

MEDITECH Expanse TIP SHEET

Patient Care Services (PCS)



Documentation of Controlled Medication Patch

Completing assessments in eMAR.

Medication Administration				
Scan List Admin Flowsheet Prot/Taper Mo				
Medication fentaNYL 1 patch (See Protocol) TRANSDERMAL Q72H SCH Trade: Duragesic 25 mcg/hr Give: 1 Patch (1 patch total) Label Comments: Restricted to use in opioid tolerant patients as defined by taking, for a week or longer, at least 60 mg of morphine daily, or at least 30 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily, or an equianalgesic dose of another opioid.	Start 12/28/23 11:30	Stop	Status Active	
Ordered Dose 1 patch	Scanned Dose 1 patch	Edited Dose 0 patch	Total Dose 1 patch	Equals Equals
Protocol				
Fentanyl Patch Alert v1				
*** Black Box Warning! *** ***fentaNYL patches are reserved for patients who are opioid tolerant and have chronic pain*** *** Definition of Opioid Tolerant *** - Patient has been receiving opiate therapy for 1 week or longer *AND* patient has been taking at least the - Minimum Doses required for opioid tolerance: *60 mg oral morphine / day *25 mg oral oxyMORphone / day *60 mg oral HYDROcodone / day *8 mg oral HYDROmorphine / day *30 mg oral oxyCODONE / day *25 mcg transdermal fentaNYL / hour *or any equianalgesic dose of other opioids, including heroin and/or non-prescribed opioids				
Select Yes to access Clinical Pharmacology:				
Patient is opioid tolerant based on definition provided: Yes				
Type of pain: Chronic				

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.

2

Ordered Dose	Scanned Dose	Edited Dose	Total Dose	Equals
1 patch	1 patch	0 patch	1 patch	Equals
Source fentanyl 1 patch (See Protocol) TRANSDERMAL Q72H SCH Thu Dec 28 11:26 by VXD2725				
Assessments Controlled Substance MAR Controlled Substance *Infusion/application status ☐ Bolus ☐ Discontinue ☐ Handoff/chain of custody ☐ Monitor ☒ Start Medication time total ☐ 2 hour ☐ 4 hour ☐ 8 hour ☐ 12 hour ☐ Other Other medication time total Document time frame for the handoff. Prime amount Medication bolus Amount infused Amount handoff 1 If documenting patch, indicate the number of patches on patient.				
Pain Assessment MAR Assessing for Pain Medication *Administering/assessing for pain management ☐ Yes ☒ No Pain Scale Done Numeric Pain Scale Wong-Baker Pain Scale CPOT FLACC NIPS NPASS Pain Intensity Pain Factors and Interventions MAR: Transdermal Application Site Transdermal Application Site Abdomen left lower Abdomen left upper Abdomen right lower Abdomen right upper Arm left upper Arm right upper Back lower Back middle Back upper Buttocks left Buttocks right Chest bilateral Chest left Chest right Behind ear left Behind ear right Hip left Hip right Shoulder left Shoulder right Thigh left Thigh right Other 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.

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

Amount handoff.
Enter the number of
patches applied.

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

Once the administration has been saved a reassessment will be required 12 hours 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.

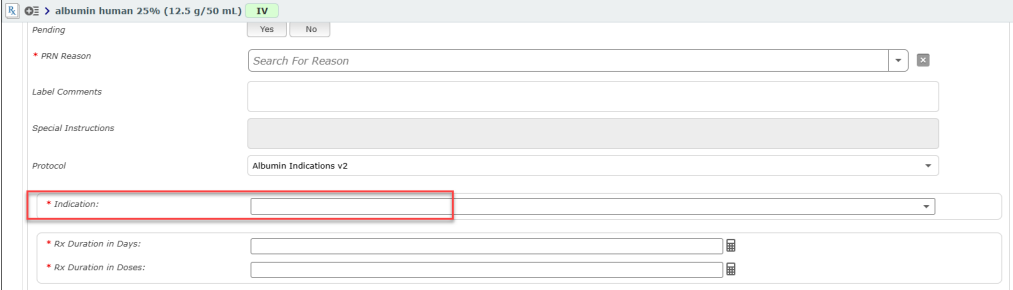
MEDITECH Expanse TIP SHEET

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.

