

## BH Module

### Mobility Nursing Strategic Agenda Enhancements



This update will enhance documentation in the **BH: Activity Assessment** to standardize capture of patient activity/mobility and level of assistance, improving multidisciplinary communication, visibility into functional status, and correlation with outcomes including length of stay, falls, NVHAP, CAUTI/CLABSI, restraint use, and pressure injuries.

| Level of assistance: [or free text] |                                                                                                                      |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1 None                              | Supervision/contact guard assist: Supervision, verbal cues or touching assistance such as holding gait belt loosely. |
| 2 Dependent/total assist            | Minimal to moderate assist: Patient completes 50% or more of total task/effort with physical assistance.             |
| 3 Independent/mod independ          |                                                                                                                      |
| 4 Maximal assist                    |                                                                                                                      |
| 5 Min to moderate assist            | Maximal assist: Patient contributes, but completes less than 50% of total task/effort with physical assistance.      |
| 6 Set up/clean up only              | Dependent/total assist: Patient does not contribute to completion of task or requires assistance of two helpers.     |
| 7 Supv/contact guard assist         |                                                                                                                      |

Level of assistance: >

Development delays: >

Activity restrictions: >

Group responses for the *Level of Assistance* field in the **BH: Activity Assessment** have been updated to the following:

- None
- Dependent/total assist
- Independent/mod independ
- Maximal assist
- Min to moderate assist
- Set up/clean up only
- Supv/contact guard assist
- Free text

**Note:** The yellow information box defines levels of assistance.

#### Behavioral Health

BH: Activity Assessment

# Nursing & Ancillary Modules

## Nutritional Related Diagnosis



The response options for *Nutrition related diagnosis* were not sufficiently defined to meet CMS guidelines. This update introduces more detailed response options to support precise documentation that can be included in provider documentation and ensures CMS compliance.

Nutrition Assessment J00021639878 LCOE,TEST

| Nutrition related diagnosis: |                            |
|------------------------------|----------------------------|
| 1 Mild malnutrition          | 7 Obese class I            |
| 2 Moderate malnutrition      | 8 Obese class II           |
| 3 Severe malnutrition        | 9 Obese class III - Morbid |
| 4 Underweight                |                            |
| 5 Normal weight              |                            |
| 6 Overweight                 |                            |

Nutrition monitoring:→

Nutrition related diagnosis:→

Nutrition diagnosis details:→

Responses for the *Nutrition related diagnosis* field have been updated to include:

- Mild malnutrition
- Moderate malnutrition
- Severe malnutrition
- Underweight
- Normal weight
- Overweight
- Obese class I
- Obese class II
- Obese class III - Morbid

**Note:** A malnutrition response for adult patients in *Nutrition related diagnosis* will skip the *Nutrition diagnosis details* field.

### Nursing

Nutritional Assessment

# Standard Diet Orders Update

## MEDITECH CPOE Update

EHR  
2026.2  
Update

## Standard Diet Order Updates: Modifiers/Supplements

Updates have been made to the Standard Diet Orders, Modifiers, and Supplements to more accurately capture patient nutrition needs.

### Diet Modifiers

The following standardized diet orders has been updated with the new 'No pork' modifier field response:

- Bariatric Diet
- Cardiac/Heart Healthy Diet
- Clear Liquid Diet
- Consistent Carb/Diabetic Diet
- Dysphagia/IDDSI Diet
- Fiber Restricted Diet
- Full Liquid Diet
- Low Fat Diet
- Low Sodium Diet
- Pediatric Diet
- Regular Diet
- Renal Diet
- Adult tube feeding
- Pediatric tube feeding

In addition, the 'Wired jaw' modifier field response has been added to **Regular Diet** only.



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## Tube Feeding Orders

'Pediasure FBR 1.5 cal RTH' has been added to the **Pediatric Tube Feeding** formula list.

'Prosource TF' and 'Prosource TF20' have been added to both **Adult** and **Pediatric Tube Feeding Modulators**. <see below>

An "Age-Appropriate" **Error Message** has been added to 'Prosource TF' and 'Prosource TF20' that will prohibit ordering these items for patients who are under 4 years of age.

Prosource TF and Prosource TF20 are intended only for patients 4 years old and older.

## Supplements

**Order Rule Logic** has been added to all 'Supplement' fields. If 'NPO', 'Clear liquid', 'Fundoplication clear' or 'Bariatric clear liquid' (*Adults Only*) is entered as a 'Diet Modifiers' and inappropriate supplements are selected, the following **Error Message** will display:

Any Gelatin, Magic cup or Thrive ice cream supplements are not appropriate with NPO or any Clear liquid diet modifiers.

The screenshots illustrate the workflow for ordering pediatric tube feeding. The first window, 'TF Formula: LookUp', displays a list of formulas, with 'Pediasure FBR 1.5 cal RTH' highlighted. The second window, 'Enter/Edit Responses : Pediatric Tube Feeding', shows the 'Modular #1' section with 'Prosource TF' and 'Prosource TF20' listed. An error message box appears, stating: 'Prosource TF and Prosource TF20 are intended only for patients 4 years old and older.' The third window shows the 'Diet Modifiers' section with 'NPO' and 'Clear liquid' selected. An arrow points to the next page. The fourth window shows the 'Supplement 1' section with an error message box stating: 'Any Gelatin, Magic cup or Thrive ice cream supplements are not appropriate with NPO or any Clear liquid diet modifiers.'

| Supplements <b>Added</b>                                                                                                                                                                                                                                                                                                                                                                  | Supplements <b>Removed</b>                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The following <u>New</u> supplements/flavors have been added and are available for selection if appropriate:</p> <ul style="list-style-type: none"> <li>• Juven pineapple coconut</li> <li>• Magic cup van redu sugar</li> <li>• Prosource no carb</li> </ul> <p><b>Note:</b> <i>If the supplement is not appropriate for the ordered diet it will be unavailable in Look-Ups.</i></p> | <p>The following supplements have been removed from <b>ALL</b> supplement selections:</p> <ul style="list-style-type: none"> <li>• Ensure plus HP</li> <li>• Prosource TF</li> </ul> |