

# **EpicCare Inpatient Orders**

## **Foundation System**

## **Enhancement Directory**

*Last Updated: October 31, 2025*

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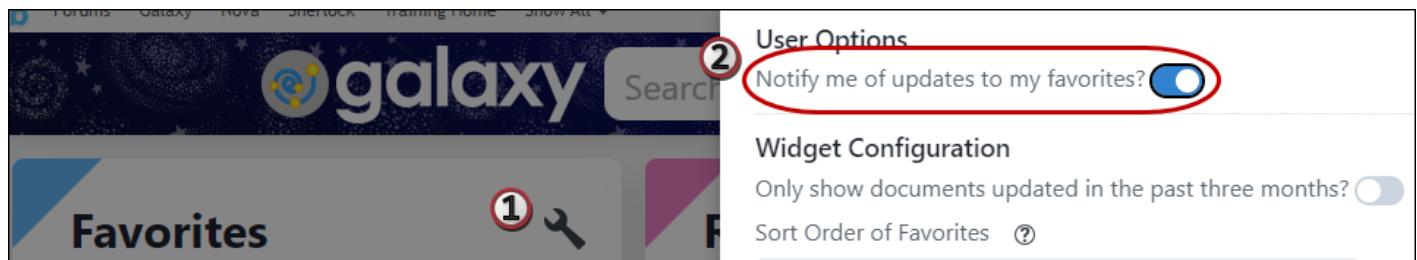
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# EpicCare Inpatient Orders Foundation System Enhancement Directory

Favorite this document to stay informed about what's changed in the Foundation System. We recommend reviewing this document each edition and building the enhancements that are relevant for your organization.

Click the star on the right side of this page to add this document to your favorites. To make sure you're notified when we make updates, enable the Notify me of updates to my favorites? option on your Galaxy home page.



## What's Included In This Document

Certain Foundation System updates aren't listed in this document because they're communicated in other ways:

- Changes that are important to prioritize during upgrade have Nova release notes so you can prioritize them along with your other upgrade tasks.
- Changes related to standard Epic development are documented alongside the feature itself. For example, if we create Foundation System build for a new activity, we add Foundation System information to that activity's release note.

## Using This Document

This document is organized by features, workflows, and content types rather than by version so you can see the current Foundation System recommendation and content in one place. This content changes over time. To help you see what's changed in the most recent Foundation System release, use the What's New section. To see what changed in previous releases, use the Change Log at the end of this document.

Many Foundation System changes and Turbocharger packages can be implemented in prior versions. For example, you can import many Turbocharger packages created in the February 2024 release even if your Epic version is May 2023, August 2023, or November 2023. Watch for callouts that indicate the required version for the build or Turbocharger package.

## Downloading Packages

Some topics in this document include a icon. This icon means that a Turbocharger package is available for you to download without contacting your Epic representative. Automatic package delivery is available after a member of your EpicConnect team completes the steps in the [Configure EpicConnect to Automatically Receive Packages](#) topic.

Automatic package delivery is currently available only for organizations in the United States. If you're not in the United States, or if you haven't set up automatic package delivery yet, you can get the package by contacting your Epic representative and mentioning the package ID listed in the topic.

## In Hyperspace

You can download all automatically delivered packages on the Available Packages tab of the Turbocharger activity (search: Turbocharger).

## In Galaxy

You can automatically download delivered packages directly from this document. For more information about downloading packages in Galaxy, refer to the [Download Packages from Galaxy](#) topic.

# What's New in November 2025

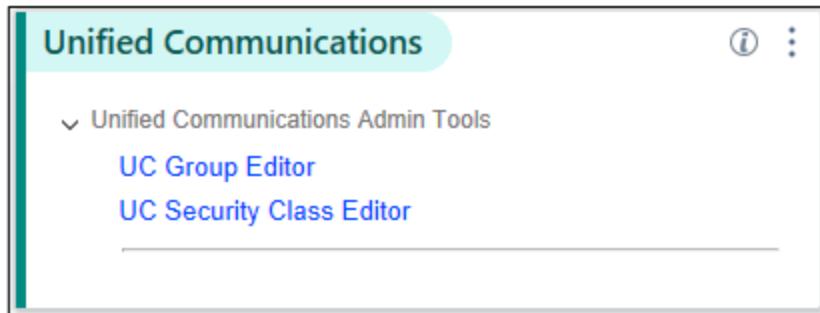
Related Workflow	New or Updated Topics	First Available Version
Ordering Tools and SmartTools	 <b>Turbocharger</b> <a href="#">New Tools to Simplify Discharges and Transfers</a> . Make discharging to outside facilities more intuitive by switching from a Discharge-Readmit navigator to a Discharge navigator configured to print prescriptions only for controlled medications.	February 2023
Unified Communications	<a href="#">Prompt Inpatient Users to Sign In</a> . Configure the Sign In popup to appear automatically for inpatient physicians and advanced practice providers.	Any Version
Problem List	 <b>Turbocharger</b> <a href="#">Concepts for Problem-Oriented Views</a> . Added six new problem concept maps including anemia, interstitial lung disease, irritable bowel disease, multiple sclerosis, pulmonary hypertension, and sarcoidosis.	February 2024
OurPractice Advisories	 <b>Turbocharger</b> <a href="#">Prompt Physicians to Refer Eligible Patients to Lung Transplant</a> . Use an OurPractice Advisory to prompt physicians to refer eligible patients to lung transplant.	November 2025

## Analytics and Dashboards

### Access Unified Communications Build Activities on the IP Build Homepage

**You can complete this build starting in Epic 2018.**

To quickly access the activities they need to manage [Unified Communications](#) groups and security classes directly from the IP Project Team Build Homepage dashboard, project team members can use a new dashboard component, [304105304-IP Build Unified Communications Admin](#), which contains quick links to the UC Group Editor and UC Security Class Editor.



If you're using Unified Communications in Epic 2018 or a later version, you can copy the new component from the Foundation System and use it in your organization's existing dashboard.

### Get a Detailed Breakdown of Cutover Progress on a Dashboard

**You can complete this build in any version of Epic.**

We've updated the Cutover Progress dashboard to show a granular breakdown of cutover progress by department at your organization. Project team members can use this dashboard to quickly review cutover progress and identify departments that may need more resources to meet cutover timelines. These breakdowns make it simpler to monitor progress from a single location when introducing Epic at new locations or overseeing Connect projects.

IP Cutover Progress - Location 1								...
Department	Height / Weight Entered	Allergies Reviewed?	PTA Meds Reviewed?	Procedure Entry Complete?	Med Entry Complete?	Documentation Complete?	Final Review Complete?	Number of Total Patients?
EHS CARDIAC SERVICES	0 %	0 %	13 %	0 %	0 %	0 %	0 %	16
EMH ANTEPARTUM	20 %	0 %	20 %	0 %	0 %	0 %	0 %	10
EMH BMT	0 %	0 %	0 %	0 %	0 %	0 %	0 %	3
EMH BURN	0 %	0 %	0 %	0 %	0 %	0 %	0 %	5
EMH CARDIAC CATH LAB	8 %	0 %	8 %	0 %	0 %	0 %	0 %	24
EMH CARDIAC ICU	20 %	0 %	7 %	0 %	0 %	0 %	0 %	15
EMH CHEM DEPENDENCY	0 %	0 %	33 %	0 %	0 %	0 %	0 %	3
EMH EMERGENCY	7 %	0 %	23 %	0 %	0 %	0 %	0 %	56
EMH EP LAB	0 %	0 %	0 %	0 %	0 %	0 %	0 %	4
EMH HEM ONC	38 %	0 %	13 %	0 %	0 %	0 %	0 %	8
EMH HYBRID LAB	0 %	0 %	0 %	0 %	0 %	0 %	0 %	2
EMH ICU	22 %	0 %	11 %	0 %	0 %	0 %	0 %	27
EMH IR IMAGING	0 %	0 %	0 %	0 %	0 %	0 %	0 %	11
EMH LABOR & DELIVERY	0 %	0 %	5 %	0 %	0 %	0 %	0 %	19
EMH MAIN OR	8 %	0 %	3 %	0 %	0 %	0 %	0 %	74
EMH MED SURG	25 %	0 %	24 %	<1 %	<1 %	0 %	<1 %	223
EMH NEONATAL ICU	0 %	0 %	0 %	0 %	0 %	0 %	0 %	7
EMH NEURO ICU	14 %	0 %	0 %	0 %	0 %	0 %	0 %	7
EMH NURSERY	0 %	0 %	0 %	0 %	0 %	0 %	0 %	13
EMH OB ED	0 %	0 %	0 %	0 %	0 %	0 %	0 %	4
EMH OBSERVATION	0 %	0 %	0 %	0 %	0 %	0 %	0 %	7
EMH ORTHOPAEDICS	0 %	0 %	33 %	0 %	0 %	0 %	0 %	3
EMH OVERFLOW	0 %	0 %	0 %	0 %	0 %	0 %	0 %	1
EMH PED TRANSPLANT	50 %	0 %	50 %	0 %	0 %	0 %	0 %	2
EMH PEDIATRIC ICU	0 %	0 %	25 %	0 %	0 %	0 %	0 %	4
EMH PEDIATRICS	60 %	0 %	0 %	0 %	0 %	0 %	0 %	10
EMH PHYSICAL THERAPY	0 %	0 %	0 %	0 %	0 %	0 %	0 %	1
EMH POSTPARTUM	20 %	0 %	0 %	0 %	0 %	0 %	0 %	5
EMH PRE-PROCEDURE	0 %	0 %	0 %	0 %	0 %	0 %	0 %	1
EMH PSYCHIATRY	0 %	0 %	20 %	0 %	0 %	0 %	0 %	5

The Foundation System also includes navigators for staff members to review legacy data, and a patient list that shows a case-by-case breakdown of which patient data still needs review. This progress is also summarized in a Foundation System report, which breaks down data entry progress by patient.

If you're using November 2018 or a later version, your Epic representative can help you get the updated dashboard, reports, navigators, and patient list template into your system. Contact your Epic representative and mention project 191462.

For more information, check out the [Cutover Progress Dashboard](#) and [IP Find Cutover Patients Report](#) in the Report Repository.

# Clinical Program Content

## Identify Patients with Parkinsonian Disorders

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package to identify admitted patients with parkinsonian disorders. Starting in February 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, you can download it from this topic. For more information about importing this package, refer to the 238334-Identify Patients with Parkinsonian Disorders topic.

Patients with parkinsonian disorders have unique medical needs. Often, they are admitted for reasons secondary to their parkinsonian disorder, and if a neurologist is not consulted during their admission, they might be given care contraindicated to their disease. This has resulted in avoidable harm or death in many hospitals throughout the nation.

The Parkinson's Foundation has developed a Hospital Care Initiative with neurologists, nurses, and patients to address these key issues. With the Foundation, Epic's adult neurology specialty steering board's movement disorder subcommittee has designed tools in Epic to help clinicians quickly and easily identify patients with parkinsonian disorders when they are hospitalized. These tools include:

- A Storyboard notification icon and notification banner, both of which show a hover bubble to give clinicians information about clinical considerations for patients with parkinsonian disorders. In the Foundation System, these Storyboard notifications appear to only neurologists. You might want to also make them available to other inpatient clinicians.
- A new Summary report that shows a notification banner for patients with parkinsonian disorders, along with important information relevant to their care and a link to the Parkinson's Foundation Parkinson's Care Summary for Health Professionals. In the Foundation System, this report is available for all clinicians to add as a favorite.
- A new system list for patients with parkinsonian disorders, based on a diagnosis grouper, along with columns to show a patient's active neurological problems and whether consults to neurology, physical therapy, occupational therapy, and speech therapy have been ordered.
- Starting in November 2022, four new reports, based on diagnosis grouper and medication grouper, that show patients who have parkinsonian disorders. These reports help clinicians find patients with parkinsonian disorders, with reports for:
  - Patients with parkinsonian disorders generally
  - Patients who have parkinsonian disorders and neurologists on their treatment team
  - Patients with parkinsonian disorders who were recently discharged
  - Patients with parkinsonian disorders with upcoming pre-admissions

To see these features in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's neurologist (NEUROMD) and open a patient's hospital chart.
2. Go to the Problem List and add a hospital problem related to parkinsonian disorders, such as parkinsonism or Parkinson's Disease. The Storyboard notification icon and banner appear.
3. Go to the Summary activity and view the Parkinsonian Disorders Overview report.
4. Go to Patient Lists. Create a new My List or update your My Patients list by adding the following columns:

- Neurological Problems
  - Neuro Consult?
  - PT Consult?
  - OT Consult?
  - SLP Consult?
5. Either copy the Neurology system list to your My List (Epic Hospital>Services>Neurology) or add the patient above to your My List.
6. Select a patient to see the Parkinsonian Disorders Overview report in the bottom pane.

**Clinical considerations for patients with parkinsonism:**

1. **Avoid** dopamine-blocking medications, including **most antipsychotics**; if an antipsychotic is necessary, **only** use pimavanserin, quetiapine, or clozapine
2. Consult a neurologist **before** ordering/administering **contraindicated** medications, including typical or other atypical antipsychotics
3. Order/administer parkinsonism medications on the patient's **home schedule**
4. Administer most parkinsonism medications **within 15 minutes** of due time
5. Coordinate cares and therapy sessions around movement limitations and medication timing
6. Ambulate as soon as medically safe and/or consult PT/OT/SLP
7. If the patient is NPO, still administer parkinsonism medications or consult neurology
8. Patient may have a Duopa pump and/or deep brain stimulator implant

**Parkinson's Care Summary for Health Professionals**

[Link to Care Summary](#)

Timeline: Apr 2, 2020 — Mar 23, 2023

Deterioration Index Sc...

To access the reports on patients with parkinsonian disorders in the Foundation System:

1. Log in to the Foundation Hosted environment as your organization's neurologist (NEUROMD).
2. Open Reporting Workbench.
3. Search for:
  - 745104-IP Patients - Parkinsonian Disorder
  - 745124-IP Patients – Parkinsonian Disorder with Treatment Team
  - 745125-My Patients with Parkinsonian Disorders Discharged Last Month
  - 745466-My Patients with Parkinsonian Disorders Preadmission Next Month.

## Break Free with an ICU Liberation Package

**The ICU Liberation Turbocharger Package is available to download starting in February 2021. For versions prior to February 2021, contact your Epic representative and mention PRJ 201785.**

The goal of the ICU Liberation initiative from the Society of Critical Care Medicine (SCCM) is to improve patient outcomes in the ICU and prevent adverse effects from pain and oversedation. To support this initiative, Epic has worked closely with community members like Vanderbilt University to create tools for organizations to use in their systems.

The new ICU Liberation bundle includes:

- Monitoring tasks for clinicians to complete in Epic.
- Flowsheets to document and monitor a patient's sedation levels.
- An order question for clinicians to document target sedation levels for each medication.
- An OurPractice Advisory to remind clinicians about patient's target sedation level.
- A new ICU Liberation activity that acts as a hub for multidisciplinary rounding.

**ICU Liberation**

**ABCDEF**

**Element A**

**Element A**

+ New Reading  
Pain Assessment

07/25/19  
1500      07/29/19  
1300

**A = Assess, Prevent and Manage Pain**

Pain Assessment	Unable to self-report	Wong-Baker FACES
Wong-Baker FACES Pain Rating	Hurts little more	
Unable to Self-Report Pain Reason	Patient chemically sedated	
Assume Pain is Present	Yes	Yes
Unable to Self-Report Pain Scales	Behavioral Pain Scale (For sedated, ventilated patients only)	
Behavioral Pain Scale Total Score	7 (calculated)	

**Element B**

+ New Reading

07/18/19  
1500      07/25/19  
1500      07/29/19  
1300      08/22/19  
1500

**B = Both Spontaneous Awakening and Breathing Trials**

Did patient receive sedative and/or opioid intravenous medications in the last 24-hours?	Yes, receiving meds for sedation (Mark all that apply)	
Safety Screen Spontaneous Awakening Trail (SAT)	Proceed with SAT - No exclusion criteria met	Proceed with SAT - No exclusion criteria met
Spontaneous Awakening Trial (SAT) Outcome	SAT pass	SAT pass
Ventilator Patient	Yes	Yes
Was patient receiving mechanical ventilation?		
Safety Screen Spontaneous Breathing Trail (SBT)	Proceed with SBT - No exclusion criteria met	Proceed with SBT - No exclusion criteria met
Spontaneous Breathing Trial (SBT) Outcome	Respiratory rate less than 8/min - SBT Failure	Respiratory distress - SBT Failure

**Element C**

We're developing a Turbocharger package and a Build Wizard, both of which will be available in the February 2020 release. Until then, you can try out the workflow in the Foundation Hosted environment:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient nurse (IPRN) in the EMH ICU department.
2. Open a chart for an admitted ICU patient.
3. Open the Flowsheets activity and select the ABCDEF Bundle tab.
4. Document elements A, B, C, and D. File the documentation.
5. Verify your documentation appears as last filed in sections A through D.
6. Log in as your organization's inpatient physician (IPMD) in the same department.
7. Open the patient's chart from the previous steps.
8. In the Storyboard, a OurPractice Advisory appears if the patient is missing a target arousal level. Click this advisory and place an order for a target arousal level.
9. After the patient has an active target arousal order, click the Target Arousal column. The ICU Liberation

activity opens.

10. In the ICU Liberation activity, document elements E and F.

## Improve Postnatal Growth Rates in Low-Birth-Weight Infants

**To make it easy for you to get this content to track infant feedings, we've created a Turbocharger package for the flowsheets, feeding orders, and reports starting in November 2020. To get this package, contact your Epic representative and mention project 227924.**

Delivering appropriate nutrition for low-birth-weight infants is a key part of ensuring postnatal growth. Improving nutritional care for low-birth-weight infants requires providers to identify infants at risk of postnatal growth failure, customize diet orders to suit their nutritional needs, and deliver those feedings to the patients that need them.

To improve the ordering, preparation, and administration of feedings for low-birth-weight infants in the NICU, the University of Utah Health created a program in Epic that uses flowsheets, order panels, and reports to calculate the nutritional value of feedings in real time and communicate those values to providers. Neonatologists can use the newborn feeding order panel to order custom formulas for patients with special needs. Physicians, dieticians, and other providers can review reports that show banked breast milk at their organization, the nutritional breakdown of feedings administered to patients, and the recipes and dosing information required to improve patients' postnatal growth rates.

The screenshot displays the Epic EHR interface for managing infant feeding orders. On the left, the 'Infant Feeding Orders' screen shows various sections including 'Total energy density', 'Projected Calorie / Fluid Management' (with a summary table for macronutrients like protein, lipids, carbohydrates, and energy), 'Daily Totals', and 'Fluid Overview'. On the right, a detailed 'Breast Milk' feeding order panel is open. This panel includes fields for quantity (90 mL), route (Oral), frequency (Every 4 hours), and scheduling (Starting: 10/21/2020, At: 1615). It also includes options for adding additives, selecting a product (e.g., medium chain triglycerides, similac human milk fortifier), and specifying administration instructions (e.g., oral, per OG tube, mL/hr, q2h, q3h, q4h, q6h, continuous). A note indicates that the order has no end date or number of doses, so more times will be scheduled at a later date. At the bottom, there are buttons for 'Accept' and 'Next Required'.

In this example, the neonatologist uses an order panel to place an order to feed an infant breast milk on a specific

*schedule. Based on the options that the provider selects on the right-hand side of the order, the left-hand side generates a report that shows the patient's calculated calorie and fluid intake. This information can also be viewed by other providers in detailed accordion reports.*

We've created a Turbocharger package that includes some of the build for infant feeding, but if you want to implement this program in exactly the same way as the University of Utah did, you'll need to work with your Epic representative.

Learn more in the [Improving Postnatal Growth Rates in Low-Birth-Weight Infants](#) Clinical Program, and use the Foundation System content to get started with your implementation.

# Documentation Tools

## Include Medical Student Notes in the Legal Medical Record

To save time for physicians working with medical students, we've expanded medical students' access to notes features in the Foundation System. Physicians no longer need to include documentation done by medical students within their notes to include that content in the legal medical record or for billing reasons. Instead, inpatient medical students now have access to the same note types available to physicians and residents. Any notes written by inpatient medical students are routed to a supervisor for attestation, including them in the legal medical record and billing with less effort required by supervising physicians.

You can see how inpatient medical students' access to notes functionality is configured by logging in to text in the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM) and opening profile (LPR) record 1000000003-Med Student Security Class Profile (Clinical Administration > Management Options > Profiles > Enter ID 1000000003 > Note, Letter, Transcription). Refer to the [Notes](#) topic in the Student Strategy Handbook for more information about configuring medical students' access to clinical notes workflows.

Starting in February 2023, you can use the Build Wizard in Hyperspace to update your inpatient medical student profile to allow the signing and pending of note types that were previously restricted. To get started, open the Build Wizard (search: Build Wizard) and search for feature 10000109-Include Notes by Inpatient Medical Students in the Patient's Legal Medical Record (application: Inpatient EMR).

## Standardized Pediatric Pulmonary Function Test Documentation

 **Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for the pediatric pulmonary function test workflow. This package is available for download from February 2022 to February 2023. For information about importing this package, refer to the 248575-Pediatric Pulmonary Function Test Result Documentation topic.*

With the help of the Pediatric Pulmonology Specialty Steering Board, we created a new SmartForm for documenting more granular pulmonary function test results in the End Exam navigator and in Study Review. A clinician's documentation in the End Exam SmartForm is automatically copied to the Study Review SmartForm. In addition, Chart Review and Study Review highlight the most important information from the procedure in tables that you configure. To more easily review all pulmonary function-information, physicians can view patients' progression over time with a new view in Outpatient Synopsis.

Pulmonary Function Test

Macros Clear

**Spirometry**

+ Add post-bronchodilator measurements

	Actual	Predicted	% Predicted	LLN	Z-Score
FVC (L)	! 2.74	3.53	! 77	2.95	-2.00
FEV1 (L)	! 1.25	2.75	! 45	2.30	-3.25
FEV1/FVC (%)	! 46	79	! 57	66	-3.00
FEF 25-75% (L/sec)	! 0.42	2.57	! 16	2.15	-4.75
FEF 50% (L/sec)				0.50	
FIF 50% (L/sec)	! 2.39	3.90	! 61	3.26	-2.75

FVC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal

FEV1 findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal

FEV1/FVC findings: decreased, normal

FEF 25-75% findings: decreased, normal

FEF 50%/FIF 50% ratio: less than or equal to 2, greater than 2

Flow-volume loop comments:

**Lung Volumes**

	Actual	Predicted	% Predicted	LLN	Z-Score
SVC (L)	! 2.74	3.53	77	2.95	-2.00
RV (Pleth) (L)	! 3.96	1.96	199	1.57	5.00
RV (N2) (L)					
ERV (L)	! 0.56	1.09	! 51	—	—
TLC (Pleth) (L)	! 6.71	5.20	! 128	4.16	1.25
TLC (N2) (L)					
RV/TLC (Pleth) (%)	! 59	38	! 155	30	3.00
RV/TLC (N2) (%)					

SVC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal, increased

RV findings: normal, air trapping present

ERV findings: less than or equal to 50% of predicted, greater than 50% of predicted (normal)

TLC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal, increased

RV/TLC findings: normal, increased

RV/TLC comments:

> Diffusion

## Standardized Pulmonary Function Test Documentation

**Turbocharger** To make it easy for you to get this content, we've created a Turbocharger package for the pulmonary function test form. Starting in August 2021, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or you can download it from this topic. For more information about importing these records, refer to the 230663-Pulmonary Function Test Results Documentation topic.

