

ICU Orders & Templates

Abbie Entz



Admissions



Assigning Patients in Epic

- Assigning Patients to Teams
 - In patient list/floor list view, R click on patient
 - Select “assign teams”, type team name **This should be MICU Yellow, ticket placed.**
- Assigning Staff to Teams
 - In patient list/floor view, click circle with dots in R upper corner
 - Select “define teams”, type in team member names ***this would be the day, swing, night staff**
- Changing Staff
 - Highlight patient at top of list, hold “Shift” key, click patient at bottom of list (this highlights whole team)
 - R click, select “assign others”, type in new Staff name under “provider”, check box that says “Attending”, then hit “accept”

ard | Patient Compass | Practice Compass | EpicCare ABIGAIL E. | Search

Refreshed 4 minutes ago | Search All My Lists

h of Stay	Length of Stay (Days)	MEWS Protocol Score	Primary Prov Team	MRN	Attend Prov	Isolation
	0	1	DET MICU RED (169532) 916-9532	53254763	KINNI, H	—
h	2	2	—	59099501	KINNI, H	—
h	6	3	DET MICU RED (169532) 916-9532	41051400	KINNI, H	—
	6	2	DET MICU RED (169532) 916-9532	38848597	KINNI, H	Contact
1h	26	4	DET MICU RED (169532) 916-9532	36044406	KINNI, H	Contact
3h	38	3	DET MICU RED (169532) 916-9532	20669109	KINNI, H	Droplet f Contact
	1	3	DET MICU RED (169532) 916-9532	54617168	KINNI, H	—
	1	2	DET MICU RED (169532) 916-9532	24242519	KINNI, H	—
	3	0	—	62108935	KINNI, H	—
h	5	1	DET MICU RED (169532) 916-9532	63601256	KINNI, H	—
	6	6	DET MICU RED (169532) 916-9532	63600948	KINNI, H	—

Define Care Teams

DET MICU RED Open Team

Team Properties

Display Name: DET MICU RED (169532)

Team Specialty: Pulmonology

Team Pager Number: 916-9532

Team Providers

Provider	Relationship
KINNI, HARISH AROOR	Treating Physician
SHARMA, GORAV	Fellow
ISHAK, RIM	Resident
NAIR, SASHI	Resident
ALALWAN, YUSUF	Resident
GOMEZ ACEVEDO, HAROLD	Resident

Schedule Changes View Current Team View Future Team

Delete Accept Cancel

Assign Others

Choose providers to add to treatment teams

Filter providers by: Schedulable Departments On-Shift Staff None

Provider	Relationship	Attending	Start Date	Start Time	End Date	End Time
Kinni		<input type="checkbox"/>				

% ID	Provider	Verified?	Title	Provider Type	Specialty	Street Address	Phone
H12...	KINNI, HARISH AR...	Yes	MD	Physician	Emergency Medi...	2799 W GRAND BLVD DETROIT MI...	313-916-2600
H12...	KINNI, VIKRAM	Yes	MD	Resident	Radiology	1 FORD PLACE, 4C DETROIT MI 48...	313-916-9100
H53...	KINNING, MICHAEL	Yes	DO	Resident		1 GENESYS PKWY GRAND BLANC...	810-606-5000
H31...	KINNING, WAYNE K	Yes		Physician	Vascular Surgery	5020 W BRISTOL RD FLINT MI 48507	810-732-1620
H56...	HOGAN KINNING,...	Yes	MD	Physician	Family Medicine	7477 S STATE ST GOODRICH MI 4...	810-636-2235

You cannot set the end time for attending assignments when gaps are not allowed in attending coverage.

Accept Cancel

General Admission Orders

- Open patient chart, go to “Admission” tab, select “Order Rec-Sign”
 - “Review Current Orders”- orders will be here if patient was transferred from floor or admitted from ICU- you can discontinue or reorder
 - “Review Home Medications”
 - “Reconcile Home Medications”
 - “Order Sets”
 - Under this tab, type in “Medical ICU” in the text/order box on R
 - Select MICU admission order set
 - Go through order set,  indicates hard stop (must be addressed)
 - DON'T MISS
 - Admission order
 - Code status
 - Diet
 - Vent Order
 - PT/OT
 - Glycemic Protocol
 - VTE ppx
 - Electrolyte protocol (if Cr <2.5)

PROBLEM ORIENTED CHARTING

Select Hosp Service

Transitions of Care

Problem List

H & P

Update H & P

PLACE ADMISSION ORDERS

Unresulted Labs

Verify Rx Benefits

Outside Meds

Ord Rec Status

Dosing Weight

Signed & Held

Release Orders

Ord Rec-Sign

MEASURES

PHQ-9

Rounding

Manage Orders

Consult

Screening Form

Apache

Admission

Transfer

Restraints

Demographics

Discharge

Admission

Signed & Held Orders

1. Review Current Orders
2. Review Home Medications
3. Reconcile Home Medications
4. Order Sets

Review the patient's current orders to determine what should continue upon admission.

