

MEDITECH Expanse TIP SHEET

First Point of Contact



Assessments	
First Point of Contact/MRSA	
Contact/History	
*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
Admitted/transferred from is based on the patient's last overnight stay.	
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
Risk Factors	
*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
Experienced Symptoms	
*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
Screening Results	
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.

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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"> • Neonatal/Pediatric Nutrition • Nutrition/Meals • Non TAR Blood • Other Intake <p>Neonatal/Pediatric Nutrition - Breastfeeding, bottle feeding, or enteral feeds for infant or pediatric patients</p> <p>Nutrition/Meals - Oral intake, meals, or enteral feedings for pediatric or adult patients</p>	<p>Options for Intake are:</p> <ul style="list-style-type: none"> • Neonatal/Pediatric Nutrition • Nutrition/Meals • Non TAR Blood • Other Intake <p>Neonatal/Pediatric Nutrition - Breastfeeding, bottle feeding, or enteral feedings for infant or pediatric patients</p> <p>Nutrition/Meals - 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>Nutritional Supplement – HMDHMF = Human milk derived human milk fortifier (Prolacta)</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>Nutritional Supplement – HMDHMF = Human milk derived human milk fortifier (Prolacta)</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)

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

