

# **James L. Holly, M. D.**

## **Care Guidelines: Improve processes to evaluate and treat**

### **Appendix D Governance Board**

#### **LD 04.04.09 The Organization Uses Clinical Guidelines to design or improve processes that evaluate and treat specific diagnoses, conditions or symptoms.**

#### **Electronic Patient Management Tools**

This section of SETMA's website is intended to make available to our colleagues and medical community information about the tools which we have built in order to improve the quality of care we provide our patients. The first document is a discussion of the philosophy which guided SETMA's development of our EMR and which directed us to the concept of electronic patient management. (Click [Here](#) to Read) As will be seen, a great deal of what we have done has been founded upon the work of Peter Senge at MIT and which was presented in his book, *The Fifth Discipline*.

The making of this material available on our website, is a further step in one of SETMA's goals. It is not intended to be pretentious, as it may appear so, but the genesis of this effort began nine years ago when a very good friend of SETMA asked the question, "What is your goal; what do you want to accomplish?" I said, "I have never said this out loud, but I want to change how healthcare is delivered in America." I realized then and do so now, the improbability of that becoming a reality but this is the motive behind our giving unfettered access to these tools to anyone.

These tools are built upon the NextGen@ EMR platform. In order to make the tools work as a plug-and-play function, it would be necessary to purchase their product, but other than that, there are no fees required to download, to study and to learn from the tools which we have developed.

Where did the concept of "electronic patient management" come from? In May, 1999, SETMA published a paper entitled, "[More Than a Transcription Service: Reorganizing the Practice of Medicine With Electronic Patient Records \(EMR\)](#)". That article is still on our website under

Your

Life Your Health. At that time, SETMA had been using EMR for only four months. We began Tuesday, January 19, 1999, after having purchased the EMR in March, 1998. By May, we already recognized that succeeding with an EMR was a short-sighted goal. We began to understand that if all we were gaining with EMR was an electronic means of documenting a patient encounter, it was too expensive and too hard to justify the expense and the effort. Our goals changed and we began to pursue "electronic patient management" (EPM). EPM focused on the gaining of leverage and advantage in patient care and treatment outcomes with the EMR. EPM remains our goal to this day and has been the guiding principle in the development of our disease management tools, our patient-care functions and our reporting modules.

## **Celebration**

It was in May, 1999, that we had a sentinel event which has continued to define our efforts in development of EPM. In that month, my co-founding partner, Dr. Mark Wilson, speaking of where we were in the use of the EMR, lamented, "We haven't even begun to crawl." He was discouraged and worried that we had bought a very expensive and useless toy. I responded, "Mark, when your oldest son turned over in bed, did you call your wife and say, 'this retarded child can't even crawl all he can do is turn over in bed?' Or, did you cry out, 'Come see, he turned over in bed?' The reality is that you celebrated his turning over in bed. You expected him to crawl and to walk, in due time, but right now you enjoyed his progress. So shall I. you're right, we aren't even crawling but we have started. If in a year, all we're doing is what we are presently doing, I will join your lamentation, but until then I am going to celebrate that we have begun."

As I look back on the things we were writing and thinking and doing, eleven years ago, it is almost embarrassing, but we had started and today in some ways we are at the front of the parade if not leading the parade. Yet, I am confident that in eleven more years, we will look at what we are currently doing and think, "Can you imagine that we thought we were doing something special?" As we anticipate the future; we celebrate the present.

It is with this celebratory and anticipatory spirit that we offer these tools to all who will find them valuable. Hopefully, you will find them more valuable than what you will pay for them. We would welcome your feedback, positive or negative, on any of this work. Please understand, we do not represent this work as being complete or perfect. It is a start and that we celebrate, while anticipating improvement as we move along.

The full name of this template is Guidelines for Care of Nursing Home Patients. It consists of 28 sets of guides for treatment of specific problems which are common in many clinical settings particularly in long-term residential care.

## Nursing Home Guidelines for Care Template

From the Nursing Home Master template, click the Guidelines for Care button located in the right hand navigation menu.

The screenshot shows the 'Nursing Home Master' interface. At the top, there's a title bar with 'Nursing Home Patient' (unchecked), 'Nursing Home Master', and an 'Alert' button. Below the title bar, a 'Medication List Updated' status bar shows '///'. The main area is divided into several sections:

- Left Section:** Includes 'Nursing Home' (The Meadows), 'Current Unit', 'Room #', 'Source of Information', 'Complaints', 'Chronic Conditions' (with a list of conditions like 'DM II Renal Manifestat Control' and 'Hyperten Malign Essential' and associated HPI codes), and 'Comments'.
- Center Section:** 'Patient' information for 'Dottie' with 'Test' as the last name. It includes vital signs (Age 89, Sex F, BP 130/80, Temp, Pulse 80.00, Resp, Weight .00, Height 64.00, BMI 0.00, Body Fat 45%, BMR, Protein Req) and a table of medical history (Last Visit, Last H&P, Last Flu Shot, Last Tetanus, Last Pneumovax, Last Rectal Exam, Last TB Skin test, Last Chest Xray, VRE status, MRSA status, Hepatitis status).
- Right Section:** A vertical navigation menu with options: Home, Nursing (checked), Histories, Health, Questionnaires, HPI Chief, System Review, Physical Exam (checked), Radiology, Procedures, Assessment, Plan, Guidelines for Care (checked and highlighted with a red box), Hydration, Nutrition, Skin Lesions (checked), Mini Mental Status (checked), Fall Risk (checked), Depression (checked), Lab Results, Call to Family (checked), Call/Nursing Home (checked), Email (unchecked), Chartnote, and Admission Orders.

Essentially, the template operates as follows:

- When a patient exhibits the signs and symptoms of a condition whose treatment is covered by one of the guidelines, the guideline set related to that condition is checked.
- This launches a pop-up with suggested guidelines for the treatment of that condition.

### Guidelines

**SETMA Guidelines Recommended**

<input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="checkbox"/> Hypoglycemia Guidelines
<input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> I.V. Guidelines
<input checked="" type="checkbox"/> <b>Bed-Ridden Patient Guidelines</b>	<input type="checkbox"/> Insulin (Sliding Scale) Guidelines
<input type="checkbox"/> Chest Pain Guidelines	<input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
<input type="checkbox"/> Congestion Guidelines	
<input type="checkbox"/> Constipation, Chronic Guidelines	
<input type="checkbox"/> Coumadin Guidelines	
<input type="checkbox"/> Culture Report Guidelines	
<input type="checkbox"/> Diarrhea Guidelines	
<input type="checkbox"/> Fall Guidelines	
<input type="checkbox"/> Family Concerns Guidelines	
<input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	
<input type="checkbox"/> Hemorrhoids Guidelines	
<input type="checkbox"/> Hypertension Guidelines	

**Hospital Transfer**  
 Transfer to hospital

**Education/Instructions**

**Other**

Activity Level:

#### Guides Bedridden

### Guidelines for Bed-Ridden Patients

- Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
- High risk patients with skin ulcers are to have Unavoidable Skin Ulcer form completed monthly
- Wound Management Team to evaluate
- Evaluate for foley catheter
- Follow Loss of Appetite guidelines
- Turn patient q2 hours

- The elements of those guidelines which are relevant to the particular patient being treated are checked.

#### Guides Bedridden

### Guidelines for Bed-Ridden Patients

- Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
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- Wound Management Team to evaluate
- Evaluate for foley catheter
- Follow Loss of Appetite guidelines
- Turn patient q2 hours

- Then the document button in beside that check box in front of that guideline is depressed.

