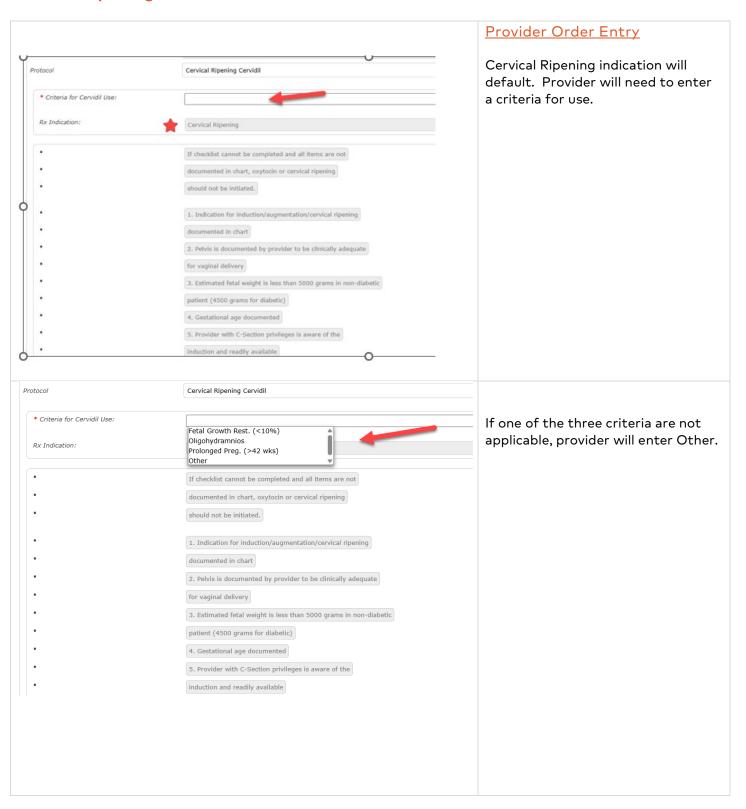
MEDITECH Expanse TIP SHEET

Pharmacy/OM

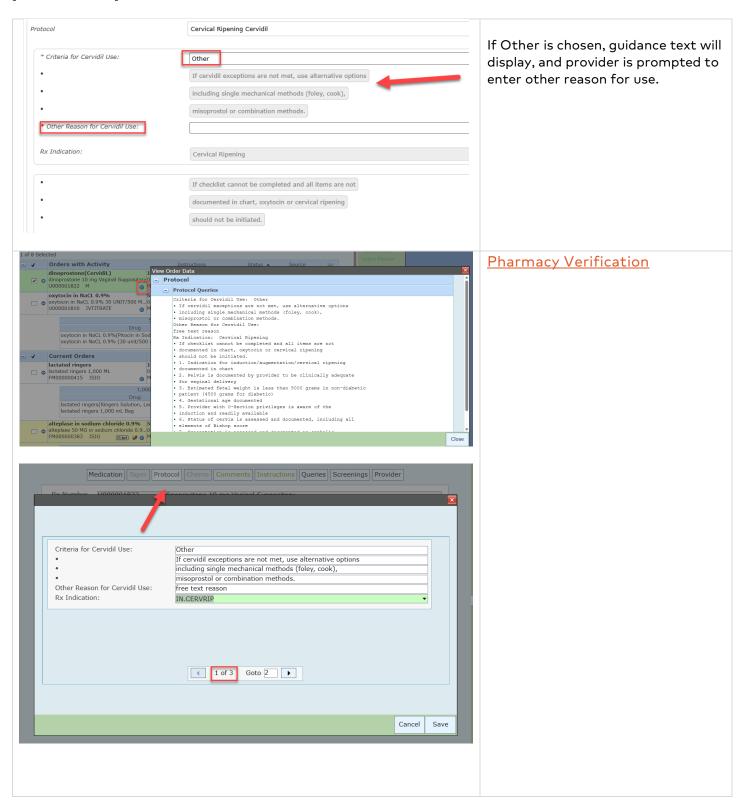


Cervial Ripening Cervidil Protocol



[Date] Expanse Pharmacy

[Document Title]





[Document Title]





