

Houston Methodist Order Set Request Form  
Please include request form in IT Service Desk Request.



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 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.

Requestor:	Date:																		
Requesting on behalf of (group, committee, or individual):																			
Order Set Name																			
Type of Request:																			
<input type="checkbox"/> Break-Fix: <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"/> Enhancement <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"/> New Order Set <i>New order set content for orders or workflow not supported by other order sets or processes.</i>																			
Name of Approving System Committee(s) and Dates of Approval: <i>If no formal system-level committees exist, please note appropriate system subject matter expert review</i>																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Committee Name</th> <th style="width:30%;">Date of Approval</th> <th style="width:35%;">Committee Contact</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Committee Name	Date of Approval	Committee Contact															
Committee Name	Date of Approval	Committee Contact																	
Impact to Patient Safety: High Medium Low	Description of Patient Safety Impact																		
Impact on Regulatory or Accreditation:  Needed to ensure compliance with regulatory issue No regulatory requirement  Current State of Regulatory or Accreditation Completely meets regulatory need Partially meets the regulatory need Not applicable	Description of Regulatory or Accreditation Needs																		

Does this update consider the patient's race, color, national origin, sex (including pregnancy, sexual orientation, and gender identity), age, or disability without an evidence supported clinical need for this information? If, yes please describe. Yes No

**Request:** Include copies of order sets and evidence supporting order set practice. Utilize downtime order sets to indicate modifications to current order sets: [Downtime Order Sets](#). PDF files may be edited or annotated to include modifications in appropriate locations within the order set. Utilize downtime order form to outline new order set build: [HM Forms Home Page](#). Navigate to Form Templates→ Orders (No Lines).

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)	

Outline Education Plan for Changes: