Expanse TIP SHEET Jail Form



Return To Toose Discharge Plan		Deart Document Orders I Document	There will be a jail form available for patients being discharged to police
Other signs/symptoms to not	Forms test,adrienne (c) 49 F 08/07/1975 Allergy/Adv: gabapentin, clopidogrel	custody
Wound/dressing care		EDIT ADD	
1	Search By A	BEHAVIORAL HEALTH DISCHARGE	
Additional Instructions		CARE ASSURE	
Follow Up Appointment		INFANT SECURITY COMPETENCY	
Discharge location / Resou		JAIL FORM	
and any reason of reasons		MT L&D TEST FORM	
Other discharge location/res		MT TEST	
Stand Alone Forms		MY HEALTH ONE	
200		NEWBORN DISCHARGE FORM	
Patient Education		PEDIATRIC ASTHMA ACTION PLAN	
Patient Education and Monograph		SUICIDE PREVENTION RESOURCES	
Nursing Interventions		TEST DC SUICIDE	
-		TRAUMA INCIDENTAL FINDINGS	
*Discharge Date/Time (Requir	ned)		
Today/Now			
			The following fields
			will be available for
JAIL FORM		v	free text entry
Patient presented with complaint of:			
The patient was treated with:			
Patient should continue receiving the followin	ng treatment:	I	

MEDITECH Expanse TIP SHEET EDM-New Action Selection for Callbacks



Edit Call Allergy/Adv: asp	pirin					Cancel Save	There will be a new
Call List			* Status			â	action selection for ED
Putnam ED Visit Results Call			Pending				
Туре			Action				Callbacks. "Provider
ED Visit Results Call			Search			• ×	reviewed: needs f/u" will
Scheduled Date/Time			Left Message w/ Family N	Member			
05/12/25 17:19			Letter sent-Unable to rea	ach pt		×	allow for provider
Actual Date/Time			No Answer will try back No Callback Necessary				communication the
05/13/25 14:52			Patient Contacted				
Reason for Call			Patient Not Home/Left M	lessage			action needed for the
Organisms present: Urine Culture			<auto-generated></auto-generated>				nurse to take.
			Initiator Phone				nurse to take.
					New Action of "Prov	vider	
* Recipient Phone					reviewed: needs t	f/u"	
386-695-4291		×					
Subject/Summary of Call							
Organisms present: Urine Culture (05/12/25 17:19 EDT: The following MIC proce Organisms present: Urine Culture (05/13/25 06:56 EDT: Edited results have beer Organisms present: Urine Culture Lukacsa,Thomas D 05/13/25 14:51 EDT:			eee EMR for result details:		Timestamp	Canned Text	
Call Backs						Close	This will help eliminate
Call List: Putnam ED Visit Results Call					View: Ci	all Backs 👻 C	manual review of each
DUE PATIENT NAME	A/S	CALL BACK REASON		CALL ACTION		STATUS	chart to determine if the
05/12/25	20 F	Organisms prese	ent: Urine Culture	Provider Reviewed: needs f/u		Pending	provider has reviewed
05/13/25	20 F	Abnormal Chlam	n trachomat DNA PCR			Pending	as it will be clearly visible on the log.
					Action visible on log		visible on the log.

Expanse Order Enhancements



Wound Care

Changes go in effect 06/18/2025

The **Wound Care** order (WOUNDCAREN.COM) will have a new screen (HCAOMWNDCAR0001) to allow for more clarity with multiple, complicated wounds, including burns. These changes were made in collaboration with the Wound and Burn Service Lines and the Provider Product teams.

