



# Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

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April 10 – April 16, 2025

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## Behavioral Health Staff

### Inpatient Only

### Medication Manager: Manual Product Select Default

**WHAT:** Upon Verification, if **Manual Product Select** is needed based on order, **Products** tab will be the default selection.

The screenshot shows the 'Manual Product Select' window for 'vancomycin 1,155 mg IV Every 24 Hour Interval Soln'. The 'Products' tab is selected, showing a list of vancomycin products. The 'Ingredients' section shows 'vancomycin 1,155 mg'. The 'Filter Options' section has 'Ordered Dosage Form' selected. The 'Selected products' table is empty. The 'Move >' button is visible.

| Description                           | Prod Info              |
|---------------------------------------|------------------------|
| vancomycin 1000 mg/ 10mL INJ (PB)     | 1,000 mg / 10 mL Soln  |
| vancomycin 1000 mg/ 200mL NS Pre-Mix  | 1,000 mg / 200 mL Soln |
| vancomycin 1250mg / 250 mL NS Pre-Mix | 1,250 mg / 250 mL Soln |
| vancomycin 1500mg / 500 mL NS Pre-Mix | 1,500 mg / 500 mL Soln |
| vancomycin 2000mg / 520mL NS Pre-Mix  | 2,000 mg / 520 mL Soln |
| vancomycin 500mg / 100mL NS Pre-Mix   | 500 mg / 100 mL Soln   |
| vancomycin 500mg / 5mL INJ (PB)       | 500 mg / 5 mL Soln     |
| vancomycin 750mg / 150 mL NS Pre-Mix  | 750 MG / 150 ML Soln   |

**WHY:** Defaulting to **Products** tab will reduce inadvertent compounding performed by pharmacy when pharmacists select an IV Set. In the above scenario, there are available pre-made or pre-mix products that are not selected.

**WHEN:** Monday, April 14, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Inpatient Pharmacists
-

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### Patch Medication Ordering and MAR Task Updates

**WHAT:** Patch Medications have a MAR task to remove the patch. A MAR task for **Patch-Off ONCE** will now correspond to the last administration, based on the timing of the medication.

| Patch Medication | ONCE Patch-Off Timing   |
|------------------|---|
| Buprenorphine    | <b>7 day</b> offset from admin  |
| Fentanyl         | Either <b>48 hour</b> <u>or</u> <b>72 hour</b> offset based on Frequency on order               |
| Lidocaine        | <b>12 hour</b> offset from admin  |
| Nicotine         | Either <b>24 hour</b> offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details |
| Nitroglycerin    | <b>12 hour</b> offset from admin  |
| Scopolamine      | Either <b>12 hours, 24 hour, or 72 hour</b> offset based on Provider-Entered Removal Details    |

#### Background – Nursing

- Currently, MAR tasks can be scheduled tasks for a particular time of day, while others are visible in the PRN section of MAR.
- The MAR task for Patch-off will correspond to the time in which the patch medication was charted and applied.

**NOTE:** Nurses may have to look slightly ahead or behind current time on the MAR to locate the applicable Patch off task.

#### Pharmacist

- The update will allow the ONCE Patch-off order to auto-verify.
  - Please be aware, with the update, you will no longer see the previous scheduled or PRN orders in verification queue when verifying medication order for a patch.
-

## Provider

- **Nicotine and Scopolamine Patches:** a new **required** field will determine how long after patch application, it should be removed.
- **Fentanyl patches:** the Frequency field will determine offset.

**WHY:** To further refine nursing MAR tasking for medication patches, provide a **scheduled** Patch-off task, and increase precise Patch-off tasking and removal.

**WHEN:** Tuesday, April 15, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Nursing
- Pharmacists
- Providers

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### Clinical Decision Support Updates

#### Weekly Newsletter

- Please reference our [CDS Portal](#) for additional information and previous newsletters.
- Any questions should be directed to our [CDS Team](#) for review.

*To open the links in the table, right-click and select “Open link in new tab.”*

| Release Date | Venues Affected | CDS Tool   | Summary  |
|--------------|-----------------|--|--|
| 4/15/2025    | All             | <a href="#">Immunization Screening Alert</a>           | CDS Review. Updates to streamline alert including language modifications. Nursing only.  |
| 4/15/2025    | Inpatient       | <a href="#">Transfuse Adult Cryoprecipitate</a>        | CDS Review. Addition of indications to cryoprecipitate order   |
| 4/21/2025    | Inpatient       | <a href="#">PCA Patient Controlled Analgesia Adult</a> | Removal of morphine pca. Information included on how to order outside of this plan, if the patient fails hydromorphone and fentanyl. |
| 4/21/2025    | Inpatient       | <a href="#">PED PCA (Patient Controlled Analgesia)</a> | Removal of morphine pca. Information included on how to order outside of this plan, if the patient fails hydromorphone and fentanyl. |
| 4/21/2025    | Inpatient       | <a href="#">PED Palliative-Comfort Care</a>            | Removal of morphine pca. Information included on how to order outside of this plan, if the patient fails hydromorphone and fentanyl. |

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### Nursing, CNA, Medical Assistants