## Guidelines

**SETMA Guidelines Recommended**

<input type="button" value="P"/> <input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Hypoglycemia Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> I.V. Guidelines
<input type="button" value="P"/> <input checked="" type="checkbox"/> <u>Bed-Ridden Patient Guidelines</u>	<input type="button" value="P"/> <input type="checkbox"/> Insulin (Sliding Scale) Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Chest Pain Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Congestion Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Panic Lab Value Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Constipation, Chronic Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Physical Therapy Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Coumadin Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Potassium Guidelines <input type="button" value="Help"/>
<input type="button" value="P"/> <input type="checkbox"/> Culture Report Guidelines	<input type="button" value="P"/> <input type="checkbox"/> PRN Medications Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Diarrhea Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Respiratory Difficulty Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Fall Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Seizures Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Family Concerns Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Sinus Guidelines
<input type="button" value="P"/> <input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Skin Tear Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Hemorrhoids Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Temp > 100.4 Guidelines
<input type="button" value="P"/> <input type="checkbox"/> Hypertension Guidelines	<input type="button" value="P"/> <input type="checkbox"/> Urine Output Decrease Guidelines

**Activity Level**

**Diet**

**Supplements**

**Dose**

BMI

BMR  cal/day

Protein Req  grams/day

**Hospital Transfer**

Transfer to hospital Reason for transfer

**Education/Instructions**

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Other**

- The suggested guidelines which were selected will print on a separate note which can then be put on the Nursing Home chart as an order.



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## Bed-Ridden Guidelines

**Patient:** Dottie Test  
**DOB:** 09/28/1920  
**Sex:** F  
**Facility:**

Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes.  
Wound management team to evaluate.  
Turn patient q2 hours.

- Also, those guidelines will appear on the Nursing-Home-Chart-note document which is generated after the completion of the patient evaluation.

Nursing Home Patient **Nursing Home Master**

**Medication List Updated** //

Nursing Home: The Meadows **Patient:** Dottie Test

Current Unit:   
Room #:

**Source of Information**

**Complaints**  
  
  
  
  
  
Dietary Review:

**Chronic Conditions**  
DM II Renal Manifestat Control  
Hyperten Malign Essential HPI 1,2  
CHF Diastolic Acute  
Thyroid Toxic Other Spec Origi HPI 3,4  
Renal Stage III Chron Disease  
Metab Cardiometabolic Risk Syr HPI 5,6  
COPD  
Angina Pectoris Stable HPI 7,8  
OA Local Primary Foot Ankle  
 HPI 9,10

Age: 89 years  
Sex: F  
BP: 130 / 80  
Temp:  F  
Pulse: 80.00 /min  
Resp:   
Weight: .00 lbs.  
Height: 64.00 in.  
BMI: 0.00  
Body Fat: 45 %  
BMR:  cal/day  
Protein Req:  grams/day

Last Visit: 12/08/2009  
Last H&P: 12/08/2009  
Last Flu Shot: 10/14/2009  
Last Tetanus: 04/01/2009  
Last Pneumovax: 04/01/2009  
Last Rectal Exam: 02/25/2009  
Last TB Skin test: //  
Last Chest Xray: 05/17/2007  
VRE status:   
MRSA status:   
Hepatitis status:

**DNR Status**

Visit Today  
 History and Physical Today

Consent Form Signed

**Comments**

**Home**

- Nursing
- Histories
- Health
- Questionnaires
- HPI Chief
- System Review
- Physical Exam
- Radiology
- Procedures
- Assessment
- Plan
- Guidelines for Care
- Hydration
- Nutrition
- Skin Lesions
- Mini Mental Status
- Fall Risk
- Depression
- Lab Results
- Call to Family
- Call/Nursing Home
- Email
- Chartnote**
- Admission Orders

The organization of this template is as follows:

- 28 Sets of SETMA Guidelines Recommended
- Beneath the Guidelines are the following:
  1. Hospital Transfer
    - A box to document Transfer to Hospital
    - A space to document which Hospital with a pop-up with the names of local hospitals.
    - A box to document the Reason for Transfer with a pick list which pops up for selecting the reasons for transfer to the hospital
  2. Education/Instructions
    - There are six boxes where the education and or instruction where were given can be documented. There is a pick list for selecting the most common educational initiatives and instructions which were given.
  3. Other
    - This is a comment box which allows the documentation of any other information relevant to Guidelines of Care which are not covered by the above.

## Guidelines

**SETMA Guidelines Recommended**

<input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="checkbox"/> Hypoglycemia Guidelines
<input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> I.V. Guidelines
<input checked="" type="checkbox"/> Bed-Ridden Patient Guidelines	<input type="checkbox"/> Insulin (Sliding Scale) Guidelines
<input type="checkbox"/> Chest Pain Guidelines	<input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
<input type="checkbox"/> Congestion Guidelines	<input type="checkbox"/> Panic Lab Value Guidelines
<input type="checkbox"/> Constipation, Chronic Guidelines	<input type="checkbox"/> Physical Therapy Guidelines
<input type="checkbox"/> Coumadin Guidelines	<input type="checkbox"/> Potassium Guidelines <input type="button" value="Help"/>
<input type="checkbox"/> Culture Report Guidelines	<input type="checkbox"/> PRN Medications Guidelines
<input type="checkbox"/> Diarrhea Guidelines	<input type="checkbox"/> Respiratory Difficulty Guidelines
<input type="checkbox"/> Fall Guidelines	<input type="checkbox"/> Seizures Guidelines
<input type="checkbox"/> Family Concerns Guidelines	<input type="checkbox"/> Sinus Guidelines
<input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	<input type="checkbox"/> Skin Tear Guidelines
<input type="checkbox"/> Hemorrhoids Guidelines	<input type="checkbox"/> Temp > 100.4 Guidelines
<input type="checkbox"/> Hypertension Guidelines	<input type="checkbox"/> Urine Output Decrease Guidelines

**Return**

Email

Admission Orders

**Activity Level**

**Diet**

**Supplements**

Dose

BMI .00

BMR  cal/day

Protein Req  grams/day

**Hospital Transfer**

Transfer to hospital      Reason for transfer

**Education/Instructions**

<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

**Other**

On the right hand side of the template are the following:

- Return – a navigation button which returns to the Nursing Home Master Template
- E-mail link which allows the information in a particular guideline to be communicated to a nurse or nursing home.
- Admission Orders – a link which allows the completion of a set of hospital orders. For information on how to complete a hospital order, [Click Here](#)
- Activity Level -- This allows the documentation of the patient's activity level. There is a pick list which allows that documentation.
- Supplements -- This allows for the documentation of the patient's food supplement program. There is a pick list from which to complete this documentation.

Dose – this allows the documentation of the volume and/or frequency of the supplement's administration.

- BMI – these three elements of the patients vital signs are pulled automatically into this template as they are of paramount importance in the care of patients who may be at nutritional risk.

- BMR
- Protein Requirement

## Guidelines

**SETMA Guidelines Recommended**

<input type="checkbox"/> <input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="checkbox"/> <input type="checkbox"/> Hypoglycemia Guidelines
<input type="checkbox"/> <input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> <input type="checkbox"/> I.V. Guidelines
<input type="checkbox"/> <input checked="" type="checkbox"/> Bed-Ridden Patient Guidelines	<input type="checkbox"/> <input type="checkbox"/> Insulin (Sliding Scale) Guidelines
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<input type="checkbox"/> <input type="checkbox"/> Congestion Guidelines	<input type="checkbox"/> <input type="checkbox"/> Panic Lab Value Guidelines
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<input type="checkbox"/> <input type="checkbox"/> Culture Report Guidelines	<input type="checkbox"/> <input type="checkbox"/> PRN Medications Guidelines
<input type="checkbox"/> <input type="checkbox"/> Diarrhea Guidelines	<input type="checkbox"/> <input type="checkbox"/> Respiratory Difficulty Guidelines
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<input type="checkbox"/> <input type="checkbox"/> Family Concerns Guidelines	<input type="checkbox"/> <input type="checkbox"/> Sinus Guidelines
<input type="checkbox"/> <input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	<input type="checkbox"/> <input type="checkbox"/> Skin Tear Guidelines
<input type="checkbox"/> <input type="checkbox"/> Hemorrhoids Guidelines	<input type="checkbox"/> <input type="checkbox"/> Temp > 100.4 Guidelines
<input type="checkbox"/> <input type="checkbox"/> Hypertension Guidelines	<input type="checkbox"/> <input type="checkbox"/> Urine Output Decrease Guidelines

**Activity Level**

**Diet**

Supplements

Dose

BMI

BMR  cal/day

Protein Req  grams/day

**Hospital Transfer**

Transfer to hospital Reason for transfer

**Education/Instructions**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other**

The following is a review of the 28 guidelines which are available for use.

