CARE4 MODULE NAME: PCS (Patient Care Systems)
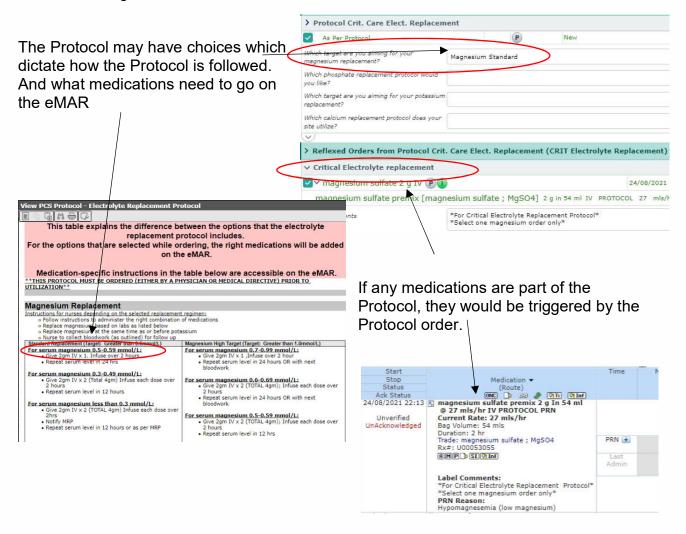## Protocols in Expanse

Overview

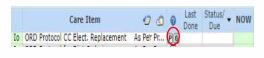This document provides instructions on how Protocols are viewed using the PCS Module.

How Protocols are Ordered

Protocols will be ordered by MD through an Order Set or as an individual order or by a Clinician through a Medical Directive.
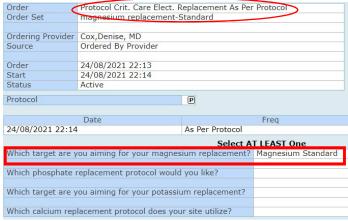
The Protocol may have choices which dictate how the Protocol is followed. And what medications need to go on the eMAR

> Protocol Crit. Care Elect. Replacement

| | P | New |

As Per Protocol

Which target are you aiming for your magnesium replacement? → Magnesium Standard

Which phosphate replacement protocol would you like?

Which target are you aiming for your potassium replacement?

Which calcium replacement protocol does your site utilize?

> Reflexed Orders from Protocol Crit. Care Elect. Replacement (CRIT Electrolyte Replacement)

∨ Critical Electrolyte replacement

magnesium sulfate 2 g IV   24/08/2021

magnesium sulfate premix [magnesium sulfate ; MgSO4] 2 g in 54 ml IV PROTOCOL 27 mls/h

For Critical Electrolyte Replacement Protocol
Select one magnesium order only

View PCS Protocol – Electrolyte Replacement Protocol

This table explains the difference between the options that the electrolyte replacement protocol includes.
For the options that are selected while ordering, the right medications will be added on the eMAR.

Medication-specific instructions in the table below are accessible on the eMAR.
THIS PROTOCOL MUST BE ORDERED (EITHER BY A PHYSICIAN OR MEDICAL DIRECTIVE) PRIOR TO UTILIZATION

Magnesium Replacement
Instructions for nurses depending on the selected replacement regimen:
- Follow instructions to administer the right combination of medications
- Replace magnesium based on labs as listed below
- Replace magnesium at the same time as or before potassium
- Nurse to collect bloodwork (as outlined) for follow up

