From the Office of Health Informatics

Northern Light Health
Oracle Health (Cerner) Millennium EHR Updates

Week of August 7 – 13

Table of Contents

Behavioral Health Staff 5

Ambulatory Only 5

Interactive View I&O Alert 5

Testing Not Performed (TNP) Results 6

Outside Lab Results 7

Inpatient Only 8

Interactive View I&O Alert 8

Lacosamide IV Push – Order Comments Updates 9

Dietary Parameter Update 10

Care Managers 11

Ambulatory 11

Digital Care – Post ER Follow-Up Outreach for ACO Patients 11

Inpatient 12

Custodial Care Order & Capacity Management Icon Update – EMMC Only 12

Clinical Decision Support Updates 13

Weekly Newsletter 13

Nursing, CNA, Medical Assistants 14

Ambulatory/WIC 14

Interactive View I&O Alert 14

Testing Not Performed (TNP) Results 15

AMB Follow Up Appointment for Pharmacist Visits 16
New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation 17

Emergency 18

Interactive View I&O Alert 18
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 19
Field Stick IV Documentation Update 21
Lacosamide IV Push – Order Comments Updates 22
Custodial Care Order & Capacity Management Icon Update – EMMC Only 23
Digital Care – Post ER Follow-Up Outreach for ACO Patients 25

Inpatient 26

Interactive View I&O Alert 26
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 27
Field Stick IV Documentation Update 28
Lacosamide IV Push – Order Comments Updates 30
Custodial Care Order & Capacity Management Icon Update – EMMC Only 31

Peri-Op 32

Interactive View I&O Alert 32
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 33
Lacosamide IV Push – Order Comments Updates 34

Nutrition 36

Inpatient Only 36

Dietary Parameter Update 36

Paramedics 37

Field Stick IV Documentation Update 37

Patient Service Representatives 39

Ambulatory/WIC Only 39

AMB Follow Up Appointment for Pharmacist Visits 39

Pharmacists & Pharmacy Technicians 40
Ambulatory/WIC 40
AMB Follow Up Appointment for Pharmacist Visits 40
Physicians, Physician Assistants, Nurse Practitioners 41
Ambulatory/WIC 41
Testing Not Performed (TNP) Results 41
Outside Lab Results 42
New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation 43
Emergency 44
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 44
Lacosamide IV Push – Order Comments Updates 46
Custodial Care Order & Capacity Management Icon Update – EMMC Only 47
Dietary Parameter Update 48
Digital Care – Post ER Follow-Up Outreach for ACO Patients 49
Inpatient 50
REMINDER: Massive Transfusion Protocol (MTP) Non-Trauma and Trauma: Laboratory Orders *(EMMC, Maine Coast, Mercy)* 50
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 51
Lacosamide IV Push – Order Comments Updates 52
Custodial Care Order & Capacity Management Icon Update – EMMC Only 53
Dietary Parameter Update 55
Peri-Op 55
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)* 55
Lacosamide IV Push – Order Comments Updates 57
Dietary Parameter Update 58
Prior Authorization Staff 59
Interactive View I&O Alert 59

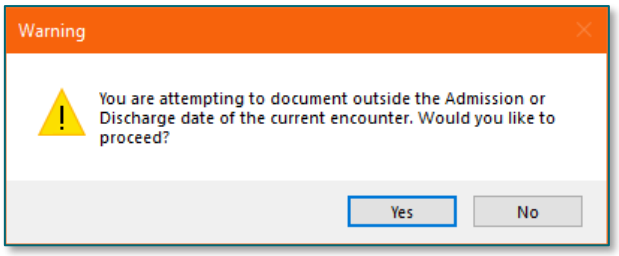
Transfer Center **60**
Custodial Care Order & Capacity Management Icon Update – EMMC Only 60

Behavioral Health Staff

Ambulatory Only

Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient's encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



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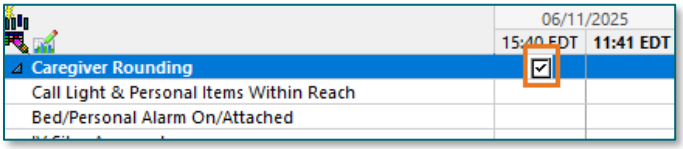

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WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: **Effective Immediately**

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

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

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:**

- Staff documenting in Interactive View I&O

Testing Not Performed (TNP) Results

WHAT: This is a reminder for clinical staff to check the comments on TNP results when reviewing a patient's lab order.

HOW: When results are returned as TNP from Quest, **review the lab result comment to determine clinical next steps**. Result comments can be viewed when endorsing results in Message Center and within the patient chart on the result details.

TNP examples:

- No sample received
- Sample received but not in time
- Wrong tube color
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- Specimen not suitable
- Lab error
- Duplicate Test
- Cancelled per Client Request

NOTE: Click here for more information on Reviewing Laboratory Results.

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At the following NLH Member Organization(s):

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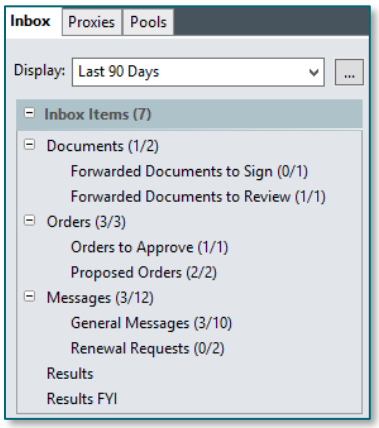
WHO: **The change will affect the following staff at the above noted locations:**

- Clinical Staff
- Providers

Outside Lab Results

WHAT: Outside lab results are sent to the ordering provider as a scanned document and will flow to message center within the Documents section. This allows the document to have the action of review or sign, indicating the results have been seen.

In addition to the scanned document, outside labs are entered on the Outside Labs PowerForm and will display in the respective flowsheet(s).



HOW: Within message center, navigate to Forwarded Documents to Sign and Forwarded Documents to Review.

NOTE: Once outside results have been signed, view the results in the lab flowsheets or the scanned document. Results will only flow to the flowsheets if documented on the Outside Labs PowerForm.

WHEN: **Effective Immediately**

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

- Ambulatory

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:**

- Providers

Inpatient Only

Interactive View I&O Alert

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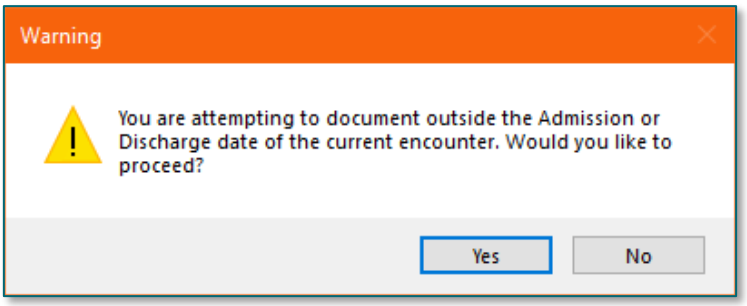

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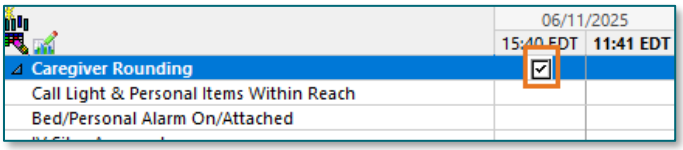

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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

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

- Staff documenting in Interactive View I&O

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
  - **New Comment:** "Administer over 5 minutes"
- Lacosamide 200 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"
- New Order Sentence:
  Lacosamide 100 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 2025**

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

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

At the following NLH Member Organization(s):

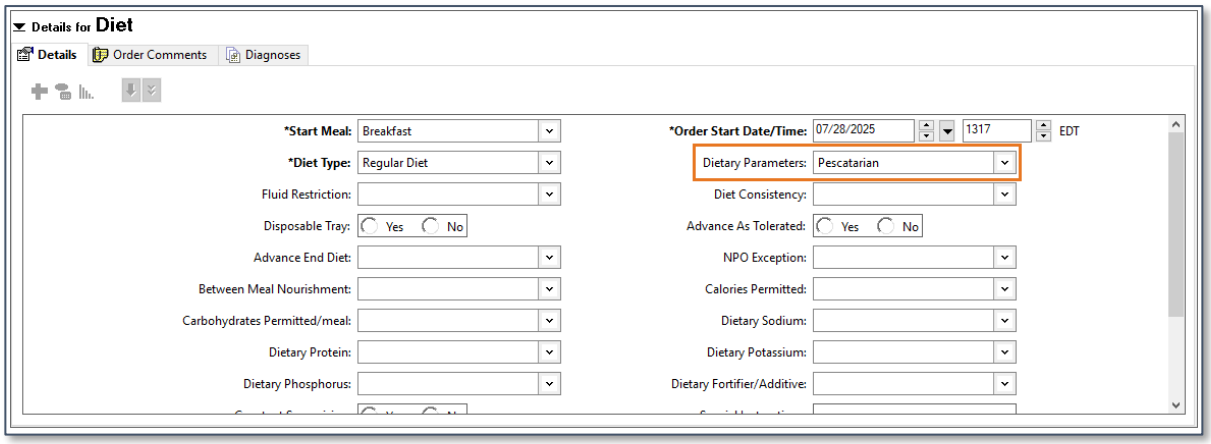
- All NLH Hospitals (excluding Mayo)

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

- Nursing
- Providers

Dietary Parameter Update

WHAT: **Diet Parameters** within the Diet Order will be updated to include **Pescatarian**.



WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: **Tuesday, August 12, 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:**

- Nutritionists
- Providers

Care Managers

Ambulatory

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: **Tuesday, August 12, 2025**

WHERE: **The change will affect the following venues:**

- Ambulatory Care Management
- Emergency Department *(awareness, no change to workflow)*
  - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)

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

- Ambulatory Care Managers
- ED Clinical Staff *(awareness only)*
- ED Providers *(awareness only)*

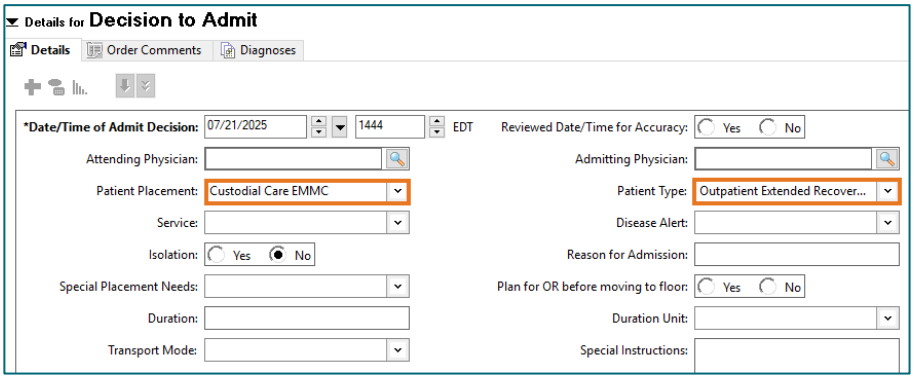
Inpatient

Custodial Care Order & Capacity Management Icon Update – EMMC Only

WHAT:

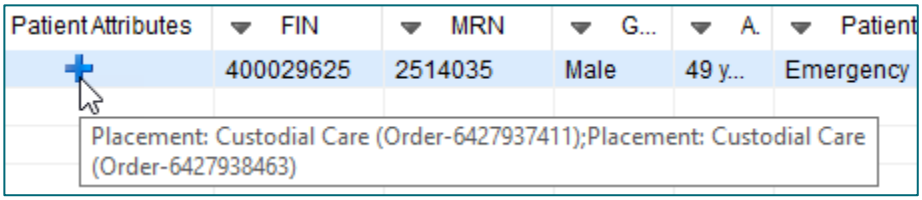
PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

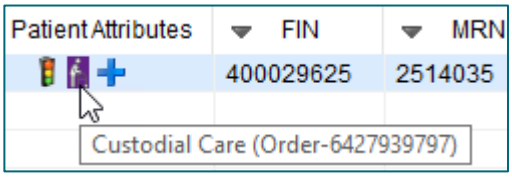


Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



- Once the Admission order has been placed the **Street Light** icon and a NEW **Custodial Care** icon indicating the patient's status as Custodial Care.



WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.

- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.
- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: **Tuesday, August 12, 2025**

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

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
8/12/2025	Ambulatory	Health Maintenance	Health Maintenance updates
8/18/2025	Inpatient	PED SURG Neuromuscular Scoliosis Post Op	New PowerPlan. EMMC ONLY

Nursing, CNA, Medical Assistants

Ambulatory/WIC

Interactive View I&O Alert

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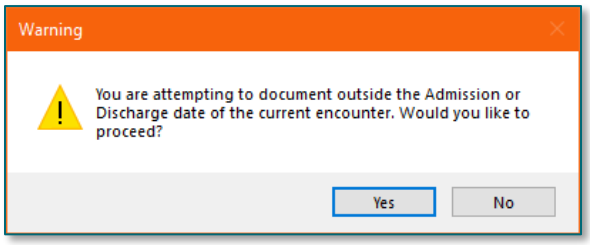

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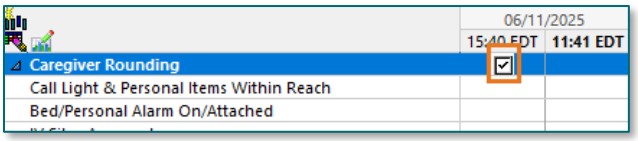

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Testing Not Performed (TNP) Results

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NOTE: Click here for more information on Reviewing Laboratory Results.

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

- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals

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

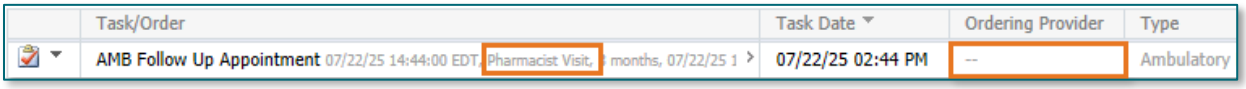
- Clinical Staff
- Providers

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.



IMPORTANT: The update DOES NOT apply to NL Maine Coast primary care offices who currently use **PCP Return to Clinic – Pharmacy** appointment orders.

WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: **Tuesday, August 12, 2025**

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)

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

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation

WHAT: A new **Osteoporosis Screening for Postmenopausal Women (Check Reference Information)** will be added as a new recommendation.

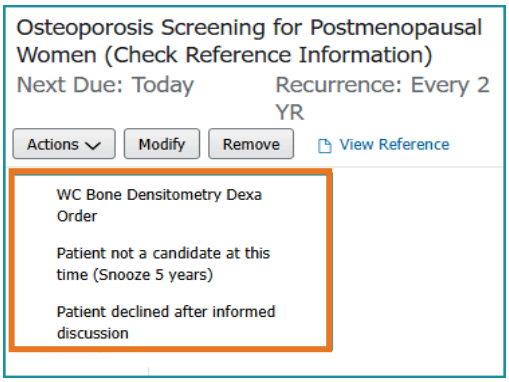
Postmenopausal Women Screening:

- Trigger: Women ages 40 to 64 years old, Postmenopausal Women (on problem list) AND at least one of the following:
  - Low body weight (less than 18.5) from vitals
  - Parental history of hip fracture or Osteoporosis
  - Cigarette smoking
  - Excess alcohol consumption from problem list
- The recommendation will Include reference Information about other risk factors, and links to the outside calculators (FRAX), and appropriate diagnosis codes to attach to the Dexa order.

NOTE: When ordering the Dexa bone density test for women <65 years of age, be sure to include the diagnosis of **Postmenopausal Status** for coverage.

Actions for the Recommendation

- WC Bone Densitometry Dexa Order
- Patient not a candidate at this time (Snooze 5 years)
- Patient declined after informed discussion.



NOTE: For this recommendation to fire you will need to add Postmenopausal to the problem list when appropriate.

WHY: This **USPSTF (United States Preventative Services Task Force)** recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment (a tool to identify osteoporosis or predict fracture risk).

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Emergency

Interactive View I&O Alert

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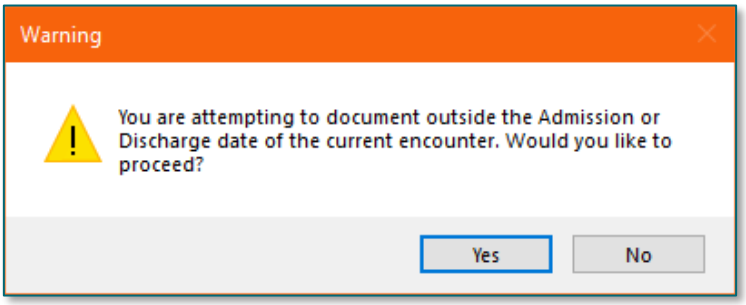

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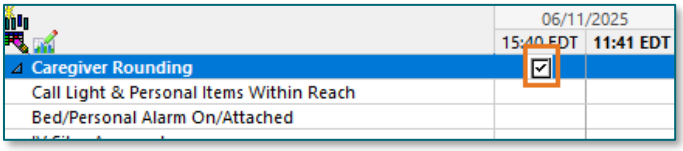

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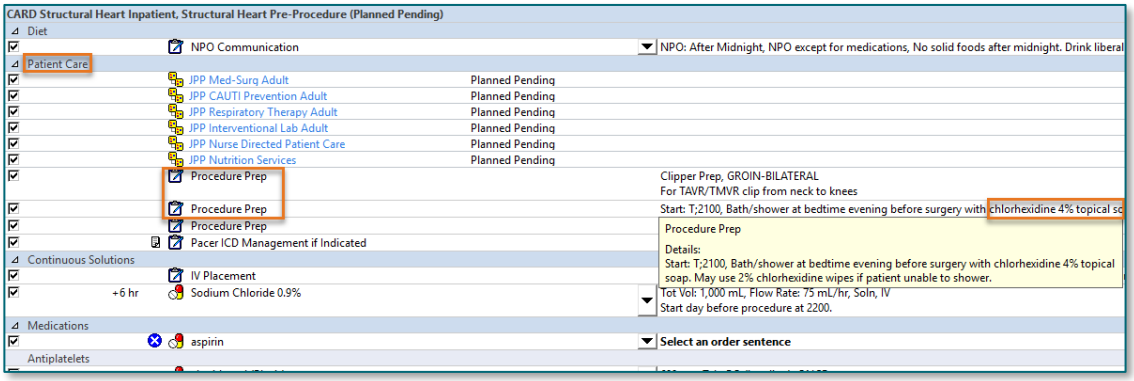
CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: **Chlorhexidine 4% topical soap** orders will fall under **Patient Care** Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

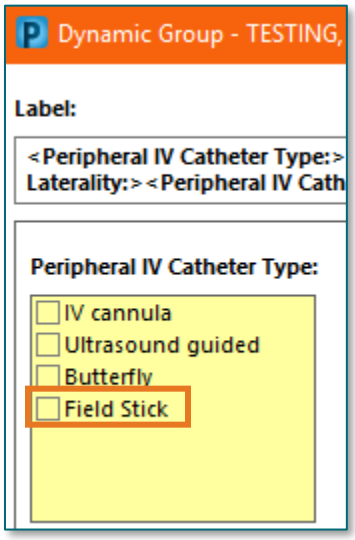
- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

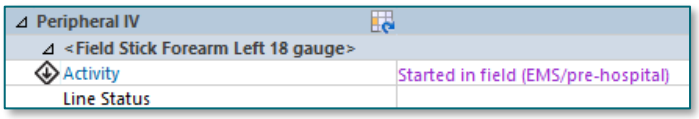
- Clinical Staff
- Providers

Field Stick IV Documentation Update

WHAT: Documentation Update



- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.