- Altered Mental Status, Lethargy Guidelines

**Mental Protocol**

### Guidelines for Changes in Mental Status/Lethargy

- Monitor and record intake and output each shift  hours.
- Monitor closely for Fall Prevention.
- Perform and record Accucheck every  hours.
- Oxygen at 2 litres per nasal cannula.
- Pulse Oximeter
- Draw drug levels
- BMP
- CBC
- Chest X-Ray
- FBS
- Urinalysis
- Complete Dehydration Risk Screen.
- Transfer to

OK Cancel

- Appetite, Loss of Guidelines

**Appetite Protocol**

### Loss Appetite/Malnutrition Guidelines

<input type="checkbox"/> Prealbumin, repeat in one (1) week.	<input type="checkbox"/> Periclin 4 mg one (1) PO TID 30 minutes AC.
<input type="checkbox"/> CMP	<input type="checkbox"/> Megace 800 mg one (1) PO qA.M.
<input type="checkbox"/> Initiate 72 hour calorie count, record each shift.	<input type="checkbox"/> Modified Barium Swallow
<input type="checkbox"/> Consult Therapeutic Dietitian	<input type="checkbox"/> Speech Therapist to evaluate
<input type="checkbox"/> Perform and record weekly weight measurements.	<input type="checkbox"/> Complete Hydration Evaluation (Template)
<input type="checkbox"/> Perform and record daily weight measurements.	<input type="checkbox"/> Complete Nutrition Evaluation (Template)
<input type="checkbox"/> Monitor and record intake and output for <input type="text"/> hours.	<input type="checkbox"/> Check for fecal impaction.
<input type="checkbox"/> Implement Medication Pass program.	<input type="checkbox"/> Stop therapeutic diet.
<input type="checkbox"/> Give <input type="text"/> nutritional supplement, Dose <input type="text"/>	<input type="checkbox"/> Check for Infection UTI, URI, Pneumonia, Gastrointestinal
<input type="checkbox"/> Supervised Feeding	<input type="checkbox"/> Physical Therapy for strengthening.
<input type="checkbox"/> Feed by Licensed Nurse only.	<input type="checkbox"/> Feed sitting in chair is possible
<input type="checkbox"/> Spoon feed patient.	<input type="checkbox"/> Feed sitting in bed if chair not possible
<input type="checkbox"/> High Protein Diet	<input type="checkbox"/> Give feeding assistance if required - by a nurse not an aid
<input type="checkbox"/> Zinc 220 mg BID	<input type="checkbox"/> Have a nurse note what the patient does or does not eat
	<input type="checkbox"/> Vitamin C 500 mg q day
	<input type="checkbox"/> Multi Vitamin q day

If more than 50% of meal taken, increase H2O by  cc q24 hours

OK Cancel

- Bed-Ridden Patient Guidelines

The screenshot shows a window titled "Guides Bedridden" with a blue header bar and a close button (X) in the top right corner. The main content area has a light gray background and is titled "Guidelines for Bed-Ridden Patients" in blue text. Below the title is a list of six guidelines, each preceded by an unchecked checkbox. At the bottom of the window are two buttons: "OK" and "Cancel".

**Guides Bedridden**

**Guidelines for Bed-Ridden Patients**

- Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
- High risk patients with skin ulcers are to have Unavoidable Skin Ulcer form completed monthly
- Wound Management Team to evaluate
- Evaluate for foley catheter
- Follow Loss of Appetite guidelines
- Turn patient q2 hours

OK Cancel

- Chest Pain Guidelines

The screenshot shows a window titled "Guides Chestpain" with a blue header bar and a close button (X) in the top right corner. The main content area has a light gray background and is titled "Guidelines for Chest Pain" in blue text. Below the title is a list of four guidelines, each preceded by an unchecked checkbox. At the bottom of the window are two buttons: "OK" and "Cancel".

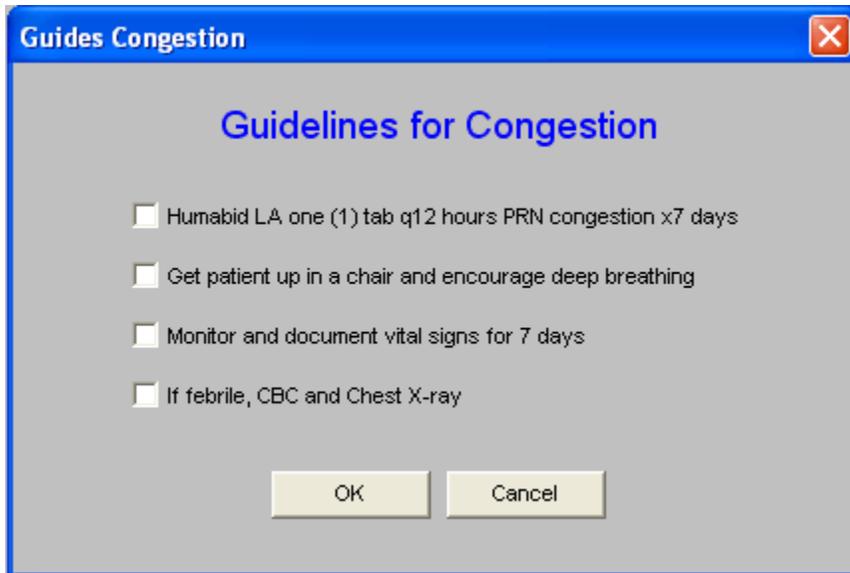
**Guides Chestpain**

**Guidelines for Chest Pain**

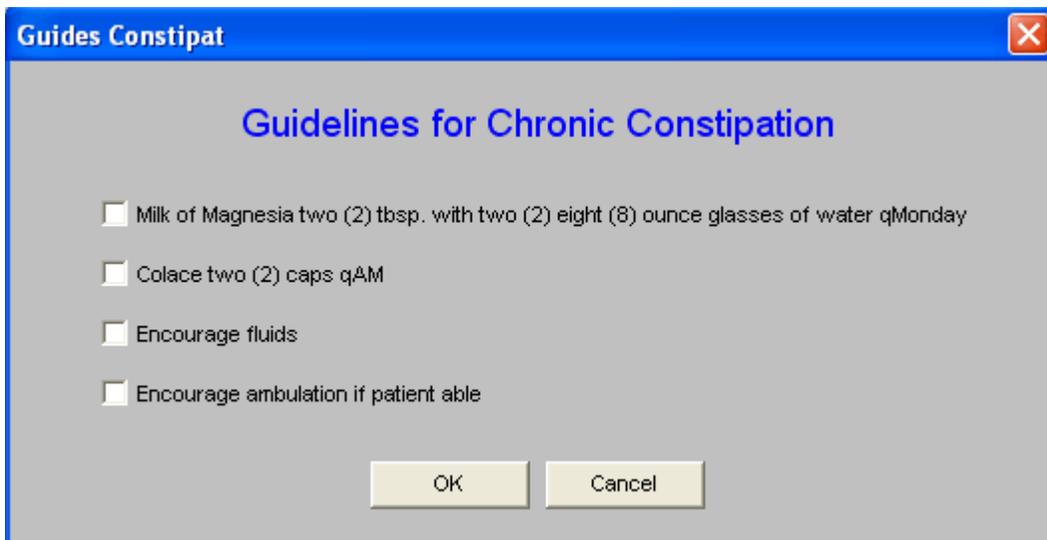
- NTG gr 1/150 SL PRN for chest pain
- May repeat q5 minutes x3
- Apply oxygen at two (2) liters per nasal cannula
- If persists after 15 minutes, transfer to Memorial Hermann Baptist ER

