EBCD MEDITECH Content Updates – 2025.2
ED Module

Overview

This document is a high-level overview for end user education purposes about significant changes within the Nursing, ED, and OR Module screens, including Behavioral Health routines. Additional enhancements may be seen in the EHR Maintenance Release Section of the EHR Optimization SharePoint.

Inpatient Rehab Facility Enhancements education will be posted separately.

How to use this guide

The enhancements are listed by intervention. They include which module(s) are affected along with the impact associated with the intervention.

The enhancements are listed in alphabetical order and provide a rationale behind the change and screenshot example(s). This document focuses on end user enhancements designated as high and medium impact.

Impact Legend:

Safety/Regulatory 	Clinical Initiative 	Women's and Children's 
Reimbursement/Billing 	Enhancements/Wins 	

Be aware the enhancements may not be in your test environment at the time this document is published. Your facility/IT Division support team will notify you when the updates will be available in your software.

Please read the MEDITECH selected prompts and follow the yellow information boxes onscreen as you become aware of changes in the documentation.

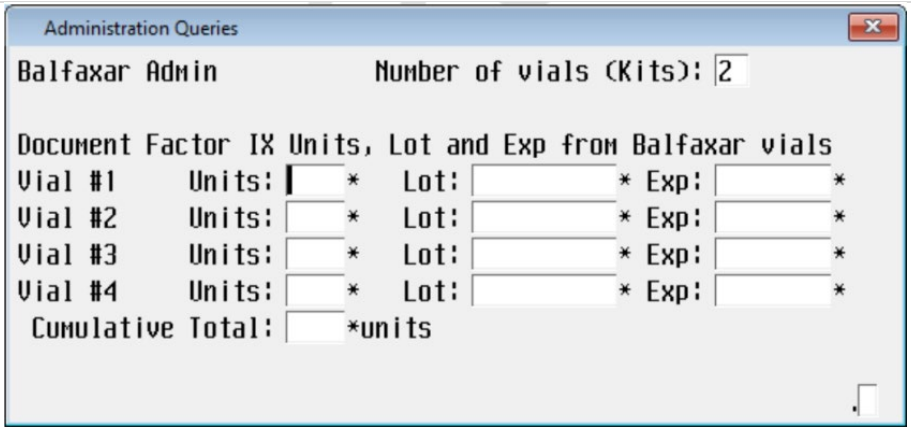
Summary of Revisions

Date	Revision

eMAR Updates

eMAR Admin of Nurse Compounded Balfaxar

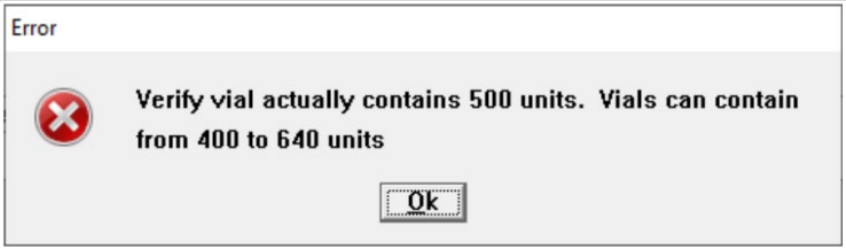
Current documentation does not prompt nurses to review incorrect number of units entered for Balfaxar, which can lead to incorrect dosage documentation within the medical record. Future documentation for Balfaxar orders will include a pop-up to the nurse if the field units entered for a vial are less than 400 or more than 640 units, as a 500-unit vial can contain between 400-640 units.



The number of vials (kits) will automatically populate from Admin Criteria.

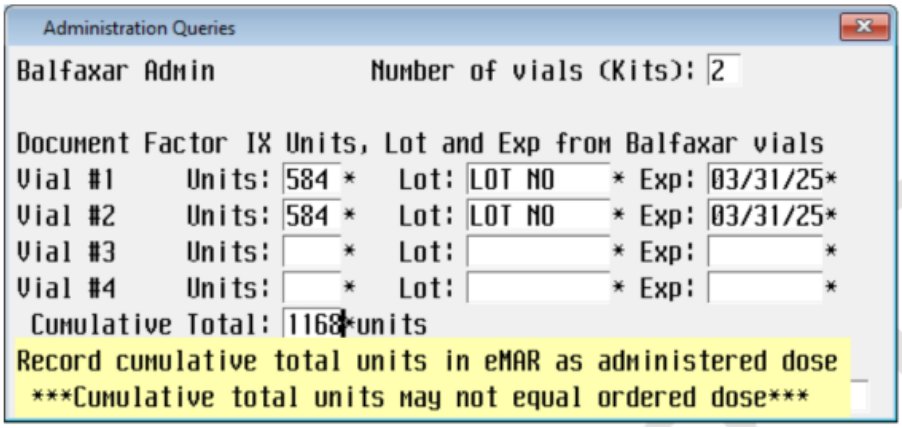
Required fields include:

- Units
- Lot
- Exp



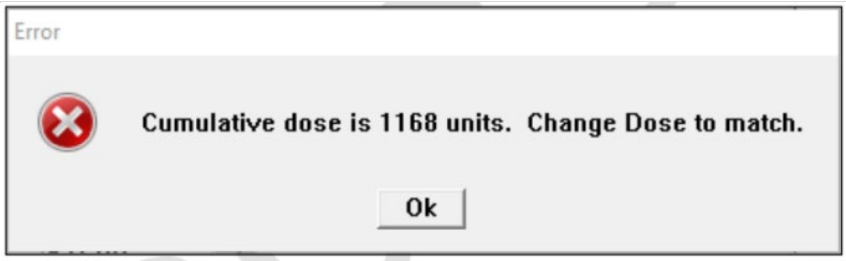
If 500 units is entered by the nurse, a soft-stop alert will appear asking the nurse to verify units is correct. If the vial is not exactly 500 units, the nurse should return to the Units field and enter the correct value.

If less than 400 or greater than 640 units are entered by the nurse, a hard-stop alert will appear asking the nurse to verify total units in vial. The nurse must return to the Units to enter the correct value.



The message to record total units in eMAR will display at the end of the screen. The nurse will document the Cumulative Total units from the MAR Admin CDS as the dose.

If the documentation does not match the cumulative total, then the MAR Dose rule displays a hard-stop alert which contains the Cumulative Total dose on the screen.