		Number of Wounds:
O∃ ∨ Wound Care		
Number of wound(s)		Works the same way as
Location	2 Wounds 3 Wounds 4 Wounds	current. Options 1-10. If 2 or more wounds is selected,
Cleanse with	· · · · · · · · · · · · · · · · · · ·	
Dressing/Treatment (closest to wour	nd)	more queries populate.
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency	· · · · · · · · · · · · · · · · · · ·	
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency	· · · · · · · · · · · · · · · · · · ·	
Re-saturation/soak instructions		
Additional instructions		

●∃ ✔ Wound Care		Location:
Number of wound(s)		Works the same way as
Location	Left arm Left leg Right arm, Right leg, Back	current. Free Text. If more than one wound has same
Cleanse with		dressings, can enter
Dressing/Treatment (closest to wound)		multiple areas (vertically or
Dressing/Treatment (layer 2)		horizontally).
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		
● Wound Care	[Cleanse with: (Can select multiple.)
		Wound cleanser
Location		Normal saline
		Sterile water
		Chlorhexidine gluconate
Cleanse with		Hydrogen peroxide
Dressing/Treatment (closest to wound)	Wound cleanser	Hypochloric solution
Dressing/Treatment (layer 2)	Sterile water	Povidone iodine
Dressing/Treatment (layer 3)	Chlorhexidine gluconate	Other
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated		
	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



O∃ ✓ Wound Care		Cleanse with:
Number of wound(s) Location		If "Wound cleanser" is selected, another query of
Cleanse with	Wound cleanser	"Type of wound cleanser" populates for specifics (if needed).
Type of wound cleanser		Free text.
Dressing/Treatment (closest to wound)		Not required.
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



⊕ ∃ ∨ Wound Care		Cleanse with:
Number of wound(s) Location	Other	If "Other" is selected, another query of "Other cleanse with" populates. Free text. Required.
* Other cleanse with		
Dressing/Treatment (closest to wound)		
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



DE 🗸 Wound Care		
	-,	
Number of wound(s)		Dressing/Treatment: Free Text
Location		Free Text
		Closest to wound
Cleanse with		Layer 2
Dressing/Treatment (closest to wound)		Layer 3
Dressing/Treatment (layer 2)		Layer 4
Dressing/Treatment (layer 3)		Layer 5
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



Wound Care		Dressing change frequency:
lumber of wound(s)		inequency.
ocation		BID Daily Q4 hours Q8 hours
leanse with		Q12 hours
pressing/Treatment (closest to wound)		Q24 hours Q48 hours
pressing/Treatment (layer 2)		Q3 days
pressing/Treatment (layer 3)		Q7 days Mon/Wed/Fri
Pressing/Treatment (layer 4)		Tues/Thu/Sat
Pressing/Treatment (layer 5)		Mon/Thu Tues/Fri
ressing change frequency		Other
lay change PRN if soiled/saturated	BID Daily	
einforce dressing if required	Q4 hours Q8 hours	
e-saturation/soak frequency	012 hours	
e-saturation/soak instructions		
dditional instructions		



⊕ ≣ ∨ Wound Care		Dressing change
Number of wound(s)		frequency:
Location		If "Other" is selected, another query of "Other
Cleanse with		frequency" populates.
Dressing/Treatment (closest to wound)		Free text. Required.
Dressing/Treatment (layer 2)		rtequireu.
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency	Other	
* Other frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



Number of wound(s) soiled/saturated: Location Yes/No	
Cleanse with Reinforce dressing if	
Dressing/Treatment (closest to wound)	
Dressing/Treatment (layer 2)	
Dressing/Treatment (layer 3)	
Dressing/Treatment (layer 4)	
Dressing/Treatment (layer 5)	
Dressing change frequency	
May change PRN if soiled/saturated Yes No	
Reinforce dressing if required Yes No	
Re-saturation/soak frequency	
Re-saturation/soak instructions	
Additional instructions	



O∃ ∨ Wound Care	-,	Re-saturation/soak frequency:
Number of wound(s)		incquency.
Location		Q4 hours Q6 hours Q8 hours
Cleanse with		Q12 hours Other
Dressing/Treatment (closest to wound)		
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions	Q4 hours	
Additional instructions	Q8 hours Q12 hours Other	



❶∃ ✔ Wound Care	-,	Re-saturation/soak frequency:
Number of wound(s)		
Location		If "Other" is selected, another query of "Other re- saturation/soak frequency" populates.
Cleanse with		
Dressing/Treatment (closest to wound)		Free text.
Dressing/Treatment (layer 2)		Required.
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency	Other	
* Other re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



