Nursing, EDM & SUR Modules

Abuse/Living Situation Update & Alignment



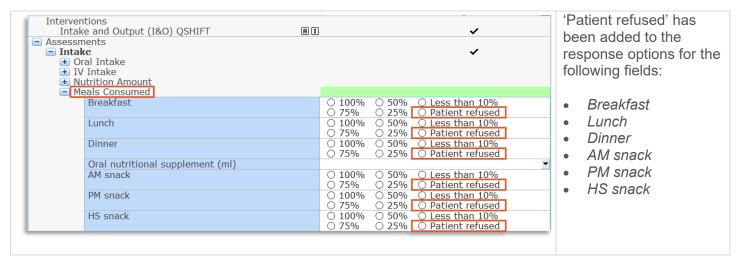
Three queries around Safety / Abuse in the **Health History** assessment need to have an additional group response "Unable to assess" built as this is a regulatory requirement to be captured on every patient. The previous documentation section **Living Situation and Abuse** has been renamed and updated to align with Cloud.

Abuse/Living Situation Abuse/Living Situation	V	The Abuse/Living Situation section has	
Safety / Abuse Do you feel safe at home, work and/or school/daycare Evidence/suspicion of physical and/or psychological abuse Evidence/suspicion of verbal abuse History consistent with presentation/injury	O All normal O Yes ○ No ○ Unable to assess	been updated for alignment.	
Other possible abuse reported to Safety risk to you or your child	☐ Advocate ☐ Social services ☐ Other ☐ Law enforcement	Default normal functionality has been added to the Safety /	
Visitor restriction	Are there any personal circumstances that the facility should know about that might place you or your child at a safety risk.	Abuse query. The additional query	
Living situation	O Assisted living/SNF O Home with others O Other O Group home O Jail/prison O Home alone O Nursing home O Home with caregiver O Homeless O Unable to assess	response 'Unable to assess' has been added to the Safety/Abuse	
Other living situation Barriers in living situation relevant for discharge planning Other barriers in living situation relevant for discharge planning	☐ None ☐ Forensic hold ☐ Other	queries.	
		NOTE: The BH Level of Care Assessment and BH Nurse Assessment only contain 2 Safety / Abuse updated queries.	

Intake – Meals Consumed Update



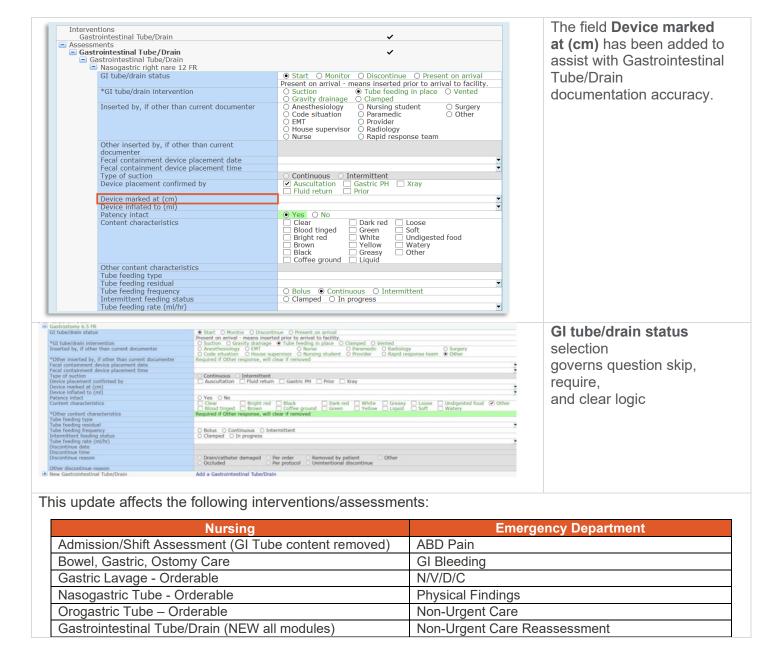
Currently, the clinicians cannot document when a patient refuses a meal or snack as part of **Intake and Output**. Regulatory agencies emphasize the importance of recording why a patient consumes less than 10% of their meal. To address this issue, "Patient refused" has been added as a new option, facilitating instances when a patient refuses a meal or snack. Information regarding patients who are NPO can be found elsewhere in the medical record.



