**Cervial Ripening Cervidil Protocol**

## Provider Order Entry

Cervical Ripening indication will default. Provider will need to enter a criteria for use.

If one of the three criteria are not applicable, provider will enter Other.

Protocol     Cervical Ripening Cervidil

* Criteria for Cervidil Use:    Other

- If cervidil exceptions are not met, use alternative options
- including single mechanical methods (foley, cook),
- misoprostol or combination methods.

* Other Reason for Cervidil Use:

Rx Indication:    Cervical Ripening

- If checklist cannot be completed and all items are not
- documented in chart, oxytocin or cervical ripening
- should not be initiated.

If Other is chosen, guidance text will display, and provider is prompted to enter other reason for use.

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1 of 8 Selected

**Orders with Activity**    Instructions    Status    Source

dinoprostone(CervidiL)
dinoprostone 10 mg Vaginal Suppository
U000001822   M

oxytocin in NaCL 0.9%
oxytocin in NaCL 0.9% 30 UNIT/500 M...
U000001810   IVTITRATE

Drug
oxytocin in NaCL 0.9%(Pitocin in Sod...
oxytocin in NaCL 0.9% (30 unit/500 ...

**Current Orders**

lactated ringers
lactated ringers 1,000 ML
FM000000415   ISIG

Drug
lactated ringers(Ringers Solution, Lac...
lactated ringers 1,000 mL Bag

alteplase in sodium chloride 0.9%
alteplase 50 MG in sodium chloride 0.9...
FM000000383   ISIG

**View Order Data**

**Protocol**

**Protocol Queries**

Criteria for Cervidil Use:  Other
• If cervidil exceptions are not met, use alternative options
• including single mechanical methods (foley, cook),
• misoprostol or combination methods.
Other Reason for Cervidil Use:
free text reason
Rx Indication:  Cervical Ripening
• If checklist cannot be completed and all items are not
• documented in chart, oxytocin or cervical ripening
• should not be initiated.
• 1. Indication for induction/augmentation/cervical ripening
• documented in chart
• 2. Pelvis is documented by provider to be clinically adequate
• for vaginal delivery
• 3. Estimated fetal weight is less than 5000 grams in non-diabetic
• patient (4500 grams for diabetic)
• 4. Gestational age documented
• 5. Provider with C-Section privileges is aware of the
• induction and readily available
• 6. Status of cervix is assessed and documented, including all
• elements of Bishop score

Close

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Medication | Taper | Protocol | Chemo | Comments | Instructions | Queries | Screenings | Provider

Rx Number   U000001822    dinoprostone 10 mg Vaginal Suppository

Criteria for Cervidil Use:    Other
- If cervidil exceptions are not met, use alternative options
- including single mechanical methods (foley, cook),
- misoprostol or combination methods.

Other Reason for Cervidil Use:    free text reason

Rx Indication:    IN.CERVRIP

1 of 3    Goto 2

Cancel    Save

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Medication Detail

| | | Detail | History | Flowsheet | Monograph | AssocData | Prot/Taper | Order | Links | |

eMAR

| Medication | Start | Stop | Status |
|---|---|---|---|
| **CervidiL  10 mg (See Protocol) VAGINAL ONCE ONE**<br>Generic: dinoprostone<br><br>Dispense: 1 Vaginal Suppository/10 mg<br>Give:  1 Vaginal Suppository (10 mg total) | 07/03/25 08:45 | 07/03/25 08:46 | Active |

| Protocol | Cervical Ripening Cervidil |
|---|---|

| Criteria for Cervidil Use: | Other |
|---|---|
| • | If cervidil exceptions are not met, use alternative options |
| • | including single mechanical methods (foley, cook), |
| • | misoprostol or combination methods. |
| Other Reason for Cervidil Use: | free text reason |
| | |
| Rx Indication: | Cervical Ripening |

| • | If checklist cannot be completed and all items are not |
|---|---|
| • | documented in chart, oxytocin or cervical ripening |
| • | should not be initiated. |
| | |
| • | 1. Indication for induction/augmentation/cervical ripening |
| • | documented in chart |
| • | 2. Pelvis is documented by provider to be clinically adequate |
| • | for vaginal delivery |
| • | 3. Estimated fetal weight is less than 5000 grams in non-diabetic |
| • | patient (4500 grams for diabetic) |
| • | 4. Gestational age documented |
| • | 5. Provider with C-Section privileges is aware of the |
| • | induction and readily available |
| • | 6. Status of cervix is assessed and documented, including all |
| • | elements of Bishop score |
| • | 7. Presentation is assessed and documented as cephalic |

| All items listed are documented in the patient chart: | Yes |
|---|---|
| If no, why: | |

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# Expanse TIP SHEET
## Discharge Plan – Forms added to Signature Page

