

# Expanse TIP SHEET

## Rapid Initial Assessment Optimization



In collaboration with EHRO, the Service Line Leads, and the EDM Product Team, optimizations were made to the **Rapid Initial Assessment** to streamline content, reduce cognitive load, and shorten completion time, improving both efficiency and overall usability. These updates will move to LIVE on **Wednesday, April 15, 2026**.

### Usability & Operational Wins:

- ↓ **Scroll events** through content removal and suppression logic
- ↓ **Click count** through logical headers, consolidated content, and reordering for flow
- ↓ **Time to complete** Rapid Initial Assessment across acuity levels
- ↓ **Cognitive burden**, especially for clinicians new to Expanse
- ↑ **Clarity and confidence** during rapid triage
- ↑ **Support for ED throughput** during Expanse adoption

Update	What Changed	Impact
<b>Additions</b>	EKG added to Medications/Treatments Prior to Arrival	Improves prearrival clarity
<b>Removals</b>	EMS glucose, Onset Comment, and Smoking Status questions removed	Prevents duplication
<b>Assessment Flow</b>	Sections and questions reordered (e.g. Allergies and Involuntary Detention)	More intuitive sequence
<b>FPOC</b>	Logic added to hide Symptoms, Contact, and History questions if patient/representative is unable to complete infection screening	Reduced cognitive load
<b>EMS Visibility</b>	EMS questions hidden unless Arrived By is AMBULANCE, FIRE RESCUE, or HELICOPTER	Reduces clutter
<b>Within Defined Parameters</b>	Shortcut added when Neuro, Cardio, and Respiratory systems are Within Defined Parameters	Fewer clicks
<b>ED Vital Signs</b>	Shortened Vital Signs/Height/Weight/ Measurements section created for the Rapid Initial Assessment	Rightsized triage scope
<b>Glasgow Coma Scale</b>	Section moved under ED Vital Signs and now always expanded	Improves neuro visibility
<b>Oxygen Details</b>	O <sub>2</sub> questions hidden if Oxygen Delivery Device is Room Air	Reduced scrolling
<b>Complaint/Triage</b>	Dedicated section added at the end of the assessment	Clear triage separation
<b>Widget</b>	Triage Data widget available in Summary tab	Improved display of data

**First Point of Contact**

Health Access

Preferred language: ENGLISH

Accessibility needs:  Blind/low vision  Deaf/hard-of-hearing  LEP  Service animal

Language services:  Patient/representative accepts  Patient/representative declines

Language services type:  Interpretation via phone  Interpretation via video  Onsite interpretation  Other

Additional language services detail: Select mode(s) of services needed. Document use of language services in Language Assistant.

Readiness: Patient/representative present AND ABLE to complete infection screening:  Yes  No

Symptoms/Contact/History

\*Fever greater than 100.4 F or 38.0 C:  Yes - in the last 7 days  Not in the last 7 days

\*Cough not related to allergy or COVID:  Yes - in the last 7 days  Not in the last 7 days

\*Persistent cough greater than 3 weeks:  Yes  No

\*Cough with blood produced:  Yes - in the last 7 days  Not in the last 7 days

\*Sore throat:  Yes - in the last 7 days  Not in the last 7 days

\*Night sweats:  Yes - in the last 7 days  Not in the last 7 days

\*Unexplained weight loss:  Yes - in the last 7 days  Not in the last 7 days

\*Fatigue:  Yes - in the last 7 days  Not in the last 7 days

\*Body aches:  Yes - in the last 7 days  Not in the last 7 days

\*Head:  Yes - in the last 7 days  Not in the last 7 days

\*Nasal congestion unrelated to allergies/sinus infections:  Yes - in the last 7 days  Not in the last 7 days

\*Patient states having shortness of breath:  Yes  No

\*Have you ever had TB or a positive TB skin test:  Yes  No

\*Recent close contact with a person who has flu like illness, COVID, or TB:  Yes  No

\*Risk factors for C.diff:  None  Antibiotic last 28 days  Hx in last 3-6 months  Diarrhea with bloating, fever

Recent oncology history:  Presents oncology card  Self reports  Not started

Screening Results

Point of entry screening status: Negative

Mask applied:  Yes  No  Patient refused

Patient isolated and receiving unit/dept notified:  Yes  No

## First Point of Contact

Branching logic was added to the First Point of Contact section to suppress questions unless they are applicable.