OK Cancel

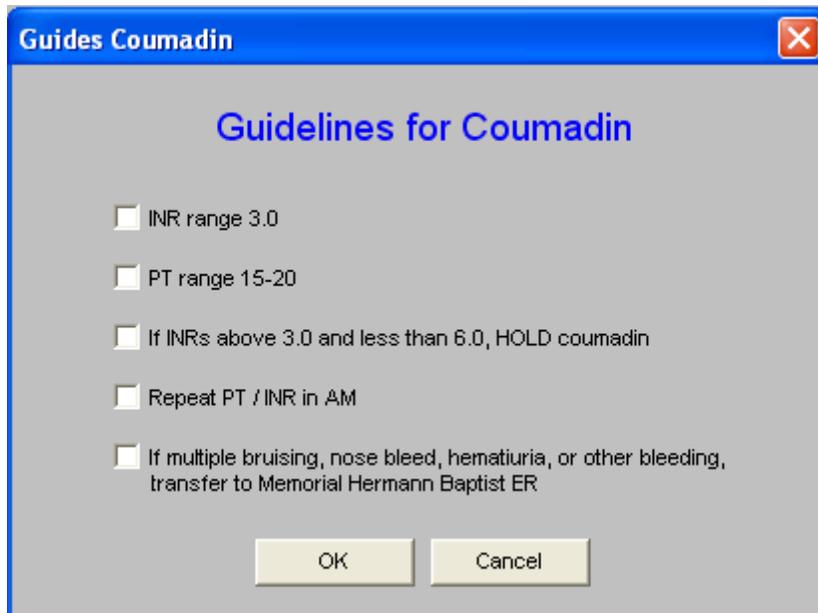
- Congestion



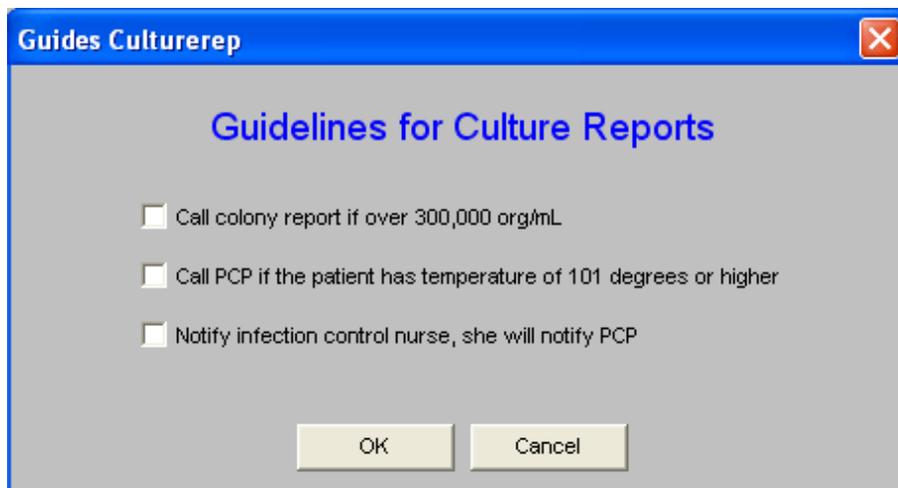
- Constipation, Chronic Guidelines



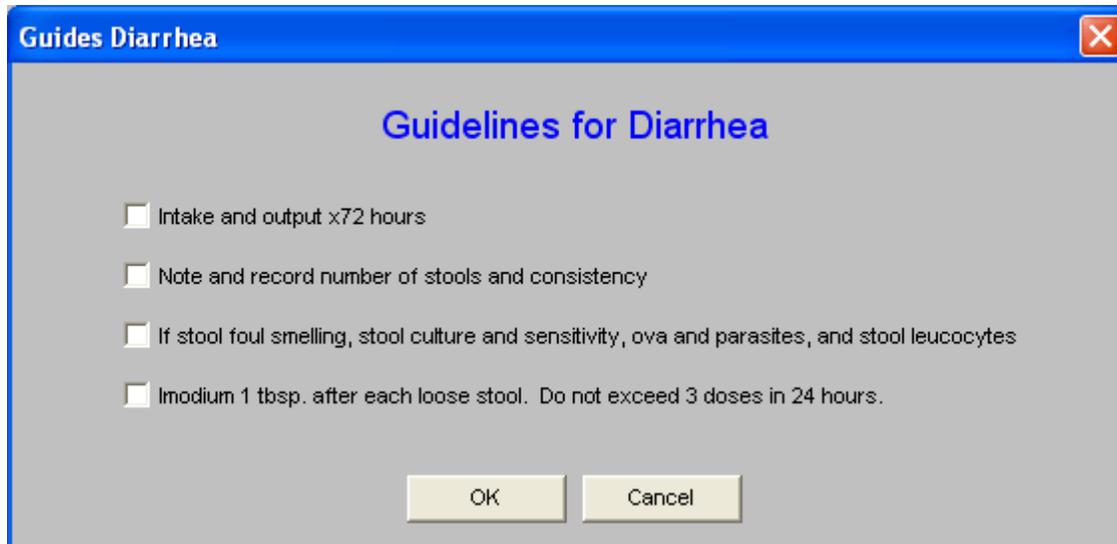
- Coumadin Guidelines



- Culture Report Guidelines



- Diarrhea Guidelines

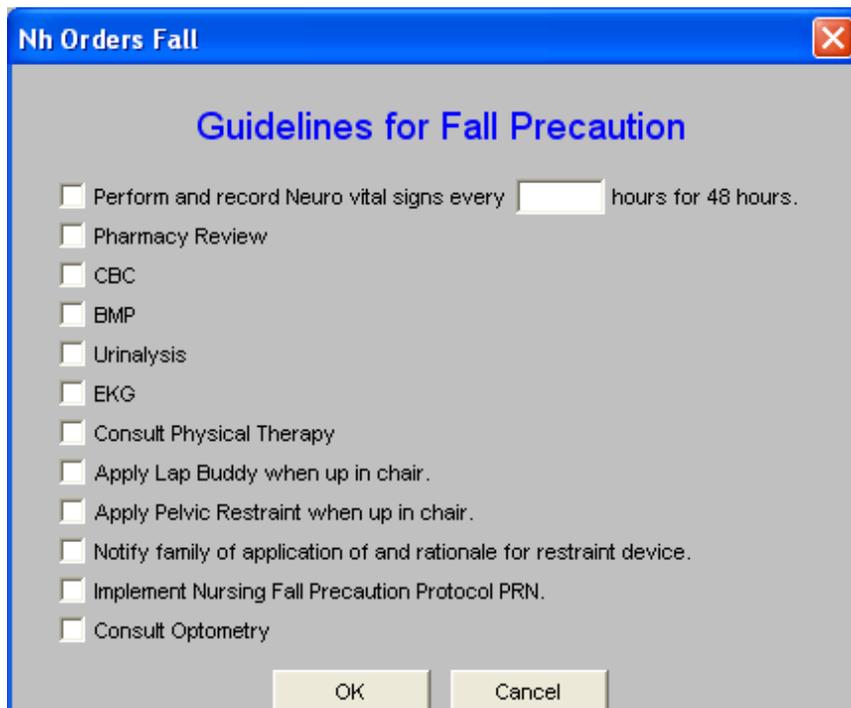


The screenshot shows a dialog box titled "Guides Diarrhea" with a blue header and a close button (X) in the top right corner. The main content area is gray and contains the title "Guidelines for Diarrhea" in blue text. Below the title are four checklist items, each with an unchecked checkbox:

- Intake and output x72 hours
- Note and record number of stools and consistency
- If stool foul smelling, stool culture and sensitivity, ova and parasites, and stool leucocytes
- Imodium 1 tsp. after each loose stool. Do not exceed 3 doses in 24 hours.

