Detroit VA Medical Center
Department of Medicine
Provider Pearls for Patient Care Processes Version 01/2018

Table of Contents

Admissions 3
ANTICIPATED DISCHARGE DATE 3
BLOOD PRODUCT TRANSFUSION 3
CODE STATUS DOCUMENTATION 3
CODE WHITE – See SUSPECTED STROKE / CODE WHITE 4
CONSENTS / IMED CONSENTS 4
1. Consent for Interfacility Transfer 4
2. Consent for Blood Products 4
3. Consent for Specific Procedures 4
4. Telephonic consent 4
CONTROLLED SUBSTANCE PRESCRIBING VIA e PRESCRIPTIONS 4
DELETING a CPRS note saved in error 4
DIET ORDERING/ NUTRITION / DIETETICS 4
1. Regular or Special Diets 4
2. Tube Feeding 4
3. Supplements: 5
4. TPN / PPN: 5
5. Dysphasia diets 5
6. Fluid Restrictions 5
DISCHARGE NOTE 5
DISCHARGE PLANNING 6
GEC Referrals 6
GEC Inpatient e-Consult Referral Programs: 6
a. Inpatient Respite 6
b. Inpatient Hospice 6
c. Long Term Continuing Care 6
d. Acute Rehab 6
e. Short Stay-Skilled 6
i. IV Antibiotics 6
ii. Complex Wound Care 6
iii. Radiation Treatment 6
iv. Slow Rehab 6
HBPC Outpatient Referrals: 6
a. Community Skilled Home 6
i. Medication Management 6
ii. Vital Sign Management 6
iii. Disease Management 6
iv. Wound Care 6
Non-VA Care Consults 6
Ordering Equipment or Supplies for discharge 6
DISCHARGE SUMMARY 7
DISPOSITION of PATIENTS 7
Discharge to Home 7
48-Hour Observation 7
Discharge to Outside Community Nursing Home (Non VA Nursing Home) 7
Discharge to VA Detroit CLC – Community Living Center for Hospice, Nsg Home, Subacute Rehab or Skilled Nsg 7
Return to VA Detroit CLC – Community Living Center (Nsg Home) 7
Interfacility Transfer to NON-VA FACILITY 8
Discharge Against Medical Advice 8
Interfacility Transfer to VA FACILITY 8
Death 9
Transfer to B2 / Inpatient Psychiatry 10
Transfer to another floor 9
EMERGENCY CODES 10
ENCOUNTERS / WORKLOAD CREDIT 10
EQUIPMENT / SUPPLIES FOR DISCHARGE 10
EXPIRING MEDICATIONS 10
FOLLOW UP APPOINTMENTS FOR DISCHARGE – OPTIONS (PCP , Specialty clinic and CHF pts) 11
HOME OXYGEN EVALUATION 11

HOSPITAL ADDRESS 11
INCIDENT REPORTS (ePIR) 11
MEDICATION RECONCILIATION DOCUMENTATION 11
MEDICINE COVERAGE CONTACT INFORMATION 12
MENTAL HEALTH RESOURCES 12
Community Care (formally non-va care consult) 12
ON CALL SCHEDULES 12
OBSERVATION ADMISSIONS: CONVERTING TO FULL ADMISSION 12
FULL ADMISSION TO OBSERVATION STATUS; 13
PAGING SYSTEMS 13
PHARMACY SERVICES 13
1. Pharmacy Dosing Consult 13
2. Dysphagia Consult 13
3. Anticoagulation Clinic 13
4. Nonformulary Requests 13
PHARMACY SPECIAL MEDICATION REQUESTS 13
PHYSICIAN ORDER SETS 13
POLICIES & PROCEDURES 14
POST-OP ORDERS OR DROPPED/MISSING ORDERS 14
PRECERTIFICATION 14
PRIMARY CARE PHYSICIAN NOT ASSIGNED (when pt has no PCP assigned in CPRS) 14
RESTRAINT ORDERING – MEDICAL SURGICAL RESTRAINTS 14
RECORDS FROM OTHER VA MEDICAL CENTERS – VISTA WEB 14
SECURED ROOMS ON UNITS/ (Accessing Locks on security doors that use numbers) 14
SUSPECTED STROKE / CODE WHITE 15
TELEHEALTH 15
TELEMETRY 15
TELEPHONE SYSTEM 15
TESTS OR PROCEDURE ORDERING 16
Barium Swallow 16
Cytology 16
Coumbs 16
Cookie Swallow 16
Cardiac stress test 16
Doppler study 16
Echocardiogram 16
HIT Antibody 16
Paracentesis 16
Paracentesis Labs 16
PICC Lines 16
PET Scan 16
PFT: 16
TEE Echo 16
Telehealth: 16
Thoracentesis 16
Thoracentesis Labs 16
TRAVEL / TRANSPORTATION 16
UNIT NAMES & LOCATIONS 16
VA LETTERHEAD 16
WOUND / ENTEROSTOMAL NURSE CONSULTS 16

ADMISSIONS:

1. From ER: ER writes delayed orders only; "ER bridge orders" you may not delete or write your own set of orders May add to orders, or write active orders, once pt status changes to inpatient; (see top of screen) again for ER patients you may not write delayed orders. Do not accept any patient if ER has not obtained bed. If you do not agree with level of care or admission status; you may question; ER must change orders. You can have your attending speak with ER if there is a disagreement.
2. For direct admissions, PCPs, IR, Oncology, cardiology etc. they should call bed control and ask for bed; they should also call admission pager, but we have to ensure they have obtained a bed. They can write a set of delayed orders, or we can write orders for them as a courtesy;
3. For CLC admits, during day, they also should obtain a bed, on nights, you can assist them ; admit orders written by admitting provider; use table Transfer CLC to ASIH, (Absent , Sick In Hospital) .
4. ICU transfers; ICU obtains bed ; and you write delayed orders. (transfer orders to the unit patient is assigned to.
5. Immediate admission order tab can help you write orders; may patient care orders there ; along with Labs and diagnostics , anticipated discharge, all in one place.
6. New order menu; called "Hospitalist menu " can be used for order sets such as interfacility transfer, CHF, Chest pain, COPD, thoracentesis, paracentesis all in one place

ANTICIPATED DISCHARGE DATE

Used with Bed Management System (BMS), a software system that facilitates bed management and projecting bed availability

1. ORDER > DISCHARGE MENU (look on left side of screen and scroll down) > ANTICIPATED DISCHARGE DATE Complete template. (Note: use Discharge Menu; Do Not write a generic text order or information will not link with Bed Management System)
2. **Initiate in CPRS on admission, comes up automatically with admission note. and update anticipated discharge date daily as appropriate

