

**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)*

❖ **Vasopressin Infusions (Effective 5/18/16)**

- S:** There is an Ascension initiative to standardize the concentration of vasopressin infusions to 20 units/50 ml. Our current standard concentration is 60 unit/60 ml.
- B:** Please click the following link for background information to this initiative.  
<http://csmmintranet.columbia-stmarys.org/pharmacy/documents/Affinity-SBARS201605VasopressinSBAR02-12-16V4.pdf>
- A:** Providers who order vasopressin in their saved powerplans have been notified of this impending change through the Informatics team: *(There have been edits to the Vasopressin IV order - Vasopressin IV: The prior sentence was 60 units / 60 mL with a 1 unit/mL conc. The new sentence will be 20 units per 50 mL with a new concentration of 0.4 units /mL.)*  
 However, nursing staff needs to be aware of this impending change.
- R:** This operational change is expected to occur on Wednesday, May 18<sup>th</sup>. Please make sure your staff is aware of this change.

On Wednesday, May 18<sup>th</sup>, the CSM Standard Adult Drip Concentrations List available on the Pharmacy intranet page will be updated with the new standard. Likewise, the reference text in EHR for IV drips will be updated to reflect this change.

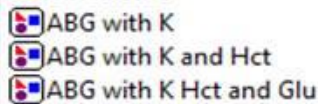
Lastly, any patients on vasopressin on 5/18 should be evaluated by nursing and pharmacy to determine what is the safest course of action (i.e. remain on the 1 unit/ml concentration product until discontinuation versus conversion to new concentration of 0.4 units/ml).

*For questions, contact John Canepa, RPh (CSMO Pharmacy)*

❖ **ABG Lab Order Changes (Effective 5/19/16)**

The single orders listed below will now each be their own PowerPlan:

- Arterial Blood Gas with K
- Arterial Blood Gas with K and Hct
- Arterial Blood Gas with K, Hct and Glu



*For questions, contact Rebecca Kapp (CSMM Lab Department)*

❖ **Pulmonary Artery Hypertension – 2 New PowerPlans**

- PAH: Epoprostenol (Veletri/Flolan) IV Administration (Pulmonary Artery Hypertension) – *available 5/19/16*
- PAH: Treprostinil (Remodulin) IV or subcutaneous Administration (Pulmonary Artery Hypertension) – *tentatively available week of 5/23/16*

*For questions, contact Julie Kreckow, RN, Clinical Informatics, at [jkreckow@columbia-stmarys.org](mailto:jkreckow@columbia-stmarys.org)*

# EHR Hospital Communication: May 18, 2016

## ❖ **Tasking of Oral Supplements Order (Effective NOW)**

Oral Supplements will task to the RN and PCA off of the frequency indicated when ordered. It will link directly to the new **Oral Supplements** field and **Ordered Supplement Taken** field. The task will fall off the RN's task list if the PCA completes the task and vice versa.

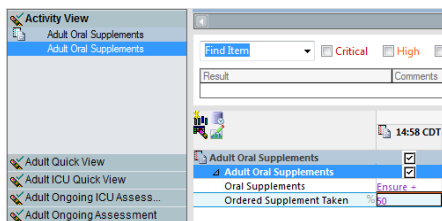


Workflow steps to document Oral Supplements ordered:

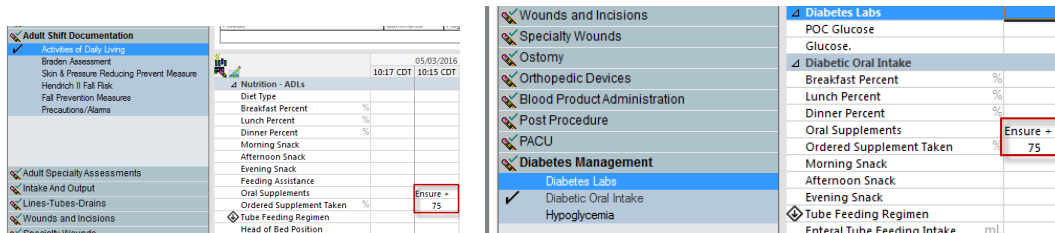
- 1) Select **Task List** from the Venue Menu
- 2) Double-click on the **Oral Supplements** task to be taken to I View to complete your documentation

