

# COMPASS Update

## COMPASS Improvements Made in August

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## Information for All Practitioners

### Diagnosis/ Condition Instruction & Patient Education

Two orders have changed in response to physician request for clarity about the use and intention of the **diagnosis/condition instruction** vs. **patient education** order in numerous order sets. The diagnosis condition order has changed look and function. In appropriate order sets, the **patient education** orders have been substituted for **diagnosis/condition instruction** to avoid confusion.

#### Rationale for the change

- Previously, physicians would choose the **Diagnosis/ Condition Instruction** order to note the patient’s discharge diagnosis so that nursing could appropriately educate the patient to the diagnosis at discharge.
- This order did not flow to the patient discharge summary.
- Physicians would write the discharge diagnosis on the paper patient discharge summary form.
- Clinicians were confused by the intent of the order and how it differed from patient education order.

#### Key points

- **Patient Education** order is used to indicate a specific action or care tip that the nurse will need to educate the patient about. Examples: activity restrictions, wound care, or how to administer patient controlled analgesia, etc.
- **Diagnosis/ Condition Instruction order** is used to note the patient’s diagnosis or diagnoses.

#### Summary of changes

- “Diagnosis/Condition Instruction” field was added to the *Diagnosis/Condition Instruction* order. This is a required field. Please enter patient’s discharge diagnosis in this field.

The screenshot shows a software interface for medical orders. At the top, there's a section titled 'Orders for Signature' with a table containing columns for Order Name, Status, Start, and Details. One order is highlighted: '4W BH; 404; A Fin#:2503134023 Admit: 04/07/2011 6:45 CDT'. Below this is a section for 'Admit/Transfer/Discharge' with a sub-order: 'Diagnosis/Condition Instructions (Pneumonia)' dated '08/08/2011 8:52 CDT'. The bottom part of the screenshot shows 'Order details' for this specific order. A red arrow points to the 'Diagnosis/Condition Instruction [Pneumonia]' field. Other fields include Frequency, Duration, Duration Unit, Continuous Order, Special Instructions, and Requested Start Date and Time [08/08/2011 8:52 CDT].

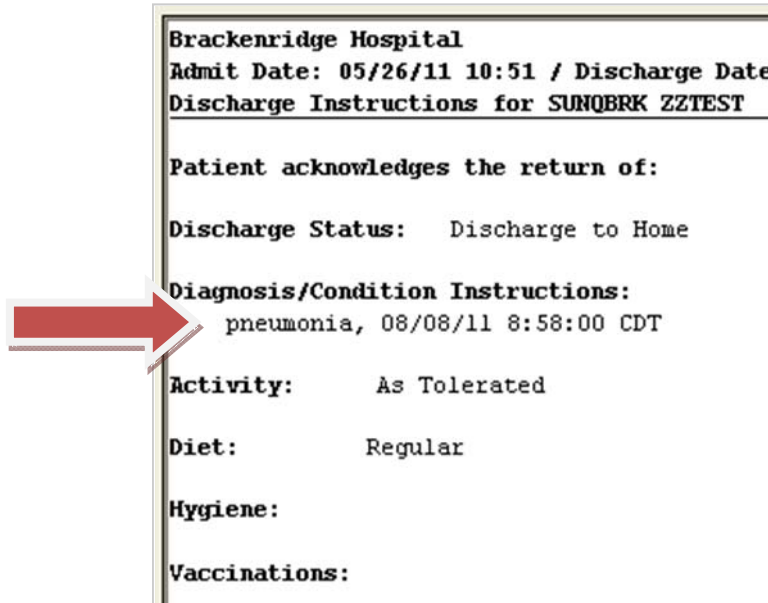
- This order is contained in the discharge order sets and in the discharge phases within the order sets.

## Information for All Practitioners

### Diagnosis/ Condition Instruction & Patient Education (cont)

#### Summary of changes

- After initiation of the order set, the diagnosis/condition instruction order will flow to the discharge summary



Within the following order sets, **Diagnosis/Condition Instruction** has changed to the more appropriate **Patient Education** order:

- Discharge Orders Adult
- Epilepsy Seizure Continuous Video EEG Monitoring Admission
- Renal Disease Orders
- Renal Failure Acute Admission to Med/Surg
- Sickle Cell Disease/Pain Crisis Admission to Med/Surg

#### Example of change

##### Before

<input type="checkbox"/>		Diagnosis/Condition Instructions (teach to pr...	Order	08/12/2011 12:27 CDT	teach to press the event button
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##### After

<input type="checkbox"/>		Patient Education	Order	08/12/2011 12:29 CDT	Teach to press the event button
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## Information for All Practitioners

### SCIP Order Set

#### Rationale

- The SCIP (surgical care improvement project) order set has changed to align with the pre-printed paper order set on the Seton intranet and to facilitate compliance with best practice.

#### Summary of changes

- No orders are pre-checked. Each section of orders requires practitioner decisions based on patient diagnosis and condition.
- Practitioners **MUST** select either to discontinue the urinary catheter on post op day # 1 or post op day # 2 via the ellipse option.

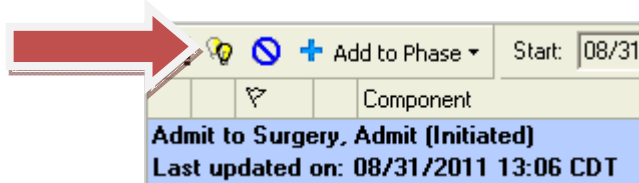
Urinary Catheter Removal is to be done on POD #1 or POD #2. Please document on POD #1 or #2 in the progress notes or physician orders the re catheter must remain.

<input checked="" type="checkbox"/> +1 day	Discontinue Urinary Catheter	On POD #1	
<input type="checkbox"/>	Urinary Catheter to Dependent Drainage	Continue Foley Catheter after POD #2 due to patient ad	On POD #1 On POD #2

- If the urinary catheter needs to be continued after POD # 1 or # 2, practitioners **MUST return** to the order set on POD # 1 or POD # 2 to place reason for continuation. They may document in the progress notes or choose appropriate the *Urinary Catheter to Dependent Drainage* order. This order **should not** be ordered when planning the initial order set.

If returning to order set on POD # 1 or POD # 2 to choose reason for catheter continuation, choose to view excluded components to see orders not originally ordered.

- Select the order set.
- Select the icon at the top of the order set window. Orders not previously selected will be available for ordering.



- Choose appropriate order to indicate why urinary catheter must be continued after POD #1 or #2.

Urinary Catheter Removal is to be done on POD #1 or POD #2. Please document on POD #1 or #2 in the progress notes or physician Foley catheter must remain.

<input checked="" type="checkbox"/> +1 day	Discontinue Urinary Catheter	Ordered	On POD #1
<input type="checkbox"/>	Urinary Catheter to Dependent Drainage		Continue Foley Catheter after POD #2 due to patient admitted to ICU with diuretics being administered.
<input type="checkbox"/>	Urinary Catheter to Dependent Drainage		Continue Foley Catheter after POD #2 due to urological procedure.
<input type="checkbox"/>	Urinary Catheter to Dependent Drainage		Continue Foley Catheter after POD #2 due to epidural in place. Discontinue once epidural removed.
<input type="checkbox"/>	Urinary Catheter to Dependent Drainage		Continue Foley Catheter after POD #2 due to need to closely monitor urine output.

## Information for All Practitioners

### SCIP Order Set (cont)

#### Summary of changes

- Practitioners will need to make decisions for the best method of VTE prophylaxis. They may choose mechanical and/ or pharmacological.
- If pharmacological prophylaxis is contraindicated, practitioners may select appropriate Medication Instruction order. They may also choose to document these contraindications in their progress notes.

*** VTE Prophylaxis - Mechanical ***		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Antiemboli Hose Knee High, Legs Bilateral
<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCDs (Sequential Compression Device) Legs Bilateral
Medications		
*** VTE Prophylaxis - Pharmacological ***		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacological VTE Prophylaxis is to be administered within 24 hours prior to or after anesthesia end time or documentation c
<input type="checkbox"/>	<input checked="" type="checkbox"/>	enoxaparin (LOVenox) 40 mg SubCUTANEOUS qDay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	heparin 5,000 unit(s) SubCUTANEOUS q8h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	warfarin (Coumadin) mg PO (oral) q1700
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication Instruction Continuous Order, Do NOT give pharmacological VTE Prophylaxis due to high risk for bleeding.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication Instruction Continuous Order, Do NOT give pharmacological VTE Prophylaxis due to active bleeding.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication Instruction Continuous Order, Do NOT give pharmacological VTE Prophylaxis due to patient refusal.

- Ellipse option for heparin permits easy selection of renal dosing.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	enoxaparin (LOVenox) 40 mg SubCUTANEOUS qDay	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	heparin 5,000 unit(s) SubCUTANEOUS q8h	40 mg SubCUTANEOUS qDay
<input type="checkbox"/>	<input checked="" type="checkbox"/>	warfarin (Coumadin) mg PO (oral) q1700	30 mg SubCUTANEOUS q12h

- Ellipse option for warfarin (Coumadin) permits alternate selection whereby pharmacy monitors PT/INR and selects appropriate doses after practitioner's initial dose. Practitioner must select the initial strength of first dose.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	warfarin (Coumadin) mg PO (oral) q1700	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication Instruction Continuous mg PO (oral) q1700	
			mg PO (oral) Once (then Pharmacy to monitor and dose)

- Note the dosing guidelines regarding antimicrobial selection.


- The routine use of prophylactic post-operative antimicrobials is not recommended, as there is no benefit after wound closure (exception: Cardiac Surgery) and complications are increased (Clostridium difficile infection or antibiotic resistance).
- Continue post-operative IV antibiotics(s) for a period NO GREATER THAN 24 HOURS AFTER ANESTHESIA END TIME, except in the case of cardiac surgeries, where the pre-operative antibiotic(s) may be continued for a period NO GREATER THAN 48 HOURS AFTER ANESTHESIA END TIME unless reason for continuation of antibiotics is documented in below.




