/02/20 09:12				5 🕟 ma	. 25 fév 🔺		CCAM		
Date de naissance : 01/01/1970									
N° IPP :									
Afficher tous les séjours du patient	Praticien :		SYSTEM Dian	ie 🔺	Date :	25/02/2020			
N° de séjour :	Lieu de réa			4	Réalisation Entrée Réa :	25/02/2020			
CAC demandeur :	eur :								
Motif :								:	
Attention ! Les données validées ne pourro	nt plus être mod	ifiées.							
Note : Pour afficher des informations comp	émentaires assoc	iées à un cod	le, survolez-	le à l'aide de v	otre souris.				
Codes CIM10 Codes CCAM									
Code Mode Extrait r	ar	le		Valide par	le		Praticien		
EQLF003 automatique SYSTEM	l Diane	25/02/2020	23:59:59						
VYYY020 automatique SYSTEM Code : EQLF003	Diane	25/02/2020	23:59:59						
Mode : automatique									
Extrait par : SYSTEM Diane le : 25/02/2020 23:59:59									
Valide par :									
le : Praticien :									
Commentaire : Acte ajouté automatiquement (règle)									
Description : dobu/dopa continue débi	Description : dobu/dopa continue débit >8µg/kg/mn /adrénaline/N.Adrén sf néonat /24h								
•								•	

## EQLF002: Infusion expander rate > 50mL/kg/24h in adults

The code is added when an intravenous infusion of an expander at a rate above 50 mL/kg is prescribed:

- Ringer Lactate (ATC: B05BB01)
- Voluven (ATC: B05AA07)
- NaCl09 (ATC: B05XA03)

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😌 🛨 Perfusions	۲
1 Adrenaline 1mg/ml rep. ab. 5ml 10 (E.mg/E.ml/ampoulte) + 2 20 yg/kg/min (1.mg/ml) en continu	
Ringer lact bbraun ecoflac 11 1 (1 poche/1000 ml) : à 2000 ml/kg/min en continu	
1 Voluven sol p perf (1 poche/500 m) . a oo mijkg/n en concina	

Code	Mode	Extrait par	le	Valide par	le	Praticien
EQLF002	automatique	SYSTEM Diane	25/02/2020 23:59:59			
	02 natique /STEM Diane 0 23:59:59	SYSTEM Diane tomatiquement (règle) débit >50ml/kg/24h chez	25/02/2020 23:59:59 adulte			
4						•
Ajouter un	nouveau code	🕒 Ajout en m	asse 🗙 F	avoris	💉 Modifier le code	courant

## FELF004: Blood bag transfusion > ½ blood volume in Adults/40 mL/kg in neonates in under 24 hours

This code is added automatically if the patient has received a transfusion of packed red blood cells with a volume greater than half the blood volume in adults per kilogram [mL/kg] or 40 millilitres per kilogram [mL/kg] in neonates in under 24 hours.

Packed red blood cells have the following external ID: PS\_CGR

The half blood volume of a male adult is 38 mL/kg and 34 mL/kg for a female adult.

<b>I.V.</b>		
Concentré érythrocitaire (car) (5.8.1)	☆	1500 ml // 30min 📲

Codes CIM10 Co	odes CCAM							
Code	Mode	Extrait par	le	Valide par	le	Praticien		
FELF004	automatique	SYSTEM Diane	28/02/2020 23:59:59					
<ul> <li>✓ GLLD002</li> <li>✓ GLCode : FELF00-</li> <li>✓ Y Mode : autom</li> <li>✓ X Mode : autom</li> <li>Extrait par : SV</li> <li>Ie : 28/02/0200</li> <li>Valide par :</li> <li>Ie :</li> <li>Praticien :</li> <li>Commentaire</li> </ul>	automatique 4 atique STEM Diane 23:59:59 : Acte ajouté au	SYSTEM Diane tomatiquement (règle) 2masse sang chez adulte/à	28/02/2020 23:59:59	s/24h				
•								
Ajouter un	nouveau code	🔂 Ajout en m	asse 📩 I	avoris	🧪 Modifier le cod	e courant		
Afficher les code	es non activés			Choix	impression			
🔷 🗸 Valider le	s codes CIM10	actifs Expo	dés CCAM	1 et CIM10	Imprimer			
Valider le	Valider les codes CCAM actifs Exporter les codes CCAM validés							
Prêt								