- If the patient or representative is unable to complete the infection screening, the Symptoms/Contact/History section is hidden.

**Rapid Initial Assessment**

Arrival Information

Arrived by: **AMBULANCE**  
 Document EMS details  
 Medications/treatments prior to arrival

Other medications/treatments prior to arrival: FIRE RESCUE, HELICOPTER, POLICE, WALK IN

## Rapid Initial Assessment - EMS

- EMS fields are hidden unless Arrived By = Ambulance, Fire Rescue or Helicopter

EMS

\*EMS service

Other EMS service:  D5W  Lactated ringers  Normal saline  Other

EMS IV fluids started

Other EMS IV fluids started

EMS IV fluid volume ml

EMS IV fluids stop date

EMS IV fluids stop time

## EMS Section

- New section that is suppressed, or hidden, dependent on response to Arrived By

Within Defined Parameters (WDP)

Body systems within defined parameters

Neuro WDP:  Yes  No

-Alert & oriented X 3

-Pupils Equal

-Speech clear and appropriate for age

-Moves all extremities

-No new onset paralysis or weakness

Cardiovascular WDP:  Yes  No

-No stated calf tenderness

-Denies cardiac complaint or pain

-Skin within expectations for ethnicity & warm to touch

Respiratory WDP:  Yes  No

-No cyanosis, mottling, diaphoresis, or flushing of skin noted

-No respiratory distress

-No nasal flaring or pursed-lip breathing

-No change in oxygenation needs

-Respirations even & unlabored

-Skin within expectations for ethnicity & warm to touch

## Within Defined Parameters (WDP)

- New Default shortcut used if all systems (Neuro, Cardiovascular and Respiratory) are within normal limits
- Permits efficient documentation of normals
- Logic in place where a response of **No** will clear the default shortcut

Within Defined Parameters (WDP)

Body systems within defined parameters

Neuro WDP:  Yes  No

-Alert & oriented X 3

-Pupils Equal

-Speech clear and appropriate for age

-Moves all extremities

-No new onset paralysis or weakness

Cardiovascular WDP:  Yes  No

-No stated calf tenderness

-Denies cardiac complaint or pain

-Skin within expectations for ethnicity & warm to touch

Respiratory WDP:  Yes  No

-No cyanosis, mottling, diaphoresis, or flushing of skin noted

-No respiratory distress

-No nasal flaring or pursed-lip breathing

-No change in oxygenation needs

-Respirations even & unlabored

-Skin within expectations for ethnicity & warm to touch

ED Vital Signs/Ht/Wt/Measurements

Vital Sign Measurement

Additional vital sign measurement

Bilateral BP  Multiple Extremity Blood Pressures  Orthostatic Blood Pressures

Vital Signs

Temperature (36 C-38 C)

Temperature source

Other temperature source

Pulse (50-99)

Pulse location

Pulse source

Respiratory rate (11-20)

Respiratory source

Vital signs position

Vital signs comment

Other vital signs comment

Blood pressure (90/50-180/100)

Blood pressure location

Other blood pressure location

Blood pressure source

Mean arterial pressure

SpO2 % (91)

Oxygen delivery devices

Document oxygen details

Height/Weight Measurements

Able to obtain height and weight

\*Height

Height source

\*Weight

Adult weight source

Weight change gm

Total weight change since birth gm

Percent weight change since birth

Head circumference

Chest circumference

Abdominal girth

PEDS non-pharmacy daily weight

Estimated dry weight

Weight Calculations

Gestational Age

Room air  Open mask/diffuser  Ventilator  Nasal CPAP  High flow nasal cannula  Nasal IPPV  Resuscitation bag/mask

Nasal cannula  Partial rebreather mask  BIPAP  SIPAP  High frequency vent oscillator  Oxygen hood  T piece

