

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

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Urinary Catheter Order Enhancement, Effective 3.12.19

In June 2018 Ascension Wisconsin adopted a uniform policy to support standard guidelines for insertion and management of urinary catheters. The policy is attached for your reference.

Key features of this new policy that differ from our prior policy are as follows:

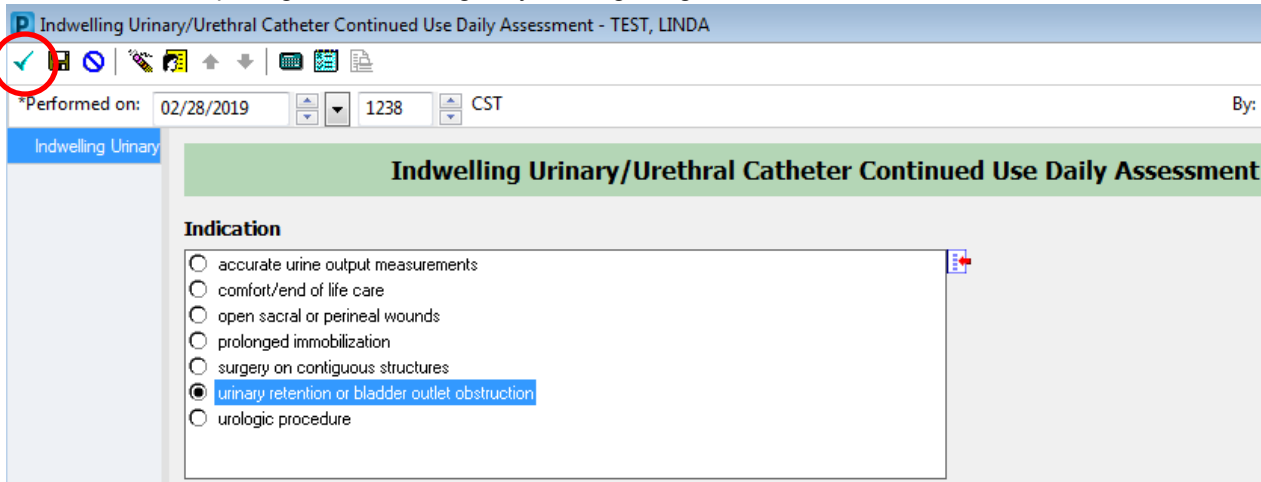
1. Indications for insertion
2. Requirement for daily assessment of need for continued use of catheter

Upcoming EHR design and workflow changes to support new policy:

1. Modification of indications for urinary catheter insertion
2. Replacement of separate 24-hour and 7-day orders with a single insertion order. (This order only needs to be placed once upon insertion. Daily order renewal will no longer be required.)
3. PowerForm for documentation of required daily assessment of need
4. New daily actionable alert will assist workflow

PowerForm – Must be completed daily on ALL patients requiring urinary catheter for more than 24 hours.

- Indication carries forward but can be adjusted with any changes in clinical situation
- After completing indication, “sign” by clicking the green checkmark



Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment - TEST, LINDA

Performed on: 02/28/2019 1238 CST By:

Indwelling Urinary

Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment

Indication

- ☐ accurate urine output measurements
- ☐ comfort/end of life care
- ☐ open sacral or perineal wounds
- ☐ prolonged immobilization
- ☐ surgery on contiguous structures
- ☒ urinary retention or bladder outlet obstruction
- ☐ urologic procedure

Reminder Alert

- Click Document for direct link to required PowerForm daily assessment
- Select "Discontinue Urinary Catheter" order if catheter no longer needed
- If you are not the physician responsible for the urinary catheter order you can simply click Continue

Cerner | **Indwelling Urinary/Urethral Catheter Assessment**

Your patient, TEST, LINDA, has an indwelling urethral catheter.

Daily assessment of the need for continued use of the catheter is required.

If there is continued need for the catheter, please select "Document" and choose the appropriate indication.

If catheter no longer needed, select order "Discontinue Urinary Catheter" order below.

If you are not the physician responsible for the catheter order, select "Continue."

Add Order for:

☒ Discontinue Urinary Catheter

The alert will fire between 0700 to 2359 at time of "sign" action on any other order.

The alert will be suppressed in the following situations:

- In process of placing "Discontinue Urinary Catheter" order
- Active "Discontinue Urinary Catheter" order
- Daily Need Assessment PowerForm has been completed on same calendar day already

Clinical Decision Support Alert – Urinalysis with Reflex to Culture, effective 3.4.19

As communicated to Medical Staff the end of January, **local and national Ascension initiatives are focused on the reduction of unnecessary urine culture orders** and inappropriate antimicrobial utilization for asymptomatic bacteriuria. While orders for urinalysis with reflex to culture can support beneficial efficiencies of time and workflow, reflexed urine culture testing does not consider patient signs and symptoms and may lead to unwarranted antimicrobial use, propagation of antimicrobial resistance, misidentification of asymptomatic bacteriuria or contamination as UTI, and delay in identification of alternative diagnoses.

