

Language Assistant

Patient accessibility types and needs are not currently captured as discrete data points at the point of entry in our electronic health record platforms. Capturing this information with standard identifiers in discrete data fields will aid in maximizing data flow in the EHR, communication of Patient accessibility needs and aid in enterprise data reporting/tracking.

With this update, the Language Assistant services will be updated with new verbiage.



Name	Mnemonic
Language Assistant +	1220450

A new intervention has been created for the Language Assistant intervention called **Language Assistant +**.

Field	Value
Interventions	Language Assistant + ✓
Assessments	Language Assistant ✓
Language Assistant	
Preferred language	
Language services	<input type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	

The new intervention **Language Assistant** has been updated with new verbiage to assist in capturing standard identifiers in some of the discrete fields.

Assessments

- Language Assistant
 - Preferred language
 - Language services
 - Language line operator number
 - How did you access an interpreter
 - Video monitor used
 - Date called/paged
 - Time called/paged
 - Date called back
 - Time called back
 - Language comment

Chinese - Cantonese (Yue)

Chinese - Wu

Croatian

Dutch

English

Eskimo

Farsi

Finnish

French

German

The **Preferred language** query contains many of the languages in the world. The arrow to the right of the field provides a drop down list of those languages.

Assessments

- Language Assistant
 - Preferred language
 - Language services
 - Language line operator number
 - How did you access an interpreter
 - Video monitor used
 - Date called/paged
 - Time called/paged
 - Date called back
 - Time called back
 - Language comment

Finnish

Patient/rep accepts Patient/rep declines

Deaf interpreter Translation line

Language assistant

Yes No

The **Language Services** query was previously known as **Interpreter offered** and the response was Accepted or Declined.

With this update, the query name has changed to **Language Services** and the response includes the patient or the representative of the patient.

Assessments

- Language Assistant
 - Preferred language
 - Language services
 - Language line operator number
 - How did you access an interpreter
 - Video monitor used
 - Date called/paged
 - Time called/paged
 - Date called back
 - Time called back
 - Language comment

Finnish

Patient/rep accepts Patient/rep declines

Deaf interpreter Translation line

Language assistant

Yes No

If **Patient/rep accepts** is selected, then all fields are available for documentation.

Enter the Language line operator number for your facility. This can be entered with or without dashes.

Mon Dec 4 09:54 by CMR

Interventions
Language Assistant + ✓

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	

There are three (3) choices for the query, **How did you access an interpreter**:

- Deaf interpreter
- Language assistant
- Translation line

Mon Dec 4 09:54 by CMR

Interventions
Language Assistant + ✓

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	800-123-4567
How did you access an interpreter	<input checked="" type="radio"/> Deaf interpreter <input type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	

Document if a video monitor was used:

- Yes
- No

Mon Dec 4 09:54 by CMR

Interventions
Language Assistant + ✓

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	800-123-4567
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input checked="" type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	

Future dates are not allowed in either of the date fields.

The screenshot shows a software interface with a form for 'Language Assistant'. The form includes fields for 'Preferred language' (Finnish), 'Language services' (Patient/rep accepts), 'Language line operator number' (800-123-4567), and 'How did you access an interpreter' (Language assistant). The 'Date called/paged' field contains 'T+1'. A message box is displayed over the form, stating 'Cannot enter a future date.' with an 'OK' button.

Once you select **OK**, a blank field will appear for the date but the system will move you to the time field.

The screenshot shows the same software interface. The 'Date called/paged' field is now blank, and the 'Time called/paged' field is highlighted in green, indicating it is the next field to be edited.

The **Date called/paged** and **Time called/paged** queries are looking for the date and time the Language assistant, Deaf interpreter or Translation line was called.

The screenshot shows the software interface with the 'Date called/paged' field containing '12/04/23' and the 'Time called/paged' field containing '09:57'. Both fields are highlighted in green.

Enter the correct Date and Time in the fields provided.

The **Date called back** and the **Time called back** queries are looking for the date and time the selected services returned the call.

The **Language comment** field offers an opportunity to document any extra information needed.

If **Patient/rep declines** is selected, the queries pertaining to the service will remain greyed and inaccessible.

The **Language Comment** query is available for both **Patient/rep accepts** or the **Patient/rep declines** selection for any comments that need to be documented.

Mon Dec 4 09:54 by CMR

Interventions
Language Assistant + ✓

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	800-123-4567
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input checked="" type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date called/paged	12/04/23
Time called/paged	09:57
Date called back	12/04/23
Time called back	09:57
Language comment	

Mon Dec 4 09:54 by CMR

Interventions
Language Assistant + ✓

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
Language line operator number	800-123-4567
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input checked="" type="radio"/> Language assistant <input type="radio"/> Translation line
Video monitor used	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date called/paged	12/04/23
Time called/paged	09:57
Date called back	12/04/23
Time called back	09:57
Language comment	Free Text

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input type="radio"/> Patient/rep accepts <input checked="" type="radio"/> Patient/rep declines
Language line operator number	
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	

Assessments
Language Assistant ✓

Language Assistant

Preferred language	Finnish
Language services	<input type="radio"/> Patient/rep accepts <input checked="" type="radio"/> Patient/rep declines
Language line operator number	
How did you access an interpreter	<input type="radio"/> Deaf interpreter <input type="radio"/> Translation line
Video monitor used	<input type="radio"/> Yes <input type="radio"/> No
Date called/paged	
Time called/paged	
Date called back	
Time called back	
Language comment	Free Text

Equity of care - Access to Services

Patient accessibility types and needs are not currently captured as discrete data points at the point of entry in our electronic health record platforms. Capturing this information with standard identifiers in discrete data fields will aid in maximizing data flow in the EHR, communication of Patient accessibility needs and aid in enterprise data reporting/tracking.



Equity of Care

Equity of Care

Preferred language

Accessibility needs

Language services

Language services type

Other auxiliary aids detail

Additional language services detail

Albanian

Albanian

Albanian

Amharic

Arabic

Armenian

Armenian

Bengali

Burmese

Cambodian (Khmer)

Cantonese

Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

Equity of Care opens with the Preferred language query set as a required query.

A drop-list is available to choose the preferred language

Equity of Care

Equity of Care

Preferred language

Accessibility needs

Language services

Language services type

Other auxiliary aids detail

Additional language services detail

English

Blind/low vision

Deaf/hard-of-hearing

LEP

Service animal

LEP - Limited English proficiency

Patient/rep accepts Patient/rep declines

Interpretation via phone Onsite interpretation

Interpretation via video Other auxiliary aids

Select mode(s) of services needed. Document use of language services in Language Assistant.

