



Physician Tips & Tricks

COMPASS Improvements Made Sept. 20 - Oct 18

For Medical Practitioners Regardless of Specialty

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For Allied Health Personnel

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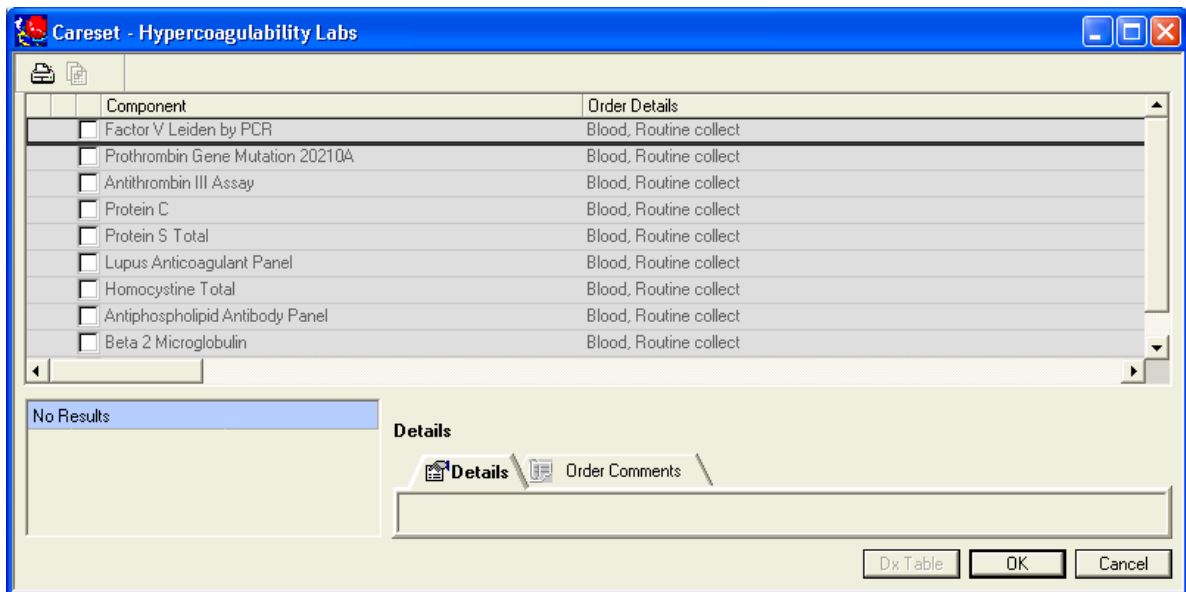
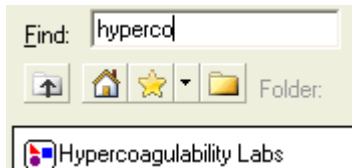
Hypercoagulability Careset Changes on October 6

Rationale

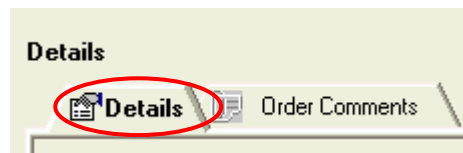
- Hypercoagulability Labs Careset was added at request of physicians, so they may more easily order labs to assist in diagnosing type or presence of coagulopathy.

Summary of Addition

- Search by entering “hypercoagulability”



- All lab orders default to **Routine** collect
- Steps:
 - Select appropriate lab orders for the patient. Note: none are pre-checked.
 - **Modify** order entry details as needed for all labs selected



- Select **OK**
- Review orders
- Select **Sign**

Consent for Cardiac Catheterization Changes on Oct. 12

Summary of the Change

- Changes to Existing Orders
- Consent for Cardiac Catheterization Risk wording has been changed to align with the Pre-printed Orderset for clarity.

Before

Consent For Cardiac catheterization with possible percutaneous intervention under Moderate Sedation. Risk of: List A, section B 1-7, section C 1-6 and 1% risk of emergent open heart surgery.

After

Consent For Cardiac catheterization with possible percutaneous intervention under Moderate Sedation. Risk of: List A section B.1.b i - viii and section B.c.ii - VI and 1% risk of ...

Before

| Y | Component | Status | Details |
|--|--|--------|--|
| Cardiac Catheterization w + w/o Interventional Procedure, PreOp (Planned Pending) | | | |
| Vital Signs | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Cardiac Monitor | | |
| Diet | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Adult Diet | | Low Fat/Low Cholesterol Low Sodium |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> NPO | | After Midnight, NPO Except for medications, With a small sip of water |
| Nursing Orders | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Strict Intake + Output | | Have patient void before giving pre-op medications |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Medication Instruction | | Continuous Order, Hold Lovenox and/or Heparin 12 hours prior to procedure |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medication Instruction | | Continuous Order, Do not administer any Warfarin (Coumadin) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Consent For | | Cardiac catheterization with possible percutaneous intervention under Moderate Sedation. Risk of: List A, section B 1-7, section C 1-6 and 1% risk of emergent open heart surgery. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Surgical Preparation | | Have patient void before giving pre-op medications |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Urinary Catheter Insertion | | Indwell Cardiac catheterization with possible percutaneous intervention under General Anesthesia. Risk of: List A |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Notify Provider | | If patient |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Notify Provider | | If hematocrit less than 30% or creatinine greater than 2 |

After

| | | | |
|-------------------------------------|--|--|--|
| Nursing Orders | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Strict Intake + Output | | Have patient void before giving pre-op medications |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Medication Instruction | | Continuous Order, Hold Lovenox and/or Heparin 12 hours prior to procedure |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Medication Instruction | | Continuous Order, Do not administer any Warfarin (Coumadin) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Consent For | | Cardiac catheterization with possible percutaneous intervention under Moderate Sedation. Risk of: List A section B.1.b i - viii and section B.c.ii - VI and 1% risk of ... |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Surgical Preparation | | Cardiac catheterization with possible percutaneous intervention under Moderate Sedation. Risk of: List A |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Urinary Catheter Insertion | | Cardiac catheterization with possible percutaneous intervention under General Anesthesia. Risk of: List A |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Notify Provider | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Notify Provider | | If hematocrit less than 30% or creatinine greater than 2 |
| Continuous Infusions | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS) | | IV Infusion 100 mL/hr |
| Medications | | | |

Discharge Orders PowerPlan Changes Made on Sept. 28

Rationale

- To respond to clinician requests for a more thorough discharge order set
- To effectively communicate discharge instructions to the patient.