Aerosol mask  Simple mask  CPAP  Blow by  High frequency vent jet  Oxygenizer  Tracheostomy collar

Non rebreather mask  Venti mask  Bubble cpap  Face mist tent  High velocity oxygen  RAM cannula  Transtracheal

SIPAP  Blow by  Tracheostomy collar  Transtracheal

Heated  Humidified

Oxygen detail

ETCO2

O2 liters per minute

O2 mL per minute

FIO2%

Flow

O2 temperature (35 C-42.2 C)

Nitric concentration (ppm)

Oxygen poses a fire risk. Educate patient/family to avoid smoking and use of flammable materials when using oxygen.

Oxygen poses a fire risk. Educate patient/family to avoid smoking and use of flammable materials when using oxygen.

If temperature is below 95 or above 107.9 F, these values entered will be out of the expected range.

No

Stated/Reported  Measured  Estimated

Bed scale  Estimated  Pediatric emergency tape  Sling scale  Stated/Reported  Not applicable

Chair scale  Infant scale  Refused  Standing scale  Wheelchair scale

This weight will not go to pharmacy

For edematous patients whose dry weight is different than the weight being used for the drug calculations

### Vital Signs

Shorter section now housed within:

- Rapid Initial Assessment (RIA)
- FSER Transport Assessment

More comprehensive section remains available:

- Within Detailed Assessment
- As standalone Vital Signs/Height/Weight/Measurements+

### Oxygen Details

- New section that is suppressed, or hidden, unless an oxygen delivery device (e.g. response not **Room Air**)

### Weight Calculations

- New section that is always collapsed
- Houses weight calculations computed in background based on Ht/Wt/Measurement queries

<b>BR Complaint</b> <span style="float: right;">✓</span>	
<b>Assessment</b>	
Chief Complaint	GI/Abdominal Pain
*Priority	
<b>Care Alert/ESP</b>	
Currently enrolled in CA program	<input type="radio"/> Yes <input type="radio"/> No
CA program reason	<input type="radio"/> False identification <input type="radio"/> Narcotic and risk <input type="radio"/> Risk and false ID <input type="radio"/> Narcotic <input type="radio"/> Narcotic, risk, and false <input type="radio"/> Risk of harm to others <input type="radio"/> Narcotic and false ID <input type="radio"/> Removed care alert
Care Alert information is documented previously and displayed here.	
ESP	<input type="radio"/> Yes <input type="radio"/> No
Facility ESP status	
<b>Additional Triage Findings</b>	
Additional triage findings	

### Triage and Priority

New dedicated section that is migrated to the bottom of the Rapid Initial Assessment

- Chief complaint
- Priority

### Care Alert/ESP

- Fields for CA program and ESP migrated and consolidated within new header

### Additional Triage Findings

- Renamed from triage findings to enhance clarity on intent of field

# CHG0452089 – Modifications to Cryoprecipitate Product order



Changes go in effect 04/15/26

The screenshot shows a web-based form for a Cryoprecipitate Product order. The form includes the following fields and sections:

- Stat:** Routine (checked), New (button), 04/02/26 15:11 (timestamp)
- Provider:** HL\_Meditech
- Source:** Written
- Quantity:** 1 (highlighted with a red box)
- Comment:** A text area containing the following text: "Quantity of 1 is equivalent to the standard adult dose. The standard adult dose is equivalent to 100-200 mL, raising fibrinogen by 50-100 mg/dL. Dependent on availability cryoprecipitate may be issued as a single unit or pool units to equal an adult dose. Quantity and transfuse now of one per adult dose is needed. Quantity of 1 is commonly equivalent to 10 units." (highlighted with a red box)
- PTT result date:** (empty)
- Last PTT result:** (empty)
- PT result date:** (empty)
- Last PT result:** (empty)
- CRYO reason for transfusion:** (empty)
- Quantity to transfuse NOW:** 1 (highlighted with a red box)

- Quantity field has a default of “1” and a limit of “2”. This field will not allow an entry greater than 2.
- Verbiage added to describe the standard adult dose: ***“The standard adult dose is equivalent to 100-200 mL, raising fibrinogen by 50-100 mg/dL. Dependent on availability cryoprecipitate may be issued as a single unit or pool units to equal an adult dose. Quantity and transfuse Now of one per adult dose is needed. Quantity of 1 is commonly equivalent to 10 units”***
- Query name “Number of units to transfuse NOW” changed to “Quantity to transfuse NOW”. Options available are 1 or 2.