Standard Replacement (Target: Greater than 0.6mmol/L)	Magnesium High Target (Target: Greater than 1.0mmol/L)
For serum magnesium 0.5-0.59 mmol/L: • Give 2gm IV x 1. Infuse over 2 hours • Repeat serum level in 24 hrs	**For serum magnesium 0.7-0.99 mmol/L:** • Give 2gm IV x 1 ,Infuse over 2 hour • Repeat serum level in 24 hours OR with next bloodwork
For serum magnesium 0.3-0.49 mmol/L: • Give 2gm IV x 2 (Total 4gm) Infuse each dose over 2 hours • Repeat serum level in 12 hours	**For serum magnesium 0.6-0.69 mmol/L:** • Give 2gm IV x 2 (TOTAL 4gm) Infuse each dose over 2 hours • Repeat serum level in 24 hours OR with next bloodwork
For serum magnesium less than 0.3 mmol/L: • Give 2gm IV x 2 (TOTAL 4gm) Infuse each dose over 2hrs • Notify MRP • Repeat serum level in 12 hours or as per MRP	**For serum magnesium 0.5-0.59 mmol/L:** • Give 2gm IV x 2 (TOTAL 4gm); Infuse each dose over 2 hours • Repeat serum level in 12 hrs

If any medications are part of the Protocol, they would be triggered by the Protocol order.

Start Stop Status Ack Status	Medication ▾ (Route)	Time
24/08/2021 22:13 Unverified UnAcknowledged	magnesium sulfate premix 2 g In 54 ml @ 27 mls/hr IV PROTOCOL PRN **Current Rate:** 27 mls/hr Bag Volume: 54 mls Duration: 2 hr Trade: magnesium sulfate ; MgSO4 Rx#: U00053055 **Label Comments:** *For Critical Electrolyte Replacement Protocol* *Select one magnesium order only* **PRN Reason:** Hypomagnesemia (low magnesium)	PRN + Last Admin

How You Can View Details Related to How to Follow the Protocol
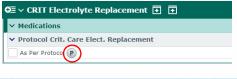
 The order details can be viewed by clicking on the "O" on the worklist

How You Can View Overarching Protocol

The Protocol can be always be viewed by clicking on the "P".
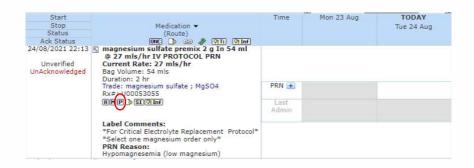
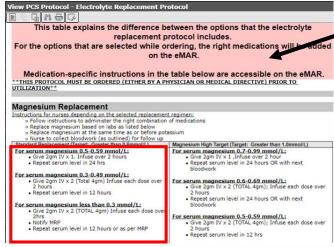From an Order

From the Worklist

How You Can View the Medication Protocol

From the eMAR

The protocol on the eMAR might repeat key information from the overarching protocol related to that specific medication's administration. That way, you can confirm that you are giving the right med according to the overarching protocol without navigating back and forth.

The Protocol order found on the Worklist (can be viewed from the PCS Worklist/Order) gives an overarching view of the various components of the protocol including medications and other nursing actions.

The portion of the protocol pertaining to the actual medication ordered will be viewed from the eMAR
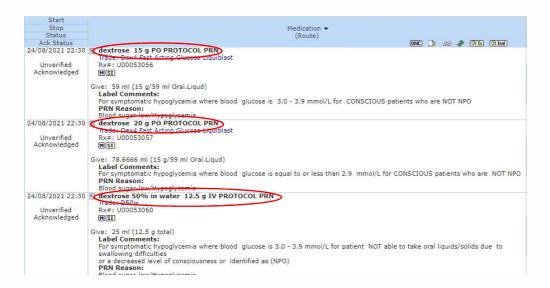

Protocols Containing Several Medication Orders

Some Protocols will contain several meds that can be administered if certain conditions are met. All the meds will appear on the eMAR regardless if used or not. You would only document the meds that were given if the protocol is actioned.

