

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.

The field **Device marked at (cm)** has been added to assist with Gastrointestinal Tube/Drain documentation accuracy.

GI tube/drain status selection governs question skip, require, and clear logic

This update affects the following interventions/assessments:

Nursing	Emergency Department
Admission/Shift Assessment (GI Tube content removed)	ABD Pain
Bowel, Gastric, Ostomy Care	GI Bleeding
Gastric Lavage - Orderable	N/V/D/C
Nasogastric Tube - Orderable	Physical Findings
Orogastric Tube – Orderable	Non-Urgent Care
Gastrointestinal Tube/Drain (NEW all modules)	Non-Urgent Care Reassessment

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.

Intake and Output (I&O) QSHIFT		✓
Assessments		✓
Intake		
Oral Intake		
IV Intake		
Nutrition Amount		
Meals Consumed		
Breakfast	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	
Lunch	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	
Dinner	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	
Oral nutritional supplement (ml)		
AM snack	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	
PM snack	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	
HS snack	<input type="radio"/> 100% <input type="radio"/> 50% <input type="radio"/> Less than 10% <input type="radio"/> 75% <input type="radio"/> 25% <input type="radio"/> Patient refused	

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

- *Breakfast*
- *Lunch*
- *Dinner*
- *AM snack*
- *PM snack*
- *HS snack*

EDM Module

Newborn Stabilization – CPAP Updates



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

The screenshot shows the 'Newborn Stabilization' form with the 'CPAP given' field set to 'Yes'. The form includes sections for Interventions, Assessments, and a detailed list of stabilization efforts with checkboxes for 'Yes' or 'No'.

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

- CPAP given
- Time started CPAP
- Time CPAP completed

Note: If the response for CPAP given is 'No', the Time started CPAP and Time CPAP completed are automatically skipped.

This second screenshot shows the same form but with 'CPAP given' set to 'No'. The 'Time started CPAP' and 'Time CPAP completed' fields are now disabled (grayed out), as indicated by the note.

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 Non tunneled Right
- ☒ Midline multi lumen Brachial vein Non tunneled Left
- ☐ Add a CVC/PICC/Midline/Dialysis

- ☐ CVC single lumen
- ☐ CVC multi lumen double
- ☐ CVC multi lumen triple
- ☐ CVC multi lumen four
- ☐ CVC multi lumen five
- ☐ Dialysis catheter double
- ☐ Dialysis catheter triple
- ☐ Midline single lumen
- ☐ Midline multi lumen
- ☐ PA catheter double
- ☐ PA catheter triple
- ☐ PA catheter four
- ☐ PA catheter single
- ☐ PICC single lumen
- ☐ PICC multi lumen double
- ☐ PICC multi lumen triple
- ☐ PICC multi lumen four
- ☐ Umbilical vessel catheter

- ☐ Axillary vein
- ☐ Basilic vein
- ☐ Brachial vein
- ☐ Cephalic vein
- ☐ Chest
- ☐ External jugular
- ☐ Femoral vein
- ☐ Great saphenous
- ☐ Head
- ☐ Internal jugular
- ☐ Leg lower
- ☐ Leg upper
- ☐ Lesser saphenous
- ☐ Lower arm
- ☐ Median cubital
- ☐ Neck
- ☐ Popliteal vein
- ☐ Postauricular
- ☐ Subclavian
- ☐ Temporal
- ☐ Umbilical vessel
- ☐ Upper arm

- ☐ Non tunneled
- ☐ Tunneled
- ☐ Unknown, present on arrival
- ☐ Left
- ☐ Right

'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 / Emergency Department	Ancillary
Intravascular Access/Saline Lock	Radiology Procedure Flowsheet
LD Admission Assessment	Radiology Tech Note
LD Shift Assessment	
LD Triage	

Expense 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.

Consent on Chart

☐

Stat

☒

Routine

* Provider

Hospitalist01,Provider

* Source

System Dispense

Comment

Consent on Chart
(PTSGNCONSE.C.OM)

< Original CDS
Comment (UNrequired)
(HCAOMCOMMEN0001)

Consent on Chart

☐

Stat

☒

Routine

* Provider

Hospitalist01,Provider

* Source

System Dispense

* Comment

Consent on Chart
(PTSGNCONSE.C.OM)

< New CDS
Comment (**Required**)
(HCAOMCOMMEN0002)

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.