Sort by: Order Type

Continue Unselected Discontinue Unselected Cancel Transfer Find Unreviewed

Medications

Apply to Group

chlordiazePOXIDE (LIBRIUM) capsule 5 mg
5 mg, Oral, 3 times daily
Look Alike/Sound Alike

Order and Order Set Search

MEDICAL ICU

Order Sets & Panels

Name	User Version Name	Type
Cardiology ICU		Order Set
Community Acquired Pneumonia Admission - ICU		Order Set
Cardiology ICU Admission		Order Set
General Adult Critical Care Admission - SICU		Order Set
Medical Intensive Care Unit (MICU) Admission		Order Set
VTE Prophylaxis: Medical, Non-surgical, Adult		Order Set

dexMEDEtomidine
0.1-1.5 mcg/kg/hr >
6/10/20 at 1700
For supplemental sy
using/escalating pre
0.5 mcg/kg/hr Decr
minutes decrease b

▼ Admit/Transfer to inpatient

- UpToDate

Admit to Inpatient

⚠ Patient Class: Inpatient
Accommodation Code: Medical - ICU

Transfer patient

▼ Code Status

- UpToDate

Full Code

DNAR with advanced medical interventions

DNAR with limited medical interventions

DNAR with comfort measures only

▶ Vital Signs Click for more

Vital signs
Routine, Every hour, First occurrence today at 1100, for 1 week

Notify provider (specify)
Routine, Until discontinued, starting today at 1010, Until Specified, Notify provider, NP, PA for pulse less than 60 or greater than 120, respiratory rate less than 12 or greater than 25, temperature greater than 38.5, urinary output less than 30 mL/kg/hr for four hours, systolic BP less than 90 or greater than 140, diastolic BP less than 60 or greater than 90, oxygen saturation less than 92%

▶ Isolation Click for more

▶ Activity Click for more

Progressive mobility
Routine, Until discontinued, starting today at 1010, Until Specified, Per unit standard

▼ Diet / Nutrition

- UpToDate

Diet NPO

Other diet orders

▼ Nursing Interventions

I/O
⚠ Routine, starting today at 1009, Until Specified

Insert peripheral IV

Weigh patient daily
Daily

Patient Bath with Chlorhexidine Gluconate Cloth (CHG Wipes)
Routine, Daily, First occurrence today at 1010, Until Specified

Incentive spirometry nursing
Routine, Every hour, Encourage every hour while awake

Admit to Inpatient ✔ Accept ✖ Cancel

Service: Medical Intensive Car.

Level of Care: ICU Acute Stepdown ICU

Diagnosis: Acute respiratory fail.

Length of Stay: 7

Attending Provider:

Unit:

Admitting Provider: KINNI, HARISH AROOR

Accommodation Code: Medical - ICU Private General Semi-Private General Stepdown Intensive Care Semi-Private Rehab

Is Patient Symptomatic for COVID-19? Yes No Comments

Special Facilities: Telemetry Private (Med Nec)

Bed request comments:

Comments: **⚠** Physician Certification: This patient requires hospital inpatient services that are medically reasonable and necessary and are suppor...

Show Additional Order Details ⌵

⚠ Next Required ✔ Accept ✖ Cancel

Ventilator Orders

- Order ventilator **WITH BUNDLE**
 - Pairs with VAP and GI ppx
- Changing Vent Orders
 - When vent settings are changed or weaned by RT, order must be updated in EPIC
 - Go to “Manage Orders” tab on L side
 - Scroll down to vent order (usually all the way at bottom)
 - Select “modify”, change orders, “accept”

Facility List Search - Buchanan,Sybil

VENT BUNDLE

Medications Procedures Order Panels Split

Name	Type	Route	Frequency	Pref List	Px Code
MECHANICAL VENTILATOR - ADULT INVASIVE (WITH BUNDLE)	Order Panel			HFH IP FACILITY	

✔ Accept

Mechanical Ventilator - Adult Invasive (with bundle)

Ventilator - Adult Invasive Mode: Invasive Conventional; Mode: Volume Control/PRVC; FiO2: 100; Titrated O2 for SpO2 (%) >/=: 92; Tidal Volume: 400; Rate (bpm): 16; PEEP (cmH2O): 5; Wean per Department Protocol/Policy: Yes

Mode

Mode

FiO2

Titrated O2 for SpO2 (%) >/=

Tidal Volume

Rate (bpm)

PEEP (cmH2O)

Wean per Department Protocol/Policy

Additional Weaning Instructions

1 loaded

Mechanical Ventilator - Adult Invasive (with bundle)

Ventilator - Adult Invasive Mode: Invasive Conventional; Mode: Volume Control/PRVC; FiO2: 100; Titrated O2 for SpO2 (%) >/=: 92; Tidal Volume: 400; Rate (bpm): 16; PEEP (cmH2O): 5; Wean per Department Protocol/Policy: Yes
Routine, Continuous starting Today at 0249 Until Specified

chlorhexidine (PERIDEX) 0.12 % ORAL rinse 15 mL
15 mL, Swish & Spit, 2 times daily, First Dose Today at 0900
Use up to 15 ml to swab oral cavity including buccal, pharyngeal, gingival, tongue, and tooth surfaces. Do not swallow.

Assess delirium per the CAM-ICU Method for ICU
Routine, 2 times daily (0800, 2000) First occurrence Today at 0800 Until Specified

ranitidine (ZANTAC) tablet-for serum creatinine less than 2.5 mg/dL
150 mg, Oral, 2 times daily

ranitidine (ZANTAC) tablet-for serum creatinine greater than 2.5 mg/dL or on ANY FORM of dialysis
150 mg, Oral, Daily

famotidine (PEPCID) 20 mg/2 mL injection 20 mg
20 mg, Intravenous, Every 12 hours scheduled, First Dose Today at 0900
Dilute 20 mg of famotidine injection with 10 mL of sodium chloride 0.9% or dextrose 5% in water. Administer as IVP over at least 2 minutes.

famotidine (PEPCID) 20 mg injection for creatinine greater than 2.5 mg/dL or on ANY FORM of dialysis
20 mg, Intravenous, Every 24 hours