# Adult Sepsis Bolus 30 mL/kg

Expanse Pharmacy

EHR

Update

## OM

**Adult Sepsis Bolus 30 mL/kg** order will be available as a stand-alone order and will also be included in the Sepsis order sets.

- Actual Body Weight
- BMI
- Ideal Body Weight

These will all default if height and weight have been documented.

If BMI is greater than 30 kg/m<sup>2</sup>, Ideal Body Weight will default as the Dosing Weight, otherwise Actual Body Weight will default.

The provider can change the Dosing Weight to Actual Body Weight by selecting No the question 'Use Ideal Body Weight to dose?'.

PHARMACY 1 Series 03/23/26 12:45 03/23/26 12:45

Hospitalist01,Provider

Verbal Order Read-Back

Actual Body Weight is used to dose unless Body Mass Index is > 30 kg/m<sup>2</sup>, then Ideal Body Weight will default for dosing.

Actual Body Weight (kg): 55.4

Body Mass Index (kg/m<sup>2</sup>): 38.5

Ideal Body Weight (kg):

Dosing Weight (kg): 55.4

Fluid:

Calculated volume to infuse:

NOTE: Volume to infuse is rounded UP to the next 500 mL increment.

If dosing weight > 183 KG: This order does NOT provide full 30 mL/kg Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

Use lesser fluid for bolus: Yes No

No Fluid Bolus Indicated: Yes No

**Message**

ⓘ Patient's height is less than 60 inches, unable to calculate Ideal Body Weight.

OK

If the pt is less than 60 inches tall, Ideal Body Weight cannot be calculated, and the Dosing Weight will default to Actual Body Weight.

PHARMACY (1) 1 Series 03/23/26 12:45 02/19/26 08:45 - 02/19/26 08:45

Hospitalist01,Provider

Verbal Order Read-Back

Actual Body Weight is used to dose unless Body Mass Index is > 30 kg/m<sup>2</sup>, then Ideal Body Weight will default for dosing.

Actual Body Weight (kg):

Body Mass Index (kg/m<sup>2</sup>):

Ideal Body Weight (kg):

Dosing Weight (kg):

Fluid:

Calculated volume to infuse:

NOTE: Volume to infuse is rounded UP to the next 500 mL increment.

If dosing weight > 183 KG: This order does NOT provide full 30 mL/kg Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

Use lesser fluid for bolus: Yes No

No Fluid Bolus Indicated: Yes No

**Message**

ⓘ Patient's height is missing, unable to calculate Ideal Body Weight.

OK

If weight and height are not documented, the provider can enter a weight and continue to order the bolus.

PHARMACY 1 Series 03/23/26 12:45 03/23/26 12:45

Hospitalist01,Provider

Verbal Order Read-Back

Actual Body Weight is used to dose unless Body Mass Index is > 30 kg/m<sup>2</sup>, then Ideal Body Weight will default for dosing.

Actual Body Weight (kg): 135.0

Body Mass Index (kg/m<sup>2</sup>): 37.4

Ideal Body Weight (kg): 79.5

Use Ideal Body Weight to dose? Yes No

Dosing Weight (kg): 79.5

Fluid: Sodium Chloride 0.9% Lactated Ringers

Calculated volume to infuse:

NOTE: Volume to infuse is rounded UP to the next 500 mL increment.

If dosing weight > 183 KG: This order does NOT provide full 30 mL/kg Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

Use lesser fluid for bolus: Yes No

No Fluid Bolus Indicated: Yes No

Provider has chosen to not order crystalloid fluids because the patient is not volume or fluid responsive. The following invasive/noninvasive measurement was used to make such a determination.

Provider will need to choose which fluid to use.

