A MESSAGE FROM THE SAINT LUKE’S CARE CMO

Protecting Ourselves and Our Patients

As many of you know, I spent a number of years serving in the United States Air Force. One principle that was always adhered to was the protection of our troops. Immunizations for influenza and many other infectious diseases were mandatory, not optional. Screening for any potential infectious disease was also required. Every U.S. Air Force base had mosquito traps to keep surveillance of mosquito species as a prediction of mosquito borne diseases that could potentially be a threat to our troops.

We are about to enter the 2018-2019 influenza season. In the 2017-2018 influenza season, the CDC estimated that there were up to 710,000 influenza related hospitalizations in the United States. The CDC also estimated that between 12,000 to 56,000 influenza related deaths resulted from the 2017-2018 influenza season.

On Sep 19, 2018, the Saint Luke’s Health System will begin screening inpatients and ER patients for influenza. We will also be offering vaccines to unimmunized patients.
Protecting Ourselves and Our Patients continued…

The Infectious Disease EPT of Saint Luke's Care has been instrumental in updating the standing order sets for influenza immunization for the health system. FLUAD (sometimes also call the "high dose" influenza vaccine or trivalent vaccine) will be administered to patients and employees 65 and older. FluLaval, the quadrivalent vaccine will be administered to all patients 6 months and older and all SLHS employees less than 65 years of age.

We have all had encounters with patients that refuse influenza immunization. Their list of reasons is long and almost universally without scientific evidence. The facts are, the influenza vaccine for the 2017-2018 influenza season was 40% effective according to the CDC. Some patients will scoff at this seemingly low level of efficacy, but as I tell my patients, some vaccine effectiveness is better than going without the vaccine.

Finally, New England Journal of Medicine published an article on Sep 6, 2018 about a new antiviral influenza agent; baloxavir marboxil. It is a single dose treatment that was effective in reducing influenza symptoms and reducing viral load. It is not yet approved in the United States, but the FDA agreed to a priority review of this drug and a decision on whether the drug will be approved is expected on or before Dec 24, 2018. We will just have to wait and see.

Thanks for taking the time to stay connected through Saint Luke’s Care Connect. I hope you have a great Saint Luke’s day!

William M Gilbirds II, MD
NEW Order Sets & Documents

Geriatric Trauma Surgery Floor Initial Orders EPIC-1234 - Live 8/8/18
Geriatric Trauma Surgery Critical Care Initial Orders EPIC-1270 - Live 8/8/18
• Championed by Sean Nix, DO; Sharon Mannering; Scott Aldridge and Cassie Jo Mitchell
• Developed for patients 65 and older. There will be 4 Trauma Order Sets; however, the correct version(s) will appear based on the age of the patient
• Approved by the Surgery EPT

Charm Study EPIC-1314 - Live 8/14/18
• Submitted and approved by the SLH Neuroscience Research Team; Christine Boutwell, MD; Debbie Summers and Pharmacist, Sharon Bell
• Evaluates the use of the investigational drug BIIB093 versus placebo in patients with a large hemispheric infarction
• Approved by the Neurosciences EPT

Spirometry in the Ambulatory Setting EPIC-1316 - Live 8/22/18
• Corresponds to the SLPG Spirometry in the Ambulatory Clinics policy
• Championed by Felicia Menefee for primary content
• Uses an algorithmic clinical decision support tool to help determine if post-bronchodilator testing is indicated and includes the Spirometry order, Shortness of Breath Dx., and albuterol order (should post-bronchodilator testing be necessary). Albuterol will appear on the MAR if administered
• Approved by the Primary Care EPT

Treatment of Hypoglycemia in the Ambulatory Setting EPIC-1307 - Live 8/2/18
• Corresponds to the SLPG Treatment of Hypoglycemia in the Ambulatory Clinics policy
• Championed by Felicia Menefee for primary content
• Appropriate treatment based on the patient’s glucose level and includes POC glucose testing order and Hypoglycemia, Dx. If glucose tablets or gel is chosen, the medication administered will appear on the MAR
• Approved by the Primary Care EPT

Escape-NA-1 Study Orders EPIC-1331 - Live 8/30/18
• Submitted and approved by the SLH Neuroscience Research Team; Cole Martin, MD; Debbie Summers and Pharmacist, Sharon Bell
• Developed to support the new ESCAPE-NA-1 Study at SLH: Designed to determine the safety and efficacy of the neuroprotectant, NA-1, in reducing global disability in subjects with major acute ischemic stroke (AIS) with a small established infarct core and with good collateral circulation who are selected for endovascular revascularization
• Approved by the Neurosciences EPT

