

# MONTHLY BULLETIN

**ATTENTION: ALL FACILITIES**

**UPDATES OCCURRING WITHIN THE CIS THE  
WEEK OF - FEBRUARY 27, 2017**

**The following solution areas have updates:**

**Provincial Drugs & Therapeutics - Page 2 (plus attachment)**

**Pharmacy - Page 3**

**PowerChart - Pages 4 - 6**

**Lab - Pages 7 - 8**

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## **UPCOMING EVENTS**

There will be a planned downtime of the CIS on February 26th from 0030 until approximately 0500 in order to perform system maintenance. A separate Downtime Bulletin will be circulated prior to the Downtime.

## **Provincial Drugs & Therapeutics (PD&T) Updates:**

**Update to Lorazepam sublingual tablets:** These tablets are being deleted from the Health PEI Hospital Drug Formulary. Electronic orders and order sets will be updated to reflect the change in product.

Please refer to the attached PD&T Memo for further information.

**Oseltamivir (Tamiflu) prophylaxis dosing for adults powerplan and treatment dosing for adults powerplan:** These powerplans have been added to the system based on the 2013 and 2015 AMMI Canada Guidelines and the product monograph. Order sentences have also been updated.

## Pharmacy Updates:

**Update to Pantoprazole orders:** These orders within CIS will be updated to include the salt so as to differentiate between products:

- pantoprazole (as magnesium/Tecta)
- pantoprazole (as sodium/Pantoloc)

CIS users who document home medications in the BPMH are asked to update “pantoprazole” entries with the specific product used by the patient at home.

## Powerchart Updates:

**Food Allergies:** Effective March 1st, Dietitians will be recording FOOD allergies in the CIS. If a dietitian is presented with additional allergy information, Nursing is to be informed for the inpatient population. It remains the responsibility of Nursing to verify a patient's complete allergy status.

**Social History Update - Tobacco:** The required field remains on the Admission Hx form, but the remaining documentation can be completed in the Social Hx tool/section. This facilitates being able to update this information after admission.

The screenshot displays the 'Social History' tool interface. At the top, there is a section titled 'Have you used tobacco in the past 6 months?' with radio buttons for 'Yes', 'No', and 'Unable to obtain'. Below this is a 'Tobacco' section with various input fields: 'Exposure to Tobacco Smoke' (with sub-options for 'Exposed at work', 'Lives with someone who smokes', 'Patient smokes', and 'Other'), 'Type' (with radio buttons for 'Smokesless tobacco', 'Chewing tobacco', 'Cigarettes', 'Pipe', and 'Other'), 'Cigarette use per day' (with radio buttons for '< 10 cigarettes/day', '10-19 cigarettes/day', '20-29 cigarettes/day', '30-39 cigarettes/day', '40 or more cigarettes/day', and 'Other'), 'Other Tobacco Frequency', 'Last Use', and 'Comment'. A red arrow points from the 'Mark all as Reviewed' button to the 'Tobacco' section. Below the form is a table with columns for 'Category', 'Details', 'Last Reviewed', 'Last Updated', and 'Last Updated By'. The table lists categories: Alcohol, Tobacco, Recreational Drug Use, and Other.

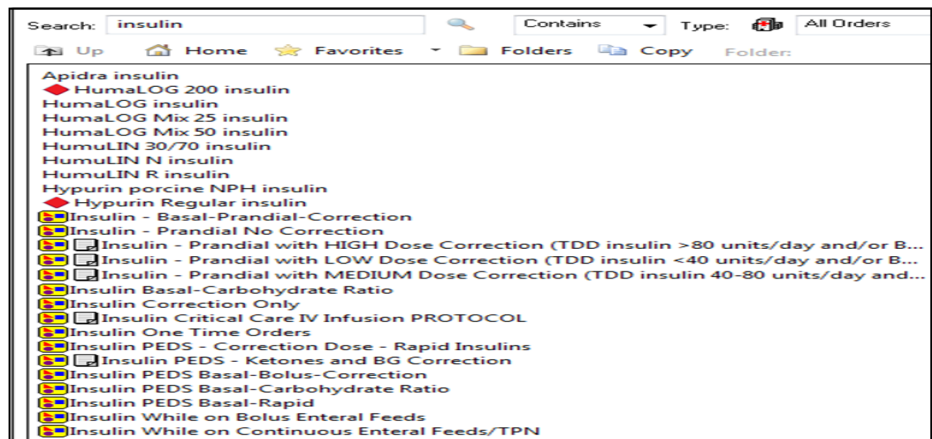
Category	Details	Last Reviewed	Last Updated	Last Updated By
Alcohol				
Tobacco				
Recreational Drug Use				
Other				