PHARMACY 1 Series 03/23/26 12:45

\* Provider: Hospitalist01,Provider  
 \* Source: Verbal Order Read-Back

Actual Body Weight (kg): 135.0  
 Body Mass Index (kg/m2): 37.4  
 Ideal Body Weight (kg): 79.5

\* Use Ideal Body Weight to dose?  Yes  No

\* Dosing Weight (kg): 79.5

\* Fluid: Sodium Chloride 0.9%

\* Calculated volume to infuse: 2,500

NOTE: Volume to infuse is rounded UP to the next 500 mL increment.  
 If dosing weight > 183 KG: This order does NOT provide full 30 mL/kg  
 Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

\* Use lesser fluid for bolus:  Yes  No

\* No Fluid Bolus Indicated:  Yes  No

Reflexed Orders from Adult Sepsis Bolus 30 mL/kg

Sepsis Bolus NS 2500 mL

sodium chloride 0.9% 1,000 mL Bag

sodium chloride 0.9% [Normal Saline 1,000 mL] IV BOLUS 999 mL/hr ONE 03/23/26 12:42 03/23/26 13:42

\* Provider: Hospitalist01,Provider  
 \* Source: Verbal Order Read-Back

sodium chloride 0.9% 500 mL Bag

sodium chloride 0.9% [Normal Saline 500 mL] IV BOLUS 999 mL/hr ONE 03/23/26 14:47 03/23/26 15:17

\* Provider: Hospitalist01,Provider  
 \* Source: Verbal Order Read-Back

Total Volume of Bolus will calculate and reflexes will populate. The Volume is in 500 mL increments up to a max of 5500 mL.

The reflexes are built with 500- and 1000-mL bags with an infusion rate of 999 mL/hr and are timed consecutively.

Label Comments have been added to indicate SEPSIS BOLUS Bag X of X.

Actual Body Weight is used to dose unless Body Mass Index is > 30 kg/m2.  
 then Ideal Body Weight will default for dosing.

Actual Body Weight (kg): 135.0  
 Body Mass Index (kg/m2): 37.4  
 Ideal Body Weight (kg): 79.5

\* Use Ideal Body Weight to dose?  Yes  No

\* Dosing Weight (kg): 79.5

\* Fluid: Sodium Chloride 0.9%

\* Calculated volume to infuse: 2,500

NOTE: Volume to infuse is rounded UP to the next 500 mL increment.  
 If dosing weight > 183 KG: This order does NOT provide full 30 mL/kg  
 Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

\* Use lesser fluid for bolus:  Yes  No

\* Reason for lesser fluid:

\* New target volume (mLs):

\* No Fluid Bolus Indicated:  Yes  No

Fluid overload concern  
 Heart failure  
 Liver failure  
 Renal failure  
 Other

\* Use lesser fluid for bolus:  Yes  No

\* Reason for lesser fluid:

\* Other reason for lesser fluid:

\* New target volume (mLs):

Provider has the option to order a lesser fluid volume than calculated. Answering yes to the question, 'Use lesser fluid for bolus' will require Reason for lesser fluid and New target volume.

'Other' is an option, which will allow a free text reason to be entered.

\* Use lesser fluid for bolus:  Yes  No

\* Reason for lesser fluid:

\* Other reason for lesser fluid:

\* New target volume (mLs):

\* No Fluid Bolus Indicated:  Yes  No

Reflexed Orders from Adult Sepsis Bolus 30 mL/kg

Sepsis Bolus NS 1500 mL

sodium chloride 0.9% 1,000 mL Bag

sodium chloride 0.9% [Normal Saline 1,000 mL] IV BOLUS 999 mL/hr SCH 03/23/26 13:00

\* Provider: Hospitalist01,Provider  
 \* Source: Verbal Order Read-Back

sodium chloride 0.9% 500 mL Bag

sodium chloride 0.9% [Normal Saline 500 mL] IV BOLUS 999 mL/hr ONE 03/23/26 13:51

\* Provider: Hospitalist01,Provider  
 \* Source: Verbal Order Read-Back

Selection of new target volume will display updated reflex orders.

**Q3 > Adult Sepsis Bolus 30 ml/kg**

then Ideal Body Weight will default for dosing.

