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)

❖ **Anesthesia Volume Ventilator Weaning/Cardiovascular Surgery Post PowerPlan** *(Effective 6/22/16)*
Standardized the dosing units for vasopressin normalized rates to "units/min". Please resave your favorites to reflect this change.

For questions, contact Julie Kreckow, RN, Clinical Informatics, at jkreckow@columbia-stmarys.org

❖ **Portland Protocol for Cardiovascular Surgery Patients** *(Protocol already in use; PowerPlan available 6/20/16)*
- There was a need for adjustments to the Portland protocol sub-phase for the CV surgery population.
- A new subphase was added, with the 100-150 scale for use with CV surgery patients only. The rest of the ICU patients will require the current scale of 125-175.
- There will now be two insulin infusion Portland protocol sub-phases that are labeled differently for these two populations.

*For questions, contact Julie Kreckow, RN, Clinical Informatics, at jkreckow@columbia-stmarys.org*

❖ **Lab Notification of Low Blood Glucose** *(Effective week of 6/19/16)*
The **Hypoglycemia Protocol – Adult** calls for treating patients with a blood glucose less than 70. If a POC glucose is done, nurses know the result immediately and can initiate appropriate treatment. Currently, a serum glucose result (lab draw) isn't brought to the nurse's attention quickly unless it is called as a critical value of <45. Blood glucose can drop quickly in patients, and patients can be symptomatic at levels above critical.

Lab will begin notifying nursing of low (<70) glucose results as a patient safety measure. Known diabetics may have had a POC glucose done in the interim and the nurse may therefore know that the glucose is low. Please be courteous if you receive a low notification! Per the hypoglycemia protocol, "notify the physician promptly of event and treatment results and document your actions in the Clinical Event: Critical Result PowerForm".

❖ **New Section Added to Outpatient Quick View I View Band** *(Effective 6/20/16)*
The Phlebotomy section will be added to the Outpatient Quick View band in IView.
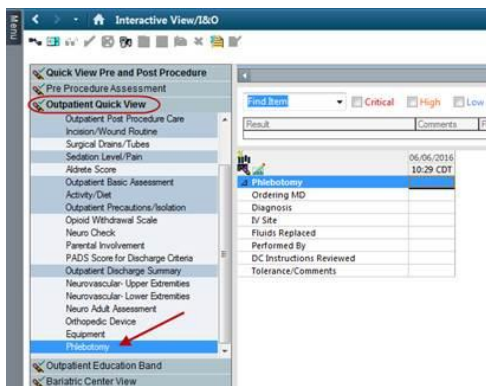

For questions, contact Mark Kopetsky, RPH, Clinical Informatics, at mkopetsk@columbia-stmarys.org

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❖ **New Section Added to Adult Shift Documentation I View Band**
 *(Effective 6/29/16)*
  Visitor Information Section

- This section will be added to document visitor information. **This is not required shift documentation**.
- The Visitor Information section will be hidden. To place the section on display for documentation, go to I View, open "Adult Shift Documentation", and then click on the "Customize View" icon.
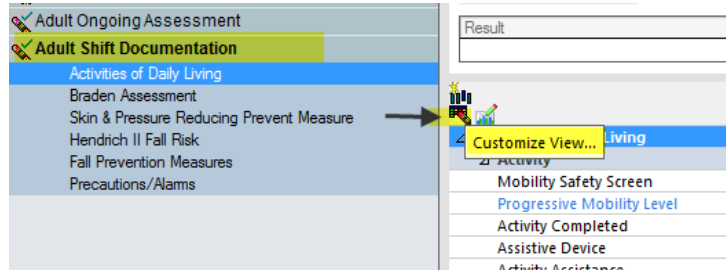
- Scroll to the bottom of the customize box, click the box next to visitor information, and then click OK.
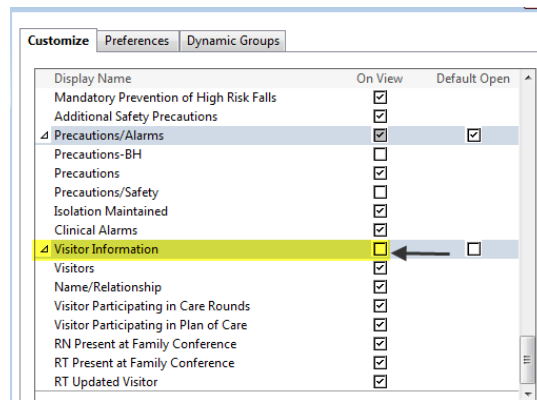
- This will put the "Visitor Section" on view in the Adult Shift Documentation band. Remember, this is not required documentation for the shift. Document as appropriate.
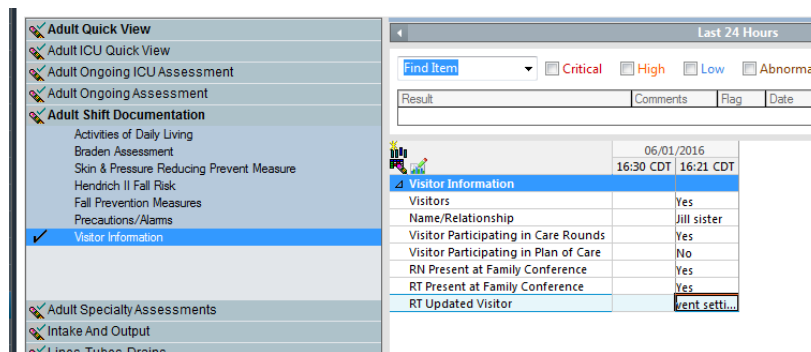
For questions contact Dani Wanek, RN at danine.wanek@columbia-stmarys.org

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❖ **<u>Addition to the Stroke/VTE Education Section in the Multidisciplinary D/C Plan/ Summary AND Education Section on the Quality Measure: VTE Education PowerForm</u>** *(Effective 6/29/16)*

- This is the current state view of the 4 warfarin questions

- This will be the new view with added warfarin questions due to CMS.

For questions contact Dani Wanek, RN at danine.wanek@columbia-stmarys.org

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