

# MEDITECH Expense TIP SHEET

## First Point of Contact



| Assessments   |   |
|---|---|
| <b>First Point of Contact/MRSA</b>  |   |
| <b>Contact/History</b>  |   |
| *Patient admitted/transferred from  | <input type="radio"/> Nursing Home <input type="radio"/> Long Term Care Facility <input type="radio"/> Other Healthcare Facility <input type="radio"/> Other Hospital <input type="radio"/> Jail/Prison <input type="radio"/> Homeless Shelter <input type="radio"/> Home <input type="radio"/> Other |
| <small>Admitted/transferred from is based on the patient's last overnight stay.</small> |   |
| Name of facility  |   |
| *Is reason for visit open joint replacement/open spine/open heart surgery               | <input type="radio"/> Yes <input type="radio"/> No  |
| *Is the patient receiving dialysis  | <input type="radio"/> Yes <input type="radio"/> No  |
| *Patient/representative present AND ABLE to complete infection screening                | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Risk Factors</b>   |   |
| *Have you ever had TB or a positive TB skin test  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| *Recent close contact with a person who has flu like illness, COVID, or TB              | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| *Risk factors for C.diff  | <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Antibiotic last 28 days <input type="checkbox"/> Hx in last 3-6 months <input type="checkbox"/> Diarrhea with bloat, fever   |
| *Have you or a close contact traveled outside the US in the last 3 weeks                | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| <b>Experienced Symptoms</b>   |   |
| *Fever greater than 100.4 F or 38.0 C   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Cough not related to allergy or COPD   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| Persistent cough greater than 3 weeks   | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| Cough with blood produced   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Sore throat  | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Night sweats   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Unexplained weight loss  | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Fatigue  | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Body aches   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Rash   | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Nasal congestion unrelated to allergies/sinus infections                               | <input type="radio"/> Yes - in the last 7 days <input checked="" type="radio"/> Not in the last 7 days  |
| *Patient states having shortness of breath  | <input type="radio"/> Yes <input checked="" type="radio"/> No   |
| <b>Screening Results</b>  |   |
| Point of entry screening status   | Positive for C. Diff Risk   |
| Mask applied  | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Patient refused  |
| Patient isolated and receiving unit/dept notified                                       | <input type="radio"/> Yes <input type="radio"/> No  |

The First Point of Contact intervention has been updated so that if risk factors for C.Diff (Antibiotics last 28 days, Hx in last 3-6 months, Diarrhea with bloat, fever) have been selected, the patient will screen positive for C.Diff Risk.

This will occur even if the clinician also inadvertently selects "None" in addition to risk factors.

# MEDITECH Expanse TIP SHEET

## Intake and Output



Changes will only effect Intake to help streamline documentation. There are no changes to Output.

|  |  |
|--|--|
| <p>Options for Intake are:</p> <ul style="list-style-type: none"> <li>• Neonatal/Pediatric Nutrition</li> <li>• Nutrition/Meals</li> <li>• Non TAR Blood</li> <li>• Other Intake</li> </ul> <p><b>Neonatal/Pediatric Nutrition</b><br/>- Breastfeeding, bottle feeding, or enteral feedings for infant or pediatric patients</p> <p><b>Nutrition/Meals</b> - Oral intake, meals, or enteral feedings for pediatric or adult patients</p>   | <p>Options for Intake are:</p> <ul style="list-style-type: none"> <li>• Neonatal/Pediatric Nutrition</li> <li>• Nutrition/Meals</li> <li>• Non TAR Blood</li> <li>• Other Intake</li> </ul> <p><b>Neonatal/Pediatric Nutrition</b><br/>- Breastfeeding, bottle feeding, or enteral feedings for infant or pediatric patients</p> <p><b>Nutrition/Meals</b> - Oral intake, meals, or enteral feedings for pediatric or adult patients</p> |
| <p>Intake type</p> <p><input type="checkbox"/> Neonatal/Pediatric Nutrition <input type="checkbox"/> Nutrition/Meals <input type="checkbox"/> Non TAR Blood <input type="checkbox"/> Other Intake</p> <p>Neonatal/Pediatric Nutrition</p> <p><b>Nutritional Supplement – HMDHMF = Human milk derived human milk fortifier (Prolacta)</b></p> <p>Bottle feeding amount, Tube feeding amount, and Oral cup/spoon/syringe/SNS feeding amounts automatically calculate in the Total feeding amount ml.</p> <p>Other intake ml is used to document other intake</p> | <p>Neonatal/Pediatric Nutrition</p> <p><b>Nutritional Supplement – HMDHMF = Human milk derived human milk fortifier (Prolacta)</b></p> <p>Bottle feeding amount, Tube feeding amount, and Oral cup/spoon/syringe/SNS feeding amounts automatically calculate in the Total feeding amount ml.</p> <p>Other intake ml is used to document other intake</p>   |

