

NPO Communication Orders

The NPO Communication Order is placed by the provider indicating the patient is going to be NPO after a designated time for a procedure or test.

The NPO Communication Order does NOT communicate with the Dietary Staff Diet Programs. If the Diet Order with NPO is not entered, this can lead to the patient receiving a meal tray and the procedure or test being delayed.

The nurse is responsible to cancel/reorder the Diet order to be NPO.

- Enter the providers name in the Ordering Physician box who placed the NPO Communication Order and a Communication type of Electronic.
- In Start Meal: Select the meal in which the patient is going to start being NPO.
- In Diet Type: Select NPO.
- Sign the order.

For more information on the NPO Communication Order, see the [flyer](#).

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Modify an Annotation

STEP 1: Locate the column in Interactive View and I&O where the annotation was documented.

- A flag will indicate an annotation exists in the time column.

STEP 2: Click in the time column, then right-click.

STEP 3: Hover over **Actions** and select **Modify Annotation**.

STEP 4: Make the desired modifications in the **Annotations** box and click **Sign**.

Cerner Patient Observer – Nursing Considerations

Thank you for the continued participation in Cerner Patient Observer (CPO). To continue to add to the success of this initiative, here are some important reminders.

- Nursing staff **MUST** call the monitor tech and communicate the discontinuation of a patient from CPO and **WAIT** for the Virtual Observation Tech to discontinue observation at the Central Monitoring Station **before** unplugging camera in the patient room.
 - Prematurely unplugging of the camera can cause issues, such as causing the STAT alert button to stop working.
 - Remember to discontinue the Virtual Patient Observer (Nsg) order after notifying the CPO staff.
 - **Make sure when camera is in storage it is plugged in to charge battery.**
- When you are trying to reach the Virtual Observation Tech, please remember they watch up to 12 patients at a time. If they do not respond right away, they could be redirecting another patient or patients.
 - **(NEW!)** Please stand in front of the camera, wave, and **state which unit and room number you are in**. This will help the monitor tech find you faster unless they are interacting with another patient.
- CPO staff will be reaching out to nursing staff a few times a week to test the STAT alarm functionality.
 - STAT alarm testing must be done while a nurse is in the room with the patient.
 - The alarm will only sound for 10 seconds.

Code Status Modifications

INSTRUCTIONS

CODE STATUS VS. TREATMENT RESTRICTIONS

1. Code Status and Treatment Restrictions are provider orders for two SEPARATE situations.
2. Code Status order detail applies ONLY to patients IN cardiopulmonary arrest.
3. Treatment Restrictions order detail applies ONLY to patients who are NOT in cardiopulmonary arrest

CODE STATUS

This section must be completed and ONLY applies when a patient is in cardiopulmonary arrest. Check only one code status category

- Attempt Resuscitation/Full Treatment – Patient is a full code and resuscitation should be attempted.
- DNAR (Do Not Attempt Resuscitation)/Full Treatment – No CPR. Attempt to sustain life by all medically effective means.
- DNAR/Selective Treatment Restrictions – No CPR. Enter any Treatment Restrictions the patient may have chosen.
- DNAR/Comfort- Focused Treatments – No CPR. Maximize comfort through symptom management and allow natural death.

First bullet – No change

Second bullet – DNAR (Do Not Attempt Resuscitation/Full treatment- No chest compressions or intubation in the setting of cardiopulmonary arrest. Attempt to sustain life by all medically effective means, **including intubation in the setting of respiratory failure outside of cardiopulmonary arrest.**

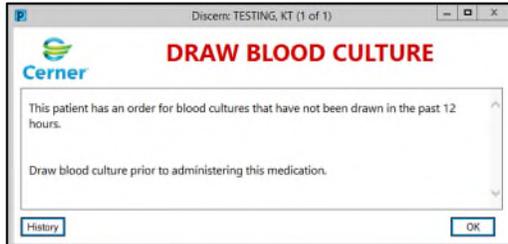
Third bullet – DNAR/ Selective Treatment Restrictions – No chest compressions or intubation in the setting of cardiopulmonary arrest. Attempt to sustain life by all medically effective means **except** those identified by the patient or decision maker. **(Example: No endotracheal intubation)**

Fourth bullet – No chest compressions or intubation in setting of cardiopulmonary arrest. Maximize comfort through symptom management and allow natural death.

