

**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)*

❖ **Lab Orderable Name Update (Effective NOW)**

Current Name	NEW Name
Pathology NGYN Request	Cytology Body Fluid

Synonyms available:

Pathology NGYN Request
Cytology Non-GYN Request

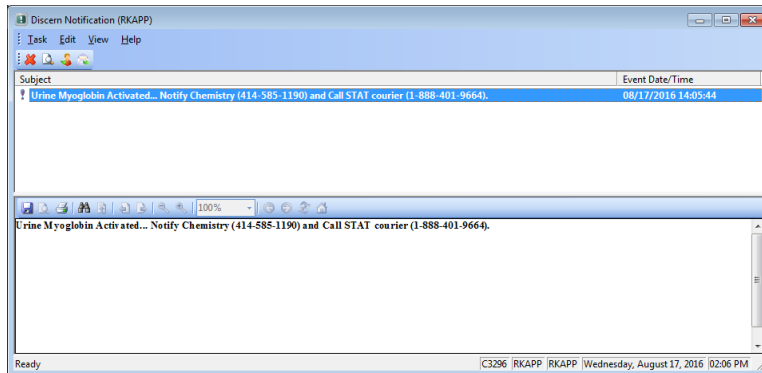
The specimen types associated with the Orderable include:

Urine, Bronchial washes, Bronchioalveolar Lavages, Ascites, Peritoneal fluids, Pleural fluid, Sputum, Brushings-Multiple Sites, Washings- Multiple Sites, Breast Secretions, Spinal Fluid, Cyst Fluids- Multiple Sites, Fine Needle Aspirations: Multiple Sites

For questions contact: Colleen Stowe -Technical Specialist - Cytology - [Colleen.Stowe@columbia-stmarys.org](mailto:Colleen.Stowe@columbia-stmarys.org)

❖ **Myoglobin Qualitative Urine and Myoglobin Quantitative Urine Orders (Effective NOW)**

- Affects T&T Labs and Outpatient Lab in the hospital future orders
- Samples are getting rejected and patients need to recollect urine because these tests are not getting processed properly in the proper time-frame..
- There will be a popup notification when these 2 orders (a Myoglobin Qualitative Urine and Myoglobin Quantitative Urine) are activated in Powerchart.



For questions contact Rebecca Kapp, Laboratory, at [rkapp@columbia-stmarys.org](mailto:rkapp@columbia-stmarys.org)

❖ **Ventilator Bundle Edit (Effective Week of 8/29/16)**

- Add prechecked Consult dietician consult order
- Order sentence detail : Assess/Treat/Monitor; Make Recommendations

For questions, contact Julie Kreckow, RN, at [jkreckow@columbia-stmarys.org](mailto:jkreckow@columbia-stmarys.org)

❖ **Medication Database Maintenance (Effective 9/7/16 from 0100 to 0300)**

Enhancements and maintenance will be done to our medication database. Interaction checking, interaction alerts, or access to drug leaflet information may be unavailable during this time.

For questions or issues, contact the IS Service Desk at 414-326-2085

**Access \* Quality \* Experience \* Value \* Model Community**

## ❖ FloTrac / Vigileo

FloTrac / Vigileo (a hemodynamic monitoring device) has been purchased for CSM to help manage patients in the OR and immediate post-operative settings under the ERAS (Enhanced Recovery After Surgery) protocol (primarily colorectal patients) and cardio-thoracic patients.

Recently, there is an interest to use this monitoring device, especially in sepsis patients, to assess the responsiveness of timely therapies involving fluid responsiveness and recommended medications (i.e. vasopressors). This is particularly important in patients diagnosed with septic shock. In detail, the need to document responsiveness is needed pertaining to: (1) fluid status, (2) central venous pressure (CVP), and (3) central venous oxygen saturation (ScvO2). In the past, the pulmonary artery catheter was used to direct management. However, studies have shown that morbidity and mortality are higher with the use of these catheters. Moreover, newer technologies have been developed and there is discussion about the use of cardiac output, cardiac index, stroke volume, and stroke volume variation in managing these critically ill patients.