With the help of the Pulmonology Specialty Steering Board, we created a new SmartForm for documenting more granular results in Study Review. In addition, there is a new format for showing results in Chart Review and Study Review that highlights the most important information from the procedure.

**Spirometry**

	Actual	Predicted	% Predicted	LLN
FVC (L)	2.24	2.56	87	1.91
Post-BD	2.16	—	90	—
FEV1 (L)	1.07	2.09	51	1.55
Post-BD	0.97	—	51	—
FEV1/FVC (%)	81	81	58	73
FEF 25-75% (L/sec)	0.00	2.30	16	0.99

FVC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal

Bronchodilator response: significant response, no significant response

FEV1 findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal

Bronchodilator response: significant response, no significant response

FEV1/FVC findings: decreased, normal, increased

FEF 25-75% comments:

**Lung Volumes**

	Actual	Predicted	% Predicted	LLN
SVC (L)	2.29	2.56	89	1.91
RV (Pleth) (L)	2.78	1.74	159	0.98
RV (N2) (L)				
ERV (L)				—
TLC (Pleth) (L)	5.07	4.28	115	3.31
TLC (N2) (L)				
RV/TLC (Pleth) (%)	44	39	140	28
RV/TLC (N2) (%)				

SVC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal, increased

RV findings: normal, air trapping present

ERV findings: less than or equal to 50% of predicted, greater than 50% of predicted (normal)

TLC findings: mild decrease, moderate decrease, moderately severe decrease, severe decrease, very severe decrease, normal, increased

RV/TLC findings: normal, increased

RV/TLC comments:

> Diffusion

	Actual	Predicted	% Predicted	LLN
DLCUnc (mL/min/mmHg)	7.04	21.83	32	14.69
DL/VA (mL/min/mmHg/L)	1.80	5.11	35	3.55
VA (L)	3.91	4.38	89	3.50

DLCUnc findings: mild decrease, moderate decrease, severe decrease, normal, increased

## Automatically Create LDAs from Procedure Note Documentation

**You can complete this build starting in Epic 2015.**

Reduce duplicative documentation and clicks between the Notes and LDA activities by allowing your clinicians to create flowsheet documentation from LDAs directly from insertion procedure documentation SmartForms. In the Foundation System, users can simultaneously create a procedure note and flowsheet documentation for any of the following:

- Central line
- Umbilical catheter
- Arterial line

Providers can create a note in the NoteWriter and select the appropriate insertion procedure. Completing the relevant SmartForm generates flowsheet documentation so providers don't have to double document a single procedure. Providers can sign the note to file both the note and the resulting flowsheet documentation.

**Umbilical Cath** Performed by Attending Physician Inpatient, MD

Procedure	<input type="text" value="Umbilical Cath"/>
Date/Time	<input type="text" value="4/18/2019"/> <input type="button" value="Calendar"/> <input type="text" value="1628"/> <input type="button" value="Clock"/> <input type="text" value="Now"/>

**Universal Protocol**

Verbal consent obtained?  Yes  No      Written consent obtained?  Yes  No       Emergent situation

Risks and benefits   Risks, benefits and alternatives were discussed

Consent given by  patient  parent  guardian  spouse  power of attorney

Patient states understanding of procedure being performed   Yes  No

Patient's understanding of procedure matches consent   Yes  No

Procedure consent matches procedure scheduled   Yes  No

Relevant documents present and verified   Yes  No

Test results available and properly labeled   Yes  No

Site marked   Yes  No

Imaging studies available   Yes  No

Required items   Required blood products, implants, devices and special equipment available

Patient identity confirmed  verbally with patient  arm band  provided demographic data  
 hospital-assigned identification number  anonymous protocol, patient vented/unresponsive

Time out   Immediately prior to the procedure a time out was called

*A time out verifies correct patient, procedure, equipment, support staff and site/site marked as required*

**Indications**

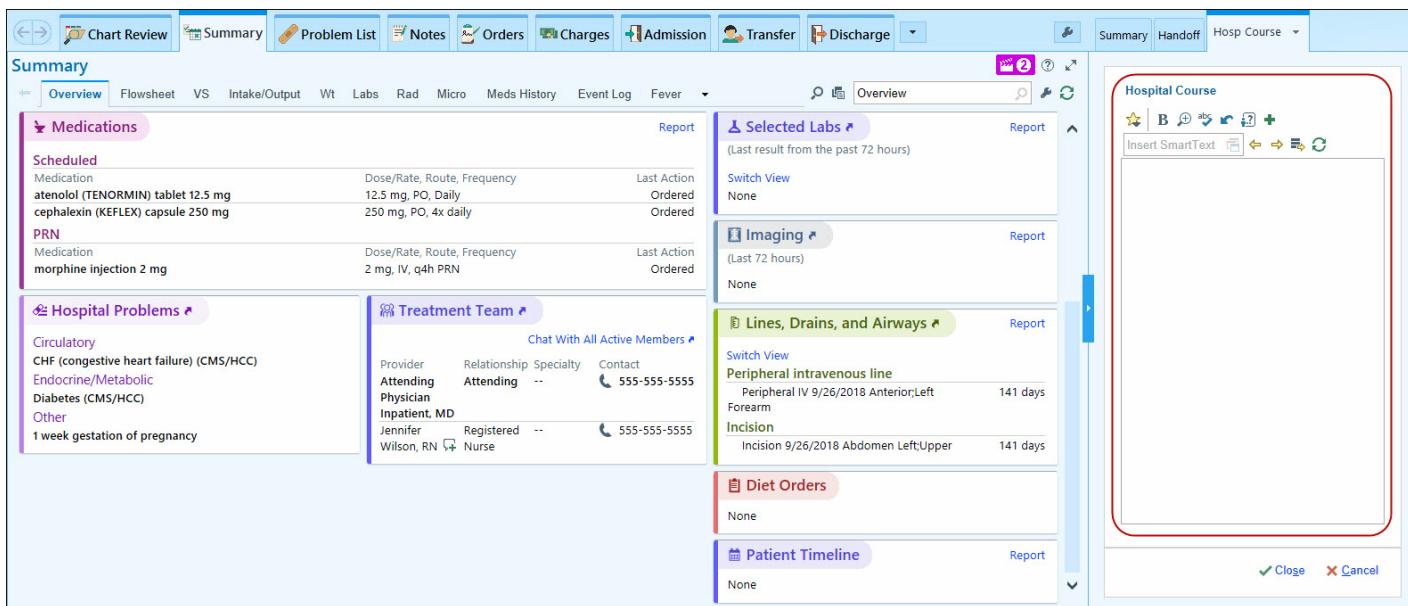
Indications  additional vascular access  exchange transfusion  frequent blood gases

To build this feature, you must map LDA types to SmartForms and procedure records. For more information about mapping LDAs to SmartForms, refer to the [Map LDAs to SmartForms and Procedures](#) topic.

## Document Hospital Course Notes from a Sidebar Activity

**You can complete this build starting in February 2019.**

You can create a sidebar activity where physicians can document the patient's course of treatment in a Hospital Course note. This reduces clicks by allowing physicians to document in one place while moving through other areas in the chart to gather information.



To use Foundation System build as a model for your own, log in to Chronicles in the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM) and open menu (E2U) record 3040005001-IP\_IT\_SBAR\_HOSPITAL\_COURSE. For more information about creating a Hospital Course sidebar activity, refer to the [Open Hospital Course Notes in a Sidebar](#) topic.

## Create School or Work Excuse Notes with One Click

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for these SmartTexts. This package is available for download from February 2020 to August 2023. For information about importing this package, refer to the [223383-SmartText for Inpatient Excuse Notes](#) topic.

Inpatient physicians can create school or work excuse notes for patients with one click by using letter templates in the Communications activity. Three templates are available as speed buttons: School Excuse, Work Excuse, and Work Restriction/Release. Clicking one of these speed buttons generates an excuse note with the patient's name, encounter dates, and department contact information.

EHS HOSPITAL  
123 MAIN STREET  
VERONA WI 53593-9179  
555-575-5500

April 1, 2022

---

**Patient:** Kristin Fuller  
**Date of Birth:** 4/5/1964

**Contact Information:** EHS HOSPITAL  
EMH INTENSIVE CARE  
123 MAIN STREET  
VERONA WI 53593-9179  
Dept: 555-575-1234  
Loc: 555-575-5500

---

To Whom It May Concern:

Kristin Fuller was seen and treated in our hospital from 7/6/2021 to 04/01/22. Please excuse her absence.

If you have any questions or concerns, please do not hesitate to call.

**Sincerely,**  
Jessica Smith, MD

*Example excuse note created by clicking a speed button in the Communications activity.*

Like other letters created in the Communications activity, these excuse notes can be printed and given to the patient, mailed, or sent as an In Basket message.

Inpatient nurses can also create and attach excuse notes using these templates in the Instructions section of the discharge navigator. For more information, see the [Clinical Documentation: Create School or Work Excuse Notes with One Click](#) topic.

## Easily Manage Updates to Standard Note Templates and Streamline Notes Workflows for Clinicians

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for these new modular note templates. This package is available for download starting in February 2024. For information about importing this package, refer to the 265824-[Modular Note Template for Inpatient Notes](#) topic.*

Manage updates to standard note templates more easily with the help of new modular note templates for

Consult, H&P, and Progress note types. These new templates include SmartLinks that link to other SmartTexts for each portion of the note, so each section of a note acts as a piece that can be updated and tweaked as needed. When you need to make a change to all your organization's note templates you can now make that change once in the linked SmartText instead of needing to make the same change repeatedly in each template that needs the update.

The following modular template SmartTexts have been added as default templates for inpatient physicians in the Foundation System in the System Definition profile (profile 1):

- 21840-Gen IP Modular H&P
- 22750-Gen IP Modular Progress Note
- 23445-Gen IP Modular Consult Note

The Foundation System also includes similar modular templates for physicians in the ICU. These templates were created for critical care users who might not want to use diagnosis-aware notes functionality until it is enabled for system-level A&P notes:

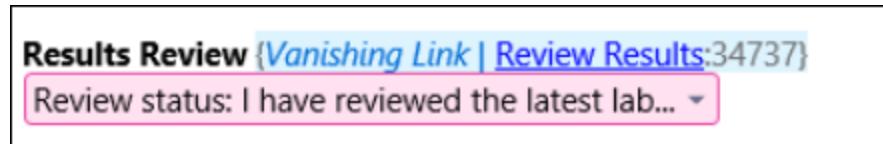
- 26027-ICU Modular H&P
- 26028-ICU Modular Progress Note
- 26029-ICU Modular Consult Note

The following module SmartTexts work with the templates listed above:

- 22920-IP Modular Header
- 22921-IP Modular Chief Complaint
- 22922-IP Modular HPI
- 22923-IP Modular Histories
- 22924-IP Modular Allergies and Meds
- 22926-IP Modular ROS
- 22927-IP Modular Physical Exam
- 22928-IP Modular Vitals Results
- 22929-IP Modular AP
- 22930-IP Modular Subjective
- 26030-ICU Modular AP

Additionally, we've created new vanishing links to the Results Review, Patient History, and Allergies activities for use in the modular templates. The links appear in the note editor while the clinician is working on their note and allow for easy navigation to the specified activities. Later, when the clinician signs the note, the links are automatically removed.

Note that these vanishing links use the EpicACT link framework, so you might need to check your Browser Allowlist settings to make sure that users can use the links as expected. For more information on Browser Allowlist settings, refer to the [Browser Allowlist Setup and Support Guide](#).



*Vanishing links allow for easy navigation to other activities in the chart while writing a note.*

To see these new templates in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD) in the EHS Internal Medicine department.
2. Open an admitted patient's chart.
3. From the Notes activity, create a new Consult, H&P, or Progress note.

## Make It Easier for Clinicians to Include Key Details in Their Clinical Documentation Based on Common CDI Queries

 **Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for the rules, SmartText, and SmartLinks needed for this project. This is available to download for organizations in the United States, either from the top of this release note or from the Available Packages tab of the Turbocharger activity in Hyperspace. If your organization is outside the United States or you don't have automatic package delivery set up, contact your Epic representative and mention project 316516 to get the package. For information about mapping and importing this package, refer to the 316516-Proactively Reminder Providers to Include Relevant Information in their Notes topic.*

To limit follow-up queries from clinical documentation specialists (CDS), enable clinicians to include information commonly needed for timely reimbursement when writing a patient's note by adding the Foundation System SmartLink 103405-HIM Provider Nudge SmartLink (mnemonic: .HIMPROVIDERNUDGE) to clinician's note templates. After you add the SmartLink into a provider note template, SmartTexts automatically pull in relevant information about commonly queried conditions, such as obesity, depression, heart failure, and malnutrition, to prevent queries from being sent to clinicians by CDS. For example, the SmartText for malnutrition pulls in information about the patient's BMI and the SmartText for depression pulls in information about the patient's depression related score. Based on this information, clinicians can evaluate the presence and severity of these conditions.

This clarification is intended to ensure accurate documentation and help reduce future manual queries. [See more.](#)<sup>(1)</sup>

The patient's Body mass index is 37.76 kg/m<sup>2</sup>. Based on this data the following accurately represents the patient's status: Obesity Type ▾

A clinician is directed to evaluate a patient's obesity type in SmartText 27131-HIM Provider Obesity Text. Once the clinician signs the note, the blue text disappears.

Have appropriate stakeholders review the CDI nudge content to confirm it aligns with organization needs. To set this up in your system, implement the following Foundation System SmartTexts:

- 27021-HIM Provider Nudge
- 27131-HIM Provider Obesity Text
- 27171-HIM Provider Pediatric Obesity Text

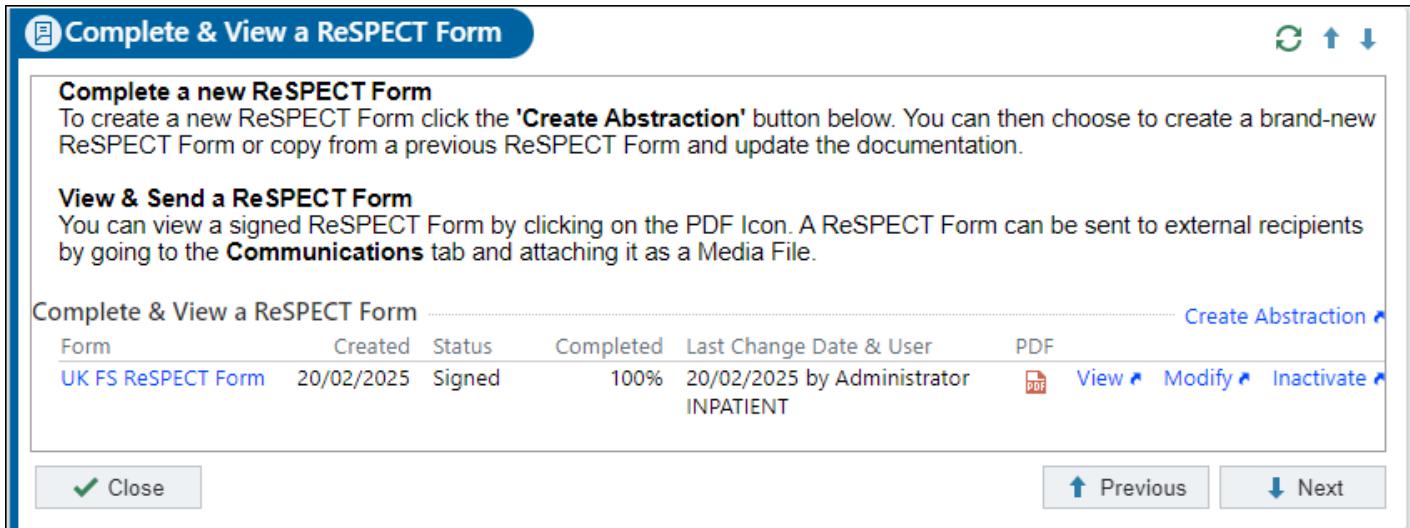
- 27169-HIM Provider Depression Text
- 27170-HIM Provider Heart Failure Text
- 27174-HIM Provider Pancytopenia Text
- 27173-HIM Provider Pediatric Malnutrition Text
- 27172-HIM Provider Malnutrition Text

## Seamlessly Create a New ReSPECT Form Directly In the Chart

 This topic only applies to organizations in the United Kingdom.

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for the ReSPECT Navigator. To get this package, contact your Epic representative and mention PRJ 326359.*

The ReSPECT form documents a personalized care plan based on conversations between the patient and caregiver, guiding emergency treatment when the patient is unable to express their wishes. In the UK Foundation System, we've created a navigator and SmartForm that allows clinicians to create a new ReSPECT form directly in Epic using FormFiller.



Form	Created	Status	Completed	Last Change Date & User	PDF	Create Abstraction
UK FS ReSPECT Form	20/02/2025	Signed	100%	20/02/2025 by Administrator INPATIENT	 View Modify Inactivate	

**Complete & View a ReSPECT Form**

To create a new ReSPECT Form click the '**Create Abstraction**' button below. You can then choose to create a brand-new ReSPECT Form or copy from a previous ReSPECT Form and update the documentation.

**View & Send a ReSPECT Form**

You can view a signed ReSPECT Form by clicking on the PDF Icon. A ReSPECT Form can be sent to external recipients by going to the **Communications** tab and attaching it as a Media File.

**Complete & View a ReSPECT Form**

**Close** **Previous** **Next**

The ReSPECT navigator with a completed ReSPECT form.

For more information on configuring navigators, refer to the [Build Your Navigators](#) topic. For more information on configuring SmartForms to appear in Navigators, refer to the [Make Your SmartForm Appear in a Navigator Section or Activity](#) topic. For more information on using Form Filler with your SmartForms, refer to the [Add Chart Abstraction to Workflows](#) topic.

# Navigators and Activities

## Efficiently Update Your Patient's Chart with the Problems and Plan Sidebar Activity

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for the Problems and Plan sidebar. This package is available for download starting from May 2024. For more information, refer to the [288406]-Problems and Plans Sidebar Activity for ICU topic.

ICU clinicians can use the Problems and Plan sidebar activity to simultaneously review and update a patient's problem list and top goals while completing patient review workflows in other areas of a patient's chart. In the sidebar, clinicians can update system-specific and problem-specific assessments and plans without navigating away from the activity in the main pane, which streamlines the documentation process.

Some ICU providers prefer organizing the Problem List by body system and documenting system-level assessment and plans. Those features are not yet available with Diagnosis-Aware Notes, so the sidebar might be a better option to use in place of Diagnosis-Aware Notes for those providers.

The screenshot illustrates the 'Problems and Plan' sidebar activity within the Epic Foundation System. The sidebar on the left provides quick access to 'Isolation Updates Required: Droplet' (with a required action 'Droplet (add)'), 'Top Goals for the Day' (listing ventilation assessment and SpO2: 92%), and a 'Problem List' section. The main pane on the right displays various clinical data and notes, including 'ICU Liberation Summary', 'I/O', 'Notes from Clinical Staff', 'Respiratory' (Lab Data and O2/Vent Data), 'Selected Labs' (No results today), and 'Problem List' sections for 'Diagnosis', 'Current Assessment & Plan Note' (Condition improved since arrival), 'Nervous', and 'Orthopedic/Musculoskeletal'.

## Perform and Document Long-Term EEG Studies in the Epilepsy Monitoring Unit

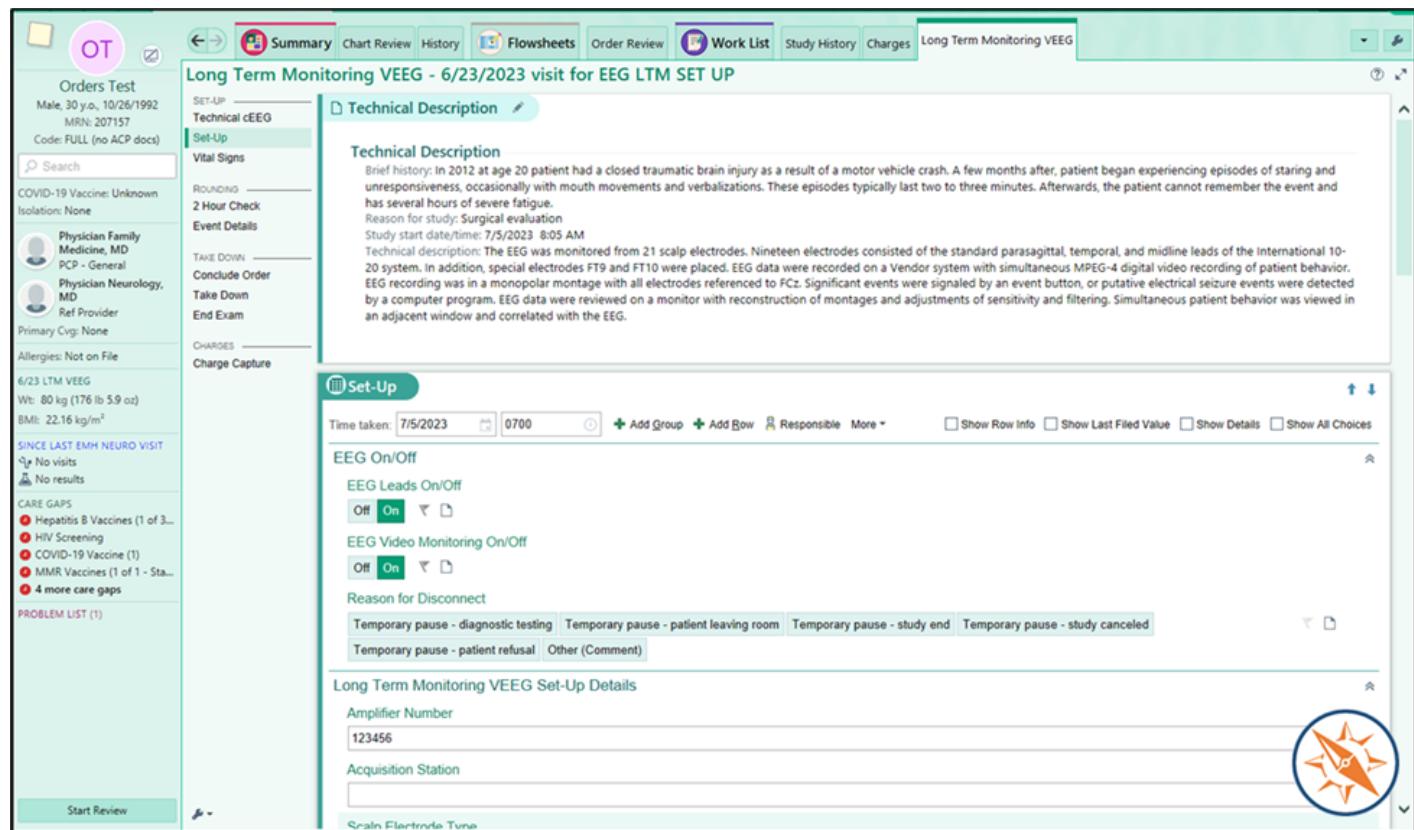
**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for a long-term epilepsy monitoring unit. This package is available for download starting from August 2023. For more information, refer to the 264437-Epilepsy Monitoring Tools topic.

After years of thoughtful design, the adult and pediatric Neurology Specialty Steering Boards are excited to publish updated workflows and content to support long-term monitoring EEG studies.

The Foundation System includes new and updated navigators and activities for use in the epilepsy monitoring

unit to help neurologists and neurotechnologists schedule and document long-term monitoring EEG studies. Here's the overall workflow:

1. Neurologists can use a new EMU referral procedure and Order Set to schedule an outpatient appointment with a visit type of EEG LTM Set Up. When the patient checks in to this appointment, it is then converted to an inpatient admission.
2. Neurotechnologists can use the new Long Term Monitoring VEEG navigator to document study set-up details, daily rounding, and take-down details and to file applicable charges. Neurologists can use the new LTM note type to document daily notes on the patient.
3. Neurologists can use a new conclude LTM study order to alert the neurotechnologist that the exam can be ended and prepare the patient for discharge.
4. Neurotechnologists can use the LTM VEEG navigator to document take-down and end the exam.
5. Neurologists compile daily notes to create a final study report note. They can use a new SmartForm to add additional information such as summary interpretation, images, and a recommendation, and a SmartText pulls in all of the study information.



For more information about conducting long-term EEG studies, refer to the [Create an Epilepsy Monitoring Unit](#) topic.

## Discretely Document Bedside Continuous EEGs

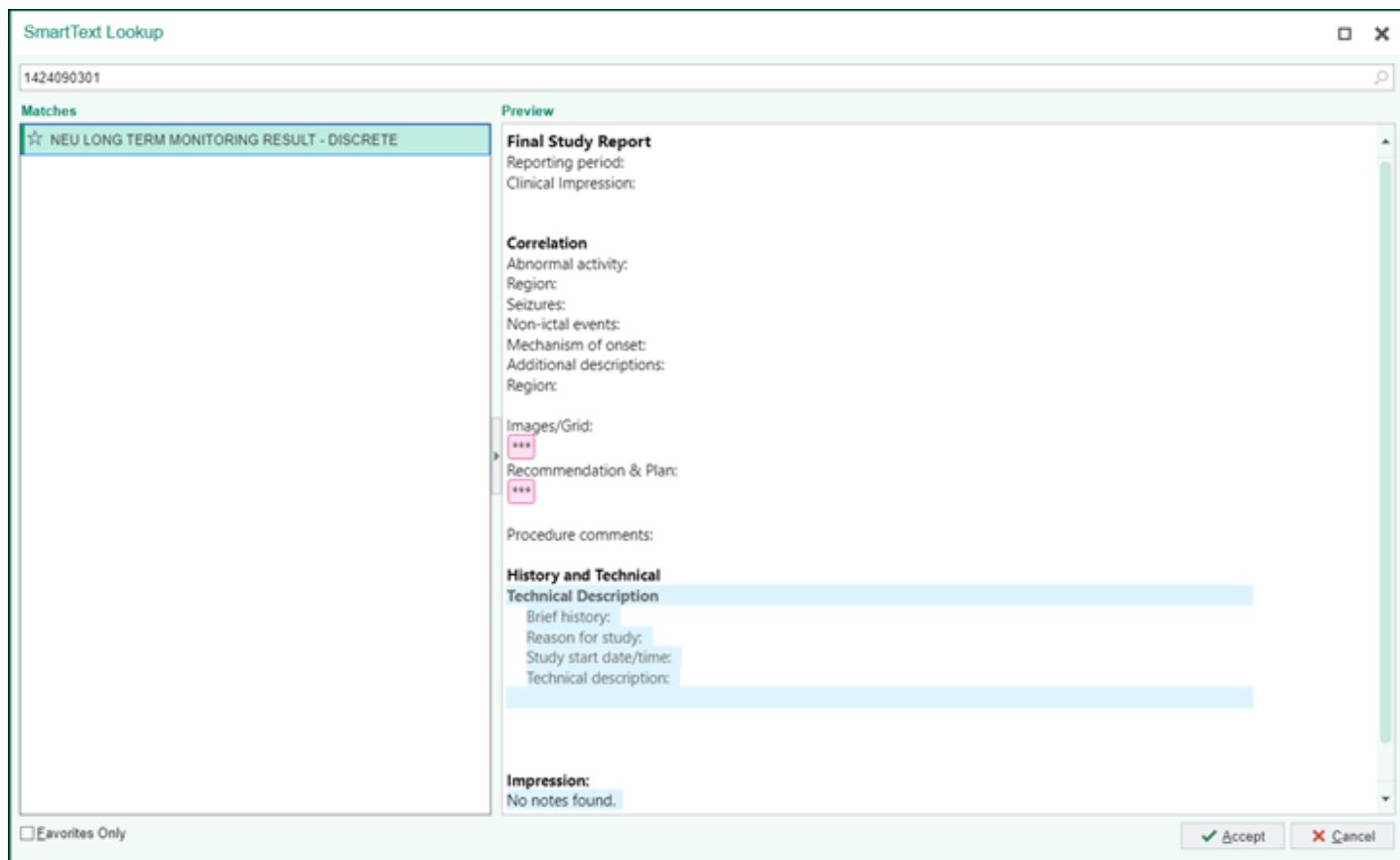
**Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for bedside continuous EEG documentation. This package is available for download starting in May 2025. For information about importing this package, refer to the [205032] - CHOP EEG SmartForm topic.*

Neurologists can use the new Epic-released SmartText and Reading Palette SmartForm to document in bedside continuous EEG monitoring workflows. This new content originated from Children's Hospital of Philadelphia and includes note content that better supports extracting discrete values for research and reporting. Consider replacing the non-discrete note content described in the [Perform and Document Long-Term EEG Studies in the Epilepsy Monitoring Unit](#) topic with this content. Contact your Epic representative and mention SLG 9930583 for guidance on whether discrete notes or prose-style notes are more appropriate for your organization.

We have also configured Foundation System procedure NEU43-EEG Continuous Monitoring to support the discrete documentation style. Additionally, neurologists can use the following SmartTexts:

- For CEEG daily note documentation, use SmartTexts 27990-NEU BEDSIDE CONTINUOUS EEG DAILY - NEONATAL and 27533-NEU BEDSIDE CONTINUOUS EEG DAILY.
- For standard EEG daily note documentation, use SmartText 26947-NEU LONG TERM MONITORING DAILY NOTE - DISCRETE.
- For result documentation in Study Review, use SmartText 1424090301-NEU LONG TERM MONITORING RESULT - DISCRETE.

Additional records such as navigator build exist to help support discrete documentation for bedside continuous EEG monitoring workflows. Refer to the contents of the Turbocharger package for more information.



## Pediatric Palliative Care Navigator

**Turbocharger**. To make it easier for you to get this content, we've created a Turbocharger package for the Pediatric Palliative Care Navigator. This package is available for download starting in August 2023. For more information about importing this package, refer to the [-Pediatric Palliative Care Navigator topic](#).

Inpatient palliative care providers and clinicians can use the new Pediatric Palliative Care Navigator to manage documentation for pediatric patients. Nursing, social work, and spiritual care clinicians can use multiple navigator sections to document on the patient. Consulting providers can review historical patient data and the past palliative care the patient has received. Palliative care providers can also pull patient information from the sections into a consult note.

The screenshot shows the 'Episodes' section of the Pediatric Palliative Care module. A new episode titled 'Kidney Function Preservation Pathway' was created on 06/03/24 at 1357 CDT. The background section indicates the patient is currently admitted since 6/3/2024.

## Manage Required Documentation for Deceased Patients

This topic applies only to organizations in the Netherlands.

**Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package starting in February 2020 with the new navigator sections and print groups. Starting in February 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger). After you have this package, refer to the Manage Required Documentation for Deceased Patients topic for information about importing it.*

Physicians can use the Overlijden Arts navigator topic to manage required documentation for deceased patients in the inpatient setting. The navigator topic groups all required tasks for physicians together for ease of use:

- Physicians can document all required items for organ donation and post-mortem pathology according to the Dutch NTS national guidelines in a flowsheet template.
- After saving the form, a OurPractice Advisory appears to suggest placing the post-mortem pathology order. The order-specific questions are linked to the flowsheet template, so the order can be signed without any additional documentation.
- Physicians can use a navigator section to print all forms that are needed to go to the morgue with the body.

## Amikacin Dosing on the Kinetics Calculator

**You can complete this build in any version of Epic.**

To make the complex dosing of kinetics-dependent medications easier for clinicians, we've added dosing calculations for an additional aminoglycoside medication, amikacin, to our Foundation System kinetics calculator. In the Kinetics Navigator, clinicians can choose from traditional or extended-interval dosing for aminoglycosides.

Refer to the [Determine Dosing of Kinetics-Dependent Medications](#) topic for build information.

A package is available to help you move the records for this build into your system. Contact your Epic representative and mention project 210626.

## Enhanced Anticoagulation Management

**You can complete this build in any version of Epic.**

Make it easier to ensure that patients get the correct dose of anticoagulants with an enhanced anticoagulation navigator, navigator template 4081000481-T\_RX\_ANTICOAGULATION\_NAVIGATOR. The expanded navigator supports management of all oral and subcutaneous anticoagulants. Using either a warfarin or direct oral anticoagulant (DOAC) consult order, prescribers can request anticoagulant management by pharmacy, with order-specific questions providing detail about the intended therapy.

For general build instructions, refer to the [Help Clinicians Monitor Anticoagulant Medications](#) topic.

To make it easy for you to get this content, we've created a Turbocharger package for the anticoagulation navigator starting in February 2020. To get this package, contact your Epic representative and mention project 203739.

## More Robust Documentation for Outpatient Parenteral Antimicrobial Therapy (OPAT)

 **Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for OPAT content. Starting in February 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, you can download it from this topic. For more information about importing these records, refer to the 227957-Outpatient Parenteral Antimicrobial Therapy Content topic.*

Outpatient parenteral antimicrobial therapy (OPAT) monitoring is an interdisciplinary process in which ambulatory patients who have IV antimicrobial medications are monitored for appropriate dosing and therapy duration. To better support OPAT enrollment, discharge, and monitoring, we've redesigned the Foundation System's OPAT content and enhanced it with comprehensive tools for documenting a patient's treatment plan.

When an infectious disease physician consults with a patient, the physician can enroll the patient in OPAT using an OPAT-specific episode type. Then, the physician can use the OPAT Signoff navigator and OPAT Signoff note template to document their recommended course of treatment for the patient. When the patient's primary care team is ready to discharge the patient and begin OPAT monitoring, the care team can use an OPAT Order Set to view the infectious disease physician's treatment recommendations and automatically add the recommendations to the patient's discharge summary.

After creating an OPAT episode, an infectious disease physician uses the OPAT Signoff navigator to document on the patient's condition and recommend a course of treatment.

## Discharge Orders

Review Home Medications 1. Review Orders for Discharge 2. Order Sets

### Orders

#### Enroll the Patient in OPAT ☰

##### ▼ Steps to enroll the patient in OPAT at discharge

###### ▼ 1. Enroll the patient in OPAT

- Enroll patient in outpatient parenteral antimicrobial therapy  
Routine, Once, today at 1230, For 1 occurrence

###### ▼ 2. Please order labs & medications from your sidebar. ID recommendations are below.

Antimicrobials		
<u>Parenteral Antimicrobials</u>		
Trimethoprim-Sulfamethoxazole Dose (mg)	50 mg	
Trimethoprim-Sulfamethoxazole Frequency	Every 8 hours	
Trimethoprim-Sulfamethoxazole Start Date	10/22/20	
Trimethoprim-Sulfamethoxazole End Date	10/30/20	
<u>PO Antimicrobials</u>		
Frequency	Lab Test	Additional Information
Weekly	Creatinine and BUN, Electrolytes	Specific Day: Friday
Twice Weekly		
Other		

During discharge medication reconciliation, the patient's primary care team orders the OPAT Order Set and can review the infectious disease physician's recommendations.

To view OPAT content in the Foundation System, log in to the Foundation Hosted environment as your organization's infectious disease physician (IDMD) in any inpatient department. Open an admitted patient's chart, expand the More Activities menu, and open the OPAT Signoff navigator. Follow the instructions on screen to create an OPAT episode. Then, you can explore the navigator and review the different flowsheets in which the

physician can document. If you create and sign an OPAT progress note, the information from that note will be available during discharge medication reconciliation.

## Navigate Clinicians Through Neonatal TPNs

You can complete this build beginning in August 2018.

Make neonatal TPN ordering more accurate and efficient. In the Foundation System, a TPN navigator template 3041000201-T\_IP\_MD\_TPN\_PRESCRIBER\_TEMPLATE, now appears for NICU providers and pharmacists that allows them to document a fluid intake volume goal for neonatal TPNs. This volume goal appears in the refreshable calorie and fluid management report to make adjusting TPN orders faster and easier for pharmacists and providers.

**TPN Navigator**

**Goal Daily Fluid Intake**

**Neonate 24 Hour Goals for Fluid - Calories**

**Neonate 24 Hour Fluid Goal (mL)**  
240

**Neonate 24 Hour Calorie Goal (KCal)**

**Plan**

**New Reading**

**No data found.**

**Flowsheets**

**24 Goal Amounts**

**CLINICAL REVIEW**

Dietary  
Labs  
TPN Orders  
Fluid / Calorie Mgt  
Medications

**ASSESSMENT & PLAN**

Full Assessment  
Daily Assessment

**Orders**

**Progress Notes**

**Neonatal 2-in-1 TPN**

**Projected Calorie / Fluid Management**

Today 2100 - Tomorrow 2059

**Weight**

( Dosing Weight: 2,000 g (Fri 9/13 0942)  
( Recorded Weight: 2,000 g (Fri 9/13 0942))

1 day 3 day

**Weight change (g/day)** -- --

**Macronutrients**

	g/kg	kcal	% kcal
Protein	0	0	0
0 g	(=)	(=)	(=)
Carbohydrates	0	0	0
0 g	(=)	(=)	(=)

Glucose infusion rate: 0 mg/kg/min

**Historical Information**

**Daily Totals**

	Calories	0 kcal	0 kcal/kg
Volume	40.7 mL	20.4 mL/kg	

**Fluid Overview**

**Goal Volume**

Volume	Goal	Projected	Difference
240 mL	240 mL	40.7 mL	199.3 mL

**Order Details**

**Summary** Show TPN Medications **Report**: Order Inst: All amounts are ordered in units per bag (one bag per day).

Dose: 40 mL/kg/day 1.67 mL/kg/hr 2.5 mL/kg/day 40 mL/kg/day 60 mL/kg/day

Weight Type: Recorded Dosing Order-Specific

Weight: 2 kg 2 kg

Dosing weight: 2 kg (recorded 24 days 23 hours ago)

Administer Dose: 3.33 mL/hr

Administer Amount: 3.33 mL/hr

Frequency: Continuous

For: 24 Hours Days

Starting: 10/8/2019 Today Tomorrow At: 0915 Show Additional Options

Scheduled Times

10/08/19 0915

Rate: 3.33 mL/hr 80 mL/day = 3.33 mL/hr (rounded to the nearest 0.01 mL/hr from 3.3333 mL/hr)

Volume: 79.92 mL

*The goal fluid intake documented in the TPN navigator for neonates appears in the TPN order to guide ordering and adjusting neonatal TPNs.*

For build steps, refer to the [Build Your Navigators](#) topic.

To make it easy for you to get this content, we've created a Turbocharger package for the TPN navigator. To get this package, contact your Epic representative and mention project 213407.

# Ordering Tools and SmartTools

## Support MRSA Nasal Decolonization Protocols with MRSA Screening in Critical Care Areas

**You can complete this build in any version of Epic.**

Methicillin-resistant *Staphylococcus aureus* (MRSA) infections are a significant concern in critical care units. Patients in these units are often more vulnerable due to weakened immune systems and the presence of invasive devices such as catheters and ventilators. Many organizations have a policy in place for nasal decolonization of MRSA in patients in critical care areas. This might be a universal approach, where all patients receive a nasal antiseptic, or a targeted approach, where all patients are tested for MRSA upon arriving in a critical care area and receive a nasal antiseptic only if they test positive.

In the Foundation System, we've added an order for a nasal MRSA PCR to the Critical Care Admission Order Set to test patients for MRSA. If the patient then tests positive, a provider can order a nasal antiseptic, such as mupirocin. If your organization uses a universal approach, you can add a nasal antiseptic order directly to the Critical Care Admission Order Set instead of having the MRSA PCR.

▼ MRSA Screening for Targeted Decolonization

▼ MRSA Screen

MRSA PCR  
Once, today at 1355, For 1 occurrence  
Swab

Related Foundation System Enhancement Directory entries:

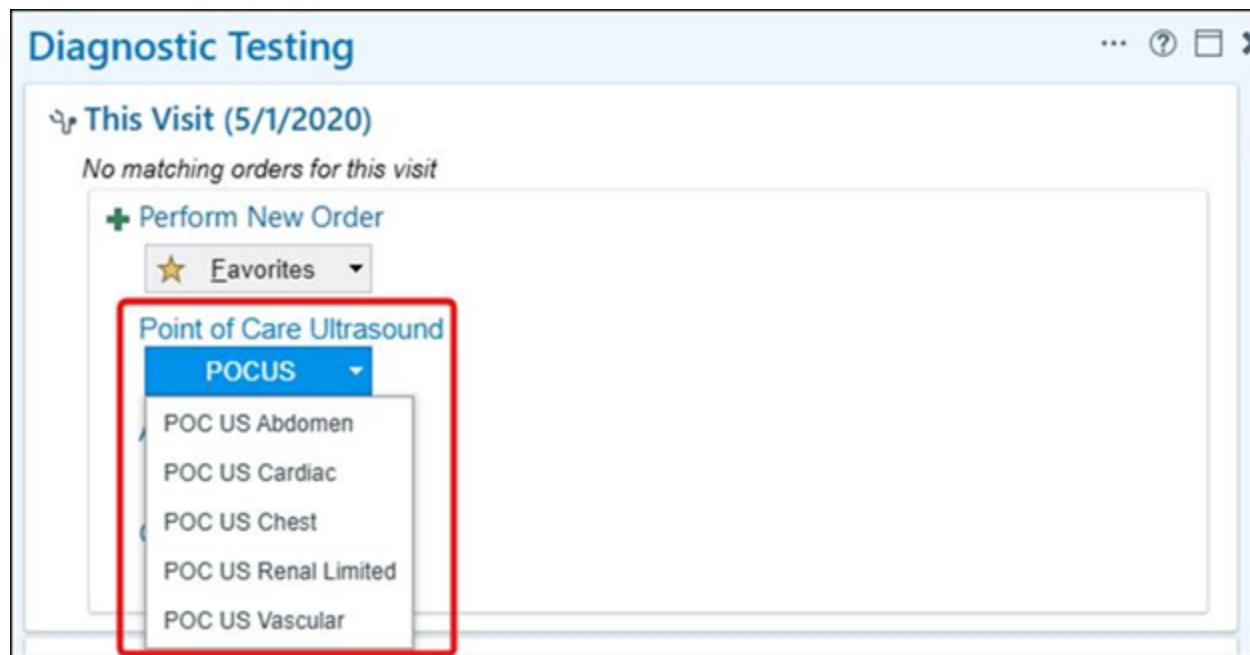
- [Monitor MRSA Decolonization Compliance in Critical Care Areas](#). Infection preventionists can review nasal MRSA decolonization compliance for all critical care areas in the hospital.
- [Monitor MRSA Decolonization Compliance in Login Department](#). Nursing can review nasal MRSA decolonization compliance for their login department.

For more information on how your organization can use Epic to help prevent healthcare-associated infections, refer to the [Prevent Healthcare-Associated Infections](#) strategy handbook.

## Add the Point of Care Ultrasound Activity to the Critical Care Workspace

To allow clinicians to more easily document a patient's point of care ultrasounds, you can add the Point of Care Ultrasound activity to your procedural provider workflow engine rule. To complete the initial setup for Point of Care Ultrasound functionality, work with your Radiant team to complete the build listed in the [POCUS Build and Configuration](#) topic. In the Foundation System, menu 3040023462-ICU\_MNU\_TABGRP\_IMAGING PROCEDURES is attached to workflow engine rule 94-WE PROCEDURAL MD to give clinicians access to the Point of Care Ultrasound activity in critical care departments. Profile 3040000012-IP PROVIDER CRITICAL CARE SERVICE DEPT uses grouper 3040001100-EAP ICU GENERAL POCUS PROCEDURES to determine the quick buttons that appear so clinicians can order point of care ultrasound procedures. When a clinician orders a point of care ultrasound study from this activity, they can write their result, view and link study images, associate diagnoses, and modify

associated charges on the same screen.



To see this feature in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as the ICU provider (ICUMD) in the EHS Critical Care department.
2. Open the patient chart of a patient roomed in the ICU.
3. Under the More Activities tab, click Point of Care Ultrasound.
4. See the POCUS button with dropdown options to select an ultrasound study and write the result note.

## Improvements to Diet Types and Order-Specific Questions in Diet Orders

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this content. This package is available for download from February 2020. For information about importing this package, refer to the [282306-Diet Order Type and Question Update](#) topic.

We've updated the diet type selections in diet orders by removing the Mechanical Soft and Pureed diet types and adding the Modified Texture diet type. This diet type cascades new Solid consistency and Liquid consistency order-specific questions (LQL), in addition to other currently cascaded questions. These changes reflect the standard set by the International Dysphagia Diet Standardization Initiative, which promotes a movement toward more clear, specific terminology for solid and liquid consistencies in patient care settings.

We have also updated order-specific questions from custom lists to category lists. This makes future maintenance easier because you now only need to update category lists instead of needing to update the order-specific question (LQL) record.