#### Emergency/Inpatient/Peri-Op

#### Patch Medication Ordering and MAR Task Updates

- WHAT:** Patch Medications have a MAR task to remove the patch. A MAR task for **Patch-Off ONCE** will now correspond to the last administration, based on the timing of the medication.
-

| Patch Medication | ONCE Patch-Off Timing  |
|------------------|--|
| Buprenorphine    | <b>7 day</b> offset from admin   |
| Fentanyl         | Either <b>48 hour</b> <u>or</u> <b>72 hour</b> offset based on Frequency on order                            |
| Lidocaine        | <b>12 hour</b> offset from admin   |
| Nicotine         | Either <b>24 hour</b> offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details              |
| Nitroglycerin    | <b>12 hour</b> offset from admin   |
| Scopolamine      | Either <b>12 hours</b> , <b>24 hour</b> , or <b>72 hour</b> offset based on Provider-Entered Removal Details |

### Background – Nursing

- Currently, MAR tasks can be scheduled tasks for a particular time of day, while others are visible in the PRN section of MAR.
- The MAR task for Patch-off will correspond to the time in which the patch medication was charted and applied.

**NOTE:** Nurses may have to look slightly ahead or behind current time on the MAR to locate the applicable Patch off task.

### Pharmacist

- The update will allow the ONCE Patch-off order to auto-verify.
- Please be aware, with the update, you will no longer see the previous scheduled or PRN orders in verification queue when verifying medication order for a patch.

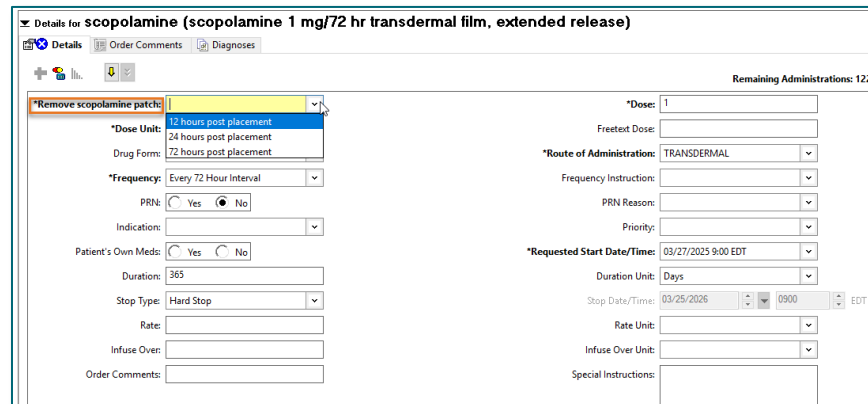
### Provider

- **Nicotine and Scopolamine Patches:** a **new required field** will determine how long after patch application, it should be removed.
  - **Fentanyl patches:** the Frequency field will determine offset.
-

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**WHY:** To further refine nursing MAR tasking for medication patches, provide a **scheduled** Patch-off task, and increase precise Patch-off tasking and removal.

**WHEN:** Tuesday, April 15, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

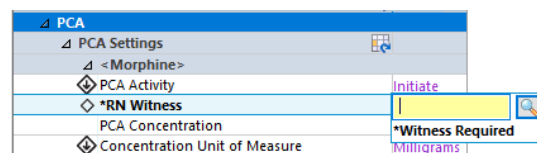
- Nursing
- Pharmacists
- Providers

## Patient-Controlled Analgesia (PCA) Interactive View and I&O Updates

**WHAT:** The **PCA** Interactive View I&O (iView) section will be updated to include new titles and logic to ensure accurate documentation of PCA medication administration.

**All Modes:**

- **PCA Activity:** when **Initiate**, **Pump Settings Checked**, or **Pump Settings Changed** is selected, the RN Witness will be required to enter their username and password.





- **Total Shift Delivered Drug** (mg/mcg) **replaces** the previous calculations of **Patient Request Dose** (Patient Request Mode), **Background Volume** (Background Mode), and **Total Drug Administered** (Background/Patient Request Mode).

This field auto-calculates the total dose administered, e.g., for the mode Background/Patient Request Total Shift Delivered Drug = Total Continuous Dose Admin + Loading Dose Delivered + Total Requested Dose delivered.

**NOTE:** A value is required in Loading Dose for the calculation to populate. If there is no loading dose, enter a zero (0).

#### **Patient Request and Background/Patient Request**

- **Total Demands** will be updated to **Total Demands Requested**: the location to document the total *number* of demands the patient attempted.
- **New Total Demand Delivered**: the location to document total *number* of attempts that resulted in the patient receiving medication.
- **Loading Dose** will be updated to **Loading Dose Delivered**: the location to document the total Loading Dose administered (milligrams/micrograms) the patient received.

**NOTE:** A value is required in Loading Dose for the calculation to populate. If there is no loading dose, enter a zero (0).