## Information for All Practitioners

### SCIP Order Set (cont.)

#### Summary of changes

- If antimicrobials must continue beyond 24 hours from anesthesia end time, practitioners **MUST** document the reason for continuation. They may select appropriate Medication Instruction order or document in the progress notes. Third option permits a free text reason.



<input type="checkbox"/>	 Medication Instruction	Continuous Order, Reason for continuing Antimicrobials past 24 hrs: Suspected Infection
<input type="checkbox"/>	 Medication Instruction	Continuous Order, Reason for continuing Antimicrobials past 24 hrs: Documented Infection
<input type="checkbox"/>	 Medication Instruction	Continuous Order, Reason for continuing Antimicrobials past 24 hrs: _____

- Ellipse options for antimicrobials now include renal doses and option for pharmacy to dose based on Seton Healthcare Family guidelines.

SCIP order set is embedded in the following surgical order sets:

- Abdominal Surgery Major PreOp/PostOp Adult
- Admit to Surgery
- Anterior Cervical Discectomy and Fusion PostOp Adult
- CABG/Open Heart PostOp ICU/IMC
- CABG/ Open Heart PostOp MedSurg
- GYN Hysterectomy, Abd or Vaginal, PreOp/PostOp
- Laminectomy/Discectomy/Fusion PostOp Adult
- Major Thoracic Surgery Admission to MedSurg or ICU Adult
- PostOp General Surgery
- UroGYN PostOp Orders Admission to MedSurg

## Information for All Practitioners

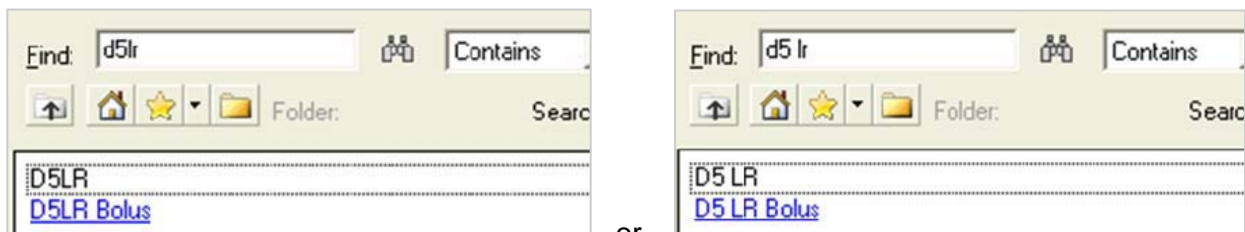
### Dextrose-containing Fluids Order

Clinicians can now find the following IV Fluids by typing the fluid name *with or without spaces*: D5NS, D10NS, D5LR, D5LR Bolus.

#### Rationale for the change

- Previously, dextrose containing fluids were difficult to find in the order window if the search parameters used the “contains” vs. “starts with” feature.
- The “contains” feature requires at least 3 characters to provide results, and the dextrose containing fluids were originally designed to include a space between the primary fluids.
- Eliminating the space between D5 and secondary fluid facilitates finding the order when searching by “contains” feature.

#### Example of change



### Vancomycin Dosing Notes

Notes within order sets related to vancomycin dosing have changed.

#### Rationale

- To emphasize the unique dosing guidelines for loading vs. maintenance dosing, so that practitioners may order safe and appropriate doses specific to patient need or condition.

#### Summary of changes

- **Maintenance** usual dose is 15 -20 mg/kg based on dosing weight.
- Maximum **Loading Dose** is 3,000 mg for non elderly or patients with normal renal function. .
- Maximum **Loading Dose** for elderly or renal failure patients is 2,000 mg.

#### New dosing guideline



Vancomycin (Vancocin HCl) Dosing Guidelines:

- \* Loading maximum dose = 3,000 mg/dose except for Elderly or Renal Failure, which has a MAX = 2,000 mg/dose.
- \* Maintenance Usual dose: 15 - 20 mg/kg based on dosing weight.

## Information for All Practitioners

### Vancomycin Dosing Notes (cont)

The following order sets will now reflect this change:

- Breast Reconstruction Admit
- Cellulitis
- Craniofacial Surgery Admit
- Dyspnea/Shortness of Breath
- Pacemaker/ICD/EP Study
- Hand and Upper Extremity Surgery Admit
- Neurosurgical Admit
- Orthopedic Procedure or Fracture Admit
- Orthopedic Trauma Admit
- Plastic Surgery Admit
- Pneumonia
- Sepsis Protocol
- Spine Surgery Admit

### WOCN (Wound Ostomy Care Nurse) Order Set

#### Rationale for the change

- To respond to WOCN nurse request to make order entry more efficient and to align with best practice.

#### Key point


- This order set is ordered and managed by the Wound Ostomy Care Nurses. These orders are viewable to all clinicians.

#### Summary of changes


- Added frequency of Q7days to all WOCN orders

<input checked="" type="checkbox"/>	 WOCN Ordered Wound Care	Apply Collagen Q7day, Clean with NS and gauze, apply collagen pr... ..
<input checked="" type="checkbox"/>	 WOCN Ordered Wound Care	Apply Foam Without Silver, q7day, to: , clean with NS, cover wit... ..



- Added an order for Baza antifungal cream

<input type="checkbox"/>	 miconazole topical (Baza Antifungal)	Clean involved area and apply Q12 to _____ and PRN for frequent cleansin...
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- Changed the name to remove the word “Adult” to align with style guide.

 [WOCN \(Wound Ostomy Continece Nurse\) Skin Nursing...](#)  
 WOCN Ordered Skin Tear Management  
 WOCN Ordered Wound WOCN (Wound Ostomy Continece Nurse) Skin Nursing Orders

- Corrected the order details for bed support surface so that it will be a continuous order.

<b>Nursing Orders</b>				
		Bed/Support Surfaces	Order	08/11/2011 12:18 CDT
			Continuous Order	

## Information for All Practitioners

### FAQ: How do I schedule my inpatient for a procedure or study at another Seton facility?

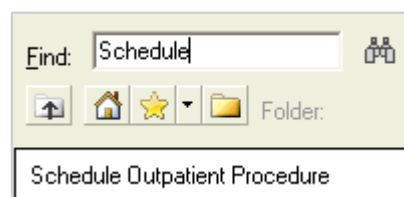
When you need to schedule your inpatient for a procedure at another Seton facility, e.g. you need to send your patient to SMC Hays for a nuclear medicine or imaging study not available at Seton EBD, you will use the **Schedule Outpatient Procedure** order. You will not use a Communication order for this type of order.

#### Key Point

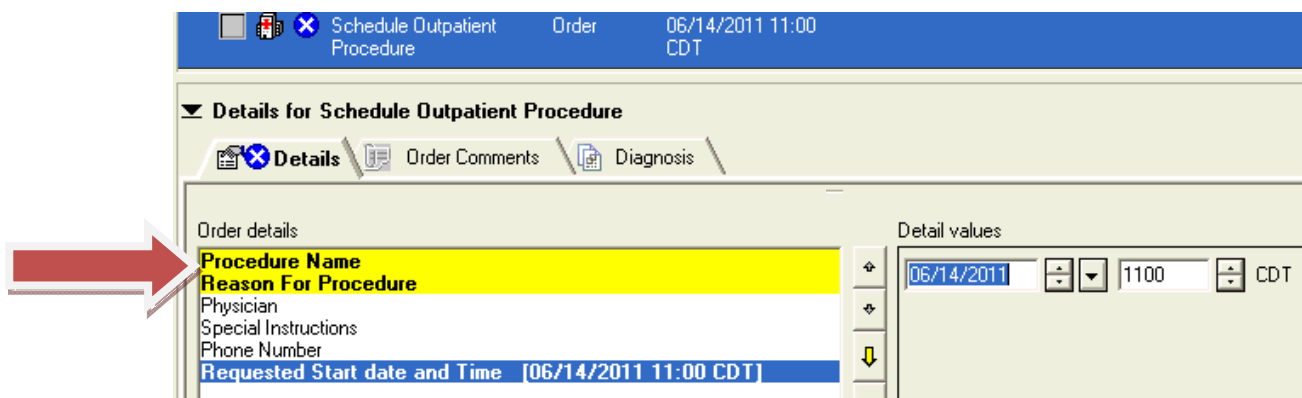
- This order is NOT to be used for scheduling outpatient rehab, wound care, or lab appointments.

#### Process

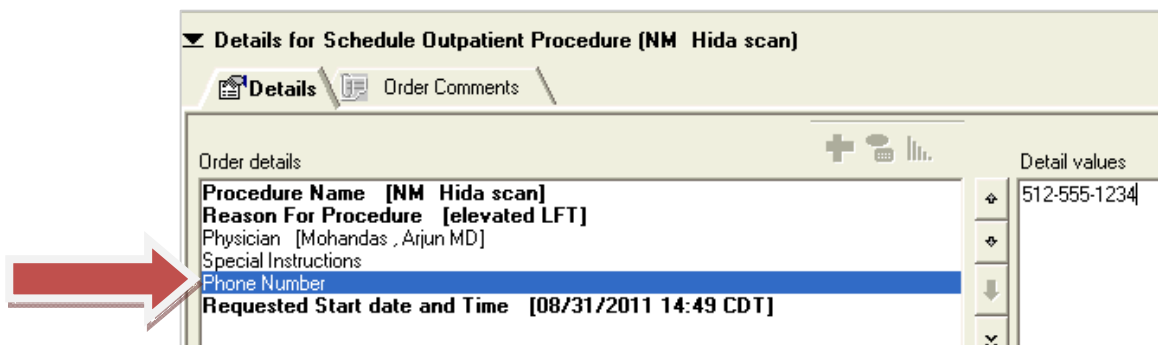
- Medical practitioner (or nurse based on telephone order) places **Schedule Outpatient Procedure** in COMPASS on inpatient.



- Note two required order entry details: **Procedure Name** and **Reason for Procedure**.



