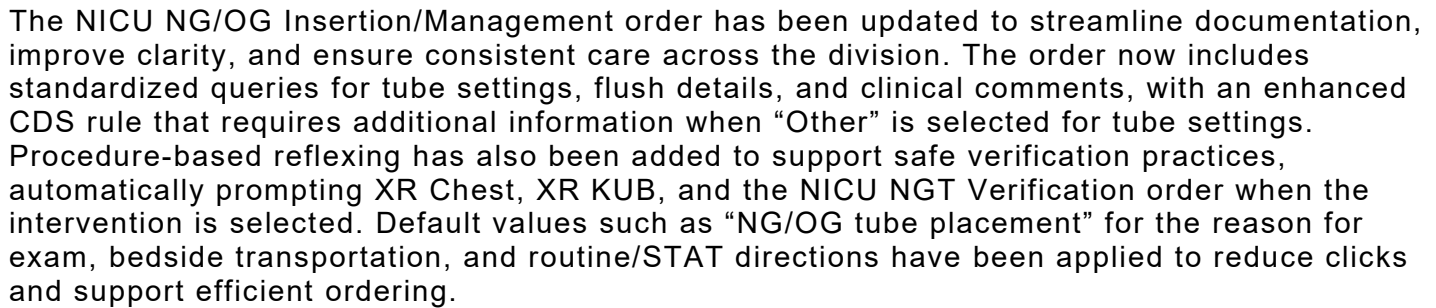


Changes go in effect 12/17/2025



Changes Include:

- Added standardized NG/OG tube-setting queries
- Reflex from order: NGT Verification
 - XR Chest 1V
 - XR KUB
- Reflex defaults
 - NG/OG tube placement
 - Bedside transport on XR chest

MEDITECH Expanse TIP SHEET

Intake and Output



BEFORE

BGB Recall PCS - Flowsheet

PCS, BGB Recall
U, 0m 1d F, 11/17/2025
ADM NO: 11.01, 11.210-32

Resus Status Not Ordered No Hx Avail H5002

Allergy/Adv: Not Recorded

Mode Hide Text Recall Add Note

Go To Section Cancel Save Save and

Tue Nov 18 15:36 by MB

Intake and Output

Intake/Output Type ☒ Intake ☐ Output ☐ Hemodialysis ☐ Autotransfusion ☐ Continuous Bladder Irrigation

Intake type Neonatal/Pediatric Nutrition - Breastfeeding, bottle feeding, or enteral feeds for infant or pediatric patients Nutrition/Meals - Oral intake, meals, or enteral feedings for pediatric or adult patients

Intake type ☒ Neonatal/Pediatric Nutrition ☐ Nutrition/Meals ☐ Non TAR Blood ☐ Other Intake

Feeding cues ☒ Alert, rooting, hands to mouth, moving tongue or quiet alert ☐ Frantic/difficult to soothe ☐ Irritable ☐ No feeding cues ☐ Sleeping

Fed by ☐ Father ☐ Mother ☒ Nursing staff ☐ OT/ST ☐ Other ☐ Visitor

Other fed by ☐ Absent ☐ Fair ☐ Gagging ☐ Poor ☐ Spitting ☐ Strong

Suck/swallow ☒ Bottle ☒ Breast ☒ Tube ☒ Oral cup/spoon/syringe/SNS

Feeding method(s) ☐ EBM ☐ Formula ☐ Donor EBM ☐ Electrolyte replacement ☐ Rice cereal ☐ Other

Other feeding type ☐ Cleft palate ☐ Regular ☐ Slow flow ☐ Other

Nipple type ☐ Other nipple type

*Number of feeding calories ☐ 19 calories/oz ☐ 21 calories/oz ☐ 23 calories/oz ☐ 25 calories/oz ☐ 27 calories/oz ☐ 29 calories/oz ☐ 31 calories/oz ☐ 20 calories/oz ☐ 22 calories/oz ☒ 24 calories/oz ☐ 26 calories/oz ☐ 28 calories/oz ☐ 30 calories/oz ☐ 32 calories/oz

Nutritional supplement type ☐ HMF ☐ HMDHMF ☐ Liquid protein ☐ Rice cereal ☐ Other

Other nutritional supplement type

HMDHMF lot number

HMDHMF expiration date

Formula name

Formula lot number

Formula expiration date

Donor milk lot number

Donor milk expiration date

*Bottle feeding amount ml 2

*Tube feeding amount ml 2

*Oral cup/spoon/syringe/SNS feeding amount ml 2

Total feeding amount ml 6

Other intake ml

Use for enteral medication amount ml administered from MAR.

Neonatal/Pediatric - Breastfeeding

Breastfeeding duration (minutes) 10

Breastfeeding devices/interventions ☐ AC Pumping ☐ Hand expression ☐ Nursing bra ☐ Scissor hold ☐ Washcloth/towel support

Breast supplementer ☐ Nipple shields ☐ Oral syringe/drops ☐ Shells ☐ Other

C hold ☐ Nipple stimulation ☐ Rev pressure softening ☐ Suck training

Other breastfeeding devices/interventions ☐ Yes ☐ No

Reason breastfeeding tolerated ☐ Apnea ☐ Bradycardia ☐ Choking/coughing ☐ Desaturation ☐ Emesis ☐ Poor latch/suck ☐ Slow intake ☐ Other

