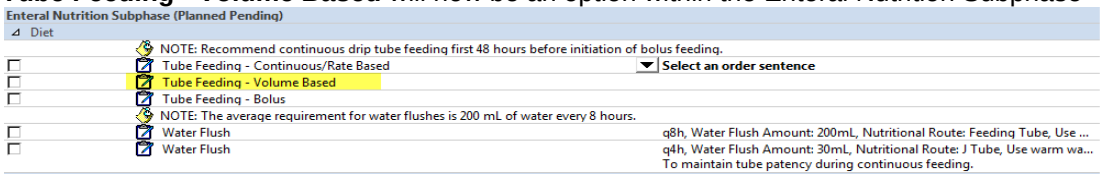
Please post / share this communication within 24 hours in your department/unit.

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

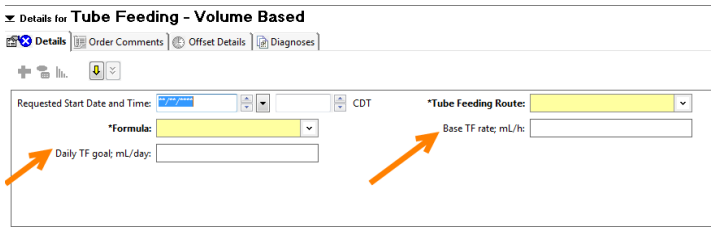
❖ Volume Based Feeding *(Effective 8/18/16)*

The practice of Volume-based Feeding (VBF) will optimize nutrition delivery and can improve patient outcomes. There are a few modifications to the **Enteral Nutrition Subphase** and the **Nutrition ADLs** in IView to reflect changes within the Tube Feeding (TF) order:

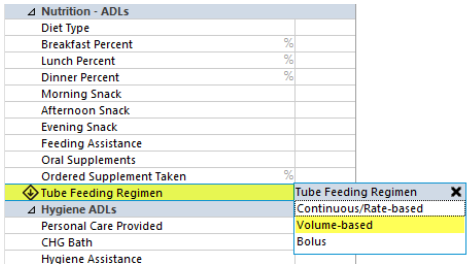
1) **Tube Feeding - Volume Based** will now be an option within the Enteral Nutrition Subphase



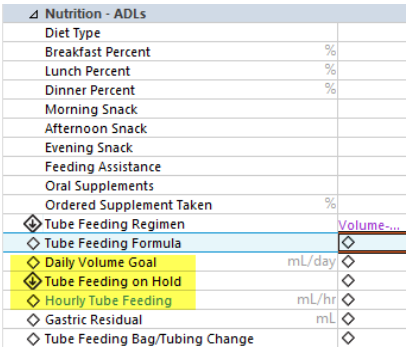
2) The **Daily TF goal** will be included in the order. The **Base TF rate** is used when there are no interruptions to feeding



3) In I View, under Nutrition – ADLs, **Volume-based** will be an option in the **Tube Feeding Regimen** drop down



4) The Daily Volume Goal should be taken directly from the Daily TF goal within the order and entered here



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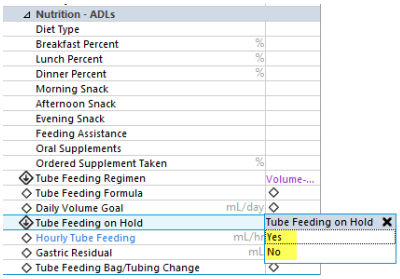
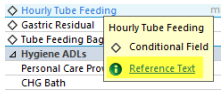
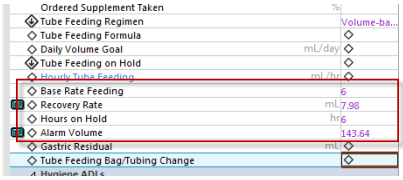
5) If the TF is held, a conditional field called “Reason TF held” will appear to free text the reason (e.g. held for potential vent wean; held for surgery; held for residual of 500mL, etc.)