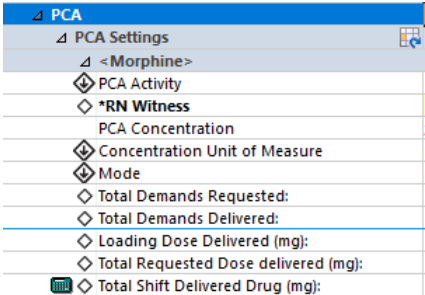
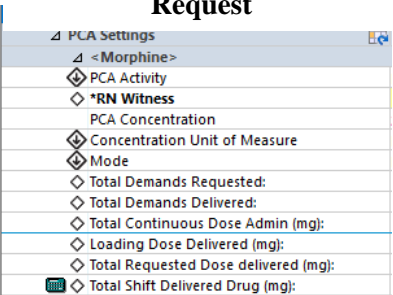
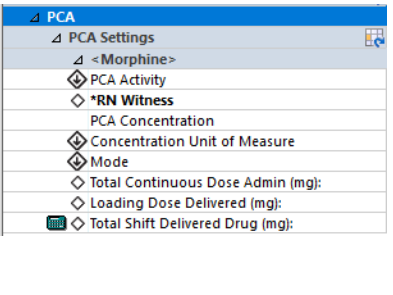
- **New Total Requested Dose Delivered**: the location to document the total dose administered (*milligrams/micrograms*), the patient received when requested (on demand).
  - **Patient Request Volume** will be updated to **Total Shift Delivered Drug**: the total dose of medication received via PCA for the shift.
-

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| Patient Request   | Background/Patient Request   | Background   |
|---|--|--|
|  <p>PCA Settings</p> <ul style="list-style-type: none"><li>&lt;Morphine&gt;</li><li>PCA Activity</li><li>*RN Witness</li><li>PCA Concentration</li><li>Concentration Unit of Measure</li><li>Mode</li><li>Total Demands Requested:</li><li>Total Demands Delivered:</li><li>Loading Dose Delivered (mg):</li><li>Total Requested Dose delivered (mg):</li><li>Total Shift Delivered Drug (mg):</li></ul> |  <p>PCA Settings</p> <ul style="list-style-type: none"><li>&lt;Morphine&gt;</li><li>PCA Activity</li><li>*RN Witness</li><li>PCA Concentration</li><li>Concentration Unit of Measure</li><li>Mode</li><li>Total Demands Requested:</li><li>Total Demands Delivered:</li><li>Total Continuous Dose Admin (mg):</li><li>Loading Dose Delivered (mg):</li><li>Total Requested Dose delivered (mg):</li><li>Total Shift Delivered Drug (mg):</li></ul> |  <p>PCA Settings</p> <ul style="list-style-type: none"><li>&lt;Morphine&gt;</li><li>PCA Activity</li><li>*RN Witness</li><li>PCA Concentration</li><li>Concentration Unit of Measure</li><li>Mode</li><li>Total Continuous Dose Admin (mg):</li><li>Loading Dose Delivered (mg):</li><li>Total Shift Delivered Drug (mg):</li></ul> |

**WHY:** This documentation is changing to ensure the information entered accurately reflects of the total amount of medication administered, thus preventing medication errors and supporting pain management decision making.

**WHEN:** Wednesday, April 16, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Nursing

### Pharmacist Only Restricted PowerPlan Implementation – effective 04/21/25

**WHAT:** A new PowerPlan type will be created that will allow **only Inpatient Pharmacists** to find and perform order-entry for certain, NLH-approved medications.

#### Orders Removed from Global Ordering

- The following medication orders will be **removed** from provider ability to search for and order at time of new plan type implementation.

- Multivitamin Infusions
- Morphine Patient-Controlled Analgesia (PCA)
  - According to data, Fentanyl and Hydromorphone PCAs are used far more frequently than Morphine.
  - New PCA Pumps implemented start on April 22, 2025 are not compatible with current drug manufacturer produced Morphine PCAs.

**NOTE:** Order comments will be added to existing PowerPlans noting that removal has occurred and that a call to Pharmacy will be needed for Pharmacist order entry. Providers should not add additional orders to any phase of this plan.

### Pharmacist Order Entry

- Pharmacists, upon request or prompt to do so, will need to search for **Pharmacist Only Restricted Medications** PowerPlan from PowerChart to enter orders from this plan.

The screenshot shows a search bar with the text 'pharmacist'. To the right are buttons for 'Advanced Options', 'Type:' with a dropdown arrow, and 'Inpatient Orders'. Below the search bar, a list of results is shown, with 'Pharmacist ONLY - COVID-19 Oral Antiviral Treatment', 'Pharmacist ONLY - COVID-19 Remdesivir Infusion Outpatient', and 'Pharmacist Only Restricted Medications' (highlighted in blue).