Reason breastfeeding not tolerated

Other reason breastfeeding not tolerated

Latch ☐ 0 - Sleepy ☐ 1 - Attempts ☐ 2 - Grasps breast

0 - Too sleepy, no sustained latch or suck

1 - Repeated attempts for latch or suck needed

2 - Tongue down, lips flanged, rhythmic sucking

Audible swallowing ☐ 0 - None ☐ 1 - Few ☐ 2 - Spontaneous

0 - None

1 - A few with stimulation

2 - Spontaneous and intermittent (<24 hours)

Type of nipple ☐ 0 - Inverted ☐ 1 - Flat ☐ 2 - Everted

0 - Inverted

1 - Flat

2 - Everted (after stimulation)

Comfort ☐ 0 - Engorged ☐ 1 - Filling ☐ 2 - Soft non-tender

0 - Cracked, bleeding, large blisters or bruises

1 - Reddened, small blisters or bruises

2 - Soft, non-tender

Hold ☐ 0 - Full assist ☐ 1 - Minimal assist ☐ 2 - No assist from staff

0 - Staff holds infant at breast

1 - Staff holds, then mother takes over

2 - Mother able to position and hold infant

LATCH score

Neonatal/Pediatric - Bottle feeding

Bottle feeding tolerated ☐ Yes ☐ No

Reason bottle not tolerated ☐ Apnea ☐ Bradycardia ☐ Choking/coughing ☐ Desaturation ☐ Emesis ☐ Poor latch/suck ☐ Slow intake ☐ Other

Other reason bottle not tolerated

Bottle feeding attempt duration (min)

Neonatal/Pediatric - Oral feeding

Oral feeding method ☐ Oral cup ☐ Oral SNS ☐ Oral spoon ☐ Oral syringe

Oral feeding tolerated ☐ Yes ☐ No

Reason oral feeding not tolerated ☐ Apnea ☐ Bradycardia ☐ Choking/coughing ☐ Desaturation ☐ Emesis ☐ Poor latch/suck ☐ Slow intake ☐ Other

Other reason oral feeding not tolerated

Neonatal/Pediatric - Tube feeding

Tube feeding type ☐ Bolus ☐ Continuous ☐ Intermittent

Tube feeding mode ☐ Pump ☐ Gravity

Tube feeding duration (min)

Tube feeding rate (ml/hr)

Tube feeding residual

Residual amount refeed ml

Content characteristics ☐ Clear ☐ Bright red ☐ Black ☐ Dark red ☐ White ☐ Greasy ☐ Loose ☐ Undigested food ☐ Other

☐ Blood tinged ☐ Brown ☐ Coffee ground ☐ Green ☐ Yellow ☐ Liquid ☐ Soft ☐ Watery

Other content characteristics ☐ Yes ☐ No

Tube feeding tolerated ☐ Apnea ☐ Bradycardia ☐ Choking/coughing ☐ Desaturation ☐ Emesis ☐ Poor latch/suck ☐ Slow intake ☐ Other

Reason tube feeding not tolerated

Other reason tube feeding not tolerated

Neonatal/Pediatric Totals for Calories

Total of all Calories per this feeding 4.80

Calories per bottle feeding 1.60

Calories per tube feed 1.60

Nursing

For Neonatal/Pediatric Nutrition Intake, the nurse will be able to document the feeding type and method in more detail:

- Bottle donor milk ml
- Bottle formula ml
- Bottle breastmilk ml
- Oral donor milk ml
- Oral formula ml
- Oral breastmilk ml
- Tube donor milk ml
- Tube breastmilk ml
- Tube oral ml

The *Neonatal/Pediatric Totals – Calories* section will be renamed *Neonatal/Pediatric Totals*

In this section, there will be additional queries with calculations available: Total donor milk amount ml, Total expressed breast milk amount ml, Total formula amount ml

The Total of all calories per the feeding, Calories per bottle feeding, and Calories per tube feed logic for calorie calculation will use an ounce-to-milliliter conversion of 29.5735 mL instead of 30 mL per ounce. This conversion aligns with

AFTER

BGB Recall PCS - FlowSheet

PCS BGB Recall
0m 1d F 11/17/2025
ADM NB H.101 H.210-32

Resus Status Not Ordered No Hx Avail H5002

Allergy/Adv: Not Recorded

Mode Hide Text Add Note Cancel Save Save and t

Tue Nov 18 15:23 by MJB

Intake and Output

Intake/Output Type

Intake/Output Type

Intake Type

Neonatal/Pediatric Nutrition - Breastfeeding, bottle feeding, or enteral feeds for infant or pediatric patients

Nutrition/Meals - Oral intake, meals, or enteral feedings for pediatric or adult patients

Intake type

Neonatal/Pediatric Nutrition

Feeding cues

Alert, rooting, hands to mouth, moving tongue or quiet alert

Frantic/difficult to soothe

Irritable

No feeding cues

Sleeping

Fed by

Father

Mother

Nursing staff

OT/ST

Other

Visitor

Other fed by

Suck/swallow

Feeding method(s)

Bottle

Breast

Tube

Oral cup/spoon/syringe/SNS

EBM

Formula

Donor EBM

Electrolyte replacement

Rice cereal

Other

Feeding type

Other feeding type

Nipple type

Cleft palate

Regular

Slow flow

Other

Other nipple type

*Number of feeding calories

19 calories/oz

21 calories/oz

23 calories/oz

25 calories/oz

27 calories/oz

29 calories/oz

31 calories/oz

20 calories/oz

22 calories/oz

24 calories/oz

26 calories/oz

28 calories/oz

30 calories/oz

32 calories/oz

Nutritional supplement type

Other nutritional supplement type

HMDHMF lot number

HMDHMF expiration date

Formula name

Formula lot number

Formula expiration date

Donor milk lot number

Donor milk expiration date

Other intake ml

Use for enteral medication amount ml administered from MAR.