Tube Feeding and Gastric Tube Alignment



This alignment effort combines tube feeding and gastric tube care documentation into one new instance. This new instance will replace all existing OG/NG tube and tube feeding documentation on the Gastrointestinal body system and EDM GI sections. A new stand alone intervention is available.



Multi-Lumen Midline CVC/PICC Procedure



Currently the **CVC/PICC/Midline/Dialysis** instance documentation has only one option for midline. Because some facilities utilize midlines with more than one lumen, they need to be able to document accurately. 'Midline single lumen' and 'Midline multi lumen' are both now available for documentation.

CVC/PICC/Midline/Dialysis CVC/PICC/Midline/Dialysis Midline single lumen Brachial vein Midline multi lumen Brachial vein Midline multi lumen Brachial vein CVC multi lumen double CVC multi lumen four CVC multi lumen five CVC multi lumen five CVC multi lumen five CVC multi lumen five Dialysis catheter double Dialysis catheter triple Midline single lumen Midline single lumen PA catheter double PA catheter double PA catheter four PA catheter four PA catheter single PICC multi lumen double PICC multi lumen double PICC multi lumen four Umbilical vessel catheter OK	Non tunneled Left ✓ Add a C ○ Non tunneled ○ Tunneled ○ Unknown, present on arrival	O Left Right	ine/Dialysis /graft	'Midline single lumen' and 'Midline multi lumen' are now available in the CVC/PICC/Midline/ Dialysis instance type on the CVC/PICC/Midline/ Dialysis section.	
This update affects the following interventions/assessments:					
Nursing / Emerge	ncy Department	A	ncillary		
Intravascular Acces		ology Proce	edure Flowshee	et	
LD Admission Asse		ology Tech	Note		
LD Shift Assessme	ent				
LD Triage					



Stroke Risk Factors – Teach/Educate Intervention Update

		1 1 1 000
	by RT	In alignment with our CSG
Stroke Teaching "Written information regarding stroke provided to primary learner	○Yes ○No	9
Activation of emergency medical system	○ Yes ○ No If yes is selected for written information given, then all fields on this page will be defaulted to yes. Fields are editable if appropriate. ○ Yes ○ No ○ Net Applicable	service line, new additional
Activation of emergency medical system Need for follow-up after discharge All medications prescribed at discharge Risk factors for stroke	Yes No Not Applicable Yes No Not Applicable BEFORE	Service line, new additional
Risk factors for stroke	Vec Ne One deplication Vec One deplication Vec One deplication Vec One of the often	antiona have been added to
Nosk factors for stroke Warning sligns and symptoms for stroke Patient/Family Teaching Falling the Warning Year	U tes U no U nos applicative	options have been added to
> Follow-Up Action > Follow-Up Action		
Fation-op action Multidisciplinary Patient/Family Teaching Patient Teaching Topics Patient Teaching Topic type	•	the Stroke Teaching section of
	Reprintinged unclinial Explainated Lychalogical Lychalogical Lychalogical University Lychalogical Lychalogic	the Teach/Educate +
→ Multidisciplinary Health Behavior Topics Condition specific topics Condition specific topics Application Specific Topics Condition Specific Topic	Makero deur coordinate Arthurs advantine Consolinate with instructions Distance and Bact codation instructions Estado information	the reach/Ladeate
Health behavior topics Health behavior topics Medication topics	Advance drig reactions Authors education Compliance with instructions Desary needs Project Authors education Compliance with instructions Desary needs Project Project	intervention.
Safety topics	Chemometapy care Injection administration Hedication preint prep Hedication (Heartman Care Heartman Care Hedication (Heartman Care Heartman Care Heart	
Safety topics	Alcohol abuse control Emergency care Fall prevention Perioparative injury care Tobacco abuse control Aspiration prevention Environmental safety Individual safety Safety precautions Violence control	When changing Van to
Other health behavior topics	Drug abuse control Equipment safety Oxygen safety Substance abuse control	When choosing Yes to
Stroke Teaching "Written information regarding stroke provided to primary learner	○ Yes ○ No	
Activation of emergency medical system	If yes is selected for written information given, then all fields on this page will be defaulted to yes. Fields are editable if appropriate. ○ Yes ○ No ○ Not Applicable	"Warning signs and symptoms
Activation of energonary medical system Need for flothwo-up dated elicitarge All medications prescribed at dischange Warning glogs and symptomes for stroke Vistrias Specific fish Factors "Patient specific risks factors	New Oldo New Oldo	
Warning signs and symptoms for stroke	○ Yes ○ No ○ Not Applicable AFTER	for stroke" the puree will now
V Stroke Specific Risk Factors	● Yes ○ No ○ Not Application	for stroke", the nurse will now
*Patient specific risk factors	Age Carolid artery disease Drug abuse High cholesterol Physical inactivity Sex (gender) Smoking Alcohel abuse Gwold-19 Falmily history Obesity Obesity Gwor diet High cholesterol Rece aprese Arker Other High cholesterol Physical inactivity Sex (gender) Smoking Rece aprese Arker Obesity Sex (gender) Smoking Rece aprese Obesity Sex (gender) Smoking Rece aprese Obesity Sex (gender) Smoking Smoking Sex (gender) Smoking Sm	· ·
Other patient specific risk factors	Alcohol abuse Covid-19 Family history Obesity Poor diet Steep apnea Race Atrial florillation Diabetes High blood pressure Peripheral artery disease Prior stroke/TIA Sidde cell disease Other	be prompted to choose from a
Outre patient species risk factors		be prompted to choose from a

