

# EBCD MEDITECH Content Updates – 2025.1

## BH Module

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### Overview

This document is a high-level overview for end user education purposes about significant changes within the Nursing Module screens, including Behavioral Health routines. Additional enhancements may be seen in the [EBCD Release Education Section](#) of the [EBCD Atlas Connect page](#).






Inpatient Rehab Facility Enhancements education will be posted separately.

### How to use this guide

The enhancements are listed by intervention. They include which module(s) are affected along with the impact associated with the intervention.

The enhancements are listed in alphabetical order and provide a rationale behind the change and screenshot example(s). This document focuses on end user enhancements designated as high and medium impact.

### Impact Legend:

Safety/Regulatory 	Clinical Initiative 	Impacted by Women's and Children's 
Reimbursement/Billing 	Enhancements/Wins 	

Be aware the enhancements may not be in your test environment at the time this document is published. Your facility/IT Division support team will notify you when the updates will be available in your software.

Please read the MEDITECH selected prompts and follow the yellow information boxes onscreen as you become aware of changes in the documentation.

Click the topic name to be taken to the specific documentation within this update:

- Summary of Revisions ..... 2
- eMAR Updates..... 3
  - Metformin Contrast Media Alert..... 3
- BH Module ..... 4
  - Behavioral Health Discharge Updates..... 4

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## Summary of Revisions

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Date	Revision

# eMAR Updates

## Metformin Contrast Media Alert



Within eMAR, nurses will now only receive an alert upon documentation for Metformin-containing medications if IV Contrast Media has been administered to the patient within the last 47 hours and the patient has an eGFR <30ml/min.

*Note: Radiology guidelines no longer recommend that Metformin-containing products are held or discontinued by nursing if the patient has an eGFR value of >= 30ml/min and has received IV Contrast Media.*

	<p>When administering a medication that contains Metformin, the nurse will receive the following alert if the patient has received contrast media in the past 47 hours <b>and</b> their eGFR is &lt; 30 mL/min.</p> <p><i>Note: Only the most recent eGFR value over the last 7 days of the current admission will be considered. If there is NO eGFR value available, the alert will not display.</i></p>
	<p>Document the medication as <i>Not Given</i> with the <i>Reason Code</i> as 'N CONTRAST'.</p>

# BH Module

## Behavioral Health Discharge Updates



The Behavioral Health Discharge order has been updated to align the workflow with the non-BH Discharge order. This update allows for providers to better document the patient’s readiness for discharge. The updates affect the BH Discharge nursing interventions to align to the changes in the provider order.

### BH Discharge Instructions Home

The *Physician parameters for discharge* field defaults ‘Yes’ if there is an active BH Discharge with Parameters order within the past 24 hours.

The *Parameters met for discharge* field has the following responses:

- Yes
- No

This field displays an alert with the field responses from the provider’s order. This is a reference for nursing.

*Note: If no order has been entered, the parameter fields are automatically skipped.*

*Consulted with discharging physician* is a new field that allows the nurse to enter the Consulting provider.

BH Discharge Instructions

**Phone:**  
Enter free text.

Physician parameters for discharge: Yes  
Parameters met for discharge: Yes

Consulted with discharging physician: IMOBILE? CORP TESTSEVEN  
Phone: \*

Discharge:   
Reason for not discharged:

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*Phone* is a new free text field for the Consulting provider.

BH Discharge Instructions

**Discharge:**  
1 Yes  
2 No

Physician parameters for discharge: Yes  
Parameters met for discharge: Yes

Consulted with discharging physician: IMOBILE? CORP TESTSEVEN  
Phone: 615-555-5555

Discharge:   
Reason for not discharged:

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BH Discharge Instructions

**Reason for not discharged:**  
Enter free text.

Physician parameters for discharge: Yes  
Parameters met for discharge: Yes

Consulted with discharging physician: IMOBILE? CORP TESTSEVEN  
Phone: 615-555-5555

Discharge: No  
Reason for not discharged: \*

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*Discharge* is a new field with the following responses:

- Yes
- No

If 'No' is selected, the nurse is required to enter the rationale in the *Reason for not discharged* field.

Otherwise, it is skipped if 'Yes' is selected.

BH Discharge Instructions

Meds reconciled at discharge and completed list provided to patient:

1 Yes  
2 No

Reason for admission: Anxiety \*

Stated reason for visit: ANXIOUS \*

Discharge diagnosis (primary/secondary behavioral health)  
ANXIETY

Other diagnosis:

Meds reconciled at discharge and completed list provided to patient:

(Prev Page)  (Next Page)

*Discharge diagnosis* has been changed to *Discharge diagnosis (primary/secondary behavioral health)*.

The field auto populates from the provider order.

*Other diagnosis* is a new field that populates from the provider order.

The nurse may edit both fields.

BH Discharge Instructions

Address patient is discharging to:

Enter free text. Enter the physical address of the location the patient is being discharged to.

