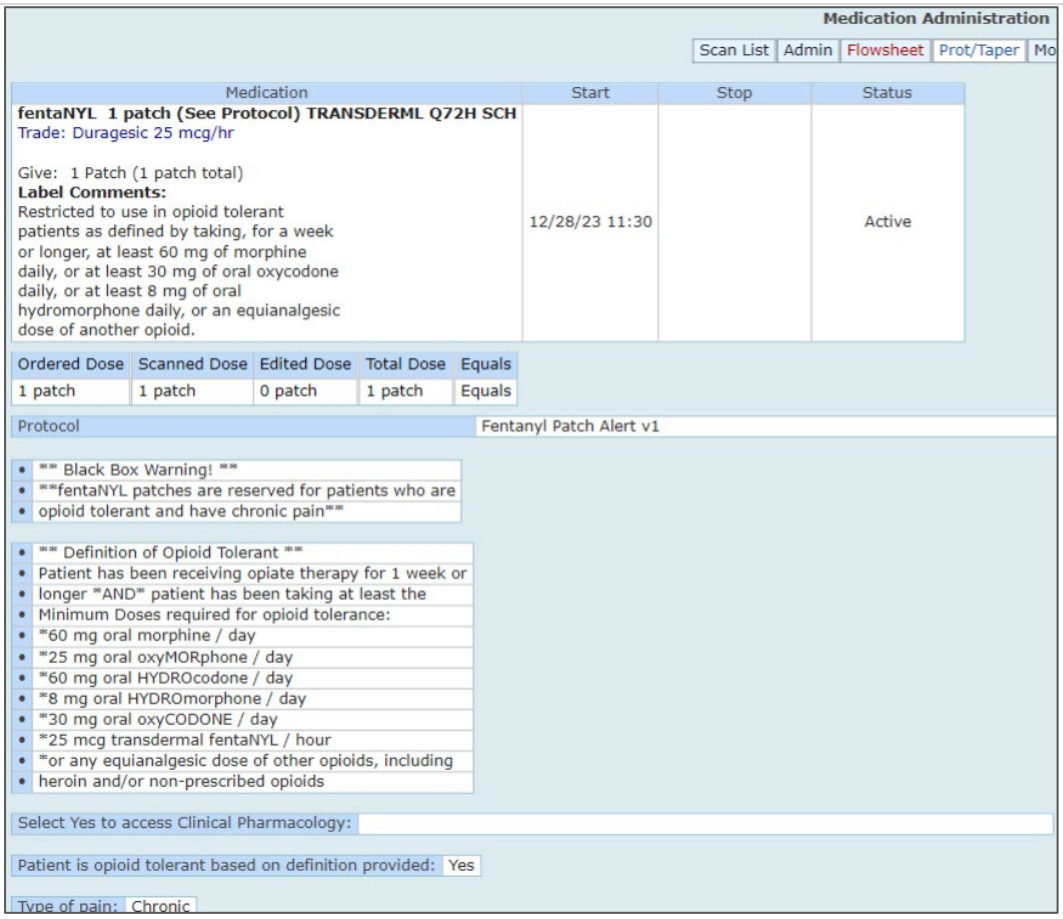
MEDITECH Expanse TIP SHEET

Patient Care Services (PCS)

