

December 11, 2019

General Updates

Goodbye “Upgrades”: Next Epic Update February 2020

Epic has moved to a quarterly Upgrade Cycle which we, as well as many other Epic organizations, are now calling “Updates.” These Updates reflect a smaller scope of changes compared to the past.

We are planning two Epic Updates next year. The first Update will include two quarterly versions, May and August 2019. Our go-live goal is currently Feb. 15, 2020. The second Update will be announced separately.

SSM HEALTH – ePrescribing changes to meet new CMS requirements-12/11/2019

The Centers for Medicare and Medicaid Services (CMS) is updating Part D electronic transaction standard. You will not see many changes but may notice inconsistencies depending on the version the pharmacy is using as they do not have the same deadline to make the changes on their end. ePrescribing will be unavailable on 12/11/2019 from 6-7 a.m. for this update.

Benefits:

- Prescribers no longer need to constrain their instructions for medication into 140 characters or less. The sig character limit has expanded from 140 to 1000. **Any pharmacies who also upgraded their system will accept the longer sigs.**
- Prescribers can process refills for mixtures instead of creating a new prescription each time because the updates support sending and receiving discrete mixture components.
- Prescribers can electronically prescribe controlled substances for patients with international addresses. Note that the patient’s address is required.
- Epic can send their Narcotic Addiction DEA Number (NADEAN) automatically so prescribers no longer need to manually enter this number in the Notes to Pharmacy field.
- Epic can send the language a patient best understands and communicates with to their pharmacy if it has been entered in the patient’s demographics – Preferred Spoken Language. (For SSM HEALTH, currently only English and Spanish will be sent)

Documentation

(Medical Group Updates)

Encounters for Scanning External Documents Automatically Closed

The following encounter types for scanning external documents will automatically be closed via a batch job:

- Office Visit External
- Outside Record
- External Hospital Encounter

Because staff will no longer need to manually close these, Open Encounter messages will not be sent for them.

Asthma Action Plan SmartForm Updates

Improvements to the Asthma Action Plan have been made with input from the Allergists. As a reminder, the Plan can be accessed in the Wrap-up tab on any patient with Asthma in their Problem List.

1. The Green, Yellow, and Red Zone descriptions (bulleted text under zone name) and the default Yellow and Red Zone Other Instructions have been updated to the following:

Asthma Action Plan

Severity: intermittent

Triggers: respiratory infection

Green Zone Doing Well

- Breathing is good
- Infrequent coughing, wheezing, shortness of breath, chest tightness (less than 2 times per week)
- No effect on sleep

Yellow Zone Asthma is Getting Worse

Inhaled Medication	How much to take	When to take it
albuterol HFA (PROVENTIL;VENTOLIN;PROAIR) spacer	2 puffs by mouth with	every 4 hours as needed
108 (90 Base) MCG/ACT inhaler		

- Start at first sign of a cold/respiratory infection

Other Instructions:

Go to Red Zone if:

- 1) Not feeling better within 15 minutes of rescue treatment
- 2) If needing a rescue treatment more often than every 3-4 hours
- 3) If getting worse
- 4) If in the yellow zone for more than 24 hours

** Let the doctor know if you keep going into the YELLOW ZONE. Your GREEN ZONE medicine may need to be changed to keep episodes from starting. **

Red Zone Medical Alert!

Inhaled Medication	How much to take	When to take it
albuterol HFA (PROVENTIL;VENTOLIN;PROAIR) spacer	2 puffs by mouth with	every 20 minutes for 3 doses
108 (90 Base) MCG/ACT inhaler		

- Begin the following treatment plan if not improving or worsening after implementation of yellow zone plan
- If breathing is hard and/or fast, ribs sticking out, trouble walking, talking, and/or sleeping, lips or fingernails turning blue

Other Instructions:

- 1) If Red Zone sign/symptoms are still present or not better after back to back rescue treatments, call 911 or go to the nearest Emergency Room
- 2) Call your doctor any time you are in the Red Zone

Signed by Dickerson, Joshua Ps, MD on 11/4/2019 at 2:43 PM

2. Peak flow fields for each zone are now hidden by default. Providers can put a checkmark next to Calculate peak flow to make them appear for this visit as well as future visits.