Neonatal/Pediatric - Bottle feeding

Bottle breastmilk ml

Bottle formula ml

Bottle donor breastmilk ml

*Bottle feeding total ml

Bottle feeding tolerated

Yes

No

Reason bottle not tolerated

Apnea

Bradycardia

Choking/coughing

Desaturation

Emesis

Poor latch/suck

Slow intake

Other

Other reason bottle not tolerated

Bottle feeding attempt duration (min)

Neonatal/Pediatric - Breastfeeding

Breastfeeding duration (minutes)

Breastfeeding devices/interventions

AC Pumping

Hand expression

Nursing bra

Scissor hold

Washcloth/towel support

Breast supplementer

Nipple shields

Oral syringe/drops

Shells

C hold

Nipple stimulation

Rev pressure softening

Suck training

Other breastfeeding devices/interventions

Breastfeeding tolerated

Yes

No

Reason breastfeeding not tolerated

Apnea

Bradycardia

Choking/coughing

Desaturation

Emesis

Poor latch/suck

Slow intake

Other

Other reason breastfeeding not tolerated

Latch

0 - Sleepy

1 - Attempts

2 - Grasps breast

0 - Too sleepy, no sustained latch or suck

1 - Repeated attempts for latch or suck needed

2 - Tongue down, lips flanged, rhythmic sucking

0 - None

1 - Few

2 - Spontaneous

0 - None

1 - A few with stimulation

2 - Spontaneous and intermittent (<24 hours)

0 - Inverted

1 - Flat

2 - Everted (after stimulation)

0 - Engorged

1 - Filling

2 - Soft non-tender

0 - Cracked, bleeding, large blisters or bruises

1 - Reddened, small blisters or bruises

2 - Soft, non-tender

0 - Full assist

1 - Minimal assist

2 - No assist from staff

0 - Staff holds infant at breast

1 - Staff holds, then mother takes over

2 - Mother able to position and hold infant

LATCH score

Neonatal/Pediatric - Tube Feeding

Tube breastmilk ml

Tube donor breastmilk ml

Tube formula ml

*Tube feeding total ml

Tube feeding type

Bolus

Continuous

Intermittent

Tube feeding mode

Pump

Gravity

Tube feeding duration (min)

Tube feeding rate (ml/hr)

Tube feeding residual

Residual amount refeed ml

Content characteristics

Clear

Bright red

Black

Dark red

White

Greasy

Loose

Undigested food

Other

Blood tinged

Brown

Coffee ground

Green

Yellow

Liquid

Soft

Watery

Other content characteristics

Tube feeding tolerated

Yes

No

Reason tube feeding not tolerated

Apnea

Bradycardia

Choking/coughing

Desaturation

Emesis

Poor latch/suck

Slow intake

Other

Other reason tube feeding not tolerated

Neonatal/Pediatric - Oral Feeding

Oral breastmilk ml

Oral donor breastmilk ml

Oral formula ml

*Oral feeding total ml

Oral feeding method

Oral cup

Oral SNS

Oral spoon

Oral syringe

Oral feeding tolerated

Yes

No

Reason oral feeding not tolerated

Apnea

Bradycardia

Choking/coughing

Desaturation

Emesis

Poor latch/suck

Slow intake

Other

Other reason oral feeding not tolerated

Neonatal/Pediatric Totals

Total feeding amount ml

Total of all Calories per this feeding

Calories per bottle feeding

Calories per tube feed

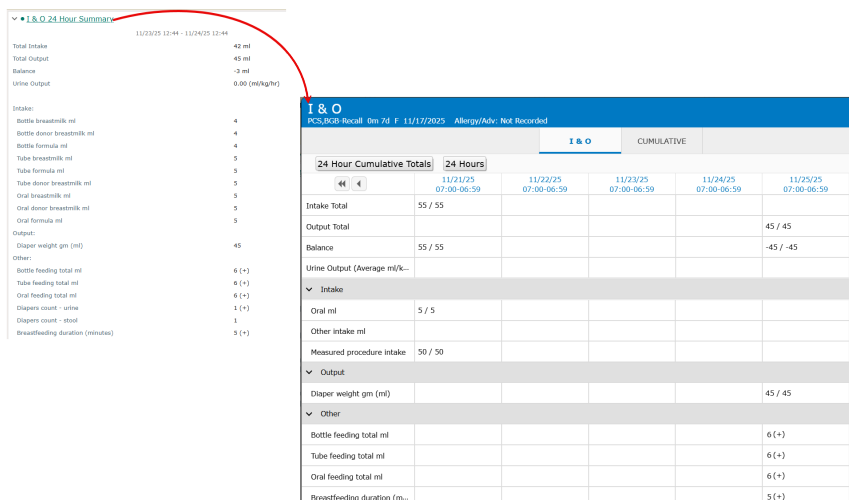
Total donor milk amount ml

Total expressed breast milk amount ml

Total formula amount ml

other tools such as the NICU Nutrition Report and the NICU Nutrition Calculator.

I&O 24 Hour Summary Widget



Providers and Dietitians

Clinicians will be able to access the updated intake data on the I&O Widget and the Neonatal NICU Standard Flowsheet.

On the I&O Widget, clinicians can view the Bottle feeding total, Tube feeding total, and Oral feeding total in the “Other” section.

