

## Inpatient Provider Updates - April 2026

### Inpatient Provider

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# New Procedural Sedation ProcDoc

**Audience:** All Inpatient Providers

**Reason for Change:** To streamline providers' sedation documentation and improve compliance with documenting the Pre-Sedation Clinical Assessment.

**Description & Workflow:** The Procedural Sedation ProcDoc is now available to inpatient providers. This form contains all provider documentation required for moderate sedation, including the Pre-Sedation Clinical Assessment. Clinicians should continue following their department-specific workflows for Procedural Sedation, but this new tool can be utilized to capture provider documentation in addition to any charting done by nurses.

Pre-Sedation Clinical Assessment

**Procedural Sedation Policy**

Procedure necessitating sedation

cardioversion	chest tube placement	dislocation reduction	endoscopy
foreign body removal	fracture reduction	imaging studies	incision and drainage
laceration repair	lumbar puncture	Other (comment)	

Procedure necessitating sedation performed by

physician performing sedation	different physician
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Intended level of sedation

moderate sedation	deep sedation
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**MODERATE SEDATION:** a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.

**DEEP SEDATION:** a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.

Patient intubated? Yes No

Allergies reviewed Yes No

Airway status unchanged Yes No

Venous access Yes No

Mental status change from baseline Yes (comment) No

Relevant sedation/anesthesia history Yes (comment) No

Other relevant history Yes (comment) No

Pre-sedation assessment completed

ASA classification P I P II P III P IV P V E

Mallampati score I II III IV unable to assess

Last PO solids >6 hrs ago Yes No (comment)

Last PO clear liquids >2 hrs ago Yes No (comment)

Patient NPO at least 2 hrs Yes No (comment)

Now

SME: Jackie Nemer, MD

Analyst: Christy Sedore

# First Fill Date for Outpatient Prescriptions

**Audience:** All Inpatient Providers

**Go-Live Date:** 3/10/2026

**Reason for Change:** Allow the first fill date to be entered for any medication (previously only controlled meds) to help ensure that pharmacies dispense meds to patients at appropriate times relative to the start date entered.

**Description & Workflow:** The First Fill Date field will now be available for all medications, as it was previously only shown for controlled meds. An Our Practice Advisory (OPA) has been created to trigger if the start date is in the future and the first fill date is blank. The OPA will recommend (not require) that the first fill date be entered. Some pharmacies may treat the start date as the first fill date, so providing a first fill date that precedes the start date may help mitigate issues when patients are unable to obtain meds before the prescribed start date.

acetaminophen (TYLENOL) 325 mg tablet Accept Cancel

Reference Links: [Lexi-Comp \(Adult\)](#) [Lexi-Comp \(Neo/Ped\)](#) [UCSF Pain Education - Acetaminophen](#)  
[Boxed Warning](#)

Order Instructions:

Product: **ACETAMINOPHEN 325 MG TABLET** [View Available Strengths](#)

Sig Method: **Specify Dose, Route, Frequency** Taper/Ramp Combination Dosage Use Free Text

Dose:  mg    
Calculated dose: 2 tablet

Route:

Frequency:

PRN Reasons:  Pain  Temp >= 38.5 C

PRN Comment:

Duration:   30 days 90 days 1 year  
Starting:  Ending:  **First fill:**

Dispense: Days/Fill:     
Quantity:  tablet Refill:

Dispense As Written

Mark long-term:  ACETAMINOPHEN

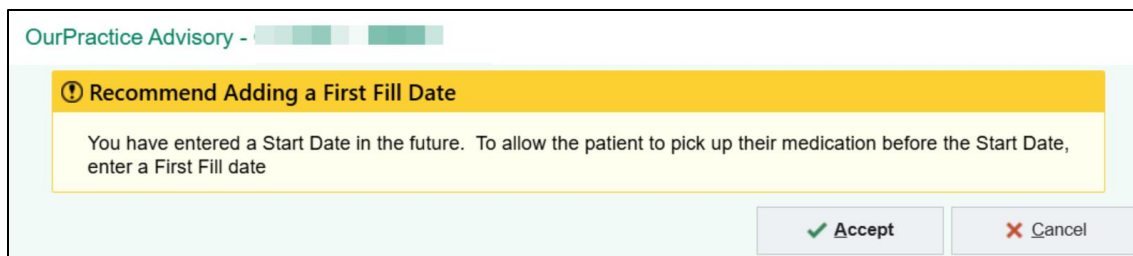
Patient Sig: **Take 2 tablets (650 mg total) by mouth every 4 (four) hours as needed for Pain or Temp >= 38.5 C**  
[+ Add additional information to the patient sig](#)

