Information Needed to Set Up a New CPRS Consult\*

1. PROPOSED NAME OF YOUR CONSULT: (Needs to include Inpatient, Outpatient, Inter-facility (IFC) or Procedure (CP) in the title)?

INPATIENT PULMONARY EMBOLISM CONSULT

1. Is this a CLINICAL consult (Requestor receives clinical information in response to the consult. Use for 2-way communication) i.e. Dermatology Outpatient Clinic, General Surgery Inpatient Consult) or ADMINISTRATIVE consult (Request is for transfer of care or appointment scheduling where a response is not needed after request is completed (i.e. Primary Care, Travel/Escort Request or Lab services reported by a separate mechanism. Use consults for one-way communication.)

CLINICAL

1. May the consults for this consult service be forwarded to Community Care if patient is eligible? If so, make provisional diagnosis required and give admin access, no alerts, to ‘User’ class.

NO

1. WHO SHOULD BE ABLE TO CLINICALLY complete the consult: (physicians, nurses, pharmacist etc.) List the names of one or more staff (as names are spelled in VistA) Should they receive ALERTS?

CARDIOLOGY FELLOWS

1. WHO SHOULD BE ABLE TO ADMINISTRATIVELY act on the consult (cancel for no-shows or complete by attaching written notes): (clerks, techs etc.) List the names of one or more staff (as names are spelled in VistA) Should they receive ALERTS? ----Everyone with clinical access must be given administrative access. (All consults)

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1. Is there a Request Template to be added to this Consult? Please provide an electronic copy of what you would like added to the consult request.

YES (see below)

1. What progress note title you would like to request for completing this Consult?

\*PULMONARY EMBOLISM RESPONSE TEAM CONSULT NOTE

PULMONARY EMBOLISM RESPONSE TEAM PROGRESS NOTE

\*This is the main/initial consult note.

1. Is there a Reply Template to be added to this consult completion progress note? Please provide an electronic copy of what you would like added to the consult request.

YES (see below)

1. Consult stop code \_\*\*\*\_\_\_\_.

Amer Ardati, MD

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of clinician in charge of this consult service

Date: \_\_09/03/21\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST TEMPLATE \*all fields required\*

To request a consultation by the Pulmonary Embolism Response Team, the following information is needed. In addition, paging the team is required. Please page \*\*\*.

PE Diagnosis by Imaging Modality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ DROP DOWN = CT PE | VQ Scan | Clinical ]

Pertinent History: [ FREE TEXT ]

Pertinent Findings:

Oxygenation (saturation and supplemental requirement): [ FREE TEXT ]

Heart Rate: [ FREE TEXT ]

Blood Pressure: [ FREE TEXT ]

Hemoglobin: [ FREE TEXT ]

Platelets: [ FREE TEXT ]

Troponin: [ FREE TEXT ]

NT-proBNP: [ FREE TEXT ]

Imaging Findings (CT PE, VQ scan, lower extremity doppler): [ FREE TEXT ]

Contraindications to thrombolytics (check as many as apply):

Absolute:

[ ] Ischemic CVA within 3 months

[ ] Structural cerebrovascular disease, such as AVM or malignancy

[ ] Recent spinal or brain surgery

[ ] Head trauma with fracture or brain injury

[ ] Active major bleeding

[ ] Bleeding diathesis

[ ] Suspected aortic dissection

[ ] None

Relative:

[ ] Ischemic CVA greater than 3 months

[ ] Minor head trauma

[ ] Major non-CNS surgery within 3 weeks

[ ] Non-compressible vessel trauma or puncture within 1 week

[ ] Recent internal bleeding within 4 weeks

[ ] Platelets less than 100,000

[ ] Current use of oral anticoagulation

[ ] Blood pressure greater than 180/110

[ ] Age greater than 75 years

[ ] Dementia or cognitive impairment

[ ] Pregnancy

[ ] Traumatic or prolonged CPR

[ ] None

Provider Name: [ FREE TEXT ]

Provider Contact Number: [ FREE TEXT ]

REPLY TEMPLATE:

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PULMONARY EMBOLISM RESPONSE TEAM CONSULTATION

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Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [DROP DOWN = segmental | submassive | massive]

Referring Physician: [ FREE TEXT ]

PERT Fellow: [ FREE TEXT ]

PERT Attending: [ FREE TEXT ]

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RELEVANT HISTORY

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Age: [ FREE TEXT ]

Sex:

* Male
* Female

PE diagnosis modality: [DROP DOWN = CT PE | VQ Scan | Clinical ]

History of cancer:

* Yes
* No

History of heart failure:

* Yes
* No

History of lung disease:

* Yes
* No

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RELEVANT FINDINGS

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[ Automatically pulled from CPRS ]

Heart rate:

Blood Pressure:

Respiratory Rate:

Oxygen Saturation:

Supplemental Oxygen:

Hemoglobin:

Platelets:

INR:

Creatinine:

Troponin I:

NT-proBNP:

Acute Altered Mental Status:

* Yes
* No

CXR: [ FREE TEXT ]

CT PE: [ FREE TEXT ]

Echocardiogram (if available): [ FREE TEXT ]

Bilateral Lower Extremity Venous Doppler (if available): [ FREE TEXT ]

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CONTRAINDICATIONS TO THROMBOLYTIC THERAPY

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Absolute:

[ ] Ischemic CVA within 3 months

[ ] Structural cerebrovascular disease, such as AVM or malignancy

[ ] Recent spinal or brain surgery

[ ] Head trauma with fracture or brain injury

[ ] Active major bleeding

[ ] Bleeding diathesis

[ ] Suspected aortic dissection

Relative:

[ ] Ischemic CVA greater than 3 months

[ ] Minor head trauma

[ ] Major non-CNS surgery within 3 weeks

[ ] Non-compressible vessel trauma or puncture within 1 week

[ ] Recent internal bleeding within 4 weeks

[ ] Platelets less than 100,000

[ ] Current use of oral anticoagulation

[ ] Blood pressure greater than 180/110

[ ] Age greater than 75 years

[ ] Dementia or cognitive impairment

[ ] Pregnancy

[ ] Traumatic or prolonged CPR

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RECOMMENDATIONS

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PESI Score: [ FREE TEXT ]

PE Risk Classification: [ DROP DOWN = low risk | low-intermediate risk | high-intermediate risk | high risk ]

Proposed Recommendation: [ FREE TEXT ]

Bed Recommendation: [ DROP DOWN = floor | MICU | CCU | transfer to OSH ]

\* Not finalized until signed by attending