

# EBCD MEDITECH Content Updates – 2026.1

## ED Module

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### Overview

This Pilot document is a high-level overview for end user education purposes about significant changes within the ED routines. Additional enhancements may be seen in the [EBCD Release Education Section](#) of the [EBCD Atlas Connect page](#).






Inpatient Rehab Facility Enhancements education will be posted separately.

### How to use this guide

The enhancements are listed by intervention. They include which module(s) are affected along with the impact associated with the intervention.

The enhancements are listed in alphabetical order and provide a rationale behind the change and screenshot example(s). This document focuses on end user enhancements designated as high and medium impact.

### Impact Legend:

Safety/Regulatory 	Clinical Initiative 	Women's and Children's 
Reimbursement/Billing 	Enhancements/Wins 	

Be aware the enhancements may not be in your test environment at the time this document is published. Your facility/IT Division support team will notify you when the updates will be available in your software.

Please read the MEDITECH selected prompts and follow the yellow information boxes onscreen as you become aware of changes in the documentation.

Click the topic name to be taken to the specific documentation within this update:

ED Module.....	3
ADA update to Health History .....	3
External Ventricular Device Field Update.....	5
Intake Supplement/Additive Documentation.....	6
OR Site Prep Solution Update .....	8
Subcutaneous Emphysema (Crepitus) Update .....	9
Enhanced Solution for FSER Transport Documentation .....	10
Pediatric Asthma Scoring (PAS) Update.....	11
Pediatric Asthma Scoring (PAS) Update – High Altitude.....	13
Pediatric Bronchiolitis Score .....	14
Warming/Cooling Measures - Device Water Temperature .....	15

## Summary of Revisions

Date	Revision
11/28/2025	Initial
12/1/2025	Added PAS – High Altitude, FSER Transport Documentation
1/26/2026	Added MRI Implant Checklist to NUR/ANC
2/4/2026	Added Peds Bronchiolitis to NUR/EDM
3/24/2026	Updated Intake Supplement/Additive Documentation p.7
3/30/2026	Updated Enhanced Solution for FSER Transport Documentation
4/14/26	Removal of CM SDOH Order Alert

# ED Module

## ADA update to Health History



Selected Language fields on the **Health History** Assessment have been updated to enhance identifying patients that need ADA resources as well as ensuring they are offered the correct accessibility services. Verbiage has been updated to align with current ADA recommendations.

Health History Assessment

**Language services type:**

Interpretation via phone    Select mode(s) of services needed.  
 Interpretation via video  
 Onsite interpretation    Document use of language services in Language Assistant.  
 **Other**

Preferred language: ENG ENGLISH

Accessibility needs: Blind/low vision

Language services: Patient/rep accepts

Language services type: Other

Additional language services detail:  
Free Text \*

(Prev Page) (Next Page)

Language service type field responses have been updated. 'Other' has been added as an available response.

**Note:** If Other is selected, then *Additional language services detail* becomes a **required\*** Free Text field in order to provide any additional details about language services needs or preferences.

Health History Assessment

**Vocalization: [or free text]**

Appropriate     None     Slurred  
 Aphasic expressive     Non-verbal     **Speechless**  
 Aphasic receptive     Phonation strong     Word salad  
 Cri du chat     Phonation weak  
 Incomprehensible sounds     Repetitive  
 Intubated     Shrill Cry

