MEDITECH Expanse TIP SHEET Patient Care Services (PCS)



Documentation of Controlled Medication Patch

Completing assessments in eMAR.

							Medication Admin	nistratio
						Scan List Adn	nin Flowsheet Prot	/Taper
	Med	lication			Start	Stop	Status	
fentaNYL 1 p Trade: Durage	atch (See Prot sic 25 mcg/hr	tocol) TRANS	SDERML Q7	2H SCH				
Give: 1 Patch Label Comme Restricted to u patients as def or longer, at le daily, or at leas hydromorphon dose of anothe	(1 patch total) ints: se in opioid tole fined by taking, i ast 60 mg of mar st 30 mg of oral t 8 mg of oral e daily, or an eq er opioid.	rant for a week orphine oxycodone uianalgesic			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			
 ""fentaNYL opioid tolera patient has longer "AND Minimum Do "60 mg oral "25 mg oral "60 mg oral "80 mg oral "30 mg oral "25 mcg rangera "or any equ heroin and/ 	patches are res ant and have chr n of Opioid Toler been receiving c) ^a patient has b ses required for morphine / day oxyMORphone HYDROcodone HYDROcodone HYDROcodone I day OcyMORPhone i analgesic dose or non-prescribe	erved for patie ronic pain*** ant *** opiate therapy een taking at r opioid tolera r / / day / day / day / day / day / day / day / day / y / day / y / day /	for 1 week least the nce:	e or				
Select Yes to a Patient is opioi	ccess Clinical Ph d tolerant based	armacology: I on definition	provided:	Yes				

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 Dese	Conned Doop Edited Doop T	Tatal Daga - Fau	ala						
Didered Dose	Scallied Dose Edited Dose 1	otal Dose Equa	dis						
patch	1 patch 0 patch 1	. patch Equa	als						
							Th	u Dec 28	
								11:26	
							by	VXD2725	
Source				fentaNYL 1 patch (See Pro	tocol) TRANSDERML	Q72H SCH			
Accoremon								v	
V Control	lled Substance MAR								
Y Con	trolled Substance							•	
	*Infusion/application status			○ Bolus ○ Discontinue	O Handoff/chain of	custody () Monito	or (i) Start		
	Medication time total			O 2 hour O 4 hour O	8 hour () 12 hour	O Other			
				Document time frame for	the handoff.				
	Other medication time total								
	Prime amount								
	Medication bolus								
	Amount infused								
	Amount handoff			1					
L				If documenting patch, ind	cate the number of p	atches on patient.			
 Pain As 	sessment MAR							~	
✓ Ass	essing for Pain Medication		22	Q 14 4 Q 14					
	Administering/assessing for pa	in management		U res O NO					
> Nun	neric Pain Scale								
> Wor	ng-Baker Pain Scale								
> CPC	DT								
> FLA	.cc								
> NIP:	S								
> NPA	ASS								
> Pain	n Intensity								
> Pain	Factors and Interventions								
V MAR IN	ansoermal Application Site							~	
V Irar	Transdormal application site			Abdemen left lewer	Arm left unner	Dark upper	Chest left	Ula laft	Thigh Ig
	mansuerman application site			Abdomen left upper	Arm right upper	Buttocks left	Chest right	U Hip right	
				Abdomen right lower	Back lower	Buttocks right	Behind ear left	Shoulder left	Other
				Abdomen right upper	Back middle	Chest bilateral	Behind ear right	Shoulder right	
	Other transdermal application s	ite							

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 Status	Medication (Route)	Time	Wed Dec 27	TODAY Thu Dec 28
Ack Status 12/28/23 11:30 Active Acknowledged	Image: Constraint of the second se			
	Give: 1 Patch (1 patch total) Label Comments:	11:30		1 patch 🗐 11:26
	Restricted to use in opioid tolerant patients as defined by taking, for a week	Assess 15:26		Con
	daily, or at least 80 mg of molphine 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 oploid.			