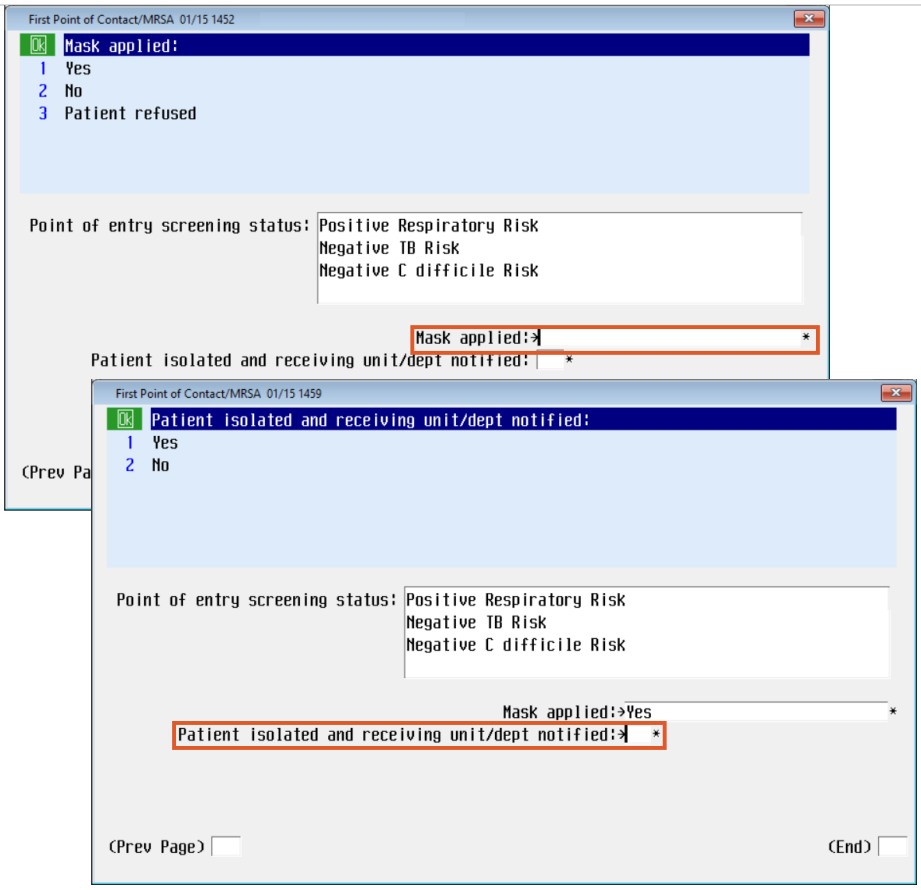


The nurse should acknowledge the pop-up and update the dose to match the Cumulative Total. There will not be a hard-stop alert if documenting as “Not-Given.”

ED Module

First Point of Contact

The existing documentation within the First Point of Contact does not address scenarios where patients refuse to wear masks or whether patients are isolated and the receiving unit/department is notified. This gap in documentation can lead to inconsistencies in patient management and communication between departments. The new updates will introduce additional fields at the end of the screening process to account for these circumstances.

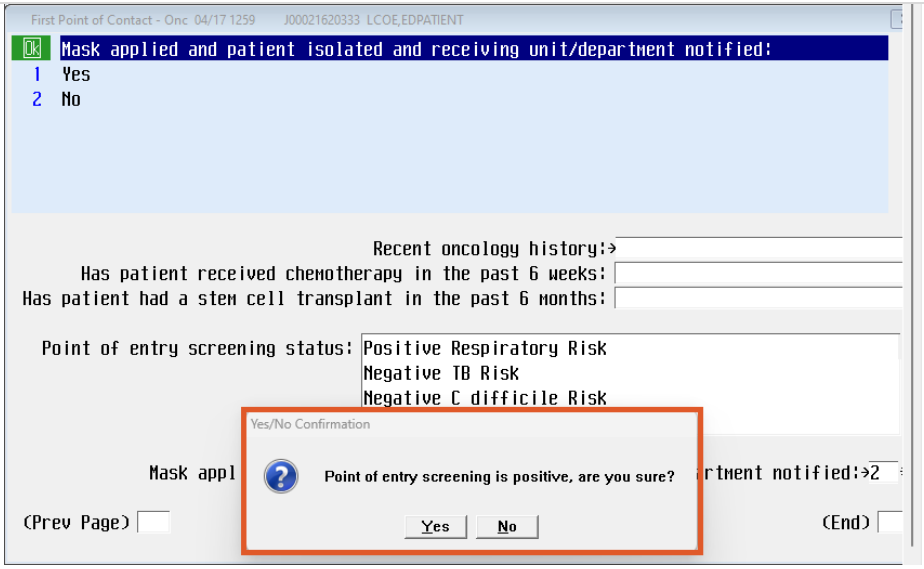


Mask applied will have 3 responses:

- Yes
- No
- Patient refused

Patient isolated and receiving unit/dept notified will be a Yes/No response field only.

Note: These fields become required if the patient screens positive for Respiratory and/or TB risk.