Discharge to: Home

Address patient is discharging to:  
->SAME STREET  
ANYWHERE, TN 37021

Facility or program name:

Is patient being discharged to PHP or IOP:

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*Discharged to home* has been changed to *Discharge to*. This populates from the provider order and is automatically skipped.

*Patient home address* has been changed to *Address patient discharging to*. The patient's home address from registration will default; however, the nurse may edit the field.

BH Discharge Instructions

Facility or program name: [or free text]

1 Not applicable

Discharge to: Home

Address patient is discharging to:  
->SAME STREET  
ANYWHERE, TN 37021

Facility or program name: ->

Is patient being discharged to PHP or IOP:

(Prev Page)  (Next Page)

*Transferred to another facility* has been removed.

*Facility name* has been changed to *Facility or program name*.

The field auto populates from the provider order but is editable.

BH Discharge Instructions

**Is patient being discharged to PHP or IOP:**

1 Yes  
2 No

Is patient being discharged to partial hospitalization program (PHP) or intensive outpatient program (IOP):

Discharge to: Home

Address patient is discharging to:  
->SAME STREET  
ANYWHERE, TN 37021

Facility or program name:->

Is patient being discharged to PHP or IOP:->

(Prev Page)  (Next Page)

The following fields have been removed:

- Type of facility
- Discharged to another facility
- Facility name discharged to
- Type of facility
- Program name
- Facility address

*Is patient being discharged to PHP or IOP* is a new field with the following responses:

- Yes
- No

'Yes' defaults if *Discharge to* is 'PHP or IOP'.

BH Discharge Instructions

**Diet:**

1  Resume Home Diet/Feeds  
2  Regular  
3  Diabetic  
4  Cardiac  
5  Bariatric Liquid Diet  
6  Bland  
7  Breast Milk Formula  
8  Breast Milk  
9  Clear Liquid  
10  Fluid Restrictions  
11  Formula  
12  or <F9> For More Options

This information must be provider driven.

Diet:->Regular

Activity: Resume Normal Activity

Return to work/school date: 09/21/24  
Work/school restrictions:

To ensure ongoing recovery and safety, you should

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Diet Lookup

Select

Options

1 Full Liquid  
2 Gluten-Free  
3 Ketogenic  
4 Liquid  
5 Low Fat  
6 Low Sodium/Phos  
7 Low Sodium  
8 Mechanical  
9 Neutropenic Diet  
10 No Concentrated Sweets  
11 Pureed  
12 Renal  
13 Soft  
14 Tube Feeding  
15 Warfarin Diet

<End of list>

*Diet* is a multi-select field. This field recalls the last documented response from the provider order, provider note template or nursing documentation; however the nurse can edit the field.

**BH Discharge Instructions**

**Activity:**

Resume Normal Activity     Do not Submerge Incision  
 As Tolerated     Light Duty  
 Appropriate for Age     No Bending  
 Bedrest     No Driving  
 Cover CVC/PICC IV Site     No Intercourse for 6 Wks  
 Crutches/Walker     or<F9> For More Options

This information must be provider driven.

Diet:>Regular

Activity:>Resume normal

Return to work/school date: \_\_\_\_\_

To ensure ongoing recovery and safety, you should: \_\_\_\_\_

(Prev Page)  (Next Page)

**Activity: Lookup**

Select

Options

- 1 No Lifting >10lbs
- 2 No Lifting >20lbs
- 3 No Lifting
- 4 No Sports/Activities
- 5 No Strenuous Activity
- 6 No Swimming
- 7 No Twisting
- 8 No Weight Bearing
- 9 No Weight Bearing Left
- 10 No Weight Bearing Right
- 11 Nothing in vagina pre f/u
- 12 Partial Weight Bearing Lt
- 13 Partial Weight Bearing Rt
- 14 Remove Brace to Shower
- 15 Shower Only
- 16 Sternal Precautions
- 17 Toe Touch Only
- 18 Walk
- 19 Walk with Assistance
- 20 Weight Bearing As Tol.

<End of list>

*Activity* is a multi-select field. This field recalls the last documented response from the provider order, provider note template or nursing documentation; however the nurse can edit the field.

**BH Discharge Instructions**

**Return to work/school date:**

Calendar Del  
Yesterday  
Today  
Tomorrow

This information must be provider driven.

Diet:>Regular

Activity:>Resume Normal Activity

Return to work/school date:>09/21/24

Work/school restrictions: \_\_\_\_\_

To ensure ongoing recovery and safety, you should: \_\_\_\_\_

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*Return to work/school date* and *Work/school restriction* are new fields that recall from the provider order.



## BH Discharge Nursing Assessment

The following fields have been removed:

- *Number of antipsychotic medication at discharge*
- *Justification for use of multiple antipsychotic medication*
- *Crossover med schedule*
- *Justification comment*

## BH Outpatient Discharge Instructions

*Patient home address has been changed to Address patient discharging to.*

The patient's home address from registration will default; however, the nurse may edit the field.