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:	IV Yet Search For Reason Image: Searc	 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 U000001656 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

		Provider Order Entry
Protocol	Edoxaban Indication Criteria for patient receiving edoxaban: INR = 2.5 if warfarin received within last 7 days</td Order INR If no INR in last 24 hrs (inpt or outpt) If INR>2.5, hold edoxaban until INR =2.3</td Be aware DOACs can falsely elevate INR due to interaction with assay. Contine edoxaban if patient not recently on warfarin as appropriate. Dose dependent on indication, renal function and weight. VTE indications, VTE indications, Bo or daily Nonvalvular Afib OR VTE indications with CrCl >15 ml/min: Avoid use Nonvalvular Afib w/CrCl > 95 mL/min: Avoid use	Provider Order Entry Updated guidance text for Edoxaban Indication for use is required. If Other is chosen, a free text query will appear.
 Orders with Activity edoxaban (Savaysa) edoxaban 30 ng Tablet U000001723 M View Order Data Protocol Protocol Queries Criteria for patient re INR If INR2.5, hold edd Be aware DOACs can fall Contine edoxaban if patient of UDese dependent on indit VTE indications, <!--=60</li--> Nonvalvular Afib OR VTE 30 mg PO daily Nonvalvular Afib or VTE Avoid use Nonvalvular Afib w/CrCI Indication: 	Instructions Status Source 05/01/25 1700 Unverified OM 05/01/25 1700 Water of the end of the en	Pharmacy Verification Pharmacist can view the protocol by clicking the 'l' button on the order in the desktop, or by clicking the Protocol button during verification.