	Provider Ordering Upon selecting Albumin string, the Protocol will contain required queries. Note: Either duration in days or doses is required.
	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.

Expanse Pharmacy Albumin Indication and Duration of Therapy

Allergy/AdvReac Edit Type Severity Reaction Date Verified

No Known Allergies	Allergy			06/21/24	Yes
0 of 5 Selected					
☒	Orders with Activity	Instructions	Status	Source	
☐	albumin human 25% albumin human 25% 12.5 G/50 ML Co... U000001656 PREMIX	50 ML IV Q1H PRN... 03/07/25 0851 MAIN.PRNH	Unverified Protocol	OM Consulting01, Provider	

View Order Data

Comments

PRN Reason

hypovolemia

Current Order

Protocol

Protocol Queries

Indication: Large volume paracentesis
Other Indication:
Rx Duration in Days: 1
Rx Duration in Doses:

Change Status Close

Pharmacy

From the Pharmacist desktop, clicking the “i” icon will display the protocol.

IV Fluid Ordered Dose Volume

1	ALBU50VI11	albumin human 25% solution 12.5 G	12.5 G	50	ML
2					

Confirmation

Duration: 1 Day(s) Ensure appropriate stop time/total doses is entered. Click Yes to continue, No to edit.

Yes No

Label Comments

A Pharmacy rule will also display during verification to remind the pharmacist to update the stop date or total number of doses to match what is defaulted in the protocol.

Medication Detail

Detail History Flowsheet Monograph AssocData Prot/Taper Order Links

Medication	Start	Stop	Status
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%	03/07/25 08:51	03/08/25 09:00	Active

PRN Reason:
hypovolemia

Protocol Albumin Indications v2

Indication: Large volume paracentesis

Rx Duration in Days: 1
Rx Duration in Doses:

MAR

Nursing can view the protocol in MAR by selecting the P icon or by selecting the Prot/Taper button.

MEDITECH Expanse TIP SHEET

OM, Pharmacy, MAR

Edoxaban Indication Ordering Protocol

Provider Order Entry

Updated guidance text for Edoxaban

Indication for use is required. If Other is chosen, a free text query will appear.

Pharmacy Verification

Pharmacist can view the protocol by clicking the 'i' button on the order in the desktop, or by clicking the Protocol button during verification.

Protocol

Edoxaban Indication

- Criteria for patient receiving edoxaban:
- INR $\leq$ 2.5 if warfarin received within last 7 days
- Order INR if no INR in last 24 hrs (inpt or outpt)
- If INR $>$ 2.5, hold edoxaban until INR $\leq$ 2.5
- Be aware DOACs can falsely elevate INR due to interaction with assay.
- Continue edoxaban if patient not recently on warfarin as appropriate.
- Dose dependent on indication, renal function and weight.
- VTE indications, $\leq$ 60 kg: 30 mg PO daily
- 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:

Orders with Activity	Review	Instructions	Status	Source	
edoxaban(Savaysa) edoxaban 30 mg Tablet U000001723 M		30 MG PO DAILY SCH 05/01/25 1700 MAIN.PRNH	Unverified Protocol	OM Hospitalist01, Provider	

View Order Data

Protocol

Protocol Queries

- Criteria for patient receiving edoxaban:
- INR $\leq$ 2.5 if warfarin received within last 7 days
- Order INR if no INR in last 24 hrs (inpt or outpt)
- If INR $>$ 2.5, hold edoxaban until INR $\leq$ 2.5
- Be aware DOACs can falsely elevate INR due to interaction with assay.
- Continue edoxaban if patient not recently on warfarin as appropriate.
- Dose dependent on indication, renal function and weight.
- VTE indications, $\leq$ 60 kg: 30 mg PO daily
- 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: Nonvalvular Afib
Other Indication:

Expanse Pharmacy - Edoxaban Indication Protocol

Medication **Taper** Protocol Chemo Comments Instructions Queries Screenings Provider

Dr. Number: 1600004733 Edoxaban 30 mg Tablet

- Criteria for patient receiving edoxaban:
- INR</= 2.5 if warfarin received within last 7 days
- Order INR If no INR in last 24 hrs (inpt or outpt)
- If INR>2.5, hold edoxaban until INR </=2.5
- Be aware DOACs can falsely elevate INR due to interaction with assay.
- Continue edoxaban if patient not recently on warfarin as appropriate.
- Dose dependent on indication, renal function and weight.
- VTE indications, </=60 kg: 30 mg PO daily
- 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:
Other Indication:

Cancel Save

Medication Detail

Detail History Flowsheet Monograph AssocData Prot/Taper Order Links

Medication

Savaysa 30 mg (See Protocol) PO DAILY SCH

Generic: edoxaban

Dispense: 1 Tablet/30 mg

Give: 1 Tablet (30 mg total)

Start

Stop

Status

05/01/25 17:00

Active

Protocol

Edoxaban Indication

- Criteria for patient receiving edoxaban:
- INR</= 2.5 if warfarin received within last 7 days
- Order INR If no INR in last 24 hrs (inpt or outpt)
- If INR>2.5, hold edoxaban until INR </=2.5
- Be aware DOACs can falsely elevate INR due to interaction with assay.
- Continue edoxaban if patient not recently on warfarin as appropriate.
- Dose dependent on indication, renal function and weight.
- VTE indications, </=60 kg: 30 mg PO daily
- 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: Nonvalvular Afib

eMAR

Protocols are viewed in the MAR by selecting the P icon or by selecting the Prot/Taper button.

MEDITECH Expanse TIP SHEET

OM, Pharmacy, MAR

Dabigatran Indication Ordering Protocol

Provider Order Entry

Updated guidance text for dabigatran.

Indication for use is required. If Other is chosen, a free text query will appear.

Pharmacy Verification

Pharmacist can view the protocol by clicking the i button on the order in the desktop, or by clicking the Protocol button during verification.

Protocol: Dabigatran Indication v2

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 15-30 mL/min:
- 75 mg PO BID
- Nonvalvular a.fib with CrCl less than 15 mL/min: Avoid use

* Indication: Nonvalvular Afb

Taper: VTE Treatment

Problem: VTE Recurrence Ppx

VTE Ppx Hip Replacement

VTE Ppx Knee Replacement

Orders with Activity	Instructions	Status	Source
dabigatran(Pradaxa) dabigatran 75 mg Capsule U000001722 M	150 MG PO BID SCH 05/01/25 1230 MAIN.PRNH	Unverified Protocol	OM Hospitalist01, Provider

View Order Data

Protocol

Protocol Queries

- 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 15-30 mL/min:
- 75 mg PO BID
- Nonvalvular a.fib with CrCl less than 15 mL/min: Avoid use

Indication: VTE Treatment

Other Indication:

Medication Taper Protocol Chemo Comments Instructions Queries Screenings Provider

Dx Number: U000001722 Dabigatran 75 mg Capsule

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 15-30 mL/min:
- 75 mg PO BID
- Nonvalvular a.fib with CrCl less than 15 mL/min: Avoid use

Indication: VTE Treatm

Other Indication:

Cancel Save

Expanse Pharmacy-Dabigatran Indication Ordering Protocol

Medication Detail

[Detail](#)
[History](#)
[Flowsheet](#)
[Monograph](#)
[AssocData](#)
[Prot/Taper](#)
[Order](#)
[Links](#)

