



Inpatient Provider APeX Updates - April 2025

Inpatient Provider

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Enhanced Consult Orders (Auto-Alerting Services From the Consult Order)

Audience: UCSF (Adult Hospitals Only)

Reason for Change: Streamline and standardize consult process.

Description & Workflow: When placing an order to consult a service, it will simultaneously Voalte/Page the attached consulting services. Enter the reason for consult and call back number. The *Page the Consulting Service* question is set to Yes by default for consult orders placed during the daytime (8am-6pm). This was already available at UCSF in the ED for several services; it is being expanded to adult provider services and for all adult hospital locations.



Note: Do not enter anything in either “By Provider” or “To Provider”, these are automatically updated after the order is signed.

Inpatient Consult to Neurology

AcceptCancel

Consult:

By Provider:

To Provider:

Priority:

Routine

Routine

STAT

Reason for Consult?

Callback Number

Page the consulting service?

Yes, send page now

No, have already discussed with this service

Process Instructions:

** DO NOT USE THIS ORDER TO ACTIVATE A STROKE CODE **

Comments:

+ Add Comments

Next Required

Link Order

AcceptCancel

Enhanced Consult Order – Daytime

For a consult order placed during the nighttime (6pm-8am), the *Page the consulting service* question requires a selection. In general, it is best practice to only order consults that are urgent OR have already been discussed with the service.

Inpatient Consult to Neurology

AcceptCancel

Consult:

By Provider:

To Provider:

Priority:

Routine

Routine

STAT

Reason for Consult?

Callback Number

Page the consulting service?

Yes, URGENT CONSULT – SEND PAGE NOW

No, not urgent – my team will page consulting service in AM

No, have already discussed with this service

Process Instructions:

** DO NOT USE THIS ORDER TO ACTIVATE A STROKE CODE **

Comments:

Add Comments

Next Required

Link Order

AcceptCancel

Enhanced Consult Order - Nighttime

Informaticist/SME: Raman Khanna, Aris Oates, Michael Lang, Mike Barbaro

Analyst: Bruce Pierre

Warfarin Prescribing Changes for Pediatric Patients

Audience: UCSF and BCH

Reason for Change: Improve the warfarin ordering process for pediatric patients.

Description & Workflow:



Alert: Attention! Warfarin prescribing is changing!

Before: A “once” daily warfarin order was required.

After: Warfarin orders can be written with recurrent frequency (e.g., *Daily at bedtime*).

To help support the change, the warfarin panel has been updated to default to a daily at bedtime frequency. This can be adjusted as needed to an appropriate frequency.

To ensure patient safety during the warfarin order process, 2 OurPractice Advisories (OPA) have been incorporated for **providers and pharmacy**:

- During the initiation of warfarin therapy, a prompt to order INR will be seen if there is no resulted INR in the last 24 hours
- During therapy, an alert will fire if INR has increased by 0.7 over the last 48 hours or if INR is >4 in the last 24 hours

Commented [RK1]: When does the alert fire?
@Kapisarov, John - is it during order entry?

Commented [KJ2R1]: If the INR is > 4 or if it increased by > 0.7. It will fire on patient chart opening since the warfarin order will be active and scheduled

Commented [DN3R1]: @Kapisarov, John so does everything look to be in order here?

Commented [KJ4R1]: Yes this looks good to me

Commented [RK5]: Does this mirror the adult build? I think yes, but good to just confirm, and if so, the next sentence.

Commented [KJ6R5]: Yes! Same exact BPAs!

Initiation OPA (Provider only):

⚠ Baseline INR required

Baseline INR within last 24 hours is required for initiation of warfarin.

Order
Do Not Order
🚚 Prothrombin Time (STAT)

Acknowledge Reason

Other

Maintenance OPA (Provider only):

OurPractice Advisory - Ed'Bch, Boarderone

Important (1)

⚠ INR elevated and patient is on warfarin

Patient's last INR is elevated or has increased significantly (≥ 0.7) and patient has a warfarin order. Assess warfarin dosing for appropriateness.