## Powerchart Updates: (continued)

**Changes to Diabetes Documentation Effective February 28th:** For details, refer to the Quick Reference Guides on the units.

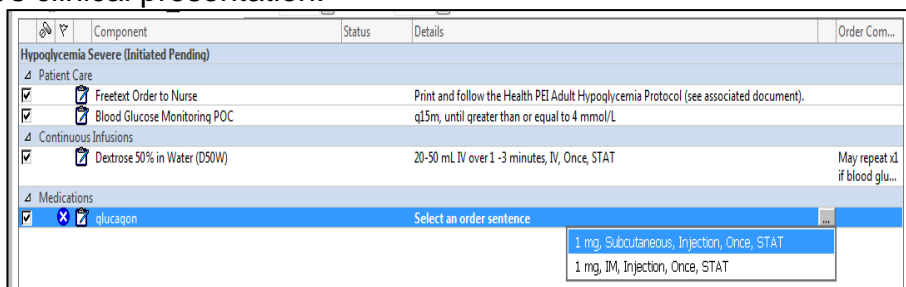
1. **New Powerplans for Rapid and Short Acting Insulin:** Correction doses of insulin will become part of the prandial (mealtime) order in the new Powerplans. This will incorporate the option to order low, medium or high dose correction dose, based on total daily dose (TDD) of insulin or body mass index (BMI) when ordering rapid or short acting insulin including the following: (Partial List)

- Insulin lispro (Humalog)
- Insulin glulisine (Apidra)
- Insulin aspart (Novorapid)
- Insulin Humulin R / Toronto



2. **Removal of Sliding Scale as pre-built orders in PowerChart:** Sliding Scale Insulin alone is a popular default regime; simple and convenient, but by allowing hyperglycemia to repeatedly occur - it is a reactive vs. proactive way to treat blood sugar and has never been shown to improve clinical outcomes. Using low/medium/high correction dose in place of sliding scale insulin addresses insulin sensitivity (weight based or TDD).

3. **New Powerplan for Management of Severe Hypoglycemia:** As per the Adult Hypoglycemia Medical Directive, Nursing can order this plan to allow for the administration of IV Dextrose 50% or Glucagon, based on the patient's clinical presentation.



4. **There are 4 new required fields on the MAR:** for the documentation of Prandial, Correction and Total doses of mealtime insulin.

## Powerchart Updates: (continued)

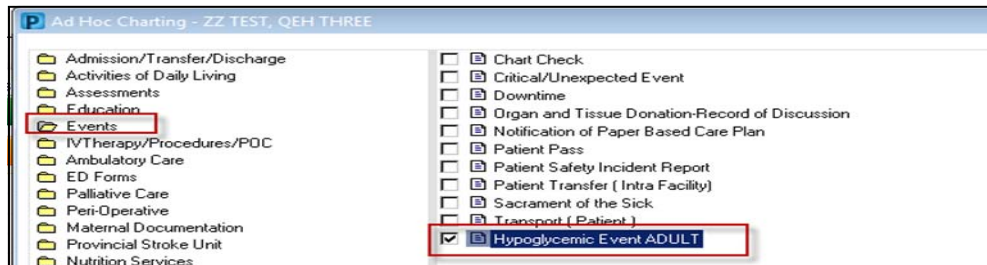
### Diabetes Documentation Continued

#### 5. New Diabetes Management Flowsheet on the Results Review tab:

Diabetes Management	2017-Feb-06 13:54	2017-Feb-07 13:30	2017-Feb-07 12:00
<b>Diabetes Management</b>			
<b>Blood Glucose</b>			
<input type="checkbox"/> MAR Glucose Verify			10.5
<input type="checkbox"/> insulin aspart prandial dose (units)			8
<input type="checkbox"/> insulin aspart correction (units)			1
<input type="checkbox"/> insulin aspart total given (units)			9
Hypoglycemic Event - text	Hypoglyce		
<b>Lab</b>			
<input type="checkbox"/> Hgb A1c		* 4.0	
<input type="checkbox"/> LDL Cholesterol		* 8.62	