- If clinician wants to be called with results of study or procedure, include name & phone number information in order entry fields.



## Information for All Practitioners

### **FAQ: How do I schedule my inpatient for a procedure or study at another Seton facility? (cont)**

#### **Process**

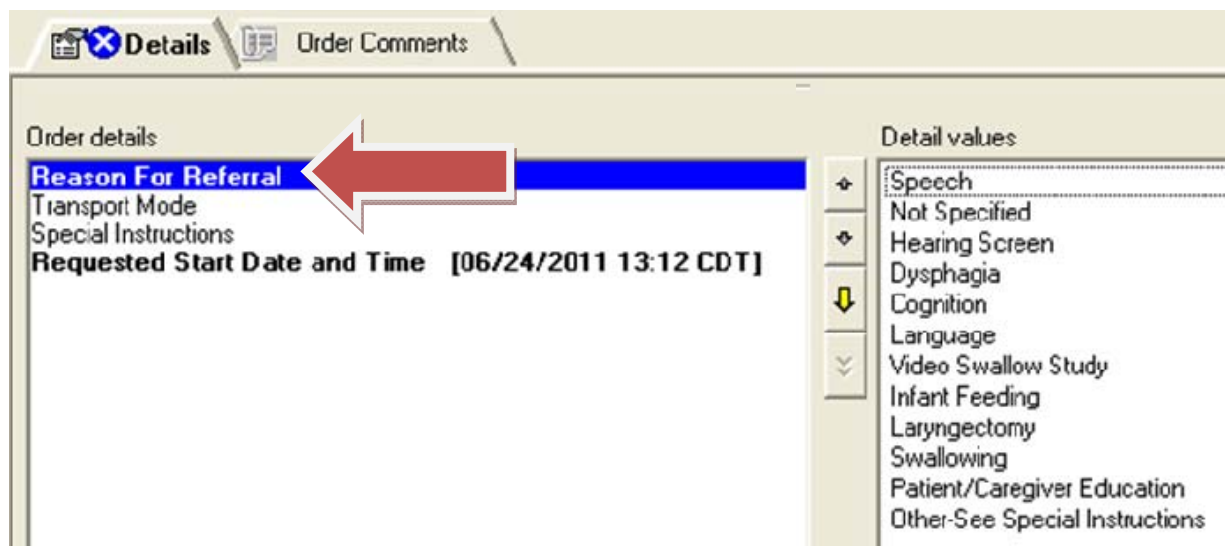
4. Once the order has been signed, right click and select to re-print to print the requisition.
5. Nurse/CA will retrieve the requisition and fax the requisition & any orders written on paper for this procedure to the Seton facility and department where the procedure needs to be performed.
6. Registration department at other Seton facility receives the requisition and will create a new outpatient encounter for this 2<sup>nd</sup> Seton location
7. Nurse/CA/ imaging tech at 2<sup>nd</sup> Seton location verifies the appropriateness of the order per their practice/policy. Details to consider: who entered the order? If order was entered by clerk or clinical assistant at sending location, verify that physician's paper order was also received.
8. Nurse/ CA from 2<sup>nd</sup> location enters the imaging/ procedure order into Compass. Imaging tech may enter order directly into IDX.
  - Only one person needs to enter the order into COMPASS in the new outpatient encounter. Collaborate and communicate to ensure that duplicate orders are not placed.
  - If the nurse enters the order into COMPASS, the nurse will use the communication type of "standard of care".
  - If the Clinical Assistant enters the order into COMPASS, the CA will use the order communication type of written.
9. Nurse/ CA at sending location will place the requisition in the orders section of paper chart and should note date and time that requisition was faxed to 2<sup>nd</sup> Seton facility.
10. Nurse at sending location will then collaborate with case manager to arrange for patient's transport to & from 2<sup>nd</sup> Seton facility.
11. Sending nurse will provide appropriate report / hand off communication to receiving clinician.

## Information for All Practitioners

### FAQ for SEBD, SMCH, and UMCB: How do I order a swallow evaluation in COMPASS?

Three orders and one careset exist in COMPASS to order swallow evaluations:

- **Swallow Nursing Bedside Screen**
  - ONLY to be ordered on suspected stroke patients.
  - Nursing performs **quick** assessment of patient's **potential for dysphagia** due to suspected stroke.
  - If patient shows signs of potential for dysphagia, nursing will ask physician or allied health provider for order for more thorough speech therapy assessment per the order below.
  - See [algorithm](#) for complete information on the scope of this nursing assessment.
  
- **Speech Therapy Bedside Swallow (ST Bedside Swallow)**
  - Appropriate order for **all patients** with known or suspected dysphagia regardless of etiology
  - Speech therapists have the appropriate training and expertise to perform these assessments.
  - Speech therapists will complete a thorough evaluation of the patient's ability to swallow.
  - If additional testing is required, i.e. modified barium swallow, the speech therapist will confer with physician for MBS order.
  - This order has required detail of reason for referral:



- **ST Bedside Swallow with MBS if Indicted**
  - Appropriate order for **all patients** with known or suspected dysphagia regardless of etiology
  - Speech therapists have the appropriate training and expertise to perform these assessments.
  - Speech therapists will complete a thorough evaluation of the patient's ability to swallow.

Continued on next page...

## Information for All Practitioners

### FAQ for SEBD, SMCH, and UMCB: How do I order a swallow evaluation in COMPASS? (cont)

- **ST Bedside Swallow with MBS if Indicted**

- With this order, the speech therapist can proceed with modified barium swallow as appropriate next step. Speech therapist will inform physician of findings of bedside swallow, but does not need to obtain the subsequent order for MBS since these next steps are included in the order. The speech therapist will place the Careset orders automatically when indicated by assessment of the patient.
- This order has one required detail for reason for referral.

Order details

**Reason For Referral**

Transport Mode

Special Instructions

**Requested Start Date and Time [06/24/2011 13:12 CDT]**

Detail values

- Speech
- Not Specified
- Hearing Screen
- Dysphagia
- Cognition
- Language
- Video Swallow Study
- Infant Feeding
- Laryngectomy
- Swallowing
- Patient/Caregiver Education
- Other-See Special Instructions

- **Swallow Modified Barium Careset Adult**

- This is the Careset that speech therapy or physicians will order to obtain Modified Barium studies.
- If after conferring with speech therapist, you decide that modified barium swallow is indicated, you should place this careset.

**Careset - Swallow Modified Barium Careset Adult**

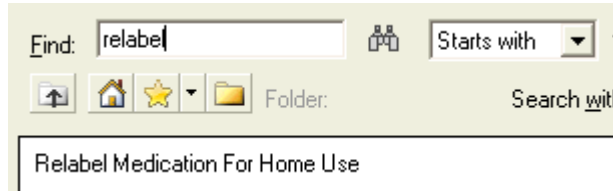
Component
Imaging
<input checked="" type="checkbox"/> XR Speech Evaluation Dyanme Pharyngeal (XR Modified Barium Swallow)
Speech Therapy
<input checked="" type="checkbox"/> Speech Therapy Video Swallow Evaluation

- If you do not want to be notified and want speech therapy to place the Careset orders based on their assessments, order the **ST Bedside Swallow with MBS if Indicted** as noted above.

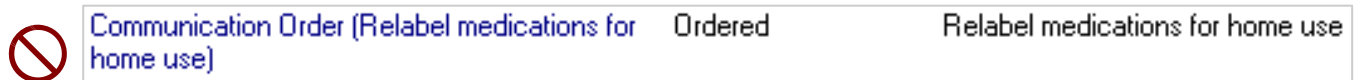
## Information for All Practitioners

### FAQ for UMCB: How do I notify pharmacy re-label an inpatient medication for home use?

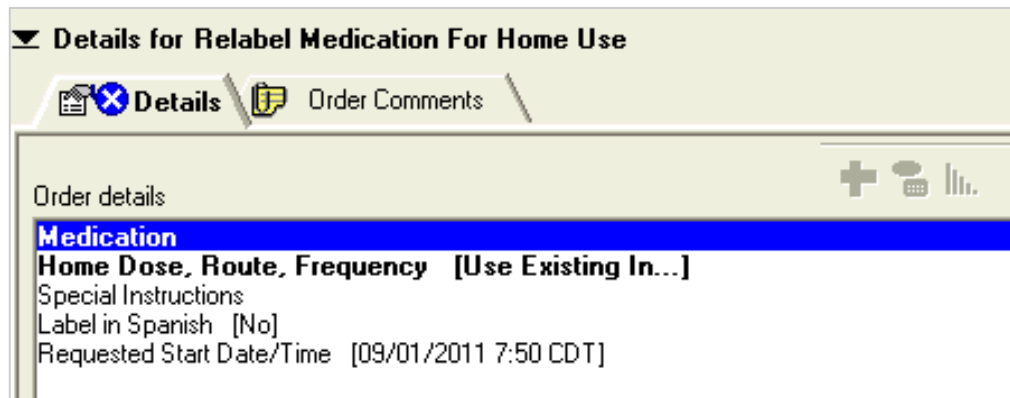
1. Select the Re-label Medication for Home Use order in COMPASS.



2. Do not use Communication orders for this process.



3. Complete the two required fields: medication name and home dose, route and frequency



4. The medications that are permitted for relabeling by hospital policy are listed in details values under Medication. No other medications may be re-labeled for home use.



5. Home dose, route, frequency defaults to inpatient dose regimen, but may be modified if new dosing regimen is needed.

## Information for All Practitioners

### FAQ for UMCB: How do I notify pharmacy re-label an inpatient medication for home use? (cont)

6. If patient is Spanish speaking, change the Label in Spanish question to **Yes**

Order details

**Medication** [Bactroban (mupirocin) topical]  
**Home Dose, Route, Frequency** [Use Existing In...]  
 Special Instructions  
**Label in Spanish** [Yes]

Detail values

No  
**Yes**

7. The order will print a requisition that nursing will send to pharmacy with medication(s).
8. If you know the number of the tube station where pharmacy will tube the medication back to patient, please note in the blank space under order comments.

