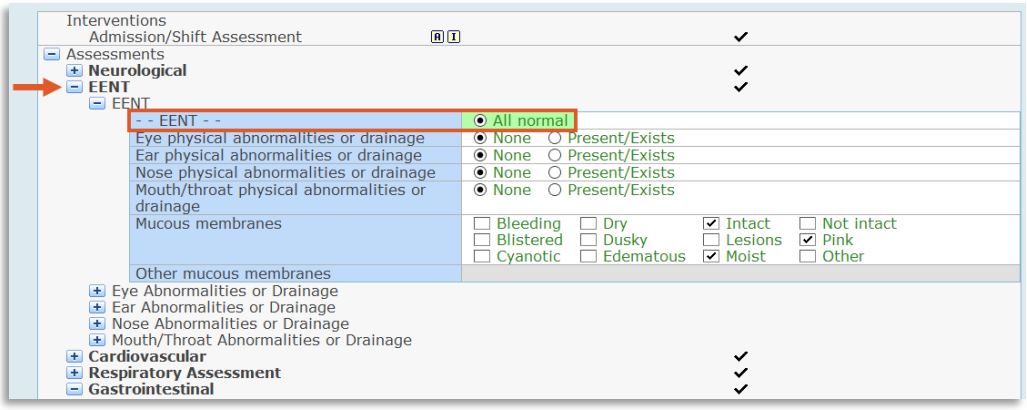
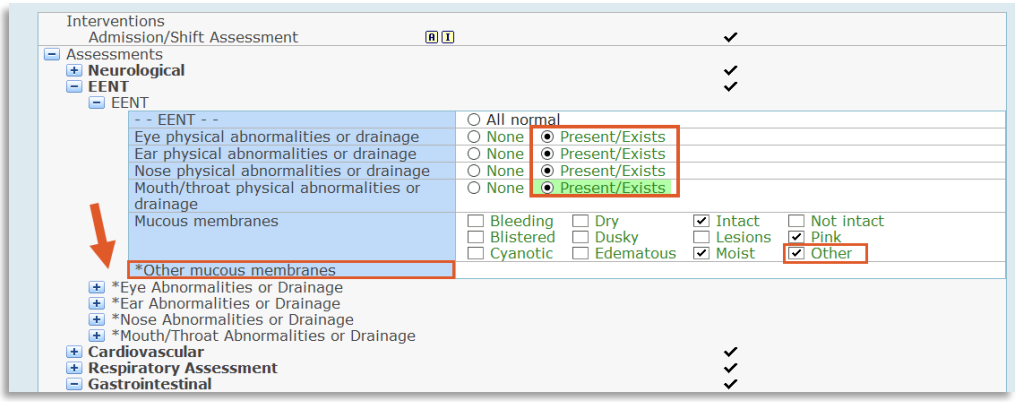
Body Systems Alignment - EENT

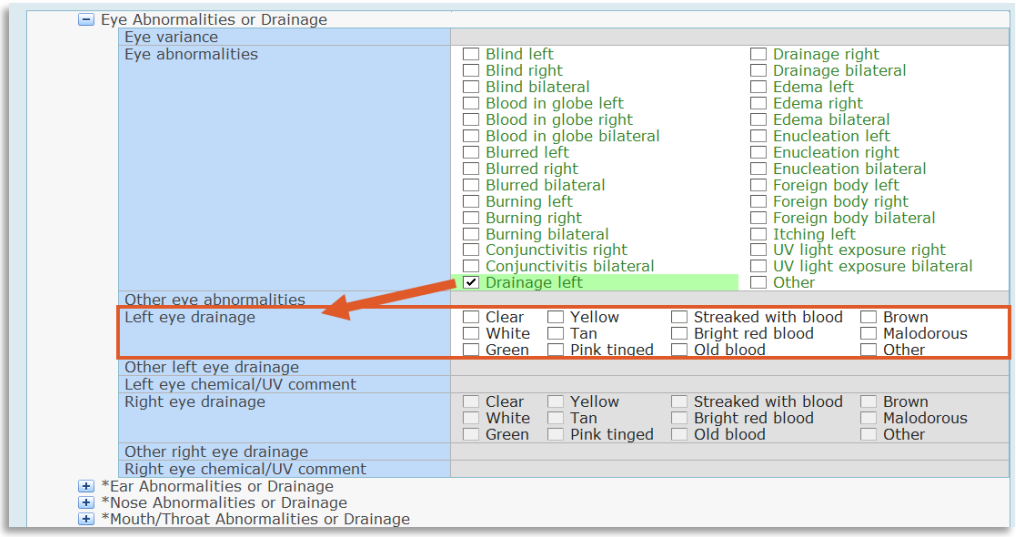
Body System documentation on the **Admission/Shift Assessment** with enhanced programming will include Default normal functionality, Skip/Clear/Require logic & Gender/Age-related Skip logic where appropriate.