Adult diet Modified Texture

<b>Diet Orders</b> (From admission, onward)	<a href="#">Comment</a>   <a href="#">Hide</a>	<b>Frequency:</b>	<input checked="" type="checkbox"/> Effective now <input type="checkbox"/> Effective 0500 (breakfast) <input type="checkbox"/> Effective 1000 (lunch) <input type="checkbox"/> Effective 1400 (dinner)  <input type="checkbox"/> Effective midnight <input type="checkbox"/> Effective tomorrow	<a href="#">Accept</a>   <a href="#">Cancel</a>
Start 07/01/21 1536 NPO diet Diet effective now	Ordered 07/01/21 1536	<b>Starting</b>	10/25/2023 <input type="button" value="Today"/> <input type="button" value="Tomorrow"/> <b>For</b> <input type="button" value="Hours"/> <input type="button" value="Days"/> <input type="button" value="Weeks"/>	
<b>Diet Orders Within the Last 48 Hours</b> (48h ago, onward)		<a href="#">Comment</a>	At 1824	
None			Starting: Today 1824 Ending: Until Specified	
<b>Diet type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Full Liquid <input type="checkbox"/> Clear Liquid <input checked="" type="checkbox"/> <b>Modified Texture</b> <span style="border: 1px solid red; padding: 2px;">? Liquid consistency</span> <input type="checkbox"/> Thin (IDDSI 0) <input type="checkbox"/> Slightly thick (IDDSI 1) <input type="checkbox"/> Mildly thick (IDDSI 2) <input type="checkbox"/> Moderately thick (IDDSI 3) <input type="checkbox"/> Extremely thick (IDDSI 4) <span style="border: 1px solid red; padding: 2px;">? Solid consistency</span> <input type="checkbox"/> Regular (IDDSI 7) <input type="checkbox"/> Easy to chew (IDDSI 7) <input type="checkbox"/> Soft and bite-sized (IDDSI 6) <input type="checkbox"/> Minced and moist (IDDSI 5) <input type="checkbox"/> Pureed (IDDSI 4) <input type="checkbox"/> Liquidized (IDDSI 3) <b>Total calories:</b> <input type="checkbox"/> 1000 kcal <input type="checkbox"/> 1200 kcal <input type="checkbox"/> 1400 kcal <input type="checkbox"/> 1600 kcal <input type="checkbox"/> 1800 kcal <input type="checkbox"/> 2000 kcal <input type="checkbox"/> 2200 kcal <input type="checkbox"/> 2400 kcal <input type="checkbox"/> 2600 kcal <input type="checkbox"/> 2800 kcal <input type="checkbox"/> 3000 kcal <b>Fat restriction:</b> <input type="checkbox"/> 25 gm Fat (Minimum) <input type="checkbox"/> 50 gm Fat (Restricted) <input type="checkbox"/> Other (specify) <b>Saturated fat restriction:</b> <input type="checkbox"/> 10 gm saturated fat (restricted) <input type="checkbox"/> 15 gm saturated fat (restricted) <input type="checkbox"/> 20 gm saturated fat (restricted) <b>Sodium restriction:</b> <input type="checkbox"/> No added salt <input type="checkbox"/> 1,000 mg Na <input type="checkbox"/> 1,500 mg Na <input type="checkbox"/> 2,000 mg Na <input type="checkbox"/> 2,300 mg Na <b>Potassium restriction:</b> <input type="checkbox"/> 40 mEq <input type="checkbox"/> 50 mEq <input type="checkbox"/> 60 mEq <input type="checkbox"/> 70 mEq <input type="checkbox"/> 80 mEq <input type="checkbox"/> 90 mEq <b>Protein restriction:</b> <input type="checkbox"/> 20 gm Protein <input type="checkbox"/> 30 gm Protein <input type="checkbox"/> 40 gm Protein <input type="checkbox"/> 50 gm Protein <input type="checkbox"/> 60 gm Protein <input type="checkbox"/> 70 gm Protein <input type="checkbox"/> 80 gm Protein <input type="checkbox"/> Other (specify) <b>Carbohydrate restriction:</b> <input type="checkbox"/> Low carb <input type="checkbox"/> Ketogenic <input type="checkbox"/> Low glycemic index <input type="checkbox"/> Modified Atkin's <b>Dietary fluid restriction / 24h:</b> <input type="checkbox"/> 500 ml Fluid <input type="checkbox"/> 1000 ml Fluid <input type="checkbox"/> 1200 ml Fluid <input type="checkbox"/> 1500 ml Fluid <input type="checkbox"/> 1800 ml Fluid <input type="checkbox"/> 2000 ml Fluid <input type="checkbox"/> Dry Tray <input type="checkbox"/> No PO Liquids <input type="checkbox"/> Other (See Comments) <b>Other restriction(s):</b> <input type="text"/> <a href="#">+ Add</a>				
<a href="#">? Next Required</a>   <a href="#">Link Order</a>		<a href="#">Accept</a>   <a href="#">Cancel</a>		

To see these features in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD) in the EHS Internal Medicine department.
2. Open an admitted patient's chart.
3. In the Manage Orders activity, place an Adult diet order.
4. Set the Diet type to Modified Texture.

## Configure an Order-Specific Question to Send Diet Supplements To A Diet Orders Interface

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for this content. This package is available for download from February 2022. For information about importing this package, refer to the [Clearly Document and Communicate a Patient's Dietary Wishes](#) topic.*

Allow diet supplements to be sent over dietary interfaces. In the Foundation System, we've updated the Dietary Nutrition Supplements order to use order-specific question 102497-Diet Supplement Type instead of 2020018-Diet-Supplement. Order-specific question 102497 pulls its allowed answers from the Diet Supplements category list and files to the Diet Supplements (I ORD 34380) item, which allows the system to send diet supplements over an interface. We've also built out the Diet Supplements (I ORD 34380) category list to use the allowed answers from order-specific question 2020018 to ensure question 102497 has the same available allowed answers. For

more information about interfacing diet orders, refer to the [Outgoing Diet Orders Interface Reference Guide \(AIK 65\)](#) guide.

Dietary nutrition supplements All meals

Priority: Routine

Deliver with: All meals

Select supplement:

Title	Number
Arginaid	12
Bariatric oral supplement	11
Clear liquid oral supplement	10
Diabetic bar	16

Volume (cc's/hour):

Strength?

Comments:

To see this feature in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD) in the EHS Internal Medicine department.
2. Open an admitted patient's chart.
3. In the Manage Orders activity, place the Diet nutrition supplements order.
4. In the Select supplement field, click the magnifying glass to see the category list responses.

## Select Patient Diet Preferences in the Admission Navigator

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this content. This package is available for download from February 2022. For information about importing this package, refer to the [Clearly Document and Communicate a Patient's Dietary Wishes topic](#).

To allow clinicians to more easily document a patient's diet preferences, you can add the Diet Preferences section to your Admission navigator. Navigator section 30422504001-SEC\_IP\_ADMISSION\_DIET\_PREFERENCES uses SmartForm 30422504001-IP DIET PREFERENCES to show clinicians quick buttons for each value in the Diet Preferences (I EPT 10355) category list. When a clinician documents a patient's diet preferences in this navigator section, the diet preferences are filed to the Diet Preferences (I EPT 10355) item in the patient's chart. Diet preferences filed to the Diet Preferences (I EPT 10355) item can be sent over dietary interfaces, easing communication and reducing patient care burden for kitchen staff by maintaining a single location for recording diet preferences.

Diet Preferences:

Vegetarian	Kosher	Vegan	Halal	Pescetarian
Caffeine-free	Gluten-free	Other	None	Unknown

Comment:

abc |               | 100% ▾

Close     Cancel     Previous     Next

To see this feature in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient nurse (IPRN) in the EHS Med Surg department.
2. Open an admitted patient's chart.
3. In the Admission navigator, go to the Diet Preferences section.
4. See the Diet Preferences section with options to select diet preferences and add comments.

## New Tools to Simplify Discharges and Transfers

**Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for this content. This package is available for download from May 2022. For information about importing this package, refer to the [273854-Smarter Discharge Navigators topic](#).*

To make it easier for clinicians to choose the Transfer and Discharge activities that best match the follow-up they need to complete for their patient, clinicians can use the new Discharge and Transfer Guide. Additionally, they can use a new Discharge to Outside Facility navigator to support patients being discharged to an outside facility.

### Discharge and Transfer Guide

The Discharge and Transfer Guide can help clinicians decide which discharge activity to use based on the context of the discharge. Clinicians can use links to access the navigators from the guide. This guide helps clinicians continue their patient-centered thinking around movement through categorizing our activities into situations where patients stay at the organization (or are expected to return) and situations where patients leave the organization. The guide, pictured below on the left, is available in the Discharge activity from any of the four navigators after installing the Turbocharger package.

The screenshot shows a navigation bar with links for Discharge, Discharge Readmit, Discharge to Outside Facility, and Discharge as Deceased. A 'Help Guide' tab is active. The main content area is titled 'Help: Discharge and Transfer Guide'.

## Staying at My Organization

- Send to Another Unit**: My patient is going to another unit at the **same hospital/site**. **DO NOT** transfer patients going to or from a Rehab or Behavioral Health level of care. These patients are treated as going to another location within my organization.
  - [Jump to Transfer](#)
- Administrative Discharge-Readmit**: My patient is staying at this location:
  - For **Inpatient Hospice** care
  - For non-acute care in a **Swing Bed**
  - [Place a Discharge Order](#)
- Send to Another Location**: My patient is going to:
  - Another site** at my organization
  - An **inpatient rehab Location** at my organization
  - A **behavioral health location** at my organization
  - An **inpatient hospice location** at my organization
  - [Jump to Discharge Readmit](#)
- Send on a Leave of Absence**: My patient is returning home or is going to another facility and is expected to **return to their bed within 3 days**.
  - [Place a Leave of Absence Order](#)

## Leaving My Organization

- Send Home**: My patient is going:
  - Home
  - To a **facility outside my organization** and **needs new prescriptions**
  - [Jump to Discharge](#)
- Send to an Outside Facility**: My patient is going to a facility **outside my organization** and discharge documentation will provide recommendations for ongoing care at the receiving site.
  - [Jump to Discharge to Outside Facility](#)
- Deceased**: My patient is deceased.
  - [Jump to Discharge as Deceased](#)

Buttons at the bottom: [Close](#), [Previous](#), [Next](#).

## Potential Customizations for the Guide

The links in the new guide take clinicians to the Foundation System navigators. If you use custom navigators, you need to update the links to use your activities by following these steps:

1. In report 30410047601-IP Discharge Help Text Report, go to the Report Definition screen.
2. Select print group 39087455744-IP Intrafacility Transfer Launcher and press F8 to open the print group record.
3. Go to the Parameters screen.
4. Set the Activity to Launch parameter to your organization's activity for intrafacility transfers.
5. Repeat steps 2-4 for each of the following print groups and their respective activities at your organization:
  - o 39087455741-IP Discharge Readmit Launcher
  - o 39087455745-IP Leave of Absence MOA Launcher
  - o 3908745574-IP Discharge to Home Launcher
  - o 39087455743-IP Discharge to Outside Facility Launcher
  - o 39087455742-IP Discharge Deceased Launcher

You can customize the help text that appears in the guide with examples and clarifications related to patient movement at your organization. To do so, follow these steps:

1. Open SmartText Editor (ETX) in Hyperspace.
2. Update the following SmartTexts as needed:
  - o 3041129505-IP Intrafacility Transfer Help Text, which is what appears in the Intrafacility Transfer section of the guide.

- Consider removing "site" if there are no sites with multiple hospitals.
- Consider adding specific exceptions or names of locations in which providers should or should not be using the Intrafacility Transfer navigator.
- 3041129502-IP Discharge Readmit Help Text, which is what appears in the Discharge/Readmit section of the guide. Consider adding specific examples or names of locations in which providers should or should not be using the Discharge/Readmit navigator.

## Discharge to Outside Facility Navigator

Clinicians can use this navigator to sign new orders for discharge, make changes to existing orders for discharge, and print prescriptions for controlled medications. Clinicians can review the orders in the After Visit Summary report, which includes instructions for picking up prescriptions only if the patient's discharge disposition indicates that they aren't going to a facility with an attached pharmacy.

## Discrete Follow-up with PCP Order in Discharge

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package with the procedure, its procedure grouper, its OCCs, the hospital visit follow-up visit type attached to the procedure, and the Cadence pool from the follow-up attached to the visit type. This package is available for download starting in November 2024 version. For information about importing this package, refer to the 284285-Clinical Build for Schedulable Follow Ups from Discharge topic.

For organizations licensed for EpicCare Ambulatory, MyChart, or Cadence, release note 886537-Mark Your Calendar: Get Patients Follow-Up Care More Reliably with Schedulable Follow-Ups describes support for new fields in orders to capture information about the follow-up visit request rather than relying on free-text fields. To allow organizations licensed for EpicCare Inpatient Orders to take advantage of that functionality, we've added a new follow-up order to the Foundation System that inpatient clinicians can use to quickly and clearly send the follow-up request to schedulers' workqueues automatically upon signing. You can add the Follow-up with PCP procedure order, REF160F, to preference lists and SmartGroups to make it more discoverable for physicians.

Follow Up with Primary Care Provider	
Timing:	Expected Date: <input type="text" value="10/7/2024"/> <input type="button" value="Today"/> <input type="button" value="First Available"/> <input type="button" value="Tomorrow"/> <input type="button" value="1 Week"/> <input type="button" value="2 Weeks"/> <input type="button" value="1 Month"/> <input type="button" value="3 Months"/> <input checked="" type="checkbox"/> Approx. <input type="button" value="6 Months"/>
Comment:	<input type="button" value="After Procedure"/> <input type="button" value="After Tests"/> <input type="button" value="Before Procedure"/> <input type="button" value="Other (specify)"/>
Details:	<input type="text" value="Follow up within 2 weeks"/>
PRN:	<input type="checkbox"/>
Follow up with:	<input type="button" value="General PCP (Smith, Jessica)"/>
Scheduler Comments:	<input type="button" value="Add Scheduler Comments"/>
Patient Comments:	<input type="button" value="Add Patient Comments"/>
<a href="#">Additional Order Details</a>	
<input type="button" value="Next Required"/> <input checked="" type="button" value="Accept"/> <input type="button" value="Cancel"/>	

To see these features in the Foundation System from an inpatient physician perspective:

1. Log in to the [Foundation System Hosted environment](#) as your organization's inpatient attending physician.
2. Open an inpatient encounter.
3. Place an order for REF160F.

Then, to see these features in the Foundation System from a scheduler's perspective:

1. Log in to the [Foundation System Hosted environment](#) as your organization's scheduler.
2. Open the Workqueue List activity.
3. Go to the Appt Requests tab.
4. Select and open the Hospital Discharge Follow-up Scheduling workqueue.
5. Find and select the signed request.

## Limit Allowed Durations for Restraint Orders

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this content. This package is available for download from May 2020 to May 2023. For information about importing this package, refer to the 268732-[Validation for Restraint Order Duration](#) topic.

To prevent clinicians from ordering restraints for longer periods than recommended, the Foundation System now includes age-based restrictions for restraint orders. You can complete similar build in your system by using an order validation extension and rule.

To see these features in the Foundation System:

1. Log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD) in the EHS Internal Medicine department.
2. Open an admitted patient's chart. To place each of the restraint orders listed in the next step, open the chart of a patient in the correct age range.
3. In the Manage Orders activity, place an order for a restraint and change the duration to violate the corresponding limit:
  - For the "Restraints Violent or Self-Destructive Adult (age 18 and older)" order, the limit is 4 hours.
  - For the "Restraints Violent or Self-Destructive Adolescent (age 9 to 17)" order, the limit is 2 hours.
  - For the "Restraints Violent or Self-Destructive Child (age 8 and younger)" order, the limit is 1 hour.
4. Try to sign the order. An order validation warning appears, and you cannot sign the order.

To see how this order validation extension is configured, log in to the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM). Open extension 3048812803-IP Order Validation – Restraint Duration Limitations in the Extension activity (search: Extension). To see how the new rule is configured, open record 730319-IP Order Validation Restraint Duration Limitations in the Rule Editor (search: Rule Editor)

For information about building extensions and rules, refer to the [Find and Configure Extensions](#) topic and the [Create or Edit a Rule](#) topic, respectively.

## Enhance Ordering for Insulin, Hypoglycemia, and DKA Treatment

You can complete this build in any version of Epic.

We've updated various Order Sets and panels based on feedback from our Endocrinology Steering Board to bring them in line with the latest recommendations and to help providers make the right decisions more easily. We've updated the following records and the SmartGroups that are nested within them:

- Order Set 3040000229-GEN SUBQ INSULIN NON CARB DOSING FOCUSED
- Order Set 3040000291-GEN DIABETIC KETOACIDOSIS TREATMENT FOCUSED

- Order Set 3040000227-GEN HYPEROSMOLER HYPERGLYCEMIC STATE ADMISSION
- Panel 134824-IP MEDS INSULIN AND HYPOGLYCEMIA MASTER PANEL
- Panel 135661-IP MEDS INSULIN AND HYPOGLYCEMIA TREATMENT PANEL (NO CARB-RATIO INSULIN CALCULATOR)

To see how these Order Sets and panels are configured, log in to the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM). Open the Order Sets listed above in the SmartSet Editor (search: SmartSet) and the panels in the SmartGroup Editor (search: SmartGroup). Note that the Foundation System panels don't include combination insulin products because the 2019 ADA guidelines discourage their use for inpatients due to increased risk of hypoglycemia.

For information about building Order Sets and SmartGroups, refer to the [Build Your SmartSets and Order Sets](#) topic and the [Build Your SmartGroups](#) topic, respectively.

## OurPractice Advisory During Order Signing or Verification for Inpatients With Insulin Orders and No Hypoglycemia Orders

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for these Order Sets and panels. This package is available starting in February 2020, and you can download it from the Available Packages tab of the Turbocharger activity or from this topic. For information about importing this package, refer to the 251345-BestPractice Advisory to suggest hypoglycemia treatment for patients on insulin topic.*

A OurPractice Advisory appears during order signing or verification for inpatients with insulin orders and no hypoglycemia treatment orders. To see how this OurPractice Advisory is configured, log in to the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM). Open the OurPractice Advisory Editor (search: OurPractice) and open record 5964-SB NO ACTIVE HYPOGLYCEMIA TREATMENT MEDICATION ORDER.

For information about building Order Sets and SmartGroups, refer to the [Build Your SmartSets and Order Sets](#) topic and the [Build Your SmartGroups](#) topic, respectively. For advisory build instructions, refer to the [Build a Basic BestPractice Advisory](#) topic.

## A New Order Set to Help Treat Preeclampsia

**You can complete this build in any version of Epic.**

Preeclampsia is associated with long-term health issues, including cardiovascular disease and organ damage.<sup>1</sup> As part of the Maternal Safety initiative to help treat expectant patients with preeclampsia and hypertension, we've worked with Epic community member physicians to create a preeclampsia Order Set. This Order Set helps clinicians deliver consistent, evidence-based care by queueing up orders with default values selected, including labs, assessments, and when to notify the physician based on vital signs.

**Orders**

Pre-eclampsia Treatment 

**Nursing**

▶ Notify Physician Click for more

- Notify physician (pre-eclampsia treatment parameters)
  - Until discontinued, Starting Today at 1551, Until Specified
  - Temperature greater than: 38
  - Temperature less than: 36
  - Systolic blood pressure greater than: 160
  - Systolic blood pressure less than: 80
  - Diastolic blood pressure greater than: 110
  - Diastolic blood pressure less than: 40
  - Heart rate greater than: 120
  - Heart rate less than: 60
  - Respiratory rate greater than: 24
  - Respiratory rate less than: 12
  - Spo<sub>2</sub> less than: 95
  - Other: Urine output less than 30 mL per hour

▼ Nursing Assessments

- Preeclampsia protocol
  - Until discontinued, Starting Today at 1551, Until Specified
- Strict intake and output
  - Until discontinued, Starting Today at 1551, Until Specified
- Daily weights
  - Daily, Include Now
- Monitor fetal heart tones
  - Until discontinued, Starting Today at 1551, Until Specified
- Contraction - monitoring
  - Until discontinued, Starting Today at 1551, Until Specified

▶ Nursing Interventions Click for more

▼ Labs

▼ Now

- High Risk Labs
- Preeclampsia Labs
  - CBC (\$\$\$)
    - Once, Today at 1551, For 1 occurrence
    - Blood, Blood, Venous

To see how this Order Set is configured, log in to the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM) and open Order Set 3040500030-IP Pre-Eclampsia Treatment in the SmartSet Editor (search: SmartSet).

For information about building Order Sets, refer to the [Build Your SmartSets and Order Sets](#) topic. If you don't have SmartGroups similar to those used in this Order Set, refer to the [Build Your SmartGroups](#) topic for information about creating them. Also, note that the Order Set includes a preeclampsia protocol order (procedure 168439-Preeclampsia Protocol), which you should update with a link to your organization's guidelines. For more information, refer to the [Link Protocols to Orders](#) topic.

<sup>1</sup>Phipps E, Prasanna D, Brima W, Jim B. Preeclampsia: updates in pathogenesis, definitions, and guidelines. *Clin J Am Soc Nephrol*. 2016;11(6):1102–1113.

## Automatically Recommend Admission Orders for Patients During Cutover

You can complete this build starting in August 2019.

We've created an admission order panel that dynamically recommends the correct admission order based on patient class. You can add this order panel to your cutover order set so that providers can easily find and order the correct admission order during cutover. This order panel can save time providers would otherwise spend searching for the correct admission order, and satisfies requirements for tasks that require an admission order, such as printing an After Visit Summary or discharging a patient.

If you're using August 2019 or a later version, your Epic representative can help you get the order panel, rules, and criteria into your system. Contact your Epic representative and mention project 209855.

## Recommend Post-op Discharge Pain Medication Dosing Based on Procedure Performed

**You can complete this build in all versions of Epic.**

For opioid-naive patients, the quantity and duration of a postsurgical opioid prescription are strong predictors for the likelihood of opioid misuse. However, the quantity and duration of a prescription necessary to both address patients' pain while managing the likelihood of misuse can vary depending on the procedure. You can build order sets that recommend postsurgical discharge pain medication orders to clinicians based on the type of procedure performed.

Orthopaedic Surgery Postprocedure ☰

▼ Procedural Discharge

- ▶ Notify Physician
- ▶ Diet
- ▶ Dressing / Wound Care
- ▶ Activity
- ▶ Weight Bearing
- ▶ Hygiene
- ▶ Durable Medical Equipment
- ▶ Nursing Interventions
- ▶ Follow-up
- ▶ Specialty Consults
- ▶ Labs/Tests
- ▶ Imaging
- ▶ Meds: OTC Discharge Instructions
- ▶ Meds: Discharge Instructions
- ▶ Meds: Oral Antibiotics For Ongoing Purulent SSSI
- ▶ Meds: Oral Antibiotics For Ongoing Diabetic Foot Infection
- ▶ Meds: Adjuvant Pain Management

▼ Meds: Pain Management

- Non-Opioids (1st Line for Mild to Moderate Pain)
- Opioids for ORIF Ankle/ACL/PCL/Rotator Cuff
- Opioids

The Foundation System includes SmartGroups with post-discharge pain management dosing targeted to specific procedures. These SmartGroups include non-opioid orders for mild and moderate pain, as well as recommended opioid doses for severe pain. The Foundation System combines these SmartGroups into comprehensive dosing protocols for several clinical services. Postprocedure dosing protocols are based on the [Post-Surgical Opioid Prescribing Guidelines](#) developed by Johns Hopkins Medicine and published by the Center for Opioid Research and Education (CORE).

Implementing these protocols involves building discharge pain medication SmartGroups for different procedures and adding them to your surgery postprocedure order sets. For more information, refer to the Procedure-Specific

## Reduce Unnecessary Lab Orders

In their UGM 2018 presentation [Lab Utilization - Choose Wisely](#), the University of Kansas introduced a number of ways they've reduced orders for labs that might not be helpful, particularly repeated or expensive labs.