## FELF003: Coagulopathy treatment / 24h (2 diff. LBP)

This code is added when there are at least two simultaneous IV medication orders for the following blood

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- Fresh frozen plasma (external ID: PS\_PFC)
- Platelets/platelet concentrate (external ID: PS\_CP)
- Antihaemophilic factor A or B (external ID: PS\_FACT8 or PS\_FACT9)
- Fibrinogen (external ID: PS\_FACT1)
- Antithrombin III substitution for coagulopathy (external ID: PS\_ATHRB3)

Code	s CIM10 🤇	Codes CCAM					
Code		Mode	Extrait par	le	Valide par	le	Praticien
FEL	LF003	automatique	SYSTEM Diane	27/02/2020 23:59:59			
	le : 27/02/202 Valide par : le : Praticien : Commentair	03 matique IVSTEM Diane 20 23:59:59 e : Acte ajouté au	SYSTEM Diane tomatiquement (règle) hie/24h (2PSL diff.)	27/02/2020 23:59:59			
C	Ajouter ur	n nouveau code	🕂 Ajout en m	asse ★	Favoris	💉 Modifier le co	de courant
Aff	ficher les co	des non activés			Choi	x impression	
	🖌 Valider	les codes CIM10	actifs Expo	lues	CCAM et CIM10		
	🗸 Valider	les codes CCAM	actifs Expo	orter les codes CCAM val	idés 🗌 🗆 Ir	nprimer avec les codes barre	🗙 Fermer
Prêt							

<b>I.V.</b>		
Concentré plaquettaire (656 162 mg)	☆	4200 mg >> 2000 4200 mg >
Concentré érythrocitaire	☆	1 >> 2000 ml // 3h

## GLLD015: Trach ventilation. + PEEP < 6 + FiO2 < 60%/24h

This code is added when there is a medication order for invasive ventilation by tracheotomy or intubation tube, provided that the FiO2 is less than 60% and the PEEP is less than or equal to 6.

<b>0</b> ★	Paramé	tres ventilatoires 💿
1 VAC, Trachéotomie :	en continu	▶
		Mode : VAC Interface : Trachéotomie VT : 5mL ; FiO2 : 40% ; PEP : 4cmH2O en continu à partir du 25/02 à 11h27, jusqu'à 11h27 demain

Code	Mode	Extrait par	le	Valide par	le	Praticien	
GLLD015	automatique	SYSTEM Diane	25/02/2020 23:59:59				
Code : GLLD0 Code : GLLD0 Mode : auton Extrait par : S' Ie : 25/02/202 Valide par : Ie : Praticien : Commentaire	automatique 15 natique (STEM Diane 0 23:59:59 : : Acte ajouté au	SYSTEM Diane utomatiquement (règle) P < 6+Fi02 < 60%/24h	25/02/2020 23:59:59				
4	• • • • • • • • • • • • • • • • • • •						

This code is added after 5 minutes and adds the ICU package **B YYYY020**.

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## GLLD008: Trach ventilation. + PEEP over 6 +/- FiO2 over 60%/24h

This code is automatically added when there is a medication order for mechanical ventilation by intubation tube or tracheotomy with positive end-expiratory pressure (PEEP) greater than 6 and/or FiO2 greater than 60%, continuously over 24 hours.

<b>⊙</b> ★	Parama	etres ventilatoires 💿
1 VAC, Trachéotomie :	en continu	•
1 VAC, Trachéotomie :	en continu	•
		Mode : VAC Interface : Trachéotomie VT : 70mL ; FiO2 : 80% ; PEP : 8cmH2O en continu à partir du 25/02 à 11h34, jusqu'à 11h34 demain

Code	Mode	Extrait par	le	Valide par	le	Praticien
GLLD008	automatique	SYSTEM Diane	25/02/2020 23:59:59			
YYYY020	automatique	SYSTEM Diane	25/02/2020 23:59:59			
le : 25/02/2 Valide par le : Praticien : Comment	comatique : SYSTEM Diane 2020 23:59:59 aire : Acte ajouté a	utomatiquement (règle) EP sup. à 6+/- FiO2 sup. à	50%/24h			

This code automatically adds the ICU package B YYYY020.