Default Normal Functionality
Selecting 'All normal' will default all normal responses within the body system section.
Note: The user will have the ability to change any of the responses as appropriate.



Skip/Clear/Require logic
Documentation responses requiring additional required documentation will be identified with an *asterisk* (*).
Note: Any abnormal documentation will be cleared if the field response is changed back to its Normal default.



Skip/Clear/Require logic
Additional details will become available based on previous documentation responses.

Note: EENT alignment in EDM includes ear, eye and nose drainage documentation

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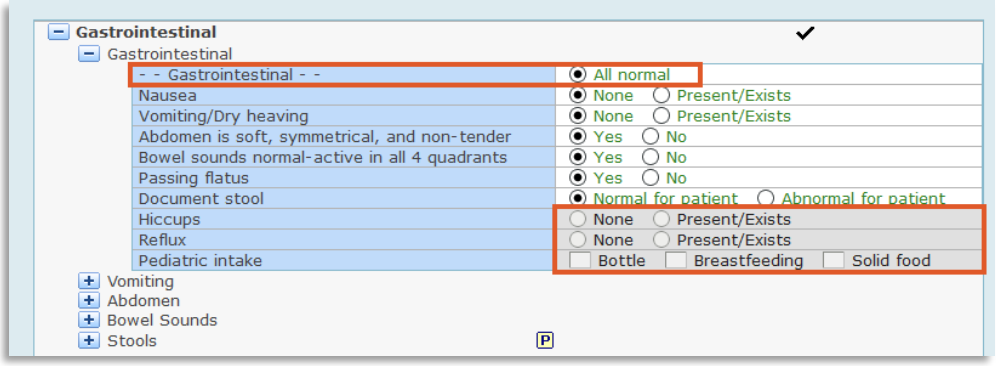
Body Systems Alignment - Gastrointestinal



Default Normal Functionality

Selecting 'All normal' will default all normal responses within the body system section.

Note: Hiccups, Reflux, and *Pediatric intake* fields are **ONLY** available for patients less than 3 years old.

The following GI queries have been retired:

-Continent of bowel for developmental age
-Food available when you get home
-Flatus bag
-Altered pathway for food intake
-Last BM date
-Days elapsed since last BM