Medication	Start	Stop	Status
Pradaxa 150 mg (See Protocol) PO BID SCH Generic: dabigatran Dispense: 2 CapsuleS/75 mg Give: 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
- 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 15-30 mL/min:
- 75 mg PO BID
- Nonvalvular a.fib with CrCl less than 15 mL/min: Avoid use

Indication:
 VTE Treatment

eMAR

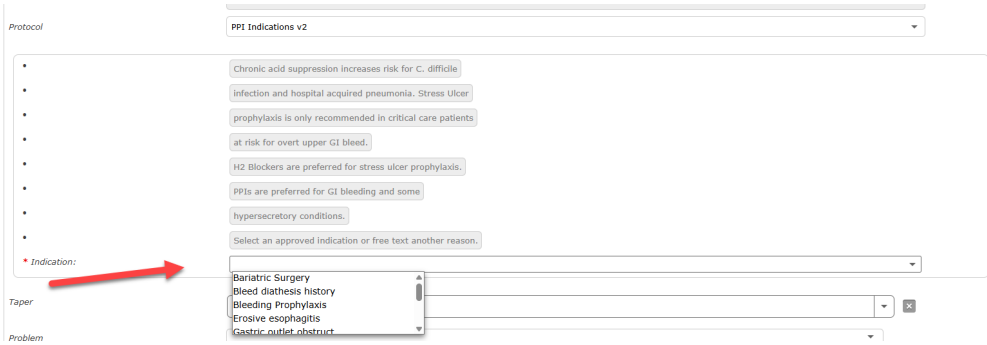
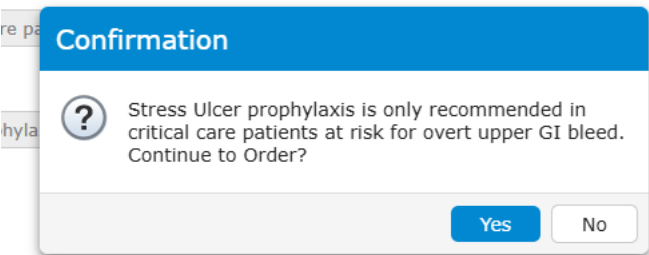
Protocols are viewed in the MAR by selecting the P icon or by selecting the Prot/Taper button.

MEDITECH Expanse TIP SHEET

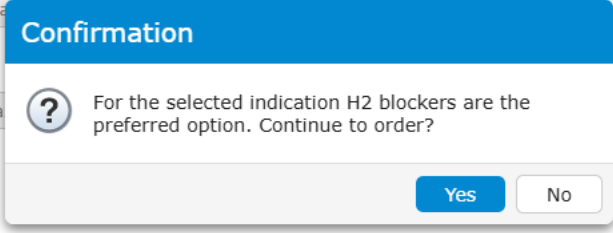
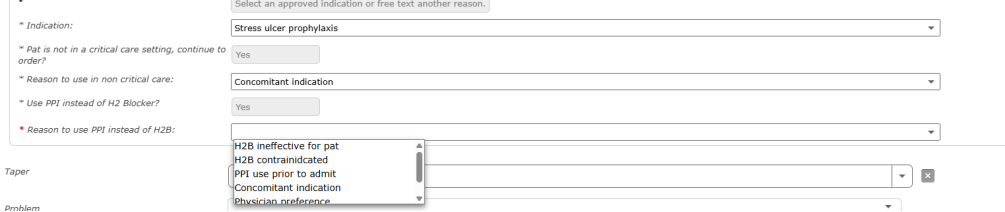
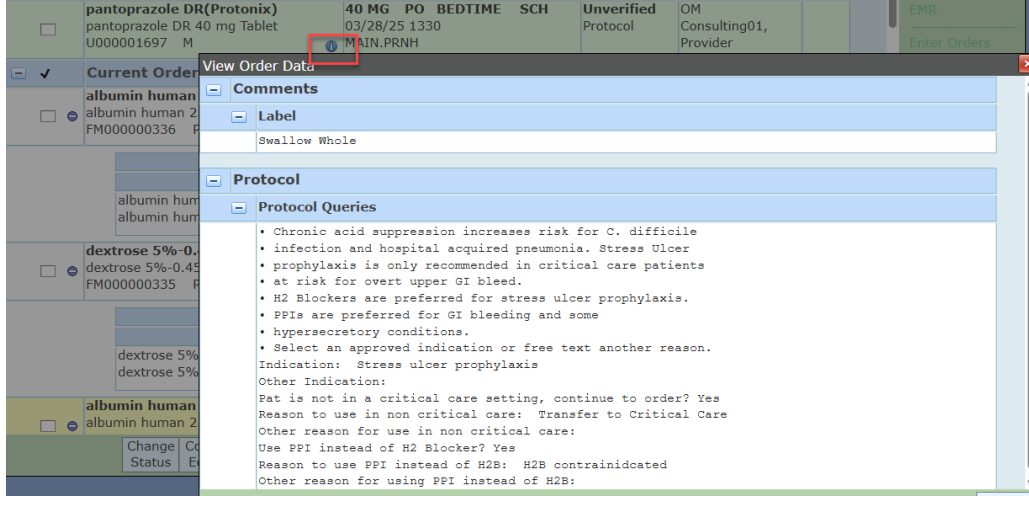
OM, PHA and MAR