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

- Fall Guidelines

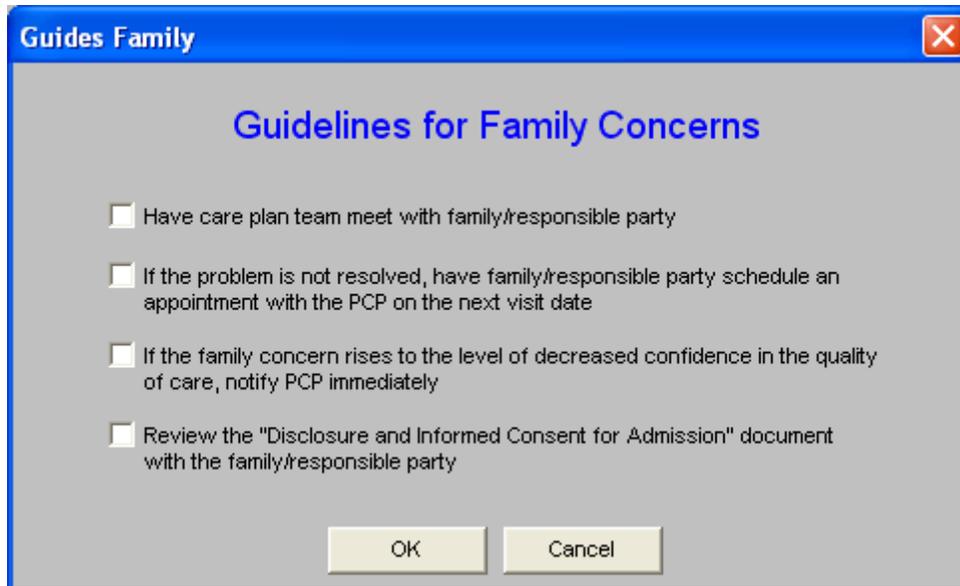


The screenshot shows a dialog box titled "Nh Orders Fall" with a blue header and a close button (X) in the top right corner. The main content area is gray and contains the title "Guidelines for Fall Precaution" in blue text. Below the title are thirteen checklist items, each with an unchecked checkbox:

- Perform and record Neuro vital signs every  hours for 48 hours.
- Pharmacy Review
- CBC
- BMP
- Urinalysis
- EKG
- Consult Physical Therapy
- Apply Lap Buddy when up in chair.
- Apply Pelvic Restraint when up in chair.
- Notify family of application of and rationale for restraint device.
- Implement Nursing Fall Precaution Protocol PRN.
- Consult Optometry

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

- Family Concerns Guidelines



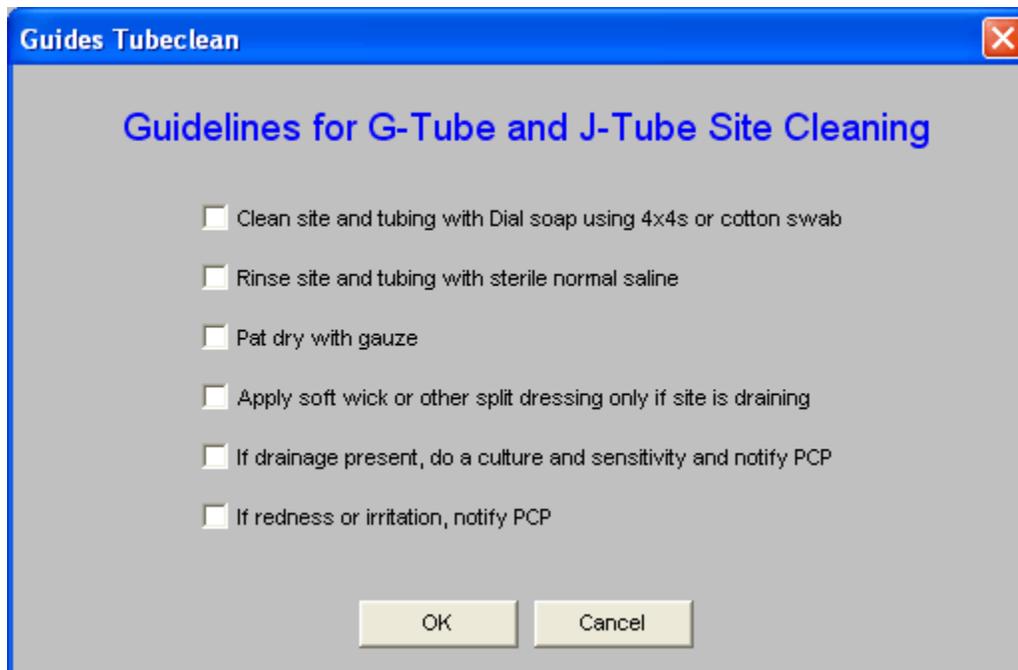
**Guides Family** [Close]

### Guidelines for Family Concerns

- Have care plan team meet with family/responsible party
- If the problem is not resolved, have family/responsible party schedule an appointment with the PCP on the next visit date
- If the family concern rises to the level of decreased confidence in the quality of care, notify PCP immediately
- Review the "Disclosure and Informed Consent for Admission" document with the family/responsible party

OK Cancel

- G-Tube and J-Tube Cleaning Guidelines



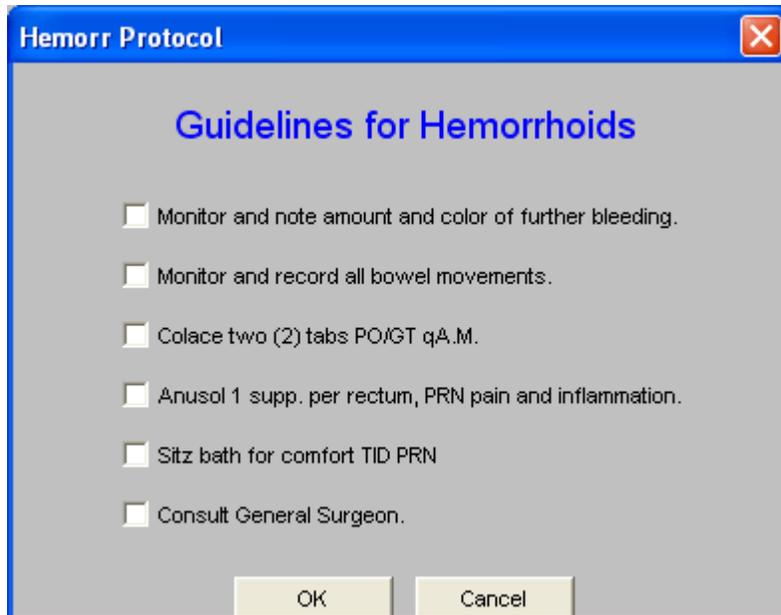
**Guides Tubeclean** [Close]

