

# EPIC PROVIDER ENHANCEMENTS

January 9, 2024 Meeting

# Ambulatory -

## Approved for Production: **Move on 1/10/2024**

Item Name	Description	ER #
<a href="#">Suppress Well Child Express Lanes Auto Launch</a>	Suppress Well Child Express Lanes from Auto Launching.	EPREQ0016709

## Approved for Production: **Move on 1/16/2024**

Item Name	Description	ER #
<a href="#">Nutrition SmartLinks</a>	Create SmartLinks for Nutrition Flowsheets.	EPREQ0014577
<a href="#">PEN_FASTTool</a>	Enable Access to the Penicillin Allergy Risk Tool (PEN-FAST) for Outpatient Practices.	EPREQ0014622

# Acute - Approved for Production: Move on 1/16/2024

Item Name	Description	ER #
<a href="#">Acetaminophen IV to PO for Post-Op</a>	Update the 3rd & 4th doses of acetaminophen post-op to allow for PO/NG option.	EPREQ0013147
<a href="#">CBMC RRT's Can Place IP Tobacco Consults Using 'Scope' Order Mode</a>	Update the system second sign rule to allow RRT's at CBMC to place CON74 (inpatient consult to smoking cessation) using their Scope order mode.	INC1405117
<a href="#">Add Policies &amp; Protocols to APN/MD Sidebar Index</a>	Add Policies & Protocols link to Nurse Practitioners (APN) and MD to their index tab of their side bar summary in Epic.	EPREQ0016794
<a href="#">Updates to Hold Parameters on Select Cardiac Medications</a>	Added Cardiac Hold Parameters to medications missed in initial build.	EPREQ0001699
<a href="#">Update to Sickle Cell Sets</a>	Add appropriate PCA panel to both adult and pediatric sickle cell set.	EPREQ0015783
<a href="#">Updates to Heparin Infusion Labs</a>	Change CBC <b>WITH</b> Differential to CBC <b>WITHOUT</b> Differential. Remove platelet count.	EPREQ001665
<a href="#">Update Behavioral Health Mental Status Exam Smartlink</a>	Update the Mental Status Exam (MSE) Smartlink to pull data looking back 24 hours in the past.	EPREQ0016977
<a href="#">Update Cardiorespiratory Monitoring</a>	Add synonym to Telemetry Panel to help users find the correct order and update display name when searching.	N/A
<a href="#">RT100 Tracheostomy Capping Trial</a>	New Respiratory EAP	EPREQ0009431
<a href="#">Adult Tubefeeding No Tray DIET20 Adult Tubefeeding Without Tray DIET21</a>	Add additional Flush Frequencies to Tubefeeding order.	EPREQ0015356
<a href="#">Correction History</a>	Correction history will now appear as "amendment" on all AP cases.	EPREQ0005992
<a href="#">Flow Cytometry Specimen Type</a>	Removing default specimen type to prevent the incorrect type from being selected on non-blood orders.	EPREQ0012941

AMBULATORY

# Suppress Well Child Express Lanes Auto Launch in Visits

[Move to Production 1/10/24]

**Application:** Ambulatory  
**Owner:** Stephanie Krusas/Amy Byers

**Enhancement Number:**

EPREQ0016709

**Requestor:** Pediatric Advisory Council

**Date Reviewed:** 1/6/24

**Existing process?** Yes

**Build Required?** Yes

**Background:** The Pediatric Advisory Council requests that the suggestion criteria causing Express Lanes to automatically launch in Well Child visits be removed.

**Impact:** Express Lanes will not pop up but will be available by searching in the SmartSets section of the Plan Activity.

**Solution:** Remove the item causing the Express Lanes to auto launch in visits.

[Return to Agenda](#)

**Epic** together.

# Suppress Well Child Express Lanes Auto Launch in Visits, continued

[Move to Production 1/10/24]

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

Before (Current State)

This screenshot shows a notification window titled "Save time with Express Lane!". The text inside reads: "The following Express Lanes are available for this visit: Well Child Check 0-1 Month". Below the text are two buttons: "Let's Go!" and "Dismiss". The notification is overlaid on a blurred background of a software interface with buttons like "Restore" and "Close".

After (Future State)

This screenshot shows the "SmartSets" interface. At the top, there is a search bar labeled "Search for new SmartSet" and an "Add" button. Below this is a "Suggestions" section with a list of items, each with an unchecked checkbox: "Immunizations - pediatric", "Newborn weight check", "PED Cholesterol Screening", "Referral Orders", and "Well Child Check 0-1 Month".

This screenshot shows another view of the "SmartSets" interface. It features a search bar "Search for new SmartSet" with an "Add" button. The "Suggestions" section lists "Well Child Check 0-1 Month" with an unchecked checkbox, and "Express Lane" with a blue double-arrow icon and a small external link icon.

# SmartLinks for Nutrition Flowsheets

**Application:** Ambulatory  
**Owner:** Stephanie Krusas/Amy Byers

**Enhancement Number:**

EPREQ0014577

**Requestor:** Sarah Stites, Dietician

**Date Reviewed:**  
12/12/12

**Existing process?** No

**Build Required?** Yes

**Background:** Unable to pull the documentation from 7 flowsheets available in the Nutrition navigator into notes.

**Impact:** The Nutrition flowsheets and new Nutrition SmartLinks are available for everyone upon searching.

**Solution:** Create a report and SmartLink per flowsheet to provide a tool to pull data into the note.

[Return to Agenda](#)

**Epic** together.

# SmartLinks for Anthropometric Measurements

## .anthro

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

[Anthropometrics](#)
[Energy Needs](#)
[Food/Nutrient Intake](#)
[Food/Nutrient Admin](#)
[Knowledge-Behavior](#)
[Factors](#)
[Findings](#)
[Ped Anthropometrics](#)
[Ped Nutrient/Fluid Needs](#)
[Food Frequency](#)
[Diabetes Edu Record](#)
[DSM Edu Record](#)

#### Anthropometric Measurements

	12/11/2023
Height:	1.57 m (5' 1.81")
Weight:	68 kg (150 lb)
Usual Body Weight:	67 kg
Adjusted Body Weight:	57.02
IBW/kg (Calculated):	49.67 kg
Female:	
% IBW:	20 %
BMI (Calculated):	27.6
BMI Assessment:	Normal Weight (BMI 18.5 - 24.9)
% Weight Change:	1.55 %
Weight Loss:	2 kg
Weight Loss Time:	1 month
Frame:	
Weight Gain:	0 kg
Weight Gain Time:	0
Frame:	
Does the patient have an amputation?:	Yes
Percent Amputation:	1.4;50.0
Total Amputation Percentage:	51.4
Adjusted IBW/kg:	24.1
Frame Size:	Medium
Weight Change:	0
Growth Pattern:	dsfd
Indices / Percentile Ranks:	
Body Compartment Estimates:	adf

[Return to Agenda](#)

**Epic** together.

# SmartLinks for Food/Nutrient Intake

## .foodintake

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

#### Food Nutrition Intake

	12/12/2023
Oral Fluids:	water
Food-derived Fluids:	water
Liquid Meal Replacement or Supplement:	protein
Amount of Food:	alot
Type of Food / Meals:	fast food
Meal / Snack Pattern:	snack on fruit and veggies
Diet Quality Index:	2
Food Variety:	Present
Breast Milk Intake:	0
Infant Formula Intake:	100
Enteral Nutrition Formula/Solution:	Formula
Enteral Access:	NGT
Rate/hr:	25 ml
Hours per day:	3
Total Volume:	150
kcal/ml:	300
Total kcal:	600
Feeding Tube Flush:	10
Amount:	20 ml
Hours:	Q4
Total Volume:	150
Parenteral Nutrition Formula/Solution:	yes
Parenteral Access:	yes
IV Fluids:	yes
Total Energy Intake:	100

# SmartLinks for Food/Nutrient Admin .foodadmin

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

## Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

### Food Nutrient Admin

12/12/2023

Enteral Access: Salem Sump  
Parenteral Access: yes

# SmartLinks for Ped Anthropometrics

## .pedanthro

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

#### Ped Anthropometrics

12/12/2023			
Weight:	68 kg (150 lb)	CP/Neurological Impairment::	
Height:	1.57 m (5' 1.81")	Knee Equation parameters::	White
BMI (Calculated):	27.6	KH for Children without	123.17
IBW (kg)::	25	CP/Neurological Impairment (no rounding)::	
% IBW::	272.16	Mid Upper Arm Circumference (MUAC) (mm)::	11.9
Adjusted IBW (kg)::	140kg	MUAC %ile::	11.7
% Adjusted IBW::	48.6	MUAC Z-score::	10.5
Change in Weight (g)::	1kg	Triceps Skin Fold (TSF) (mm)::	3
Change in Height (cm)::	0	TSF %ile::	6
# days since last visit::	14	TSF Z-score::	0.17
Average Weight change (g/day)::	.07142857142857142857	Mid-arm Muscle Circumference (MAMC) (mm)::	2.48
Average Linear growth (cm/month)::	0	MAMC %ile::	119
Mother's Height (cm)::	1.57 m (5' 1.81")	Hand Grip Strength::	20
Father's Height (cm)::	1.65 m (5' 4.96")		
Mid Parental Height Girl (cm)::	154.499999999999967		
Knee Height (cm)::	30		
Leg M measured::	Left leg		
Equation w/wo	With CP/Neurological Impairment		

# SmartLinks for Ped Nutrient/Fluid Needs

## .pednutrient

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

#### Ped Nutrient/Fluid Needs

12/12/2023

Height: 1.57 m (5' 1.81")  
 Weight: 68 kg (150 lb)  
 Estimated Energy Needs (kcal):: 50  
 REE Age Group: 3-10 years  
 Stress Factor:: No stress factors noted  
 WHO Stress Factor: 1  
 WHO REE:: 2029.9  
 RDA Age Range:: 6-12 months  
 Recommended Dietary Allowance (kcal):: 6667.92  
 Average Estimated Daily Energy Req (0-12 months):: 7-12 months  
 Average Estimated Daily Energy Needs (0-12 months) (kcal):: 5443.2  
 Equations to Estimate Specific Energy Needs (0-36 months):: 0-3 months  
 Estimate Specific Energy Needs (0-36 months) (kcal):: 6130.56

Food/Nutrient Admin    Knowledge-Behavior    Factors    Findings    Ped Anthropometrics    Ped Nutrient/Fluid Needs    Food Frequency    Diabetes Edu Record    DSM Edu Record

EER Physical Activity (3-19+ years):: Low Active  
 Estimated Energy Requirements 3-19+ years (kcal):: 1977.645327999999999  
 BMR Age:: 3-10 years  
 Schofield Needs (kcal):: 1779.79676  
 Overweight Physical Activity:: Low Active  
 Overweight EER Needs 3-18 years (kcal):: 709.492159999999999  
 Dietz Boy/Girl:: Girls  
 Dietz 10-18 years (kcal):: 1477.235999999999999  
 Cerebral Palsy Severity:: Mild CP, Non-Ambulatory  
 Cerebral Palsy Needs 5-11yrs (kcal):: 1742.699999999999999  
 Down Syndrome Boy/Girl:: Girls  
 Down Syndrome Needs 5-12 yrs (kcal):: 2245.099999999999999  
 Cystic Fibrosis Age:: 10-18 years  
 Cystic Fibrosis BMR:: 1576.088  
 Cystic Fibrosis Stress Factor (Pulmonary status):: 2

