

## POPS WORKFLOW

### FIRST THING TO DO

It is very important that the first thing you do every morning is to print a billing list. The list will change throughout the day and to get the information on patients signed off, you will need to print off stickers.

1. Go to 'Reports' on the top toolbar- it may be hidden so you may need to click the small arrows bookending the toolbar
2. Hover over 'Patient List Report' and select 'Anesthesia Perioperative Pain Service V3' > print

On weekends, you may want to create a duplicate list that you can pare down for the afternoon rounds if you want (optional):

1. Create a new folder by clicking 'Patient List' and clicking the wrench icon
2. Click 'New' > 'Custom' > 'Next' and give your folder a name > 'Finish'
3. While on the 'Anesthesia Perioperative Pain Service V3' list, Select all (Ctrl-A)
4. Right click the selection and 'Add to Patient List' and pick your folder.
5. You may need to refresh to see the patients

### Activating your Pain Management Interactive I&O

You only need to do this once and it activates the pain flow sheets so that you can see the daily pain scores and modalities:

1. Go into the 'Interactive View and I&O' tab on the left
2. Click 'View' at the very top toolbar and go to 'Layout' and 'Navigator Bands'
3. Find 'Pain Management' and transfer it to the right to activate it
4. You will need to restart Cerner for it to be active
5. To view this data, go to 'Interactive View and I&O' > 'Pain Management' > 'Pain Modalities'

### Ensure that you have the Pain Service Workflow Tab

The Pain Service Workflow Tab contains all the components you typically require on POPS. It is a good idea to move it to the far left by dragging and dropping the tab there for ease of access for your week on POPS. If you do not already have the tab:

1. Click on the '+' icon to the right of your existing tabs (ie. CSICUS, Anesthesia Workflow...)
2. Activate the 'Pain Service Workflow' tab and it should appear when you exit

## **Order Hygiene**

It is very important to check orders regularly and remove duplicate orders. This is particularly critical when surgical patients have just been transferred out of a critical care area where there are potentially multiple active powerplans. In general, opioids and benzodiazepines should be included in our multimodal powerplan; other CNS medications can be kept out of phase. The exception are chronic medications such as methadone, kadian, and suboxone often co-managed by CPAS. This avoids the inadvertent discontinuation when POPS signs off and transcription errors.

## **Changing the dose range of a medication**

Cerner does not allow the modification of dose ranges of certain medications as it does not generate an alert for the nurse that this change has occurred. Do not use 'Cancel and Reorder' or else the new order is entered out of phase of the powerplan. You need to discontinue and order a new dose range:

1. Right click the existing order and click 'Cancel/Discontinue'
2. Click '+ Add to Phase' and enter 'dose range' followed by the medication you want to reorder
3. Enter the new dose range of that medication > Initiate Now > Sign

## **Changing a PCA dose range**

You can simply click on the PCA powerplan under Orders and find the order sentence associated with the PCA. Right click and select Modify to adjust the range.

## **Changing epidural solution**

If you want to change the epidural solution, you need to discontinue the existing one and reorder a new one:

1. Right click on the existing epidural solution and click 'Cancel/Discontinue'
2. On the powerplan, click the lightbulb icon to show the other epidural solutions
3. Select the new solution and enter the parameters as you normally would
4. Initiate Now > Sign

## **Signing off a PCA**

Under Cerner, you cannot pre-emptively discontinue a PCA (ie. for tomorrow). The PCA is either active or off so best to indicate on your note the day before for everyone to see that that is your intent. Also helpful to enter it in the 'Team Communication (Discoverable)' section which is equivalent to a post-it note on the chart. On the day, simply right click the PCA powerplan and click 'Discontinue'. Don't forget to discontinue the Multimodal powerplan or else the patient will remain on your list.

## Signing off an epidural

Discontinuing an epidural has a few extra steps:

1. The day before removal, go into the epidural powerplan and click the lightbulb icon
2. The Epidural Discontinuation module should appear in the powerplan and you check that box
3. A new window opens and check 'Epidural Titration Instructions'
4. In the 'Special Instructions' box, delete any existing text and write your instructions such as 'wean epidural as tolerated to off by Dec 25 0800'
5. Always helpful to talk to the patient's RN and adding a note to the 'Team Communication (Discoverable)' section may ensure the message hasn't been lost at changeover
6. Go to the MAR section and scroll to tomorrow's enoxaparin dose (often at 1000) and right click the enoxaparin > reschedule dose > click YES to schedule that dose only
7. Change the dose time to 4 hours after your anticipated epidural removal time (ie. 1400)

If you do not see tomorrow's enoxaparin dose, right click the grey date bar and click 'change search criteria' and extend the future date by a day. To make it your default, right click the grey bar again and click 'Set This View As Default View'; this is generally a good idea to save you time in the future.

On the day of epidural removal:

1. After removing epidural, right click the epidural powerplan and 'Discontinue' and also discontinue the multimodal powerplan
2. If necessary, you can reschedule the enoxaparin dose for that day to be 4 hours after removal time.
3. Go to the Interactive I&O tab and click 'Pain Management' > 'Pain Modalities'
4. Go to 'Pump Related Activity' > 'Remove' and you can indicate in the fields below your name and 'Tip Intact'. This will end the epidural tracking.

## Signing Off Ketamine

The orders in Cerner for ketamine are created so that the initial dose rate runs for 24h only. At that time, the second set of orders with the new dose rate initiates. The issue is that the nurses do not receive an alert that tells them when to stop the infusion. Generally, it is preferable to stop the infusion in the morning so that there is staff available to manage any rebound pain from its discontinuation. This is one way of timing its discontinuation:

1. Go into the Ketamine powerplan and right click the order sentence for the second ketamine infusion (active one) and click 'Modify'
2. In the 'Continuous Details' tab, you can write in the 'Infusion instructions' a time for discontinuation: 'Discontinue ketamine infusion Dec 25 0800'
3. Again, speaking with the RN and writing a note in the 'Team Communication (Discoverable)' section will ensure that it is done. Modifying the orders alone only puts a pair of glasses icon beside the order for the nurses to notice.
4. Don't forget to discontinue the multimodal powerplan to sign the patient off the list

## **Transfer Orders**

Transfer orders cannot be done in advance like we did before and have to be done on the day of sign off. There is also not the ability for the MRP's team to assume responsibility of the orders pre-Cerner.

1. Review all the medication orders and note the medications that are under our multimodal powerplan. Medications under a powerplan have a yellow square icon next to them and hovering over this icon will indicate if it is under our multimodal powerplan.
2. Discontinue the multimodal and the analgesic modality powerplans and initiate the ANES/SURG Transfer Pain Management
3. Ensure the 'Notify Treating Provider' and 'Attending Service to Manage Analgesia' boxes are checked
4. In the 'Duration' box above the orders, enter 48 hours. This will give the MRP's team 48 hours to rewrite the current orders.
5. Enter the previous doses of the opioids and analgesics that were in the multimodal powerplan into the transfer orders. You may need to enter some orders in the '+Add to Phase'
6. Initiate Now.

*\*\*No need to write transfer orders for renal transplant patients if they are on the 4<sup>th</sup> floor- they automatically go onto their pain and symptom management order powerplan\*\**

**Billing info can be found in the OneDrive folder**