We believe that current protocols and therapies are available and being used to manage critically ill patients, especially with regards to sepsis/severe sepsis/septic shock patients. However, we believe that we have an opportunity, **though not widely supported**, to use the **FloTrac / Vigileo** device to tailor and customize the existing management of these patients.

Because of this, we have developed an order and powerplan to use the FloTrac device for the medical team to use at their discretion. Please note that those patients using the ERAS protocol or who are cardio-thoracic patients have first priority in using these machines. **The single FloTrac order will be in the Cardiovascular surgery Post PowerPlan the week of 9-6-16.**

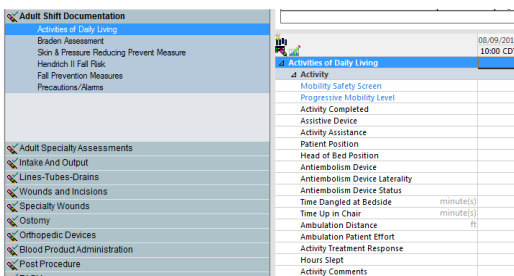
*The Flotrac subphase PowerPlan (Milwaukee) is nearing completion. When finalized, the subphase will be available for use with patients diagnosed with septic shock as a freestanding PowerPlan. This is a trial only at the Milwaukee Campus and will be available at the Ozaukee Campus once devices are available for use.*

*If you have any questions, please do not hesitate to contact Randall Arnold, Cat Zyniecki, Lyndsay Kerley, and Dr. Antonio Salud.*

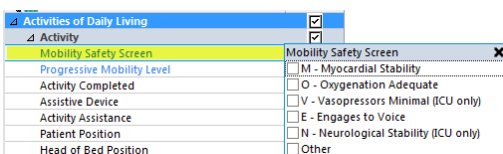
## ❖ ABCDEF Bundle – Early Progressive Mobility I View Enhancements *(Effective NOW)*

Early Progressive Mobility Protocol – 4 Steps (See Below)

**Step 1: Screen for Safety (RN every day by 0900)**



➤ Check all boxes for ICU patients. Check M, O, & E only for non-ICU patients.



# EHR Hospital Communication: August 31, 2016

- Document "Pass" or "Fail" result of the Mobility Safety Screen

Activities of Daily Living	
Activity	
Mobility Safety Screen	
Mobility Safety Screen Result	Mobility Safety Screen Result ✕
Progressive Mobility Level	Pass
Activity Completed	Fail
Assistive Device	

- Reference Text- found by double clicking on "Mobility Safety Screen"

**Mobility Safety Screen**

Reference

CarePlan information  
  Chart guide  
  Nurse preparation  
  Patient

**M - Myocardial stability (except CV surgery patients)**

No evidence of active myocardial ischemia within past 24 hours.

No dysrhythmia requiring new anti-dysrhythmic agent within past 24 hours.

**O - Oxygenation adequate**

FI02 < 0.6 (ICU)

PEEP < 10 (ICU)

O2 saturation ≥ 90% at rest with or without oxygen (Non-ICU)

**V - Vasopressors minimal (ICU only)**

No increase in vasopressors within past 2 hours

**E - Engages to voice**

Patient responds to verbal stimulation

**N - Neurological stability (ICU only)**

Normal ICP

**Other**

free text- current state

## Step 2: Assess and Document Mobility Level (RN or PT)

Activities of Daily Living	
Activity	
Mobility Safety Screen	
Progressive Mobility Level	Progressive Mobility Level ✕
Activity Completed	0-1 - Bedrest
Assistive Device	2 - Dangle
Activity Assistance	3 - To Chair
Patient Position	4 - Ambulate
Head of Bed Position	5 - Independent
Antiembolism Device	

