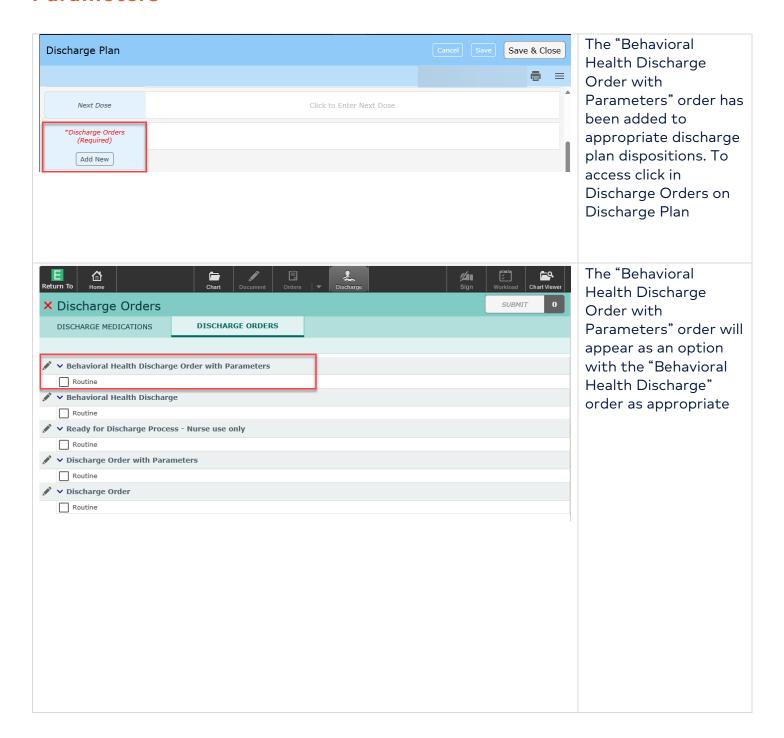
## **Expanse TIP SHEET**



# Discharge Plan - Behavioral Health Discharge with Parameters



# **Expanse TIP SHEET**



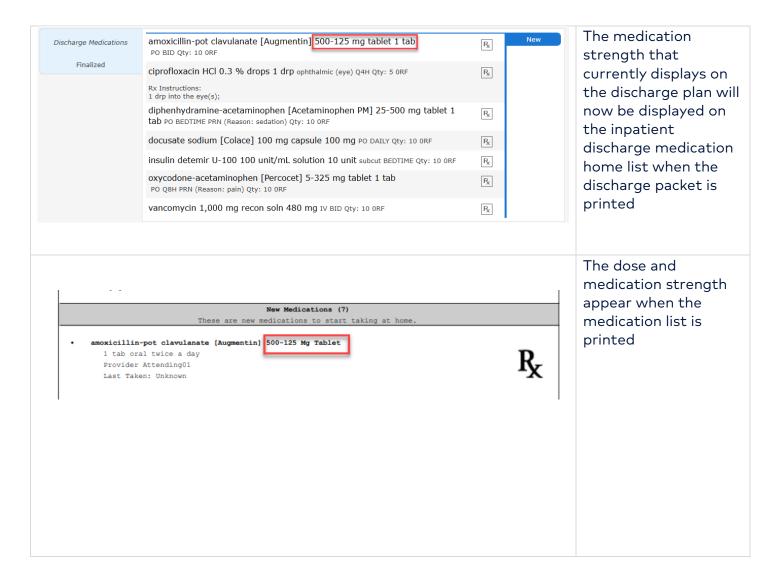
# Discharge Plan - Forms added to Signature Page