Renewal Provider:   Do not send renewal requests to the authorizing provider (Bokser, Julie M, MD)

Class:

Note to Pharmacy: [+ Add Note to Pharmacy](#)

*First Fill Date field in order composer*



*OurPractice Advisory*

*Informaticist/SME: Katie Grouse, Michael Lang*

*Analyst: Rich Gelera*

## Automated Reminders for TPN Cut-Off Times on Voalte

**Audience:** UCSF and BCH

**Reason for Change:** Custom TPN orders must be reordered daily and submitted early enough for pharmacy transcription to the outside compounding vendor (CAPs). When orders are missing after the operational cutoff, pharmacists currently page providers manually. This new workflow for reminders is intended to reduce manual pharmacist outreach, improve ordering timeliness, and support on-time TPN compounding and delivery.

**Description & Workflow:** A workflow was created to automate reminder outreach when a patient had a TPN order the previous day but does not yet have an active or pended TPN order for the current day. An automated Voalte message will be sent to the first-call provider at site-specific reminder times before the late-order cutoff.

*SME: Jon Hutchinson, PharmD; Informaticist: John Kapisarov, PharmD; Analyst: Bruce Pierre*

# New Order: TSH Reflex Free T4

**Audience:** UCSF

**Reason for Change:** In most clinical scenarios, ordering a Free T4 is unnecessary when the TSH is normal. To reduce unnecessary Free T4 testing, a new TSH Reflex to Free T4 [LAB12997] has been created.

**Description & Workflow:** When TSH Reflex to Free T4 [LAB12997] is ordered, TSH will result first, and if abnormal, a Free T4 will also result. If the TSH is normal, a Free T4 will not be run.

Order and Order Set Search

TSH

Order Sets, Panels, & Pathways (No results found)

Medications (No results found)

Procedures

Name	Type	Phase of Care	Pref List	Px Code
TSH Reflex to Free T4	Lab		UCSF IP LABS	LAB12997
Alpha Subunit of Glycoprotein Hormones (aka T...	Lab		UCSF IP LABS	LAB3531
Thyroid Stimulating Hormone (aka TSH)	Lab		UCSF IP LABS	LAB129

*TSH Reflex to Free T4 order*

*SME: Parul Bhargava*

*Analyst: Joel Alvarez*

## Order History: View/Filter by Order Set Name in Since Admission View

**Audience:** All Inpatient Providers

**Reason for Change:** Enhance ability to understand the origin of orders.

**Description & Workflow:** The *Since Admission* view in Order History provides a comprehensive look at all orders placed during the current admission encounter. With the addition of the Order Set Name column, providers can now identify which orders were placed using an Order Set.

To apply the *Since Admission* View, click Views, and select Since Admission.

Orders											
Active Pathways Signed & Held Cosign <b>Order History</b> TPN Post-Discharge Orders Recurring Treatment											
Refresh Views Filter Discontinue Regrder Modify Order Reprint Pat. Reports Proc. Catalog											
Event time	Event	R...	Order	Route	L...	Curre...	Order Type	Ordering Pro...	Li...	R	Orderset Name
2/24/2026 1510	New order		Swallow Screen by Nursing			Active	Nursing	Cucina, Russell...			UCSF IP ADULT NEU ISCHEMIC STROKE ...
2/24/2026 1510	New order		NPO Strict (No PO Meds) Effe...			Active	Diet	Cucina, Russell...			UCSF IP ADULT NEU ISCHEMIC STROKE ...
2/24/2026 1510	New order		Adult Neuro Assessments			Active	Nursing	Cucina, Russell...			UCSF IP ADULT NEU ISCHEMIC STROKE ...
2/24/2026 1510	New order		Enter ".DCSTROKE" into the A...			Active	Nursing	Cucina, Russell...			UCSF IP ADULT NEU ISCHEMIC STROKE ...
2/24/2026 1510	New order		Provide stroke/TIA/SAH/ICH p...			Active	Nursing	Cucina, Russell...			UCSF IP ADULT NEU ISCHEMIC STROKE ...
2/24/2026 1508	New order		PT Eval and Treat ()			Active	Therapy	Cucina, Russell...			
2/3/2026 1423	New order		Nonrebreather mask oxygen			Active	Therapy	Cucina, Russell...			BCHSF IP OB MAGNESIUM ADDENDUM
2/3/2026 1423	New order		calcium gluconate in 0.9 % sod...	Intrave...	1...	Active	Medications	Cucina, Russell...			BCHSF IP OB MAGNESIUM ADDENDUM
2/3/2026 1423	New order		lactated ringers infusion	Intrave...	1...	Active	Medications	Cucina, Russell...			BCHSF IP OB MAGNESIUM ADDENDUM
2/3/2026 1423	New order		Notify Provider			Active	Nursing	Cucina, Russell...			BCHSF IP OB MAGNESIUM ADDENDUM