▼ **Details for Relabel Medication For Home Use**

Details | Order Comments

Order comments

Tube to Station \_\_\_\_\_

Relabel Medication For Home Use    Order    08/16/2010 21:47 CDT    Use Existing Inpatient Dose,Route,Frequency  
 Tube to Station \_\_\_\_\_

Medications

Give Next Medication    Order    08/16/2010 21:33

▼ **Details for Relabel Medication For Home Use**

Details | Order Comments | Diagnosis

Order details

**Medication**  
**Home Dose, Route, Frequency** [Use Existing In...]  
 Special Instructions  
 Label in Spanish [No]  
 Requested Start Date and Time [08/16/2010 21:47 CDT]

Detail values

- Advaair MDI
- Albuterol MDI
- Bactroban (mupirocin) topical
- Ciprodex Otic drops
- Combivent MDI
- Cortisporin Otic drops
- Eucerin topical
- Flonase Nasal Spray
- Flovent MDI

## Information for ED Practitioners



### ED Flank Pain Order Set ED Flank Pain

#### Rationale









- The name of the order set and sequence of orders were changed to align with Seton's *Order Set Style Guide*. Antimicrobials were changed to align with UTI/Pyelonephritis Treatment Pathway.

#### Summary of changes














- Removal of the word "Adult" from the name of the order set.
- Link provides quick access to Seton's Treatment Pathway for Inpatients and Outpatients

Antimicrobials		
	Reference Link to Inpatient Adult Urinary Tract Infection/Pyelonephritis Treatment Pathway	
	Reference Link to Outpatient Adult Urinary Tract Infection/Pyelonephritis Treatment Pathway	
<input type="checkbox"/>	 cefazolin (Ancef)	1,000 mg IV Piggyback Once
<input type="checkbox"/>	 ceftriaxone (Rocephin)	1,000 mg IV Piggyback Once
	For patients with symptoms and AT RISK for Multi-Drug Resistant Organisms or Critically Ill, select 1 of the following orders:	
<input type="checkbox"/>	 cefepime (Maxipime)	1,000 mg IV Piggyback Once
<input type="checkbox"/>	 piperacillin-tazobactam (Zosyn)	2,250 mg IV Piggyback Once
	If true Beta-lactam Allergy, select 1 of the following orders:	
<input type="checkbox"/>	 gentamicin	3 mg/kg IV Infusion Once (Pharmacist to adjust dose based on Weight and SFH Guidelines)
<input type="checkbox"/>	 tobramycin (Nebcin)	3 mg/kg IV Infusion Once (Pharmacist to adjust dose based on Weight and SFH Guidelines)
<input type="checkbox"/>	 aztreonam (Azactam)	1,000 mg IV Piggyback Once
<input type="checkbox"/>	 ciprofloxacin (Cipro)	400 mg IV Piggyback Once

- XR Intravenous Pyelogram has been added.

Radiology	
<input type="checkbox"/>	 XR Chest 1 View
<input type="checkbox"/>	 XR Chest 2 Views
<input type="checkbox"/>	 XR Abdomen AP (KUB)
<input type="checkbox"/>	 XR IVP (Intravenous Pyelogram)
<input type="checkbox"/>	 CT Abd/Pelvis w/ Contrast
<input type="checkbox"/>	 CT Abd/Pelvis w/o Contrast
<input type="checkbox"/>	 US Abdomen Complete
<input type="checkbox"/>	 US Abdomen Limited

- Orders have been re-sequenced based on Order set Style Guide and brand names for medications will appear in parenthesis

Medications		
<input type="checkbox"/>	 morphine	4 mg IV Push Once
<input type="checkbox"/>	 fentanyl	50 mcg IV Push Once
<input type="checkbox"/>	 HYDROMORPHONE (Dilaudid)	1 mg IV Push Once
<input type="checkbox"/>	 acetaminophen-hydrocodone (Norco 5 mg-325 mg oral tablet)	2 tab(s) PO (oral) Once
<input type="checkbox"/>	 acetaminophen (Tylenol)	650 mg PO (oral) Once Max 4 grams Acetaminophen daily from all sources.
<input type="checkbox"/>	 ibuprofen (Motrin)	600 mg PO (oral) Once
<input type="checkbox"/>	 ketorolac (Toradol)	30 mg IV Push Once
<input type="checkbox"/>	 promethazine (Phenergan)	6.25 mg IV Push Once
<input type="checkbox"/>	 ondansetron (Zofran)	4 mg IV Push Once
<input type="checkbox"/>	 ondansetron (Zofran ODT)	8 mg PO (oral) Once (Oral Disintegrating Tablet)
<input type="checkbox"/>	 metocloPRAMIDE (Reglan)	10 mg IV Push Once over 2 min
<input type="checkbox"/>	 proCHLORperazine (Compazine)	10 mg IV Push Once over 2 mins
<input type="checkbox"/>	 phenAZOpridine (Pyridium)	200 mg PO (oral) Once

## Information for ED Practitioners

### ED Flank Pain Order Set (cont)

#### Summary of changes

- Cardiac Monitor, Pulse Ox, Pulse Ox Continuous, and Peripheral IV Insertion orders have been added

#### ED Flank Pain (Initiated Pending)

Vital Signs		
<input checked="" type="checkbox"/>	Cardiac Monitor	
<input checked="" type="checkbox"/>	Pulse Oximetry	Once
<input checked="" type="checkbox"/>	Pulse Oximetry Continuous	
Nursing Orders		
<input checked="" type="checkbox"/>	Peripheral IV Insertion	with IV Flushes per Protocol unless IV Fluids ordered.

## Information for Pediatric Practitioners

### Admission to Hematology/Oncology Pedi Order Set

### Sickle Cell Disease/Pain Order Set

### Crisis Pedi Order Set

### Fever/Neutropenia Pedi Order Set

#### Rationale

- All of the above order sets were revised as part of their two-year review cycle and changes were made to align with Seton's Order Set Style Guide.

#### Summary of changes

- Synonyms have been removed and replaced with primary order names.
- Brand names for medications have been added in parenthesis.

<input checked="" type="checkbox"/>	ondansetron (Zofran)	0.15 mg/kg IV Push q8h Until discharge, first dose 30 minutes before chemotherapy (must be able to adjust the dose if chem...
<input checked="" type="checkbox"/>	diphenhydramine (Benadryl)	0.5 mg/kg IV Push q6h PRN Nausea or Vomiting
<input checked="" type="checkbox"/>	dexamethasone (Decadron)	4 mg/m <sup>2</sup> IV Push qDay (max dose 6 mg IV push daily prior to chemotherapy)
<input checked="" type="checkbox"/>	lorazepam (Ativan)	0.05 mg/kg IV Push q6h PRN Nausea or Vomiting Max dose 1.5 mg
<input checked="" type="checkbox"/>	promethazine (Phenergan)	1.5 mg IV Push q6h PRN Nausea or Vomiting (Dose for weight range 6-12.4 kg). Do not substitute.

- Lidocaine topical (LMX 4) order has been added as comfort measure for peripheral IV insertion or lab draws.

<input checked="" type="checkbox"/>	lidocaine topical (LMX 4)	1 application Topical AsDirected PRN Other (see order comment) apply to site 30 minutes prior to lab draw, IV start or ...
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## Information for Pediatric Practitioners

### Flowsheet Change: Critical Values for Pedi Vital Signs

Critical Values for Pediatric Vital Signs have been set. Reference ranges were revised and updated.

#### Summary of change

- In Flowsheets, critical values will show in red with a C next to it.

Quick View	08/18/2011 13:39 CDT	08/18/2011 12:00 CDT
<b>Vital Signs</b>		
<input type="checkbox"/> Temperature Axillary (DegF)	C 96	C 105.8
<input type="checkbox"/> Temperature Axillary (DegC)	35.6	C 41
<input type="checkbox"/> Temperature Oral (DegF)	C 96	C 105.8
<input type="checkbox"/> Temperature Oral (DegC)	C 35.6	C 41
<input type="checkbox"/> Temperature Rectal (DegF)	C 96	C 105.8
<input type="checkbox"/> Temperature Rectal (DegC)	L 35.6	C 41
<input type="checkbox"/> Apical Heart Rate	C 80	C 220
<input type="checkbox"/> Peripheral Pulse Rate	C 80	C 220
<input type="checkbox"/> Heart Rate Monitored	C 80	C 220
<input type="checkbox"/> Respiratory Rate	L 30	H 60
<input type="checkbox"/> Systolic Blood Pressure	C 60	C 100
<input type="checkbox"/> Diastolic Blood Pressure	C 30	C 75
<input type="checkbox"/> Systolic Blood Pressure Invasive	C 60	C 100
<input type="checkbox"/> Diastolic Blood Pressure Invasive	C 30	C 75
<b>Orthostatic Vital Signs</b>		
<input type="checkbox"/> Systolic Blood Pressure Supine	C 60	C 100
<input type="checkbox"/> Diastolic Blood Pressure Supine	C 30	C 75

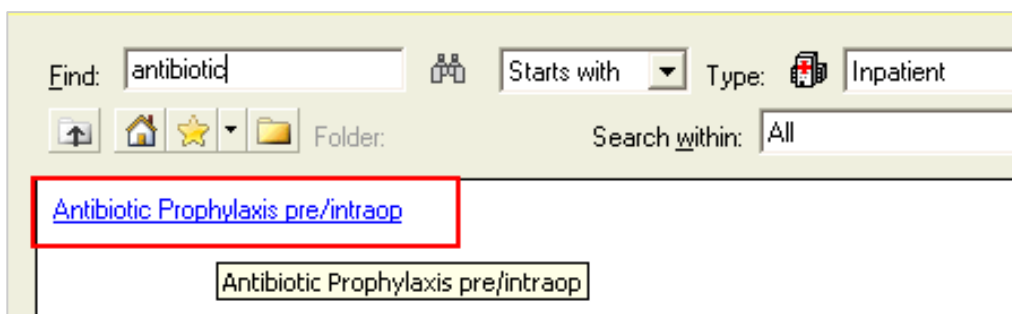
### New Antibiotic Prophylaxis Protocol (DCMC Only)

#### Rationale for change

- To meet clinician request and ensure patient has appropriate antimicrobial for surgery per Surgical Complications Improvement Program (SCIP) guidelines.