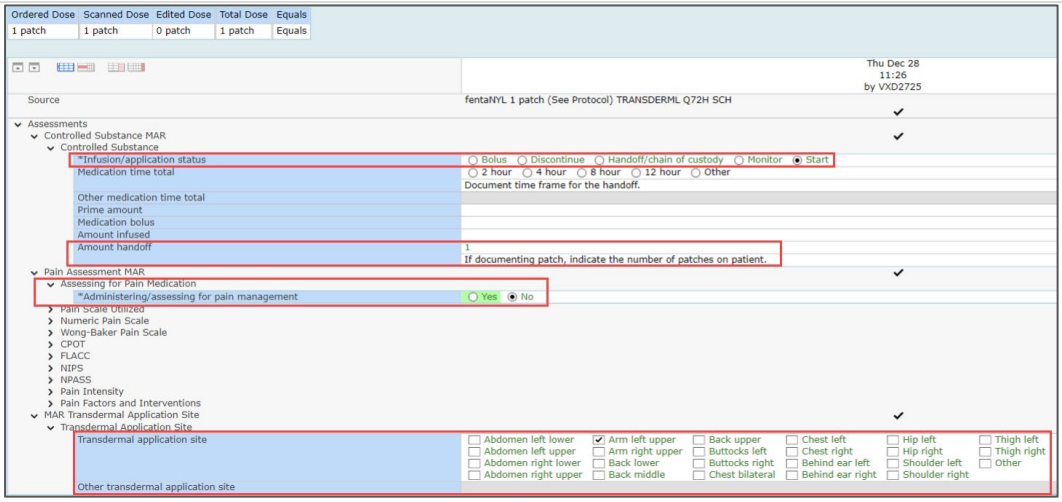
Documentation of Controlled Medication Patch

Completing assessments in eMAR.



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.



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.

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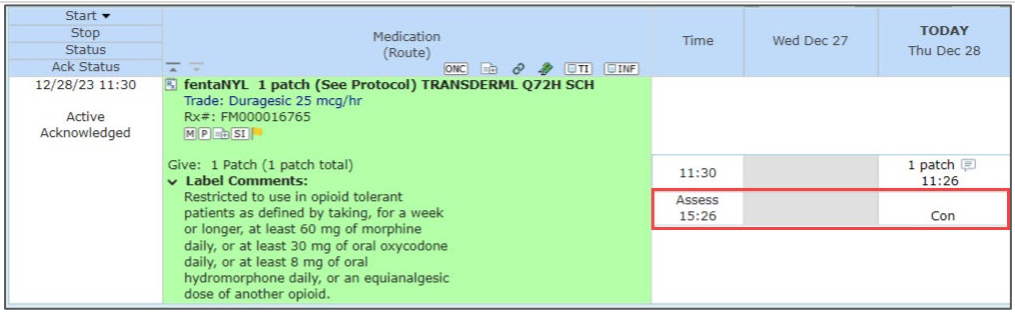

Once the administration has been saved a reassessment will be required 12 hours after the administration time. This is indicated by Con in the Assess line.

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

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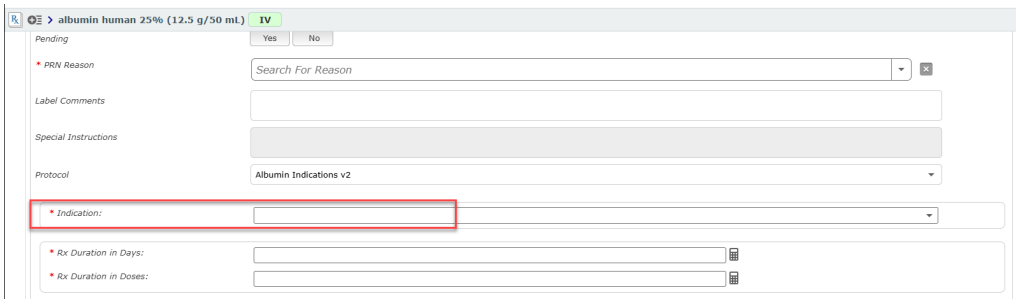
MEDITECH Expanse TIP SHEET
OM, PHA and MAR

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.

