



Standardized Patient Demographic Bar

ALL Cerner Users - Prod Date: 8/4/15

S	Current functionality allows some associates to customize the view of the patient demographic banner bar.
B	Critical information intended to be visible may not populate on customized demographic banner bars.
A/R	Functionality is changing. Customizations will revert to the standardized format system wide.

Standardized Patient Demographic Bar

ZZTEST, UPSTMRule Code Status:	EBOLA RISK	Female 49 Years ISOL:Standard	DOB:09/20/1965 MRII:B-411697410	Loc:BHTEST; TEST; 03 PT #:517923041	** No Known Allergies ** STS:Inpatient, Active, Inpatient...
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CBC Reference Range Updates

MD/DO/PA/NP and Nursing - Prod Date: 8/5/15

S	Currently, percentage (%) data fields for CBCs contain reference ranges
B/A	Since the Absolute and Cell % are reflective of each other only one should have a reference range indicated to decrease confusion if the range flags are in conflict
R	Remove the reference range from % data fields shown for CBC results

Cerner View w/out Reference Ranges

Core Results Flowsheet	7/23/2015 9:38 AM	7/22/2015 2:21 PM
Hematology		
<input type="checkbox"/> WBC		10.0 x10 ³ /mm ³
<input type="checkbox"/> NRBC		0 /100 wbcs
<input type="checkbox"/> RBC		5.00 x10 ⁶ /mm ³
<input type="checkbox"/> Hgb		18.0 gm/dL H
<input type="checkbox"/> Hct		35.0 %
<input type="checkbox"/> MCV		85.0 fl
<input type="checkbox"/> MCH		35.0 pg H
<input type="checkbox"/> MCHC		30.0 % L
<input type="checkbox"/> RDW		5.0 L
<input type="checkbox"/> Neut Percent		75 %
<input type="checkbox"/> Lymph Percent		20 %
<input type="checkbox"/> Mono Percent		5 %
<input type="checkbox"/> Eos Percent		0 %
<input type="checkbox"/> Baso Percent		0 %
<input type="checkbox"/> Neutro Auto Abs		50.0 x10 ³ /mm ³
<input type="checkbox"/> Lymph Auto Abs		10.0 x10 ³ /mm ³
<input type="checkbox"/> Mono Auto Abs		2.0 x10 ³ /mm ³ H
<input type="checkbox"/> Eos Auto Abs		2.0 x10 ³ /mm ³ H
<input type="checkbox"/> Basophil Auto Abs		1.0 x10 ³ /mm ³ H
Diff Type?		Manual Diff
PLT Morphology		Normal
RBC Morphology		Normal
Medications		
warfarin	2 mg	
Progress Notes		
Progress Note-Electronic		

P Result Details - zzTest, ThreeBWest - Automated Differential

Result History

Value	Valid From	Valid Until
75	7/22/2015 2:23 PM	Current

Result Specimen Action List

Neut Percent 75 % (NA)

Date/Time **July 22, 2015 2:21 PM**

Contributor System **PowerChart**

Accession Number **000002015203000007**

Service Resource [sSysXE2100](#)

Status **Auth (Verified)**

[Trend](#)

P Prior to July 22, 2015 2:21:00 PM

Event Date	Event	Result	Ref. Range	Status
7/22/2015 2:21 PM	Neut Percent	75		

3798930708.0



Formulary Change – Epifoam Removed

MD/DO/PA/NP and Nursing - Prod Date: 8/6/15

S	Delete Epifoam from formulary per Ascension Health due to high cost.
B	Epifoam currently used in OB PowerPlans.
A	Remove Epifoam from OB Comfort Meds plan. Replace in with alternatives for comfort including: hydrocortisone 1% ointment and phenylephrine-pramoxine 0.25%-1% rectal cream.
R	Go live August 6, 2015.