PAD Protocol

- Pain-Agitation-Delirium protocol for intubated patients

Order Sets

PAD

Protocol for Pain, Agitation and Delerium

▼ Suggestions

<input type="checkbox"/> Adult COPD; Acute Exacerbation <input type="button" value="ⓘ"/>	<input type="checkbox"/> Community Acquired Pneumonia - ICU <input type="button" value="ⓘ"/>
<input type="checkbox"/> Adult COPD; Acute Exacerbation Observation <input type="button" value="ⓘ"/>	<input type="checkbox"/> Community Acquired Pneumonia <input type="button" value="ⓘ"/>
<input type="checkbox"/> Adult Pneumonia; Hospital Acquired <input type="button" value="ⓘ"/>	<input type="checkbox"/> Pulmonary Embolism <input type="button" value="ⓘ"/>
<input type="checkbox"/> Community Acquired Pneumonia <input type="button" value="ⓘ"/>	<input type="checkbox"/> Pulmonary Embolism <input type="button" value="ⓘ"/>
<input type="checkbox"/> Community Acquired Pneumonia - ICU <input type="button" value="ⓘ"/>	<input type="checkbox"/> Venous Thromboembolism (Heparin) <input type="button" value="ⓘ"/>
<input type="checkbox"/> Community Acquired Pneumonia Admission <input type="button" value="ⓘ"/>	<input type="checkbox"/> Venous Thromboembolism (Heparin) <input type="button" value="ⓘ"/>

▼ Favorites

General Adult Admission

General Adult Admission

Right click on an Order Set to add to favorites.

F9

F7 F8

▼ Protocol for Pain, Agitation and Delerium Manage My Version▼

General

▼ Pain, Agitation & Delerium assessment

Initiate PAD Protocol
 Routine, Until discontinued starting Today at 1341 Until Specified, 1- Assess Pain per the Critical Pain Observation Tool (CPOT) Every 4 hours 2 Assess delirium per the Confusion Assessment Method for the ICU (CAM-ICU) BID at 0800 & 2000 3- Follow the dosing guidelines in this protocol for provider ordered medications

Medications

▼ Pain Management

fentaNYL (PF) (SUBLIMAZE) 50 mcg/mL injection 25-75 mcg
 25-75 mcg, Intravenous, Every 10 min PRN, other PAIN, Starting Today at 1341
 CPOT 0-2 INTERMITTENT DOSING - NO DOSE REQUIRED CPOT > 2 INTERMITTENT DOSING: Fentanyl 25 mcg IVP x 1 Reassess CPOT in 10 minutes, if greater than 2 give Fentanyl 50 mcg IVP Reassess CPOT in 10 minutes, if greater than 2 give Fentanyl 75 mcg IVP. After 3 consecutive doses at 10 minute intervals, change to continuous fentanyl infusion if CPOT is not at goal. The dosage given that achieves a CPOT of 1-2 will be the subsequent dosing of intermittent fentanyl. While actively dosing and titrating fentanyl, the CPOT will be assessed every 10 minutes until goal reached. Then, every 4 hour CPOT assessments will be done. Once escalated to 75 mcg, if patient requires dosing of intermittent pain medication more frequently than every hour, move to continuous infusion. Fall Risk Medication. HIGH ALERT Medication

fentaNYL - Continuous Infusion and Bolus Dosing Orders
 fentaNYL bolus from bag 25-50 mcg
 25-50 mcg, Intravenous, Every 10 min PRN, other PAIN, Starting Today at 1341
 CPOT 3-5: Give fentanyl 25 mcg and reassess CPOT in 10 minutes If CPOT remains 3-5, give 25 mcg fentanyl bolus and reassess in 10 minutes If CPOT remains 3-5, give 25 mcg fentanyl bolus and increase drip by 25 mcg/hr. Must have given 3 bolus doses prior to increasing fentanyl infusion rate. CPOT 6-8: Give fentanyl 50 mcg bolus and reassess in 10 minutes. If CPOT remains 6-8, give fentanyl 50 mcg bolus and reassess in 10 minutes. If CPOT is 3-5 decrease to the 25 mcg bolus and increase drip by 25 mcg/hr. Must have given 3 bolus doses prior to increasing fentanyl infusion rate. While actively dosing and titrating fentanyl, the CPOT will be assessed every 10 minutes until goal reached. Then, every 4 hour CPOT assessments will be done.

And
 fentaNYL (SUBLIMAZE) 1 mg in 0.9% Sodium Chloride infusion PREMIX
 25-100 mcg/hr (2.5-10 mL/hr), Intravenous, Continuous PRN, PAIN, Starting Today at 1341
 Start infusion at 25 mcg/hr, Reassess in 10 minutes. CPOT > 2 = Give bolus dose as ordered per protocol. With 3rd bolus dose, increase fentanyl infusion rate by 25 mcg/hr and reassess in 10 minutes. Before EACH drip increase, 3 boluses must be given. CPOT 1 to 2 (goal score) = Continue same dose CPOT 0 = Decrease infusion by 25 mcg/hr, reassess in 10 minutes. Maintenance dose will be achieved once CPOT score is 1 - 2. While actively dosing and titrating fentanyl, the CPOT will be assessed every 10 minutes until goal reached. Then, every 4 hour CPOT assessments will be done. If ordered maximum dose is reached, notify provider for further sedation medications. Do not stop narcotic infusions for sedation vacation. Fall Risk Medication. HIGH ALERT Medication

▼ Agitation Management

Propofol (preferred)
 Dexmedetomidine (no sedation vacation)



norepinephrine (LEVOPHED) 16 mg/250 mL (64 mcg/mL) in 0.9% sodium chloride infusion PREMIX

✓ Accept ✗ Cancel

Dose:

Administer Dose: **2-140 mcg/min**

Concentration:
1.9-131.3 mL/hr 0.9-65.6 mL/hr

Route:

Frequency:

For: Hours Days

Starting: At:

Starting: **Today 1300** **Until Discontinued**

Scheduled Times: [Hide Schedule](#)

2/17/18 1300

Admin. Inst.:

 If MAP less than 50 - start at 25 mcg/min
 If MAP 50 to 65 - start at 5 mcg/min
 DOSE RANGE: 2-140 mcg/min

Prod. Admin. Inst.: HIGH ALERT medication. Protect from light.