Cystic Fibrosis TEE Age Range:: 4-6 mo  
 Cystic Fibrosis EER PA:: Low Active  
 Cystic Fibrosis - TEE PA values:: 1.16  
 Cystic Fibrosis TEE:: 6011.56  
 Cystic Fibrosis EER IBW:: 12  
 Cystic Fibrosis EER CF Factor:: 12  
 Cystic Fibrosis EER Needs (kcal):: 865664.64 kcal  
 Prader Willi (2-18 years):: Promote Weight Loss (8-9kcal/cm)  
 Prader Willi kcal:: 23  
 Prader Willi Syndrom Needs 2-18years (kcal):: 3610.999999999999999  
 Spina Bifida:: Weight Loss (7 kcal/cm)  
 Spina Bifida kcal:: 23  
 Spina Bifida >8 years, min active (kcal):: 3610.999999999999999  
 Adequate Intake (AI) 0-1 year (g Protein/kg/day):: 1.5 g Protein/kg/day  
 Adequate Intake Needs (g Protein/day):: 102.06  
 Recommended Dietary Allowance (RDA) Protein 1-19+ years (g Protein/kg/day):: 0.85

: Only

# SmartLinks for Food Frequency

## .foodfreq

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

#### Food Frequency

12/12/2023

Do you drink milk?:	No
Do you eat yogurt?:	No
Do you eat cheese?:	No
Do you snack?:	Yes
On what?:	jl;kj
How often?:	hkjhklj
What vegetables do you eat?:	d
How often?:	d
What fruit do you eat?:	d
How often?:	a
Do you eat bread?:	No
Do you eat cereal?:	No
Do you eat grains?:	No
Do you eat potatoes?:	No
Do you use sugar/honey?:	Yes
Do you drink sugar-beverages?:	No
Do you eat beans?:	Yes
Do you eat fish?:	No
Do you eat meat?:	No
Do you eat nuts/seeds?:	No
Do you eat alternative protein?:	No

[Return to Agenda](#)

**Epic** together.

# SmartLinks for Diabetes Education

## .diabetesed

**Application:** Ambulatory  
**Owner:** Stephanie Krusas

### Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

#### Diabetes Education

12/16/2023									
Identifies 2 behavior change goals::	Understands Concept	Understands site rotation::	Understands & will incorporate	Complete homework - lunch analysis:	Understands & will incorporate	Completes homework - dinner analysis::	Understands Concept	Identifies chronic complications::	Understands Concept
Shows willingness to make behavior changes::	Understands Concept	Proper needle disposal::	Understands Concept	Understands need for regular exercise::	Understands & will incorporate	Identifies how to dec risk of chronic complications::	Understands & will incorporate	Develops "Diabetes Health Plan"::	Understands Concept
Knows own type::	Understands & will incorporate	Aware of how to get assistance with meds/supplies::	Understands & will incorporate	Knows effect of exercise on blood sugars::	Understands & will incorporate	Use of resources/Health care/community::	Understands & will incorporate	List of resources given::	Understands Concept
Understands how diabetes is treated::	Understands & will incorporate	Understands carbohydrate counting::	Understands Concept	Agrees to type of activity::	Understands & will incorporate	Understands need to keep appointments::	Understands & will incorporate	Knows when to seek help::	Understands Concept
Recognizes and verbalizes psychosocial barriers::	Understands & will incorporate	Able to read food label::	Understands & will incorporate	States Sick Day Guidelines::	Understands & will incorporate	Knows when to test for ketones::	Understands & will incorporate	Appropriately tests for ketones::	Understands Concept
Understands importance of SMBG::	Understands & will incorporate	Able to create an appropriate breakfast menu::	Understands Concept	Understands what ketones are::	Understands Concept	Knows what to do in case of a disaster::	Understands Concept	Identifies good decisions when eating out::	Understands Concept
Understands significance of HbA1c::	Understands & will incorporate	Completes homework - breakfast analysis::	Understands Concept	Knows when to test for ketones::	Understands & will incorporate	Knows how alcohol affects blood sugars::	Needs Reinforcement	Identifies successful food shopping tips::	Understands Concept
Identifies blood sugar targets::	Understands & will incorporate	Able to identify symptoms/treatment of hypo::	Understands Concept	Knows what to do in case of a disaster::	Understands Concept	Identifies artificial sweeteners::	Understands Concept	Identifies what food affects cholesterol::	Understands Concept
Knows what affects blood sugars::	Understands & will incorporate	Understands how to prevent hypoglycemia::	Understands & will incorporate	Identifies good decisions when eating out::	Understands Concept	Modifies diet for saturated fat and trans fat::	Understands Concept	Identifies high sodium foods::	Understands Concept
Appropriately uses meter::	Understands & will incorporate	Family member knows when/how to use glucagon::	Understands & will incorporate	Knows how alcohol affects blood sugars::	Needs Reinforcement				
Knows when to test::	Understands & will incorporate	Able to identify symptoms/treatment of hyper::	Understands Concept	Identifies	Understands Concept				
Knows how to record blood sugars::	Understands Concept	Understands how to prevent hyperglycemia::	Understands & will incorporate	Identifies successful food shopping tips::	Understands Concept				
Knows when to call/results::	Understands & will incorporate	Identifies pattern of eating::	Understands & will incorporate	Able to identify artificial sweeteners::	Needs Reinforcement				
Identifies nutrients in food::	Understands & will incorporate	Trouble shoots how to improve pattern of eating::	Understands Concept	Identifies what food affects cholesterol::	Understands Concept				
Understands how nutrients affect blood sugars::	Understands & will incorporate	Trouble shoots how to improve pattern of eating::	Understands & will incorporate	Modifies diet for saturated fat and trans fat::	Understands Concept				
		Able to create an appropriate lunch menu::	Understands & will incorporate	Identifies high sodium foods::	Understands Concept				

# SmartLinks for DSM Education

## .dsedu

**Application: Ambulatory**  
**Owner: Stephanie Krusas**

### Nutrition

Anthropometrics   Energy Needs   Food/Nutrient Intake   Food/Nutrient Admin   Knowledge-Behavior   Factors   Findings   Ped Anthropometrics   Ped Nutrient/Fluid Needs   Food Frequency   Diabetes Edu Record   DSM Edu Record

