



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of January 29 – February 4, 2026

For more information on how to navigate this Flash Flyer effectively, click [here](#).

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Behavioral Health Staff

All Ambulatory & Inpatient Care Areas

Tick Antibody Panel Updates

WHAT: Laboratory Orders for Tick Antibodies will be updated to align to an improved Tick-Borne Disease Antibody Panel.

NOTE: This update impacts any order favorites a user may have for the above orders, click [here](#) to learn more on order favorites to save the new orders.

Old Order	New Order
Anaplasma phagocytophilum Abs IgG&IgM	Anaplasma phagocytophilum Abs Rflx Titer
Babesia microti Abs IgG/IgM by IFA	Babesia microti Antibodies Rflx Titers
Ehrlichia chaffeensis Abs IgG/IgM	Ehrlichia chaffeensis Antibodies Rflx Titers
Tick-Bourne Disease Antibody Panel	Tick Disease Antibodies with Reflexes

WHY: This update is to continue alignment with Quest Diagnostics and enable Quest to turn results around in a timely manner.

WHEN: Effective immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (including ED& PeriOp)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
 - Providers
-

EHR Updates

Week of January 29 – February 4, 2026

Oxygen Delivery Method

WHAT: **Oxygen Delivery Method** will automatically flow into the Vitals and Measurements section within clinical notes, if documented.

Vitals & Measurements	
T: 37 °C (Tympanic)	Pulse Rate: 76 RR: 18 BP: 128/72 SpO2: 98%
Oxygen Delivery Method: Room air	HT: 183 cm

NOTE: If this field is not completed by staff the information will not flow to the documentation.

Ensuring consistent and complete documentation helps:

- Support safe and appropriate clinical care
- Reduce avoidable payer denials
- Strengthen coding accuracy
- Maintain compliance with payer policies

WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

- When the oxygen delivery method is missing or inconsistently recorded, payers may question the clinical picture and deny claims, particularly in respiratory-related drugs where oxygen support is a key factor.
- Payers often require documentation of both oxygen saturation and the method of oxygen delivery (e.g., nasal cannula, non-rebreather mask, room air) to validate medical necessity and support appropriate coding.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)
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Clinical Decision Support Updates

Weekly Newsletter

- Please reference our [CDS Portal](#) for additional information and previous newsletters.
- Any questions should be directed to our [CDS Team](#) for review.

To open the links in the table, right-click and select "Open link in new tab."

Release Date	Venues Affected	CDS Tool	Summary
2/3/2026	All	Aprepitant Drug Interaction Alerts	New discern alerts to cover gaps in our current alerting for specific aprepitant/fosaprepitant scenarios
2/3/2026	All	Methylprednisolone IV Push/IVPB Alert	New discern alert to replace current state rule for Methylprednisolone orders of 250 mg or greater ordered as IV Push
2/3/2026	ED/Inpatient	ED Stroke Hemorrhagic (Intracerebral Hemorrhage) ED Stroke Ischemic with Thrombolytic (Tenecteplase/TNKase) ED Stroke Ischemic, TIA (NO Thrombolytic) Anes PACU Bypass to Critical Care CARD SURG Post Op and Transfer CARD SURG TAVR Transapical Transaortic Post Op CARD SURG TAVR Transfemoral Transcarotid Post Op NEURO SURG Craniotomy Aneurysm Tumor Resection Post Op Outside Transfer to Critical Care Adult Protocol Stroke Hemorrhagic (Intracerebral Hemorrhage) Stroke Ischemic with Thrombolytic (Tenecteplase-TNKase) Stroke Ischemic, TIA (NO Thrombolytic)	PowerPlan updates include changing Nicardipine 50mg/500mL to Nicardipine 25mg/250mL -adjusting peripheral concentration bag size to allow for Vial2Bag compounding
2/10/2026	Peri Op	ANES Pre Anesthesia Adult	One time methadone orders added
2/10/2026	Peri Op	ANES PED Pre Anesthesia	One time weight filtered methadone orders added
2/10/2026	Peri Op	ANES PED Scoliosis Pre Anesthesia	Weight filtering added to existing methadone order, EMMC only