BLOOD PRODUCT TRANSFUSION

1. Counsel pt and obtain IMED Consent for Blood Products
    a. TOOLS > CONSENT > MEDICINE > CONSENTS-STEP-BY-STEP > BLOOD TRANSFUSION
    b. Nursing cannot transfuse any blood products without a consent in the record
2. Order Type and Screen , Blood product type , amount and Transfusion orders
    a. If pt had a previous type and screen, contact Blood Bank to see if another Type and Screen is needed. Type and Screens are good for 72 hours.
    b. 2 Orders are needed
        i. Blood Bank.
            1. To indicate for Blood Bank the Type and amount of blood product to prepare and whether to transfuse or to hold.
            2. ORDERS > BLOOD BANK > BLOOD BANK PRODUCTS > (SELECT TYPE) >
        ii. Text order for Nursing
            1. Provides orders for the bedside nurse
            2. TEXT ORDER: Indicate to nursing the Type , amount and timing of Blood Product transfusion (i.e. Transfuse 2 units PRBC over 4 hrs each; Give Lasix 20mg IV between each unit)

CODE STATUS DOCUMENTATION

1. Attending physician is responsible for determining the propriety of a DNR/DNI order. Medical treatment team must discuss the resuscitation plan with the pt or surrogate. When DNR/DNI is determined to be appropriate, the following must be completed:
    a. DNR/DNI Order : TEXT ORDER
    b. DNR Progress note
        i. NOTES > NEW NOTE > DNR
        ii. Includes diagnosis, prognosis, decisions and recommendations of the treatment teams and consultants, summary of conversation between provider and the attending in the event the resident is writing the DNR/DNI order, assessment of the pt's decision-making capabilities, and the pt's or surrogate's wishes and documentation of the relationship of the pt's surrogate.

iii. Attending physician must co-sign DNR progress note within 24 hours

2. The attending physician should review the patient's resuscitative wishes with any major change in clinical status.
3. Rescission of DNR/DNI Orders Documentation:
   a. TEXT ORDER rescinding the previous DNR/DNI order
   b. DNR Rescinded Progress Note
      i. NOTES > NEW NOTE > DNR RESCINDED
      ii. Includes documentation of the reason for rescission, a summary of conversations with the pt or surrogate and attending physician.
   c. Attending physician must co-sign progress note within 24 hours.

CODE WHITE – See SUSPECTED STROKE / CODE WHITE

CONSENTS / IMED CONSENTS

**NOTE: Occasionally, IMED Software does not give you the option to SAVE (Save option is not highlighted). If this occurs, PRINT DOCUMENT TO a PRINTER. Ask Unit Secretary to scan the printout into CPRS.

1. **Consent for Interfacility Transfer**:
   TOOLS > CONSENT > MEDICINE > ADMINISTRATIVE > PHYSICIAN CERTIFICATION AND PATIENT CONSENT FOR TRANSFER
2. **Consent for Blood Products**:
   TOOLS > CONSENT > MEDICINE > CONSENTS-STEP-BY-STEP > BLOOD TRANSFUSION
3. **Consent for Specific Procedures**:
   TOOLS > CONSENT > MEDICINE > CONSENTS-STEP-BY-STEP > (Choose specific procedure type)
4. **Telephonic consent** – While in IMED, software will ask "Does patient have decision-making capacity?". Marking NO to this question leads to a window whereby you can click on the following: ☐ Click here if consent is being obtained by telephone. Follow the subsequent prompts. Telephonic conversations for consent must be witnessed. For ambulance; on phone; you must put on signurate pad for patient and witness; "phone consent and type name in.

CONTROLLED SUBSTANCE PRESCRIBING VIA e PRESCRIPTIONS

1. Providers must have PIV card (ID badge containing computer chip issued to you) to prescribe controlled substances
2. For providers without a PIV Card, A green VA Prescription form can be completed and needs to be tubed to Outpatient Pharmacy (tube #210). Another option is to have your attending sign your electronic prescription.

DELETING a CPRS note saved in error

1. Highlight note to be deleted
2. TOOLS > FEEDBACK > Click on "head" icon
3. Type instructions to delete note and why.
4. COPY/ PASTE demographic information about the note (Pt name, date,time of note, Note title, Note Author: all contained in top 3 lines of note).
5. SEND FEEDBACK (This creates an EMAIL in VISTA to Clinical Informatics to have note deleted)
6. Attach an addendum to note asking the reader to disregard the note. (Right-click highlighted note and select "add addendum")
7. You may call CPRS specialist Debra Friend ext. 64559 ; Mon-Fri. 8am-1630pm.

DIET ORDERING/ NUTRITION / DIETETICS

1. **Regular or Special Diets**: ORDERS > DIET ORDER (INPATIENT) > Under DIET tab > select appropriate Diet components (may select more than one)
2. **Tube Feeding**:
   a. Consult Dietician for recommendations for tube feeding formula and daily nutrition requirements
      CONSULTS > NEW CONSULT > DIETETICS >
   b. ORDERS > DIET ORDER (INPATIENT) > Under TUBE FEEDING tab > Select formula type, etc
      i. *Quantity refers to 24 hour total of TF rate when at goal* (i.e. 70cc/hr = 1680cc; 6 cans / day = 1440cc) This assures that enough Tube Feeding cans are brought to the floor for patient use
      ii. In comments, write specific orders such as goal rate, starting rate and how fast to increase rate, check residuals and parameters on when to hold TF ie.(Start TF via PEG at 20cc/hr, increase 10cc/hr every 4 hrs until goal of 70cc/hr. Check residuals q 4 hrs and hold for residuals > 300cc; Free water 200cc TID) or i.e. (Bolus feeds 2 cans TID 0600 1200 1800; Check residuals prior and hold for residuals > 300cc; Free water flushes 200cc TID)
   c. Pt can be on both an oral diet and tube feedings if appropriate

3. **Supplements**:
    a. Consult Dietician for recommendations/approval CONSULTS > NEW CONSULT > DIETETICS >
    b. ORDERS > DIET ORDER (INPATIENT) > Under ADDITIONAL ORDERS tab, write in appropriate supplements (i.e. 1 can Boost with each meal)
    c. To order Nutritional Supplements for *outpatient* use, place a DIETETICS CONSULT (need dietician approval of OP Nutritional Supplements). Order Supplements via outpatient Pharmacy orders: ORDERS > MEDICATIONS (OUTPATIENT) > MEDICATIONS ALL OTHER >
4. **TPN / PPN**:
    a. Consult Dietician that supports TPN/ PPN: Diane Kaszuba 61135- 64566
    CONSULTS > NEW CONSULT > NUTRITION SUPPORT TPN
    b. Need dedicated line (Dedicated peripheral line for PPN and dedicated central access for TPN). This means no blood draws, IVF, blood products or medications can be used in dedicated line. It is to be used for TPN/PPN only (con't)
    c. If needing TPN, order PICC line as soon as you are thinking of ordering TPN. Request a *dual lumen PICC* placement. (PICC LINES are NOT placed on weekends)
    d. All TPN/PPN orders needs approval by TPN- approving physician (Dr Salwen); Approval process is initiated when Dietician is consulted.
    e. The Dietician consult response will give TPN/PPN recommendations
    f. Use TPN/PPN Order sets to place order. TPN/PPN orders are renewed every 24 hrs: ORDERS > MEDICINE (INPATIENT) scroll down > PARENTAL NUTRITION SOLUTIONS
    g. TPN / PPN bags are sent up from Pharmacy q 24 hrs at approx 2000hrs. (8pm)
5. **Dysphasia diets**
    a. Consult Dysphagia Team if needing Dysphagia evaluation, recommendations and treatment
    b. Order Dysphagia diet using the following options
        i. NDD Level 1 - Pureed
        ii. NDD Level 2 – Mechanically altered / soft
        iii. NDD Level 3 – Advanced (regular foods but excludes hard, dry, sticky or crunchy foods; Served in bite-sized pieces)
        iv. NDD Level 4 – No restrictions
6. **Fluid Restrictions**
    a. Order fluid restrictions via a diet order (so less fluids come up on meal trays).
    b. ORDERS > DIET ORDER (INPATIENT) > DIET tab > 1200CC FLUID RESTRICTION (other amounts are available as options)
    c. If need "Free Water Restriction", use TEXT ORDER to communicate this to Nursing Staff.