Neonatal NICU Standard Flowsheet

Fullscreen Panel: Test Neonatal NICU Standard Time Interval: 3 Hours

	11/17/25 12:00-14:59	11/18/25 15:00-17:59	11/20/25 15:00-17:59	11/24/25 06:00-08:59	11/24/25 09:00-11:59	11/24/25 12:00-14:59
▼ I&O and Nutrition						
▼ Intake						
Total enteral feeding amount ml				9	15	18
Tube feeding total ml	6			3	6	6
Bottle feeding total ml	3	1		3	3	6
Oral feeding total ml	9			3	6	6
Feeding type	EBM Formula Donor EBM Rice cereal		Formula			
Formula name	Neosure					
Number of feeding calories	24 calories/oz	24 calories/oz	19 calories/oz	24 calories/oz	23 calories/oz	24 calories/oz
Nutritional supplement type	HMF HMDHMF		HMF			
Breastfeeding duration (minutes)	20			10	5	5
Oral ml			5			
▼ Enteral Feeding Type Totals						
Total expressed breast milk amount ml				3	5	6
Total donor milk amount ml				3	5	6
Total formula amount ml				3	5	6
▼ Enteral Feeding Detail						
Bottle breastmilk ml	1	1		1	1	2
Tube breastmilk ml	2			1	2	2
Bottle donor breastmilk ml	1			1	1	2
Tube donor breastmilk ml	2			1	2	2
Tube formula ml	2			1	2	2
Bottle formula ml	1			1	1	2
Oral breastmilk ml	3			1	2	2
Oral donor breastmilk ml	3			1	2	2
Oral formula ml	3			1	2	2
▼ Caloric Intake						
Total of all Calories per this feeding	0.00	0.80	0.00	7.20	11.49	14.40
▼ Output						
Diapers count - urine	1			1	1	
Diaper weight gm (ml)	20			30	15	
Diapers count - stool						1

On the Neonatal NICU Standard Flowsheet, clinicians will see the Total feeding queries in the Intake section but can view other Enteral Feeding details in newly added sections below.

NICU TPN Lipid Options

Expanse Pharmacy

EHR
Update

Addition to NICU TPN Lipid Options

We will be adding Clinolipid to the lipid products group response on the NICU TPN ordering protocol. This will align with current formulary ordering.

Lipids

* Pt to receive Lipids? Yes, Pharmacy will enter

* Lipid product: Clinolipid 20%
Intralipid 20%
SMOFlipid 20%
Omegaven 10%

* Lipid dosing gm/kg (0.5-3.5 gm/kg):

* Lipid infuse over (hours): 24

Lipids mL/day:

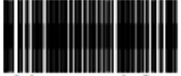
Lipids mL/hr:

Modification to the IM Order Type Label

The IM Order Type label has been updated to contain a line for the diluent. The Label will now present carriers and additives in the same manner as the other IV labels. Total Volume (TOT VOL) was also added to the label. And additional programming allows the DOSE prompt to be blank if there are no or multiple additives.

Label Examples


Before


Frisbie Memorial Hospital ROOM: MED.F.X 5008.F.X-1
REGYATES, INPT TEST2 ACCT# A00000000372
ADULT DOB:05/07/74 AGE:51 SEX: F HT: cm WT: kg

RX#AM000000096 START: 12/02-1345 STOP: 12/02/25
cefTRIAXone 1,000 mg Vial
DOSE: 1,000 MG RTE: IM SIG: ONCE DISP#1
Prep By: _____ Storage Temp:
Chk By: _____ Room / Fridge
Do Not Use Beyond Dt/Tm: ____/____

Duplicate Label Prints on Next Full Label

After


Frisbie Memorial Hospital ROOM: MED.F.X 5008.F.X-1
REGYATES, INPT TEST2 ACCT#: A00000000372
ADULT DOB:05/07/74 AGE:51 SEX: F HT: cm WT: kg

RX#AM000000095 START: 12/02-1330 STOP: 12/02/25
cefTRIAXone 1,000 mg Vial 1,000 MG
lidocaine 1% (10 mL) Vial 2.86 ML
DOSE: 1,000 MG TOT VOL: 2.86 ML
SIG: ONCE ROUTE: IM DISP: 1
Prep By: _____ Storage Temp:
Chk By: _____ Room / Fridge
Do Not Use Beyond Dt/Tm: ____/____

Duplicate Label Prints on Next Full Label

(continued)

MEDITECH Expanse TIP SHEET

MAR Lot Number and Expiration Date



MAR Lot and Expiration Date

Number

***Number** ▼
 Enter the number of vials, syringes, bags, or other dosage forms given.

1

Lot number 1
Expiration date 1 ▼

2

Lot number 2
Expiration date 2 ▼

3

Lot number 3
Expiration date 3 ▼

4

Lot number 4
Expiration date 4 ▼

The wording in the MAR section for Lot Number and Expiration Date, associated with medications such as Rhogam, has led to some confusion among users.

To address this, the following changes will be made:

- "Number of dose units" will change to say "Number"
- A description will be added: "Enter the number of vials, syringes, bags, or other dosage forms given."
- The word "Unit" will be removed from "Unit 1", "Unit 2", "Unit 3", and "Unit 4".

MEDITECH Expanse TIP SHEET

Admission History – Neonate +



Return To Home Chart Document Orders Discharge

PCS,BGE-Mother
 0m 0d F 11/26/2025
 ADM NB PORTICU SGPMICU.1-6
 Resus Status Not Ordered No Hx Avail
 Allergy/Adv: Not Recorded

Refresh Change View Add Not Done View/ Edit Detail

Filter Include: Int, Out, Med; Look Ahead: 8 H

Care Item	Last Done	Status/ Due	Today 08:30	Today 08:31	NOW	Today 09:00
A CM Patient-Family Conference + AS NEEDED						
A Plan of Care Prioritized Problems + CPBID						
A Admission Health History + ONADMIT		-2m				
A Admission History - Neonate + ONADMIT		-2m				
A Sleep Apnea Screening + ONADMIT		-3m				
A CM Discharge Planning Evaluation + ONCE		-3m				
A Admission/Shift Assessment - Neo/Ped + QSHIFT		27m				
A Fall Risk Screening + QSHIFT		27m				

The title of the Assessment for all babies will be “Admission History – Neonate +”.

There will no longer be a need to add the admission histories for Baby B-E for multiple births.

Return To Software by MEDITECH

Adding cells 530

Confirmation
 It appears you are documenting on Baby E. Is this correct?
 Yes No

Once you access Admission History – Neonate +, you will receive a pop-up message. When Yes is selected, the query “Is this Baby A, B, C, D, or E” will be filled out with the confirmed patient.

This first confirmation message will only display if the baby has a standard naming convention. Otherwise, you will need to confirm which Baby is being documented on, seen below.

Wed Nov 26 08:33 by MJB

Delivery History

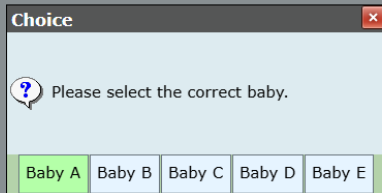
Baby Selection
 Is this baby A, B, C, D or E? ☐ Baby A ☐ Baby B ☐ Baby C ☐ Baby D ☒ Baby E

Newborn admission source
☒ Inside hospital ☐ Outside hospital

Baby E Delivery
☐ Cesarean section ☐ Vaginal delivery

Delivery date E
 Delivery time E
 Infant sex E
 Delivery presentation E

☐ Ambiguous ☐ Female ☐ Male
☐ Breech ☐ Compound ☐ Funic ☐ Occiput posterior ☐ Vertex



The query “Is this Baby A, B, C, D, or E” will then be filled out with this confirmed patient.

Delivery History

- Baby Selection
 - Is this baby A, B, C, D or E? ☐ Baby A ☐ Baby B ☐ Baby C ☐ Baby D ☒ **Baby E**
 - Newborn admission source ☒ Inside hospital ☐ Outside hospital
- Baby E Delivery
 - Delivery type ☐ Cesarean section ☐ Vaginal delivery
 - Delivery date E
 - Delivery time E
 - Infant sex E ☐ Ambiguous ☐ Female ☐ Male
 - Delivery presentation E ☐ Breech ☐ Compound ☐ Funic ☐ Occiput posterior ☐ Vertex

After Recall Mother is utilized, you will see the appropriate Baby's information recall in the Delivery Section below.

Wed Nov 26 08:42 by MJB

▼ Delivery History

▼ Baby Selection

Is this baby A, B, C, D or E? ☐ Baby A ☐ Baby B ☐ Baby C ☐ Baby D ☒ Baby E

Newborn admission source ☒ Inside hospital ☐ Outside hospital

▼ Baby E Delivery

Delivery type E ☐ Cesarean section ☒ Vaginal delivery

Delivery date E 11/24/25

Delivery time E

Infant sex E

Delivery presentation E

Other delivery presentation E

Rupture of membranes date E

Rupture of membranes time E

Delivery outcome E

Operative delivery type E

Number of pulls E

Neonatal bereavement care E ☐ Mementos assembled ☐ Photos taken ☐ Touched/held baby ☐ Viewed baby ☐ Other

Other neonatal bereavement care E ☐ Funeral ☐ Medical examiner ☐ Morgue ☐ Patho for disposal ☐ Patho then funeral home ☐ Other

Neonatal disposition E

Other neonatal disposition E

Birth weight E 4.082 kg

Birth length E 48.26 cm

Birth head circumference E 48.26 cm

Shoulder dystocia E ☐ Yes ☒ No

Time head delivered E

Time shoulder dystocia identified E

Shoulder dystocia maneuvers performed by RN E ☐ McRoberts ☐ Suprapubic pressure

Time body delivered E

Number of cord vessels E 2

Cord complications E ☐ None ☐ Knot ☐ Looped ☐ Nuchal ☒ Prolapsed

Nuchal cord description E ☐ Delivered through ☐ Loose and reduced ☐ Tight and cut

Cord looped around E ☐ Body ☐ Extremity ☐ Shoulder/s

Warning

Editing this value will clear its triggered queries and associated responses. Continue?

If you selected the patient in error and you change the response to “Is this Baby A, B, C, D, or E?”, you will receive a pop-up message notifying you that the query responses specific to the previously chosen baby will be erased when you select Yes.

You can then choose the correct Baby.