Intake and Output (PROTOTYPE) ✓

Intake/Output Type  Intake  Output  Hemodialysis  Autotransfusion  Continuous Bladder Irrigation

Intake Type

Neonatal/Pediatric Nutrition - Breastfeeding, bottle feeding, or enteral feeds for infant or pediatric patients

Nutrition/Meals - Oral intake, meals, or enteral feedings for pediatric or adult patients

Intake type  Neonatal/Pediatric Nutrition  Nutrition/Meals  Non TAR Blood  Other Intake

Intake type  Neonatal/Pediatric Nutrition  Nutrition/Meals  Non TAR Blood  Other Intake

Neonatal/Pediatric Nutrition

Feeding cues  Alert, rooting, hands to mouth, moving tongue or quiet alert  Irritable  Sleeping, unable to rouse

Frantic/difficult to soothe  No feeding cues

Fed by  Father  Mother  Nursing staff  OT/ST  Other  Visitor

Other fed by

Suck/swallow  Absent  Fair  Gagging  Poor  Spitting  Strong

Feeding method(s)  Bottle  Breast  Tube  Oral cup/spoon/syringe/SNS

Feeding Type  EBM  Formula  Donor EBM  Electrolyte replacement  Rice cereal  Other

Other feeding type

Nipple type  Cleft palate  Regular  Slow flow  Other

Other nipple type

Number of feeding calories  19 calories/oz  22 calories/oz  26 calories/oz  28 calories/oz

20 calories/oz  24 calories/oz  27 calories/oz  30 calories/oz

Nutritional supplement type  HMF  HMDHMF  Liquid protein  Rice cereal  Other

Other nutritional supplement type

Formula name

Formula lot number

Formula expiration date

Bottle feeding amount ml 10

Tube feeding amount ml 10

Oral cup/spoon/syringe/SNS feeding amount ml 10

Total feeding amount ml 30

Other intake ml 1.2

Neonatal/Pediatric - Bottle feeding

Yes  No

Bottle feeding tolerated  Apnea  Bradycardia  Choking/coughing  Desaturation  Emesis  Poor latch/suck  Slow intake  Other

Reason bottle not tolerated

Other reason bottle not tolerated

Bottle feeding attempt duration (min)

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Neonatal/Pediatric- Breastfeeding

Breastfeeding duration (minutes)

Breastfeeding devices/interventions

AC Pumping  Hand expression  Nursing bra  Scissor hold  Washcloth/towel support

Breast supplementer  Nipple shields  Oral syringe/drops  Shells  Other

C hold  Nipple stimulation  Rev pressure softening  Suck training

Other breastfeeding devices/interventions

Breastfeeding tolerated  Yes  No

Reason breastfeeding not tolerated  Apnea  Bradycardia  Choking/coughing  Desaturation  Emesis  Poor latch/suck  Slow intake  Other

