

# EBCD MEDITECH Content Updates – 2025.1

## Nursing Module

### 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

Nursing Module..... 4

    Cornell Assessment of Pediatric Delirium (CAPD) ..... 4

    ECMO Documentation Update ..... 6

    MAP Autocalculation ..... 8

    Neuro Checks..... 9

    PEWS Update ..... 10

    RT Inhaled Vasodilator Documentation ..... 11

    RT Medication Titration ..... 18

## Summary of Revisions

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 <b>&lt; 30 mL/min</b>.</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>

# Nursing Module

## Cornell Assessment of Pediatric Delirium (CAPD)



There is not an evidence-based tool for nurses to document pediatric delirium in the EHR. Without this documentation in place, pediatric patients who are not screened for delirium may be missed for opportunities to address and treat. A new standalone intervention called RASS/ CAPD will be available for the clinician to document.

**Note:** Required documentation of the **CAPD** is dependent on the **RASS** score. If the patient scores -4 or -5, the clinician will not see the **CAPD** assessment, and all other **RASS** scores will advance to the required **CAPD** documentation.

RASS/CAPD

Does the child communicate needs and wants:

1 0-Always  
2 1-Often  
3 2-Sometimes  
✓ 4 3-Rarely  
5 4-Never

Total CAPD score: 8

Last 3 RASS and CAPD Score Entries (Past 2 days)

Date	Time	RASS	CAPD

Does the child make eye contact with the caregiver: 2-Sometimes \*

Are the child's actions purposeful: 1-Often \*

Is the child aware of his/her surroundings: 2-Sometimes \*

Does the child communicate needs and wants: 3-Rarely \*

(Prev Page)  (Next Page)

The following fields are required:

- Does the child make eye contact with the caregiver?
- Are the child's actions purposeful?
- Is the child aware of his/her surroundings?
- Does the child communicate needs and wants?

The following responses are available for each field listed above:

- 0- Always
- 1- Often
- 2- Sometimes
- 3- Rarely
- 4- Never

**Note:** The Total CAPD score auto-calculates in the Yellow Information Box as the responses are selected.

RASS/CAPD

**CAPD score:**

Follow facility process if patient score is equal to or greater than 9.

Total CAPD score: 16

Last 3 RASS and CAPD Score Entries (Past 2 days)

Date	Time	RASS	CAPD

Is the child restless: 3-Often \*

Is the child inconsolable: 2-Sometimes \*

Is the child underactive-very little movement while awake: 1-Rarely \*

Does it take child a long time to respond to interactions: 2-Sometimes \*

CAPD score: 16

(Prev Page) (End)

The following fields are required:

- Is the child restless?
- Is the child inconsolable?
- Is the child underactive-very little movement while awake?
- Does it take child a long time to respond to interactions?

The following responses are available for each field listed above:

- 4- Always
- 3- Often
- 2- Sometimes
- 1- Rarely
- 0- Never

Critical Care Flowsheet

**Document RASS/CAPD:**

1 Yes

2 No

If applicable document RASS/CAPD for pediatric critical care patients.

Document vitals:

Document pre transfusion vitals:

Document ventilator management:

Document Glasgow coma scale:

Document RASS/CAM ICU:

**Document RASS/CAPD:**

Document train of four:

Document intake and output:

Document lines, drains and airways:

Document PRR assessment:

Document proning therapy:

(End)

A new prompt from the Critical Care Flowsheet has been created to aid in accessing the new intervention.

For patients meeting pediatric criteria, the new RASS/CAPD intervention should be utilized in lieu of the RASS/CAM ICU intervention.

A new prompt has been created for the RASS/CAM ICU intervention from the Critical Care Flowsheet.

This update affects the following interventions:

Nursing
RASS/CAPD
Critical Care Flowsheet

# ECMO Documentation Update



The **ECMO Documentation** intervention has been updated to separate the ECMO strategy and the new ECMO mode documentation. In addition, two ECMO SVO2 fields were added to the ECMO Pump Details Screen for trending.

ECMO Documentation

ECMO strategy:

- Central
- Peripheral

----- No previous documentation found. -----

ECMO phase: Start \*

ECMO strategy: \*

ECMO node: \*

ECMO start date: \*

ECMO start time: \*

ECMO day: 0 days 0 hours \*

ECMO patient physical location: \*

ECMO pump details:

ECMO oxygenator details:

ECMO safety checks:

ECMO heater/cooler details:

(Next Page)

ECMO Strategy remains as a required field and has two new responses:

- Central
- Peripheral

*Note: For cutover only, the FIRST documentation in the new ECMO strategy field will not default the last filed response and will be blank.*

ECMO Documentation

ECMO mode: [or free text]

- V-PA
- VA
- VAV
- VV
- VVA

----- No previous documentation found. -----

ECMO phase: Start \*

ECMO strategy: Central \*

ECMO mode: \*

ECMO start date: \*

ECMO start time: \*

ECMO day: 0 days 0 hours \*

ECMO patient physical location: \*

ECMO pump details:

ECMO oxygenator details:

ECMO safety checks:

ECMO heater/cooler details:

(Next Page)

ECMO mode is a new required field and has the following responses:

- V-PA
- VA
- VAV
- VV
- VVA

*Note: Both "ECMO strategy" and "ECMO mode" fields will default the last filed response but can still be edited.*