### Guidelines for G-Tube and J-Tube Site Cleaning

- Clean site and tubing with Dial soap using 4x4s or cotton swab
- Rinse site and tubing with sterile normal saline
- Pat dry with gauze
- Apply soft wick or other split dressing only if site is draining
- If drainage present, do a culture and sensitivity and notify PCP
- If redness or irritation, notify PCP

OK Cancel

- Hemorrhoids Guidelines



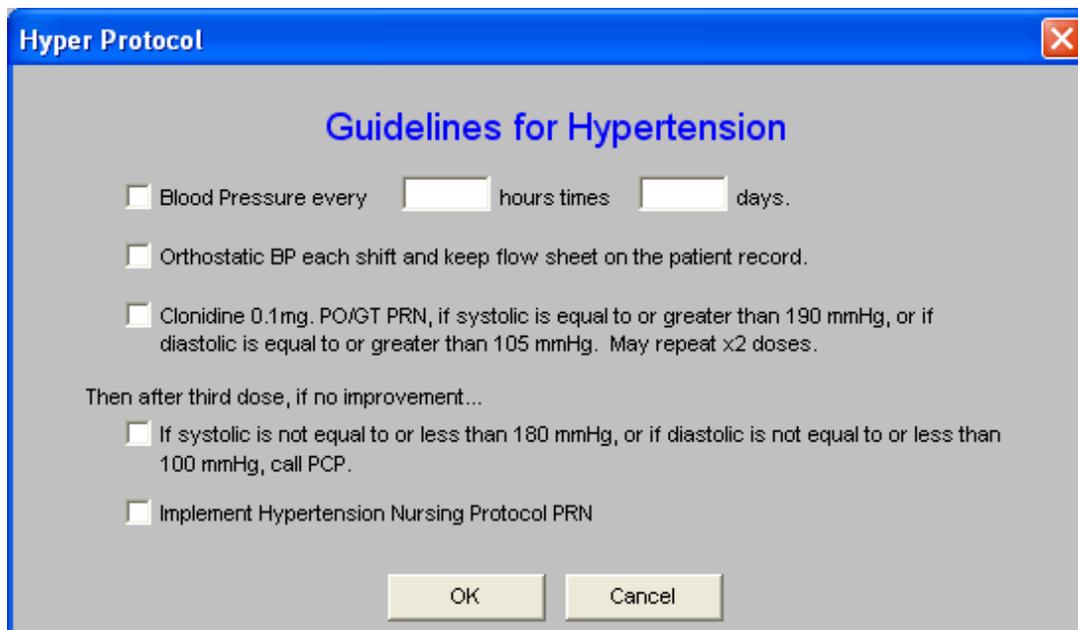
**Hemorr Protocol**

### Guidelines for Hemorrhoids

- Monitor and note amount and color of further bleeding.
- Monitor and record all bowel movements.
- Colace two (2) tabs PO/QT qA.M.
- Anusol 1 supp. per rectum, PRN pain and inflammation.
- Sitz bath for comfort TID PRN
- Consult General Surgeon.

OK Cancel

- Hypertension Guidelines



**Hyper Protocol**

### Guidelines for Hypertension

- Blood Pressure every  hours times  days.
- Orthostatic BP each shift and keep flow sheet on the patient record.
- Clonidine 0.1mg. PO/QT PRN, if systolic is equal to or greater than 190 mmHg, or if diastolic is equal to or greater than 105 mmHg. May repeat x2 doses.

Then after third dose, if no improvement...

- If systolic is not equal to or less than 180 mmHg, or if diastolic is not equal to or less than 100 mmHg, call PCP.
- Implement Hypertension Nursing Protocol PRN

OK Cancel

- Hypoglycemia Guidelines

**Hypoglyc Protocol** ✖

**Guidelines for Hypoglycemia**

FBS

Accucheck every  hours.

Start IV of  to infuse at  cc/hr.

Perform and record Accuchecks AC and HS for  hours.

If FBS less than or equal to 70, give 6 ounces of juice, milk, or nondiabetic beverage PO/GT.

Repeat Blood Glucose in 45 minutes, call results.

Repeat beverage every 30 minutes until BS is greater than or equal to 80.

Urinalysis for Micral Strip

HBA1C

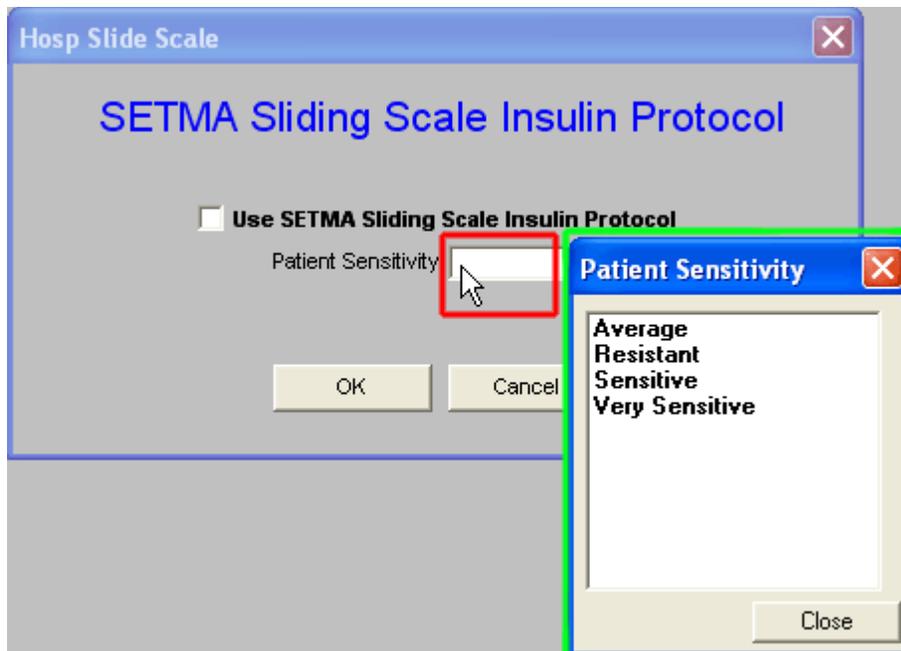
BMP

For FSBS less than 50, with decreased level of consciousness, give  cc of D50W to a maximum of 1 amp IVP STAT, then call PCP.

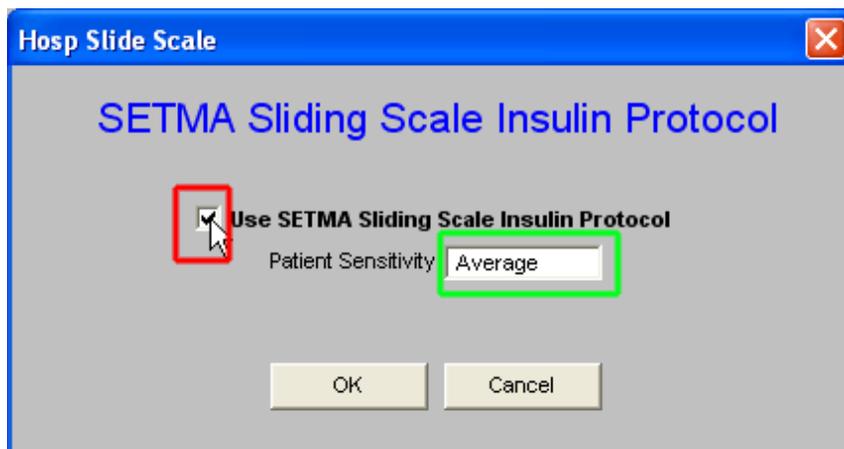
If IV access not immediately available, give 1mg Glucagon IM then start IV of D10W at  cc to a max of 50cc/hr. If continued decrease in LOC repeat D50W and call PCP.