Other reason breastfeeding not tolerated

Latch

0 - Sleepy  1 - Attempts  2 - Grasps breast

0 - Too sleepy, no sustained latch or suck

1 - Repeated attempts for latch or suck needed

2 - Tongue down, lips flanged, rhythmic sucking

Audible swallowing

0 - None  1 - Few  2 - Spontaneous

0 - None

1 - A few with stimulation

2 - Spontaneous and intermittent (<24 hours)

Type of nipple

0 - Inverted  1 - Flat  2 - Everted

0 - Inverted

1 - Flat

2 - Everted (after stimulation)

Comfort

0 - Engorged  1 - Filling  2 - Soft non-tender

0 - Cracked, bleeding, large blisters or bruises

1 - Reddened, small blisters or bruises

2 - Soft, non-tender

Hold

0 - Full assist  1 - Minimal assist  2 - No assist from staff

0 - Staff holds infant at breast

1 - Staff holds, then mother takes over

2 - Mother able to position and hold infant

LATCH score

Neonatal/Pediatric Bottle feeding

Neonatal/Pediatric Breastfeeding

Neonatal/Pediatric - Tube Feeding

Tube feeding type  Bolus  Continuous  Intermittent

Tube feeding mode  Pump  Gravity

Tube feeding duration (min)

Tube feeding rate (ml/hr)

Tube feeding residual

Residual amount refed ml

Content characteristics

Clear  Bright red  Black  Dark red  White  Greasy  Loose  Undigested food  Other

Blood tinged  Brown  Coffee ground  Green  Yellow  Liquid  Soft  Watery

Other content characteristics

Tube feeding tolerated  Yes  No

Reason tube feeding not tolerated  Apnea  Bradycardia  Choking/coughing  Desaturation  Emesis  Poor latch/suck  Slow intake  Other

Other reason tube feeding not tolerated

Neonatal/Pediatric – Tube Feeding

Neonatal/Pediatric – Oral Feeding

Oral feeding method  Oral cup  Oral SNS  Oral spoon  Oral syringe

Oral feeding tolerated  Yes  No

Reason oral feeding not tolerated  Apnea  Bradycardia  Choking/coughing  Desaturation  Emesis  Poor latch/suck  Slow intake  Other

Other reason oral feeding not tolerated

Neonatal/Pediatric – Oral Feeding

Nutrition/Meals

Oral ml

Water ml

Other intake ml

Tube feeding amount ml

Oral nutritional supplement ml

Breakfast percentage

Lunch percentage

Dinner percentage

AM snack percentage

PM snack percentage

HS snack percentage

Feeding tolerated  Yes  No

Reason not tolerated  Apnea  Bradycardia  Choking/coughing  Desaturation  Emesis  Poor latch/suck  Slow intake  Other

Other reason not tolerated

Nutrition/Meals



# MEDITECH Expanse TIP SHEET

## Restraints Surveillance Profile/Flag - UPDATE

There is a slight update to the “Restraints” Surveillance Flag that end-users will see on their status boards in Expanse regarding the Profile qualification date/time stamp. This change will also be reflected in the Quality Measures Watchlist when viewing the Restraints column.