*Informaticist/SME: Craig Johnson*

*Analyst: Kristen Weckerly*

# Restraint Order Updates

**Audience:** All Inpatient Providers

**Reason for Change:** To align with Joint Commission requirements and reflect current policy and practice, we're updating restraint reasons and setting the default "Restraint Device" to "Per RN Procedure."

**Description & Workflow:** Per policy, nurses can document the type of device used, and the provider order does not need to specify the device type.

**Restraints Behavioral (Violent or Self-Destructive) Adult Age 18 and Older** Accept Cancel

Frequency: **CONTINUOUS X 4 HOURS**

Starting: 4/10/2026 Today Tomorrow For: 4 Hours Days Weeks

At: 1541

Starting: Today 1541 Ending: Today

Reason for restraints:  Severely aggressive or violent behavior  Self-destructive behavior  Patient's behavior created an immediate threat of serious harm to self or others

Restraint Device:  Per RN Procedure  Other (specify)

**Behavioral conditions contributing to the event: (Required on initial order & Q24H)**

**Immediate situation and reaction to intervention (Upon examining the patient in restraints, what you observed and how they are responding) (Required on initial order & Q24H)**

**After face-to-face evaluation: continue restraints (already applied)?**

Comments: [+ Add Comments](#)

Reference Links:

- [UCSF SF-All-Policy-Restraints](#)
- [UCSF SF-All-Procedure-Restraints General Use](#)
- [UCSF BCH OAK-Peds-Protocol-Restraints Management](#)
- [UCSF BCH OAK-Peds-Procedure-Restraints](#)

**Next Required** Link Order Accept Cancel

Medical Center Provider

For behavioral health providers, the reason for restraints will not have a default selection.

Restraints Behavioral (Violent or Self-Destructive) Adult Age 18 and Older ✓ Accept

Frequency: **CONTINUOUS X 4 HOURS**

Starting: 3/24/2026 Today Tomorrow For: 4 Hours Days Weeks

At: 1420

Starting: **Today 1420** Ending: **Today**

Reason for restraints: **Severely aggressive or violent behavior** Self-destructive behavior Immediate danger of physical harm  
Non-physical interventions ineffective

Restraint Device:  **Per RN Procedure**  Other (specify)

Behavioral conditions contributing to the event: (Required on initial order & with each subsequent renewal)

Immediate situation and reaction to intervention (Upon examining the patient in restraints, what you observed and how they are responding) (Reorder & with each subsequent renewal)

After face-to-face evaluation: continue restraints (already applied)?

Comments: [+ Add Comments](#)

Behavioral Health Provider

Informaticist/SME: Amy Kuwata

Analyst: Kristie Fowler

## C. Difficile Order Updates

**Audience:** UCSF and BCH

**Reason for Change:** Updates have been made to the C. difficile order to provide better decision support for users.

**Description & Workflow:**

- Once (Auto-Expire) will be the only available frequency. This will provide a 24hr collection window for the order. If not collected within that timeframe, the order will be automatically discontinued.
- The language in the order report on the left side has been revised for better clarity, and the text color has changed from red to blue.
- Justification for testing (via order-specific questions) will be required when patients do not meet the criteria for C. diff ordering.

**Clostridioides difficile Toxigenic PCR with Reflex to Toxin Immunoassay** Accept Cancel

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**STOOL DOCUMENTATION ALERT**  
Fewer than 3 loose stools were documented in the past 24 hours. Testing is not recommended. Please contact Infectious Diseases (or for pediatrics, Pediatric Infectious Diseases) for case-by-case guidance.