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| | |
|---|---|
| **Discharge Signature Page**   **Page:** 1 of 1  **Date:** 08/07/25 12:54  **Frisbie Memorial Hospital**  **test,dcplan**   **MR#** F000546185  50 M 01/01/75   **Acct#** A00000206199   **Adm Date** 04/09/25  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**  _____  **Patient (or Guardian) Signature**   **Date/Time**  _____  **Caregiver/RN/Doctor Signature**   **Date/Time**  **Printed on** 08/07/25 **at** 12:54 | When the inpatient discharge plan is printed it will now 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 |

# Expanse TIP SHEET
## Discharge Plan – Medication Strength Display in Discharge Packet

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| | |
|---|---|
| **Discharge Medications** *Finalized* | amoxicillin-pot clavulanate [Augmentin] 500-125 mg tablet 1 tab PO BID Qty: 10 0RF  [Rx]  **New** |
| | ciprofloxacin HCl 0.3 % drops 1 drp ophthalmic (eye) Q4H Qty: 5 0RF  [Rx] |
| | Rx Instructions: 1 drp into the eye(s); |
| | diphenhydramine-acetaminophen [Acetaminophen PM] 25-500 mg tablet 1 tab PO BEDTIME PRN (Reason: sedation) Qty: 10 0RF  [Rx] |
| | docusate sodium [Colace] 100 mg capsule 100 mg PO DAILY Qty: 10 0RF  [Rx] |
| | insulin detemir U-100 100 unit/mL solution 10 unit subcut BEDTIME Qty: 10 0RF  [Rx] |
| | oxycodone-acetaminophen [Percocet] 5-325 mg tablet 1 tab PO Q8H PRN (Reason: pain) Qty: 10 0RF  [Rx] |
| | vancomycin 1,000 mg recon soln 480 mg IV BID Qty: 10 0RF  [Rx] |

The medication strength that currently displays on the discharge plan will now be displayed on the inpatient discharge medication home list when the discharge packet is printed

---

**New Medications (7)**
These are new medications to start taking at home.

- **amoxicillin-pot clavulanate [Augmentin]** 500-125 Mg Tablet
  1 tab oral twice a day
  Provider Attending01
  Last Taken: Unknown

℞

The dose and medication strength appear when the medication list is printed

If a patient has a history of bariatric surgery, the system will now alert ordering users if they attempt to submit a diet order that is not a **Bariatric** or **NPO** diet.

This rule will trigger for the following diet order selections:

- Regular Diet
- Low Sodium Diet
- Low Fat Diet
- Clear Liquid Diet
- Consistent Carb/Diabetic Diet
- Dysphagia/IDDSI Diet
- Fiber Restricted Diet
- Full Liquid Diet
- Pediatric Diet
- Renal Diet
- Adult Tube Feeding
- Pediatric Tube Feeding

**Conflicts**

TRAINING,OCSSPatient10 43 F 01/11/1982   Allergy/Adv: chocolate, Penicillins   (More ▼ )   Close

˅ Regular Diet    *Override   *Erase

| SCREENING TYPE | DESCRIPTION | SEVERITY |
| --- | --- | --- |
| ˅ Order Rule | OM BariatricPt Ord Conflict | |
| Rule Message | This patient account indicates the patient has a history of bariatric surgery. Please ensure the appropriate diet order has been selected for this patient. | |

Users have the option to:

- Select **Override** to continue with the selected order.

- Select **Erase** to remove the order from the order queue.

# CHG0397870– Add rule to Discharge w Parameters order to require a selection for Vital Signs

*Changes go in effect 08/20/25*

| | |
|---|---|
|  | • Per CR 1495 – Require the temperature range, systolic blood pressure range, diastolic blood pressure range, heart rate range, respiration range, and O2 saturation range queries when "Vital Signs" group response is selected from the Discharge Parameter query. |
|  | • If any of the temperature range, systolic blood pressure range, diastolic blood pressure range, heart rate range, respiration range, and O2 saturation are filled out the other queries become unrequired. |

# MEDITECH Expanse TIP SHEET
## Provider Consult – Edit Restriction

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A work-around was recently discovered in which users were able to Edit existing Non-Telehealth Provider Consult orders and enter a provider group into the "Consulting Provider" standard field. This is prevented during initial order entry via an order conflict rule. However, no such guardrail exists within the order edit routine.

This workaround was causing massive numbers of physicians to be related to the patient and causing numerous downstream issues.



If an ordering user attempts to edit an existing non-telehealth provider consult and selects the "Provider Group" option in the "Consulting Provider" field, a new required query will appear:

- 'Consulting Provider' cannot be set to Provider Group

This new query is not editable, so users will never be able to fulfill the requirement and submit the order in that state.



For non-telehealth provider consults, users should only enter a provider group in the "Consulting Provider Group" query.

Only individual providers should be added to the "Consulting Provider" field.