



# COMPASS Update

## Tips and Tricks August 2008

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### Physician Co-Signature No Longer Required on APN and PA Orders APNs and PAs Receive MessageCenter Access

As of August 27, 2008, changes to Seton Family of Hospital bylaws now allow AHP 1 positions to enter orders independent of a physician co-signature. As a result, APNs and PAs will also receive privileges to **MessageCenter** to sign verbal orders and documents online without making a trip to HIM. MessageCenter training information is being distributed to all APNs and PAs.

Additionally, physicians, APNs and PAs can always use the **COMPASS Online Reference Guide** for “just in time” help.

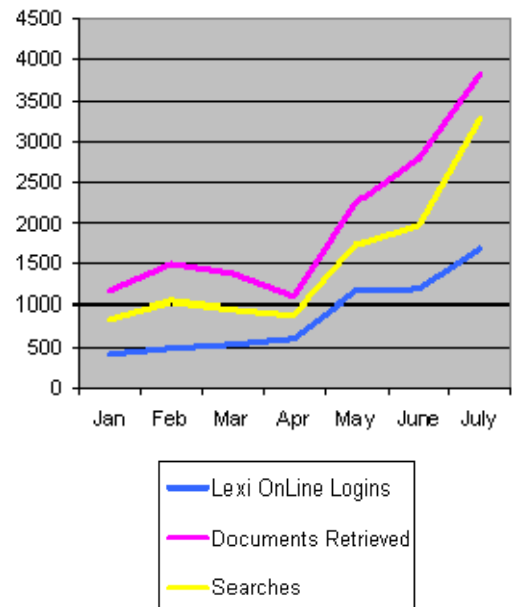
- From inside a Seton facility, open COMPASS and click on the *Reference Guide* button at the top of the screen. Select the Physician section. Click on the MessageCenter link.
- From outside a Seton facility, go to [www.doctors.seton.org](http://www.doctors.seton.org). Click the *COMPASS Help* link in the upper-right of the screen. The *Reference Guide* will open. Select the Physician section. Click on the MessageCenter link.

### LexiComp Drug Reference Use On the Rise

LexiComp, a new drug reference unveiled last January, is a hit with Seton clinicians who have used the service 9,416 times to retrieve drug interaction information, research diagnosis and disease management, access Seton Family of Hospital formulary services and print patient education materials.


One reason for its popularity may be that, unlike some other references, Lexi-Comp does not require a log on or password. Simply type *online.lexi.com* into the web browser of any Seton computer. Lexi-Comp is also available from your home, office or handheld device. Users will need to contact the Seton ServiceDesk at 324-1675 to obtain a login for home, office or PDA access.

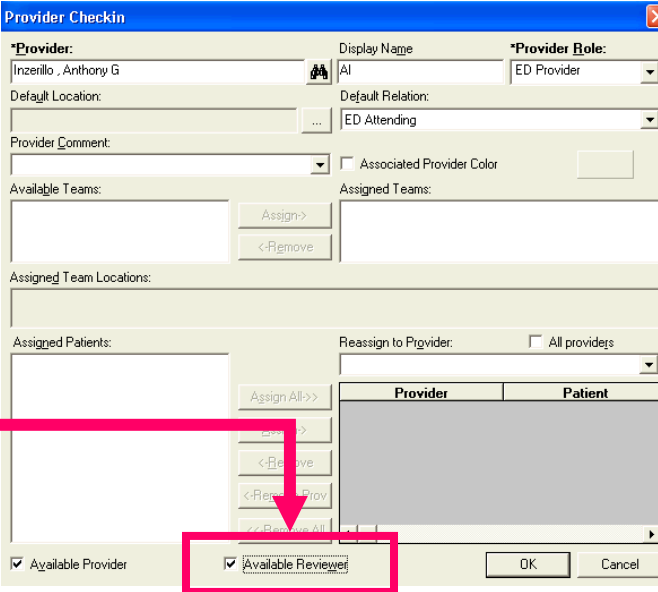
For information on Lexi-Comp, or to print a handy pocket guide, please visit <http://intranet/empresources/compass>



## Information for Emergency Department Physicians

### DCMC, SMCA, SMCW, SNW, SSW, UMCB

- To help alert ED physicians of new results, the User Review functionality has been added to COMPASS. To use:
  - Check the **Available Reviewer** box in the Provider CheckIn window when first signing onto FirstNet.
  - When new lab/rad data is available for a patient, this icon  will appear in the left-most column of the Tracking Board
  - Click on the Lab or Rad Column to review results. The icon will disappear from the patient's row.



**Check this box to activate User Review alerts**

The screenshot shows the 'Provider Checkin' window with the following fields and controls:

- \*Provider:** Inzerillo, Anthony G
- Display Name:** AI
- \*Provider Role:** ED Provider
- Default Location:** ...
- Default Relation:** ED Attending
- Provider Comment:** ...
- Associated Provider Color:**
- Available Teams:** ...
- Assigned Teams:** ...
- Assigned Team Locations:** ...
- Assigned Patients:** ...
- Reassign to Provider:**  All providers
- Available Provider:**
- Available Reviewer:**

- 163 new titles added to ExitCare. Topics range from frequently used (ABCs of Pregnancy, Myocardial Infarction, Asthma, Spanish versions of the Diabetic Diet plans) to more specialized (Subchorionic Hematoma, Pilonidal Cyst Care After Surgery, celiac disease.)
- Pre-defined Quick Pick comments within ExitCare were updated. New selections are:
 

|  |  |
|--|--|
| 1) Return to the ED if worse           | 1) Si empeora, regrese a la Sala de Emergencias.     |
| 2) Ice, elevate and rest affected area | 2) Coloque hielo, eleve y descanse el área afectada. |
| 3) Tylenol as needed as directed       | 3) Tylenol si lo necesita, como se indica.           |
| 4) Motrin as needed as directed        | 4) Motrin si lo necesita, como se indica.            |

## Information for Critical Care Physicians

### DCMC and SMCW Only

- For your convenience, two new folders have been added to COMPASS: *Critical Care Orders* and *Critical Care PowerPlans*.