#### 6. Health PEI Provincial Adult Hypoglycemia Medical Directive includes a new powerplan and a new form.

##### New Hypoglycemia Event Powerform - Ad Hoc Folder>Events Folder



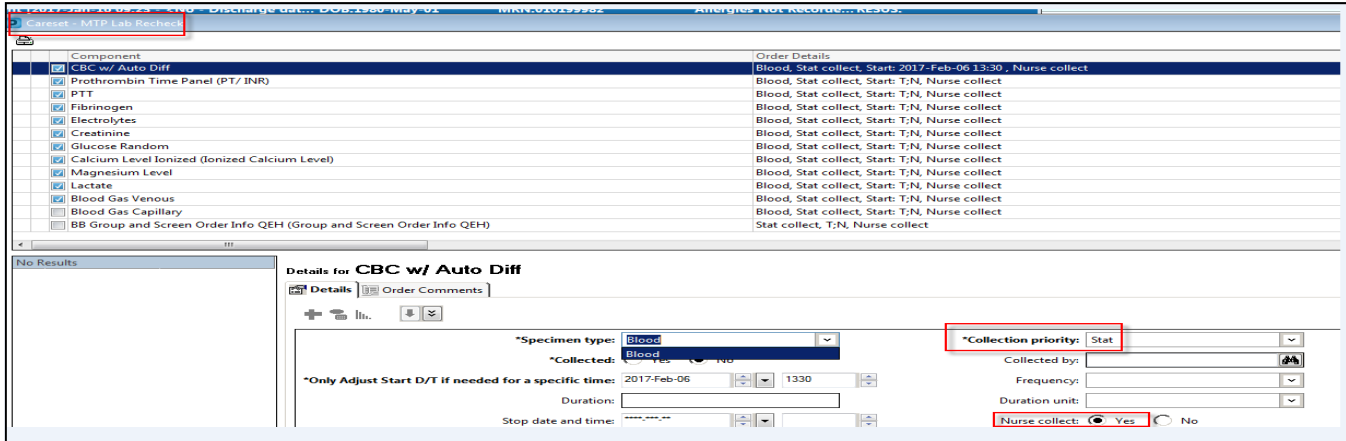
#### 7. Documentation of home Insulin doses through BPMH

- New order sentences available to capture home insulin for those patients already on correction doses.

#### 8. New Diabetes Supply Prescription (For In-Patient Education) to allow the patient to have the supplies brought to the hospital for teaching prior to discharge.