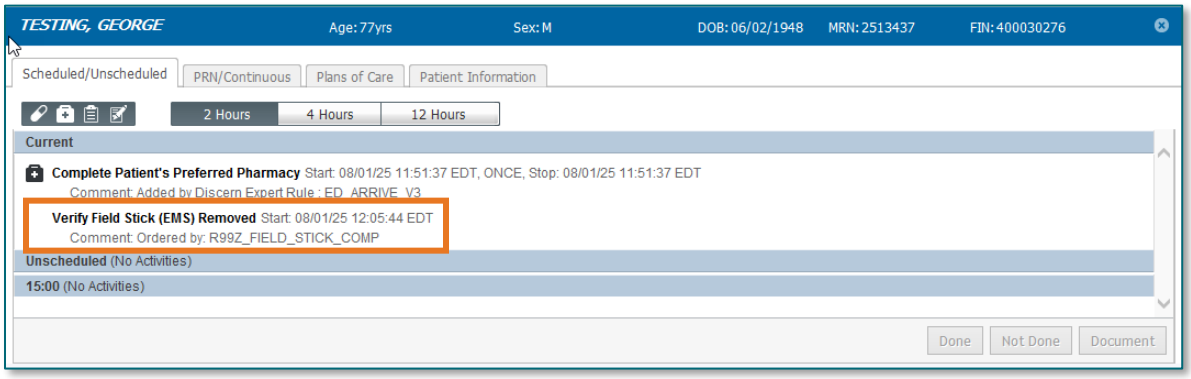


- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

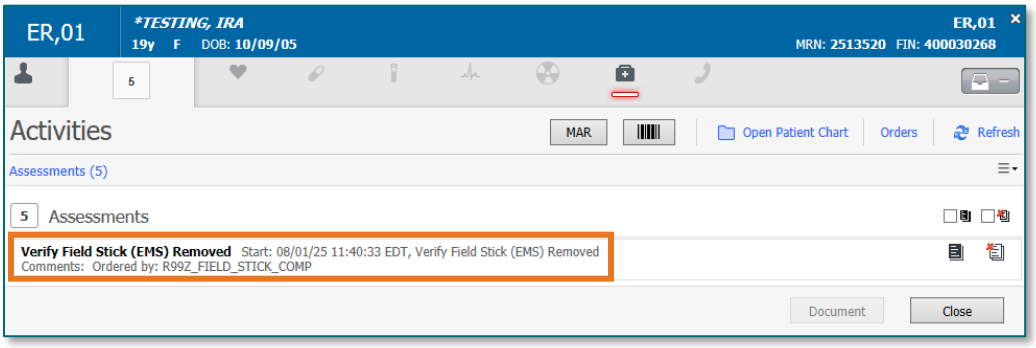
Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

CareCompass



ED LaunchPoint



WHY:

- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
  - An infected IV site can lead to complications and longer length of stay for the patient.
- Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
- Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

WHEN: **Monday, August 11, 2025**

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

- Acute/Inpatient (to include ED)

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
- Paramedics working in the ED

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
  - **New Comment:** "Administer over 5 minutes"
- Lacosamide 200 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"
- New Order Sentence:
  Lacosamide 100 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 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)

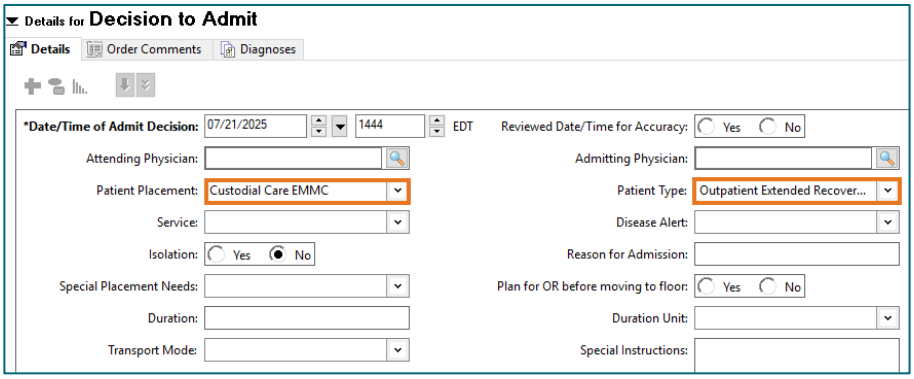
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing
- Providers

Custodial Care Order & Capacity Management Icon Update – EMMC Only

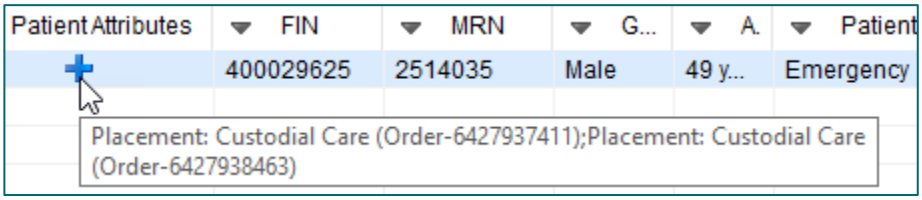
WHAT: ### PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

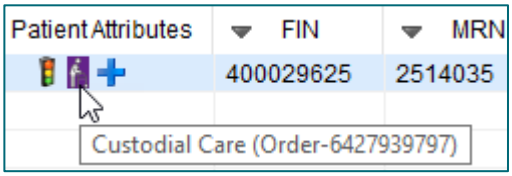


Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



- Once the Admission order has been placed the **Street Light** icon and a NEW **Custodial Care** icon indicating the patient's status as Custodial Care.



WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.
- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: **Tuesday, August 12, 2025**

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: **Tuesday, August 12, 2025**

WHERE: **The change will affect the following venues:**

- Ambulatory Care Management
- Emergency Department *(awareness, no change to workflow)*
  - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)

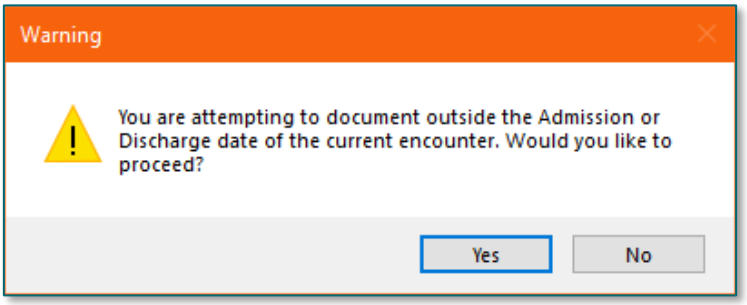
WHO: **The change will affect the following staff at the above noted locations:**

- Ambulatory Care Managers
- ED Clinical Staff *(awareness only)*
- ED Providers *(awareness only)*

Inpatient

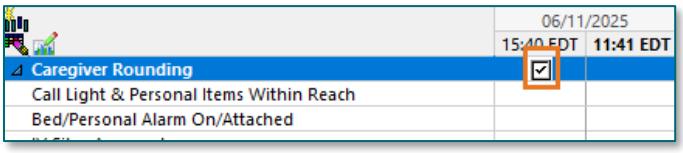
Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient's encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
- If the date and time is appropriate and is before or after the dates and times that display in the banner bar, click **Yes** and proceed to document.



- If more than one cell needs to be documented, double-click in the cell of the corresponding band to activate to get the alert once and not each time a cell is clicked.

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: **Effective Immediately**

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

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

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:**

- Staff documenting in Interactive View I&O

CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: **Chlorhexidine 4% topical soap** orders will fall under **Patient Care** Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
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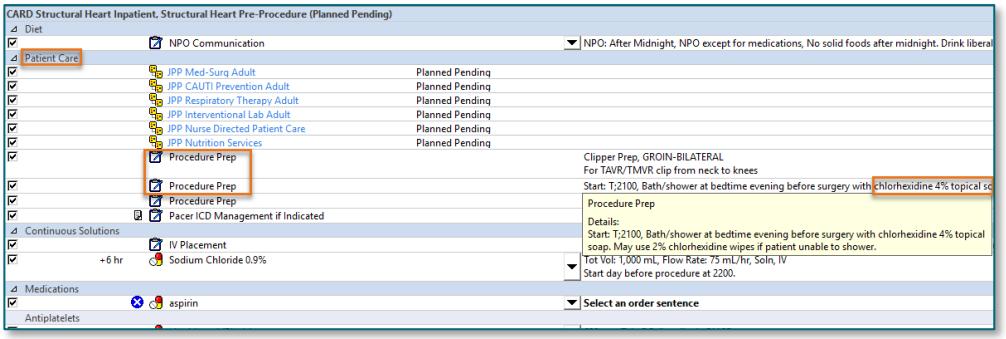


NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

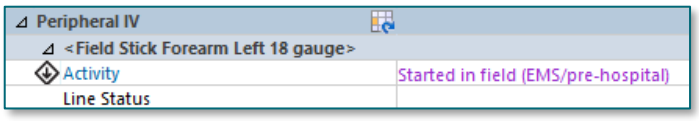
- Clinical Staff
- Providers

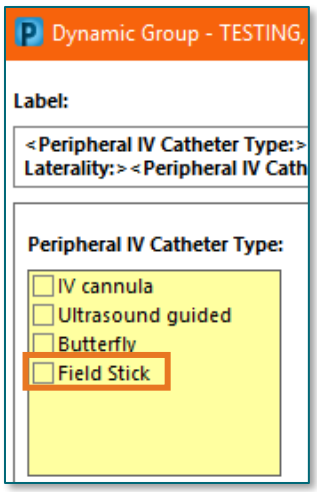
Field Stick IV Documentation Update

WHAT:

Documentation Update

- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.



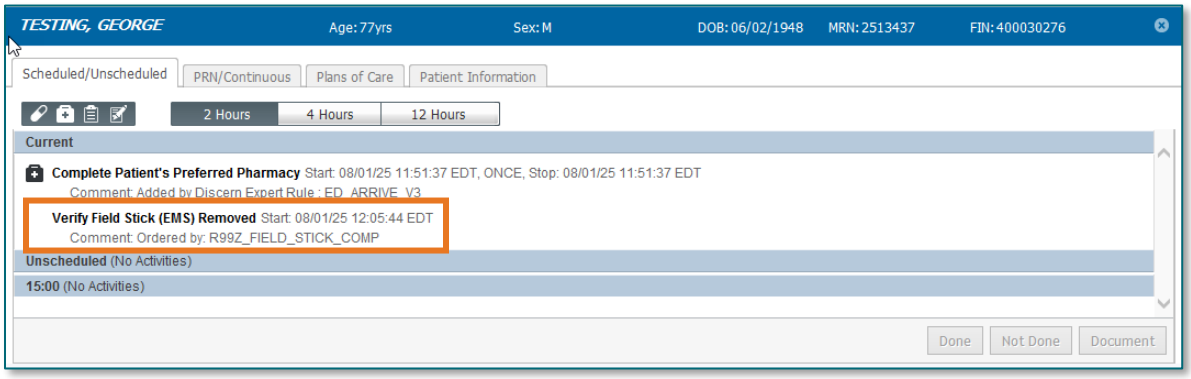


- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

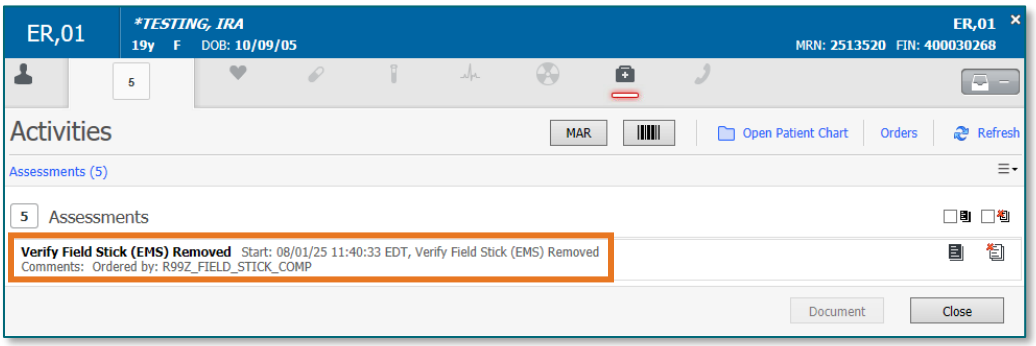
Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