Viewable in reports Patient declines asthma action plan Calculate peak flow

Asthma severity: intermittent mild persistent moderate persistent
severe persistent exercise induced bronchospasm

Asthma triggers: animal dander dust mites cockroaches indoor mold
pollen outdoor mold tobacco smoke smoke, odors, and sprays
vacuum cleaning exercise respiratory infection

3. "Every 15 minutes" was added as an option for Red Zone frequency.

Chart Review: Reminder for Printing Order Reports

To print a patient/clinician friendly order report from Chart Review, always click on the hyperlink "Click Here Before Reprinting Order Requisition" to open the report; then click the printer icon. If you just click the printer icon first, you will be killing many trees!

[Click Here Before Reprinting Order Requisition](#)

Ordering

(Medical Group Updates)

Goodbye Faxes/Hello Electronic RX Change requests from Pharmacies

If a pharmacist wants to suggest a prescription modification, for example a change to a generic medication, the pharmacy will send an Rx Change Request message.

- Change requests will appear in the Rx Request folder
- Differences between the original prescription and the new change request are highlighted.
- Refill protocols appear for prescription change requests, Clinical Staff should review the requested change from the pharmacy prior to reviewing the refill protocols because the medication has been modified from the original order.
- Responding to Change requests follows the same workflow as Refill Requests for approving or refusing requests.
- Prescription change request orders from external pharmacies cannot be approved from Haiku and Canto

The screenshot displays the Epic EHR interface for a patient named Soloman Bergamel. The patient's profile on the left includes demographic information (Male, 49 years old, born 3/21/1970) and clinical data (Allergies: Unknown; Not on File; Last Wt: None; Coverage: None; Next Appt w/ME: None; Next Appt: None; PCP: None; HM: Due). The main content area shows an 'Rx Auth Request' message from Surescripts, Interface Incoming, dated Today, 12:48 PM. The message details a change for 'RETIN-A MICRO 0.1 % gel', which was previously 'Changed from: tretinoin (RETIN-A MICRO) 0.1 % gel'. The new prescription is 'Apply to face every 8 hours', 30 g, with 1 refill, starting on 11/20/2019. The change is categorized as 'Generic Substitution' and is to be filled at Yalaha Pharmacy. A warning banner indicates that 'New medications from outside sources are available for reconciliation.'

Types of change requests include:

- Therapeutic Change Request: This type of change occurs when a pharmacist requests to dispense a therapeutic alternative to the originally prescribed medication or otherwise modifies the medication info. This message type will generate an In-Basket message for a clinician to act on. These messages fall to the Rx Request folder and follow the same routing structure as refill requests.
- Generic Substitution: This type of change occurs when a provider prescribes a Dispense as Written medication but the pharmacy requests to dispense the generic medication. You will approve or refuse generic substitutions requests the same way as therapeutic change requests.
- Other: As change requests are still in a pilot phase, Epic supports a generic change request type for changes that may not fit the standard at this time. Changes of type "other" will also file to the Rx Request folder

New SmartSet Abbreviations in Preparation for Fond du Lac Clinics Go Live

As we prepare for the March 7 Fond du Lac Go Live, you will see new abbreviations:

FDLRC - used for WI region end users in the Fond du Lac Regional Clinics

WI EXCEPT FDLRC - used for WI region end users, excludes Fond du Lac Regional Clinics

IL MO OK – used for Illinois, Missouri, and Oklahoma end users

Example of abbreviations when opening a SmartSet:

▶ Fruits (WI EXCEPT FDLRC)

Examples of abbreviates when choosing to personalize a SmartSet:

▶ Labs - Additional (WI EXCEPT FDLRC)

▶ Labs - Additional (FDLRC)

▶ Dairy/Egg (WI EXCEPT FDLRC)

▶ Dairy/Egg (IL MO OK)

▶ Dairy/Egg (FDLRC)

Reconciliation Issues to be Resolved

An issue was recently identified in which medications and immunizations received from external pharmacy locations were reappearing after reconciliation, causing extra work for providers and staff. This issue will be resolved with change day in December, and any medications and immunizations that are currently appearing in the Reconcile Outside Info activity because of this issue will be removed as well.

A guide to navigating the Reconcile activity is below.