## Lab Updates:

**MTP Lab Orders:** The lab orders in the careset MTP Lab Orders are now defaulted to Stat and Nurse Collect.

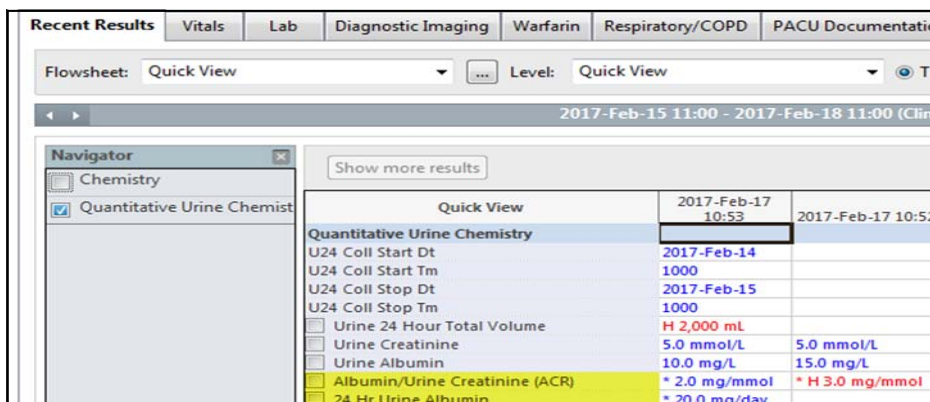
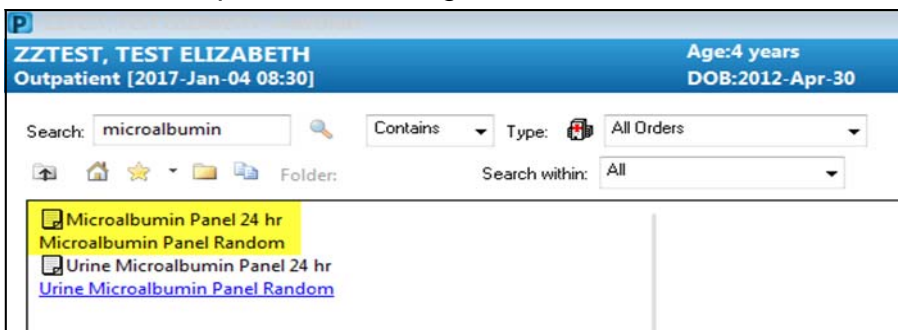


**Kidney Disease Improving Global Outcomes (KDIGO):** To comply with the KDIGO guidelines, the following changes will be made:

- **Microalbumin Panel Random** - will now be referred to as **Albumin-to-Creatinine Ratio (ACR)**
- **Microalbumin Panel 24 hr** - will now be referred to as **Albumin Excretion Rate (AER)**

### Before Change:

Previously CPOE orders were placed searching under "Microalbumin"



## Lab Updates: (continued)

### Kidney Disease Improving Global Outcomes (KDIGO): continued

After Change:

As of March 1, 2017 CPOE orders will be placed searching under “Albumin”

**P** ZZ TEST, PATIENT FIVE - Add Order

**ZZ TEST, PATIENT FIVE** Age:73 years  
 Outpatient [2017-Jan-26 15:04] DOB:1943-Dec-21

Search:  Contains Type: All Orders

Folder: Search within: All

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**Albumin-to-Creatinine Ratio (ACR)**

- Albumin 25% Transfuse
- Albumin 25% Transfusion
- Albumin 5% Transfuse
- Albumin 5% Transfusion
- Albumin Blood Bank Order QEH
- Albumin Excretion Rate (AER)**

All previously used order names and synonyms will remain (for ease of ordering)

**P** ZZTEST, TEST ELIZABETH Age:4 years  
 Outpatient [2017-Jan-04 08:30] DOB:2012-Apr-30

Search:  Contains Type: All Orders

Folder: Search within: All

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**Microalbumin Panel 24 hr**

**Microalbumin Panel Random**

Urine Microalbumin Panel 24 hr

[Urine Microalbumin Panel Random](#)

**Recent Results** Vitals Lab Diagnostic Imaging Warfarin Respiratory/COPD PACU Documentation

Flowsheet: Quick View Level: Quick View Table

2017-Feb-15 11:33 - 2017-Feb-18 11:33 (Clinical)

**Navigator**

- Chemistry
- Quantitative Urine Chemist**

Show more results

Quick View	2017-Feb-17 11:29	2017-Feb-17 11:28
<b>Quantitative Urine Chemistry</b>		
U24 Coll Start Dt	2017-Feb-14	
U24 Coll Start Tm	1000	
U24 Coll Stop Dt	2017-Feb-15	
U24 Coll Stop Tm	1000	
<input type="checkbox"/> Urine 24 Hour Total Volume	2,000 mL	
<input type="checkbox"/> Urine Creatinine	5.0 mmol/L	5.0 mmol/L
<input type="checkbox"/> Urine Albumin	10.0 mg/L	15.0 mg/L
<b>Albumin-to-Creatinine Ratio (ACR)</b>	* 2.0 mg/mmol	* H 3.0 mg/mmol
<b>Albumin Excretion Rate (AER)</b>	* 20.0 mg/day	