Start	Medication ▾
Stop	(Route)
Status	
Ack Status	[ONC] [icons] [V.T.] [V.Inf]
24/08/2021 22:30	**dextrose 15 g PO PROTOCOL PRN**
Unverified	Trade: Dex4 Fast Acting Glucose Liquiblast
Acknowledged	Rx#: U00053056
	[M][SI]
	Give: 59 ml (15 g/59 ml Oral.Liqud)
	Label Comments:
	For symptomatic hypoglycemia where blood glucose is 3.0 - 3.9 mmol/L for CONSCIOUS patients who are NOT NPO
	PRN Reason:
	Blood sugar-low/Hypoglycemia
24/08/2021 22:30	**dextrose 20 g PO PROTOCOL PRN**
Unverified	Trade: Dex4 Fast Acting Glucose Liquiblast
Acknowledged	Rx#: U00053057
	[M][SI]
	Give: 78.6666 ml (15 g/59 ml Oral.Liqud)
	Label Comments:
	For symptomatic hypoglycemia where blood glucose is equal to or less than 2.9 mmol/L for CONSCIOUS patients who are NOT NPO
	PRN Reason:
	Blood sugar-low/Hypoglycemia
24/08/2021 22:30	**dextrose 50% in water 12.5 g IV PROTOCOL PRN**
Unverified	Trade: D50w
Acknowledged	Rx#: U00053060
	[M][SI]
	Give: 25 ml (12.5 g total)
	Label Comments:
	For symptomatic hypoglycemia where blood glucose is 3.0 - 3.9 mmol/L for patient NOT able to take oral liquids/solids due to swallowing difficulties or a decreased level of consciousness or identified as (NPO)
	PRN Reason:
	Blood sugar-low/Hypoglycemia

Where You Can Document Actions Performed For the Protocols

All meds will be documented on the eMAR including IV fluids.
Enter Orders for any LAB required.

Any interventions required for documenting that aren't already part of the SOC, might appear on worklist after Protocol is ordered

Acute Ischemic Stroke & TIA Admission Protocol
THIS PROTOCOL MUST BE ORDERED (EITHER BY A PHYSICIAN OR MEDICAL DIRECTIVE) PRIOR TO UTILIZATION

- This protocol will be used by Medicine and/or Stroke Nurses to accomplish the safe assessment and monitoring of all patients acute ischemic stroke & transient ischemic attack (TIA) who did not receive thrombolysis and/or endovascular thromboectomy back to the hospital and are past their hyperacute phase.
- This protocol is in accordance with Canadian Stroke Best Practice Recommendations

Monitoring & Assessments
- **Canadian Neurological Scale (CNS) (for alert, drowsy or aphasic stroke patients)**
  OR
- **Glasgow Coma Scale (GCS) (for comatose or stuporous patients):**
  AND
- **Pupillary Assessments**
  - Every 4 hours and PRN x 24 hours THEN
  - Twice a day and PRN x 48 hours

- **Temperature, Heart Rate (HR), Respiratory Rate (RR), Blood Pressure (BP), and SpO2:**
  - Every 4 hours and PRN x 48 hours THEN
  - Twice a day PRN x 28 hours THEN
  - Every shift and PRN until discharge

	Care Item		Last Done	Status/ Due	Today 16:15	NOW
Ao	Bladder Scan	Q6H [O]		-3m	🕐	
Ao	Canadian Neurological Stroke Scale 🔵	Q4HX6,Q12HX4 [O]		-3m	🕐	
Ao	Neurological Assessment (Inc. GCS)	Q4HX6,Q12H [A]		-3m	🕐	
Ao	Vital Signs	Q4HX12,Q1... [A]		-3m	🕐	
Io	IO Intake and Output Strict	Q8HR		6h		
Io	ORD Protocol Acute Ischemic Stroke & TIA	As Per Pr... [P]				
Io	ORD Protocol MED Urinary Retention	As Per Pr... [P]				
Ao	TOR-BSST Swallowing Screening®	As Per Pr... [P]				

Click on "O" to see details of order

Order	Canadian Neurological Stroke Scale Q4HX6,Q12HX4
Order Set	Ischemic Stroke & TIA Admit
Ordering Provider	Cox,Denise, MD
Source	Ordered By Provider
Order	25/08/2021 16:15
Start	25/08/2021 16:15
Status	Active

Date	Freq
25/08/2021 16:15	Q4HX6,Q12HX4

Physician Instructions	For alert, drowsy or aphasic stroke patients