≣ ✔ Wound Care		Re-saturation/soak
		instructions:
Number of wound(s)		Free Text
Location		
Cleanse with		
Dressing/Treatment (closest to wound)		
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



O∃ ✓ Wound Care		Additional instructions:
	-,	
Number of wound(s)		Free Text
Location		
Cleanse with		
Dressing/Treatment (closest to wound)		
Dressing/Treatment (layer 2)		
Dressing/Treatment (layer 3)		
Dressing/Treatment (layer 4)		
Dressing/Treatment (layer 5)		
Dressing change frequency		
May change PRN if soiled/saturated	Yes No	
Reinforce dressing if required	Yes No	
Re-saturation/soak frequency		
Re-saturation/soak instructions		
Additional instructions		



MEDITECH Expanse TIP SHEET Patient Care Services (PCS)



Documentation of Controlled Medication Patch

Completing assessments in eMAR.

						Scan List Ad	Imin Flowsheet Pro	t/Taper
	Med	dication			Start	Stop	Status	
Trade: Durages Give: 1 Patch Label Comme Restricted to u patients as def or longer, at le daily, or at leas daily, or at leas	(1 patch total) nts: se in opioid tole ined by taking, ast 60 mg of ma st 30 mg of oral st 8 mg of oral e daily, or an equ	rant for a week orphine oxycodone	SDERML Q7	2H SCH	12/28/23 11:30		Active	
Ordered Dose	Scanned Dose	Edited Dose	Total Dose	Equals				
1 patch	1 patch	0 patch	1 patch	Equals				
		•						
Protocol				Fenta	anyl Patch Alert v1			
 opioid tolera "" Definition Patient has longer "ANE Minimum Do "60 mg oral "80 mg oral "30 mg oral "25 mcg tra "6 ng equal 	patches are res int and have chr n of Opioid Toler been receiving c o" patient has b ses required for morphine / day oxyMORphone HYDROcodone HYDROcodone HYDROcodone oxyCODONE / c nsdermal fental ianalgesic dose or non-prescribe	ronic pain** ant ** pjate therapy een taking at r opioid tolera / / day / day / day e / day day UYL / hour of other opioi	for 1 week least the nce:	or				
	ccess Clinical Ph							

Upon scanning the medication, the MAR will open on the Prot/Taper tab which displays the protocol information.

Review the Protocol data, then click on the Flowsheet tab to document the Assessment.



Ordered Dose	Scanned Dose Edited Dose Tota	al Doco Equale	
patch	1 patch 0 patch 1 pa	atch Equals	
			Thu Dec 28
			11:26
			by VXD2725
Source			fentaNYL 1 patch (See Protocol) TRANSDERML Q72H SCH
 Assessmen 			
	lled Substance MAR		~
	trolled Substance		•
	*Infusion/application status		○ Bolus ○ Discontinue ○ Handoff/chain of custody ○ Monitor ④ Start
	Medication time total		2 hour 4 hour 8 hour 12 hour 0 Other
			Document time frame for the handoff.
	Other medication time total		
	Prime amount		
	Medication bolus		
	Amount infused		
	Amount handoff		1
L			If documenting patch, indicate the number of patches on patient.
	sessment MAR		
	essing for Pain Medication		Ves No
	*Administering/assessing for pain in Scale Utilized	management	
	neric Pain Scale		
	ng-Baker Pain Scale		
> CPC			
> FLA	.cc		
> NIP:			
> NPA			
	n Intensity		
	Factors and Interventions		
	ansdermal Application Site nsdermal Application Site		×
	Transdermal application site		Abdomen left lower 🖌 Arm left upper 🗌 Back upper 🗌 Chest left 🗌 Hip left 🗌 Thigh I
	mansuerman application site		Abdomen left upper Arm left upper Back upper Chest left Hip left I flight Thigh I Abdomen left upper Arm right upper Buttocks left Chest right Hip right Thigh I
			Abdomen right lower Battocks right Behind ear left Shoulder left Other
			Abdomen right upper Back middle Chest bilateral Behind ear right Shoulder right
	Other transdermal application site		

Since this assessment is used for both IV and Patch documentation, some of the fields do not apply and are not required.