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MEDITECH Expanse TIP SHEET

Patient Care – Intervention Update

HCA Healthcare®

Ventricular Assist Device + / Admission/Shift Assessment +

Interventions
Ventricular Assist Device + TEST ✓
Assessments
Durable VAD Documentation ✓
Durable VAD
HM 3
HM II
HVAD
HM 3
Date of VAD implant
VAD pump speed (rpm)
VAD low speed limit
VAD pump flow (L/min)
VAD pump power (watts)
VAD pulse index
VAD alarm safety check: ☐ Backup battery fault ☐ Comm fault ☐ Controller fault ☐ Driveline power fault ☐ Low flow ☐ Other
Other VAD alarm safety check
VAD driveline location: ○ Right lower abdomen ○ Left lower abdomen
Date of last dressing change
VAD site dressing: ☐ Antimicrobial patch ☐ Gauze ☐ Open to air ☐ Semi-occlusive dressing ☐ Sutures in place ☐ Tube stabilization device ☐ Clean/dry/intact ☐ Occlusive dressing ☐ Pressure dressing ☐ Silver dressing ☐ Transparent ☐ Other
Other VAD site dressing
Durable VAD requires attention: ☐ Dressing change ☐ Notify VAD team/provider
Assess VAD drive line site: ☐ Bleeding ☐ Clean/dry/intact ☐ Ecchymotic ☐ Extravasated ☐ Leaking ☐ Positional ☐ Dressing in place-site not assessed ☐ Bruising ☐ Draining ☐ Edematous ☐ Hematoma ☐ Pink ☐ Red erythema ☐ Other
Other VAD drive line site assess
VAD drainage description: ☐ Black ☐ Brown ☐ Clear ☐ Foul odor ☐ Green ☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Tan ☐ Yellow ☐ Unable to assess ☐ Other
Other VAD drainage description
VAD site sensation: ☐ Burning ☐ Itching ☐ Tender to touch ☐ Tender without touch
Driveline stabilization device: ○ Anchor ○ Binder ○ Sutures intact ○ Other
Other driveline stabilization device
Driveline cable: ☐ Free from tugs or pulls ☐ Reported controller drops ☐ No bends, kinks, or twists
Driveline interventions: ☐ Semi-transparent dressing change ☐ Gauze dressing change ☐ Site cultured ☐ Anchor replaced ☐ Other
Other driveline interventions
System controller secured: ○ Lanyard ○ Consolidated bag ○ Vest ○ Belt ○ Other
Other system controller secured
System controller self-test performed: ○ Yes ○ No
Power module self-test performed: ○ Yes ○ No
System controller safety lock closed: ○ Yes ○ No
Backup equipment present (AD): ☐ Controller ☐ Charged batteries ☐ Clips
New Durable VAD Type: Add a Durable VAD Type

Temporary VAD Documentation
Temporary VAD
Left 5.5
○ Left ○ Right
○ CP ○ RP ○ 5.5 ○ Single vessel, dual lumen RVAD ○ Single vessel, dual lumen RVAD with ECMO ○ Single vessel, dual lumen VV ECMO ○ Surgically placed, temporary RVAD ○ Surgically placed, temporary RVAD with ECMO ○ Surgically placed, temporary LVAD ○ Surgically placed, temporary LVAD with ECMO
OK
VAD phase: ○ Start ○ Monitor ○ Present on arrival ○ Discontinue
Date of VAD implant
VAD pump speed (rpm)
VAD pump flow (L/min)
VAD performance level: ○ P0 ○ P1 ○ P2 ○ P3 ○ P4 ○ P5 ○ P6 ○ P7 ○ P8 ○ P9
VAD flow (L/min)
VAD Ao placement signal (mmHg)
VAD LV placement signal (mmHg)
VAD motor current (mA)
VAD purge flow (mL/hr)
VAD purge pressure (mmHg)
Purge solution: ○ D5W with heparin ○ Sodium bicarbonate
VAD cannula location: ○ Left axillary arterial ○ Left femoral arterial ○ Left intrajugular ○ Left subclavian ○ Left xiphoid ○ Right axillary arterial ○ Right femoral arterial ○ Right intrajugular ○ Right subclavian ○ Right xiphoid
Date of last dressing change
VAD site dressing: ☐ Antimicrobial patch ☐ Gauze ☐ Open to air ☐ Semi-occlusive dressing ☐ Sutures in place ☐ Tube stabilization device ☐ Clean/dry/intact ☐ Occlusive dressing ☐ Pressure dressing ☐ Silver dressing ☐ Transparent ☐ Other
Other VAD site dressing
Temp VAD requires attention: ☐ Dressing change ☐ Notify provider
VAD cannula marked at (cm)
VAD cannula site assessment: ☐ Bleeding ☐ Clean/dry ☐ Draining ☐ Ecchymosis ☐ Erythema ☐ Hematoma
VAD cannula drainage description: ☐ Black ☐ Clear ☐ Green ☐ Sanguineous ☐ Serous ☐ Yellow ☐ Other ☐ Brown ☐ Foul odor ☐ Purulent ☐ Serosanguineous ☐ Tan ☐ Unable to assess
Other VAD cannula drainage description
VAD site sensation: ☐ Burning ☐ Itching ☐ Tender to touch ☐ Tender without touch
VAD cannula securement: ○ Anchor ○ Sutures ○ Other
Other VAD cannula securement
VAD site interventions: ☐ Semi-transparent dressing change ☐ Gauze dressing change ☐ Site cultured ☐ Anchor replaced ☐ Other
Other VAD site interventions
VAD safety assessment-CP/RP/5.5: ☐ T-B valve locked tightly on repositioning sheath ☐ Purge solution changed ☐ Purge cassette changed