The screenshot shows the 'Reconcile Outside Info' interface with the following callouts:

- Navigation between data types**: Points to the tabs for Allergies, Medications, Problems, and Immunizations.
- Links to additional information**: Points to the 'Dispense Report' and 'Medication Reconciliation History' links.
- Personalization options (available from wrench button)**: Points to the 'Show' and 'Discarded' checkboxes.
- Column Headers**: Points to the 'Medication', 'Start Date', 'End Date', 'Source', and 'Updated on' headers.
- Information from another EHR**: Points to the '2 Outside Sources' label for METFORMIN HCL.
- Information from dispense history (e.g. Surescripts)**: Points to the 'External Pharmacy' source for METHYLPREDNISOLONE.
- Medication from more than one source**: Points to the '2' icon next to the METFORMIN HCL entry.
- Information from dispense history (e.g. Surescripts) that matched with a local medication (does not require reconciliation)**: Points to the 'On chart' status for DEXTROAMPHETAMINE/AMPHETAMINE.

Legend

- Add to local chart
- Discard – removes item from activity for everyone
- Discontinue/remove from local chart
- Unknown – we were unable to map to a local record so we're unsure if it is new or similar
- New – we were unable to match with something already on the patient's chart
- Similar – we found something on the patient's chart that is similar
- On chart – on the patient's local list
- Data from an outside source. The number indicates the number of different sources that reported that information.

Alerts

(Medical Group Updates)

Critical Dose alerts

To help prevent excessive medication doses a new critical dose alert will display when the dose being ordered is more than 500% over the recommended maximum.

The new critical dose alert will display similar to current dose alerts, but will be highlighted in red.

lisinopril (PRINIVIL; ZESTRIL) tablet 400 mg

Order Inst: See Micromedex for renal dosing guidelines.

Report: Lab Test Results

Component	Time Elapsed	Value	Range	Status
Creatinine	3 days (11/21/19 1113)	1.10	mg/dL	Final result

Reference Links: 1. Micromedex 2. DrugNotes 3. Pediatrics
4. Black Box Warnings 5. Administration 6. Dose Adjustments

Dose: 400 mg 2.5 mg 5 mg 10 mg 20 mg 40 mg

Critical Dose Warning
lisinopril Details
↑ Single dose of 400 mg exceeds recommended maximum of 40 mg, over by 900% Use 40 mg
↑ Daily dose of 400 mg (400 mg DAILY) exceeds recommended maximum of 40 mg, over by 900%
Override

Administer Dose: 400 mg
Administer Amount: 10 tablet

Route: Oral Oral Enteral Tube

Frequency: DAILY QDAY BID

Manage Orders Order Sets Options

New i-Vent Phase of Care Interactions

Place new orders or order sets + New

Select order mode Next

This patient has active treatment/therapy plans.

New Orders

lisinopril (PRINIVIL; ZESTRIL) tablet 400 mg
400 mg, Oral, DAILY, First Dose today at 0915, Until Discontinued

Critical Dose Warning
lisinopril
↑ Single dose of 400 mg exceeds recommended maximum of 40 mg, over by 900%
↑ Daily dose of 400 mg (400 mg DAILY) exceeds recommended maximum of 40 mg, over by 900%

If you try to sign the order without changing the dose a separate pop-up will display. In the pop-up the dose must be reentered, and an override reason selected.

Critical Dose Warning This order might result in a critical overdose. Verify that the order is appropriate before proceeding.

lisinopril, 400 mg, Oral, DAILY Details

Single Dose

0 mg 40 mg (max) 400 mg (ordered)

900% OVER

Additional Dose Warnings for This Order

↑ Daily dose of 400 mg exceeds recommended maximum of 40 mg, over by 900%

Re-enter the dose and provide an override reason/comment if you want to continue with this order:

Dose: [400 mg] [40 mg]

Override reason/comment: [Override Reason...]

Accept Cancel

Gathering Data

(Hospital Updates)

The Critical Care Pain Observation Tool (CPOT) to be rolled out to all SSM Health ministries with critical care units in December

The Critical Care Pain Observation Tool (CPOT) is endorsed by the Society of Critical Care Medicine as a valid and reliable means of assessing pain in the patient who is unable to self-report. It utilizes assessments of facial expressions, body movements, compliance with the ventilator and muscle tension to determine whether pain is present. Analgesic orders in selected order sets (ex. ICU Invasive Mechanical Ventilation Orders) are tied to the CPOT assessment and include specific parameters for up and down-titration of opioids, typically fentanyl. This makes these decisions systematic. The RASS and CAM-ICU are used in conjunction with CPOT to assess agitation, delirium and pain, respectively.