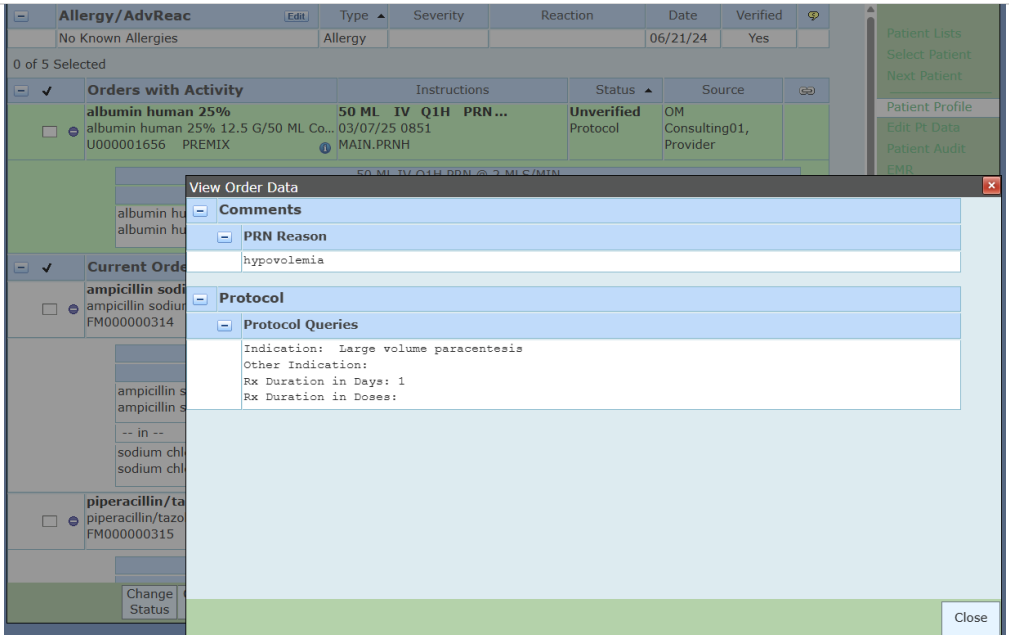
Note: Either duration in days or doses is required.

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.

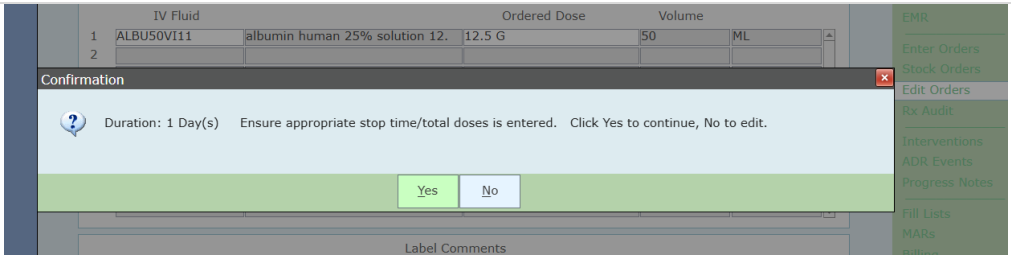
Choosing other as an indication will open a free text box, to clarify the other indication.

All indications default to 1 day of therapy, except Hepatorenal Syndrome which defaults to 2 days.

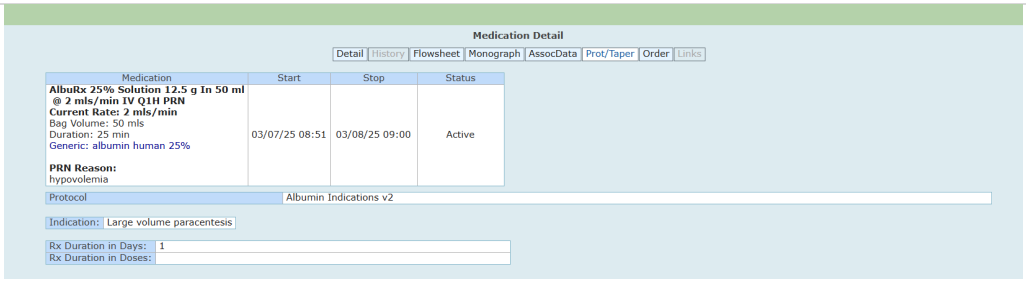


Pharmacy

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



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.