Warfarin Administrations (last 72 hours)
None

Last INR, Collected: 3/12/2025 10:07 AM = 5

Discontinue the following orders?

Discontinue
Keep
🚚 warfarin (COUMADIN) tablet 4.5 mg
4.5 mg (0.198 mg/kg, rounded from 4.54 mg = 0.2 mg/kg × 22.7 kg), Oral, Daily At Bedtime Sch...

⚠ Acknowledge Reason

Will Assess Warfarin Dosing
Assessment Completed
Defer to Primary Team

What Do the Acknowledge Reasons Do?	
Will Assess Warfarin Dosing	Does NOT suppress BPA
Assessment Completed	Suppresses BPA for 12 hours
Defer to Primary Team	Suppresses BPA for 24 hours

Informaticist/SME: Lulu Jin, PharmD, John Kapisarov, PharmD, Amy Kangwankij, RN; Analyst: Rajeev Sawhney, PharmD

Anti-Xa (Heparin Level) Monitoring for Heparin Infusions

Audience Impacted: UCSF

Reason for Change: Due to changes in evidence and assay availability, UCSF Health changed its monitoring strategy to Anti-Xa (heparin level) for heparin infusions on 3/25/25 as the standard monitoring test for adults. This change was approved by the Antithrombotic and Hemostasis Committee as well as P&T.

Description & Workflow: Order sets have been updated to include and prioritize additional Anti-Xa (heparin level) options for ordering. The order sets have been standardized with consistent ordering sections and administration instructions for providers, nursing, and pharmacists. aPTT targets are still available if needed, below the new Anti-Xa target-based orders.



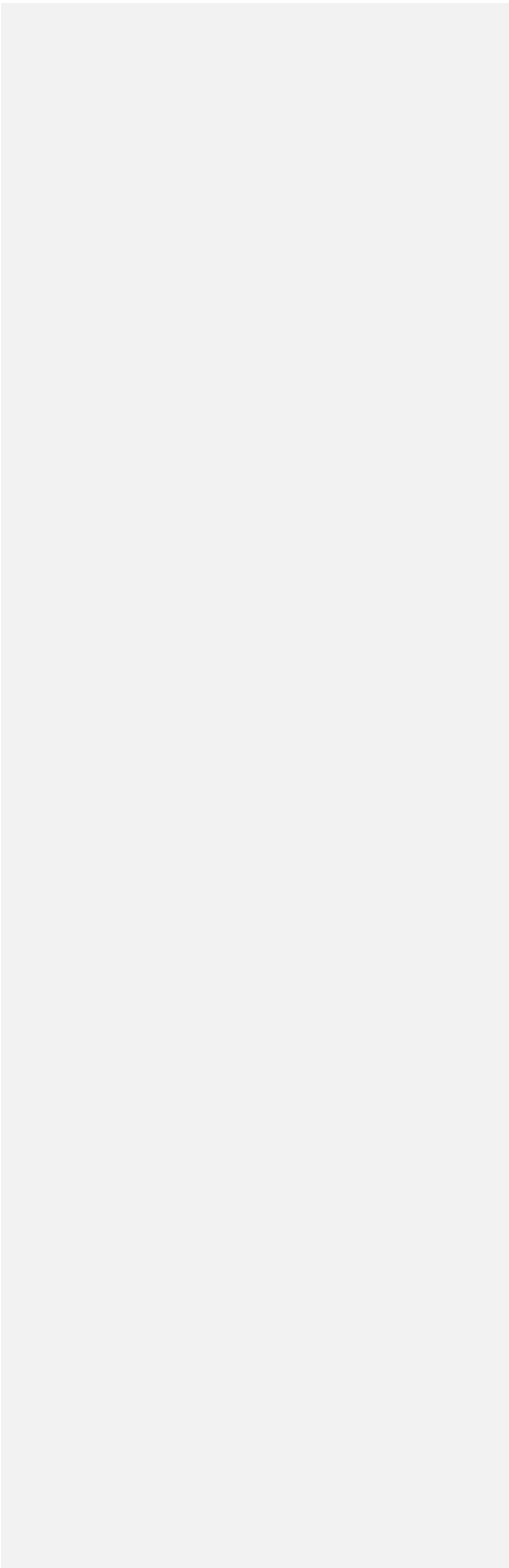
Alert: Please continue to use aPTT at the Mount Zion (MZ) location. STAT Anti-Xas are not run at Mount Zion (MZ).