Mode Hide Text Recall **Recall Mother** Add Note

Go To Section Cancel Save Save and Exit

Wed Nov 26 08:47 by MJB

▼ Delivery History

▼ Baby Selection

Is this baby A, B, C, D or E? ☐ Baby A ☒ Baby B ☐ Baby C ☐ Baby D ☐ Baby E

Newborn admission source ☒ Inside hospital ☐ Outside hospital

▼ Baby B Delivery

Delivery type B ☐ Cesarean section ☒ Vaginal delivery

Delivery date B

Delivery time B

Infant sex B ☐ Ambiguous ☐ Female ☐ Male

Delivery presentation B ☐ Breech ☐ Compound ☐ Funic ☐ Occiput posterior ☐ Vertex

Other delivery presentation B ☐ Brow ☐ Face ☐ Occiput anterior ☐ Occiput transverse ☐ Other

Rupture of membranes date B

Rupture of membranes time B

Delivery outcome B ☐ Liveborn ☐ Abortion before 20 weeks ☐ Neonatal death ☐ Stillborn

Operative delivery type B ☐ Forceps ☐ Vacuum extraction

Number of pulls B

Neonatal bereavement care B ☐ Mementos assembled ☐ Photos taken ☐ Touched/held baby ☐ Viewed baby ☐ Other

Other neonatal bereavement care B ☐ Funeral ☐ Medical examiner ☐ Morgue ☐ Patho for disposal ☐ Patho then funeral home ☐ Other

Neonatal disposition B

Other neonatal disposition B

Birth weight B

Birth length B

Birth head circumference B

Shoulder dystocia B ☐ Yes ☐ No

Time head delivered B

Time shoulder dystocia identified B

Shoulder dystocia maneuvers performed by RN B ☐ McRoberts ☐ Suprapubic pressure

Time body delivered B

Number of cord vessels B

Cord complications B ☐ None ☐ Knot ☐ Looped ☐ Nuchal ☒ Prolapsed

Nuchal cord description B ☐ Delivered through ☐ Loose and reduced ☐ Tight and cut

Cord looped around B ☐ Body ☐ Extremity ☐ Shoulder/s

To recall the correct Baby's information, click “Recall Mother” and click the top diamond in the Delivery History section.

Wed Nov 26 08:47 by MJB

▼ Delivery History

▼ Baby Selection

Is this baby A, B, C, D or E? ☐ Baby A ☒ Baby B ☐ Baby C ☐ Baby D ☐ Baby E

Newborn admission source ☒ Inside hospital ☐ Outside hospital

▼ Baby B Delivery

Delivery type B ☐ Cesarean section ☒ Vaginal delivery

Delivery date B 11/24/25

Delivery time B 14:30

Infant sex B ☐ Ambiguous ☒ Female ☐ Male

Delivery presentation B ☐ Breech ☐ Compound ☐ Funic ☐ Occiput posterior ☐ Vertex

Other delivery presentation B ☐ Brow ☐ Face ☒ Occiput anterior ☐ Occiput transverse ☐ Other

CHG0427947 – Rules to Lab orders to prevent duplicate tests (BMP, CMP, Renal Function Panel, Liver Panel)



Changes go in effect 12/17/25

ChartDocumentOrdersDischargeSignWorkloadChart ViewerMenuMoreHelp

Conflicts

able, test8 (c) 38 F 01/01/1987 Allergy/Adv: Not Recorded

Close

▼ CMP [Comprehensive Metabolic Panel] Routine

Override*Erase

SCREENING TYPE	DESCRIPTION	SEVERITY
▼ Order Rule	OM CMP RFP Order Check	
Rule Message	Cannot order a CMP and RFP together. Please cancel one, or consider ordering a CMP and Phosphorous.	

► Renal Function Panel Routine

- Hard stop when trying to order a CMP and Renal Function Panel. *"Cannot order a CMP and RFP together. Please cancel one, or consider ordering a CMP and Phosphorous."*

ChartDocumentOrdersDischargeSignWorkloadChart ViewerMenuMoreHelp

Conflicts

able, test8 (c) 38 F 01/01/1987 Allergy/Adv: Not Recorded

Close

▼ BMP [Basic Metabolic Panel] Routine

Override*Erase

SCREENING TYPE	DESCRIPTION	SEVERITY
▼ Order Rule	OM BMP RFP Order Check	
Rule Message	Cannot order a BMP and RFP together. Please cancel one, or consider ordering a CMP and Phosphorous instead of BMP and RFP.	

► Renal Function Panel Routine

- Hard stop when trying to order a BMP and Renal Function Panel. *"Cannot order a BMP and RFP together. Please cancel one, or consider ordering a CMP and Phosphorous instead of BMP and RFP."*

Conflicts
able, test8 (c) 38 F 01/01/1987 Allergy/Adv: Not Recorded Close

▼ **CMP [Comprehensive Metabolic Panel] Routine** Override *Erase

SCREENING TYPE	DESCRIPTION	SEVERITY
▼ Order Rule	OM CMP Liver Pan Order Check	
Rule Message	Cannot order a CMP and HFP together. Please cancel one, or consider ordering a CMP and Direct Bili.	

► **Liver Panel Routine**

- Hard stop when trying to order a CMP and Liver Panel.. *"Cannot order a CMP and HFP together. Please cancel one, or consider ordering a CMP and Direct Bili."*

Conflicts
able, test8 (c) 38 F 01/01/1987 Allergy/Adv: Not Recorded Close

▼ **Liver Panel Routine** Override *Erase

SCREENING TYPE	DESCRIPTION	SEVERITY
▼ Order Rule	OM RFP Liver Pan Order Check	
Rule Message	Cannot order a HFP and RFP together. Please cancel one, or consider ordering a CMP, Direct Bili, and Phosphorous.	

