

Inpatient Provider APeX September Update – **Effective 9/9/26**

Inpatient Provider

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Admit Order Clarification Orders Now Available at BCH Oakland

Audience: BCH

Reason for Change: To establish a consistent Utilization Management (UM) workflow across BCH Oakland and other UCSF facilities. Expanding Admit Order Clarification orders to BCH Oakland will support prospective assignment of the appropriate patient status, reduce avoidable inpatient level-of-care denials and retrospective rework, and help prevent delays in reimbursement.

Description and Workflow: Admit Order Clarification orders, previously restricted to West Bay, will now be available at BCH Oakland.

When Utilization Management determines that a patient's status should be changed or clarified, the UM nurse will pend the appropriate **Admit Order Clarification** order in APeX and notify the treating provider to review and sign the order.

The treating provider retains responsibility for the final order and should review the pended order before signing. If the provider does not agree with, or does not sign the pended order, it will not become an active/completed order.

This change aligns the BCH Oakland workflow with the existing West Bay process.

Procedures (Alt+3)				
Name	Type	Phase of Care	Pref List	Px Code
 Admit Order Clarification: Admit to Inpatient (aka ADMIT)	ADT Update		UCSF IP CASE MANAGEMEN...	ADT6
 Admit Order Clarification: Admit to Observation (aka ADMIT)	ADT Update		UCSF IP CASE MANAGEMEN...	ADT5
 Admit Order Clarification: Outpatient Needing Bed	ADT Update		UCSF IP CASE MANAGEMEN...	ADT17

Informaticist: Michael Lang, MD

SME: James Donovan

Analyst: Kristie Fowler

Red Blood Cell (RBC) Blood Transfusion Updates

Audience: UCSF

Reason for Change: Align RBC transfusion practices with evidence-based guidelines to prevent unnecessary RBC transfusions.

Description & Workflow: Updates have been made to the inpatient adult blood transfusion order set. The updates aim to guide ordering providers on the appropriate indications for RBC transfusions to avoid unnecessary transfusions. Specifically, ordering providers will be required to acknowledge when RBCs are ordered for hemoglobin levels above 7.

▼ Blood Products (Routine)

Use this section for patient that do NOT require accelerated administration of blood products for critical needs or hemorrhaging patients

- Routine - blood is available for transfusion within 4 hours, often sooner

☒ Red Blood Cells

☒ Red Blood Cells - Your patient's Hgb is 7.0 - 7.9

I acknowledge the patient's Hgb falls outside of the clinical practice guidelines for RBC transfusion (guidance below) and still want to proceed with transfusion
- [Link to Clinical Practice Guidelines endorsed by UCSF Transfusion Medicine](#)

☐ Crossmatch and Transfuse despite Hgb $\geq$ 7.0

Acknowledge when ordering RBCs for Hgb levels above 7

Crossmatch and Transfuse despite Hgb $\geq$ 7.0

☒ Prepare RBC

Priority: Routine

Prepare: Units

Transfusion Indications

- ☐ Active Bleeding ☐ Anemia ☐ Apheresis Instrument Prime
- ☐ RBC Exchange ☐ ECMO/ECLS
- ☐ Chronic transfusion therapy for thalassemia/SCD/Other ☐ Peri-procedure
- ☐ Sickle Cell Anemia ☐ Thalassemia ☐ Other (specify)

Special Requirements

- ☐ CMV Negative ☐ Irradiated ☐ HbS Negative
- ☐ Washed ☐ Phenotypically Matched
- ☐ Other (specify)

Autologous Units Specifications

Product to be sent to

Transfusion/Procedure Date

Scheduling Instructions: [Add Scheduling Instructions](#)

Comments: [Lab Results Component Value Date Hemoglobin 7.5 \(L\) 08/24/2026](#)

Clinical Practice Guideline: Substantial evidence shows that a hemoglobin of 7 - 7.9 g/dL is well tolerated by most hospitalized, stable patients even in the presence of pre-existing cardiovascular disease. Clinical practice guideline recommends limiting RBC transfusion to:
1. Postoperative patients or s/p PCI (percutaneous coronary intervention)
2. Patients with pre-existing cardiovascular disease who have chest pain, orthostatic hypotension or tachycardia unresponsive to fluid resuscitation, or CHF

The current decision support verbiage is located with the other decision support texts when the Crossmatch order is selected

Informaticist/SME: Armond Esmaili, Aris Oates, Raman Khanna

Analyst: Aleli Kay Phung

Bladder Care Protocol Order Panel

Audience: All UCSF Adult Services except OB

Reason for Change: To encourage the correct, evidence-based protocol to be used for straight catheterization and bladder care.