Monday, May 02, 2016 07:00:00 CDT - Monday, May 02, 2016 19:30:00 CDT				
Scheduled Patient Care   All Continuous Tasks   All PRN Tasks				
Task retrieval completed				
Task Status	Scheduled Date and Time	Task Description	Order Details	
Pending	05/02/2016 13:32 CDT	Admission History Pediatric	Start Date: 05/02/16 13:32:36 CDT Order entered secondary to patient admission.	
Pending	05/02/2016 14:56 CDT	Oral Supplements	Start Date: 05/02/16 14:36:00 CDT, Nutrition Supplements: Standard hi cal hi protein 8oz Ensure +	
Pending	05/02/2016 13:32 CDT	Order Entry Details	Start Date: 05/02/16 13:32:00 CDT Order entered by the SYSTEM secondary to patient admission.	
Pending	05/02/2016 13:32 CDT	Review Patient Education	Start Date: 05/02/16 13:32:00 CDT Order entered by the SYSTEM secondary to patient admission.	
Pending	05/02/2016 14:00 EDT	Review Patient Education	Start Date: 05/02/16 14:00:00 EDT	

- 3) Enter in the **Oral Supplement** ordered as indicated in the **Order Details** of the task and the percentage of supplement consumed in the **Ordered Supplement Taken** field. Click the green checkmark to sign.



- 4) What's documented here will flow to the **Adult Shift Documentation** and the **Diabetes Management** bands.



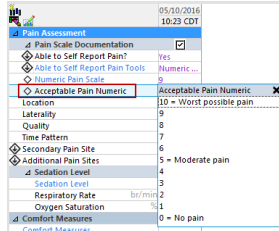
For questions, contact Jill Kortebein, RN, Clinical Informatics, at [jkortebe@columbia-stmarys.org](mailto:jkortebe@columbia-stmarys.org)

## ❖ **Pain Project Update: Addition of Acceptable Pain Fields (Effective NOW)**

Two new fields will be added to the **Pain Assessment** and **Sedation Level/Pain** sections in IView. The new fields are:

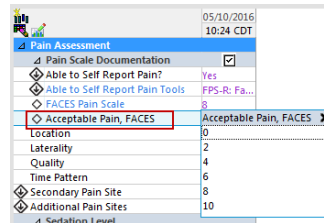
- Acceptable Pain Numeric
- Acceptable Pain, FACES

### Pain Assessment Section



05/10/2016 10:23 CDT

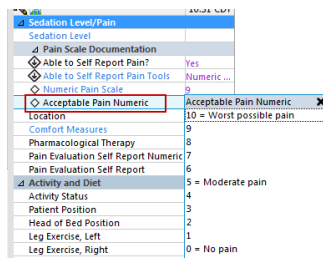
Pain Scale Documentation  
 Able to Self Report Pain? Yes  
 Able to Self Report Pain Tools Numeric...  
 **Acceptable Pain Numeric** Acceptable Pain Numeric X  
 Location 10 = Worst possible pain  
 Laterality 9  
 Quality 8  
 Time Pattern 7  
 Secondary Pain Site 6  
 Additional Pain Sites 5 = Moderate pain  
 Sedation Level 4  
 Sedation Level 3  
 Respiratory Rate 2  
 Oxygen Saturation 1  
 Comfort Measures 0 = No pain



05/10/2016 10:24 CDT

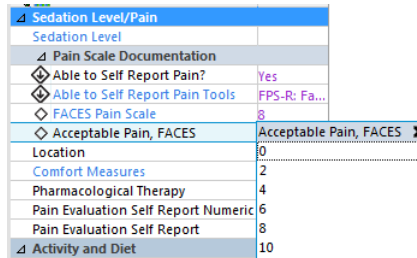
Pain Scale Documentation  
 Able to Self Report Pain? Yes  
 Able to Self Report Pain Tools FPS-R: Fa...  
 **Acceptable Pain, FACES** Acceptable Pain, FACES X  
 Location 0  
 Laterality 2  
 Quality 4  
 Time Pattern 6  
 Secondary Pain Site 8  
 Additional Pain Sites 10  
 Sedation Level

