

# EBCD MEDITECH Content Updates – 2025.2

## NUR Module

### Overview

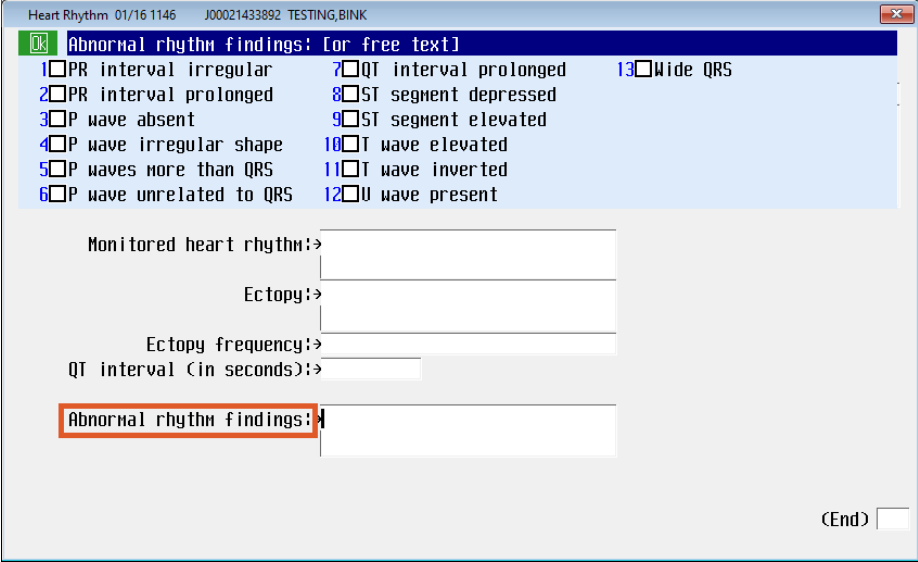
This document is a high-level overview for end user education purposes about significant changes within the Nursing Module screen routines.

The enhancements are listed by intervention and provide a rationale behind the change and screenshot example(s). This document focuses on end user enhancements designated as high and medium impact.

Please read the MEDITECH selected prompts and follow the yellow information boxes onscreen as you become aware of changes in the documentation.

### 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]**

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

<b>Nursing</b>
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.

First Point of Contact/MRSA 01/15 1452

**Mask applied:**

- 1 Yes
- 2 No
- 3 Patient refused

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

Mask applied:

Patient isolated and receiving unit/dept notified:

(Prev Page)

First Point of Contact/MRSA 01/15 1459

**Patient isolated and receiving unit/dept notified:**

- 1 Yes
- 2 No

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

Mask applied:

Patient isolated and receiving unit/dept notified:

(Prev Page)  (End)

First Point of Contact - Onc 04/17 1258 00021620333 LCOE ED PATIENT

**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 applied:

Patient isolated and receiving unit/department notified:

Point of entry screening is positive, are you sure?

(Prev Page)  (End)

*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.*

*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

## 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

The image displays two screenshots of the 'Meals Consumed Intake' form. The top screenshot shows the 'Amount taken:' dropdown menu with options 1 (100%), 2 (75%), 3 (50%), 4 (25%), 5 (Less than 10%), and 6 (Patient refused). Option 6 is selected and highlighted with a red box. Below this, the 'Meal:' field is set to 'Breakfast' and the 'Amount taken:' field is set to 'Patient refused', both highlighted with red boxes. The bottom screenshot shows the 'AM snack:' dropdown menu with the same options, and option 6 is selected and highlighted with a red box. Below this, the 'Meal:' field is set to 'Breakfast' and the 'Amount taken:' field is set to 'Patient refused', both highlighted with red boxes. Further down, the 'AM snack:', 'PM snack:', and 'HS snack:' fields are highlighted with a red box. An 'Oral nutritional supplement ml:' field is also visible.

This update affects the following interventions/assessments:

Nursing
Intake and Output
Critical Care Flow Record

## 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:'. There is also an '(End)' button 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. At the top, there is a 'Electrolyte Imbalance problem is:' dropdown menu with options: '1 Improving/Resolving', '✓ 2 Stabilizing/Maintaining', and '3 Deteriorating'. Below this, the form contains several fields: '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:'. There is also an '(End)' button 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?