| Medications   | Component   | Status | Dose  | Details  |
|---|---|--------|---|--|
| <b>NOTE:</b> The PowerPlan is intended for Pharmacist use only. Do not add additional orders to phase |   |        |   |  |
| Antimicrobials  | Requires ID pharmacist or ID physician approval for use.  |        | 1 gm, Soln, IV Push, Every 24 Hour Interval, 1 Doses/Times, Infuse Over: 5 Minutes                                      | Reconstitute using 10 mL Sterile Water for Injection. Infuse over 5 minutes.                           |
| Entapenem (Inman)   |   |        | 10 mL, Soln, IV, ONCE, Infuse Over: 2 hr  | Infuse over 2 Hours  |
| Multivitamin Infusions  | Multivitamin infusions are restricted to confirmed vitamin deficiencies secondary to short gut syndrome, severe prolonged malnutrition with the inability to take oral medications, or severe eating disorders  |        | 10 mL, Soln, IV, ONCE, Infuse Over: 2 hr  | Infuse over 2 Hours  |
| NS 1000mL + MVN (DAILY)   |   |        | 10 mL, Soln, IV, ONCE, Infuse Over: 2 hr  | Infuse over 2 Hours  |
| NS 1000mL + MVN + FOLIC ACID + THIAMINE (DAILY)   |   |        | 10 mL, Soln, IV, ONCE, Infuse Over: 2 hr  | Infuse over 2 Hours  |
| Morphine PCA  | Morphine PCAs are not readily available and are restricted for use in only patients who have confirmed or witnessed intolerance to both hydromorphone and fentanyl. If a Morphine PCA is required, please contact your local pharmacist for assistance in ordering. |        |   |  |
| PCA Orders: Opioid Naive  |   |        |   |  |
| morphine (morphine PCA)   |   |        | 1 syringe, PCA, IV, PRN, 1.25 mg, 10 Minutes, No background rate 0 mg/hr, 30 mg, 2 mg IV, PRN, "STANDARD" in Smart Pump | Neg. Document PCA pump totals every shift under Lines Devices ...                                      |
| Sodium Chloride 0.9%  |   |        | Tot Vol: 1,000 mL, Flow Rate: 25 mL/hr, Soln, IV  | PCA needs to be piggy backed into an IV solution. If a patient does not have a maintenance IV ...      |
| naloxone (Narcan)   |   |        | 0.1 mg, Soln, IV Push, Every 2 Minute Interval, PRN, Respiratory Depression   | Up to 0.4 mg for RR LESS THAN 10 and or patient difficult to arouse. 1% Concentrations 0.4 mg ...      |
| Provider Communication  |   |        |   | Nursing to query the PCA pump and document shift totals in the EMR at the end of every shift           |
| Alertness Score   |   |        |   | Special Instructions: Notify Provider if alertness score is 3 or greater. Exclude PACU                 |
| Vital Signs (Frequent)  |   |        |   | Initiation of PCA, change in drug or dose, patient event or deterioration in status. Every 15 min ...  |
| PEDS  |   |        |   | Assessment includes HR, RR, BP, pain level, pupil reactivity (or ventilation monitoring if available). |
| morphine (morphine PCA)   |   |        | 1 syringe, PCA, IV, Every 3 Hour Interval, PRN, Pain, "STANDARD" in Smart Pump  | Neg. Document PCA pump totals every shift under Lines Devices ...                                      |
| Sodium Chloride 0.9%  |   |        | Tot Vol: 1,000 mL, Flow Rate: 10 mL/hr, Soln, IV  | PCA needs to be piggy backed into an IV solution. If a patient does not have a maintenance IV ...      |
| Notify If   |   |        |   | Select an order sentence   |

**WHY:** The new PowerPlan type will allow inpatient Pharmacy staff to better manage medication orders for products that have specific reasons to be restricted and controlled by Pharmacy.

**NOTE:** An SBAR will be distributed by Pharmacy leaders to Chiefs of Service and Senior Physician Executives related to the removal of Morphine PCAs from general ordering.

## EHR Updates

**April 10 – April 16, 2025**

**WHEN:** Monday, April 21, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Acadia and Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Inpatient Pharmacists
- Inpatient Providers
- Nursing

## Pharmacists & Pharmacy Technicians

### Inpatient/ED/Peri-Op

### Medication Manager: Manual Product Select Default

**WHAT:** Upon Verification, if **Manual Product Select** is needed based on order, **Products** tab will be the default selection.

The screenshot shows the 'Manual Product Select' window for 'vancomycin 1,155 mg IV Every 24 Hour Interval Soln'. The 'Ingredients' section lists 'vancomycin' with a quantity of '1,155 mg'. The 'Filter Options' section includes radio buttons for 'All Routes and Dosage Forms', 'Route / Dosage Form compatible', and 'Ordered Dosage Form' (which is selected). The 'Products (8)' tab is active, displaying a list of vancomycin products with their descriptions and product information. The 'Selected products' section is empty. The 'Move >' button is visible. The bottom of the window contains fields for 'Billing formula', 'Start dispense date', 'Time', 'Price', 'Cost', and checkboxes for 'Patient's own med' and 'Auto calculate initial dose'. The 'OK' and 'Cancel' buttons are at the bottom right.

| Description                           | Prod Info              |
|---------------------------------------|------------------------|
| vancomycin 1000 mg/ 10mL INJ (PB)     | 1,000 mg / 10 mL Soln  |
| vancomycin 1000 mg/ 200mL NS Pre-Mix  | 1,000 mg / 200 mL Soln |
| vancomycin 1250mg / 250 mL NS Pre-Mix | 1,250 mg / 250 mL Soln |
| vancomycin 1500mg / 500 mL NS Pre-Mix | 1,500 mg / 500 mL Soln |
| vancomycin 2000mg / 520mL NS Pre-Mix  | 2,000 mg / 520 mL Soln |
| vancomycin 500mg / 100mL NS Pre-Mix   | 500 mg / 100 mL Soln   |
| vancomycin 500mg / 5mL INJ (PB)       | 500 mg / 5 mL Soln     |
| vancomycin 750mg / 150 mL NS Pre-Mix  | 750 MG / 150 ML Soln   |

**WHY:** Defaulting to **Products** tab will reduce inadvertent compounding performed by pharmacy when pharmacists select an IV Set. In the above scenario, there are available pre-made or pre-mix products that are not selected.

