

## HIGH VALUE CARE OFFICER CHECKLIST

This is a list of seven tests and procedures commonly used in internal medicine that warrant additional scrutiny by medical teams. Please save this document on your iPad and refer to it throughout the clerkship to assist you in continually monitoring your team's care plans and recommending appropriate changes.

### REPEAT CBC AND BASIC CHEMISTRY : DON'T ORDER IN THE FACE OF CLINICAL AND LABORATORY STABILITY

Is the patient admitted for bleeding?

Are you giving medications that can alter blood counts (i.e. heparin)?

Are you giving medications that alter electrolytes (i.e. furosemide)?

Are you following a previously abnormal lab?

Has there been any significant change in any clinical condition (i.e had fever, was hypotensive, sudden change in respiratory status, etc)?

### TELEMETRY: DON'T ORDER WITHOUT USING A PROTOCOL THAT GOVERNS CONTINUATION

Does the patient have an arrhythmia?

Does the patient have an electrolyte abnormality?

Does the patient have acute/subacute heart failure?

Did the patient have a syncopal event?

### GLYCOHEMOGLOBIN: DON'T ORDER IF DONE IN THE LAST THREE MONTHS

Has the patient had a glycohemoglobin in the last 3 months?

### LIPID PANEL: DON'T ORDER IF DONE IN THE LAST YEAR WITHOUT MEDICATION CHANGE

Has the patient had a lipid panel or medication change in last 12 months?

### GI PROPHYLAXIS: DON'T PRESCRIBE TO MEDICAL INPATIENTS UNLESS AT HIGH RISK FOR GI COMPLICATIONS.

Did the patient have a GI ulceration or bleed within the last year?

Is the patient in the ICU?

Does the patient have at least **two** of the following:  $\geq$  1 week stays in ICU, sepsis, occult bleeding for 6+ days, high dose corticosteroids?

### FOLEY CATHETERS: DON'T PLACE, OR LEAVE IN PLACE, FOR INCONTINENCE, CONVENIENCE, OR MONITORING OF OUTPUT FOR NON-CRITICALLY ILL PATIENTS

Does the patient have urinary obstruction?

Is the patient critically ill and requires accurate measure of urinary output?

### RBC TRANSFUSION: AVOID FOR ARBITRARY HEMOGLOBIN THRESHOLDS AND IN ABSENCE OF SYMPTOMS OF ACTIVE, HEART FAILURE, OR STROKE

Does the patient have symptoms from anemia?

Does the patient's Hgb level lead to consideration for transfusion ( $<8$  for cardiopulmonary disease,  $<7$  for others) ?