1 Blind/low vision:

2 Deaf/hard-of-hearing:

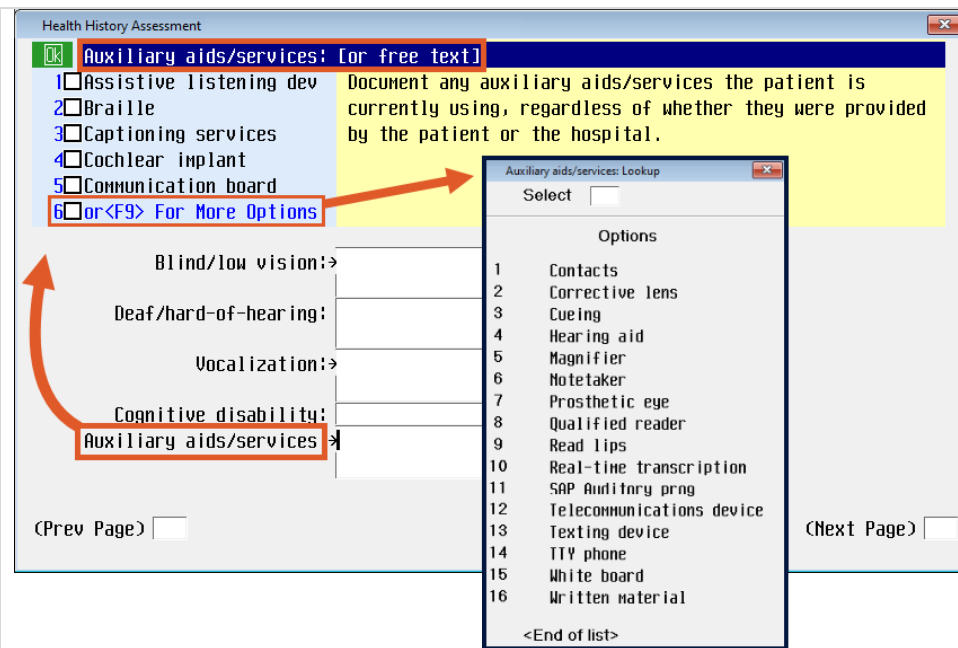
3 **Vocalization:**

4 Cognitive disability:  
Auxiliary aids/services:

(Prev Page) (Next Page)

The following verbiage has been updated per ADA recommendations:

- 1 - *Vision impairment* has been updated to **Blind/low vision**
- 2 - *Hearing impairment* has been updated to **Deaf/hard-of-hearing**
- 3 - Under *Vocalization*, the field response 'Mute' has been updated to **'Speechless'**
- 4 - *Cognitive impairment* has been updated to **Cognitive disability**



**Auxiliary aids/services** is a new multi-select field with the following responses:

- Assistive listening dev
- Braille
- Captioning services
- Cochlear implant
- Communication board
- Contacts
- Corrective lens
- Cueing
- Hearing aid
- Magnifier
- Notetaker
- Prosthetic eye
- Qualified reader
- Read lips
- Real-time transcription
- SAP Auditory programming
- Telecommunications device
- Texting device
- TTY phone
- White board
- Written Material
- Or 'Free-Text comment'

The **Yellow informational** box provides additional guidance:

Document any auxiliary aids/ services the patient is currently using regardless of whether they were provided by the patient or the hospital.

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Admission/Shift Assessment +	Detailed Assessment	SURG: Assessment PAC +
Admission Health History +	Paramedic Intake	SURG: Admission Assessment +
BH: Level of Care Assessment +	Non-Urgent General Focus	SURG: Admission Assessment Int +
BH: Outpatient Initial Nurse Assessment+	Rapid Initial Assessment	SURG: Admission Health History +
BH: Psychosocial Assessment (PSA) +	First Point of Contact - Onc	SURG: Neurological Assessment Pre +
BH: Health History Assessment +	Receipt MOA 1st POC	SURG: Neurological Assessment Int +
Neuro Checks +		SURG: Neurological Assessment PAC +
Neonatal Intervention +		

## External Ventricular Device Field Update



Within the ICP ventriculostomy screen, two fields have been updated to increase the character limit to 10 for EVD settings. This will allow for more accurate documentation of settings.

In the **ICP/Ventriculostomy** drain documentation, the following fields have been updated to allow up to a ten character response:

- Ventricular device set at mmHg
- Ventricular device set at cmH2O

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Lines/Drains/Airways	ICP/Ventriculostomy	SURG: Lines, Drains, Airways Pre-op
Critical Care Flow Record	Newborn Stabilization	SURG: Lines, Drains, Airways Intra-op
		SURG: Lines, Drains, Airways PACU

# Intake Supplement/Additive Documentation



There is currently no way to document the specific nutritional supplement or additive within intake. The nurse can capture the amount of an oral nutritional supplement or "other" intake but there is no free text box or additional fields to identify what was administered or provided. The **Intake** documentation fields have been updated to allow for additional supplements given.