Description & Workflow: NUR385 Straight Cath will no longer be available as a standalone order. Providers should use the existing Bladder Care Protocol Panel to place this order **(excluding Obstetrics & Pediatrics)**.

Order and Order Set Search

BLADDER CARE

Order Sets, Panels, & Pathways

	Name	Notes	Pref List	Type
	Bladder Care Protocol		UCSF IP ADULT PANELS	Order Panel

Bladder Care Protocol

The UCSF bladder care protocol follows evidence-based guidelines to safely and effectively remove an indwelling urinary catheter and promote spontaneous urinary voiding and/or safely administer intermittent straight catheterization.

- Click to review the bladder care protocol for RNs

- Click to review the Urinary Retention Protocol for Providers

☐ Follow Bladder Care Protocol

☐ Do Not Follow Bladder Care Protocol

Continuous Until Specified

Next Required

Accept

Informaticist/SME: Catherine Lau

Analyst: Kristie Fowler

New OPA Promotes Evidence-Based Treatment for Opioid-Induced Pruritus

Audience: UCSF, Stanyan & Hyde, MarinHealth

Reason for Change: Promote safer, evidence-based treatment of opioid-induced pruritus by reducing use of IV and PO diphenhydramine.

Description & Workflow: A new OurPractice Advisory (OPA) will appear when providers order the Adult Opioid Sparing Medications panel and select additional opioid options in Steps 4, 5, or 6.

When ordering the Adult Opioid Sparing Medications (NOT NPO panel) either independently or as part of the Core Admission Order Set:

1. Select **The patient has or will have more than mild intermittent pain**
2. Complete the appropriate acetaminophen and NSAID selections
3. Select an additional opioid option in Step 4, 5, or 6

▼ Opioid-Sparing Pain Medication Section

- 2023 Pain Order Set Education

☒ Pain Medication for Patients able to take oral medication

- 2023 Pain Order Set Education

☐ The patient will have only mild intermittent pain

☒ The patient has or will have more than mild intermittent pain

Step 1: Select acetaminophen approach appropriate for patient (must select one)

☐ Acetaminophen Dose Limit 4 grams

☒ Acetaminophen Dose Limit 2 grams

☒ acetaminophen (TYLENOL) tablet 650 mg
650 mg, Oral, Every 8 Hours Scheduled, First dose today at 1400, Until Discontinued
Refer to RxCommunication tab in MAR for daily maximum.

☒ Acetaminophen Daily Max - 2 g per 24 hr
Routine, Continuous, Starting today at 1322, Until Specified

☐ The patient cannot receive acetaminophen because of contraindications (e.g. monitoring for neutropenic fever, acetaminophen allergy)

Step 2: Select NSAID, if appropriate

Patient cannot receive NSAIDs: Has contraindications (transplant patient, active bleeding, recent GI bleeding, CHF, eGFR<60, monitoring for neutropenic fever, on therapeutic anticoag pregnancy)

☒ Preferred : Ibuprofen (MOTRIN) tablet

☒ ibuprofen (ADVIL,MOTRIN) tablet 600 mg
600 mg, Oral, Every 8 Hours Scheduled, 15 doses, First dose today at 1400, Last dose on Mon 9/7 at 0600

☐ Alternate for patients briefly not able to take PO: Ketorolac/Ibuprofen

☐ The patient cannot receive NSAIDs - Has contraindications (see above)

☐ Step 3: Choose additional opioid sparing medication (optional)

☒ Step 4: Consider adding oral opioids for pain not managed with approaches above (optional)

☒ oxyCODONE (ROXICODONE) tablet 5-10 mg
5-10 mg, Oral, Every 3 Hours PRN, 1st line for pain, Starting today at 1320, Until Discontinued
Hold for sedation, RR less than 10

☒ naloxone (NARCAN) injection 0.1 mg
0.1 mg, Intravenous, Every 1 Minute PRN, Opioid Reversal, Respiratory depression (respiratory rate <=8 and unresponsive), Unresponsiveness (RASS -4, POSS 4, or SBS -2, but RR>8), Starting today at 1320, Until Discontinued
Do not dilute medication
Indications: Respiratory depression (respiratory <=8 and unresponsive), Unresponsiveness (RASS -4, POSS 4, or SBS -2, but RR>8)