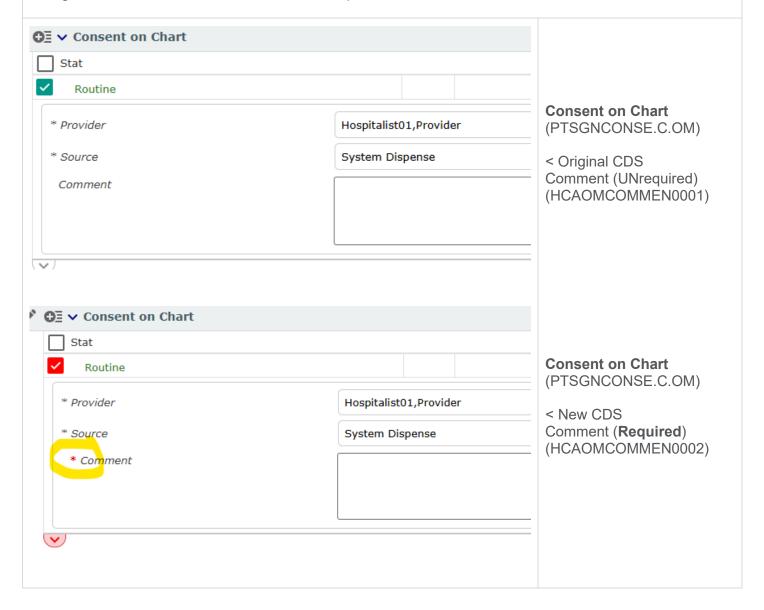
Expanse Order Enhancements

CONSENT ON CHART (PTSGNCONSE.C.OM)