**WHEN:** Monday, April 14, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Inpatient Pharmacists

## Patch Medication Ordering and MAR Task Updates

**WHAT:** Patch Medications have a MAR task to remove the patch. A MAR task for **Patch-Off ONCE** will now correspond to the last administration, based on the timing of the medication.

| Patch Medication | ONCE Patch-Off Timing  |
|------------------|--|
| Buprenorphine    | <b>7 day</b> offset from admin   |
| Fentanyl         | Either <b>48 hour</b> <u>or</u> <b>72 hour</b> offset based on Frequency on order                            |
| Lidocaine        | <b>12 hour</b> offset from admin   |
| Nicotine         | Either <b>24 hour</b> offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details              |
| Nitroglycerin    | <b>12 hour</b> offset from admin   |
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### Background – Nursing

- Currently, MAR tasks can be scheduled tasks for a particular time of day, while others are visible in the PRN section of MAR.
-

## EHR Updates

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- The MAR task for Patch-off will correspond to the time in which the patch medication was charted and applied.

**NOTE:** Nurses may have to look slightly ahead or behind current time on the MAR to locate the applicable Patch off task.

### Pharmacist

- The update will allow the ONCE Patch-off order to auto-verify.
- Please be aware, with the update, you will no longer see the previous scheduled or PRN orders in verification queue when verifying medication order for a patch.

### Provider

- **Nicotine and Scopolamine Patches:** a **new required field** will determine how long after patch application, it should be removed.
- **Fentanyl patches:** the Frequency field will determine offset.

Details for **scopolamine (scopolamine 1 mg/72 hr transdermal film, extended release)**

Remaining Administrations: 122

**\*Remove scopolamine patch:** 12 hours post placement

**\*Dose Unit:** 24 hours post placement

**Drug Form:** 72 hours post placement

**\*Frequency:** Every 72 Hour Interval

**PRN:** ☐ Yes ☒ No

**Indication:**

**Patient's Own Meds:** ☐ Yes ☒ No

**Duration:** 365

**Stop Type:** Hard Stop

**Rate:**

**Infuse Over:**

**Order Comments:**

**\*Dose:** 1

**Freetext Dose:**

**\*Route of Administration:** TRANSDERMAL

**Frequency Instruction:**

**PRN Reason:**

**Priority:**

**\*Requested Start Date/Time:** 03/27/2025 9:00 EDT

**Duration Unit:** Days

**Stop Date/Time:** 03/25/2026 0900 EDT

**Rate Unit:**

**Infuse Over Unit:**

**Special Instructions:**

**WHY:** To further refine nursing MAR tasking for medication patches, provide a **scheduled** Patch-off task, and increase precise Patch-off tasking and removal.

**WHEN:** Tuesday, April 15, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

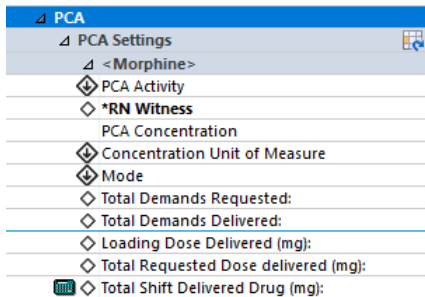
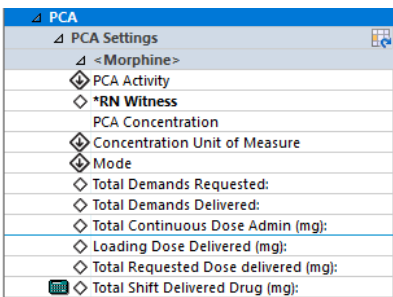
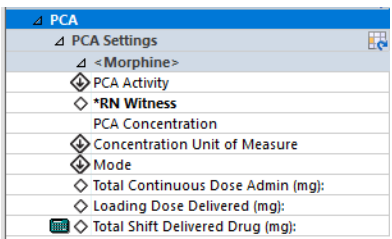
- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Nursing
- Pharmacists
- Providers

## Patient-Controlled Analgesia (PCA) Interactive View and I&O Updates: Provider and Pharmacist Awareness

**WHAT:** The **PCA** Interactive View I&O (iView) section will be updated to include new titles and logic to ensure accurate documentation of PCA medication administration.

| Patient Request   | Background/Patient Request   | Background  |
|---|--|---|
|  |  |  |

**WHY:** Changes are being made to the documentation to ensure the information entered accurately reflects how much medication has been administered, hence preventing medication errors and supporting the decision-making process when it comes to pain management.

**WHEN:** Wednesday, April 16, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Acadia and Mayo)
-

## EHR Updates

**April 10 – April 16, 2025**

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**WHO:** The change will affect the following staff at the above noted locations:

- Pharmacists (Related to Order Verification Review)
- Providers (Order Review)

### Pharmacist Only Restricted PowerPlan Implementation – effective 04/21/25

**WHAT:** A new PowerPlan type will be created that will allow **only Inpatient Pharmacists** to find and perform order-entry for certain, NLH-approved medications.