MAR

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

MEDITECH Expanse TIP SHEET

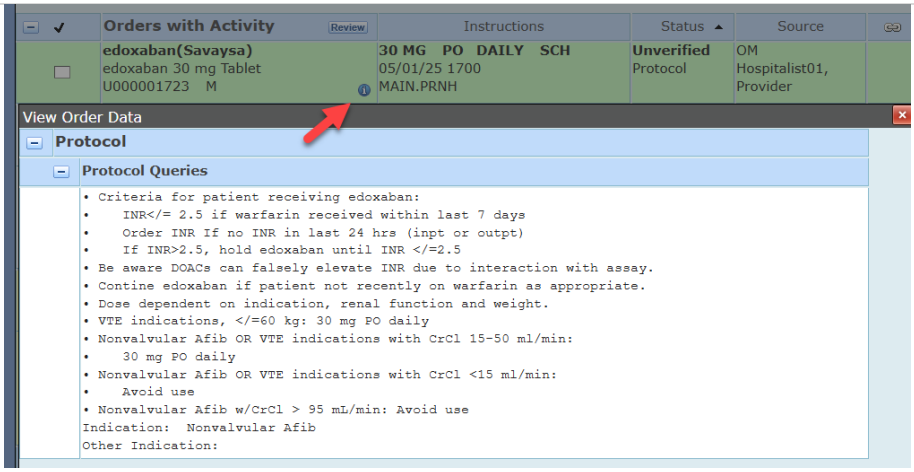
OM, Pharmacy, MAR

Edoxaban Indication Ordering Protocol

Provider Order Entry

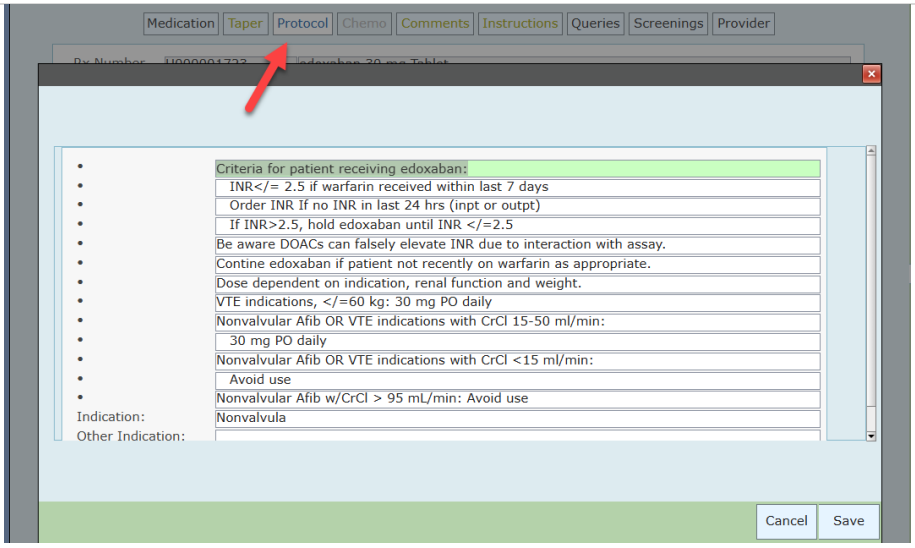
Updated guidance text for Edoxaban

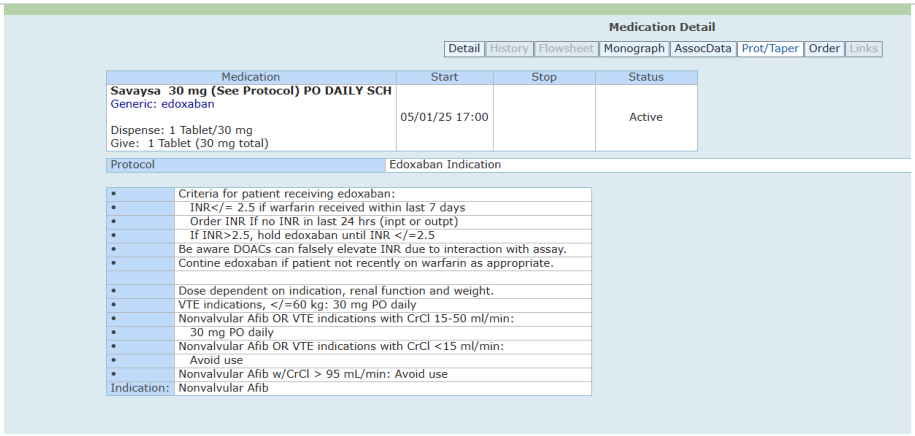
Indication for use is required. If Other is chosen, a free text query will appear.