| Patient (or Guardian) Signature  Prisbie Memorial Hospital  MR# F000546185 Acct# A00000206199 Adm Date 04/09/25  Media F000546185 Acct# A00000206199 Adm Date 04/09/25  Medication List" on the Forms section of what the patient received. "Discharge Medication List" on the Forms section of what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Patient (or Guardian) Signature  Date/Time  | Discharg                                       | e Signature Page Page: 1 of 1 Date: 08/07/25 |                      |
|---|--|--|----------------------|
| display "Discharge Plan" and "Discharge Plan" and "Discharge Medication List" on the above-named patient and/or respresentative has received the following:  Patient Education CAP A Healthier You  Forms Discharge Plan Discharge Medication List Care Assure Suicide Prevention Resources I have read and understand the instructions given to me by my caregivers.  Test, dcplan  Print Patient Name  Date/Time  display "Discharge Plan" and "Discharge Medication List" on the Forms section of what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Caregiver/RN/Doctor Signature  Date/Time |  |  |                      |
| Date/Time  Plan" and "Discharge Medication List" on the above-named patient and/or respresentative has received the following:  Patient Education CAP A Healthier You  Forms Discharge Plan Discharge Plan Discharge Medication List Care Assure Suicide Prevention Resources It have read and understand the instructions given to me by my caregivers.  Print Patient Name  Patient (or Guardian) Signature  Date/Time  Plan" and "Discharge Medication List" on the Forms section of what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Patient (or Guardian) Signature  Date/Time            | Frisbie Me                                     | morial Hospital                              |                      |
| Medication List" on the above-named patient and/or respresentative has received the following:  Patient Education CAP A Healthier You  Forms Discharge Plan Discharge Medication List Care Assure Suicide Prevention Resources It have read and understand the instructions given to me by my caregivers.  Print Patient Name  Patient (or Guardian) Signature  Date/Time  Medication List" on the Forms section of what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Date/Time   | test,dcplan 0 M 01/01/75                       | Acct# A00000                                 | Plan" and "Discharge |
| Patient Education CAP & Healthier You  Forms Discharge Plan Discharge Medication List Care Assure Suicide Prevention Resources Thave read and understand the instructions given to me by my caregivers.  Lest, dcplan  Print Patient Name  Date/Time  Date/Time  The Porm's Section of what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Date/Time  |  | Adm Date 04/09/                              | Medication List" on  |
| Patient Education CAP A Healthier You  Forms Discharge Medication List Care Assure Suicide Prevention Resources I have read and understand the instructions given to me by my caregivers.  Test, dcplan  Print Patient Name  Date/Time  Date/Time  what the patient received. "Discharge Medication List" will appear only if the medications have been finalized  Date/Time  | The above-named patient and/or respresentative | has received the following:                  | the Forms section of |
| Forms Discharge Plan Discharge Medication List Care Assure Suicide Prevention Resources thave read and understand the instructions given to me by my caregivers.  The Patient Name  Patient (or Guardian) Signature  Date/Time  Treceived. "Discharge Medication List" will appear only if the medications have been finalized  Date/Time   | Patient Education CAP A Healthier You          |  |                      |
| Discharge Medication List Care Assure Suicide Prevention Resources I have read and understand the instructions given to me by my caregivers.  The Patient Name  Patient (or Guardian) Signature  Date/Time  Medication List" will appear only if the medications have been finalized  Date/Time  Date/Time  |  |  |                      |
| Suicide Prevention Resources I have read and understand the instructions given to me by my caregivers.  test, dcplan  Print Patient Name  Date/Time  Date/Time  Date/Time   |  |  |                      |
| Thave read and understand the instructions given to me by my caregivers.  medications have been finalized  Print Patient Name  Patient (or Guardian) Signature  Date/Time  Caregiver/RN/Doctor Signature  Date/Time   |  |  |                      |
| medications have been finalized  Print Patient Name  Patient (or Guardian) Signature  Date/Time  Date/Time  |  |  |                      |
| Print Patient Name  Patient (or Guardian) Signature  Date/Time  Caregiver/RN/Doctor Signature  Date/Time  | have read and understand the instructions give | en to me by my caregivers.                   | medications have     |
| Print Patient Name  Patient (or Guardian) Signature  Date/Time  Caregiver/RN/Doctor Signature  Date/Time  |  |  | been finalized       |
| Patient (or Guardian) Signature Date/Time  Caregiver/RN/Doctor Signature Date/Time  | test,dcplan                                    |  |                      |
| Caregiver/RN/Doctor Signature Date/Time   | Print Patient Name                             |  |                      |
| Caregiver/RN/Doctor Signature Date/Time   |  |  |                      |
| Caregiver/RN/Doctor Signature Date/Time   |  |  |                      |
| Caregiver/RN/Doctor Signature Date/Time   |  |  |                      |
|   | Patient (or Guardian) Signature                | Date/Time                                    |                      |
|   |  |  |                      |
|   |  |  |                      |
| Printed on 08/07/25 at 12:54  | Caregiver/RN/Doctor Signature                  | Date/Time                                    |                      |
| Printed on 08/07/25 at 12:54  |  |  |                      |
|   | Printed on 08/07/25 at 12:54                   |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |

### **Expanse TIP SHEET**



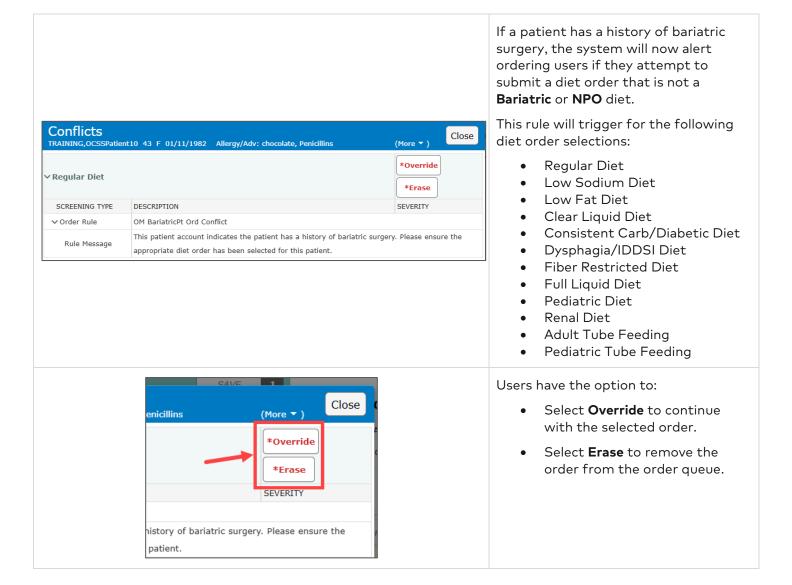
# Discharge Plan - Medication Strength Display in Discharge Packet



#### **MEDITECH Expanse TIP SHEET**

#### Bariatric Surgery - Diet Alert



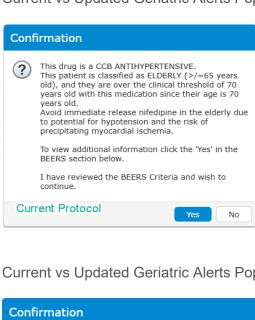


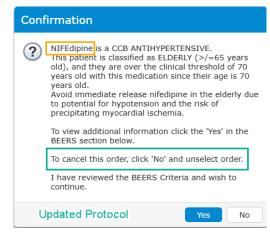
### MEDITECH Expanse TIP SHEET



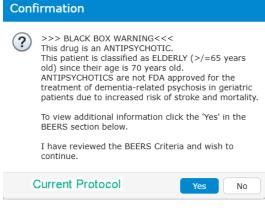
## Geriatric Alerts (BEERS Criteria) Protocols Verbiage Update

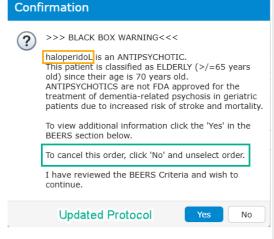
Current vs Updated Geriatric Alerts Pop Up Message (Example #1)





Current vs Updated Geriatric Alerts Pop Up Message (Example #2)





The following verbiage changes were made to the Geriatric Alerts (BEERS Criteria) protocols pop up message in OM:

- 1. **Replaced** "This drug" with the name of the actual medication. This clarifies which drug is triggering the pop up message, especially if there are multiple meds in the same drug class being ordered at the same time (i.e. prechecked orders in order sets).
- 2. Added verbiage "To cancel this order. click 'No' and unselect order."

Helps to streamline workflow if providers want to remove/cancel order after reading pop up message contents.

