



# COMPASS Update

## Tips & Tricks

### Compass Improvements January 9, 2012

#### All Providers, Regardless of Specialty

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## All Providers, Regardless of Specialty

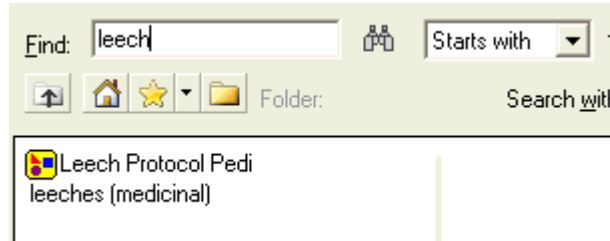
### Leech Protocol Pediatric PowerPlan on January 17

#### Rationale:

- New PowerPlan per physician request.

#### Summary of Additions:

- **Leech Protocol Pedi PowerPlan**



- **Nursing Orders category**

Nursing Orders		
<input checked="" type="checkbox"/>	Treatment Instructions	q1hr, Check leeches
<input checked="" type="checkbox"/>	Treatment Instructions	q1hr, Check flap/replant for capillary refill, color, temperature and Doppler signal.
<input checked="" type="checkbox"/>	Treatment Instructions	Continuous Order, (1) Wipe venous congested area with Normal Saline. Do not use Alcohol (2) Pin prick with 25 gauge needle to stimulate bleeding (3) Apply leech
<input checked="" type="checkbox"/>	Treatment Instructions	Continuous Order, Place leech into jar of alcohol to euthanize after treatment complete
<input checked="" type="checkbox"/>	Equipment to Bedside	Suture Tray, Hypofix tape, 10mL syringe, 25 gauge needle, Coban, Adaptic, 4x4 Gauze, 2x2 Gauze, Xeroform, Kidney Basin, 2" Kling, Dextrose 5%
Notification		
<input checked="" type="checkbox"/>	Notify Provider	IMMEDIATELY FOR CHANGE IN FLAP/REPLANT EXAM
<input checked="" type="checkbox"/>	Notify Provider	if Temperature greater than 102 F, any change in neuro status, persistent nausea/vomiting, urine output less than 30 mL/hr, or other concerns

**NOTE:** All of the **Nursing** orders are pre-checked orders.

- **Medications** category: Additional choices for dose, frequency and route on all medications can be found using the **ellipse** option on the desired order





Medications		
<input checked="" type="checkbox"/>	leeches (medicinal)	1 each Topical q2h STAT, Apply to the venous congested area only
<input checked="" type="checkbox"/>	ciprofloxacin (Cipro)	10 mg/kg PO (oral) q12h
<input type="checkbox"/>	doxycycline (Vibramycin)	1 mg/kg PO (oral) q12h

- **Laboratory category**





- **Blood Bank**

Blood Bank		
<input checked="" type="checkbox"/>	Type and Screen	Blood, collect Routine
<input checked="" type="checkbox"/>	Packed Red Blood Cells	Blood, Routine, 2 Units, Hold Prior to starting Leech Therapy

- **Stat**

Stat Labs		
<input checked="" type="checkbox"/>	 CBC with Diff	Blood, Prior to starting Leech Therapy, Once, Stat collect
<input type="checkbox"/>	 Prothrombin Time with INR	Blood, Prior to starting Leech Therapy, Once, Stat collect
<input type="checkbox"/>	 Activated PTT	Blood, Prior to starting Leech Therapy, Once, Stat collect
<input type="checkbox"/>	 Basic Metabolic Panel	Blood, Prior to starting Leech Therapy, Once, Stat collect

- **Morning/Serial:** Additional choice for frequency on all serial labs can be found using the **ellipse** option on the desired order.

Morning/Serial Labs		
<input checked="" type="checkbox"/>	 CBC with Diff	Blood, qDay, AM collect
<input type="checkbox"/>	 Prothrombin Time with INR	Blood, qDay, AM collect
<input type="checkbox"/>	 Activated PTT	Blood, qDay, AM collect
<input type="checkbox"/>	 Basic Metabolic Panel	Blood, qDay, AM collect

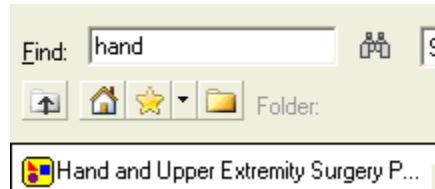
## Hand and Upper Extremity Surgery Pedi

### Rationale:

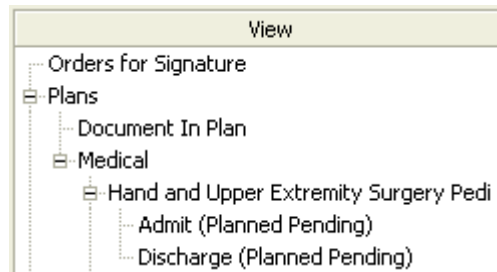
- New PowerPlan per physician request.