The Foundation System now includes the following features based on the University of Kansas's lab utilization initiative. If you're using February 2019 or a later version, your Epic representative can help you get the lab utilization updates into your system. Contact your Epic representative and mention project 191249.

## Notify Providers of Expiring Lab Orders

**You can complete this build in all versions of Epic.**

You can create an expiring lab order notification that appears in the Manage Orders activity 24 hours before an order expires. This reminds clinicians to continue the order as necessary to avoid lapses in care.

Expiring Orders

Blood culture

As needed (Lab), Starting Sun 1/13/19 at 0000,  
Until Mon 1/14/19, For 2 days  
Specimen Types - Blood; Specimen Sources - Blood, Venous; New collection

Renew Let Expire Modify Discontinue

⌚ Expires in 14 hours 2 minutes.

The Foundation System includes expiring order notifications for lab, microbiology, and point-of-care testing orderables. Building this notification involves reviewing your existing procedure categories, enabling expiration notifications, and setting a timeframe for notifications. For more information on building this enhancement, refer to the [Manage Expiring Orders](#) topic.

## Limit Recurrence with Lab-Specific Frequencies

**You can complete this build in all versions of Epic.**

Organizations working to reduce unnecessary lab orders may want to adjust their frequency settings. However, frequencies are often shared between lab and non-lab orders, and changes can cause unintended changes for other orders. You can use lab-specific frequency orders to update your lab ordering workflows without unintended changes to other orders. You can also use lab-specific frequencies to set lab-specific default values.

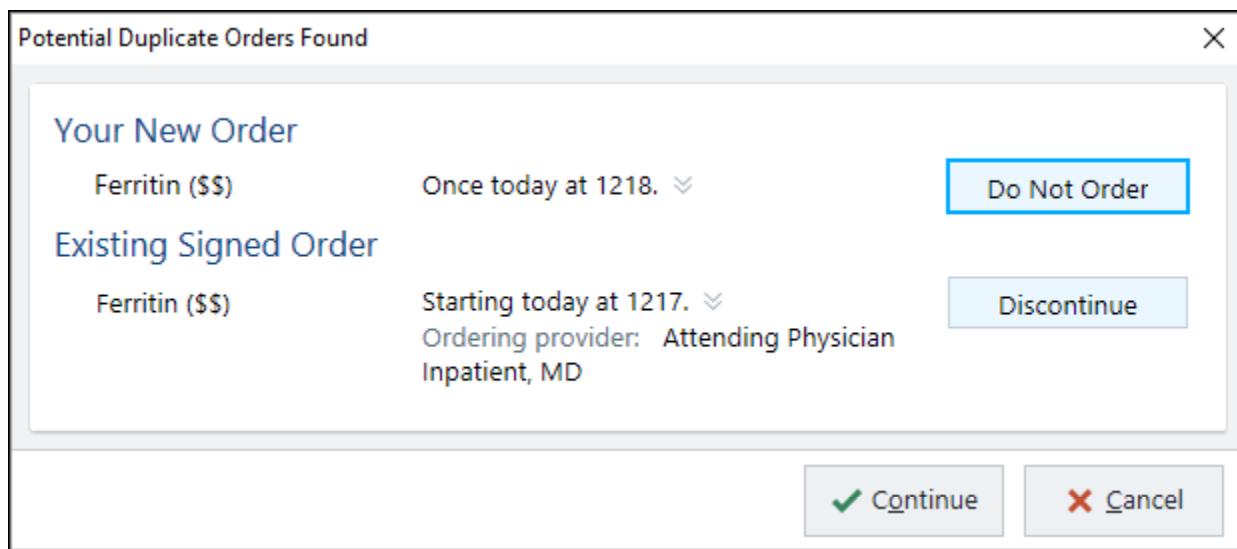
The Foundation System now includes lab-specific frequency records that can be updated for lab-specific initiatives. Many of the Foundation System frequencies are now set with a three-day default recurrence period to avoid unintentional over-ordering.

Building this enhancement involves reviewing your existing lab frequencies, creating new lab-specific frequency records, and using them to replace your old frequency records. For more information on building this enhancement, refer to the [Frequencies Setup and Support Guide](#).

## Reduce Repeat Orders with Duplicate Lab Check

**You can complete this build in all versions of Epic.**

Some labs only need to be ordered infrequently, and may remain valid for one or more admissions. You can help reduce repeat orders for those labs by notifying physicians when they try to place duplicate lab orders. The Foundation System includes a procedure duplicate check group to identify duplicate orders for several labs that remain valid for up to six months. If a patient has valid results for one of those procedures in the past six months, the ordering provider sees a notification if they attempt to order that procedure.



Building this enhancement involves creating a procedure duplicate check group. For more information on building this enhancement, refer to the [Set Time-Based Lookback Procedure Duplicate Checks](#) topic.

## Promote Best Practices for C. diff Test Ordering with Order Questions and Second Sign Properties

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for the sidebar report for C. diff labs, updates to C. diff lab orders, and the new C. diff Ordering Audit (Last Month) report. This package is available for download in versions May 2022 to February 2024. For information about importing this package, refer to the [267217-Updated C. Diff Ordering Protocol](#) topic.

New tools in the Foundation System help clinicians follow C. diff lab ordering guidelines and reduce over-testing, which can cause false positive C. diff test results and increase a patient's length of stay. You can leverage second sign properties to prevent clinicians from ordering C. diff tests for patients who have recently received laxatives or had a recent positive C. diff result. These second sign properties take the place of OurPractice Advisory 5148-Base Icon Reduce Unnecessary C Diff Testing, which was previously used to reduce unnecessary C. diff lab ordering.

Clostridioides difficile toxin

Once, today at 1650, For 1 occurrence

Reason for testing within 10 days of a positive result: None  
Stool, Per Rectum

**🚫** The patient had a positive result in the last 10 days. Retesting now is against best practice. Remove the order or provide a reason for exception.

Prevent sign message that appears when C. diff lab is ordered for patient with positive C. diff lab result in last 10 days

Also, to help clinicians decide whether to proceed with ordering the C. diff lab when they get a prevent sign message, a new sidebar report containing the following information appears when a C. diff lab order is opened:

- Any laxatives the patient was administered in the last 48 hours
- All positive C. diff lab results for the patient from the last 10 days
- Stool flowsheet documentation for the patient from the last 24 hours

- A new C. diff SmartText explaining that stool samples should conform to the container
- Any medications the patient was administered in the last 72 hours that increases the patient's risk of a C. diff infection

The screenshot shows the Epic Order Composer interface. On the left, there is a sidebar report titled "Clostridioides difficile EIA". It contains sections for "Laxatives (last 48 hours)", "Results (last 10 days)", "Tube Feeding (last 48 hours)", "Stool (last 24 hours)", and "Meds that Increase Risk for C. diff (last 72 hours)". Each section has a table with specific details. On the right, there is a main panel for entering a lab order. It includes fields for "Frequency" (set to "Once"), "At" (set to "3/21/2023 Today"), "Reason for testing within 10 days of a positive result" (with options like "None" and "Urgent Exception" selected), and "Comments" (with a link to "Add Comments"). Below these are tabs for "Specimen Type" (set to "Stool"), "Specimen Source" (set to "Per Rectum"), and "Process Instructions". The instructions tab contains a note about PCR tests and a link to consult an Infectious Diseases provider. At the bottom of the sidebar report, there are buttons for "Next Required" and "Link Order". At the top right of the main panel, there are "Accept" and "Cancel" buttons.

### New sidebar report for C. diff lab orders

Should an ordering clinician decide that the lab is still necessary, they must answer all the "Reason for testing" questions that appear in the Order Composer to be able to sign the lab order. Infection preventionists and infectious disease providers can review C. diff orders, including ordering clinicians' answers to the order questions, in report [760195-C. diff Ordering Audit \(Last Month\)](#).

For more information on the build and validation needed for these C. diff order and sidebar report updates, refer to the [Prevent Providers from Signing Unnecessary C. Diff Lab Orders](#) topic.

## Sort Orders by Phase of Care for Nurses

**You can complete this build in all versions of Epic.**

We've updated the view nurses see in the Signed and Held tab of the Manage Orders activity to sort orders by phase of care. This view reduces clicks by allowing nurses to review orders' phases of care at a glance without having to open each order for more information.

Signed & Held Orders - On Unit 1 order

Orders from Attending Physician Inpatient, MD  
Ordered at: 11/3/17 1608 Reason for holding: RN Will Release

valACYclovir (VALTREX) tablet 750 mg 750 mg, Oral, 2 times daily, First dose on Fri 11/3/17 at 1800, On Unit

Select All On Unit Save Changes Release

Signed & Held Orders - Preprocedure 0 orders

Signed & Held Orders - Recovery (only) 0 orders

Signed & Held Orders - Phase II/On Unit 0 orders

To build this enhancement, update the default sort in the default view your nurses use in the Manage Orders activity. For more information, check out the [Determine How Clinicians Group Orders in the Manage Orders Activity](#) topic.

## Support American Heart Association Best Practices with Stroke Order Sets and Clinical Workspaces

 **Turbocharger** To make it easy for you to get this content, we've created a Turbocharger package for the Get with the Guidelines-Stroke content available in the Foundation System. Starting in November 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger) or from this topic. For more information about importing these records, refer to the [210944-Get with the Guidelines - Stroke Content](#) topic.

If your organization participates in the American Heart Association's (AHA) Get with the Guidelines (GWTG) - Stroke program, you can use the Foundation System as a model for creating clinical workflows and tools that align with the AHA's best practices. The Foundation System includes the following tools to support the program:

- Stroke Screening button in the Stroke Narrator to open the encounter-level SmartForm, allowing ED nurses to document key stroke data such as last known well and dysphagia screening
- ED and admission order panels and sets for ischemic stroke treatment with or without IV thrombolytic therapies, including discrete documentation of inclusion or exclusion criteria
- Ischemic Stroke Navigator for neurologists to quickly review and document initial stroke arrival and treatment details, including the shared encounter-level SmartForm
- Reports and print groups to help quality abstractors easily find the information they need to abstract and submit to GWTG-Stroke

Clinicians document the patient's stroke history in the AHA GWTG Stroke Clinician Form.

Cascading questions allow physicians to specify the exclusion criteria when a patient doesn't qualify for IV thrombolytic therapy.

For more information about building these records, refer to the following topics in the [American Heart Association Get with the Guidelines - Stroke Registry Setup and Support Guide](#):

- Maintain Exclusion Criteria in GWTG - Stroke Order Sets

- Give Clinicians an Ischemic Stroke Navigator
- Create Quality Measure Summary Reports
- Document Get with the Guidelines - Stroke Data Directly from the Stroke Narrator

## Support Physicians with an Improved Consult Workflow

**To make it easy for you to get this content, we've created a Turbocharger package for the system lists, patient lists, and supporting records starting in May 2020. To get this package, contact your Epic representative and mention project 213752.**

**You can complete this build manually beginning in February 2019.**

Support your attending physicians and specialists by supplementing their existing consult workflow with new Foundation System build and recommendations. Your attending physicians can now send a consult order to a team of specialists, known in Epic as a provider team. When an attending physician places a consult order to a provider team, the designated provider team is assigned to the patient's treatment team and the patient is added to the provider team's system list. This list includes all patients for whom the provider team is responsible and updates automatically whenever a patient is assigned to the provider team.

By allowing attending physicians to assign consult orders to a provider team, the specialists on the provider team can consider the workloads and specific skills of their teammates and ensure that they assign the patient to a consulting physician that best meets the patient's medical needs. In addition, any specialist on the provider team can use the provider team's system list to review the patient's medical information and monitor the status of the consult order. This system list is easy to maintain, as patient information updates automatically and patients don't need to be manually added to or removed from a My Patients list to be seen by a consulting physician.

To view this workflow in the Foundation System, log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD) in the EHS Internal Medicine department. Use the images below to follow along with the workflow. Go to the Patient Lists activity and open an admitted patient's chart. Then, complete the following steps:

1. Place an Inpatient Consult to Cardiology order. In the new Consulting Group field, enter Cardiology Team.
2. Log in as your organization's cardiologist (CARDMD) in the EHS Cardiology department. Then, go to the Patient Lists activity, expand the Provider Care Teams system list grouper, and expand the Cardiology system list grouper. Click on the Cardiology Team system list.
3. Verify that the patient appears in the Cardiology Team system list with an icon in the New consult column indicating that the patient has an active consult order.

**1** Inpatient consult to cardiology

Priority:	Routine <input type="button" value=""/>	Routine <input type="button" value=""/>	STAT <input type="button" value=""/>
Consult:	From: ACHILLES, FINN [E1001] <input type="button" value=""/> <input type="button" value=""/>		
<input type="checkbox"/> Override restrictions			
Consulting Group	CARDIOLOGY TEAM <input type="button" value=""/>		
Reason for Consult?	Patient experiencing chest pain, shortness of breath, and weakness in left arm		
Level of Consultation	Consultation Only <input type="button" value=""/>	Consultation and Management <input type="button" value=""/>	Consultant assumes full responsibility <input type="button" value=""/>
Comments:	<input type="button" value="Add Comments (F6)"/>		
<input type="button" value="Next Required"/> <input type="button" value="Link Order"/>		<input type="button" value="Accept"/> <input type="button" value="Cancel"/>	

**2**

Available Lists		Refreshed just now <input type="button" value=""/> Search All Admitted... <input type="button" value=""/>				
Provider Care Teams						
▶	Acute Pain					
▶	Allergy					
▶	Anesthesiology					
▶	Cardiology					
▶	Cardiology Team					

Patient	New consult	Admission Info	MD Notifications	Prof Charges	Expiring S/H Orders	Unsign S/H Order Orders
Wilson, Kristen 29 y.o. / F	<input type="button" value=""/>	CCF Med Surg 3/NONE Current Location: Fam Exam Room D None	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

From the provider team's system list, a consulting physician can enter the patient's chart, copy the patient to their My Patients list, or act on the consult order and complete a consult note. If the consulting physician determines that the provider team doesn't need to continue treating or monitoring the patient, they can manually remove the provider team from the patient's treatment team, which then removes the patient from the provider team's system list.

For help building our recommended provider team workflow for your inpatient physician consults, refer to the [Inpatient Physician Consults Setup and Support Guide](#).

## Improved Continuous EEG Workflow

**Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for Improved Continuous EEG Workflows. This package is available for download from November 2021 to August 2022. For information about importing this package, refer to the 204249-[Improved Continuous EEG Workflow](#) topic.*

Continuous EEG workflows are easier for clinicians with Foundation System updates to simplify their ordering options and a new report to review a patient's monitoring.

Users can easily order different types of continuous EEGs from a single procedure, NEU43-Long-term EEG monitoring. The procedure includes order-specific questions that clinicians can fill out in the Order Composer to specify details about the type of monitoring required for the patient.

**EEG Continuous Monitoring**

Priority: Routine  Routine STAT

Frequency: Continuous

For:  Hours Days Weeks

Starting: 9/21/2020  Tomorrow At: 1342

Starting: Today 1342 Until Specified

[Show Scheduled Times](#)

09/21/20 1342

Type of Monitoring?	Unmonitored	Intermittent	Continuous	Other
With Video?	Yes	No		
Reason for monitoring	Seizure identification	Differential diagnosis	Epilepsy surgery evaluation	Other
Expected Length?	Overnight	2-3 days	5 days	7 days
Portable?	Yes	No		
Comments:	<a href="#">+ Add Comments (F6)</a>			

For ease of monitoring, patients with an active EEG Continuous Monitoring order appear on the Neurodiagnostic Orders System list.

Additionally, users can conveniently review continuous EEG results in one central order report, 30410000016-IP NEU Continuous EEG. In the Foundation System, we've added this report to the summary reports for users with profile 142000004-NEU Provider User.

**Summary**

Overview Neuro ICU Flowsheet Vitals Labs Rad Meds History Weights ED Summary Fever Continuous EEG ▾ Continuous EEG

**Active Continuous EEG Orders**

(720h ago, onward)

Start	EEG continuous monitoring	Continuous	Ordered
10/11/21 1319	Question	Answer	Comment
	Type of Monitoring?	Intermittent	
	With Video?	Yes	
	Reason for monitoring	Epilepsy surgery evaluation	
	Expected Length?	Overnight	
	Portable?	No	

**Previous Continuous EEG Orders**

(720h ago, onward)

None

**Link to Study Review**

[Jump to Study Review to document a Continuous EEG Study Note](#)

**Neurodiagnostic Study Notes**

**EEG**

Ordering provider: Attending Physician Inpatient, MD 02/15/21 1620  
 Performed: 02/15/21 1620 - 02/15/21 1625  
 Narrative:  
 Electroencephalogram Report  
 Patient: William Orders 3/17/1955 203029  
 History  
 Indications: Diagnostic  
 Medications:  
 EEG History: has not been performed recently  
 Technical Description  
 This study was performed using a 8 channel digital electroencephalographic recording with EKG monitoring. International 10-20 electrode placement was used prior to the application of 8 scalp electrodes. Longitudinal and coronal bipolar montages and ear reference montages were used with usual gain and filter settings.  
 Total EEG Recording Time: 10 minute

Resulted by: Physician Neurology, MD  
 Resulted: 08/19/21 1328, Result status: Final result  
 Accession number: 385

Finally, neurodiagnostic technicians can now access the Charge Capture activity from their default inpatient workspace so they can drop charges for admitted patients with continuous EEGs.

Patient Lookup Anc Orders My Reports Recent Exams Orders, William TECHNOLOGIST N EpicCare

**Charges**

**Charge Capture**

Select New Charge

Service Date	Department	Place of Service	Service Provider	Billing Provider	Referring Provider
10/21/2021	EMH ICU	EHS HOSPITAL	Technologist Neurology	Attending Physician Inpatient, MD	

Search for new charge

Charges to be Accepted upon Closing the Section

Accept Charges

Description

Continuous Real-time (remote or on-site, max 4 patients, no break)

Cupid Charges (personal filters applied)

No charges to display

**Supply Capture**

There are no supplies documented for this time range

## Improved Order Composer Options to Help Ensure Urethral Catheters are Ordered Appropriately

## You can complete this build in any version of Epic.

In the Foundation System, we've changed the name of procedure NUR380 from Insert Foley Catheter to Insert Indwelling Catheter. This order is primarily used in the Foundation System panel 176027-Gen IP Nursing Interventions - Urinary Catheter Care Panel.

To encourage the use of indwelling catheters only in certain scenarios, this order now includes a new order-specific question to allow clinicians to specify indications of use. Additionally, to prevent unnecessary catheter insertions, the Frequency field for this order now displays a quick button for only Once.

To update your urethral catheter insertion order, you can see how this procedure is configured by logging in to text in the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM) and opening procedure (EAP) record NUR380-Insert Indwelling Catheter. To see how the new question for indications of use is configured, log in as the same user in Hyperspace and open order-specific question 150030-IP Insert Foley Catheter Indications in the Order-Specific Question Editor.

The screenshot shows the 'Urinary Catheter Placement, Management, and Removal' panel. A checkbox 'Insert urethral catheter' is checked. The 'Frequency' field is set to 'Once'. Under 'Indications', several buttons are available: 'urinary retention', 'urinary tract surgery', 'acute urinary retention', 'open wounds with incontinence', 'continuous bladder irrigation', 'medication infusion', 'immobilization', 'critically ill patient', and 'hospice/comfort care'. A blue button labeled 'other indications' is visible. An explanatory comment field is empty. A 'Comments' section with a '+ Add Comments' button is present. At the bottom, there are sections for 'Catheter care' and 'Remove urethral catheter', both with checkboxes checked. A 'Next Required' button is at the bottom left, and 'Accept' buttons are at the top right and bottom right.

## Prompt Clinicians to Reorder Procedures During Discharge Order Reconciliation

**Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package. To get this package, contact your Epic representative and mention PRJ 325634. For more information about importing this package, refer to the 325634-Discharge Procedure Reconciliation Report topic.*

This feature is available in the United Kingdom Foundation System, but any organization in Europe can download the Turbocharger package.

To help clinicians ensure patients have active orders for procedures needed after discharge, the UK Foundation System now includes a Review Inpatient Orders step (1) during the discharge order reconciliation workflow.

Clinicians can review inpatient procedure orders that the system will automatically cancel when the patient is discharged (2), and they can place outpatient orders for any that the patient still needs after discharge (3).

The screenshot shows the EpicCare Inpatient Orders Foundation System interface. On the left, a 'Discharge Orders' window is open, showing a yellow banner at the top stating: 'The following inpatient orders will be cancelled immediately upon discharge. Place these as outpatient orders from the sidebar, if they are needed after discharge.' Three numbered callouts point to specific features: 1 points to the banner; 2 points to the 'Inpatient Consult Orders to be discontinued' section; and 3 points to the search bar in the 'New Inpatient Orders' sidebar.

**Discharge Orders**

Review Home Medications 1. Review Inpatient Orders 2. Review Medications for Discharge 3. Order Sets

The following inpatient orders will be cancelled immediately upon discharge. Place these as outpatient orders from the sidebar, if they are needed after discharge.

**Inpatient Consult Orders to be discontinued**

Ordered 11/12/24 10:33 > Inpatient consult to Cardiology Once  
Specialty: Cardiology Provider: (Not yet assigned)

**Inpatient MDT/MDM Orders to be discontinued**

None

**Inpatient Diagnostic/Procedure Orders to be discontinued**

Ordered 11/12/24 10:33 > XR Chest and Abdomen Once

**New Inpatient Orders**

Discharge patient Home or Self Care, 11/12/2024, Afternoon

After Visit Summary Preview  Show All Orders

ASK how to take (1)

Rx EMC OP Dispensary Pharmacy 555-555-5555

Remove All  Save Work - Complete Later  Sign - Print and/or E-prescribe Now

For more information on configuring navigators, refer to the [Build Your Navigators](#) topic.

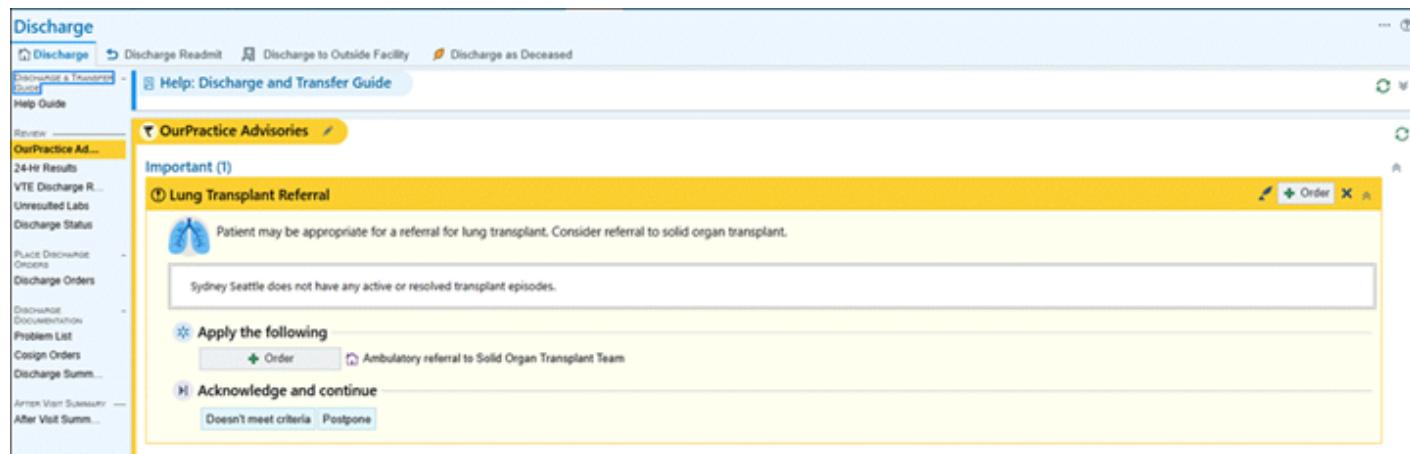
# OurPractice Advisories

## Prompt Physicians to Refer Eligible Patients to Lung Transplant

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this advisory. This package is available for download starting in November 2025. For information about importing this package, refer to the [313657-OPAs to Identify Patients to Refer to Lung Transplant](#) topic.