CPOT has been used at St. Louis University Hospital for a few years and this summer it was rolled out to four other ministries (SJ-LSL, SJ-SC, SC-B and SA-OKC). On December 11th, it will be introduced to critical care units at the SSM HEALTH remaining ministries.

These Pilot Order Sets will be retired:

- ICU INVASIVE MECHANICAL VENTILATION ORDERS - CPOT PILOT (IP-SAH-SCHC-SJHC-SJHW) (5632)
- ICU SEDATION FOR ICU - CPOT PILOT (IP-SCHC-SJHC-SJHW) (5630)

And these will be updated with CPOT:

- ICU INVASIVE MECHANICAL VENTILATION ORDERS (IP-SSM HEALTH EXCEPT CGCMC-SJHCW) (4196)
- ICU SEDATION FOR ICU (IP STL EXCEPT CGCMC-SJHCW-SLH) (1472)
- ICU SEPSIS (IP-SLH) (5756)
- NSURG NEUROSURGERY ICU ADMISSION (IP-SLH) (5454)

CIWA and COWS Total Score added to BHS Patient Story

CIWA score and COWS score added to the bottom of the VS section in the BHS Patient Story on the Index Report.

Vital Signs Past 12 hours

[View Graph](#)

	12/01 0700	12/02 0638	Most Recent
Temp (°F)	97.9 97		97.7 (36.5)
Pulse	89 61		65
Resp	17 15		16
BP	136 98		101/63
SpO2 (%)	101 99		100
Total CIWA-Ar Score			4
Total Score	1 0		0

Alerts

(Hospital Updates)

Critical Dose alerts

To help prevent excessive medication doses, a new critical dose alert will display when the dose being ordered is more than 500% over the recommended maximum.

The new critical dose alert will display inline similar to current dose alerts, but will be highlighted in red.

The screenshot shows a medication order for lisinopril (PRINIVIL; ZESTRIL) tablet 400 mg. The order is highlighted in red. A critical dose warning is displayed in a red box, stating: "Single dose of 400 mg exceeds recommended maximum of 40 mg, over by 900%". Below this, it says "Daily dose of 400 mg (400 mg DAILY) exceeds recommended maximum of 40 mg, over by 900%". The interface includes fields for dose (400 mg), route (Oral), and frequency (DAILY). A sidebar on the right shows the patient's active treatment/therapy plans and a list of new orders, including the current order with the same critical dose warning.

If you try to sign the order without changing the dose a separate pop-up will display. In the pop-up, the dose must be reentered, and an override reason selected.

The screenshot shows a "Critical Dose Warning" pop-up dialog box. The title bar reads "Critical Dose Warning". The main content area has a red background with a white exclamation mark icon and the text: "Critical Dose Warning. This order might result in a critical overdose. Verify that the order is appropriate before proceeding." Below this, the medication name and dose are listed: "lisinopril, 400 mg, Oral, DAILY". A horizontal bar graph shows the recommended maximum dose of 40 mg (max) and the ordered dose of 400 mg (ordered), with the difference labeled "900% OVER". Below the graph, there is a text box containing the warning: "Daily dose of 400 mg exceeds recommended maximum of 40 mg, over by 900%". At the bottom, there are fields for "Re-enter the dose and provide an override reason/comment if you want to continue with this order:", including a "Dose:" field with a red exclamation mark icon and an "Override reason/comment:" dropdown menu. The dialog box has "Accept" and "Cancel" buttons at the bottom right.

Ordering

(Hospital Updates)

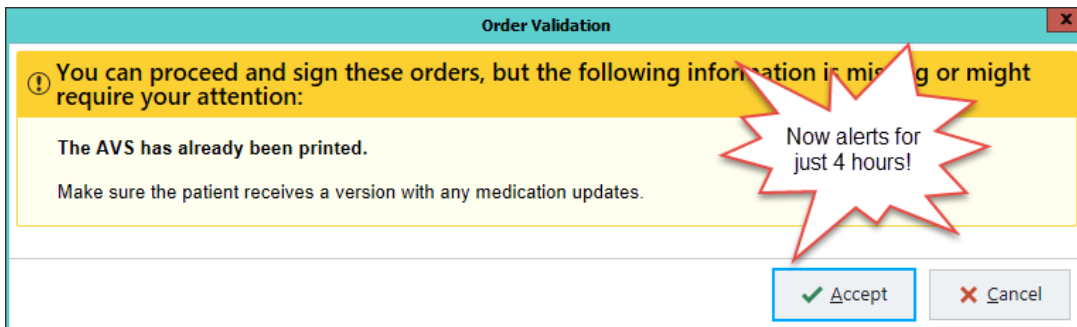
Nursing orders pre-selected in ICU DIABETIC KETOACIDOSIS 1433

