

ePCS (electronic palliative care summary) and Taycare

The 3 step guide below demonstrates how an ePCS can be accessed from Taycare. Although the ePCS is held within the ECS, the consent model is different; with the patient giving prior explicit consent for a health professional working in unscheduled care to access the ePCS where there is a clinical need.

The yellow P indicates that there is an ePCS and that consent has already been given by the patient for it to be accessed.

Complete a call

NHS 24 Calls: 2 Walk in Calls: 1

PCC: Falkirk **FOR PRACTICE**

Call Number: 0000558715 Date: 10/03/2011 Time: 18:06 Passed: Received by: pyorkston

Patients Present Location Address:

Registered GP Details (at time of call)

Dr Name: Practice: Script No:

Complaint: Test Call Started: Urgency: Within 4 Hours Confirm

ECS Consent: Notes to Practice:

Current Notes (1) Contact Sheet Drugs

Step 1.
To view the ePCS you must change the ECS consent button to 'yes' (you are allowed to do this without speaking to the patient if there is a yellow P (see above))

Step 2.
Next click on the ECS Request icon at the top of the screen.

Complete a call

NHS 24 Calls: 2 Walk in Calls: 1

PCC: Falkirk **FOR PRACTICE**

Call Number: 0000558715 Date: 10/03/2011 Time: 18:06 Passed: Received by: pyorkston

Patients Present Location Address:

Registered GP Details (at time of call)

Dr Name: Practice: Script No:

Complaint: Test Call Started: Urgency: Within 4 Hours Confirm

ECS Consent: Yes No Partial

On behalf of: Yes No Partial

Notes to Practice:

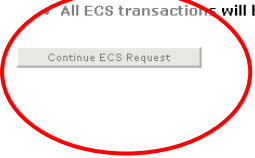
ECS Request Current Notes (1) Contact Sheet Drugs

Warning!

All your ECS transactions are recorded.

- The ECS record will display all prescriptions issued by the GP clinical system in the last calendar month. It may not include handwritten prescriptions such as opiates, or drugs prescribed by other prescribers in other clinics. Prescriptions issued are not always collected or taken as intended.
 - Allergies will be indicated if known and recorded. The patient should be asked by the clinician if he/she is aware of any new or unrecorded allergies.
 - It is good practice to check the accuracy of this data with the patient.
 - Once you have viewed ECS information, the ECS consent field in TayCare can not be changed.
- All ECS transactions will be logged by TayCare and by the ECS system.

Step 3.
Click on the 'continue ECS request button' to see the ePCS.
(the ePCS is part of the ECS)



Continue ECS Request Cancel ECS Request

TayCare Call Details		Patient Home Details (22)					
Call Number:	0000558715	Name:					
Patient ID:		Address:					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>You may now view the ePCS</p> </div>		Town:					
		Postcode:					
		Sex:					
		DOB:					
		Age:					
		Contact:					
		Contact Phone Number:					
ECS Patient Details							
Title	Forename	Surname	Date of Birth				
Address		Postcode					
Access Information							
01/01/0001							
Prescribed Drugs							
Drug Identifier	Formulation	Dose Description	Frequency	Medication Start Date	Prescription Type	Prescription Date	
Paracetamol	500 mg Tablets	N/A	2 TABS QID	08/10/2010	Repeat	09/03/2011	
3M Cavilon Durable	Barrier cream	N/A	AS DIRECTED	09/03/2011	Acute	09/03/2011	
Omeprazole	20 mg Capsules (Gastro-Resistant)	N/A	ONE CAPSULE TO BE TAKEN ONCE DAILY	07/03/2011	Acute	07/03/2011	
Dihydrocodeine	30 mg Tablets	N/A	2 QID	08/10/2010	Repeat	07/03/2011	
Mometasone Furoate	50 micrograms/dose Nasal spray	N/A	AS DIRECTED	25/01/2008	Repeat	07/03/2011	
Ibuprofen	400 mg Tablets	N/A	ONE TO BE TAKEN THREE TIMES A DAY	29/04/2009	Repeat	07/03/2011	
Clenil Modulite	200 micrograms/actuation Cfc-free inhaler	N/A	1 PUFF BD VIA AEROCHAMBER	29/09/2010	Repeat	01/03/2011	
Mirtazapine	15 mg Tablets	N/A	ONE TABLET TO BE TAKEN AT NIGHT	17/01/2011	Acute	21/02/2011	
Riluzole	50 mg Tablets	N/A	TAKE ONE TWICE DAILY	23/09/2008	Repeat	21/02/2011	
Forceval	Capsules	N/A	1 DAILY AFTER FOOD	26/08/2010	Repeat	17/02/2011	
4.6	1	GSFS	Carers Understanding of Diagnosis				
1102..	2	READ	Family aware of diagnosis	09/03/2011	Fully aware		
4.5	1	GSFS	Patients Understanding of Prognosis				
67D1..	2	READ	Informing patient of prognosis	09/03/2011	Aware progressive condition from which he will die.		
4.4	1	GSFS	Patients Understanding of Diagnosis				
1H0..	2	READ	Patient aware of diagnosis	09/03/2011	Fully aware of Motor Neurone Disease		
5.2	1	GSFS	Actual Resuscitation Status				
1R1..	2	READ	Not for resuscitation	24/11/2010	Discussed - not for CPR		
4.1	1	GSFS	On Palliative Care				
8CM1..	2	READ	On gold standards palliative care framework	06/02/2009			
7.6	1	GSFS	Care Plan				
8CS..	2	READ	Agreement of Care Plan	06/02/2009			
4.2	1	GSFS	Main Diagnoses				
F152..	2	READ	Motor neurone disease	19/05/2008	motor		
5.1	1	GSFS	Resuscitation Status Agreed				
					Yes		
7.1	1	GSFS	Date Review due				
					31/05/2011		
7.2	1	GSFS	OOH arrangements discussed with patient				
				11/2/09/0	Yes -		
7.3	1	GSFS	OOH arrangements discussed with carer				
				11/2/09/0	Yes -		
7.4	1	GSFS	Should GP be contacted out of hours?				
					Yes -Happy to be contacted for advice - Paul Baughan 07754 285162		
7.7	1	GSFS	Will GP sign death certificate in normal circumstances?				
					Yes -		
7.8	1	GSFS	Additional Useful OOH Information				
				11/2/09/0	Poor diaphragm control therefore has home ventilation but breathing can become worse if he is anxious. Short acting benzodiazepine can help. Has some lorazepam at home.		
8.3	1	GSFS	Catheter Continence products at home				
				11/2/09/0	No -		
8.4	1	GSFS	Moving and Handling equipment at home				
				11/2/09/0	Yes -Full range of equipment at home		
Accept							Reject