Changes go in effect Sept 17, 2025

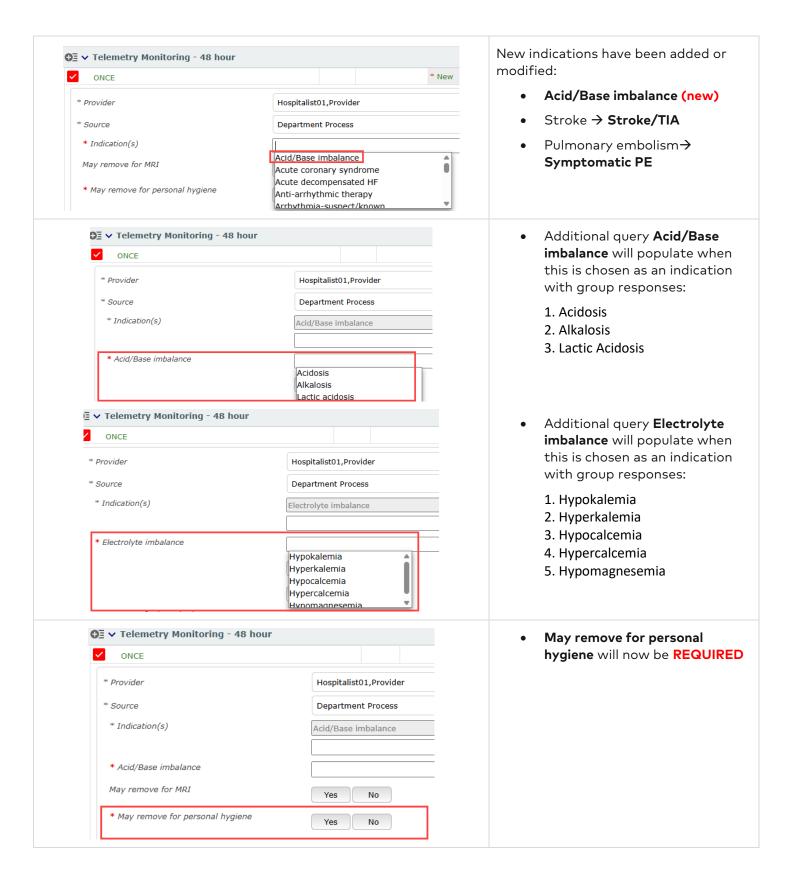


The "Consent on Chart" order (PTSGNCONSE.C.OM) currently has an unrequired, free--text comment field. There is a need for more specific information. Requiring the provider to enter which procedure consent is on the chart will decrease confusion for the nurse, so they know exactly which to look for. In addition, if there are multiple procedures scheduled, this would provide clarity on what to look for, so all are accounted for before a patient goes for a procedure. Therefore, the screen now be required. These changes were made in collaboration with the Corporate OM and Provider Product teams.



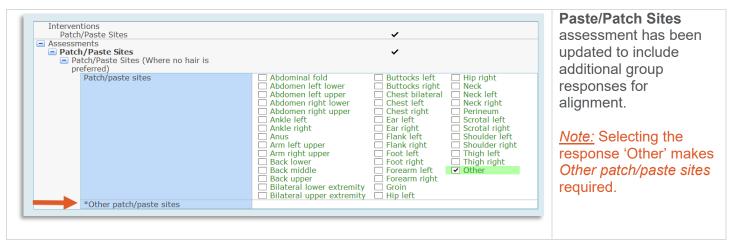






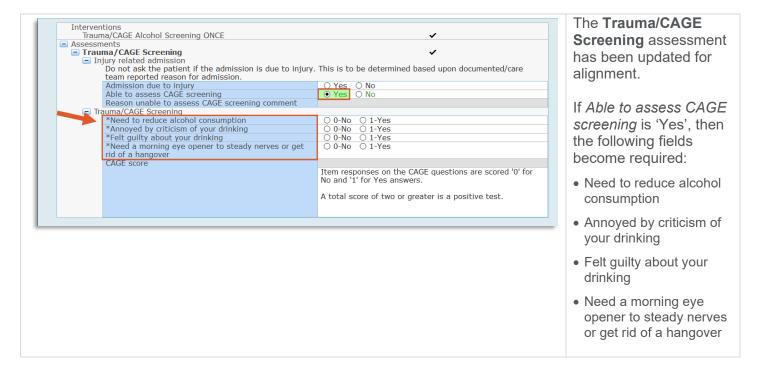
Paste/Patch Sites Alignment

In Expanse OnPrem, some of the sites needed to be able to document patch/paste placement in MAR is unavailable and there is not an 'Other' option which leads to inaccurate documentation. Align the Paste/Patch site group responses in Expanse OnPrem with the same options that are available in Cloud



Trauma/CAGE Screening Alignment

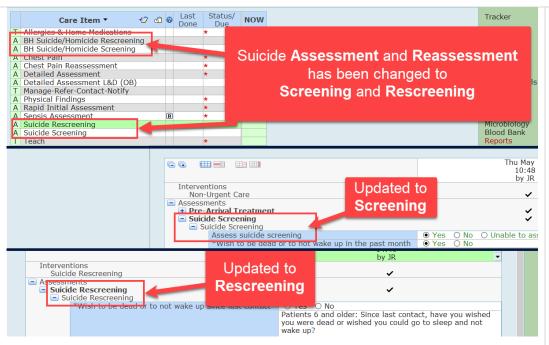
In current state, Trauma/CAGE Screening allows the nurse to skip questions but will still populate a CAGE score. This can result in an inaccurate score calculation. This update adds programming to require all questions that contribute to the CAGE score calculation to align with Cloud and Magic.