Nursing orders for Insulin Drip will be pre-selected for ICU DIABETIC KETOACIDOSIS ADMIT TO ICU-STEPDOWN ORDERS (IP JEFF CITY-SASH-STL EXCEPT SLH-CGCMC-SJHCW) (1433). This includes the Check Bedside glucose every hour.

Approved by the Glycemic Management SCG,

AVS Already Printed Warning Look Back Time

The alert that pops up to notify providers entering orders that the patient's AVS has already been printed has been set with a look back 4 hours for the last print. This was changed so if the AVS is printed prematurely, it will not disrupt provider workflow for the remainder of the admission.



Velcro Option for Non-Violent Restraint Order

The NON-VIOLENT RESTRAINT (RES4) order now has the option for "Velcro".

Restraints NON-VIOLENT Non Self Destructive Adult/Child ✓ Accept ✗ Cancel

Reason for restraints? **REMOVES MEDICAL DEVICES** RISK OF INJURY

Which type of restraints?

WRIST LEFT (SOFT) WRIST RIGHT (SOFT) ANKLE LEFT (SOFT) LAP/WAIST

MITTEN LEFT MITTEN RIGHT ALL SIDERAILS UP SAFETY ENCLOSURE BED

OTHER (INCLUDE IN COMMENTS) CHEMICAL ANKLE RIGHT (SOFT)

ANKLE BILATERAL (SOFT) WRIST BILATERAL (SOFT) SELF RELEASING BELT

RESTRICTIVE LAP CUSHION CHAIR WITH LATCH TRAY MITTEN BILATERAL

WRAPPING/BUNDLING ELBOW BILATERAL ELBOW LEFT ELBOW RIGHT VELCRO

Comments: * Duration: 24 Hrs * Restraints must be removed when an alternative is available and effective and/or the patient no longer meets criteria.
* Ne.....

Next Required Link Order ✓ Accept ✗ Cancel

PFT3 Bronchial Challenge Order updated

The Bronchial Challenge Order will now update its title with the answer to Method question

Bronchial Challenge with Methacholine ✓ Accept ✗ Cancel Link Order Remove

Priority:

Frequency:

Starting: At:

First Occurrence: **Today 0930**

Scheduled Times

11/26/19 0930

Reason for Test? **Dyspnea on Exertion**

Method

Comments: + [Add Comments \(F6\)](#)

✓ Accept ✗ Cancel Link Order Remove

RT25 Mechanical Ventilation Order displays new questions

The Mechanical Vent order has 3 new questions.

If you have defaulted the Sigh Lung question to YES, you will get a hard stop to choose a frequency.

The ETT/Size and Position questions will only populate for the following Ministries:

1. SM-SL – NICU only
2. CG-SL – Both the NICU and PICU
3. SWHC

- 4. SC-F – NICU only
- 5. SJ-LSL – NICU only
- 6. SAH – NICU only
- 7. SMM

MECHANICAL VENTILATION
✓ Accept ✗ Cancel

Priority: Routine STAT

Frequency: CONTINUOUS NIGHTLY WHILE ASLEEP

For: Hours Days Weeks

Starting: Today Tomorrow At:

Starting: **Today 1430 Until Specified**

[Scheduled Times](#) ⤴

12/02/19 1430

🚨 Vent Settings/Mode Volume Pressure

Titrate to keep SpO2 greater than or equal to this %:

Sigh/Lung Recruitment? Yes No

🚨 Frequency for Lung Recruitment Every Hour Every 4 Hours PRN

Duration/interval sigh (minutes):

Intermittent/Level of PEEP (cm H2O):

Cycles sigh:

Endotracheal tube size:

ET Tube secured at: Nasal Other (See Comments)

Comments: [+ Add Comments \(F6\)](#)

🚨 Next Required Link Order
✓ Accept ✗ Cancel

RT118 NON-INVASIVE Ventilation Order

Mode NAVA has been added as an option to the Non-Invasive ventilation order RT118

NON-INVASIVE VENTILATION NAVA ✓ Accept ✗ Cancel

Priority:

Frequency:

For:

Starting: At:

Starting: **Today 1300** **Until Specified**

[Scheduled Times](#)

11/26/19 1300

Specify mode:

FIO2 (%):

Respiratory Rate (bpm):

Inspiratory Time (sec):

Pressure Control above Peep (cmH2O):

Pressure Support above Peep (cmH2O):

Apnea Time (sec):

Nava Level (cmH2O/microvolts):

Comments:

✓ Accept ✗ Cancel

New Order set for post-cath with intervention

A new order set CATH CARDIAC CATH INTERVENTION POST OP DISCHARGE (IP-SSM HEALTH EXCEPT CGCMC-SJHCW-SLH) (5764) has been created for those locations that may send a patient home the same day as the intervention. This is a combination of the post cath post op/discharge order set and the post cath intervention admission.

This was approved via the CCL/EP SCG

Maternal VTE Prophylaxis Initiative

The National Partnership for Maternal Safety recommends that all maternity patients undergo VTE risk assessment upon admission and/or after delivery.

The System SSM Health OB Governance Committee recently developed, approved and piloted the Maternal VTE Prophylaxis Initiative.

This initiative will provide VTE risk assessment and appropriate BPAs with recommended orders for prophylaxis on Maternal patients at high risk for VTE.

All OB Admission and Post-partum order sets will have these updated VTE order groups to facilitate the management of VTE prophylaxis on appropriate Maternal patients.

ROM Plus to Replace Amnisure

SSM Health Laboratories is transitioning to the ROM Plus Rupture of Membranes Test. ROM Plus is unique in that it detects both Alpha-fetoprotein (AFP) and Insulin-like growth factor-binding protein 1 using a monoclonal/polyclonal antibody approach improving its sensitivity. ROM Plus was evaluated and approved thru the System SSM Health OB Governance Committee. This will replace Amnisure in the OB order sets, orders and results review as the ROM protein test.

OB VTE Prophylaxis BPA

A new BPA will display on OB patients who meet criteria for VTE Prophylaxis. The BPA lists the evaluation criteria, provides an order set containing prophylaxis options, and includes reasons for exclusion from VTE prophylaxis as Acknowledge Reasons.

⚠ OB VTE prophylaxis (6759)

VTE Prophylaxis Alert.

This patient meets criteria to receive VTE prophylaxis.

Prior VTE/thrombophilia or 2 major criteria or 1 major + 2 minor criteria or 3 minor criteria

Major criteria

- Blood transfusion
- BMI > 45
- Cesarean delivery
- Infectious disease with antibiotics

Minor criteria

- Preeclampsia
- Smoker (current)
- Age > 40
- > 72 hours hospitalization
- Mass Transfusion Protocol activated
- Post-partum hemorrhage
- Multi-gestational

Please use the order set below to select the appropriate VTE prophylaxis therapy.

Open Order Set

Do Not Open

CDS BPA 6759 OB VTE (IP-ALL) [Preview](#)

Acknowledge Reason _____

OB Laboring

Epidural/Spinal

Active Bleeding

High Risk for Bleeding

Severe Anemia

Anticipated Invasive Procedure

Patient Refusal

No Prophylaxis Required, Patient is Low ...

Antepartum (comment required)

Other (comment required)

✓ [Accept](#)

Psychiatry Central Intake and SPOE Consults

There is an additional question added to the following orders to evaluate if the patient is medically stable.

- IP CONSULT TO CENTRAL INTAKE [CON103]
- IP CONSULT TO SPOE [CON178]





CONSULT TO CENTRAL INTAKE

Consult: From:   Tc

Override restrictions

Priority: 

 Is this patient medically cleared for a Central Intake Evaluation?

Comments:           

This change was approved by the Behavioral Health SCG.

Documentation

(Hospital Updates)

Chart Review: Reminder for Printing Order Reports

To print a patient/clinician friendly order report from Chart Review, always click on the hyperlink “Click Here Before Reprinting Order Requisition” to open the report; then click the printer icon. If you just click the printer icon first, you will be killing many trees!

[Click Here Before Reprinting Order Requisition](#) ...

Emergency Department

(Hospital Updates)

Adding Fluid flush options to ED EYE PROBLEM

Adding Lactated Ringers as an option for fluid flush in the ED EYE PROBLEM (IP-WI GFDL) 6040 & (IP-WI AFF) (6554). The rationale for the change is that the pH of NS is acidic.