DISCHARGE NOTE: NOW USING DISCHARGE NAVIGATOR

1. Go to TOOLS>Clinical applications> Discharge navigator; can be started day of admission
2. Complete each tab; can always be reopened and added to.
3. Serves as the patient's *Discharge Instructions*. Contains information such as diagnoses, diet, activity restrictions, follow-up appointments and list of medications feel free to add instructions to your discharge. Personalize for patient.
4. NOTE > NEW NOTE > DISCHARGE NOTE > cancel contacts (get out of old template and paste Discharge Navigater contents to old title; Can also use for your summary .
5. Make instructions easy for patient to read and understand
    a. Do not use abbreviations
    b. May need to write-in information beyond what is offered in the template in order to clarify instructions (i.e. dressing change instructions, tube care, etc)
    c. List which medications the patient should DISCONTINUE, annotate DOSE CHANGES and highlight NEW medications.
6. **Before starting your Discharge Note, complete all follow-up appointments, medication prescriptions and Medication Reconciliation.
7. If scheduling of certain clinic appointments are still pending and the patient will be called at home by VA staff to schedule an outpatient appointment, write-in this information in the Discharge Note.
8. There is only ONE Discharge Note per hospitalization. If you sign your Discharge Note and need to change information thereafter, an addendum must be used. (CPRS does not allow us to "edit" saved notes)

9. In the event a patient is not discharged on the day the Discharge Note indicates, an addendum must be written documenting the actual discharge date.
10. Diagnoses documented on the Discharge Note must mirror the diagnoses documented on the Discharge Summary.
11. Print two copies of the completed Discharge Note and give to the nursing staff. Nursing cannot discharge the patient without the completed Discharge Note.
12. Add the patient's Primary Care Provider as an additional signer to the Discharge Note to communicate to the PCP that the patient was discharged.

DISCHARGE PLANNING

GEC Referrals (Geriatric Extended Care Referral): Referral process used to request services with discharge:

1. CONSULT > NEW CONSULT > GEC INPT CONSULT (OR) CONSULT > NEW CONSULT > HBPC OUTPT REFERRAL
2. Complete template as appropriate. Some programs do not require GEC consult but require another action or additional actions such as initiating a NON VA Care Consult. The template will direct you accordingly.

GEC Inpatient Consult Referral Programs:; please use template; if you override it your consult may be d/ced

a. Inpatient Respite
b. Inpatient Hospice
c. Long Term Continuing Care
d. Acute Rehab
e. Short Stay-Skilled
   i. IV Antibiotics
   ii. Complex Wound Care
   iii. Radiation Treatment
   iv. Slow Rehab

HBPC Outpatient Referrals: ensure documented home bound status (outpatient.

a. Community Skilled Home
   i. Medication Management
   ii. Vital Sign Management
   iii. Disease Management
   iv. Wound Care
b. Rehabilitation Therapy
   i. Home Safety Evaluation
   ii. Physical Therapy
   iii. Occupational Therapy
c. Home Infusion Services

Community Care GEC; for skilled nursing for all of above if patient does not have Medicare. When in doubt do the community care Coconsult.

Just because patient has medicare on their cover sheet or are over age 65 they may not have medicare; HBPC consult will not be completed if patient does not have Medicare; you will have do it over..

Community Care Consults ; formerly NON-VA CARE Consults.

a) Allows for providing services that our VA Facility does not provide, is not currently available or we are unable to provide service in a timely manner: also for COMMUNITY CARE GEC as above or tranSfers to other hospitals. (non VA)
b) Place Consult for COMMUNITY CARE
c) ORDER > CONSULTS > NEW CONSULTS > COMMUNITY CARE _____(Scroll through list to find appropriate type
d) Authorization of care requested will be communicated in a response via CPRS to your consult.

Ordering Equipment or Supplies for discharge- Below are examples of types of supplies obtained from each department

Outpatient Pharmacy

1. Dressing supplies, Urinary Catheters, Ostomy supplies, Suction catheters, PleurX catheter supplies
2. Nutrition supplements (Place Dietician consult for approval)
3. ORDERS > MEDICATIONS (OUTPATIENT) > MEDICATIONS ALL OTHER

Prosthetics Consult

1. IV Poles, Suction Machine, Nebulizer Machine, Blood Pressure Cuffs, Blood pressure monitors, Hospital beds, Hoyer lifts, Bed trapeze, compression stockings, weight scales, diabetic shoes, diabetic socks
2. ORDERS > CONSULTS > NEW CONSULTS > PROSTHETICS > Click on appropriate Template

3. In comments – ask them to deliver items to the floor

Physical Therapy Consult

1. Assistive devices such as walkers, manual wheelchairs, canes, rollators, crutches, tens units
2. ORDERS > CONSULT > NEW CONSULT > PHYSICAL THERAPY – INPT

Occupational Therapy Consult

1. Assistive devices such as shower bench, raised toilet seats, reachers, sock aids, wrist splints, grab bars, shoe horns
2. ORDERs > CONSULT > NEW CONSULT > OCCUPATIONAL THERAPY INPT

DISCHARGE SUMMARY

1. Discharge Summaries must be completed within 24hrs of patient's release
2. Do not use any abbreviations
3. Diagnoses listed on Discharge Summary must mirror the diagnoses listed on the Discharge Note
4. From tab on bottom of CPRS screen, click DISCHARGE SUMMARY > NEW DISCHARGE SUMMARY > OR
5. Cancel template. May now copy and paste discharge navigator tool note and summary to cancelled template
   Edit out some of the patient care information that may not be needed in discharge summary

DISPOSITION of PATIENTS

(Discharge Menu: ORDERS > (look on left side of screen & scroll down) DISCHARGE MENU)

Discharge to Home

1. Medication Reconciliation (complete prior to starting Discharge note)
2. FU appts (complete prior to starting Discharge note)
3. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
4. Order MRSA swab and immunizations (Use Discharge Menu)
5. Discharge Order (Use Discharge Menu)
6. Discharge Summary (complete within 24 hrs)