6) The Hourly Tube Feeding will be different than the Base Rate any time the TF is held. A calculation will assist with this change. Access the calculation by clicking on the reference text





For questions, contact Maureen Nuechterlein mnuechte@columbia-stmarys.org or Dani Wanek Danine.wanek@columbia-stmarys.org

❖ Newborn and NICU Admission PowerPlans Edits *(Effective 8/11/16)*

- Following best practice and a multidisciplinary review edits will be made in these PowerPlans:
  - Newborn Admission – Nursing protocol
  - Newborn Admission – Physician
  - NICU Admission
- The NICU Transition Admission PowerPlan will be retired and removed

For questions, contact Julie Kreckow, RN, Clinical Informatics

❖ Orders for Surgical Procedures and Order Status *(Effective 08/11/2016)*

Currently, all surgical procedure orders remain in an active or future-hold status. On August 11, 2016, a system change will be made so these orders will auto complete in the encounter the case was scheduled on. The surgical procedure orders will now go to into a completed status on the orders list.

For questions, contact Mark Kopetsky, mkopetsk@columbia-stmarys.org, 414-326-2228

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❖ tPA Eligibility Criteria Documentation Modifications *(Effective 8/17/16)*

Based on recommendations from the American Heart/Stroke Association, there have been changes to the tPA eligibility criteria. These changes will potentially result in more patients being eligible to receive IV tPA for treatment of acute ischemic stroke.

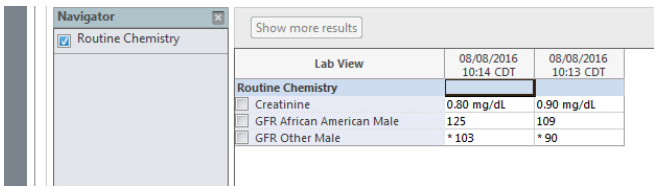
- Highlights of the changes include:
  - **Removed:**
    a. Upper age limit
    b. Severe CVA (previously a contraindication)
    c. Mild CVA (previously a contraindication
    d. Rapidly Improving Stroke Symptoms (Relative contraindication)
    e. Seizure at onset (Relative contraindication)
    f. Thrombocytopenia (Platelets <100K still able to be checked)
  - **Unchanged:**
    a. INR parameter (if patient on Coumadin)
    b. Absolute contraindications
    c. History of ICH (Includes Brain tumor and aneurysm)
    d. Contraindication of non-compressible atrial puncture site within past 7 days
    e. Major surgery in past 14 days

New form will auto calculate if the patient is eligible for tPA.
Please encourage providers to consider tPA on these newly eligible stroke patients.

Any questions, please contact Sue Godersky sgodersk@columbia-stmarys.org

❖ Creatinine Orders *(Effective 8/17/16)*

- There are two Creatinine orders that can be used: Creatinine and Creatinine Stat
- In Flowsheets, currently, Creatinine vs Creatinine Stat results display in separate rows. This is causing issues for pharmacy, as their application can only pull in one Creatinine.
  - When dosing, they are missing results for Creatinine Stat so they could be dosing off of an older result.
  - This is a major patient safety risk.
  - To mitigate the risk, the proposal is to still have two separate orderables as Lab needs two different orders for the instrument to download and run the appropriate test but there would only be one resultable "Creatinine".
  - So if the test is ordered as Creatinine or Creatinine Stat, the result would show in the flowsheet as Creatinine.
  - This will not impact any historical results, those will still show in two different rows.
  - Any results entered prior to this change will still show as Creatinine Stat if it was ordered that way.



  - In the example above, the Creatinine was ordered and resulted first with result 0.9 md/dL
  - Then, the Creatinine Stat was ordered and resulted second with result 0.8 mg/dL
  - Both results display in the flowsheet under Creatinine which will allow Pharmacy to see the 0.8 Creatinine Stat result in their application.

For questions contact Lisa Saltarikos, Solution Development Senior Analyst, 414-326-2477

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- **ONC Non-Disease Fluorouracil CIV Multiday Inpatient PowerPlan**
  Inpatient Chemotherapy PowerPlan available 8/11/16

  For questions, contact Julie Kreckow, RN, Clinical Informatics

- **Stroke PowerPlan Edits** ***(Effective 8/15/16)***

PowerPlan	Order	change requested
stroke Ischemic Post tPA	notify provider VS	systolic BP > 180
stroke ischemic non-tPA admission non-ICU	notify provider VS	systolic BP > 220
stroke ischemic non-tPA admission ICU	notify provider VS	systolic BP > 220
stroke hemorrhagic admission	notify provider VS	systolic BP > 140

For questions, contact Julie Kreckow, RN, Clinical Informatics