Due to risks associated with use of reflex culture orders, on 2.5.19, Urinalysis with Reflex to Urine Culture was removed from most PowerPlans (order sets) at Ascension Wisconsin Columbia St. Mary's Milwaukee and Ozaukee campuses.

Starting [REDACTED] we are implementing a Clinical Decision Support alert to further discourage inappropriate use of urinalysis with reflex culturing [REDACTED] This alert is a "soft stop". At this time it does not prohibit ordering of the test, but it does stress appropriate indications and also provides alternative options.



Lab Test Warning

You are ordering a Urinalysis Macro Rflx Micro Rflx Culture test for TEST, MARK.

This order should be utilized **ONLY** in the following situations.

- Suspected UTI or symptoms of UTI (dysuria, urinary frequency, urgency, suprapubic pain)
- Pregnancy
- Screening for upcoming urologic procedure that may result in mucosal injury/bleeding

If none of the above situations are apply to your patient, then cancel order and instead select other options below.

Alert Action

- ☒ Cancel Urinalysis Macro Rflx Micro Rflx Culture
☐ Continue to place Urinalysis Macro Rflx Micro Rflx Culture

Add Order for:

- ☐ Urinalysis Macroscopic Rflx Microscopic -> T:N, Today collect
☐ Urinalysis Macroscopic and Microscopic -> Urine., T:N, Today collect

OK

Insulin Prescriptions

Many prescription medications in Cerner have common order sentences pre-built to improve ease of ordering. **Starting the wee□ of March □th, we will begin rolling out improved insulin prescription order sentences** with the option to choose dosing for both 30-day and 90-day supplies. Choose the dose closest to your patient's regimen and adjust as needed.

Order sentences for: insulin glargine (Lantus 100 units/mL)

(None)

*** 30 Day Supply ***

10 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 day supply

15 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 day Supply

20 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 Day Supply

30 unit(s), SubCUTANEOUS, at bedtime, X 30 day(s), # 10 mL, 30 Day Supply

*** 90 Day Supply ***

10 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

15 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

20 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

30 unit(s), SubCUTANEOUS, at bedtime, X 90 day(s), # 30 mL, 90 day supply

Reminder – rapid acting insulin also has the option to select a sliding scale. The sliding scale has too many characters to transmit to the pharmacy via “Special Instructions” and is instead built within “Order Comments”. “Order Comments” does populate the patient's Discharge Summary document that is printed at hospital or clinic discharge. This document should be kept for patient as reference.

▼ Details for **insulin lispro (insulin lispro 100 units/ml)**

Details Order Comments Diagnoses

Dose Route of Administrat... Frequency Duration
See Instructions See Instructions See Instructions See Instructions

Indication:

***Special Instructions:** Follow Sensitive Sliding Scale in the Patient Discharge Summary's Medication List

Requested Start Date/Time: 02/25/2019 0959 CST

Samples:

Type Of Therapy: ☐ Acute ☒ Maintenance

eRx Note to RPh: Sliding Scale instructions and dispense volume in addition to any scheduled Rx also written

Orders for Signature

▼ Details for **insulin lispro**

Details Order Comments Diagnoses

Order comments Not transmitted

SQ; Before Meals:BS
120-170=1 Unit
171-220=2 Unit
> 220=3 Unit
At BEDtime:BS
170-220=1 Unit
> 220=2 Unit

Patient Discharge Summary text:

MEDICATION LIST

Give a copy of this medication list to your Primary Care Provider.

If you have any medications at home that are not on this list, DO NOT take them until you contact your Primary Care Provider for clarification.

Contact your pharmacist or healthcare provider if you have any questions about these medications.

EPS 10.6 TEST STORE (QEPS41), 101 S , TX
761082252, (817) 246 - 6760

insulin aspart (insulin aspart 100 units/mL) Follow Sensitive Sliding Scale in the Patient Discharge Summary's Medication List. Refills: 0., SQ; Before Meals:BS
120-170=1 Unit
171-220=2 Unit
> 220=3 Unit
At BEDtime:BS
170-220=1 Unit
> 220=2 Unit

Communicable Disease Statement

Starting, 3.6.19, the PowerNote template “Discharge Summary” will contain a *Communicable Disease Statement* field. This replaces the paper form that is now utilized for patient transfer to skilled nursing and other healthcare facilities.