<u>Infusion/application</u> <u>status (required)</u>. If this is the application of the patch, mark Start, if it is a reassessment mark Monitor.

<u>Amount handoff</u>. Enter the number of patches applied.

Assessing for Pain <u>Medication</u>. Although this med is used to control pain, since it is chronic pain management this can be marked No. All the Pain related sections can be collapsed. No Pain reassessment will be required.

MAR Transdermal

Application Site. Document the location where the patch was applied. If this is not the first application, reference previous assessment data to ensure rotation of application sites.



Documentation of Controlled Medication Patch

Start 🕶				
Stop	Medication	Time	Wed Dec 27	TODAY
Status	(Route)	inne	Wed Dec 27	Thu Dec 2
Ack Status				
12/28/23 11:30 Active Acknowledged	fentaNYL 1 patch (See Protocol) TRANSDERML Q72H SCH Trade: Duragesic 25 mcg/hr Rx#: FM000016765 MIP 6451			
	Give: 1 Patch (1 patch total) V Label Comments:	11:30		1 patch (11:26
	Restricted to use in opioid tolerant patients as defined by taking, for a week or longer, at least 60 mg of morphine	Assess 15:26		Con
	daily, or at least 80 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily, or an equianalgesic dose of another opioid.			

Once the administration has been saved a <u>reassessment</u> will be required <u>12 hours</u> after the administration time. This is indicated by Con in the Assess line.

After completing the reassessment, a new 'Con' indicator will populate for 12 hours later.



MEDITECH Expanse TIP SHEET OM, PHA and MAR



Albumin Indication and Duration of Therapy

Albumin Indication Protocol has been updated include a duration of therapy. A PHA Rule has been added to direct the verifying pharmacist to review the stop date/doses and ensure they are added to the order.

OE > albumin human 25% (12.5 g/50 mL) Pending PRN Reason Label Comments Special Instructions Protocol Indication: Rx Duration in Days: Rx Duration in Days: Rx Duration in Days:	Vertex No Search For Reason Albumin Indications v2 Image: Contract of the second	 Provider Ordering Upon selecting Albumin string, the Protocol will contain required queries. Note: Either duration in days or doses is required.
Protocol * Indication: * Rx Duration in Days: Rx Duration in Doses:	Abumin Indications v2 Iarge volume paracentesis	 When the indication is chosen, the appropriate duration will populate. This duration defaulted will depend on the indication chosen or the directions on the order. Choosing other as an indication will open a free text box, to clarify the other indication. All indications default to 1 day of therapy, except Hepatorenal Syndrome which defaults to 2 days.

Allergy/AdvReac Туре 🔺 Pharmacy No Known Alleraies Allergy 06/21/24 Yes 0 of 5 Selected Status 🔺 Source 😥 From the Pharmacist - ✓ Orders with Activity albumin human 25% 50 ML IV Q1H PRN... albumin human 25% 12.5 G/50 ML Co... 03/07/25 0851 000001656 V000001656 PREMIX MAIN.PRNH Unverified Protocol Provider desktop, clicking the "i" icon will display the View Order Data protocol. Comments albumin hu - PRN Reason hypovolemia Current Orde ampicillin sodi Protocol e ampicillin sodiur FM000000314 Protocol Queries Indication: Large volume paracentesis Other Indication: Rx Duration in Days: 1 Rx Duration in Doses: ampicillin s ampicillin s -- in -sodium chl piperacillin/ta piperacillin/tazo FM000000315 Change Status Close IV Fluid Ordered Dose A Pharmacy rule will also ALBU50VI11 albumin human 25% solution 12. 12.5 G 50 ML display during verification × to remind the pharmacist Duration: 1 Day(s) Ensure appropriate stop time/total doses is entered. Click Yes to continue, No to edit. to update the stop date or total number of doses to <u>Y</u>es <u>N</u>o match what is defaulted in the protocol. MAR Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Order Links Medication AlbuRx 25% Solution 12.5 g In 50 ml @ 2 mls/min IV Q1H PRN Current Rate: 2 mls/min Bag Volume: 50 mls Duration: 25 min Generic: albumin human 25% Stop Status Start Nursing can view the protocol in MAR by 03/07/25 08:51 03/08/25 09:00 Active selecting the P icon or by PRN Reason: Protocol Albumin Indications v2 selecting the Prot/Taper Indication: Large volume paracentesis button. Rx Duration in Days: 1 Rx Duration in Doses:

Expanse Pharmacy Albumin Indication and Duration of Therapy



MEDITECH Expanse TIP SHEET OM, Pharmacy, MAR



Edoxaban Indication Ordering Protocol

• cri • III • On	oxaban Indication	Updated guidance text for
• INI • Or	iteria for patient receiving edoxaban:	Edoxaban
• Co • Do • VT • No • 30 • No • Av	IR = 2.5 if warfarin received within last 7 days<br rder INR If no INR in last 24 hrs (inpt or outpt) INR>2.5, hold edoxaban until INR =2.3<br a ware DOACs can falsely elevate INR due to interaction with assay. ontine edoxaban if patient not recently on warfarin as appropriate. asse dependent on indication, renal function and weight: FE indications, =60 kg: 30 mg PO daily<br onvalvular Afib OR VTE indications with CrCl 15-50 ml/min: on mg PO daily onvalvular Afib OR VTE indications with CrCl 15 ml/min: void use onvalvular Afib w/CrCl > 95 mL/min: Avoid use	Indication for use is required. If Other is chosen, a free text query will appear.
 Order INR If no INR in 1 If INR>2.5, hold edoxaba Be aware DOACs can falsely Contine edoxaban if patient 	received within last 7 days last 24 hrs (inpt or outpt)	 Pharmacy Verification Pharmacist can view the protoco by clicking the 'l' button on the order in the desktop, or by clicking the Protocol button during verification.
 VTE indications, <!--=60 kg:</li--> Nonvalvular Afib OR VTE inc 30 mg PO daily 	30 mg PO daily dications with CrCl 15-50 ml/min: dications with CrCl <15 ml/min: 95 mL/min: Avoid use	