Emerging Pathogens Screening – *Ebola and MERS*

(formerly EVD Screening)

MD/DO/PA/NP and Nursing - Prod Date: 7/30/15

S	<ul style="list-style-type: none"> • Middle East Respiratory Syndrome (MERS) is an illness caused by a coronavirus that affects the respiratory system. Most MERS patients develop severe acute respiratory illness with symptoms of fever, cough and shortness of breath. MERS was first seen in Saudi Arabia in 2012. • The Centers for Disease Control and Prevention (CDC) confirmed via laboratory tests, the first case of Ebola to be diagnosed in the United States on September 30, 2014
B	<p>According to the CDC:</p> <ul style="list-style-type: none"> • All cases of MERS have been linked to countries in/near the Arabian Peninsula. MERS has a 35% mortality rate. • Ebola Virus Disease (EVD), also known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains <p><i>Although the risk of an Ebola or MERS outbreak in the United States is low the CDC, Tennessee Department of Health and Ascension Health are recommending screening and precautionary methods to identify patients at risk.</i></p>
A	Update Cerner as appropriate based on CDC recommendations and guidelines
R	<p>Add MERS Screening questions to existing EVD Screening Tool</p> <p>Rename form to Emerging Pathogen Screening Tool</p>





Cerner Bulletin

Providers and Nursing

Issue Date: July 29, 2015

Emerging Pathogen Screening Tool

Have you traveled or been in close contact* to someone who has traveled outside of the United States in the last 21 days?

Yes
 No

*Close contact is defined as a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

What Location(s) Were Visited?

Right click to access reference text

- Guinea
- Sierra Leone
- Republic of Korea
- Bahrain
- Iraq
- Iran
- Israel
- Jordan
- Kuwait
- Lebanon
- Oman
- Palestinian Territories
- Qatar
- Saudi Arabia
- Syria
- United Arab Emirates
- Yemen
- Patient denies

Ebola Virus Screening (EVD):
Has the patient or a close contact (that has traveled outside of the U.S) had one or more of the following symptoms in the last 21 days?

- Fever
- Severe Headache
- Muscle Pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (Stomach) Pain
- Unexplained Hemorrhage (Bleeding or Bruising)
- Patient Denies

Middle East Respiratory Syndrome (MERS) Screening:
Has the patient or a close contact (that has traveled outside of the U.S) had one or more of the following symptoms in the last 21 days?

- Fever >= 100.4
- Cough
- Shortness of Breath
- Pneumonia
- Diarrhea
- Vomiting
- Headache
- Chills
- Malaise (Muscle Pain)
- Patient denies

Did you have a history of being in a Healthcare facility as a patient, worker or visitor in the Republic of Korea or in/near the Arabian Peninsula within 21 days before symptom onset?

Yes
 No

Positive Ebola Screen

If the patient screens positive :

- Place facemask on patient (if tolerated)
- Move the patient into a private room with a door, preferable a negative pressure airborne infection isolation room. The room should have a private bathroom or dedicated covered commode.
- Implement Contact and Airborne Isolation Precautions
- Notify Infection Prevention and supervisor immediately.
- Continue interview from outside the room as needed.
- Refer to EVD Policy for patient management.
- Anyone accompanying the patient should be assessed using this tool.

Positive MERS Screen

If the patient screens positive :

- Place facemask on patient (if tolerated)
- Move the patient into a private room with a door preferable a negative pressure airborne infection isolation room.
- Implement Contact and Airborne Isolation Precautions PLUS eye protection.
- Notify Infection Prevention and supervisor immediately.
- Continue interview from outside the room as needed.
- Refer to the Emerging Pathogen Policy.
- Anyone accompanying the patient should be assessed using this tool.

Infection Prevention Contacts:
Candace Smith 615.828.3926 - West/Rutherford
Gail Fraine 615.202.1816 - Midtown/Hickman
Infection Prevention provides coverage across campuses 24/7.

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Middle East Respiratory Syndrome/ MERS

What is MERS?

- Middle East Respiratory Syndrome (MERS) is an illness caused by a coronavirus called Middle East Respiratory Syndrome Coronavirus (MERS-CoV).
- Most MERS patients develop a severe acute respiratory illness with symptoms of fever, cough and shortness of breath.
- Approximately 35% of patients reported with MERS have died.
- So far, all cases of MERS have been linked to countries in and near the Arabian Peninsula. (see pg. 2 for listing)

Clinical Features

- Wide spectrum ranging from asymptomatic to acute respiratory illness
- Most common: fever ≥ 100.4 , shortness of breath, chills/rigors, headache, non-productive cough, malaise