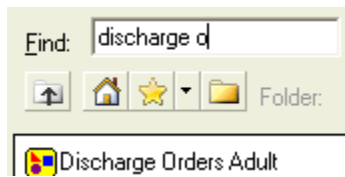
Key Points

- Orders for follow-up appointments or studies will not automatically schedule the patient.
- **Miscellaneous Prescriptions** will need to be placed for follow-up outpatient procedures (i.e. labs, radiology, physical therapy, etc.)

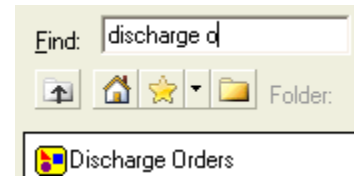
Summary of Changes

1. Name change to **Discharge Orders** to align with Seton's *Order Set Style Guide*.

Before



After



2. **Diagnosis/Condition Instructions** defaulted with blank details

| | | |
|-------------------------------------|----------------------------------|---|
| <input checked="" type="checkbox"/> | Diagnosis/Condition Instructions | Discharge Diagnosis: _____ Procedures Done during hospitalization: _____ |
|-------------------------------------|----------------------------------|---|

- **Modify** the order to free text the **Discharge Diagnosis**
- **Modify** the **Special Instructions** to free text the **Procedures done during hospitalization**

| | | |
|-------------------------------------|----------------------------------|---|
| <input checked="" type="checkbox"/> | Diagnosis/Condition Instructions | Discharge Diagnosis: _____ Procedures Done during hospitalization: _____ |
|-------------------------------------|----------------------------------|---|

Details | Order Comments | Offset Details | Diagnosis

| Order details | Detail values | | | | | | | |
|--|---|-----------|----------|---------------|------------------|---|-------------------------------------|-----------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0e0e0;">Diagnosis/Condition Instruction [Discharge Diagn...]</td> </tr> <tr><td>Frequency</td></tr> <tr><td>Duration</td></tr> <tr><td>Duration Unit</td></tr> <tr><td>Continuous Order</td></tr> <tr><td>Special Instructions [Procedures Done...]</td></tr> <tr><td>Requested Start Date and Time [T;N]</td></tr> </table> | Diagnosis/Condition Instruction [Discharge Diagn...] | Frequency | Duration | Duration Unit | Continuous Order | Special Instructions [Procedures Done...] | Requested Start Date and Time [T;N] | <p>Discharge Diagnosis: _____</p> |
| Diagnosis/Condition Instruction [Discharge Diagn...] | | | | | | | | |
| Frequency | | | | | | | | |
| Duration | | | | | | | | |
| Duration Unit | | | | | | | | |
| Continuous Order | | | | | | | | |
| Special Instructions [Procedures Done...] | | | | | | | | |
| Requested Start Date and Time [T;N] | | | | | | | | |

Procedures

Diagnosis

3. **Discharge Diet** defaulted to **Home Routine**

| Diet | | |
|-------------------------------------|------------------------|---|
| <input checked="" type="checkbox"/> | Discharge Diet | Home Routine ... |
| Nursing Orders | | |
| Instruction | | |
| <input checked="" type="checkbox"/> | Discharge Instructions | Follow-up appointment _____ days. Home Routine |
| <input type="checkbox"/> | Discharge Instructions | Follow-up appointment _____ days. Regular |
| <input type="checkbox"/> | Discharge Instructions | Follow-up appointment in _____ days. Clear Liquid, Advance As Tolerated |
| <input type="checkbox"/> | Discharge Instructions | Call physician or return Soft |

Discharge Orders PowerPlan Changes Made on Sept. 28 (cont)

- Use the **ellipse** option for additional choices
- Choose **Other:** _____ and free text a diet type if the other choices in the **ellipse** option are not appropriate for the patient.

4. Follow-up appointment orders are available as 4 separate **Discharge Instruction** orders:

- Primary Care Physician
- Specialist
- Non-Specified
- Call/Return to ER

| | | | | |
|-------------------------------------|--|------------------------|--|-----|
| <input checked="" type="checkbox"/> | | Discharge Instructions | Follow-up appointment with Primary Care Physician in _____ days. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Follow-up appointment with (Specialist) in _____ days. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Follow-up appointment with _____ in _____ days. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Call physician or return to ER for _____. | |

- Primary Care Physician is the default for follow-up appointments.
- Uncheck the PCP follow-up order if it is not appropriate for the patient.
- Use the **ellipse** option to select days, weeks, or months.
- **Modify** the appropriate follow-up order(s) and free text in the **Special Instructions** the appropriate timeframe.

Example:

| | | | | |
|-------------------------------------|--|------------------------|--|-----|
| <input checked="" type="checkbox"/> | | Discharge Instructions | Follow-up appointment with Primary Care Physician in _____ days. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Follow-up appointment with Primary Care Physician in _____ days. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Follow-up appointment with Primary Care Physician in _____ weeks. | ... |
| <input type="checkbox"/> | | Discharge Instructions | Follow-up appointment with Primary Care Physician in _____ months. | ... |

5. New orders are available to select:

- **Discharge Hygiene**

| | | | |
|--------------------------|--|-------------------|--|
| <input type="checkbox"/> | | Discharge Hygiene | |
|--------------------------|--|-------------------|--|

- Select and **modify** the order to add the appropriate hygiene instructions for the patient using the **Special Instructions** section.
- An order to **Copy Chart** is available for transfers to another venue of care (long-term acute care, nursing home, rehab, hospice, etc) or a Seton non-CPOE site.

| | | | |
|--------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> | | Copy Chart for Discharge/Transfer | |
|--------------------------|--|-----------------------------------|--|

- **Discharge Treatment/Special Instructions** are available as 3 separate orders:
 - **Return for Labs**
 - **Return for other studies**
 - **Dressing changes** – This order should be used for wound care orders.

| | | | |
|--------------------------|--|---|------------------------|
| <input type="checkbox"/> | | Discharge Treatments/Special Instructions | Return for Labs: _____ |
|--------------------------|--|---|------------------------|


| | | | |
|--------------------------|--|---|---------------------------------|
| <input type="checkbox"/> | | Discharge Treatments/Special Instructions | Return for other studies: _____ |
|--------------------------|--|---|---------------------------------|

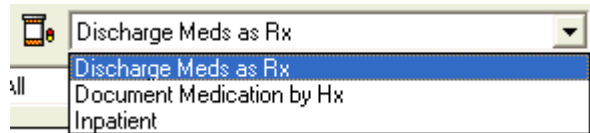
| | | | |
|--------------------------|--|---|------------------------|
| <input type="checkbox"/> | | Discharge Treatments/Special Instructions | Dressing change: _____ |
|--------------------------|--|---|------------------------|

NOTE: Discharge Treatment/Special Instructions are used to document patient education only. If labs, radiology, physical therapy, etc. is needed, then the Provider will need to place a **Misc. Prescription** to order any outpatient procedures.