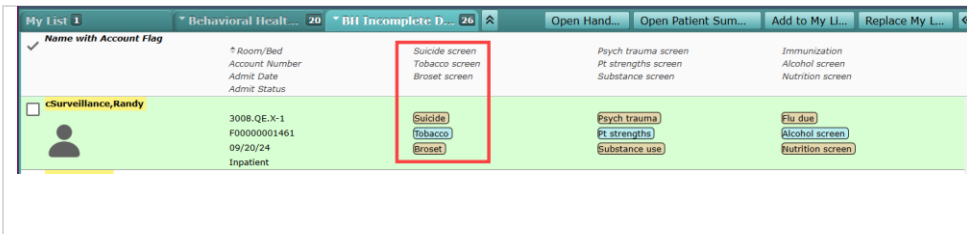
| <p>*Date restraints initiated 03/12/25<br/>*Time restraints initiated 09:41</p> <p>Restraints Surveillance<br/>Restraints: 03/12/25 09:41</p>  | <p>When the Restraints flag is selected, the blue Date and Time stamp for the profile qualification D/T, will now reflect the Date and Time documented on the Restraints Documentation+ Intervention for:</p> <ul style="list-style-type: none"> <li>• Date restraints initiated</li> <li>• Time restraints initiated</li> </ul> |                           |                |            |                         |                                |   |                |  |
|--|--|---------------------------|----------------|------------|-------------------------|--------------------------------|---|----------------|--|
| <p>Quality Measures Watchlist<br/>148 Patients as of 03/12/25 09:49. 0 Restricted.</p> <table border="1"> <thead> <tr> <th>Account Name</th> <th>Age Sex Room-Bed Location</th> <th>Count</th> <th>Restraints</th> </tr> </thead> <tbody> <tr> <td>F0000000182<br/>doe,john</td> <td>75 M<br/>5003 1<br/>Medical Unit</td> <td>3</td> <td>03/12/25 09:41</td> </tr> </tbody> </table> <p>doe,john F0000000182 Profile Criteria (HCAH SANDBOXPP - TEST)</p> <p>Quality Measures Watchlist<br/>148 Patients as of 03/12/25 09:49. 0 Restricted.</p> <p>Restraints Profile 03/12/25 09:41 Qualified</p> <p>Patient with an active restraint episode, as documented by nursing.<br/>Patients will be removed from this profile when a Restraint Status of "Discontinue" is documented by nursing within the Restraints</p> | Account Name   | Age Sex Room-Bed Location | Count          | Restraints | F0000000182<br>doe,john | 75 M<br>5003 1<br>Medical Unit | 3 | 03/12/25 09:41 | <p>When viewed on the Quality Measures Watchlist (2), the Date and Time stamp on the Restraints qualification date/time (2/3), will now reflect the Date and Time documented on the Restraints Documentation+ Intervention (1) for:</p> <ul style="list-style-type: none"> <li>• Date restraints initiated</li> <li>• Time restraints initiated</li> </ul> |
| Account Name   | Age Sex Room-Bed Location  | Count                     | Restraints     |            |                         |                                |   |                |  |
| F0000000182<br>doe,john  | 75 M<br>5003 1<br>Medical Unit   | 3                         | 03/12/25 09:41 |            |                         |                                |   |                |  |

# MEDITECH Expanse TIP SHEET

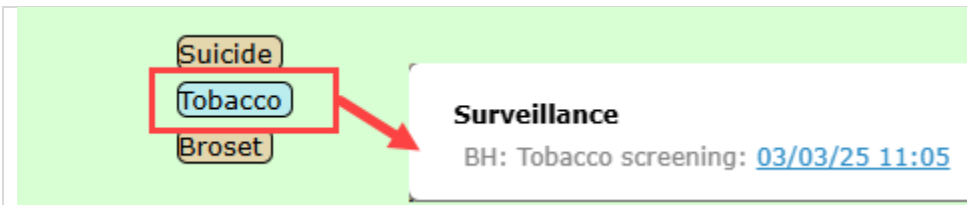
## Updates to BH Homicide & Tobacco Use Screening flags

The BH Homicide Screening flag has been retired and removed from the BH Incomplete Documentation status board and will no longer appear within the “HBIPS Admit” flag for Incomplete HBIPS-1 admissions.