CareCompass



ED LaunchPoint



WHY:

- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
  - An infected IV site can lead to complications and longer length of stay for the patient.
- Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
- Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

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- Acute/Inpatient (to include ED)

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
- Paramedics working in the ED

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
  - **New Comment:** "Administer over 5 minutes"
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WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 2025**

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

- Nursing
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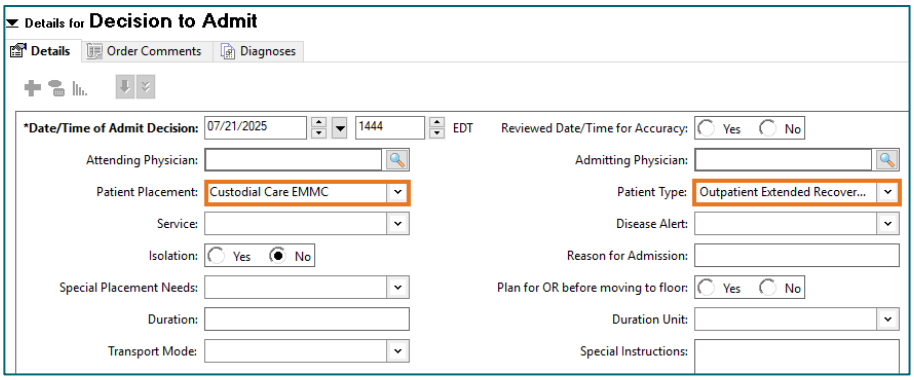
Custodial Care Order & Capacity Management Icon Update – EMMC Only

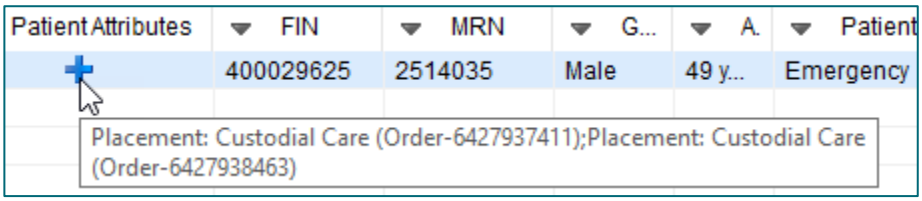
WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.



Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



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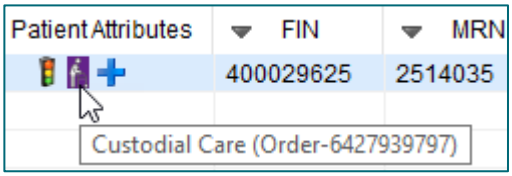

WHY:

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- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.

- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
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WHEN: **Tuesday, August 12, 2025**

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- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Peri-Op

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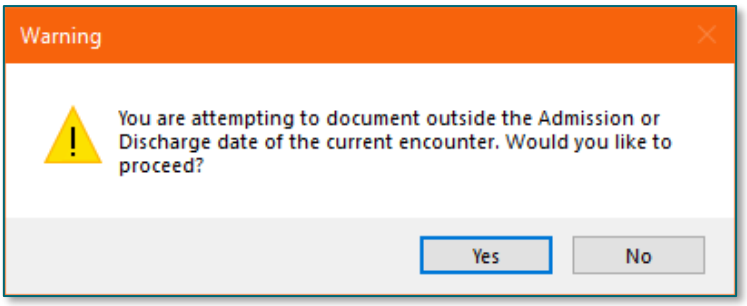

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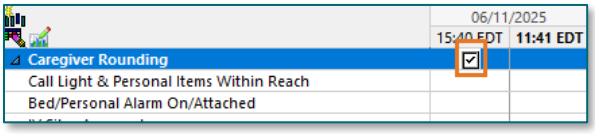

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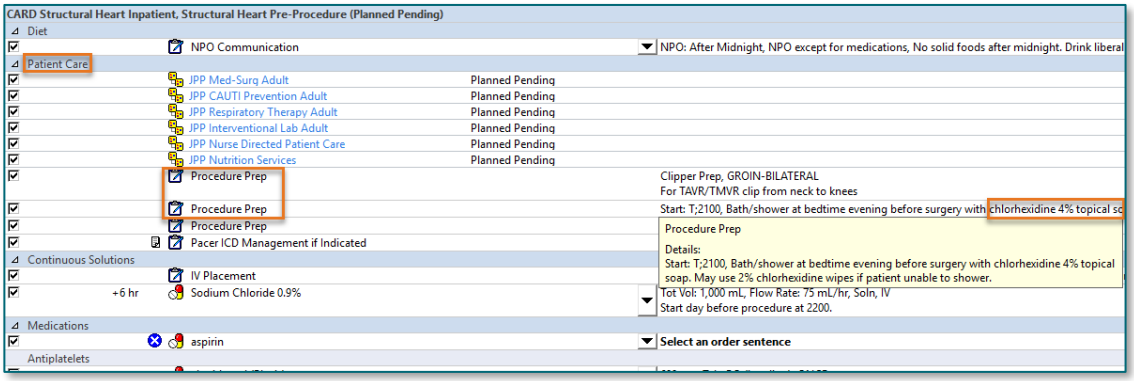

NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

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WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

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WHEN: **Monday, August 11, 2025**

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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:**

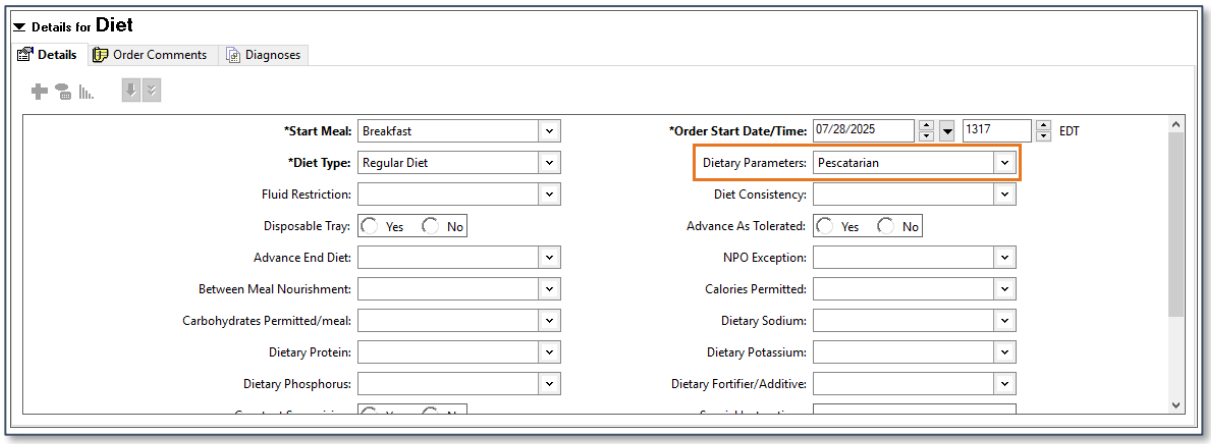
- Nursing
- Providers

Nutrition

Inpatient Only

Dietary Parameter Update

WHAT: **Diet Parameters** within the Diet Order will be updated to include **Pescatarian**.



WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: **Tuesday, August 12, 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)

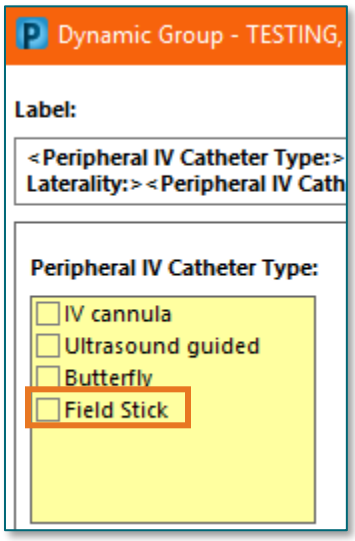
WHO: **The change will affect the following staff at the above noted locations:**

- Nutritionists
- Providers

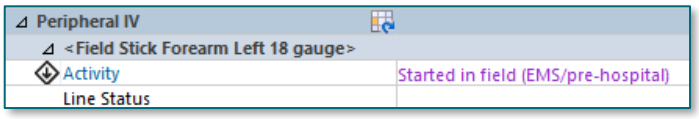
Paramedics

Field Stick IV Documentation Update

WHAT: Documentation Update



- **Field Stick** has been added to the **Peripheral IV Catheter type** and will display in the label of Peripheral IV.
- Nursing should continue to select Started in field (EMS/pre-hospital) in Activity.