Prevention and Treatment

- Emerging Pathogen Screening/Travel screen in Cerner on all patients when they present to ED, hospital, registration, & clinic (MERS & Ebola); *Go Live date 7/30/15*
- Currently, no vaccine
- Supportive care; treat symptoms
- Strict adherence of infection control practices and the use of PPE

Infection Prevention & Control

- Use Standard, Contact, and Airborne Precautions
- PPE Includes:
 - Gloves
 - Gown
 - N-95 Respirator
 - Goggles/face shield
- Airborne Infection Isolation/Negative Pressure Room
- Clean surfaces and equipment with the disinfectant that is currently in use

Reminder

Correct order for removing PPE:

- Gloves
- Goggles/face shield
- Gown
- Respirator/N-95**

** *Remove mask outside of patient's room after the door is closed*

** *Avoid touching the front of the mask– use the straps*





Cerner Bulletin

Providers and Nursing

Issue Date: July 29, 2015

Countries considered in the Arabian Peninsula include: Bahrain, Iraq, Iran, Israel, the West Bank and Gaza, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

Countries in or near the Arabian Peninsula



For additional information please visit www.cdc.gov



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Pain Documentation

Nursing - Prod Date: 8/4/15

S	Currently there is no option to chart patient denies pain.
B	Current documentation requires the creation of a dynamic grouper to document pain. This process is not feasible when patient denies pain.
A	Add place to document patient denies pain.
R	In I-View add new field to chart patient denies pain.

		7/21/2015
		9:48 AM
*Pain Assessment Info		
Person Instructed in Pain Tool		
Patient's Pain Goal		
Patient Denies Pain		Patient Denies Pain ✕
Pain Measurement Tool Used		0

Documentation displays in Results, on the All Results flowsheet

Navigator		7/21/2015 9:52 AM
<input type="checkbox"/> Vital Signs	Results	
<input type="checkbox"/> Height/Weight	*Pain Assessment	
<input type="checkbox"/> Pregnancy History	Person Instructed in Pain Tool	Patient, Family
<input type="checkbox"/> Tube Feeding Information	Patient Denies Pain	0
<input type="checkbox"/> *Pain Assessment	Pain Measurement Tool Used	0-10 Scale
<input type="checkbox"/> Nutrition	Nutrition	
<input type="checkbox"/> GU Drains/Tubes Info	Nutritional Supplement Type	
<input type="checkbox"/> Oral/Enteral	GU Drains/Tubes Info (Foley Catheter)	
<input type="checkbox"/> Order Details	Foley Catheter Interventions:	
<input type="checkbox"/> Clinical Documentation	Oral/Enteral	
	<input type="checkbox"/> Supplement Intake Amount	
	Order Details	
	Oxygen Order Detail	
	Weight Greater than 300 Lbs Order Detail	
	Transport Mode Order Detail	
	Urinals to Collect Labs	



Newborn Overview

Nursing - Prod Date: 8/11/15

S/B	Newborn Overview was removed after the optimization changes.
A	OB Nurses are requesting to have Newborn Overview added back to iView as the elements are needed to document.
R	ADD Newborn Overview to the NICU Frequent Intensive band and to the Newborn QuickView band.