48-Hour Observation

1. Medication Reconciliation (complete prior to starting Discharge note)
2. FU appts (complete prior to starting Discharge note)
3. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
4. Discharge Order (Use Discharge Menu)
5. (No Discharge Summary required)

Discharge to Outside Community Nursing Home (Non VA Nursing Home)

1. Arrangements for Ambulance Travel via Unit Secretary (Complete Travel Form – obtain from Unit Secretary). Note special requirements (ACLS staff, BLS staff, O2, monitor, IV medications, IV pump). Communicate time ambulance transportation needed.
2. ***Consent for Interfacility Transfer (IMED Consent) TOOLS > CONSENT > MEDICINE > ADMINISTRATIVE > PHYSICIAN CERTIFICATION AND PATIENT CONSENT FOR TRANSFER
3. Medication Reconciliation (complete prior to starting discharge note)
4. FU appts (complete prior to starting Discharge Note)
5. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
6. Order immunizations (Use Discharge Menu)
7. Discharge Order (Use Discharge Menu) Indicate Ambulance time in other section.
8. Discharge Summary (complete within 24 hrs)

Discharge to VA Detroit CLC – Community Living Center for Hospice, Nsg Home, Subacute Rehab or Skilled Nsg

(PT WAS NOT STAYING AT CLC PRIOR TO CURRENT HOSPITALIZATION)

1. Will be notified by CLC providers when bed is available
2. Medication Reconciliation (complete prior to starting Discharge note)
3. FU appts (complete prior to starting Discharge note)
4. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
5. Order immunizations (Use Discharge Menu)
6. Discharge Order (Use Discharge Menu)
7. Discharge Summary (Complete within 24 hrs)
8. Delayed Admission Orders: Admit Community Living Center - will be completed by CLC providers

Return to VA Detroit CLC – Community Living Center (Nsg Home)

(PT WAS **STAYING** ON CLC PRIOR TO CURRENT HOSPITALIZATION / STATUS : ASIH = "Absent Sick In Hospital")

1. Contact Providers on CLC for acceptance, handoff and bed availability.
2. Medication Reconciliation (complete prior to starting Discharge note)
3. FU appts (complete prior to starting Discharge note)
4. Discharge Note
5. Order immunizations (Use Discharge Menu)
6. Discharge Order (Use Discharge Menu)
7. Discharge Summary (complete within 24 hrs)
8. Delayed Transfer Orders: Transfer FROM ASIH to NHCU/ CLC - Will be completed by CLC providers

Interfacility Transfer to NON-VA FACILITY

1. Call VA operator to obtain number for covering chief of staff to obtain approval for Community Care Transfer DO NOT CALL DR. GRUBER DIRECTLY Document approval by Chief of Staff in progress note.
2. Obtain accepting physician and contact information. Admitting or Transfer team of hospital you are transferring to will assist you in contacting appropriate physician.
3. Obtain bed availability and bed assignment: Call Transfer Team or Admitting Dept of Outside Facility for this.
   a) This step takes the most time. (Complete all documentation requirements while you are waiting)
   b) Accepting Facility will ask for Face sheet to be faxed to their facility. In CPRS, click on box in upper left corner that contains patient name. This opens a box containing pt demographic, financial and insurance information. Print this and have it faxed to accepting facility.
   c) Once pt is assigned a bed, nursing can give a handoff to receiving nursing unit and ambulance transportation can be arranged.
4. Community Care (Fee Based) Consult to Non VA Facility CONSULT > NEW CONSULT > NON VA FACILITY (This starts the review and authorization process)
5. *** Interfacility Transfer Note (VA Form 10-2649A) NOTE > NEW NOTE > INTERFACILITY TRANSFER > complete template
6. ***Consent for Interfacility Transfer (IMED Consent) TOOLS > CONSENT > MEDICINE > ADMINISTRATIVE > PHYSICIAN CERTIFICATION AND PATIENT CONSENT FOR TRANSFER
7. Medication Reconciliation (complete prior to starting discharge note)
8. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
9. Arrangements for Ambulance Travel via Unit Secretary (Complete Travel Form). Note special requirements (ACLS staff, BLS staff, O2, monitor, IV medications, IV pump). Communicate time ambulance transportation needed (this is dependent on when bed is available).
10. Order and immunizations (Use Discharge Menu)
11. Discharge Order (Use Discharge Menu)
12. Discharge Summary (Complete within 24 hrs)

Discharge Against Medical Advice

1. Counsel pt on risks of leaving hospital against medical advice
2. Obtain AMA paperwork from Unit Secretary. Have pt sign AMA form.
3. Complete AMA Physician's Note documenting that pt was counseled on risk of leaving hospital AMA and pt's response. NOTES > NEW NOTES > AMA
4. Medication Reconciliation (complete prior to starting Discharge note)
5. FU appts (complete prior to starting Discharge note)
6. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
7. Order MRSA swab and immunizations (Use Discharge Menu)
8. Discharge Order (Use Discharge Menu) Indicate AMA in other section.
9. Discharge Summary

Interfacility Transfer to VA FACILITY

1. Obtain accepting physician and contact information. Admitting or Transfer team of hospital you are transferring to will assist you in contacting appropriate physician.
2. Obtain bed availability and bed assignment: Call Transfer Team, Admitting Dept or Bed Coordinator of accepting VA Facility for this.
   a. This step takes the most time. (Complete all documentation requirements while you are waiting)
   b. Once pt is assigned a bed, nursing can give a handoff to receiving nursing unit and ambulance transportation can be arranged.

3. *** Interfacility Transfer Note NOTE > NEW NOTE > INTERFACILITY TRANSFER > complete template
4. ***Consent for Interfacility Transfer (IMED Consent) TOOLS > CONSENT > MEDICINE > ADMINISTRATIVE > PHYSICIAN CERTIFICATION AND PATIENT CONSENT FOR TRANSFER
5. Medication Reconciliation (complete prior to starting discharge note)
6. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of discharge)
7. Order immunizations (Use Discharge Menu)
8. Arrangements for Ambulance Travel via Unit Secretary (complete Travel form). Note special requirements (ACLS staff, BLS staff, O2, monitor, IV medications, IV pump). Communicate time ambulance travel needed.
9. Discharge Order (Use Discharge Menu) Indicate Ambulance time and facility in other section
10. Discharge Summary (complete within 24 hrs

Death

1. Pronounce Patient
2. Notify family
3. If autopsy is desired, request permission from the family. Complete Authorization Autopsy form
4. If death appears to be a Medical Examiner's case, contact the Medical Examiner 313-833-2568 or 313-833-2504). Reportable Medical Examiner's cases: a) Death by violence b) Accidental death c) Sudden and unexpected deaths from causes unknown d) Death occurring without medical attendance by a physician within 48 hours prior unless a reasonable natural cause of death can be certified. e) Prisoners (dying while in custody) f) Deaths under suspicious or unusual circumstances g) Deaths resulting from or associated with any therapeutic procedures or during anesthesia. If unsure, the Medical Examiner should be contacted for their determination and advice.
5. Progress note documenting circumstances of the death, time of pronouncement of death, notification of family, whether autopsy was requested, and notification of Medical Examiner.
6. Obtain forms from Unit Secretary: Pt Demise Packet Checklist and Authorization for Autopsy form
7. Gift of Life notification (Nursing staff responsibility)
8. Discharge Note (Assign pt's PCP as "Additional Signer" so PCP is aware of death)
9. Discharge Summary (complete within 24 hrs)
10. Physician signature on completed Death Certificate within 24 hours of death (Form for signature will be delivered to floor by Details clerk)