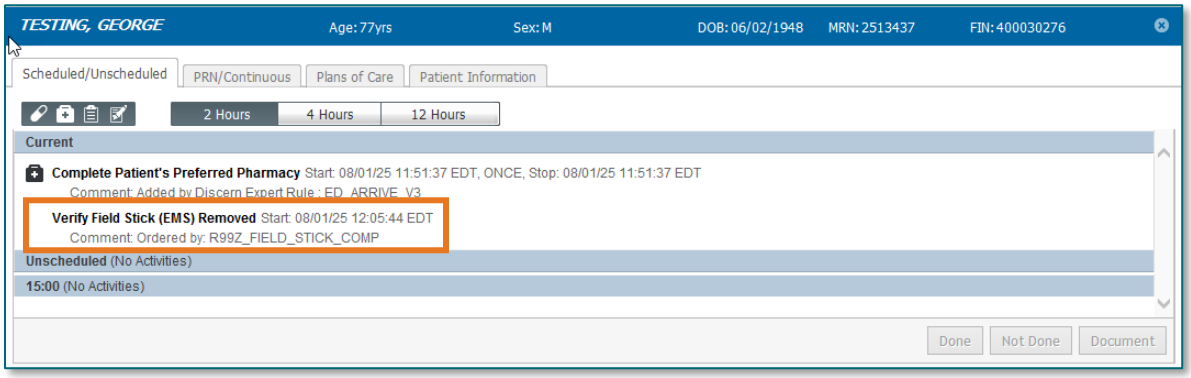


- Nursing should remove the field stick IV and place a new IV within 24 hours of the patient's admission.

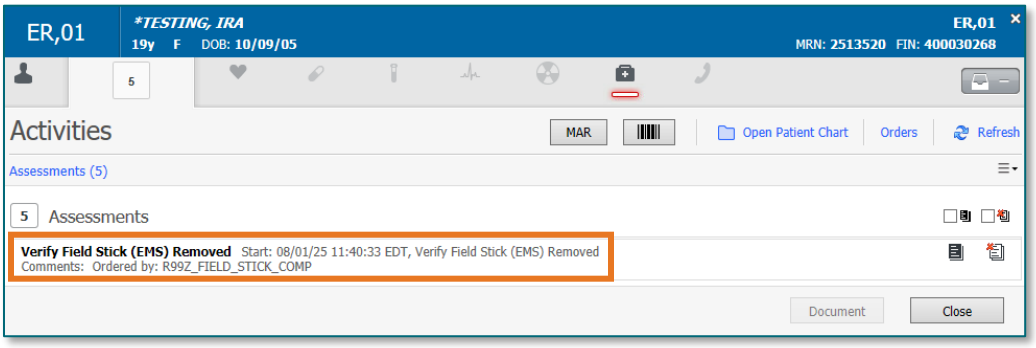
Tasking

- A **task** will fire to **ED LaunchPoint** and **CareCompass** 12 hours after admission if the Field Stick IV documentation has not been inactivated, prompting the nurse to remove the field stick IV and start a new IV in a different location.

CareCompass



ED LaunchPoint



WHY:

- Field Stick IVs carry a higher risk of infection when emergently placed. Per policy, field stick IVs should be removed within 24 hours.
  - An infected IV site can lead to complications and longer length of stay for the patient.
- Documentation of **Started in field (EMS/pre-hospital)** in **Activity** is easy to miss.
- Implementation of the tasks in **ED LaunchPoint** (covers those patients who may be in the ED longer than 24 hours) and **CareCompass** will help to ensure field stick IVs are removed in a timely manner.

WHEN: **Monday, August 11, 2025**

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

- Acute/Inpatient (to include ED)

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
- Paramedics working in the ED

Patient Service Representatives

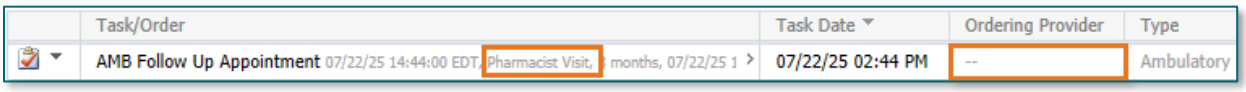
Ambulatory/WIC Only

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.



IMPORTANT: The update DOES NOT apply to NL Maine Coast primary care offices who currently use **PCP Return to Clinic – Pharmacy** appointment orders.

WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: **Tuesday, August 12, 2025**

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)

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

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

Pharmacists & Pharmacy Technicians

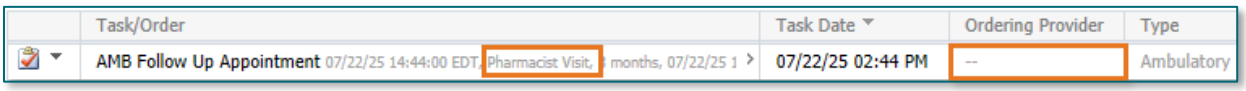
Ambulatory/WIC

AMB Follow Up Appointment for Pharmacist Visits

WHAT: Within the **Appointments** component of the **Primary Care Quick Orders** MPage, the following **Pharmacist Follow Up** appointment types will be available:

- AMB Follow Up Appointment Pharmacist Visit
- AMB Follow Up Appointment Pharmacist Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Visit, 1 month
- AMB Follow Up Appointment Pharmacist Visit, 3 months
- AMB Follow Up Appointment Pharmacist Telehealth Visit
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 2 weeks
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 1 month
- AMB Follow Up Appointment Pharmacist Telehealth Visit, 3 months

NOTE: Ambulatory Pharmacists will not be required to enter a provider's name when entering a follow up appointment. Within the Multi-Patient Task List, schedulers will not see the ordering provider's name. Upon receipt, follow office protocol for scheduling.



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WHY: The update will facilitate streamlined scheduling with ambulatory pharmacists who support primary care, through the implementation of designated pharmacy follow up appointment types.

WHEN: **Tuesday, August 12, 2025**

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

- Ambulatory

At the following NLH Member Organization(s):

- All NLH Primary Care Offices (excluding Maine Coast and Mayo)

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

- Medical Assistants
- Nursing
- Patient Service Representatives
- Pharmacists – Ambulatory

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Testing Not Performed (TNP) Results

WHAT: This is a reminder for clinical staff to check the comments on TNP results when reviewing a patient's lab order.

HOW: When results are returned as TNP from Quest, **review the lab result comment to determine clinical next steps**. Result comments can be viewed when endorsing results in Message Center and within the patient chart on the result details.

TNP examples:

- No sample received
- Sample received but not in time
- Wrong tube color
- Sample amount not enough
- Specimen not labeled
- Specimen not suitable

- Lab error
- Duplicate Test
- Cancelled per Client Request

NOTE: Click here for more information on Reviewing Laboratory Results.

WHEN: **Effective Immediately**

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

- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals

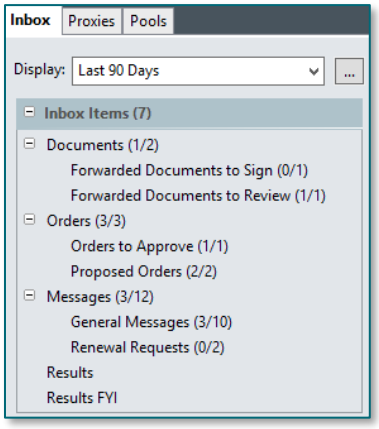
WHO: **The change will affect the following staff at the above noted locations:**

- Clinical Staff
- Providers

Outside Lab Results

WHAT: Outside lab results are sent to the ordering provider as a scanned document and will flow to message center within the Documents section. This allows the document to have the action of review or sign, indicating the results have been seen.

In addition to the scanned document, outside labs are entered on the Outside Labs PowerForm and will display in the respective flowsheet(s).



HOW: Within message center, navigate to Forwarded Documents to Sign and Forwarded Documents to Review.

NOTE: Once outside results have been signed, view the results in the lab flowsheets or the scanned document. Results will only flow to the flowsheets if documented on the Outside Labs PowerForm.

WHEN: **Effective Immediately**

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

- Ambulatory

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:**

- Providers

New Osteoporosis Screening for Postmenopausal Women (Check Reference Information) Recommendation

WHAT: A new **Osteoporosis Screening for Postmenopausal Women (Check Reference Information)** will be added as a new recommendation.

Postmenopausal Women Screening:

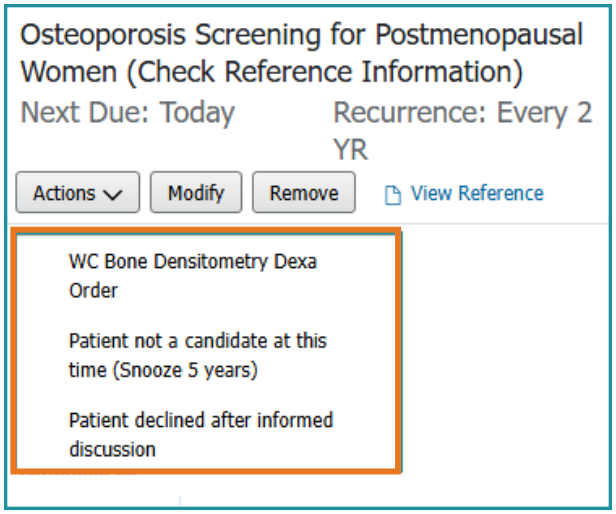
- Trigger: Women ages 40 to 64 years old, Postmenopausal Women (on problem list) AND at least one of the following:
  - Low body weight (less than 18.5) from vitals
  - Parental history of hip fracture or Osteoporosis
  - Cigarette smoking
  - Excess alcohol consumption from problem list
- The recommendation will Include reference Information about other risk factors, and links to the outside calculators (FRAX), and appropriate diagnosis codes to attach to the Dexa order.

NOTE: When ordering the Dexa bone density test for women <65 years of age, be sure to include the diagnosis of **Postmenopausal Status** for coverage.

Actions for the Recommendation

- WC Bone Densitometry Dexa Order
- Patient not a candidate at this time (Snooze 5 years)
- Patient declined after informed discussion.

NOTE: For this recommendation to fire you will need to add Postmenopausal to the problem list when appropriate.



WHY: This **USPSTF (United States Preventative Services Task Force)** recommends screening for osteoporosis to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk for an osteoporotic fracture as estimated by clinical risk assessment (a tool to identify osteoporosis or predict fracture risk).