In alignment with our CSG service line, the Ventricular Assist Device documentation is being updated to better serve patient needs. The documentation will now be split into two sections:

- Durable VAD
- Temporary VAD

The sections will start in a collapsed state. The nurse will be able to open either option and document as many of each device as needed.

Thu May 22
09:10
by RT

Interventions
Admission/Shift Assessment TEST ✓

Assessments
Body Systems Assessment TEST ✓
Body System
Select body systems to document (All) ☐ Neurological ☐ Respiratory ☐ Gastrointestinal ☐ Gynecological ☐ Integumentary ☐ Psychological ☑ Cardiovascular ☐ EENT ☐ Genitourinary ☐ Musculoskeletal ☐ Peripheral Vascular
Cardiovascular
- - Cardiovascular - - ○ All normal
Heart sounds normal (S1,S2) ○ Yes ○ No
Jugular distension ○ None ○ Present/Exists
Cardiac monitor ○ None ○ Present/Exists
Cardiac pacer/AICD ○ None ○ Present/Exists
Ventricular assist device ○ None ◉ Present/Exists
If VAD is present/exists, please move to the bottom of the assessment and open the appropriate durable or temporary VAD section to complete your documentation.
Musculoskeletal Acute Condition Present
New Acute Conditions — Add a Acute Conditions
Traction Present
New Traction — Add a Traction
Skin Color
New Skin Color Assessment — Add a Skin Color Assessment
Skin Alteration
New Skin Alteration — Add a Skin Alteration
Document Pulse and Site Assessment
Document pulse and site assessment ○ Yes ○ No
Durable VAD Documentation ✓
VAD Durable
New Durable VAD Type — Add a Durable VAD Type
Temporary VAD Documentation ✓
VAD Temporary
New Temp VAD Type — Add a Temp VAD Type

Staff will also see the changes updated in the Admission/Shift Assessment intervention.

The documentation will now live at the bottom of the assessment. If a VAD device needs to be documented, they will simply choose “Present/Exists” and move to the bottom of the assessment to complete the necessary documentation.

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Gastrointestinal
Gastrointestinal

- - Gastrointestinal - -	All normal
Nausea	None / Present/Exists
Vomiting/Dry heaving	None / Present/Exists
Abdomen is soft, symmetrical, and non-tender	Yes / No
Bowel sounds normal-active in all 4 quadrants	Yes / No
Passing flatus	Yes / No
Document stool	Normal for patient / Abnormal for patient
Hiccups	None / Present/Exists
Reflux	None / Present/Exists
Pediatric intake	Bottle / Breastfeeding / Solid food
Vomiting	
*Vomiting variance	
Emesis amount	Small / Moderate / Copious
Emesis color	Clear / Brown / Dark red / White / Blood tinged / Black / Green / Yellow / Bright red / Coffee ground / Undigested food
Dry heaving	Yes / No
Abdomen	
*Abdomen variance	
Firmness	Firm / Rigid
Abdomen appearance	Rounded / Obese / Concave / Asymmetrical / Distended / Convex / Flat / Palpable mass
Tenderness	Guarding / Rebound tenderness / With palpation
Tenderness location	Epigastric / Upper quadrant right / Periumbilical / Generalized/diffuse / Lower quadrant left / Suprapubic / Upper quadrant left / Lower quadrant right / Other
Other tenderness location	
Bowel Sounds	
*Bowel sounds variance	
Bowel sounds LUQ	Absent / Hyperactive / Hypoactive
Bowel sounds RUQ	Absent / Hyperactive / Hypoactive
Bowel sounds LLQ	Absent / Hyperactive / Hypoactive
Bowel sounds RLQ	Absent / Hyperactive / Hypoactive
Stools	P
*Stool variance	
Known infectious and noninfectious causes	Bowel cleansing prep / Giardia / Salmonella / Campylobacter / GI bleeding / Shigella / Chronic bowel disease / Laxative / Tube feeding / Clostridium difficile / Norovirus
Impaction	Yes / No
Incontinence	Yes / No
Constipation	Colonic / Perceived / Unspecified

Skip/Clear/Require logic
Documentation responses requiring additional required documentation will be identified with an *asterisk* (*).