Transfer to B2 / Inpatient Psychiatry

1. Contact Inpatient Psychiatry providers for acceptance, handoff and bed availability.
2. Call Bed Control for Bed assignment and availability. Call Precertification Nurse for Precertification
3. *When bed is available*: (No transfer orders or IDT notes are to be written until bed is assigned)
4. Transferring provider initiates IDT Sending Provider Note
   a) NOTES > NEW NOTE > IDT SENDING PROVIDER (TRANSFER-PARENT)
5. Medication Reconciliation
6. Order MRSA swab on active orders.
7. Delayed Transfer to Psych InPt Orders: Completed by Inpatient Psychiatry providers
8. Resolve any medical issues ; for discharge; appointments; make psychiatry aware of outpatient Medication changes or order them yourself to be mailed to patient.

Transfer to another floor

1. For Transfer to a higher level of care, call Precertification Nurse for Precertification
2. Call Bed Control for Bed assignment and availability.
3. If transferring from Step-Down to Medical Floor, the process is as follows:
   a. Call bed control for a bed; 62730; give call back beeper for when bed is available
   b. Provider places IDT Sending Provider notes and Delayed transfer orders
4. If transferring to a higher level of care and there are no available beds, consider transferring pt to another facility for needed level of care.
5. If pt needs ICU care, Consult MICU 61135- 9168
6. If there is transfer of care to another service, contact Physician provider for acceptance to that service and handoff
7. *When bed is available*: (No transfer orders or IDT notes are to be written until bed is assigned)
   a. Provider who will be providing care on the receiving floor completes the Delayed Transfer Orders.
   b. Transferring provider initiates IDT Sending Provider Note.
      i. NOTES > NEW NOTE > IDT SENDING PROVIDER (TRANSFER-PARENT)
      ii. This is a "Parent note" for which subsequent IDT notes will be "attached".

c. If there is a Provider change, the provider who will be taking over care of the patient will complete an IDT Receiving Provider note
   i. NOTES > NEW NOTE > IDT RECEIVING PROVIDER (TRANSFER)
   ii. Highlight completed note > From Toolbar, select "ACTION" > Select "ATTACH TO INTERDISCIPLINARY NOTE"
d. Nursing cannot act on any transfer until
   i. Bed is assigned and ready
   ii. Precertification occurs
   iii. Provider IDT Sending and (if needed) IDT Receiving notes completed
   iv. Delayed Transfer Orders are completed.

8. Medication Reconciliation

EMERGENCY CODES

1. BLUE – Medical Emergency (all outpatient Medical Emergencies will also be called as Code Blues)
2. GREY – Rapid Response
3. GREEN- Disruptive pt without a weapon
4. SILVER – Disruptive pt with a weapon
5. WHITE – Stroke
6. ADAM – Missing child
7. ORANGE – Suicide

ENCOUNTERS / WORKLOAD CREDIT

In order to capture workload credit, the following must be done prior to starting your daily Progress Note or Medicine Inpatient Admission Note (H&P)

1. Select Ward location by clicking Ward Location Box (Box located at top of CPRS screen next to pt's name/ box identifies pt's room number)
2. Select "New Visit" tab from dialog box.
3. Under "Visit Location", type: DET INPT GEN MED and select "OK"
4. Check to be sure that Ward Location box now reads: INPG as location
5. Select "New Note" > MEDICINE PROGRESS NOTE and begin note
6. When Attending physician reviews and signs your note, attending will be prompted to complete the encounter workload data.

EQUIPMENT / SUPPLIES FOR DISCHARGE

Below are examples of types of supplies obtained from each department:

1. Outpatient Pharmacy
   a) Dressing supplies, Urinary Catheters, Ostomy supplies, Suction catheters, PleurX catheter supplies
   b) Nutrition supplements (Place Dietician consult for approval)
   c) ORDERS > MEDICATIONS (OUTPATIENT) > MEDICATIONS ALL OTHER
2. Prosthetics Consult
   a) IV Poles, Suction Machine, Nebulizer Machine, Blood Pressure Cuffs, Blood pressure monitors, Hospital beds, Hoyer lifts, Bed trapeze, compression stockings, weight scales, diabetic shoes, diabetic socks
   b) ORDERS > CONSULTS > NEW CONSULTS > PROSTHETICS > Click on appropriate Template
   c) In comments – ask them to deliver items to the floor (Cont)
3. Physical Therapy Consult
   a) Assistive devices such as walkers, manual wheelchairs, canes, rollators, crutches, tens units
   b) ORDERS > CONSULT > NEW CONSULT > PHYSICAL THERAPY - INPT
4. Occupational Therapy Consult
   a) Assistive devices such as shower bench, raised toilet seats, reachers, sock aids, wrist splints, grab bars, shoe horns
   b) ORDERs > CONSULT > NEW CONSULT > OCCUPATIONAL THERAPY INPT

EXPIRING MEDICATIONS

Daily review the inpatient medications prescribed as some prescriptions can expire.

1. Narcotics automatically expire after 72 hrs.
2. Antibiotics 7days
3. IV orders' 7days

FOLLOW UP APPOINTMENTS FOR DISCHARGE – OPTIONS (PCP , Specialty clinic and CHF pts)

1. Place return to clinic order for PCP appointments; Order tab>write orders>return to clinic (righ side of orders)
2. Give list of patients needing specialty appointments to Unit Secretaries . or care coordinators; Secretaries may not be available or care coordinators too busy; complete below note . (especially on weekends)
3. Unable to obtain appointment? Weekends etc. : Complete Ambulatory/Primary Care Administrative Note. In this note, ask OP PCP staff to schedule 2-week PCP appt. NOTE > NEW NOTE > AMBULATORY/PRIMARY CARE ADMINISTRATIVE NOTE Complete note requesting appt. Assign ADDITIONAL SIGNERS: the pt's PCP and PACT RN. (RIGHT CLICK on NOTE and select ADDITIONAL SIGNER) (See separate handout for list of FIRM assignment, PCP and PACT RN listings). This is a good option for obtaining sooner appointments as the RN has the ability to overbook clinics. PACT team will contact the patient with an appt within 48 hours of discharge.; only use if discharging on

