RiO 6

East London NHS
NHS Foundation Trust

Alerts

1.0 Purpose

The purpose of this document is to guide users through the process of managing alerts in RiO.

2.0 Entering Alerts

2.1 From the client's Case Record click on the **Alerts** hyperlink [triangle icon]

Before an alert is added to a patient's record the alert triangle is grey with a **No Alerts** hyperlink visible

2.2 Click **Add Alerts**

Click **Add Alerts** to add a new alert.

Add Alerts

DoB:

Alert Type
Alert Date
Comment
This is a significant Alert

-None-
-None-
Asthma
Cardio-vascular Risk
Child Protection Plan
Communications - do not send text messages
Diabetes
Domestic Abuse in Household
Epilepsy
Known to Youth Offending Team
Learning Disability, may require reasonable adjustments
Lone Worker
Looked After Child
Medication Alert
Other Physical Condition(s)
Pregnant or Pregnant Partner

Select an **Alert Type** from the list (this field is mandatory).

Alert Type -None-
Alert Date
Comment
This is a significant Alert

- Enter the **Alert Date** as the date the Alert was first known or 'today's date' if not known. (this field is mandatory)**.**
- Further detailed information regarding the Alert should be entered in the **Comment** free text box ***[see table in section 5.0]***.

Tick box to mark this Alert as a **'Significant Alert'**, ***[see table in section 5.0]***. This will now be displayed in the **Significant Event** screen where an overview of the service user journey can be reviewed. Use this box to indicate a clinically significant risk to the service user or others.

Save
Alerts

Click **Save** to complete.

Note: to enter more Alerts for a patient click **Add Alert** and repeat the steps above

3.0 Removing Alerts

Current Alerts

DoB: Gender: Male NHS: N/A

Alert Type	Alert Date	Date Entered	Entered By	Comment	Remove
Cardio-vascular Risk	24 Oct 2013	24 Oct 2013			
Diabetes	1 Oct 2013	24 Oct 2013			

Remove Selected | Add Alerts | Show History

3.1 If an Alert no longer applies or is entered in error, Click in the **Remove** tick box.

3.2 Click **Remove Selected**.

Remove Alert

DoB: Gender: Male N/A

Alert Summary

Alert Type	Alert Date	Alert Priority	Significant Alert
Cardio-vascular Risk	24 Oct 2013		

Removal Details

End Date: 24 October 2013

Comment: Entered in error.

Save | Cancel

3.3 Enter an appropriate removal comment.

3.4 Click **Save** to complete

4.0 Viewing Alert History

To view removed **Alerts,** as in step 2.0 click on the **Alert** [triangle icon] from the **Case Record** screen and then **Show History**

Current Alerts

DoB: Gender: Male NHS: N/A

Alert Type	Alert Date	Date Entered	Entered By	Comment	Remove
Diabetes	1 Oct 2013	24 Oct 2013			

Remove Selected | Add Alerts | Show History

Click **Show History**.

All removed alerts are displayed on the Alert History page.

Alert History

DoB: Gender: Male N/A

Alert Type	Alert Date	Entered By	Comment	End Date	
Other Physical Condition(s)	22 May 2010		Allergic to cheese.		Details
Other Physical Condition(s)	22 May 2010		Allergic to eggs.	03 Jul 2013	Details
Medication Alert	03 Jul 2013		This patient is likely to forget to take their …	01 Oct 2013	Details
Cardio-vascular Risk	24 Oct 2013			24 Oct 2013	Details

Alerts

Click the **Details** hyperlink to open the alerts removal information.

Details of the removed Alert and audit trail are displayed

Alert Type	Alert Date	Entered Date	Entered By	Comment
Cardio-vascular Risk	24 Oct 2013	24 Oct 2013, 11:45		

Removal Details

End Date	Removal Date	Removed By	Removal Comment
24 Oct 2013	24 Oct 2013, 12:24		Entered in error.

Close

Click **Close** once viewed.

Once Alerts have been added to a patient's record, the Alerts triangle becomes red and displays the date of when the last alert was recorded.