You can show an OurPractice Advisory recommending a lung transplant referral when certain clinical criteria are met, helping physicians connect potential transplant candidates with a transplant center when appropriate. The advisory appears in the patient's Storyboard, as well as in the discharge navigator for physicians. For example, if a patient has a diagnosis of cystic fibrosis and abnormal FEV1 results, and they also meets specified age and BMI requirements, the advisory appears during the discharge process, prompting the physician to order a referral for a lung transplant.

The OurPractice Advisory also uses exclusion criteria to ensure that recommendations are made when appropriate. For instance, if a patient already has an active lung transplant episode or if a patient is receiving hospice care, the advisory doesn't appear. These exclusion criteria prevent unnecessary prompts for patients who are ineligible for a transplant or who have already been referred for transplant.



The OurPractice Advisory indicates that a patient might be an appropriate candidate for a lung transplant referral.

We recommend that you work with transplant physicians to review the criteria that cause the advisory to appear and determine any updates you want to make. To see how this advisory is configured, log in to the [Foundation Hosted environment](#) as your organization's inpatient administrator (IPADM) or ambulatory administrator (AMBADM). Open the OurPractice Advisory Editor and open record 1650000021-Base Organ Failure - Lung.

## Help Facilitate Shared Decision Making for Lung Cancer Screenings

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this OurPractice Advisory. This package is available for download from February 2022 to November 2022. For information about importing this package, refer to the [230672-Lung Cancer Screening Workflow](#)

## **topic.**

Use a OurPractice Advisory to prompt primary care physicians to have a shared decision-making conversation with eligible patients to determine whether the patient would like to undergo lung cancer screening. Eligible patients meet the criteria in the U.S. Preventive Services Task Forces (USPSTF) guidelines. Clinicians can use a new navigator template to facilitate the conversation, and track the complete conversation with a new Health Maintenance plan and topic. If the patient decides to undergo lung cancer screening, physicians can write the note and place a low dose CT order right away with a new SmartSet.

This patient is eligible for lung cancer screening based on USPSTF guidelines. Shared decision making is **required** by CMS to help patients decide if they should undergo lung cancer screening.

Go to the **Lung Cancer Screening Navigator** to access counseling tools, document shared decision making conversation, and order Low Dose CT.

Postpone    Do Not Postpone    Lung Cancer Screening Shared Decision Making    [Edit details](#)    Until 4/14/2022

[Go to Lung Cancer Screening Navigator](#)

Acknowledge Reason

Patient not present (show me later)    Patient declines screening (hide for 5 y...)

If you want to report on patients that elect to receive lung screening after you implement this feature, starting in February 2022, you can use registry metric rule (CER) 52164-DM SDE Patient Elects Lung Cancer Screening. Refer to the [Create Reports that Search on Registry Data](#) topic for more information.

For more information on patients who are eligible for lung cancer screenings, refer to the [Identify Patients Who Are Eligible for Lung Cancer Screening](#) topic.

## **Manage Treatment of Pediatric Patients with Down Syndrome**

**Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for OurPractice Advisories, the Health Maintenance plan, and supporting records. This package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or you can download it from this topic. For more information about importing records related to the care path, refer to the [221457-BPAs and Health Maintenance Plan for Down Syndrome](#) topic.*

**You can complete this build in any version of Epic.**

To help clinicians better support pediatric patients with Down Syndrome and catch complications caused by Down Syndrome before they become chronic or life-threatening health issues, you can use OurPractice Advisories, Health Maintenance plans, and a SmartSet. This build is, in part, based on a presentation made by Stephanie Santoro, MD, to the American College of Medical Genetics and Genomics, and build that Dr. Santoro implemented at Nationwide Children's Hospital to increase adherence to [guidelines](#) set by the American Association of Pediatrics (AAP). If you implement this feature or have any questions about it, Dr. Santoro is interested in hearing from you. For her current contact information, contact your Epic representative and mention parent SLG 5117581.

Note that in the Foundation System, the advisories and the Health Maintenance plans are not restricted to

pediatric patients but can be triggered in any patient with a diagnosis of Down Syndrome who hasn't yet had the preventative care interventions documented.

The Health Maintenance plan, 206-Genetics Down Syndrome, includes guidance for an echocardiogram, an annual test of Thyroid Stimulating Hormone, a referral to a sleep study, an annual CBC, a reminder to document karyotyping data on the patient's chart, and annual testing of either ferritin and CRP or serum iron and TIBC.

Another Health Maintenance plan, 246-Genetics Down Syndrome Neonatal, applies only to patients below the age of one. It includes a reminder to document karyotyping data on the patient's chart and guidance for an initial CBC test, an echocardiogram within a month of birth, and a TSH Level every 5 months.

The advisories work as follows:

- In the inpatient setting, advisories appear to physicians, fellows, residents, nurse practitioners, and physician assistants for patients with a diagnosis of Down Syndrome. We separated these suggestions into two advisories so that clinicians can give a unique acknowledgment reason for each if they choose not to place the orders.
  - One advisory suggests an inpatient consult by a genetic counselor.
  - Another advisory suggests an outpatient referral to Genetics during the discharge workflow.
- In the outpatient setting, advisories appear for physicians in outpatient encounters for patients with a diagnosis of Down Syndrome:
  - One advisory recommends a referral to audiology for patients six months or older.
  - Another advisory recommends a referral to ophthalmology for patients six months or older.

To see the outpatient advisories and the Health Maintenance plan in action, log in to the [Foundation Hosted environment](#) as your organization's family medicine physician (FAMMD) and add a diagnosis of Down Syndrome to a patient's chart. The advisories appear in the advisory navigator section and the Storyboard. To see the inpatient advisories, log in as your organization's inpatient physician (IPMD) and add a diagnosis of Down Syndrome to a patient's chart. The advisories appear in the Storyboard.

**① Audiology referral for quality care**

This patient has Down Syndrome. Consider placing a referral to audiology.

[AAP Guidelines](#)

**Apply the following**

[Order](#)   [Ambulatory referral to Audiology](#)

**Acknowledge and continue**

[Defer this visit](#)   [Not eligible](#)   [Previously completed](#)

---

**② Ophthalmology referral for quality care**

This patient has Down Syndrome. Consider placing a referral to ophthalmology.

[AAP Guidelines](#)

**Apply the following**

[Order](#)   [Ambulatory referral to Ophthalmology](#)

**Acknowledge and continue**

[Defer this visit](#)   [Not eligible](#)   [Previously completed](#)

To create advisories, refer to the [Guide Clinicians in the Treatment of Children with Down Syndrome](#) topic. To create a Health Maintenance plan, refer to the [Build Health Maintenance Topics](#) and [Build Health Maintenance Plans and Link Them to Health Maintenance Topics](#) topics. You can use the Foundation System Health Maintenance plan 206-Genetics Down Syndrome as a guide as you build your records.

## Medication Dose Timing Help

 **Turbocharger** *To make it easy for you to get this content, we've created a Turbocharger package for dose timing advisories. Starting in November 2019, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, you can download it from this topic. For more information about importing these records, refer to the 208496-BestPractice Advisories for Medication Dose Timing topic.*

To help prevent patients from receiving too much of certain medications, Connecticut Children's created OurPractice Advisories to alert clinicians when they attempt to order a medication where the start date would be too soon to a recent administration of that medication. Based on their success, we built the following advisories in the Foundation System:

- 6009-IP Base Patient Recently Received Acetaminophen
- 6075-IP Base Patient Recently Received NSAID
- 6078-IP Base Patient Recently Received a Systemic Corticosteroid

- 6081-IP Base Patient Recently Received Zofran
- 6103-IP Base Patient Recently Received Antihistamine
- 6106-IP Base Patient Recently Received Ipratropium
- 6109-IP Base Patient Recently Received An Antibiotic

For advisory build instructions, refer to the [Build a Basic BestPractice Advisory](#) topic.

For information about a related workflow to alert anesthetists to medications given in the previous 24 hours, refer to the [Watch Your Medication Dosing](#) topic in the Anesthesia Foundation System Enhancement Directory.

## Notify Clinicians of Patients Who Might Have Measles and Help Them Follow Up

**You can complete this build in any version of Epic.**

Because measles is still a rare disease, many clinicians might have never seen a case in their clinical careers or might not be thinking of it as a potential diagnosis. To increase clinician awareness, you can use OurPractice Advisories to prompt clinicians about immediate next steps for patients who have fever and rash and have not been immunized. Although these advisories will also catch patients who do not have measles, the goal is to identify measles cases and raise awareness of the disease.

The Foundation System has advisories that appear in the emergency department, inpatient units, and outpatient clinics if a patient has a fever and rash and no MMR or measles vaccine on file. The fever and rash can be documented as chief complaints, as part of an HPI SmartForm, or in another workflow that files SmartData elements. Fever can also be documented in the Temperature flowsheet row. Depending on the care setting, the advisories suggest different follow ups, such as reviewing the CDC's website for information about measles, placing lab orders for the currently available diagnostic tests, and placing an order for isolation.

Another advisory appears after a clinician enters a measles diagnosis, suggesting the clinician place lab orders for the currently available diagnostic tests.

For more information about using Epic as part of your response to the risk of measles, refer to the [Caring for Patients Who Are at Risk for Measles](#) white paper.

## Simplify Ordering Process for Specific IR Procedures

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for these Best Practice Advisories. This package is available for download from February 2020 to November 2023. For information about importing this package, refer to the [246586-IR Consults Ordering Workflow](#) topic.*

Providers outside of radiology departments often incorrectly order specific interventional radiology (IR) procedures, which creates extra work for IR staff. Ordering providers can now instead place a Referral to IR order instead.

Ordering providers outside of radiology departments can still order a small subset of IR procedures that do not require consultation. All other specific IR orders have been removed from inpatient and outpatient facility preference lists. Ordering providers with database look-up will be prompted by a OurPractice Advisory to remove their specific IR order and instead place a Referral to IR order. If the ordering provider previously spoke with IR and knows the correct specific IR order to place, they can bypass the advisory.

**Important (1)**

**!** The IR department has determined this examination requires consultation.

**Remove the following orders?**

Remove	Keep
--------	------

IR angiogram adrenal right  
Expected: 7/26/2022, Expires: 7/26/2023, Routine, Ancillary Performed

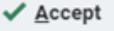
**Apply the following?**

Order	Do Not Order
-------	--------------

Ambulatory referral to Interventional Radiology

Acknowledge Reason \_\_\_\_\_

Other options... ▾

 **Accept**

We are also deleting all generic IR procedures. For example, providers will no longer be able to order a IR angiogram; however, they could order an IR angiogram carotid external bilateral procedure. This change eliminates the need for interventional radiologists to use the protocol worklist. We are moving away from the protocol worklist to align with other procedural specialties and because radiologists are not paid for consults performed via the protocol worklist.

## Warn Clinicians About Potentially Unsafe Opioid Co-Prescriptions

 **Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for the concurrent opioid prescribing OurPractice Advisories. Starting in August 2023, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger). For information about importing this package, refer to 278129-Co-Prescribing Benzodiazepines and Opioids BPA topic*

Concurrent use of opioids with benzodiazepines increases a patient's risk of death from respiratory depression. Other medications believed to increase respiratory depressant risk with opioids include barbiturates, nonbenzodiazepine sedative hypnotics (also known as Z drugs), and sedating antihistamines like diphenhydramine.

We've created multiple OurPractice Advisories in the Foundation System to help facilitate compliance with CDC Recommendation 11 and CMS 506: Safe Use of Opioids, which concern co-prescribing opioids with other high-risk medications (which can include other opioids). The advisories inform providers of these risks and allow them to discontinue or remove orders from the patient's chart.

Two of the advisories inform clinicians to use caution when prescribing opioids and benzodiazepines concurrently and consider whether the benefits outweigh the risks. These advisories appear when signing for either an opioid or benzodiazepine that would result in risky opioid and benzodiazepine co-prescription. There is one advisory for outpatient orders and another for inpatient orders.

When a clinician is ordering an outpatient medication, the advisory appears only if there is a conflicting outpatient order. Only outpatient opioids and benzodiazepines appear for the clinician to keep or remove. Likewise, when a clinician orders an inpatient medication, only conflicting inpatient orders appear in the

advisory. By default, unsigned orders are set to Remove and signed orders are set to Keep. However, clinicians can easily discontinue the signed order and keep the unsigned order based on their clinical judgement. The default values prevent clinicians from co-prescribing risky drugs and keep signed orders so that there is no change to the patient's medication list.

**High Priority (1)**

**Co-prescribing opioids and benzodiazepines increases the risk of death due to an opioid overdose. Consider not co-prescribing.**

**CDC Recommendation 11 for Prescribing Opioids for Pain:**

- Use particular caution when prescribing opioid pain medication and benzodiazepines concurrently.
- Consider tapering opioids and benzodiazepines gradually.
- If treatment for anxiety is needed, consider evidence-based psychotherapies, antidepressants, or other nonbenzodiazepine medications approved for anxiety.

**Remove the following orders?**

Remove	Keep	diazePAM (Valium) 5 MG tablet Take 1 tablet by mouth as needed at bedtime for anxiety, sleep or muscle spasms. Normal, Dis...
Remove	Keep	oxyCODONE-acetaminophen (Percocet) 5-325 MG tablet Take 1 tablet by mouth every 6 hours if needed for severe pain for up to 5 days. Normal, Disp-1...

**Discontinue the following orders?**

Discontinue	Keep	oxyCODONE-acetaminophen (Percocet) 5-325 MG tablet Take 2 tablets by mouth every 6 hours if needed for severe pain for up to 5 days., Starting Fri 1/...
Discontinue	Keep	diazePAM (Valium) 5 MG tablet Take 1 tablet by mouth as needed at bedtime for anxiety, sleep or muscle spasms., Starting Fri...

**Acknowledge Reason**

Benefit outweighs risk

Note that if the clinician selects the acknowledge reason for benefit outweighs risk, the advisory does not appear to the clinician for this patient for one year to reduce alert fatigue.

Additionally, we've created two advisories to help clinicians identify patients prescribed, or continuing on non-benzodiazepine respiratory depressant and opioid orders in an inpatient hospitalization. Clinicians can remove or discontinue these orders to reduce the likelihood of co-prescription and the risk of respiratory sedation.

Patients prescribed a long-acting opioid for chronic pain with a short-acting opioid (if needed for breakthrough pain) or another respiratory depressant can be at risk of death from respiratory depression. To give the admitting team time to devise a new medication plan, the Storyboard advisory appears when at least one of the following co-prescriptions exists:

- Three or more opioids of any frequency
- Two or more opioids with non-PRN frequencies
- One opioid with one non-benzodiazepine respiratory depressant

COVID-19 Vaccine: Unknown  
Isolation: None

**Opioid Co-prescribing**

No assigned nurse  
Allergies: Not on File  
Screening Status: None

ADMITTED: 9/12/2022 (211 D)

**Scheduled**

This patient is currently co-prescribed multiple opioids or an opioid plus a drug known to cause respiratory sedation when used in combination. Consider discontinuation of 1 or more agent, which may require weaning to avoid risks of abrupt discontinuation.

**The following actions are recommended:**

Discontinue Order: HYDROcodone-acetaminophen (Hycet) 2.5-108 MG/5ML solution  
Discontinue Order: HYDROcodone-acetaminophen (Hycet) 5-217 MG/10ML solution

The other advisory appears in the Discharge activity when signing new medications that would result in the patient meeting either of the following criteria upon discharge:

- Has two or more opioids with non-PRN frequencies

- Has one opioid with one non-benzodiazepine respiratory depressant

**Important (1)**

This patient is currently co-prescribed or will be co-prescribed to multiple opioids or an opioid plus a drug known to cause respiratory depression when used in combination. Consider discontinuation of 1 or more agent, which may require weaning to avoid risks of abrupt discontinuation.

**Remove** the following orders?

Remove	Keep
--------	------

oxyCODONE (Roxicodone) 10 MG immediate release tablet  
Take 1 tablet by mouth every 6 hours if needed for severe pain for up to 5 days. Normal, Disp-1...

**Discontinue** the following orders?

Discontinue	Keep
-------------	------

HYDROcodone-acetaminophen (Norco) 10-325 MG tablet   
Take 1 tablet by mouth 1 time each day for 20 days., Starting Tue 4/11/2023, Until Mon 5/1/202...

Discontinue	Keep
-------------	------

zolpidem (Ambien) 5 MG tablet   
Take 1 tablet by mouth as needed at bedtime for sleep., Starting Tue 4/11/2023, Until Wed 4/10/...

Acknowledge Reason

Benefit outweighs risk

[Accept](#)    [Cancel](#)

You can use these Foundation System advisories as a model for your own build. To see how we configured these records, log in to the [Foundation Hosted environment](#) as an ambulatory administrator (AMBADM) and open the following base records (search: OurPractice Advisory). For general build instructions, refer to the [Build a Basic BestPractice Advisory](#) topic.

- 8732-Base AMB Benzodiazepine and Opioid Co-Prescribing
- 8866-Base IP Benzodiazepine and Opioid Co-Prescribing
- 3042250401-Base IP Opioid Co-prescribing PTA and Discharge Excluding Benzodiazepines
- 3042250403-Base IP Opioid Co-prescribing New Medications Excluding Benzodiazepines

## Detect and Treat Sepsis Earlier with OurPractice Advisories

**Turbocharger** *To make it easier for you to get this content, we've created a Turbocharger package for these OurPractice Advisories, navigator sections, patient list columns, and other associated records. This package is available for download starting in May 2025. For information about importing this package, refer to the 307512-Sepsis Standard topic.*

The redesigned Sepsis workflow empowers nurses and providers to respond more effectively and confidently to signs of sepsis. It introduces intuitive tools that reduce cognitive burden, minimize chart navigation, and streamline decision-making. By clearly distinguishing between suspected and confirmed infection with a single screening question and by consolidating downstream actions, this ensures timely, appropriate interventions. For both nurses and providers, the simplified options and contextual information promote clarity, transparency, and better documentation practices.

The workflow is based on the sepsis status and sepsis information as described in the [Show Adult Sepsis Information in Storyboard](#) topic. Several OurPractice Advisories guide clinicians through a streamlined sepsis screening and escalation workflow.

- 3040000300-Base Sepsis Standard - Nurse Screen. Nurses answer a single Yes/No question if the patient has a suspected or confirmed infection, based on vitals and other risk factors that are displayed in the

advisory body.

- If the nurse answers Yes, the advisory cascades an acknowledgement flowsheet row where the nurse can decide to automatically order a lactate. If the nurse acknowledges the lactate order, a background advisory automatically orders a lactate using the Instant Orders follow-up action. Refer to the [Instant Orders Follow-up Action Setup and Support Guide](#) for more details about this action.
- If the nurse answers Yes, the sepsis status of the patient also changes to Positive Screen.

**Important (1)**

## ⚠ Early Signs of Possible Sepsis

 **Perform sepsis screen** to assess if the patient may have risk factors for infection.

Contributing Factors:  
Temp: **106 F** (6h max)  
SBP: **80** (6h min)  
Heart Rate: **103** (6h max)  
Respiration Rate: **36** (6h max)  
Predictive Analytics Score: High

Risk Factors for Infection:  
Has **compromised skin integrity**  
Has **invasive lines**

[View score information](#)

**Document**  [Edit Details](#)

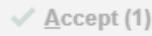
Sepsis Screening

Suspected/Confirmed Source of Infection  
 Yes  No   

Sepsis Next Step

**Or select an override reason**

Postpone 15 minutes  Treatment protocol already active  Not providing direct patient care

- 3040000302-Base Sepsis Standard - Alert. Providers can either begin treatment, which starts the sepsis timer, or defer their decision, which can hide sepsis-related alerts temporarily.
  - This advisory appears to providers if the sepsis status is Positive Screen, which might have been named Sepsis ALERT in older editions of the workflow.
  - This advisory gives the option to either order a Sepsis Treatment order set, which activates the sepsis protocol and starts the sepsis timer, or they could defer the decision, by choosing to continue monitoring the patient or suspending sepsis alerts temporarily.

## High Priority (1)

 **Sepsis Alert**

### Start Sepsis Treatment

The screening shows signs of possible sepsis. **Start sepsis protocol by placing the order set** or document a deferral decision.

**Contributing Factors**

Temp: **106 F** (6h max)  
SBP: **80** (6h min)  
Heart Rate: **103** (6h max)  
Respiration Rate: **36** (6h max)  
Predictive Analytics Score: High

 **Open Order Set**  
Sepsis Treatment 

 **Document**  
Deferral Decisions  [Edit Details](#)

 **Or select an override reason**  
 Postpone 15 minutes  Not providing direct patient care

 [Accept \(1\)](#)

- 3040000304-Base Sepsis Standard - Automatically Order Lactate. Triggers in the background if the nurse acknowledges the flowsheet row in the nurse screen.

Refer to the [Complete Sepsis Program Build](#) topic for steps on completing the OurPractice Advisory build for the adult sepsis workflow, patient list columns, navigator sections, and other associated records.

You might need to unrelease outdated advisories, including the advisories that are included in the care path program in package 250901-[Early Detection of Sepsis Care Path](#) and the earlier editions of the Sepsis Standard program in 307512-[Sepsis Standard](#). Refer to the [Create OurPractice Advisories to Notify Clinicians of Potentially Septic Patients](#) topic to help you identify which advisories to unrelease if you want to take one of the new packages and you previously took a sepsis-related package.

# Reviewing Patient Information

## Hide Acute Cognitive Computing Model Visuals While Model Is in Validation

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for these reports and print groups. This package is available for download from November 2022 to May 2024. For information about importing this package, refer to the [280536-Cognitive Computing Model Validation Report topic](#).

In the Foundation System, clinicians will no longer see model print groups when the Sepsis, Deterioration Index, Unplanned Readmission, Falls Risk, or Acute Kidney Injury models are set to "In Validation". Cognitive computing scores are not meant for clinical use until the model is validated. The users that are validating the model can still see the model scores in the new report, 3041800003-IP Predictive Model Validation. In the Foundation System, we've added this report to the patient list and inpatient summary reports for users with profile 3040000002-IP Project Team User.