Transfer to





- It is possible to use the SETMA Sliding Scale Protocol which defaults to an “average” insulin sensitivity.



- Leukocytosis, Elevated WBC Guidelines

The screenshot shows a window titled "Guides Wbc" with a blue header bar. Below the header, the text "Guidelines for WBC" is centered. There are four checkboxes, each followed by a text label: "Contact Infection Control Nurse.", "U/A and if febrile, Chest X-Ray.", "Antibiotic if febrile.", and "Continue antibiotic for 7 days or as directed by PCP.". At the bottom of the window, there are two buttons: "OK" and "Cancel".

- Panic Lab Value Guidelines – this guideline presents nine lab and/or procedure scenarios wherein abnormal results are obtain.

Guidelines for responding to these are given.

The provider can check the box beside the test which is abnormal and this will print on the document generated by clicking on the “P.”



## Guidelines for Panic Lab Values

- Notify the PCP of Panic Lab Values when they are received.  
Be sure to have access to the patient's medicine list when you call.

**Check below to indicate which of the following guidelines you would like to appear on the note.**

Test	Emergency Values	Non-Emergency Values
<input type="checkbox"/> HCT	< 30 *	> 10,000 with change in condition, fever
<input type="checkbox"/> Platelett Count	> 12,000	100,000 - 500,000
<input type="checkbox"/> Sodium	< 80,000 or >600,000	
<input type="checkbox"/> Potassium	< 3.0 or > 6.5	
<input type="checkbox"/> Glucose	< 60 or > 400 in Diabetic < 50 in Anyone	Accucheck consistently above 200
<input type="checkbox"/> BUN	> 55 *	Do not call PCP if patient diagnosed with renal failure
<input type="checkbox"/> Pro Time	(3) times control HOLD Coumadin; Notify PCP STAT	(2) times control HOLD Coumadin, Notify PCP next day
<input type="checkbox"/> Urine Culture	100,000 colony cnt, fever, altered mental status, and burning	
<input type="checkbox"/> X-Ray	Fracture, Pneumonia, GI Obstruction	

(\* ) Unless values are consistently at this level and the PCP is aware of it.

- Physical Therapy Guidelines

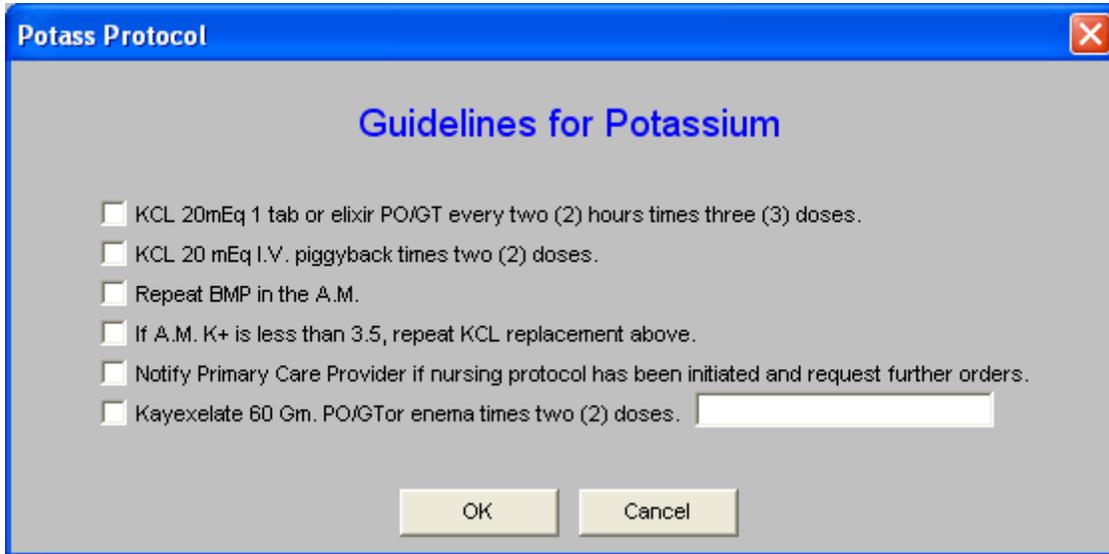
**Guides Pt** [X]

**Guidelines for Physical Therapy**

- Gait training
- Therapeutic exercise
- Patient/family education
- Evaluate for assist device
  - Wheelchair
  - Standard walker
  - Rolling walker
  - Cane
  - Crutches
- Wound care
- Endurance training
- Vestibular / balance training
- Transfer training
- Posture / body mechanics
- Pre / post operative PT evaluation

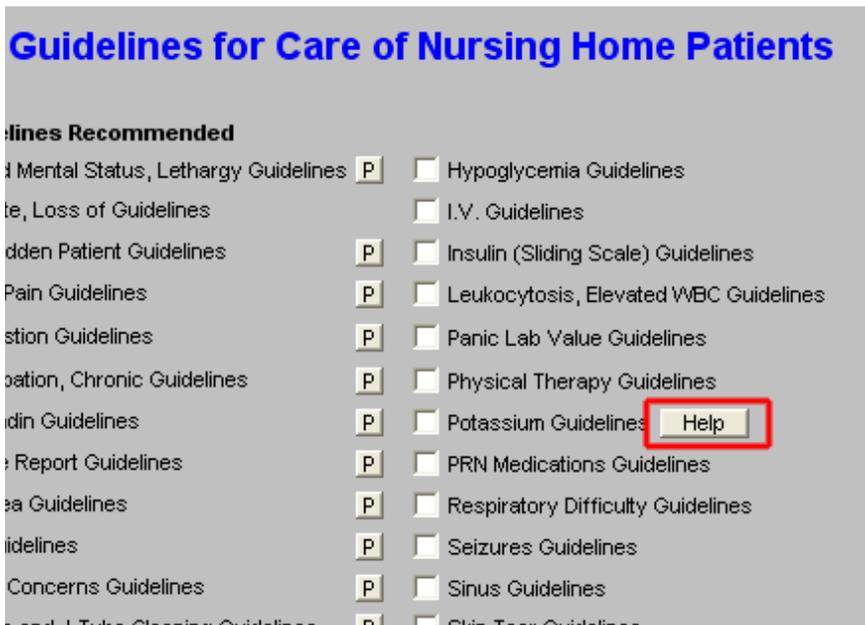
OK Cancel

- Potassium Guidelines



#### Help Button

Note: There is a Help button beside the Potassium Guideline. When the button is depressed a document entitled, “IV Potassium Administration,” appears which gives details about Potassium replacement.



- PRN Medications Guidelines

**Guides Prnmeds** 

### Guidelines for PRN Medications

- ES Tylenol 500 mg 1 or 2 PO q3-4 hours PRN pain/temperature
- ES Tylenol liquid 500 mg / 5 mL. Give 10cc per g-tube q4 hours PRN pain/temperature
- Robitussin Cough Syrup - Give 1-2 tsp q4-6 hours PRN cough
- Mylanta - Give 15 cc qid PRN indigestion
- Per-colace - Give 2 tabs qAM PRN constipation
- Milk of Magnesia - Give 2 tsp with 2 eight ounce glasses of water qd PRN constipation
- Phenegran - 25 mg 1 tab q4-6 hours PRN N/V
- Phenegran 25 mg supp per rectum q4-6 hours PRN N/V
- Imodium - Give 1 tab after loos BM. No more than 4 tabs a day.