Rapid Response/Code Blue Standing Orders EPIC-1350 - Live 9/19/18
• Submitted by Kelly Bower and Lyndea Rose
• Added a new panel for Acute Dyspnea/Respiratory Distress – Unknown Cause that contains a shock panel and portable chest x-ray
• Approved by the Critical Care EPT
Heparin Baseline Labs BPA Relaunch

A new Best Practice Advisory (BPA) was launched on Tuesday, August 14, 2018 for patients missing baseline labs being started on heparin infusions. It was not firing appropriately, so it was pulled from production on August 20th. This BPA has now been revised and appears to be working appropriately. The new version was launched September 11th. Please share with peers and contact Lana Palmquist with any issues.

- BPA Criteria for Firing
  - Patient is missing aPTT, INR, Platelets or Hemoglobin lab within past 24 hours AND there is not an order already entered or not resulted yet for aPTT, INR and/or CBC AND heparin infusion order is placed
  - BPA only fires for MD, NP, PA, resident, RN or pharmacist upon entering the heparin infusion order
  - BPA provides results of aPTT, INR, Platelets and/or Hemoglobin only if available in the past 24 hours otherwise puts “No results found for lab name”
  - BPA contains 3 quick links to order aPTT, PT/INR and/or CBC labs
  - **NOTE**: Labs default to “Do Not Order” - Provider will need to click the “Order” button for the labs that are missing results

Screen shot of BPA for a patient with no lab results upon signing

Screen shot of BPA firing for a patient with some lab results upon signing
Spironolactone / Eplerenone BPA Relaunch

There were minor changes made to the Spironolactone / Eplerenone BPA that was launched July 26, 2018. Please share with peers and contact Saint Luke’s Care with any issues.

- Added an order for a follow up BMP in one week
- Changed the BPA to also fire for Registered Nurses
- Modified the exclusions to NOT have BPA fire for patients with ESRD (end stage renal disease) - CKD stage 4 & 5 were already excluded
- Defaulted the Spironolactone and Eplerenone prescriptions to 25 mg daily, defaulted dispensing 30 days with no refills (due to high risk nature of med and need to ensure patient is compliant with lab monitoring)

Saint Luke’s Care (SLC) Evidence-based Practice Teams (EPTs) are continuously meeting to address the needs of providers and other clinicians. Creating and modifying order sets and other clinical documents are just a few of these activities.

For more information on EPT activities and SLC multidisciplinary projects, click [HERE](https://example.com) to view the most recent bi-monthly update.

**Questions?**

Please contact SLC staff at saintlukescare@saint-lukes.org
## Initial Treatment of Meningitis in Adults EPIC-1221

- Submitted by Sarah Boyd, MD & Nick Bennett
- Developed from the IDSA guidelines
  - Evidence suggests that dexamethasone should be administered prior to antibiotic administration for the best outcomes, otherwise an order to remove dexamethasone order should be obtained by nursing or removed by the attending physician.
- New order set that addresses the initial treatment of meningitis although this is NOT intended for hospital-acquired or post-neurosurgical meningitis.
- Clinical pathways for patients either experiencing focal neurological symptoms / decreased level of consciousness, or those who are not, and immunocompromised (and non) patients.
- Medical treatment is also mirrored in Antibiotic Advisor / CNS Infection order set.
- Approved by the Infectious Disease EPT.
- Live 9-19-18

### Labs and Precautions

- **Blood Culture**: x 2 STAT
  - Blood Culture x 2 STAT First occurrence Today at 1353 Last occurrence Today at 1423 for 2 occurrences
- **Droplet Isolation**
  - Routine, Until discontinued starting Today at 1533 Until Specified
  - Contact Infection Prevention before discontinuing order
  - Droplet Indication: Meningitis (Neisseria Meningitidis or Haemophilus Influenzae)
  - **Isolation cart disp supplies**
    - Routine, Once First occurrence Today at 1353

- **Consult to Pharmacy**
  - Reason for consult: Other
  - Specify: Rx to review antimicrobials from Treatment of Meningitis orders for renal dose adjustment
- **Administer first dose of dexamethasone prior to first dose of antimicrobials**
  - Routine, Once First occurrence Today at 1353

### Imaging and Procedures

- **Imaging and Procedures**
  - Patient is Immunocompromised
  - Patient is NOT Immunocompromised

### Medications

- **Steroids and Antimicrobials**
  - Patient is Immunocompromised
  - Patient is NOT Immunocompromised