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.





eMAR

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

MEDITECH Expanse TIP SHEET

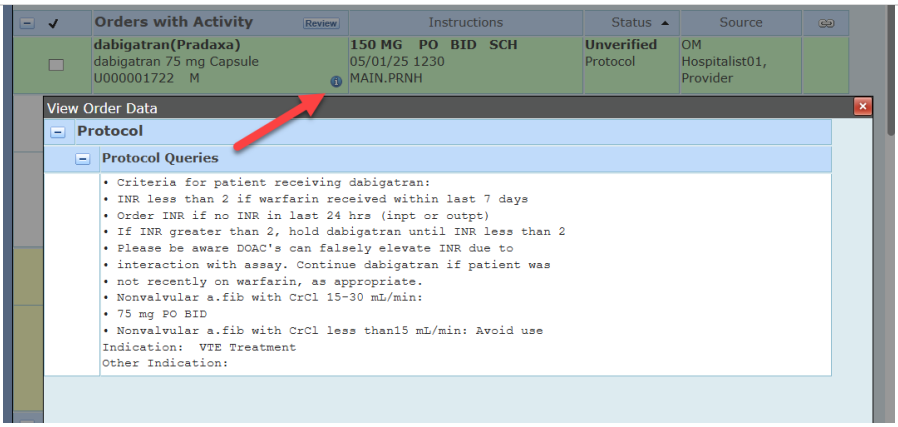
OM, Pharmacy, MAR

Dabigatran Indication Ordering Protocol

Provider Order Entry

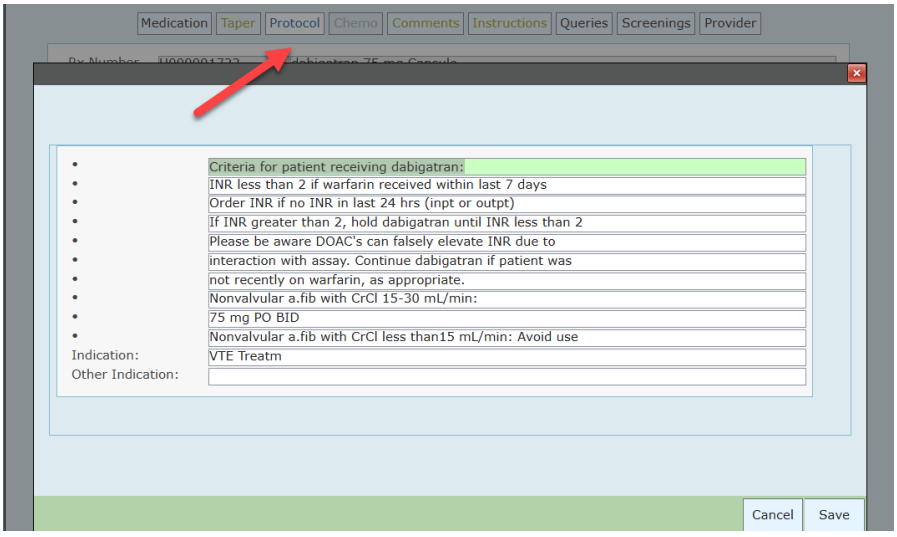
Updated guidance text for dabigatran.

