



# Ascension Columbia St. Mary's

WEEKLY EHR COMMUNICATION

7.25.2018

Please post / share this communication within 24 hours in your department/unit.

*Remember: Many answers/clarifications on EHR processes can be accessed through the EHR Intranet site or EHR Learning (Learning Live)*

## **Sepsis Orders** Live as of 7/23/18

As result of Ascension National check phase to ensure compliance with the requirements for the national sepsis order standardization project.

Rapid revision/updates to the sepsis orders were done primarily in the antibiotic subphases.



## **Antibiotic changes by infection source\***

“Type I” penicillin or cephalosporin allergy: This is being added to most subphases.

- The intent is to indicate that many drug allergies might not be “true” type I hypersensitivity reactions
- Requesting providers to specify type I hypersensitivity reaction: is being done in hopes of avoiding increased antibiotic resistance.

Pneumonia:

- Order changes also apply to general pneumonia orders (as they share a subphase)
- PO antibiotics were removed
- Ceftriaxone doses were lowered to 1 gram unless wt. > 120 kg
- Orders were simplified

Abdominal/Biliary:

- Ceftriaxone doses were decreased to 1 gram

Urinary: (This section deviates slightly from the Ascension Sepsis Guidebook)

- Aztreonam was removed
- In low-risk categories, if patient has allergy, provider will choose appropriate antibiotic based upon patient situation
- Aztreonam was replaced with cipro & single-dose gentamycin.

## **New This Week:**

- Sepsis Order Updates
- New 4 Point Restraints in Behavioral Health

## Sepsis Revisions continued

### General order changes

All urinalysis with reflex (automatic) cultures were removed

- Replaced with individual urinalysis & culture orders
- Since many cultures only reflect colonization, they're trying to avoid unnecessary antibiotics & want providers to thoughtfully choose culture based upon symptoms

All procalcitonin's were removed from the orders

- Recent evidence that procalcitonin is less helpful, except in community-acquired pneumonia
- If ordered, they want providers to thoughtfully choose procalcitonin.

**\*As with any situation, patient factors & local antibiotic resistance patterns impact the choice of antibiotics. These changes reflect the Ascension standard antibiotic recommendations.**

For questions: Please contact one of the staff or providers who have been active on the sepsis projects, Patty Haugh RN-CNS, Donald Lee MD, Anton Salud MD, Andy Ticcioni, John Canepa, Julie Kreckow and Greg Bruder.

There is also an Ascension National Sepsis Guidebook & Toolkit. If anyone is interested in receiving a copy, please contact one of the above people.

### • 4 Point Restraints for Behavioral Health– Updated Go Live of 7.30.18

Inpatient Behavioral Medicine at Ozaukee will be implementing new DeRoyal 4 point restraints. **Only Inpatient Behavioral Medicine at Ozaukee will currently be using 4 point violent restraints**, all other units will continue their current practices for violent restraint episodes.

The 4 point Restraints have been added to the following Powerforms:

- Restraint/Seclusion for Violent Behavior Initiation
- Restraint/Seclusion Re-Evaluation

**Restraint Type**

<input type="checkbox"/>	Seclusion
<input type="checkbox"/>	5-Point Restraint (waist, left ankle, right ankle, left wrist, right wrist)
<input type="checkbox"/>	4-Point Restraint (left ankle, right ankle, left wrist, right wrist)
<input type="checkbox"/>	Gerichair
<input type="checkbox"/>	Pelvic
<input type="checkbox"/>	Physical Hold
<input type="checkbox"/>	Other:

The “Restraint/Seclusion—Violent Behavior” PowerNote has been updated with 4 Point Restraint options..

\* Face to face physician evaluation

\* Behavioral Assessment \* Patient's Immediate Situation: Patient is a danger to self because=== / Patient is a danger to others because===

\* Intervention: 4-point restraints / 5-point restraints / Seclusion / Physical Hold / OTHER

\* Patient's response/behaviors to above intervention: === / OTHER

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\* Assessment and Plan <Hide Structure> <Use Free Text>

\* Assessment Medical factors cannot be found that are contributing to patient's immediate behavioral concerns  
The following medical factors may be contributing to the patient's immediate behavioral concerns: === / OTHER

\* Plan Continue: 4-point restraints / 5-point restraints / Seclusion / OTHER  
Terminate: 4-point restraints / 5-point restraints / Seclusion / OTHER  
Medical factors will be mediated by the following measures: === / OTHER  
\* Rational for plan: === / OTHER

The 4 Point Restraint for Violent Behavior (Behavioral Medicine Unit Only) order has been added to the Restraint/Seclusion for Violent Behavior PowerPlan.

Restraint/Seclusion for Violent Behavior (Initiated Pending)	
△ Patient Care	<ul style="list-style-type: none"> <li>Face-to-face physician evaluation to occur within 1 hour of initiation of restraint/seclusion.</li> <li>If restraint and/or seclusion continues, re-evaluation by physician or registered nurse face-to-face is required; every 2 hours for patients ages 9-17; and every 1 hour for patients under age 9.</li> <li>Seclusion is allowed only in the Behavioral Health Unit</li> </ul>
<input checked="" type="checkbox"/> Assessments	<input checked="" type="checkbox"/> Communication Order to RN
<input checked="" type="checkbox"/> Interventions	<input checked="" type="checkbox"/> Restraint/Seclusion for Violent Behavior Initiation
<input type="checkbox"/>	<input type="checkbox"/> 4 point Restraint for Violent Behavior (Behavior Medicine Unit Only)
<input type="checkbox"/>	<input type="checkbox"/> 5 point Restraint for Violent Behavior
<input type="checkbox"/>	<input type="checkbox"/> Physical Hold for Violent Behavior

For Questions contact Meghan Lorbiecki at [Meghan.Lorbiecki@ascension.org](mailto:Meghan.Lorbiecki@ascension.org)

## 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**

Real-Time, Local EHR Support includes:

- Quick 1:1 assistance for help with using the EHR.
  - Coaching sessions for CPOE, Power Notes, Patient Lists, and utilization optimization.
- Assistance with logging tickets for identified problems.

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.