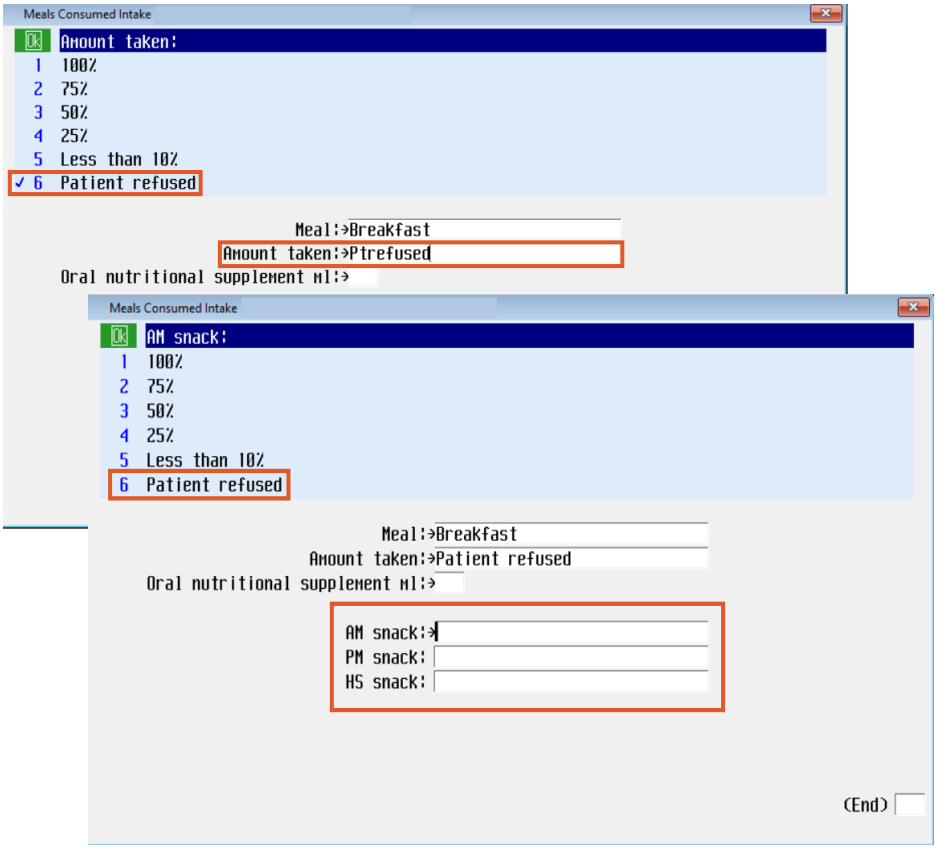
Note: The soft stop alert has been removed, as new documentation allows for the patient to refuse to be masked.

This update affects the following interventions/assessments:

Emergency Department
First Point of Contact – Onc
Paramedic Intake
Recept MOA 1st POC
Rapid Initial Assessment

Meals Consumed Intake

Currently, clinicians cannot document when a patient refuses a meal or snack as part of **Intake and Output**. To address this issue, “Patient refused” has been added as a new option, facilitating instances when a patient refuses a meal or snack offered. Information regarding patients who are NPO can be found elsewhere in the medical record.



‘Patient refused’ has been added to the response options for the following fields:

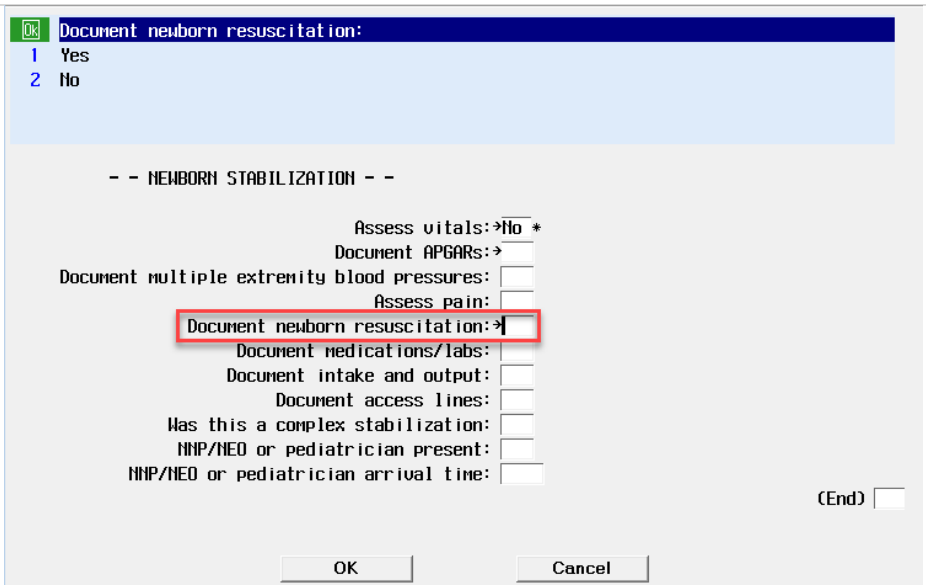
- Amount taken
- AM snack
- PM snack
- HS snack

This update affects the following interventions/assessments:

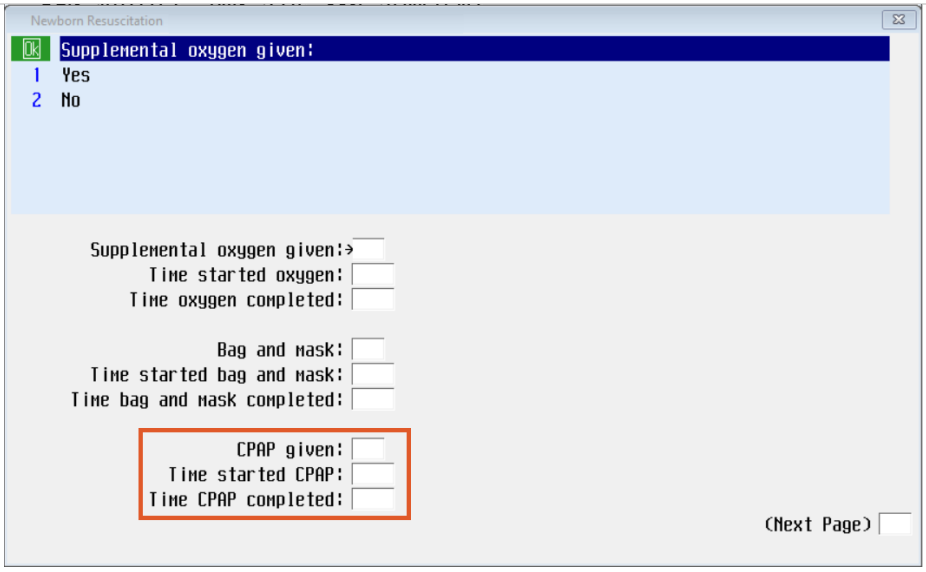
Emergency Department
Intake and Output
Newborn Stabilization
Disposition- DC/TX/ADM/LPT

Newborn Resuscitation Efforts

Current documentation for newborns does not allow for nurses to enter CPAP within resuscitation or stabilization efforts. Fields have now been added to include CPAP to accurately reflect care provided.