*Discharge diagnosis* has been changed to *Discharge diagnosis (primary/secondary behavioral health)*.

The field auto populates from the provider order.

*Other diagnosis* is a new field that populates from the provider order.

Nurses are able to edit both fields.

## BH Outpatient Discharge Summary

*Patient home address* has been changed to *Address patient discharging to*.

The patient's home address from registration will default; however, the nurse may edit the field.

BH OP Discharge Summary

**Reason for discharge:**

- 1 Against medical advice
- 2 Abandoned program
- 3 Admit higher level care
- 4 Completed programs
- 5 Met treatment goals
- 6 Non-Compliance

Reason for admission: Anxiety \*

Reason for discharge: >

Discharge diagnosis - primary/secondary behavioral health:  
ANXIETY

Other diagnosis:

Primary medical diagnosis:

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*Discharge diagnosis* has been changed to *Discharge diagnosis (primary/secondary behavioral health)*.

The field auto populates from the provider order.

*Other diagnosis* is a new field that populates from the provider order.

The nurse may edit both fields.

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# BH Nursing Discharge Content Update- 2025.1

**11/2024**

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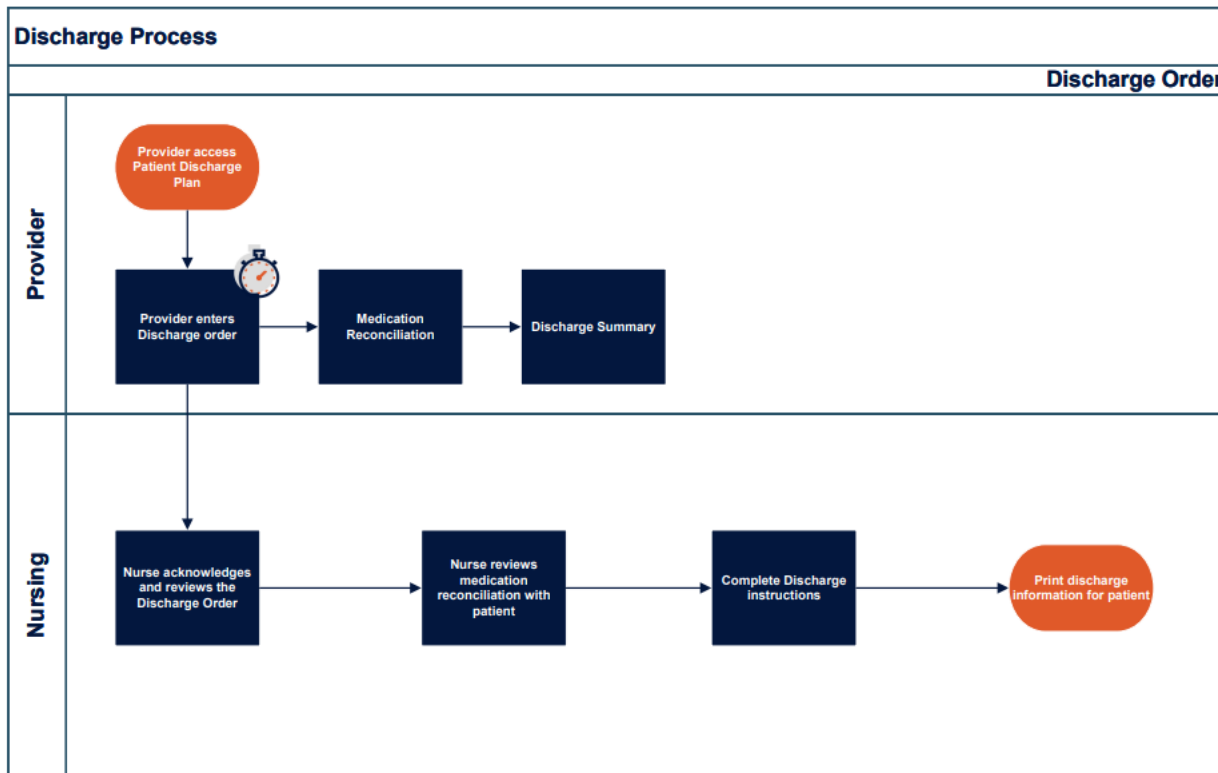
# Patient Discharge Plan Workflows

