

# COMPASS Update

## COMPASS Improvements Coming in Sept

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### Information for All Practitioners

#### Potassium Level Order added to Electrolyte Replacement order set on Sept. 7



#### Rationale and summary of changes

- To respond to physician request for addition of Potassium order to order set, so that practitioners now have the option to order only a Potassium level vs. a BMP daily if they choose.

#### Before

Chemistry		
	Basic Metabolic Panel	Blood, qDay, AM collect
	Magnesium Level	Blood, qDay, AM collect
	Phosphorus Level	Blood, qDay, AM collect

#### After

Chemistry		
	Basic Metabolic Panel	Blood, qDay, AM collect
	Magnesium Level	Blood, qDay, AM collect
	Phosphorus Level	Blood, qDay, AM collect
	Potassium Level	Blood, qDay, AM collect



## Information for All Practitioners

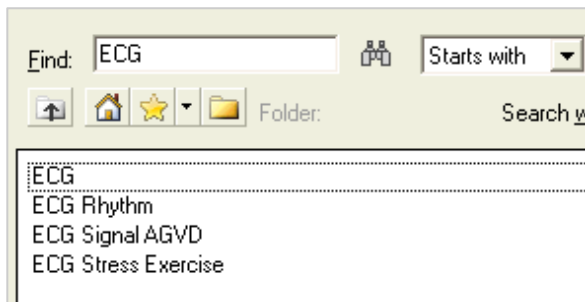
### ECG orders on Sept 14

The ECG order will become two separate orders to meet the needs of different patient populations. Clinicians will be able to select the ECG order appropriate to patient age with ability to select a PRN reason.

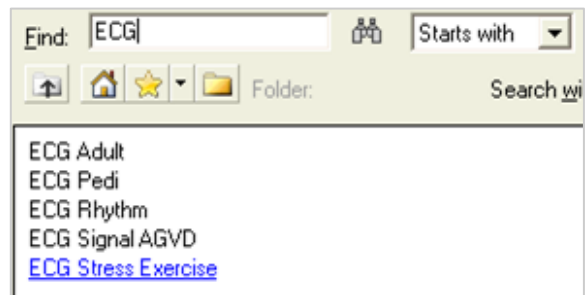
#### Rationale for the change

- To facilitate faster order entry by presenting most common order sentences face up. Most notably **Reason for Exam** has most common reasons defaulted in the order sentence pick list.
- To default ECG type by patient age to reflect common practice.
- To respond to physician request to add a PRN indicator for when ECG is needed to respond to a change in patient condition. This order will now be used in lieu of a **Communication orders** or **Treatment instruction** orders.
- To ensure appropriate charge capture for ECG exams.