Priority:

Note to Pharmacy (F6): [Click to add text](#)
(300 char max.)

▶ [Additional Order Details](#)

Transfers



Transfers-out

- In orders, type “transfer patient”
 - Fill out “Service” (Internal Medicine), “level of care”, and “Bed Request Comments” (Any GPU, telemetry, H2, F2, etc)
- Don’t forget Transfer Note
- Call report once bed assigned
 - Strongly recommend adding “Bed Request Status” to your team list so that you know when patients are assigned for transfer
- Reminders about GPUs
 - Cannot be on insulin drips, hypertonic saline
 - Trach’s must be Uncuffed
 - Cannot require lab draws or medication administration more than q3hours

Service:

Level of Care:

Unit:

Attending Provider:

Diagnosis:

Discharge Date:

Special Facilities:

Bed request comments:

Process Inst.: The discharge date entered on this order will update the Expected Discharge Date for the patient

[Show Additional Order Details](#) ▾

Bed Request Status	Discharge order signed?	Discharge Med Rec Complete?	Length of Stay	Length of (Days)
—	—	⚠	37d 9h	37
—	—	⚠	4d 14h	5
—	—	⚠	3d 13h	4
—	—	⚠	1d 13h	2
—	—	⚠	13h	1
Bed Ready: H6-H622-H... (Ready)	—	⚠	1d 14h	2
—	—	⚠	5d 12h	6
—	—	⚠	2d 13h	3
—	—	⚠	7h	0

Discharges



Discharges

- To SNF
 - Med Rec:
 - “First fill”- the facility needs 3 days worth of all medications (send to discharge pharmacy), plus controlled substances must be paper prescriptions ***Case management will know whether the facility is a first fill***
 - Not first fill- give paper prescriptions or order all medications as “no print”
 - Discharge Order
 - Discharge Summary
 - Update the Hospital Course
 - Update the problem list
 - Must be complete prior to transfer (printed version goes with patient)

- Unresulted Labs
- Team Comm
- DISCHARGE WORKFLOW
- Cosign Orders
- Rx Routing
- Verify Rx Benefits
- Outside Meds
- MAPS PDMP
- Med Reconciliation**
- Ord Rec Status
- Communications
- FACE TO FACE
- Face to Face Note
- DISCHARGE INSTRUCTIONS
- Future Appts
- Follow-up Providers
- Signs & Symptoms
- Discharge Inst
- Patient Belongings
- Print Belongings
- DISCHARGE SUMMARY
- Select Hosp Service
- Hospital Course
- Problem List
- Discharge Summary**
- AFTER VISIT SUMMARY
- Add Med Details
- Preview AVS
- Discharge Status
- Chart Review
- Care Everywh...
- Results Review
- Notes
- Flowsheets
- Rounding
- Manage Orders
- Consult
- Screening Form
- Admission
- Transfer
- Discharge**
- Restraints
- Demographics

Home Medications

hydrocortisone 1 % ointment
1 a small amount to skin twice a day as needed
Refills: 2 ordered

allopurinol (ZYLOPRIM) 100 MG tablet
daily.

elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide (GENVOYA) 150-150-200-10 mg Tab tablet
daily.

Continue- this leaves the medication on the MAR without providing refills

Change- this allows you to adjust the medication dose or frequency and also provides refill

Discontinue- removes medication from MAR

Not Taking At Home

Not Taking At Home

Inpatient Medications

No Active Inpatient Medication

allopurinol (ZYLOPRIM) tablet 100 mg
100 mg, Oral, Daily, First dose on Fri 6/12/20 at 2000
Dose changed from "no value" to "100 mg". Route changed from "no value" to "Oral". Frequency changed from "Every 24 hours" to "Daily".

elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide (GENVOYA) 150-150-200-10 mg (per tablet) 1 tablet
1 tablet, Oral, Every 24 hours, First dose on Fri 6/12/20 at 2000
Administer with food. Administer 2 hours before or 4 hours after antacids or laxatives containing polyvalent cations such as magnesium, aluminum, iron or calcium
Dose changed from "no value" to "1 tablet". Route changed from "no value" to "Oral".

acetaminophen (TYLENOL) tablet 325-650 mg
325-650 mg, Oral, Every 6 hours PRN, fever, pain 1-10, Starting Sat 6/13/20 at 0310

allopurinol (ZYLOPRIM) 100 MG tablet

Reference Links: 1. Micromedex 2. HFHS Formulary

Previous Sig: As of 6/12/2020: daily.

Product: **ALLOPURINOL 100 MG TABLET** View Available Strengths

Sig Method: Specify Dose, Route, Frequency Use Free Text Taper/Ramp Combination Dosage

Dose: 100 mg 100 mg 200 mg 300 mg

Route: Oral

Frequency: Every 24 hours Daily BID

Duration: Doses Days

Starting: 6/15/2020 Ending:

Dispense: 1 tablet Refill: 1

Quantity: 1 tablet Refill: 1

Supply: Unable to calculate

Dispense As Written

Mark long-term: ALLOPURINOL

Patient Sig: daily.