Approved by the ED Provider SCG

EYE IRRIGATION

Priority: Routine Routine STAT

Frequency: ONCE ONCE

Starting: 9/27/2019 Today Tomorrow At: 1100

First Occurrence: **Today 1100**

Scheduled Times

Comments: (Eye Flush Fluids:43934)

- 500 ml Normal Saline
- 1000 ml Normal Saline
- 500 ml Lactated Ringers
- 1000 mL Lactaed Ringers

Prechecking items on ED STEMI

ED STEMI (IP-SSM HEALTH EXCEPT CGCMC) (5327) & (IP-WI AFF) (6586) will now have the following orders prechecked:

- CBC, CMP, PT, PTT, Troponin
- EKG
- CXR Portable

This is designed to add consistency for STEMI care

Approved by the ED Provider SCG

Lab

Orders (IP-WI)

- BLOOD GASES ART
Critical, ONCE, Starting 11/22/19
- B-TYPE NATRIURETIC PEPTIDE
Critical, ONCE, Starting 11/22/19
- CBC W/O DIFFERENTIAL
Critical, ONCE, First occurrence today at 1045
- COMPREHENSIVE METABOLIC PANEL
Critical, ONCE, First occurrence today at 1045, TEST IN
- D-DIMER
Critical, ONCE, Starting 11/22/19
- DIGOXIN LEVEL
Critical, ONCE, Starting 11/22/19
- HCG BLOOD QUALITATIVE
Critical, ONCE, Starting 11/22/19
- LIPASE BLOOD
Critical, ONCE, Starting 11/22/19
- PT-INR
Critical, ONCE, First occurrence today at 1045
- PTT
Critical, ONCE, First occurrence today at 1045
- TROPONIN I
Critical, ONCE, First occurrence today at 1045
- TYPE + SCREEN PANEL
Critical

Removing unused Imaging Exams from ED BACK PAIN

ED BACK PAIN (IP-SSM HEALTH EXCEPT CGCMC) (5385) & (IP-WI AFF) (6568) will have the sinus x-rays and sinus CT's removed from the order set as these orders have not utilized.

Approved by the ED Provider SCG

CT

- CT SINUS NON IV CONTRAST
STAT, RAD ONE TIME
- CT HEAD NON CONTRAST
STAT, RAD ONE TIME
- CT SINUS FACIAL BONES NON CONTRAST
STAT, RAD ONE TIME
- CT SOFT TISSUE NECK WITH CONTRAST
STAT, RAD ONE TIME
- CT CERVICAL SPINE NON CONTRAST
STAT, RAD ONE TIME
- CT THORACIC SPINE NON CONTRAST
STAT, RAD ONE TIME
- CT LUMBAR SPINE NON CONTRAST
STAT, RAD ONE TIME
- CT ABDOMEN AND PELVIS NON IV CONTRAST
STAT, RAD ONE TIME

Adding options for Urinary Cath Insertion to ED CRITICAL CARE

The ED CRITICAL CARE (IP-WI) (6037) & (IP-WI AFF) (6551) order sets will have a section added for Urinary Cath Insertion. This will allow an easier way to order this for a critical patient.

Approved by the ED Provider SCG

▼ Urinary Catheter Orders

Each day a urinary catheter is present increases the risk for a Catheter-Associated Urinary Tract Infection (CAUTI) by 5%.

- INSERT AND/OR MAINTAIN FOLEY CATHETER
- STRAIGHT CATH
PRN

Changing order for Suture Tray

Remove NURSING COMMUNICATION [NUR185] - LACERATION SUPPLIES TO BEDSIDE and SUPPLIES/KIT TO BEDSIDE [NUR124] - I&D SUPPLIES/KIT TO BEDSIDE and replace with NUR541 "Provider Suture tray to patient bedside" to the ED WOUND BITE BURN RABIES CARE (IP-SSM HEALTH) (4976) & (IP-WI AFF) (6590) along with the ED QUICK LIST (IP-SSM HEALTH, WI AFF) (5906). This will allow the automatic addition of a charge for the suture tray to be filed.

Approved by the ED Provider SCG

Adding options for UA with reflex to culture to ED SYNCOPPE

A UA with reflex to culture order had been added to the ED SYNCOPPE 5334 order set.

Approved by the ED Provider SCG