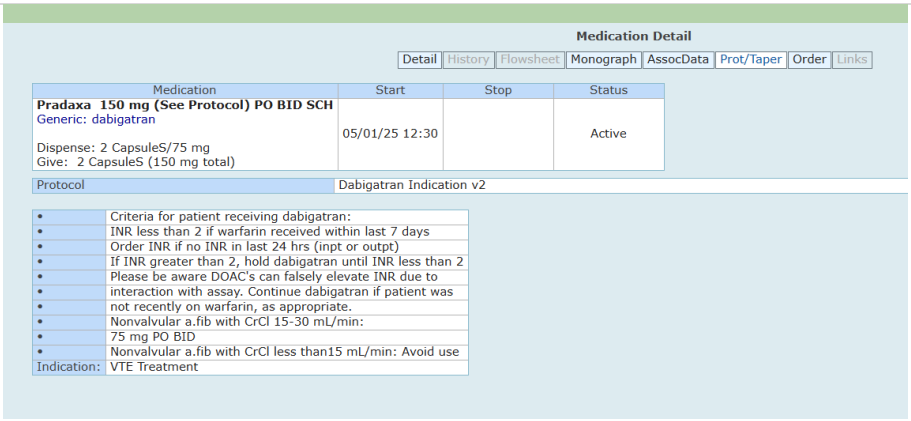
Indication for use is required. If Other is chosen, a free text query will appear.



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.





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 than15 mL/min: Avoid use
Indication:	VTE Treatment

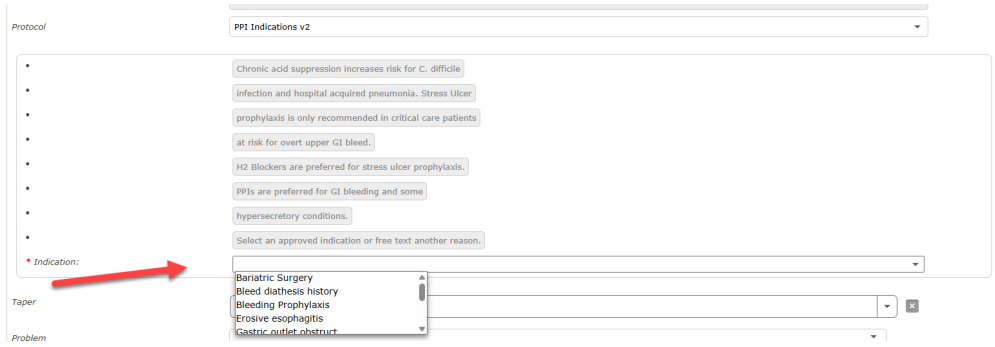
eMAR

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

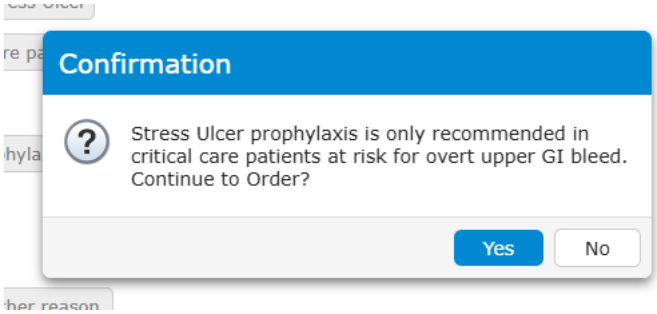
Both PPI and H2B will require a reason to be entered if the patient is not currently in a critical care location. For the indication of Stress Ulcer Prophylaxis, the provider must also enter a reason if a PPI is used instead of an H2B.



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.

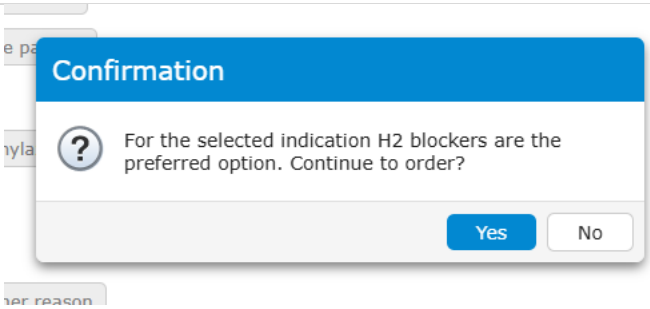


If the patient is currently NOT in a critical care location and the indication of Stress Ulcer Prophylaxis is chosen; the provider will see this pop-up warning.