4. For Specialty Clinic followup:
   a) If the patient was seen in that clinic prior, just telephone the clinic to schedule follow-up. (con't)
   b) If the patient was never seen prior, request Outpatient Consult with that specialty. CONSULT > NEW CONSULT > (choose specialty) Select Outpatient. The clinic staff will triage the consult and call the patient at home to schedule. In your discharge note, under follow-up, indicate that pt should expect a phone call from clinic staff scheduling this appointment.
5. For CHF patient 2-week post discharge follow-up:
   a) Place consult to : CHF Discharge E-Consult: CONSULT > NEW CONSULT > CHF DISCHARGE E-CONSULT
   b) Goal is to have follow-up appointments for CHF patients within 2 weeks
   c) Be sure to include your pager number in comments field so the Cardiology NP can call you back if needed
   d) Place consults as early as possible

HOME OXYGEN EVALUATION

1. CONSULT > NEW CONSULT > RESPIRATORY THERAPY CONSULT Complete Template
2. Home O2 Prescriptions need to be signed by MD (RT will send Rx via CPRS for electronic signature
3. Pt/family will need to call Home O2 company 800 number to arrange for home delivery of Oxygen at discharge (RT gives this number to pt/family during education session)
4. When planning weekend discharges, Home O2 Evaluation must be completed prior to weekend.

HOSPITAL ADDRESS

4646 John R
Detroit MI 48201

INCIDENT REPORTS (ePIR)

To complete an online incident report, go to VA Intranet. Scroll down to "Helpful Links" and click on "Electronic Patient Incident Reporting (ePIR)" > Click on large blue ePIR icon > Complete template as appropriate
Questions regarding ePIR contact: Christine Beard 64313

MEDICATION RECONCILIATION DOCUMENTATION

1. Assess adherence of prescribed medications, over the counter medications, and Non-VA prescribed medications. FACE TO FACE*88
2. Bring printout of VA prescribed medications to the bedside/ Options for printing list:
3. a) Go to TOOLS->Clinical applications->Med rec tools ; pre-admission list: alternatively see below
   Print a Medication Reconciliation report. From Reports tab (bottom of CPRS screen) > Health Summary > scroll down to Medication Reconciliation .
   a) Start your Inpatient Medicine Admission Note with the template started. The note will contain a list of VA prescribed medications. Print out this note as it will include a medication list.
4. Make needed changes to Medication orders based upon your Medication Reconciliation. Document any non-VA prescribed medications and over-the-counter medications under "Non-VA Medications"
   ORDERS > MEDICATIONS (NON-VA)
5. Process is completed on admission, any change in level of care, and at discharge or transfer.
   a) On admission: document Medication Reconciliation within your History and Physical note. MUST USE VA TEMPLATE for H&P note (Medicine Inpatient Admission Note) as it contains Medication Reconciliation documentation template. If not using VA Template for H&P note, must do a separate "MEDICATION RECONCILIATION" Note: NEW NOTE > MEDICATION RECONCILIATION
   b) With any change of level of care, document Medication Reconciliation using Medication Reconciliation Note. NOTES > NEW NOTE > MEDICATION RECONCILIATION **OR** use Transfer Note: NOTE > NEW NOTE > TRANSFER NOTE as your progress note as it contains Medication Reconciliation documentation template.

c) Upon discharge, the Medication Reconciliation is documented within the "Discharge Note" template; again go to Tools->Clinical applications-> med rec tool: complete med rec. copy and paste to discharge note. Cut self populated;list of outpatient meds out of discharge notes. Same process on your discharge summary.

MEDICINE COVERAGE CONTACT INFORMATION

1. Nursing and other Support Staff need to easily identify who to call for patient-related issues
2. **Every** patient *MUST* have TEXT ORDER communicating which Resident / NP is assigned to the patient
   a) TEXT ORDER: " Medicine coverage, page Dr Smith 6551 "
   b) FLAG ORDER – to highlight order in RED
      i) From ORDER tab > Highlight order >
      ii) From ACTION toolbar > FLAG

MENTAL HEALTH RESOURCES

1. Mental Health Clinic: Primary site for outpatient behavioral health services. Phone: 65370 65725 65371
2. Inpatient Mental Health: B2; access via Emergency dept or via inpatient consultation
3. Mental Health Intensive Case Management: Voluntary outpatient program for vets with severe or persistent mental illness. Staff work with patient in their home, in the community or in the clinic. Phone: 65300
4. Partial Hospitalization Program: Intensive outpatient psychiatric treatment program. Admission to program is via pt's psychiatric provider.
5. Chemical Dependancy Program: Instruct veteran to come to the 7th Floor (Blue Side) between 08:00 and 10:00 any Monday, Wednesday or Friday. Phone 64948
6. Post Traumatic Stress Outpatient Clinic: PTSD clinic phone: 65770
7. Military Sexual Trauma (MST) Service : MST Coordinator Renee Turnbell: 63872
8. Services for Homeless Veterans: There are many programs and services for homeless vets. Consult Social Work whenever caring for a homeless veteran as an inpatient.

COMMUNITY CARE CONSULTS: FORMERLY NON-VA

1. Obtaining services or tests not performed or available at our VA Facility
2. Use for transfers to community consults of veterans choice program; non-va fee based gec for home nursing
3. Place Consult for Non-VA Care (includes transfers to other hospitals)
   ORDER > CONSULTS > NEW CONSULTS > NON- VA CARE : SEARCH FOR YOUR CONSULT; IE; NON-VA INPT MEDICINE NON-VA GEC SKILLED HOME CARE ETC.

ON CALL SCHEDULES

1. Access VA Intranet Home page (Click on Desktop Icon for VA Intranet Home Page
2. On left hand side of screen near the bottom, click on CLINICAL CALL SCHEDULES.
3. Click on specialty service of interest.
4. Also see Medicine specialty list which comes out monthly

OBSERVATION ADMISSIONS: CONVERTING TO FULL ADMISSION f

1. Length of stay for Observation patients is 47 hours, 59 min. If patients stay longer than 48 hours, these patients must be discharged from Observation and re-admitted to inpatient status. If you are one minute late converting , when the patient needs to stay, this will be counted as a new admission. If the patient is to be discharged (sure!) you can go over a few hours.
2. If converted to inpatient admission, the following is required: **CALL PRECERT/UM NURSE 62730 off tour 62726**
   a. DISCHARGE FROM OBSERVATION STATUS: Content of note can be a brief note indicating the disposition of the patient and reason for conversion to full admission. **(Helpful hint so as to avoid having to click through the template**: After opening up the discharge note template – whereby it asks if note is Deceased vs Live Pt – instead click "Cancel" and then "yes" to create a blank discharge note. On the blank discharge note, place your brief note.
   b. Discharge order please place early on… pt must be discharged before they can be readmitted.
   c. Medicine progress note for the day – no need for new admission H & P..
   d. Delayed AdmissionOrders
   e. Contact Precertification Nurse; and secretary to discharge and readmit pt. Let nurse know.

