

❖ **What is the correct process for a Provider to change BiPap and ventilator orders?**

- Select "Cancel / Reorder".

❖ **How can I view my 'admitted' patient list without having to see the full patient floor list?**

- A job aid is currently being created. Will communicate accordingly.

❖ **What is the correct process for Add On labs?**

As a physician you have 2 options:

1. Call the lab and specify what you would like done (Lab will place it into their system if there is an appropriate blood sample available in the Lab, but you still need to place the "Add on Lab Request" order to have the order in the system. Please indicate on that order that the Lab has been contacted, so the HUC/RN does not also contact the Lab).

**Or-**

2. Place an "Add on lab Request" order. The order gets tasked to the HUC and RN and they will call the lab for you.

**Note:** The order STILL needs to be placed into the system, even if Lab places the order into Classic. They will not place an order without corresponding backup documentation.

❖ **For patients less than 1 year old a CBC with Manual Diff will always be run.**

- If you order a CBC with AutoDiff on babies you will always get a manual diff.

❖ **Organizing and Sharing Folders in Favorites**

- Providers cannot organize folders within their Favorites. They are moved in chronologically as they are created but cannot be moved within the folder.
- Cannot share Favorites at this time.

❖ **LAB: Blood Culture Orders**

Need to place two separate orders with the order entry fields filled out appropriately for each order.

- 1 blood culture from a line and
- 1 venipuncture

Provider cannot place an order for Culture blood, timed, q5min, 2 times. This action will place two identical orders 5 min apart.

❖ **LAB: Incomplete Orders in the Blood Bank**

If a blood product is ordered either a Type and Screen or a Blood Type usually needs to be ordered.

- If a blood product is to be transfused, the order for the product must be entered and then the Transfuse. Order for the product must be entered.

**Reminder:** Providers need to select *all* lab orders before signing. Please do not sign each separately.

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## ❖ **Duplicate Orders:**

We have identified 2 potential causes:

1. A Provider has initial PowerPlan selected and then selects another one she/he prefers and doesn't realize the need to deselect the previously selected plan(s).
2. When in a PowerPlan and opening the detail screen, when Provider double clicks to open this is actually acting like 2 clicks, creating 2 orders.

**Note:** Under Review - further communication to follow.

## ❖ **iPads:**

Some issues have come up with iPads not displaying the keyboard when necessary.

**Solution:** if you drag 3 fingers across the screen, this will force the keyboard to come up.

## ❖ **Placing Correct PICC Line Order:**

Type in PICC in the order search; there are many options.

If using the Order Folder > General Medicine, you will see the 2 PICC PowerPlans. You need to place both:

1. PICC LINE Insertion RN Post
2. PICC LINE Insertion PR Pre.

**REMEMBER:** You should save these in your favorites to make this easier and more efficient.

## ❖ **Favorites:**

The patient's registration location can limit view of available favorites for individual CPOE orders. For example, when a patient is in a pre-admit status for surgery/procedure, and a provider is writing PowerPlan orders in anticipation of admission, no individual favorites will be available at this time – [we have logged an issue to look at this.](#)

## ❖ **TPN Order Process:**

1. Initial order requires order set
2. To change TPN solution after initial order set:
  - a. Use "cancel/reorder" of the individual TPN infusion line (not the entire order set).
3. This is where provider can see current details and make updates at same time.

## ❖ **To Order Blood Products:**

1. Order Type and Screen if indicated
2. Put in order for blood product
3. Put in order to transfuse

## ❖ **Order to Initiate a PowerPlan:**

- Enter "RN to Initiate" order OUTSIDE OR SEPARATE from the PowerPlan
- Cannot put the "RN to Initiate" order in the PowerPlan – RN will not be able to see it and will call you for the separate order to initiate.
- RN to Initiate order is NOT needed for individual orders

❖ **Telephone Order Regulatory Compliance:**

- When a physician is on-site with computer access they can give a telephone order as needed to support timely care for patients
- Provider **MUST** stay on the phone for read back of ALL telephone orders
- Medical Staff leadership will monitor provider phone orders

❖ **Computer Accessibility in the Hospital:**

- Bringing your CSM assigned mobile computer to the hospital with you for rounding is recommended to avoid having to wait for a device.
- For MAC accessibility instructions see physician portal.

❖ **Ordering Insulin for Hospitalized Patients**

Prior to CPOE there was a “Basal, PreMeal, Supplemental Insulin” order set as well as separate “Supplemental Insulin” order set. These two sets were combined into a single “Basal, PreMeal, Supplemental” PowerPlan. If order is needed for Basal, PreMeal, or Supplemental insulin be sure to use the PowerPlan and do not use the individual insulin orders.

In general, if patients are acutely ill and hyperglycemic, continuous IV insulin is the preferred treatment modality.

If patients are eating regular meals, glycemia is best managed by ordering basal, scheduled premeal, plus supplemental insulin.

If patients are mildly hyperglycemic, it may be reasonable to initially only order supplemental insulin. However, it is often helpful to order a low dose of basal insulin in addition to the supplemental insulin in these patients to help prevent wide fluctuations in blood sugars.

❖ **Orders for OP vs Orders for IP**

A separate communication will be coming to help further clarify/define this workflow.