Suicide Screening Update



The naming convention of the Suicide Assessment intervention is inaccurate as the C-SSRS is not an assessment but a screening tool to evaluate the patient's suicide risk level. In the future state, all interventions that have Suicide Assessment within the name will be changed to Suicide Screening.



For all interventions/ assessments, the verbiage "Suicide Assessment" has been updated to **Suicide Screening** as this will be used for required documentation and BH related screenings in accordance with the TJC.

This update affects the following interventions/assessments:

Nursing	Emergency Department
BH Level of Care Assessment	BH Suicide/Homicide Screening
BH Nurse Assessment	BH Suicide/Homicide Rescreening
BH Psychosocial Assessment	Detailed Assessment
BH RN Reassessment	Detailed Assessment L&D (OB)
Suicide Screening	Non-Urgent Care
Suicide Rescreening	Suicide Screening
LD Admission Assessment	Suicide Rescreening

Teach – Durable LVAD

To meet The Joint Commission requirements, Durable LVAD specific topics have been added to the Teach Intervention to allow nurses to address specific teaching needs for LVAD patients.

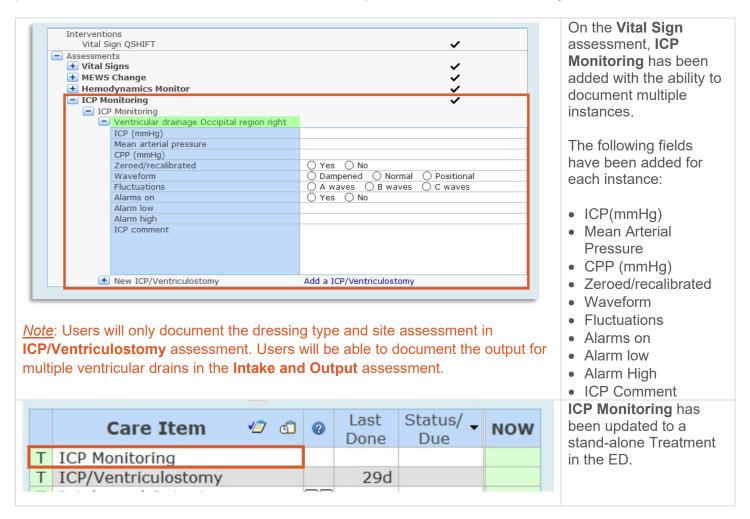
Interventions Teach PRN Nur Assessments Teach Rehab Teach Dietitian Teach Stroke Education Stroke Risk TTE Education Durable LVAD Teaching LVAD Teaching Durable LVAD topics Other durable LVAD education	Application/wear of sterile gloves	Durable LVAD Teaching is a new section. The Durable LVAD topics is a multi-select field with the following responses: Application/wear of sterile gloves Daily controller selftest Daily dressing	
Interventions Teach PRN Nur Assessments Teach Rehab Teach Stroke Education Stroke Risk TITE Education Dopioid Safety Durable LVAD Teaching LVAD Teaching Durable LVAD topics *Other durable LVAD education	Application/wear of sterile gloves Wearing LVAD Daily controller self-test Daily dressing change Multi-day dressing change Power connections Securing the controller Use of backup bag Use of consolidated bag	change Multi-day dressing change Power connections Securing the controller Use of backup bag Use of consolidated bag Wearing LVAD Other The Other durable LVAD education field is only accessible when 'Other' is selected in the previous field.	