Converting a Full Admission to a an Observation status

1.This is at your attending physician's decision;

2. Easy process: No need to re- enter orders. Orders are generated by completing note: it is necessary to Contact bed control 62730 and unit MSA (secretary to make changes.

a. Go to new note; select title "Conversion; then inpatient to outpatient conversion note will appear
b. Select finish; and automated order set appears. Complete all items on order set. Sign note and orders
c. Monitor to ensure conversion to observation status is completed. Note bed-control pre-certs and secretary completes process.

PAGING SYSTEMS

1. VA system for VA employees
   a. Access number: 61135
   b. Input 4 digit VA pager number then follow prompts for call back
2. Other VA Pagers - Usually begin with 250 or 280. No access number needed – just dial pager # (Digital messages only)
3. DMC pagers
   a. Access number 313-745-0203
   b. DMC Pagers are 4-digit numbers
4. Looking up pagers
   a. – VISTA (from desktop) : DUZ > 1 PROVIDERS DUZ# > Enter Provider's name
   b. Call operator (dial 0)

PHARMACY SERVICES

CONSULT > NEW CONSULT > start typing "PHARMACY" and the different types of Pharmacy consults will appear

1. **Pharmacy Dosing Consult** – i.e Vancomycin dosing; Anticoagulant dosing
2. **anticoagulation Clinic** (outpatient) – Pharmacist-run outpatient clinic
3. **Nonformulary Requests** – If medication needed is nonformulary, place consult requesting a the drug

PHARMACY SPECIAL MEDICATION REQUESTS

1. For prescribing certain medications, providers need to complete a special template which upon completion allows for prescribing the following medications:
   a) AMIODARONE
   b) CLONIDINE PATCH
   c) COLCHICINE
   d) DARBEPOETIN/ ERYTHROPOETIN
   e) FENTANYL PATCH
   f) FLUOROQUINOLONES
   g) ATYPICAL ANTIPSYCHOTICS
2. NOTE > NEW NOTE > SPECIAL- PHARMACY SPECIAL MEDICATION REQUEST

PHYSICIAN ORDER SETS AWARENESS ; check Hospitalist menu and medicine menu

There exists many physician order sets within CPRS. Here is a partial list of some useful order sets:

1. Needle stick injury : ORDERS > OCCUPATIONAL EXPOSURE TO BLOOD & BODY FLUIDS
2. TPN / PPN: ORDERS > MEDICATIONS (INPATIENT) scroll down > PARENTAL NUTRITION SOLUTIONS
3. CIWA Protocol ORDERS > under SPECIALTY MENUS scroll down > ALCOHOL WITHDRAWL PROTOCOL
4. **DVT Proph**: ORDERS > MEDICATIONS (INPATIENT) > VTE PROPHYLAXIS
5. Paracentesis: ORDERS > under SPECIALTY MENUS scroll down > MEDICINE MENU > PARACENTESIS
6. Thoracentesis: ORDERS > under SPECIALTY MENUS scroll down > MEDICINE MENU > THORACENTESIS
7. Lumbar Puncture: ORDERS > under SPECIALTY MENUS scroll down > MEDICINE MENU > LUMBAR PUNCTURE
8. Aspart Sliding Scale: ORDERS > MEDICATION S (INPATIENT) > Under INPATIENT QUICK ORDERS
9. **Pneumonia:** ORDERS > under SPECIALTY MENUS scroll down > MEDICINE MENU > (scroll down) PNEUMONIA
10. **Sepsis: Menu; generated by ICU; under SPECIALTY MENUS scroll down Sepsis Menu (new)**

POLICIES & PROCEDURES – Possible places to find them:

1. Medical Center Policies: From VA Intranet Home Page > Administrative > Medical Center Policies > Use pull-down menu and select "Detroit Medical Center" > Use search option
2. Nursing Policies: From VA Intranet Home Page > Services and Sections > Patient Care > Nursing > Policies or Procedures

POST-OP ORDERS OR DROPPED/MISSING ORDERS

Medication and text orders will Auto –DC while pt is in the OR. Sometimes orders get inadvertently discontinued and the nurses will call to have orders reordered. Auto-DC'ed orders can be viewed and selected to be re-ordered as active orders :

1. ORDERS > from toolbar: VIEW > AUTO D/C RELEASE EVENT ORDERS > Choose appropriate event name > OK
2. Highlight the orders you would like to reinstate using CTRL key
3. From toolbar: ACTION > select "COPY TO NEW ORDER"

PRECERTIFICATION – required for all acute care admissions, transfers to a higher level of care , transfers to or from acute mental health (B2N) and when converting from observation status to full admission:

1. Precert Nurse must be called after admission orders are written
2. After hours, contact Nursing Supervisor for precertification
3. Contact Bed Control for bed assignment

PRIMARY CARE PHYSICIAN NOT ASSIGNED (when pt has no PCP assigned in CPRS)

1. Start new note: "Ambulatory/Primary Care Administrative Note" . NOTE > NEW NOTE > AMBULATORY/PRIMARY CARE ADMINISTRATIVE NOTE Complete note addressing Dr Gappy (Chief of Ambulatory Care) requesting that he assign pt a PCP. Sign note.
2. Make Dr Raman or Dr. Gappy an "additional signer" (Right click on note and choose "identify additional signers")
3. Dr Raman will assign a PCP and back a response in the form of an addendum to your note.
4. Currently Dr. Gappy on leave; but may return; meanwhile identify Dr. Raman

RESTRAINT ORDERING – MEDICAL SURGICAL RESTRAINTS

1. NOTES > NEW NOTE > RESTRAINT OR SECLUSION ORDERS
2. Complete the template.
3. After completion of template, a box opens allowing text orders to be ordered for the type of restraint you are ordering
4. Orders are time-limited to 24 hrs. Conduct an in-person re-evaluation at least once each calendar day for pts restrained for medical-surgical reasons. New or renewal orders are issued no less often once each calendar day.

RECORDS FROM OTHER VA MEDICAL CENTERS – VISTA WEB

To review patient records from another VA Medical facility: On Upper right-hand corner of CPRS screen, locate ICON that reads "JLV". Click on "Remote Data" > Click sites you would like to access > i.e. "All available sites" > Click on "Vista Web" > Click on Proceed > Vista Web will proceed to connect you to view the patient's record at the remote VA sites selected

SECURED ROOMS ON UNITS/ (Accessing Locks on security doors that use numbers)

1. Medication Rooms – 654
2. Supply Rm, Dirty Utility Rm & Linen Rms – 243

SOFTWARE

1. ESSENTRIS
    a. Software to access Vital Signs, I&Os, Nursing notes for ICU and Stepdown patients
    b. Look for Desktop Icon ESSENTRIS
    c. Logon is the same as your CPRS logon
2. CLINICAL ACCESS
    a. Software to access Telemetry monitoring alarms, rhythm history, trends
    b. Look for Desktop Icon CLINICAL ACCESS; no need for password now.
    c. Most be assigned by Beverly Green if; not please contact her.

