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 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

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.

	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 **and** their eGFR is **< 30 mL/min.** *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.*
	Document the medication as *Not Given* with the *Reason Code* as 'N CONTRAST'.

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 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
Ok **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
Ok **Document Rass/CAPD:**
1   Yes   If applicable document RASS/CAPD for pediatric critical
2   No   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 PAR 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 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.

	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 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.*

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 assessments:

Surgery
SURG: ECMO Int
SURG: ECMO PAC

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 settins with an integration, the Blood pressure and Mean arterial pressure values will interface directly from the monitor to the EHR for validation.

This update affects the following assessments:

Surgery
SURG: Controlled Substance Pre
SURG: Controlled Substance Int
SURG: Controlled Substance PAC