#### Diabetes Education

12/16/2023									
Identifies 2 behavior change goals::	Understands Concept	Understands how nutrients affect blood sugars::	Understands & will incorporate	Understands how to prevent hyperglycemia::	Understands & will incorporate	Identifies successful food shopping tips::	Understands Concept		
Shows willingness to make behavior changes::	Understands Concept	States time, dose, action oral meds::	Understands & will incorporate	Identifies pattern of eating:	Understands & will incorporate	Able to identify artificial sweeteners::	Needs Reinforcement		
Knows own type::	Understands & will incorporate	Understands possible side effects::	Understands Concept	Trouble shoots how to improve pattern of eating:	Understands Concept	Identifies what food affects cholesterol::	Understands Concept		
Understands how diabetes is treated::	Understands & will incorporate	States time, dose, action of insulin::	Understands & will incorporate	Trouble shoots how to improve pattern of eating:	Understands & will incorporate	Modifies diet for saturated fat and trans fat:	Understands Concept		
Recognizes and verbalizes psychosocial barriers::	Understands & will incorporate	Understands accurate insulin injecting::	Understands Concept	Able to create an appropriate lunch menu::	Understands & will incorporate	Identifies high sodium foods::	Understands Concept		
Understands importance of SMBG::	Understands & will incorporate	Understands site rotation::	Understands & will incorporate	Complete homework - lunch analysis:	Understands & will incorporate	Modifies diet for low sodium foods::	Understands Concept		
Understands significance of HbA1c::	Understands & will incorporate	Proper needle disposal::	Understands Concept	Understands need for regular exercise::	Understands & will incorporate	Completes homework - dinner analysis::	Understands Concept		
Identifies blood sugar targets::	Understands & will incorporate	Aware of how to get assistance with meds/supplies::	Understands & will incorporate	Knows effect of exercise on blood sugars::	Understands & will incorporate	Identifies chronic complications::	Understands Concept		
Knows what affects blood sugars::	Understands & will incorporate	Understands carbohydrate counting::	Understands Concept	Agrees to type of activity:	Understands & will incorporate	Identifies how to dec risk of chronic complications::	Understands Concept		
Appropriately uses meter::	Understands & will incorporate	able to read food label::	Understands & will incorporate	States Sick Day Guidelines::	Understands & will incorporate	Develops "Diabetes Health Plan"::	Understands Concept		
Knows when to test::	Understands & will incorporate	able to create an appropriate breakfast menu::	Understands Concept	Understands what ketones are::	Understands Concept	Use of resources/Health care/community::	Understands Concept		
Knows how to record blood sugars::	Understands Concept	Completes homework - breakfast analysis::	Understands Concept	Knows when to test for ketones::	Understands & will incorporate	List of resources given::	Understands Concept		
Knows when to call/results::	Understands & will incorporate	able to identify symptoms/treatment of hypo::	Understands Concept	Appropriately tests for ketones::	Understands Concept	Understands need to keep appointments::	Understands Concept		
Identifies nutrients in food::	Understands & will incorporate	Understands how to prevent hypoglycemia::	Understands Concept	Knows what to do in case of a disaster::	Understands Concept	Knows when to seek help::	Understands Concept		
		Family member knows when/how to use glucagon::	Understands & will incorporate	Identifies good decisions when eating out::	Understands Concept				
		able to identify symptoms/treatment of hyper::	Understands Concept	Knows how alcohol affects blood sugars::	Needs Reinforcement				

# Enable Access to the Penicillin Allergy Risk Tool (PEN-FAST) for Outpatient Practices

**Application:** Ambulatory  
**Owner:** Jose Aponte-Lopez/Amy Byers

CMT: T100-75648

Workfront

Reference Number:

N/A

Enhancement Number:

EPREQ0014622

Requestor:

Jennifer Sternbach

**Background:** The Pen-Fast screening is a clinical decision-making tool aimed at identifying low-risk penicillin allergies by enabling risk assessment of patient reported penicillin allergies. The Pen-Fast tool is currently available for Inpatient; this request is to also make this tool available for outpatient practices to use.

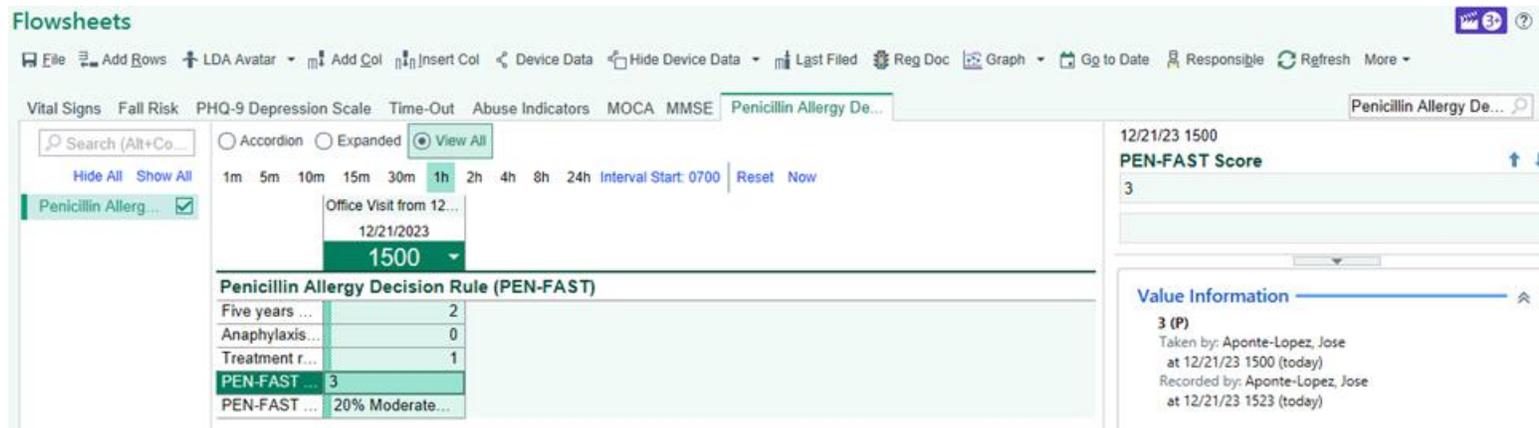
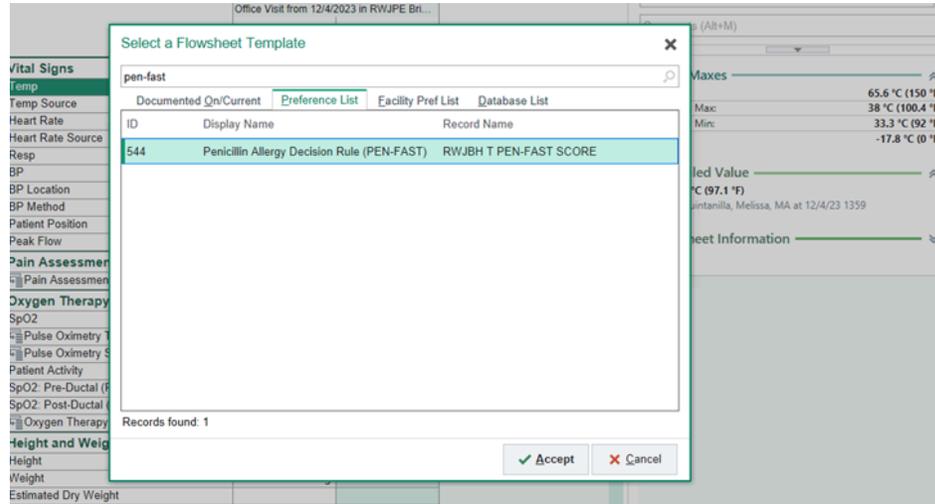
## **Impact:**