☐ Step 5: Consider adding parenteral opioid for pain not managed with approaches above (optional)

☐ Step 6: Consider adding parenteral opioid for these PRN indications: breakthrough/emergent and/or procedural pain (optional)

☐ This is a patient with acute on chronic pain requiring hospitalization who has a Complex Pain Regimen Plan that will be ordered separate from this pain order panel (e.g. sickle cell patient)

When you attempt to sign the orders, the new **Missing Treatments for side effects of opioid therapy orders** OPA will appear. From the advisory, select the recommended treatment for pruritus side effects of opioid therapy order, or acknowledge the advisory and continue when appropriate

Missing Treatments for side effects of opioid therapy orders

☒
Order

☒ Order: [Treatment for pruritus side effects of opioid therapy](#)

☐
Acknowledge and continue

☐ No Needed

Accept (1)

Cancel

Once the order is accepted, it will appear in the order sidebar.

New Orders

Treatment for pruritus side effects of opioid therapy

Non-pharmacologic supportive measures for pruritus therapy: lotion, cleansing wipes, etc.
Routine, Continuous, Starting today at 1702, Until Specified
Non-pharmacologic supportive measures for 1st line pruritis therapy: lotion, cleansing wipes, etc.
ondansetron (ZOFTRAN) injection 4 mg
4 mg, Intravenous
Once PRN, 1st line pruritus therapy, 1 dose, Starting today at 1701, Until Discontinued
Pruritus Therapy
naloxone (NARCAN) injection 0.04 mg
0.04 mg, Intravenous, Every 15 Min PRN, 2nd line pruritus therapy, 3 doses, Starting today at 1701, Until Discontinued
Naloxone Administration Guidelines: Dose for itching is 0.04 mg, may give up to 3 doses per each severe itching episode. [Dilution required: 1 mL of naloxone vial/ampule 0.4 mg/mL with 9 mL normal saline to a total volume of 10 mL yielding 0.04 mg/mL dilution]
Indications: severe pruritus

Informaticist/SME: Catherine Lau

Analyst: Zhi Liang

New Provider Post-Fall Evaluation Note Template

Audience: UCSF

Reason for Change: To support thorough and consistent provider documentation following a patient fall.

Description and Workflow: A new Provider Post-Fall Evaluation note template is available to help providers efficiently document their assessment after a patient fall.

When creating a note using the “Falls” note type, the new template will automatically default. The template includes:

- **Event summary:** Fall circumstances, such as whether the fall was witnessed, head strike, LOC, etc.
- **Exam:** Selection of the appropriate post-fall exam components
- **Assessment of injury:** Documentation of concern for head or other injury
- **Diagnostics and follow-up:** Imaging, labs, other post-fall actions, and reinforcement of fall-prevention education

Providers should complete the applicable portions of the template based on their clinical assessment and judgment.

PROVIDER POST-FALL EVALUATION

Event summary:

TIP - this will disappear | If known, include location, mechanism, and activity at time of fall ▾

Fall witnessed?: yes/no ▾

Head strike: yes/no/unclear ▾

Loss of consciousness: yes/no/unclear ▾

On anticoagulation or antiplatelet therapy: yes/no ▾

Post-fall symptoms reported by patient/caregiver: symptoms ▾

Exam

Select exam(s) performed | Not all components may be necessary in every case; clinical judgment should guide the extent of the exam. A focused exam is often sufficient when the patient can accurately describe the event and symptoms. If the history is limited, the mechanism is unclear, or the patient cannot ambulate, consider a more comprehensive exam ▾

Assessment of injury:

Concern for head injury: head injury ▾

Concern for fracture or other injury: other injury ▾

Diagnostics: (if applicable)

Imaging ordered: imaging ordered ▾

Labs ordered: labs ordered ▾

Other post-fall actions completed: actions ▾

Fall prevention education reinforced: education ▾

(Optional) If patient unable to understand that a fall w/ injury occurred, a disclosure is required ▾

Informaticist/SME: Dr. Raman Khanna

Analyst: Christy Sedore

Adult Digoxin Order Panel Updates

Audience: UCSF, Stanyan & Hyde (Adult Patients)

Reason for Change: The adult digoxin order panel is being updated to provide improved clinical decision support for loading and maintenance dosing. The changes are intended to support more appropriate dose selection based on indication, ideal body weight, and renal function, and to reduce the risk of inappropriate dosing and potential digoxin toxicity.