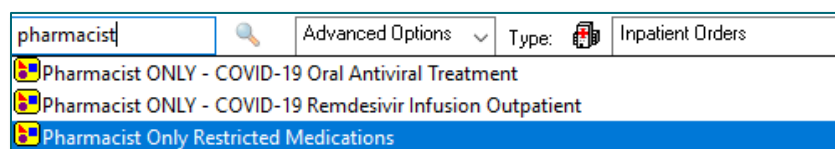
#### Orders Removed from Global Ordering

- The following medication orders will be **removed** from provider ability to search for and order at time of new plan type implementation.
  - Multivitamin Infusions
  - Morphine Patient-Controlled Analgesia (PCA)
    - According to data, Fentanyl and Hydromorphone PCAs are used far more frequently than Morphine.
    - New PCA Pumps implemented start on April 22, 2025 are not compatible with current drug manufacturer produced Morphine PCAs.

**NOTE:** Order comments will be added to existing PowerPlans noting that removal has occurred and that a call to Pharmacy will be needed for Pharmacist order entry. Providers should not add additional orders to any phase of this plan.

#### Pharmacist Order Entry

- Pharmacists, upon request or prompt to do so, will need to search for **Pharmacist Only Restricted Medications** PowerPlan from PowerChart to enter orders from this plan.



The screenshot shows a search bar with the text 'pharmacist' entered. To the right of the search bar is a magnifying glass icon and a dropdown menu labeled 'Advanced Options'. Further right is a 'Type:' label followed by a red cross icon and the text 'Inpatient Orders'. Below the search bar, a list of search results is displayed. The first two results are 'Pharmacist ONLY - COVID-19 Oral Antiviral Treatment' and 'Pharmacist ONLY - COVID-19 Remdesivir Infusion Outpatient'. The third result, 'Pharmacist Only Restricted Medications', is highlighted with a blue background.



| Component   | Status | Dose  | Details  |
|---|--------|---|--|
| <b>NOTE:</b> The PowerPlan is intended for Pharmacist use only. Do not add additional orders to phase   |        |   |  |
| Antibiotics:  |        |   |  |
| Requires ID pharmacist or ID physician approval for use.  |        |   |  |
| ertapenem (Invanz)  |        | 1 gm, Soln, IV Push, Every 24 Hour Interval, 1 Dose/Times, Infuse Over 5 Minutes                | Reconstitute using 10 mL Sterile Water for Injection. Infuse over 5 minutes.                           |
| Multivitamin Infusions:   |        |   |  |
| Multivitamin infusions are restricted to confirmed vitamin deficiencies secondary to short gut syndrome, severe prolonged malnutrition with the inability to take oral medications, or severe eating disorders.   |        |   |  |
| NS 1000mL + MVN (DAILY)   |        | 10 mL, Soln, IVPR, ONCE, Infuse Over 2 hr   | Infuse over 2 Hours  |
| NS 1000mL + MVN + FOLIC ACID + THIAMINE (DAILY)   |        | 10 mL, Soln, IVPR, ONCE, Infuse Over 2 hr   | Infuse over 2 Hours  |
| Morphine PCA:   |        |   |  |
| Morphine PCAs are not readily available and are restricted for use in only patients who have confirmed or witnessed intolerance to both hydromorphone and fentanyl. If a Morphine PCA is required, please contact your local pharmacist for assistance in ordering. |        |   |  |
| Adult:  |        |   |  |
| morphine (morphine PCA)   |        | 1 syringe, PCA, IV, PRN, 1.25 mg, 10 Minutes, No background rate 0 mg/hr, 30 mg, 2 mg IV, PR... | "STANDARD" in Smart Pump - Neg. Document PCA pump totals every shift under Lines Devices ...           |
| Sodium Chloride 0.9%  |        | Tot Vol 1,000 mL, Flow Rate 23 mL/hr, Soln, IV  | PCA needs to be piggy-backed into an IV solution. If a patient does not have a maintenance IV ...      |
| naloxone (Narcan)   |        | 0.1 mg, Soln, IV Push, Every 2 Minute Interval, PRN, Respiratory Depression                     | Up to 0.4 mg for RR LESS THAN 10 and/or patient difficult to arouse. * Concentration: 0.4 mg/...       |
| Provider Communication  |        |   | Nursing to query the PCA pump and document shift totals in the EMR at the end of every shift           |
| Alertness Score   |        |   | Special Instructions: Notify Provider if alertness score is 3 or greater. Exclude PACU                 |
| Vital Signs (Frequent)  |        |   | Initiation of PCA: Change in drug or dose, patient event or deterioration in status: Every 15 min...   |
| PEDS:   |        |   | Assessment includes HR, RR, BP, pain level, pupil reactivity (or ventilation monitoring if available). |
| morphine (morphine PCA)   |        | 1 syringe, PCA, IV, Every 3 Hour Interval, PRN, Pain, STANDARD                                  | "STANDARD" in Smart Pump - Neg. Document PCA pump totals every shift under Lines Devices ...           |
| Sodium Chloride 0.9%  |        | Tot Vol 1,000 mL, Flow Rate 10 mL/hr, Soln, IV  | PCA needs to be piggy-backed into an IV solution. If a patient does not have a maintenance IV ...      |
| Notify If   |        |   | Select an order sentence   |

**WHY:** The new PowerPlan type will allow inpatient Pharmacy staff to better manage medication orders for products that have specific reasons to be restricted and controlled by Pharmacy.