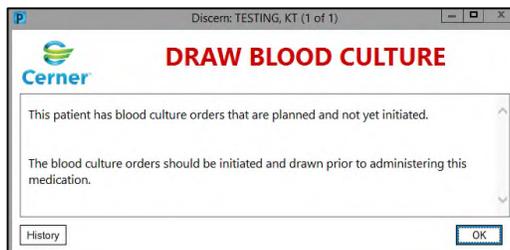
New Draw Blood Culture Alert

On Tuesday, May 23, a new Discern alert will be implemented to notify nursing if they attempt to administer an IV Anti-Infective and the patient has one of the following:

- Active Blood Culture on the order profile has not been collected in the past 12 hours.



- A Blood Culture PowerPlan in a planned state that has not been initiated.



Medication Frequency Update

On May 30, Frequency Instruction **IF DIALYSIS DAY, GIVE AFTER DIALYSIS** will be changed to **If dialysis day- Give AFTER dialysis**. The change provides clearer instructions for nursing staff regarding time in which medication should be administered relating to dialysis.

*Dose Unit:	gm
*Route of Administration:	IVPB
Frequency Instruction:	
PRN Reason:	(None) AFTER DIALYSIS
Infection Source Comment:	If dialysis day- Give AFTER dialysis
Mix in Diluent:	
*Requested Start Date/Time:	04/05/2023 14:30 EDT
Duration Unit:	Days

Dynamic Group Updates

Several new options have been added to the **Radial Compression Device** and **Arterial and Venous Sheath** dynamic groups. The list of options has also been organized by grouping the site options together (e.g., brachial).

Radial Compression Device

P Dynamic Group -

Label:

<RCD Location:>

RCD Location:

- Left brachial artery
- Right brachial artery
- Left brachial vein
- Right brachial vein
- Left radial artery
- Right radial artery
- Left radial vein
- Right radial vein
- Left ulnar artery
- Right ulnar artery
- Left ulnar vein
- Right ulnar vein

Arterial and Venous Sheath

P Dynamic Group -

Label:

<AV Sheath Site:>

AV Sheath Site:

- Left brachial artery
- Right brachial artery
- Left brachial vein
- Right brachial vein
- Left femoral artery
- Right femoral artery
- Left Femoral Vein
- Right femoral vein
- Left radial artery
- Right radial artery
- Left radial vein
- Right radial vein
- Left ulnar artery
- Right ulnar artery
- Left ulnar vein
- Right ulnar vein
- Carotid artery (TAVR)

ED Discharge Instructions

Starting Tuesday, May 23, QR codes will be added to the ED Patient Summary for patients to use their mobile devices to access the Findhelp.org site for information on available resources for opioid, substance use disorder, mental health illness, emotional disturbance, or chronic illness. MaineCare patients can also use their mobile devices to scan for access to Maine.gov for additional information.

Note to Our Patients

If your healthcare provider has recommended that you receive one or more of the following non-emergency outpatient healthcare services: physical therapy, occupational therapy, radiology, imaging, laboratory services and/or infusion therapy, you have the right to compare prices for these services between different healthcare providers. If you have health insurance, you can contact your healthcare insurance carrier directly at their toll free number for information. Your healthcare insurance carrier may also have a healthcare price transparency tool that you can review. If you or your healthcare insurance carrier needs additional information in order to compare prices, please contact your healthcare provider. If you choose to receive these services from a different healthcare provider, you must tell us so that we can give that healthcare provider a copy of your referral and any other paperwork that may be needed.

At Northern Light Health we are committed to making healthcare work for you. Part of that is making your care more accessible using innovations through technology. We now offer the ability to securely connect some of the health management apps you may use (i.e. fitness trackers, dietary trackers, etc.) to your electronic health record. Visit myNorthernLightHealth.org for more information about our patient portal, available wellness applications, and instructions on how to connect/authenticate available wellness applications.

You may receive a survey from Press Ganey by mail or email asking you about your experience receiving care at Northern Light Health. Your feedback matters. Please complete the survey to share your experience with us!

If you have an opioid or substance use disorder, mental health illness, emotional disturbance, or chronic illness, there may be resources available for you. Please call 1-833-217-9640, Monday - Friday, 8:00 a.m. - 4:30 p.m., and we will work to connect you with a resource that can help you. For more information on available resources, scan the code below. If you have MaineCare, scan the second code for additional resources available to you.



Duplicating a Public Auto Text Phrase to Personal

Reminder: Duplicating public auto text phrases to personal auto text phrases can make creation easier. Creating personal auto text phrases helps avoid entering recurring information every time thus saving time.

Example: To avoid entering referring provider name, address, and fax number on each QuitLink referral, duplicate, edit, and save a personal version of /demographics public auto text phrase.