Describe preferred auxiliary aids needed and available.

Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

The accessibility needs query is a multi-select response which includes LEP – Limited English proficiency.

Equity of Care

Equity of Care

*Preferred language: English

Accessibility needs:
 Blind/low vision
 LEP
 Deaf/hard-of-hearing
 Service animal

LEP - Limited English proficiency:
 Patient/rep accepts
 Patient/rep declines

Language services type:
 Interpretation via phone
 Onsite interpretation
 Interpretation via video
 Other auxiliary aids

Select mode(s) of services needed. Document use of language services in Language Assistant.

Other auxiliary aids detail

Describe preferred auxiliary aids needed and available.

Additional language services detail

Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

The patient can either accept or decline the service. If the patient declines, the Language services type query remains greyed out.

Equity of Care

Equity of Care

*Preferred language: English

Accessibility needs:
 Blind/low vision
 LEP
 Deaf/hard-of-hearing
 Service animal

LEP - Limited English proficiency:
 Patient/rep accepts
 Patient/rep declines

Language services type:
 Interpretation via phone
 Onsite interpretation
 Interpretation via video
 Other auxiliary aids

Select mode(s) of services needed. Document use of language services in Language Assistant.

Other auxiliary aids detail

Describe preferred auxiliary aids needed and available.

Additional language services detail

Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

If the patient accepts then the Language services type becomes available with multi-select options. The options include:

- Interpretation via phone
- Interpretation by video
- Onsite interpretation
- Other auxiliary aids

Select the mode(s) of services needed. Document use of language services in Language Assistant.

Equity of Care

Equity of Care

*Preferred language: English

Accessibility needs:
 Blind/low vision
 LEP
 Deaf/hard-of-hearing
 Service animal

LEP - Limited English proficiency:
 Patient/rep accepts
 Patient/rep declines

Language services type:
 Interpretation via phone
 Onsite interpretation
 Interpretation via video
 Other auxiliary aids

Select mode(s) of services needed. Document use of language services in Language Assistant.

*Other auxiliary aids detail

Free text field to describe in detail the auxiliary aids used

Describe preferred auxiliary aids needed and available.

Additional language services detail

Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

If Other auxiliary aids is selected then the query for Other auxiliary aids detail becomes available and required.

Use this free text field to describe preferred auxiliary aids needed and available.

Equity of Care ✓	
Equity of Care	English
*Preferred language	<input checked="" type="checkbox"/> Blind/low vision <input checked="" type="checkbox"/> LEP
Accessibility needs	<input type="checkbox"/> Deaf/hard-of-hearing <input type="checkbox"/> Service animal
Language services	LEP - Limited English proficiency
Language services type	<input checked="" type="radio"/> Patient/rep accepts <input type="radio"/> Patient/rep declines
*Other auxiliary aids detail	<input type="checkbox"/> Interpretation via phone <input checked="" type="checkbox"/> Onsite interpretation <input type="checkbox"/> Interpretation via video <input checked="" type="checkbox"/> Other auxiliary aids
Additional language services detail	Select mode(s) of services needed. Document use of language services in Language Assistant. Free text field to describe in detail the auxiliary aids used [End] Describe preferred auxiliary aids needed and available. Additional free text field to provide any additional detail about language Provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

In the additional language services detail, provide any additional detail about language services needs or preferences. Document use of language services in Language Assistant.

The Equity of Care update affects the following interventions/assessments:

Nursing	Surgery	Emergency Room	Behavioral Health
Health History	Health History	Rapid Initial Assessment	BH Psychosocial Assessment
		Rapid Initial Assessment (LD, OB)	BH Health History

First Point of Contact COVID Infection Screening

Individual COVID-19 specific questions are no longer pertinent for reporting and will be removed from the First Point of Contact screening process. COVID-19 screening will now be included in the respiratory risk status within the First Point of Contact assessment for communicable disease and will not be separated out with a stand-alone status.



*Have you ever had TB or a positive TB skin test	<input type="radio"/> Yes <input type="radio"/> No
*Recent close contact with a person who has flu like illness, COVID, or TB	<input type="radio"/> Yes <input type="radio"/> No
[-] Experienced in the Last 7 Days	
~~ Apply Values ~~	<input type="radio"/> All Yes (Editable) <input type="radio"/> All No (Non-Editable) <input type="radio"/> All No (Editable)
*Fever greater than 100.4 F or 38.0 C	<input type="radio"/> Yes - in the last 7 days <input 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 type="radio"/> Not in the last 7 days
Persistent cough greater than 3 weeks	<input type="radio"/> Yes <input type="radio"/> No
Cough with blood produced	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Sore throat	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Night sweats	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Unexplained weight loss	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Fatigue	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Body aches	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Rash	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Patient states having shortness of breath	<input type="radio"/> Yes - in the last 7 days <input 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 type="radio"/> Not in the last 7 days
[-] Screening Results	
Point of entry screening status	Negative
Mask applied, pt isolated and receiving unit/dept notified	<input type="radio"/> Yes <input type="radio"/> No

The COVID-19 specific questions have been retired:

- 'Patient states having a fever' has been removed
- 'COVID-19 point of entry screening status' has been removed

*Have you ever had TB or a positive TB skin test	<input type="radio"/> Yes <input checked="" 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
[-] Experienced in the Last 7 Days	
~~ Apply Values ~~	<input type="radio"/> All Yes (Editable) <input type="radio"/> All No (Non-Editable) <input type="radio"/> All No (Editable)
*Fever greater than 100.4 F or 38.0 C	<input type="radio"/> Yes - in the last 7 days <input 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 type="radio"/> Not in the last 7 days
Persistent cough greater than 3 weeks	<input type="radio"/> Yes <input type="radio"/> No
Cough with blood produced	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Sore throat	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Night sweats	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Unexplained weight loss	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Fatigue	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Body aches	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Rash	<input type="radio"/> Yes - in the last 7 days <input type="radio"/> Not in the last 7 days
*Patient states having shortness of breath	<input type="radio"/> Yes - in the last 7 days <input 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 type="radio"/> Not in the last 7 days
[-] Screening Results	
Point of entry screening status	Negative
Mask applied, pt isolated and receiving unit/dept notified	<input type="radio"/> Yes <input type="radio"/> No

First Point of Contact updated field

The recent close contact field has been updated to include COVID:

- Recent close contact with a person who has flu like illness, **COVID**, or TB

'Patient states having shortness of breath' has been added to the calculation of positive respiratory risk of entry screen programming.

*Risk factors for C. Diff	<input checked="" type="checkbox"/> None <input type="checkbox"/> Antibiotic last 28 days <input type="checkbox"/> History in last 3-6 months <input type="checkbox"/> Diarrhea with bloating, fever Patients with diarrhea and associated abdominal distention and fever, who have taken antibiotics in the last 28 days or have a history of C. difficile infection in the last 3 to 6 months may be a positive risk for C. difficile infection.
*Have you ever had TB or a positive TB skin test	<input type="radio"/> Yes <input checked="" type="radio"/> No
*Recent close contact with a person who has flu like illness, COVID, or TB	<input type="radio"/> Yes <input checked="" type="radio"/> No
performed in the Last 7 Days	
~~ Apply Values ~~	<input type="radio"/> All Yes (Editable) <input type="radio"/> All No (Non-Editable) <input type="radio"/> All No (Editable)
*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 type="radio"/> No
Cough with blood produced	<input type="radio"/> Yes - in the last 7 days <input 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 checked="" type="radio"/> Yes - in the last 7 days <input 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
*Patient states having shortness of breath	<input type="radio"/> Yes - in the last 7 days <input 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
reening Results	
Point of entry screening status	Negative
Mask applied, pt isolated and receiving unit/dept notified	<input type="radio"/> Yes <input type="radio"/> No

Programming Update for Point of entry Screening status

For a POSITIVE respiratory risk, THREE of the following conditions must be met with 'Yes' or 'Yes - in the last 7 days':

- 'Fever greater than 100.4 F or 38.0C' in the last 7 days
- 'Recent close contact with a person who has flu like illness, COVID, or TB'
- 'Have you or a close contact traveled outside the US in the last 3 weeks'
- 'Cough not related to allergy or COPD'
- 'Sore Throat'
- 'Nasal congestion unrelated to allergies/sinus infections'
- 'Body Aches'

*Have you ever had TB or a positive TB skin test	<input type="radio"/> Yes <input checked="" 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
[-] Experienced in the Last 7 Days	
~~ Apply Values ~~	<input type="radio"/> All Yes (Editable) <input type="radio"/> All No (Non-Editable) <input type="radio"/> All No (Editable)
*Fever greater than 100.4 F or 38.0 C	<input checked="" type="radio"/> Yes - in the last 7 days <input 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 type="radio"/> No
Cough with blood produced	<input type="radio"/> Yes - in the last 7 days <input 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 checked="" type="radio"/> Yes - in the last 7 days <input 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
*Patient states having shortness of breath	<input checked="" type="radio"/> Yes - in the last 7 days <input 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
[-] Screening Results	
Point of entry screening status	Positive for Respiratory Risk
Mask applied, pt isolated and receiving unit/dept notified	<input type="radio"/> Yes <input type="radio"/> No

- 'Rash'
- 'Patient states having shortness of breath'

If the patient meets this requirement, they will screen positive for respiratory risk; otherwise, negative respiratory risk will default in.

This update affects the following interventions/assessments:

PCS	Surgery	Emergency Room
First Point of Contact	First Point of Contact	Rapid Initial Assessment
		First Point of Contact

Weight Change Alert

This change request includes an alert for weight discrepancy of 25% or more for adults (18 and older) and an alert for weight discrepancy of 10% or more for pediatrics (17 and younger). This alert will look to last filed weight only.



Test, Mae 43 F 02/02/1980 ADM IN FR.4W FR.433-B

Resus Status Not Ordered No Hx Avail FR0000057746 K000081570
1.68m 72.575kg BSA:1.82m² BMI:25.8kg/m² A00007254
Allergy/Adv: No Known Allergies

Wed Dec 20 13:11 by RW

Interventions
Height & Weight ONCE ✓

Assessments
Height and Weight ✓

Height
Height source Stated/Reported Measured Estimated

Weight
Weight source Chair scale Not applicable

Weight 99 kg

Backspace Clear

7 8 9
4 5 6
1 2 3
0 .

English Metric Cancel OK

For adults, an alert has been added for weight discrepancy of 25% or more for adults (18 and older)

Test, Mae 43 F 02/02/1980 ADM IN FR.4W FR.433-B
 Resus Status Not Ordered No Hx Avail 1.68m 72.575kg BSA:1.82m² BMI:25.8kg/m² Allergy/Adv: No Known Allergies FR0000057746
 K000081570 A00007254

Wed Dec 20 13:11 by RW

Interventions
 Height & Weight ONCE ✓

Assessments
 Height and Weight ✓

Height
 Height source Stated/Reported Measured Estimated

Weight
 Weight source Chair scale Not applicable

Body surface area
 Body mass index

Confirmation

WARNING: Weight discrepancy of at least 25% than previous documentation.
 Would you like to continue?

Yes No

If a weight difference of more than 25% is entered, a popup will appear asking "Would you like to continue?"

If "No" the same query shows giving the opportunity to change the weight in the weight field.

If "Yes" the system allows for continuation to the next query.

Immunization, Patient Mu 13 M 04/29/2010 ADM IN BA.MST BA.202-1
 Resus Status Not Ordered No Hx Avail 1.65m 60kg BSA:1.66m² BMI:22.0kg/m² Allergy/Adv: acetaminophen, penicillamine BA0000012173
 ME00001075 A00006474

Wed Dec 20 13:07 by RW

Interventions
 Height & Weight ONCE ✓

Assessments
 Height and Weight ✓

Height
 Height source Stated/Reported Measured Estimated

Weight
 Weight source Chair scale Not applicable

Body surface area
 Body mass index

Weight

99 kg g

Backspace Clear

7 8 9
 4 5 6
 1 2 3
 0 .

English Metric Cancel OK

For pediatrics, an alert has been added if the weight change is 10% or greater.

Immunization, Patient Mu Resus Status Not Ordered No Hx Avail BA0000012173 ME00001075
 13 M 04/29/2010 1.65m 60kg BSA:1.66m² BMI:22.0kg/m² A00006474
 ADM IN BA.MST BA.202-1 Allergy/Adv: acetaminophen, penicillamine

Wed Dec 20 13:07 by RW

Interventions
 Height & Weight ONCE ✓

Assessments
 Height and Weight ✓

Height
 Height source Stated/Reported Measured Estimated

Weight
 Not applicable

Confirmation
 WARNING: Weight discrepancy of at least 10% than previous documentation.
 Would you like to continue?
 Yes No

If a weight difference of more than 10% is entered, a popup will appear asking "Would you like to continue?"

If "No" the same query shows giving the opportunity to change the weight in the weight field.

If "Yes" the system allows for continuation to the next query.

Expense Controlled Substance Handoff

This enhancement will update the controlled substance administration specific doc section for Controlled Substances Handoff Chain of Custody in MAR for IV drip and PCA pumps for controlled substances administered in MAR via patient controlled analgesia (PCA).

Start	Stop	Medication (Route)	Time	Sun Dec 17	TODAY Mon Dec 18
		Generic: HYDROMORPHONE/NS PCA Rx#: 000001462 M [S] [PCA]	12:45	-1d	-2h
		Label Comments: Monitor End Tidal CO2			
12/13/23 12:45	02/11/24 12:44	Dilaudid/NS PCA 50 ml @ 1 mls/hr IV Q24H SCH Current Rate: PCA: 0 ML Q3MIN Bag Volume: 50 mls Duration: 50 hr Generic: HYDROMORPHONE/NS PCA Rx#: 000001461 M [S] [PCA]	12:45	-1d	-2h
		Label Comments: Conc: (0.2 mg per ml) Monitor End Tidal CO2	Assess 15:11		Cue
12/13/23 13:00	02/11/24 12:59	Diprivan 1,000 mg / 100 ml 1,000 mg In 100 ml @ 1 mls/hr IV Q24H SCH Current Rate: 1 mls/hr Bag Volume: 100 mls Duration: 24 hr Generic: Propofol			

The PCA button icon on the MAR is available for medication that were ordered as a PCA.

The PCA button icon can be used for:

- a handoff/chain of custody,
- discontinue,
- monitor,
- a bolus

Selecting the icon, will open the documentation screen for the medication.

NOTE: When hanging the bag, the *Document* or *Document Unsched* options must be used in order to scan the patient and the medication.

Source Dilaudid/NS PCA 50 ML @ 1 mls/hr IV Q24H SCH

Mon Dec 18 14:41 by MX08345

Assessments

- PCA Pump Setting Verification
 - Lot Number/Exp Date
 - *Lot Number 123456789
 - *Exp Date 12/25/25
 - Controlled Substance MAR H
 - Controlled Substance
 - *Infusion/application status Start
 - Medication time total
 - Document time frame for the handoff.
 - Other medication time total
 - Prime amount 2
 - Medication bolus 0
 - Amount infused 1
 - Amount handoff
 - If documenting patch, indicate the number of patches on patient.
- Pain Assessment MAX
 - Assessing for Pain Medication
 - Administering/assessing for pain management
 - Pain Scale Utilized
 - Numeric Pain Scale
 - Wong-Baker Pain Scale
 - CPOT
 - FLACC
 - NIPS
 - NPASS
 - Pain Intensity
 - Pain Intensity
 - Pain Description
 - Pain locations
 - Other pain locations
 - Pain radiation
 - Other pain radiation
 - Pain description
 - Other pain description
 - Pain Factors and Interventions
 - Relieving factors for pain
 - Other relieving factors for pain
 - Exacerbating factors for pain
 - Other exacerbating factors for pain
 - Non-pharmacological intervention used
 - Other non-pharmacological interventions used
 - Progress toward pain objective(s) for pain management
 - Pain intervention side effect
 - Other pain intervention side effects

After starting the infusion, complete documentation as needed.

- Pain Intensity
 - Pain Intensity 5
 - Pain Description
 - Pain locations
 - Other pain locations
 - Pain radiation
 - Other pain radiation
 - Pain description
 - Other pain description
 - Pain Factors and Interventions
 - Relieving factors for pain
 - Other relieving factors for pain
 - Exacerbating factors for pain
 - Other exacerbating factors for pain
 - Non-pharmacological intervention used
 - Other non-pharmacological interventions used
 - Progress toward pain objective(s) for pain management
 - Pain intervention side effect
 - Other pain intervention side effects
 - Controlled Substance MAR-PCA
 - Controlled Substance
 - Number of PCA/PCEA attempts 0
 - Number of PCA/PCEA injections 1
 - Motor strength
 - Other motor strength
 - Controlled substance side effects
 - Other controlled substance side effects
 - Controlled substance comment
 - IV Infusion Sites
 - IV Infusion Sites
 - IV type
 - Right Left
 - IV site
 - Port infusion site

The **Control Substance MAR-PCA** section contains queries directly related to the PCA/PCEA pumps. For the PCA/PCEA pumps, enter the number of the PCA/PCEA attempts. If needed, a calculator is available by selecting the down arrow on the right side of the field.

- Pain Intensity
 - Pain Intensity 5
 - Pain Description
 - Pain locations
 - Other pain locations
 - Pain radiation
 - Other pain radiation
 - Pain description
 - Other pain description
 - Pain Factors and Interventions
 - Relieving factors for pain
 - Other relieving factors for pain
 - Exacerbating factors for pain
 - Other exacerbating factors for pain
 - Non-pharmacological intervention used
 - Other non-pharmacological interventions used
 - Progress toward pain objective(s) for pain management
 - Pain intervention side effect
 - Other pain intervention side effects
 - Controlled Substance MAR-PCA
 - Controlled Substance
 - Number of PCA/PCEA attempts 0
 - Number of PCA/PCEA injections 0
 - Motor strength
 - Other motor strength
 - Controlled substance side effects
 - Other controlled substance side effects
 - Controlled substance comment
 - IV Infusion Sites
 - IV Infusion Sites
 - IV type
 - Right Left
 - IV site
 - Port infusion site

Enter the number of the PCA/PCEA injections. If needed, a calculator is available by selecting the down arrow on the right side of the field.

[-] Pain Intensity		.5
[-] Pain Description		
Pain locations		
Other pain locations		
Pain radiation		
Other pain radiation		
Pain description		
Other pain description		
[-] Pain Factors and Interventions		
Relieving factors for pain		
Other relieving factors for pain		
Exacerbating factors for pain		
Other exacerbating factors for pain		
Non-pharmacological intervention used		
Other non-pharmacological interventions used		
Progress toward pain objective(s) for pain management		
Pain intervention side effect		
Other pain intervention side effects		
[-] Controlled Substance MAR-PCA		
Controlled Substance		
Number of PCA/PCEA attempts		0
Number of PCA/PCEA injections		0
Motor strength		
Other motor strength		
Controlled substance side effects		
Other controlled substance side effects		
Controlled substance comment		
[-] IV Infusion Sites		
IV Infusion Sites		
IV type		
Right Left		
IV Site		
Port infusion site		

Absent
 Moves against gravity
 Moves against resistance
 Moves not against gravity
 No contraction/no movement
 Strong
 Weak
 Other