## GLLD004: Trach. ventilation + PEEP > 6 +/- FiO2 > 60% + alternating prone/24h

This code is added when there is a medication order for mechanical ventilation by intubation tube or tracheotomy with positive end-expiratory pressure [PEEP] greater than 6 and/or FiO2 greater than 60%, with the alternating prone technique continuously over 24 hours (prone parameter entered in hours or alternating hours).

Codes CIM10	Codes CCAM						
Code	Mode	Extrait par	le	Valide par	le		Praticien
GLLD008	automatique	SYSTEM Diane	26/02/2020 23:59:59				
GLLD004	automatique	SYSTEM Diane	26/02/2020 23:59:59				
YYYY020	automatique	SYSTEM Diane	26/02/2020 23:59:59				
			Lista	des codes CCAI	4		
			Liste	des codes CCA	VI		
4							
+ Ajouter	un nouveau code	🕒 Ajout en m	asse 🗶	Favoris		Nodifier le code co	ourant

The addition of this code is paired with the code GLLD008 and automatically adds the ICU package B YYYY020.

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## GLLD007: Ventil. of separate lungs/24h

Automatic code that is added when ordering mechanical ventilation of separate lungs continuously over 24 hours.

Ventilation à poumons séparés, Sonde d'intubation : en continu										
Codes CIM10 Codes CCAM										
Code	Mode	Extrait par	le							
GLLD007	automatique	SYSTEM Diane	25/02/2020 23:59:59							
le : 25/02/2 Valide par : le : Praticien : Commenta	D007 comatique : SYSTEM Diane 2020 23:59:59	SYSTEM Diane utomatiquement (règle) ns séparés/24h	25/02/2020 23:59:59							

This code automatically adds the ICU package B YYYY020.

## GLLD009: High frequency oscillation ventilation/24h

Automatic code that is added when ordering mechanical ventilation using High frequency oscillation continuously over 24 hours

1 Oscillations à haute fréquence, Masque buccal : en continu								
Code	Mode	Extrait par	le					
GLLD009	automatique	SYSTEM Diane	25/02/2020 23:59:5					
VYYY020 Code : GLLD00 Mode : autom Extrait par : SY Ie : 25/02/2020 Valide par : Ie : Praticien : Commentaire Description : v	25/02/2020 23:59:5							

This code automatically adds the ICU package B YYYY020.

## GLLD006: Spontaneous ventil. with intubation tube during weaning 1 ventil/24h

This code is only added when ordering spontaneous ventilation using an intubation tube in IPSSV/PEEP mode during weaning from mechanical ventilation (in the parameters the Weaning checkbox is ticked), continuously over 24 hours.

VS-AI-PEP, Sonde	d'intubation :		
8	Mode : VS-AI-PEP Interface : Sonde o PEP : 48748cmH20 Sevrage en contir	d'intul D ; Al :	

GLLD006	automatique	SYSTEM Diane	27/02/2020	23:59:59				
GLLD013	automatique	SYSTEM Diane	27/02/2020	23:59:59				
G Code : GLLD00				23:59:59				
Y Mode : autom				23:59:59				
	Extrait par : SYSTEM Diane							
	le : 27/02/2020 23:59:59							
	Valide par :							
Praticien :	le:							
	Commentaire : Acte ajouté automatiquement (règle)							
		e sur sonde intub. pdt sev	/rage 1ventil/24h					

## GLLD013: spontaneous ventilation using tracheo during weaning 1 ventil/24h

This code is added when ordering spontaneous ventilation using a tracheotomy in **IPSSV/PEEP** mode during weaning from mechanical ventilation (in the parameters the **Weaning** checkbox is ticked), continuously over 24 hours.