ICP Monitoring

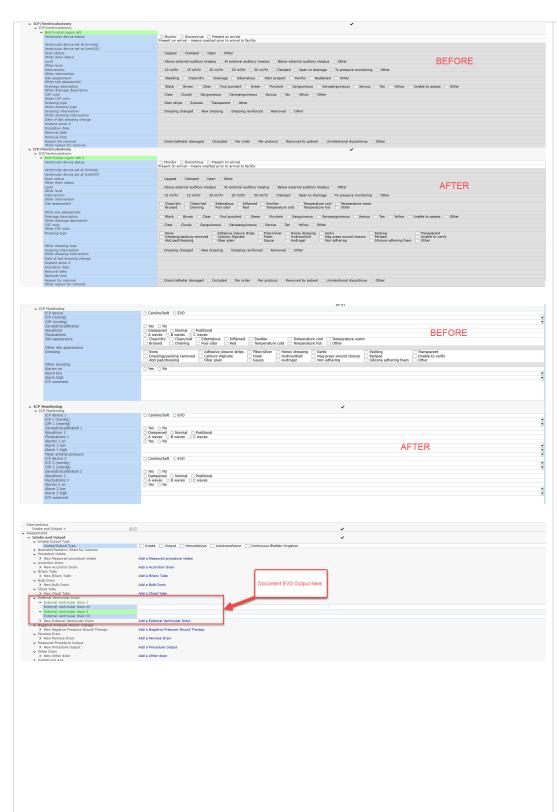


If a patient that has 2 EVD monitors in place and staff are monitoring ICP values from both lines, current documentation of the ICP values in the 'other' section of the vital signs only has an option to document on 1 ICP value. This leads to staff being unable to accurately document the values for both drains. An instance will be created in the Vital Signs intervention so when the nurse documents the placement of a ventricular drain, the instance will pull forward into the hemodynamic screen.









In order to align with our CSG partners, the ICP Monitoring section of the Vital Signs/Height/Weight/Measure ments + intervention and the ICP/Ventriculostomy section of the Drains + intervention have been updated with the following changes:

The site appearance and dressing type portions of the ICP Monitoring section will be moved into the ICP/Ventriculostomy section for more appropriate capture of the site documentation. Those group responses have been updated accordingly.

The ICP Monitoring section will now be used only for documenting ICP measurement information.

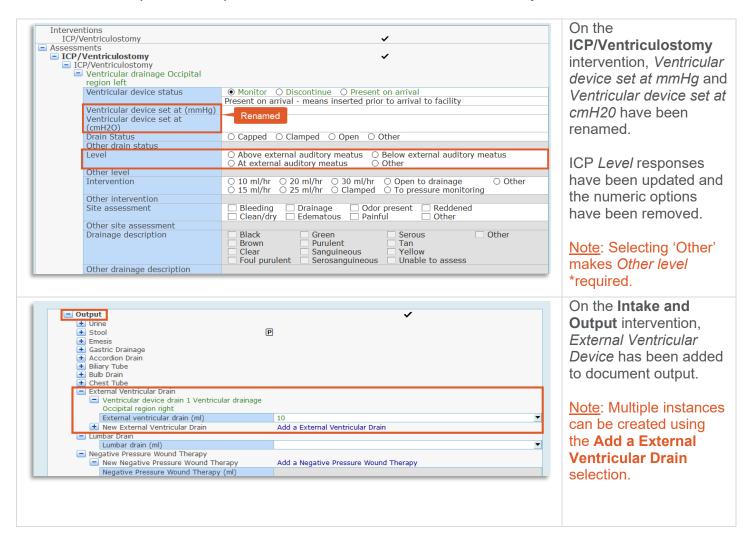
A second ICP device has been added to the available documentation for situations with multiple devices. Staff will also be able to specify the ICP/EVD device in the Drains + intervention as 1 or 2.

Specific ICP/EVD device information should now be documented in the Drains + intervention. Output volume documented in the ICP comment information will not cross into the I & O's summary and should instead be documented in the Intake and Output + intervention under External Ventricular Drain 1 or External Ventricular Drain 2.