► **Renal Function Panel Routine**

- Hard stop when trying to order a Renal Function Panel and Liver Panel.. *"Cannot order a HFP and RFP together. Please cancel one, or consider ordering a CMP, Direct Bili, and Phosphorous."*

Conflicts
able, test8 (c) 38 F 01/01/1987 Allergy/Adv: Not Recorded Close

▼ **BMP [Basic Metabolic Panel] Routine** Override *Erase

SCREENING TYPE	DESCRIPTION	SEVERITY
▼ Order Rule	OM BMP Liver Pan Order Check	
Rule Message	Cannot order a BMP and HFP together. Please cancel one, or consider ordering a CMP and Direct Bili instead of BMP and HFP.	

► **Liver Panel Routine**

- Hard stop when trying to order a BMP and Liver Panel.. *"Cannot order a BMP and HFP together. Please cancel one, or consider ordering a CMP and Direct Bili instead of BMP and HFP."*

CHG0428777 Expanse TIP SHEET

DRAIN MANAGEMENT

The Drain Management, PACU Drain Management, and DC Drain orders have been updated to include Mediastinal tube as a selectable drain type. This enhancement supports CV surgery workflows by allowing clinicians to clearly differentiate mediastinal tubes from other drain types when managing or discontinuing drains. Adding this option helps prevent errors, improves documentation accuracy, and ensures clearer communication during postoperative care. No other changes were made to these orders.

The screenshots show the following fields and options:

- PACU Drain Management:**
 - Stat: ☐
 - Routine: ☒ New: 12/04/25
 - Provider: Mt, Meditech
 - Source: Approved Standardized Orders
 - Type of drain: JVAC, Mediastinal tube, NG tube, Penrose, Percutaneous
 - Drain management: Measure output and document every (hrs):
 - Drain management comment:
- Orders:**
 - Search: All
 - Filter: All
 - Drain Management:
 - Stat: ☐
 - Routine: ☒ New: 12/04/25
 - Provider: Mt, Meditech
 - Source: Approved Standardized Orders
 - Type of drain: JVAC, Mediastinal tube, NG tube, Penrose, Percutaneous
 - Drain management: Measure output and document every (hrs):
 - Drain management comment:
- DC Drain:**
 - Stat: ☐
 - Routine: ☒ New: 12/04/25
 - Provider: Mt, Meditech
 - Source: Approved Standardized Orders
 - Drain type: JVAC, Mediastinal tube, NG tube, Penrose, Percutaneous
 - DC drain comment:

What Screenshot Shows

- The Type of drain / Drain type dropdown now includes Mediastinal tube as a new option.
- Clinicians can select Mediastinal tube the same way they select JP, NG tube, Penrose, percutaneous, etc.
- The updated value appears in all affected orders:
- Drain Management
- PACU Drain Management
- DC Drain
- No additional prompts or new fields were added — the only change is the new drain type in the list.
- The screenshot highlights the dropdown with Mediastinal tube visible among the standardized drain options.

Expanse TIP SHEET

Order Management

Enteral Tube Insertion/Management



This will be deployed December 17, 2025

⌵ Enteral Tube Insertion/Management

☐ Stat

☒ Routine

New

12/05/25

* Provider

Mt,Meditech

* Source

Department Process

Flush with

Volume of flush (mL)

Frequency of flush (hrs)

Administer meds via enteral tube

Yes

No

Comment

Dobhoff order will be renamed to **Enteral Tube Insertion/Management**

New queries:

- Flush with
- Volume of flush (mL)
- Frequency of flush (hrs)
- Administer meds via enteral tube
- Comment

MEDITECH Expanse TIP SHEET

Surveillance: Updates to Profiles on Nurse Status Boards



<input type="checkbox"/>	PHATest,DowntimeMAR			
	H.101-05	Chest pain	Consult not called, Pref Pharm	
	59 M	Brad B Kehler		
	11/29/24	Michelle Bivens		
>	ADM IN	Resus Status Not Ord...		
<input type="checkbox"/>	surveillance,Rose			
	H.101-10	Abdominal aortic ane...	High Fall Risk	10:00 Fall Risk Sc... 21:00 Pain Assess... 22:00 Fall Risk Sc...
	76 M	Michelle Biver		
	09/11/24			
>	ADM IN	Resus Status Not Ord... Hospi		
<input type="checkbox"/>	Surveillance,Test10			
	H.101-15	Chest pain	Suicide Risk, Tele, Pref Pharm	10:00 Lines + 22:00 Lines +
	74 F	Umid Abdullah		
	11/01/24			
>	ADM IN	MDRO Hx Resus Status Not Ord...		

The “High Fall Risk” surveillance flag will have 2 new optional actions added:

- 1) Fall Risk Screening +
- 2) Teach Educate +

To launch an action, click on the “High Fall Risk” flag (1)(2) on the Patient Care Status Board to launch the criteria overlay.

The screenshot displays the MEDITECH Expanse interface. The top window is the 'Surveillance Profile Criteria' overlay for 'surveillance,Rose 76 M 05/14/1989'. It shows a list of criteria with a 'Take Action for High Fall Risk' section containing 'Fall Risk Screening' and 'Teach/Educate'. A red circle with the number 3 highlights the 'Teach/Educate' action. The bottom window is the 'Rose surveillance: Flowsheet' for 'ADM IN H.101 H.101-10'. It shows a table with columns for 'Interventions', 'Assessments', and 'Fall Risk Screening'. A red circle with the number 3 highlights the 'Fall Risk Screening' column.

Click on an action (3) to launch directly into documenting the intervention.

As part of this update, the “High Fall Risk” flag will also now display for Inpatient Rehab, Adult BH, Newborn, and Pediatric patients assessed as high risk in their respective fall risk screening tools.