	VS-AI-PEP, Trachéotomie	· en
1		Mode : VS-AI-PEP
		Interface : Trachéotomie
¢.		PEP : 5487548cmH2O ; AI : 7487548cmH2O
		Sevrage en continu à partir du 27/02 à 09h07, pdt 1 j

Code	Mode	Extrait par	le	
GLLD013	automatique	SYSTEM Diane	27/02/20	020 23:59:59
GLLD008	automatique	SYSTEM Diane	27/02/20	020 23:59:59
	atique STEM Diane 23:59:59 : Acte ajouté au	tomatiquement (règle) e sur trachéo pdt sevrage 1\		020 23:59:59

This code automatically adds the ICU package B YYYY020.

## GLLD002: discontinuous mask/mouthpiece ventilation by physiotherapy/24h

This code is added when ordering mechanical ventilation using a face mask or mouthpiece scheduled over one day discontinuously (e.g. every two hours).

1 VAC, Masque buccal : 6k/j	•
Mode : VAC Interface : Masque buc VT : 8mL ; PEP : 956cml	cal 12O 6x/j à partir du 26/02 à 08h33, jusqu'à 08h33 le 04/03

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Codes CIM10	odes CCAM					
Code	Mode	Extrait par	le			
GLLD002	automatique	SYSTEM Diane	26/02/2020 23:59:59			
✓     YYYY020     automatique     SYSTEM Diane     26/02/2020 23:59:5       Code : GLLD002     Mode : automatique     Extrait par : SYSTEM Diane     1e : 26/02/2020 23:59:59       Valide par :     Valide par :     Valide par :						
le : Praticien : Commentaire : Acte ajouté automatiquement (règle) Description : ventil. discontinue masque/embout pr kinésithérapie/24h						

This code automatically adds the ICU package B YYYY020.

## GLLD012: continuous ventilation with a face mask for ventilatory support/24h

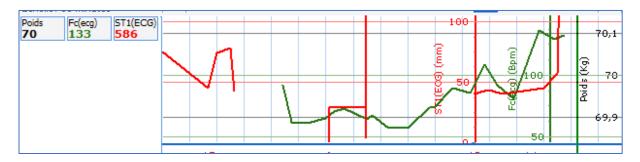
This code is added when ordering continuous mechanical ventilation using a face mask over 24 hours.

1 PAC, Masque facial : en continu	
	Mode : PAC Interface : Masque facial PEP : 15cmH2O ; PI : 45cmH2O en continu à partir du 25/02 à 13h51, jusqu'à 13h51 demain

						1
Code	Mode	Extrait par	le	Valide par	le	Praticien
EQLF0031 0	manuel	SYSTEM Diane	25/02/2020			
GLLD012	automatique	SYSTEM Diane	25/02/2020 23:59:59	)		
DEOP004	automatique	SYSTEM Diane	25/02/2020 23:59:59			
	atique STEM Diane 23:59:59 Acte ajouté au	itomatiquement (règle) au masque facial pr supplé	59 59 ance ventilatoire (24b			

## DEQP004: Continuous scope/remote ECG/24h

This code is added for continuously monitoring the electrocardiogram using an oscilloscope and/or remote monitoring, continuously monitoring the heart rate and/or level 1 ECG depression. The values of the HR (ECG) parameter and/or ST1 (ECG) parameter must be received continuously (break in values under 2 minutes) for at least 5 minutes.



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DEQP004	automatique	SYSTEM Diane	26/02/2020 23:59:59				
DEOP007	automatique	SYSTEM Diane	26/02/2020 23:59:59				
Y Code : DEQF	P004		26/02/2020 23:59:59				
Mode : auton							
	SYSTEM Dian	e					
le : 26/02/202	20 23:59:59						
Valide par :							
le :							
Praticien :							
Commentaire							
Description :	Description : scope/téléecg continu/24h						

This code automatically adds the ICU package A YYYY015.