On the **Vital Sign** assessment, **ICP Monitoring** has been added with the ability to document multiple instances.

The following fields have been added for each instance:

- ICP(mmHg)
- Mean Arterial Pressure
- CPP (mmHg)
- Zeroed/recalibrated
- Waveform
- Fluctuations
- Alarms on
- Alarm low
- Alarm High
- ICP Comment

Note: Users will only document the dressing type and site assessment in **ICP/Ventriculostomy** assessment. Users will be able to document the output for multiple ventricular drains in the **Intake and Output** assessment.

ICP Monitoring has been updated to a stand-alone Treatment in the ED.

	Care Item		Last Done	Status/Due	NOW
T	ICP Monitoring				
T	ICP/Ventriculostomy		29d		

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ICP Monitoring & Drains + Updates

[illegible]

In order to align with our CSG partners, the ICP Monitoring section of the Vital Signs/Height/Weight/Measurements + 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 cmH2O will be relabeled to Ventricular device set at mmHg and Ventricular device set at cmH2O. 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.

On the **ICP/Ventriculostomy** intervention, *Ventricular device set at mmHg* and *Ventricular device set at cmH2O* have been renamed.

ICP *Level* responses have been updated and the numeric options have been removed.

Note: Selecting 'Other' makes *Other level* *required.

On the **Intake and Output** intervention, *External Ventricular Device* has been added to document output.

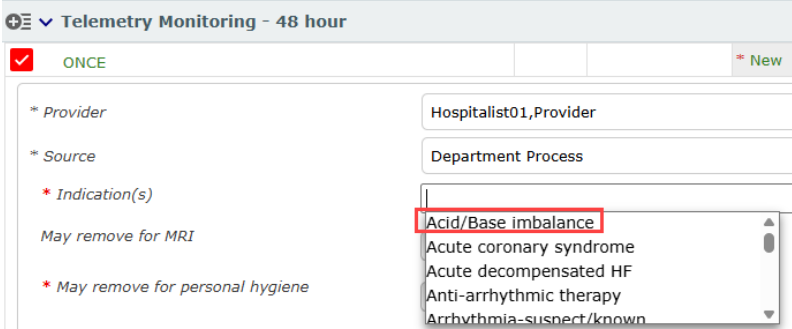
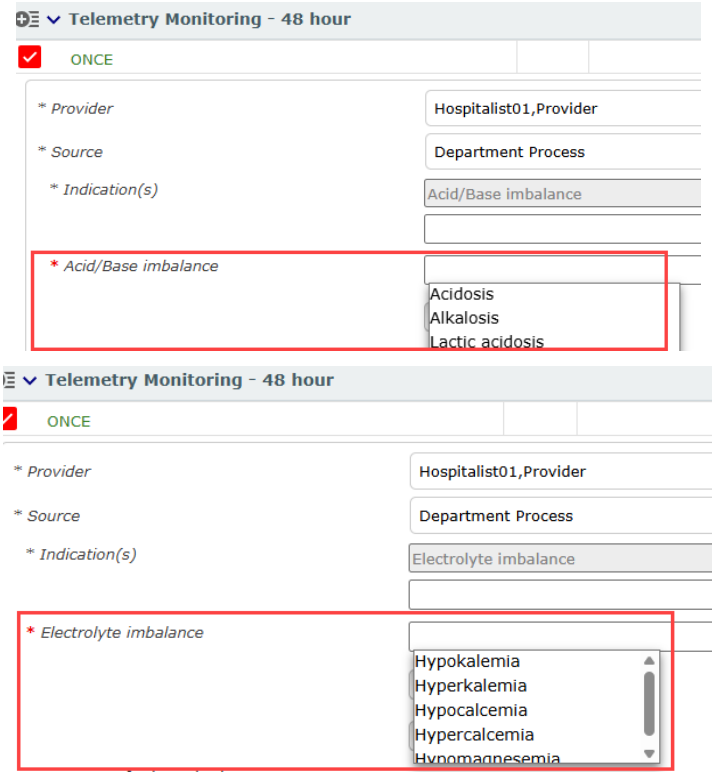
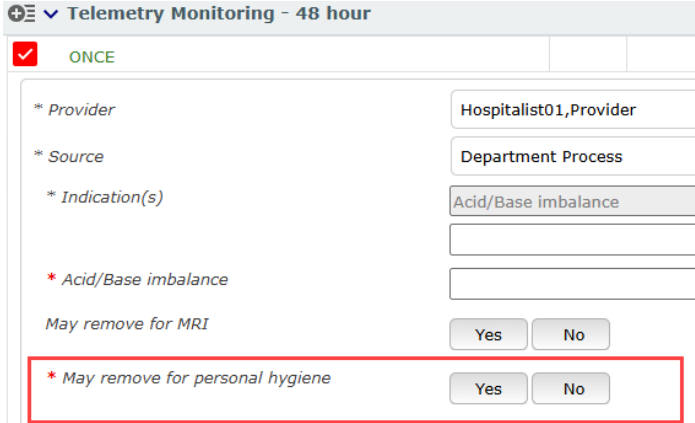
Note: Multiple instances can be created using the **Add a External Ventricular Drain** selection.