5.0 Annex 1 - Alert Types Clinical Guidance

For the most up to date clinical guidance for the use of alerts click the RiO help icon on either the **Current Alerts** or **Add Alerts** screens.

Alert Type	Purpose	Example of free text to be included in 'Comment' field	Comment Required (Y/N)	Significant Alert Tick (Y/N)
Asthma	Service user has asthma which may compromise their breathing if they have no medication or if they are, for example, restrained. Comment on medication need and precautions to be taken if restrained.	Inhaler required. Do not restrain face down.	Y	Y
Cardio-vascular Risk	Service user is at significant risk of a cardio vascular event. Comment on medication, exercise requirements and any observations required.	Angina – glycerine pills required to be held by service user.	Y	Y
Child Protection Plan	A child or young person under 18 is currently subject to a Child Protection Plan. OR An adult service user has one or more children who is subject to a Child Protection Plan	The category of abuse should be written. Service user may not have contact with Mr example, father.	Y	Y
Communications – do not send text messages	Stops appointment text message reminders from being sent to the patient		N	N
Diabetes	Service user has diabetes. Comment on medication, diet and any observations required.	Service user requires special diet and regular insulin injections – see medication chart.	Y	Y
Domestic Abuse in Household	A child or young person lives in a household where there is domestic abuse between their parents/carers; AND/OR A young person is a victim or perpetrator of domestic abuse on	Service user is at risk of physical harm from Mr example – partner. Observed visits on ward only.	Y	Y

	another member of the household – e.g. sibling, parent; AND/OR An adult service user is believed to be a victim or a perpetrator of domestic abuse.	Multi agency safety planning meetings needed prior to hospital discharge		
Epilepsy	Service user has epilepsy. Comment on medication and any observations required.	See medication chart.	Y	Y
Known to Youth Offending Team	A child or young person under 18 is currently known to the Youth Offending Team. OR An adult service user has one or more children known to the Youth Offending Team.	Comment on restrictions and liaison requirements e.g. On discharge from ward notify youth offending team.	Y	Y
Learning Disability, may require reasonable adjustments	Service user is learning disabled.. Comment on location of care plan for any adjustments required..	Service user is autistic; follow communication plan in current care plan	Y	Y
Lone Worker	Service user not to be visited at home unaccompanied. Comment on reason.	Service user has uncontrolled dog: do not visit at home.	Y	Y
Looked After Child	A child or young person under 18 is currently Looked After by the local authority (is in care) an is in foster care, residential care or other placement – e.g. independent living placement, kinship placement, supported accommodation, B&B accommodation, hostel, on remand, Coborn or any other type of placement. OR An adult service user has one or more children who is/are Looked After by the local authority (is in care) and is in foster care, residential care or other placement - e.g. independent living placement, kinship placement, supported accommodation, B&B accommodation, hostel, on remand, Coborn or any other type of placement.	Comment on liaison requirements	Y	Y
Medication Alert	Service user is allergic to medication. Comment on medication	Do not give penicillin.	Y	Y
Other Physical Condition(s)	Service user has a physical condition requiring special care or adaptations. Comment on condition, care required or adaptations.	Client is wheelchair user.	Y	Y
Vulnerable Adult at Risk	A vulnerable service user has disclosed abuse or staff have concerns that service user may be at risk of harm. Service user disclosed they have abused or neglected vulnerable person.	The concern must be discussed with manager for decision under safeguarding adults procedures.	Y	Y

Violence and aggression	Service user is known to exhibit violent or aggressive behaviour	Note of location of risk plan Known triggers	Y	Y
Drug and alcohol use	Service user is known to use drugs or alcohol	Note of location of risk plan	Y	Y
History of weapon use	Service user has history of using weapons	Note of location of risk plan Note of type of weapon	Y	Y
Self harm	Service user is known to self harm	Note of location of risk plan Note of type of harm Note of known triggers	Y	Y
Para suicide	Service user has history of para suicide	Note of location of risk plan Note of known triggers	Y	Y
Pregnant or Pregnant Partner	Service user is pregnant or has pregnant partner (whether they live with them or not). Comment on expected delivery date.	Pregnant – EDD is 15/6/2014	Y	Y