Home Status Code Status Discharge

☐ **Surveillance, Test5**

H.101-02 TEST **Restraints**

66 M Meditech Mt

09/27/24 MDRO

> ADM IN Resus Status Not Ord... Home

Surveillance

Restraints: 11/14/25 11:58

DHATact DowntimeMAD

Surveillance Profile Criteria Close

Surveillance, Test5, 66 M, 01/01/1952 Allergy/Adx: No Known Allergies

Profile Qualified Instance

Restraints 11/14/25 11:58 1

Details

Patient with an active restraint episode, as documented by nursing.

Patients will be removed from this profile when a Restraint Status of "Discontinue" is documented by nursing within the Restraints intervention.

Associated Data

Order	Result	Date	Specimen
Restraint status	Start	11/14/25 11:58	
Documenter, Start	KQ09278	11/14/25 11:58	
Clinical justification	Attempts to remove device	11/14/25 11:58	
Alternatives utilized	1:1 discussion	11/14/25 11:58	
Level of restraint	Non-violent	11/14/25 11:58	

Take Action for Restraints

Restraints Documentation +

Qualifying Criteria

↑ ↓ Add To Profile Remove From Profile Edit Reevaluate Time View Actions History

The **"Restraints"** surveillance flag will also have a new optional action that launches to the Restraints intervention.

☐ **Surveillance, Test10**

H.101-15 Chest pain **Suicide Risk, Tele, Pref Pharm**

74 F Umid Abdullah

11/01/24

> ADM IN Resus Status Not Ord

Surveillance

Suicide Risk: 05/20/25 12:53

Surveillance Profile Criteria Close

Surveillance, Test10 (Test10a), 74 F, 01/01/1951 Allergy/Adx: Not Recorded (More +)

Profile Qualified Instance

Telemetry Order Active 06/18/25 09:49 1

Suicide Risk 05/20/25 12:53 1

Preferred Pharmacy Incomplete 11/01/24 10:30 1

Suicide Risk Hierarchy

1: The Provider ORL suicide risk documented is Low, Moderate or High
OR
2: The Nursing suicide risk calculated score documented is Low, Moderate or High AND the Provider ORL documentation does not exist (has not been documented)

Associated Data

Order	Result	Date	Specimen
Initial screen suicide risk level - Nursing	High risk	05/20/25 11:52	

Take Action for Suicide Risk

Suicide Safe Environment +

Qualifying Criteria

↑ ↓ Add To Profile Remove From Profile Edit Reevaluate Time View Actions History

The **"Suicide Risk"** surveillance flag on nurse status boards will also have a new optional action that launches to the "Suicide Safe Environment +" intervention.

Expanse TIP SHEET

Order Management

Temperature Probe/ED Temperature Probe Order

Temperature Probe	
<input type="checkbox"/> Stat	
<input checked="" type="checkbox"/> Routine	New
* Provider	Mt,Meditech
* Source	Department Process
Temperature probe site	<div><div>Axillary</div><div>Esophageal</div><div>Bladder</div><div>Oral</div><div>Rectal</div></div>
Comment	

ED Temperature Probe	
<input checked="" type="checkbox"/> STAT	New
* Provider	Mt,Meditech
* Source	Department Process
Temperature probe site	<div><div>Axillary</div><div>Esophageal</div><div>Bladder</div><div>Oral</div><div>Rectal</div></div>
Comment	

Temperature Probe Order

- **NEW:** Temperature probe site query with choices of axillary, esophageal, bladder, oral, rectal
- Comment query

ED Temperature Probe Order

- **NEW:** Temperature probe site query with choices of axillary, esophageal, bladder, oral, rectal
- Comment query

CHG0426648 – Consult to Dietitian, Adult, Consult to Dietitian, Pediatric, and Consult to Nutrition order changes



Changes go in effect 12/17/25

Consult to Dietitian, Adult

- Reason for consult is required

If Other is selected for Reason for consult, then the comment query “Other reason for consult” becomes required

Consult to Dietitian, Adult

Stat ☐

☒ Routine * New 11/21/25 14:50

* Reason for consult: Education

* Education needs:

Additional comments:

If Education is selected as a reason for consult, then the query “Education needs” becomes required

Consult to Dietitian, Adult

Stat ☐

☒ Routine * New 11/21/25 14:50

* Reason for consult: Education

* Education needs: Other

* Other education needs:

Additional comments:

If Other is selected for Education needs, then the comment query “Other education needs” becomes required

Consult to Dietitian Pediatric

Stat ☐

☒ Routine * New 11/21/25 14:58

* Reason for consult:

Additional comments:

Consult to Dietitian Pediatric
Reason for Consult is required.

If Other is selected for Reason for consult, then the comment query “Other reason for consult” becomes required.

If Education is selected for Reason for consult, then the comment query “Education needs” becomes required.

Consult to Nutrition
Reason for consult is required

Consult to Nutrition

☐ Stat

☒ Routine

*** New** 11/21/25 15:02

*** Reason for consult** Other

*** Other reason for consult**

Additional comments

If Other is selected for Reason for Consult, then the comment query “Other reason for consult” becomes required.

Consult to Nutrition

☐ Stat

☒ Routine

*** New** 11/21/25 15:02

*** Reason for consult** Education

*** Education needs**

Additional comments

If Education is selected for Reason for Consult, then the query “Education needs” becomes required.

Consult to Nutrition

☐ Stat

☒ Routine

*** New** 11/21/25 15:02

*** Reason for consult** Education

*** Education needs** Other

*** Other education needs**

Additional comments

If Other is selected under Education needs, then the comment query “Other education needs” becomes required.