Interventions	
ICP/Ventriculostomy ✓	
Assessments	
ICP/Ventriculostomy ✓	
ICP/Ventriculostomy	
Ventricular drainage Occipital region left	
Ventricular device status	<input checked="" type="radio"/> Monitor <input type="radio"/> Discontinue <input type="radio"/> Present on arrival Present on arrival - means inserted prior to arrival to facility
Ventricular device set at (mmHg)	Renamed
Ventricular device set at (cmH2O)	
Drain Status	<input type="radio"/> Capped <input type="radio"/> Clamped <input type="radio"/> Open <input type="radio"/> Other
Other drain status	
Level	<input type="radio"/> Above external auditory meatus <input type="radio"/> Below external auditory meatus <input type="radio"/> At external auditory meatus <input type="radio"/> Other
Other level	
Intervention	<input type="radio"/> 10 ml/hr <input type="radio"/> 20 ml/hr <input type="radio"/> 30 ml/hr <input type="radio"/> Open to drainage <input type="radio"/> Other <input type="radio"/> 15 ml/hr <input type="radio"/> 25 ml/hr <input type="radio"/> Clamped <input type="radio"/> To pressure monitoring
Other intervention	
Site assessment	<input type="checkbox"/> Bleeding <input type="checkbox"/> Drainage <input type="checkbox"/> Odor present <input type="checkbox"/> Reddened <input type="checkbox"/> Clean/dry <input type="checkbox"/> Edematous <input type="checkbox"/> Painful <input type="checkbox"/> Other
Other site assessment	
Drainage description	<input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Serous <input type="checkbox"/> Other <input type="checkbox"/> Brown <input type="checkbox"/> Purulent <input type="checkbox"/> Tan <input type="checkbox"/> Clear <input type="checkbox"/> Sanguineous <input type="checkbox"/> Yellow <input type="checkbox"/> Foul purulent <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Unable to assess
Other drainage description	

Output ✓	
<input type="checkbox"/> Urine <input type="checkbox"/> Stool <input type="checkbox"/> Emesis <input type="checkbox"/> Gastric Drainage <input type="checkbox"/> Accordion Drain <input type="checkbox"/> Biliary Tube <input type="checkbox"/> Bulb Drain <input type="checkbox"/> Chest Tube	
External Ventricular Drain	
<input type="checkbox"/> Ventricular device drain 1 Ventricular drainage Occipital region right External ventricular drain (ml) 10 <input type="checkbox"/> New External Ventricular Drain Add a External Ventricular Drain	
Lumbar Drain	
<input type="checkbox"/> Lumbar drain (ml)	
Negative Pressure Wound Therapy	
<input type="checkbox"/> New Negative Pressure Wound Therapy Add a Negative Pressure Wound Therapy <input type="checkbox"/> Negative Pressure Wound Therapy (ml)	

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Telemetry Monitoring- 48 hour Order Updates