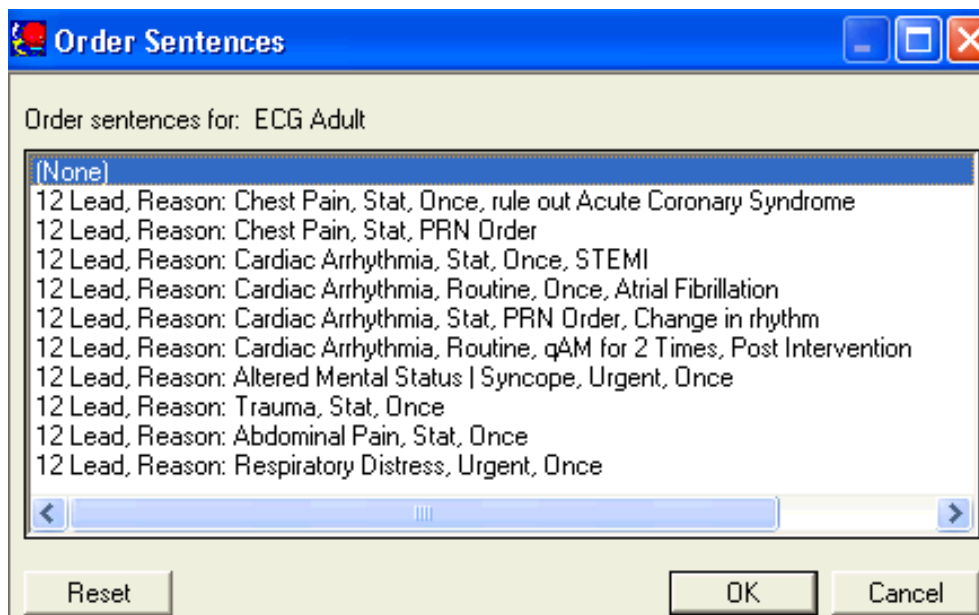
#### Before



#### After



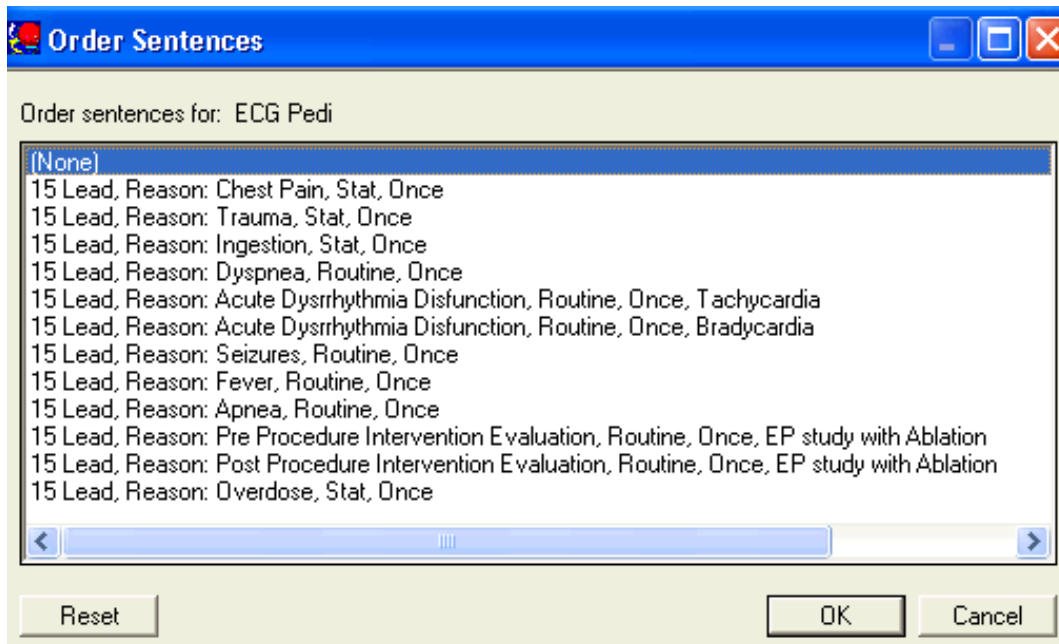
- Order sentences for **ECG Adult** defaults to 12 Lead and most common **Reasons for Exam**. Choose (None) if you need to specify a unique **Reason for Exam** and complete the missing order details.



## Information for All Practitioners

### ECG orders (cont)

- Order sentences for **ECG Pedi** now defaults 15 Lead and the most common **Reasons for Exam**. Choose (None) if you need to specify a unique **Reason for Exam** and complete the missing order details.



### VTE prophylaxis order set changes on Sept. 14

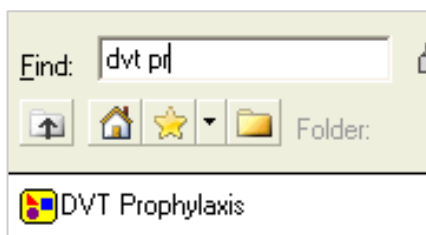
#### Rationale for the change

- To meet Evidence-based practice recommendations
- To facilitate compliance with National Healthcare Quality Measure Indicators (NHQMI)

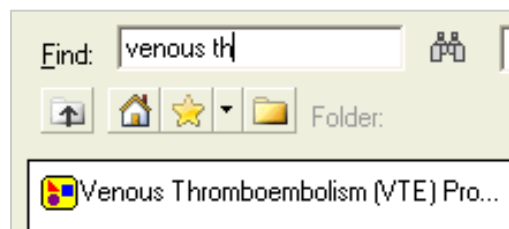
#### Summary of changes

- Name of the order set is changed from **DVT Prophylaxis** to **VTE Prophylaxis** to align with Seton’s Order Set Style Guide.

#### Before



#### After

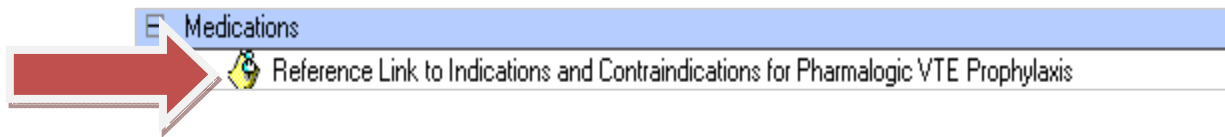


## Information for All Practitioners

### VTE prophylaxis order set

#### Summary of changes

- **VTE Prophylaxis** order set is available as a embedded order set or available as a **sub-phase** in multiple admission and surgical order sets.
- Reference link refers to the **UMCB Internal Medicine VTE Prophylaxis Orders** (pre-printed order set) for Contraindications and Indications. The clinician may select in order to review prior to placing orders for **pharmacological VTE Prophylaxis**.