NOTE: The recommended best practice for creating personal auto texts is to begin them with a (.). To create your own personal menus; however, using a (/) will save your personal version to the auto text of the same name, allowing you to customize auto text that appear in note or message templates with a personalized text. Be careful because in long menus such as /labs you may have trouble finding your personal auto text among all the others.

PROD23 TESTING
 Sex: Male DOB: 07/15/1994
 Address: 489 STATE ST BANGOR, ME, 04401-16616
 Home: (207) 973-1234 Work: (207) 298-2938 Mobile: (207) 954-2222
 Primary Care Provider: JARVIS MD, JAMES W
 Language: English
 Submitting Provider Name: **Test, Provider**
 Submitting Provider Address: **000 State Street, Bangor ME 04401**
 Submitting Provider Fax: **207-973-0000**

Patient consents to receive messages via SMS: Yes
 Best contact phone number: _
 Best time to contact: _

Verbal consent obtained from the patient to submit information to the Maine QuitLink via direct messaging.

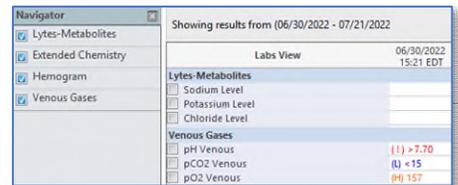
Click [here](#) for more information about auto text.

Results Review Updates

Abnormal Results

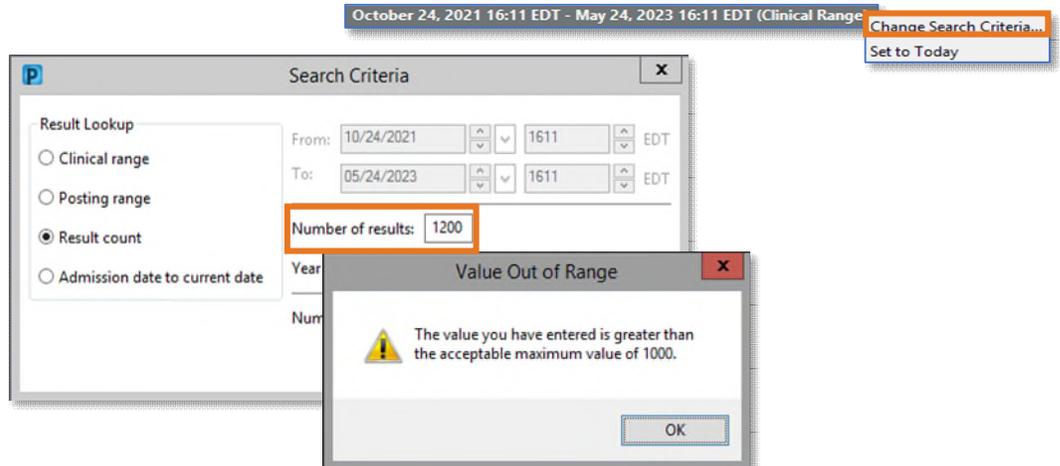
All flowsheets display the same coloring for **Low**, **High**, and **Critical Results**.

- **Critical** results display in **red** with an exclamation preceding the result. (!)
- **High** results display in **orange** and will the letter **H** preceding the result. (H)
- **Low** results display in **blue** with the letter **L** preceding the result. (L)



Search Criteria

When using **Change Search Criteria**, all flowsheets now have the **Number of results** limited to 1000 to avoid extended load times of the flowsheets.



Scales and Assessments Score Update

Opioid Score has been added to the Scales and Assessments component to allow providers to easily view this score when questions have been completed in PowerForms.

Scales and Assessments						
	APR 14, 2023 09:23	MAR 21, 2023 14:46	MAR 16, 2023 11:52	OCT 03, 2022 10:41	SEP 29, 2022 09:34	AUG 23, 2022 12:39
AUDIT Score	--	--	--	--	--	--
Initial Depression Adult...	0	--	--	--	--	0
Depression Adult Total...	--	--	--	--	--	--
Thoughts Better Off De...	Not at all	--	--	--	--	Not at all
Depression Screening L...	--	--	--	--	--	AUG 23, 2022
GAD7 Score	--	--	--	6	--	--
Hearing Impairment	Deaf	--	--	--	--	--
Height Inches	20	--	--	--	--	--
Home Weight	--	--	--	--	190	--
Opioid Risk Score	--	4	5	--	--	--
STEADI-Feels unsteady...	--	--	--	--	--	--