Discharge Orders PowerPlan Changes Made on Sept. 28

How to Order an Outpatient Procedure(s)

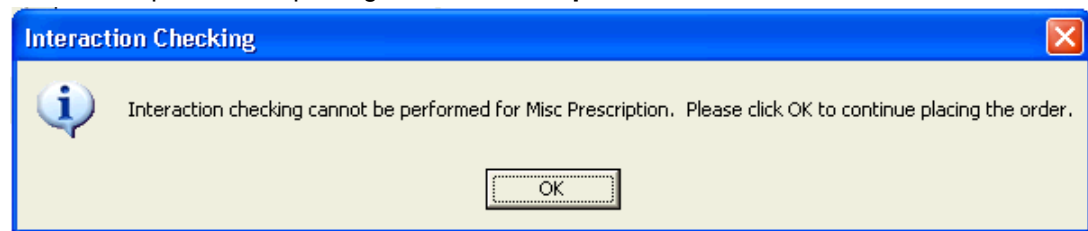
- a. From the **Orders** view, click on 
- b. Change **Inpatient** catalogue to **Discharge Meds by Rx**



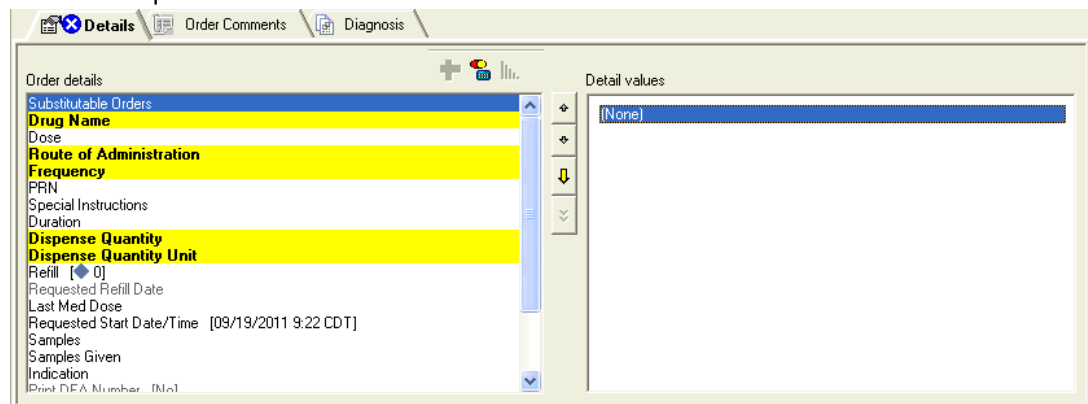
- c. Type in **Misc** and select **Misc Prescription**



- d. **Interaction Checking** alert will appear. The alert reminds the User that drug-drug interaction cannot take place when placing a **Misc. Prescription**. Select **OK**.



- e. Close the Order Search window.
- f. Fill in all Required Fields



- o **Drug Name** should include the name of the Outpatient procedure needing to be ordered.
- o Select **Route of Administration**
 - Select **Special Instructions** under Common Routes– This will auto-populate **Route and Frequency**

Discharge Orders PowerPlan Changes Made on Sept. 28



- **Special Instructions** will become a Required Field
 - The User will use this section to enter the follow-up time period (i.e. follow-up in 2 weeks, etc.)
- **Dispense Quantity** (free text) and **Dispense Quantity Unit** (each) will need to be filled out according to the number of times the Outpatient procedure will need to be performed (i.e. 1 time = 1 each; 2 times = 2 each, etc.)
- Use the **Order Comments** to add additional information (i.e. Frequency, Diagnosis, etc.)




- g. Click Sign 
- h. Print the prescription.

Insulin Scheduled and/or Correctional Scale for Diabetics Changes Made Sept 28

Rationale

- To respond to clinician request for a simplified e-order entry process
- To remove **Lantus** orders and add **Levemir** orders to meet Seton Formulary changes
- To add **Persistent Notes** to each sliding scale for a more accurate selection
- To add a **Medication Instruction** order to discontinue the insulin infusion AFTER basal insulin has been initiated in order to maintain insulin coverage on the patient

Key Points



- Calculate the **total daily dose of Insulin (TDI)** before choosing the appropriate sliding scale for diabetic patients to effectively managing blood glucose.
- Use the **Persistent Notes**  provided to calculate the **TDI**.
 - Type 1 or Type 2 on home Insulin
 - Consider the patient's home insulin regimen and A1c upon admission, along with anticipated length of stay and hospital course.



Calculation guide for Type 1 or Type 2 DM patients admitted on insulin:
1) Add up all insulin doses given by patient on daily basis per home regimen = Total Daily Dose of Insulin (TDI)
2) Levemir dose = 50% of TDI given once daily
3) Novolog pre-meal dose = 50% of TDI divided by 3 and given with each meal
4) Choose appropriate correctional scale below based on TDI

Steps:

1. Calculate **TDI** by adding up all Insulin doses per home regimen
2. **Levemir** dose = 50% of **TDI**. Given once daily (qAm or qPm)
3. **Novolog** pre-meal dose = 50% of **TDI**, divided by 3. Given with each meal (tidAC)
4. Determine appropriate sliding scale (**LOW, MEDIUM, or HIGH**) per **TDI**
5. Example:
 - Home medications:

| Documented Medications by Hx | |
|--|---|
|  inSULin glargine (Lantus) | Documented 100 unit(s) SubCUTANEOUS at bedtime, mL, 0 Refill(s) |
|  inSULin lispro (Humalog Pen) | Documented 15 unit(s) SubCUTANEOUS tidAC 15 minutes before or immediately... sliding scale |