**NOTE:** An SBAR will be distributed by Pharmacy leaders to Chiefs of Service and Senior Physician Executives related to the removal of Morphine PCAs from general ordering.

**WHEN:** Monday, April 21, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Acadia and Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Inpatient Pharmacists
- Inpatient Providers
- Nursing

## EHR Updates

**April 10 – April 16, 2025**

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### Physicians, Physician Assistants, Nurse Practitioners

#### Emergency/Inpatient/Peri-Op

#### Patch Medication Ordering and MAR Task Updates

**WHAT:** Patch Medications have a MAR task to remove the patch. A MAR task for **Patch-Off ONCE** will now correspond to the last administration, based on the timing of the medication.

| Patch Medication | ONCE Patch-Off Timing  |
|------------------|--|
| Buprenorphine    | <b>7 day</b> offset from admin   |
| Fentanyl         | Either <b>48 hour</b> <u>or</u> <b>72 hour</b> offset based on Frequency on order                            |
| Lidocaine        | <b>12 hour</b> offset from admin   |
| Nicotine         | Either <b>24 hour</b> offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details              |
| Nitroglycerin    | <b>12 hour</b> offset from admin   |
| Scopolamine      | Either <b>12 hours</b> , <b>24 hour</b> , or <b>72 hour</b> offset based on Provider-Entered Removal Details |

#### Background – Nursing

- Currently, MAR tasks can be scheduled tasks for a particular time of day, while others are visible in the PRN section of MAR.
- The MAR task for Patch-off will correspond to the time in which the patch medication was charted and applied.

**NOTE:** Nurses may have to look slightly ahead or behind current time on the MAR to locate the applicable Patch off task.

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**Pharmacist**

- The update will allow the ONCE Patch-off order to auto-verify.
- Please be aware, with the update, you will no longer see the previous scheduled or PRN orders in verification queue when verifying medication order for a patch.

**Provider**

- **Nicotine and Scopolamine Patches:** a new required field will determine how long after patch application, it should be removed.
- **Fentanyl patches:** the Frequency field will determine offset.

The screenshot shows the 'Details for Scopolamine (scopolamine 1 mg/72 hr transdermal film, extended release)' form. The 'Remove scopolamine patch' dropdown menu is highlighted, showing options: '12 hours post placement', '24 hours post placement', and '72 hours post placement'. Other fields include:
 

- \*Dose: 1
- \*Route of Administration: TRANSDERMAL
- \*Frequency: Every 72 Hour Interval
- \*Requested Start Date/Time: 03/27/2025 9:00 EDT
- Duration Unit: Days
- Stop Date/Time: 03/25/2026 0900 EDT
- Rate Unit: (empty)
- Infuse Over Unit: (empty)
- Special Instructions: (empty)

**WHY:** To further refine nursing MAR tasking for medication patches, provide a **scheduled** Patch-off task, and increase precise Patch-off tasking and removal.

**WHEN:** Tuesday, April 15, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Nursing
- Pharmacists
- Providers

## EHR Updates

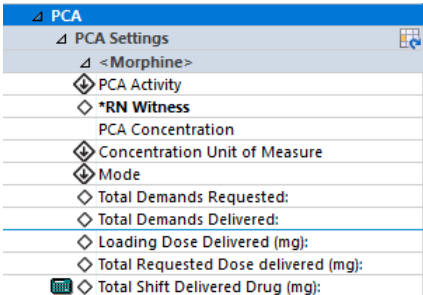
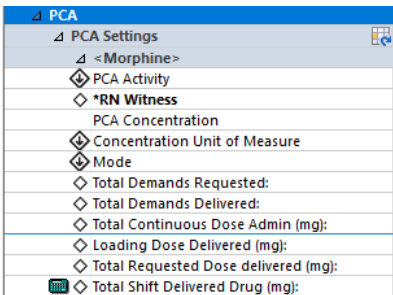
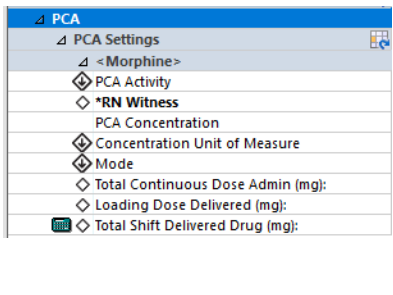
**April 10 – April 16, 2025**

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### Patient-Controlled Analgesia (PCA) Interactive View and I&O Updates: Provider and Pharmacist Awareness

**WHAT:** The **PCA** Interactive View I&O (iView) section will be updated to include new titles and logic to ensure accurate documentation of PCA medication administration.

| Patient Request  | Background/Patient Request  | Background   |
|--|---|--|
|  |  |  |

**WHY:** Changes are being made to the documentation to ensure the information entered accurately reflects how much medication has been administered, hence preventing medication errors and supporting the decision-making process when it comes to pain management.

**WHEN:** Wednesday, April 16, 2025

**WHERE:** The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Acadia and Mayo)

**WHO:** The change will affect the following staff at the above noted locations:

- Pharmacists (Related to Order Verification Review)
  - Providers (Order Review)
-

## Pharmacist Only Restricted PowerPlan Implementation – *effective 04/21/25*

**WHAT:** A new PowerPlan type will be created that will allow **only Inpatient Pharmacists** to find and perform order-entry for certain, NLH-approved medications.