# DEQP007: Continuous scope/remote ECG + noninvasive blood pressure ± SaO<sub>2</sub> monitoring/24h

This code is added for continuously monitoring the electrocardiogram using an oscilloscope and/or remote monitoring, continuously monitoring the intra-arterial blood pressure and/or arterial oxygen saturation. The values of the noninvasive systolic blood pressure monitoring or of the arterial oxygen saturation parameter must be received continuously (break in values under two minutes) for at least five minutes.

mer. 2 16:19:	6 févr. 202	20	0	26/02 - 07:00			26/02 - 11:0	0 26/0	2 - 11:00		2	26/02 - 15:	00 26	/02 - 15	:00		26	5/02 - 19	:00 26/02	- 19:00		26	/02 - 23:00	26
	: 15 minute	es 3	0	07 :	6:08	16:09	16:	10	16:	11 :	6:12	16:	13	16	5:14	16:	15	16:16	;	16:17	16:1	3	16:19	
	PNIs 130	PNIm 90								÷				• •		•	<u>،</u>			-	+			•
PNId 76	SpO2 95,3		L		_	1						[		ΙI										
			ŧ	+	+	+	+ +	Ŧ	ł	+		+		t t	-	ŧ	+ 1		$\vdash$	+	-	+	+ .	

Codes CIM10 Co	odes CCAM						
Code	Mode	Extrait par	le	Valide par	le	Praticien	
DEQP004	automatique	SYSTEM Diane	26/02/2020 23:59:59				
DEQP007	automatique	SYSTEM Diane	26/02/2020 23:59:59				
YYYY015	automatique	SYSTEM Diane	26/02/2020 23:59:59				
Code : DEQF Mode : autor							
	SYSTEM Dian	e					
Valide par :	20 23.59.59						
le : Praticien :							
	Commentaire : Acte ajouté automatiquement (règle)						
Description :	scope/téléEC	G continu +surv. press a	rt+/-SaO2 non effractive	s/24h			

This code automatically adds the ICU package A YYYY015.

## EQLF001: Dobutamine/Dopamine continuous <8 µg/kg/min/Dopexamine excl. neonatal period/24h

This code is added when ordering continuous intravenous injection of dobutamine or dopamine at a rate of less than 8 micrograms per kilogram per minute  $[\mu g/kg/min]$  or Dopexamine outside the neonatal period, per 24 hours -> code valid outside the neonatal period (patient aged over 28 days).

Dobutamine 250mg/20ml panph fl 10 (250 mg/20 ml/flacons) 1 : 250 mg à 4 µg/kg/min en continu

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Code	Mode	Extrait par	le	Valide par	le	Praticien
EQLF0031 0	manuel	SYSTEM Diane	25/02/2020			
GLLD008	automatique	SYSTEM Diane	25/02/2020 23:59:59			
DEQP004	automatique	SYSTEM Diane	25/02/2020 23:59:59			
DEQP007	automatique	SYSTEM Diane	25/02/2020 23:59:59			
EQLF001	automatique	SYSTEM Diane	25/02/2020 23:59:59			
YYYY020	automatique	SYSTEM Diane	25/02/2020 23:59:59			
Extrait pa	tomatique : SYSTEM Diane 2020 23:59:59					
	aire : Acte ajouté a	utomatiquement (règle) tinue <8µq/kq/mn/dopexa	amine sf période néonatale	s	Modifier le code	courant

## GLQP004: Continuous scope/remote ECG/24h

This code is added for continuous transcutaneous monitoring of the partial pressure of O2 by transcutaneous route (= paO2 / partial pressure of O2 by transcutaneous route = partial pressure of O2 in the arterial blood) or of the partial pressure of CO2 by transcutaneous route (= paCO2 / Partial pressure of CO2 by transcutaneous route = paCO2 / Partial pressure of CO2 by transcutaneous route = paCO2 / Partial pressure of CO2 by transcutaneous route (= paCO2 / Partial pressure of CO2 by transcutaneous route = paCO2 / Partial pre

		26/02 - 19:00 26/0	)2 - 19:00		26/02 - 23:00	26/02 - 23:00		27/02 - 03:00	୍ପ୍
30	16:31	16:32	16:33	16:34	16:35	16:36	16:37	16:38	16:
						-			
						1		5	8,1
			/						
				$\rightarrow$ /				8	58
								2	
				Y				5	7,9

Code	Mode	Extrait par	le
DEQP004	automatique	SYSTEM Diane	26/02/2020 23:59:59
DEOP007	automatique	SYSTEM Diane	26/02/2020 23:59:59
	atique STEM Diane 23:59:59	itomatiquement (règle) ontinu/24h	26/02/2020 23:59:59

## GLLD002: discontinuous mask/mouthpiece ventilation by physiotherapy/24h

This code is added when ordering mechanical ventilation using a face mask or mouthpiece scheduled over one day discontinuously (e.g. every two hours).