+ Add additional information to the patient sig

Class: Normal Normal Print Phone In No Print

This medication will not be e-prescribed. Click on Print for e-prescribing issue. Correct the issue or change to a different Order Class, such as Print or Phone In. Invalid Items: Pharmacy Details...

Note to Pharmacy: + Add Note to Pharmacy (F6)

Discharges

- As deceased
 - IMPORTANT DOCUMENTATION:
 - Date/Time of Death
 - Post Mortem Doc
 - Once these two tabs are filled out, RN can print the documents
 - Once printed, you must do the Autopsy form with the family:
 - You do not sign anything, but family does regardless of autopsy status(**this may need to be reviewed in person with faculty. Can we do this with a test patient?**)
 - Sign discharge order
 - Discharge condition= deceased/expired

[Discharge](#) | [Discharge New Admit](#) | [Discharge as Deceased](#)

DOCUMENTATION
 Problem List
Date/Time Death
Post Mortem Doc
 Discharge Summary

Discharge Problem List

Review all problems to determine which can be resolved and which require a plan for treatment after discharge.

Diagnosis
 Likely to be resolved prior to discharge
Sepsis (CMS-hcc)

DISCHARGE SUMMARY —
 Select Hosp Service
 Hospital Course
 Problem List
 Discharge Summary

AFTER VISIT SUMMARY —
 Add Med Details
 Preview AVS
 Discharge Status

PROCUREMENT ORDERS —
 Unresulted Labs
 Ord Rec Status
 Ord Reconciliation

Consult
 Screening Form
 Apache
 Admission
 Transfer
 Restraints
 Demographics
Discharge

[Discharge](#) | [Discharge New Admit](#) | [Discharge as Deceased](#)

DOCUMENTATION
 Problem List
Date/Time/PCOD
 Post Mortem Doc
 Discharge Summary

PRELIMINARY CAUSE OF DEATH:

Date of Death: Time of Death:

PROCUREMENT ORDERS —
 Unresulted Labs
 Ord Rec Status
 Ord Reconciliation

Post Mortem Documentation

No data found.

Post Mortem Documentation - Post-Mortem

Time taken: 0856 | 6/15/2020

Show: Row Info Last Filled Details All Choices

Attending Provider Contacted
 Attending Provider Notified

Medical Information (Provider or Designee Section)
 Radioactive materials administered?
 Infectious process present or suspected?
 Was the patient in restraints at time of death?

Next of Kin Notification (Provider or Designee Section)
 Was Next of Kin Notified?
 Name of Next of Kin Notified of Death:
 Next of Kin Relationship to Patient: Spouse Partner Son Daughter Son-in-law
 Next of Kin Phone Number:
 Next of Kin Address:

Medical Examiner Case (Provider or Designee Section)
 Investigator Notified
 Name of Investigator:
 Case Number:

Is this a Medical Examiner case?

Rounding Pearls



Rounding Pearls

- Overview Tab
 - Avitar
 - Hover over lines to see how long they've been in
- Index
 - Can find blood transfusion history here
- Comprehensive Flowsheet
 - Can review most vitals/vent settings
- Intake/Output
- Other Flowsheets
 - Ventilator Weaning
 - CIWA
 - Dialysis

Lines/Drains/Airways

Avitar for lines

Switch View

Lines Drains Wounds

- Peripheral IV 06/11/20 Right Antecubital 3 days
- Peripheral IV 06/13/20 Left Hand 1 day
- Peripheral IV 06/14/20 Anterior;Right Below forearm **Less than 1 day**
- Urethral Catheter Straight-tip 2 days
- Surgical 09/01/17 Shoulder Right 1,017 days
- Wound 08/24/19 Surgical Abdomen hypafix 296 days
- Wound 06/13/20 Blister Anus Circumferential;Inner Multiple small blisters present sur... 1 day

Peripheral IV 06/14/20 Anterior;Right Below forearm

Additional Reports

Advance Care Planning	Deficiencies	ED Clinical Summary	ED Patient Care Timeline	Discharge
Code Data	Code Summary	Code Sepsis Documentation Timeline	Sedation Narrator Documentation	Procedural Sedation Narrator Timeline
Hemodialysis Summary	Rehab Interdisciplinary Treatment Plan	Medical, Surgical, Social, and Family History	Care Plan & Patient Education	Signoff
Patient Calendar	Appointments (Next 3 Days)	Blood Transfusion	Spokesperson Info/Limitations on	Interpreter Services
Fire Safety Assessment	HFMH IR/Cath Lab Sedation Narrator			

You can find transfusion history under INDEX

CompFS gives you vitals and vent settings

0300	0400	0500	0600	0611	0621	0700	0800	06/15
	144.8...							Height
	93.7 ...							Weight
	44.7							BMI (C...
	37.5 ...							Temp...
	Oral							Oral
	101	88	97		97	101		93 Heart...
	norma...							93 Sinus...
	23	27	23	24		28	24	24 Resp r...
	123/45	123/45	110/39	128/52		125/44		24 BP (cuf
	Lying							24 Patient.
	66	68	59	75		66		10 MAP (c
								10 GCS
	23	27	23	24		28	24	24 Patient.
	3 - F...							24 Resp
	CPOT							Level o
	Unabl...							Pain A.
	0->r...							CPOT...
	0->a...							CPOT...
	0->r...							CPOT...
	0->t...							0 Ventila.
	0							0 CPOT...
	-2->...							-3->...
	12mL	12mL	12mL	12mL	1200 ...			24mL Dose (
								Volum...
	30	30	30	30		30		30 FIO2
	96	96	96	97		95	96	96 SpO2
	Ventil...							96 Ventil...
								96 O2 De.
	PRV...	PRV...	PRV...	PRV...				0 Ventila.
								0 Ventila.
	380	380	380	380				380 VT (Se.
	445	348	381	155		279		445 VT (Re.

Fever- gives nice fever curve along with abx history for each day and trends WBCs

Meds History- can review what meds were given (or not given but ordered)

Glucose- trends glucose and gives record of all insulin given

I/O- can sort by different increments (ie 24 hours)

Flowsheets

Intermittent - HD CIWA Score Mechanical Vent Record Vent Weaning Peritoneal Dialysis Travel Screening

Search (Alt+Comma)

Hide All Show All

Settings

Wearing Parameters

Readiness to Wean Assess...

Spontaneous Breathing Tri...

	6/7/20	6/8/20
	0540	0440

Settings

Meets Criteria to Wean

Weaning Parameters

Additional Documentation

Readiness to Wean Assessment

Airway size (mm)	7	7
Hemodynamically stable	Yes	Yes
PaO2 and O2 sat acceptable for FiO2	Yes	Yes
PEEP level acceptable; no respiratory	No	No
Respiratory rate < 38 bpm		
RSBI on CPAP = PEEP/PSV 0 cmH2O		
RSBI on CPAP/PSV 5-12 cmH2O		
Passes readiness to wean criteria	NA	NA

Spontaneous Breathing Trial Assessment

ABG acceptable		
HR or BP increment < 20		
RSBI on CPAP/PSB 5-12 cmH2O		
Minimal work of breathing		
Passes spontaneous breathing trial		
Awake/follows commands		
Minimal secretions/suction < every 2		
Cough/gag present		
Cuff leak test positive		
Physician orders vent dc		

Flowsheets (completed rows are filtered out)

Intermittent - HD CIWA Score Mechanical Vent Record Vent Weaning Peritoneal Dialysis Travel Screening Adult PCS Body System LDA's Patient

Search (Alt+Comma)

Hide All Show All

Vital Signs

During Intermittent Assess...

Hemodialysis Catheter

IV Bolus

	1230	1300	1330	1350
--	------	------	------	------

Vital Signs

Temp				
Pulse		!	102	
BP				
Arterial Line 1				
Arterial Line 2	162/57	186/71	172/53	
Resp		!	24	

During Intermittent Assessment

Blood Flow Rate (mL/min)	400	400	400	150
Dialysate Flow Rate (mL/min)	500	500	500	500
Transmembrane Pressure (mmHg)	110	110	110	10
Ultrafiltration Rate (mL/hour)	1000	1000	1000	70
Arteriovenous Lines Secure/Visible	Yes	Yes	Yes	Yes
Air Detector Armed	Yes	Yes	Yes	Yes
Safety Clip On	Yes	Yes	Yes	Yes
KECN (last value)				270
Arterial Pressure (mmHg)	-170	-170	-170	-20
Venous Pressure (mmHg)	210	210	220	50
Transducer	dry	dry	dry	dry
Blood Product				
Blood Product Volume (mL)				
Ultrafiltrate Removed (mL)	2240			3000
Treatment Status				Completed
Intra-Hemodialysis Comments	Tolerating	Tolerating	Alert. No comp...	86.6BVP 270K...
Ultrafiltration Rate (Read only! do not				

Under “**FLWSHEETS**” you can save some useful tabs

- **Intermittent-HD** can show you how dialysis went/how much UF was taken off
- **CIWA** tracks CIWA scores
- **Vent Weaning** will show you where to find your RSBI etc

Restraints

- New order
 - “Restraints” -> “Restraint Order”
 - Select the type of restraints, sign order
 - Do “Face to Face”
- Renewing restraints
 - Every calendar day, restraints must be renewed
 - “Restraints” -> “Face to Face”

Navigation menu with icons and labels:

- Summary
- Chart Review
- Care Everywhere
- Results Review
- Notes
- Flowsheets
- Rounding
- Manage Orders
- Consult
- Screening Form
- Apache
- Admission
- Transfer
- Restraints**
- Demographics
- Discharge

Restraints sub-menu:

- Non-Violent
- Violent
- BestPractice
- RESOURCES
- Tip Sheet
- Policy/Procedure
- REPORTS
- Order Report
- Restraint (NV) Doc
- Face to Face Rpt
- RESTRAINT NOTES
- Face to Face
- NON VIOLENT RESTRAINT ORDERS
- Cosign Orders
- Discontinue Orders
- Restraint Order**
- RN DOCUMENTATION (NV)
- Restraint Device
- Assessment/Educ...
- MONITORING (NV)
- Monitoring Q2H
- NOTIFICATIONS
- Provider Notificatio
- CARE PLANS

RESTRRAINT NOTES

Face to Face

NON VIOLENT RESTRAINT ORDERS

Cosign Orders

Discontinue Orders

Restraint Order

Edit Multiple

Providers

Close

Restraints non-violent or non-self destructive

Reassess every calendar day, starting today at 0855, until tomorrow, for 1 day

Additional Orders

Restraints non-violent or non-self destructive

Accept Cancel Link Order Remove

Restraint reason: Interference with medical treatment Other (comment)

Alternatives found ineffective Comfort Therapeutic Environmental Diversionary Other

Select a Restraint Device (s)

Soft R Wrist (NV) Soft L Wrist (NV) Soft R Ankle (NV) Soft L Ankle (NV) Locking R Wrist (NV) Locking L Wrist (NV) Locking L Ankle (NV) Locking R Ankle (NV)

Lap Belt (NV) Mitt, Right (NV) Mitt, Left (NV) Bed Zipped (NV) All Side Rails Up (Used to restrict patient's freedom to exit the bed) (NV) Mitt attached to bed, Right (NV)

Mitt attached to bed, Left (NV)

Comments: [+ Add Comments \(F6\)](#)

Process Inst:

- The duration should not exceed one calendar day. Please set the start time to be the time the restraints are initiated. DO NOT ORDER "FOR" MORE THAN 1 DAY.
- Restraints must be removed when an alternative is available and effective and/or patient no longer meets criteria.
- Orders must be renewed every calendar day. DO NOT ORDER "FOR" MORE THAN 1 DAY.
- The provider or designee must conduct a face to face assessment within 1 calendar day of initiation and each subsequent day of restraint.