Description & Workflow: The order panel, *IP Adult Digoxin Medication Panel with Monitoring*, has been updated to provide clearer clinical decision support for loading, maintenance, and monitoring. Key updates include:

- **Loading:** Dosing is guided by indication, renal function, ideal body weight, and route, with updated administration and hold parameters.
- **Maintenance:** Dosing is guided by renal function, with instructions to start maintenance 24 hours after the last loading dose or 48 hours after the last loading dose for patients with renal impairment.
- **Labs:** Routine digoxin levels are not recommended unless clinically indicated; random and trough level options remain available.

IP Adult Digoxin Medication Panel with Monitoring

CrCl: Patient's most recent lab result is older than the maximum 21 days allowed. (Dialysis)

If CrCl is not available to assess dose, please consult a pharmacist.

Ideal body weight: 65.9 kg (145 lb 5.8 oz)

If you need to link 2 different routes (e.g. need to link PO to IV for patient with unreliable oral route), please order outside this panel.

Routine digoxin levels are not recommended unless there is concern for toxicity, renal impairment, or new drug-drug interactions. Contact consult service or pharmacy on guidance on timing and need for drug levels.

☒ Loading

Loading dose only for atrial fibrillation or atrial flutter with RVR. Loading dose not needed for systolic heart failure management. Not to exceed 1500 mcg over 24 hr.

☒ Atrial fibrillation (Afib) with heart failure with reduced ejection fraction (HFrEF)

☒ Renal Function: CrCl $\geq$ 15 mL/min

Ideal body weight: 65.9 kg (145 lb 5.8 oz)

☐ Ideal Body Weight: > 45 kg - < 56 kg

☒ Ideal Body Weight: $\geq$ 56 kg - < 66 kg

☒ digoxin (LANOXIN) IV

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 1000

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

Followed By

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 1600

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

Followed By

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 2200

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

digoxin (LANOXIN) Oral Tablet

Next Required

Accept

Manage Orders Order Sets

Edit Multiple New i-Vent New Interactions

Place orders or order sets

Standard

New

Home Medications Need Review

This patient has active treatment/therapy plans.

New Orders

IP Adult Digoxin Medication Panel with Monitoring

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 1000

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

Followed By

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 1600

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

Followed By

digoxin (LANOXIN) injection 125 mcg

125 mcg, Intravenous

Every 6 Hours, 1 dose, today at 2200

For patients on telemetry monitoring may give IV push over 5 min. For patients without telemetry monitoring infuse IVPB over 15 min.

Hold for heart rate less than 70 bpm and notify provider.

Remove All

Save Work

Sign & Hold

Sign & Verify

Sign

SME: Marissa Hom, Sherif Fanous; Informaticist: John Kapisarov; Analyst: Venkateswarlu Juttukonda

APeX Reporting Training is Moving to Amplifire

Audience: Operational Leadership

Reason for Change: To provide on-demand, modernized APeX training with an adaptive, self-paced learning model that improves efficiency and supports a consistent level of APeX knowledge.

Brief Description & Workflow: APeX Reporting Workbench and SlicerDicer training is moving to Amplifire, an adaptive learning platform that adjusts to each learner. This change will phase out current instructor-led and group-based training for a more flexible format that can be completed independently.

Starting in October, all staff needing Reporting Training will complete their APeX Report training in Amplifire. September will serve as a transition period, and staff attending the APeX Reporting Workbench instructor-led training will have a hybrid experience that includes completing Amplifire during the scheduled class with an instructor. This update is intended to provide an on-demand training when the staff need it, improve accessibility to APeX Reporting tools, and support a standard level of APeX Reporting knowledge across all roles.

Staff are encouraged to attend Reporting Office Hours with the APeX Reporting Team members and get answers to questions on APeX Reporting content and workflows. Reporting Office Hours is a forum to provide end users with immediate training support.

Please go to the [REPORTING | APeX Training](#) Page for the current Office Hour Schedule and Zoom Link.

SME: Health IT Training & Education Center of Excellence

Audience Legend

All Users: All APeX Inpatient Providers at any location

MarinHealth: MarinHealth Hospital

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

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

Stanyan & Hyde: UCSF Stanyan & Hyde hospitals

Training Resources & Staying Updated

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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).