### Summary of Additions:

- **Hand and Upper Extremity Surgery Pedi PowerPlan**



- Multi-phased PowerPlan
  - Admit
  - Discharge



**NOTE:** Each phase of the PowerPlan must be initiated separately.

## Admission Phase

- **Admit/Transfer/Discharge Category**

- Additional choices for unit placement can be found using the **ellipse** option or modifying the desired order.
- Additional choices for Patient Condition can be found using the **ellipse** option.

Admit/Transfer/Discharge		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Admit to	Med/Surg
<input type="checkbox"/>	<input checked="" type="checkbox"/> Observe to	Med/Surg
<input type="checkbox"/>	<input checked="" type="checkbox"/> Transfer to	Med/Surg
<input type="checkbox"/>	<input checked="" type="checkbox"/> Physician Transfer of Patient Care	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Patient Condition	Patient Condition: Stable

- **Vital Signs Category**

- Additional choices for frequency can be found using the **ellipse** option or modifying the desired order.

Vital Signs		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs	q4h
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pulse Oximetry	Once, on admission
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pulse Oximetry Continuous	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Weight	Once
<input type="checkbox"/>	<input checked="" type="checkbox"/> Height/Length	Once

- **Activity Category**

- **Up ad Lib** is the default order for Activity
  - Deselect the order if not appropriate for the patient, then select the appropriate Activity order for the patient
- Additional choices for the other activity orders can be found using the **ellipse** option or modifying the desired order

Activity		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Up ad Lib	.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Bedrest	Strict
<input type="checkbox"/>	<input checked="" type="checkbox"/> Elevate Extremity	Arm Left, With Carter Pillow
<input type="checkbox"/>	<input checked="" type="checkbox"/> May Shower	

- **Diet Category**

- **Pediatric Diet, Age-Appropriate Diet/Unrestricted** is the default order for Diet
  - Additional choices for Pediatric Diet can be found using the **ellipse** option or modifying the order
  - Deselect the order if not appropriate for the patient, then select the appropriate Diet order for the patient
- Additional choices of route and frequency for the other diet orders be found using the **ellipse** option or modifying the desired order

Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pediatric Diet	Age-Appropriate Diet/Unrestricted
<input type="checkbox"/>	<input checked="" type="checkbox"/> Breast Milk	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Breast Milk + Formula	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Breast Milk + HMF	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Breast Milk + HMF + Formula	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Infant Formula Custom Concentration	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Infant Formula Ready to Feed	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Pediatric Tube Feeding Formula 1-10 yrs	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> Pediatric Tube Feeding Formula 11+ yrs	per PO (oral), Ad Lib
<input type="checkbox"/>	<input checked="" type="checkbox"/> NPO	NPO No exceptions

- **Nursing Orders Category**

- **General nursing orders**

- **Strict Intake + Output, Per Unit Routine** is the only defaulted order in this section
      - Deselect the order if not appropriate for the patient, then select the appropriate I&O order, if needed
    - **Ellipse** options available for most of the orders

Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Strict Intake + Output Per Unit Routine
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Record Drain Output q2h, Jackson-Pratt to bulb suction, empty and record output separately
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Record Drain Output q2h, Drain to low wall suction, empty and record output separately
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Incentive Spirometry q2h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blow Bubbles q2h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurovascular Assessment Upper Extremity q2h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment to Bedside Suture removal kit, Xeroform, Adaptic, Hypofix Tape, Telfa, Kerlix, ACE Bandage, and Coban
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monitor Flap q1hr, flap/replant checks for capillary refill, color, temperature, turgor and doppler signal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doppler Monitor at Bedside q1hr, Doppler checks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment Instructions Continuous Order, Splint to be removed by Physician or Mid-level Provider only
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sign Over Bed Post sign in room that reads: no tobacco products, caffeine or chocolate.