Current Date/Time: 11: 07 of 16

Process Care Items

RESUSCITATION STATUS:  Status: ADM IN Room:

Attend Dr:  Loc:

Start Date:  End Date:  Med Edit:

Include: A AS,CP,MO,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				

Current Date/Time: 11: 07 of 16

Process Care Items

RESUSCITATION STATUS:  Status: ADM IN Room:

Attend Dr:  Loc:

Start Date:  End Date:  Med Edit:

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

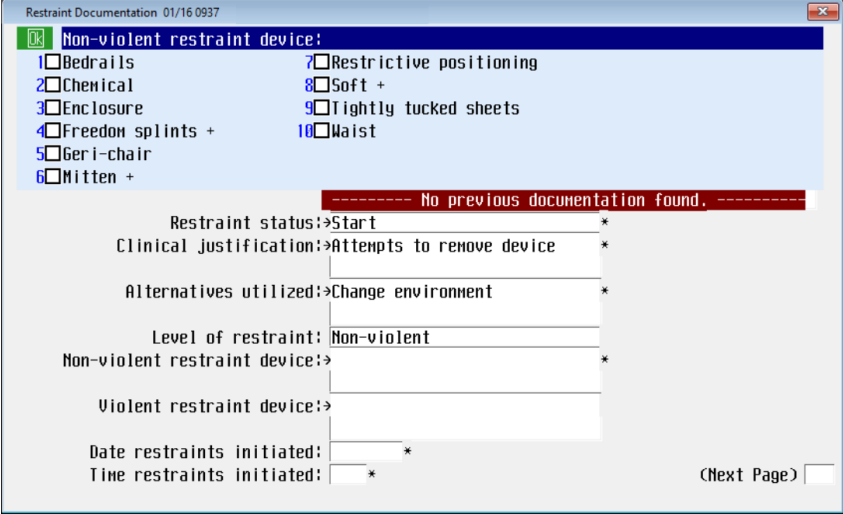
Care Items	Sts	Frequency	OD	Doc	Src	D	C/N	KI	Prt
-Quick Start +	A	.2025.2		22h	AS				
-Safety/Risk/Regulatory +	A				CP				
-Pain Assessment +	A				CP				
Routine Care									
-Vitals/HT/ WT/ Measurements +	A				CP				
-Routine Daily Care +	A				CP				
-Intake and Output +	A				CP				
-Lines/Drains/Airways +	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/Maintaining' 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 has; is answered with 'Improved/Resolved', 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.



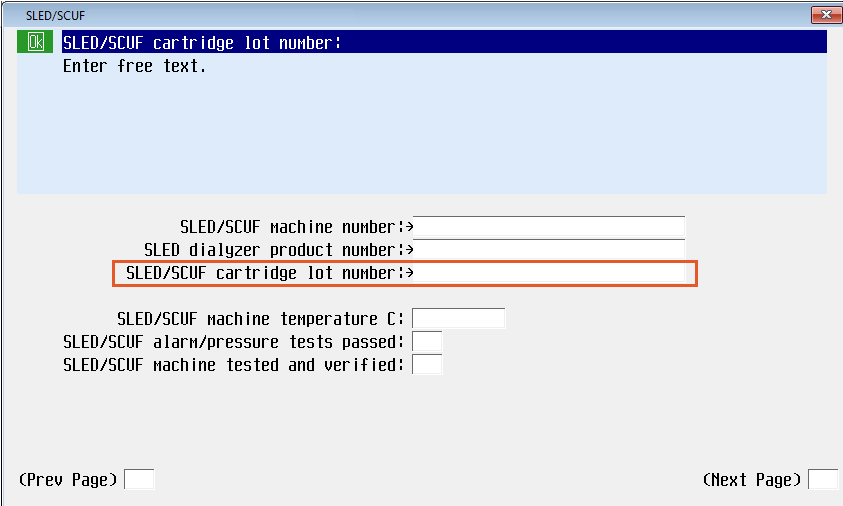
The “Quick Release Synthetic” options are no longer available when documenting Non-violent restraint device.