1 VAC, Masque buccal : 6k/j	
Mode : VAC	
Interface : Masque buc	al
VT : 8mL ; PEP : 956cmH	ł2O 6x/j à partir du 26/02 à 08h33, jusqu'à 08h33 le 04/03

Codes CIM10	odes CCAM					
Code	Mode	Extrait par	le			
GLLD002	automatique	SYSTEM Diane	26/02/2020 23:59:59			
✓ YYYY020 Code : GLLD00 Mode : autom Extrait par : SY le : 26/02/2020 Valide par :	)2 latique 'STEM Diane	SYSTEM Diane	26/02/2020 23:59:59			
Valide par : le : Praticien : Commentaire : Acte ajouté automatiquement (règle) Description : ventil. discontinue masque/embout pr kinésithérapie/24h						

This code automatically adds the ICU package B YYYY020.

NB: Some procedure codes cannot currently be automated in DIANE: EQMP001, EQMF003, GLJF010, GLLD003, GLLD019

## 7.4 Assigning the practitioner (procedure codes)

The practitioner is always assigned manually using the window to create/change the procedure code. But it can be changed directly in the **Practitioner** column where there is a drop-down list with all practitioners in alphabetical order.

Codes CIM10	Codes CCAM						
Code	Mode	Praticien	Extrait par	Validé par	Le	Exporté par	Le
✓ LAQK0061 0	manuel	-	SYSTEM Diane	MEDECIN Paul	26/05/2020 08:02:24	MEDECIN Paul	26/05/2020 08:02:28
🗹 LAQK0121 0	manuel	ANESTH Anna	SYSTEM Diane	MEDECIN Paul	26/05/2020 08:55:04	MEDECIN Paul	26/05/2020 08:55:10
YYYY0601 0		ANESTH Bignon	SYSTEM Diane	MEDECIN Paul	26/05/2020 08:55:07	MEDECIN Paul	26/05/2020 08:55:10
		ANESTH Brami ANESTH Bruchou ANESTH Demo ANESTH HAMANTS Sé					
		ANESTH Luc •					

## 7.5 Printing procedure and ICD-10 codes

The procedure and ICD-10 codes are printed in landscape mode for the six types of printouts available:

- Procedure and ICD-10 codes
- Procedure codes
- ICD-10 codes
- Detailed procedure and ICD-10 codes
- Detailed procedure codes
- Detailed ICD-10 codes

#### 'Normal' printing:

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Nom de naissance : ANGUERRAN	Prénom : Charles	Numéro d'établissement :
Nom usuel :	Date naissance : 24/02/1976	Date d'admission : 18/03/2019 11:39
Numéro IPP : 69713	Numéro de séjour (NIP) :	Date de sortie : 30/04/2019 16:02
CAC demandeur :	CAC réalisateur : 920001001	Type d'admission :
Lieu de réalisation : 920001001	Intervention réalisée : Non	IGS2 : N/R
Type du document: CODEPMSI\$	Numéro de dossier Emed:	IGS2 sans l'âge : N/R
Intervention : (11/09/2017)		
		Date du document: 25/05/2020 Page nº 1 / 2

Liste des codes CIM10 & CCAM rattachés au dossier du patient

Code CIM10	Type CIM10	Saisie	par	le	Validé par	le	Exporté par	le
I10/006	NR	automatique	MEDECIN Paul	20/03/2019	MEDECIN Paul	25/05/2020	MEDECIN Paul	25/05/2020
T88.4	NR	automatique	SYSTEM Diane	20/05/2020	MEDECIN Paul	25/05/2020	MEDECIN Paul	25/05/2020

