



Ascension

Ascension Columbia St. Mary's

Hospital EHR - Medical Staff Newsletter

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The diagnosis and management of patients with COVID 19 remains a rapidly changing situation. To better assist with care of these patients, multiple enhancements have been made in Cerner. Enhancements are aimed at meeting a variety of goals including standardizing best practices, improving communication, and increasing usability. This Newsletter will summarize the majority of the changes to date. Please keep for reference.

Also, please share any ideas you might have for Cerner enhancements.

COVID 19 PowerPlans

[COVID 19 Admit PowerPlan and COVID 19 ED PowerPlan](#)

Orders within these PowerPlans include:

- isolation
- MDI bronchodilators
- Consults
- oxygen
- Labs

Due to rapidly changing recommendations, orders for COVID specific investigational treatment and testing are not included within the PowerPlans and should be ordered separately.

**NEW - COVID 19 Proning (non-ICU) PowerPlan

This PowerPlan is for use in COVID-19 suspected and positive patients not in distress but with increasing oxygen requirements above 5 Lpm (but not greater than 15 Lpm) who may benefit from both HFNC oxygen and intermittent proning.

Orders within the PowerPlan include:

- alternating proning position with lateral and supine
- monitoring instructions for RN and when to notify Provider
- Pulmonologist Consult order

COVID Convalescent Plasma Subphase

The use of COVID Convalescent Plasma to treat COVID positive patients is an investigational treatment. Prior to using this PowerPlan, the patient must be registered at <https://www.uscovidplasma.org/physicians> and must sign the research consent form. The usual blood products consent process must also be followed.

COVID19 Remote Patient Self-Monitoring

Designed for coordination of patient discharges from Respiratory Clinics and the Emergency Department.

Documentation of External COVID 19 Test Results

When you have confirmed results from external records, complete this order so that Banner Bar will reflect the information.

The “COVID External Lab Results” order also requires documentation of the source of the information..

Search: COVID ex

Folder: COVID External Lab Results

*Source of Information: [Dropdown]

*Result: [Dropdown]

Special Instructions: PU: Lab Drawn/Pending Result
POS: COVID lab resulted positive
NEG: COVID lab resulted negative

Automatic Addition of COVID 19 to Problem List

The problem “**Disease caused by 2019 novel Coronavirus**” will automatically be added to the Problem List for patients who have a confirmed positive COVID-19 test or an external COVID positive lab result documented.

NOTE: The problem will NOT be automatically added to the Problem List if the problem already exists.

COVID LAB Autotext for use with PowerNote

Use the autotext “.COVID_LAB_ST” to populate your PowerNote with the following labs from the prior 3 days.



COVID-19 Labs
WBC: 8.2 thou/mcL (04/21/20 03:49:00)
Platelet Count: 311 thou/mcL (04/21/20 03:49:00)
Creatinine: 1.06 mg/dL (04/22/20 04:10:00)
BUN: 22 mg/dL (04/22/20 04:10:00)
Bilirubin Total: 0.2 mg/dL (04/21/20 03:49:00)
AST: 48 unit/L High (04/21/20 03:49:00)
C-Reactive Protein (CRP): 6.3 mg/dL High (04/21/20 03:49:00)
D-Dimer: 2.68 mcg/mL High (04/22/20 08:50:00)
Fibrinogen Level: 525 mg/dL High (04/22/20 08:50:00)
Ferritin: 1062.5 ng/mL High (04/20/20 06:30:00)
Triglyceride: 60 mg/dL (04/22/20 08:50:00)
Oxygen Saturation Venous: 56 % Low (04/22/20 10:10:00)

COVID 19 testing orders

To better coordinate completion of PCR lab orders for COVID 19, please utilize the test synonym that corresponds to your patient's clinical situation as shown below. (Other available synonyms for testing of symptomatic patients include: "2019 Coronavirus 2019" and "2019 Coronavirus SARS-CoV-2".)

Search: covid

Three test synonyms for 2019 Coronavirus SARS-CoV-2 PCR order

1. Symptomatic patient
COVID19
2. Asymptomatic patient prior to SNF/SAR transfer
Discharge/Transfer Preemptive COVID Screening
3. Asymptomatic patient prior to surgery. Required for all patients within 48 hours of non-emergent procedures.
Surgical Preemptive COVID Screening

Use of synonyms #2 and #3 do not trigger COVID PUI in the Banner Bar as they are for asymptomatic patients.

All results, positive and negative, from any test synonym will be reflected in the Banner Bar.