#### Worksheet for Physicians to determine need for pharmacologic VTE prophylaxis

##### *Contraindications to Pharmacologic Prophylaxis*

Absolute Contraindications	Relative Contraindications
<input type="checkbox"/> Active hemorrhage <input type="checkbox"/> Severe trauma to head, spinal cord or extremities with hemorrhage in the last 4 weeks <input type="checkbox"/> Spinal Cord Injury with Spinal Hematoma <input type="checkbox"/> History of HIT (Can use fondaparinux/warfarin) <input type="checkbox"/> Do not use warfarin in pregnancy <input type="checkbox"/> Epidural/indwelling spinal catheter – placement or removal <input type="checkbox"/> Do not use twice daily enoxaparin with epidural/spinal catheter in place without Anesthesia approval	<input type="checkbox"/> History of Intracranial Hemorrhage within last year <input type="checkbox"/> Craniotomy within 2 weeks <input type="checkbox"/> Intraocular surgery within last 2 weeks <input type="checkbox"/> GI, GU hemorrhage within the last month <input type="checkbox"/> Thrombocytopenia (less than 50K) <input type="checkbox"/> Coagulopathy (PT greater than 18 seconds) <input type="checkbox"/> Post-operative bleeding concerns <input type="checkbox"/> Held for procedure _____

##### *Indications for Pharmacologic Prophylaxis*

Any Two or More of the following	Any One of the following
<input type="checkbox"/> Admission diagnosis of CHF, Pneumonia, Severe Respiratory Disease, Nephrotic Syndrome, Sepsis, Sickle Cell Disease, Pregnancy or Estrogen use <input type="checkbox"/> Age over 50 <input type="checkbox"/> Obesity <input type="checkbox"/> ICU admission or IMC admission <input type="checkbox"/> Laparoscopic surgery <input type="checkbox"/> Prolonged anticipated immobility, more than 24hrs <input type="checkbox"/> H/O of COPD, Inflammatory Bowel Disease <input type="checkbox"/> Dehydration <input type="checkbox"/> Malignancy <input type="checkbox"/> Major Vascular Surgery	<input type="checkbox"/> Intra-abdominal or Pelvic surgery <input type="checkbox"/> Major or open Urologic Surgery <input type="checkbox"/> Major Trauma <input type="checkbox"/> Total Hip Replacement or Hip fracture <input type="checkbox"/> Total Knee Replacement <input type="checkbox"/> Ischemic (Non hemorrhagic) stroke with paralysis <input type="checkbox"/> Acute Spinal Cord Injury once primary hemostasis achieved <input type="checkbox"/> Paralysis <input type="checkbox"/> Prior history of DVT and or PE

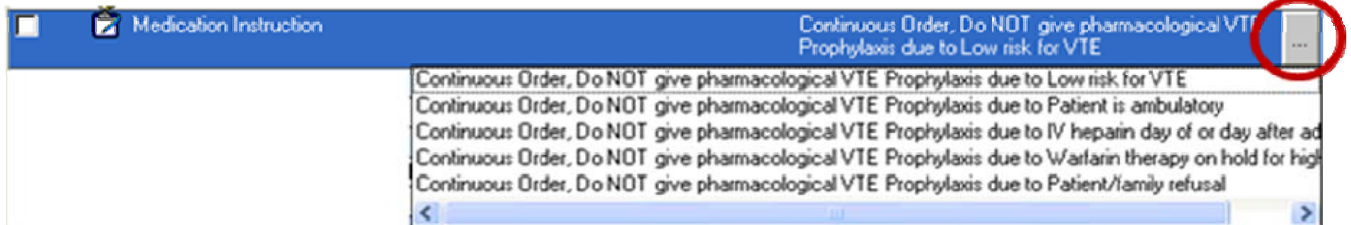
- Because documentation for contraindications to pharmacological VTE Prophylaxis is required to meet NHQMI (National Healthcare Quality Measures Index), clinicians must document when pharmacological VTE prophylaxis is contraindicated. Practitioners may choose to document contraindications in their progress notes or choose to document by selecting the appropriate medication instruction order.

## Information for All Practitioners




### VTE prophylaxis order set

#### Summary of changes


- Practitioners may choose the contraindication via the **ellipse** option.