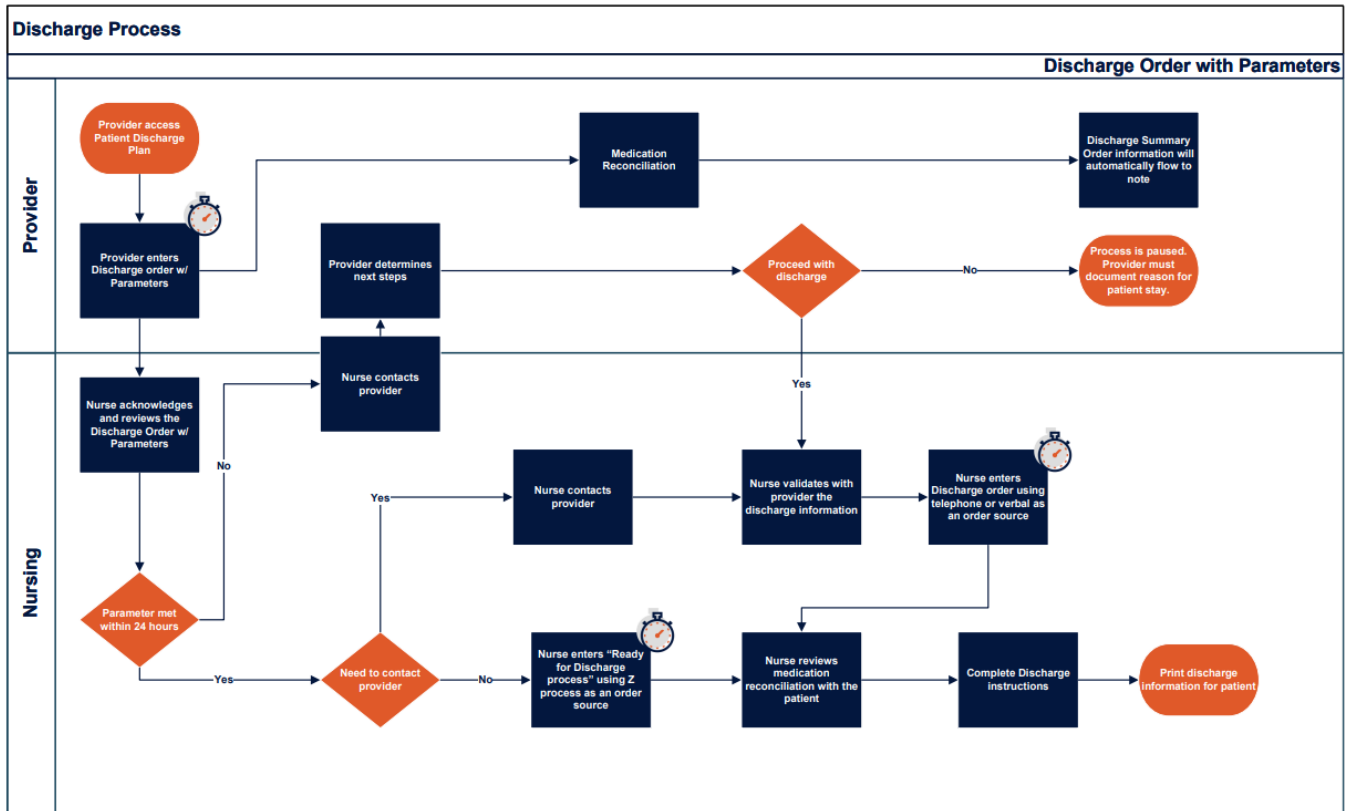
The workflows below are designed for the Patient Discharge Process in MEDITECH. Discharge Order with Parameters has two different workflow scenarios as shown in the diagram.

- Allows nurse to complete discharge process in one place
- The current view is for the EBCD nursing process
- Can be used by providers of all types
- Accessible from the Nursing Status Board for nursing and PWM for providers

Both workflows begin with the nurse seeing an acknowledgement flag on the status board.

Refer to the workflow diagrams for both BH Discharge Order and BH Discharge Order with Parameters.





**Note:** The timeclock indicates the time start of the discharge window based on facility guidelines to discharge the patient. If the patient is not able to be discharged within this time, a new discharge order will be required.



# Order Entry

Link to [2025.1 BH Discharge Orders Education](#)

# Nursing BH Discharge Process (includes BH Discharge with Parameters order process)

## BH Discharge Instructions Home

BH Discharge Instructions 11/04 1509 J00021296259 DEMO,SAMBINK

**Estimated pneumococcal PCV13 vaccine admin date:**

Calendar Del -- PNEUMOCOCCAL VACCINE --

Yesterday  
Today  
Tomorrow

IF RECEIVED: Enter best estimate of Vaccination date. If unsure of the day, round to the first day of the month. If unsure of the month, choose the most distant month given. It is better to estimate the date than to leave the date blank.

IF NEVER RECEIVED: Leave the date blank.

-- Flu Season: 09/01/24 thru 08/31/25 --

Estimated pneumococcal PCV13 vaccine admin date:

Estimated pneumococcal PCV15 vaccine admin date:

Estimated pneumococcal PCV20 vaccine admin date: 05/21/24

Estimated pneumococcal PPSV23 vaccine admin date:

Estimated pneumococcal vaccine admin date type unknown:

Estimated influenza vaccine admin date:

Estimated COVID-19 vaccine admin date: 01/01/21 (Next Page)

### BH Discharge Process

Vaccine date fields auto populate from eMAR or from prior user entry and can be edited.

