

# Houston Methodist Order Set Request Form

Please e-mail all requests to [itsupport@houstonmethodist.org](mailto:itsupport@houstonmethodist.org).



Refer to policy [System PCPS 155 Order Sets, Standing Delegation Orders, and Standing Medical Orders](#) for full guidance on order set development and approval. Submitted requests will be reviewed by the System Quality and Patient Safety department prior to build to ensure:

- Use of evidence-based practice
- Compliance with policy and regulatory aspects
- Appropriate system-level approvals from pertinent clinical and operational groups

By submitting this request, the requestor agrees to remain available for questions and clarifications from the review and build teams as needed and support review, education, communication, and implementation of the requested changes.

<b>Requestor:</b>		<b>Date:</b>
<b>Requesting on behalf of (group, committee, or individual):</b>		
<b>Order Set Name</b>		
<b>Type of Request:</b>		
<input type="checkbox"/> <b>Break-Fix:</b> <i>Situations in which the system is not working as designed or where designed workflows inhibit work or cause unmanageable business, financial, or safety issues. <u>Please submit as soon as possible for timely review.</u></i>		
<input type="checkbox"/> <b>Enhancement</b> <i>Requests to modify order sets with the intent of improving work processes, enhancing safety, improving proactiveness or foresight, or improving communication of information.</i>		
<input type="checkbox"/> <b>New Order Set</b> <i>New order set content for orders or workflow not supported by other order sets or processes.</i>		
<b>Name of Approving System Committee(s) and Dates of Approval:</b>		
<i>If no formal system-level committees exist, please note appropriate system subject matter expert review</i>		
<b>Committee Name</b>	<b>Date of Approval</b>	<b>Committee Contact</b>
<b>Impact to Patient Safety:</b>		<b>Description of Patient Safety Impact</b>
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
<b>Impact on Regulatory or Accreditation:</b>		<b>Description of Regulatory or Accreditation Needs</b>
<input type="checkbox"/> Needed to ensure compliance with regulatory issue <input type="checkbox"/> No regulatory requirement		
<b>Current State of Regulatory or Accreditation</b>		
<input type="checkbox"/> Completely meets regulatory need <input type="checkbox"/> Partially meets the regulatory need <input type="checkbox"/> Not applicable		

**Description of Request:**

*Include copies of order sets and evidence supporting order set practice*

*Attachments (Word or Excel) of detailed orders, instructions, doses, frequencies, etc. are HIGHLY ENCOURAGED and may be requested during the order set review process.*

**Ancillary Department Reviews/Approvals:**

*If department review was achieved through interdisciplinary system-level committee review, please indicate as needed.*

Departments	Contact Person
Nursing	
Pharmacy	
Physical Therapy/Occupational Therapy	
Respiratory Care	
Radiology	
Nutrition	
Blood Bank	
Laboratory	
Other (list)	