- **TDI** = $100 + 15(3) = 145$ units
- **Levemir** dose = 72.5 units
- **Novolog** pre-meal dose = ~24 units
- Sliding scale – **HIGH-DOSE** sliding scale

- Type 2 on oral anti-diabetic agents



Calculation Guide for Type 2 DM patient admitted on oral antidiabetic agents:
1) Calculate Total Daily Dose of Insulin (TDI) on actual body weight ($0.5 \text{ units} \times \text{actual body weight in kg} = \text{TDI}$)
2) Levemir dose = 50% of TDI given once daily
3) Novolog pre-meal dose = 50% of TDI divided by 3 and given with each meal
4) Choose appropriate correctional scale below based on TDI

Steps:



1. Calculate **TDI** according to *actual* body weight (kg)


Insulin Scheduled and/or Correctional Scale for Diabetics Changes (cont)




2. 0.5 units x actual body weight (kg)
3. **Levemir** dose = 50% of **TDI**. Given once daily (**qAm** or **qPm**)
4. **Novolog** pre-meal dose = 50% of **TDI**, divided by 3. Given with each meal (**tidAC**)
5. Determine appropriate sliding scale (**LOW, MEDIUM, or HIGH**) per **TDI**
6. Example:
 - Weight – 85.5 kg
 - **TDI** = 0.5 x 85.5 = ~ 43 units
 - **Levemir** dose = ~ 21 units
 - **Novolog** pre-meal dose = ~7 units
 - Sliding scale – **MEDIUM-DOSE** sliding scale
- The first choice in the ellipsis for frequency in all the sliding scale choices is “tidAC” to better align with best practice for sliding scales. If dosing appropriately using the **TDI** calculation, then the bedtime sliding scale dose may not be needed for the patient bedtime POC glucose check.
- The **Medication Instruction** to discontinue the insulin infusion after basal insulin has been initiated is NOT a pre-checked/defaulted order.

Summary of the Change

1. Brand Name will display in parenthesis for all medications.
2. A **Medication Instruction** is available under the basal insulin order to discontinue the insulin infusion AFTER initiating basal insulin. Please select this order if patient is on an insulin infusion, e.g. DKA protocol or ICU insulin infusion protocol, when transitioning the patient to sliding scale insulin.

| *** BASAL Insulin *** | |
|--|--|
| <input type="checkbox"/>  inSULin DETEMIR (LEVEmir) | unit(s) SubCUTANEOUS at bedtime Administer even if patient is NPO For doses greater than 6. |
| <input type="checkbox"/>  Medication Instruction | Discontinue insulin infusion 2 hours after initiating basal (Levemir) insulin |

3. The order sentences for the sliding scales have been removed.
 - o A **Persistent Note**  , located above each of the sliding scales, is available to remind the User which sliding scale is appropriate for the patient based on the **TDI**.

| | |
|---|---|
| <input type="checkbox"/>  LOW-DOSE Correction (0 - 6 units) for patients who require less than 40 units insulin per day, if Type 1 DM, elderly greater than 65 year, or on dialysis. | inSULin aspart (NovoLOG Low dose sliding scale) Please select an order sentence ... |
| <input type="checkbox"/>  MEDIUM-DOSE Correction (0 - 12 units) for patients who require 40 to 80 units insulin per day | inSULin aspart (NovoLOG Medium dose sliding scale) Please select an order sentence ... |
| <input type="checkbox"/>  HIGH-DOSE Correction (0 - 15 units) for patients who require greater than 80 units insulin per day or is on high dose steroids (i.e. prednisone 20 mg/da | inSULin aspart (NovoLOG High dose sliding scale) Please select an order sentence ... |

- o Select the appropriate sliding scale for the patient based on the **TDI**.
- o Select the appropriate frequency using the **ellipse** option.
- o **Modify** the order to change any details within the order if needed.

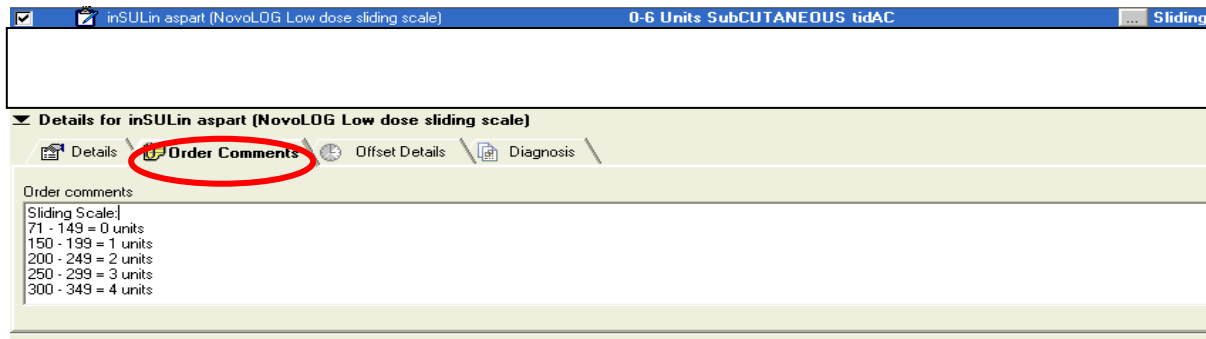
Insulin Scheduled and/or Correctional Scale for Diabetics Changes (cont)

Example:



NOTE: Please use caution if selecting a frequency of “qidACbedtime”. The patient could be at risk for a hypoglycemic episode during sleep.

- o If you disagree with the evidence-based sliding scale, **modify** the order in the **Order Comments**.



4. Selecting **Diabetes Education** consult may generate 3 separate orders to the appropriate disciplines depending on the education topics selected within the order entry details:
 - o Diabetes Education
 - o Consult Case Management
 - o Diabetes Education – Nursing

Insulin Correctional Scale for Non-Diabetics Changes Made on Sept 28

Rationale for the Change

- To respond to clinician request for a simplified e-order entry process
- To remove **Lantus** orders and add **Levemir** orders to meet Seton Formulary changes
- To add **Persistent Notes** to each sliding scale for a more accurate selection
- To add a **Medication Instruction** order to discontinue the insulin infusion AFTER basal insulin has been initiated in order to maintain insulin coverage on the patient

Key Points

- The first choice in the ellipsis for frequency in all the sliding scale choices is “tidAC” to better align with best practice for sliding scales. If dosing appropriately using the **TDI** calculation, then the bedtime sliding scale dose may not be needed for the patient bedtime POC glucose check.