Go-Live Date: 3/25/25

Additional Educational Material: [Click Here](#)

▼ Anti-Xa Target	
Anti-Xa should be the standard for most patients, aPTT may be preferred in the following scenarios	
<ul style="list-style-type: none">Patients who have taken a factor Xa inhibitor (apixaban, rivaroxaban, edoxaban, or enoxaparin) within the previous 48-72 hours or potentially longer with worsening renal function, aPTT may be more appropriate initially as there may be Anti-Xa influence from these agentsPatients with hyperbilirubinemia (>15 mg/dL), hypertriglyceridemia (>400 mg/dL), or other conditions that affect the chromogenicity of the blood, aPTT may be preferred until these abnormalities are corrected	
▶ Venous Thromboembolism (VTE)	Click for more
▶ Atrial Fibrillation	Click for more
▶ Acute Coronary Syndrome (Unstable Angina, NSTEMI, STEMI)	Click for more
▶ Mechanical Heart Valve	Click for more
▶ Mechanical Circulatory Support Device	Click for more
▶ Other Indications	Click for more
▼ aPTT Target	
▶ Venous Thromboembolism (VTE)	Click for more
▶ Atrial Fibrillation	Click for more
▶ Acute Coronary Syndrome (Unstable Angina, NSTEMI, STEMI)	Click for more
▶ Mechanical Heart Valve	Click for more
▶ Mechanical Circulatory Support Device	Click for more
▶ Other Indications	Click for more

SME: Dexter Wimer, PharmD, Cass Sandoval, CNS; Lindsay Bolt, CNS; Informaticists: Raman Khanna, MD, John Kapisarov, PharmD; Analysts: Venkateswarlu Juttukonda, Huy Tran



Updated Order Questions for Imaging Referrals and Consults: Image-Guided Biopsies, Interventional Radiology, and Neuroradiology

Audience: UCSF (Adult Patients Only)

Reason for Change: Previously, the referral and consult order questions lacked consistency across imaging divisions when ordering for adult patients.

Description & Workflow: Improvements made to standardized common questions within the referral and consult orders across imaging divisions (e.g. 'reason for consult' and 'can the patient provide consent?'). Additionally, the ordering workflow has been streamlined by eliminating unnecessary questions and sections from the order composer.

Note: The referral and consult process for image-guided biopsies now incorporates more specific required questions essential for biopsy examinations, specimen handling, and Beaker.



For help ordering the correct referral or consult, additional **Process Instructions** have been included.

If additional information is needed refer to the tip sheet here:

[Rad: Providers Placing Orders](#)

The following order below outline the changes.

Image-Guided Biopsy

Ambulatory Referral for Image-Guided Biopsy (Radiology Performed)

✓ Accept

✗ Cancel

Status:

Normal

Standing

Future

Expected Date:

Today

Tomorrow

1 Week

2 Weeks

1 Month

3 Months

6 Months

1 Year

☐ Approx.

Comment:

After Clinic Visit

Before Next Appt

Before Surgery

With Next Clinic Visit

Expires:

3/24/2026

1 Month

2 Months

3 Months

4 Months

6 Months

1 Year

Priority:

Routine (within 14 days)

Routine (within 14 days)

ASAP (within 72 hrs)

Today (within 24 hrs)

Scheduled (set expected date)

Resulting Agency:

UCSF RAD

Reason for Consult

Lesion Requested, if known (if unknown, please enter "any accessible site")

Is additional testing beyond cytology and/or histopathology anticipated?

☐ No
 ☐ Lymphoma
 ☐ Infection
 ☐ Molecular Testing (e.g. UCSF500, ALK, BRAF, etc.)

☐ Other (Specify in Comments)

Is this biopsy for research?

