EBCD MEDITECH Content Updates – 2025.1 ORM Module

Overview

This document is a high-level overview for end user education purposes about significant changes within the OR Module screens. Additional enhancements may be seen in the <u>EBCD Release</u> <u>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.

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
OR Module	4
Cornell Assessment of Pediatric Delirium (CAPD)	4
ECMO Documentation Update	6
MAD Autocalculation	Q

Summary of Revisions

Date	Revision

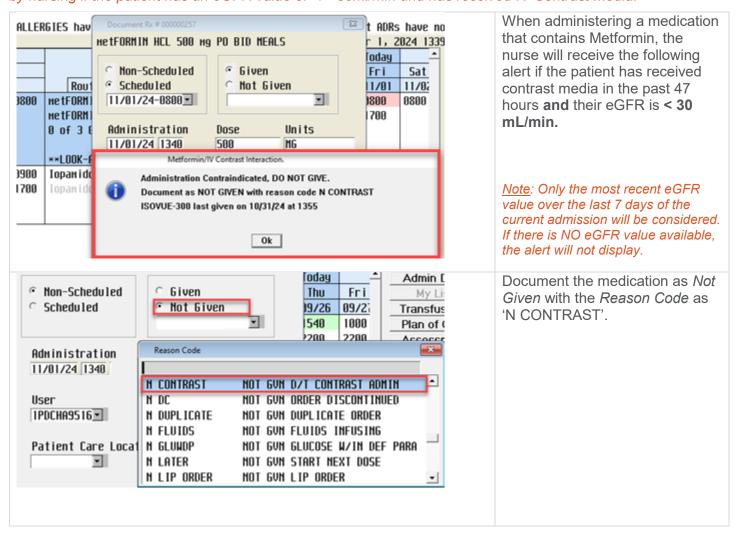
eMAR Updates

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.



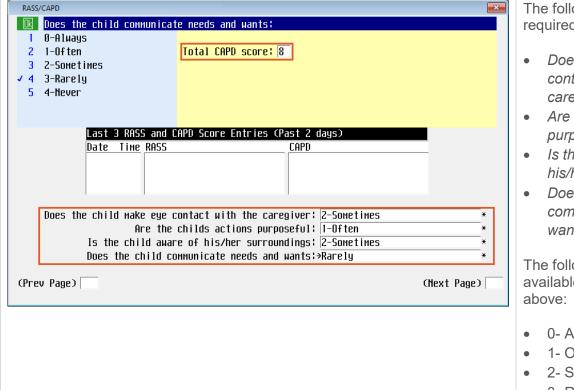
OR Module

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.



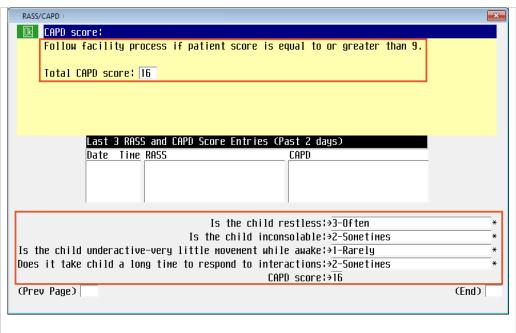
The following fields are required:

- 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

- 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.

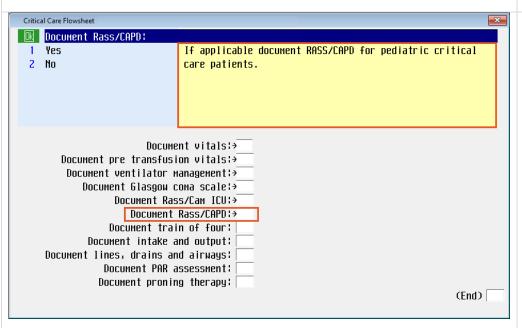


The following fields are required:

- Is the child restless?
- Is the child inconsolable?
- Is the child underactivevery 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



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.

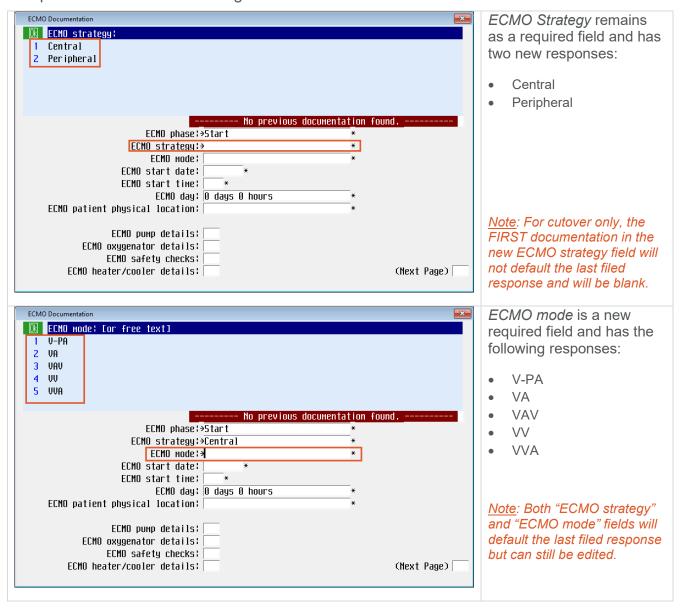
This update affects the following assessments:

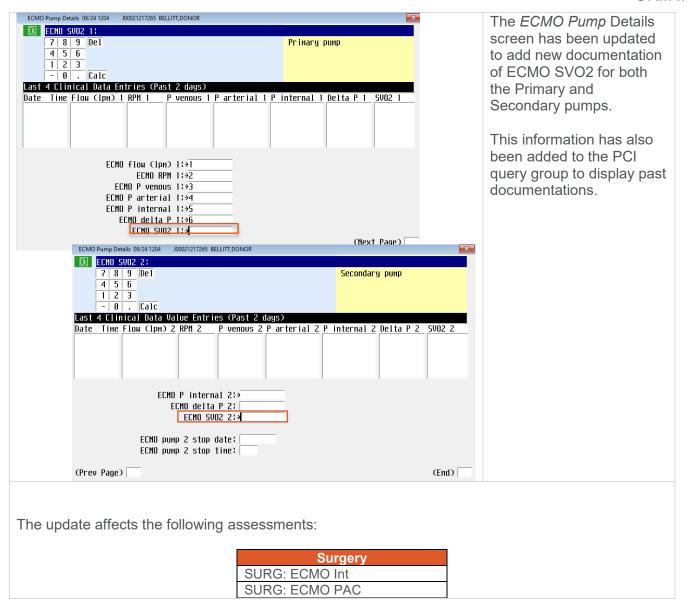
Surgery
RASS/CAPD Pre-op
RASS/CAPD Intra-op
RASS/CAPD PACU

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.