Expanse TIP SHEET



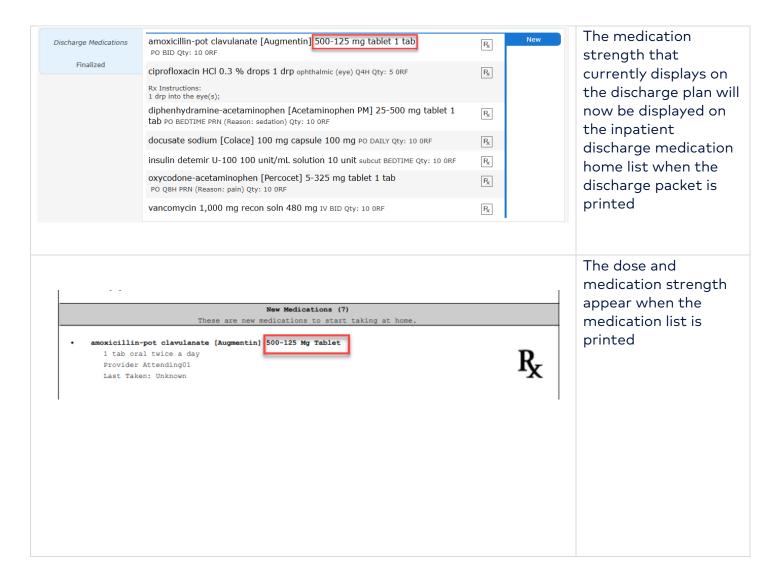
Discharge Plan - Forms added to Signature Page

| 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



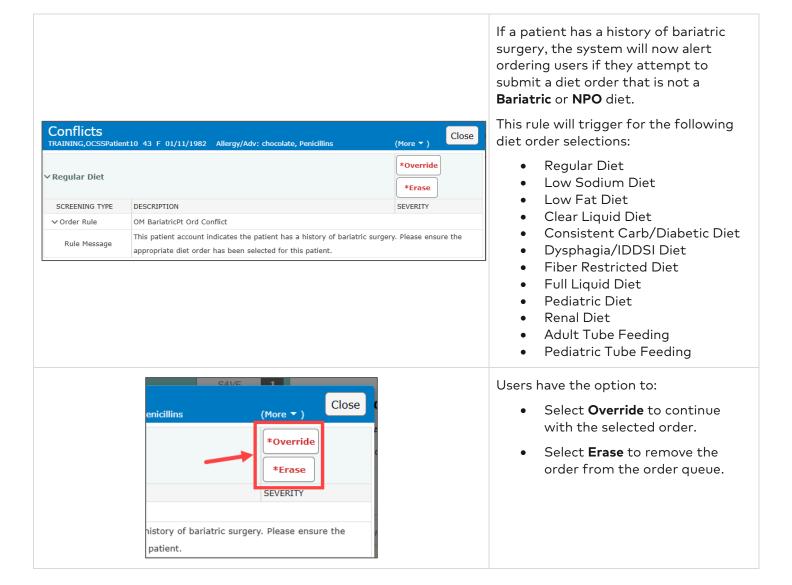
Discharge Plan - Medication Strength Display in Discharge Packet



MEDITECH Expanse TIP SHEET

Bariatric Surgery - Diet Alert

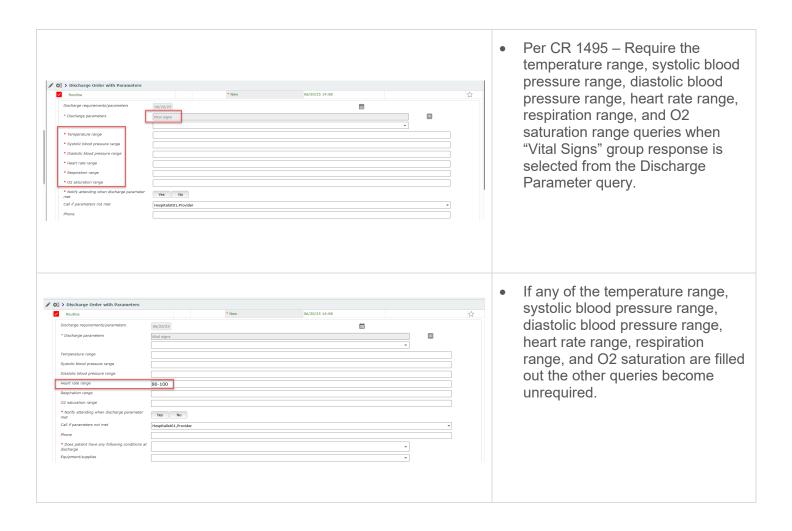




CHG0397870- Add rule to Discharge w Parameters order to require a selection for Vital Signs



Changes go in effect 08/20/25



MEDITECH Expanse TIP SHEET

Provider Consult - Edit Restriction



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.