Summary of the Change

1. Brand Name will display in parenthesis for all medications.
2. The order sentences for the sliding scales have been removed.

| | | | | | | |
|-------------------------------------|-------------------------------------|------------------------|--|---------------------------------|---|-----|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | LOW-DOSE Correction | inSULin aspart (NovoLOG Low dose sliding scale) | Please select an order sentence | ← | ... |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | MEDIUM-DOSE Correction | inSULin aspart (NovoLOG Medium dose sliding scale) | Please select an order sentence | ← | ... |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HIGH-DOSE Correction | inSULin aspart (NovoLOG High dose sliding scale) | Please select an order sentence | ← | ... |

- Select the appropriate sliding scale for the patient.
- Select the appropriate frequency using the **ellipse** option.
- **Modify** the order to change any details within the order if needed.

Example:

NOTE: Please use caution if selecting a frequency of “qidACbedtime”. The patient could be at risk for a hypoglycemic episode during sleep.

- If you disagree with the evidence-based sliding scale, **modify** the order in the **Order Comments**.

Insulin Correctional Scale for Non-Diabetics Changes (cont)

3. Selecting **Diabetes Education** consult may generate 3 separate orders to the appropriate disciplines depending on the education topics selected within the order entry details:
 - Diabetes Education
 - Consult Case Management
 - Diabetes Education – Nursing

Enteral Tube Feeding Protocol Changes Made on Sept. 28

Rationale

- To respond to clinician request for a simplified e-order entry process
- To align with the network pre-printed order set of the Adult Enteral Nutrition Protocol
- To default most common tube types
- To reduce duplicate order alerts
- To clarify the delegation of the diet order management process through the Dietician.

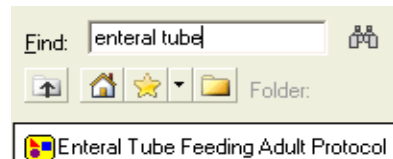
Key Points

- Pay attention to defaults, particularly *tube type* and *formula type*, before signing orders
- Nursing will not be changing/modifying formula rate on the order – To see the current formula rate the user will have to look in **I-View** under **I&O's**.
- **Peptamen Prebio** formula is for SEBD use only.
- The **Consult Dietician Adults Assessment** will task the Dietician to follow-up with the patient for the final tube feeding regimen. The Dietician will be responsible for adjusting formula type and rate.
- The **Consult Radiology** order does not electronically notify the consulting physician. User is still required to make physician-physician contact.

Summary of Changes

1. Name change to **Enteral Tube Feeding Protocol** to align with Seton's *Order Set Style Guide*.

Before



After



2. Formula Types and Tube Types

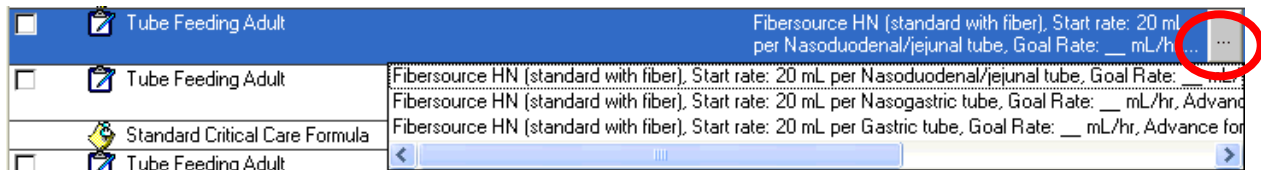
- Continuous **Standard Formula** and Continuous **Standard Critical Care Formula** default to **Nasoduodenal/Jejunal tube** since greater than 80% of patients on enteral nutrition have NJ tubes.

| Tube Feedings | | |
|--------------------------|--|---|
| | *** Continuous *** | |
| | Standard Formula: | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Tube Feeding Adult | Fibersource HN (standard with fiber), Start rate: 20 mL per Nasoduodenal/jejunal tube, Goal Rate: __ mL/hr,... |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Tube Feeding Adult | Isosource-HN (standard without fiber), Start rate: 20 mL per Nasoduodenal/jejunal tube, Goal Rate: __ mL/hr,... |
| | Standard Critical Care Formula | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Tube Feeding Adult | Impact Peptide 1.5 (immune modulating), Start rate: 20 mL per Nasoduodenal/jejunal tube, Goal Rate: __ mL,... |

Enteral Tube Feeding Protocol Changes Made on Sept. 28

- Select the order with the appropriate formula type
- Use the **ellipse** option to change to a **Nasogastric** or a **Gastric** tube type if **Nasoduodenal/Jejunal** is not the current tube type.
- To enter a rate, **modify** within the **Special Instructions** detail and free text the appropriate rate.

Example:



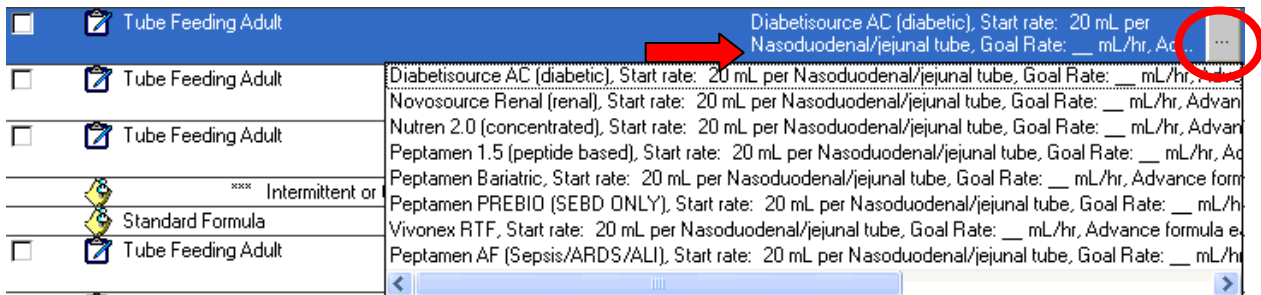
3. Specialty Formulas

- If selecting a **Specialty Formula**, select the order with the appropriate tube type:
 - **Nasoduodenal/Jejunal**
 - **Nasogastric**
 - **Gastric**



- Select the order with the appropriate tube type
- Use the **ellipse** option or **modify** the order to select the appropriate formula type.
- To enter a rate, **modify** within the **Special Instructions** detail and free text the appropriate rate.