Choosing No will direct the provider to uncheck the order.

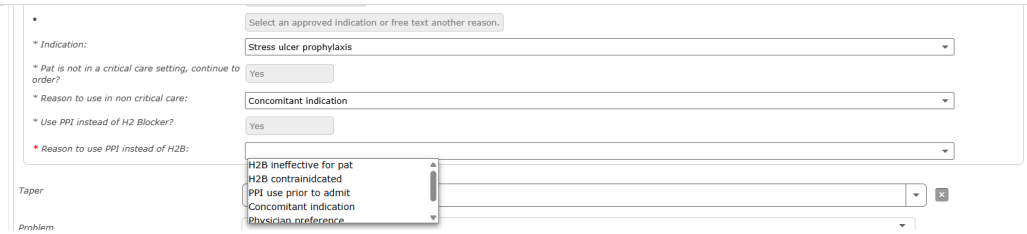
Choosing yes will display the reason for use in a non-critical care location query.

When choosing Other for the reason a free text entry query will display for provider entry.



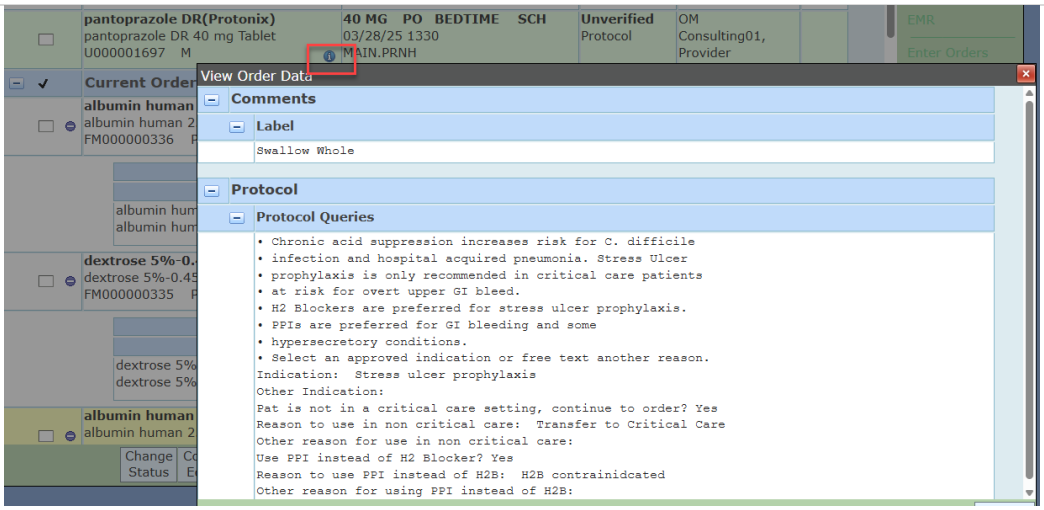
For PPI ordering, if the provider continues, they will see this pop-up warning. H2B are the preferred for Stress Ulcer Prophylaxis.

Choosing No will direct the provider to uncheck the order.



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.



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.