- If none of the reasons are appropriate, modify within the Special Instructions detail and free text the appropriate reason.
- Persistent note to guide appropriate pharmacological choice has changed to emphasize LMWH is preferred choice in patients with Major Trauma.

Low Molecular Weight Heparin	
<input type="checkbox"/>  enoxaparin (LOVenox)	40 mg SubCUTANEOUS qDay
Low-Dose Unfractionated Heparin	
 LMWH is the preferred agent in Major Trauma if not contraindicated	
<input type="checkbox"/>  heparin	5,000 unit(s) SubCUTANEOUS q8h

- Enoxaparin (LOVenox)** ellipse displays renal and surgical patient dosing.

Low Molecular Weight Heparin	
<input type="checkbox"/>  enoxaparin (LOVenox)	40 mg SubCUTANEOUS qDay
40 mg SubCUTANEOUS qDay 30 mg SubCUTANEOUS qDay (For CrCL less than 30 mL/min) 30 mg SubCUTANEOUS q12h (For Knee Replacement, Total Hip Replacement, Bariatric Surgery, or Majc 40 mg SubCUTANEOUS q12h (For Bariatric Surgery and patients over 150 kg)	

## Information for Surgical Practitioners

### Vascular Surgery Admit order set on Sept. 7



#### Rationale

- To respond to request for admission order set for vascular surgeons and to align with changes to the pre printed order set for vascular surgical patients.

#### Summary

- Appropriate order set for adult patients who will be admitted to hospital for vascular surgery.
- Admission orders are NOT pre-checked so that order set may be used when other admission orders exist for the patient. If the surgeon is admitting the patient, he or she must choose the *Admit to* order and select desired level of care for admission via the ellipse.

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"/>	Resuscitation Status	Full Code/Full Resuscitation-Category 1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Patient Condition	Patient Condition: Stable

- Med/Surg
- IMC
- ICU
- Telemetry Tier I
- Telemetry Tier II
- Telemetry Tier III

- Surgeon will select neurovascular assessment: upper vs. lower extremity

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurovascular Assessment Upper Extremity	With Vital Signs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurovascular Assessment Lower Extremity	With Vital Signs

- Order set lists common maintenance IV fluids and vasoactive drips. Rates for IVF may be changed via the ellipse option.

Continuous Infusions		
Maintenance IV Fluids		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lactated Ringers Injection (LR) IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sodium Chloride 0.9% (NS) IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sodium Chloride 0.45% (1/2 NS) IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D5 NS IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D5 1/2 NS IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	NS + KCL 20 mEq/L IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 NS + KCL 20mEq/L IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D5 1/2 NS + KCL 20 mEq/L IV Infusion 125 mL/hr
<input type="checkbox"/>	<input checked="" type="checkbox"/>	D5 1/2 NS + KCL 20 mEq/L IV Infusion 125 mL/hr




Drips		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOPamine ADULT INFUSION IV Infusion TITRATE Begin at 2 mcg/kg/min and titrate in 5 - 10 mcg/kg/min increments to max dose 50 mcg/kg/min to keep Systolic BP greater than 90 mmHg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Phenylephrine INFUSION 80 MCG/ML IV Infusion TITRATE Begin at 100 mcg/min and titrate in 0.1 mcg/kg/min increments to max dose 10 mcg/kg/min to keep Systolic BP greater than 90 mmHg
<input type="checkbox"/>	<input checked="" type="checkbox"/>	niCARdipine PERIPHERAL INFUSION IV Infusion TITRATE Begin at 5 mg/hr and titrate in 2.5 mg/hr increments to max dose 15 mg/hr to keep Systolic BP less than 150 mmHg. If Central Line in place, notify Pharmacy t...
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nitroprusside INFUSION IV Infusion TITRATE Begin at 0.3 mcg/kg/min and titrate in to max dose 10 mcg/kg/min to keep Systolic BP less than 150 mmHg

## Information for Surgical Practitioners


### Vascular Surgery Admit order set (cont)


#### Summary

- Order set also includes 3 embedded protocols

Protocols	
<input type="checkbox"/>	 Venous Thromboembolism (VTE) Prophylaxis_0998v2
<input type="checkbox"/>	 Insulin Scheduled and/or Correctional Scale for Diabetics_100.66
<input type="checkbox"/>	 Insulin Correctional Scale for Non-Diabetics_3591

- If patient will require a urinary catheter beyond post op day # 2, reason to continue must be documented in progress notes or noted via the order to continue in order to meet SCIP

 Urinary Catheter Removal is to be done on POD #1 or POD #2 or documentation of contraindication is required.

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