**Solution:** The Pen-Fast tool is created as a flowsheet. Adding the Pen-fast to the AMB Flowsheet preference list will allow customers to access and use the Pen-Fast tool.

# Enable Access to the Penicillin Allergy Risk Tool (PEN-FAST) for Outpatient Practices, continued

**Application:** Ambulatory  
**Owner:** Jose Aponte-Lopez

❑ After (Future State)



ACUTE

# Acetaminophen IV to PO for Post-Op

EPREQ0013147

CTS Post-Op Acetaminophen now has an option for PO/NG for the 3rd & 4th doses instead of IV only.

The OR dose & first dose after OR are still IV and then an "Or" panel for IV/PO/NG for dose 3 & 4 and then only PO/NG options for the remaining 4 days.

- ERAS
  - ERAS
  - ERAS Post Op Day #0
    - Early Mobility
    - Early Mobility Catheter
  - Post-Op Multi-Modal Analgesia
    - Post-Operative Interventions

- Acetaminophen (Ofirmev) IV for up to 3 doses followed by acetaminophen (Tylenol) for 4 days
  - Acetaminophen (Ofirmev) IV - Time off last OR dose
    - acetaminophen (Ofirmev) injection 1,000 mg  
1,000 mg, intravenous, at 400 mL/hr, Administer over 15 Minutes, Once, today at 1630, For 1 dose, Phase II/On Unit  
Sign and Hold
  - Acetaminophen IV or PO or NG - Time off last OR dose
    - acetaminophen (Tylenol) tablet 1,000 mg  
1,000 mg, oral, Every 6 hours, First dose today at 2230, For 2 doses, Phase II/On Unit  
Sign and Hold
    - Or
      - acetaminophen (Tylenol) 999 mg oral solution 31.2 mL  
999 mg (rounded from 1,000 mg), nasogastric tube, Every 6 hours, First dose today at 2230, For 2 doses, Phase II/On Unit  
Sign and Hold
    - Or
      - acetaminophen (Ofirmev) injection 1,000 mg  
1,000 mg, intravenous, at 400 mL/hr, Administer over 15 Minutes, Every 6 hours, First dose today at 2230, For 2 doses, Phase II/On Unit  
Please select only if patient remains NPO  
Sign and Hold
  - Acetaminophen PO or NG - Time off last OR dose
    - acetaminophen (Tylenol) tablet 1,000 mg  
1,000 mg, oral, Every 8 hours, First dose tomorrow at 1030, For 4 days, Phase II/On Unit  
Sign and Hold
    - Or
      - acetaminophen (Tylenol) 999 mg oral solution 31.2 mL  
999 mg (rounded from 1,000 mg), nasogastric tube, Every 8 hours, First dose tomorrow at 1030, For 4 days, Phase II/On Unit  
Sign and Hold

# CBMC RRT's Can Place IP Tobacco Consults Using 'Scope' Order Mode

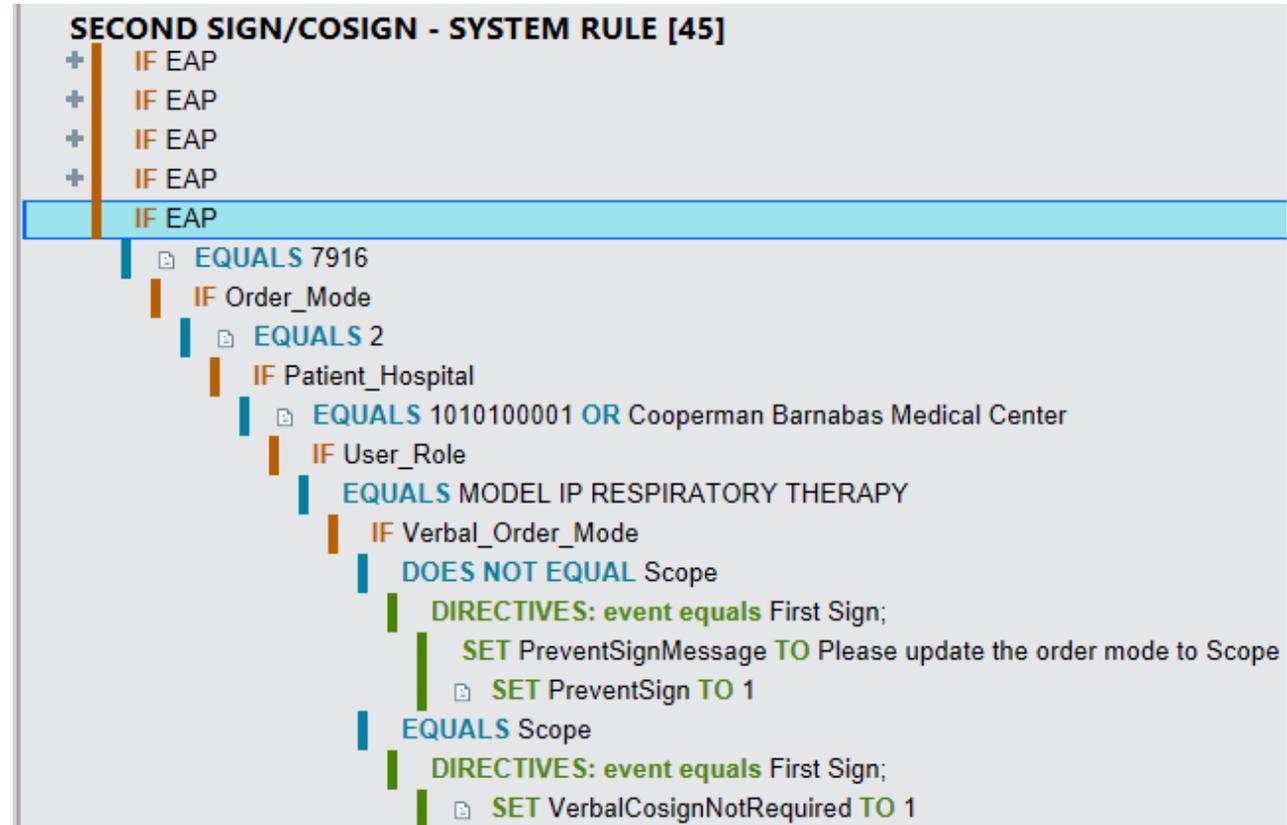
**Application:** Orders  
**Owner:** Vincent Metzger

