

EBCD MEDITECH Content Updates – 2025.2

NUR Module

Overview

This document is a high-level overview for end user education purposes about significant changes within the Nursing, ED, and OR Module screens, including Behavioral Health routines. Additional enhancements may be seen in the [EHR Maintenance Release Section](#) of the [EHR Optimization SharePoint](#).






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 	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.

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Summary of Revisions

Date	Revision

eMAR Updates

eMAR Admin of Nurse Compounded Balfaxar



Current documentation does not prompt nurses to review incorrect number of units entered for Balfaxar, which can lead to incorrect dosage documentation within the medical record. Future documentation for Balfaxar orders will include a pop-up to the nurse if the field units entered for a vial are less than 400 or more than 640 units, as a 500-unit vial can contain between 400-640 units.

Administration Queries

Balfaxar Admin Number of vials (Kits): 2

Document Factor IX Units, Lot and Exp from Balfaxar vials

Vial #	Units	Lot	Exp
Vial #1	Units: [] *	Lot: [] *	Exp: [] *
Vial #2	Units: [] *	Lot: [] *	Exp: [] *
Vial #3	Units: [] *	Lot: [] *	Exp: [] *
Vial #4	Units: [] *	Lot: [] *	Exp: [] *

Cumulative Total: [] *units

The number of vials (kits) will automatically populate from Admin Criteria.

Required fields include:

- Units
- Lot
- Exp

Error

Verify vial actually contains 500 units. Vials can contain from 400 to 640 units

Ok

If 500 units is entered by the nurse, a soft-stop alert will appear asking the nurse to verify units is correct. If the vial is not exactly 500 units, the nurse should return to the Units field and enter the correct value.

Error

Each 500 unit vial contains 400 to 640 units of Balfaxar. Verify units in vial.

Ok

If less than 400 or greater than 640 units are entered by the nurse, a hard-stop alert will appear asking the nurse to verify total units in vial. The nurse must return to the Units to enter the correct value.

Administration Queries

Balfaxar Admin Number of vials (Kits): 2

Document Factor IX Units, Lot and Exp from Balfaxar vials

Vial #1	Units: 584 *	Lot: LOT NO *	Exp: 03/31/25*
Vial #2	Units: 584 *	Lot: LOT NO *	Exp: 03/31/25*
Vial #3	Units: * *	Lot: * *	Exp: * *
Vial #4	Units: * *	Lot: * *	Exp: * *

Cumulative Total: 1168 units


Record cumulative total units in eMAR as administered dose

Cumulative total units may not equal ordered dose

The message to record total units in eMAR will display at the end of the screen. The nurse will document the Cumulative Total units from the MAR Admin CDS as the dose.

If the documentation does not match the cumulative total, then the MAR Dose rule displays a hard-stop alert which contains the Cumulative Total dose on the screen.

Error

 Cumulative dose is 1168 units. Change Dose to match.

Ok

The nurse should acknowledge the pop-up and update the dose to match the Cumulative Total. There will not be a hard-stop alert if documenting as "Not-Given."

Nursing Modules

Cardiac Assessment



An abnormal rhythm findings field has been added to the Cardiac Assessment to allow for documentation of abnormal characteristics that may be found when assessing a patient's cardiac rhythm.

Heart Rhythm 01/16 1146 J00021433892 TESTING,BINK

Abnormal rhythm findings: [or free text]

<input type="checkbox"/> 1 PR interval irregular	<input type="checkbox"/> 7 QT interval prolonged	<input type="checkbox"/> 13 Wide QRS
<input type="checkbox"/> 2 PR interval prolonged	<input type="checkbox"/> 8 ST segment depressed	
<input type="checkbox"/> 3 P wave absent	<input type="checkbox"/> 9 ST segment elevated	
<input type="checkbox"/> 4 P wave irregular shape	<input type="checkbox"/> 10 T wave elevated	
<input type="checkbox"/> 5 P waves more than QRS	<input type="checkbox"/> 11 T wave inverted	
<input type="checkbox"/> 6 P wave unrelated to QRS	<input type="checkbox"/> 12 U wave present	

Monitored heart rhythm:>

Ectopy:>

Ectopy frequency:>

QT interval (in seconds):>

Abnormal rhythm findings:

(End) ☐

Abnormal rhythm findings will be a multi-select field with the option for free text entry.