Yes

No

Has biopsy been approved already by a faculty radiologist? If so, list by whom in comments

Yes

No

Can the patient provide consent?

Yes

No

Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments.

Yes

No

Contact name and phone # for responsible clinician to contact if further discussion is necessary

Process Instructions:

To speak to a radiologist, please contact:
 Reading Room Practice Coordinators
 Monday-Friday, 8am-5pm
 Phone: (415) 502-4318
 Email: radreadingroom@ucsf.edu
<https://radiology.ucsf.edu/patient-care/health-professionals/radiology-library-health-pro#->

Comments:

+ Add Comments

Next Required

✓ Accept

✗ Cancel

Inpatient Consult for Image-Guided Biopsy (Radiology Performed)

✓ Accept

✗ Cancel

Priority:

Routine

🔍

Routine

STAT

Before Discharge

Pre-Procedure

❗ Reason for Consult

❗ Lesion Requested, if known (if unknown, please enter "any accessible site")

❗ Is additional testing beyond cytology and/or histopathology anticipated?

☐ No

☐ Lymphoma

☐ Infection

☐ Molecular Testing (e.g. UCSF500, ALK, BRAF, etc.)

☐ Other (Specify in Comments)

❗ Is this biopsy for research?

Yes

No

Has biopsy been approved already by a faculty radiologist? If so, list by whom in comments

Yes

No

❗ Can the patient provide consent?

Yes

No

❗ Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments.

Yes

No

❗ Contact name and phone # for responsible clinician to contact if further discussion is necessary

Process Instructions:

To speak to a radiologist, please contact: Reading Room Practice Coordinators Monday-Friday, 8am-5pm Phone: (415) 502-4...

Comments:

➕ Add Comments

Reference Links:

• Radiology Info

❗ Next Required

Link Order

✓ Accept

✗ Cancel

Interventional Radiology

- Ambulatory Referral to Adult Interventional Radiology

Ambulatory Referral to Adult Interventional Radiology ✓ Accept ✗ Cancel

Status: Normal Standing Future

Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months ☐ Approx. 1 Year

Comment: After Clinic Visit Before Next Appt Before Surgery With Next Clinic Visit

Expires: 3/24/2026 1 Month 2 Months 3 Months 4 Months 6 Months 1 Year

Priority: Routine (within 14 days) Routine (within 14 days) ASAP (within 72 hrs) Today (within 24 hrs)
Scheduled (set expected date)

Resulting Agency: UCSF RAD

④ Reason for Consult

Is anesthesia required? Yes No

④ Is this request for venous access?
Yes No

④ Is this a request for Paracentesis or Thoracentesis?
Paracentesis Thoracentesis No

④ Procedure date expected:

④ Can the patient provide consent?
Yes No

④ Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments.
Yes No

Process Instructions:
If you are requesting an image-guided biopsy (except transjugular liver biopsy), please place an order for REF325 Ambulatory Referral for Image-guided Biopsy (Radiology performed) for outpatients OR CON205 IP Consult for Image-Guided Biopsy (Radiology Performed) for inpatients.
If you are requesting a lumbar puncture, please place an order for REF457 Ambulatory Referral for Neuroradiology Procedure for outpatients OR CON221 IP Consult for Neuroradiology Procedure for inpatients.

Comments: ➕ Add Comments

⌵ Additional Order Details

④ Next Required ✓ Accept ✗ Cancel

- Inpatient Consult to Adult Interventional Radiology

Inpatient Consult To Adult Interventional Radiology

Accept

Cancel

Priority:

Routine

Routine

STAT

Before Discharge

Pre-Procedure

Frequency:

Once

At

3/27/2025

Today

Tomorrow

1343

Reason for Consult

Is anesthesia required?

Yes

No

Is this request for venous access?

Yes

No

Is this a request for Paracentesis or Thoracentesis?

Paracentesis

Thoracentesis

No

Procedure date expected:

Can the patient provide consent?

Yes

No

Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments.

Yes

No

Comments:

Add Comments

Process Instructions:

If you are requesting an image-guided biopsy (except transjugular liver biopsy), please place an order for REF325 Ambulatory...