Expanse Pharmacy - Edoxaban Indication Protocol

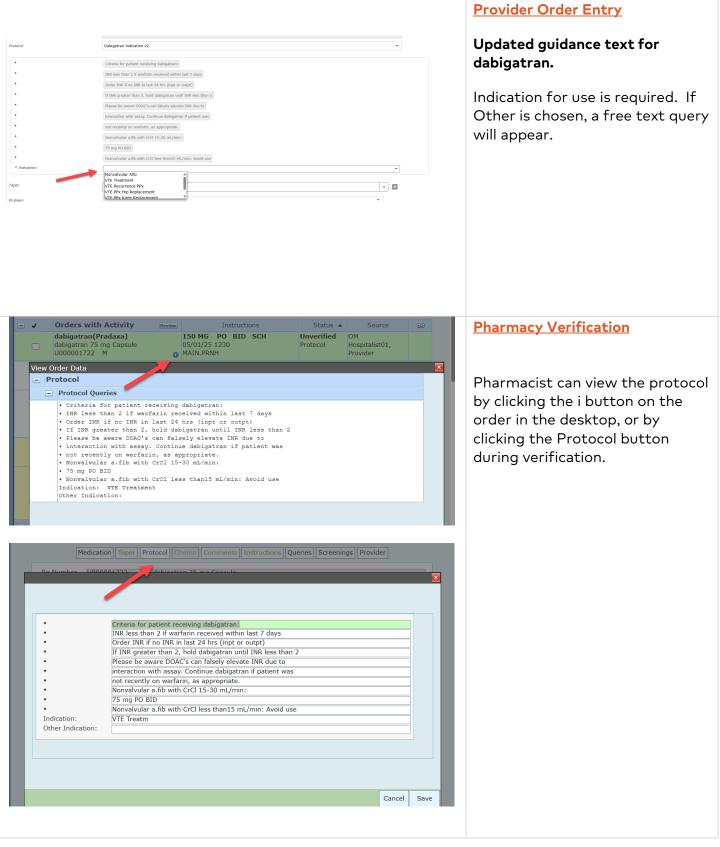
	tion Taper Protocol Chemo Comments Instructi	ons Queries Screenings Provide		
Dx Number 1100	0001722 Jadaushan 20 mg Tablat			
			×	
	•			
•	Criteria for patient receiving edoxaban:			
•	INR = 2.5 if warfarin received within last 7 day</td <td></td> <td></td> <td></td>			
•	Order INR If no INR in last 24 hrs (inpt or outpt)		
•	If INR>2.5, hold edoxaban until INR =2.5</td <td></td> <td></td> <td></td>			
	Be aware DOACs can falsely elevate INR due to in Contine edoxaban if patient not recently on warfar			
	Dose dependent on indication, renal function and			
	VTE indications, =60 kg: 30 mg PO daily</td <td>weight.</td> <td></td> <td></td>	weight.		
	Nonvalvular Afib OR VTE indications with CrCl 15-	50 ml/min:		
•	30 mg PO daily			
•	Nonvalvular Afib OR VTE indications with CrCl <15	5 ml/min:		
•	Avoid use			
•	Nonvalvular Afib w/CrCl > 95 mL/min: Avoid use			
Indication:	Nonvalvula			
Other Indication:				
			Cancel Save	
			Cancel Save	
		L	Cancel Save	
			Cancel Save	
_		Medication Detail		<u>eMAR</u>
	[Detail]History]			
	Medication Start S	Medication Detail		
Savaysa 30 r Generic: edox	Medication Start S	Medication Detail		
Generic: edoxa	Medication Start S ng (See Protocol) PO DAILY SCH uban 05/01/25 17:00	Medication Detail		Protocols are viewed in the MA
Savaysa 30 r Generic: edoxa Dispense: 1 Ta Give: 1 Tablet	Medication Start S ng (See Protocol) PO DAILY SCH 5 5 ban 05/01/25 17:00 0	Medication Detail Flowsheet Monograph AssocData Prot Stop Status		Protocols are viewed in the MA
Generic: edoxa Dispense: 1 Ta	Medication Start S ng (See Protocol) PO DAILY SCH 5 5 ban 05/01/25 17:00 0	Medication Detail Flowsheet Monograph AssocData Prot Stop Status		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol	Medication Start	Medication Detail Flowsheet Monograph AssocData Prot Stop Status		Protocols are viewed in the MA
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol	Medication ng (See Protocol) PO DAILY SCH ban Start S bet/30 mg (30 mg total) 05/01/25 17:00 S S Edoxaban Indication Edoxaban Indication S S	Medication Detail Flowsheet Monograph AssocData Prot Stop Status		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol	Medication ng (See Protocol) PO DAILY SCH ban Start S 05/01/25 17:00 05/01/25 17:00 S Ide (30 mg total) Edoxaban Indication S teria for patient receiving edoxaban: INR 2.5 if warfarin received within last 7 days Order INR I fin O INR in last 7 days	Medication Detail Flowsheet Monograph AssocData Prot Stop Status		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • 1 • 0 • 0	Medication ng (See Protocol) PO DAILY SCH ban Start S 05/01/25 17:00 Start S (30 mg total) 05/01/25 17:00 S Edoxaban Indication Edoxaban Indication S teria for patient receiving edoxaban: INR To ays To ays Order INR If no INR in last 24 hrs (inpt or outpt) If INR S If INR <	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • 1 • 0 • 0	Medication g (See Protocol) PO DAILY SCH ban Start S 05/01/25 17:00 05/01/25 17:00 S S blet/30 mg (30 mg total) Edoxaban Indication Edoxaban Indication teria for patient receiving edoxaban: INR Indication S Order INR If no INR in last 24 hrs (inpt or outpt) (TINR>2.5.5 S S	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxe Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • Be • Be • Co	Medication Start	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • Cr • Cr • Cr • Cr • Cr • Cr • Cr	Medication ng (See Protocol) PO DAILY SCH Start S bban 05/01/25 17:00 Start S bct/30 mg (30 mg total) Edoxaban Indication Edoxaban Indication teria for patient receiving edoxaban: NR NR Z S varer DACs can falsely elevate INR due to interaction with a ntine edoxaban if patient not recently on warfarin as appropria se dependent on indication, renal function and weight. E indications, <	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • Cr • Cr • Cr • Cr • Cr • Cr • Cr	Medication ng (See Protocol) PO DAILY SCH Start S ban 05/01/25 17:00 Start S bet/30 mg (30 mg total) 05/01/25 17:00 S S teria for patient receiving edoxaban: INR Indraftin received within last 7 days S order TNR If no TNR in last 24 hrs (ingt or outpt) if INR S S S varre DAGC can falsely elevate INR due to interaction with a ntine edoxaban if patient not recently on warfarin as appropria se dependent on indication, renal function and weight. E indications, S E indications, r=60 kg: 30 mg PO daily ymmin: 30 mg PO daily S	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	Medication Start	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Tablet Protocol Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr	Medication ng (See Protocol) PO DAILY SCH Start S ban 05/01/25 17:00 Start S bet/30 mg (30 mg total) 05/01/25 17:00 S S teria for patient receiving edoxaban: INR Indraftin received within last 7 days S order TNR If no TNR in last 24 hrs (ingt or outpt) if INR S S S varre DAGC can falsely elevate INR due to interaction with a ntine edoxaban if patient not recently on warfarin as appropria se dependent on indication, renal function and weight. E indications, S E indications, r=60 kg: 30 mg PO daily ymmin: 30 mg PO daily S	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Tablet Protocol Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr Cr	Medication Start	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by
Generic: edoxa Dispense: 1 Ta Give: 1 Tablet Protocol • Cr • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	Medication Start	Medication Detail Flowsheet Monograph AssocData Prot Stop Status Active assay.		Protocols are viewed in the MA by selecting the P icon or by