Actual Body Weight (kg): 135.0

Body Mass Index (kg/m<sup>2</sup>): 37.4

Ideal Body Weight (kg): 79.5

Use Ideal Body Weight to dose?  Yes  No

Dosing Weight (kg): 79.5

Fluid:

Calculated volume to infuse:

NOTE: Volume to infuse is rounded up to the next 500 mL increment.

If dosing weight > 183 kg: This order does NOT provide full 30 mL/kg

Bolus. Consider additional/more rapid boluses.

Provider can specify a lesser volume for the bolus if indicated.

\* Use lesser fluid for bolus:  Yes  No

\* No Fluid Bolus Indicated:  Yes  No

Provider has chosen to not order crystalloid fluids because the patient is not volume or fluid responsive. The following invasive/noninvasive measurement was used to make such a determination.

\* Measurement:

Provider has chosen to not order crystalloid fluids because:

Cardiac Index  
 Cardiac Output  
 Stroke Volume  
 Stroke Volume Index

\* Measurement:

Provider can also document no fluid bolus indicated. Answering Yes to this question will remove requirements from all other queries. It will also display a measurement query that is the justification for not ordering a bolus.

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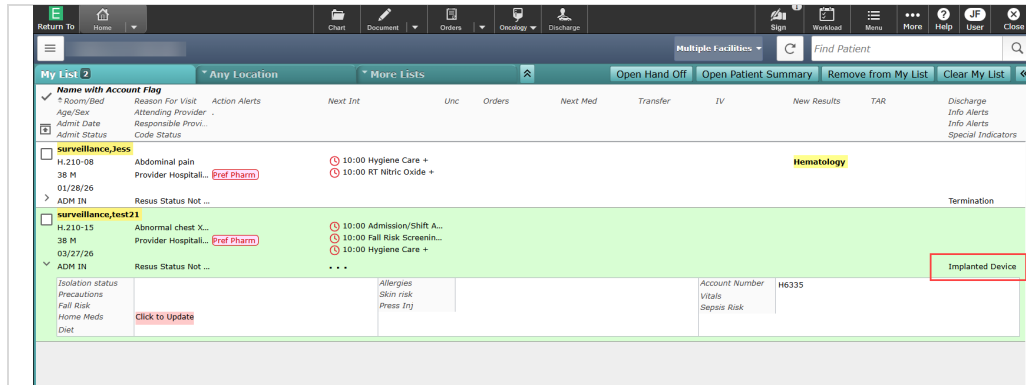
## Special Indicator Definition Updates

Changes go in effect **April 15, 2026**

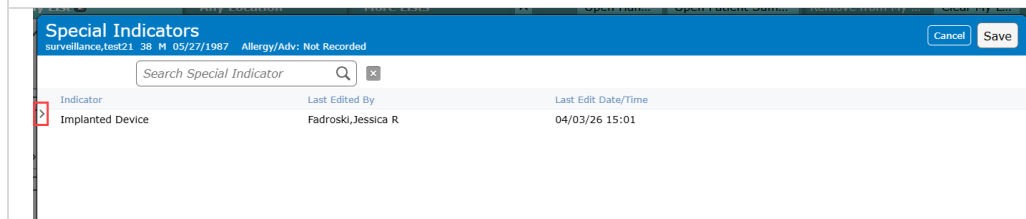


A select group of Special Indicators will have standardized definitions added to promote consistent understanding and use across workflows. These updates are intended to improve clarity, reduce ambiguity, and support more effective and accurate application by end users.