- **Intervention orders for wound care and dressing changes**

- No pre-checked orders
    - Additional choices for frequencies and types of dressings can be found using the **ellipse** option or modifying the order

Interventions		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wound Care Nursing qDay, (Graft/Wound Site) - Apply topical antibiotic ointment to incision
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dressing Change Nursing bid, (Donor site) - Remove ABD pad on post-op day #1 and paint Xeroform with betadine bid.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dressing Change Nursing bid, (Graft/Wound Site) - Apply wet to dry dressing (Normal Saline with Kerlix and 4X4 gauze)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment Instructions Continuous Order, Dressing changes by Surgeon/Mid-level Provider only
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reinforce Dressing Keep dressing and splint in place. May reinforce as needed.

- **Lines and Tubes orders**

- No pre-checked orders
    - Additional choices for frequencies and Wound Vac settings can be found using the **ellipse** option or modifying the order

Lines and Tubes		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wound Vac Continuous, 125 mmHg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wound Vac Intermittent, 125 mmHg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Treatment Instructions q2h, Check wound vacs for leaks.
Urinary Catheter Removal is to be done on POD #1 or POD #2 or documentation of contraindication is required.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urinary Catheter to Dependent Drainage Foley to gravity
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discontinue Urinary Catheter On POD #1
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urinary Catheter to Dependent Drainage Continue Foley Catheter after POD #2 due to need to closely monitor urine output.

- Persistent Note regarding Urinary Catheter care







1. Order available to discontinue Urinary Catheter on POD#1 or POD#2 (**ellipse** option)
2. Order available to document reason for continuing Urinary Catheter past POD#2

- **Notification orders**

Notification		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Notify Provider For change in flap/replant color, capillary refill, temperature, or change in Doppler signal.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Notify Provider For surgical drain output greater than 50 mL/hr over 2 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Notify Provider For fever greater than 102 F, any change in neurovascular status, increase drainage from incisions, persistent nausea/vomiting, urine output less than 30 mL/hr, or any other concerns




- **Continuous Infusions Category**

- **D5 1/2NS + KCL 20mEq/L** is the only pre-checked order
  - Deselect the order if not appropriate for the patient, then select the appropriate IV order, if needed
  - Right-click and modify the appropriate IV order to enter the **Rate**
- Weight-based NS Bolus available

Continuous Infusions		
<input type="checkbox"/>	 Sodium Chloride 0.9% (NS Bolus)	20 mL/kg IV Infusion Once (Pedi)
<input checked="" type="checkbox"/>	 D5 1/2 NS + KCL 20 mEq/L	IV Infusion mL/hr
<input type="checkbox"/>	 D5 1/4 NS	IV Infusion mL/hr
<input type="checkbox"/>	 D5 1/4 NS + KCL 20 mEq/L	IV Infusion mL/hr
<input type="checkbox"/>	 D5 1/2 NS	IV Infusion mL/hr
<input type="checkbox"/>	 NS + KCL 20 mEq/L	IV Infusion mL/hr


- **Medications Category**

- **Protocols**


Protocols		
<input type="checkbox"/>	 Leech Protocol Pedi_202.94	
<input type="checkbox"/>	 Comfort Care Pedi Less than 44kg_700.59v1	
<input type="checkbox"/>	 Comfort Care Pedi Greater than or Equal to 44kg_700.59v1	

- **Analgesics**

- **PCA** ordering remains on Paper
- Other Analgesic orders are available in the **Comfort Care Protocols**

Analgesics		
<input type="checkbox"/>	 Communication Order	PCA per surgeon (see order sheet)















- **Anticoagulants**

<input type="checkbox"/>	 enoxaparin (LDOvenox)	0.75 mg/kg SubCUTANEOUS q12h (for ages less than 2 months or weight less than 5 kg)
		0.75 mg/kg SubCUTANEOUS q12h (for ages less than 2 months or weight less than 5 kg)
		0.5 mg/kg SubCUTANEOUS q12h (for ages greater than/equal to 2 months to 18 years)