The first dialog box shows a list of options: 1 <-File Intake/Output/Dialysis->, 2 Intake, 3 Output, 4 Dialysis, 5 Autotransfusion, 6 Continuous Bladder Irrigation, 7 <-Exit->. The second dialog box shows a list of options: 1 <-Finished Documenting Intake->, 2 Oral, 3 IV, 4 Infant Nutrition, 5 Nutrition, 6 Meals, 7 Procedure, 8 Non-BCTA Blood, 9 Other Intake.

This update has been added to the following **Intake** selections:

- Infant Nutrition
- Nutrition
- Meals

**Note:** Users will have the ability to document up to 5 supplements given at one time.

The main form includes fields for Meal, Amount taken, AM snack, PM snack, and HS snack. The secondary dialog box lists fields for Nutritional supplement 1 through 5, including ml and type.

## MEALS

If 'Yes' is answered for *Nutritional supplement given*, additional supplement documentation becomes available.

**Note:** If an *mL amount* is entered for any supplement entry, the corresponding supplement number field becomes a **required\*** 'free-text' comment field.

The main form includes fields for TPN ml, PPN ml, Lipid ml, Tube feeding amount ml, Bottle feeding amount ml, Breastfeeding duration (minutes), Other intake ml, Water ml, Feeding tolerated, and Reason not tolerated. The secondary dialog box lists fields for Tube feeding supplement 1 through 5, including ml and type.

## NUTRITION

If 'Yes' is answered for *Tube feeding supplement given*, additional supplement documentation becomes available.

**Note:** If an *mL amount* is entered for any supplement entry, the corresponding supplement number field becomes a **required\*** 'free-text' comment field.

Infant Nutrition

Feeding method:

Bottle  Tube

Breast

Oral cup

Oral SNS

Oral spoon

Oral syringe

Feeding cues:→

Fed by:

Suck/swallow:

Nipple type:

Feeding method:→Tube

Infant Nutrition

Tube feeding supplement given:

Yes

Tube breastmilk ml:→

Tube donor breastmilk ml:→

Tube formula ml:→

Tube feeding total ml:→

Tube feeding supplement given:→

Tube donor breastmilk type:→

Tube donor breastmilk lot number:→

Tube donor breastmilk expiration date:→

Tube formula name:→

Tube formula lot number:→

Tube Feeding Supplement

Tube feeding supplement 1 ml:

7 8 9 Del

4 5 6

1 2 3

0 Calc

Tube feeding supplement 1 ml:→

Tube feeding supplement 1 type:→

Tube feeding supplement 2 ml:→

Tube feeding supplement 2 type:→

Tube feeding supplement 3 ml:→

Tube feeding supplement 3 type:→

## INFANT NUTRITION

After selecting 'Tube' for the field *Feeding method*, the **Tube** feeding documentation becomes available.

If 'Yes' is answered for *Tube feeding supplement given*, additional supplement documentation becomes available.

**Note:** If an *mL amount* is entered for any supplement entry, the corresponding supplement number field becomes a **required\*** 'free-text' comment field.

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Critical Care Flow Record +	Intake & Output	SURG: Intake and Output Intra-Op +
Intake and Output +	Disposition-DC/TX/ADM/LPT	SURG: Intake and Output PACU +
	Newborn Stabilization	SURG: Intake and Output Pre-Op +

# OR Site Prep Solution Update



Iodine povacrylex alcohol (Duraprep) is being replaced with povidone-iodine plus isopropyl alcohol (PurPrep). This update will remove the *iodine povacrylex alcohol* response and add **povidone-iodine plus isopropyl alcohol** to possible responses.

The following response fields have been updated with the 'Povidone-iodine plus isopropyl alcohol' prep solution also known as *PurPrep*:

- 1 - Home prep solution:
- 2 - Pre-op prep solution:
- 3 - Site prep solution fields\*

- *Site prep solution* has multiple numbered instances. This update has been applied to all fields.