Example:



4. Intermittent and Other Regimen

- **Standard, Standard Critical Care and Specialty formulas** default to **Nasogastric tube q4h**.

Enteral Tube Feeding Protocol Changes Made on Sept. 28

| | | | |
|--------------------------|--|--------------------------------|--|
| <input type="checkbox"/> | | Standard Formula | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | IsoSOURCE-HN (standard without fiber), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Standard Critical Care Formula | |
| <input type="checkbox"/> | | Tube Feeding Adult | Impact Peptide 1.5 (immune modulating), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Specialty Formula | |
| <input type="checkbox"/> | | Tube Feeding Adult | Diabetsource AC (diabetic), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Novosource Renal (renal), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Nutren 2.0 (concentrated), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Peptamen 1.5 (peptide based), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Peptamen AF (Sepsis/ARDS/ALI), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Peptamen Bariatric, per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Peptamen PREBIO (SEBD ONLY), per Nasogastric tube q4h |
| <input type="checkbox"/> | | Tube Feeding Adult | Vivonex RTF, per Nasogastric tube q4h |

- o Select the appropriate formula type
- o Use the **ellipse** option or **modify** the order to select the appropriate tube type and frequency if **Nasogastric tube q4h** is not appropriate for the patient.

Example:

| | | | | |
|--------------------------|--|--------------------------------|---|--|
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Nasogastric tube q4h | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Nasogastric tube q4h | |
| <input type="checkbox"/> | | Standard Critical Care Formula | Fibersource HN (standard with fiber), per Nasogastric tube qid | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Nasogastric tube tid | |
| <input type="checkbox"/> | | Specialty Formula | Fibersource HN (standard with fiber), per Nasogastric tube 5xDay | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Nasogastric tube qid, Dietitian to determine and order final amount | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Gastric tube q4h | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Gastric tube qid | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Gastric tube tid | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Gastric tube 5xDay | |
| <input type="checkbox"/> | | Tube Feeding Adult | Fibersource HN (standard with fiber), per Gastric tube qid, Dietitian to determine and order final amount/fre | |
| <input type="checkbox"/> | | Tube Feeding Adult | | |

5. All **Additives** are defaulted to **1 packet tid**.

| Additives | | | |
|--------------------------|--|-----------|------------------------------|
| <input type="checkbox"/> | | Additives | Protein Powder, 1 packet tid |
| <input type="checkbox"/> | | Additives | Glutamine, 1 packet tid |
| <input type="checkbox"/> | | Additives | Fiber, 1 packet tid |

- o Select the appropriate **additive**
- o Use the **ellipse** option or **modify** the order to select the appropriate amount of packets and/or frequency.

6. Default of Enteral Tube Intervention to **Insert, Nasoduodenal/jejunal tube**.

- o **Intervention** orders give instructions on what to do now.

| | | | | |
|-------------------------------------|--|---------------------------|--|--|
| <input checked="" type="checkbox"/> | | Enteral Tube Intervention | Insert, Nasoduodenal/jejunal tube, via Seton Two-step Method policy (includes CXR and KUB). May use O... | |
| <input checked="" type="checkbox"/> | | Enteral Tube Management | Insert, Nasoduodenal/jejunal tube, via Seton Two-step Method policy (includes CXR and KUB). May use O... | |
| <input checked="" type="checkbox"/> | | Treatment Instructions | Insert, Nasogastric tube, Secure Feeding Tube with Bridle device if available | |

- o Use the **ellipse** option to select **Nasogastric tube** instructions if **Nasoduodenal/Jejunal tube** is not appropriate for the patient.
- o If neither option is appropriate for the patient, the user will **uncheck** the order.

NOTE: Seton policy requires **Nasoduodenal/Jejunal** tubes be inserted via the Two-step Method. Therefore, nursing will place radiology orders for a CXR and KUB upon completion of insertion.

Enteral Tube Feeding Protocol Changes Made on Sept. 28

7. Default of Enteral Tube Management to **Nasoduodenal/jejunal tube, To Feed.**

- o **Management** orders give instructions on what to do later.

| | | | | |
|-------------------------------------|--|-------------------------|---|--|
| <input checked="" type="checkbox"/> | | Enteral Tube Management | Nasoduodenal/jejunal tube, To Feeds | |
| <input checked="" type="checkbox"/> | | Treatment Instructions | Continuous Order, If feeding tube is in placement, please reinsert per original | |
| <input type="checkbox"/> | | Treatment Instructions | Continuous Order, Implement dietitian | |

- o Use the **ellipse** option to select either **Nasogastric** or **Gastric** tubes if **Nasoduodenal/Jejunal** tube is not appropriate for the patient.

8. Per protocol, the following 3 orders must be selected for declogging a feeding tube: (DO NOT uncheck these orders!)

- o **Treatment Instructions - Continuous Order, Declog feeding tube by:**
- o **Sodium bicarbonate**
- o **Pancrelipase (Creon 12000)**

| | | | |
|-------------------------------------|--|------------------------|---|
| <input checked="" type="checkbox"/> | | Treatment Instructions | Continuous Order, Declog feeding tube by: |
|-------------------------------------|--|------------------------|---|

Treatment Instructions
 Order Comment:
 (1) flush with warm water - no cola or juice. (2) if unsuccessful, instill total volume of prepared pancreatic enzyme solution into feeding tube under light pressure, using light "back and forth" motion with the plunger to help dislodge the clog. (3) Clamp the tube for 5 -15 minutes, then attempt to aspirate or flush with warm sterile water.

| | | | | |
|--|--|----------------------------|--|--|
| Medications | | | | |
| Use medications in liquid form when possible (high sorbitol content may cause diarrhea). | | | | |
| The following 2 orders must be checked to complete the order: | | | | |
| <input checked="" type="checkbox"/> | | sodium bicarbonate | 650 mg NG Tube AsDirected PRN Other (see order comment) To declog feeding tube: Crush 1 sodium bicarbonate tablet (650 mg) and mix with 5 - 10 mL sterile water; thoroughly dissolve for approx. 3 - 5 mi... | |
| <input checked="" type="checkbox"/> | | pancrelipase (Creon 12000) | 1 capsules NG Tube AsDirected PRN Other (see order comment) To declog feeding tube: Open capsule and pour into the water/bicarbonate mixture and let dissolve for at least 5 minutes. | |

9. A **Treatment Instruction** order has been added for a PRN KUB order for post-pyloric residuals greater than or equal to 30ml. Nursing will place the KUB order if post-pyloric residuals meet the requirements.

| | | | |
|--------------------------|--|------------------------|---|
| <input type="checkbox"/> | | Treatment Instructions | Continuous Order, KUB to check for Enteral Tube placement PRN if post-pyloric residual is greater than or equal to 30 mL. |
|--------------------------|--|------------------------|---|

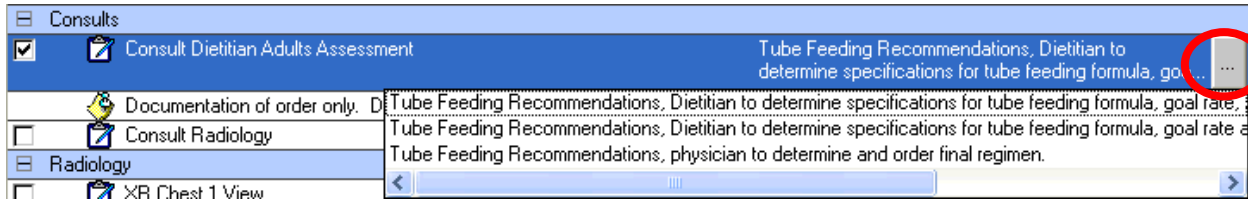
10. Default to **Water Bolus – 30ml, q8h.**

| | | | | |
|-------------------------------------|--|-------------|--|--|
| Feeding Tube Care | | | | |
| <input checked="" type="checkbox"/> | | Water Bolus | 30 ml, q8h | |
| <input type="checkbox"/> | | Water Bolus | 30 ml, AsDirected, PRN other (see order comment) | |
| <input type="checkbox"/> | | Water Bolus | q4h | |

- o Select the appropriate **Water Bolus** details AND/OR uncheck the default.

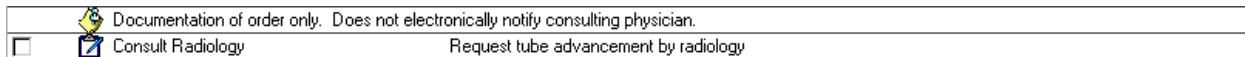
Enteral Tube Feeding Protocol Changes Made on Sept. 28

11. Default to **Consult Dietician Adults Assessment**.

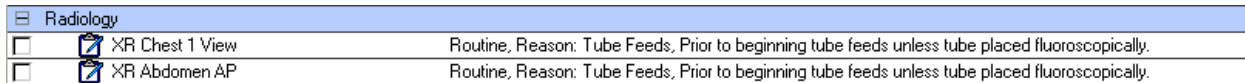


- o There are 3 choices available in the **ellipse** option for regimen ordering and management:
 - i. Ellipse Option 1: Provider requests Dietician to order initial regimen (formula type, goal rate, and additives), but provider will adjust and manage tube feeding rate(s).
 - ii. Ellipse Option 2: Provider requests Dietician to determine and order initial regimen (formula type, goal rate, and additives) AND continue to adjust and manage tube feeding rate(s).
 - iii. Ellipse Option 3: Provider determines initial regimen and adjusts and manages tube feeding rate(s) – no Dietician involvement.

12. Order available to **Consult Radiology**



13. Radiology orders have been added



NOTE: A radiology order for CXR or Abdomen AP (KUB) will not need to be ordered by the medical provider if an **Insert, Nasoduodenal/jejunal** order is placed using the Seton Two-step Method. Both radiology orders will be placed by the nurse after insertion of the NJ tube.

Multidisciplinary View

The Dietician's progress notes can be seen under the **Multidisciplinary View** in the Menu tab under Nutrition Goals.

| ST Goals | | |
|--|---|----------------|
| Nutrition Goals | | |
| Goal | Detail | Date |
| Enteral Tube Feeding Goal | Peptamen Bariatric at 75 ml/hr = 1800 kcal, 168 gm pro, 1512 ml free H ₂ O. | 08/29/11 12:59 |
| Clinical Nutrition Plan of Care | 1) Continue Mech Soft diet. Will add straw Boost Plus TID 2) If pt unable to tolerate diet and meet at least 60% est needs PO within 24hrs, rec start nocturnal feeds. Rec Fibersource HN goal rate of 100ml/hr x 12hrs (1900-0700) to meet 65% est kcals, ~60% est pro needs | 09/12/11 13:15 |

Blood Products Hold for Surgery Changes on Sept. 20

Rationale

- Freetext field to input “Day of Surgery “ viewable in Single Order view but **not** viewable in Powerplan view

Single Order View

Packed Red Blood Cells Order 08/29/2011 15:53 Blood, Start Date 08/29/2011 15:53 CDT, Routine, 2 Units, For Surgery (PRBC) CDT

▼ Details for Packed Red Blood Cells (PRBC)

Details Order Comments

Order details

| | |
|---|-------|
| Specimen Type [Blood] | Blood |
| Collection Date and Time [08/29/2011 15:53 CDT] | |
| Collection Priority [Routine] | |
| Collect Instructions | |
| Number of Unit(s) [2] | |
| Aliquot Volume | |
| Unit Status [For Surgery] | |
| Date of Surgery | |
| Autologous Blood Prod | |
| Directed Blood Prod | |
| Irradiated Prod | |

Powerplan View

Packed Red Blood Cells Blood, Start Date T:N, Routine Units, For Surgery

▼ Details for Packed Red Blood Cells

Details Order Comments Offset Details

Order details

| | |
|--------------------------------|-------|
| Specimen Type [Blood] | Blood |
| Collection Date and Time [T:N] | |
| Collection Priority [Routine] | |
| Collect Instructions | |
| Number of Unit(s) [4] | |
| Aliquot Volume | |
| Unit Status [For Surgery] | |
| Autologous Blood Prod | |
| Directed Blood Prod | |

“Date of Surgery” is not viewable for user to input actual date of surgery when using a Powerplan

Blood Products Hold for Surgery Changes (cont.)