 <p>Telemetry Monitoring - 48 hour</p> <p><input checked="" type="checkbox"/> ONCE * New</p> <p>* Provider: Hospitalist01,Provider</p> <p>* Source: Department Process</p> <p>* Indication(s): Acid/Base imbalance</p> <p>May remove for MRI</p> <p>* May remove for personal hygiene</p>	<p>New indications have been added or modified:</p> <ul style="list-style-type: none"> • Acid/Base imbalance (new) • Stroke → Stroke/TIA • Pulmonary embolism → Symptomatic PE
 <p>Telemetry Monitoring - 48 hour</p> <p><input checked="" type="checkbox"/> ONCE</p> <p>* Provider: Hospitalist01,Provider</p> <p>* Source: Department Process</p> <p>* Indication(s): Acid/Base imbalance</p> <p>* Acid/Base imbalance: Acidosis, Alkalosis, Lactic acidosis</p> <p>Telemetry Monitoring - 48 hour</p> <p><input checked="" type="checkbox"/> ONCE</p> <p>* Provider: Hospitalist01,Provider</p> <p>* Source: Department Process</p> <p>* Indication(s): Electrolyte imbalance</p> <p>* Electrolyte imbalance: Hypokalemia, Hyperkalemia, Hypocalcemia, Hypercalcemia, Hypomagnesemia</p>	<ul style="list-style-type: none"> • Additional query Acid/Base imbalance will populate when this is chosen as an indication with group responses: <ol style="list-style-type: none"> 1. Acidosis 2. Alkalosis 3. Lactic Acidosis • Additional query Electrolyte imbalance will populate when this is chosen as an indication with group responses: <ol style="list-style-type: none"> 1. Hypokalemia 2. Hyperkalemia 3. Hypocalcemia 4. Hypercalcemia 5. Hypomagnesemia
 <p>Telemetry Monitoring - 48 hour</p> <p><input checked="" type="checkbox"/> ONCE</p> <p>* Provider: Hospitalist01,Provider</p> <p>* Source: Department Process</p> <p>* Indication(s): Acid/Base imbalance</p> <p>* Acid/Base imbalance</p> <p>May remove for MRI: Yes No</p> <p>* May remove for personal hygiene: Yes No</p>	<ul style="list-style-type: none"> • May remove for personal hygiene will now be REQUIRED

MEDITECH Expanse TIP SHEET

Paracentesis Orders Update



Orders




Add New




Process Orders

Orders




Sort

Q paracent

   > CT drain paracentesis

   > IR paracentesis

   > IR paracentesis wo imaging

   > US paracentesis abd w/image

Paracentesis procedures will now be searchable as standalone orders within the order entry lookup.

Historically, these orders could only be entered via order sets.

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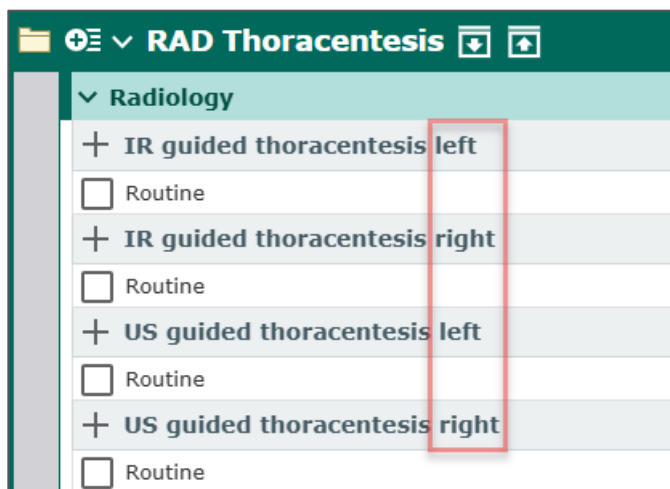
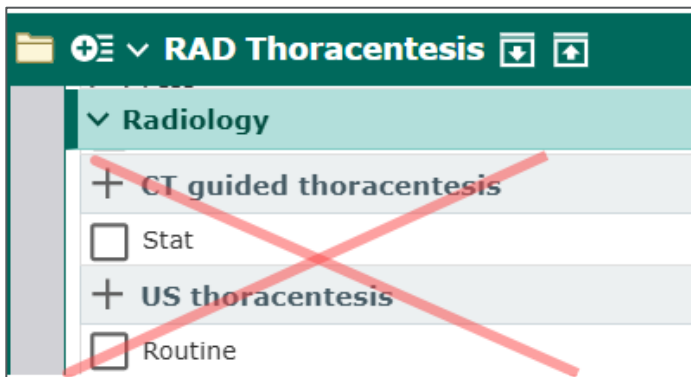
Thoracentesis Orders & Order Sets

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.