

EBCD MEDITECH Content Updates – 2026.1

All Modules

Overview

This Pilot document is a high-level overview for end user education purposes about significant changes within the Nursing, ED and OR Module screens, including Behavioral Health 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.

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:

1 Interpretation via phone Select mode(s) of services needed.

2 Interpretation via video

3 Onsite interpretation Document use of language services in Language Assistant.

4 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]

1 Appropriate 7 None 13 Slurred

2 Aphasic expressive 8 Non-verbal 14 Speechless

3 Aphasic receptive 9 Phonation strong 15 Word salad

4 Cri du chat 10 Phonation weak

5 Incomprehensible sounds 11 Repetitive

6 Intubated 12 Shrill Cry

1 Blind/low vision:

2 Deaf/hard-of-hearing:

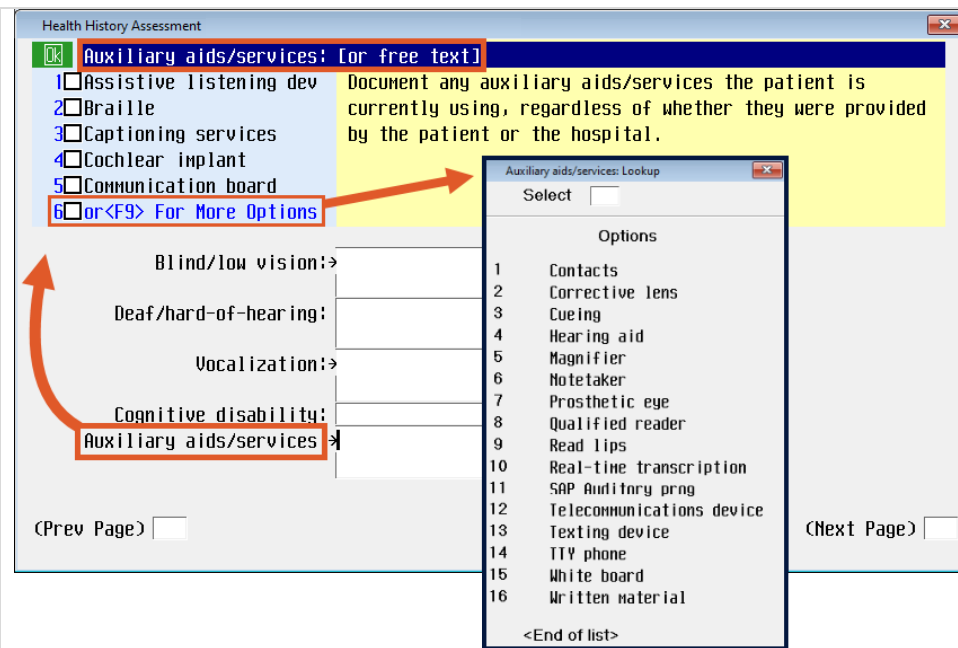
3 Vocalization:

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 +		

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.

The screenshot shows the 'Health History Assessment' window with the following options selected: Food, Living situation, Safety, Transportation, and 'or<F9> For More Options'. A yellow callout box explains: '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.'

The 'Social Determinants of Health (SDOH) Alert' dialog box displays:

*** 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

 A red callout box contains the instruction: '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>

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

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.

The screenshot shows the 'Order Management' dialog box with the following fields:

Ordering Provider: [Empty field]

Other Provider: [Empty field]

Order Source: Z

Buttons: 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.

The first screenshot shows a 'Make selection below' dialog with a 'Select' dropdown set to '2'. The list includes: 1 <-File Intake/Output/Dialysis->, 2 Intake, 3 Output, 4 Dialysis, 5 Autotransfusion, 6 Continuous Bladder Irrigation, 7 <-Exit->. An orange arrow points from '2 Intake' to the second screenshot.

The second screenshot shows a 'Make selection below' dialog with a 'Select' dropdown set to '4'. The list includes: 1 <-Finished Documenting Intake->, 2 Oral, 3 IV, 4 Infant Nutrition, 5 Nutrition, 6 Meals, 7 Procedure, 8 Non-BCTA Blood, 9 Other Intake. Orange boxes highlight '4 Infant Nutrition', '5 Nutrition', and '6 Meals'.

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 'Meals Consumed Intake' form has 'Nutritional supplement given:' set to 'Yes'. A sub-window titled 'Meals Consumed Intake' shows 'Nutritional supplement 1 ml:' with a value of '>100'. An orange arrow points from the 'Nutritional supplement given:' field to the sub-window.

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 'Nutrition Amount Intake' form has 'Tube feeding supplement given:' set to 'Yes'. A sub-window titled 'Tube Feeding Supplement' shows 'Tube feeding supplement 1 ml:' with a value of '>'. An orange arrow points from the 'Tube feeding supplement given:' field to the sub-window.