### Sedation Level/Pain Section



05/10/2016 10:23 CDT

Pain Scale Documentation  
 Able to Self Report Pain? Yes  
 Able to Self Report Pain Tools Numeric...  
 **Acceptable Pain Numeric** Acceptable Pain Numeric X  
 Location 10 = Worst possible pain  
 Comfort Measures 9  
 Pharmacological Therapy 8  
 Pain Evaluation Self Report Numeric 7  
 Pain Evaluation Self Report 6  
 Activity and Diet 5 = Moderate pain  
 Activity Status 4  
 Patient Position 3  
 Head of Bed Position 2  
 Leg Exercise, Left 1  
 Leg Exercise, Right 0 = No pain



05/10/2016 10:24 CDT

Pain Scale Documentation  
 Able to Self Report Pain? Yes  
 Able to Self Report Pain Tools FPS-R: Fa...  
 **Acceptable Pain, FACES** Acceptable Pain, FACES X  
 Location 0  
 Comfort Measures 2  
 Pharmacological Therapy 4  
 Pain Evaluation Self Report Numeric 6  
 Pain Evaluation Self Report 8  
 Activity and Diet 10

The Acceptable Pain Numeric field will open when the Numeric Pain Scale is chosen and the Acceptable Pain FACES field will open when the FACES Pain Scale is chosen.

This will allow the clinician to evaluate and document a patient's acceptable level of pain for comparison with the patient's current self-report of pain to help determine type of intervention to take.

For questions, contact Jill Kortebein, RN, Clinical Informatics, at [jkortebe@columbia-stmarys.org](mailto:jkortebe@columbia-stmarys.org)

## ❖ **Undue Exposure to Radiation – CT Exams, Order Alerts (Effective NOW)**

Ascension Health has introduced an initiative to reduce clinically unnecessary CT radiation exposure. The Undue Radiation Exposure (UER) initiative objective is to reduce clinically unnecessary CT Radiation by 20% related to:

- Thorax CT exam on adults to rule out Pulmonary Embolism
- Abdomen / Pelvis CT exam on pediatric patients to rule out Appendicitis

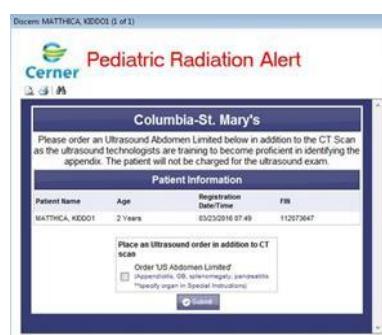
When these CT exams are ordered, in these situations, distinct alerts will fire (see screen shots below). One alert requires completion of an assessment to determine the risk of PE. If the risk is low, cancelling the CT order is recommended. The second alert suggests ordering an US exam first to rule out appendicitis in pediatric patients.



Wells Assessment

Wells Score for Risk of PE

D-Dimer Result: 476 ng/mL ED-Cat at 8:00 (05/10/16) 10:30  
 Clinical signs and symptoms of DVT: 0  
 An alternative diagnosis is less likely than PE: 0  
 Heart Rate < 100bpm: 102 bpm on 05/10/16 10:34  
 Immobilization or Surgery in the Past 4 weeks: 0  
 Previous PE or DVT in last 180 days: 1.5  
 Hemoptysis: 1  
 Anticoagulant Treatment within 4 hrs or palliative: 1  
 Risk of PE is: MODERATE. 14.2% chance of PE in an ED population. Total Score: 3.5



Pediatric Radiation Alert

Columbia-St. Mary's

Please order an Ultrasound Abdomen Limited below in addition to the CT Scan as the ultrasound technologists are training to become proficient in identifying the appendix. The patient will not be charged for the ultrasound exam.

Patient Name: MATTHEA, KEDD1  
 Age: 2 Years  
 Registration Date/Time: 03/23/2016 07:49  
 FID: 112073647

Place an Ultrasound order in addition to CT Scan

Order US Abdomen Limited (Appendix, GB, splenic/pancreas, \*Specify organ in Special Instructions)

Nurses and other health professionals may, on rare occasion, encounter these alerts when placing a TORB or VORB order for these CT exams. Should you encounter these alerts, it is suggested to contact the ordering Physician and direct them to enter the order and address the alert(s).

*For questions, contact Mark Kopetsky, Clinical Informatics, at [mkopetsk@columbia-stmarys.org](mailto:mkopetsk@columbia-stmarys.org) or Dr. Suzy Wilkerson, Hospital EHR Medical Director, at [Swilkers@columbia-stmarys.org](mailto:Swilkers@columbia-stmarys.org)*