* Discharge Information <Hide Structure> <Use Free Text>

* Discharge Summary Information	Admit DATE / Discharge DATE Discharge diagnosis: OTHER DIAGNOSIS / OTHER Secondary diagnosis: OTHER DIAGNOSIS / None / OTHER Primary care physician: PROVIDER / None / OTHER Consulting physician: OTHER PROVIDER / None / OTHER Procedure(s) performed during hospitalization: None / OTHER Discharge Status: Improved / Stable / Fair / Unchanged / Deceased / OTHER Discharge Disposition: Discharge destination from flowsheet / Left against Medical Advice / OTHER / Home: self care / with home health care / with family care / with hospice / OTHER / Facility: skilled nursing / rehabilitation / assisted living / hospice / behavioral medicine / OTHER Code Status: Community DNR bracelet / Full Code / OTHER Allergies: Allergies (ST) / OTHER * Patient Status Verification: Patient is inpatient status at time of discharge+ / Patient is observation status at
Palliative Care	During this hospital stay, patient received: Palliative care / Comfort care / End of life care / Terminal care Principal diagnosis requiring palliative care: OTHER DIAGNOSIS / OTHER Palliative care treatments included: OTHER
Communicable Disease Statement	I certify that this patient is free of communicable tuberculosis and clinically apparent communicable disease..

Reminder – ordering a lab Stat and recurrent

Stat lab orders should be ordered as a one time order only. They should ☐ O ☐ include frequency.

Details for **Prothrombin Time with INR (Protime with INR)**

Details | Order Comments | Diagnoses

+

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📄

📄

📄

Future Order: ☐ Yes ☒ No
Collected: ☐ Yes ☒ No
Nurse collect: ☒ Yes ☐ No
Frequency: ~~qAM~~
Duration unit:
Group ID (Lab use only):

*Specimen type: Blood

*Requested Start Date/Time: 03/04/2019 1017

*Collection priority: Stat

Duration:

ONC Lab Collection Schedule:

If a lab is needed both Stat and with subsequent follow up frequency two separate orders should be placed:

Order 1: Stat order

Order 2: Timed order with frequency

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.



Current Status: Active

PolicyStat ID: 5069731



Columbia St. Mary's
A Passion for Patient Care

Effective: 06/2018
Approved: 06/2018
Last Revised: 06/2018
Expiration: 06/2019
Owner: Brenda Ehler: Director, Infection Prevention-Ascension Wisconsin
Department: Infection Prevention and Control
References:
Applicability: Ascension Wisconsin

Indwelling Urinary Catheter, AW

Scope:

Ascension Wisconsin (AW) hospitals

Purpose/ Rationale:

To provide guidelines for associates in the insertion and management of indwelling urinary catheters.

Definitions:

Resource Document - any local facility variances from the practices in this policy will be addressed in a local hospital specific document similar to a job aide, which will be maintained by local nursing leadership.

Policy:

Insertion

1. A physician's order is required for insertion of an indwelling catheter.
 - a. Alternatives to indwelling urinary catheters should be considered and utilized as appropriate:
 - i. External catheters in male patients
 - ii. Frequent toileting schedules
 - iii. Intermittent catheterization
2. Only patients meeting the insertion criteria should have an indwelling urinary catheter
 - a. Insertion criteria include:
 - i. Patient has acute urinary retention or bladder outlet obstruction
 - ii. Need for accurate urine output measurements
 - iii. Use for selected surgical procedures
 - iv. To assist in healing of open sacral or perineal wounds
 - v. Patient requires prolonged immobilization
 - vi. To improve comfort for end of life care
3. Only competent, trained associates may insert indwelling catheters.

4. Closed system catheter trays of the smallest size possible will be utilized when placing indwelling urinary catheters. Typically this is a 14-16 French catheter.
5. Coude catheter kits will be used at the discretion of the local hospital per their resource document.
6. Lidocaine jelly can be used at the discretion of the local hospital per their resource document.
7. If any breaks in sterility occur during insertion a complete new kit will be used.
 - a. If a catheter is accidentally placed into the vagina leave it in place and start over with a brand new kit.
8. After insertion a securement device should be utilized to avoid catheter movement.
9. The drainage bag must remain below the level of the bladder or hips, even during transport.
10. Document insertion in the patient's medical record. Include date/time of insertion, reason for insertion, size of catheter, urine assessment, and who inserted catheter.
11. Provide patient/family member catheter education and document education.

Maintenance:

1. Catheter care(s) must be performed on a minimum of a daily basis. Care will also be completed as needed, i.e. after bowel movement. If performing during daily bath, do catheter care last with new clean gloves.

Catheter Irrigation:

1. A physician order is required to perform catheter irrigation.
2. Avoid breaking closed system for irrigation unless absolutely necessary.
3. Maintain surgical asepsis.

Emptying Drainage Bag

1. Empty the collection bag at regular intervals and prior to ambulating or transport.

Indwelling Catheter Removal

1. On a daily basis, assess the need for continued use of the catheter.
2. If patient no longer meets criteria for a catheter, hospital resource document for catheter removal should be followed.

References:

- American Association of Critical Care Nurses, (2011). Catheter Associated Urinary Tract Infections; Practice Alert.
- Bernard, M.S., Hunter, K.F., and Moore, K.N. (2012). A Review of strategies to decrease the duration of indwelling urethral catheters and potentially reduce the incidence of catheter-associated urinary tract infections. *Urologic Nursing*, 32(1), 29-37.
- HICPAC/Centers for Disease Control and Prevention. (2009). Guideline for prevention of catheter-associated urinary tract infections. Retrieved from http://www.cdc.gov/hicpac/cauti/001_cauti.html
- How-to Guide: Prevent Catheter-Associated Urinary Tract Infections. Cambridge, MA: Institute for Healthcare Improvement. 2011. (Available at www.ihl.org)
- Newman, K.K. and Wilson, M.M. (2011). Review of intermittent catheterization and current best practices. *Urologic Nursing*, 31 (1), 12-48.

- Perry, A.G., Potter, P.A., Ostendorf, W.R. Clinical Nursing Skills & Techniques, 8th edition. (2014). St. Louis. Elsevier.

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
	Anthony Zeimet: Physician	06/2018
	Brenda Ehlert: Director, Infection Prevention-Ascension Wisconsin	06/2018

COPY

Indwelling Urinary Catheter Provider Job Aid

1. A Urinary Catheter PowerPlan is required for all patients with a urethral urinary catheter.
2. The need for continued use of the catheter must be assessed daily.

Using a Urinary Catheter Insertion/Maintenance Subphase PowerPlan

There are three Urinary Catheter Subphase PowerPlans:

1. Urinary Catheter Insertion/Maintenance Medical Subphase
2. Urinary Catheter Insertion/Maintenance Surgical Subphase
3. Urologic Procedure – Urinary Catheter Insertion/Maintenance Subphase

All the above PowerPlans contain the following orders.

Patient Care	
Insertion	<input checked="" type="checkbox"/> Urinary Catheter Insertion
	<input checked="" type="checkbox"/> Urinary Catheter Irrigation
	<input checked="" type="checkbox"/> Urinary Catheter Leg Strap
Maintenance	<input checked="" type="checkbox"/> Urinary Catheter Care
	<input checked="" type="checkbox"/> Change Indwelling Urinary Catheter
Discontinuation	<input checked="" type="checkbox"/> Discontinue Urinary Catheter

The Urinary Catheter Subphases can be found within many surgical and admission PowerPlans. In addition, they are available with the orders catalog by searching “urinary catheter”.

The screenshot shows a search interface with a search bar containing 'urinary catheter'. Below the search bar, there are several search results. A red box highlights the following results:

- Urinary Catheter Insertion/Maintenance Medical Subphase
- Urinary Catheter Insertion/Maintenance Surgical Subphase
- Urological Procedure - Urinary Catheter Insertion/Maintenance Subphase

Urinary catheter “indication” choices are limited to those allowed per policy.

The screenshot shows a dropdown menu for 'Indication for Catheter'. The menu is open, showing the following options:

- Accurate Urine Output Measurements
- Comfort/End of Life Care
- Open Sacral or Perineal Wounds
- Prolonged Immobilization
- Surgery on Contiguous Structures
- Urinary Retention/Bladder Outlet Obstruction
- Urologic Procedure

Indwelling Urinary Catheter

Provider Job Aid

Daily Assessment

The need for continued use of the catheter must be assessed daily utilizing the “Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment” Powerform. This PowerForm is accessible via two methods:

1. Catheter order alert
2. AdHoc charting

Catheter Order Alert

- The **Indwelling Urinary/Urethral Catheter Assessment Alert** appears daily for patients with active urinary catheter care orders and serves as a reminder for daily assessment of need as required per policy.