WHEN: **Tuesday, August 12, 2025**

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

- Ambulatory

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:**

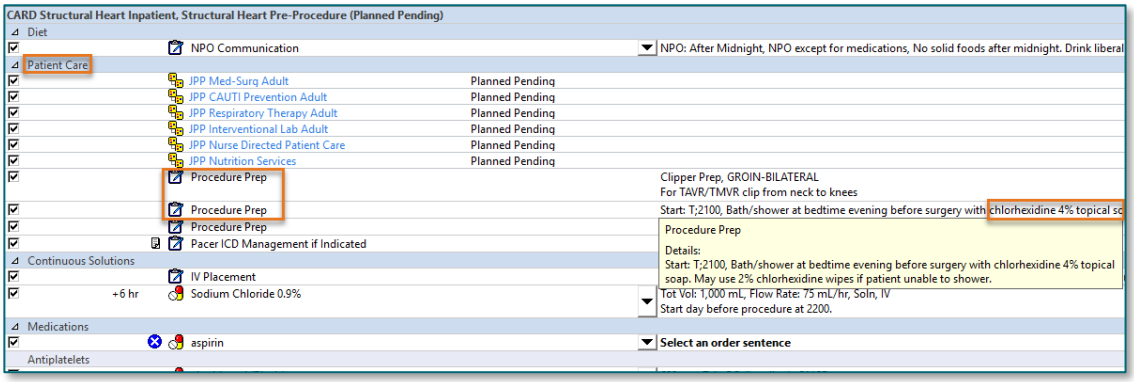
- Clinical Staff
- Providers

Emergency

CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: **Chlorhexidine 4% topical soap** orders will fall under **Patient Care** Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

- OP CARD Structural Heart
- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
  - **New Comment:** "Administer over 5 minutes"
- Lacosamide 200 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"
- New Order Sentence:
  Lacosamide 100 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 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)

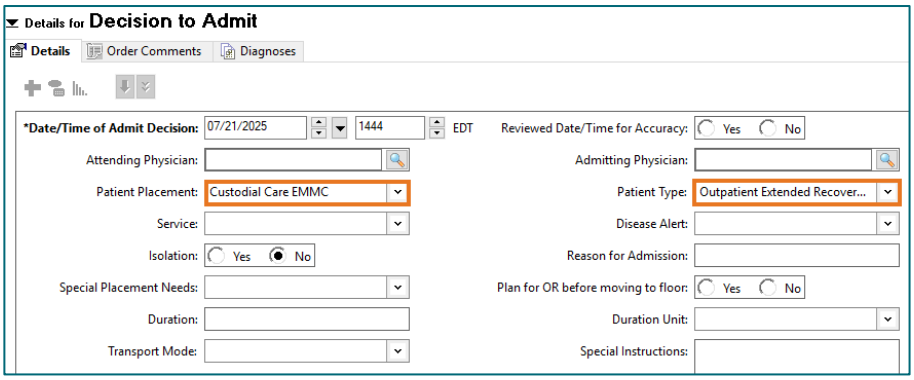
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing
- Providers

Custodial Care Order & Capacity Management Icon Update – EMMC Only

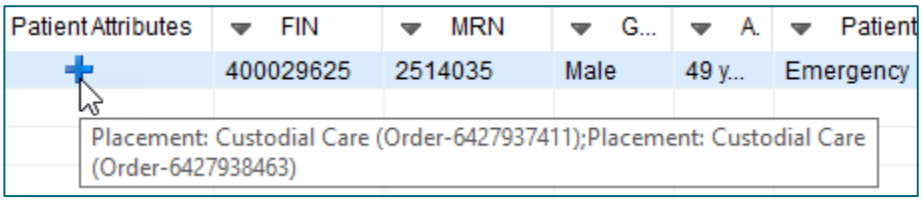
WHAT: PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

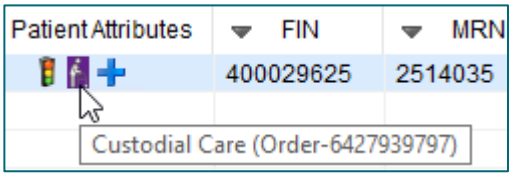


Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



- Once the Admission order has been placed the **Street Light** icon and a NEW **Custodial Care** icon indicating the patient's status as Custodial Care.



WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.

- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: **Tuesday, August 12, 2025**

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

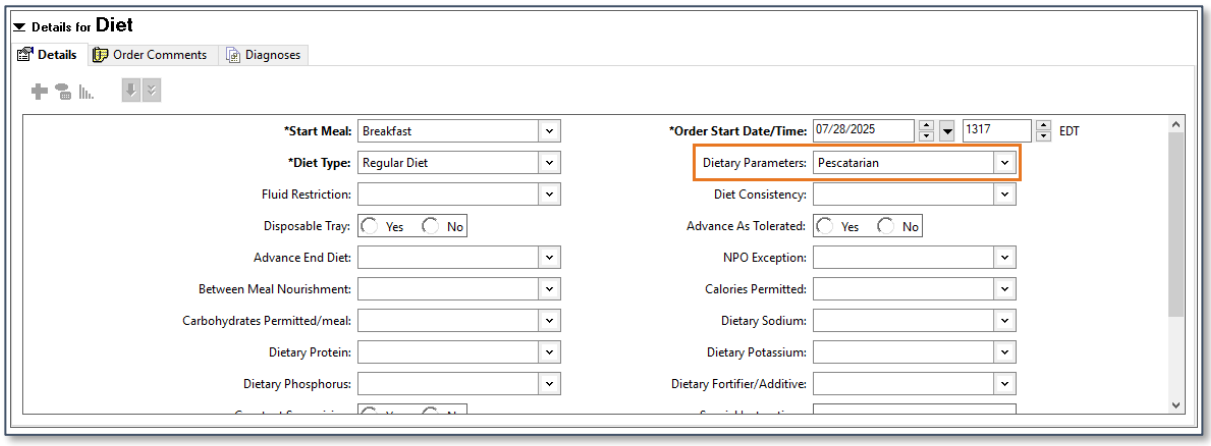
- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Dietary Parameter Update

WHAT: **Diet Parameters** within the Diet Order will be updated to include **Pescatarian**.



WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: **Tuesday, August 12, 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:**

- Nutritionists
- Providers

Digital Care – Post ER Follow-Up Outreach for ACO Patients

WHAT: In addition to email, ACO patients discharged from the Emergency Room with a cellular number on file will now be able to receive SMS text messages. The message will contain a link with a questionnaire to identify patients who want or need follow-up from Ambulatory Care Management.

Completed questionnaire responses will flow back to the Ambulatory Care Management Assistant pool if follow up is needed.

NOTE: A follow-up SMS text will be sent after 24 hours if the patient did not open original.

WHY: The generated SMS text with the embedded link will assist the care managers with only contacting patients that want or need follow up support and streamline workflows.

WHEN: **Tuesday, August 12, 2025**

WHERE: **The change will affect the following venues:**

- Ambulatory Care Management
- Emergency Department *(awareness, no change to workflow)*
  - ACO patients discharged from the ED

At the following NLH Member Organization(s):

- All NLH Member Organizations (excluding Acadia and Mayo)

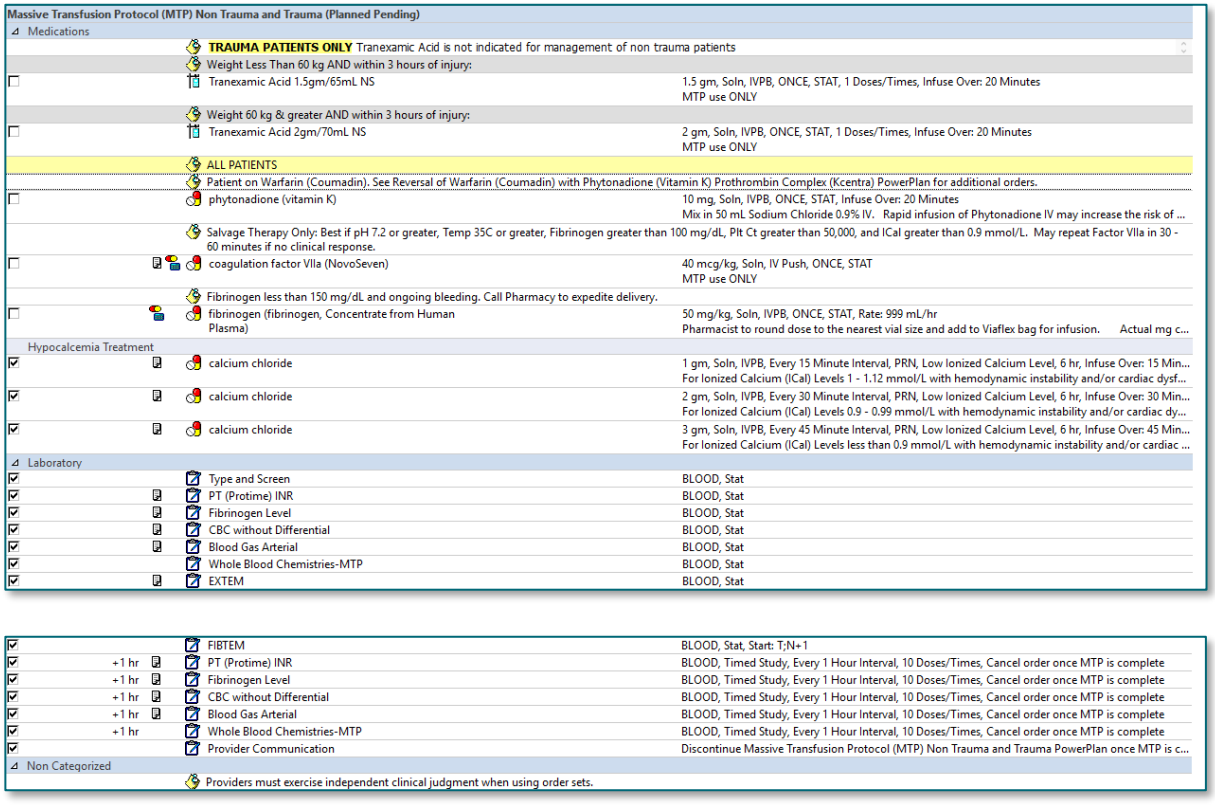
WHO: **The change will affect the following staff at the above noted locations:**

- Ambulatory Care Managers
- ED Clinical Staff *(awareness only)*
- ED Providers *(awareness only)*

Inpatient

REMINDER: Massive Transfusion Protocol (MTP) Non-Trauma and Trauma: Laboratory Orders *(EMMC, Maine Coast, Mercy)*

WHAT: The **Massive Transfusion Protocol (MTP) Non-Trauma and Trauma** PowerPlan includes laboratory order, allowing for trigger Massive Transfusion Protocols (MTPs).