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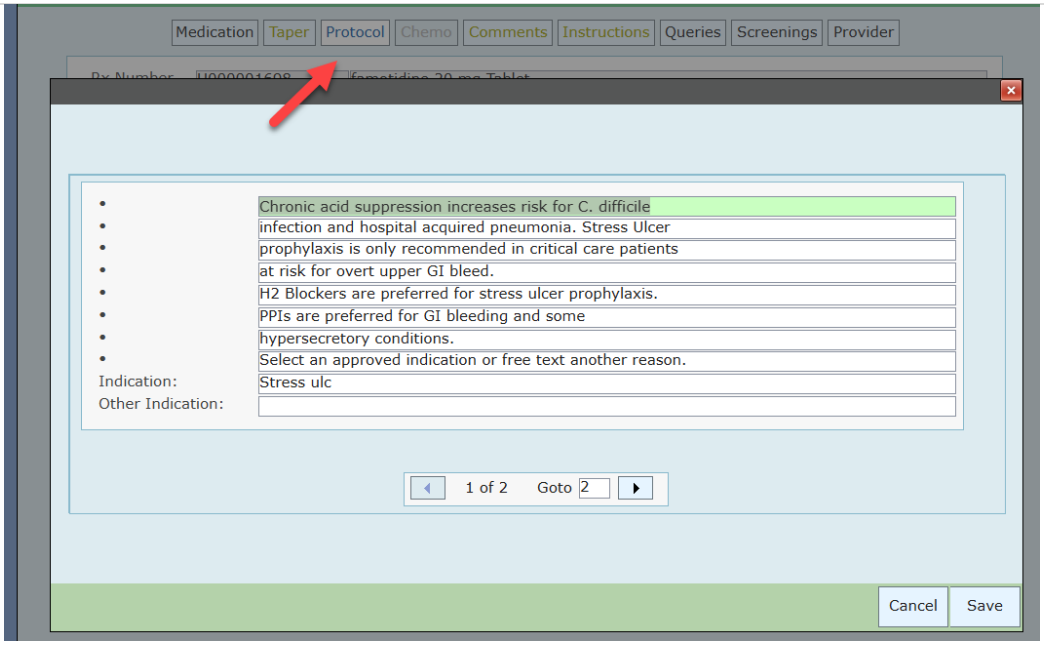

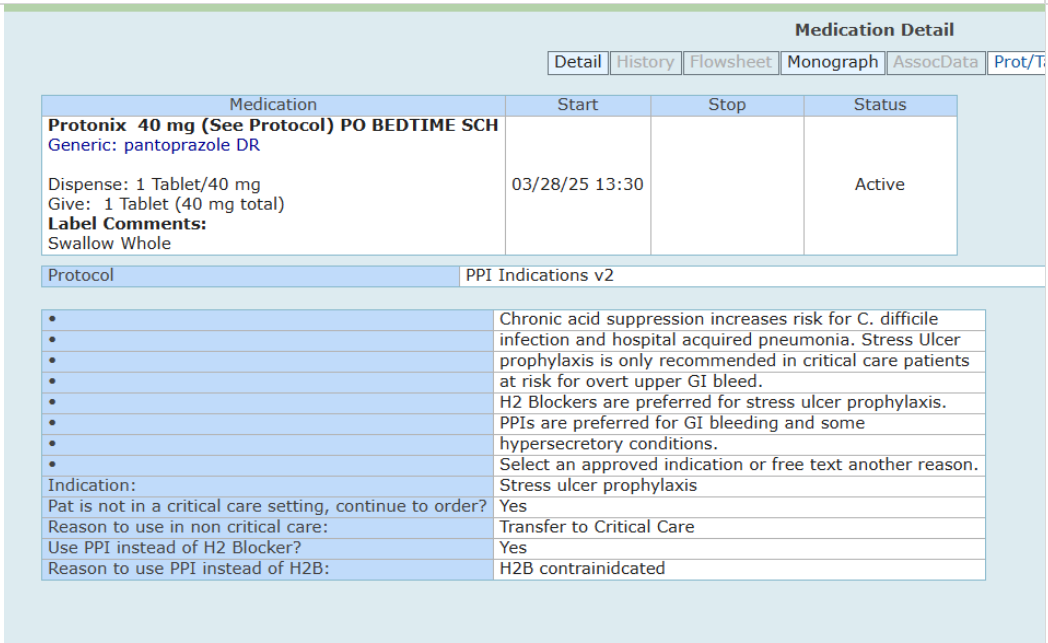

Medication Detail

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 contrainidcated

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.

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