All abnormal characteristics should be documented in this field.

This update affects the following interventions/assessments:

Nursing
Admission/Shift Assessment - Neonatal
Admission/Shift Assessment

First Point of Contact



The existing documentation within the First Point of Contact does not address scenarios where patients refuse to wear masks or whether patients are isolated and the receiving unit/department is notified. This gap in documentation can lead to inconsistencies in patient management and communication between departments. The new updates will introduce additional fields at the end of the screening process to account for these circumstances.

Mask applied will have 3 responses:

- Yes
- No
- Patient refused

Patient isolated and receiving unit/dept notified will be a Yes/No response field only.

Note: These fields become required if the patient screens positive for Respiratory and/or TB risk.

First Point of Contact - Onc 04/17/1259 J00021620333 LCOE,EDPATIENT

Mask applied and patient isolated and receiving unit/department notified:

1 Yes
2 No

Recent oncology history:>

Has patient received chemotherapy in the past 6 weeks: >

Has patient had a stem cell transplant in the past 6 months: >

Point of entry screening status: Positive Respiratory Risk
Negative TB Risk
Negative C difficile Risk

Mask appl

Point of entry screening is positive, are you sure?

(Prev Page) (End)

Note: The soft stop alert has been removed, as new documentation allows for the patient to refuse to be masked.

This update affects the following interventions/assessments:

Nursing
First Point of Contact/MRSA/TB/R

Meals Consumed Intake



Currently, clinicians cannot document when a patient refuses a meal or snack as part of **Intake and Output**. To address this issue, “Patient refused” has been added as a new option, facilitating instances when a patient refuses a meal or snack offered. Information regarding patients who are NPO can be found elsewhere in the medical record.

‘Patient refused’ has been added to the response options for the following fields:

- Amount taken
- AM snack
- PM snack
- HS snack

This update affects the following interventions/assessments:

Nursing
Intake and Output
Critical Care Flow Record

Newborn Resuscitation Efforts



Current documentation for newborns does not allow for nurses to enter CPAP within resuscitation or stabilization efforts. Fields have now been added to include CPAP to accurately reflect care provided.

Document newborn resuscitation:

1 Yes
2 No

-- NEWBORN STABILIZATION --

Assess vitals: ☐ No *

Document APGARs: ☐

Document multiple extremity blood pressures: ☐

Assess pain: ☐

Document newborn resuscitation: ☐

Document medications/labs: ☐

Document intake and output: ☐

Document access lines: ☐

Was this a complex stabilization: ☐

NNP/NEO or pediatrician present: ☐

NNP/NEO or pediatrician arrival time:

(End) ☐

OK Cancel

The Newborn Stabilization intervention in **EDM** has new queries related to newborn resuscitation.

Newborn Resuscitation

Supplemental oxygen given:

1 Yes
2 No

Supplemental oxygen given: ☐

Time started oxygen:

Time oxygen completed:

Bag and mask: ☐

Time started bag and mask:

Time bag and mask completed:

CPAP given: ☐

Time started CPAP:

Time CPAP completed:

(Next Page) ☐

The following fields have been added when documenting *Newborn Resuscitation*:

- CPAP Given
- Time started CPAP
- Time CPAP Complete

Note: If 'CPAP Given' response is "No" or blank, the other CPAP related fields will be skipped.

Neonatal Intervention 02/21 1533 J00021618000 DC,PLAN

Infant delivery:

1 Yes
2 No

Infant delivery should only be utilized by NICU/nursery staff present and assisting with delivery. If infant delivery documented in OB Intervention on maternal record, it should not be addressed on this intervention.

Click box to display maternal documentation ->
Click box to display delivery documentation ->
Click box to display Apgar documentation ->

Gestational age in weeks: ☐
Gestational age in days: ☐
Corrected gestational age in weeks: ☐
Corrected gestational age in days: ☐
Infant delivery: ☐
Admission history: ☐
Safety/security: ☐
Environmental care: ☐
Developmental care: ☐

(End) ☐

OB and Neonatal interventions for **inpatients** have an updated field for CPAP inside the infant delivery screens.