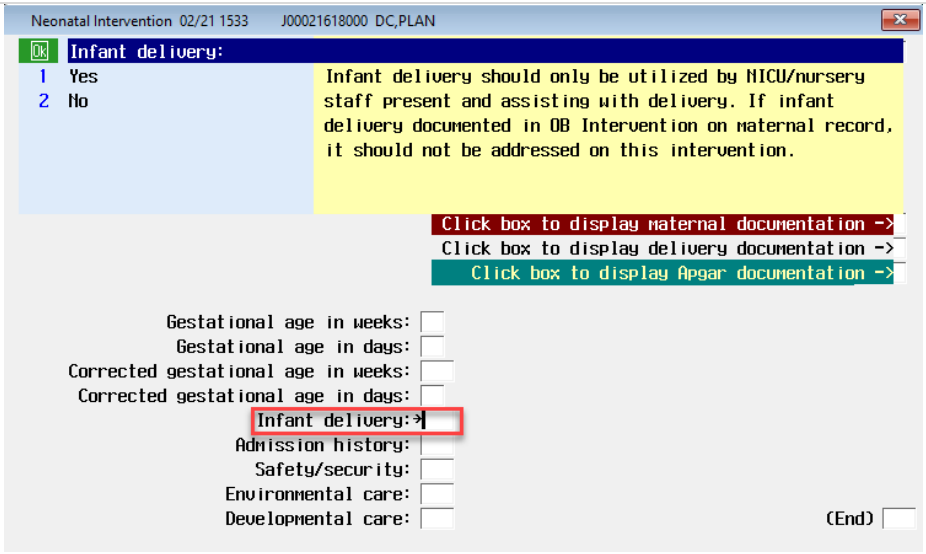
The Newborn Stabilization intervention in **EDM** has new queries related to newborn resuscitation.



The following fields have been added when documenting *Newborn Resuscitation*:

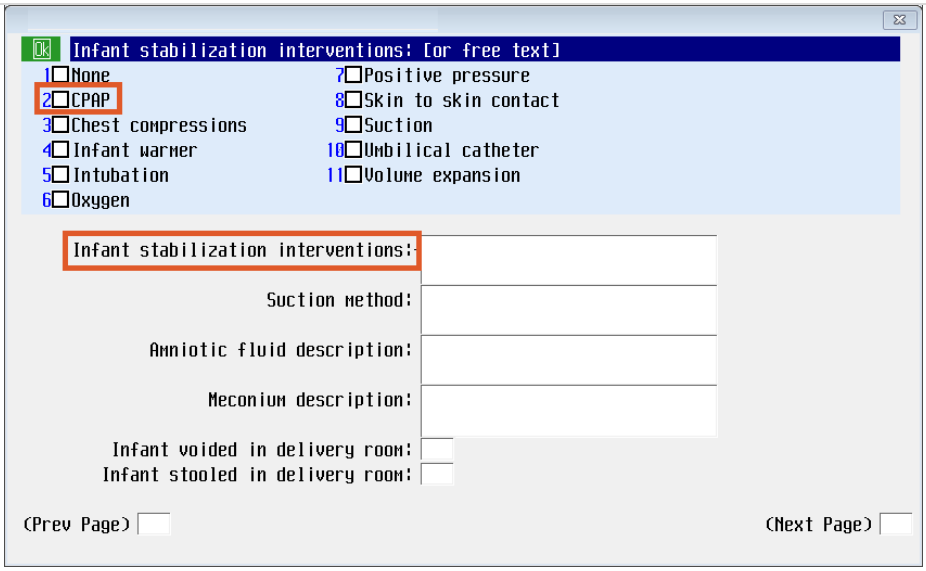
- CPAP Given
- Time started CPAP
- Time CPAP Complete

Note: If 'CPAP Given' response is "No" or blank, the other CPAP related fields will be skipped.



OB and Neonatal interventions for **inpatients** have an updated field for CPAP inside the infant delivery screens.

Note: Only facilities without another newborn documentation solution besides Meditech utilize these interventions.



The addition of *CPAP* is available from the group responses when documenting infant stabilization interventions.