MEDITECH Expanse TIP SHEET OM, Pharmacy, MAR



Dabigatran Indication Ordering Protocol



Expanse Pharmacy

Expanse Pharmacy-Dabigatran Indication Ordering Protocol

Generic: dabigatran 05/01/25 12:30 Active by selecting the selecti			Detail	History Flowshe	Medication D	etail ocData Prot/Taper Order Links	<u>eMAR</u>
Generic: dabigatran 05/01/25 12:30 Active by selecting the selecti				Stop	Status		Protocols are viewed in the M
Criteria for patient receiving dabigatran: INR less than 2 if warfarin received within last 7 days Order INR if no INR in last 24 hrs (inpt or outpt) If INR greater than 2, hold dabigatran until INR less than 2 Please be aware DOAC's can falsely elevate INR due to interaction with assay. Continue dabigatran if patient was not recently on warfarin, as appropriate. Nonvalvular a.fib with CrCl less than15 mL/min: Avoid use	Generic: d Dispense:	abigatran 2 CapsuleS/75 mg			Active		by selecting the P icon or by
 Criteria for patient receiving dabigatran: IINR less than 2 if warfarin received within last 7 days Order INR if no INR in last 24 hrs (inpt or outpt) If INR greater than 2, hold dabigatran until INR less than 2 Please be aware DOAC's can falsely elevate INR due to interaction with assay. Continue dabigatran if patient was not recently on warfarin, as appropriate. Nonvalvular a.fib with CrCl less than15 mL/min: 75 mg PO BID Nonvalvular a.fib with CrCl less than15 mL/min: Avoid use 	Protocol		Dabigatran Indicat	ion v2			selecting the Prot/Taper butt
Indication: VTE Treatment	• • • • • • Indication:	INR less than 2 if warfarin received wi Order INR fro INR in last 24 hrs (inp If INR greater than 2, hold abligatran Please be aware DOAC's can falsely el- interaction with assay. Continue dabig not recently on warfarin, as appropria Nonvalvular a.fib with CrCl 15-30 mL/ 75 mg PO BID Nonvalvular a.fib with CrCl 1ess than 1.	ithin last 7 days it or outpt) i until INR less than levate INR due to jatran if patient wa te. min:	3			