Note: Only facilities without another newborn documentation solution besides Meditech utilize these interventions.

Infant stabilization interventions: [or free text]

1 ☐ None
2 ☒ CPAP
3 ☐ Chest compressions
4 ☐ Infant warmer
5 ☐ Intubation
6 ☐ Oxygen
7 ☐ Positive pressure
8 ☐ Skin to skin contact
9 ☐ Suction
10 ☐ Umbilical catheter
11 ☐ Volume expansion

Infant stabilization interventions:

Suction method:

Amniotic fluid description:

Meconium description:

Infant voided in delivery room: ☐
Infant stoolled in delivery room: ☐

(Prev Page) ☐ (Next Page) ☐

The addition of CPAP is available from the group responses when documenting infant stabilization interventions.

Note: Only facilities without another newborn documentation solution besides Meditech utilize these interventions.

This update affects the following interventions/assessments:

Nursing
Neonatal Intervention + (if applicable)
OB: Multiple Births + (if applicable)
OB: Intervention (if applicable)

Plan of Care Update: Electrolyte Imbalance



The nursing Plan of Care previously did not have a Clinical Care Classification (CCC) nursing diagnosis for patients with an electrolyte imbalance. Electrolyte Imbalance has now been included as a nursing diagnosis in the Plan of Care.

Health plan of care

Physiological problem/alteration in:

1 <input type="checkbox"/> Neurological	7 <input type="checkbox"/> Renal	13 <input type="checkbox"/> Endocrine
2 <input type="checkbox"/> Cardiac	8 <input type="checkbox"/> Urinary elimination	14 <input type="checkbox"/> Infection
3 <input type="checkbox"/> Respiratory	9 <input type="checkbox"/> Musculoskeletal	15 <input type="checkbox"/> Immunologic response
4 <input type="checkbox"/> Ventilatory weaning	10 <input type="checkbox"/> Skin integrity	16 <input type="checkbox"/> Thermoregulation
5 <input type="checkbox"/> Gastrointestinal	11 <input type="checkbox"/> Peripheral vascular	17 <input type="checkbox"/> Growth and development
6 <input type="checkbox"/> Bowel elimination	12 <input checked="" type="checkbox"/> Electrolyte imbalance	

Physiological problem/alteration in:
Electrolyte imbalance

Psychological problem/alteration in:

Functional problem/alteration in:

Health behavior problem/risk:

(End) ☐

Physiological problem/alteration in has a new response:

- Electrolyte imbalance

Electrolyte Imbalance

Electrolyte Imbalance problem expected to:

✓ 1 <input checked="" type="checkbox"/> Improve/Resolve
2 <input type="checkbox"/> Stabilize/Maintain
3 <input type="checkbox"/> Deteriorate

Electrolyte Imbalance problem expected to: Improve *

Target date: * *

Electrolyte Imbalance problem is:

Electrolyte Imbalance problem has:

Electrolyte Imbalance problem comment:

(End) ☐

Electrolyte Imbalance problem expected to is a required field and has the following responses:

- Improve/Resolve
- Stabilize/Maintain
- Deteriorate

The screenshot shows the 'Electrolyte Imbalance' form. At the top, there is a 'Target date:' dropdown menu with options: 'Calendar', 'Del', 'Yesterday', 'Today', and 'Tomorrow'. Below this, the form contains several fields: 'Electrolyte Imbalance problem expected to: Improve/Resolve', 'Target date: >' (with a red box around it), 'Electrolyte Imbalance problem is:', 'Electrolyte Imbalance problem has:', and 'Electrolyte Imbalance problem comment:'. An '(End)' button is at the bottom right.

The *Target date* is required, and the calendar or keypad function will be utilized.