Expanse Pharmacy - Edoxaban Indication Protocol

Media	cation laper Protocol Chemo Comments Instructions Queries Screenings Provider		
Dx Number III	100001722		
		×	
	•		
•	Criteria for patient receiving edoxaban:		
•	INR = 2.5 if warfarin received within last 7 days</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>		
	Be aware DOACs can faisely elevate INR due to interaction with assay.		
	Contine edoxaban if patient not recently on warrarin as appropriate.		
	VTE indications		
	Nonvalvular Afib OR VTE indications with CrCl 15-50 ml/min:		
•	30 mg PO daily		
	Nonvalvular Afib OR VTE indications with CrCl <15 ml/min:		
•	Avoid use		
•	Nonvalvular Afib w/CrCl > 95 mL/min: Avoid use		
Indication:	Nonvalvula		
Other Indication			
	Ganad	Cause	
	Cancel	Save	oMAP
	Cancel Medication Detail	Save	<u>eMAR</u>
	Cancel Medication Detail Detail [History [Flowsheet Monograph AssocData Prot/Taper]	Save Order Links	<u>eMAR</u>
Savavsa 3	Cancel Medication Detail [Detail History Flowsheet Monograph AssocData Prot/Taper] Medication Open (See Protocol) PO DATLY SCH	Save Order Links	<u>eMAR</u>
Savaysa 30 Generic: edo	Cancel Medication Detail Detail [History [Flowsheet] Monograph [AssocData] Prot/Taper] Medication Start Start Stop Oring (See Protocol) PO DAILY SCH	Save Order Links	<u>eMAR</u> Protocols are viewed in the MA
Savaysa 3 Generic: edo Disnense: 1	Cancel Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DALLY SCH xxaban 05/01/25 17:00 Active	Save Order Links	eMAR Protocols are viewed in the MA
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl	Cancel Medication Detail Detail History Detail History Medication Start Stop Status 0 mg (See Protocol) PO DAILY SCH xxaban 05/01/25 17:00 Datail (30 mg tetal) 65/01/25 17:00	Save	eMAR Protocols are viewed in the MA by selecting the P icon or by
Savaysa 30 Generic: edo Dispenes: 1 Give: 1 Tabl Protocol	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DAILY SCH xxaban 05/01/25 17:00 Active Tablet/30 mg let (30 mg total) Edoxaban Indication	Save	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl Protocol	Cancel Medication Detail [Detail History Flowsheet Monograph AssocData Prot/Taper] 0 mg (See Protocol) PO DAILY SCH et (30 mg let (30 mg let (30 mg total)) Edoxaban Indication Criteria for patient receiving edoxaban:	Save Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Medication Start Stop Status 0 mg (See Protocol) PO DALLY SCH vabaan 05/01/25 17:00 Active Active Tablet/30 mg let (30 mg total) 05/01/25 17:00 Active Criteria for patient receiving edoxaban: INR Criteria for patient received within last 7 days	Save Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Genenci: edo Dispense: 1 Give: 1 Tabl Protocol • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Omg (See Protocol) PO DALLY SCH xxaban Start Stop Status 0/mg (See Protocol) PO DALLY SCH xxaban 05/01/25 17:00 Active Active Izblet/30 mg let (30 mg total) 05/01/25 17:00 Active Image: Colspan="2">Colspan="2"	Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • • • • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DAILY SCH Start Stop Status 0 mg (See Protocol) PO DAILY SCH 05/01/25 17:00 Active Tablet/30 mg 05/01/25 17:00 Active Edoxaban Indication Edoxaban Indication Criteria for patient receiving edoxaban: INR Tore TIRK If no TIRk in last 24 hrs (inpt or outpt)) If TIR>2.5, hold edoxaban undi TIRK For outpt) If MR>2.5, hold edoxaban undi TIR	Order Links	eMAR Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edo Dispense: 11 Give: 1 Tabl Protocol • • • • •	Medication Detail Detail Flistory Flowsheet Monograph AssocData Prot/Taper Medication Start Stop Status 0 mg (See Protocol) PO DALLY SCH axaban 05/01/25 17:00 Active Tablet/30 mg let (30 mg total) 05/01/25 17:00 Active Edoxaban Indication Criteria for patient receiving edoxaban: INR INR Output: In UR in ISR 7 days Order TIR If no TIRR in ISR 1 due to interaction with assay. Contine edoxaban if patient not recently on warfarin as appropriate.	Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 3 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • • • • • • • • • • • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Medication Start Stop Status 0 mg (See Protocol) PO DALLY SCH 05/01/25 17:00 Active Tablet/30 mg let (30 mg total) 05/01/25 17:00 Active Criteria for patient receiving edoxaban: INR INR INR Detail Indication Criteria for patient received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) ITINR>2.5 if warfarin received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) ITINR>2.5 if warfarin received within last 7 days Contine doxabani if patient nor trecently on warfarin as appropriate. Dose dependent on indication, renal function and weight.	Save Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • • • • • • • • • • • • • • • • • • •	Medication Detail Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Ong (See Protocol) PO DALLY SCH oxaban Start Stop Status Dis/O1/25 17:00 Active Detail History Flowsheet Monograph AssocData Prot/Taper Content Colspan="2">Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2" Content Colspan="2"	Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • • • • • • • • • • • • • • • • • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DAILY SCH Start Stop Status 0 mg (See Protocol) PO DAILY SCH 05/01/25 17:00 Active Tablet/30 mg 05/01/25 17:00 Active Edoxaban Indication Edoxaban Indication Criteria for patient receiving edoxaban: INR Indication Criteria for patient receiving edoxaban: INR Indication Indication Indication Edoxaban Indication Edoxaban Indication Indication Indication Indication View (30 mg total) Edoxaban Indication Indication Indication Indication Edoxaban Indication Edoxaban Indication Indication Indication Indication UPE indications, Station or outpl) If INP>.25, hold edoxaban undi INR INR INR Dose dependent on indication, renal function and weight. ITTE indications, Indications with CrCl 15-50 ml/min: 30 mg PO daily Indication set Criteria Station Station	Order Links	eMAR Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 33 Generic: edd Dispense: 1 Give: 1 Tabl Protocol	Medication Detail Detail Fistory Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DALLY SCH axaban 05/01/25 17:00 Active Active Tablet/30 mg let (30 mg total) 05/01/25 17:00 Active Criteria for patient receiving edoxaban: INR-/ = 2.5 if warfarin received within last 7 days Order TIR IT in DIRe in last 24 hrs (impt or outpd) off TIR IT in DIRe in last 24 hrs (impt or outpd) If TIRN>2.5, hold edoxaban unit INR Contine edoxaban: INR-/ = 2.5 in deatoraban if patient not intel INR Contine doxaban if patient not motif NR Contine edoxaban: INR /= 2.5, hold edoxaban unit INR Contine edoxaban: INR /= 2.5, hold edoxaban unit INR Contine edoxaban: INR /= 2.5, hold edoxaban unit INR Medications, recently on warfarin as appropriate. Dox dependent on indication, renal function and weight. VIE indications with CrCl 15:50 ml/min: 30 mg PO daily Novaroviura Alb OR VTE indications with CrCl <15 ml/min: Novaroviura Alb OR VTE indications with CrCl <15 ml/min:	Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 3 Generic: edo Dispense: 1 Give: 1 Tabl Protocol • • • • • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Medication Start Stop Status 0 mg (See Protocol) PO DAILY SCH 05/01/25 17:00 Active Tablet/30 mg let (30 mg total) Edoxaban Indication Criteria for patient receiving edoxaban: INR INR 2.5 if warfarin received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) If TINR>2.5. If warfarin received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) If TINR>2.5. If warfarin received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) If TINR>2.5. If warfarin received within last 7 days Order INR If no INR in last 24 hrs (inpt or outpt) If TINR>2.5. Did edoxaban until INR Moreare DOACs can falsely elevate INR due to interaction with assay. Contine edoxaban if patient not recently on warfarin as appropriate. Dose dependent on indications, renal function and weight. VTE indications with CrCl 5:50 ml/min: 30 mg PO daily Norvalvular AHD bo RVTE indications with CrCl 15:50 ml/min: Avoid use Norvalvular AHD bo RVTE indications with CrCl 15:50 ml/min: Avoid use	Order Links	<u>eMAR</u> Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edd Dispense: 1 Give: 1 Tabl Protocol • • • • • • • • •	Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Ong (See Protocol) PO DALLY SCH Oxaban Start Stop Status 05/01/25 17:00 Active Dis/01/25 17:00 Active Indication Criteria for patient receiving edoxaban: INR INR Indication Criteria for patient receiving edoxaban: INR INR Criteria for patient receiving edoxaban: INR INR OACS can falsely elevate INR due to interaction with assay. Contine edoxaban if patient not recently on warfarin as appropriate. Dose dependent on indication, renal function and weight. VTE indications, r/=60 kg: 30 mg PO daily Norvalvular Afib OR VTE indications with CrCl 15-50 ml/min: 30 mg PO daily Norvalvular Afib OR VTE indications with CrCl <15 ml/min: Avoid use Norvalvular Afib	Order Links	eMAR Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto
Savaysa 30 Generic: edd Dispense: 1 Give: 1 Tabl Protocol •	Medication Detail Detail Tistory Flowsheet Monograph AssocData Prot/Taper 0 mg (See Protocol) PO DALLY SCH osaban 05/01/25 17:00 Active Tablet/30 mg let (30 mg total) 05/01/25 17:00 Active Edoxaban Indication Criteria for patient receiving edoxaban: INR Titre 2 to status Order TINR Tin OTINR in last 24 hrs (inpt to outpt) ITINR Titre 2 to status Order TINR Tin OTINR in last 24 hrs (inpt to outpt) ITINR Order TINR Tin OTINR in last 24 hrs (inpt to outpt) ITINR Medication with Inst 7 days Contine edoxaban until INR INR Date of the outpt ITINR ITINR Contine edoxaban until INR INR Order INR Tin OTINR in last 70 angs Contine edoxaban until INR Order INR Tin OTINR in last 70 angs Order	Order Links	eMAR Protocols are viewed in the MA by selecting the P icon or by selecting the Prot/Taper butto