Note: Any abnormal documentation will be cleared if the field response is changed back to its Normal default.

All Gastrointestinal Tube/Drain and Gastrointestinal Ostomy documentation has been removed and is now on two new free-standing interventions. This alignment impacts EDM Physical Findings.

Gastrointestinal Ostomy
Gastrointestinal Ostomy

GI ostomy healed, moist and pink	Yes / No
GI ostomy type	Colostomy / Ileostomy / Jejunostomy
GI ostomy location	LUQ / RUQ / Umbilicus / LLQ / RLQ
GI stoma size (cm)	2
GI stoma condition	Blanched / Dusky / Nonhealed / Reddened / Cyanotic / Edematous / Pale / Sloughing / Dry / Necrotic / Purple / Other
*Other GI stoma condition	Required if Other
GI peristomal skin intact	Yes / No
GI peristomal skin	Bruised / Reddened / Weeping / Denuded / Unblanchable / Other
*Other GI peristomal skin	Required if Other
Date ostomy device changed	05/19/25
	If device changed, modify to date device changed
Mucous fistula	None / Present/Exists
Mucous Fistula	
Mucous fistula location	LUQ / RUQ / Umbilicus / LLQ / RLQ
Mucous fistula healed, moist, and pink	Yes / No
Mucous fistula stoma condition	Blanched / Dusky / Nonhealed / Reddened / Cyanotic / Edematous / Pale / Sloughing

GI Ostomy is no longer instance documentation and has been updated for alignment.
Previously filed *GI ostomy type, location and device change date* will default and is editable.
When 'Present/Exists' is selected for *Mucous fistula*, Mucous fistula documentation will become available. This alignment impacts EDM Physical Findings.

Assessments
Gastrointestinal
Gastrointestinal
Vomiting
Abdomen
Bowel Sounds
Stools

*Stool variance	
Known infectious and noninfectious causes	Bowel cleansing prep / Laxative / Campylobacter / Norovirus

View PCS Protocol - HCA C. difficile

** If patient has had **3 OR MORE liquid stools documented in the last 36 hours** then evaluate for risk of C.diff **

If 3 or more liquid stools in the last 36 hours
AND
NO documented Known infectious or noninfectious causes
AND Characteristics of stool are ***Entirely liquid or Fluffy pieces/mushy in liquid taking the shape of the specimen collection container*** then notify provider for intervention.

Reference Associated Data for past documentation of liquid stools, Known infectious and noninfectious causes, and Stool characteristics.

The Stools section contains a new HCA C. difficile protocol with instructions for evaluation for risk of C. diff.

The protocol can be viewed by selecting the P icon in the stools section.

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Interventions
Admission/Shift Assessment
Assessments
Gastrointestinal

Detail | History | Flowsheet | AssocData | Order

Text Edit

If patient has had 3 OR MORE liquid stools documented in the last 36 hours then evaluate for risk of C.diff

If 3 or more liquid stools in the last 36 hours
AND
NO documented Known infectious or noninfectious causes
AND characteristics of stool are entirely watery or with fluffy pieces/mushy in liquid taking the shape of the specimen collection container then notify provider for intervention.

Reference Associated Data for past documentation of liquid stools, known infectious and noninfectious causes, and Stool characteristics.

Detail | History | Flowsheet | AssocData | Order

Intervention: Admission/Shift Assessment

Associated Data	Result	Date	Group
Number of liquid stools			
Stool characteristics			
Known infectious and noninfecti			

The I Icon on the intervention header will display item details.

Selecting the A icon will display associated data relevant to evaluation for risk of C. diff.