### Orders Removed from Global Ordering

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**NOTE:** Order comments will be added to existing PowerPlans noting that removal has occurred and that a call to Pharmacy will be needed for Pharmacist order entry. Providers should not add additional orders to any phase of this plan.

### Pharmacist Order Entry

- Pharmacists, upon request or prompt to do so, will need to search for **Pharmacist Only Restricted Medications** PowerPlan from PowerChart to enter orders from this plan.

The screenshot shows a search bar with the text 'pharmacist' entered. To the right of the search bar is a magnifying glass icon, followed by a dropdown menu labeled 'Advanced Options'. Further right is a 'Type:' label with a dropdown menu showing 'Inpatient Orders'. Below these elements is a list of search results, each preceded by a small yellow icon with a blue 'P'. The results are: 'Pharmacist ONLY - COVID-19 Oral Antiviral Treatment', 'Pharmacist ONLY - COVID-19 Remdesivir Infusion Outpatient', and 'Pharmacist Only Restricted Medications'. The third result is highlighted with a blue background.

|   |                  |                        |
|---|------------------|------------------------|
| pharmacist  | Advanced Options | Type: Inpatient Orders |
|   |                  |                        |
| Pharmacist ONLY - COVID-19 Oral Antiviral Treatment       |                  |                        |
|   |                  |                        |
| Pharmacist ONLY - COVID-19 Remdesivir Infusion Outpatient |                  |                        |
|   |                  |                        |
| Pharmacist Only Restricted Medications                    |                  |                        |

| Medications              | Component   | Status  | Dose                                       | Details  |
|--------------------------|---|---------|--|--|
|                          | <b>NOTE:</b> The morphinePCA is intended for Pharmacist use only. Do not add additional orders to phase   |         |  |  |
|                          | Anticoagulant   |         |  | 1 gm, Soln, IV Push, Every 24 Hour Interval, 1 Dose/Time, Infuse Over 5 Minutes<br>Reconstitute using 10 mL Sterile Water for Injection. Infuse over 5 minutes.  |
|                          | Multivitamin Infusion   |         |  |  |
|                          | Multivitamin Infusions are restricted to confirmed vitamin deficiencies secondary to short gut syndrome, severe prolonged malnutrition with the inability to take oral medications, or severe eating disorders  |         |  |  |
|                          | NS 1000mL + MVI   | (DAILY) | 10 mL, Soln, IVPB, ONCE, Infuse Over: 2 hr |  |
|                          | NS 1000mL + MVI + FOLIC ACID + THIAMINE   | (DAILY) | 10 mL, Soln, IVPB, ONCE, Infuse Over: 2 hr |  |
|                          | Morphine PCA  |         |  |  |
|                          | Morphine PCAs are not readily available and are restricted for use in only patients who have confirmed or witnessed intolerance to both hydromorphone and fentanyl. If a Morphine PCA is required, please contact your local pharmacist for assistance in ordering. |         |  |  |
|                          | Adult:  |         |  |  |
| PCA Orders: opioid Naive | Morphine (morphine PCA)   |         |  | 1 syringe, PCA, IV, PRN, 1.25 mg, 10 Minutes, No background rate 0 mg/hr, 30 mg, 2 mg, IV, STANDARDIZED in Smart Pump. Nrg. Document PCA pump totals every shift under Lines/Devices Test 100 mL, 100 mL, Row Rate 25 mL/hr, Soln, IV<br>PCA needs to be piggy-backed into an IV solution. If a patient does not have a maintenance IV, 0.1 mg, Soln, IV Push, Every 2 Minute Interval, PRN, Respiratory Depression<br>Up to 0.4 mg for RR LESS THAN 10 or in patient difficult to arouse. 1 Concentration: 0.4 mg/mL<br>Having to query the PCA pump and document shift totals in the LME at the end of every shift<br>Special Instructions: Notify Provider if apnea/less score is 3 or greater, edema PRACU<br>Initiation of PCA, change in drug dose, patient event or deterioration in status during every 15 min assessment includes HR, RR, BP, pain level, pulse symmetry (or ventilation monitoring if available) |
|                          | Sodium Chloride 0.9%  |         |  |  |
|                          | naloxone (Narcan)   |         |  |  |
|                          | Provider Communication  |         |  |  |
|                          | Alertness Score   |         |  |  |
|                          | BP Signs (Frequent)   |         |  |  |
|                          | PEDS  |         |  |  |
|                          | Morphine (morphine PCA)   |         |  | 1 syringe, PCA, IV, Every 3 Hour Interval, PRN, Pain, STANDARDIZED in Smart Pump. Nrg. Document PCA pump totals every shift under Lines/Devices Test 100 mL, 100 mL, Row Rate 10 mL/hr, Soln, IV<br>PCA needs to be piggy-backed into an IV solution. If a patient does not have a maintenance IV  |
|                          | Sodium Chloride 0.9%  |         |  |  |
|                          | Nitro-r   |         |  |  |

**WHY:** The new PowerPlan type will allow inpatient Pharmacy staff to better manage medication orders for products that have specific reasons to be restricted and controlled by Pharmacy.

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