The Motor strength query provides several possible responses:

- Absent
- Moves against gravity
- Moves against resistance
- Moves not against gravity
- No contraction/no movement
- Strong
- Weak
- Other

[-] Pain Intensity		.5
[-] Pain Description		
Pain locations		
Other pain locations		
Pain radiation		
Other pain radiation		
Pain description		
Other pain description		
[-] Pain Factors and Interventions		
Relieving factors for pain		
Other relieving factors for pain		
Exacerbating factors for pain		
Other exacerbating factors for pain		
Non-pharmacological intervention used		
Other non-pharmacological interventions used		
Progress toward pain objective(s) for pain management		
Pain intervention side effect		
Other pain intervention side effects		
[-] Controlled Substance MAR-PCA		
Controlled Substance		
Number of PCA/PCEA attempts		0
Number of PCA/PCEA injections		0
Motor strength		Strong
Other motor strength		
Controlled substance side effects		
Other controlled substance side effects		
Controlled substance comment		
[-] IV Infusion Sites		
IV Infusion Sites		
IV type		
Right Left		
IV Site		
Port infusion site		

None
 Muscle weakness
 Nausea
 Pruritis
 Sensory loss
 Urinary retention
 Vomiting
 Other

The Other motor strength query offers more selects for responses.

- None
- Muscle weakness
- Nausea
- Pruritis
- Sensory loss
- Urinary retention
- Vomiting
- Other

Russell, Tester Ca Resus Status: Not Ordered No Hx Avail FR000058033 K000081590
 EDW IN FR: SCU FR: ICU4-A Allergy/Adv: Not Recorded A00007287

Amount infused
If documenting patch, indicate the number of patches on patient.

Pain Assessment MAR (Start) ✓
 Assessing for Pain Medication
 Administering/assessing for pain management Yes
 Pain Scale Utilized
 Pain scale utilized Verbal numeric
 Numeric Pain Scale 5 - Moderate pain
 Wong-Baker Pain Scale
 CPT
 FLACC
 NIPS
 NPASS
 Pain Intensity
 Pain Description
 Pain locations
 Other pain locations
 Pain radiation
 Other pain radiation
 Pain description
 Other pain description
 Pain Factors and Interventions
 Relieving factors for pain
 Other relieving factors for pain
 Exacerbating factors for pain
 Other exacerbating factors for pain
 Non-pharmacological intervention used
 Other non-pharmacological interventions used
 Progress toward pain objective(s) for pain management
 Pain intervention side effect
 Other pain intervention side effects
 Controlled Substance MAR-PCA (Start) ✓
 Controlled Substance
 Number of PCA/PCEA attempts 0
 Number of PCA/PCEA injections 0
 Motor strength Strong
 Other motor strength
 Controlled substance side effects None
 Other controlled substance side effects
 Controlled substance comment
 IV Infusion Sites
 IV Infusion Sites
 IV type
 Right Left
 IV site
 Port infusion site

 Mode Hide Text Recall

When documentation is completed, select OK at the bottom right.

Medication	Start	Stop	Status
Diprivan 1,000 mg/100 ml 1,000 mg in 100 ml @ 1 ml/hr IV Q24H SCH Current Rate: 1 ml/hr Bag Volume: 100 ml Duration: 24 hr Generic: Propofol	12/13/23 13:00	02/11/24 12:59	Active

Label Comments:
 Concentration 10 mg/ml

Associated Data Result Date Group

Source Dprivan 1,000 mg/100 ml 1,000 mg In 100 ml @ 1 ml/hr IV ,Q24H SCH

Mon Dec 18 14:44 by MX08345

Assessments
 Controlled Substance MAR H/I (Start) ✓
 Controlled Substance
 Infusion/application status
 Medication time total
 Document time frame for the handoff.
 Other medication time total
 Prime amount
 Medication bolus
 Amount infused
 Amount handoff
 If documenting patch, indicate the number of patches on patient.
 RASS/SCAR/LOC (Start) ✓
 RASS/LOC Score
 Upon observation, select best response describing patient
 Best description of patients restlessness or agitation
 +4) Combative or violent, danger to staff
 +3) Very agitated, pulls on/removes tubes and/or catheter or has aggressive behavior to staff
 +2) Agitated, frequent nonpurposeful movement, or patient-ventilator dyssynchrony
 +1) Restless or anxious, apprehensive, no aggressive movement
 Best description of patients response to verbal stimuli
 Instructions: In loud voice state patient's name and direct to open eyes and look at speaker. Can repeat once. Can prompt patient to continue looking at speaker.

For infusions, the documentation is basically the same but excludes the documentation for PCA pump.

Medication	Start	Stop	Status	PCA
Dilaudid/NS PCA 50 ml @ 1 ml/hr IV Q24H SCH Current Rate: Bag Volume: 50 ml Duration: 50 hr Generic: HYDROMORPHONE/NS PCA	12/13/23 12:45	02/11/24 12:44	Active	PCA Bolus Dose: 0 ML Lockout: 3 MIN PCA Max Dose: Time Limit:

Label Comments:
 Conc: (0.2 mg per ml)
 Monitor End Tidal CO2

Source Dilaudid/NS PCA 50 ML @ 1 ml/hr IV Q24H SCH

Mon Dec 18 14:41 by MX08345 Mon Dec 18 14:45 by MX08345

Assessments
 Controlled Substance MAR H (PCA) ✓
 Controlled Substance
 Infusion/application status Start Bolus
 Medication time total Document time frame for the handoff. Discontinue
 Other medication time total Prime amount Handoff/chain of custody
 Medication bolus Amount infused Monitor
 Amount handoff If documenting patch, indicate the number of patches on patient. Start
 Pain Assessment MAR (PCA) ✓
 Assessing for Pain Medication
 Administering/assessing for pain management Yes

Pain Scale Utilized
 Numeric Pain Scale
 Wong-Baker Pain Scale
 CPT
 FLACC
 NIPS
 NPASS

When documenting the Handoff, select **Handoff/chain of custody** in the Infusion/application status field.

Source: Dilaudid/NS PCA 50 ML @ 1 mls/hr IV Q24H SCH

Assessments:

- Controlled Substance MAR H
 - Controlled Substance
 - Infusion/application status: Start
 - Medication time total: Handoff/chain of custody
 - Document time frame for the handoff:
 - Other medication time total:
 - Prime amount: 2
 - Medication bolus: 0
 - Amount infused: 0
 - Amount handoff: 25
 - If documenting patch, indicate the number of patches on patient: 25
- Pain Assessment MAR
 - Assessing for Pain Medication: Yes
 - Administering/assessing for pain management: Yes
 - Pain Scale Utilized: Verbal numeric
 - Numeric Pain Scale
 - Wong-Baker Pain Scale
 - CPOT
 - FLACC
 - NIPS
 - NPASS
 - Pain Intensity

Once **Handoff/chain of custody** is selected in the **Infusion/application status** field, the **Amount handoff** field becomes a required field.

