

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

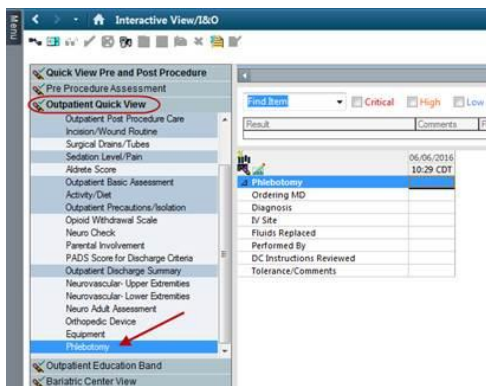
❖ **Lab Notification of Low Blood Glucose (Effective week of 6/19/16)**

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