Output
Urine
Stool

BM liquid amount (ml)	
Continent stool count	
Number of times incontinent stool	
Number of liquid stools	2
Stool characteristics	○ Individual hard lumps ○ Soft distinct blobs ○ Formed/lumpy ○ Fluffy pieces/mushy ○ Formed with surface cracks ◉ Entirely liquid ○ Long/smooth/soft
Stool amount	○ Scant ○ Moderate ○ Copious ○ Small ○ Large ◉ Other
*Other stool amount	Required if Other is selected, will clear if removed
Stool color	☐ Clear ☐ Black ☐ Undigested food ☐ Blood tinged ☐ Clay colored ☐ White ☐ Bright red ☐ Dark red ☐ Yellow ☐ Brown ☐ Green ☑ Other
*Other stool color	Required if Other is selected, will clear if removed
Rectal tube amount (ml)	

Number of liquid stools and *Stool characteristics* are documented in the **Stool** section of the **Output** portion of the **Intake and Output** intervention.

The P icon will display the new protocol and associated data.

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Body Systems Alignment - Genitourinary

Assessments
- **Genitourinary** ✓
  - Genitourinary
    - - - Genitourinary - - : ○ All normal
    - Urine clear, yellow to amber in color: ○ Yes ◉ No ○ Unable to assess
    - Continent of urine for developmental age without catheter: ◉ Yes ○ No
    - Abnormal urinary conditions: ☑ None ☐ Enuresis ☐ Oliguria ☐ Anuria ☐ Frequency ☐ Polyuria ☐ Burning ☐ Hematuria ☐ Proteinuria ☐ Distention ☐ Hesitancy ☐ Retention ☐ Dribbling ☐ Incontinence ☐ Urgency ☐ Dysuria ☐ Nocturia
    - Fistula/graft present: ◉ Yes ○ No
    - Abnormal genitalia: ○ None ◉ Present/Exists
    - Urethral discharge: ○ None ○ Brown ○ Pink tinged ○ Blood tinged ○ Malodorous ○ White ○ Bloody ○ Mucous
    - Urethral lesions: ○ None ○ Present/Exists
    - Signs or symptoms of recent injury or trauma: ○ None ◉ Present/Exists
  - Urine Characteristics
    - Urine variance
    - Characteristics obtained by: ○ Reported ◉ Visualization
    - Urine characteristics: ☐ Anuric ☐ Cherry ☐ Pink ☐ Black ☐ Cloudy ☐ Sediment ☐ Blood clots ☐ Dark amber ☐ White ☐ Blood streaked ☐ Green ☐ Yellow ☐ Blue ☐ Malodorous ☑ Other ☐ Brown ☐ Orange
    - *Other urine characteristics: Required if Other is selected, will clear if removed
  - Fistula/Graft
    - Fistula/graft document
    - Fistula/graft 1 location: ◉ Abdomen upper ○ Arm lower ○ Leg lower ○ Abdomen lower ○ Chest ○ Arm upper ○ Leg upper
    - Fistula/graft 1 location (L/R): ◉ Left ○ Right
    - Fistula/graft 1 thrill present: ◉ Yes ○ No
    - Fistula/graft 1 bruit present: ◉ Yes ○ No
    - Fistula/graft 2 location: ○ Abdomen upper ○ Arm lower ○ Leg lower ○ Abdomen lower ○ Chest ○ Arm upper ○ Leg upper
    - Fistula/graft 2 location (L/R): ○ Left ○ Right
    - Fistula/graft 2 thrill present: ○ Yes ○ No
    - Fistula/graft 2 bruit present: ○ Yes ○ No
  - Abnormal Genitalia
    - *Abnormal genitalia comment: Free Text Field [End]
  - Signs/Symptoms Injury/Trauma
    - *Recent injury/trauma comment: Free Text Field [End]

The new Genitourinary body system includes **Fistula/Graft** documentation. The *Fistula/Graft location* will pre-populate the last filed documentation responses but are editable.