## Review Recent Documentation for a Patient Using AI Insights Summarizations and Cards

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for the override report, print groups, and related extensions. This package is available from May 2025. For more information about importing this package, refer to the [334262-IP Insights Reports topic](#). To get this package, contact your Epic representative and mention project 334262.

Inpatient clinicians can now see an overview of recent relevant events for a patient using the override 3044517201-IP Insights Report, found in Patient Lists, Patient Summary, and Inpatient Summary Sidebar. Clinicians with generating security can create a Patient Story AI summarization in the [45818-IP Insights Summary Display](#) print group, which provides information about the patient's admission, historical health information, and a list of recent events for the patient, such as recently documented notes or results. Clinicians with view-only security can review summarizations generated by other clinicians. Users with access to the report can review recent lab results, medications, and flowsheet documentation in the [45835-IP Insights Summary Cards](#) print group, which dynamically shows information based on what is documented in the patient's chart.

The screenshot shows the Epic Inpatient Orders Foundation System interface. At the top, there's a navigation bar with links like 'About Hyperspace', 'On-Call Finder', 'Log Out', and 'EpicCare'. Below the navigation is a toolbar with icons for Summary, Chart Review, Notes, Orders, Admission, Transfer, Discharge, and Results Review. The main content area is titled 'Summary' and includes sections for 'Patient Overview Summary', 'Insights Cards', and 'Treatment Team Sticky Notes'. The 'Insights Cards' section displays a card for 'Delirium' with a timeline from 6/14 to 6/16, showing medical interventions like haloperidol and relevant medications like morphine. It also shows 'Last Restraint Order' and 'Last Sitter Order' details. The 'Treatment Team Sticky Notes' section contains a note about patient condition improvement.

Work with physicians and nurses at your organization to determine which users should have access to generate or view these tools. We recommend giving clinicians, social workers, therapists, pharmacists, nutritionists, and care managers access to generate and view these summaries, as it can improve the inpatient rounding experience by giving a high-level overview of the most recent and important information. Medical and nursing students in the Foundation System have security to view this report, but do not have access to generate the AI Patient Story summarization. For users that should have access to the report, we recommend adding it to the relevant profiles' Patient Summary, Patient List reports, and Sidebar Summary so your inpatient nurses and providers can access it in your inpatient departments.

To use these tools, your organization must be licensed for both the AI Insights Summarizations and AI Insights Cards features. For more information on the AI Insights Summarizations feature, contact your Epic representative and mention SLG 8044753 or refer to the [AI-Generated Summaries for Inpatient Rounding Setup and Support Guide](#). For more information on the Insights Cards print group, contact your Epic representative and mention SLG 9761290.

## Track Remote Sitter Staffing Needs in Sidebar Dashboard

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package with the new dashboard and components. Starting in February 2020, you can download the package from the available packages tab in the Turbocharger activity, and starting in August 2020, you can download it from this topic. For more information about importing this package, refer to the [235200-Remote Sitter Reports topic](#).

Remote sitters and remote sitter managers can use the new [ICU Remote Sitter Manager Sidebar Report Dashboard](#) to track remote sitter staffing needs. The dashboard appears in the Patient List Radar sidebar. Although it is most useful in Patient Lists, it is not limited to use there.

This dashboard contains the following components:

- [30410501-IP Remote Sitter All Active Orders](#)
- [105150-IP Remote Sitter Reason for Remote Sitter](#)
- [105151-IP Remote Sitter Filters](#)
- [30410515101-IP Remote Sitter Assignments](#)

# Remote Sitter Manager Information



## Remote Sitter Active Orders



Last Refresh: 02:56:21 PM

**5** Patients W/ Active Remote Sitter Order

## Reason For Remote Sitter



Last Refresh: 02:56:21 PM

Brain injury    Fall prevention    Safety of tubes/lines



## Patient List Filters



Last Refresh: 02:56:24 PM

Data collected: Wed 2/3 02:56 PM

Remote Sitter 1

Remote Sitter Order w/o Camera	2
Remote Sitter Grading Scale >= 3	3

## Patient List Sitter Assignments



Last Refresh: 02:56:24 PM

## Track Active Consult Orders for a Specialty in Patient Lists

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package with the patient list column and its associated extension and rule. Starting in February 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, you can download it from this topic. For more information about importing this package, refer to the 243476-Patient List Column to Track Active Consult Order topic.

Clinicians can use patient list column 304022681-Active Provider Consult Order to track which patients have an active consult order for their specialty. For example, an orthopaedic surgeon could use the column to identify whether a given patient has an active consult order matching the orthopaedic surgery specialty. An icon indicates when the patient has an active consult order matching the specialty in the Active Provider Specialty (I SER 1054) item in the logged-in provider's record. This column might be helpful for clinicians who use one patient list for rounding that includes both patients they are consulting on and patients they are attending, to be able to distinguish the consult patients at a glance.

My Group/Team Patients 3 Patients			
Patient	Active Provider Consult Order	MD Notifications	Prof Charges
 Orders, Ben 66 y.o. / M		 	
 Optime, Oliver 28 y.o. / M		 	

To see the Active Provider Consult Order column in the Foundation System, log in to the [Foundation Hosted environment](#) as your organization's internal medicine physician (IMMD) in the EHS Internal Medicine department.

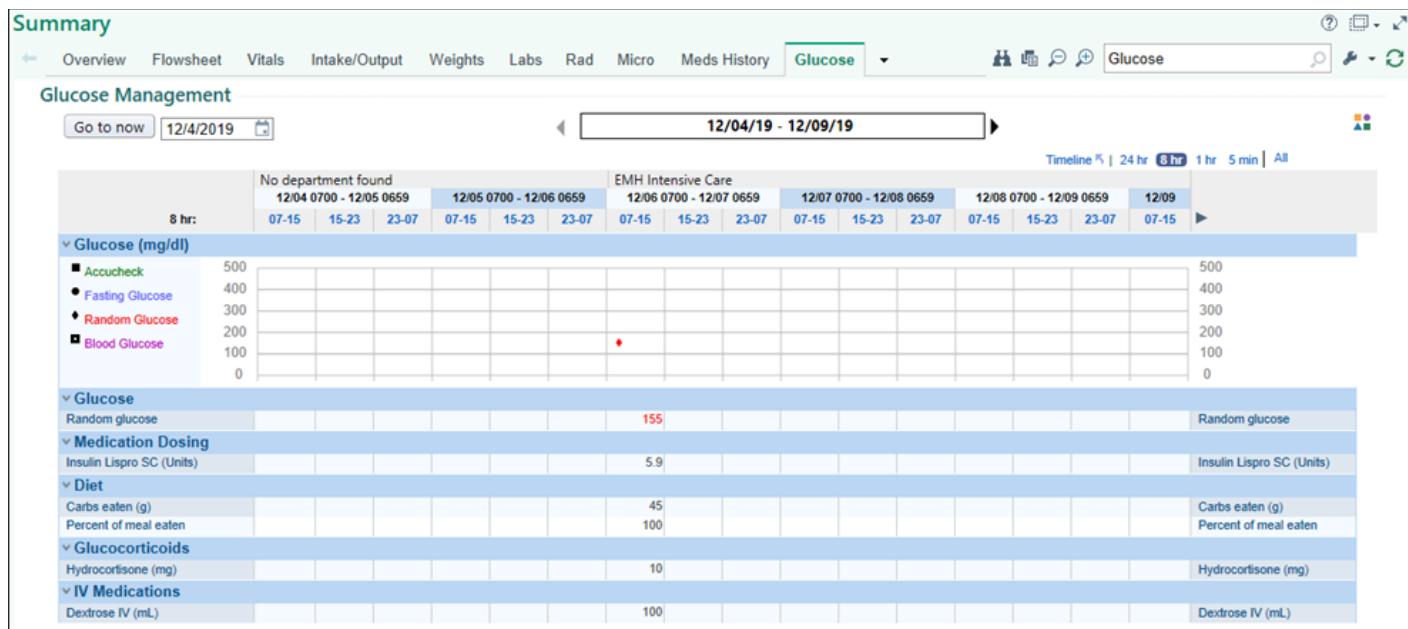
1. Go to the Patient Lists activity and open an admitted patient's chart.
2. Place an inpatient consult order to cardiology.
3. Log out, and log in as your organization's cardiologist (CVMD).
4. Go to the Patient Lists activity and see the Active Provider Consult Order column.

For information about building this column manually, refer to the [Show Whether a Patient Has an Active Consult Order](#) topic.

## Help Physicians Care for Diabetic Patients with a Glucose Management Accordion Report

You can complete this build in any version of Epic.

In the Foundation System, we've updated Accordion Report 21646620-ICU ACC GLUCOSE based on feedback from our Adult Endocrinology Steering Board. We've added new groupers to the Accordion Report that help physicians quickly review a diabetic patient's antidiabetic medication dosing, glucocorticoids, diet, and IV dextrose medication information. Making this information available to your physicians improves their chart review efficiency and aids them in making clinical decisions for your diabetic patients.



To use this Accordion Report as a model when building or updating your own, log in to the [Foundation Hosted environment](#) as your organization's inpatient analyst (IPADM), open the Accordion Report, and review the groups we've included based on our Adult Endocrinology Steering Board's recommendations. For help setting up an Accordion Report in your system, refer to the [Create an Accordion Report and Configure Basic Settings](#) topic.

## Show Physicians a Patient's Medications from Multiple Contexts

**Turbocharger** To make it easy for you to get this content, we've created a Turbocharger package for the patient medication summary report and dependent records. Starting in February 2020, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger), or starting in August 2020, at the end of this topic. For more information about importing these records, refer to the [228801-Patient Medication Summary Report](#) topic.

Physicians frequently want to see a patient's full medication list in one place. In the Foundation System, we use summary report 304000000618-IP Patient Med Summary to meet this need. The report shows all of the following medications for a patient:

- Inpatient (scheduled, PRN, continuous) medications
- Signed and held medications
- Therapy plan medications
- Treatment plan medications
- Outpatient/home medications
- Procedural medications (such as anesthesia and case-based)
- ED medications
- Discontinued/completed medications

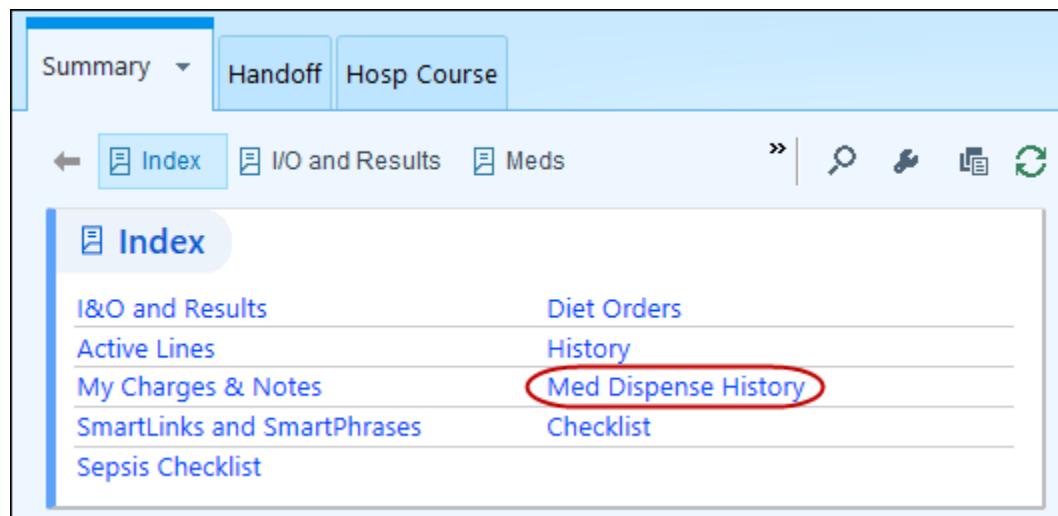
The report is made up of wrapper print groups that contain rules that show each section of the report when there's data to show. To see this report in action, log in to the [Foundation Hosted environment](#) as your organization's inpatient physician (IPMD). Open a patient's chart, go to the Summary activity, and open the Medication Summary report.

# View Medication Dispense History in a Sidebar Report

You can complete this build in all versions of Epic.

You can make a patient's dispense history available in a sidebar report for providers to view while completing medication reconciliation for discharge. This can reduce the amount of time providers spend clicking between different parts of the patient's chart while completing medication reconciliation.

In the Foundation System, providers can select the Med Dispense History report link from the sidebar Summary activity.



Selecting this link opens the Medication Dispense History sidebar report, which compiles information about a patient's historic prescriptions in a single location.

A screenshot of the 'Medication Dispense History (as of 9/25/2017)' report. It shows a list of prescriptions with columns for drug name, dispensed date, days supply, quantity, provider, and pharmacy. One entry is shown in detail: 'Saxagliptin HCl 2.5 MG PO Tablet' dispensed on '08/26/2017' with '30' days supply and '90 tablet' quantity, provided by 'Vijay Shah, MD' at 'ALS External Pharmacy'. Below the table is a 'Disclaimer' section with a note about the limitations of the report. At the bottom, it lists 'External Sources' with details like source, last checked for updates, and status.

You can build this feature by customizing a print group to show medication dispense history, adding it to a sidebar report, and making it available from the Summary activity. For more information, refer to the [Show Medication Dispense History in a Sidebar Report](#) topic.

## ICU Triaging in Code Black Scenarios

This topic applies only to organizations in the Netherlands.

**To make it easy for you to get this content, we've created a Turbocharger package for the ICU triaging content. Starting in November 2020, contact your Epic representative and mention project 246928 to get the package.**

Within the Netherlands, a pandemic playbook was created to prepare for triaging intensive care beds on the basis of both medical (such as frailty and respiratory factors) and non-medical reasons (such as age or through a random draw). At some point, VWS could announce national Code Black measures, which is when non-medical reasons should be considered when determining which patient receives an ICU bed. Be advised that debate continues to take place nationally around the ethics of a Code Black triage based on age and the fair-innings [of life] principle.

Amphia Ziekenhuis has created an IC Triage workflow in preparation for a Code Black situation. This workflow consists of the following:

- A consult order to initiate triage
- Patient Lists, columns, and reports to display crucial details from the triage
- An IC Triage navigator and activity
- An IC Triage SmartForm with scripting and text generation to accommodate numerous triage outcomes

After triage is initiated, the triage team fills out the SmartForm to score the patient on certain criteria.

The screenshot shows two windows side-by-side. The left window is titled 'Triage IC crisis' and displays the 'SOFA SCORE' section, which includes fields for 'SOFA-score op dit moment' and 'Inclusie voor opname IC op basis van SOFA score?'. It also lists 'TRIAGE - Crisis: INCLUSIECRITERIA VOOR IC-OPNAME' with several items like 'A. Heeft invasieve ventilatoire ondersteuning nodig' (checkboxes for Ja and Nee), 'B. heeft circulatoire ondersteuning nodig' (checkboxes for Ja and Nee), and 'C. heeft neurologische problemen' (checkboxes for Ja and Nee). The right window is titled 'Mijn notitie Triage IC Crisis' and shows the 'IC opname triage model' with a summary of the triage process: 'Het IC opname triage model gebruikt ten tijde van Covid-19 crisiestatus uit vier stappen: 1. Beoordeling IC indicatie; 2. Beoordeling exclusie criteria; 3a. Conclusie criteria om in aanmerking te komen voor opname op de IC - Fase 3A; 3b. Conclusie criteria om in aanmerking te komen voor opname op de IC - Fase 3B; 4. Triage op basis van niet-medische overwegingen - Fase 3C'. Below this, it details '1. Beoordeling IC indicatie Inclusiecriteria voor IC-opname' with specific items checked: 'A. Heeft invasieve ventilatoire ondersteuning nodig?' (Ja), 'B. heeft circulatoire ondersteuning nodig' (Ja), 'C. heeft neurologische problemen' (Ja), and 'D. heeft een levensverwachting' (Ja). The 'Resultaat inclusie:' section states 'Patient voldoet aan de indicatie voor opname op IC: Ja'.

In Patient Lists, other users can see information from the SmartForm to more easily compare patients.

★ IC triage aanmeldlijst 6 Patiënten									Net vermeerd	Zoek Alle opnames
MDN	Patiëntennaam	Inclusie IC 3A	Inclusie IC 3B	B1 Levensverwachting	C2 Vervl. ligduur IC	C3 Zorgdrager?	C4 Generatie	Laatste opgeslagen IC notitie	Incomplete IC triage notities	Gaat nu naar IC
293147	Adt Validate	—	—	—	—	—	—	—	—	—
293625	Juneau, R.P.	Ja	Ja	SOFA <10	—	—	—	—	20-1-2021 16:30	Ja
293640	Jessica, T.	—	—	—	—	—	—	—	—	—
293893	Bix, T.	—	—	—	—	—	—	20-01-21 10:13	20-1-2021 15:58	—
293919	Optime, MARTIN	Ja	Ja	SOFA <10	4-7 dagen	Nee	20-39	19-01-21 10:03	—	Nee
294107	Aardbei, MANDY	—	—	—	—	—	—	19-01-21 10:57	—	—

On the UserWeb, we have released a build guide with detailed instructions and the needed Turbocharger packages. Refer to the following topics:

- Refer to the build guide for information about configuring this workflow.
- Refer to the IC triage for links to the available Turbocharger package.

# Show Physicians a Consolidated Microbiology Susceptibility Report

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for updating the Micro report in the Summary activity with susceptibility information. This package is available for download starting from February 2021. For information about importing this package, refer to the 288450-Improved Microbiology Summary Report topic.

Physicians can now find all a patient's susceptibilities in one place on the Micro tab of the Summary activity without needing to look for individual microbiology tests. This recommended workflow from the Hospital Medicine Steering Board helps rounding physicians easily digest susceptibility information without needing to search through Chart Review. Report 3049900005-IP Microbiology Results now includes a new print group, 109588-IND Susceptibility Grid - All Susceptibilities/All Time.

The screenshot shows the Epic Foundation System interface. At the top, there is a navigation bar with icons for Chart Review, Summary (which is selected), Notes, Orders, Charges, Discharge, Transfer, and Physician Advisor. Below the navigation bar, the main title is "Summary". Underneath the title, there is a sub-navigation bar with links for Overview, Flowsheet, Vitals, Intake/Output, Weights, Labs, Rad, Meds, Micro (which is selected), and a dropdown menu. On the right side of the screen, there is a search bar and some filter options. The main content area is titled "Microbiology Results (last 21 days)" and displays a message "No results found for the last 504 hours." Below this, there is a section titled "Susceptibility Tests (all time)" which contains a grid table. The columns of the table include Carbapenems, Cephalosporin Class, Aminoglycosides, Fluoroquinolones, and Other. The rows are labeled by Test type (Blood culture), Collected date (05/08/23), Specimen Type (Blood), and Organism (Staphylococcus aureus, Debaryomyces). The table uses color coding for susceptibility results: yellow for R (Sensitive), white for S (Susceptible), and grey for NS (Non-Susceptible).

Test	Collected	Specimen	Type	Organism	Carbapenems	Cephalosporin Class	Aminoglycosides	Fluoroquinolones	Other									
					Meropenem	Cefepime	Cefotaxime (Non Meningitis)	Ceftazidime	Ceftioxone (Non-CSF)	Anikacin	Levofloxacin	Ampicillin	Ampicillin + Sulbactam	Aztreonam	Cefazolin	Cefotetan	Ceftriaxone (CSF)	Chloramphenicol
Blood culture	05/08/23	Blood		Staphylococcus aureus Debaryomyces	S-DD	— —	R —	— R	— R	NS	— —	— —	— —	— —	— R	NS NS	S-DD S-DD	NS NS

# Communicate More Effectively in the Transfer Center

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for this note type. This package is available for download starting in May 2022. For information about importing this package, refer to the 286730-Transfer Center Notes topic.

The new Transfer Center note type in the Foundation System makes it easier for clinicians to communicate important information regarding the patient's care to one another directly in the transfer workflow.

The receiving physician accesses the patient's chart through a transfer center encounter. The Transfer Center navigator shows transfer center information for the patient, such as the care the patient needs, the timeline of the transfer request, and the approval status. Now the receiving physician can review patient information and write a Transfer Center note based on the discussion they have with the sending physician. Other staff who care for the patient can see the Transfer Center note on the Notes tab in Chart Review.

The screenshot shows the Transfer Center interface for a patient named Grand, Cecilia. The patient info section includes a photo, gender (Female), date of birth (8/13/1951), MRN (202379), received date (3/28/2019 9:51 AM), status (Pending), and request ID (1144). The referring facility is listed as EHS INPATIENT REHAB FACILITY. The target destination is also EHS INPATIENT REHAB FACILITY. The initial information section shows the request type as Transfer - Incoming. The approvals section lists five entries, all of which are selected. The note editor on the right contains the text "Transfer Center Note." at the top.

## Review Relevant Medications and Results with the Problem-Oriented View

**Turbocharger** To make it easy for you to get this content, we've created a Turbocharger package for The Problem-Oriented View. Starting in February 2024, this package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger). For more information about importing this package, refer to [293683-Concepts for Problem Oriented Views](#).

Problem-specific concept maps are now provided by Epic Specialty Steering Boards and are available for download in your non-production environment. We've reviewed and updated the concept maps to ensure they provide the most accurate summary of clinical data and will continue to provide new and revised concept maps to keep your system up to date. The new framework also offers flexibility to add or remove content that differs from the Epic-released problem-oriented view concept maps.

This package pulls in relevant medications by ATC codes; make sure your system has this content downloaded from your medication vendor before importing. If you use FDB, ATC codes are downloaded in your system by default. If you use Medispan, ATC codes are only downloaded if the ATC File module is in I LSD 4429. Check I LSD 4200 for which medication data vendor you use.

