# 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 <u>EBCD Release Education Section</u> of the <u>EBCD Atlas Connect page</u>.

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            |
|-----------------------|---------------------|------------------------|
|                       | 395                 | Women's and Children's |
|                       | <u> </u>            |                        |
| 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.

MAP Autocalculation 8
Neuro Checks 9
PEWS Update 10

# **Summary of Revisions**

| Date | Revision |
|------|----------|
|      |          |
|      |          |
|      |          |
|      |          |
|      |          |

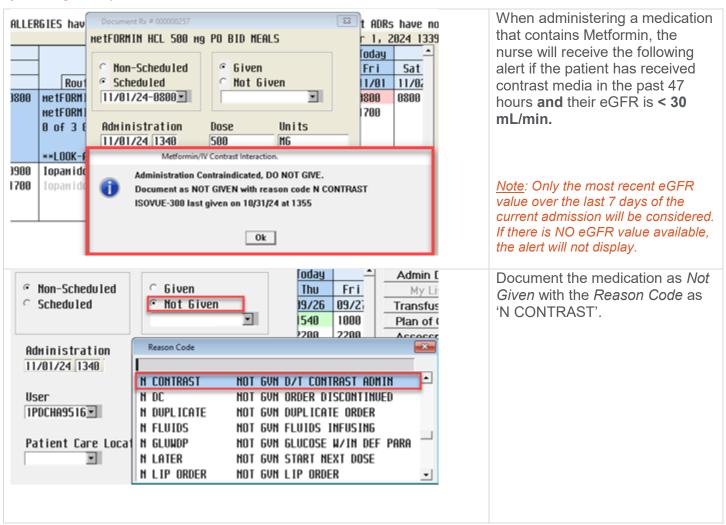
# **eMAR Updates**

### **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.

<u>Note</u>: 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.



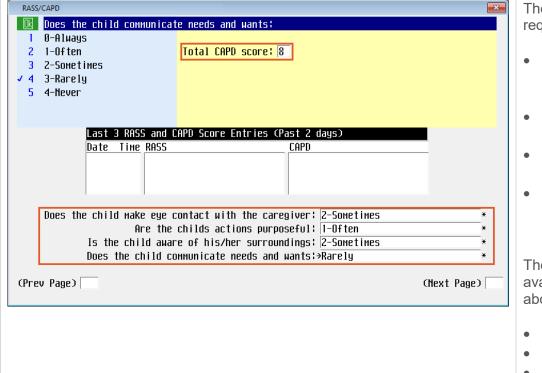
# **Nursing Module**

### **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.

<u>Note</u>: 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.



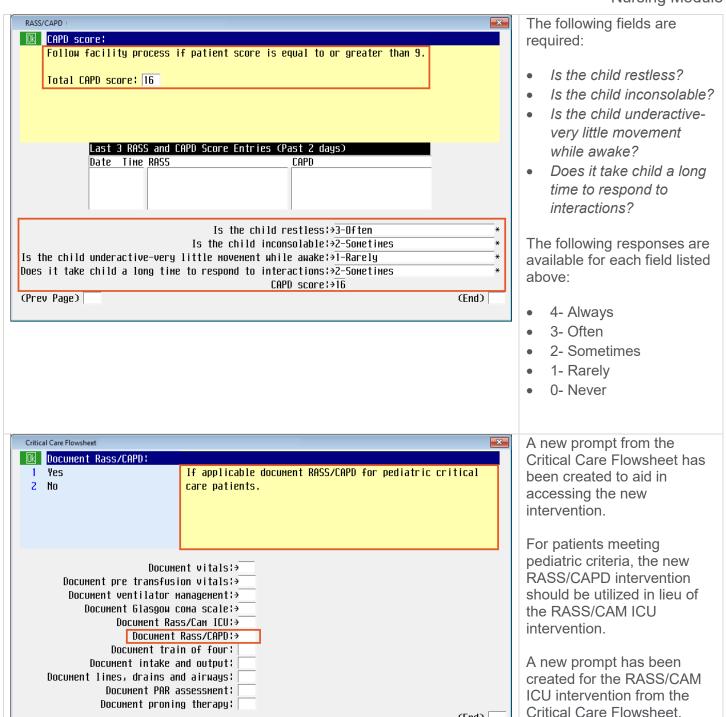
The following fields are required:

- 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.



This update affects the following interventions:

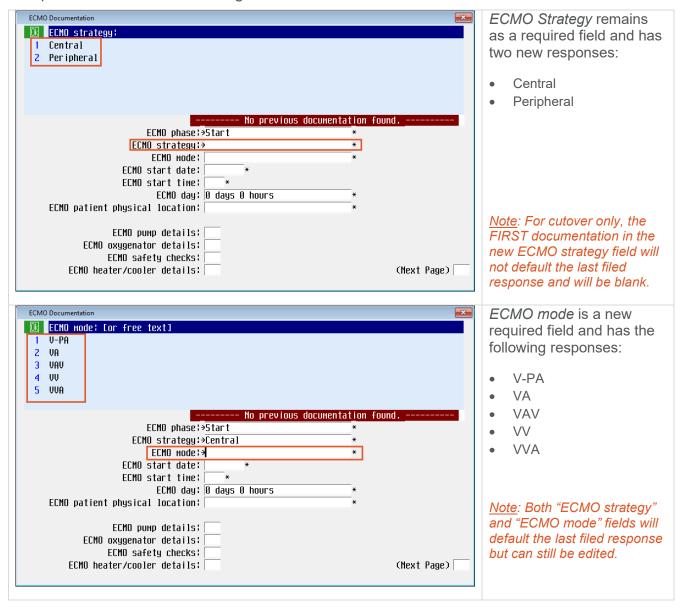
| Nursing                 |        |
|-------------------------|--------|
| RASS                    | S/CAPD |
| Critical Care Flowsheet |        |