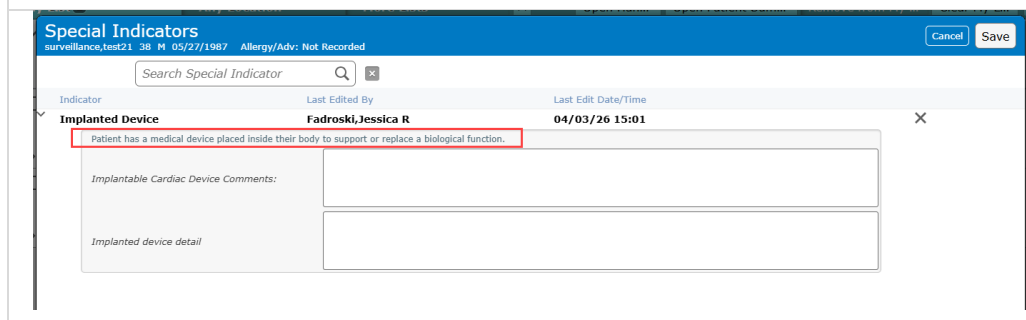
End users should reference the updated definitions when interacting with Special Indicators to ensure accurate application.



Special Indicators may be displayed on the status board when applicable to a patient. Click on the indicator to view additional details.



After selecting on a Special Indicator, the Special Indicator overlay will open, displaying all indicators for the patient. Click the expand caret on the far left, next to an indicator to view additional details.



Definitions display at the top of the expanded view. Some indicators may include additional fields or details.

# Expanse TIP SHEET

## Dysphagia Screening Assessment Calculation Update



The logic of the Dysphagia Screening will be updated.

Dysphagia Screening	
Glasgow Coma Scale less than 13	<input type="radio"/> Yes <input checked="" type="radio"/> No If GCS equals NT treat as though score is less than 13.
Facial asymmetry/weakness	<input type="radio"/> Yes <input checked="" type="radio"/> No If Glasgow Coma Scale is less than 13 or Yes is answered: - Facial asymmetry/weakness - Tongue asymmetry/weakness - Palatal asymmetry/weakness Stop dysphagia screening and refer to Speech Therapy
Tongue asymmetry/weakness present	<input type="radio"/> Yes <input checked="" type="radio"/> No
Palatal asymmetry/weakness present	<input type="radio"/> Yes <input checked="" type="radio"/> No
Any signs of aspiration during the 3 oz water test	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Pass/fail dysphagia screening	<input checked="" type="radio"/> Pass <input type="radio"/> Fail
Noted changes in swallow test	<input type="checkbox"/> Throat clearing <input type="checkbox"/> Cough <input type="checkbox"/> Change in vocal quality If throat clearing, coughing or change in vocal quality noted: If patient fails dysphagia screening, maintain NPO per order If patient passes dysphagia screening, start diet per order
Dysphagia screening comments	

The query "Any signs of aspiration during 3 oz water test" is being moved above the Pass/Fail query.

If the aspiration query is answered "No" along with the prior queries the screening will auto populate a pass. If any of the queries above pass/fail are answered "Yes" the screening will fail.

All queries listed prior to pass/fail dysphagia screening must be answered to produce a pass or a fail result.

Dysphagia Screening is associated with the following interventions: Neuro Checks + [1220281], Dysphagia Screening [1220315 & 1222560], and Bedside Swallow Evaluation [1223045 & 12230451].

Dysphagia Screening	
Glasgow Coma Scale less than 13	<input type="radio"/> Yes <input checked="" type="radio"/> No If GCS equals NT treat as though score is less than 13.
Facial asymmetry/weakness	<input type="radio"/> Yes <input checked="" type="radio"/> No If Glasgow Coma Scale is less than 13 or Yes is answered: - Facial asymmetry/weakness - Tongue asymmetry/weakness - Palatal asymmetry/weakness Stop dysphagia screening and refer to Speech Therapy
Tongue asymmetry/weakness present	<input type="radio"/> Yes <input checked="" type="radio"/> No
Palatal asymmetry/weakness present	<input type="radio"/> Yes <input checked="" type="radio"/> No
Any signs of aspiration during the 3 oz water test	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Pass/fail dysphagia screening	<input type="radio"/> Pass <input checked="" type="radio"/> Fail
Noted changes in swallow test	<input type="checkbox"/> Throat clearing <input type="checkbox"/> Cough <input type="checkbox"/> Change in vocal quality If throat clearing, coughing or change in vocal quality noted: If patient fails dysphagia screening, maintain NPO per order If patient passes dysphagia screening, start diet per order
Dysphagia screening comments	