❖ **Discharge Instructions**

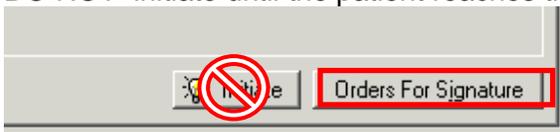
REMINDER: Please fill out the discharge instructions details in the Discharge PowerPlan. These details will populate to Depart for inpatients or will be entered by nursing into Patient Education for outpatients.

❖ **Verify Consent Completed and Signed Order**

You must be sure to fill in the name of the procedure and the name of the physician performing the procedure.

❖ **ED to Inpatient Orders**

When admitting a patient from the ED, be sure the inpatient orders are in the planned state. **DO NOT** initiate until the patient reaches the floor.



## ❖ Code Status Ordering

Default for Code Status is always Full Code until the conversation happens with patient or representative. You can enter Full Code, select Other on the Order Details Screen and put in Discussion Pending.

## ❖ Cancelling PowerPlans and Orders

When a PowerPlan is cancelled due to a change in patient's status, make sure uncompleted orders are not cancelled, i.e. EKG orders.

## ❖ Blood Bank Products

In the Blood Bank Product and Transfusion Subphase PowerPlan:

- If you want packed red blood cells or whole blood: check off Type and Screen.
- If you want FFP, platelets or cryoprecipitate check off: Blood Type.
- If you know that the Type and Screen or the Blood Type was already done you *don't* need to check them off, but it does not hurt to check them off.
- If you want a product: check the product you want.
- If you want to transfuse the product you must also check the line that says Transfuse...(for the product that you checked off in the above line).
- Keep in mind that ANY order will print in the Blood Bank and we will determine what testing is needed and immediately start doing any needed testing, whether the order was entered completely or not. We will follow-up with a call if orders are incomplete or inaccurate.

## ❖ Admitting Providers

As you review orders on the Order tab when admitting your patient review any "ordered" ED Provider Orders. All ED orders must be acted on upon admission by the admitting Provider using Cancel/Reorder or Cancel/DC.

1. To continue an ED Provider's order as an Inpatient, right click on the order and select Cancel/Reorder. This will create a new inpatient order in your name.
2. To discontinue an ED Provider's order, right click on the order and select Cancel/DC. This will remove the active ED Provider order from the list of Active orders on the Order tab.

## ❖ Initiating Restraints

See attached job aid.

## ❖ Updated: Modifying TPN Orders

See attached job aid.

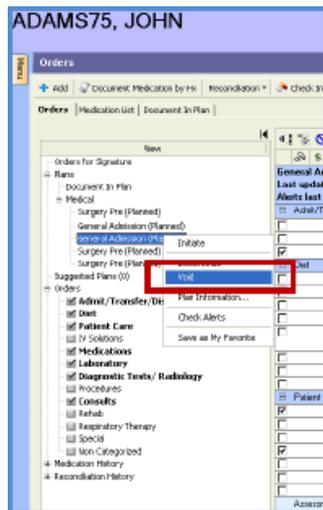
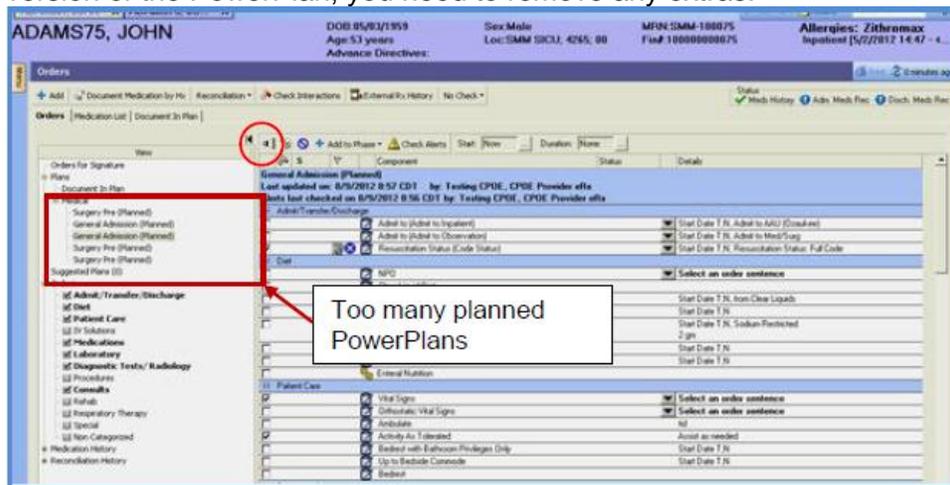
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## ❖ PowerPlans

With few exceptions, there should only be one version of any particular planned PowerPlan in a patient’s chart. If there is more than one and you want the RN to initiate the plan, she/he will not know which planned PowerPlan to initiate – this can be a major safety issue.

When working on PowerPlans, double check to make sure you have only one version of the PowerPlan in a planned state, and that single PowerPlan contains all of the orders you need.

Look in the navigator menu on the left side of your screen (you may need to expand the menu by clicking on the sideways arrow which is circled below). If you see more than one version of the PowerPlan, you need to remove any extras.



To remove the unwanted planned PowerPlans, right-click on the PowerPlan name in the navigator menu and choose “Void” (this implies that the powerplan was entered in error).

Then click Orders for Signature (lower right hand corner of screen), then Sign, then Refresh