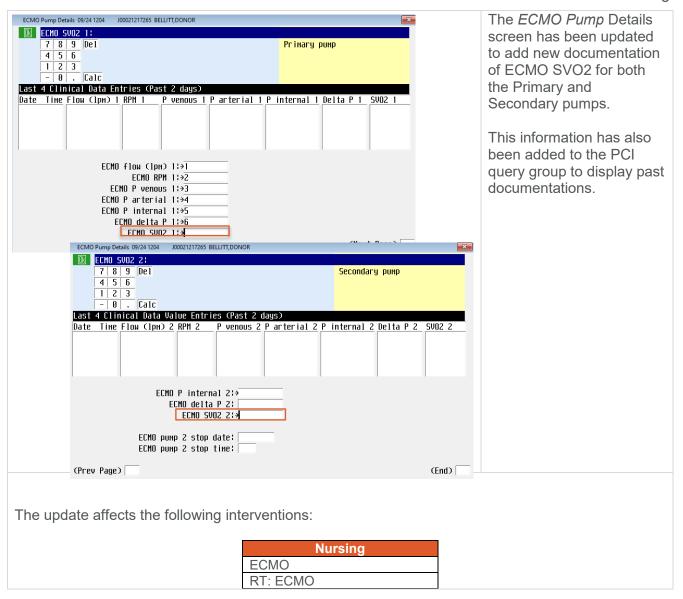
(End)

## **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.



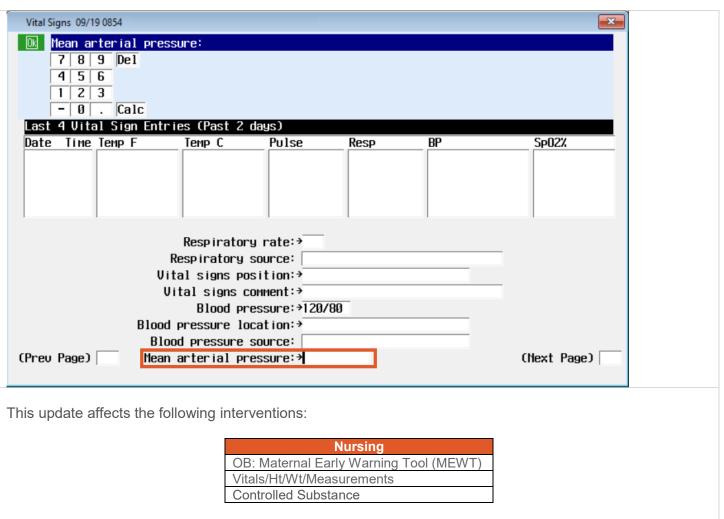


### **MAP Autocalculation**



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.

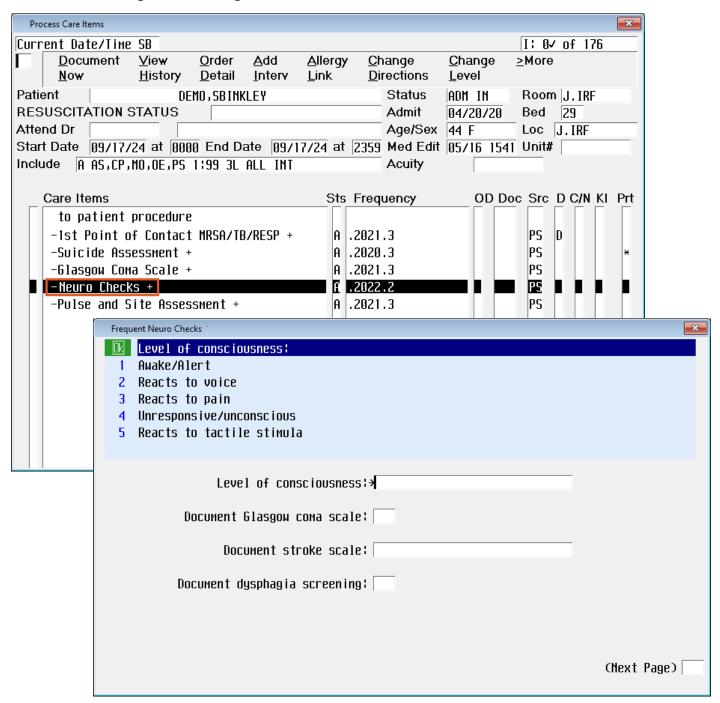
<u>Note</u>: This change primarily affects nurses in clinical areas without a monitor integration. In settins with an integration, the Blood pressure and Mean arterial pressure values will interface directly from the monitor to the EHR for validation.



### **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.



### **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.