**Note:** In addition to this update, "*Nonantibacterial soap*" has been update to **Nonantimicrobial soap (Option #7 in images)**.

This update affects the following interventions:

Nursing	Emergency	Surgery
Pre-Procedure Checklist	Pre-Op Pre-Proc Checklist	SURG: Prep Screen PACU
OB: OR Record		SURG: Pre-Procedure Checklist, Prep
		SURG: Prep Screen Pre-op
		SURG: Prep Screen Intra-op

## Subcutaneous Emphysema (Crepitus) Update



There is no designated area to document the presence of subcutaneous emphysema (Crepitus). Updates have been made to the **Integumentary Assessments** as a *Skin alteration type* as it can be located in the face, neck, periorbital area, abdomen and even extremities. Updates have also been made to the Chest Tube documentation.

**Skin Alteration**

Ok Skin alteration description:

1 Abrasion	7 Contusion	13 Mesh
2 Abscess	<b>8 Crepitus</b>	14 Pressure injury
3 Amputation	9 Graft	15 Procedural site
4 Avulsion	10 Incision	16 Puncture
5 Blister	11 Laceration	17 Rash/hives
6 Burn	12 Maceration	18 or<F9> For More Options

Skin alteration description: Crepitus \*

Skin alteration other: \_\_\_\_\_

Location (A/P):> \_\_\_\_\_

Location (Body): \_\_\_\_\_ \*

Instance list status: Active \*

Pressure injury present on admission:

Pressure injury staging: \_\_\_\_\_

(Next Page)

### Skin Alteration

In the *Skin alteration* documentation instance, the response 'Crepitus' has been added as an option for *Skin alteration description*.

**Chest Tube**

Ok Chest tube site condition:

Crepitus  Vigorous air leak

Drainage at insertion

Dressing dry/intact

Intermittent air leak

Sutured

Unclamped/no air leak

Chest tube type:>Pleural \*

Chest tube location:>Right \*

Chest tube number:>Tube 1

Instance list status:>Active \*

Chest tube status:>Monitor \*

Chest tube occluded:> \_\_\_\_\_

**Chest tube site condition:>Crepitus**

Site drainage description: \_\_\_\_\_

(Next Page)

### Drains: Chest Tube

In the *Chest Tube Drain* documentation instance, the response 'Crepitus' has been added as an option for *Chest tube site condition*.

This update affects the following interventions:

Nursing	Emergency Department	Surgery
Lines/Drains/Airways	Chest Tube Treatment	SURG: Lines, Drains, Airways Pre-op
Critical Care Flow Record	Newborn Stabilization	SURG: Lines, Drains, Airways Intra-op
Skin Alteration Instance	Skin Alteration Instance	SURG: Lines, Drains, Airways PACU
		Skin Alteration Instance

## Enhanced Solution for FSER Transport Documentation



Many facilities document patient movements on the **Disposition of Interfacility Transfer** intervention, but this is not correct. A FSER to or from the Main/Parent facility transport is not considered a transfer and using this intervention risks incorrect data appearing in the EMTALA Central Log. The **FSER Transport** intervention should be used for transfers to parent facility.

“Transport Screen FSER” has been updated to **FSER Transport** and is used when a patient transports between the FSED and the Main/Parent facility.

Select the appropriate disposition:

- Arrival
- Transport

In Arrival, users are taken through the Arrival fields on the beginning page:

- Arrival from
- Date patient arrived
- Time patient arrived
- Arrived via
- EMS service

The next page of the Arrival assessment has the following fields:

- Flowsheet
- Assess pain
- Arrival comment

In Transport, users are taken through the Transport fields on the beginning page:

- Transport to
- Date patient transported
- Time patient transported
- Reason for transport
- Transport via
- EMS service

The responses for *Reason for transport* have been updated to:

- Admission
- Continuation of care
- Imaging diagnostic
- Lab diagnostic
- Free text

The next page of the Transport assessment has the following fields:

- Flowsheet
- Assess pain
- Document IV stop time in eMAR
- Transport comment

This update affects the following interventions:

Emergency Department	
FSER Arrival	FSER Transport

# Pediatric Asthma Scoring (PAS) Update

The Pediatric Asthma Scoring is not based on the most current evidence-based practice guidelines and facilities are utilizing different tools. A new Pediatric Asthma Scoring Tool has been adopted.