NUTRITION

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

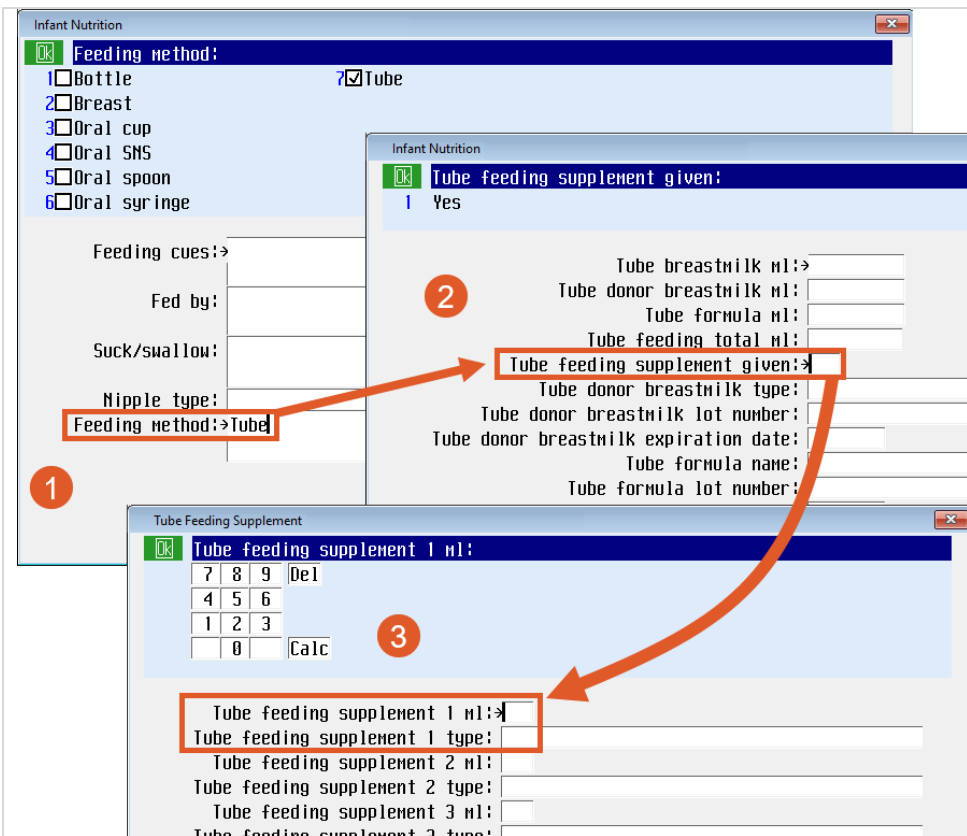
Note: If an *mL amount* is entered for any supplement entry, the corresponding supplement number field becomes a **required*** 'free-text' comment field.

INFANT NUTRITION

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 +

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	8 Crepitus	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

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 7 Underweight
- 2 Moderate malnutrition
- 3 Severe malnutrition
- 4 Morbid obesity
- 5 Obese
- 6 Overweight

Nutrition monitoring:>

Nutrition related diagnosis: Underweigh

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.

Nutrition Assessment

BMI evaluation

	Adults 20 and older:
1 Normal	Normal (18.5-24.9)
2 Obese class I	Overweight (25.0-29.9)
3 Obese class II	Obesity, class I (30.0-34.9)
4 Obese class III	Obesity, class II (35.0-39.9)
5 Overweight	Obesity, class III (Greater than 40.0)
6 Pediatric obese	
7 Underweight	Underweight (Less than 18.5)

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.

Rm/Bed	Name	Adm Dx/Reas	Iso	Ht/cm	Wt/Kg	BMI	Protocol
Location	DOB	Code	Aller	Ord	Trans	Mode	02/Dev
MRI Cx515	11/27/57	LCOE, PATIENT	+	M51.	INTER		
MRI Cx515	12/09/63	LCOE, PATIENT	No K	M47.8	SPOND	165.1 68.0	24

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 on this screen upon initial documentation.
Additional time spent in minutes is only required once the user files the initial document as unverified and then goes back in to finish documentation later.

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

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: >

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

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: SCREW NUT

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.

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 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 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)

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

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

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
2 No
3 Unknown

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

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.

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

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

Note: When Safe or Unsafe are selected for *MRI compatibility of device/implant 1*, users are skipped to the next screen, bypassing *MRI conditions to be met for implant/device 1*, *MRI conditions able to be met for device/implant 1*, and *Reason conditions cannot be met device/implant 1*.

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.

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

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)

MRI Safety Device/Implant 1

Ok 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

Ok 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)

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

Ok 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.

Critical Care

Stepdown &
ICU

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