

Nursing & EDM Modules

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.

FSER Transport

Patient: Testing, Loe - 28/F J00021638628

Date: 11/26/25 Time: 0838 User: TEDRF09782

OK Document FSER transport:
1 Arrival
2 Transport

Document FSER transport:

(End)

OK Cancel

“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

' button is at the bottom."/>

FSER Arrival

OK Arrival from:
1 2 3 4 5 6 7 8 9 0 Del
Q W E R T Y U I O P /
A S D F G H J K L
Z X C V B N M , . Lookup

Arrival from:

Date patient arrived:

Time patient arrived:

Arrived via:
EMS service:

(Next Page)

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

' button is at the bottom left, and '(End) ' is at the bottom right."/>

FSER Arrival

OK Flowsheet:
1 Yes
2 No

Flowsheet:

Assess pain:
Pain intensity:

Arrival comment:

(Prev Page) (End)

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

- Flowsheet
- Assess pain
- Arrival comment

FSER Transport

Reason for transport: [or free text]

1 Admission
 2 Continuation of care
 3 Imaging diagnostic
 4 Lab diagnostic

Transport to:

Date patient transported:
 Time patient transported:

Reason for transport:

Transport via:
 EMS service:

(Next Page)

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

FSER Transport

Transport comment: Enter free text.

Flowsheet:

Assess pain:
 Pain intensity:

Document IV stop time in eMAR:

Transport comment:

(Prev Page) (End)

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

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

Disposition-DC/TX/ADM/LPT

Patient
 Date Time User

Patient disposition:

1 ANA	7 SDC
2 Admission	8 Transfer
3 Discharge	
4 Expired	
5 LPMSE	
6 LPT	

For patient being sent to or from the affiliated Free Standing ER, do not use this Assessment. Please use the FSER Transport Assessment.

Patient disposition:

Disposition Category:

Chief Complaint:

Patient will remain injury free while patient is in restraint or seclusion:

Expected outcome of chief complaint:

Actual outcome of chief complaint:

(Next Page)

OK Cancel

Disposition-DC/TX/ADM/LPT

For *Patient disposition*, the new yellow informational box provides additional guidance:

For the patient being sent to or from the affiliated Free Standing ER, do not use this Assessment. Please use FSER Transport Assessment.

This update affects the following interventions:

Emergency Department		
Disposition-DC/TX/ADM/LPT	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
1 1-2 signs
2 2-3 or More signs

0- 0-1 sign
1- 2 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:>0-None or 1 sign *
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**.

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

Pediatric Asthma Score

Auscultations:

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

0-Normal breath sounds
1-Expiratory wheezing
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)

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

1 Increased work of breathing:

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):

2 Respiratory rate (ages 4-5):

2 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% *

3 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)

1 Auscultations:

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

Total pediatric asthma score: **2**

1 Mental status: >Normal/mildly irritable *

2 Respiratory rate (ages 2-3):

2 Respiratory rate (ages 4-5):

2 Respiratory rate (ages 6-11): >0-RR 26 or less *

Respiratory rate (age 12 or greater):

2 Room air SpO2 (high altitude): >1-Between 85% and 90% *

2 Increased work of breathing: >1-2 signs *

2 Auscultations: *

2 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	

Stroke Mechanical Thrombectomy Documentation



To gain insight into our advanced stroke centers, necessary documentation has been made **required*** to track/trend the performance and outcomes of our advanced stroke center patients.

Mechanical Thrombectomy

Angio-suite arrival date:

Calendar Del Yesterday Today Tomorrow

This is the date of the patient's arrival in the neuro-interventional angio-suite.

Angio-suite arrival date: * * *

Angio-suite arrival time: * * *

Vascular access puncture time: * * *

Retrieval device 1 type:

Retrieval device 1 deployment time:

Retrieval device 1 vessel:

(Next Page)

The **SURG: Mech Thrombectomy Intra Op** has been updated.

The following fields are now **Required***:

- Angio-suite arrival date
- Angio-suite arrival time
- Vascular access Puncture time

Mechanical Thrombectomy

Recanalization time:

7 8 9 Del
4 5 6
1 2 3
0 Now

Time of first pass of retrieval device:

Recanalization time: * * *

Pre-reperfusion mTICI time:

Pre-reperfusion mTICI score:

Post-reperfusion mTICI time: * * *

Post-reperfusion mTICI score: * * *

(Prev Page) (End)

On page 2, the following fields are now **required***:

- Recanalization Time
- Post-reperfusion mTICI time
- Post-reperfusion mTICI Score

This update affects the following interventions:

Surgery
SURG: Mech Thrombectomy Int

Nursing & Ancillary Module

Clinical Nutrition - Nutrition Related Diagnosis Update



Conflicting definitions of 'Underweight' identified in the **Nutrition Assessment** has been resolved.

Nutrition Assessment

Nutrition related diagnosis:

- 1 Mild malnutrition
- 2 Moderate malnutrition
- 3 Severe Malnutrition
- 4 Morbid obesity
- 5 Obese
- 6 Overweight
- 7 Underweight**

Nutrition monitoring:

Nutrition related diagnosis: Underweight

Nutrition diagnosis details: BMI less than 18.5

Nutrition prescription:

In the **Nutrition Assessment**, the *Nutrition diagnosis details* for an 'Underweight' has been updated to **BMI less than 18.5**.

Previously listed as *BMI less than 19.9*, this update resolves the conflict between the *Nutrition diagnosis details* and the *BMI evaluation* fields in the **Nutrition Assessment** intervention.

This update affects the following interventions:

Nursing

Nutrition Assessment +

MRI Device/Implant Checklist



The **MRI Device/Implant Checklist** was developed to provide a standardized method for MRI technologists in documenting required MRI safety investigations for patients with implanted devices.

This checklist can be accessed via the **Assessments** routine in the **Nursing** module and supports the use of newly introduced CPT codes that recognize MRI technologists' time and effort associated with implant safety investigative activities.

MRI Device/Implant Checklist

Date of MRI: (OK)

Click box to display previous implant/device information →

Date of investigation: Body part to be scanned: Information obtained from:

Document device/implant 1: Document device/implant 4: Document device/implant 2: Document device/implant 5: Document device/implant 3: Document device/implant 6:

Initial time spent in minutes: * Additional time spent in minutes: (End)

Important Notice

This newly built intervention **Must** be accessed and documented on via the Nursing module using the **Assessment** routine.

This workflow may differ from the usual Radiology Technologist process.

The **MRI Device/Implant Checklist** will display any devices/implants placed at the facility in the yellow information box.

Fields included on the checklist:

- Date of MRI
- Date of investigation
- Body part to be scanned
- Information obtained from
- Document device/implants 1-6
- Initial time spent in minutes
- Additional time spent in minutes

Note: Initial time spent in minutes is the only **required*** field upon initial documentation. Additional time spent in minutes will become available only if the user files this document as unverified and then goes back in to finish documentation.

MRI Device/Implant Checklist

Information obtained from: (or free text)

1 Family
 2 Nurse
 3 Operative note
 4 Patient
 5 Physician
 6 Scheduler

Click box to display previous implant/device information →

Date of MRI: →
 Date of investigation: →
 Body part to be scanned: →
 Information obtained from: →

The first two fields, *Date of MRI* and *Date of investigation* accepts date responses.

Body part to be scanned is a 'free text' response field.

Information obtained from has the following responses:

- Family
- Nurse
- Operative Note
- Patient
- Physician
- Scheduler
- Free text

Document device/implant 1-6 has a 'Yes' or 'No' response.

Note: The yellow information box contains previously documented data from the assessment and/or implant documentation found in the OR module within the Market. devices/implants documented in the OR Module or from previous documentation.

MRI Device/Implant Checklist

Document device/implant 1:

1 Yes
 2 No

1.SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
 2.PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN

Click box to display previous implant/device information →

Date of MRI: →
 Date of investigation: →
 Body part to be scanned: →
 Information obtained from: →

Document device/implant 1: → Document device/implant 4:
 Document device/implant 2: → Document device/implant 5:
 Document device/implant 3: → Document device/implant 6:

MRI Device/Implant Checklist

Date of MRI:

Calendar Del
 Yesterday
 Today
 Tomorrow

1.SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
 2.PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN

Click box to display previous implant/device information →

Date of MRI: →
 Date of investigation: →
 Body part to be scanned: →
 Information obtained from: Operative note
 Patient

Document device/implant 1: Document device/implant 4:
 Document device/implant 2: Document device/implant 5:
 Document device/implant 3: Document device/implant 6:

When information has been previously recorded in Device/Implant fields 1–6, a red background asterisk (*) will be shown next to the corresponding field.

MRI Safety Device/Implant 1

Device/implant 1 type:

1 Active Additional assessment will be needed if the patient has multiple devices.
 2 Passive

Click box to display previous implant/device information ->

Device/implant 1: >SCREW NUT
Device/implant 1 type:>
 Location of device/implant 1:
 Date device/implant 1 implanted: []

Name of facility that implanted device/implant 1: []
 Facility contact number device/implant 1: []

Operative report available device/implant 1: []
 Name of physician managing device/implant 1: []
 Physician contact number device/implant 1: []

(Next Page) []

When 'Yes' is entered into *Document device/implant 1*, MRI Safety Device/Implant 1 screen displays.

Device/implant 1 is a free text field.

The field *Device/implant 1 type* has an 'Active' or 'Passive' response.

Note: The yellow information box stating that additional assessments will be needed if the patient has multiple devices.

The Click box provides further details on implants, as well as how the information was obtained, e.g. a previous MRI Device/Implant assessment or the OR module.

MRI Device/Implant Checklist

Previous implant/device information.

Click box to display previous implant/device information ->

PREVIOUS IMPLANT/DEVICE INFORMATION

----- Found in Surgery -----
 1. SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
 ImpDt: 09/18/25 Manf: 3M HEALTH CARE
 2. PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN
 ImpDt: 09/18/25 Manf: DEPUY ORTHOPEDIC SYS

<End of text>

<Return>/<Esc>/<Exit> when done

Additional time spent in minutes: 91+minutes (End) []

The remaining fields on the initial page are free text:

- Location of device/implant 1
- Date device/implant 1 implanted
- Name of facility that implanted device/implant 1
- Facility contact number device/implant 1
- Operative report available device/implant 1
- Name of physician managing device/implant 1
- Physician contact number device/implant 1

MRI Safety Device/Implant 1

Location of device/implant 1:

Enter free text. 1. SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
 2. PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN

Click box to display previous implant/device information ->

Device/implant 1: >SCREW NUT
Device/implant 1 type:>Active
 Location of device/implant 1:
 Date device/implant 1 implanted: []

Name of facility that implanted device/implant 1: []
 Facility contact number device/implant 1: []

Operative report available device/implant 1: []
 Name of physician managing device/implant 1: []
 Physician contact number device/implant 1: []

(Next Page) []

MRI Safety Device/Implant 1

Model number device/implant 1:
Enter free text. Add generators, leads, etc as a separate device.
1. SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
2. PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN

Click box to display previous implant/device information ->

Model number device/implant 1:
Abandoned leads present device/implant 1:

Manufacturer name device/implant 1:
Device/implant 1 manufacturer contact number:
Manufacturer representative name device/implant 1:

(Prev Page) (Next Page)

The next screen has fields specific to the device/implant.

Model number device/implant 1 is a free text field.

Note: The yellow information box provides guidance to Add generators, leads, etc as a separate device.

MRI Safety Device/Implant 1

Abandoned leads present device/implant 1:
1. Yes 1. SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
2. No 2. PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN
3. Unknown

Click box to display previous implant/device information ->

Model number device/implant 1:
Abandoned leads present device/implant 1:

Manufacturer name device/implant 1:
Device/implant 1 manufacturer contact number:
Manufacturer representative name device/implant 1:

(Prev Page) (Next Page)

The field **Abandoned leads present device/implants 1** has the following responses:

- Yes
- No
- Unknown

MRI Safety Device/Implant 1

Manufacturer name device/implant 1:
Enter free text. 1. SCREW NUT 222.578 Site: RIGHT FOOT (1) Surg: BLACK, JOHN
2. PLATE H 1.5MM Site: SURGICAL SITE (1) Surg: BLACK, JOHN

Click box to display previous implant/device information ->

Model number device/implant 1:
Abandoned leads present device/implant 1:

Manufacturer name device/implant 1:
Device/implant 1 manufacturer contact number:
Manufacturer representative name device/implant 1:

(Prev Page) (Next Page)

The remaining fields on this screen allow free text entry:

- Manufacturer name device/implant 1
- Device/implant 1 manufacturer contact name
- Manufacturer representative name device/implant 1

MRI Safety Device/Implant 1

OK MRI compatibility of device/implant 1:

1 Conditional
2 Safe
3 Unsafe

MRI compatibility of device/implant 1:

MRI conditions to be met for implant/device 1:

MRI conditions able to be met for device/implant 1:

Reason conditions cannot be met device/implant 1:

(Prev Page) (Next Page)

The next screen has fields specific to device/implant compatibility.

MRI compatibility of device/implant 1 has the following responses:

- Conditional
- Safe
- Unsafe

MRI Safety Device/Implant 1

OK MRI conditions able to be met for device/implant 1:

1 Yes
2 No

MRI compatibility of device/implant 1:

MRI conditions to be met for device/implant 1:

MRI conditions able to be met for device/implant 1: *

Reason conditions cannot be met device/implant 1:

(Prev Page) (Next Page)

When “Conditional” is selected for *MRI compatibility of device/implant 1*, the following field becomes required:

- MRI conditions to be met for implant/device 1
- MRI conditions able to be met for device/implant 1
- Reason conditions cannot be met device/implant 1

MRI conditions able to be met for device/implant 1 is a ‘Yes’ or ‘No’ response.

MRI Safety Device/Implant 1

OK Source of conditions device/implant 1: [or free text]

1 Device manufacturer
2 Magnetvision
3 Medical device database
4 MRIsafety.com
5 MRI Verify

Source of conditions device/implant 1: *

X-Rays required prior to MRI for device/implant 1:

Specify X-rays required device/implant 1:

Patient required to bring device remote programming device/implant 1:

Date communicated to patient device/implant 1:

(Prev Page) (Next Page)

Additionally, when ‘Conditional’ is selected for *MRI compatibility of device/implant 1*, the field *Source of conditions device/implant 1* becomes available with the following responses:

- Device manufacturer
- Magnetvision
- Medical device database
- MRIsafety.com
- MRI Verify
- Free text

Note: When Safe or Unsafe are selected for *MRI compatibility of device/implant 1*, the system skips *Source of conditions device/implant 1*.

MRI Safety Device/Implant 1

X-Rays required prior to MRI for device/implant 1:

1 Yes
2 No

Source of conditions device/implant 1:

X-Rays required prior to MRI for device/implant 1: *
Specify X-rays required device/implant 1:

Patient required to bring device remote programming device/implant 1:
Date communicated to patient device/implant 1:

(Prev Page) (Next Page)

X-Rays required prior to MRI for device/implant 1 has 'Yes' or 'No' response.

Note: If 'Yes' is the response for the **X-Rays required prior to MRI for device/implant 1**, then a free text response is required for **Specify X-rays required device/implant 1**.

Patient required to bring device remote programming device/implant 1 a 'Yes' or 'No' response.

Note: If 'Yes' is the response for the **Patient required to bring device remote programming device/implant 1** field, then the **Date communicated to patient device/implant 1** will be required.

The next screen contains specific fields related to Vendor representation for the device/implant. **Vendor programming required during MRI for device/implant 1** has a 'Yes' or 'No' response.

When 'Yes' is answered, the following fields become required:

- Representative contacted device/implant 1
- Name of vendor representative device/implant 1
- Vendor contact number device/implant 1

Additional comments device/implant 1 is optional and free text.

MRI Safety Device/Implant 1

Vendor programming required during MRI for device/implant 1:

1 Yes
2 No

Vendor programming required during MRI for device/implant 1: *
Representative contacted device/implant 1:
Name of vendor representative device/implant 1:
Vendor contact number device/implant 1:

Additional comments device/implant 1:

(Prev Page) (Next Page)

MRI Safety Device/Implant 1

Cardiology order required for MRI procedure programming device/implant 1:

1 Yes 2 No

Cardiology order required for MRI procedure programming device/implant 1:
Date cardiology order requested device/implant 1:
Date cardiology order received device/implant 1:

Radiologist approval required to proceed with MRI for device/implant 1:
Name of approving physician device/implant 1:
Physician approval date device/implant 1:
Customized protocol required device/implant 1:

Cardiology order required for MRI procedure programming device/implant 1 has a 'Yes' or 'No' response.

If 'Yes' is selected, the **Date cardiology order requested device/implant 1** becomes required.

MRI Safety Device/Implant 1

Cardiology order required for MRI procedure programming device/implant 1:

1 Yes 2 No

Cardiology order required for MRI procedure programming device/implant 1:
Date cardiology order requested device/implant 1:
Date cardiology order received device/implant 1:

Radiologist approval required to proceed with MRI for device/implant 1:
Name of approving physician device/implant 1:
Physician approval date device/implant 1:
Customized protocol required device/implant 1:

Date cardiology order received device/implant 1 is conditionally required if the date has been entered for **Date cardiology order requested device/implant 1**.

Note: If the cardiology order has not been received, the assessment should be filed unverified. Once the order is received, users should return to the document and enter the date received.

MRI Safety Device/Implant 1

Radiologist approval required to proceed with MRI for device/implant 1:

1 Yes 2 No

Cardiology order required for MRI procedure programming device/implant 1:
Date cardiology order requested device/implant 1:
Date cardiology order received device/implant 1:

Radiologist approval required to proceed with MRI for device/implant 1:
Name of approving physician device/implant 1: *
Physician approval date device/implant 1: *
Customized protocol required device/implant 1:
Required protocol modification details device/implant 1:

(Prev Page) (End)

Radiologist approval required to proceed with MRI for device/implant 1 has a 'Yes' or 'No' response.

If 'Yes' is selected, the following fields are required:

- Name of approving physician device/implant 1
- Physician approval date device/implant 1

MRI Safety Device/Implant 1

Customized protocol required device/implant 1:

1 Yes 2 No

Cardiology order required for MRI procedure programming device/implant 1:
Date cardiology order requested device/implant 1:
Date cardiology order received device/implant 1:

Radiologist approval required to proceed with MRI for device/implant 1:
Name of approving physician device/implant 1:
Physician approval date device/implant 1:
Customized protocol required device/implant 1:
Required protocol modification details device/implant 1:

(Prev Page) (End)

Customized protocol required device/implant 1 has a 'Yes' or 'No' response.

When 'Yes' is selected, **Required protocol modification details device/implant 1** becomes required.

Note: The assessment can be filed unverified at any point to add additional information at any point.

Nursing, EDM & SUR Modules

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 Interpretation via video Onsite interpretation Other

Select mode(s) of services needed.

Document use of language services in Language Assistant.

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
 Aphasic expressive Non-verbal Slurred
 Aphasic receptive Phonation strong Speechless
 Cri du chat Phonation weak Word salad
 Incomprehensible sounds Repetitive
 Intubated Shriill 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**

Health History Assessment

Auxiliary aids/services: [or free text]

1 Assistive listening dev
2 Braille
3 Captioning services
4 Cochlear implant
5 Communication board
6 or <F9> For More Options

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

Blind/low vision:
Deaf/hard-of-hearing:
Vocalization:
Cognitive disability:
Auxiliary aids/services

(Prev Page)

Auxiliary aids/services: Lookup

Select

Options

1 Contacts
2 Corrective lens
3 Cueing
4 Hearing aid
5 Magnifier
6 Notetaker
7 Prosthetic eye
8 Qualified reader
9 Read lips
10 Real-time transcription
11 SAP Auditory prng
12 Telecommunications device
13 Texting device
14 TTY phone
15 White board
16 Written material

<End of list>

(Next Page)

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.

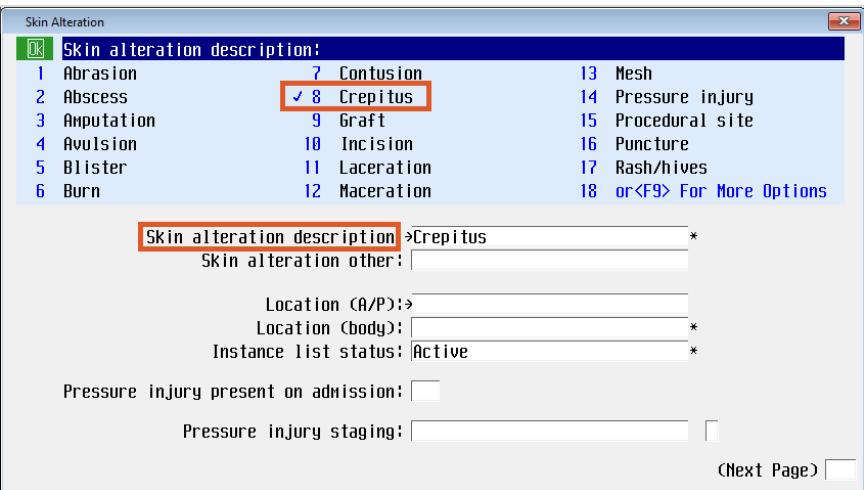
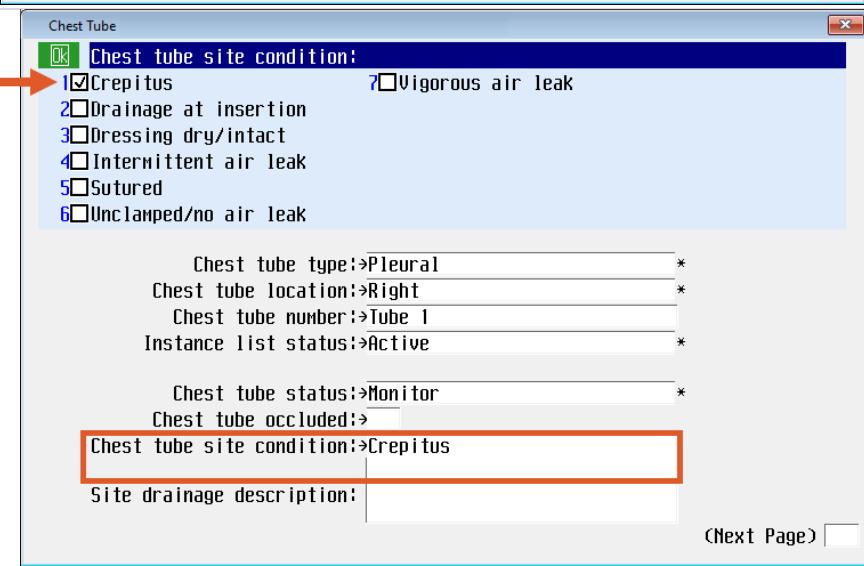
This update affects the following interventions:

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 +	Recept MOA 1st POC	SURG: Neurological Assessment Int +
Neuro Checks +		SURG: Neurological Assessment PAC +
Neonatal Intervention +		

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.

	<h3>Skin Alteration</h3> <p>In the <i>Skin alteration</i> documentation instance, the response 'Crepitus' has been added as an option for <i>Skin alteration description</i>.</p>
	<h3>Drains: Chest Tube</h3> <p>In the <i>Chest Tube Drain</i> documentation instance, the response 'Crepitus' has been added as an option for <i>Chest tube site condition</i>.</p>

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

Consult Case Management – SDOH Order Alert



In the 2024.1 MEDITECH 5.6 EHR Release, **Social Determinants of Health (SDOH)** was added to the **Health History Assessment**. A Case Management Consult order will reflex when Food, Living Situation, Safety, Transportation and/or Utility are identified as unmet. A new pop-up alert will now remind nursing what the order is for and provide instructions on how to order the consult.

Health History Assessment

Patient has instability or unmet needs related to:

1 None
 2 Food
 3 Living situation
 4 Safety
 5 Transportation
 6 or <F5> For More Options

Select all that apply if the patient is experiencing instability in any of the five social conditions which may impact their health or well-being.

Case Management will be consulted to perform additional screening and potentially identify referrals or other needed services.

Living situation:
Other living situation:

Barriers

Patient has instability or unmet needs related to:

1 Safety
 2 Transportation
 3 Living situation
 4 Food
 5 Utility

Social Determinants of Health (SDOH) Alert

*** Social Determinants of Health (SDOH) Alert ***

Patient meets the following SDOH criteria and requires a Case Management SDOH consult:

- Safety
- Transportation
- Living situation
- Food
- Utility

Please submit the automated Consult Case Management – SDOH order that will appear upon filing this intervention.

*When placing order enter:
 Admitting Provider (TEST.DR) & Order Source (Z) 'Department/Process'.

<End of text>

Upon filing the **Health History Assessment**, the **Social Determinants of Health (SDOH) Alert** will serve as a reminder to the clinician to submit a **Consult Case Management – SDOH** order when one or more of the SDOH needs are identified as unmet:

- Food
- Living Situation
- Safety
- Transportation
- Utility

Note: The alert will include guidance when placing the order to:

- Enter the Admitting Provider as the ordering provider
- Use Order Source (Z) 'Department/Process'

The clinician will be taken directly into **Order Management** where they will then add the:

- **Admitting Provider** as the ordering provider **AND**
- **Use Order Source: 'Z'** (Department/Process) to ensure the consult is properly routed.

Order Management

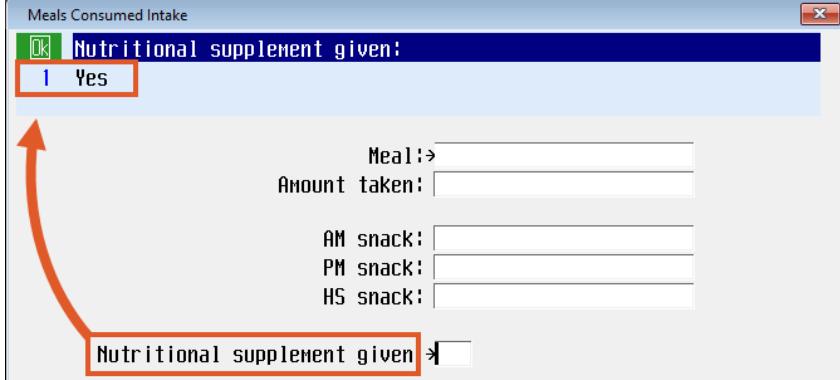
Category	Orders	Pri	Date/Time	Status	Stop	My
Admit/Transfer/NC (1)						
Order Management						
Ordering Provider	<input type="text"/>					
Other Provider	<input type="text"/>					
Order Source	<input type="text"/> Z					

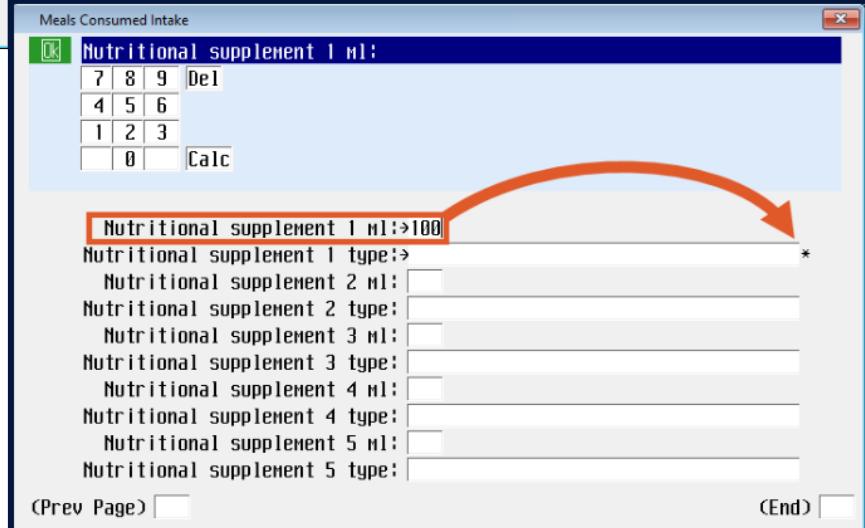
OK Cancel

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.

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

- Infant Nutrition
- Nutrition
- Meals

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

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

Note: If an *mL amount* is entered for a supplement, 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 +