Next Required

Link Order

Accept

Cancel

Neuroradiology

- Ambulatory Referral for Neuroradiology Procedure

Ambulatory Referral for Neuroradiology Procedure ✓ Accept ✗ Cancel

Status: ☐ Normal ☐ Standing ☒ Future

Expected Date: Today Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months ☐ Approx. 1 Year

Comment: ☐ After Clinic Visit ☐ Before Next Appt ☐ Before Surgery ☐ With Next Clinic Visit

Expires: 4/1/2026 1 Month 2 Months 3 Months 4 Months 6 Months ☒ 1 Year

Priority: ☐ Routine (within 14 days) ☒ Routine (within 14 days) ☐ ASAP (within 72 hrs) ☐ Today (within 24 hrs) ☐ Scheduled (set expected date)

Class: ☐ Outgoing Referral ☒ UCSF

Resulting Agency: UCSF RAD

Reason for Consult

Is anesthesia required? ☐ Yes ☒ No

Procedure date expected:

Can the patient provide consent? ☐ Yes ☒ No

Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments. ☐ Yes ☒ No

Are you requesting a lumbar puncture? ☐ Yes ☒ No

The necessary laboratory and pathology orders have been placed (e.g. CSF analysis, microbiology, serum, pathology) ☒ Yes

Process Instructions:
 To speak to a radiologist, please contact:
 Reading Room Practice Coordinators
 Monday-Friday, 8am-5pm
 Phone: (415) 502-4318
 Email: radreadingroom@ucsf.edu
<https://radiology.ucsf.edu/patient-care/health-professionals/radiology-library-health-pro#->

Comments: [+ Add Comments](#)

Scheduling Instructions: [A nurse will be calling you prior to your scheduled appointment to provide you with specific exam instructions. If they hav...](#)

Reference Links: [UCSF Contrast Guidelines](#) [UCSF Radiology Guidelines-Imaging](#) [Pregnancy Lactation](#)

Next Required ✓ Accept ✗ Cancel

- Inpatient Consult for Neuroradiology Procedure

Inpatient Consult for Neuroradiology Procedure

✓ Accept

✗ Cancel

Priority:

Routine

Routine

STAT

Before Discharge

Pre-Procedure

Frequency:

1 Time Imaging

At

4/1/2025

Today

Tomorrow

1044

Reason for Consult

Is anesthesia required?

Yes

No

Procedure date expected:

Can the patient provide consent?

Yes

No

Is the patient on anticoagulation or antiplatelet medication? (e.g. Aspirin, Plavix, Coumadin, etc.) Please list in Comments.

Yes

No

Are you requesting a lumbar puncture?

Yes

No

The necessary laboratory and pathology orders have been placed (e.g. CSF analysis, microbiology, serum, pathology)

Yes

I have discussed directly with neuroradiology (phone: 8-2505, 3-1079 after hours) prior to ordering this consult

Yes

Comments:

+

Add Comments

Process Instructions:

To speak to a radiologist, please contact: Reading Room Practice Coordinators Monday-Friday, 8am-5pm Phone: (415) 502-4...

Reference Links:

UCSF Contrast Guidelines

UCSF Radiology Guidelines-Imaging, Pregnancy, Lactation

Radiology Info

Next Required

Link Order

✓ Accept

✗ Cancel

SME: Hailey Choi, Marc Kohli, Matt Barkovich, Ryan Kohlbrenner, Kim Kallianos, Kevin McGill

Informaticists: Hailey Choi, Orders Office Hours (OOH)

Analyst: Grace Lin

Tip of the Month: Use Order Sets for PETCT and Diagnostic CT Orders

Audience: UCSF Radiation Oncology Providers

Description: There has been an increase in incorrectly placed diagnostic CT orders that are meant to be done in conjunction with a PETCT exam. Providers should use the PETCT FDG Vertex to Mid Thigh with Diagnostic CT order set to order the PETCT and any CT exam that need to be done.