Frequency:

For:

Starting: At:

Starting: **Today 0855** Ending: **Tomorrow**

[Scheduled Times ^](#)

06/17/20 0855

Accept Cancel Link Order Remove

Non-Violent Restraint Face to Face

Physician/PA Non-violent Restraint Face to Face Form

I have personally examined this patient and concur with the below assessment. I have performed the appropriate patient assessment, and I have reviewed the history of physical or sexual abuse, and how restraint use may affect the patient. Elements of this assessment include, but are not limited to: vital signs, temperature, pain, medication that can cause confusion agitation, and conditions that cause hypoxia.

Documentation Assessment

Evaluation of the patient's immediate situation: Pulling tubes and/or Lines Confused Striking out at others Unable to cooperate with care

Patient's reaction to the intervention: Calm / Non-resistant Behavior is de-escalating Restless Agitated

Unable to follow instructions to maintain safety of self and/or others

Patient's medical and behavioral condition: Stable but requires continued monitoring of medical and behavioral status Unstable- requires continued monitoring of medical and behavioral status

The need to continue or remove the restraint:

Continues to pull at lines and/or tubes

Absence of cooperation with care activities

Continues to strike out at others

Patient no longer pulling at lines and/or tubes

Patient cooperative with care

Patient no longer striking out at others

Based on my assessment, the patient is to be Restrained as ordered Removed from restraints

Date/Time of Assessment

Notes



Notes (use the templates!)

- **History of Physical Examination**

1. **.HFMICUHPVENTED** (for intubated patients)
2. **.HFMICUHPNONVENTED** (for patients not on the ventilator)

- **New Progress Notes**

1. **.HFMICUPROGRESSNOTEVENTED** (for intubated patients)
2. **.HFMICUPROGRESSNOTENONVENTED** (for patients not on the ventilator)

- **Transfer Notes**, are for transfer acceptance. Again, please use the provided note form by erasing the template that comes up when you start a transfer note, and then use the following dot phrases now shared in your epic smart phrase list.

1. **.HFMICUTRANSFERVENTED** (for patients transferred in or subsequently intubated prior to your note time)
2. **.HFMICUTRANSFERNONVENTED** (for patients not on the ventilator)

Note

- Generate through “NOTES” tab
 - FIRST, go to “Rounding”, “Problem List”- update all of the problems on the problem list (each problem must be updated each day)
 - Click on “Notes” -> “New Notes” -> select the *Type* (H&P, progress note), type the desired dotphrase (see previous slide)
 - *F2* through the note to update the hard-stops

Consults / phone numbers



- Use Halo for majority of consults and communication with teams
- Dem.hfhs.org->phone directory
 - Has numbers for radiology, GPU admission/report etc