The screenshot shows a Cerner Discern alert window titled "Indwelling Urinary/Urethral Catheter Assessment Alert". The alert text states: "Your patient, TEST, LINDA, has an indwelling urethral catheter. Daily assessment of the need for continued use of the catheter is required. If there is continued need for the catheter, please select 'Document' and choose the appropriate indication. If catheter no longer needed, select order 'Discontinue Urinary Catheter' order below. If you are not the physician responsible for the catheter order, select 'Continue.'". Below the text, there is a section labeled "Add Order for:" with a checkbox for "Discontinue Urinary Catheter". A "Document" button is highlighted with a red box, and a "Continue" button is visible in the bottom right corner.

- The alert provides the opportunity for one of the following actions:
 1. Enter a discontinuation order

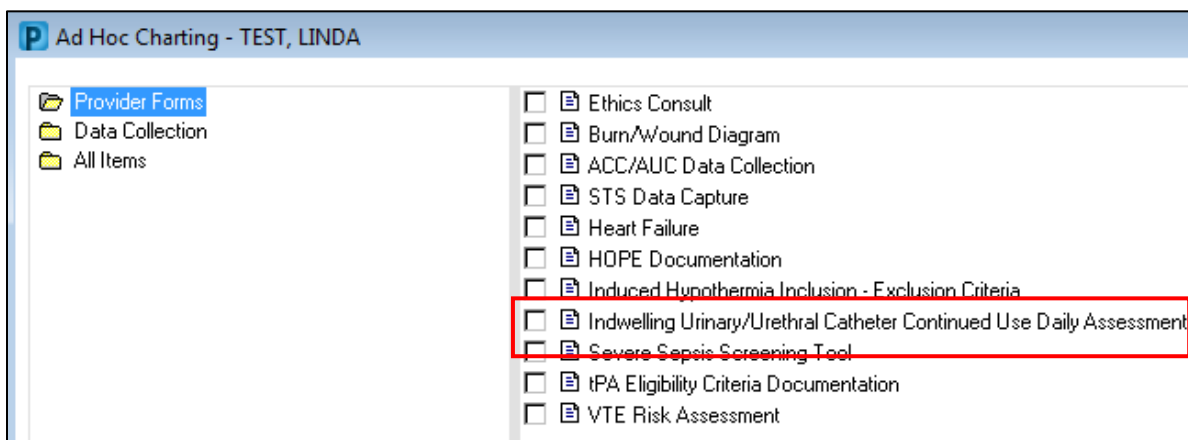
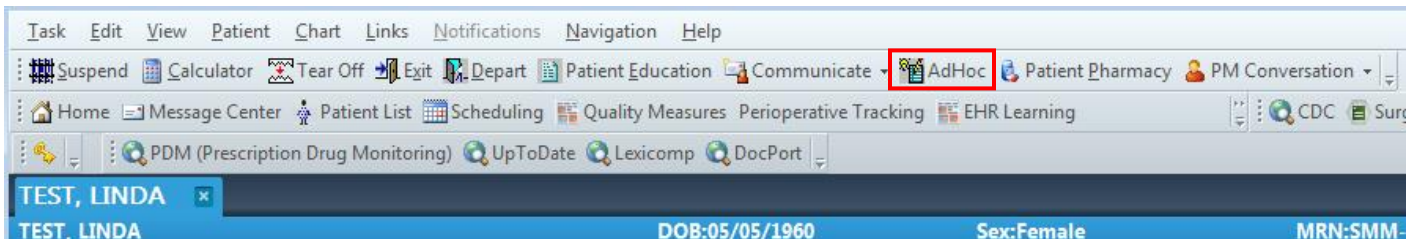
OR

 2. Navigate to PowerForm to complete daily assessment

Indwelling Urinary Catheter Provider Job Aid

AdHoc Charting

The “Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment” Powerform can be found by clicking AdHoc within the tool bar. (Note – location within the tool bar varies between individuals)



Click the green check mark to sign.

This screenshot shows the 'Indwelling Urinary/Urethral Catheter Continued Use Daily Assessment' form. At the top, there is a header bar with the title. Below it, a toolbar contains a green checkmark icon (highlighted with a red rectangle) and other icons for saving, deleting, and printing. The form includes a section for 'Indication' with a list of radio button options: 'urinary retention or bladder outlet obstruction' (selected), 'accurate urine output measurements', 'surgery on contiguous structures', 'open sacral or perineal wounds', 'prolonged immobilization', and 'comfort/end of life care'. The form also has fields for '*Performed on:' (02/25/2019), a time field (1319), and a time zone field (CST).


Indwelling Urinary Catheter







Provider Job Aid

Discontinuing a Urinary Catheter

The Discontinue Urinary Catheter order is available in three locations.

1. Catheter order alert
2. Urinary Catheter PowerPlan
3. Individual order by orders search

Search:  Contains

      Folder: Sea

Discontinue Urinary Catheter