Code CCAM	Saisie	par	le	Validé par	le	Exporté par	le
YYYY020	automatique	MEDECIN Paul	18/03/2019	SYSTEM Diane	20/05/2020	Non renseigné	N/R
	automatique	MEDECIN Paul	18/03/2019	SYSTEM Diane	20/05/2020	Non renseigné	N/R

#### Detailed printing:

Nom de naissance : ANGUERRAN	Prénom :	Charles	Numéro d'établissement :	
Nom usuel :	Date naissance :	24/02/1976	Date d'admission :	18/03/2019 11:39
Numéro IPP : 69713	Numéro de séjour (NIP)	:	Date de sortie :	30/04/2019 16:02
CAC demandeur :	CAC réalisateur :	920001001	Type d'admission :	
Lieu de réalisation : 920001001	Intervention réalisée :	Non	IGS2:	N/R
Type du document: CODEPMSI\$	Numéro de dossier Emec	1:	IGS2 sans l'âge :	N/R
Intervention : (11/09/2017)				
		C	ate du document: 25/05/20	020 Page nº 1 / 3

Liste des codes CIM10 & CCAM rattachés au dossier du patient

Code CIM10	Type CIM10	Saisie	par	le	Validé par	le	Exporté par	le	
I10/006	NR	automatique	MEDECIN Paul	20/03/2019	MEDECIN Paul	25/05/2020	MEDECIN Paul	25/05/2020	
Description = "HyperTension Artérielle (HTA) essentielle" Libellé officiel = "Hypertension essentielle (primitive)"									
T88.4	NR	automatique	SYSTEM Diane	20/05/2020	MEDECIN Paul	25/05/2020	MEDECIN Paul	25/05/2020	

Code CCAM	Saisie	par	le	Validé par	le	Export é par	le
	automatique	MEDECIN Paul	18/03/2019	SYSTEM Diane	20/05/2020	Non renseigné	N/R
YYYY020	automatique	MEDECIN Paul	16/03/2019	STSTEM Diane	20/05/2020	Non renseigne	N/K
Acte ajouté automatiquement (règle)							

### 8. Glossary

AROM: Artificial rupture of membranes **BMI: Body mass index** BSA: Body surface area Cath: Catheter CCU: Continuous care unit CRL: Crown-rump length D: Day DDB: Drug database DR: Delivery room DVE: Digital vaginal examination EAB: Elective abortion ECG: Electrocardiogram EHR: Electronic health record EONI: Early-onset neonatal infection **EP: Ectopic pregnancy** HC: Head circumference HIS: Hospital information system HR: Heart rate **HT: Hypertension** Hx.: History IAS: Irregular antibody screening INN: International nonproprietary name IPSSV/PEEP: Inspiratory pressure support during spontaneous ventilation and positive end-expiratory pressure IUD: Intrauterine device IUFD: Intrauterine foetal demise **IV: Intravenous** LM: Late miscarriage LMP: Last menstrual period MC: Miscarriage MDRO: Multidrug-resistant organism MW: Midwife NTR: Nothing to report NVR: Normal variability and reactivity OC: Oral contraceptive PAO: Prophylactic Administration of Oxytocin PAO: Prophylactic Administration of Oxytocin PBP: Preparation for birth and parenthood PPH: Postpartum haemorrhage Preop: Preoperative assessment PSD: Pregnancy start date RCT: Reference centre for teratogens **RNA: Registered nurse anaesthetist** RPB: Risk of premature birth sMC: Spontaneous miscarriage SP: Syringe pump SR: Surgery report SRM: Spontaneous rupture of membranes TAB: Therapeutic abortion TASO: Time amniotic sac open TT: Treatment

BOW Médical SAS, 43 Avenue d'Italie 80090 Amiens – FRANCE **DIANE** User Manual: Version: 4.8 VAS: Visual analogue scale WA: Weeks of amenorrhea WTD: What to do XDRB: Extensively drug-resistant bacteria



BOW MEDICAL, 43 Avenue d'Italie 80090 AMIENS, France http://www.bowmedical.com

**C E** The **DIANE** medication order engine is a class I medical device.

Users should read all instructions carefully to ensure that the medical software is used properly.

Last revised on June 3, 2020