Order Search

PETCT FDG

Browse Preference List Facility List

Search panels by user










Name	Pref List	Type	Code	ID
PETCT FDG Vertex to Mid Thigh with Diagnostic CT	UCSF WB AMB ORD...	Order Panel	O445515	459693
FU PETCT HN Order Set	CHAN, JASON W'S	Order Panel	O445521	459699
PETCT H&N	QIAN, ALEXANDER ...	Order Panel	O445515	459693

This order set contains the correct diagnostic CT exams that are configured to schedule to the appropriate PETCT resources. Placing CT orders meant to be done with PETCT outside of this order set will result in scheduling problems.

PET/CT FDG Vertex to Mid Thigh with Diagnostic CT ✓ Accept

This exam includes the industry standard FDG PET/CT PLUS diagnostic CTs of selected regions (select at least one diagnostic CT; CT chest, abdomen & pelvis w/ contrast are chosen by default). For the industry standard FDG/PET CT (with low dose CT) without additional diagnostic CTs, please use IMG5433 PET/CT FDG Vertex to Mid Thigh (Non Diagnostic CT).

Please call the Nuclear Medicine reading room at 415-514-4356 or 415-353-1692 with questions about which PET/CT protocol is best for your patient

- ☒ **1** **PETCT Vertex to Mid Thigh** ✓ Accept
 -  Expires: 3/18/2026, Routine (within 14 days)
 -  Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability. No, release immediately
 - Resulting Agency - UCSF RAD
- ☒ **1** **CT Chest with Contrast** ✓ Accept
 -  Expires: 3/18/2026, Routine (within 14 days)
 -  Need for IV contrast: Deferr to radiologist's recommendation
 -  Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability. No, release immediately
 - Resulting Agency - UCSF RAD
- ☒ **1** **CT Abdomen /Pelvis with Contrast** ✓ Accept
 -  Expires: 3/18/2026, Routine (within 14 days)
 -  30 Post-Processing: None
 -  Need for IV contrast: Deferr to radiologist's recommendation
 -  Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability. No, release immediately
 - Resulting Agency - UCSF RAD

- ☐ CT Neck with Contrast ✓ Accept
- ☐ CT Abdomen with Contrast ✓ Accept
- ☐ CT Brain with Contrast ✓ Accept
- ☐ CT Pelvis with Contrast ✓ Accept
- ☐ CT Chest without contrast ✓ Accept
- ☐ CT Abdomen /Pelvis without Contrast ✓ Accept
- ☐ CT Neck without Contrast ✓ Accept
- ☐ CT Abdomen without Contrast ✓ Accept
- ☐ CT Brain without Contrast ✓ Accept
- ☐ CT Pelvis without Contrast ✓ Accept

Next Required ✓ Accept

Informaticist/SME: Rudy Baltodano; Analyst: Yifang Nie

Audience Legend

All Users: All APeX Inpatient Providers at any location

MarinHealth: MarinHealth Hospital

UCSF: All UCSF locations in San Francisco; including Parnassus, Mt. Zion and Langley Porter

BCH: Benioff Children's Hospital-Oakland and Mission Bay (Pediatric Specific Changes)

APeX New Hire Training Schedule

Need to see when the next APeX Training class offering? [Click here](#) to see a list of all upcoming Apex classes.

For Newcomers, Join our LISTSERV!

If you were forwarded this announcement and you want to receive the Inpatient Provider Monthly Updates directly, join our [ListServ](#).

[The APeX Knowledge Bank- Website](#)

Disclaimer: You are receiving this monthly update because your APeX responsibilities contain inpatient provider security; including but not limited to: Order Entry, Note Writing, Admitting, Discharge, Transfer, etc. Content in this update is for educational and informational purposes. Please review for latest APeX inpatient provider updates.

Always Remember Your Responsibilities for Use for the Electronic Health Record

Apex is the legal electronic health record for patients at the UCSF Medical Center. All users have the following responsibilities:

- Assure that all information is entered correctly and accurately and within your scope of practice.
- Stay up to date on changes in Apex.
- Follow all UCSF Policies & Procedures on use of the electronic health record.
- Report any issues or problems to your manager and/or IT Service Desk at (415) 514-APeX (2739).