BH Discharge Instructions 11/04 1517 J00021342405 ANDERSON,MARY

Physician parameters for discharge

Discharge Parameters: Family meeting,  
Conf safe storage weapon,  
IP rehab bed ready,  
Labs/DX/TX, Procedures

Lab: Clozapine 350-600 ng/mL

Procedure: Therapy complete/arranged,  
Tolerating diet

Return to work/school date: 11/13/24

Work/school restrictions: LIGHT DUTY FOR 2 MONTHS

<End of text>

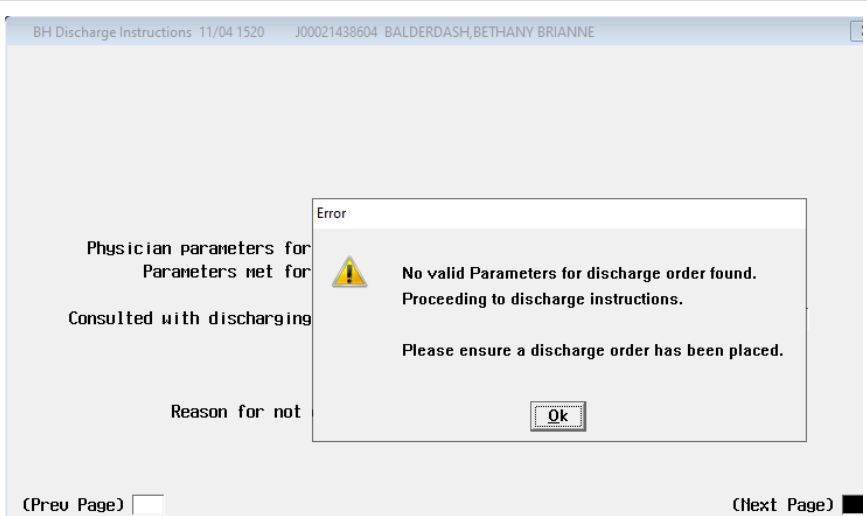
<Return>/<Esc>/<Exit> when done

(Prev Page)  (Next Page)

### BH Discharge with Parameters Process (if applicable)

Within 24 hours of the BH Parameters for Discharge order being entered, order details display for review automatically on the nursing BH discharge instructions.

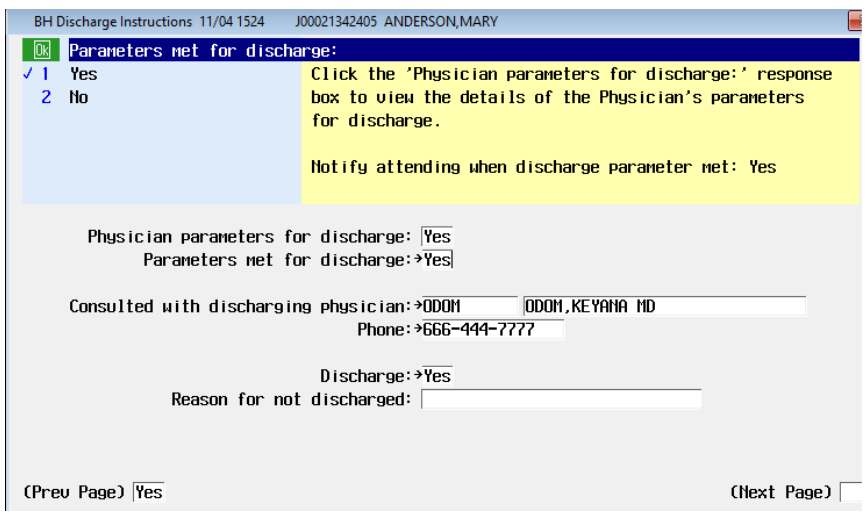
The window shown will allow for the nurse to review the provider's parameters to be met by the patient prior to discharge.



### BH Discharge with Parameters Process (if applicable)

After 24 hours a BH Discharge with Parameters order is no longer valid and an alert will display reminding the nurse to ensure an order has been placed for the patient. The fields related to parameters will be skipped.

*Note: A current BH Discharge or BH Discharge with Parameters order 24 hours old or less is required prior to discharge.*



### BH Discharge with Parameters Process (if applicable)

**Physician parameters for discharge:** If there is a valid BH Discharge with Parameters order within the last 24 hours, a Yes will default and skip.

To review the parameters for discharge again, nursing can click on this field to open the details.

**Parameters met for discharge:** enter Yes if the parameters for discharge are met.

*Note: If the parameters have been met and the provider did not order to be contacted, nursing to enter a **BH Ready for Discharge Process** order using the order source of Z for departmental process. This will not queue back to the provider.*

*If the parameters have been met and the provider requested to be*

*contacted, nursing to contact provider and then enter a **BH Discharge** order using appropriate order source of T for telephone or V for verbal. This will queue back to the provider for a signature.*

If Parameters not met for discharge, enter No and nurse to contact physician.

**Consulted with discharging physician:** enter the provider consulted for discharge. The field will look to the MIS Provider Dictionary.