The following problem concept maps are available for download:

- Attention Deficit Hyperactivity Disorder
- Cardiac Arrhythmia
- Cerebrovascular Disease
- Coronary Artery Disease
- Dyslipidemia
- Failure to Thrive

- Heart Failure
- Mood Disorders
- Parkinson's Disease
- Seizure Disorder

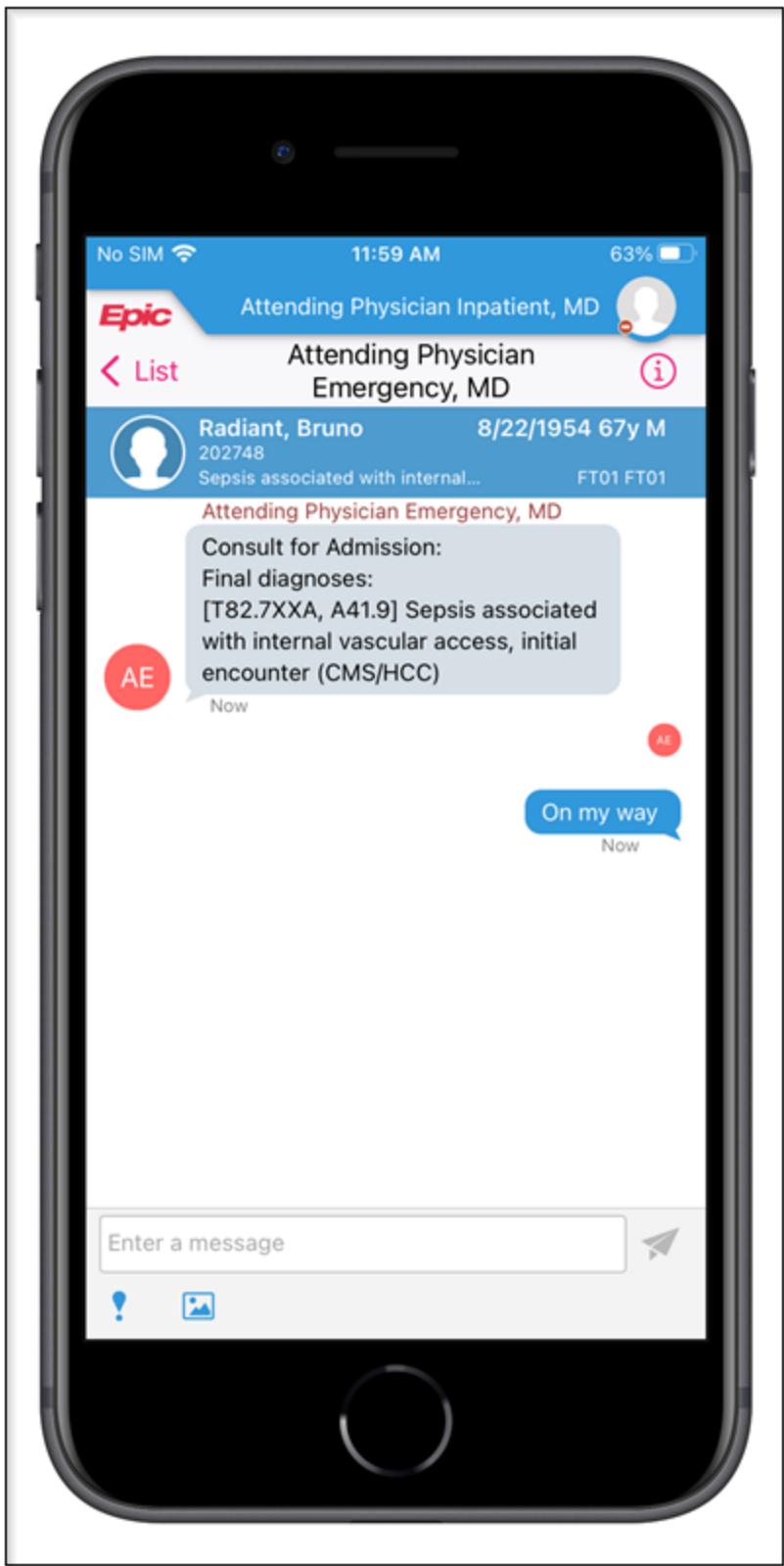
Refer to the [Summarize Clinical Data with the Problem-Oriented View](#) section for more information.

# Unified Communications

## Improve Communication Between the Emergency Department and Inpatient Admission

 **Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for the SmartText. This package is available starting in February 2020, and you can download it from the Available Packages tab of the Turbocharger activity or from this topic. For information about importing this package, refer to the [243193-ED to Inpatient Admission Secure Chat Message Template](#) topic.

Emergency department providers can use a new Foundation System Quick Message template in Secure Chat to better communicate with hospital-based inpatient admitting teams. All roles in the emergency department can use the template to send a consult for admission message to an inpatient admitting provider. The message includes a link to the patient's chart and access to the patient summary. Using this template can complement and supplement consult order workflows because the receiving provider and the sending provider can respond to the messages and discuss a patient's condition.

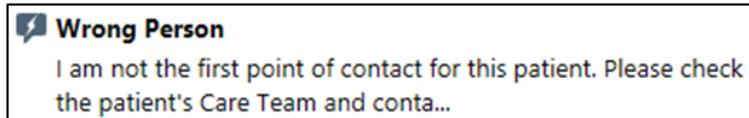


## Improve Communication for Physicians

**Turbocharger** To make it easier for you to get this content, we've created a Turbocharger package for the SmartTexts. This package is available for download starting in May 2021. For information about importing this package, refer to the [276192-Inpatient Secure Chat Message Templates](#) topic.

Providers, residents, and medical students can use a new message template in Secure Chat to more efficiently

notify others that they are the wrong person to contact with patient questions. Using this template can save time wasted sending common responses. For more information about building message templates, refer to the [Create Chat Message Templates](#) topic.



## Prompt Inpatient Users to Sign In

You can complete this build in any version of Epic.

Inpatient physicians and advanced practice providers play a crucial role in ensuring seamless patient care by signing in for their shifts, which includes their department(s) and/or provider team(s) and the patients they oversee. The sign-in process enhances functionality in Hyperspace by capturing key information such as Provider Care Team (PCT) assignments, group memberships, and departmental sign-ins, which helps others understand who is responsible for each patient. For more information on effectively configuring Sign In, refer to the [Open the Sign-In Activity Automatically When a Clinician Logs In](#) topic.

To promote consistent use of the Sign-In feature, inpatient physicians and advanced practice providers in the Foundation System are automatically prompted to sign in upon logging in to inpatient departments in Hyperspace and mobile. Additionally, the Sign In and Sign Out buttons are available in the Patient Lists activity in Foundation System, streamlining the workflow for inpatient physicians and advanced practice providers.

# Change Log

## August 2025

Related Workflow	New or Updated Topics	First Available Version
Ordering Tools and SmartTools	<p><a href="#">Improvements to Select Supplement Order-Specific Question in the Dietary Nutrition Supplements Order.</a> Use a category list-type order-specific question to allow diet supplements to be sent over dietary interfaces.</p>	February 2024
Ordering Tools, SmartTools, Navigators and Activities	<p><a href="#">Select Patient Diet Preferences in the Admission Navigator.</a> Clinicians can document a patient's diet preferences in the Diet Preferences section of the Admission navigator. Values entered in this section are filed to the patient's record, allowing them to be sent over dietary interfaces..</p>	February 2024
Documentation Tools	 This topic only applies to organizations in the United Kingdom.  <a href="#">Turbocharger Seamlessly Create a New ReSPECT Form Directly In the Chart</a> Clinicans can create a new ReSPECT Form directly in the patient's chart.	February 2025
Reviewing Patient Information	 <a href="#">Turbocharger Review Recent Documentation for a Patient Using AI Insights Summarizations and Cards.</a> Clinicians can see an overview of recent events for a patient with the 3044517201-IP Insights Report. This allows users with appropriate security to generate or view AI summarizations of recent events for a patient and review dynamically updated, relevant information divided into specific specialties such as Glycemic Management or Infectious Disease.	August 2025
Early Detection of Sepsis	 <a href="#">Turbocharger Detect and Treat Sepsis Earlier with OurPractice Advisories.</a> Clinicians can respond to OurPractice Advisories that are based on the Sepsis early detection predictive model by evaluating and starting treatment for sepsis.	August 2024
Ordering Tools, SmartTools, Navigators and Activities	<a href="#">Add the Point of Care Ultrasound Activity to the Critical Care Workspace.</a> Clinicians can order and document results for a point of care ultrasound in the Point of Care Ultrasound activity. Clinicians can also view and link study images from the activity.	August 2025

## May 2025

Related Workflow	New or Updated Topics	First Available Version
Ordering Tools, SmartTools, Navigators and Activities	 <b>Turbocharger</b> <a href="#">Discretely Document Bedside Continuous EEGs</a> . Additional SmartText, SmartForm, and navigator content to help neurologists document in bedside continuous EEG monitoring workflows.	May 2025
Ordering Tools, SmartTools, Navigators and Activities	<a href="#">Support MRSA Nasal Decolonization Protocols with MRSA Screening in Critical Care Areas</a> . So that organizations can quickly test for and decolonize MRSA in high risk patients, the Critical Care Admission Order Set includes an order for a nasal MRSA PCR.	Any version

## February 2025

Related Workflow	New or Updated Topics	First Available Version
Ordering Tools and SmartTools	 <b>Turbocharger</b> <a href="#">Discrete Follow-up with PCP Order in Discharge</a> . Clinicians can sign follow-up orders for discharge that automatically appear on your organization's scheduling workqueues. Appointment details such as the appointment provider also pull in automatically for schedulers when they act on the order.	November 2024

## November 2024

Documentation Tools	 <b>Turbocharger</b> <a href="#">Make It Easier for Clinicians to Include Key Details in Their Clinical Documentation Based on Common CDI Queries</a> . Help clinicians document essential information with CDI SmartTexts.	November 2024
Health Maintenance	 <b>Turbocharger</b> <a href="#">Manage Treatment of Pediatric Patients with Down Syndrome</a> . Providers can filter for topics related to Genetics in the Health Maintenance activity.	August 2020
Ordering Tools and SmartTools	 <b>Turbocharger</b> <a href="#">Prompt Clinicians to Reorder Procedures During Discharge Order Reconciliation</a> . Clinicians can review inpatient procedure orders that the system will automatically cancel when the patient is discharged and place outpatient orders for any that the patient still needs after discharge.	February 2020

## August 2024

Related Workflow	New or Updated Topics	First Available Version
Navigator	 <b>Turbocharger</b> <a href="#">Palliative Care Tools Navigator</a> . Inpatient palliative care providers and clinicians can use the Pediatric Palliative Care navigator to manage documentation for pediatric patients. Nursing, social work, and spiritual care clinicians can use multiple navigator sections to document on the patient. Consulting providers can review historical patient data and the past palliative care the patient has received. Palliative care providers can also pull patient information from the sections into a consult note.	August 2024
OurPractice Advisories	 <b>Turbocharger</b> <a href="#">Manage Treatment of Pediatric Patients with Down Syndrome</a> . Improve the care of patients with Down Syndrome through updated decision support.	August 2020

## May 2024

Related Workflow	New or Updated Topics	First Available Version
Navigators and Activities	 <b>Turbocharger</b> <a href="#">Efficiently Update Your Patient's Chart with the Problems and Plan Sidebar Activity</a> . ICU clinicians can now review the Problem List, update system-specific and problem-specific assessments and plans, and track goals related to patient outcomes from a sidebar activity in the patient's chart.	May 2024
Secure Chat	 <b>Turbocharger</b> <a href="#">Improve Communication for Physicians</a> . Nurses and unit clerks can use Secure Chat message templates to efficiently send a message notifying others of incoming or outgoing patient transfers.	May 2021
The Problem-Oriented View	 <b>Turbocharger</b> <a href="#">Review Relevant Medications and Results with the Problem-Oriented View</a> . Clinicians can view a problem-specific summary of clinical data, such as medications and lab results, when hovering over the problem in the Problem List. Clinical data entered in a patient's chart will be viewable in the Problem List for any diagnoses that they are mapped to, regardless of whether they are associated with those diagnoses in the chart.	February 2024

## February 2024

Related Workflow	New or Updated Topics	First Available Version
Ordering Tools and SmartTools	 <b>Turbocharger</b> <a href="#">Improvements to Diet Types and Order-Specific Questions in Diet Orders</a> . To promote clearer terminology, a new diet type named Modified Texture has replaced the Mechanical Soft and Pureed diet types. Also, future maintenance of order-specific questions is easier now that responses are category lists.	February 2024
Reviewing Patient Information	 <b>Turbocharger</b> <a href="#">Communicate More Effectively in the Transfer Center</a> . Providers can create and view notes related to transfers entirely in the Transfer Center activity.	May 2022
Secure Chat	 <b>Turbocharger</b> <a href="#">Improve Communication for Physicians</a> . Providers, residents, and medical students can use Secure Chat message templates to efficiently send a message to others notifying them they are the wrong person to contact about a patient.	February 2024
Documentation Tools	 <b>Turbocharger</b> <a href="#">Easily Manage Updates to Standard Note Templates and Streamline Notes Workflows for Clinicians</a> . Managing updates to standard note templates is easier than ever with new modular templates. The new templates also include vanishing SmartLinks that allow clinicians to easily navigate to other activities in the chart while writing notes.	February 2024

## August 2023

Related Workflow	New or Updated Topics
Ordering Tools and SmartTools	 <b>Turbocharger</b> Use the new Discharge to Outside Facility Navigator and Discharge guide to a clinician's decision on the correct discharge navigator.
Ordering Tools and SmartTools	 <b>Turbocharger</b> Promote Best Practices for C. diff Test Ordering with Order Questions and Secc To improve C. diff test stewardship and reduce patient harm, show providers the information needed whether ordering a C. diff test is appropriate directly in the C. diff order sidebar report. Then use order questions to guide clinicians to order C. diff tests only when it's best for the patient.
Ordering Tools, SmartTools, Navigators and Activities	 <b>Turbocharger</b> Perform and Document Long-Term EEG Studies in the Epilepsy Monitoring Unit navigators and activities for use in the epilepsy monitoring unit help neurologists and neurotechnologists and document long-term monitoring EEG studies.
BestPractice Advisories	 <b>Turbocharger</b> Warn Clinicians About Potentially Unsafe Opioid Co-Prescriptions. Inform clinicians about potentially unsafe opioid co-prescribing by preventing them from co-prescribing opioids with other high-risk medications and allowing them to discontinue or remove a patient's chart.
BestPractice Advisories	 <b>Turbocharger</b> Manage Treatment of Pediatric Patients with Down Syndrome. Catch complications of Down Syndrome in pediatric patients before they become chronic or life-threatening health issues.

## May 2023

Related Workflow	New or Updated Topics	First Available Version
Ordering Tools and SmartTools	<a href="#">Limit Allowed Durations for Restraint Orders.</a> Prevent clinicians from ordering restraints for longer periods than what's recommended based on a patient's age.	Any version
Acute Cognitive Computing Models	 <b>Turbocharger</b> Hide Acute Cognitive Computing Model Visuals While Model Is in Validation. Prevent clinicians from seeing cognitive computing model visuals when models are in validation.	November 2022

## February 2023

Related Workflow	New or Updated Topics	First Available Version
Secure Chat	 <b>Turbocharger</b> <a href="#">Improve Communication for Physicians</a> . Providers and medical students can use Secure Chat message templates to send an efficient message to other users notifying them that they are in a patient's room.	February 2023
Documentation Tools	 <b>Turbocharger</b> <a href="#">Include Medical Student Notes in the Legal Medical Record</a> . Medical students can use a new Build Wizard feature to write the same note types as physicians and residents.	February 2023

## November 2022

Related Workflow	New or Updated Topics	First Available Version
BestPractice Advisories	<a href="#">Simplify Ordering Process for Specific IR Procedures</a> . Non-IR ordering providers will now be prompted to order a referral to IR instead of a specific IR procedure. Generic procedures have also been deleted.	February 2020
Clinical Program Content	 <b>Turbocharger</b> <a href="#">Identify Patients with Parkinsonian Disorders</a> . Help your clinicians easily find patients with parkinsonian disorders with four new reports added to the Reporting Workbench.	November 2022
Documentation Tools	 <b>Turbocharger</b> <a href="#">Create School or Work Excuse Notes with One Click</a> . Inpatient physicians can create school or work excuse notes for patients by using letter template speed buttons in the Communications activity.	February 2020
Documentation Tools	<a href="#">Include Medical Student Notes in the Legal Medical Record</a> . Medical students now have the same level of access to note types as residents, so their documentation can be included in the legal medical record with physician attestation.	Any version
Ordering Tools and SmartTools	<a href="#">Improved Order Composer Options to Help Ensure Urethral Catheters are Ordered Appropriately</a> . The Foundation System order for urethral catheter insertion has a new display name, fewer frequency quick buttons, and a new question for clinicians to specify indications of use.	Any version

## May 2022

Related Workflow	New or Updated Topics	First Available Version
Navigators and Activities	 <b>Turbocharger</b> <a href="#">Pediatric Palliative Care Navigator</a> . Allow providers and clinicians to document on a patient and pull that information into a consult note in the pediatric-specific Palliative Care navigator.	May 2022

## February 2022

Related Workflow	New or Updated Topics	First Available Version
Documentation Tools	 <b>Turbocharger</b> <a href="#">Standardized Pediatric Pulmonary Function Test Documentation</a> . Pediatric Pulmonary Function Test results documentation has been updated to be include more granular details.	February 2022
BestPractice Advisories	 <b>Turbocharger</b> <a href="#">A New Workflow for Initiating Eligible Patients in Lung Cancer Screening</a> . Start conversations with eligible patients right away about lung cancer screenings with a BestPractice Advisory.	February 2022

## November 2021

Related Workflow	New or Updated Topics	First Available Version
Medication Ordering	<p><a href="#">Enhance Ordering for Insulin, Hypoglycemia, and DKA Treatment.</a> Combination insulin products are no longer included in the Insulin and Hypoglycemia Treatment panel because the 2019 ADA guidelines discourage their use for inpatients due to increased risk of hypoglycemia.</p>	Any Version
Medication Ordering	<p> <a href="#">Turbocharger BestPractice Advisory During Order Signing or Verification for Inpatients With Insulin Orders and No Hypoglycemia Orders.</a> Show a BestPractice Advisory during order signing or verification for inpatients with insulin orders and no hypoglycemia treatment orders.</p>	Any Version
Secure Chat	<p> <a href="#">Turbocharger Improve Communication Between the Emergency Department and Inpatient Admission.</a> We've created a Quick Message template in Secure Chat to improve communication between emergency department providers and hospital-based inpatient admitting teams when admitting a patient from the ED.</p>	November 2021
Procedure Ordering	<p> <a href="#">Turbocharger Improved Continuous EEG Workflow.</a> We've made several changes to improve and simplify ordering and reviewing results for continuous EEG orders.</p>	November 2021

## August 2021

Related Workflow	Topic	First Available Version
Analytics and Dashboards	<p><a href="#">Access Unified Communications Build Activities on the IP Build Homepage.</a> Give analysts quicker access to UC group and security editors on the IP Build dashboard.</p>	Epic 2018
Documentation Tools	<p> <a href="#">Turbocharger Standardized Pulmonary Function Test Documentation.</a> There is a new and improved way to document pulmonary function test results.</p>	February 2020
Reviewing Patient Information	<p> <a href="#">Turbocharger Track Active Consult Orders for a Specialty in Patient Lists.</a> Help inpatient physicians see which patients have an active consult order in their specialty.</p>	February 2020

## May 2021

Related Workflow	Topic	First Available Version
Clinical Program Content	 <b>Turbocharger</b> Identify Patients with Parkinsonian Disorders. Tools to help clinicians quickly identify hospitalized patients with Parkinsonism.	Any version
Ordering Tools and SmartTools	Enhance Ordering for Insulin, Hypoglycemia, and DKA Treatment. Order Sets and panels are in line with the latest endocrinology recommendations.	Any version
Reviewing Patient Information	 <b>Turbocharger</b> Track Remote Sitter Staffing Needs in Sidebar Dashboard. Help remote sitter managers track utilization of remote monitoring departments and resources.	Any version
Reviewing Patient Information	 Applies only to organizations in the Netherlands. <b>ICU Triaging in Code Black Scenarios.</b> At some point, VWS could announce national Code Black measures, which is when non-medical reasons should be considered when determining which patient receives an ICU bed. Amphia Ziekenhuis has created an IC Triage workflow in preparation for a potential Code Black situation, and you can work with your Epic representative to import this build.	November 2020

## November 2020

Related Workflow	New or Updated Topic	First Available Version
Clinical Program Content	<a href="#">Improve Postnatal Growth Rates in Low-Birth-Weight Infants.</a> Improve the ordering, preparation, and administration of feedings for low-birth-weight infants in the NICU with this Clinical Program from the University of Utah Health. The Clinical Program is now fully configured in the Foundation System, and you can contact your Epic representative to get the feature into your system.	Any Version
Navigators and Activities	 <b>Turbocharger</b> More Robust Documentation for Outpatient Parenteral Antimicrobial Therapy (OPAT). Infectious disease physicians can use the OPAT Signoff navigator to document their recommendations for patient who should be enrolled in OPAT.	February 2020
Ordering Tools and SmartTools	 <b>Turbocharger</b> Support American Heart Association Best Practices with Stroke Order Sets and Clinical Workspaces. Stroke content designed by the Neurology Specialty Steering Board reflects best practices from the American Heart Association.	November 2020

## August 2020

Related Workflow	New or Updated Topic	First Available Version
Reviewing Patient Information	 <b>Turbocharger</b> Show Physicians a Patient's Medications from Multiple Contexts. Use a summary report to show physicians a patient's full medication list in one place.	February 2020
Ordering Tools and SmartTools	Support American Heart Association Best Practices with Stroke Order Sets and Clinical Workspaces. Update the exclusion criteria in Get with the Guidelines - Stroke Order Sets to remain compliant with the program.	November 2019

## May 2020

Related Workflow	New or Updated Topic	First Available Version
Clinical Program Content	Improve Postnatal Growth Rates in Low-Birth-Weight Infants. Build ordering, documentation, and barcode scanning options for donor milk and formula to streamline feeding workflow for babies.	Any Version
BestPractice Advisories	 <b>Turbocharger</b> Manage Treatment of Pediatric Patients with Down Syndrome. Use BestPractice Advisories and a Health Maintenance plan to help clinicians follow the guidelines set by the American Association of Pediatrics to catch complications caused by Down Syndrome in pediatric patients before they become chronic or life-threatening health issues.	May 2020
Ordering Tools and SmartTools	Support Physicians with an Improved Consult Workflow. Support attending physicians and specialists by supplementing their existing consult workflow with new Foundation System build and recommendations.	February 2019

## February 2020

Related Workflow	New or Updated Topic	First Available Version
Ordering Tools and SmartTools	<a href="#">A New Order Set to Help Treat Preeclampsia.</a> Use a preeclampsia Order Set to help physicians treat expectant mothers with preeclampsia and hypertension.	Any Version
Navigators and Activities	<a href="#">Enhanced Anticoagulation Management.</a> Use an enhanced anticoagulation navigator to make it easier to ensure that patients get the correct dose of anticoagulants.	Any Version
Reviewing Patient Information	<a href="#">Help Physicians Care for Diabetic Patients with a Glucose Management Accordion Report.</a> Use an updated Accordion Report to help physicians quickly review a diabetic patient's antidiabetic medication dosing, glucocorticoids, diet, and IV dextrose medication information.	Any Version

## November 2019

Related Workflow	New or Updated Topic	First Available Version
Navigators and Activities	<a href="#">Amikacin Dosing on the Kinetics Calculator.</a> Clinicians can choose from traditional or extended-interval dosing calculations for aminoglycosides in the Kinetics navigator.	Any Version
BestPractice Advisories	 <a href="#">Turbocharger Medication Dose Timing Help.</a> Use BestPractice Advisories to alert clinicians when they attempt to order a medication where the start date would be too soon to a recent administration of that medication..	November 2019
Navigators and Activities	<a href="#">Navigate Clinicians Through Neonatal TPNs.</a> NICU providers and pharmacists can use a TPN navigator to document a fluid intake volume goal for neonatal TPNs.	Any Version

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