## Information for OB/GYNs

### SMCW-Only

- A new *OB Misoprostol PowerPlan* for fetal demise is available.
- The *Oxytocin Protocol* was changed to match the recently updated Intranet version. Changes are:

#### *Nursing orders*

- Vital signs order changed to read q30 minutes, blood pressure, pulse and respiration
- Temp q4hr order removed
- Fetal Monitoring Continuous order removed from nursing orders and placed in vital signs

#### *Nursing Communication orders consolidated to read:*

- Verify the following is documented in the chart: EFW within past two weeks
- Verify that Dilation, Effacement, Station, Presentation or Bishop Score is documented prior to initiation of Oxytocin
- Document Fetal Heart Rate (FHR) and Uterine Activity each time Oxytocin rate is increased or decreased or at least every 30 minutes if the dosage is unchanged

#### *Nursing reminders consolidated to read:*

- NOTIFY HEALTHCARE PROVIDER FOR ANY OF THE FOLLOWING: If a registered nurse is not available to clinically evaluate the effects of the Oxytocin infusion at least every 30 minutes, the infusion should be discontinued until that level of nursing care is available, or if unable to record an interpretable fetal heart rate and/or uterine activity tracing,
- Begin Oxytocin infusion at 2 mU per minute. Increase Oxytocin rate by no more than 2 mU per minute every 15 or 30 until adequate labor pattern is established. May increase up to 40mU per min at the discretion of the nurse.
- Pelvic examinations to assess labor progress in active labor as clinically indicated. Reference: Hyperstimulation - As defined by (ACOG, AWHONN):
- Greater than 5 contractions in 10 minutes, or Contractions lasting 2 minutes or more, or Less than 60 seconds resting tone between contractions.
- RESUMPTION OF OXYTOCIN ADMINISTRATION. When the infusion has been discontinued for LESS THAN OR EQUAL TO 60 minutes, if FHR is WNL and uterine activity has returned to normal, Oxytocin may be restarted at no more than one half of the rate that resulted in the uterine hyperstimulation. Increased at no more than 2 milliunits per minute every 15 to 30 minutes.
- RESUMPTION OF OXYTOCIN ADMINISTRATION. When infusion has been discontinued for MORE THAN 60 minutes, if FHR is WNL and uterine activity has returned to normal, Oxytocin may be restarted at no more than 1-2 milliunits per minute. Increased by no more than 2 milliunits per minutes every 15 to 30 minutes.

*IV Solutions LR and D5 removed*

*The LR Bolus order now pre-checked*

## Information for Surgeons

### DCMC-Only

- A new *PACU PowerPlan* was added to COMPASS. This plan is also included as a sub-phase within these PowerPlans:
  - Major Thoracic Surgery
  - Major Abdominal Surgery
  - Generic PostOp Orders

*Info continued on next page*

## Information for All Physicians Regardless of Department

### SMCW-Only

- DPS number was added to all controlled prescriptions to comply with DPS requirements effective 9/1/08.
- The *MRSA by PCR* order is no longer available at SMCW:.
- A new *KCL(IV Bolus) + Buffer* order was added to COMPASS. Pharmacy will add the sodium bicarbonate buffer to the order after they have performed verification.

### DCMC-Only

- Within the *Sickle Cell Disease/Pain Crisis Pedi Adm Hem/Onc PowerPlan*, Promethazine has been changed from *scheduled q6h* to *q6h PRN*.
- A new *MRSA by PCR* order is available at DCMC.

### DCMC, SMCW and UMCB

- Within the Diabetic Education CareSet, the "Consult Dietitian Adult" order was removed and a new "Consult Dietitian Adults" order was added.
- The Infant Eye Mask order can also be found by typing all or part of "Infant Bili Mask".
- The Pediatric Enteral Rehydration order can also be found by typing all or part of "Supplemental Oral Fluids Pedi".
- A new *Serotonin Release Assay Heparin AB* lab order is available. Results will post as SRAH to the Immunology/Serology section of the Flowsheet.
- A new *Alpha Fetoprotein Maternal NTD Only* lab order is available. Results will post as AFPNTD to the Pregnancy Testing section of the Flowsheet.
- New *HIV Genotype* lab results will post under the Molecular Diagnostics section of the Flowsheet.
- The *HSVAB* labs are no longer available:
- The Lupus Anticoagulant Screen lab order was re-named *Lupus Anticoagulant Panel*.
- Per requests by users, the Pain Assessment grouper in IView has been separated in different groupers. The previous Primary Pain & Secondary Pain components are now independent groupers. The previous General Pain component no longer exists.

To correspond with the IView changes above, the General Pain section was removed from the following forms. Also, the Secondary Pain grid was removed and a new Secondary Pain section was built and mirrors the Primary Pain Section.

Assessment Forms (all types)  
 Ambulatory Intake  
 Arterial Venous Sheath Care  
 Disposition Summary ED  
 Intraspinal Catheter Care  
 Patient Status ED  
 PCA/Epidural/Peripheral Nerve  
 Physician Evaluation of Seclusion/Restraint

Post Intervention and Treatment  
 Pregnancy Induced Hypertension  
 PRN Response  
 Recovery Record OB  
 Short Stay Intake  
 Treatments and Procedures ED  
 Vital Signs