



# Ascension Columbia St. Mary's

## Hospital EHR – Medical Staff Newsletter

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For questions, comments, or suggestions regarding the EHR or this newsletter, please contact me directly.

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### [Discharge Summary and Death Summary PowerNote Enhancement, Effective 4.16.19](#)

Starting, 4.16.19, the **Discharge Summary** and **Death Summary** PowerNote templates will have a modified “Patient Status Verification” section. The updated design on the Discharge Summary differs from current in that it requires specification as to why a patient was hospitalized less than 2 midnights despite inpatient status (currently specification is optional). The Death Summary continues to default the reason.

#### Discharge Summary Choices

\* Patient Status Verification: Inpatient status at discharge and hospitalized less than two midnights+ / Inpatient status at discharge and hospitalized for at least two midnights / Patient is observation status at time of discharge.

If Inpatient and hospitalized less than two midnights, then must specify reason.

Death / Transfer to hospice / Left AMA / Clinical status improved unexpectedly for this reason:=== / OTHER

### [Changes to Consult Wound Ostomy Continence RN order](#)

The quick pick order sentences have been removed from the *Reason for Consult field* of the “Consult Wound Ostomy Continence RN” order. This is now a free text field. **Please provide as much detail as possible to best communicate to consult team the patient’s needs** as shown in example below.

Details for **Consult Wound Ostomy Continence Nurse (Consult WOCN)**

Details
  Order Comments
  Diagnoses

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\*Requested Start Date and Time: 04/02/2019 1047 CDT

\*Reason for Consult:

Priority:

Special Instructions:

## RN Vascular Access Team (VAT) – Line Insertion Pre/Post PowerPlan (formerly PICC Line Insertion Pre/Post – RN PICC Team), update Effective 4.16.19

As communicated today by Dr. Shimp, starting, 4.16.19, the Columbia St. Mary's Milwaukee campus RN Vascular Access Team (VAT) will be offering placement of Midline catheters in addition to PICCs.

To support this enhanced service, the current **PICC Line Insertion Pre/Post – RN PICC Team** PowerPlan is being renamed **RN Vascular Access Team (VAT) – Line Insertion Pre/Post** and additional orders are being added.

Unlike a PICC, which is advanced into the central venous system until the distal tip is positioned at or near the cavo-atrial junction, the distal tip of a Midline catheter remains within the arm distal to the shoulder. While a Midline has advantages to a Peripheral line, it cannot be used for TPN or other medications that require central venous access.

Indications within both the Midline and PICC orders have been updated to match best practice guidelines.

**A new order “Consult RN Vascular Access Team” can be used when you are not sure if the preferred access for your patient’s situation is Midline or PICC, or if you have questions regarding selection of the appropriate number of lumens.** The consult order contains default language in Special Instructions that supports VAT RN selection and placement of the appropriate venous access without the need for an additional call back to you. If you prefer, though, to be called prior to placement of a line when you utilize the consult order, please note this within the order.

As always, if you place an order for a PICC or Midline and the consulting VAT RN identifies incompatibilities between your order and the patient’s clinical status, you may be contacted with recommendations for a different type of line.

### or **Consult RN Vascular Access Team**

Is  Order Comments  Offset Details  Diagnoses

ii.

Start Date and Time: \*\*/\*\*/\*\*\*\*

\*Reason for Consult:

Special Instructions:

- Chemotherapy
- Infusate: pH<5 or >9 or osmolality >500
- IV treatment > 7 days
- Long Term Antibiotic(s)
- Multiple /incompatible infusates
- Pressors
- TPN
- Other-Define in Special Instructions

When utilizing the **RN Vascular Access Team (VAT) – Line Insertion Pre/Post** Powerplan be sure to select one of the three orders:

- Consult RN Vascular Access Team
- Mid Line Insertion
- PICC Line Insertion

*(Reason for Consult and Indication fields are multi-select when Ctrl key held.)*

### for **Mid Line Insertion - RN Vascular Access Team**

ails  Order Comments  Offset Details  Diagnoses

ii.

Start Date and Time: \*\*/\*\*/\*\*\*\* CDT

\*Indication for PICC:

\*Number of Lumens:

Special Instructions:

- IV treatment > 7 days
- Long Term Antibiotic(s)
- Multiple /incompatible infusates
- Other-Define in Special Instructions

### or **PICC Line Insertion - RN Vascular Access Team**

Is  Order Comments  Offset Details  Diagnoses

ii.

Start Date and Time: \*\*/\*\*/\*\*\*\* CDT

\*Indication for PICC:

\*Number of Lumens:

Special Instructions:

- Chemotherapy
- Infusate: pH<5 or >9 or osmolality >500
- IV treatment > 7 days
- Long Term Antibiotic(s)
- Multiple /incompatible infusates
- Pressors
- TPN
- Other-Define in Special Instructions

The PowerPlan also contains clinical guidance as shown here. (Please keep in mind special precautions when patient has renal insufficiency.)

#### Patient Care

- \*\*\*Absolute contraindications to Mid line and PICC placement:\*\*\*  
(If your patient has any of the following, do not use this PowerPlan and instead consider other vascular access options such as IR placement of Central Venous Line.)
  - \* Documented stenosis/occlusion of central venous vasculature or bilateral upper arm stenosis
  - \* Placement/change of pacemaker/defibrillator/lead manipulation within 30 days
  - \* Only available upper extremity is pacer/ICD side
  - \* Compromised bilateral upper arm skin integrity
  - \* h/o Bilateral mastectomy with bilateral node dissection
  - \* h/o Bilateral lymph node dissection
  - \* Bilateral AV fistula is present, either functioning/non-functioning
  - \* Organ Transplant(s)/Bone Marrow Transplant

- If you need assistance in determining the best access for your patient's clinical needs, then select "Consult RN Vascular Access Team" consult order

#### Mid line Catheter

- \*\*Mid line Catheter\*\*
  - \* NOT to be used with vasopressor medications, TPN, vesicants, or chemotherapy requiring central access.
  - \* MAY NOT be utilized for long term infusion in skilled nursing facility or outpatient setting.
  - \* Appropriate for > 7 but no more than 14 days duration.
  - \* Includes 1 or 2 lumens.
  - \* For patients with a GFR 30 or below, or known dialysis patient, ordering MD needs to contact Nephrologist. After receiving authorization from nephrologist, note name of nephrologist and appropriate laterality for line in Special Instructions in order.

#### PICC Catheter

- \*\*Peripherally Inserted Central Catheter (PICC) \*\*
  - \* Appropriate for vasopressor medications, TPN, vesicants, or chemotherapy requiring central access.
  - \* Appropriate for long term infusion in skilled nursing facility or outpatient setting
  - \* Appropriate for > 2 weeks duration
  - \* Includes 1, 2, or 3 lumens.
  - \* For patients with a GFR 30 or below, or known dialysis patient, ordering MD needs to contact Nephrologist. After receiving authorization from nephrologist, note name of nephrologist and appropriate laterality for line in Special Instructions in order.

## Local EHR Support

**Local EHR support is available Monday through Friday from 8am to 4pm  
from Caitlin and Amy of the Clinical Informatics Team.**

Connect with them directly at **414-585-6288.**

They are also available by dialing Vocera and requesting "EHR support."

**Ozaukee Vocera Phone: 262-243-6707**

**Milwaukee Vocera Phone: 414-585-1995**

For urgent/emergent EHR technical assistance outside of the above hours, contact the Help Desk at 414-326-2400. When asked for an extension, choose "7" for expedited transfer to a service desk analyst.