<p>NICU Frequent Intensive</p> <ul style="list-style-type: none"> *Patient Identification Band Newborn Vital Signs (Nursing) 4 Extremity Blood Pressure Mechanical Vent Conventional Setup (Nu Oscillator Setup (Nursing) Jet Ventilator Setup (Nursing) Inhaled Nitric Oxide (Nursing) NIPS Pain Scale IV Drips Newborn Overview 	<p style="text-align: right;">7/29/2015 7:37 AM</p> <table border="1" style="width: 100%;"> <tr> <td style="background-color: #0056b3; color: white;">Newborn Overview</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr><td>Sleep/Alert Status Newborn</td><td></td></tr> <tr><td>Behavior Newborn</td><td></td></tr> <tr><td>Signs of Stress Exhibited Newborn</td><td></td></tr> <tr><td>Stress Intervention Newborn</td><td></td></tr> <tr><td>Skin Color</td><td></td></tr> <tr><td>Skin Temperature</td><td></td></tr> </table>	Newborn Overview	<input checked="" type="checkbox"/>	Sleep/Alert Status Newborn		Behavior Newborn		Signs of Stress Exhibited Newborn		Stress Intervention Newborn		Skin Color		Skin Temperature	
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<p>Newborn Quick View</p> <ul style="list-style-type: none"> *Patient Identification Band Newborn Vital Signs (Nursing) 4 Extremity Blood Pressure NIPS Pain Scale Temperature Control Skin to Skin Performed Phototherapy Newborn Safety Newborn Feeding Oral/Enteral Breastfeeding Assessment LATCH Assessment ADLs Newborn Newborn Overview 	<p style="text-align: right;">7:45 AM</p> <table border="1" style="width: 100%;"> <tr> <td style="background-color: #0056b3; color: white;">Newborn Overview</td> <td></td> </tr> <tr><td>Sleep/Alert Status Newborn</td><td></td></tr> <tr><td>Behavior Newborn</td><td></td></tr> <tr><td>Signs of Stress Exhibited Newborn</td><td></td></tr> <tr><td>Stress Intervention Newborn</td><td></td></tr> <tr><td>Skin Color</td><td></td></tr> <tr><td>Skin Temperature</td><td></td></tr> <tr style="background-color: #d9e1f2;"><td>Urine</td><td></td></tr> <tr><td> GU Drains/Tubes</td><td style="text-align: right;"></td></tr> <tr><td>Urine Count, Void</td><td></td></tr> <tr style="background-color: #d9e1f2;"><td>Stool</td><td></td></tr> <tr><td>Stool, Count</td><td></td></tr> </table>	Newborn Overview		Sleep/Alert Status Newborn		Behavior Newborn		Signs of Stress Exhibited Newborn		Stress Intervention Newborn		Skin Color		Skin Temperature		Urine		GU Drains/Tubes		Urine Count, Void		Stool		Stool, Count	
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Palliative Care Documentation – NIH Study

Nursing - Prod Date: 8/11/15

S	<p>Saint Thomas West Palliative Care Team is participating in a study in collaboration with the National Institutes of Health (NIH) and the University of Pennsylvania.</p> <p>The alert and the PowerForm will be seen by the nursing staff at St. Thomas West when a patient qualifies for the study, beginning 8/11/15. When the alert is fired nursing will address the alert and complete the questions on the PowerForm.</p>
B	<p>The requirements for the study and the decisions made are in collaboration with Ascension, NIH, and Univ of Penn. An alert, a PowerForm, a PowerNote, and a consult order will be built to capture the required data.</p> <p>This is a new, multi-year study with multiple Ascension sites involved.</p>
A	<p>The requests are requirements set forth by the Study Team.</p>
R	<p>1) Go live will be 8/11/15.</p> <p>2) When a patient meets the criteria for the Palliative Care study an alert will fire and the "Documentation Required" box will open. The RN can document the questions at that time on the Powerform or can click "Ok" and the alert will fire for the RN the next time the chart is opened.</p> <p>3) In the Admission Part 2, in the PMH - Respiratory section the COPD and Emphysema selections are now separated. In the past the selection displayed as COPD/Emphysema.</p>

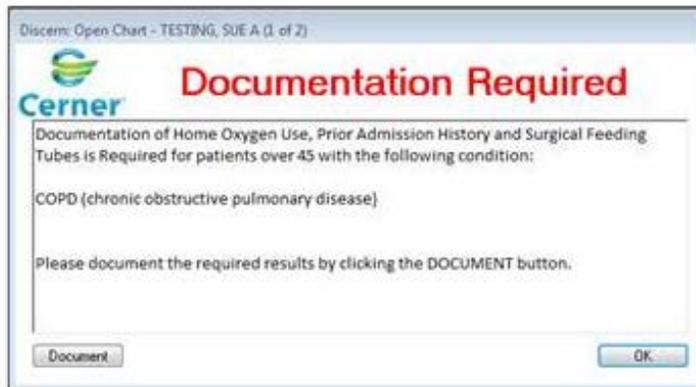
1. The NIH PC Powerform will reside in the Tasks RN folder (in ad hoc charting).

2. In the Respiratory History section of the Admission Assessment, COPD and Emphysema are now separate selections.



ALERT to Nurse for NIH Details

DOCUMENT opens the NIH PC Admission PowerForm



...**OK** skips the NIH PC Admission PF

NIH PC PowerForm