#### Summary of change

- Surgeons and mid-levels may select Antibiotic Prophylaxis pre/intraop when they want pharmacy to select and manage the dosing of antimicrobial per SCIP measures.



## Information for Pediatric Practitioners

### New Antibiotic Prophylaxis Protocol (DCMC Only) (cont)

#### Summary of change

- The order has one sentence that will indicate to pharmacy they will select the prophylactic antibiotic.

**Order Sentences**

Order sentences for: Antibiotic Prophylaxis pre/intraop

Pharmacy to select Prophylactic Antibiotic per Surgical Procedure

- Order has two required fields: procedure name and date of surgery.

**Details for Antibiotic Prophylaxis pre/intraop (Pharmacy to select Prophylactic Antibiotic per Surgical Procedure)**

Details | Order Comments | Diagnosis

Remaining Administrations: (Unknown) !

Order details

Freetext orderable [Pharmacy to sel...]

**Procedure Name**

**Date of Surgery**

Special Instructions

Requested start date and time [08/19/2011 7:27 CDT]

Duration

Duration unit

Stop date and time

This field not in use/accessible

Detail values

- Special Instructions is field where practitioners will note the type of surgery. Completion of this field is optional but highly recommended to ensure appropriate antimicrobial selection.

**Details for Antibiotic Prophylaxis pre/intraop (Pharmacy to select Prophylactic Antibiotic per Surgical Procedure)**

Details | Order Comments

Remaining Administrations: (Unknown) !

Order details

Freetext orderable [Pharmacy to sel...]

**Procedure Name** [this is the pro...]

**Date of Surgery** [08/20/2011 0:00 CDT]

Special Instructions [this is the spe...]

Requested start date and time [08/19/2011 7:54 CDT]

Duration from now to end point

Duration unit

Stop date and time

This field not in use/accessible

Detail values

this is the procedure

## Information for Surgical / Procedural Practitioners

### A-V Fistula/Thrombectomy Order Set (Adult Hospitals)

#### Summary & Rationale

- Correction made to spell out “Arterial-Venous” in the *Consent For* order sentence to align with policy regarding the avoidance of abbreviations within consent orders. For more information on policy requirements see “**Completing the Disclosure and Consent, Medical and Surgical Procedures**” policy on the Seton intranet.

Consent For

Details:

Thrombectomy, possible revision Arterial-Venous Fistula, possible Fistulagram, possible Angioplasty, and possible insertion of Hemodialysis catheter, possible new Arterial-Venous graft insertion by Dr. \_\_\_\_\_

Order Comment:

Risks: Bleeding, infection, neurologic injury, loss of limb, or death.

# Bronchoscopy Inpatient Order Set

## Learning Objectives

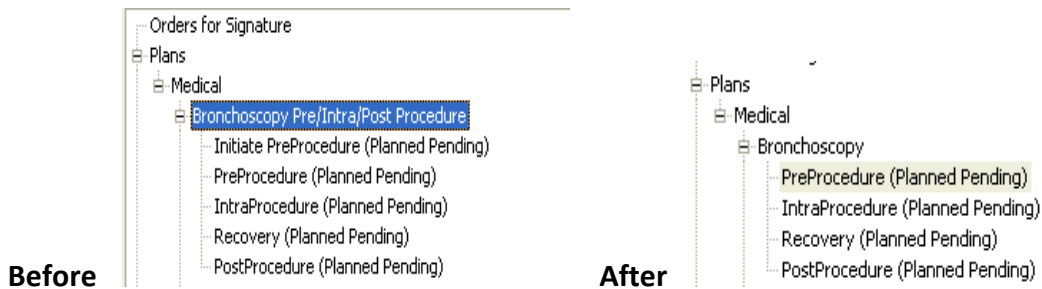
1. Physician will be knowledgeable of order changes to Bronchoscopy PowerPlan used on inpatients and Outpatients.
2. Physician will be knowledgeable in voiding phases (if not utilized)
3. Physician will be knowledgeable in viewing incremental doses given during procedure

## Revised Order Set: Bronchoscopy

- PowerPlan renamed from “Bronchoscopy Pre/Intra/Post Procedure” to “Bronchoscopy”

**Before**  Bronchoscopy Pre/Intra/Post Procedure      **After**  Bronchoscopy

- Multi-phased PowerPlan



## Highlights:

- As part of standardization for all new PowerPlan build, the Initiate PowerPlan phase has been removed.
- The Pre-Procedure Phase & the Post-Procedure phases will be used on the inpatient unit and Initiated by the physician.
- The Intra Op Phase of the PowerPlan will be used ONLY in the Endoscopy area where the nurse will be administering moderate sedation and documenting incremental medication dosing in COMPASS.
- All other Bronchoscopy procedures performed out of Endo (in the ED or Critical Care areas) will continue to use the paper Moderate Sedation documentation forms currently in use as per policy.

## Rationale / Benefits for Change:

Network physician and nursing review of the Bronchoscopy PowerPlan orders resulted in changes to the order set to accommodate physician requests relative to content and moderate sedation medication dosages..

# Bronchoscopy Inpatient Order Set

## Pre-Procedure phase (Inpatient Unit/ED)

- Physician will utilize Pre-Procedure orders and Initiate if needed
- For the Endo Consent order, Anesthesia Type is still a required field
- Rates added for IV fluids
- IV options & doses added to meds that have IV routes
- POC Blood Glucose is pre-checked – if patient is NOT DIABETIC, physician should uncheck order or nurse can discontinue per Standard of Care.

### Before

Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NPO	After Midnight
Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Endo Consent (Consent for Endo)	Procedure: Bronchoscopy, Options: Biopsy, Bleeding, pneumothorax, infection, oversedation, respiratory failure, arrhythmias, death
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	Page MD when patient arrives in preop area
<input type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	Page MD when patient is ready for procedure
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	If office records are not available on chart, call MD's office and request relevant records to be faxed and place on chart.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> POC Blood Glucose	For all diabetics prior to procedure
<input type="checkbox"/>	<input checked="" type="checkbox"/> Peripheral IV Insertion	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Insertion	with IV Flushes per Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Conversion	with IV Flushes per Protocol prior to transport to Endoscopy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> IV Flushes per Protocol	
Continuous Infusions		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS)	IV Infusion mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection (LR)	IV Infusion mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dextrose 5% in Water	IV Infusion mL/hr
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation	2.5 mg Nebulized Once For wheezing
<input type="checkbox"/>	<input checked="" type="checkbox"/> atropine	0.4 mg IM AsDirected For 1 dose(s) On Call to Endo - give 30 minutes prior to procedure.
<input type="checkbox"/>	<input checked="" type="checkbox"/> HYDROMORPHONE	mg IM AsDirected For 1 dose(s) On call to Endo.
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine inhalation (lidocaine 2% inhalation)	5 mL Nebulized AsDirected For 1 dose(s) 2 % PF On call to Endo; should be taken with albuterol nebulized.
<input type="checkbox"/>	<input checked="" type="checkbox"/> morphine	mg IM AsDirected For 1 dose(s) On call to Endo - give 30 minutes prior to procedure.
<input type="checkbox"/>	<input checked="" type="checkbox"/> promethazine	25 mg IM AsDirected For 1 dose(s) On call to Endo - give 30 minutes prior to procedure.
<input type="checkbox"/>	<input checked="" type="checkbox"/> hydroxyzine (hydroxyzine hydrochloride)	25 mg IM On Call For 1 dose(s) (On call to Endo - give 30 minutes prior to procedure.)
Laboratory		
<input type="checkbox"/>	<input checked="" type="checkbox"/> CBC with Diff	Blood, Routine collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Basic Metabolic Panel (BMP)	Blood, Routine collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Prothrombin Time with INR (Protine with INR)	Blood, Routine collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activated PTT	Blood, Routine collect
Respiratory Therapy		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Lab Analysis	Routine collect, Now, Arterial, Blood Gas
Radiology		
<input type="checkbox"/>	<input checked="" type="checkbox"/> XR Chest 2 Views	Reason: Pre-procedure Bronch

# Bronchoscopy Inpatient Order Set

After

Bronchoscopy, PreProcedure (Planned Pending)		
Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/> NPO	After Midnight
Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Endo Consent	Procedure: Bronchoscopy, Risks: Bleeding, pneumothorax, infection, oversedation, respiratory failure, arrhythmias, death
<input type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	If office records are not available on chart, call Physician's office and request relevant records to be faxed and place on chart.
Lines and Tubes		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Peripheral IV Insertion	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Insertion	with IV Flushes per Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Conversion	with IV Flushes per Protocol prior to transport to Endoscopy Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> IV Flushes per Protocol	
Notification		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	when patient arrives in PreOp Area
<input type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	when patient is ready for procedure
Continuous Infusions		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection (LR)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dextrose 5% in Water	IV Infusion 50 mL/hr
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Medication Instruction	Continuous Order, Hold AM dose of Heparin and/or Lovenox
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation (Ventolin Nebs)	2.5 mg Nebulized Once PRN Wheezing
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine inhalation (lidocaine 2% inhalation)	5 mL Nebulized On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> morphine	2 mg IM On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> HYDRMorphine (Dilaudid)	0.5 mg IV Push On Call to Endoscopy Room
<input type="checkbox"/>	<input checked="" type="checkbox"/> promethazine (Phenergan)	25 mg IM On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> hydrOXYzine (Vistaril)	25 mg IM On Call to Endoscopy Room.
Laboratory		
<input type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/ Indices only	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Prothrombin Time with INR	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activated PTT	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Basic Metabolic Panel	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Lab Analysis	Stat collect, Arterial, Blood Gas
Point of Care Testing		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> POC Blood Glucose	For all diabetics prior to procedure