Popular Resources

Clinical & Educational Schedules

Pharmacy Resources

Phone Directory

Resident Dashboard Sign-On

STEEP Scorecard Sign-On

Ultrasound Resources

HENRY FORD DEPARTMENT OF EMERGENCY MEDICINE PHONE LIST			
UPDATED January 2019		SKRUPP1@HFHS.ORG	
ED PHONE NUMBERS	ED PHONE NUMBERS	EDS PATIENT NAVIGATOR (ACO PTS)	ON-CALL NUMBERS
HEREDIC 16-0745	SECURITY 16-7413	PHYSICIAN NAVIGATOR (ACO PTS) 16-5469	URG AIRWAY-ANSTH ONLY 16-4444
CHARGE 16-0745	SECURITY-Subalt 16-0230	PHYSICIAN NAVIGATOR (ACO PTS) 16-5469	URG AIRWAY-ANSTH 16-1111
24/7 Number 16-0153	SECURITY-RESIDENSE 16-1414	PHYSICIAN NAVIGATOR (ACO PTS) 16-5469	ANESTHESIA 16-0118
2P-2A Weekdays (CAT 1) 16-0041	SOCIAL WORK 16-1158	Blood Bank 16-1570-16-4504	TRAUMA 16-4958
CAT 1 16-1150	TRASH 16-2073	Blood Gas 16-1000	ICU FELLOW (7A-7P) 16-0939
Staff 16-1150	HF ADMISSION PROCESSES (ATMO) 16-1041	Microbiology 16-1041	CARDS CONSULTS (7A-7P) 16-4484
Senior 16-0703	ER Case Management 16-4791	MEDICINE 16-1342	OB/GYN CONSULTS (SP-7A) 16-4484
Junior 16-0705	Bed Management/Transfer Team 16-4094	MDI-24/7 CALL BED REQUEST 16-4667	COLONRECTAL 16-0344
Desk (front) 16-2069	Chief Resident Page 922-9021	BEFORE 4P-CALL TEAM TO GIVE REPORT 16-4576	GI SURGERY 16-5071/16-4777
Desk (back) 16-2069	Ethics 794-0881	AFTER 4P-CALL ICU FELLOW TO GIVE RPT 16-4576	DERM (CELL) 226-2868
Desk (Phon) 16-1120	Dr. John Deledda 140-8100	TEAM 1 (C511-519, C511-38) 16-4576	ENT 166-3791
EVIS CAT 1 16-8110	Joyce Farmer 220-7202	TEAM 2 (C521 - C523, C531-38) 16-4576	GI FELLOW 16-4303/4 146-2512
BIT 16-7355	Dr. Seth Knapp 16-0219	TEAM 3 (C641 - C639) 16-4576	INFECTIONS/DISEASE 146-2076
CAT 2/3 16-8110	Chaplain 16-0219	TEAM 4 (C611 - C638) 16-4576	IR (INTERV RADIS) 16-1363
Staff (2W) 16-8110	Legal On-call 218-3395	TEAM 5 (C641 - C639) 16-4576	HEMIONC M.F 8a-5p 146-0722
Resident (2W) 16-8110	Medical Examiner 833-2658	TEAM 6 (C641 - C639) 16-4576	HEMIONC - Fu for new dx 146-0822
Desk 16-8110	On-call Administrator 220-2050	TEAM 7 (C641 - C639) 16-4576	HR TESTING 16-4331
EVIS 2W and Front Lobby 16-7110	Risk Management/Quality (Ba-5p) 278-2003	F1 Hospitalist 16-0378	IR TESTING 16-7926
C1 RN (214-216, 223) 16-7121	BURNS 16-0388	Secondary Phone 16-0388	IR (INTERV RADIS) 16-2503
C2 RN (224-227) 16-7121	DIC Ambulatory Bum Clinic 742-3440	F2 Pulmonary 16-0338	MCLUPULM FELLOW 16-8667
D1 RN (228-231) 16-7141	Bum Transfer - support (877) 453-9351	Secondary Phone 16-0338	MCU CHARGE NURSE 16-8530
C3 RN (232-238) 16-7149	CARDIOLOGY 338-9719	F3 Hospitalist 16-1342	NEPHRO (DAY) 16-7138
POWER 16-7361	QUESTIONABLE AMI Phone 16-4478	F4 Hospitalist 16-1342	NEUROLOGY (page FR37) 146-4478
CAT 1/2 16-8108	LABS ENG 5/57 16-4418	F5 Hospitalist 16-1342	(7a-3p) 16-7150/716 (Sp-7a) 16-0955
Staff (DE) 16-8108	STAT ECHO 16-0406	F6 ID 16-0417	NEURO SURGERY 626-2481
Resident (DE) 16-8107	Cath Lab 16-0406	Secondary Phone 16-0417	OB/GYN-SEE OB/GYN SECTION 16-0608
Desk 16-8107	Cardiology Consults 7a-5p 16-0406	H2 Nephrology 16-0406	OB/GYN-SEE OB/GYN SECTION 16-0608
EVIS 2E and CAT 3 16-8111	CHF Team 16-0720	H3 Hospitalist 16-0406	OB/GYN-SEE OB/GYN SECTION 16-0608
A1 RN (204-207) 16-1015	Cardiology Consults 7a-5p 16-0406	H4 Hospitalist 16-0406	OB/GYN-SEE OB/GYN SECTION 16-0608
A2 RN (209-211) 16-1017	CI/UCI/Cards Consults AFTER SP 16-4484	H5 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
A3 RN (202 ABCD) 16-1019	Device Interrogation 16-7380	H6 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
B1 RN (D12 ABCD) 16-1712	ECHO Lab 16-0277	H7 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
B2 RN (D13 EF/GH) 16-1712	EP Interrogation (M-F 8-4:30p) 963-2024	H8 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
B3 RN (D13 ABCD) 16-1712	ECHO Lab 16-0277	H9 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
CAT 4 16-8112	LVDV Coordinator 705-0069	H10 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
Staff 16-8112	Stress Lab 16-4377	H11 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
Desk 16-8112	Transcath Heart Failure 16-0133	H12 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
EVIS C3 16-8037	Outpat Pacermaker (800) CARDIAC	H13 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
EVIS C4 16-8111, EVIS C4 16-9813	MedFlow (800) 851-PACE	H14 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
MHT/SVCH 16-4465	St. Jude Pacermaker (800) PACE/ICD	H15 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
Physn Social Work 16-4465	CHOOSE WISELY	H16 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
MHT Desk 16-0218	Cardiac Head CT Rate .cccccc	H17 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
Dr. Felzer 871-4205	NEXUS .cccccc	H18 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PATIENT ADVOCATE 16-8150/4	HEART .cccccc	H19 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHARMACIST 16-8150	PECARN -2 .cccccc	H20 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN RESIDENT 16-0718	PECARN -2 .cccccc	H21 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H22 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H23 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H24 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H25 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H26 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H27 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H28 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H29 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H30 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H31 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H32 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H33 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H34 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H35 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H36 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H37 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H38 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H39 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H40 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H41 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H42 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H43 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H44 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H45 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H46 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H47 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H48 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H49 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H50 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H51 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H52 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H53 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H54 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H55 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H56 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H57 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H58 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H59 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H60 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H61 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H62 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H63 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H64 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H65 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H66 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H67 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H68 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H69 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H70 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H71 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H72 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H73 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H74 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H75 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H76 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H77 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H78 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H79 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H80 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc	H81 Hospitalist (PG-H546, D61) 16-4804	OB/GYN-SEE OB/GYN SECTION 16-0608
PHYSICIAN 16-0718	PECARN -2 .cccccc		