The screenshot shows the 'Electrolyte Imbalance' form with the 'Electrolyte Imbalance problem is:' dropdown menu open. The menu options are: '1 Improving/Resolving', '✓ 2 Stabilizing/Maintaining', and '3 Deteriorating'. Below the menu, the form contains: 'Electrolyte Imbalance problem expected to: Improve/Resolve', 'Target date: >01/18/25*', 'Electrolyte Imbalance problem is: >Stabilizin' (with a red box around it), 'Electrolyte Imbalance problem has: >', and 'Electrolyte Imbalance problem comment:'. An '(End)' button is at the bottom right.

Electrolyte imbalance problem is is a required field with the following responses:

- Improving/Resolving
- Stabilizing/Maintaining
- Deteriorating

Electrolyte Imbalance

Electrolyte Imbalance problem comment:
Enter free text.

Electrolyte Imbalance problem expected to: *

Target date:

Electrolyte Imbalance problem is:

Electrolyte Imbalance problem has:

Electrolyte Imbalance problem comment:

(End)

The *Electrolyte Imbalance* problem comment field is free text enabled.

1 of 1 Suggested Diagnoses/problems

✓ CCC.F62.0 Electrolyte Imbalance

Add Checked Diagnoses/problems to Health Recovery Plan?

Process Care Items

Current Date/Time: 11: 07 of 16

≤More Change Document ->Document Document ≥More
Status Targets Goal Interv's Interv's

Patient: RESUSCITATION STATUS: ADMIT IN Room: Bed: Loc: Unit#:

Attend Dr: Age/Sex: Med Edit: Acuity:

Start Date: at End Date: at

Include: A AS,CP,M0,OE,PS 1:99 3L ALL INT

Care Items	Sts	Frequency	OD	Doc	Src	D	C/N	KI	Prt
-Quick Start +	A		22h	AS					
-Safety/Risk/Regulatory +	A			CP					
-Pain Assessment +	A			CP					
Routine Care									
-Vitals/HT/ WT/ Measurements +	A			CP					
-Routine Daily Care +	A			CP					
-Intake and Output +	A			CP					
-Lines/Drains/Airways +	A			CP					
-Teach/Educate +	A			CP					
-Manage/Refer/Contact/ Notify +	A			CP					
Plan of Care									
-Plan of Care +	A		4h	CP					
Physiological Problems									
-Electrolyte Imbalance	A			PS					
Discharge									
-BH: Discharge Nursing Assessment +	A			CP					

Process Care Items

Current Date/Time: 11: 07 of 16

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

Patient: RESUSCITATION STATUS: ADMIT IN Room: Bed: Loc: Unit#:

Attend Dr: Age/Sex: Med Edit: Acuity:

Start Date: at End Date: at

Include: A AS,CP,M0,OE,PS 1:99 3L ALL INT

Care Items	Sts	Frequency	OD	Doc	Src	D	C/N	KI	Prt
-Quick Start +	A	.2025.2	22h	AS					
-Safety/Risk/Regulatory +	A			CP					
-Pain Assessment +	A			CP					
Routine Care									
-Vitals/HT/ WT/ Measurements +	A			CP					
-Routine Daily Care +	A			CP					
-Intake and Output +	A			CP					
-Lines/Drains/Airways +	A			CP					
-Teach/Educate +	A			CP					
-Manage/Refer/Contact/ Notify +	A			CP					
Plan of Care									
-Plan of Care +	A		4h	CP					
Physiological Problems									
-Electrolyte Imbalance	C			PS					
Discharge									
-BH: Discharge Nursing Assessment +	A			CP					

If the *Electrolyte Imbalance* problem is answered with 'Stabilizing/Maintain' or 'Deteriorating', the nursing diagnosis of *Electrolyte Imbalance* will be added to the Plan of Care and automatically appear active in the Care Items.

If the *Electrolyte Imbalance* problem is answered with 'Improving/Resolving', the status in the care items will automatically change from Active to Complete.

Restraint Documentation



Current documentation allows for the selection of “Quick Release Synthetic” options when non-violent restraints have been ordered. Quick release synthetic restraints should be reserved for violent restraint use only. Future documentation will remove all “Quick Release Synthetic” options from the Non-violent restraint device field.