ECMO Pump Details 09/24 1204 J00021217265 BELLITT,DONOR

**ECMO SVO2 1: Primary pump**

Date	Time	Flow (lpm)	RPM	P venous	P arterial	P internal	Delta P	SVO2

ECMO flow (lpm) 1: >

ECMO RPM 1: >

ECMO P venous 1: >

ECMO P arterial 1: >

ECMO P internal 1: >

ECMO delta P 1: >

**ECMO SVO2 1: >**

---

ECMO Pump Details 09/24 1204 J00021217265 BELLITT,DONOR

**ECMO SVO2 2: Secondary pump**

Date	Time	Flow (lpm)	RPM	P venous	P arterial	P internal	Delta P	SVO2

ECMO P internal 2: >

ECMO delta P 2: >

**ECMO SVO2 2: >**

ECMO pump 2 stop date:

ECMO pump 2 stop time:

(Prev Page)  (End)

The *ECMO Pump Details* screen has been updated to add new documentation of ECMO SVO2 for both the Primary and Secondary pumps.

This information has also been added to the PCI query group to display past documentations.

The update affects the following interventions:

Nursing
ECMO
RT: ECMO

# MAP Autocalculation



Currently, when vital signs are manually entered on the Vital Signs screen, the Mean arterial pressure (MAP) is auto-calculated based on the systolic and diastolic blood pressure values. The monitor or vital sign machine uses a different formula to calculate MAP, which results in a variation. The value displayed on the monitor being used to guide clinical decisions is the value that must be entered/saved in the EHR. With this change, the *Mean arterial pressure* field will no longer populate an auto-calculated value. The nurse must manually enter the value from the vital sign machine or monitor.

*Note: This change primarily affects nurses in clinical areas without a monitor integration. In settings with an integration, the Blood pressure and Mean arterial pressure values will interface directly from the monitor to the EHR for validation.*

Vital Signs 09/19 0854

Mean arterial pressure:

7	8	9	Del
4	5	6	
1	2	3	
-	0	.	Calc

Last 4 Vital Sign Entries (Past 2 days)

Date	Time	Temp F	Temp C	Pulse	Resp	BP	SpO2%

Respiratory rate: →

Respiratory source: →

Vital signs position: →

Vital signs comment: →

Blood pressure: → 120/80

Blood pressure location: →

Blood pressure source: →

(Prev Page)  **Mean arterial pressure: →** (Next Page)

This update affects the following interventions:

Nursing
OB: Maternal Early Warning Tool (MEWT)
Vitals/Ht/Wt/Measurements
Controlled Substance



# Neuro Checks



The **Frequent Neuro Checks** intervention/assessment has been changed to **Neuro Checks**. This change will allow users to search for and add the Neuro Checks intervention more efficiently and avoid documenting on the wrong intervention.

Process Care Items I: 0✓ of 176

Current Date/Time SB I: 0✓ of 176

Document Now   
  View History   
  Order Detail   
  Add Interv   
  Allergy Link   
  Change Directions   
  Change Level   
  More

Patient DEMO, SBINKLEY    Status ADM IN    Room J. IRF  
 RESUSCITATION STATUS    Admit 04/20/20    Bed 29  
 Attend Dr    Age/Sex 44 F    Loc J. IRF  
 Start Date 09/17/24 at 0000    End Date 09/17/24 at 2359    Med Edit 05/16 1541    Unit#  
 Include A AS,CP,MO,OE,PS 1:99 3L ALL INT    Acuity

Care Items	Sts	Frequency	OD	Doc	Src	D	C/N	KI	Prt
to patient procedure									
-1st Point of Contact MRSA/TB/RESP +	A	.2021.3			PS	D			
-Suicide Assessment +	A	.2020.3			PS				*
-Glasgow Coma Scale +	A	.2021.3			PS				
<b>-Neuro Checks +</b>	A	<b>.2022.2</b>			PS				
-Pulse and Site Assessment +	A	.2021.3			PS				

Frequent Neuro Checks

**Level of consciousness:**

- 1 Awake/Alert
- 2 Reacts to voice
- 3 Reacts to pain
- 4 Unresponsive/unconscious
- 5 Reacts to tactile stimula

Level of consciousness:

Document Glasgow coma scale:

Document stroke scale:

Document dysphagia screening:

(Next Page)

# PEWS Update



Current documentation within the **PEWS** intervention does not display corporate, evidence-based standards for normal heart and respiratory rate. Reference ranges are used to designate the cardiovascular and respiratory sub scores which impact overall score. Future state will reflect appropriate reference ranges in the Cardiovascular and Respiratory fields.

The screenshot displays two windows from the PEWS software. The top window, titled 'Cardiovascular:', lists assessment criteria (0-3) and a table of 'Normal awake rates (bpm)' for different age groups. The bottom window, titled 'Respiratory:', lists assessment criteria (0-3) and a table of 'Respiratory rate (at rest)' for different age groups. Both windows include a 'Last 4 US Entries (Past 4 days)' table with columns for Date, Time, HR, BP, RR, SpO2, LPM, and FiO2. The 'Respiratory' window also shows a 'Total PEWS score' of 2 and a 'Sepsis screening indicated' checkbox.

New documentation reflects evidence-based standard for Cardiovascular and Respiratory ranges.