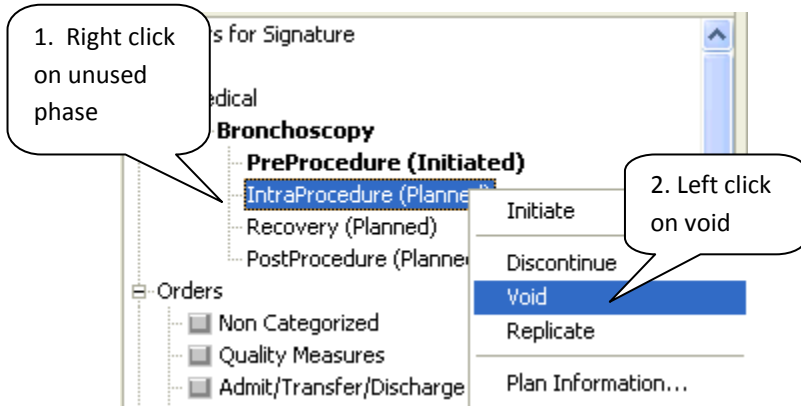
## IntraProcedure phase (Endoscopy Department)

### Process

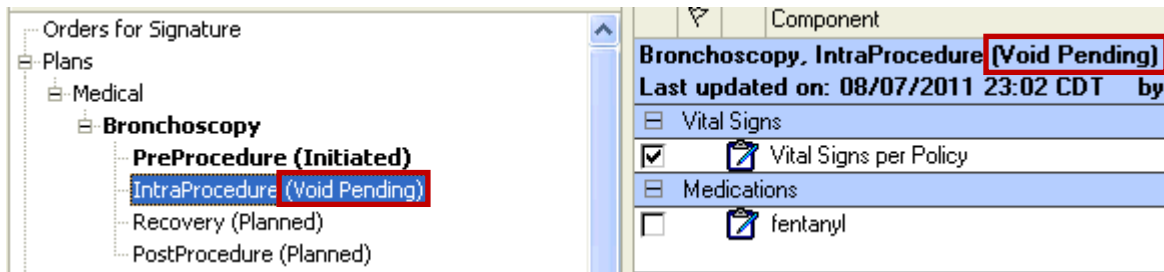
- Physician voids phase if Anesthesia handles patient's sedation or if procedure is performed outside of the Endoscopy Area (see below for how to void)  
Rationale: Anesthesia will continue to document medications given in the Anesthesia Record. Critical Care Dept or ED will also continue to utilize paper sedation form. Physician signs this paper sedation form after procedure.

# Bronchoscopy Inpatient Order Set

Voiding a PP phase



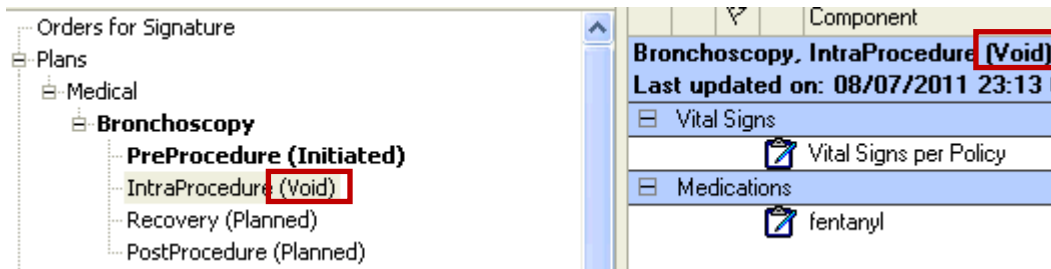
NOTE Void Pending Status



Click on Sign



Phase shows Void status



- If sedation is managed by procedure physician and procedure is performed in Endoscopy area, IntraProcedure phase is initiated by the physician in Endo department

# Bronchoscopy Inpatient Order Set

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## Changes to IntraProcedure Phase

- Removed the following orders:
  - All Lidocaine orders  
*Rationale:* Lidocaine is administered by the physician and documented in their progress notes, not by nurse.
  - Morphine order  
*Rationale:* Query of network physicians identified that Morphine is not a drug of choice for moderate sedation.
- Moderate Sedation medication doses for Total Dose changed to highest **single bolus dose** per request of network physicians. Instructions added for Max dose.
  - **If total dose given exceeds the Max dose listed on the order, nurse modifies the order to reflect the max dose given. A verbal communication type will be utilized during modification of the order and physician will need to sign the orders in Message Center**

### Before

Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> fentanyl	100 mcg IV Push AsDirected For 1 dose(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/> morphine	10 mg IV Push AsDirected For 1 dose(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/> midazolam	5 mg IV Push AsDirected For 1 dose(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine topical (lidocaine topical 2% viscous soln)	20 mL PO (oral) AsDirected For 1 dose(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine inhalation (lidocaine 1% inhalation)	5 mL Nebulized AsDirected For 1 dose(s) [1% neb immediately before procedure]
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine inhalation (lidocaine 1% inhalation)	5 mL Nebulized AsDirected For 1 dose(s) [1% per atomizer to nares]

### After

Bronchoscopy, IntraProcedure (Planned Pending)		
Vital Signs		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs per Policy	Per Moderate Sedation Protocol
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> fentanyl	50 mcg IV Push AsDirected MAY GIVE 25 - 50 mcg IV Push As Directed by Physician during procedure (MAX = 200 mcg)
<input type="checkbox"/>	<input checked="" type="checkbox"/> midazolam (Versed)	3 mg IV Push AsDirected MAY GIVE 1 - 3 mg IV Push As Directed by Physician during procedure (MAX = 15 mg)
Respiratory Therapy		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen	Titrate to keep SpO2 greater than or equal to 92%

## *Bronchoscopy Inpatient Order Set*

Viewing of medications given during Procedural Sedation is available in COMPASS only if Procedure Physician manages sedation and procedure is done in Endoscopy Area:

- MAR Summary will display “total dose” given during procedure
- To see actual incremental doses administered
  - UMCB can review the Procedural Sedation Band in I-View
  - SMCW, SMCH, SHL, and SEBD can review paper sedation forms or Anesthesia Record

Unscheduled	
fentanyl 50 mcg IV Push AsDirected MAY GIVE 25 - 50 mcg IV Push As Directed by Physician during procedure (MAX = 200 mcg)	
fentanyl Primary Pain Intensity	* 150 mcg Auth
midazolam (Versed) 3 mg IV Push AsDirected MAY GIVE 1 - 3 mg IV Push As Directed by Physician during procedure (MAX = 15 mg)	
midazolam	* 5 mg Auth

TOTAL dose documented on the MAR indicated in COMMENT by \*. The medication order will be grayed out after documenting.

### Recovery Phase (PACU)

- Initiated by physician post-procedure
- To be used Only if pt has Monitored Anesthesia Care (MAC) or General Anesthesia

#### Before

Non Categorized	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Communication Order	Continue IV @ 50 ml/hr
Admit/Transfer/Discharge	
<input type="checkbox"/> <input checked="" type="checkbox"/> Transfer to	Floor when criteria met
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge to	Home when criteria met
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	You are not allowed to drive or operate heavy machinery for the rest of the day after the procedure. Have someone drive you home
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	You may have a sore throat or hoarseness for few days. Sucking on throat lozenges or gargling with warm salt water may help soothe your sore throat
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	After biopsies, it is normal to cough up streaks of blood or dark sputum for a few days following th...
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	(1) Have chest pain or (2) Cough up more than 2 Tbsp (30 ml) of blood or (3) Have difficulty breat...
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	Notify your doctor immediately if you have a fever higher than 100.4 F that lasts for more than 24 hours
<input type="checkbox"/> <input checked="" type="checkbox"/> Discharge Instructions	Laboratory results usually take 3-4 working days. Call your doctor to discuss results and to schedule a follow up appointment
Vital Signs	
<input type="checkbox"/> <input checked="" type="checkbox"/> Vital Signs	Per Moderate Sedation Protocol
Diet	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NPO	until _____
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Discharge Diet	As tolerated
Nursing Orders	
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Oxygen	In-Patient Protocol
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> POC Blood Glucose	On arrival to Recovery for all Diabetics
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Notify Provider	Call physician if patient experiences respiratory distress, desaturation, chest pain, hemoptysis, or temp greater than 101 F
Medications	
<input type="checkbox"/> <input checked="" type="checkbox"/> albuterol inhalation	2.5 mg Nebulized AsDirected PRN Dther (see order comment) PRN bronchospasm.
Radiology	
<input type="checkbox"/> <input checked="" type="checkbox"/> XR Chest 1 View	Stat, Reason: Post bronchoscopy, Patient in ENDO

# Bronchoscopy Inpatient Order Set

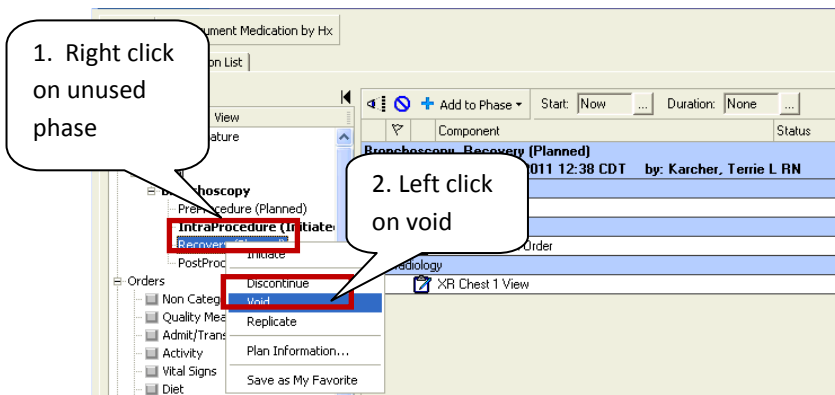
After

Bronchoscopy, Recovery (Planned)		
Last updated on: 08/03/2011 10:46 CDT by: Karcher, Terrie L RN		
<input type="checkbox"/> Diet		
<input checked="" type="checkbox"/> NPO	For 2 hours	
<input type="checkbox"/> Nursing Orders		For 2 hours
<input type="checkbox"/> Communication Order	Nurse to ensure results for Chest X-ray have been read before transfer of patient	For 1 hour
<input type="checkbox"/> Radiology		For 4 hours
<input type="checkbox"/> XR Chest 1 View	Stat, Reason: Post bronchoscopy, Patient in Recovery/Endoscopy Room	until