- Use the **ellipse** option or **modify** the order to select the desired dose

- **Antimicrobials**

- No pre-checked orders

Antimicrobials		
<input type="checkbox"/>	 cefazolin (Ancef)	25 mg/kg IV Piggyback q8h Max dose 6 g/day
<input type="checkbox"/>	 cefuroxime (Zinacef)	50 mg/kg IV Piggyback q8h Max dose 6 g/day
<input type="checkbox"/>	 cefuroxime (Ceftin)	10 mg/kg PO (oral) q12h (Max dose 500 mg/day)
<input type="checkbox"/>	 cefepime (Maxipime)	50 mg/kg IV Piggyback q12h (Max dose 4 g/day)
<input type="checkbox"/>	 clindamycin (Cleocin)	13 mg/kg IV Piggyback q8h (Max dose 2.7 g/day)
<input type="checkbox"/>	 gentamicin	5 mg/kg IV Piggyback qDay
<input type="checkbox"/>	 vancomycin (Vancocin HCl)	10 mg/kg IV Piggyback q6h For PCN allergic patients (Max 4 g/day)
<input type="checkbox"/>	 sulfamethoxazole-trimethoprim (Bactrim Suspension (200-40mg/5ml))	0.31 mL/kg PO (oral) q12h (based on trimethoprim component) 0.31 mL/kg = 5 mg/kg
<input type="checkbox"/>	 amoxicillin-clavulanate (Augmentin)	20 mg/kg PO (oral) q12h
<input type="checkbox"/>	 ampicillin-sulbactam (Unasyn)	50 mg/kg IV Piggyback q6h (Max 8 g of ampicillin component/day)
<input type="checkbox"/>	 piperacillin-tazobactam (Zosyn)	80 mg/kg IV Piggyback q8h (Max 18 g of piperacillin component/day)
<input type="checkbox"/>	 levoFLOXacin (Levaquin)	10 mg/kg IV Piggyback qDay
<input type="checkbox"/>	 dexamethasone-tobramycin ophthalmic (Tobradex Ophthalmic Ointment)	1 application Eye(s) Affected bid
<input type="checkbox"/>	 erythromycin ophthalmic	1 application Eye(s) Affected bid

- **Other**

Other		
<input type="checkbox"/>	chlorhexidine topical (Peridex)	10 mL Swish & Expel q12h
<input type="checkbox"/>	mupirocin topical (Bactroban 2% topical ointment)	1 application Topical bid to affected area
<input type="checkbox"/>	bacitracin/neomycin/polymyxin B topical (Neosporin)	1 application Topical bid to affected area
<input type="checkbox"/>	lactobacillus rhamnosus GG (Culturelle DS)	1 capsules PO (oral) bidMeals

- **Laboratory Category**

- Use the **ellipse** option or **modify** the order(s) to select the desired collection priority (STAT or Routine)

Laboratory		
<input type="checkbox"/>	CBC with Diff	Blood, q6h, Routine collect
<input type="checkbox"/>	Prothrombin Time with INR	Blood, q6h, Routine collect
<input type="checkbox"/>	Activated PTT	Blood, q6h, Routine collect
<input type="checkbox"/>	Basic Metabolic Panel	Blood, q6h, Routine collect
<input type="checkbox"/>	Urinalysis with Microscopic	Urine, Routine collect
Therapeutic Drugs/Toxicology		
<input type="checkbox"/>	Vancomycin Trough Instructions	4th dose (0-30 min prior to dose)
<input type="checkbox"/>	Infectious Disease Drug Levels Protocol Pedi_3585v1.3	

- **Consults Category**

- Consults to other physicians still require physician-to-physician communication.

Consults		
<input type="checkbox"/>	Consult Social Services	For evaluation of, Home situation
<input type="checkbox"/>	Consult Case Management	Anticipate DME
<input type="checkbox"/>	Consult Ortho Technician	
<input type="checkbox"/>	Documentation of order only. Does not electronically notify consulting physician.	
<input type="checkbox"/>	Consult Trauma Team	
<input type="checkbox"/>	Consult Internal Medicine	
<input type="checkbox"/>	Consult Infectious Diseases	
<input type="checkbox"/>	Consult Hospitalist	
<input type="checkbox"/>	Consult Orthopedics	

- **Rehab Category**

Rehab		
<input type="checkbox"/>	Occupational Therapy Eval/Tx Pediatric	General Deconditioning
<input type="checkbox"/>	Physical Therapy Eval/Tx Pediatric	Mobility
<input type="checkbox"/>	Physical Therapy Wound Care Eval/Tx	Wound Care, Dressing changes by physical therapy (wound).