INC1405117

There is a hospital policy at CBMC [policy # TTP1] that allows Registered Respiratory Therapists to place inpatient consults to smoking cessation under their Scope of practice.

The policy was recently reviewed & vetted with hospital admin and clinical informatics.

All other sites are utilizing the IFPR Quit Center for tobacco cessation.



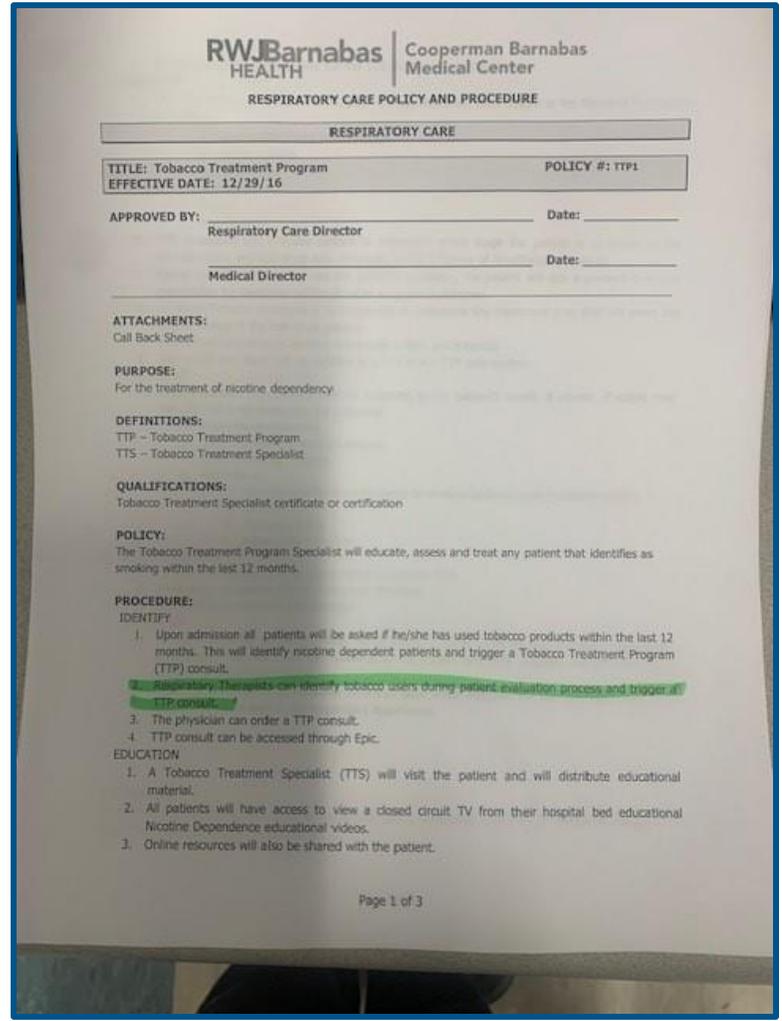
[Return to Agenda](#)

**Epic** together.

# CBMC RRT's Can Place IP Tobacco Consults Using 'Scope' Order Mode, continued

**Application:** Orders  
**Owner:** Vincent Metzger

Reached out to requestor (Dina Zwigard) to let her know policy is not currently on the intranet.



# Add Policies & Protocols to Provider and APP's Sidebar Summary Index

**Application:** Orders  
**Owner:** Marcia Gottlieb

EPREQ0016794

Add Policies & Protocols link to Provider and APP's Sidebar Summary Index tab in Epic.

**Before**

I&O and Results	Diet Orders
Active Lines	History
My Charges & Notes	Med Dispense History
SmartLinks and SmartPhrases	Checklist
Sepsis Checklist	Blood Product Transfusion

**Before**

I&O and Results	Diet Orders
Active Lines	History
My Charges & Notes	Med Dispense History
SmartLinks and SmartPhrases	Checklist
Sepsis Checklist	Blood Product Transfusion

**After**

I&O and Results	Diet Orders
Active Lines	History
My Charges & Notes	Med Dispense History
SmartLinks and SmartPhrases	Checklist
Sepsis Checklist	Blood Product Transfusion
Policies & Protocols	

**After**

I&O and Results	Diet Orders
Active Lines	History
My Charges & Notes	Med Dispense History
SmartLinks and SmartPhrases	Checklist
Sepsis Checklist	Blood Product Transfusion
Policies & Protocols	

[Return to Agenda](#)

**Epic** together.

# Updates to Hold Parameters on Select Cardiac Medications

**Application:** Willow  
Inpatient  
**Owner:** Melissa Crossen

EPREQ0001699

Hold parameters were determined by the System Cardiology ILG in early 2021.