Russell, Tester Cs
41 F 10/23/1962
K000081590
A00007287

Rescue Status: Not Detected No Hx Avail
Allergy/Adv: Not Recorded

Source: Dilaudid/NS PCA 50 ML @ 1 mls/hr IV Q24H SCH

Assessments:

- PCA Pump Setting Verification
 - Lot Number/Exp Date: 123456789 / 12/25/25
- Controlled Substance MAR H
 - Controlled Substance
 - Infusion/application status: Start
 - Medication time total: Handoff/chain of custody
 - Document time frame for the handoff:
 - Other medication time total:
 - Prime amount: 2
 - Medication bolus: 0
 - Amount infused: 0
 - Amount handoff: 25
 - If documenting patch, indicate the number of patches on patient: 25
- Pain Assessment MAR
 - Assessing for Pain Medication: Yes
 - Administering/assessing for pain management: Yes
 - Pain Scale Utilized: Verbal numeric
 - Numeric Pain Scale
 - Wong-Baker Pain Scale
 - CPOT
 - FLACC
 - NIPS
 - NPASS
 - Pain Intensity

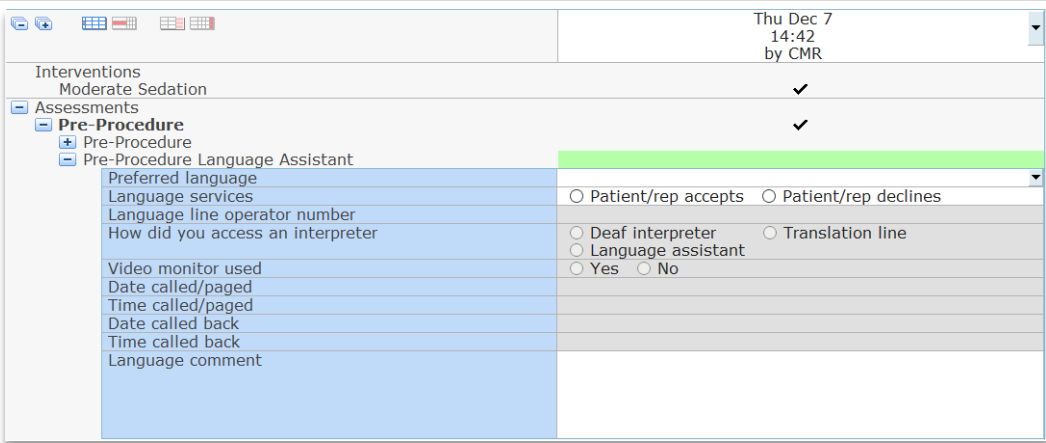
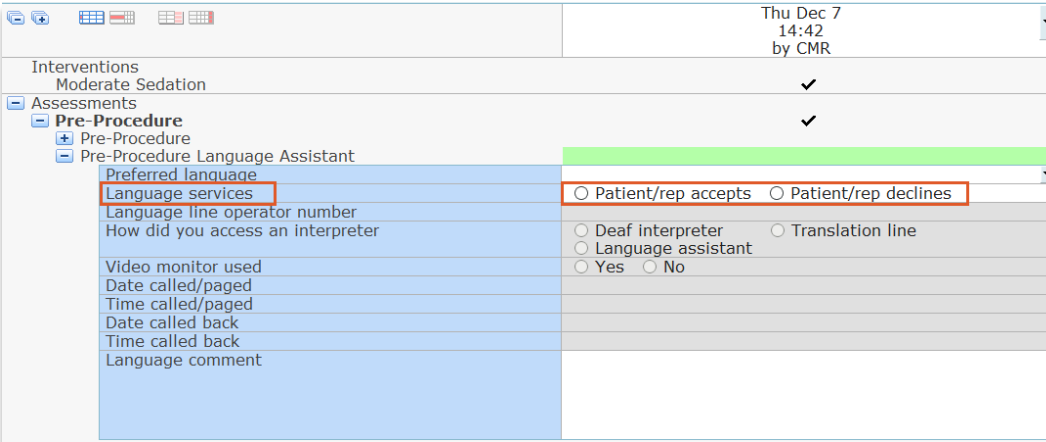
Buttons: Cancel, OK

When finished documenting, select **OK** at the bottom of the page.

Pre-Procedure Moderate Sedation

Patient accessibility types and needs are not currently captured as discrete data points at the point of entry in our electronic health record platforms. Capturing this information with standard identifiers in discrete data fields will aid in maximizing data flow in the EHR, communication of Patient accessibility needs and aid in enterprise data reporting/tracking.

With this update, the Language services query will be updated with new verbiage. 

	<p>The Pre-Procedure Language Assistant intervention has new verbiage to assist in capturing standard identifiers in some of the discrete fields.</p>
	<p>The Language Services query was previously known as Interpreter offered and the response was Accepted or Declined.</p> <p>With this update, the query name has changed to Language Services and the response includes the patient or the representative of the patient.</p>

Remove PVR from Urine Output Total

Problem Summary: Post Void Residual (PVR) is a query (F15410024B) that is documented in multiple screens in the EBCD documentation. This update is requesting that the Post Void residual amount, Nasogastric residual, and Other residual not be included in Output.

Solution Summary: PVR, Nasogastric residual, and Other residual should not be included in calculation for the output for intake and output. The queries will not move location on any of the interventions, but it will be excluded in the output calculation.



Category	Item	Value
Output - Urine	Void (ml)	
	Number of voids	
	Number of times incontinent of urine	Use for continent urine occurrences
	Urinary catheter (ml)	
	Urine/bowel movement mix (ml)	
	Other urine (ml)	
	Other urine type	
	Suprapubic (ml)	
	Post void residual amount (ml)	25
	Nephrostomy left (ml)	
	Nephrostomy right (ml)	
	Stent left (ml)	
	Stent right (ml)	
	Illeal conduit (ml)	
	Urostomy (ml)	
Diapers count		
Diaper weight gm (ml)		
Stool		
Emesis		
Gastric Drainage	Nasogastric (ml)	
	Nasogastric residual (ml)	5
	Nasogastric irrigant (ml)	
	Orogastric (ml)	
	Other residual (ml)	5
	*Other residual type	Other residual type
	Gastrostomy (ml)	
	Jejunostomy (ml)	
	Other gastric (ml)	
	Other gastric type	

Post Void Residual, Nasogastric residual, and Other residual are documented Intake and Output Assessment.