**Phone:** enter the provider phone number.

**Discharge:** enter Yes or No to indicate whether the patient will be discharged.

**Reason for not discharged:** If the patient is not eligible for discharge, this field will be required; otherwise this field will be skipped.

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Reason for admission: [or free text]**

<input type="checkbox"/> 1 Anxiety	<input type="checkbox"/> 7 Depressed mood	<input type="checkbox"/> 13 Psych med non-adherence
<input checked="" type="checkbox"/> 2 Catatonia	<input type="checkbox"/> 8 Medical detox/CD	<input type="checkbox"/> 14 Psychosis
<input type="checkbox"/> 3 Increased comorbid risk	<input type="checkbox"/> 9 Homicide attempted	<input type="checkbox"/> 15 Reduced awareness
<input type="checkbox"/> 4 Confused	<input type="checkbox"/> 10 Homicide ideation	<input type="checkbox"/> 16 Severe med reaction
<input type="checkbox"/> 5 Danger to self or others	<input type="checkbox"/> 11 Mood instability	<input type="checkbox"/> 17 Suicide attempt
<input type="checkbox"/> 6 Delirium	<input type="checkbox"/> 12 Profound impairment	<input type="checkbox"/> 18 Or<F9> For More Options

Reason for admission: Catatonia \*

Stated reason for visit: ASDF \*

Discharge diagnosis - primary/secondary behavioral health:  
BIPOLAR DISORDER

Other diagnosis: MANIC EPISODE

Meds reconciled at discharge and completed list provided to patient: No

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## BH Discharge Process

**Reason for admission:** group response or free text available; required field.

**Stated reason for visit:** free text required field.

**Discharge diagnosis – primary/secondary behavioral health:** will pull in from the BH Discharge order, the BH Discharge with Parameter order or PDOC, then skip.

**Other diagnosis:** will pull in from the BH Discharge order, the BH Discharge with Parameter order or PDOC, then skip.

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Address patient is discharging to:**  
Enter free text. Enter the physical address of the location the patient is being discharged to.

Discharge to: Home with IOP

Address patient is discharging to:  
991 SE CORNER AVE  
NY NY 94444

Facility or program name: TESART

Is patient being discharged to PHP or IOP: No

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## BH Discharge Process

**Discharge to:** will pull in from the BH Discharge order, the BH Discharge with Parameter order or PDOC and skip.

**Address patient is discharging to:** will pull in patient's home address from admitting. This field can be edited.

**Facility or program name:** will pull in from the BH Discharge order, the BH Discharge with Parameter order or PDOC. This field can be edited.

**Is patient being discharged to PHP or IOP:** will default Yes if the Discharge to field is PHP or IOP. This field is editable.

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**1-Appointment comments:**  
Enter free text.

1-Type of provider: Psychologist

1-Provider name: DR POGO

1-Appointment place: 1000 NN HIGHPOINT AVENUE

1-Appointment date: 09/26/24

1-Appointment time: 1500

1-Appointment phone number: 666-666-6666

1-Appointment comments:

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## BH Discharge Process

Type of provider fields for follow up

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**1-Referral comments:**  
Enter free text.

1-Referred for: >Community resources  
 1-Referred to name: >CONNIE LUDWIG  
 1-Referred to where: >OUTPATIENT COUNSELING  
 1-Referred phone number: >888-888-7777  
 1-Referral comments: >

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### BH Discharge Process

Referred for fields

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**To ensure ongoing recovery and safety, you should:**

1  Avoid use of alcohol  
 2  Avoid use of drugs  
 3  Be cautious driving  
 4  Contact MD  
 5  Call 988 Suicide Hotline

Diet: >Resume Home Diet/Feeds  
 Diabetic ↓  
 Activity: >As Tolerated  
 Appropriate for Age ↓  
 Return to work/school date: >11/13/24  
 Work/school restrictions:  
 LIGHT DUTY FOR 2 MONTHS

To ensure ongoing recovery and safety, you should: >Avoid use of alcohol  
 Drugs

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### BH Discharge Process

Responses will pull in from the BH Discharge order, the BH Discharge with Parameter order or PDOC. These fields are editable:

- **Diet:** group response or free text
- **Activity:** group response or free text
- **Return to work/school date:** date field
- **Work/school restrictions:** free text

*Note: If any content changes need to be made, a conversation needs to occur with the nurse and discharging provider resulting in an updated provider discharge order.*

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Complete personal safety plan:**

1 Yes  
2 No

Contact information following discharge:  
→GEORGE REYNOLDS

Additional instruction comments:  
→FDSOP ASEP

Complete personal safety plan:→

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**BH Discharge Process**

Contact information

Additional instruction comments

Able to complete personal safety plan.

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Studies pending at discharge:**

1 Yes  
✓ 2 No

Major procedures or tests performed during inpatient stay:→Lab work \*

Summary of tests, screens, and procedure results:  
→PT TO REPEAT HBG NEXT WEEK \*

Studies pending at discharge:→No \*

Comments regarding pending studies:

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**BH Discharge Process**

Procedures or tests performed during inpatient stay.