Date/Time	Stool (mL)	Unmeasured Stool Occurrence	Stool Appearance (Bristol stool chart in row info)
03/27/26 1700	--	--	Loose

**CONSIDER LAXATIVE HOLD**  
Your patient has received the following laxatives/stool softeners within the past 48 hours. Consider whether these could be contributing to diarrhea. If diarrhea may be explained by laxatives/stool softeners, consider holding the laxatives/stool softeners and placing the patient on Enteric Contact Isolation for 24 hours with observation prior to sending a *C. difficile* test.

**Laxatives Administered (last 48 hours)**

Date/Time	Action	Medication	Dose
03/27/26 1801	Given	docusate (COLACE) liquid	50 mg 50 mg

**DUPLICATE TESTING ALERT**  
Your patient has been tested for *C. difficile* within the past 7 days. Please call the lab for approval for additional testing or **YOUR TEST WILL BE CANCELLED**.

**C. difficile toxin gene PCR**

Date	Value	Ref Range	Status
03/24/2026	Detected		Final

**LIKELY TREATMENT FOR C. DIFFICILE**  
The patient was treated for *C. difficile* during this hospitalization. Do not perform "test of cure" testing to guide discontinuation of Enteric Contact Isolation. Refer to the Diarrhea Decision Tree for Isolation guidance. However, if recurrence is suspected, retesting may be considered.

**C. difficile Treatment Meds (last 72 hours)**

Date/Time	Action	Medication	Dose
03/27/26 0432	Given	vancomycin (VANCOGIN) capsule	125 mg 125 mg

**C. difficile toxin gene PCR**

Date	Value	Ref Range	Status
03/24/2026	Detected		Final

**TUBE FEEDING ORDERS**

Tube Feeding Orders (From admission, onward)

Start	Ordered	Stop
03/28/26 0038	Adult Enteral Formula: NGFT; Fibersource HN; Continuous; 10 ml/hr Until Discontinued	03/28/26 0038

**AGE CONSIDERATION:**  
Patient is < 12 months old. Due to high colonization rates and low clinical disease, *C. difficile* testing is not recommended and will be rejected without obtaining approval from Pediatric Infectious Diseases

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Priority: **Routine**

Frequency: **Once (Auto-Expire)**

Starting: 3/27/2026 Today Tomorrow For 24 Hours Days At 1806 Starting: Today 1806 Ending: Tomorrow

Specimen Source: **Stool**

Specimen Site:

Call Results To:

Your patient does NOT have 3 loose stools within the past 24 hrs. Please provide justification for testing.  
 Your patient HAS had laxatives administered within the last 48 hours. Please provide justification for testing.  
 Your patient HAS been tested for *C. diff* within the past 7 days. Re-testing is not recommended. Please provide justification for testing.

Patient requests delaying MyChart release of this result to allow for discussion with their clinician prior to electronic availability.  
 Yes, delay 5 calendar days  No, release immediately

Comments:

Reference Links:
 

- UCSF Lab Manual
- BCH Oakland Lab Manual

Process Instructions: Note: *C difficile* testing for those <12 months will be rejected given the high rates of colonization unless prior approval obtained from pediatric infectious diseases.

Specimen Type: **Stool**

Informaticist: Charlotte Hsieh

SME: Daniel Escobar

Analyst: Bruce Pierre

## Important Classroom Closure Announcement

Dear Managers,

We are writing to inform you that, **effective July 1, 2026**, all APeX training sessions will transition from the Oakland Shattuck facility to our San Francisco Embarcadero location. Moving forward, all training programs, including Patient Access, **will be held exclusively at the Embarcadero site.**

Please note the following:

- The training schedule and cadence will remain unchanged.
- The LMS will be updated to reflect the new location, ensuring teams have access to the latest information.

We kindly ask that you share this update with your teams and plan accordingly. Should you have any questions or require additional support, please don't hesitate to contact us at [ApexTraining@ucsf.edu](mailto:ApexTraining@ucsf.edu).

Thank you for your cooperation as we navigate this transition.

Best regards,

Health IT Training & Education Center of Excellence

## Audience Legend

**All Inpatient Providers:** 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).