MEDITECH Expanse TIP SHEET OM, Pharmacy, MAR



Dabigatran Indication Ordering Protocol



Expanse Pharmacy

Expanse Pharmacy-Dabigatran Indication Ordering Protocol

Medication Start Stop Status Pradaxa 150 mg (See Protocol) PO BID Sch Generic: dabigatran 05/01/25 12:30 Active Dispense: 2 CapsuleS/75 mg Sive: 2 CapsuleS (150 mg total) 05/01/25 12:30 Active Protocol Dabigatran Indication v2 Criteria for patient receiving dabigatran: INR less than 2 if warfarin received within last 7 days Status Order INR if no INR in last 24 hrs (inpt or outpt) INR greater than 2, hold dabigatran in JINR 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. Norwalvular a.fb with CrCl 15-30 mL/min: 75 mg PO BID Norvalvular a.fb with CrCl less than15 mL/min: Avoid use notaction: VTE Treatment			Detail	History Flowshe	Medication D	etail socData Prot/Taper Order Links	<u>eMAR</u>
Pradaxa 150 mg (See Protocol) P0 BID SCH Generic: dabigatran 05/01/25 12:30 Active Dispense: 2 CapsuleS/75 mg Give: 2 CapsuleS (150 mg total) 05/01/25 12:30 Active Protocol Dabigatran Indication v2 by selecting the P icon or by selecting the Prot/Taper buttor • Criteria for patient receiving dabigatran: • URK less than 2 if warfarin received within last 7 days • Order INR if no INR in last 24 hrs (inpt or outpt) selecting the Prot/Taper buttor • 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.fb with CrCl Is-30 mL/min: • Nonvalvular a.fb with CrCl Is-30 mL/min: • Nonvalvular a.fb with CrCl Is-stan 15 mL/min: Avoid use Indication: V1E Treatment Fro to cocors are viewed in the Picon or by selecting the Prot/Taper buttor		Medication	Start	Stop	Status		Drotocols are viewed in the M
Protocol Dabigatran Indication v2 Criteria for patient receiving dabigatran: Selecting the Prot/Taper butt INR less than 2 if warfarin received within last 7 days Order 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 15-30 mL/min: 75 mg P0 BID Nonvalvular a.fib with CrCl less than15 mL/min: Avoid use Indication: V/IE Treatment	Pradaxa 150 m Generic: dabigatra Dispense: 2 Capsu Give: 2 CapsuleS	g (See Protocol) PO BID SCH an uleS/75 mg ; (150 mg total)	05/01/25 12:30		Active		by selecting the P icon or by
Criteria for patient receiving dabigatran: IRR 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. Norvalvular a.fib with CrCl 15-30 mL/min: 75 mg PO BID Norvalvular a.fib with CrCl less than15 mL/min: Avoid use Indication: VTE Treatment	Protocol		Dabigatran Indicat	ion v2			selecting the Prot/Taper butt
	Criter INR la Order Inf INR Please intera not re Nonva Torva Nonva Indication: VTE T	Ia for patient receiving dabigator ses than 2 if warfarin received wi INR if no INR in last 24 hrs (inp & greater than 2, hold dabigatran be be aware DOAC's can falsely el cution with assay. Continue dabig cently on warfarin, as appropria alvular a .fib with CrCl 15-30 mL/ g PO BID alvular a .fib with CrCl less than 19 reatment	n: tithin last 7 days u ori IINR less thar levate INR due to latran if patient wa te. min: 5 mL/min: Avoid u	5 5 5e			