Summary of tests, screens and procedure results

Studies pending at discharge

Comments

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**In absence of psychiatric advance directives comment:**

Enter free text.

Legal directives:→None

Copy of legal directive(s) on chart:

In absence of healthcare advance directives, patient:→Does not wish to execute \*

In absence of healthcare advanced directives comment:  
→

In absence of psychiatric advance directives patient:→Does not wish to execute

In absence of psychiatric advance directives comment:  
→

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**BH Discharge Process**

Legal directives

Healthcare directives

Advanced directives

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Conservator/guardian:**

1 Yes  
 ✓ 2 No

Durable power of attorney agent name and phone number:

Conservator/guardian: →No  
 Conservator/guardian name and phone number:

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**BH Discharge Process**

DPOA  
 Conservator/guardian fields

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Person/caregiver receiving instructions:**  
 Enter free text.

Designated caregiver name:  
 →CHARLIE

Designated caregiver phone number:  
 →666-555-5555

Authorized personnel allowed to pick child up at discharge:

Caregiver notified of discharge: →Yes  
 Caregiver notified of discharge date: →11/04/24  
 Caregiver notified of discharge time: →1541  
 Patient/caregiver offered instruction: →Yes  
 Person/caregiver receiving instructions: →TINA

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**BH Discharge Process**

Caregiver fields

BH Discharge Instructions 11/04 1532 J00021342405 ANDERSON,MARY

**Translator used (if applicable):**

1 Yes  
 ✓ 2 No  
 3 Unable to assess

Translator used

Permission to call and check on well being after discharge: →Yes  
 Best phone number to reach you:  
 →444-444-4444

Alternative contact name: →TONY  
 Alternative phone number: →888-888-8888

Are the discharge instructions complete: →Yes  
 Transition record discussed and provided to patient/representative: →Yes  
 Patient clinically unstable/unable to comprehend info and rep unavailable: →Yes  
 Translator used (if applicable): →No

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**BH Discharge Process**

Contact information for post discharge  
 Discharge instructions complete  
 Transition record discussed  
 Patient clinically unstable/unable to comprehend information  
 Translator used





# Patient Discharge Plan

## Patient Discharge Plan- Nurse View

Discharge Plan

KELLY, JUNEDEMOF - 74/M ADM IN J.2E J.2/H  
U/A J000433290/J00021133946

Allergies/ADRs:

Discharge Plan Pharmacy

- Patient Problems   Click any Problem to Edit

- DISPOSITION

Plan Discharge  Planned discharge or disposition date

Plan Dispo   Against Medical Advice  INTERMEDIATE CARE FACILITY  
 ASSISTED LIVING FACILITY  SELF CARE  
 EXPIRED  SNF

- DISCHARGE ASSESSMENTS/FORMS

Assessments  Non-provider discharge patient assessment

Forms  Custom forms

Comments  Comments

- ORDERS/MEDICATIONS

Discharge Order  Facility discharge order

Home Medication  Patient has no Home Medications on file

pDOC Templates  Provider Discharge Summary

- References

Vaccines  Vaccines administered during this visit

Results  Result

Preview Pt Report Print Packet Print Sections Finalize RX/Orders Exit Submit & Refresh Submit & Exit

### Patient Discharge Plan - Nurse view

- Linked to EBCD Discharge Assessment/Intervention
- Can be filled out at anytime and will retain answers
- Vaccine must be addressed to make accessible

*Note: For more information regarding the Discharge Plan access the link: [Discharge Plan Administrator's Guide](#)*

Discharge Plan

ANDERSON, MARY - 30/F DOB 04/04/94 ADM IN J.1N J.10/78  
157.48 cm 54.573 kg 1.55 m2 22 kg/m2 U/A J000447694/J00021342405

Allergies/ADRs:

Discharge Plan Care Team Pharmacy Pt. Education

- Patient Problems   Click any Problem to Edit

- DISPOSITION

Plan Discharge

Plan Dispo   Against Medical Advice  INTERMEDIATE CARE FACILITY  
 ASSISTED LIVING FACILITY  SELF CARE  
 EXPIRED  SNF

- DISCHARGE ASSESSMENTS/FORMS

Assessments  Non-provider discharge patient assessment

Forms  Custom forms

Comments  Comments

- ORDERS/MEDICATIONS

Discharge Order  Facility discharge order

Home Medication  Patient has no Home Medications on file

pDOC Templates  Provider Discharge Summary

- References

Vaccines  Vaccines administered during this visit

Results  Result

Preview Pt Report Print Packet Print Sections Finalize RX/Orders Exit Submit & Refresh Submit & Exit

