

## Added N-PASS as an option within Pediatric Admin Criteria v4 Screens

### N-PASS Inclusion Update

N-PASS has been added as an additional sedation goal option in the dropdown menu. While not all sites will utilize N-PASS, it is available for facilities that choose to implement it.

For the following medications included in the PED Admin Criteria, N-PASS has been added as an available option for the *Sedation Goal* dropdown:

- Dexmedetomidine
- Fentanyl
- Midazolam (Neonate)
- Propofol

### Workflow Example:

N-PASS has been added as an option for Goal: Maintain field. Use the F9 Lookup with the field blank to see all the options.

*Screen Sample of Dexmedetomidine:*

Enter/Edit Rx's Administration Criteria

Administration Criteria: Dexmedetomidine PED04

Initial rate: 0.5 \*  
Titrated by: 0.2 \*  
\*\* Maximum rate: 2.5  
For maximum rate greater than 2.5, please provide Clinical Justification  
Goal: Maintain \*

Scale: N-PASS,RASS,RAMSAY,SAS Lookup

Select	Mnemonic	Responses
1	N-PASS	N-PASS
2	RAMSAY	RAMSAY
3	RASS	RASS
4	SAS	SAS

<End of list>

OK Cancel Help

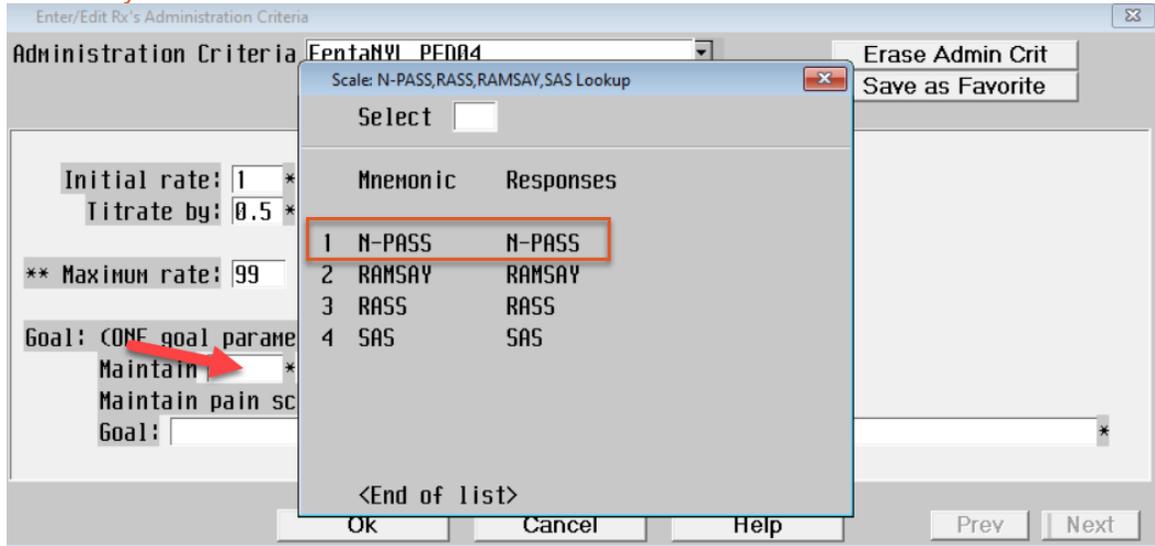
Erase Admin Crit  
Save as Favorite

mcg/kg/hr

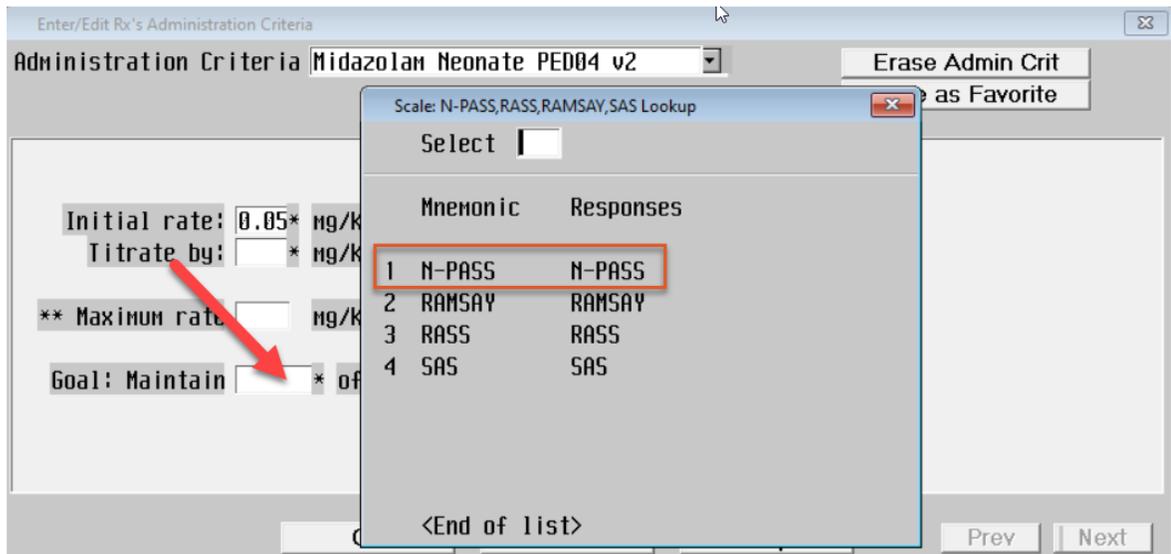
Prev Next



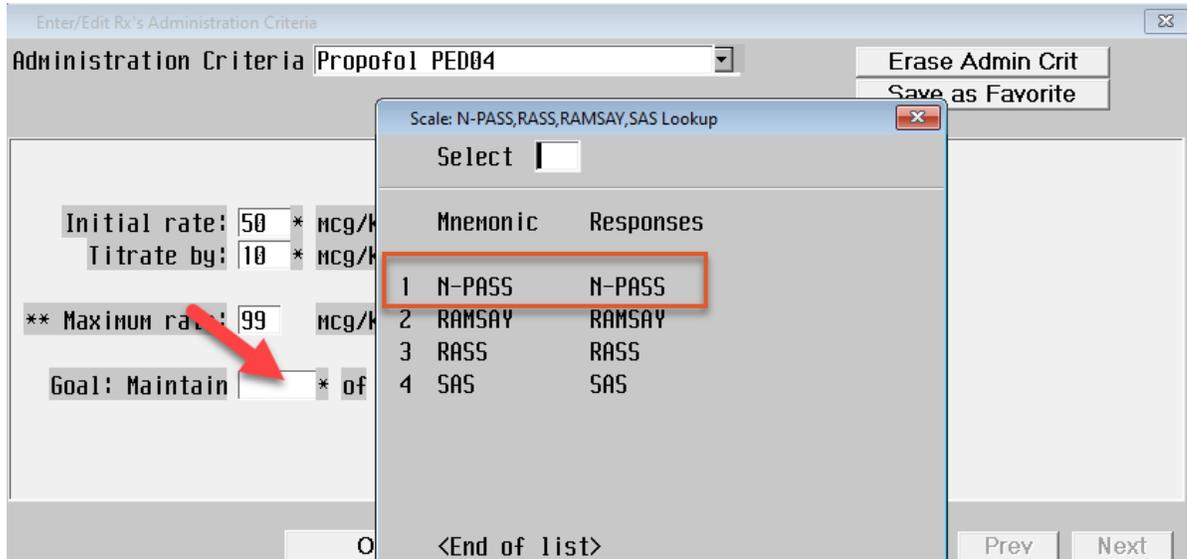
Screen Sample of Fentanyl:



Screen Sample of Midazolam (Neonate):



Screen Sample of Propofol:



# Hydromorphone Pediatric Admin Criteria

## MEDITECH PHA 5.6.7

EHR

Update

2026.1

## Hydromorphone Pediatric Admin Criteria Update

The hydromorphone dosing criteria has been updated to improve accuracy in medication calculation and documentation. These changes ensure alignment with current pediatric standards and enhance data entry consistency.

### Dosing Unit Changes

#### No Load Screens

- Previous Unit: **mcg/kg/hr**
- Updated Unit: **mg/kg/hr**

#### With Load Screen

- **Loading Dose** Field Unit Change:
- Previous Unit: mcg/kg
- Updated Unit: mg/kg
- **Initial Rate and Titrate by** Field Unit Change:
- Previous Unit: **mcg/kg/hr**
- Updated Unit: **mg/kg/hr**

## Before and After Comparisons

### Dosing unit change from mcg/kg/hr to mg/kg/hr

Screen Samples of No Load Screen – Changing units of measure from **mcg/kg/hr** to **mg/kg/hr**

Enter/Edit Rx's Administration Criteria

Administration Criteria: HYDRMORPHONE PED03

Erase Admin Crit  
Save as Favorite

Initial rate: [ ] \* mcg/kg/hr  
Titrate by: [ ] \* mcg/kg/hr every [ ] \* minutes  
Goal: (At least ONE goal parameter is REQUIRED)  
Maintain pain score less than  
Goal: [ ]

Enter/Edit Rx's Administration Criteria

Administration Criteria: HYDRMORPHONE PED04 mg

Erase Admin Crit  
Save as Favorite

New Unit Change: mg/kg/hr

Initial rate: [ ] \* mg/kg/hr  
Titrate by: [ ] \* mg/kg/hr every [ ] \* minutes  
Goal: (ONE goal parameter is REQUIRED)  
Maintain pain score less than or equal to [ ] \* out of [ ] \*  
Goal: [ ]

Ok Cancel Help Prev Next

Screen Sample of New Pediatric Hyd.



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Enter/Edit Rx's Administration Criteria

Administration Criteria: HYDROMORPHONE w Load PED04 mg

Erase Admin Crit  
Save as Favorite

Loading dose: [ ] mg/kg once over [ ] minute(s) (Maximum loading dose: [ ] mg)

Initial rate: [ ] \* mg/kg/hr  
Titrate by: [ ] \* mg/kg/hr every [ ] \*minutes

Goal: (ONE goal parameter is REQUIRED)  
Maintain pain score less than or equal to [ ] \* out of [ ] \*  
Goal: [ ] \*

Ok Cancel Help Prev Next

**New unit Change: mg/kg**

**New Unit Change: mg/kg/hr**

# Fluroquinolone-UTI alert

## MEDITECH PHA 5.6.7

EHR

Update

2026.1

## Fluroquinolone-UTI alert

Fluroquinolones (FQs) are not first-line therapy for urinary tract infections (UTI) due to significant side effects. These rules introduce alerts to users who select one of two UTI indications from the antibiotic indication (ABXI) screen when entering a FQ order.

The CPOE alert has yes/no buttons and can be bypassed if the provider determines the benefits outweigh the risks.

If an order is entered in Pharmacy, they will receive the same alert at FILE. Users will not see any alerts when verifying orders.

This rule is current for the MEDITECH MAGIC 5.6.7 or later release.

## Workflow Examples

### Provider Workflow

The provider will select a medication order string from the type-ahead lookup:

#### Screen Sample – OE order strings



The screenshot shows a window titled "Strings for location: J.PHA" with a search bar containing "Ciprofloxacin FQ ALERT TESTING (Cipro FQ ALERT TESTING)" and "PD". Below the search bar are buttons for "Add to Favorites", "Monograph", and "Show All Locations". The main area displays a table with columns: Dose, Directions, PRN, Start, Stop, Inst, Admin Criteria, Taper, and Pending. The first row shows: 500, MG, BID, N, 10/20 1145, and empty fields for Inst, Admin Criteria, Taper, and Pending.

Dose	Directions	PRN	Start	Stop	Inst	Admin Criteria	Taper	Pending
500	MG	BID	N	10/20 1145				

After selecting a string and clicking the **<Done>** button, the provider will be presented with the Antibiotic Indication Screen:



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Screen Sample - Antibiotic Indication Screen

ABX 4a Gram Negative - POM J00021336189 PETERSON, TEST

**Rx Indication:**

- Abdominal/Peritoneal Infection
- Bloodstream Infection
- Bone and Joint Infection
- Cardiovascular Infection
- Clostridioides difficile Infection
- CNS Infection
- COPD Exacerbation
- Diarrheal/Gastroenteritis Infection
- Empiric (UNKNOWN Source)
- Neutropenic Fever
- OB/GYN Infection
- OB/GYN Prophylaxis
- Oral/ENT Infection
- Pneumonia-Aspiration
- Pneumonia-Community Acquired
- Pneumonia-Hospital/Ventilator Acqd
- Prophylaxis-Non-Surgical
- Prophylaxis-Surgical
- Sepsis
- Skin & Soft Tissue Infection
- **UTI-Cystitis**
- **UTI-Pyelonephritis/Complicated**
- Other

Gram-negative bacteria have increased resistance to fluoroquinolones.  
Avoid empiric use in regions greater than/equal to 10% E.coli resistance.

Rx: Cipro 500 MG PO BID SCH ⓘ  
Rx Indication: \*  
Other Rx Indication: \*  
Rx Duration in Days: \* Rx Duration in Doses: \* (End)

If the provider selects one of the two highlighted UTI indications, after completing the required fields on the screen and closing it they will receive one of the following alerts based off the indication selected:

UTI – Cystitis:  
Screen Sample – Provider FQ UTI Alert

FQ UTI Alert POM DOSE v1

Fluoroquinolones may cause potential permanent and disabling side effects and are not recommended first-line agents for treatment of this indication.

Recommended first-line treatments are (choose one):

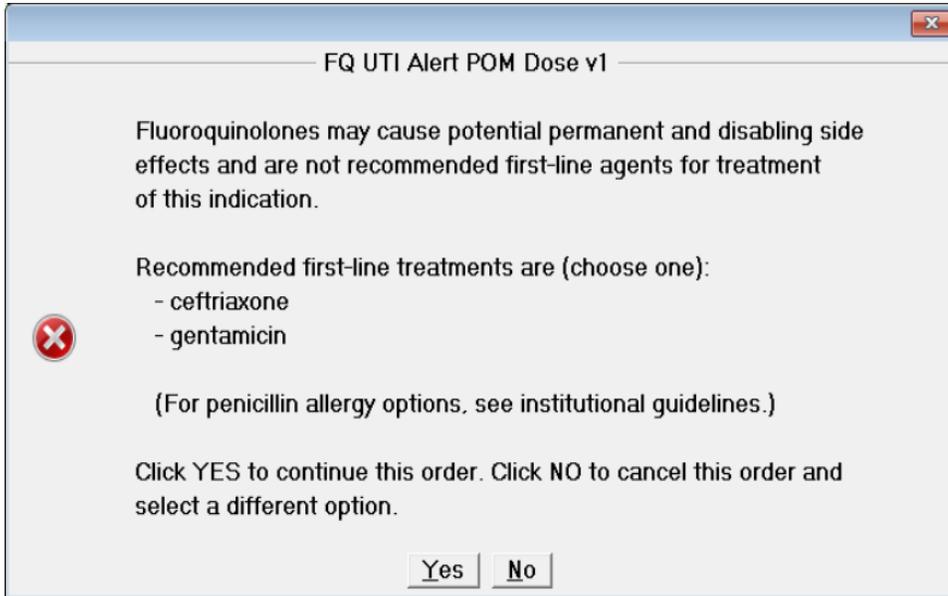
- ceftriaxone
- single-dose aminoglycoside (e.g. gentamicin)
- If documented sensitivity: nitrofurantoin (cystitis only) or TMP/SMX

For options based on local susceptibilities and allergies, see institutional guidelines or contact pharmacy.

Click YES to continue this order. Click NO to cancel this order and select a different option.

Yes No

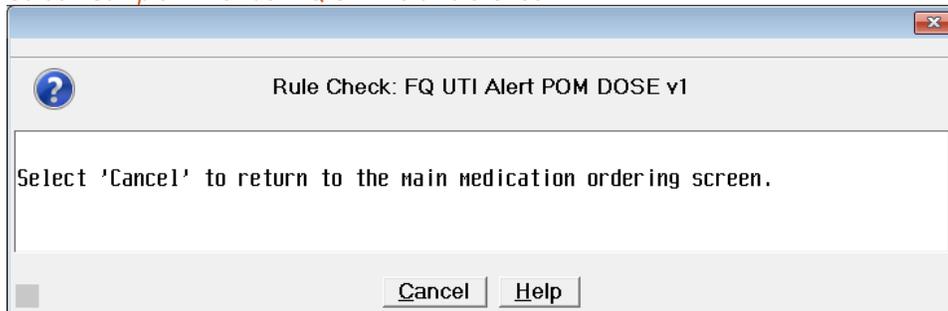
*UTI – Pyelonephritis/Complicated:  
Screen Sample – Provider FQ UTI Alert*



If the provider wishes to proceed with the FQ order for the UTI indication, they will select the **<Yes>** button which completes the rule and can proceed with submitting the order.

If the provider no longer wishes to proceed with the FQ order, they will select the **<No>** button which pops a Rule Check screen with a cancel button to complete the cancellation of the order:

*Screen Sample – Provider FQ UTI Alert Rule Check*



If the provider proceeds with submitting an order after encountering the alert, it will be tracked in the audit trail:

Screen Sample – Audit trail for CPOE order

```
10/27/25 1005 - Rules At Entry by DOCHMM Eff: 10/27/25 1005
CIPR500S: HCA.FQUOE1
CIPR500S: RULE: HCA.FQUOE1
CIPR500S: Fluoroquinolones may cause potential permanent and disabling
side
CIPR500S: effects and are not recommended first-line agents for treatment
CIPR500S: of this indication.
CIPR500S:
CIPR500S: Recommended first-line treatments are (choose one):
CIPR500S: - ceftriaxone
CIPR500S: - single-dose aminoglycoside (e.g. gentamicin)
CIPR500S: - If documented sensitivity: nitrofurantoin (cystitis only)
or TMP/SMX
CIPR500S:
CIPR500S: For options based on local susceptibilities and allergies, see
CIPR500S: institutional guidelines or contact pharmacy.
CIPR500S:
CIPR500S: Click YES to continue this order. Click NO to cancel this order
and
CIPR500S: select a different option.
CIPR500S: User: DOCHMM
CIPR500S: Yes
```

## Pharmacy Workflow

There are no alerts seen during verification of an order.

## PHA Order Entry

If the pharmacist selects either of the two UTI indications while entering an order in the Pharmacy module, the system will generate the appropriate UTI alert.

Screen Sample – PHA Order Entry Antibiotic Indication Screen

The screenshot shows a software interface for entering antibiotic orders. At the top, there are fields for 'Dispense', 'Inventory', and 'Charge Type'. Below these is a section for 'Edit Label Comments?' and 'Edit Drug Rx Queries'. The 'Rx Indication' field is highlighted with a red arrow. An 'Indications Gram Negative Lookup' dialog box is open, displaying a table of mnemonics and responses. The second and third rows are highlighted in yellow.

Mnemonic	Responses
1 SKIN.INFXN	Skin & Soft Tissue Infxn
2 UTI.COMPLI	UTI-Pyelo/Complicated
3 UTI.CVST	UTI-Cystitis

An alert will be displayed at FILE:

*UTI – Cystitis:  
Screen Sample – PHA FQ UTI Alert*

FQ UTI Alert PHA File v1

 **Fluoroquinolones may cause potential permanent and disabling side effects and are not recommended first-line agents for treatment of this indication.**

**Recommended first-line treatments are (choose one):**

- ceftriaxone
- single-dose aminoglycoside (e.g. gentamicin)
- If documented sensitivity: nitrofurantoin (cystitis only) or TMP/SMX

**For options based on local susceptibilities and allergies, see institutional guidelines or contact pharmacy.**

**Select YES to continue this order. Select NO to return to order entry.**

*UTI – Pyelonephritis/Complicated:  
Screen Sample – PHA FQ UTI Alert*

FQ UTI Alert PHA File v1

 **Fluoroquinolones may cause potential permanent and disabling side effects and are not recommended first-line agents for treatment of this indication.**

**Recommended first-line treatments are (choose one):**

- ceftriaxone
- gentamicin

**(For penicillin allergy options, see institutional guidelines.)**

**Select YES to continue this order. Select NO to return to order entry.**

If the pharmacist wishes to proceed with filing the order, they will select the <Yes> button which completes the rule and allows filing the order.

If the pharmacist wishes to discard the order, they will select the <No> button which will return them to order entry of this order where they can exit and not enter the order.

**NOTE:** If the pharmacist proceeds with entering the order after encountering the alert, it will be recorded in the Audit Trail:

*Screen Sample – Audit Trail for PHA order*

```
10/27/25 1004 - Rules At Entry                               by
                                                           Eff: 10/27/25 1004
CIPR500S: HCA.FQRX1
CIPR500S: RULE: HCA.FQRX1
CIPR500S: Fluoroquinolones may cause potential permanent and disabling
CIPR500S: side
CIPR500S: effects and are not recommended first-line agents for treatment
CIPR500S: of
CIPR500S: this indication.
CIPR500S:
CIPR500S: Recommended first-line treatments are (choose one):
CIPR500S:   - ceftriaxone
CIPR500S:   - single-dose aminoglycoside (e.g. gentamicin)
CIPR500S:   - If documented sensitivity: nitrofurantoin (cystitis only)
CIPR500S: or TMP/SMX
CIPR500S:
CIPR500S: For options based on local susceptibilities and allergies, see
CIPR500S: institutional guidelines or contact pharmacy.
CIPR500S:
CIPR500S: Select YES to continue this order. Select NO to return to order
CIPR500S: entry.
CIPR500S: User:
CIPR500S: Yes
```

# Epoetin Rules and Screens

## MEDITECH PHA 5.6.7

EHR

Update

2026.1

## Epoetin Rules and Screens

Rules and screens have been developed to ensure a patient's hemoglobin (Hgb) and blood pressure (BP) are within appropriate limits when epoetin alfa is ordered and administered.

This is achieved by:

- A POM-facing rule that will call an outside-labs screen, if applicable, in addition to an indication screen where a provider will select an indication for the order and then be prompted to enter BP hold parameters, as well as review Hgb hold parameters based on the indication selected.
- A PHA-facing rule that will display POM-alert(s) with override reason(s), if applicable, to the pharmacist for order verification; and that will direct the pharmacist to OM for new order entry.
- A PHA screen will live in the query field of the order and will house the information entered via OM/CPOE.
- An eMAR Admin screen will pop for nursing, on documentation of the medication, and will house the administration parameters for the nurse to review prior to administration.

The project is current for the MEDITECH 5.6.7 or later release.



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# Workflow Examples

## Provider Workflow

The provider will select a medication order string from the type-ahead lookup:

Strings for location: J.PHA

Epoetin Alfa (Epoen)  
SUBQ

Add to Favorites  
Monograph  
Show All Locations

Dose: [ ] Directions: [ ] PRN: [N] Start: [01/08 1225] Stop: [ ]

Inst: [ ] Admin Criteria: [ ] Taper: [ ] Pending: [N]

10,000 U ASDIR  
\*\* EPOETIN PROJECT TESTING \*\*

After a string is selected, the rule will look for the most recent Hgb value resulted on the patient within the last 7 days, across admissions,

- If a result is found, and is less than 10, the [indication screen](#) will pop for the provider.
- If the most recent Hgb value is greater than or equal to 10, or if no result is found, the provider will receive an additional alert prior to the indication screen.

### Hgb Result Greater than or Equal to 10

If the most recent Hgb resulted on the patient is greater than or equal to 10 g/dL, the provider will receive the following alert:

Rule Check: Epoetin Indications - POM

\*\*\* PROVIDER PROMPT \*\*\*

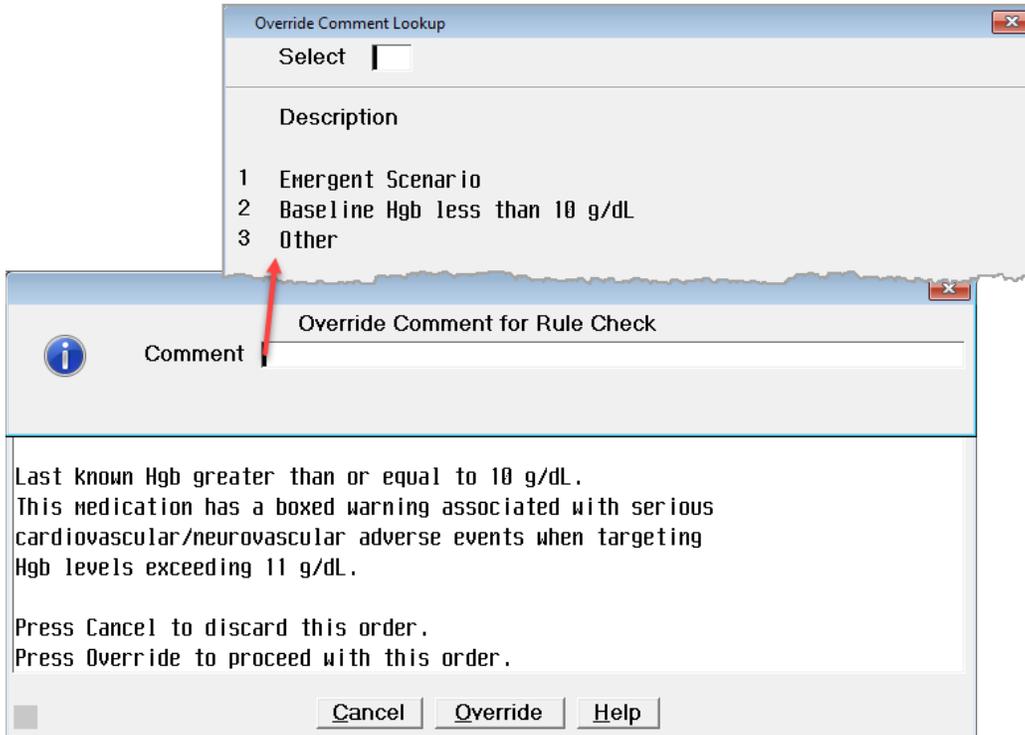
Last known Hgb greater than or equal to 10 g/dL.  
This medication has a boxed warning associated with serious cardiovascular/neurovascular adverse events when targeting Hgb levels exceeding 11 g/dL.

Press Cancel to discard this order.  
Press Override to proceed with this order.

Cancel Override Help

- **Cancel** will cancel the order and return the user to the main medication ordering screen.

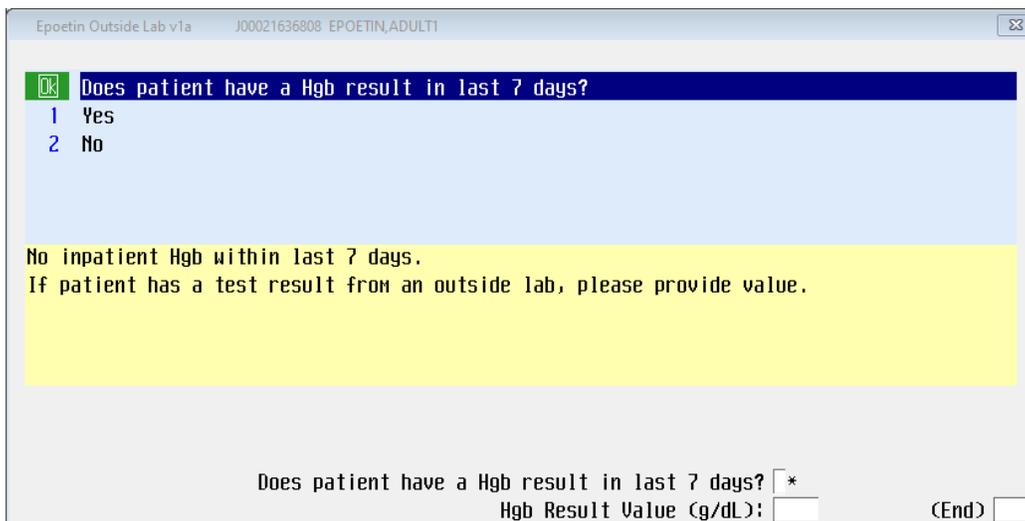
- **Override** will pop the Override Comment field where the user can either free-text a response or do a <F9> lookup. Once an Override Comment is entered, the ordering provider will be taken to the [indication screen](#).



## No Recent Hgb Result

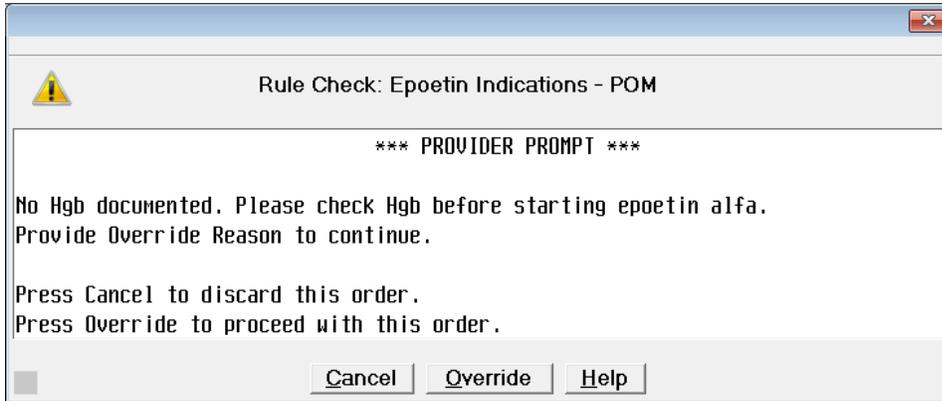
If the patient does not have a Hgb value resulted within the last 7 days, the ordering provider will be given the opportunity to input any known result into the Outside Lab screen.

Screen Sample – Outside Lab screen

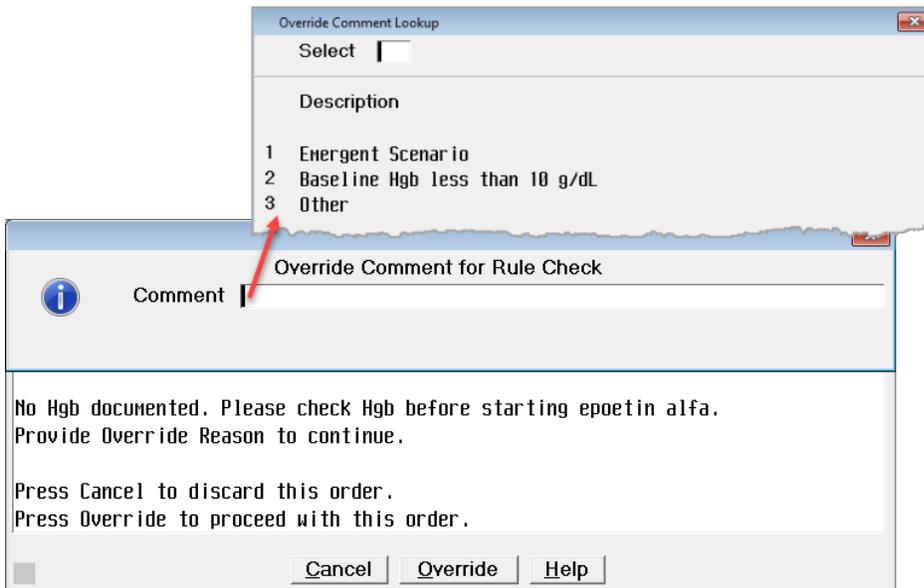


- **No** will pop a Rule Check alert where the provider can choose to Cancel or Override

Screen Sample- Rule Check



- **Cancel** will cancel the order and return the user to the main medication ordering screen.
- **Override** will pop the Override Comment field where the user can either free-text a response or do a <F9> lookup. Once an Override Comment is entered, the ordering provider will be taken to the [indication screen](#).



- **Yes** will advance the cursor to the next query and allow the provider to fill in a value.

Screen Sample – Outside Lab screen

- If the value entered is less than 10, the [indication screen](#) will pop for the provider.
- If the value entered is greater than or equal to 10, the provider will receive the same Rule Check alert outlined in the [“Hgb Result Greater than or Equal to 10” section](#) where they can choose to Cancel or Override.

## Indication Screen

If a Hgb value is present and within normal limits, or if the ordering provider has opted to Override either of the previously outlined Rule Check alerts, they will be presented with a screen to select an indication.

Screen Sample – Indication Screen

The **Hgb (g/dL)**, **BP**, and **Rx** fields are “display-only” and cannot be edited.

- **Hgb (g/dL)** will populate with the most recent lab value within the last 7 days, along with the date it was resulted. If the provider filled in a value on the Outside Lab screen, it will NOT populate or be available to view on this screen.
- **BP** will populate with the most recent Blood Pressure documented within the last 24 hours. This field pulls data from the Nursing Vitals Assessment.

If there is no Hgb or BP found in the specified timeframe the respective field will populate with “Not Available”.

The **Rx Indication** and **BP hold parameter** fields are required.

- If Other is selected as the Rx Indication, the “Other Rx Indication” field requires a free-text entry.

Once an indication is selected, the provider is prompted to enter BP hold parameters.

- The **SBP** will pre-populate with a value of 160 but is editable.

Screen Sample – SBP Hold Parameter

Epoetin Indications - POM J00021636819 EPOETIN,ADULT2

Check BP and hold dose if SBP greater than (mmHg):

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

Epoetin alfa is contraindicated in patients with uncontrolled hypertension.  
Blood pressure threshold of 160/90 mmHg recommendation is based on expert opinion and limited data.

Hgb (g/dL): 8.6 on 01/23/26 BP: 117/78 on 01/23/26 at 1346  
Rx: EPOGEN 10000 U SUBQ ASDIR SCH  
Rx Indication: Blood Transfusion Risk \*  
Other Rx Indication:

Check BP and hold dose if SBP greater than (mmHg): 160\*  
Check BP and hold dose if DBP greater than (mmHg): \* (End)

The **DBP** will pre-populate with a value of 90 but is editable.

*Screen Sample - DBP Hold Parameter*

Epoetin Indications - POM J00021636819 EPOETIN,ADULT2

Check BP and hold dose if DBP greater than (mmHg):

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

Epoetin alfa is contraindicated in patients with uncontrolled hypertension.

Blood pressure threshold of 160/90 mmHg recommendation is based on expert opinion and limited data.

Hgb (g/dL): 8.6 on 01/23/26 BP: 117/78 on 01/23/26 at 1346  
Rx: EPOGEN 10000 U SUBQ ASDIR SCH  
Rx Indication: Blood Transfusion Risk \*  
Other Rx Indication:  
Check BP and hold dose if SBP greater than (mmHg): 160\*  
Check BP and hold dose if DBP greater than (mmHg): 90 \* (End)

Once an indication is selected and the BP hold parameters are filled in the provider will receive a final Rule Check alert outlining when they may be contacted to hold an administration.

*Screen Sample – Rule Check*

Rule Check: Epoetin Indications - POM

Indication selected: Blood Transfusion Risk

Hold administration and contact provider if any of the following:

- Hgb is less than: 10 g/dL or greater than: 13 g/dL
- SBP is greater than: 160
- DBP is greater than: 90

Click Close to proceed with this order.

This alert is based on the indication selected and the individual BP hold parameters entered by the provider on the Indication screen.

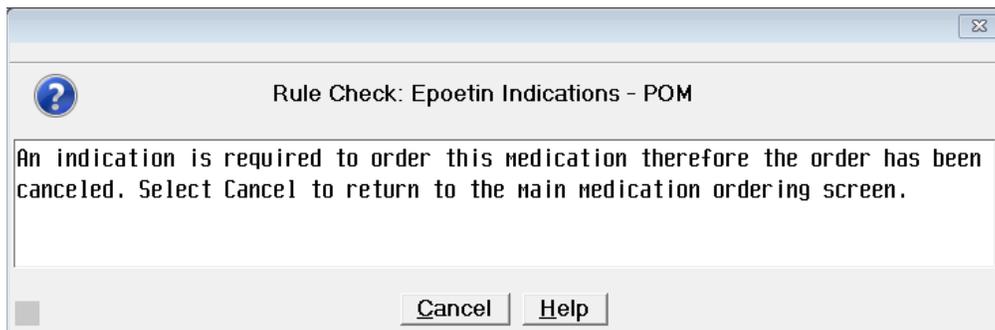
Indication	Hgb hold parameter
CKD on Dialysis	Greater than 11 g/dL
CKD Not on Dialysis	Greater than 10 g/dL
Non-myeloid Malignancy	Greater than 10 g/dL
Myelodysplastic Syndrome	Greater than 10 g/dL
Zidovudine Tx for HIV	Greater than 10 g/dL
Blood Transfusion Risk	Less than 10 g/dL or greater than 13 g/dL
Other	Greater than 10 g/dL

The provider will review and click Close to proceed.

Any alert and associated Override Comment, if applicable, will be logged to the audit trail for the medication order and will be viewable in the Print Order.

At any point during the ordering process, if the provider chooses to exit the Outside Lab screen or the Indication Screen using <F11>, closure through <X> or <Esc> key, they will receive the following Rule Check alert.

*Screen Sample – Cancel Rule Check*



Clicking Cancel will take the provider back to the main medication ordering field.

# Pharmacist Workflow

## Order Verification

As the pharmacist processes through order verification, a Y/N alert will fire for the pharmacist at the DOSE field. The alert details the indication selected by the ordering provider, as well as any prompts that the provider received and associated Override Comment(s), if applicable.

*Screen Sample – Indication and Hold Parameters Only*

Epoetin Alert

 **Indication selected by provider:**  
CKD on Dialysis

**Prompt presented to provider:**  
Hold administration and contact provider if any of the following:

- Hgb is greater than: 11 g/dL
- SBP is greater than: 160
- DBP is greater than: 90

Have you reviewed the above information?

*Screen Sample – Alert Plus Override*

Epoetin Alert

 **Indication selected by provider:**  
Blood Transfusion Risk

**Prompt presented to provider:**  
Last known Hgb greater than or equal to 10 g/dL.  
This medication has a boxed warning associated with serious cardiovascular/neurovascular adverse events when targeting Hgb levels exceeding 11 g/dL.

**Override Comment:**  
Baseline Hgb less than 10 g/dL

**Hold administration and contact provider if any of the following:**

- Hgb is less than: 10 g/dL or greater than: 13 g/dL
- SBP is greater than: 160
- DBP is greater than: 90

Have you reviewed the above information?

Clicking either Yes or No will allow the pharmacist to proceed with order verification, and the response will be logged in the Audit Trail of the Print Order.

At any point during verification, the pharmacist can access the Query field on the order to see what was entered by the ordering provider.

Screen Sample – Query Field (Order Entry CDS)

Does patient have a Hgb result in last 7 days?

Hgb Result Value (g/dL):

Hgb (g/dL): 10.2 on 01/05/26      BP: 117/78 on 01/08/26 at 1325

Rx Indication: Blood Transfusion Risk

Other Rx Indication:

Check BP and hold dose if SBP greater than (mmHg): 160

Check BP and hold dose if DBP greater than (mmHg): 90

(End)

## Order Entry

After the pharmacist selects a drug mnemonic, a hard-stop alert will fire directing them to Order Entry through OM.

Screen Sample – Hard Stop at MED

Epoetin Alert

 In order to ensure appropriate screening, this medication requires order entry through OM with provider-selected parameters.

They must click Ok, then select <F10> to clear the med mnemonic field before they can back out of the order entry screen.

## Nurse Workflow

As the nurse documents on the medication order, the eMAR Admin screen will pop:

Screen Sample – MAR Admin screen

Administration Queries

\*\*\* Administration parameters \*\*\*

Hold dose and contact provider if any of the following:

Hgb is greater than (g/dL): 11

Hgb is less than (g/dL):

SBP is greater than (mmHg): 160

DBP is greater than (mmHg): 90

Most recent Hgb (g/dL): 9.8 on 01/09/26

All queries are display-only and for informational purposes.

- All the hold parameters populate based on what was entered by the ordering provider.
- The most recent Hgb, from within the last 7 days, will populate the last field.

After reviewing the alert, the nurse can proceed with medication documentation.

# Dispensing Machine Audit Report (DMAR)

## MEDITECH 5.6.7 PHA Update

EHR

Update

2026.1

## Dispensing Machine Audit Report (DMAR) Update for 2026.1 Release

The Dispensing Machine Audit Report is intended to help reconcile medications removed from an automated dispensing cabinet and to verify they were administered to a patient.

This report serves as a medication safety tool, lost charge reconciliation tool, and a medication diversion deterrent.

### Workflow Examples:

The output for when the report returns no records has been updated to include run information and to better align with the report output when records are found.

- If the report is run with valid dates and times (i.e., the run parameters are within the NMI purge parameter window), but there are no dispense/administration events that match the run parameters provided, the output will show “No records found” but will also display a header that shows the Run Parameters used, as well as the Run Date, Run Time, and Run User.

#### Screen Sample -No records found.

```

RUN DATE: 11/20/25
RUN TIME: 1531
RUN USER:

```

KVA QAI PHA \*\*TEST\*\*  
Dispensing Machine Audit (Version 2026)

---

Locations: ALL    Users: ALL    From Date: 11/18/25 Time: 0000 Thru Date: 11/20/25 Time: 2359    All Dispenses:Y    Controlled:C    Medications: ALL    Print Audit History:Y

---

No records found.

Report Name: PHA.RX.scus.hca.disp.machine.audit.0081.v2026.1

- If the report is run with any date parameter outside of the NMI purge parameter window, and therefore the HL7 messages have already been purged from MEDITECH, the output will show “Date Range entered is beyond first available Dispensing Machine dispense date: mm/dd/yy”. The report will also display a header that shows the Run Parameters used, as well as the Run Date, Run Time, and Run User.



Screen Sample – Date Range entered is beyond first available Dispensing Machine dispense date

RUN DATE: 11/19/25  
RUN TIME: 0938  
RUN USER: [REDACTED]

KYA QAI PHA \*\*TEST\*\*  
Dispensing Machine Audit (Version 2026)

Locations: ALL Users: ALL From Date: 10/19/25 Time: 0000 Thru Date: 10/19/25 Time: 2359 All Dispenses:Y Controlled:C Medications: ALL Print Audit History:Y

Date Range entered is beyond first available Dispensing Machine dispense date: 11/04/25

No records found

Report Name: PHA.RX.zcus.hca.disp.machine.audit.0081.v2026.1

# Cervidil® Screens and Rules

## MEDITECH PHA 5.6.7

EHR

Update

2026.1

## Cervidil® Screens and Rules

HCA Healthcare has developed screens and rules to assist in ordering efforts of the cervical ripening agent Cervidil® (generic name dinoprostone).

A POM-facing rule will require providers to select criteria for use of Cervidil® and to attest that a checklist of items have been documented in the chart to support this selection.

During order verification, the PHA-facing rule will display the criteria selected, the alerts shown to the provider, and the provider's responses to any queries.

During pharmacy order entry, the PHA-facing rule will require the pharmacist to select criteria for use. The provider attestation will NOT be captured during PHA order entry.

This project is current for MEDITECH 5.6.7 or later release.

## Workflow Examples

### Provider Workflow

The provider will select a medication order string from the type-ahead lookup:

*Screen Sample*

Strings for location: J.PHP

Dinoprostone (Cervidil Supp)  
VAGINAL

Add to Favorites  
Monograph  
Show All Locations

Dose	Directions	PRN	Start	Stop
<input type="text"/>				

Inst	Admin Criteria	Taper	Pending
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10      MG      Q12H

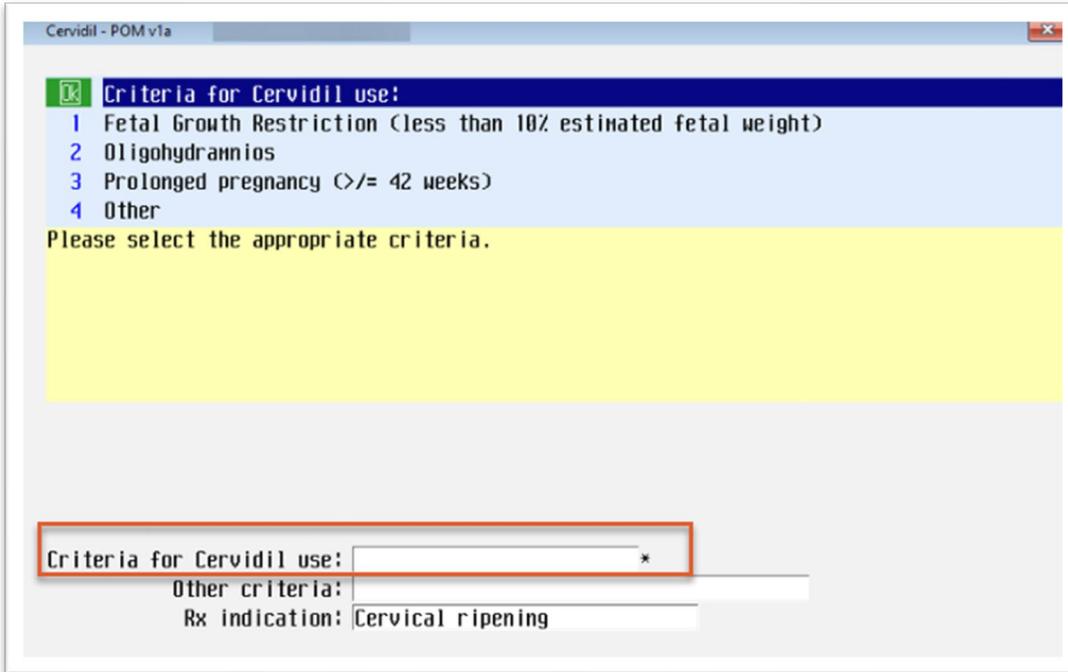


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After a string is selected, the rule will display the POM screen, and a criteria selection will be required.

*Screen Sample- hcarx.CERVPv1a Page 1*



NOTE: The "Rx indication:" query will auto-populate with "Cervical ripening" and will not be accessible or editable.

**Criteria Selection (Non-Other)**

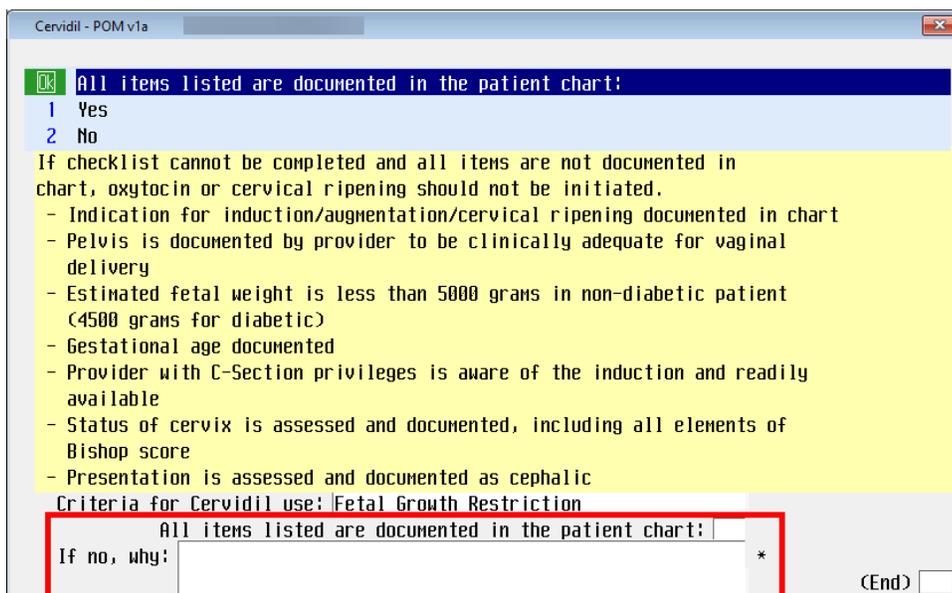
Once the user selects a criterion (from either the Point-n-Click screen or <F9> lookup), they will be presented with page 2 of the POM screen.

On page 2, the checklist attestation ("All items listed..." query) is required.

Answering query with Yes will complete the screen.

Answering this query with No will require a free-text entry in the "If no, why:" query.

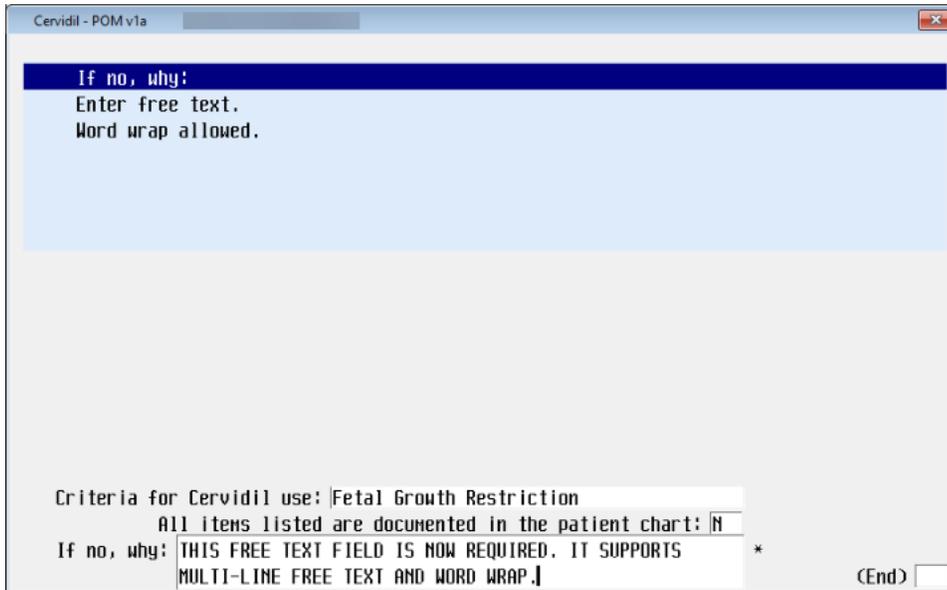
*Screen Sample – hcarx.CERVPv1a Page 2*



2

Once all required queries are completed, the provider may submit the order.

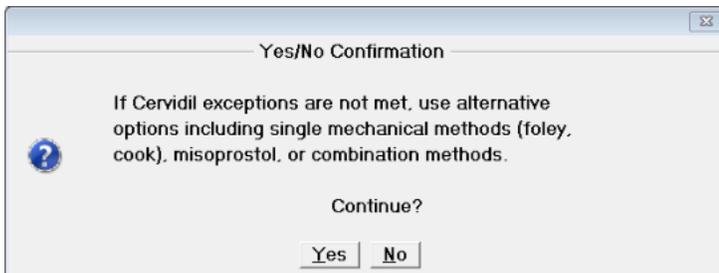
Screen Sample – hcarx.CERVPv1a Page 2 Free Text



### Criteria Selection (“Other”)

If Other is selected for the criteria, the following Yes/No confirmation will display.

Screen Sample- Yes/No Confirmation



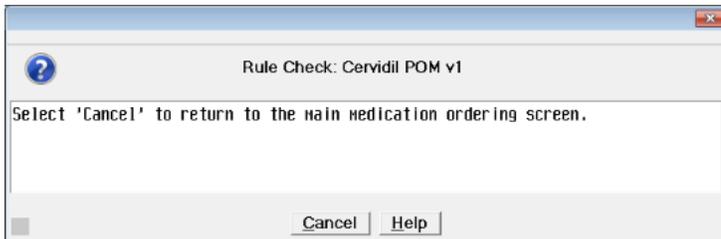
**No** will display the following Message, then the Rule Check screen and allow the user to cancel the order.

*Screen Sample – Continue to Cancel Message*



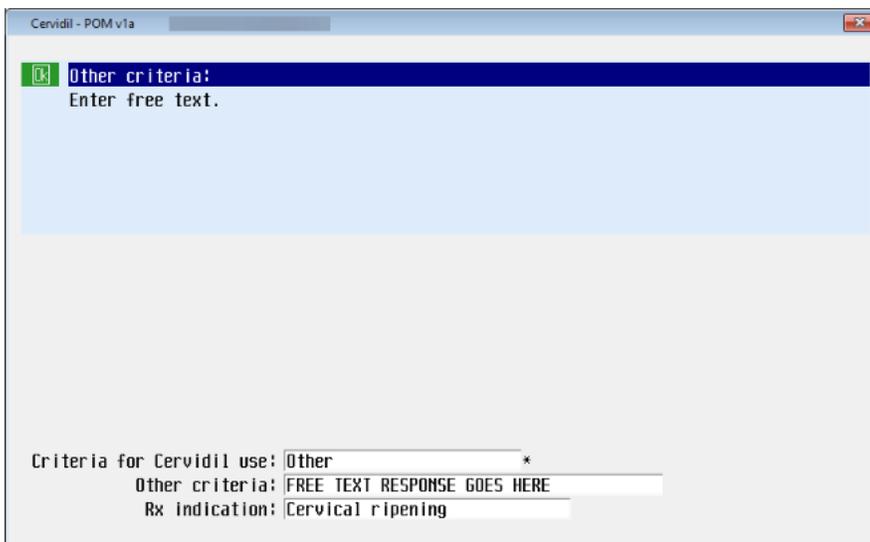
**NOTE:** This is a system message due to cancelling the order, which results in a two-page screen and is not part of the project programming. Currently this is unavoidable.

*Screen Sample – Cancel Message*



Yes will allow the user to continue placing the order and the "Other criteria:" query will be required.

*Screen Sample – "Other criteria:" Query Is Now Required*



On page 2, the checklist attestation (“All items listed...” query) is still required. Answering this query with **Yes** will complete the screen. Answering this query with **No** will require a free-text entry in the “If no, why:” query.

*Screen Sample*

Cervidil - POM v1a

All items listed are documented in the patient chart:

1 Yes  
2 No

If checklist cannot be completed and all items are not documented in chart, oxytocin or cervical ripening should not be initiated.

- Indication for induction/augmentation/cervical ripening documented in chart
- Pelvis is documented by provider to be clinically adequate for vaginal delivery
- Estimated fetal weight is less than 5000 grams in non-diabetic patient (4500 grams for diabetic)
- Gestational age documented
- Provider with C-Section privileges is aware of the induction and readily available
- Status of cervix is assessed and documented, including all elements of Bishop score
- Presentation is assessed and documented as cephalic

Criteria for Cervidil use: FREE TEXT RESPONSE GOES HERE

All items listed are documented in the patient chart:

If no, why:  \*

(End)

*Screen Sample – Required Explanation Query*

Cervidil - POM v1a

If no, why:  
Enter free text.  
Word wrap allowed.

Criteria for Cervidil use: FREE TEXT RESPONSE GOES HERE

All items listed are documented in the patient chart:

If no, why: THE PROVIDER CAN ENTER A FREE TEXT RATIONALE IN THIS MULTI-LINE QUERY WITH WORD WRAP \*

(End)

After completing all required queries, the provider will be able to submit the order.

# Pharmacy Workflow

## PHA Order Verification

### DOSE

As the pharmacist processes through verification, a Y/N alert will fire for the pharmacist at the DOSE field. The alert details the criteria selected by the ordering provider, as well as the prompts that the provider received, and any other free-text information entered by the provider.

#### Screen Sample – PHA DOSE Alert

Cervidil Alert

Criteria selected by provider:  
Fetal Growth Restriction

Indication selected by provider:  
Cervical ripening

Prompt presented to provider:  
If checklist cannot be completed and all items are not documented in chart, oxytocin or cervical ripening should not be initiated.

- Indication for induction/augmentation/cervical ripening documented in chart
- Pelvis is documented by provider to be clinically adequate for vaginal delivery
- Estimated fetal weight is less than 5000 grams in non-diabetic patient (4500 grams for diabetic)
- Gestational age documented
- Provider with C-section privileges is aware of induction and readily available
- Status of cervix is assessed and documented, including all elements of Bishop score
- Presentation is assessed and documented as cephalic

All items listed are documented in the patient chart: No

SOME FREE TEXT REASON WOULD GO HERE

Have you reviewed the above information?

**Yes** is required for the pharmacist to proceed with processing the order, including **PENDING** the order. **No** will allow them to back out of the order.

The criteria selected, query responses, and alerts that fire for the pharmacist during Order Verification or Entry, along with the associated answers, will be logged in the audit trail for the medication order, and viewable in the Print Order.

Screen Sample – Query Responses in the Audit Trail

```
Criteria for Cervidil use: Fetal Growth Restriction
Other criteria:
Rx indication: Cervical ripening
All items listed are documented in the patient chart: N
If no, why: SOME FREE TEXT REASON WOULD GO HERE
Criteria for Cervidil use:: Fetal Growth Restriction
```

Screen Sample – Alert Text in the Audit Trail

```
↓↑
02/05/26 0921 - Rules At Edit by [REDACTED]
CERUSUPP:
CERUSUPP: Criteria selected by provider:
CERUSUPP: Fetal Growth Restriction
CERUSUPP:
CERUSUPP: Indication selected by provider:
CERUSUPP: Cervical ripening
CERUSUPP:
CERUSUPP: Prompt presented to provider:
CERUSUPP: If checklist cannot be completed and all items are not
CERUSUPP: documented in chart, oxytocin or cervical ripening should not
CERUSUPP: be
CERUSUPP: initiated.
CERUSUPP: - Indication for induction/augmentation/cervical ripening
CERUSUPP: documented in chart
CERUSUPP: - Pelvis is documented by provider to be clinically adequate
CERUSUPP: for
CERUSUPP: vaginal delivery
CERUSUPP: - Estimated fetal weight is less than 5000 grams in
CERUSUPP: non-diabetic
CERUSUPP: patient (4500 grams for diabetic)
CERUSUPP: - Gestational age documented
CERUSUPP: - Provider with C-section privileges is aware of induction and
CERUSUPP: readily available
CERUSUPP: - Status of cervix is assessed and documented, including all
```

```
CERUSUPP: elements of Bishop score
CERUSUPP: - Presentation is assessed and documented as cephalic
CERUSUPP: All items listed are documented in the patient chart: No
CERUSUPP:
CERUSUPP: SOME FREE TEXT REASON WOULD GO HERE
CERUSUPP:
CERUSUPP: Have you reviewed the above information?
CERUSUPP: User: [REDACTED]
CERUSUPP: Yes
```

# PHA Order Entry

## Order Entry CDS

The criteria fields within the Order Entry CDS will be required prior to filing the new medication order as verified.

Screen Sample – PHA CDS Attached at Query Field

Med CERUSUPP  
(Med,Dose,Route,Sig,Schedule,Par,PRN Reason,Total Doses)  
DINOPROSTONE 10 MG SUPP,VAG  
(Rx ID <P  
Clinical In  
Dose  
Route  
Sig  
Schedule  
Start Date  
Stop Date 1/27/10/23 Stop time 1/22/08 Stop  
Inventory MAIN MAIN  
Charge Type NOCALC NOCALAC Charge 0.00 (PER DOSE )  
Edit Label Comments?   
Rx Cmnts  E  Query  E   
Prep Instr  E  Output  E  
Spec Instr  E  NF Qry  V  
Admin Crit  E  Pend  E  
Lot/Dur/Exp  E

The pharmacist can select a criterion via <F9> lookup. Like the provider workflow, if “Other” is selected, the “Other criteria:” query will be required.

Screen Sample

Criteria for Cervidil use: Other \*  
Other criteria: SOME OTHER FREE TEXT CRITERIA \*  
Rx indication: Cervical ripening  
All items listed are documented in the patient chart:   
If no, why:  \*

**NOTE:** when entering a new order from PHA, the provider attestation queries will NOT be required, but will still be accessible to the pharmacist.

The criterion selected, query responses, and alerts that fire for the pharmacist during Order Verification or Entry, along with the associated answers, will be logged in the audit trail for the medication order, and viewable in the Print Order.

Screen Sample – Query Responses in the Audit Trail

```
Criteria for Cervidil use: Fetal Growth Restriction
Other criteria:
Rx indication: Cervical ripening
All items listed are documented in the patient chart: N
If no, why: SOME FREE TEXT REASON WOULD GO HERE
Criteria for Cervidil use:: Fetal Growth Restriction
```

Screen Sample – Alert Text in the Audit Trail

```
↓↑
02/05/26 0921 - Rules At Edit by ██████████
CERUSUPP:
CERUSUPP: Criteria selected by provider:
CERUSUPP: Fetal Growth Restriction
CERUSUPP:
CERUSUPP: Indication selected by provider:
CERUSUPP: Cervical ripening
CERUSUPP:
CERUSUPP: Prompt presented to provider:
CERUSUPP: If checklist cannot be completed and all items are not
CERUSUPP: documented in chart, oxytocin or cervical ripening should not
CERUSUPP: be
CERUSUPP: initiated.
CERUSUPP: - Indication for induction/augmentation/cervial ripening
CERUSUPP: documented in chart
CERUSUPP: - Pelvis is documented by provider to be clinically adequate
CERUSUPP: for
CERUSUPP: vaginal delivery
CERUSUPP: - Estimated fetal weight is less than 5000 grams in
CERUSUPP: non-diabetic
CERUSUPP: patient (4500 grams for diabetic)
CERUSUPP: - Gestational age documented
CERUSUPP: - Provider with C-section privileges is aware of induction and
CERUSUPP: readily available
CERUSUPP: - Status of cervix is assessed and documented, including all
```

```
CERUSUPP: elements of Bishop score
CERUSUPP: - Presentation is assessed and documented as cephalic
CERUSUPP: All items listed are documented in the patient chart: No
CERUSUPP:
CERUSUPP: SOME FREE TEXT REASON WOULD GO HERE
CERUSUPP:
CERUSUPP: Have you reviewed the above information?
CERUSUPP: User: ██████████
CERUSUPP: Yes
```

# Balfaxar Screen Update for Supplemental Dose

## MEDITECH PHA 5.6.7

EHR  
Update  
2026.1

## Balfaxar Screen Update for Supplemental Dose

The Supplemental Dosing Screen has been updated. Prior to the update, an ordering provider could bypass the **500 units** or **1000 units** Y/N queries and click into the **Approx. Dose:** field, entering any number.

The Screens were updated to require a Y in either the **500 units** or **1000 units** queries. In addition, the **Approx. Dose:** and **Number of vials (Kits):** fields were made inaccessible to prevent a free-texted number.

## Workflow Examples

### Provider Workflow Scenarios

#### Supplemental Dose

The patient's most recent INR value from their current stay will populate the **INR:** query along with the date and time it was resulted.

#### Screen Sample -Admin Criteria

Enter/Edit Rx's Administration Criteria

Administration Criteria

**Balfaxar Dosing**  
Indication: Supplemental dosing for life threatening bleed  
INR: 5.1 01/24/2024 0951 H  
Extra dose (Y/N): 500 units OR 1,000 units \*

Approx. Dose:  units    Number of vials (Kits):

NOTE: Each vial can contain 400-640 units of Balfaxar. Administered dose will vary.  
Provider will be queued for signature of administered dose.



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The provider is required to put a Y next to either the **500 units** or **1,000 units** query. If they attempt to leave both blank or answered with N, the provider will receive an Error:

*Screen Sample: Error if 500 units and 1,000 units are answered N*

Enter/Edit Rx's Administration Criteria

Administration Criteria Balfaxar supplemental dosing

Erase Admin Crit  
Save as Favorite

Balfaxar Dosing  
Indication: Supplemental dosing for life threatening bleed  
INR: 5.1 01/24/2024 0951 H

Extra dose (Y/N): 500 units  N OR 1,000 units  N\*

Approx. [ ]

NOTE: Each Pro [ ]

Error

Select 'Y' to indicate which extra dose is needed.

Ok

Ok Cancel Help Prev Next

*Screen Sample: Error if attempted to leave both BLANK*

Enter/Edit Rx's Administration Criteria

Administration Criteria Balfaxar supplemental dosing

Erase Admin Crit  
Save as Favorite

Balfaxar Dosing  
Indication: Supplemental dosing for life threatening bleed  
INR: 5.1 01/24/2024 0951 H

Extra dose (Y/N): 500 units  OR 1,000 units  \*

Approx. [ ]

NOTE: Each Pro [ ]

Error

This is a required field!

Ok

Ok Cancel Help Prev Next

Entering a **Y** next to the **500 units** query will populate the **Approx. Dose:** query with **500**.

Entering a **N** or Pressing **<Enter>** in the **500 units** query will move the cursor to the **1,000 units** query. Entering a **Y** here will populate the **Approx. Dose:** query with **1000**.

When the cursor lands on the **Number of vials (Kits):** query, it will autopopulate with **1** or **2** for **Approx. Dose** of **500** or **1000** respectively. The Admin Criteria is then ready to file.

*Screen Sample:*

Enter/Edit Rx's Administration Criteria

Administration Criteria Balfaxar supplemental dosing

Erase Admin Crit  
Save as Favorite

Balfaxar Dosing  
Indication: Supplemental dosing for life threatening bleed  
INR: 5.1 01/24/2024 0951 H

Extra dose (Y/N): 500 units  OR 1,000 units  \*

Approx. Dose: 500 units Number of vials (Kits): 1

NOTE: Each vial can contain 400-640 units of Balfaxar. Administered dose will vary.  
Provider will be queued for signature of administered dose.

Ok Cancel Help Prev Next

As the **Approx. Dose:** query and the **Number of vials (Kits):** query auto-populate based on previous query answers, they are inaccessible for editing.

# Adult Vasopressin Admin Criteria Updates

MEDITECH PHA 5.6.7

EHR

Update

2026.1

## Adult Vasopressin Admin Criteria Updates

Currently, there are two Admin Criteria recommendations for vasopressin with specific indications: GI Bleed and Shock. To align with MEDITECH Expanse standards, vasopressin will have two additional screens for non-specific indications, featuring titratable rate options measured in units/hr and units/min. These new screens will increase the options of vasopressin orders for providers and pharmacists, as well as align with the Expanse Cloud workflow.

## Screen Updates

Screen Shot – Units/Hour

Enter/Edit Rx's Administration Criteria

Administration Criteria: Vasopressin units/hr ADLT05

Erase Admin Crit  
Save as Favorite

Initial rate:  \* units/hour

Titrate by:  \* units/hour every  10\* minute(s)

\*\* Maximum rate:  \* units/hour \*\*

Goal: (ONE goal parameter is REQUIRED)

Maintain SBP between  \* -  \* mmHg

Maintain MAP greater than  \* mmHg

Goal:  \*

Ok Cancel Help Prev Next

Screen Shot – Units/Minute



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Enter/Edit Rx's Administration Criteria ✕

Administration Criteria Vasopressin units/min ADLT05 Erase Admin Crit  
Save as Favorite

Initial rate:  \* units/minute  
Titrate by:  \* units/minute every  \* minute(s)  
\*\* Maximum rate:  \* units/minute \*\*

Goal: (ONE goal parameter is REQUIRED)  
Maintain SBP between  \* -  \* mmHg  
Maintain MAP greater than  \* mmHg  
Goal:  \*

Ok Cancel Help Prev Next

# Oxytocin TOLAC Update

MEDITECH PHA 5.6.7

EHR

Update

## Oxytocin TOLAC Update

The TOLAC (Trial of Labor After Cesarean) screen is currently out in Enterprise. There is a need for the screen to be less specific, so that it can be used in scenarios other than just TOLAC. The purpose of this update is to add "Microdose" into the wording of the ordering screen and admin criteria.

*Admin Criteria Screen Sample with "Microdose" addition*

TOLAC or **Microdose** Oxytocin Admin Criteria

- Start at 1 milliunits/min
- Complete Oxytocin In-Use Checklist every 30 minutes to maintain fetal/maternal response:
  - > Fetal Response Assessment
    - \* At least 1 acceleration of 15 bpm or more above baseline for 15 sec in 30 min interval or moderate variability for 10 consecutive minutes of the previous 30
    - \* 1 or more late decelerations associated with fetal distress in 1 or more of the 30

*Query Screen Sample with "Microdose" addition*

Enter/Edit Rx's Administration Criteria

Administration Criteria: Oxytocin TOLAC or Microdose

Erase Admin Crit  
Save as Favorite

TOLAC or **Microdose** Oxytocin Admin Criteria

- Start at 1 milliunits/min
- Complete Oxytocin In-Use Checklist every 30 minutes to maintain fetal/maternal response:

Ok Cancel Help Prev Next



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