Note: In addition to entering the order in Cerner, complete the newest paper-based "WI-COVID 19 Patient Info Form" as our lab requires this form to process the test.

REASON FOR TESTING (CHECK ALL THAT APPLY)

SYMPTOMS OF COVID-19 ONSET DATE FOR EARLIEST SYMPTOM: ___/___/___ ASYMPTOMATIC

Has the patient had any of the following symptoms in the **past 14 days**?

Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle aches (myalgia)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abdominal pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of smell	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Loss of taste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other, specify	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public Health Investigation (E.G. long-term care, workplace, corrections) – Enter Investigation Details Below

Community Testing Site

Hospitalized (inpatient): Admission Date: _____ ICU: Yes No

Pre-procedure or Preoperative Screening **** Be sure to include date of procedure here**

RESIDENTIAL AND OCCUPATIONAL INFORMATION (REQUIRED FOR PUBLIC HEALTH INVESTIGATIONS)

Does the patient **work** in nursing home, long-term care facility, jail, shelter or other congregate living setting?
 YES NO If Yes, name and location of facility: _____

Does the patient **live** in nursing home, long-term care facility, jail, shelter or other congregate living setting?
 YES NO If Yes, name and location of facility: _____

If part of a **workplace investigation**, is the patient an EMPLOYEE? Yes No CONTACT OF AN EMPLOYEE? Yes No
What is the name of the workplace: _____ What section or unit? _____

ORDERING PROVIDER AND FACILITY

Testing of symptomatic patients:
Use the corresponding Cerner order - "COVID19".

Pre-procedure screening of asymptomatic patients:
Use the corresponding Cerner order - "Surgical Preemptive COVID Screening".

Screening of asymptomatic patients prior to transfer to SNF/SAR:
Use the corresponding Cerner order - "Discharge/Transfer Preemptive COVID Screening".

**NEW - COVID 19 Duplicate Order Alerts

In an effort to prevent inappropriate duplicate testing for COVID 19, duplicate test alerts will be implemented in FirstNet and PowerChart. Situations where duplicate testing is appropriate are outlined within the alerts.

Alert if a test is pending:

Discern: (1 of 1)

 ***** DUPLICATE LAB TEST WARNING *****

You are ordering COVID19 test for ZZTEST, ALICE.

This test was previously ordered on 04/23/2020 and is pending.

Choose 'Cancel Order' below.

If you feel that your patient does need this test, please contact the lab director or on-call pathologist.

Milwaukee campus: 414-585-1424
Ozaukee campus: 262-243-7402

If a Positive test result has been documented in the prior 90 days.

Discern: (1 of 2)

 ***** DUPLICATE LAB TEST WARNING *****

You are ordering COVID19 test for MATTHICA, CHAD.

This test was previously ordered on 03/21/2020 and was resulted as Positive.

Duplicate testing allowed ONLY in the following situation:

- The patient is undergoing a surgical procedure and repeat testing is required within 48 hours of the procedure.

If the patient has a procedure scheduled in the next 48 hours, select "Continue."

Otherwise, "Cancel" the order.

Alert Action:

Cancel COVID 19
 Continue to place order for COVID 19

If a Negative test result has been documented in the prior 90 days.

Discern: (1 of 1)

 ***** DUPLICATE LAB TEST WARNING *****

You are ordering COVID19 test for MATTHICA, BIFUR.

This test was previously ordered on 03/21/2020 and was resulted as Negative.

Duplicate testing allowed ONLY in the following situations:

- The negative test was in a prior encounter and the patient is being tested again due to one of the following:
 - new symptoms and concern for subsequent exposure and infection

OR

- patient is being transferred to another facility at discharge and a negative test is required from this encounter prior to accepting the patient
- The patient is undergoing a surgical procedure and repeat testing is required within 48 hours of the procedure.

If any of the above apply to your patient, select "Continue."

Otherwise, "Cancel" the order.

Alert Action:

Cancel COVID 19

Continue to order COVID 19

Local EHR Support

Local EHR support is available Monday through Friday from 8am to 4pm from Caitlin and Amy of the Clinical Informatics Team.

Connect with them directly at 414-585-6288.

They are also available by dialing Vocera and requesting "EHR support."

Ozaukee Vocera Phone: 262-243-6707

Milwaukee Vocera Phone: 414-585-1995

For urgent/emergent EHR technical assistance outside of the above hours, contact the Help Desk at 414-326-2400. When asked for an extension, choose "7" for expedited transfer to a service desk analyst.