### Discharge Assessments

- BH Discharge Instructions Home

Discharge Plan

WINEGAR,EBCD - 35/F      DOB 09/14/81      ADM IN      D.C2F D.C30/1  
U/A J000424577/J00021015910

Allergies/ADRs: No Known Allergies

Discharge Plan    Care Team    Pt. Education

- Patient Problems        Click any Problem to Edit

Medical      Diabetes 1.5, managed as type 1; HTN (hypertension)

-      3 sections not complete

\* Planned Dispo        Against Medical Advice       EXPIRED  
 ASSISTED LIVING FACILITY       SELF CARE  
 DISCH INTERMEDIATE CARE FACILI       SNF  
 DISCH TRANS MENTAL HEALTH      Required

- DISCHARGE EDUCATION\INSTRUCTIONS

Instructions   DISCHARGE INSTRUCTIONS WINEGAR,KRISTINA      06/09 1047 Active

Home Medication  No Known Home Medications      Finalized

Forms  Forms

Add Instruction  Additional Instructions

- Other Information

Vaccines      Vaccines administered during this visit

- e Links to Reference Information

Reference Links  Reference Web links

- Followup Orders

### Medication Reconciliation

- Links to Home medications/Medication reconciliation
- Provider/Nurse can review or update medications
- Print packet will not work until this is complete

Discharge Plan

WINEGAR,EBCD - 35/F      DOB 09/14/81      ADM IN      D.C2F D.C30/1  
U/A J000424577/J00021015910

Allergies/ADRs: No Known Allergies

Discharge Plan    Care Team    Pt. Education

- Patient Problems        Click any Problem to Edit

Medical      Diabetes 1.5, managed as type 1; HTN (hypertension)

-      3 sections not complete

Instructions   DISCHARGE INSTRUCTIONS WINEGAR,KRISTINA      06/09 1047 Active

Home Medication  - New Prescriptions:  
Furosemide (Lasix) 10 MG/ML VIAL  
80 MG PO BID  
- Continued Medications:  
Lisinopril (Lisinopril \*) 10 MG TABLET  
10 MG PO DAILY      Finalized

Forms   BARCODE REPORT      Sartain, Teresa MD      10/26/16 1035  
 Return to Work

Add Instruction  Additional Instructions

- Other Information

Vaccines      Vaccines administered during this visit

- e Links to Reference Information

Reference Links  Reference Web links

### Forms

- Forms can be printed on discharge
- This section can be customized by division/facility
  - Patient discharge is a standard from deployed by HCA
- Forms can que to print based on discharge type under disposition

Discharge Plan

WINEGAR, EBEO - 35/F      DOB 09/14/81      ADM IN      D.C2F D.C30/1  
U/A J000424577/J00021015910

Allergies/ADRs: No Known Allergies

Discharge Plan    Care Team    Pt. Education

- Patient Problems [\(0\)](#) [\(1\)](#)      Click any Problem to Edit

Medical      Diabetes 1.5, managed as type 1; HTN (hypertension)

-      3 sections not complete

10 MG PO DAILY      Finalized

Forms [\(0\)](#) Forms

Add Instruction [\(0\)](#) Additional Instructions

- Other Information

Vaccines      Vaccines administered during this visit

- e Links to Reference Information

Reference Links [\(0\)](#) Reference Web links

- Followup Orders

FollowUp Orders [\(0\)](#) Follow up orders

DME [\(0\)](#) Durable medical equipment

Referrals [\(0\)](#) Referrals

- Discharge Order

\* pDOC Templates [\(0\)](#) Provider Discharge Summary      Required

\* Discharge Order [\(0\)](#) Facility discharge order      Required

Preview Pt Report    Print Packet    Print Sections    Finalize RX/Orders    Exit    Submit & Refresh    Submit & Exit

### Vaccines

- Will show vaccines given at the facility
- Will print with packet

Discharge Plan

VITALS, JAMIE - 25/M      ADM IN      EPOM-TEST2 T.1/1  
190 cm 78 kg      U/A J000424425/J00021013872

Allergies/ADRs: sulfacetanide

Discharge Plan    Care Team    Pt. Education

- Patient Problems [\(0\)](#) [\(1\)](#)      Click any Problem to Edit

-      1 section not complete

Vaccines      Vaccines administered during this visit

- e Links to Reference Information

Reference Links [\(0\)](#) Reference Web links

- Followup Orders

FollowUp Orders [\(0\)](#) Follow up orders

DME [\(0\)](#) Durable medical equipment

Referrals [\(0\)](#) Referrals

- Discharge Order

\* pDOC Templates [\(0\)](#) Provider Discharge Summary      Required

Discharge Order [\(0\)](#) PSYCHIATRIC DISCHARGE ... JILL HARTMAN      10/04 1321

Health Plan [\(0\)](#) Health Plan of Care

Results [\(0\)](#) Result

Education [\(0\)](#) Acne  
Anorexia  
Chest Pain (General)

Preview Pt Report    Print Packet    Print Sections    Finalize RX/Orders    Exit    Submit & Refresh    Submit & Exit

### Results

- Diabetic results available