Summary of Changes

- The Date of Surgery will now display and can be modified within a PowerPlan

▼ Details for Packed Red Blood Cells

Details | Order Comments | Offset Details | Diagnosis

Order details

| | |
|--------------------------------------|------------|
| Specimen Type [Blood] | |
| Collection Date and Time [T;N] | |
| Collection Priority [Routine] | |
| Collect Instructions | |
| Number of Unit(s) [2] | |
| Aliquot Volume | |
| Unit Status [Hold] | |
| Date of Surgery [09/19/2011] | 09/19/2011 |
| Autologous Blood Prod | |
| Directed Blood Prod | |
| Irradiated Prod | |


Detail values

Zosyn 4,500mg IVP q6h med order

Rationale


- The “(Severe infections including Pseudomonas)” order sentence was removed because it was not appropriate.

BEFORE

| | | | | | |
|--------------------------|---|------------------------------------|-------|-------------------------|--|
| <input type="checkbox"/> |  | piperacillin-tazobactam [Zosyn] | Order | 09/12/2011 15:55 CDT | 4,500 mg IV Piggyback q6h (Severe infections including Pseudomonas) |
|--------------------------|---|------------------------------------|-------|-------------------------|--|



AFTER

| | | | | | |
|--------------------------|---|------------------------------------|-------|-------------------------|---------------------------|
| <input type="checkbox"/> |  | piperacillin-tazobactam [Zosyn] | Order | 09/12/2011 15:53 CDT | 4,500 mg IV Piggyback q6h |
|--------------------------|---|------------------------------------|-------|-------------------------|---------------------------|

XR Spine Thoracic 1 View AP

Rationale

- Added to COMPASS at the request of clinicians

Limb Circumference Documentation Changes Made on Sept 29

Rationale

- New limb circumference documentation allows charting for multiple sites, includes unit of measure, and helps clinicians better visualize trends.
- The Snake Bite Protocol requires frequent limb circumference assessments.

Flowsheet Viewing of Circumferences

- From the Flowsheets, double click on a result to bring up the Result Detail window to see the full label.

The screenshot displays a medical flowsheet interface with the following components:

- Navigation Tabs:** Quick View, Lab, Rad, Vitals/Pain, **Assessment**
- Flowsheet:** Assessment View
- Level:** Assessment View
- Date/Time:** 29 September 2011 10:00 CDT
- Assessment View Table:**

| Assessment View | 09/30/2011 8:00 CDT | 09/29/2011 12:00 CDT |
|---|--------------------------------|----------------------|
| Musculoskeletal Assessment | | |
| Musculoskeletal Review of System | WDL except | |
| Compartment Syndrome Assessment | | |
| Arm Compartment Syndrome Assmt-Left | Pain, deep, throbbing, unrelen | |
| Circumference(s) Arm-Left (Proximal closest to bit) | | |
| Circumference | 18 | |
| Circumference(s) Arm-Left (Distal site 2 below bit) | | |
| Circumference | 19 | |
| Integumentary Assessment | | |
| Integumentary Review of System | WDL except | |
| Skin Color | Pale | |
| Arm Description-Left | Normal for ethn | |
| Skin Temperature | Warm | |
| Skin Description | Normal for ethn | |
- Result Details - ZZTEST, DCPPEFEMALE** (Pop-up window):

| Value | Valid From | Valid Until |
|-------|----------------------|-------------|
| 6 | 09/16/2011 16:25 CDT | Current |

Result: Action List

Circumference Arm-Left :: (Finger, Distal Thumb Site 4) 6 cm
 Date/Time 16 September 2011 10:00 CDT
 Contributor System PowerChart
 Status Auth (Verified)
 Source Clinician

Airway Documentation Carex Views Changes on October 12

Rationale

- Revisions to the Respiratory section have been made so that only the most current Artificial Airway documentation will display

Summary of Change

- Documentation of Airway in I-View will flow to Carex with date and time
- Documentation of removal will continue to display until discharge or addition of new airway
- Tracheostomy Tube display on Carex:

| Respiratory | |
|---------------------------------|------------------------------------|
| Airway Type: | Tracheostomy tube - 08/11/11 09:39 |
| Tracheostomy Tube Description: | Fenestrated - 08/11/11 07:00 |
| Airway / Nasal CPAP Prong Size: | 9.5 - 08/11/11 07:00 |

- Endotracheal Tube Display

| Respiratory | |
|---------------------------------|--|
| Airway Type: | Nasal Endotracheal Tube - 08/11/11 04:00 |
| ETT Description: | Cuffed - 08/11/11 04:00 |
| Airway / Nasal CPAP Prong Size: | 8 - 08/11/11 04:00 |

- Other airway type display:

| Respiratory | |
|--------------|---------------------------------|
| Airway Type: | Nasopharyngeal - 08/11/11 09:40 |

- Removal of an artificial airway will continue to display until discharge or until a new artificial airway is charted:

| Respiratory | |
|--------------|---|
| Airway Type: | Artificial airway(s) removed - 08/11/11 09:42 |

New Orders Summary View Tab for Allied Health Personnel

Rationale

- This view was available to other medical practitioners and would be useful to Allied Health members.

The screenshot shows a web-based medical application interface. On the left is a vertical menu with various options. The 'Orders Summary View' option is highlighted with a red box, and a red arrow points to it from the right. The main content area is titled 'Orders Summary View' and shows a sub-header 'Orders Summary View - Last 24 hours'. Below this, there are several interactive elements: a 'Click to view Orders' section with links for 'Last 48 hours', 'Last 72 hours', and 'Since Admission'; a 'Launch Caredex View' link; and three checkboxes for filtering orders: 'Hide completed/collected orders', 'Hide discontinued/canceled orders', and 'Hide voided/deleted orders'. There is also a checkbox for 'Show Order ID'. At the bottom, a table header is visible with columns: 'Category', 'Action Date', 'Status', 'Order Name', 'Order Detail Line', 'Result', and 'Ordering Physician'.