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 intection and hospital acquired pneumonals. Stress Ulcer prophylaxis is only recommended in critical care patients at risk for overt upper GI bledd. 1k2 Blockers are preferred for GI bledging and some hypersecretary conditions. PPIs are preferred for GI bledging roughly axis. • Barlatric Surgery Bledding Prophylaxis is history Bledding Prophylaxis • Barlatric Surgery • Bledding Prophylaxis •	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.
re pa Confirmation hyla Confirmation Stress Uld critical ca Continue	n cer prophylaxis is only recommended in re patients at risk for overt upper GI bleed. to Order? Yes No	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 <	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.

Preferred option. Continue to order?	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: Stress ulcer prophylaxis • Pat is not in a critical care setting, continue to order? Test • Reason to use in non critical care: Concomitant indication • Use PPI instead of H28 liceker? Yes • Reason to use PPI instead of H28: • • Taper Fi28 ineffective for pat ti28 contrainidcated PPI use prior to admit indication • Pathern •	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, Provider ENR ■ ✓ Current Order Main.PRNH Protocol Consulting01, Provider Enter Orders ■ albumin human 2 ■ Comments ■ Comments ■ Comments ■ Comments ■ albumin human 2 ■ Context upper GF bled. ● Chronic acid suppression increases risk for C. difficile ● infection and hospital acquired pneumonia. Stress Ulear ● protocol ■ dextrose 5%-04. ● Chronic acid suppression increases risk for C. difficile ● infection and hospital acquired pneumonia. Stress Ulear ● infection and hospital acquired pneumonia. Stress Ulear ● dextrose 5%-04. ● Protocol Queries ● infection and hospital acquired pneumonia. Stress Ulear ● infection and hospital acquired pneumonia. Stress Ulear ● dextrose 5%-04. ● Protocol Queries is only recommended in ortical care patients • at isk for over upper GF bled. • Bled. ● dextrose 5%-04. ● Protocol Queries is only recommended in ortical care patients • at isk for over upper GF bled. • Bled. ● Motocol ST F ● Protocol Gueries an eprover indication or free text another reason. • Indication: Btress ulear prophylaxis • Hore seaon. ● dextrose 5% ● albumin human ● Btressean for use in non critical care: Transfer to	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

Protocol Chemo Co	mments Instructions] Queries Screeni	ngs Provider	×	
 Chronic acid suppression increasion increasion increasion increasion increasion increasion infection and hospital acquired prophylaxis is only recommend at risk for overt upper GI bleed H2 Blockers are preferred for st PPIs are preferred for GI bleed hypersecretory conditions. Select an approved indication of Stress ulc Other Indication: 	ses risk for C. difficile pneumonia. Stress Uk ed in critical care patie ress ulcer prophylaxis ng and some r free text another rea	cer	Cancel	Save	
	Detail Histo	ory Flowsheet 1	Medication Detail	ata Prot/T	Nursing
Medication	Start	Stop	Status		
Protonix 40 mg (See Protocol) PO BEDTIME SCI Generic: pantoprazole DR Dispense: 1 Tablet/40 mg Give: 1 Tablet (40 mg total) Label Comments: Swallow Whole	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
Protocol PPI	Indications v2				Prot/Taper button
• • • • •	Chronic acid suppr infection and hosp prophylaxis is only at risk for overt up H2 Blockers are pr PPIs are preferred hypersecretory cor Schot a panerwo	ression increases ital acquired pnew recommended in oper GI bleed. referred for stress for GI bleeding a nditions. d indication or fre	risk for C. difficile Imonia. Stress Ulcer critical care patien ulcer prophylaxis. nd some e text another rease	r ts	during administration.