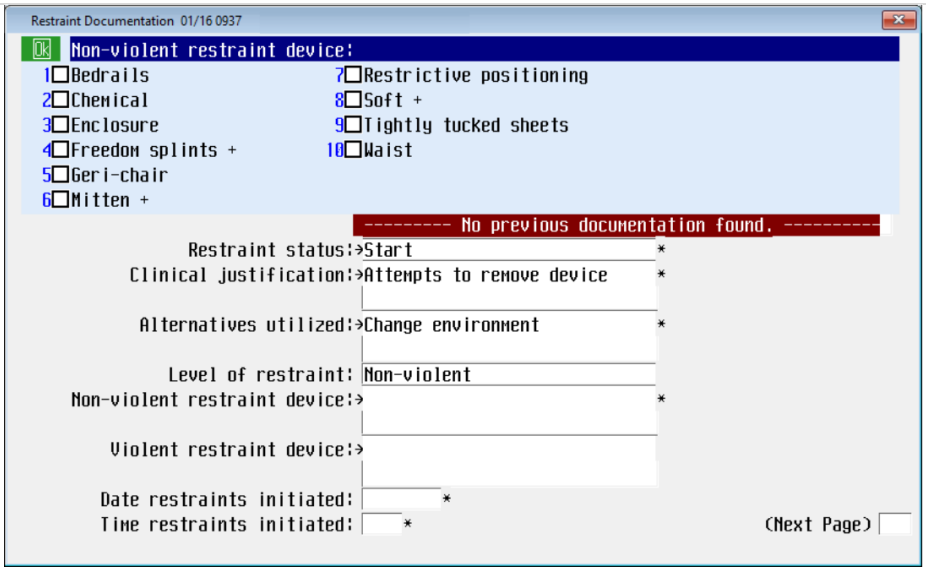
Note: Only facilities without another newborn documentation solution besides Meditech utilize these interventions.

This update affects the following interventions/assessments:

Emergency Department
Newborn Stabilization

Restraint Documentation

Current documentation allows for the selection of “Quick Release Synthetic” options when non-violent restraints have been ordered. Quick release synthetic restraints should be reserved for violent restraint use only. Future documentation will remove all “Quick Release Synthetic” options from the Non-violent restraint device field.



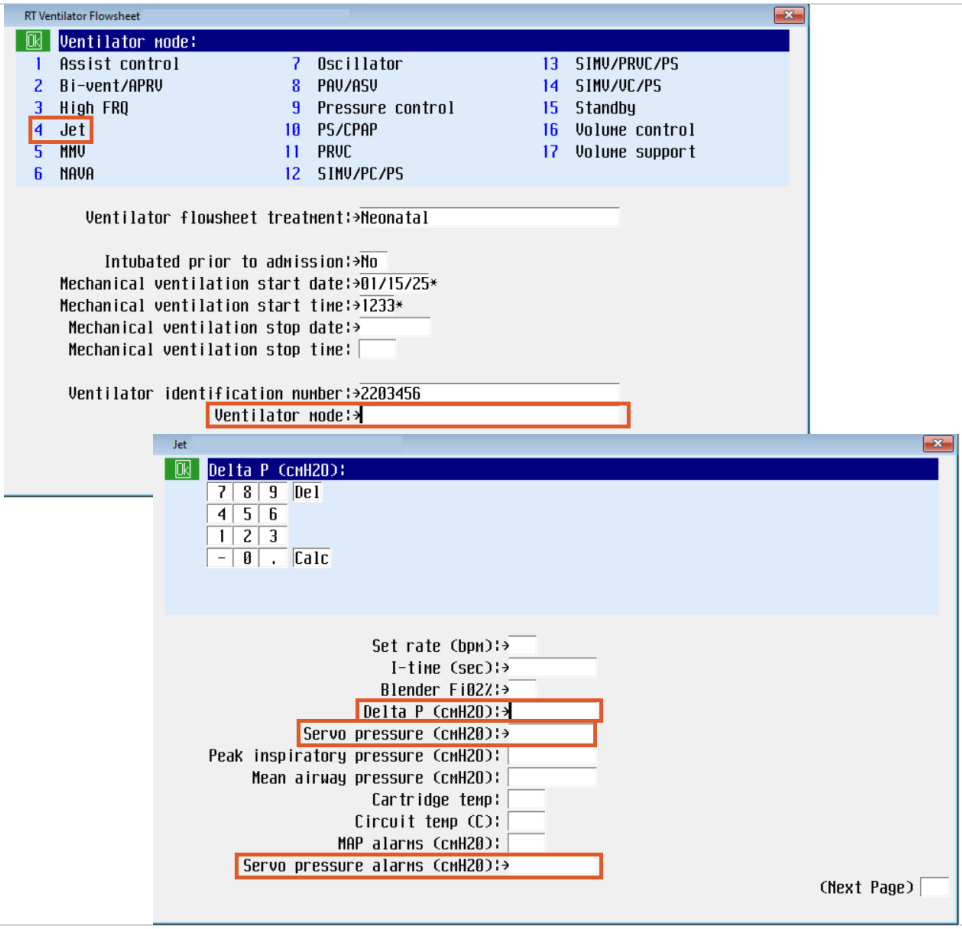
The “Quick Release Synthetic” options are no longer available when documenting Non-violent restraint device.