SUSPECTED STROKE / CODE WHITE

1. Emergency for a pt who may be having an ischemic stroke and may be a candidate for t-PA
2. CODE WHITE TEAM
   a) Neurology resident and/or Neurologist
   b) Stroke Nurse (an ED Nurse with stroke training)
   c) CT tech (gets CT scanner ready and alerts Radiologist on call)
   d) Code Pharmacist (brings t-PA to all locations other than ED)
   e) On call medicine resident, now goes to codes after 5pm and weekends.
3. After hours, Stroke nurse will page the stroke attending who always has the stroke pager (250-0267). May take 30-45 min for arrival. Stroke nurse will pass phone to team physician to give history and appropriate information when page is answered
4. While awaiting Neurologist, provider and Stroke Nurse will initiate workup (Labs and CT)
5. Residents can feel free to call stroke attending (250-0267) for questions

TELEHEALTH – Care Coordination / Hometelehealth

1. Consider Telehealth for diagnoses such as CHF, HTN, DM, COPD, Obesity in patients who have barriers such as living in remote areas, transportation issues, immobility and adherence issues. This service uses using video technology and messaging devices that collect information about symptoms and vital signs from the comfort of a patient's place of residence.
2. CONSULT > NEW CONSULT > CARE COORDINATION HOME TELEHEALTH SCREENING; DO NOT DO ON ADMISSION AS THEY WILL D/C THIS. DO DAY BEFORE OR DAY OF DISCHARGE.

TELEMETRY

1. telemetry beds beds located on A3N and on C4-telemetry outside C4/Stepdown;
2. Provider responsibilities
   a. Determine when telemetry is needed and when it is to be discontinued. Evaluate daily. Initiate or discontinue telemetry with text orders.
   b. Obtain 12-lead initially and with all rhythm changes/ significant events
   c. Review and sign:
      i. 24-Hour Telemetry Daily Summary Report (created daily at 2300 by Tele tech)
      ii. Any Arrhythmia/Urgent Notification Notes
3. Review telemetry strips from Clinical Access (telemetry software) that have been uploaded into Vista Imaging for CPRS viewing
4. Guidelines for Telemetry utilization will be posted in your work areas
5. Default alarm parameters: HR 50-120 SPO2< 92; Default parameters can be changed by provider with Text Order
6. Telemetry has CONTINUOUS SPO2 monitoring capabilities for CHF, COPD, Pneumonia or PE pts
7. Guideline exist for determining when pt can travel off unit for test s and procedures without monitor or RN accompaniment & will be posted in your work areas

TELEPHONE SYSTEM

1. Detroit VA : 313-576-1000 Extension # begin with 6XXXX
2. "O" for operator - for information like pager #s, phone numbers, where CODE is, etc
3. In-house dialing: 6XXXX
4. To dial out: 9-1-XXX-XXX-XXXX or for 313 area code : 9-XXX-XXXX

TESTS OR PROCEDURE ORDERING;

Barium Swallow: ORDERS > IMAGING > GEN RADIOLOGY > ESOPHOGRAM / ESOPH &/OR PHARNYX RAPID SEQUENCE
Cytology: ORDERS > MEDICINE MENU > CYTOLOGY EXAM FORM (scroll down)
Coumbs: ORDERS > BLOOD BANK > VBECS DAT
Cookie Swallow: ORDERS > IMAGING > GEN RADIOLOGY > ESOPHOGRAM > RAPID SEQUENCE FILMS
Arrange for Dysphagia team member to be present
Cardiac stress test: ORDERS > IMAGING > NUCLEAR MEDICINE / SPECT ….
ORDERS > PROCEDURE > EXERCISE STRESS TEST / PERSANTINE STRESS TEST / DOBUTAMINE >
Doppler study: ORDERS > Procedures > DOPPLER STUDIES
text type of Doppler study needed i.e. Venous, Arterial, ABI
Echocardiogram: ORDERS > PROCEDURES > CP ECHO
HIT Antibody: ORDERS > LAB TESTS > HEPARIN-INDUCED PLATELET ANTIBODY
Paracentesis: ORDERS > IMAGING > type: ULTRA SOUND > US GUIDANCE FOR NEEDLE PLACEMENT > Hx: PARACENTESIS
Paracentesis Labs: ORDERS > MEDICINE MENU > PARACENTESIS ORDERS
PICC Lines: ORDERS > IMAGING > type: INTERVENTIONAL > procedure: PICC LINE PORT/NO PORT
Call Tom Lammachia PA pager 250-0947- to facilitate getting PICC done
PET Scan: CONSULT > NEW CONSULT > AnnArbor- Nuclear Medicine Pet/CT Scan OR
CONSULT > NEW CONSULT > NON VA CARE PET SCAN
PFT: ORDERS > PROCEDURES > CP PFT
TEE Echo: ORDERS > PROCEDURES > CP TEE ECHO
Telehealth: Consult > New Consult > Care Coordination Home Telehealth Screening
Thoracentesis: Orders > IMAGING > type: ULTRA SOUND > US GUIDED THORACENTESIS
Thoracentesis Labs: ORDERS > MEDICINE MENU > THORACENTESIS ORDERS

TRAVEL / TRANSPORTATION : NEW PROCESS

1. Some Vets qualify for Travel as a benefit. But many were getting travel who did not really need it.
   Now there is a new note call Benificiary travel note; You fill out the special mode of transportation section on this note. You may then ignore the other sections; an order for travel consult will put up when you are finished and sign. Fill out Travel consult; this has to be done during the week before 4pm. PLEASE DOCUMENT LIMITED MOBILITY, SHORTNESS OF BREATH OR OTHER REASON VETERAN MIGHT BE AT RISK ON PUBLIC TRANSPORTATION; IF NOT DONE; PT WILL NOT MEET MEDICAL CRITERIA AND WILL BE DECLINED.
2. For pts who qualify, a Travel form may be completed requesting the Transportation. The form will indicate type of transportation (car, wheel chair van), date and time travel needed and signature of requestor. Give completed form to the Unit Clerk to enter the request into VISTA. ; travel consult as of present is now required for patients who use va travel
3. Communicate with Nursing when and type of Travel that has been arranged.
4. No VA Travel available on weekends or Holidays except for established hemodialysis patients.
5. There are shuttle buses for Ann Arbor, Battle Creek and Saginaw VAs , Social work can help you arrange shuttle transport.

UNIT NAMES & LOCATIONS

A2N – Combined ICU (Medical and Surgical) / 2nd floor Blue Zone
B2N – Psychiatry Unit (locked) 2nd Floor Red Zone
C4 – Stepdown Unit /4th floor Yellow zone
A5N – Surgical floor 5th floor Blue Zone *temporary location – usually located on A4N*
A3N – Medicine floor 3rd floor Blue Zone
5S – Short Stay / Skilled Nursing / Rehab 5th floor Blue Zone
5N – Community Living Center (CLC) (Nursing Home) *temporary location –usually located on 6N*

VA LETTERHEAD

From VA Internet Home page: Administration > Forms > Frequently Used Forms > Letterhead

WOUND / ENTEROSTOMAL NURSE CONSULTS: Mary Whalen ext. 64112

ORDERS->Consult-> WOUND & OSTOMY THERAPY CARE CONSULT