Build includes hold parameters that were deemed acceptable as a default. Providers may choose "Other" as indicated in the screenshot for custom hold parameters.

Audited the list that was approved by Cardiology ILG and added those that were missed in the initial build.

- Hydralazine – SBP < 100 mmHg
- Lisinopril – SBP < 100 mmHg
- Methyldopa – SBP less than 100 mmHg / HR < 55 BPM
- Valsartan – SBP < 100 mmHg

hydrALAZINE (Apresoline) tablet ✓ Accept ✗ Cancel

Reference Links: • Neofax • Micromedex • Pediatrics

Report: No Creatinine Clearance results found.

Reason to hold? **SBP < 100 mmHg** Other (Specify in Comments)

Dose:    10 mg 25 mg 50 mg

Route: oral  oral

Frequency: 3 times daily  BID TID

Starting: 1/3/2024  Today Tomorrow

For: 90  Doses Hours Days

First Dose:  Include Now As Scheduled

First Dose: Today 1600 Final Dose: Tue 4/2 0900 Number of doses: 270

# Update Sickle Cell Sets

**Application:** Orders  
**Owner:** Bjorn Vanberg

Add PCA panel to both the pediatric and adult sets.

## Adult Set

Pain Management

Select only 1 PRN medication for each pain severity (mild 1-3, moderate 4-6, severe 7-10)

- Non-Opioid Pain Management
- Opioid Pain Management
- Patient Controlled Analgesia

## Pediatric Set

Pain or Fever

- Crisis - Analgesics
- Pediatric Patient Controlled Analgesia
- Fever

# Updated Heparin Infusion Labs

**Application:** Orders  
**Owner:** Bjorn Vanberg

Change CBC  
*WITH* Differential to  
CBC  
*WITHOUT* Differential.  
  
Remove platelet count  
order.

## STAT Labs

The following baseline labs must be completed prior to initiation of heparin. All labs must be marked STAT and sent separately to lab for analysis.

### Complete Blood Count (CBC), w/o Differential

STAT, today at 1656, For 1 occurrence  
Blood, Blood, Venous

### Partial Thromboplastin Time (PTT), Activated

STAT, today at 1656, For 1 occurrence  
Blood, Blood, Venous

### Prothrombin Time (PT/INR)

STAT, today at 1656, For 1 occurrence  
Blood, Blood, Venous

## Daily Labs

### Complete Blood Count (CBC), w/o Differential

Daily, First occurrence today at 1656, Last occurrence on Sun 1/7 at 0600, For 3 days  
Blood, Blood, Venous

### Partial Thromboplastin Time (PTT), Activated

Daily, Starting 1/6/24 for 3 days

# Updated Mental Status Exam Smartlink

**Application:** Behavioral Health  
**Owner:** Dave Atlas

EPREQ0016977

Update the Mental Status Exam (MSE) Smartlink to only pull data looking back 24 hours in the past whereas current state it is pulling data from previous encounters

The screenshot displays the Epic EHR interface for a Mental Status Exam (MSE) Smartlink. The left pane shows a table of MSE data with a red box highlighting the 'Admission (Current) from 5/6/2021 in SOM 5...' entry. The right pane shows a 'My Note' for a 'Psychiatric Evaluation' with a 'Physical Exam' section containing a 'Mental Status Examination' summary, also highlighted with a red box.

Observations		Last Filled Value
Appearance	Inappropriate	Inappropriate
Speech	Impoverished	Impoverished
Eye Contact	Avoidant	Avoidant
Motor Activity	Tics	Tics
Affect	Labile	Labile
Comments	fsdf	fsdf
Mood		
Mood	Depressed	Depressed
Comments	adsfd	adsfd
Cognition		
Orientation	Object	Object
Memory Impairment	Long-Term	Long-Term
Attention	Distracted	Distracted
Comments	sdaifd	sdaifd
Perception		
Hallucinations	Visual	Visual
Other	Depersonalization	Depersonalization
Comments	asdfs	asdfs
Thought Content		
Suicidality	Plan	Plan
Homicidality	Intent	Intent
Delusions	Paranoid	Paranoid
Comments	sadf	sadf
Thought Process		
Thought Process	Tangential	Tangential
Comments		
Behavior		
Behavior	Agitated	Agitated
Comments	adsfd	adsfd
Insight		
Insight	Fair	Fair

**Mental Status Examination:**  
Appearance: Inappropriate  
Speech: Impoverished  
Eye Contact: Avoidant  
Motor Activity: Tics  
Affect: Labile  
Comments: fsdf  
Mood: Depressed  
Comments: adsfd  
Orientation: Object  
Memory Impairment: Long-Term  
Attention: Distracted  
Comments: sdaifd  
Hallucinations: Visual  
Other: Depersonalization  
Comments: asdfs  
Suicidality: Plan  
Homicidality: Intent  
Delusions: Paranoid  
Comments: sadf  
Behavior: Agitated  
Comments: adsfd  
Insight: Fair  
Comments: adsfd  
Judgment: Fair  
Comments: dsafd  
Thought Process: Tangential

# Updated Cardiorespiratory Monitoring

**Application:** Orders  
**Owner:** Bjorn Vanberg

Users have been ordering cardiorespiratory monitoring instead of telemetry monitoring.

Made several quality-of-life improvements to guide clinicians to the correct orders.

Add synonym to telemetry panel.

Automatically discontinue cardiorespiratory monitoring on reconciliation.

The screenshot shows the 'Order and Order Set Search' interface. At the top, there is a search bar containing the text 'CARDIORESP' and a magnifying glass icon. Below the search bar, there are four expandable sections:

- Order Sets, Panels, & Pathways** (expanded): This section contains a table with a header 'Name'. The first row shows a teal car icon, a camera icon, and the text 'Telemetry Monitoring'.
- During Visit Medications** (collapsed): This section shows '(No results found)'.
- During Visit Procedures** (expanded): This section contains a table with a header 'Name'. The first row shows a teal car icon, a lightbulb icon, and the text 'Cardiorespiratory monitoring (ED/ICU only)'. This row is highlighted in light blue.
- After Visit Orders** (collapsed): This section is currently empty.

