

LeBonheur oneChart Power Plan CHANGE REQUEST/ EDIT

Complete each section where applicable and obtain appropriate signatures. Please **attach marked up paper version** of Power Plan/ Order Set related to request. **Fax** completed and signed form and copy of power plan to **387-3441**.

Change Request is for:	<input type="checkbox"/> Correction <input type="checkbox"/> Enhancement
Power Plan Title:	
Power Plan Form Number:	
Name of Requestor:	
Requesting Department/ Clinical Service Area:	
Role/ Position of Requestor:	
Clinical Resource:	
Specific Change Description:	
Reason For Request: <input type="checkbox"/> Reorganize only; no content change <input type="checkbox"/> Error discovered <input type="checkbox"/> Nothing similar in place <input type="checkbox"/> Other: _____	Priority: <input type="checkbox"/> Scheduled Review <input type="checkbox"/> Improve Patient Safety/Quality <input type="checkbox"/> Improve Efficiency/ Effectiveness <input type="checkbox"/> Risk Compliance (RCA, etc.) <input type="checkbox"/> Error Correction <input type="checkbox"/> JCAHO/CMS Compliance <input type="checkbox"/> None of the Above

My signature attests that I have reviewed and approved the attached Physician Orders:

Physician/ PharmD Originating – Print Name	Signature	Date
Physician Champion for Power Plan – Print Name	Signature	Date
CMO/CMIO – Print Name	Signature	Date

Below to be completed by Medical Informatics:

Change Approved by:

Medical Director Utilization Management/CMO/CMIO on Date: _____

Reviewed and Approved by MD Champion on Date: _____

Reviewed by Build Team on Date: _____

Sent to P&T for Approval on Date (if medications): _____

Approval received from P&T on Date: _____