

ANTIBIOTIC STEWARDSHIP/INFECTION CONTROL

#91/93 OTITIS EXTERNA (≥ 2 Y/O)

- All OE requires topical preparation (#91) (May be antibiotic but doesn't have to be antibiotic, acetic acid meets measure)
- Simple OE should not receive systemic antibiotics (#93)
- Complicated OE may have systemic antibiotic (DM, immunocompromise, cellulitis, other) (#93)

#65 PEDIATRIC URI (3 M/O - 18 Y/O)

Antibiotics should not be prescribed for these ICD-10 diagnoses:

- Acute nasopharyngitis/common cold
- Acute laryngopharyngitis
- Acute upper respiratory infection

#116 ADULT BRONCHITIS (18 - 64 Y/O)

Antibiotics should not be prescribed for Uncomplicated Acute Bronchitis.

EXCLUSIONS:

- Underlying Lung Disease (COPD, Bronchiectasis, CF, other... but not simple asthma)
- Immunocompromised (Cancer, HIV, other)
- Suspect Bacterial Infection ("Patient appears toxic, suspect possible bacterial infection" or "Patient with Significant Hemoptysis, suspect possible bacterial infection" or "Patient with significant smoking history, suspect possible bacterial infection")
- Alternate Infection Exists (Otitis Media, UTI, other)
- Patient already on antibiotic in previous 30 days
- Admitted Patient

IMPORTANT:

Rationale for Complicated Bronchitis needs to be in the chart: If there is no rationale in the chart for "Complicated Bronchitis", then the chart will fall out.

#76 CVC PLACEMENT (ALL AGES INCLUDED)

Needs following documented:

- Maximal barrier technique
 - Cap/Mask (physician) - Sterile gloves (physician)
 - Sterile gown (physician) - Sterile full body drape (patient)
- Hand Hygiene (Ideal is soap and water or alcohol based product)
- Patient skin prepped
- If ultrasound used, sterile cover needs to be documented.

The statement "Maximal barrier technique followed, hand hygiene followed, patient to sterile techniques followed, proper skin prep performed, and sterile cover used for ultrasound probe." would meet this measure. This statement or its elements should ideally be part of the procedure note.

EXCLUSION:

CVC Insertion emergent and delay for full prep contraindicated.

#ECPR 40 INITIATION OF 3 HOUR SEPSIS BUNDLE (≥ 18 Y/O)

- All patients with severe sepsis or septic shock.
- 4 elements of 3 hour bundle ordered
 - Lactic acid/lactate
 - 2 blood cultures
 - IV fluid bolus
 - IV antibiotics

For the IV fluid bolus, realize this differs slightly from hospital core measure SEP-1. Any fluid bolus meets the measure, but required for severe sepsis in addition to septic shock. (SEP-1 does not require bolus for severe sepsis, only for septic shock, and requires 30cc/kg bolus.)

HEAD CT RULES

#415 MINOR BLUNT HEAD TRAUMA ADULT (≥ 18 Y/O, NORMAL MS OR GCS = 15)

Head CT Indications: One indication from Group I or Combination from Group II

Group I

- Severe headache
- Vomiting
- Age ≥ 65 y/o
- Basilar skull fracture signs
- Focal neurologic deficit
- Coagulopathy
- Thrombocytopenic
- Anticoagulant
- Dangerous mechanism (ejection MVC, pedestrian fall > 5 stairs, other)

Group II

- LOC or Post-traumatic Amnesia
And one or more of the following:
- Any headache
 - Age ≥ 60 y/o
 - Intoxication
 - Short term memory deficit
 - Any physical evidence trauma above clavicles
 - Post trauma seizure

NOTE: If LOC is unclear, document "Unclear LOC", which meets the measure.

#416 MINOR BLUNT HEAD INJURY PEDS (2-17 Y/O, NORMAL MS OR GCS = 15)

Low Risk Head Injury

PECARN RULES: No head CT if all of the following

- No AMS (Agitated, somnolence, perseveration, slow responses)
- No physical signs of basilar skull fracture
- No LOC
- No vomiting
- No severe mechanism (MVC with ejection, passenger death, pedestrian/cyclist struck MVC, fell > 5 ft, high impact to head, other documented high risk)
- No severe headache

PREGNANCY

#254 ULTRASOUND LOCALIZATION OF PREGNANCY IN PATIENTS (14-50 Y/O) WITH VAGINAL BLEEDING OR ABDOMINAL PAIN

Requires localization of pregnancy by ultrasound

EXCLUSIONS:

- Pregnancy previously localized in office/other ER visit/other documented location
- Pain not felt to be pregnancy related (Ex. Epigastric pain likely GERD)

#255 RHOGAM, RH-NEGATIVE PREGNANT PATIENTS (14-50 Y/O) WITH VB OR BLUNT ABD TRAUMA

Rh negative pts with risk of fetal blood exposure (blunt abd trauma, vaginal bleeding, ectopic) need Rhogam

EXCLUSIONS:

- Rhogam < 12 weeks
- Patient refusal

STROKE CARE

TPA AND ENDOVASCULAR THERAPY CONSIDERED FOR STROKE PATIENTS (≥ 18 Y/O)

- tPA should be considered within 4.5 hours of stroke onset or last time seen normal OR 3-hour window for any of the below:
 - ≥ 80 years old
 - Diabetic and previous CVA
 - On Anticoagulants (not antiplatelets)
 - NIHSS > 25
- Endovascular Therapy should be considered within 24 hours of stroke onset or last time seen normal

NOTE: Measure considered met if provider documents that both treatments were considered within recommended times of onset stroke but patient not appropriate for therapy due to other medical reason (no availability, patient refusal, patient deemed not candidate for either therapy).

EXCLUSION:

Refer to current American Heart Association guidelines.