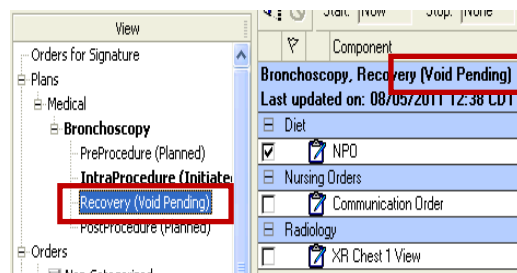
- Removed all orders except the above orders
- NPO order has more options for length of NPO post-procedure

Physician to Void the Recovery phase if not used

Voiding a PP phase



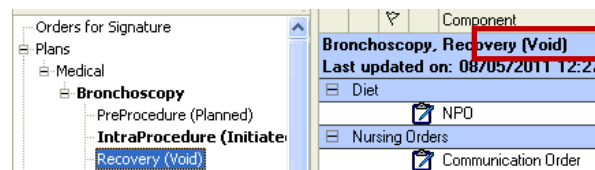
Note Void Pending status



Click on Sign



Phase shows Void status



# Bronchoscopy Inpatient Order Set

## Post-Procedure Phase (Inpatient Unit/ED)

- Initiated by physician post-procedure
- Discharge orders and instructions removed from this PowerPlan
- Added Atrovent medication order
- Atrovent and Albuterol now have drop down menus for PRN & onetime dose

### Before

Non Categorized		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	Continue IV @ 50 ml/hr
Admit/Transfer/Discharge		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Transfer to	Floor when criteria met
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge to	Home when criteria met
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	You are not allowed to drive or operate heavy machinery for the rest of the day after the procedure. Have someone drive you home
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	You may have a sore throat or hoarseness for few days. Sucking on throat lozenges or gargling with warm salt water may help soothe your sore throat
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	After biopsies, it is normal to cough up streaks of blood or dark sputum for a few days following th...
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	(1) Have chest pain or (2) Cough up more than 2 Tbsp (30 ml) of blood or (3) Have difficulty breat...
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Notify your doctor immediately if you have a fever higher than 100.4 F that lasts for more than 24 hours
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Laboratory results usually take 3-4 working days. Call your doctor to discuss results and to schedule a follow up appointment
Vital Signs		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs	Per Moderate Sedation Protocol
Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NPO	until _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Diet	As tolerated
Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen	In-Patient Protocol
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> POC Blood Glucose	On arrival to Recovery for all Diabetics
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	Call physician if patient experiences respiratory distress, desaturation, chest pain, hemoptysis, or temp greater than 101 F
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation	2.5 mg Nebulized AsDirected PRN Other (see order comment) PRN bronchospasm.
Radiology		
<input type="checkbox"/>	<input checked="" type="checkbox"/> XR Chest 1 View	Stat, Reason: Post bronchoscopy, Patient in ENDO

### After

Admit/Transfer/Discharge		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Transfer to	Floor when criteria met
Vital Signs		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs	Per Unit Routine
Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NPO	For 2 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Adult Diet	Clear Liquid, Advance As Tolerated
Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	If patient experiences respiratory distress, oxygen desaturation, chest pain, hemoptysis, and/or temperature greater than 101 F
Continuous Infusions		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection (LR)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dextrose 5% in Water	IV Infusion 50 mL/hr
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation	2.5 mg Nebulized AsDirected PRN Other (see order comment) PRN bronchospasm.
<input type="checkbox"/>	<input checked="" type="checkbox"/> ipratropium (Atrovent)	0.5 mg Nebulized AsDirected PRN Other (see order comment) PRN Bronchospasm
Respiratory Therapy		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen	In-Patient Protocol

# Bronchoscopy Outpatient Order Set

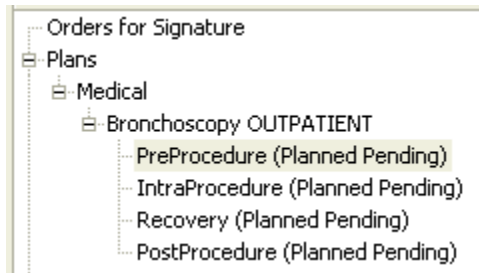
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## Learning Objectives

1. Physician will be knowledgeable of new Bronchoscopy Outpatient Orderset
2. Physician will be knowledgeable in voiding phases (if not utilized)
3. Physician will be knowledgeable in viewing incremental doses given during procedure

## New Outpatient Bronchoscopy Order Set

- **PowerPlan named “Bronchoscopy Outpatient”**  Bronchoscopy OUTPATIENT
- **Multi-phased PowerPlan**



## Highlights:

- The Pre-Procedure Phase & the Post-Procedure phases will be used in Day Surgery.
- The Intra Op Phase of the PowerPlan will be used ONLY in the Endoscopy area where the nurse will be administering moderate sedation and documenting incremental medication dosing in COMPASS.
- The Recovery phase will be used ONLY in the event the patient has General Anesthesia (GA) or Monitored Anesthesia Care (MAC).

## Rationale / Benefits for Change:

No outpatient specific PowerPlan was available. Network physician and nursing input resulted in the creation of this outpatient orderset in order to standardize the care between inpatient and outpatients.

## Process

1. If FIN # has not been created and physician needs to place orders for patient, Physician will continue to fax paper Ordersheet for Bronchoscopy Outpatients.
2. The nurse will utilize the Bronchoscopy Outpatient Orderset to transcribe the Pre-procedure orders in COMPASS.

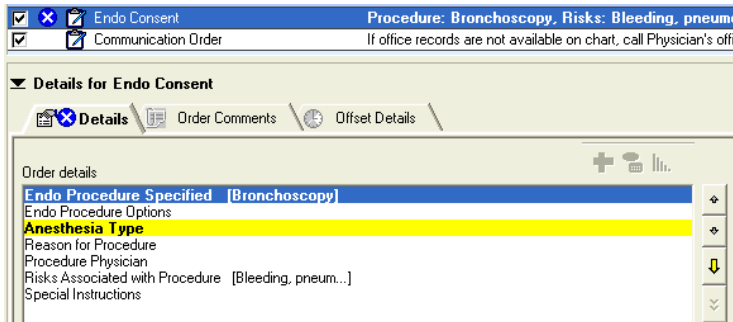
NOTE: During day of procedure, physician will see this Orderset in the patient’s profile. Only the PreProcedure phase should be initiated by nurse.

3. Physician will be responsible for initiating the remainder of the phases as applicable (see each phase for more detailed info)

# Bronchoscopy Outpatient Order Set

## Pre-Procedure phase (Day Surgery)

- Day Surgery nurse will utilize this phase when transcribing Pre-Op orders from paper to COMPASS.
- For the Endo Consent order, Anesthesia Type is still a required field

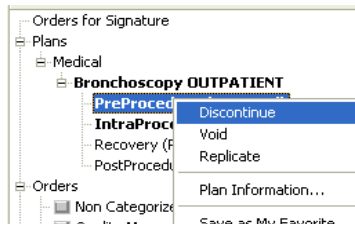


- Rates available for IV fluids
- IV options & doses available for meds that have IV routes
- POC Blood Glucose order is pre-checked – if patient is NOT DIABETIC, physician should uncheck order or nurse can discontinue per Standard of Care.

Bronchoscopy OUTPATIENT, PreProcedure (Planned Pending)		
Diet		
<input type="checkbox"/>	<input checked="" type="checkbox"/> NPO	After Midnight
Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Endo Consent	Procedure: Bronchoscopy, Risks: Bleeding, pneumothorax, infection, oversedation, respiratory failure, arrhythmias, death
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	If office records are not available on chart, call Physician's office and request relevant records to be faxed and place on chart.
Lines and Tubes		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Peripheral IV Insertion	.
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Insertion	with IV Flushes per Protocol
<input type="checkbox"/>	<input checked="" type="checkbox"/> Saline Lock Conversion	with IV Flushes per Protocol prior to transport to Endoscopy Area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> IV Flushes per Protocol	
Notification		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	when patient arrives in PreOp Area
<input type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	when patient is ready for procedure
Continuous Infusions		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sodium Chloride 0.9% (NS)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Lactated Ringers Injection (LR)	IV Infusion 50 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Dextrose 5% in Water	IV Infusion 50 mL/hr
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Medication Instruction	Continuous Order, Hold AM dose of Heparin and/or Lovenox
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Medication Instruction	Continuous Order, Hold AM dose of Heparin and/or Lovenox
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation (Ventolin Nebs)	2.5 mg Nebulized Once PRN w/heezeing
<input type="checkbox"/>	<input checked="" type="checkbox"/> lidocaine inhalation (lidocaine 2% inhalation)	5 mL Nebulized On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> morphine	2 mg IM On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> HYDRORMORPHONE (Dilaudid)	0.5 mg IV Push On Call to Endoscopy Room
<input type="checkbox"/>	<input checked="" type="checkbox"/> promethazine (Phenergan)	25 mg IM On Call to Endoscopy Room.
<input type="checkbox"/>	<input checked="" type="checkbox"/> hydroxyzine (Vistaril)	25 mg IM On Call to Endoscopy Room.
Laboratory		
<input type="checkbox"/>	<input checked="" type="checkbox"/> CBC w/ Indices only	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Prothrombin Time with INR	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Activated PTT	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Basic Metabolic Panel	Blood, Stat collect
<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood Gas Lab Analysis	Stat collect, Arterial, Blood Gas
Point of Care Testing		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> POC Blood Glucose	For all diabetics prior to procedure

- Day Surgery staff discontinue this phase per “Standard of Care” upon transfer to Endo department