Massive Transfusion Protocol (MTP) Non Trauma and Trauma (Planned Pending)		
Medications		
	TRAUMA PATIENTS ONLY Tranexamic Acid is not indicated for management of non trauma patients	
	Weight Less Than 60 kg AND within 3 hours of injury:	
☐	Tranexamic Acid 1.5gm/65mL NS	1.5 gm, Soln, IVPB, ONCE, STAT, 1 Doses/Times, Infuse Over: 20 Minutes MTP use ONLY
	Weight 60 kg & greater AND within 3 hours of injury:	
☐	Tranexamic Acid 2gm/70mL NS	2 gm, Soln, IVPB, ONCE, STAT, 1 Doses/Times, Infuse Over: 20 Minutes MTP use ONLY
	ALL PATIENTS	
	Patient on Warfarin (Coumadin). See Reversal of Warfarin (Coumadin) with Phytonadione (Vitamin K) Prothrombin Complex (Kcentra) PowerPlan for additional orders.	
☐	phytonadione (vitamin K)	10 mg, Soln, IVPB, ONCE, STAT, Infuse Over: 20 Minutes Mix in 50 mL Sodium Chloride 0.9% IV. Rapid infusion of Phytonadione IV may increase the risk of ...
	Salvage Therapy Only: Best if pH 7.2 or greater, Temp 35C or greater, Fibrinogen greater than 100 mg/dL, Plt Ct greater than 50,000, and ICal greater than 0.9 mmol/L. May repeat Factor VIIa in 30 - 60 minutes if no clinical response.	
☐	coagulation factor VIIa (NovoSeven)	40 mcg/kg, Soln, IV Push, ONCE, STAT MTP use ONLY
	Fibrinogen less than 150 mg/dL and ongoing bleeding. Call Pharmacy to expedite delivery.	
☐	fibrinogen (fibrinogen, Concentrate from Human Plasma)	50 mg/kg, Soln, IVPB, ONCE, STAT, Rate: 999 mL/hr Pharmacist to round dose to the nearest vial size and add to Viaflex bag for infusion. Actual mg c...
Hypocalcemia Treatment		
☑	calcium chloride	1 gm, Soln, IVPB, Every 15 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 15 Min... For Ionized Calcium (ICal) Levels 1 - 1.12 mmol/L with hemodynamic instability and/or cardiac dysf...
☑	calcium chloride	2 gm, Soln, IVPB, Every 30 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 30 Min... For Ionized Calcium (ICal) Levels 0.9 - 0.99 mmol/L with hemodynamic instability and/or cardiac dy...
☑	calcium chloride	3 gm, Soln, IVPB, Every 45 Minute Interval, PRN, Low Ionized Calcium Level, 6 hr, Infuse Over: 45 Min... For Ionized Calcium (ICal) Levels less than 0.9 mmol/L with hemodynamic instability and/or cardiac ...
Laboratory		
☑	Type and Screen	BLOOD, Stat
☑	PT (Protime) INR	BLOOD, Stat
☑	Fibrinogen Level	BLOOD, Stat
☑	CBC without Differential	BLOOD, Stat
☑	Blood Gas Arterial	BLOOD, Stat
☑	Whole Blood Chemistries-MTP	BLOOD, Stat
☑	EXTEM	BLOOD, Stat
☑	FIBTEM	BLOOD, Stat, Start: T;N+1
☑ +1 hr	PT (Protime) INR	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
☑ +1 hr	Fibrinogen Level	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
☑ +1 hr	CBC without Differential	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
☑ +1 hr	Blood Gas Arterial	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
☑ +1 hr	Whole Blood Chemistries-MTP	BLOOD, Timed Study, Every 1 Hour Interval, 10 Doses/Times, Cancel order once MTP is complete
☑	Provider Communication	Discontinue Massive Transfusion Protocol (MTP) Non Trauma and Trauma PowerPlan once MTP is c...
Non Categorized		
	Providers must exercise independent clinical judgment when using order sets.	

WHY: Laboratory staff are no longer able to place orders for MTP 1-hour testing.

WHEN: **Effective immediately**

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

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

At the following NLH Member Organization(s):

- NL EMMC
- NL Maine Coast
- NL Mercy

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

- Providers

CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: **Chlorhexidine 4% topical soap** orders will fall under **Patient Care** Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

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- OP CARD Hybrid Afib Ablation Pre Op
- OP CARD Pacemaker ICD Ablation
- CARD Pacemaker ICD Inpatient
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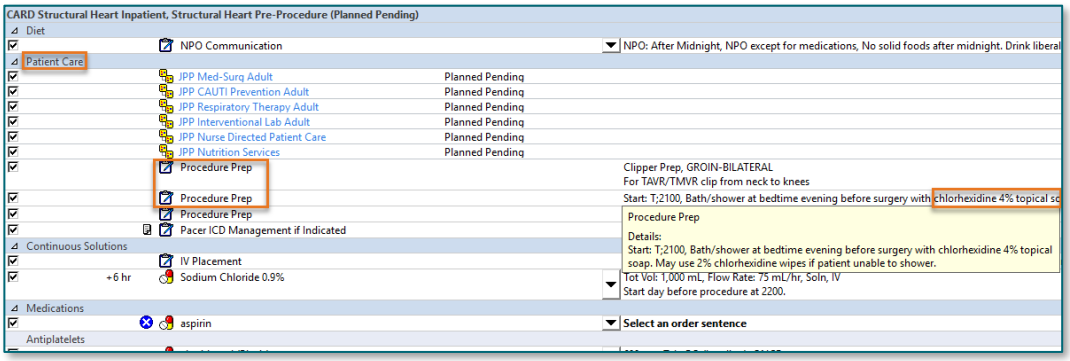

NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

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- New Order Sentence:
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  - **New Comment:** "Administer no faster than 50 mg/min"

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 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)

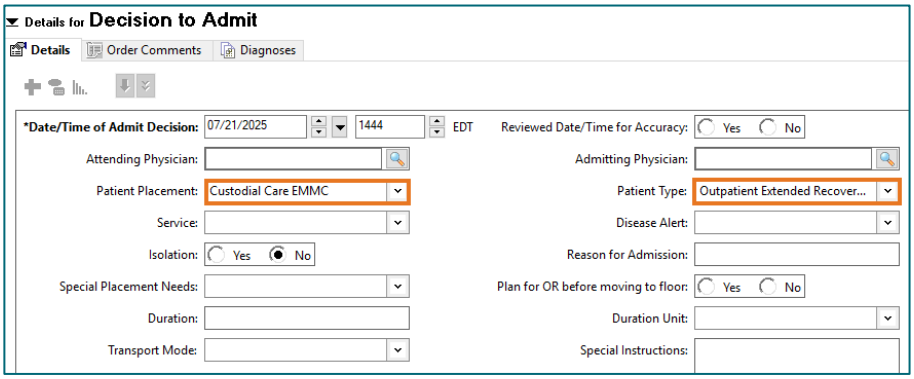
WHO: **The change will affect the following staff at the above noted locations:**

- Nursing
- Providers

Custodial Care Order & Capacity Management Icon Update – EMMC Only

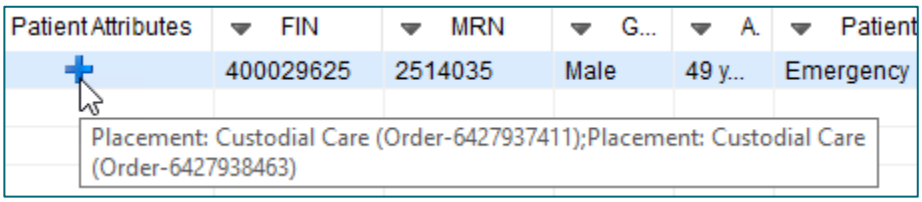
WHAT: ### PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

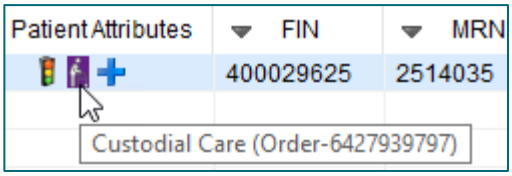


Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



- Once the Admission order has been placed the **Street Light** icon and a NEW **Custodial Care** icon indicating the patient's status as Custodial Care.



WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.
- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: **Tuesday, August 12, 2025**

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

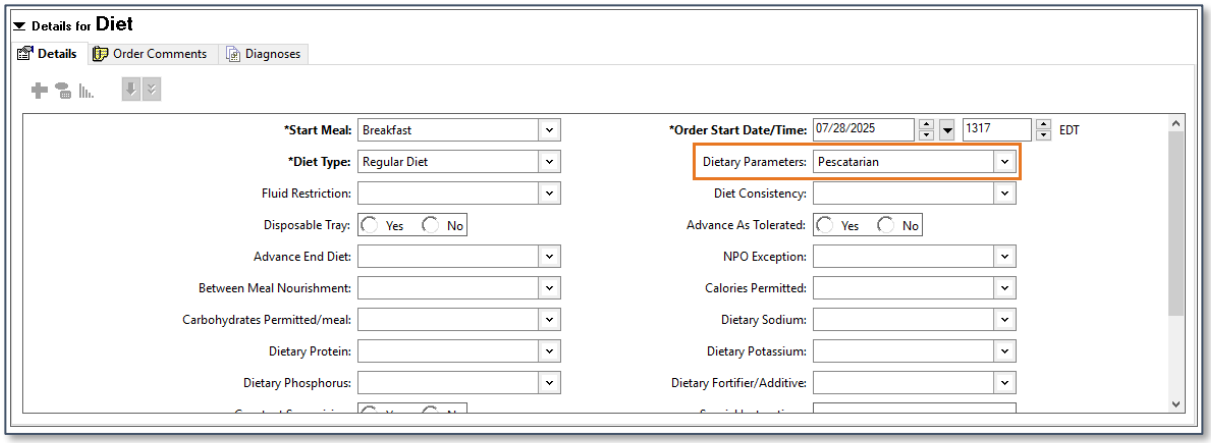
- EMMC Only

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

- Care Management
- Nursing
- Providers
- Transfer Center

Dietary Parameter Update

WHAT: **Diet Parameters** within the Diet Order will be updated to include **Pescatarian**.



WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: **Tuesday, August 12, 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:**

- Nutritionists
- Providers

Peri-Op

CARD PowerPlan Updates: Chlorhexidine Topical Soap *(AR Gould, EMMC, Mercy)*

WHAT: **Chlorhexidine 4% topical soap** orders will fall under **Patient Care** Orders and labeled Procedure Prep Orders in the following CARD PowerPlans:

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- OP CARD Pacemaker ICD Ablation

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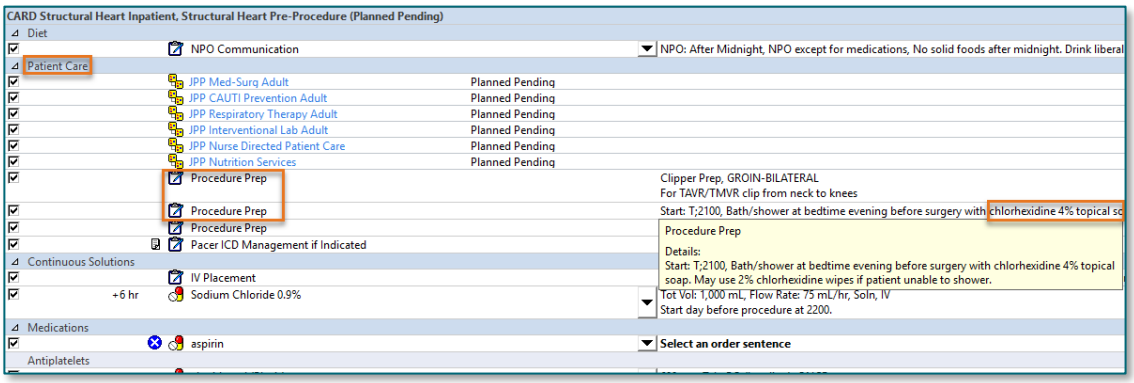
- CARD Structural Heart - Inpatient
- Card Surg Pre -op



NOTE: With this update the requirement to barcode scan Chlorhexidine will no longer be needed.

WHY: To align management of Chlorohexidine topical/soap orders within peri-op PowerPlans. Many times, this product is distributed by Materials (as opposed to Pharmacy) and other Card Surg peri-op plans do not require Medication Barcode Scanning.

WHEN: **Thursday, August 7, 2025**

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

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

At the following NLH Member Organization(s):

- NL AR Gould
- NL EMMC
- NL Mercy Hospital

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

- Clinical Staff
- Providers

Lacosamide IV Push – Order Comments Updates

WHAT: **Lacosamide IV** push orderable will be updated to include administration rate guidance in the order comments. These updates aim to provide clear instructions to nursing staff on how fast the medication should be administered intravenously.

Changes Include:

- Lacosamide 400 mg IV Push ONCE
  - **New Comment:** "Administer over 5 minutes"
- Lacosamide 200 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"
- New Order Sentence:
  Lacosamide 100 mg IV Q12h
  - **New Comment:** "Administer no faster than 50 mg/min"

WHY: Currently, Lacosamide IV push orders do not include guidance on administration speed, which may lead to variability in practice and potential safety concerns.

Adding these comments ensures:

- Safe **and consistent administration** of Lacosamide IV push doses.
- Improved **clarity** for nursing staff.
- **Alignment with best practices** and manufacturer recommendations.

WHEN: **Monday, August 11, 2025**

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

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

At the following NLH Member Organization(s):

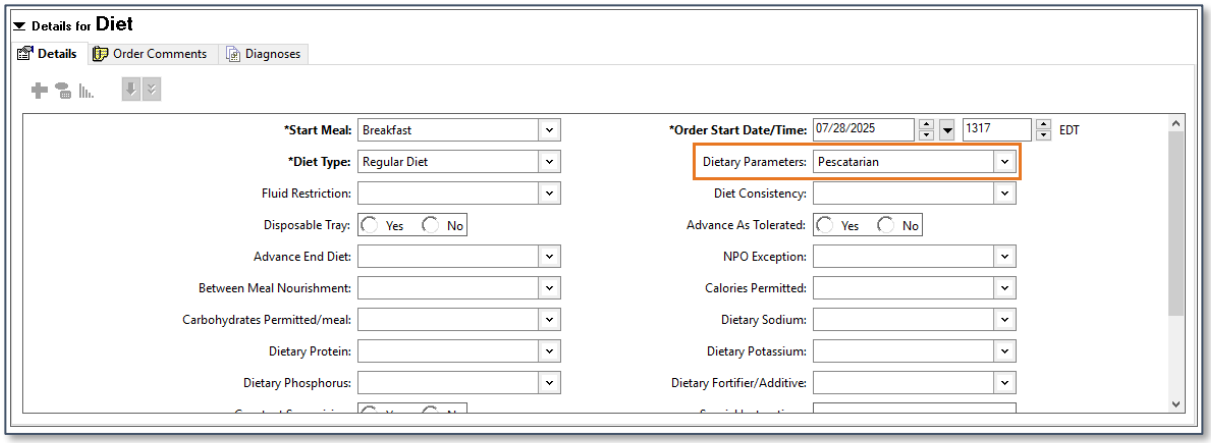
- All NLH Hospitals (excluding Mayo)

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

- Nursing
- Providers

Dietary Parameter Update

WHAT: **Diet Parameters** within the Diet Order will be updated to include **Pescatarian**.



WHY: The update is being implemented to accommodate patient dietary preferences, such as a Regular diet with a Pescatarian option.

WHEN: **Tuesday, August 12, 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)

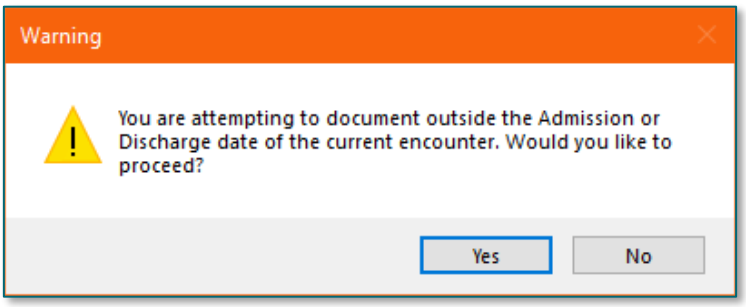
WHO: **The change will affect the following staff at the above noted locations:**

- Nutritionists
- Providers

Prior Authorization Staff

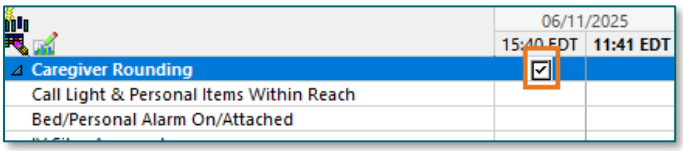
Interactive View I&O Alert

WHAT: Performing documentation within Interactive View I&O, before or after the date and time of the patient's encounter date and time will fire an alert to inform staff that they are documenting outside the admission and discharge date of the current encounter.



If documentation is still necessary:

- Review the date and time; if patient care being documented occurred at a different time than displays, update the date and time of the column.
- If the date and time is appropriate and is before or after the dates and times that display in the banner bar, click **Yes** and proceed to document.



- If more than one cell needs to be documented, double-click in the cell of the corresponding band to activate to get the alert once and not each time a cell is clicked.

WHY: The alert was implemented with the Code Upgrade and is intended to reduce billing and insurance rejections.

WHEN: **Effective Immediately**

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

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

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:**

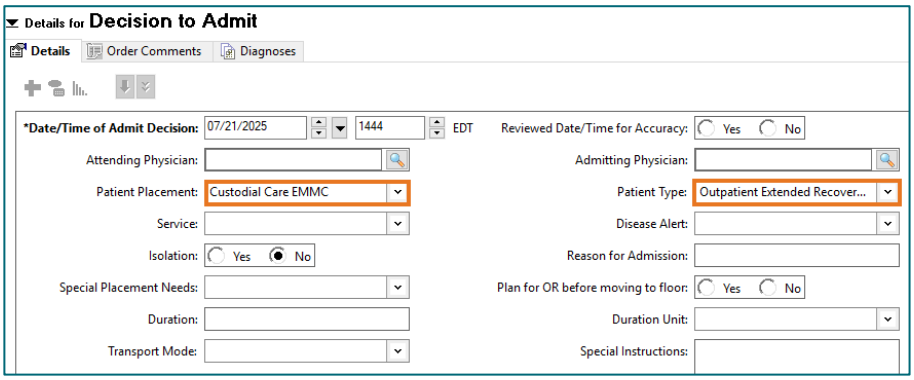
- Staff documenting in Interactive View I&O

Transfer Center

Custodial Care Order & Capacity Management Icon Update – EMMC Only

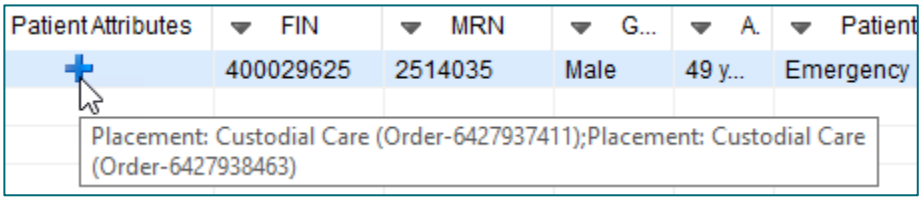
WHAT: ### PowerChart Update

- The **Custodial Care EMMC** has been added to the **Decision to Admit** order within the **Patient Placement** dropdown.

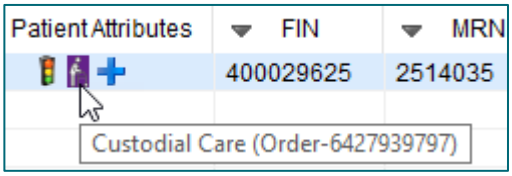


Capacity Management Enhancement

- The Blue Plus icon will appear under the patient attributes on the transfer list when the **Decision to Admit** has been placed in the ED.



- Once the Admission order has been placed the **Street Light** icon and a NEW **Custodial Care** icon indicating the patient's status as Custodial Care.



WHY:

- Better Bed Management: Ensures patients are placed in the most appropriate setting based on care needs.
- Improved Workflow: Reduces delays and confusion by clearly identifying custodial care, which is different from acute or skilled nursing care.
- Faster Bed Assignments: Enables quicker and more accurate bed assignments by Bed Managers.
- Clear Visual Cues: The new Custodial Care icon provides an at-a-glance indicator, saving time and reducing errors.
- Enhanced Communication: Aligns clinical staff and the transfer center on patient status for smoother transitions.

WHEN: **Tuesday, August 12, 2025**

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

- Acute/Inpatient (to include ED)

At the following NLH Member Organization(s):

- EMMC Only