MEDITECH Expanse TIP SHEET OM, PHA and MAR



PPI and H2B Indications Protocol v2

Both PPI and H2B will require a reason to be entered if the patient is not currently in a critical care location. For the indication of Stress Ulcer Prophylaxis, the provider must also enter a reason if a PPI is used instead of an H2B.

Protocol	PTI Indications v2 Chronic add suppression increases risk for C. difficile Infection and hospital acquired pneumonia. Stress Uleer prophylaxis is only recommended in critical care patients at risk for overt upper GI bleed. H2 Blockers are preferred for stress ulcer prophylaxis. PPIs are preferred for GI bleeding and some hypersecretary conditions. Select an approved indication or free text another reason. Bariatric Surgery Bleed distribust is history Bleeding Prophylaxis Total care of the stress of	Provider Providers are required to enter indications for PPI and H2B medications. When choosing Other for an indication, a free text entry query will display for provider entry.
	er prophylaxis is only recommended in re patients at risk for overt upper GI bleed.	If the patient is currently NOT in a critical care location and the indication of Stress Ulcer Prophylaxis is chosen; the provider will see this pop-up warning. Choosing No will direct the provider to uncheck the order.
 Indication: Pat is not in a critical care setting, continue order? Reason to use in non critical care: Taper	Stress ulcer prophytixis Yes Transfer to Critical Care Concomitant indication Other I and the second sec	Choosing yes will display the reason for use in a non- critical care location query. When choosing Other for the reason a free text entry query will display for provider entry.

Professon	For PPI ordering, if the provider continues, they will see this pop-up warning. H2B are the preferred for Stress Ulcer Prophylaxis. Choosing No will direct the provider to uncheck the order.
Select an approved indication or free text another reason. Indication: Select an approved indication or free text another reason. Indication: Stress uker prophylaxis ves rader Reason to use in non critical care: Concomitant indication ves ve	Choosing yes will display a reason for choosing PPI over H2B query. When choosing Other for the reason a free text entry query will display for provider entry.
pantoprazole DR 40 mg Tablet 03/28/25 1330 Protocol Consulting01, EMR Image: Current Order Main.PRNH Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments Image: Comments <td>Pharmacy Pharmacist can view the protocol by clicking the "i" button from the pharmacist desktop or by clicking on the protocol tab during order verification.</td>	Pharmacy Pharmacist can view the protocol by clicking the "i" button from the pharmacist desktop or by clicking on the protocol tab during order verification.



Expanse Pharmacy PPI and H2B Indications

Dx Number 1000001609 // fametidine 30 mg T	mments Instructions	Queries	gs Provider	×	
Chronic acid suppression increa infection and hospital acquired 1 prophylaxis is only recommende at risk for overt upper GI bleed. H2 Blockers are preferred for GI bleedii hypersecretory conditions. Select an approved indication on Indication: Other Indication:	pneumonia. Stress Ulc ed in critical care patie ress ulcer prophylaxis. ng and some	nts	Cancel	Save	
	Detail Histo		Medication Detail		Nursing
Medication	Start	Stop	Status		NI
Protonix 40 mg (See Protocol) PO BEDTIME SCH Generic: pantoprazole DR Dispense: 1 Tablet/40 mg Give: 1 Tablet (40 mg total) Label Comments:	1 03/28/25 13:30		Active		Nursing can view the protocol by clicking on the P icon from the MAR or by clicking on the
Swallow Whole	Indications v2		1		Prot/Taper button