	01/01/24 07:00-06:59	01/02/24 07:00-06:59	01/03/24 07:00-06:59	01/04/24 07:00-06:59	01/05/24 07:00-06:59	01/06/24 07:00-06:59	
Intake Total							Status Board
Output Total						15 / 15 ml	Select Visits
Balance						-15 / -15 ml	Summary
- Intake:							Review Visit
- Output:						15 / 15 ml	Patient Msgs
Void							New Results
- Other:							Clinical Panels
Number of voids					1	1 (+)	Vital Signs
Post void residual amount				25	(+)	15 (+)	I & O
Nasogastric residual							Medications
Other residual							Laboratory
							Microbiology
							Blood Bank
							Reports

With this enhancement, Post Void Residual, Nasogastric residual, and Other residual will not be included in the total Output but still viewable in the I & O Screen.

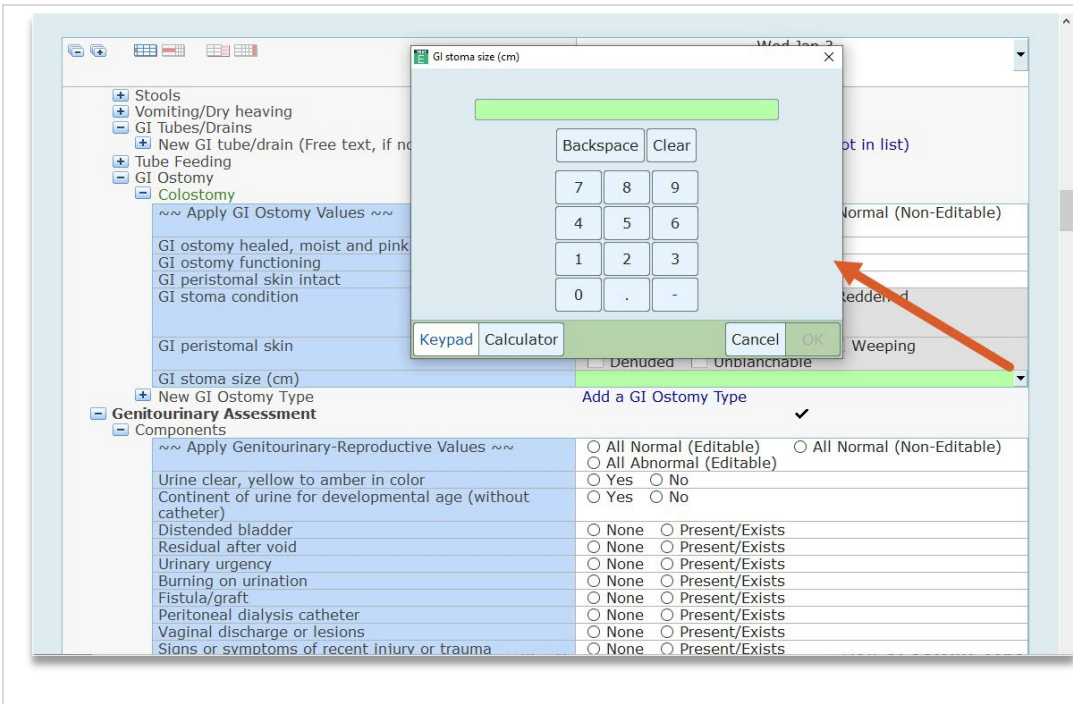
Ostomy-Stoma Size

Problem Summary: Documentation of stoma size is not available in the current Gastrointestinal Assessment. Without documentation of stoma size, it is not possible to track changes in stoma that would indicate proper healing or that there is an acute event.

Solution Summary: Add "GI stoma size (cm)" to the Gastrointestinal Ostomy set in the Gastrointestinal Assessment.



<p>GI stoma size (cm)</p>	<p>A new field, GI stoma size (cm) has been added to identify the size of a GI stoma.</p>
<p>The screenshot shows the 'Gastrointestinal Assessment' form. The 'GI Ostomy' section is expanded, and the 'GI stoma size (cm)' field is highlighted at the bottom. An orange arrow points to the 'GI Ostomy' section in the left-hand navigation pane.</p>	<p>The field becomes available When GI ostomy is selected with Presents/Exist, and a New GI Ostomy Type is identified in the GI Ostomy section.</p>



Enter the appropriate measurements for the stoma directly into the field or use the calculator provided by selecting the caret on the right side of the field.

MEDITECH Expense

PCS, EDM

MEDITECH Expense

EHR

2024.1

Update

Hemodialysis and Peritoneal Dialysis Treatment

TJC has cited Reston, Parkridge, and Largo facilities in the last 90 days due to the current SLED & HD Screens not clearly reflecting the order was actually carried out as ordered. TJC states the current "dialysis medication orders reviewed and verified" and "dialysis machine orders reviewed and verified" is NOT enough to confirm the dialysate order was carried out.

The solution for hemodialysis screens: Dialysis medication orders reviewed, "verified and implemented as ordered"; Dialysis machine orders reviewed, "verified, and implemented as ordered".



Assessments	
Hemodialysis Treatment ✓	
Hemodialysis Phase	
*Hemodialysis phase	<input type="radio"/> Machine/safety checks <input type="radio"/> Intra-treatment <input type="radio"/> Pre-treatment <input type="radio"/> Post-treatment <input type="radio"/> Start treatment
Machine/Safety Checks	<input type="radio"/> Main DI <input type="radio"/> Main RO <input type="radio"/> Portable DI <input type="radio"/> Portable RO
HD water system	
HD machine number	
HD dialyzer product number	
HD bloodline product number	
HD portable water system machine number	
HD machine temperature	
HD alarm/pressure tests passed	<input type="radio"/> Yes Verify alarm settings and proper functioning.
HD machine tested and verified	<input type="radio"/> Yes Machine pH, conductivity, chlorine, etc. should be logged following facility processes.
Pre dialysis labs reviewed	<input type="radio"/> Yes <input type="radio"/> Unknown
HD hepatitis B status verified	Source documentation must be used to confirm the information in this field. Do NOT use previous nursing documentation since that is not considered source documentation. Review lab results in electronic medical record or on paper chart.
HD hepatitis B status verification source	<input checked="" type="radio"/> AD <input type="checkbox"/> Hard copy on chart <input type="checkbox"/> Other <input type="checkbox"/> Results verified in EMR
HD hepatitis B status verification source comment	
HD hepatitis isolation	<input type="radio"/> Initiated <input type="radio"/> Not applicable Follow facility process for isolation of patients with positive or unknown hepatitis status.
Dialysis medication orders reviewed, verified and implemented as ordered	<input type="radio"/> Yes Verify orders to include concentrations of potassium, calcium, bicarbonate, and sodium; hypotension treatment and/or pre-medications needed.
Dialysis machine orders reviewed, verified and implemented as ordered	<input type="radio"/> Yes Verify orders for machine settings to include dialysis duration, UF goal, dialyzer, blood flow rate, dialysate flow rate, and dialysate temperature.