Interventions
- Peritoneal Dialysis Site/Dressing ✓

Assessments
- **Peritoneal Dialysis Catheter** ✓
  - Peritoneal Dialysis Catheter
    - PD catheter location: ◉ Abdomen left ○ Abdomen right ○ Presternal left ○ Presternal right
    - PD catheter type: sdgfsgf
    - PD site condition: ☐ Clean/dry/intact ☐ Red ☑ Drainage ☐ Warm ☐ Pink ☐ Pain at site ☐ Edema
    - PD site drainage description: ☐ Black ☐ Foul purulent ☐ Sanguineous ☐ Tan ☐ Brown ☐ Green ☐ Serosanguineous ☐ Yellow ☑ Clear ☐ Purulent ☐ Serous
    - PD catheter sutured: ◉ Yes ○ No
    - PD dressing type: ☐ Abdominal pad/dressing ☐ Gauze ☐ Transparent ☐ Antimicrobial patch ☐ Pressure dressing ☑ Other
    - *Other PD dressing type: Required if Other, will clear if Other removed
    - PD dressing intervention: ○ Changed ◉ Reinforced ○ Secured ○ Discontinued
    - Date of last PD dressing change: 03/24/25
      If dressing changed modify to date dressing changed.

Documentation of Peritoneal Dialysis Catheter has been removed from the Genitourinary body system and is now a free-standing intervention for all care areas labeled as **Peritoneal Dialysis Site/Dressing.**

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Body Systems Partial Alignment – Gynecological

The Gynecological Assessment has been updated with content that was removed from the Genitourinary body system to align with Cloud. Please note, this body system was not fully aligned with Cloud this release.

The Gynecological body system was also added to the PACU Assessment/Reassessment intervention.

Gynecological Assessment ✓ Gynecological Vaginal discharge: ☐ None ☐ Amniotic fluid suspected ☐ Blood tinged ☐ Bloody ☐ Brown ☐ Clots present ☐ Green ☐ Malodorous ☐ Mucous ☐ Pink tinged ☐ White ☐ Yellow ☑ Other *Other vaginal discharge: Required if Other is selected, will clear if removed Vaginal lesions: ○ None ○ Present/Exists LMP LMP Status *Currently pregnant: ○ Yes ○ No Date last pregnancy ended Pregnant within last 42 days: ○ Yes ○ No Currently Pregnant Pregnant within last 42 days Breasts Left Breast Right Breast Breast care	A new section has been added for the documentation of vaginal discharge and lesions to align with Cloud. This content was removed from the Genitourinary body system.
Interventions PACU Assessment/Reassessment Once Nur ✓ Assessments **Gynecological Assessment** ✓ Gynecological Vaginal discharge: ☐ None ☐ Amniotic fluid suspected ☐ Blood tinged ☐ Bloody ☐ Brown ☐ Clots present ☐ Green ☐ Malodorous ☐ Mucous ☐ Pink tinged ☐ White ☐ Yellow ☐ Other Other vaginal discharge Vaginal lesions: ○ None ○ Present/Exists LMP LMP Status *Currently pregnant: ○ Yes ○ No Date last pregnancy ended Pregnant within last 42 days: ○ Yes ○ No Currently Pregnant Pregnant within last 42 days Breasts Left Breast Right Breast Breast care	The Gynecological body system was also added to the **PACU Assessment/ Reassessment** Intervention and is available for female patients only.

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Body Systems Alignment - Psychosocial

Assessments
- **Psychosocial**
  - Psychological

- - Psychological - -	○ All normal
Mood and affect are congruent	◉ Yes ○ No
Mood, behavior appropriate for situation/developmental age	○ Yes ◉ No
Thought processes are goal directed and spontaneous	◉ Yes ○ No
Thought processes appropriate for developmental age	○ Yes ◉ No
Speech coherent and conversational	○ Yes ◉ No
Speech/vocalization is appropriate for developmental age	○ Yes ◉ No
Short term and long term memory appears intact	○ Yes ◉ No
Able to comprehend and follow directions	◉ Yes ○ No
Body image disturbance	○ None ◉ Present/Exists
Paranoid ideation/delusions/hallucinations	○ None ◉ Present/Exists