## Step 3: Implement Early Progressive Mobility

Activities of Daily Living	
Activity	
Mobility Safety Screen	
Progressive Mobility Level	
Activity Completed	Activity Completed ✕
Assistive Device	<input type="checkbox"/> Remains on bed rest
Activity Assistance	<input type="checkbox"/> Chair Position in the bed
Patient Position	<input type="checkbox"/> Shoulder Flexion (5-10 repetitions)
Head of Bed Position	<input type="checkbox"/> Ankle Pumps (15-20 repetitions)
Antiembolism Device	<input type="checkbox"/> Able to assist with repositioning
Antiembolism Device Laterality	<input type="checkbox"/> Dangle
Antiembolism Device Status	<input type="checkbox"/> Stand in place
Time Dangled at Bedside	minutes <input type="checkbox"/> Marches in place
Time Up in Chair	minutes <input type="checkbox"/> Up to chair
Ambulation Distance	<input type="checkbox"/> Slide board to chair
Ambulation Patient Effort	<input type="checkbox"/> Pivot to chair
Activity Treatment Response	<input type="checkbox"/> Up to bedside commode
Hours Slept	<input type="checkbox"/> Ambulation in room/bathroom
Activity Comments	<input type="checkbox"/> Ambulation in hall
Nutrition - ADLs	<input type="checkbox"/> Independent mobility

- Document assistance needed to mobilize patient

Activities of Daily Living	
Activity	
Mobility Safety Screen	
Progressive Mobility Level	
Activity Completed	
Assistive Device	
Activity Assistance	Activity Assistance ✕
Patient Position	Independent
Head of Bed Position	Mod indep
Antiembolism Device	Setup/Supervision
Antiembolism Device Laterality	Standby assist
Antiembolism Device Status	1 Person assist
Time Dangled at Bedside	minutes <input type="checkbox"/> 2 Person assist
Time Up in Chair	minutes <input type="checkbox"/> Dependent
Ambulation Distance	ft <input type="checkbox"/> Total assistance

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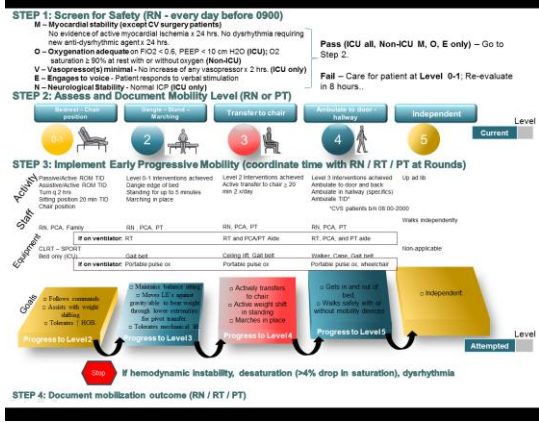
## Step 4: Document patient's response to mobility

Activities of Daily Living	
Activity	<input checked="" type="checkbox"/>
Mobility Safety Screen	
Progressive Mobility Level	
Activity Completed	
Assistive Device	
Activity Assistance	
Patient Position	
Head of Bed Position	
Antiemetic Device	
Antiemetic Device Laterality	
Antiemetic Device Status	
Time Dangled at Bedside	minute(s)
Time Up in Chair	minute(s)
Ambulation Distance	ft.
Ambulation Patient Effort	
Activity Treatment Response	
Hours Slept	
Activity Comments	

Activity Treatment Response	
<input type="checkbox"/>	Well tolerated
<input type="checkbox"/>	Blood pressure changes
<input type="checkbox"/>	Diaphoretic
<input type="checkbox"/>	Dizziness/Lightheadedness
<input type="checkbox"/>	Dysrhythmia
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Oxygen desaturation
<input type="checkbox"/>	Pain
<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Verbalizes fear of falling
<input type="checkbox"/>	Other

## Early Progressive Mobility Protocol



For questions contact Anne Putzer at [aputzer@columbia-stmarys.org](mailto:aputzer@columbia-stmarys.org) or Dani Wanek at [Danine.wanek@columbia-stmarys.org](mailto:Danine.wanek@columbia-stmarys.org)