**Pediatric Asthma Score**

**Increased work of breathing:**

0	0-None or 1 sign	0- 0-1 sign
1	1-2 signs	1- 2 signs
2	2-3 or more signs	2- 3 or more signs

Consider retractions, accessory muscle use, and nasal flaring

Total pediatric asthma score:

1 Mental status: Normal/mildly irritable \*

2 Respiratory rate (Ages 2-3):   
 Respiratory rate (Ages 4-5):   
 Respiratory rate (Ages 6-11):   
 Respiratory rate (Age 12 or greater): 0-RR 23 or less \*

3 Room air SpO2: 1-Between 89% and 93% \*  
 Increased work of breathing:  \*  
 Auscultations:  \*  
 Dyspnea:  \*

Total pediatric asthma score:  (End)

The **Pediatric Asthma Scoring Tool** order has been updated.

All responses will be **required\*** and the tool will auto calculate a score based upon responses selected.

1 - *Mental status* is the first **required\*** field and is not part of the calculated score.

2 - **Respiratory rate** age ranges have been updated.

3 - *Retractions* has been renamed **Increased work of breathing**.

**Pediatric Asthma Score**

**Auscultations:**

0	0-Normal breath sounds	0-Normal breath sounds
1	1-Expiratory wheezing	1-Expiratory wheezing
2	2-Wheeze or dim/no breath	2-Inspiratory and expiratory wheezes OR diminished/no breath sounds

Total pediatric asthma score:

Mental status: Normal/mildly irritable \*

Respiratory rate (Ages 2-3):   
 Respiratory rate (Ages 4-5):   
 Respiratory rate (Ages 6-11):   
 Respiratory rate (Age 12 or greater): 0-RR 23 or less \*

Room air SpO2: 1-Between 89% and 93% \*  
 Increased work of breathing: 0-None or 1 sign \*  
**Auscultations:**  \*  
 Dyspnea:  \*

Total pediatric asthma score:  (End)

The response options for *Auscultation* have been updated:

- 0-Normal breath sounds
- 1-Expiratory wheezing
- 2-Wheeze or dim/no breath

The **Yellow Information Box** offers additional guidance for '2-Wheeze or dim/no breath':

2- Inspiratory and expiratory wheezes OR diminished/no breath sounds

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Asthma Score	Pediatric Asthma Score
RT PED: Asthma Score	

# Pediatric Asthma Scoring (PAS) Update – High Altitude



The **Pediatric Asthma Scoring (High Altitude)** is not based on the most current evidence-based practice guidelines and facilities are utilizing different tools. A new Pediatric Asthma Scoring Tool has been adopted.

Pediatric Asthma Score

**Increased work of breathing:**

0	0-None or 1 sign	0- 0-1 sign
1	1-2 signs	1- 2 signs
2	2-3 or more signs	2- 3 or more signs

Consider retractions, accessory muscle use, and nasal flaring

Total pediatric asthma score: 1

1 Mental status: Normal/mildly irritable \*

2 Respiratory rate (Ages 2-3):   
 Respiratory rate (Ages 4-5):   
 Respiratory rate (Ages 6-11):   
 Respiratory rate (Age 12 or greater): 0-RR 23 or less \*

3 Room air SpO2: 1-Between 89% and 93% \*  
 Increased work of breathing:  \*  
 Auscultations:  \*  
 Dyspnea:  \*

Total pediatric asthma score: 1 - Mild (End)

The **Pediatric Asthma Scoring Tool** order has been updated.

All responses will be **required\*** and the tool will auto calculate a score based upon responses selected.

1 - *Mental status* is the first **required\*** field and is **not** part of the calculated score.