# Bronchoscopy Outpatient Order Set



## IntraProcedure phase (Endoscopy Department)

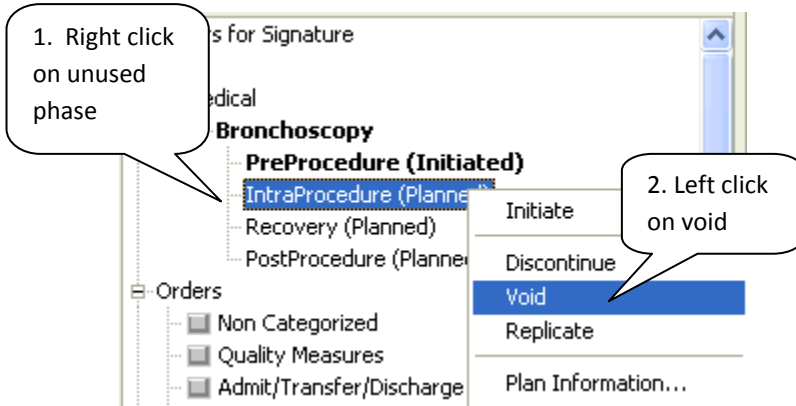
### Process

- Physician voids phase if Anesthesia handles patient's sedation or if procedure is performed outside of the Endoscopy Area (see below for how to void)

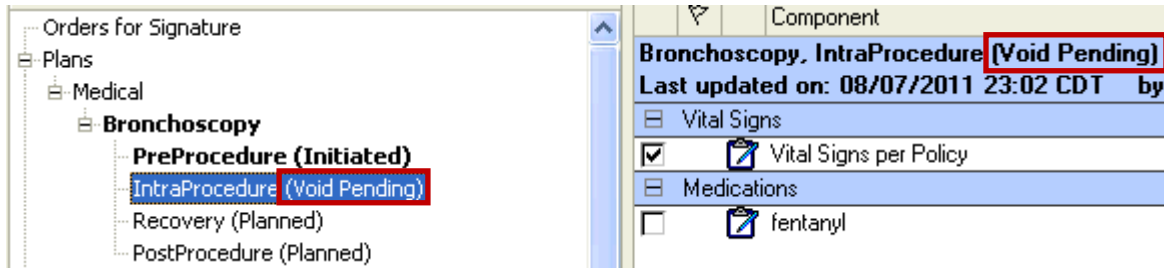
Rationale: Anesthesia will continue to document medications given in the Anesthesia Record. Critical Care Dept or ED will also continue to utilize paper sedation form.

Physician signs this paper sedation form after procedure.

### Voiding a PP phase



### NOTE Void Pending Status



### Click on Sign



# Bronchoscopy Outpatient Order Set

Phase shows Void status

- If sedation is managed by procedure physician and procedure is performed in Endoscopy area, IntraProcedure phase is initiated by the physician in Endo department

## Orders in IntraProcedure Phase

- Moderate Sedation medication doses for Total Dose changed to highest **single bolus dose** per request of network physicians. Instructions added for Max dose.
  - **If total dose given exceeds the Max dose listed on the order, nurse modifies the order to reflect the max dose given. A verbal communication type will be utilized during modification of the order and physician will need to sign the orders in Message Center**

Bronchoscopy, IntraProcedure (Planned Pending)		
Vital Signs		
<input checked="" type="checkbox"/>	Vital Signs per Policy	Per Moderate Sedation Protocol
Medications		
<input type="checkbox"/>	fentanyl	50 mcg IV Push AsDirected MAY GIVE 25 - 50 mcg IV Push As Directed by Physician during procedure (MAX = 200 mcg)
<input type="checkbox"/>	midazolam (Versed)	3 mg IV Push AsDirected MAY GIVE 1 - 3 mg IV Push As Directed by Physician during procedure (MAX = 15 mg)
Respiratory Therapy		
<input checked="" type="checkbox"/>	Oxygen	Titrate to keep SpO2 greater than or equal to 92%

Viewing of medications given during Procedural Sedation is available in COMPASS only if Procedure Physician manages sedation and procedure is done in Endoscopy Area:

- MAR Summary will display “total dose” given during procedure
- To see actual incremental doses administered
  - UMCB can review the Procedural Sedation Band in I-View
  - SMCW, SMCH, SHL, and SEBD can review paper sedation forms or Anesthesia Record

Unscheduled	
fentanyl	50 mcg IV Push AsDirected MAY GIVE 25 - 50 mcg IV Push As Directed by Physician during procedure (MAX = 200 mcg)
fentanyl	* 150 mcg Ai
Primary Pain Intensity	
midazolam (Versed)	3 mg IV Push AsDirected MAY GIVE 1 - 3 mg IV Push As Directed by Physician during procedure (MAX = 15 mg)
midazolam	* 5 mg Auth

TOTAL dose documented on the MAR indicated in COMMENT by \*. The medication order will be grayed out after documenting.

# Bronchoscopy Outpatient Order Set

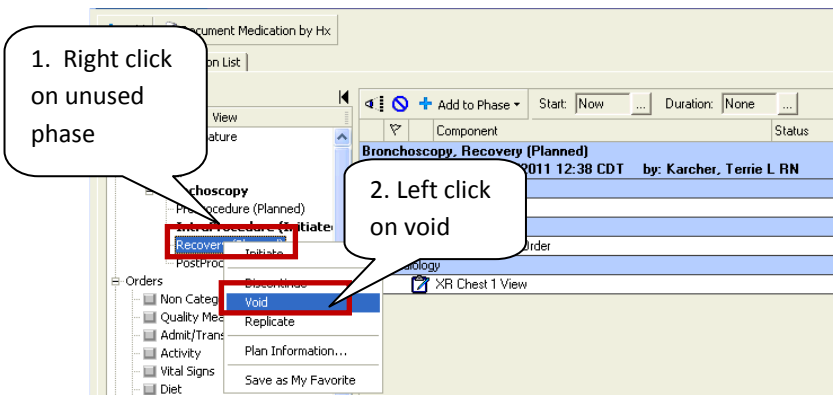
## Recovery Phase (PACU)

- To be used ONLY if pt has MAC or GA
- Initiated by physician post-procedure → NOTE: CXR order to be done in PACU
- Physician will also see the Post Anesthesia Recovery PowerPlan from PACU stay
- PACU to discontinue phase per “Standard of Care” when transferring to Day Surgery

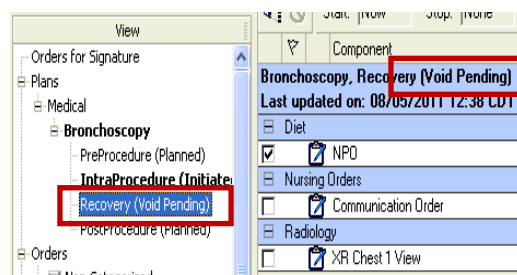
Bronchoscopy, Recovery (Planned)		
Last updated on: 08/03/2011 10:46 CDT by: Karcher, Terrie L RN		
<input type="checkbox"/>	Diet	
<input checked="" type="checkbox"/>	NPO	For 2 hours
<input type="checkbox"/>	Nursing Orders	For 2 hours
<input type="checkbox"/>	Communication Order	Nurse to ensure results for Chest X-ray have been read before transfer of patient
<input type="checkbox"/>	Radiology	For 1 hour
<input type="checkbox"/>	XR Chest 1 View	Stat, Reason: Post bronchoscopy, Patient in Recovery/Endoscopy Room
		For 4 hours until

Physician to Void the Recovery phase if not used

Voiding a PP phase



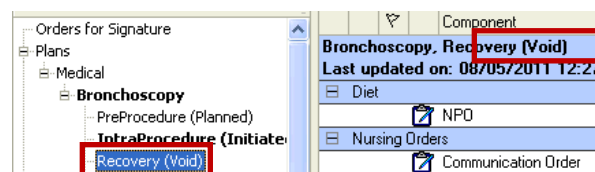
Note Void Pending status



Click on Sign



Phase shows Void status



# Bronchoscopy Outpatient Order Set

## Post-Procedure Phase (Day Surgery)

- Initiated by physician post-procedure
- Discharge instructions included in this PowerPlan

Bronchoscopy OUTPATIENT, PostProcedure (Planned)		
Last updated on: 08/07/2011 17:44 CDT by: Karcher, Terrie L RN Test 1		
[-] Admit/Transfer/Discharge		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge to	Home when criteria met
[-] Vital Signs		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs	Per Unit Routine
[-] Diet		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NPO	For 2 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Diet	Advance As tolerated
[-] Nursing Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discontinue Peripheral IV	before discharge.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	You are not allowed to drive or operate heavy machinery for the rest of the day after the procedure. Have someone drive you home
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	You may have a sore throat or hoarseness for few days. Sucking on throat lozenges or gargling with warm salt water may help soothe your sore throat
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	After biopsies, it is normal to cough up streaks of blood or dark sputum for a few days following the procedure. Notify your doctor immediately if you: (1) Have chest pain (2) Cough up more than 2 Tbsp (30 mL) of blood an...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Notify your doctor immediately if you have a fever higher than 101 F that lasts for more than 24 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Laboratory results usually take 3-4 working days. Call your doctor to discuss results and to schedule a follow up appointment
<input type="checkbox"/>	<input checked="" type="checkbox"/> Discharge Instructions	Follow-up appointment in ___ days, in the office of _____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Provider	Call physician if patient experiences respiratory distress, oxygen desaturation, chest pain, hemoptysis, and/or temperature greater than 101 F
[-] Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> albuterol inhalation	2.5 mg Nebulized AsDirected PRN Other (see order comment) PRN bronchospasm.
<input type="checkbox"/>	<input checked="" type="checkbox"/> ipratropium (Atrovent)	0.5 mg Nebulized AsDirected PRN Other (see order comment) PRN Bronchospasm
[-] Respiratory Therapy		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Oxygen	Titrate to keep SpO2 greater than or equal to 92%