This update affects the following interventions/assessment:

<b>Nursing</b>
Restraints Documentation +

# 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 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* will be the new verbiage used for required documentation and BH related screenings.

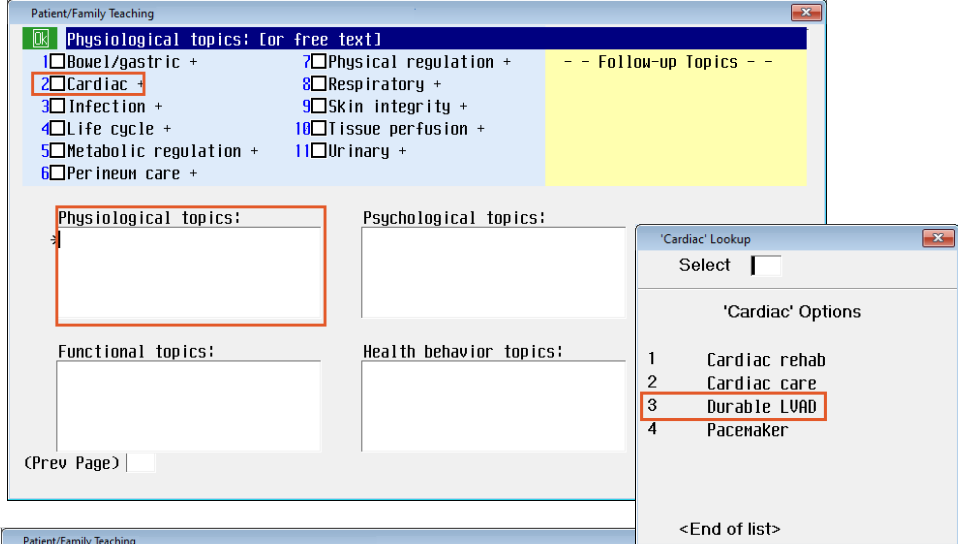
This update affects the following interventions/assessments:

Nursing
Suicide Screening +
Suicide Rescreening +
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.

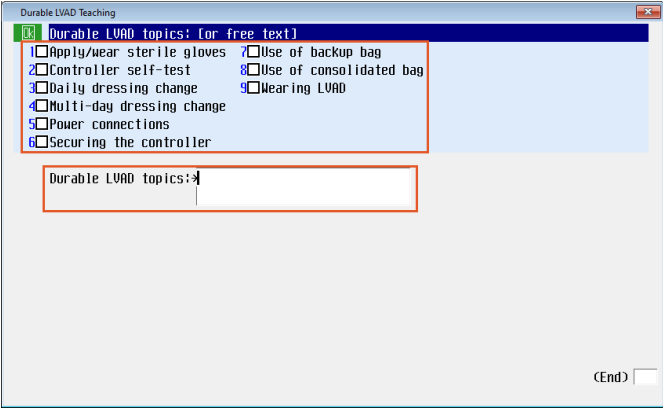


Under *Physiological topics*, a new topic was added to the 'Cardiac' options:

- Durable LVAD

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

- Durable LVAD



This update affects the following assessments/interventions:

**Nursing**  
**Teach/Educate**

*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

# Discharge Desktop

## Stopped Medications added to Discharge Med Rec

In alignment with patient safety efforts, home medications stopped or discontinued during the patient's hospital stay will now display on the Discharge Medication Reconciliation.

### Current:

PREFERRED PHARMACY: WALGREENS DRUG STORE #11246, 7827 LAND O LAKES BLVD, LAND O LAKES, FL, 346385706 PH#: (813)528-4093 FAX #: (813)996-0075					
***FINALIZED***		Discharge Medications		***FINALIZED***	
This is the list of medications for you to take upon discharge. Please take this list to your primary care doctor at the next visit.					
Updated Home Medication List					
GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME	
ONDANSETRON (TRADE NAME: Zofran) 4 MG INDICATION: NAUSEA AND VOMITING	ORAL	EVERY 4 HOURS AS NEEDED	#30 TAB		
Sent to: WALGREENS DRUG STORE #11246 (813)528-4093			Next Dose due: _____		
TRAMADOL (TRADE NAME: Ultram) 50 MG INDICATION: Pain	ORAL	EVERY 6 HOURS AS NEEDED	#21 TAB		
Sent to: WALGREENS DRUG STORE #11246 (813)528-4093			Next Dose due: _____		
If the pharmacy is unable to fill your prescription, ask the pharmacist if your prescription can be transferred to another pharmacy. If not, please contact the prescribing doctor for a new prescription.					