- Mood and Behavior

*Mood and behavior	☐ Angry ☐ Antagonistic ☐ Anxious ☐ Apathetic ☐ Catatonic ☐ Childlike/dependent ☐ Combative ☐ Compulsive/repetitive act ☐ Depressed ☐ Euphoric ☐ Fearful of others ☐ Guarded ☐ Guilty ☐ Hostile ☐ Irritable ☐ Isolative ☐ Labile ☐ Manic ☐ Ritualistic ☐ Sad ☐ Seductive ☐ Suspicious ☐ Tearful ☐ Tense ☐ Threatening ☐ Uncooperative ☐ Worried ☐ Other
Other mood and behavior	

- Thought Processes

*Thought process variance	
Thought processes	☐ Depersonalization ☐ Disorganized ☐ Dissociation ☐ Distrustful ☐ Fearful of others ☐ Flight of ideas ☐ Fragmented ☐ Helpless ☐ Homicidal ☐ Hopelessness ☐ Illogical ☐ Indecisive ☐ Loose associations ☐ Magical thinking ☐ Obsessions ☐ Paranoia ☐ Perseverative ☐ Phobias ☐ Racing thoughts ☐ Self harm ☐ Sexually preoccupied ☐ Suicidal ideations ☐ Tangential ☐ Worthlessness
Patient statement of their phobias	

- Speech

*Speech	☐ Aphasic ☐ Incoherent ☐ Pressured ☐ Slurred

- Vocalization

*Vocalization	☐ Aphasic expressive ☐ Aphasic receptive ☐ Cri du chat ☐ Incomprehensible sounds ☐ Phonation strong ☐ Phonation weak ☐ Repetitive ☐ Shrill cry ☐ Slurred ☐ Word salad

- Memory

*Memory impairment	☐ Long term memory ☐ Short term memory

- Body Image Disturbance

*Body image variance	
Psychosocial variance	
Body image disturbance comment	

- Paranoia and Delusions

*Paranoia documentation	
Patient paranoid ideation/delusion comment	
Delusions	☐ Grandeur ☐ Persecution ☐ Somatic
Patient statement of delusions	
Hallucinations	☐ Auditory ☐ Tactile ☐ Visual ☐ Olfactory ☐ Taste
Patient statement for hallucinations	

The **Psychosocial** Body System assessment has been updated to align with Cloud.

Documentation responses requiring additional required documentation will be identified with an *asterisk* (*).

Note: Any additional documentation will be cleared if the field response is changed back to its Normal default.

Evaluation of homicidal behavior has been removed from the aligned Psychosocial body system.

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Homicide Assessment ✓

Homicide Assessment

Homicidal/violent ideation	☑ Current ☐ None currently ☐ Lifetime ☐ None in lifetime Ask: Are you having homicidal or violent thoughts now or recently? Have you had any homicidal or violent thoughts in your lifetime?
*Describe current homicidal/violent thoughts/plans/means/intent	Describe current homicidal/violent thoughts/plans/means/intent: Please be as specific as possible. Type detailed response appropriate for each timeframe.
Describe homicidal thoughts/plan/means/intent over lifetime	Describe homicidal/violent ideation thoughts/plans/means/intent over lifetime: Please be as specific as possible. Type detailed response appropriate for each timeframe.
Homicidal/violent threats to others	☐ Staff ☐ Patients ☐ Visitors ☐ Family ☐ Other
Other homicidal/violent threats to others	
*Patient is at risk for committing homicidal/violent behavior	◉ Yes ○ No ○ Unable to assess
*Possession/access to weapons	◉ Yes ○ No

Weapons Assessment Details

*Type of weapon	☐ Gun/rifle ☐ Knife ☐ Other
Other type of weapon	
Targeted person for homicidal/violent thoughts	
Targeted person notified per facility policy	
Where are weapons stored	
Who will secure weapons	Suggestions: Enter name and phone number of family member, friend or legal authorities.
Describe contacts made to secure weapons	

The **Homicide Assessment** has been updated to align with Cloud as a free-standing intervention.

Descriptor text is available to guide the user with the assessment.

Possession/access to weapons becomes ***required**** if the patient screens positive for homicidal/violent behavior risk.

Type of weapon is required with a 'Yes' response to *Possession/access to weapons*

Note: All Homicide Assessment content is suppressed for patients younger than 3 years

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