Hemodialysis

For hemodialysis, the verbiage has been updated to include **“Dialysis medication orders reviewed, verified, and implemented as ordered.”**

The descriptor text explains the meaning of the **Yes** confirmation:

Verify orders to include concentrations of potassium, calcium, bicarbonate, and sodium; Hypotension treatment and/or pre-medications needed.

Assessments	
Hemodialysis Treatment ✓	
Hemodialysis Phase	
*Hemodialysis phase	<input type="radio"/> Machine/safety checks <input type="radio"/> Intra-treatment <input type="radio"/> Pre-treatment <input type="radio"/> Post-treatment <input type="radio"/> Start treatment
Machine/Safety Checks	
HD water system	<input type="radio"/> Main DI <input type="radio"/> Main RO <input type="radio"/> Portable DI <input type="radio"/> Portable RO
HD machine number	
HD dialyzer product number	
HD bloodline product number	
HD portable water system machine number	
HD machine temperature	
HD alarm/pressure tests passed	<input type="radio"/> Yes Verify alarm settings and proper functioning.
HD machine tested and verified	<input type="radio"/> Yes Machine pH, conductivity, chlorine, etc. should be logged following facility processes.
Pre dialysis labs reviewed	<input type="radio"/> Yes
HD hepatitis B status verified	<input type="radio"/> Yes <input type="radio"/> Unknown Source documentation must be used to confirm the information in this field. Do NOT use previous nursing documentation since that is not considered source documentation.
HD hepatitis B status verification source	<input type="checkbox"/> Hard copy on chart <input type="checkbox"/> Other <input type="checkbox"/> Results verified in EMR
HD hepatitis B status verification source comment	
HD hepatitis isolation	<input type="radio"/> Initiated <input type="radio"/> Not applicable Follow facility process for isolation of patients with positive or unknown hepatitis status.
Dialysis medication orders reviewed, verified and implemented as ordered	<input type="radio"/> Yes Verify orders to include concentrations of potassium, calcium, bicarbonate, and sodium; hypotension treatment and/or pre-medications needed.
Dialysis machine orders reviewed, verified and implemented as ordered	<input type="radio"/> Yes Verify orders for machine settings to include dialysis duration, UF goal, dialyzer, blood flow rate, dialysate flow rate, and dialysate temperature.

Also for hemodialysis, the verbiage has been updated to include the verbiage “**Dialysis machine orders reviewed, verified, and implemented as ordered.**”

The descriptor text explains the meaning of the **Yes** confirmation: Verify orders for machine settings to include dialysis duration, UF goal, dialyzer, blood flow rate, dialysate flow rate, and dialysate temperature.

Intra-treatment	
*Dialysis start date	12/07/23
*Dialysis start time	17:14
HD time	
HD blood pressure	
HD pulse	
HD blood flow rate (ml/min)	
HD dialysate flow rate (ml/min)	
HD ultrafiltration rate (ml/hr)	
HD arterial pressure (mmHg)	
HD venous pressure (mmHg)	
HD transmembrane pressure (mmHg)	
HD ultrafiltration removal (ml)	
HD access visible and lines secured	<input type="radio"/> Yes
HD intra-treatment comments	

Under the Intra-treatment for HD, a new query for “**HD ultrafiltration removal (ml)**” has been added.

Enter the correct ml amount in the field. A calculator is available if needed, by selecting the caret on the right.

Intra-treatment	
*Dialysis start date	12/07/23
*Dialysis start time	17:14
HD time	
HD blood pressure	
HD pulse	
HD blood flow rate (ml/min)	
HD dialysate flow rate (ml/min)	
HD ultrafiltration rate (ml/hr)	
HD arterial pressure (mmHg)	
HD venous pressure (mmHg)	
HD transmembrane pressure (mmHg)	
HD ultrafiltration removal (ml)	
HD access visible and lines secured	<input type="radio"/> Yes
HD intra-treatment comments	

The “**HD access visible and lines secured**” also contains change.

Originally the verbiage was “**HD access visible and secured**” and now it has changed to include “**lines**”

Assessments		✓
Peritoneal Dialysis Treatment		
Peritoneal Dialysis Phase		
*Peritoneal dialysis phase	<input checked="" type="checkbox"/> Peritoneal dialysis start requirements <input type="checkbox"/> Peritoneal dialysis procedure	
Peritoneal Dialysis Start Requirements		
Pre dialysis labs reviewed	<input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Unknown	
*PD hepatitis B status verified	Source documentation must be used to confirm the information in this field. Do NOT use previous nursing documentation since that is not considered source documentation. Review lab results in electronic medical record or on paper chart.	
PD hepatitis B status verification source	<input type="checkbox"/> Hard copy on chart <input type="checkbox"/> Other <input type="checkbox"/> Results verified in EMR	
PD hepatitis B status verification source comment	<input type="radio"/> Initiated <input type="radio"/> Not applicable	
PD hepatitis isolation	Follow facility process for isolation of patients with positive or unknown hepatitis status.	
Dialysis medication orders reviewed, verified and implemented as ordered	<input checked="" type="radio"/> Yes	
Dialysis machine orders reviewed, verified and implemented as ordered	<input checked="" type="radio"/> Yes	
Peritoneal dialysis start requirements completed	<input type="radio"/> Yes Requirements completed prior to initiation of dialysis. Briefing elements: -Patient identified by two identifiers -Verify consent -Verify equipment is ready to use -Hepatitis B status reviewed -Verify complete physician orders present -Verify correct dialysis access -All patient questions/concerns answered	

Peritoneal Dialysis

For Peritoneal Dialysis verbiage has been updated to **“Dialysis medication orders reviewed, verified, and implemented as ordered”** and **“Dialysis machine orders reviewed, verified, and implemented as ordered”**