\*\*\* Your hospital doctor wants you to take the drugs on this list when you go home. If you take any drugs that are not on this list, call and tell your doctor. Throw away all old drug lists and give this new list to your doctors and your pharmacist. \*\*\*

### NEW:

PREFERRED PHARMACY: WALGREENS DRUG STORE #07106, 5896 CORTEZ RD W, BRADENTON, FL, 342102703 PH#: (941)792-3817 FAX #: (941)795-7842					
***FINALIZED***		Discharge Medications		***FINALIZED***	
This is the list of medications for you to take upon discharge. Please take this list to your primary care doctor at the next visit.					
Updated Home Medication List					
GENERIC NAME (TRADE NAME) DOSE	ROUTE	FREQUENCY	QTY/DAYS	LAST DOSE DATE/TIME	
LAMOTRIGINE (TRADE NAME: Lamictal) 150 MG	ORAL	TWICE DAILY	30 days	05/27/24-8:52am	
Prescription Printed		Next Dose due: _____			
*** STOP *** STOP *** STOP *** taking these medications					
ARIPIRAZOLE (TRADE NAME: Abilify) 15 MG	ORAL	DAILY			
GABAPENTIN (TRADE NAME: Neurontin) 300 MG	ORAL	DAILY			
LAMOTRIGINE (TRADE NAME: Lamictal) 200 MG	ORAL	TWICE DAILY			

# eMAR Updates

## Change to Nitroglycerin Adult Admin Criteria

The current Administration Criteria screen for Nitroglycerin can be confusing for nurses and lead to titration errors. Maximum titration rate verbiage is a direction to the provider rather than the nurse but is being interpreted as a titration rate by nursing. This could lead to medication errors where the nurse titrates according to the max rate rather than the titration instruction intended by the provider. There will be a change made to the Nitroglycerin Admin Criteria to improve patient safety by moving the max titration rate information from on-screen to an attribute on the "Titrate by" query.

Key changes:

- Remove "Maximum titration rate of \_\_ mcg/min every \_\_ minutes" queries from the screen
- Introduce attribute to "Titrate by" query so that any value above 20 will trigger a hard stop alert with the wording "Maximum titration rate of 20 mcg/min every 3-5 min". This should trigger regardless of the module it is entered in.
- Introduce attribute to "every X" query so that value < 3 or > 5 will trigger a hard stop alert with the wording "Maximum titration rate of 20 mcg/min every 3-5 min"

### Old Screen Edit

Enter/Edit Rx's Administration Criteria

Administration Criteria Nitroglycerin ADLT05

Erase Admin Crit  
Save as Favorite

**\*OLD SCREEN\***

Initial rate: 10 \* mcg/min  
Titrate by: 10 \* mcg/min every 5 \* minutes  
~~Maximum titration rate of 20 \* mcg/min every 5 \* minutes~~  
\*\* Maximum rate: 200 \* mcg/min \*\*

Goal: (ONE goal parameter is REQUIRED)  
Maintain SBP between 100\* - 140\* mmHg  
Maintain HR between \* - \* BPM  
Goal: \*

Ok Cancel Help Prev Next

### New Screen Edits and Hard Stop Alert

Enter/Edit Rx's Administration Criteria

Administration Criteria Nitroglycerin ADLT05

Erase Admin Crit  
Save as Favorite

**\*NEW SCREEN\***

Initial rate: \* mcg/min  
Titrate by: \* mcg/min every \* minutes  
\*\* Maximum rate: \* mcg/min \*\*

Goal: (ONE goal parameter is REQUIRED)  
Maintain SBP between \* - \* mmHg  
Maintain HR between \* - \* BPM  
Goal: \*

Ok Cancel

If a value less than 3 or greater than 5 is entered here, the provider will receive an error message

If a value greater than 20 is entered here, the provider will receive an error message

Error

Maximum titration rate of 20 mcg/min every 3-5 min

Ok