- Respiratory Difficulty Guidelines

**Guides Respdiff**

### Guidelines for Respiratory Difficulty

- Record vital signs, skin color, diaphoresis, and use of intracostal muscles of the chest wall. Record results of chest auscultation.
- Obtain pulse oximetry reading
- Obtain peak flow meter readings x3
- If peak flow meter readings less than 90%
  - Administer oxygen at 3 liters per nasal cannula
  - Stat Maximist m/Ventolin unit dose
  - Raise head of bed 60%
  - Stop tube feeding and check for residual, if applicable
- Repeat pulse oximetry and peak flow meter after 20 minutes
- If pulse oximetry is above 90 and peak flow meter improves to above 90%, monitor 2hours x3.  
If pulse oximetry is below 80 and peak flow meter remains below 90%, transfer to Memorial Hermann Baptist ER.

OK Cancel

- Seizures Guidelines

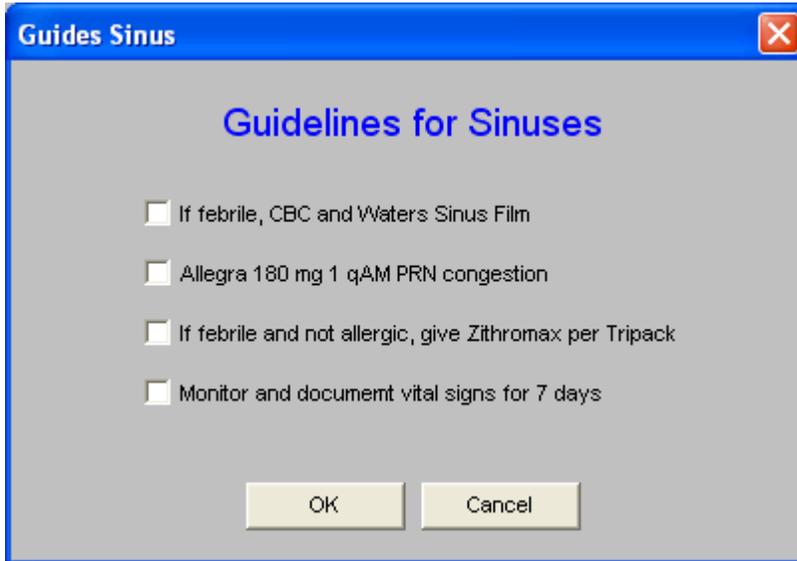
**Guides Seizures**

### Guidelines for Seizures

- Maintain oral airway
- Administer Ativan 1 mg IV or IM q4-6 hours PRN seizure
- If persists beyond 5 minutes, transport by ambulance to Memorial Hermann Baptist ER
- If an unknown seizure problem call PCP immediately
- If resolved and known seizure problem, check drug levels on all anticonvulsants, such as Dilantin, Phenobarbitol, and Depakote.

OK Cancel

- Sinus Guidelines

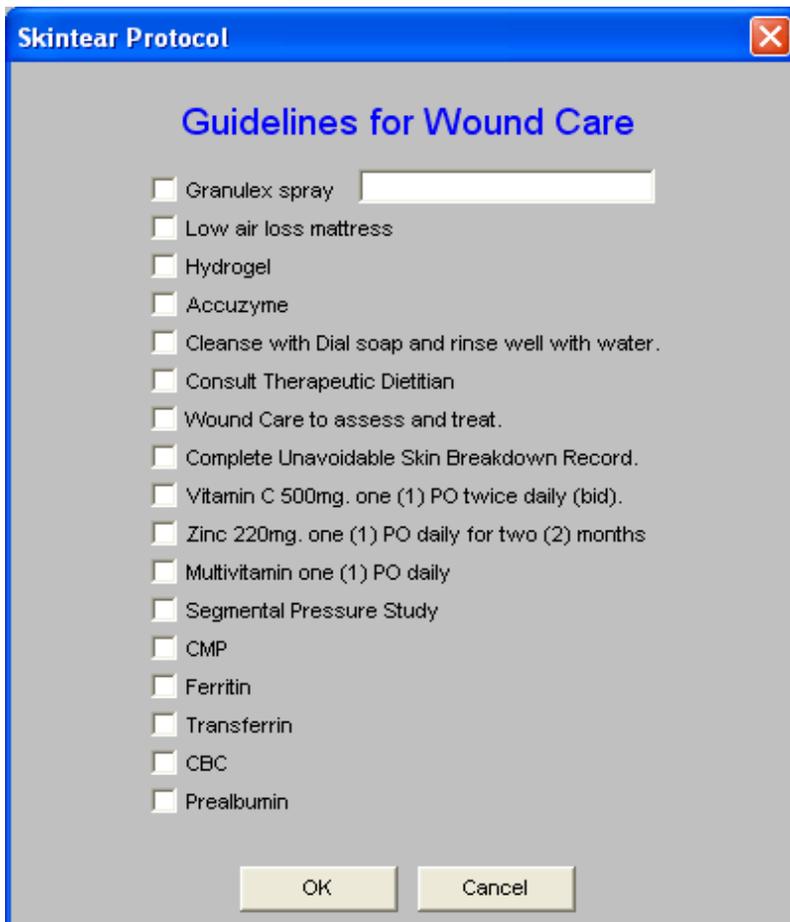


The dialog box titled "Guides Sinus" has a blue header bar with a close button (X) on the right. The main content area is gray and contains the title "Guidelines for Sinuses" in blue. Below the title are four checklist items, each with an unchecked checkbox:

- If febrile, CBC and Waters Sinus Film
- Allegra 180 mg 1 qAM PRN congestion
- If febrile and not allergic, give Zithromax per Tripack
- Monitor and document vital signs for 7 days

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

- Skin Tear Guidelines



The dialog box titled "Skintear Protocol" has a blue header bar with a close button (X) on the right. The main content area is gray and contains the title "Guidelines for Wound Care" in blue. Below the title is a list of 18 checklist items, each with an unchecked checkbox:

- Granulex spray
- Low air loss mattress
- Hydrogel
- Accuzyme
- Cleanse with Dial soap and rinse well with water.
- Consult Therapeutic Dietitian
- Wound Care to assess and treat.
- Complete Unavoidable Skin Breakdown Record.
- Vitamin C 500mg. one (1) PO twice daily (bid).
- Zinc 220mg. one (1) PO daily for two (2) months
- Multivitamin one (1) PO daily
- Segmental Pressure Study
- CMP
- Ferritin
- Transferrin
- CBC
- Prealbumin

At the bottom of the dialog box are two buttons: "OK" and "Cancel".

- Temp > 101 Guidelines

**Nh Orders Temp** [Close]

### Guidelines for Temp > 101 F

- Re-take temperature in 2 hours, if 101°F or above notify Primary Care Provider.
- CBC
- BMP
- Chest X-Ray
- Urinalysis
- Tylenol 500mg. 1 - 2 tabs PO/QT q4h PRN
- May alternate with Motrin 800mg. 1 tab PO/QT q8h PRN.
- Perform and record Dehydration Risk (Template)
- Implement Nursing Protocol PRN

OK Cancel

- Urine Output Decrease Guidelines

**Guides Durine** [Close]

### Guidelines for Decreased Urine Output

- Obtain vital signs including orthostatic vital signs.
- If the decreased urine output is associated with lethargy or decreased level of consciousness; notify the PCP the same day.
- Complete hydration assessment on patient.
- If no shortness of breath, encourage PO fluids and continue monitoring intake and output.

OK Cancel

Once one or several of the Guidelines have been accessed and documented for a patient, the button beside each of the Guidelines which have been used is depressed which generates a document for that guideline which can then be printed and placed on the patient's chart. See example above.

These guidelines will also print on the patient's chart note.