- **Respiratory Category**

Respiratory Therapy		
<input type="checkbox"/>	Oxygen	In-Patient Protocol
<input type="checkbox"/>	Incentive Spirometry	q1hr, while awake

- Radiology Category

- Xrays

Radiology			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger Thumb Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 2nd Digit Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 3rd Digit Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 4th Digit Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 5th Digit Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Forearm 2 Views Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Hand Complete Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Wrist Complete Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Angiogram Upper Extremity Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger Thumb Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 2nd Digit Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 3rd Digit Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 4th Digit Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Finger 5th Digit Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Forearm 2 Views Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Hand Complete Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Wrist Complete Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	XR Angiogram Upper Extremity Right	Routine, Reason: Hand and Upper Extremity Surgery

- CTs

<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Forearm w/ Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Forearm w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Hand w/ Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Hand w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Wrist w/ Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Wrist w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Forearm w/ Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Forearm w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Hand w/ Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Hand w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Wrist w/ Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CT Wrist w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery

- MRIs

<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Forearm w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Forearm w/ + w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Hand w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Hand w/ + w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Wrist w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Wrist w/ + w/o Contrast Left	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Forearm w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Forearm w/ + w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Hand w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Hand w/ + w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Wrist w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	MRI Wrist w/ + w/o Contrast Right	Routine, Reason: Hand and Upper Extremity Surgery, IV Contrast per Radiology Protocol

## Discharge Phase

The *Discharge* phase of the **Hand and Upper Extremity Surgery Pedi** PowerPlan must be **initiated** separately from the *Admission* phase.

DO NOT use the general **Discharge Pedi** PowerPlan. Differences between the Hand and Upper Extremity Surgery Pedi Discharge and the general Discharge Pedi PowerPlans:

- **Discharge Activity** order created to reflect activity restrictions

Use the **ellipse** option or and/or **modify** the order to select the desired activity

Activity	Activity	Activity
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Activity	No PE, no contact sports
		<ul style="list-style-type: none"> <li>No PE, no contact sports</li> <li>No unsupervised play, especially with older children</li> <li>Activity as tolerated</li> <li>Ambulate with Assistive Device</li> <li>Wheelchair</li> <li>Bedrest</li> </ul>

- **Discharge Diagnosis/Condition** defaulted to **Plastic Surgery**

Diagnosis/Condition Instructions	Diagnosis/Condition Instructions
<input checked="" type="checkbox"/>	Plastic Surgery

- Several **Discharge Instructions** available for dressing/wound care

Instruction	Instruction	Instruction
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Leave dressing in place for ___ days. You may add tape or bandaid on top of dressing if becomes loose or falls off. Leave steri strips on the wound until your follow-up.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Keep arm/hand raised above the level of the heart with pillow for 3 days.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Keep splint clean, dry, and intact. May shower with plastic bag over splint. Use tape to seal.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Keep wound vac at ___mmHg Continuous and check for leaks every 4 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Call clinic or go to ED if: Temperature is 101.5 or higher, Excessive bleeding or drainage, Swelling worsens or redness spreads. Continued nausea or vomiting, and/or Increasing pain, or (if present...

- Discharge **follow-up** appointment orders specific for Plastics or Wound clinics.

Discharge Instructions	Discharge Instructions
<input checked="" type="checkbox"/>	Follow-up appointment in ___ days/weeks after Surgery. Please call Craniofacial/Plastic clinic to make the appointment (324-0918).
	<ul style="list-style-type: none"> <li>Follow-up appointment in ___ days/weeks after Surgery. Please call Craniofacial/Plastic clinic to make</li> <li>Follow-up appointment in ___ days/weeks after Surgery. Please call Children's Wound clinic to make</li> <li>Follow-up appointment with Children's Wound clinic (324-0138) in ___ days/weeks after Surgery</li> <li>Follow-up appointment with Craniofacial/Plastic clinic (324-0918) in ___ days/weeks after Surgery. Pl</li> <li>Follow-up appointment on ___ in Craniofacial/Plastic clinic (324-0918) Your appointment has been sc</li> </ul>

## Additional Information for ED Providers

### EKG Pedi order in ED Folder (Live)

#### Rationale

- EKG Pedi previously left out of ED folder.

#### Summary of Change

- The **EKG Pedi** order was added to the **ED Monitoring/Vital Signs** folder.
  - Click **+ Add**
  - Select **ED Patient Care** folder.
  - Select **ED Monitoring/Vital Signs** folder.
  - Select **EKG Pedi** order.