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.

	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.
	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.
	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.

Expanse Pharmacy PPI and H2B Indications

 Confirmation ? For the selected indication H2 blockers are the preferred option. Continue to order? Yes No	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? Yes * Reason to use in non critical care: Concomitant indication * Use PPI instead of H2 Blocker? Yes * Reason to use PPI instead of H2B: H2B ineffective for pat, H2B contraindicated, PPI use prior to admit, Concomitant indication, Physician preference Taper Problem	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.
 View Order Data Current Order albumin human Label Swallow Whole Protocol Protocol Queries - Chronic acid suppression increases risk for C. difficile - infection and hospital acquired pneumonia. Stress Ulcer - 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 - hypersecretory conditions. - Select an approved indication or free text another reason. Indication: Stress ulcer prophylaxis Other Indication: Pat is not in a critical care setting, continue to order? Yes Reason to use in non critical care: Transfer to Critical Care Other reason for use in non critical care: Use PPI instead of H2 Blocker? Yes Reason to use PPI instead of H2B: H2B contraindicated Other reason for using PPI instead of H2B:	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

Medication Taper Protocol Chemo Comments Instructions Queries Screenings Provider

Rx Number: 11000001608 **Prot/Taper** Ranitidine 30 mg Tablet

- Chronic acid suppression increases risk for C. difficile infection and hospital acquired pneumonia. Stress Ulcer 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 hypersecretory conditions.
- Select an approved indication or free text another reason.

Indication: Stress ulc
Other Indication:

1 of 2 Goto 2

Cancel Save

Medication Detail

Detail History Flowsheet Monograph AssocData Prot/T

Medication	Start	Stop	Status
Protonix 40 mg (See Protocol) PO BEDTIME SCH Generic: pantoprazole DR Dispense: 1 Tablet/40 mg Give: 1 Tablet (40 mg total) Label Comments: Swallow Whole	03/28/25 13:30		Active

Protocol PPI Indications v2

- Chronic acid suppression increases risk for C. difficile infection and hospital acquired pneumonia. Stress Ulcer 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 hypersecretory conditions.
- Select an approved indication or free text another reason.

Indication: Stress ulcer prophylaxis
Pat is not in a critical care setting, continue to order? Yes
Reason to use in non critical care: Transfer to Critical Care
Use PPI instead of H2 Blocker? Yes
Reason to use PPI instead of H2B: H2B contraindicated

Nursing

Nursing can view the protocol by clicking on the P icon from the MAR or by clicking on the Prot/Taper button during administration.