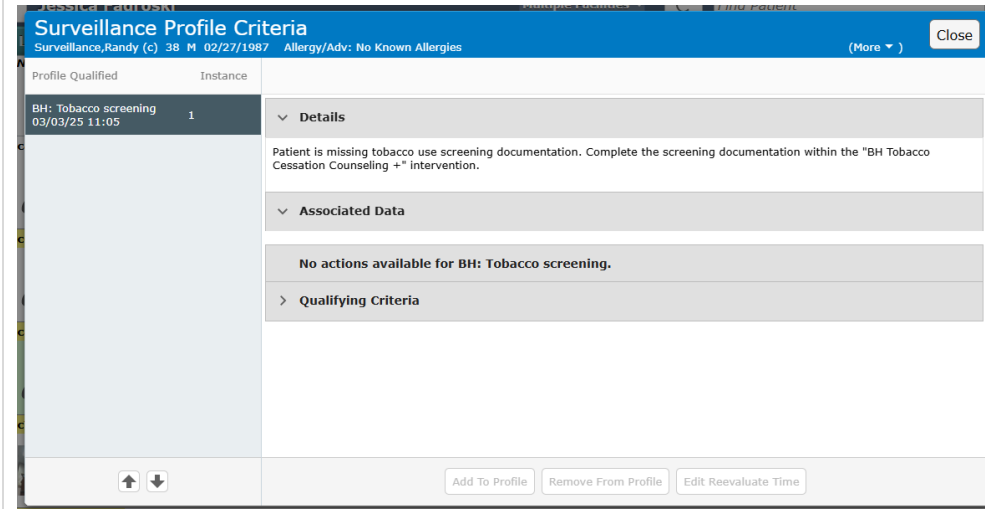
The Tobacco Screening flag will bring visibility to the Behavioral Health nurse that a patient is missing documentation on the BH Tobacco Screening. This flag will appear on the BH Incomplete Documentation status board and also included within the “HBIPS Admit” flag for incomplete HBIPS-1 admissions.



Navigate to the BH Incomplete Documentation status board. Note the new flag, “Tobacco screen” within the third column.



Select on the “Tobacco” flag, then select on the date/time hyperlink. Doing so will open the Surveillance Profile Criteria screen to view the description of the flag.



My List 3 Any Location BH Incomplete: Doc: 26 Open Hand Open Patient Summary Remove from My List Clear My List

Name with Account Flag Rooms/Bed Preferred N Reason For Visit Temp Local Pronouns Admit Provider Allergies Next Round- Nursing Next Int Orders New Results Next Med Alert List HBIPS Admit Transfer

Admit Date: Age/Birth S Attend Provider Admit Status Confidential Alert List Invol Hold Special Indi.

Surveillance, Randy 3008.QE.X... Surveillance... Abnormal CT scan No Known A... 09:00 Admission/Shift--Ack 09:00 BH Recovery PL... 09:00 Fall Risk Screen...

09/20/24 2:38 M Hospitalist02\_Provider Provider Hospitalist01 ADM IN Y

Navigate to the Patient Care Status Board. Note the “HBIPS Admit” flag on the patient.

HBIPS Admit

**Surveillance**  
BH HBIPS-1 Incomplete: [09/20/24 20:58](#)

Select on the flag, then select on the date/time hyperlink. Doing so will open the Surveillance Profile Criteria screen to view the description.

**Surveillance Profile Criteria** Surveillance, Randy (c) 38 M 02/27/1987 Allergy/Adv: No Known Allergies (More) Close

| Profile Qualified                       | Instance |
|---|----------|
| BH HBIPS-1 Incomplete<br>09/20/24 20:58 | 1        |

**HBIPS-1 Admission Items**

Documentation needed to complete:  
 Suicide Assessment  
 Broset scoring  
 Patient Strengths toward recovery - including at least 2 strengths  
 Psychological Trauma -  
 Alcohol Audit C+ use - including within 12mo, past problems, frequency, quantity and type  
 Substance use - including use in past 12 mo, type, frequency, amount, and past problems  
 Nutrition Screening  
 Tobacco Screening

**Associated Data**

No actions available for BH HBIPS-1 Incomplete.

**Qualifying Criteria**

Add To Profile Remove From Profile Edit Reevaluate Time

The description of this flag will list the potential incomplete documentation on this patient. The user will reference the BH Incomplete Documentation status board to see the individual flags pertaining to these documentation items that are incomplete.