This update affects the following interventions/assessments:

Emergency Department
RESTRAINT Restraint Documentation

RT Ventilator Flowsheet

The Servo Pressure, Servo Pressure Alarms and Delta P fields have been updated to allow for accurate capture of these values by the end user; especially in the NICU population.



Within the *Ventilator mode* field, selecting the 'Jet' response now allows for documentation of decimal values in the following fields:

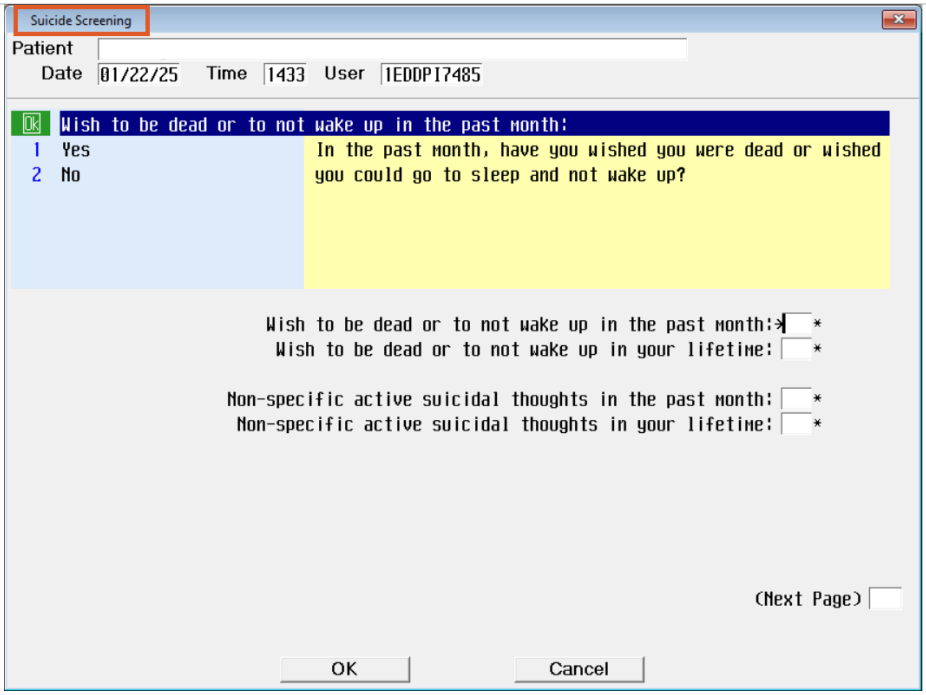
- Delta P (cmH20)
- Servo pressure (cmH20)
- Servo pressure alarms (cmH20)

This update affects the following interventions:

Emergency Department
RT Ventilator Flowsheet

Suicide Screening

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.



Suicide Screening will be the new verbiage used for required documentation and BH related screenings.

This update affects the following interventions/assessments:

Emergency Department
Suicide Screening - ED
Suicide Rescreening - ED
Detailed Assessment
BH Level of Care Assessment
BH Suicide/Homicide Screening
BH Suicide/Homicide Rescreen
Non-Urgent General Focus