# RT100 Tracheostomy Capping Trial

**Application:** Orders  
**Owner:** Mary Mulford

CMT: T100-76570

EPREQ0009431

New EAP: RT100  
Tracheostomy Capping  
Trial

Requester: Allison  
Boyanovski-JCMC

Approved by  
Respiratory Workgroup

Tracheostomy capping trial ✓ Accept ✗ Cancel

Priority: Routine Routine

Frequency: **As Tolerated** Daily Once **New EAP RT100**

Starting: 12/20/2023 Today Tomorrow For: Occurrences Hours Days Weeks

At: 1231 Ending: Ending

Starting: **Today 1231** Ending: **Until Specified**

**ⓘ There are no scheduled times based on the current order parameters.**

Reason for Treatment:: Improve oxygenation Improve/prevent atelectasis Mobilize Secretions Relieve bronchospasm **Other**

Reason for treatment other:

Comments: abc ? ? + Insert SmartText ← → ↶ ↷ 100%

ⓘ Next Required Link Order ✓ Accept ✗ Cancel

[Return to Agenda](#)

**Epic** together.

# DIET-TUBE FEEDING FLUSH FREQUENCY

**Application:** Orders  
**Owner:** Mary Mulford

CMT: T100-77413

EPREQ0015356

Updated LQL: DIET-TUBE FEEDING FLUSH FREQUENCY ID-100103

Additional frequency:

Every 1 hour, Every 2 hours, Every 3 hours, Every 4 hours, Every 6 hours

Requester:

Elion Krok, MD

Approved by: Nutrition Workgroup

Adult Tube Feeding no Tray Bolus; Full strength; 30; Water; With each bolus

Frequency: Effective now Effective tomorrow

Starting: 1/2/2024 Today Tomorrow For: Hours Days Weeks

At: 1343

Starting: Today 1343 Ending: Until Specified

Tube placement: G-Tube J-Tube ND-Tube NG-Tube NJ-Tube OG-Tube

Tube feeding type: Bolus Continuous

Tube feeding bolus (mL):

Tube feeding bolus frequency:

TF Formula MMC: Ensure plus high protein Glucerna 1.2 cal Jevity 1.5 cal Nepro with carb steady Non Formulary Product Promote TwoCal HN Vital AF 1.2 cal

Tube feeding strength: Full strength 3/4 strength 1/2 strength 1/4 strength

Tube feeding cyclic (start / stop time):

Tube feeding cyclic rate (mL/hr):

Tube feeding flush (mL): 30

Flush type: Water

Flush frequency: Every 4 hours PRN Every 6 hours PRN Every 8 hours PRN With each bolus

Free water addition total daily (mL):

Next Required Link Order Accept Cancel

Adult Tube Feeding no Tray Bolus; Full strength; 30; Water; With each bolus

Frequency: Effective now Effective tomorrow

Starting: 1/2/2024 Today Tomorrow For: Hours Days Weeks

At: 1546

Starting: Today 1546 Ending: Until Specified

Tube placement: G-Tube J-Tube ND-Tube NG-Tube NJ-Tube OG-Tube

Tube feeding type: Bolus Continuous

Tube feeding bolus (mL):

Tube feeding bolus frequency:

TF Formula Hamilton: Glucerna 1.5 cal Jevity 1.2 cal Nepro with carb steady Non Formulary Product Osmolite 1.5 cal Vital AF 1.2 cal

Tube feeding strength: Full strength 3/4 strength 1/2 strength 1/4 strength

Tube feeding cyclic (start / stop time):

Tube feeding cyclic rate (mL/hr):

Tube feeding flush (mL): 30

Flush type: Water

Flush frequency: Every 1 hour Every 2 hours Every 3 hours Every 4 hours Every 6 hours Every 8 hours PRN Every 4 hours PRN Every 6 hours PRN Every 8 hours PRN With each bolus

Free water addition total daily (mL):

Next Required Link Order Accept Cancel

# Correction History

**Application:** Beaker  
**Owner:** William Lecorchick

Currently the when amending an AP report it will call out the reason for the amendment at the top, then in the report body the amended report shows as Correction History. This change will now show as Amendment.

This has AP workgroup and Lab change management approval.

## Amended Report: Tissue Exam - Other - Testing correction history

### Surgical Pathology (Edited)

SNBI23-00021

Authorizing Provider:		Ordering Provider:	
Ordering Location:	NBI LAB	Collected:	12/18/2023 03:29 PM
Pathologist:	Arslan, Asima	Received:	12/18/2023 03:29 PM

### Specimens

A Prostate

### Correction History

Currently shows as Correction History

### Final Diagnosis

Final here

Pathologist:	Lecorchick, William	Received:	12/18/2023 03:24 PM
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### Specimens

A Prostate

### Amendment

Now will Show as amendment

### Final Diagnosis

# Flow Cytometry Specimen Type

**Application:** Beaker  
**Owner:** Melissa Bloomquist

Removing the default specimen type that pulls in for flow cytometry orders. Currently, the default type is set to venous blood. We will be removing this and requiring that the type be selected for each order; to prevent the incorrect type from defaulting in on non-blood orders.

## Current State

Flow cytometry

Frequency: Once STAT

At: 12/19/2023 Today Tomorrow 1424

Clinical Indication for Analysis:

Comments: + Add Comments

Specimen Type: Blood

Specimen Source: Blood, Venous

Add-on: No add-on specimen found

Next Required Link Order

## Future State

Flow cytometry

Frequency: Once STAT

At: 12/19/2023 Today Tomorrow 1424

Clinical Indication for Analysis:

Comments: + Add Comments

Specimen Type: [Red Error Icon]

Specimen Source: [Red Error Icon]

Add-on: No specimen type selected

Next Required Link Order

Accept Cancel