2 - **Respiratory rate** age ranges have been updated.

3 - *Retractions* has been renamed **Increased work of breathing**.

The response options for *Auscultation* have been updated:

- 0-Normal breath sounds
- 1-Expiratory wheezing
- 2-Wheeze or dim/no breath

The **Yellow Information Box** offers additional guidance for '2-Wheeze or dim/no breath':

2- Inspiratory and expiratory wheezes OR diminished/no breath sounds

Ped Asthma Score (High Alt)

**Auscultations:**

0	0-Normal breath sounds	0-Normal breath sounds
1	1-Expiratory wheezing	1-Expiratory wheezing
2	2-Wheeze or dim/no breath	2-Inspiratory and expiratory wheezes OR diminished/no breath sounds

Total pediatric asthma score: 2

Mental status: Normal/mildly irritable \*

Respiratory rate (Ages 2-3):   
 Respiratory rate (Ages 4-5):   
 Respiratory rate (Ages 6-11): 0-RR 26 or less \*  
 Respiratory rate (Age 12 or greater):

Room air SpO2 (high altitude): 1-Between 85% and 90% \*  
 Increased work of breathing: 1-2 signs \*  
**Auscultations:  \***  
 Dyspnea: 0-Speaks sentences \*

Total pediatric asthma score: 2 - Mild (End)

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Asthma Score (High Altitude)	PED Asthma Score - High Alt
RT PED: Asthma Score (High Altitude)	

## Pediatric Bronchiolitis Score



This update introduces the Pediatric Bronchiolitis Scoring Tool. A total score is generated based on the patient assessment and will automatically populate Provider Pediatric documentation templates.

**Pediatric Bronchiolitis Score**

**Peds bronchiolitis score:**

Score 0: Continue to monitor

Score 1-4: Low, reassess score and suction every 4 hours

Score 5-8: Medium, reassess score and suction every 2-4 hours

Score 9 or greater: High, reassess score and suction every 2 hours

Last 5 BRONCHIOLITIS Entries (Past 7 days)

Date	Time	Total Score

Mental status: →

Respiratory rate (ages 0-2 months):  \*

Respiratory rate (ages 3-12 months):

Respiratory rate (ages 13 months-2 years):

Retractions:  \*

Dyspnea:  \*

Auscultation:  \*

Peds bronchiolitis score:

(End)

The **Pediatric bronchiolitis score** will auto-calculate based on the following fields:

- Respiratory rate
- Retractions
- Dyspnea
- Auscultation

The yellow information box provides nurses with next steps based off the bronchiolitis score with the following guide:

- **Score 0:** Continue to monitor
- **Score 1-4:** Low, reassess score and suction every 4 hours
- **Score 5-8:** Medium, reassess score and suction every 2-4 hours
- **Score 9 or greater:** High, reassess score and suction every 2 hours

This update affects the following interventions:

Nursing	Emergency Department
Pediatric Bronchiolitis Score	Pediatric Bronchiolitis Score +
RT PED Bronchiolitis Score	

## Warming/Cooling Measures - Device Water Temperature



Currently, *Device temperature setting* is listed in the documentation but implies the temperature that the machine is set at, not the current water temperature. Adding *Device water temperature* will help indicate if the patient who is temperature controlled has a fever or not.

The screenshot shows a software window titled "Warming/Cooling Measures". At the top, there is a calculator interface with buttons for digits 7-9, 4-6, 1-3, and symbols for minus, zero, and decimal. Below the calculator, the form contains several input fields: "Device temperature setting C:" (with a cursor), "Device water temperature C:" (highlighted with a red box and an arrow pointing to it from the right), "Temperature C:", "Temperature source:", "Secondary temperature C:", and "Secondary temperature source:". At the bottom, there are checkboxes for "(Prev Page)" and "(Next Page)".

### Warming/Cooling Measures +

In the *Document therapeutic hypothermia* section, Device water temperature has been added after *Device temperature setting C*.

This update affects the following interventions:

Nursing	Emergency Department
Warming/Cooling Measures +	WARMCOOL