ICP/Ventriculostomy



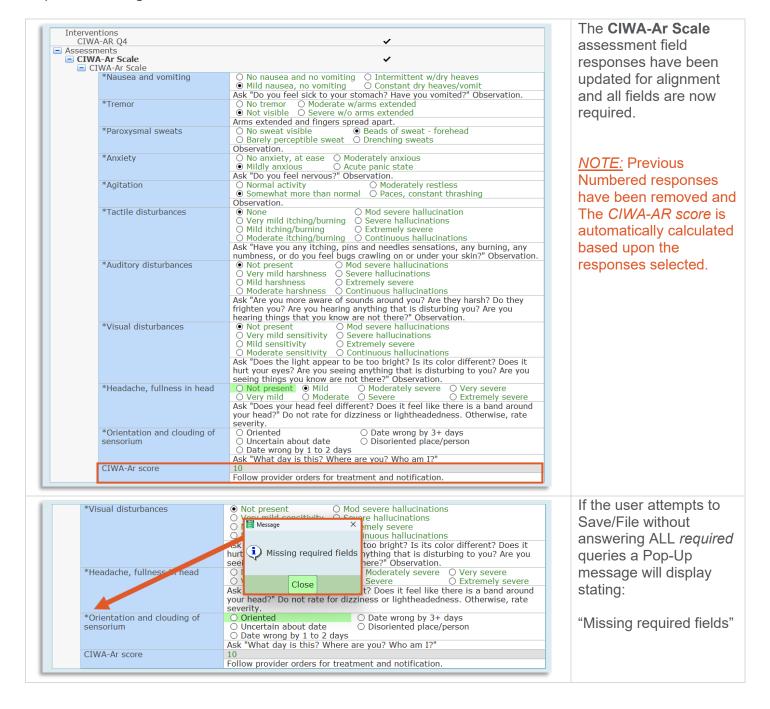
Ventricular device marked at mmHg and Ventricular device marked at cmH20 will be relabeled to Ventricular device set at mmHg and Ventricular device set at cmH20. Location for the ICP level will be updated to remove the numeric options to reduce end user confusion. Users will also be able to document the output for multiple ventricular drains in the **Intake and Output** intervention screen.



Nursing Module

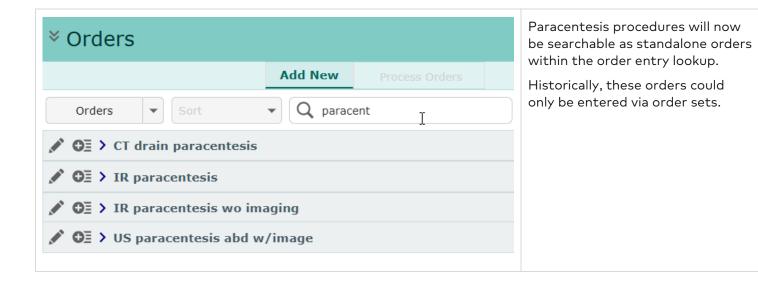
CIWA-Ar Alignment

In Expanse OnPrem, the CIWA-AR assessment used to allow users to skip questions and still populate a score. Updated to make all questions that are used to calculate the CIWA-AR total score required and align content with Cloud.



Paracentesis Orders Update





Thoracentesis Orders & Order Sets

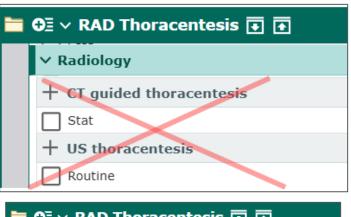


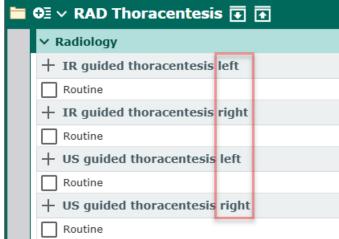
The following Thoracentesis orders are being retired & inactivated on September 17th:

- CT guided thoracentesis
- IR thoracentesis
- US thoracentesis

These orders are being replaced with the following options:

- CT guided thoracentesis left
- CT guided thoracentesis right
- US guided thoracentesis left
- US guided thoracentesis right
- IR guided thoracentesis left
- IR guided thoracentesis right





As a result, the retired orders will be removed from the "RAD Thoracentesis" (H.THORAC1) order set and replaced with the new lateral-specific orders.

DIVISION PREPARATION NOTE:

In preparation for this change, Division OM Teams should:

- A) Collaborate with your division and facility IDM teams to ensure the new imaging procedures are appropriately activated.
- B) If the Division supports copied or local order sets, evaluate the use of the retired orders within those sets and replace them with the new versions as needed.