Restraint Documentation 01/16 0937

Non-violent restraint device:

<input type="checkbox"/> 1 Bedrails	<input type="checkbox"/> 7 Restrictive positioning
<input type="checkbox"/> 2 Chemical	<input type="checkbox"/> 8 Soft +
<input type="checkbox"/> 3 Enclosure	<input type="checkbox"/> 9 Tightly tucked sheets
<input type="checkbox"/> 4 Freedom splints +	<input type="checkbox"/> 10 Waist
<input type="checkbox"/> 5 Geri-chair	
<input type="checkbox"/> 6 Mitten +	

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

Restraint status: Start *

Clinical justification: Attempts to remove device *

Alternatives utilized: Change environment *

Level of restraint: Non-violent

Non-violent restraint device: *

Violent restraint device:

Date restraints initiated: *

Time restraints initiated: *

(Next Page) ☐

The “Quick Release Synthetic” options are no longer available when documenting Non-violent restraint device.

This update affects the following interventions/assessments:

Nursing
Restraints Documentation +

RT Ventilator Flowsheet



The Servo Pressure, Servo Pressure Alarms and Delta P fields have been updated to allow for accurate capture of these values by the end user; especially in the NICU population.

RT Ventilator Flowsheet

Ventilator mode:

1 Assist control	7 Oscillator	13 SIMU/PRUC/PS
2 Bi-vent/APRV	8 PAV/ASV	14 SIMU/UC/PS
3 High FRQ	9 Pressure control	15 Standby
4 Jet	10 PS/CPAP	16 Volume control
5 MMV	11 PRUC	17 Volume support
6 NAVA	12 SIMU/PC/PS	

Ventilator flowsheet treatment: Neonatal

Intubated prior to admission: No

Mechanical ventilation start date: 01/15/25*

Mechanical ventilation start time: 1233*

Mechanical ventilation stop date: *

Mechanical ventilation stop time: *

Ventilator identification number: 2203456

Ventilator mode: *

Jet

Delta P (cmH2O):

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

Set rate (bpm): *

I-time (sec): *

Blender FiO2: *

Delta P (cmH2O): *

Servo pressure (cmH2O): *

Peak inspiratory pressure (cmH2O): *

Mean airway pressure (cmH2O): *

Cartridge temp: *

Circuit temp (C): *

MAP alarms (cmH2O): *

Servo pressure alarms (cmH2O): *

(Next Page) *

Within the *Ventilator mode* field, selecting the 'Jet' response now allows for documentation of decimal values in the following fields:

- Delta P (cmH2O)
- Servo pressure (cmH2O)
- Servo pressure alarms (cmH2O)

This update affects the following interventions:

Nursing
RT: Ventilator Flowsheet
RT PED: Ventilator Flowsheet

SLED/SCUF Update



To improve consistency of documentation of the lot number, 'lot' has been added to the SLED/SCUF cartridge number field. The lot number is unique to the cartridge and should be documented for reference in case of problems or errors.

SLED/SCUF

SLED/SCUF cartridge lot number:
Enter free text.

SLED/SCUF machine number:→
SLED dialyzer product number:→
SLED/SCUF cartridge lot number:→
SLED/SCUF machine temperature C:→
SLED/SCUF alarm/pressure tests passed:→
SLED/SCUF machine tested and verified:→

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*SLED/SCUF cartridge number
has been updated to
SLED/SCUF cartridge lot
number.*

Suicide Screening



The naming convention of the Suicide Assessment intervention is inaccurate as the C-SSRS is not an assessment but a screening tool to evaluate the patient's suicide risk level. In the future state, all interventions that have Suicide Assessment within the name will be changed to Suicide Screening.

Suicide Screening

Patient:

Date: 01/22/25 Time: 1433 User: TEDDP17485

1 Wish to be dead or to not wake up in the past month:

1 Yes In the past month, have you wished you were dead or wished you could go to sleep and not wake up?

2 No

Wish to be dead or to not wake up in the past month: ☐ *

Wish to be dead or to not wake up in your lifetime: ☐ *

Non-specific active suicidal thoughts in the past month: ☐ *

Non-specific active suicidal thoughts in your lifetime: ☐ *

(Next Page) ☐

OK Cancel

Suicide Screening will be the new verbiage used for required documentation and BH related screenings.

