

# 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.

2 Patients on Location N.MR		Radiology		WFD Std 04/22		
Rm/Bed	Name	Adm Dx/Reas	Iso	Ht/cm	Wt/Kg	BMI
Location	DOB	Code Aller	Ord	Trans	Mode	02/Dev US IV's
MRI Cx515	11/27/57	+asp		M51.1	INTER	
	LCOE, PATIENT					
MRI Cx515	12/09/63	No K		M47.8	SPOND	165.1 68.0 24
	LCOE, PATIENT					US

Select Assessment

**Assessment**

**MRI Device/Implant Checklist**

Teach/Educate

Vitals/Ht/ Wt/ Measurements

**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: \_\_\_\_\_

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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)

**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: \_\_\_\_\_

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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

**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:

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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:

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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:

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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:**

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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:**

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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:**

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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:

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**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**.

**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:  \*

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**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.

**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:

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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

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:  
[Text area]

(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:  
[Text area]

(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

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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:

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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

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**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>

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**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 +		

# 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. In the 'Patient has instability or unmet needs related to:' section, checkboxes for Food, Safety, Transportation, and Utility are selected. A red box highlights the note: 'Case Management will be consulted to perform additional screening and potentially identify referrals or other needed services.' A red arrow points from this note to the 'Social Determinants of Health (SDOH) Alert' window.

**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 screenshot shows the Order Management window. It has tabs for Current, All, and Session. The 'Order Management' tab is selected. The 'Ordering Provider' field is highlighted with a red box. The 'Order Source' field contains the value 'Z', with a red arrow pointing to it. Buttons for OK and Cancel are at the bottom.

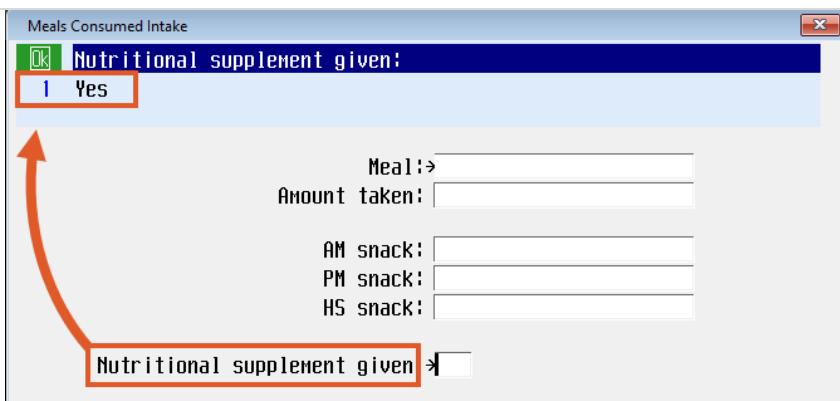
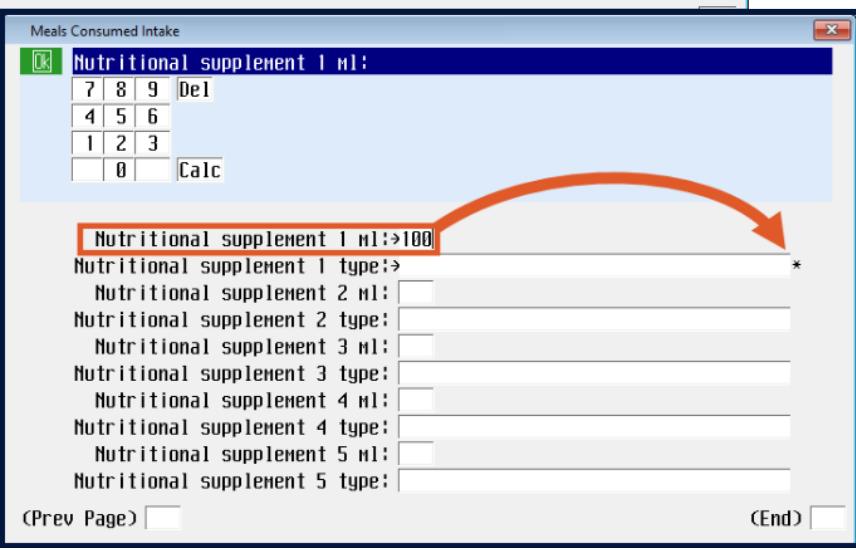
The clinician will be taken directly into **Order Management** where they will then add the:

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

# 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 +

# 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:**

**Nutrition Assessment**

**BMI evaluation:**

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

<b>Nursing</b>
Nutrition Assessment +

# 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.

ICP/Ventriculostomy

Ventricular device set at mmHg:

7	8	9	Del
4	5	6	
1	2	3	
-	0	.	Calc

Ventricular device: Bolt \*  
 Location: Parietal region left \*  
 Instance list status: Active \*

Ventricular device status: Monitor

Ventricular device set at mmHg:   
 Ventricular device set at cmH2O:

Drain status:   
 Level:

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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

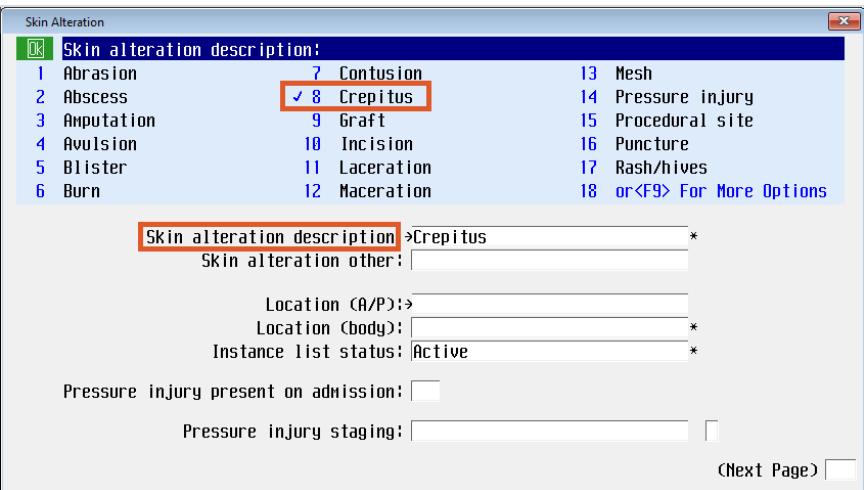
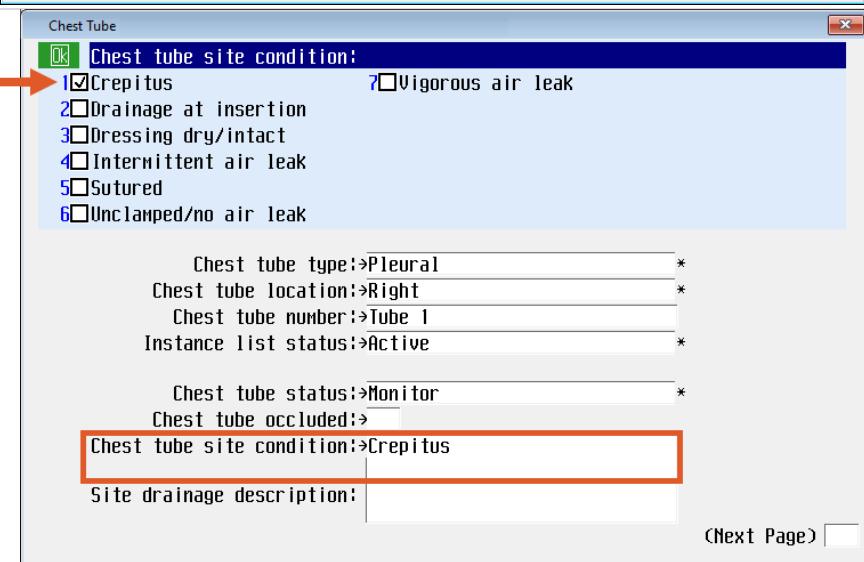
This update affects the following interventions:

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

# 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

# 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	