This update affects the following interventions/assessments:

Nursing
Suicide Screening +
Suicide Rescreening +
BH: Initial Nurse Assessment +
BH: Level of Care Assessment +
BH: Psychosocial Assessment (PSA)+
BH: RN Reassessment +
BH: Suicide/Homicide Screening +
BH: Outpatient Initial Nurse Assessment +
Safety/Risk/Regulatory +

Teach/Educate – Durable LVAD Teaching



To meet The Joint Commission requirements, durable LVAD specific topics have been added to the Teach/Educate screens to allow nurses to address specific teaching needs for LVAD patients.

Patient/Family Teaching

☒ Physiological topics: [or free text]

<input type="checkbox"/> 1 Bowel/gastric +	<input type="checkbox"/> 7 Physical regulation +	-- Follow-up Topics --
<input checked="" type="checkbox"/> 2 Cardiac +	<input type="checkbox"/> 8 Respiratory +	
<input type="checkbox"/> 3 Infection +	<input type="checkbox"/> 9 Skin integrity +	
<input type="checkbox"/> 4 Life cycle +	<input type="checkbox"/> 10 Tissue perfusion +	
<input type="checkbox"/> 5 Metabolic regulation +	<input type="checkbox"/> 11 Urinary +	
<input type="checkbox"/> 6 Perineum care +		

Physiological topics:

Psychological topics:

Functional topics:

Health behavior topics:

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'Cardiac' Lookup

Select

'Cardiac' Options

1	Cardiac rehab
2	Cardiac care
<input checked="" type="checkbox"/> 3	Durable LVAD
4	Pacemaker

<End of list>

Under *Physiological topics*, a new topic was added to the 'Cardiac' options:

- Durable LVAD

Patient/Family Teaching

☒ Physiological topics needing follow-up: [or free text]

<input type="checkbox"/> 1 Bowel/gastric +	<input type="checkbox"/> 7 Physical regulation +
<input type="checkbox"/> 2 Cardiac +	<input type="checkbox"/> 8 Respiratory +
<input type="checkbox"/> 3 Infection +	<input type="checkbox"/> 9 Skin integrity +
<input type="checkbox"/> 4 Life cycle +	<input type="checkbox"/> 10 Tissue perfusion +
<input type="checkbox"/> 5 Metabolic regulation +	<input type="checkbox"/> 11 Urinary +
<input type="checkbox"/> 6 Perineum care +	

Physiological topics needing follow-up:

Functional topics needing follow-up:

Psychological topics needing follow-up:

Health behavior topics needing follow-up:

Follow-up teaching action:

(Prev Page)

'Cardiac' Lookup

Select

'Cardiac' Options

1	Cardiac rehab
2	Cardiac care
<input checked="" type="checkbox"/> 3	Durable LVAD
4	Pacemaker

<End of list>

Under *Physiological topics needing follow-up*, a new topic was added to the 'Cardiac' options:

- Durable LVAD

Durable LVAD Teaching

☒ Durable LVAD topics: [or free text]

<input type="checkbox"/> 1 Apply/wear sterile gloves	<input type="checkbox"/> 7 Use of backup bag
<input type="checkbox"/> 2 Controller self-test	<input type="checkbox"/> 8 Use of consolidated bag
<input type="checkbox"/> 3 Daily dressing change	<input type="checkbox"/> 9 Wearing LVAD
<input type="checkbox"/> 4 Multi-day dressing change	
<input type="checkbox"/> 5 Power connections	
<input type="checkbox"/> 6 Securing the controller	

Durable LVAD topics:*

(End) ☐

Durable LVAD topics is a new, multi-select field with the following responses:

- Apply/wear sterile gloves
- Controller self-test
- Daily dressing change
- Multi-day dressing change
- Power connection
- Securing the controller
- Use of backup bag
- Use of consolidated bag
- Wearing LVAD
- Or Free text

This update affects the following assessments/interventions:

Nursing
Teach/Educate