EHR Updates

Week of January 29 – February 4, 2026

2/10/2026	Peri Op	ANES CARD SURG Pre Anesthesia	One time methadone orders added, EMMC only
2/17/2026	Inpatient	Digoxin (Lanoxin)	Digoxin doses updated to mcg/kg and Max doses added

Lab

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Nursing, CNA, Medical Assistants

Ambulatory/WIC

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EHR Updates

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EHR Updates

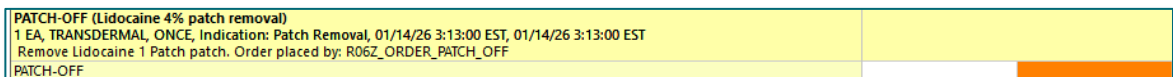
Week of January 29 – February 4, 2026

Patch Medication Ordering and MAR Task Updates

WHAT: Patch Medications have a MAR task to administer and then remove the patch accordingly:

Patch Medication	ONCE Patch-Off Timing
Buprenorphine	7 day offset from admin
Fentanyl	Either 48 hour <u>or</u> 72 hour offset based on Frequency on order
Lidocaine	12 hour offset from admin
Nicotine	Either 24 hour offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details
Nitroglycerin	12 hour offset from admin
Scopolamine	Either 12 hours, 24 hour, or 72 hour offset based on Provider-Entered Removal Details

- All patch-removal tasks will be renamed and aligned to read PATCH-OFF ([Medication Name] patch removal)



- The date/time of specific removal AND medication name/strength will also now be included in the order details visible from the MAR.
- When patch orders are discontinued, PATCH-OFF tasks will be scheduled and NOW tasks on the MAR, to remove patch.

WHY: To standardize the medication patch administration and removal process for nursing and reduce possibility of discontinued patches remaining on patients body longer than ordered.

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WHO: The change will affect the following staff at the above noted locations:

- Inpatient Nurses
- Inpatient Pharmacists

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EHR Updates

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- Clinical Staff
- Providers

Inpatient

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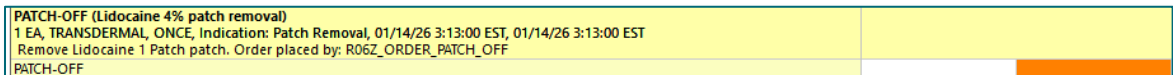
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At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

EHR Updates

Week of January 29 – February 4, 2026

WHO: The change will affect the following staff at the above noted locations:

- Inpatient Nurses
- Inpatient Pharmacists

New Field in Interactive View and I&O for Delivery Information

WHAT: A new field is being added to the **Delivery Information** section to document the Fetal Heart Rate (FHR) prior to a C-section incision.

The screenshot displays the EHR interface for the 'Delivery Information' section. The left sidebar shows a navigation menu with 'Delivery Information' selected. The main content area shows a table of fields. The field 'FHR Checked Prior to Incision' is highlighted in orange, and a dropdown menu is open for it, showing the options 'Yes' and 'No - Emergent'. The dropdown menu also has a close button (X) in the top right corner.

WHY: This enhancement ensures that this information consistently captures whether FHR assessment was completed before each C-section. In addition, the perioperative documentation now includes a new **Newborn** segment. This update helps standardize documentation across teams, making key newborn related information easier to locate. Documentation from this new field will also flow directly into the Provider Delivery Documentation and their notes, improving visibility and continuity of care.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- L&D Floors

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo and/or Acadia)

WHO: The change will affect the following staff at the above noted locations:

- L&D nurses

Oxygen Delivery Method

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WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

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WHEN: **Tuesday, February 3, 2026**

WHERE: **The change will affect the following venue(s):**

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: **The change will affect the following staff at the above noted locations:**

- Clinical Staff
 - Providers
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EHR Updates

Week of January 29 – February 4, 2026

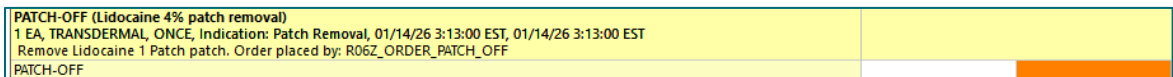
Peri-Op

Patch Medication Ordering and MAR Task Updates

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WHEN: Tuesday, February 3, 2026

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- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

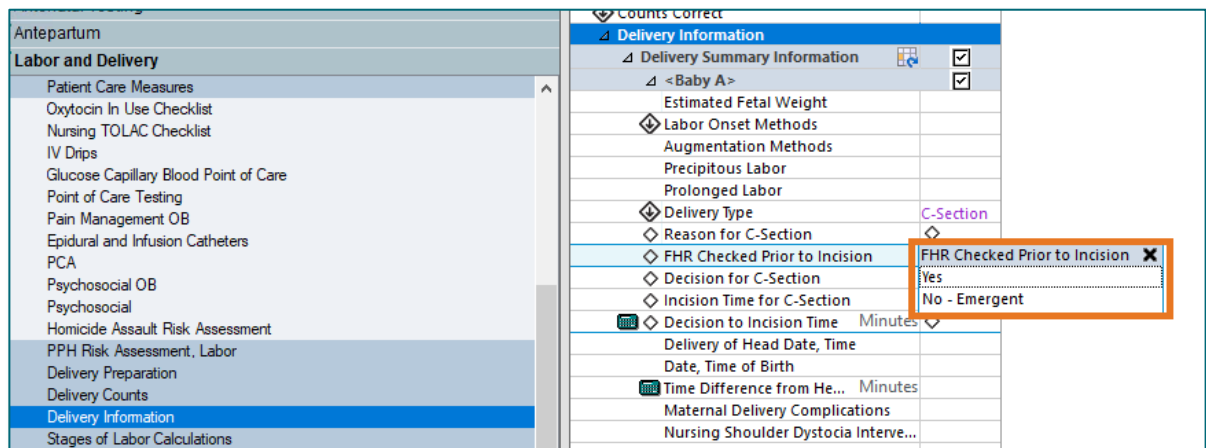
- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Inpatient Nurses
- Inpatient Pharmacists

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WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- L&D Floors

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo and/or Acadia)

WHO: The change will affect the following staff at the above noted locations:

- L&D nurses

EHR Updates

Week of January 29 – February 4, 2026

New Newborn Segment in Perioperative Doc

WHAT: A new *Newborn Segment* is being added to Perioperative Doc to support improved clinical documentation within the OR.

The screenshot displays the 'OB/GYN IntraOp Record' interface. On the left is a 'Documentation' tree with a 'Pick List' and a 'LXOR Group' containing various checkboxes like 'Case Attendance', 'Case Times', 'Cautey', 'Counts Verification', etc. The 'Newborn' checkbox is checked. The main area shows a table with columns: Baby, FHR Time Performed, FHR Performed By, FHR Monitoring, FHR Mon Method, Birth Sex, Birth Time, Labor OR Rm Temp, Placenta Time, Incision Time, and Weight. Below the table is a form for 'Baby A' with fields for 'Fetal Heart Rate', 'FHR Time Performed', 'FHR Performed By', 'FHR Monitoring', 'FHR Mon Method', 'Birth Sex', 'Birth Time', 'Labor OR Rm Temp', 'Placenta Time', 'Incision Time', 'Weight', 'APGAR Score 1 Min Comment', 'APGAR Score 5 Min Comment', and 'APGAR Score 10 Min Comment'. There are also dropdown menus for 'FHR Monitoring Method' and 'FHR Mon Method'.

NOTE: This is a multi-entry segment which will allow delivery documentation of all babies.

WHY: Currently, delivery information for newborns can only be entered in Perioperative Doc as free-text comments. This limitation makes it difficult to capture standardized, accurate, and reportable data regarding one or more newborns. The new segment provides a structured, consistent format to ensure clarity, accuracy, and documentation that supports clinical, operational, and regulatory needs.

NOTE: To ensure this segment appears by default on the correct procedure(s), please contact the individual responsible for maintaining your preference cards so they can add it accordingly.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- Peri-Op Only

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo and/or Acadia)

WHO: The change will affect the following staff at the above noted locations:

- Circulator Nurses in Labor and Delivery
- Circulator Nurses in the Operating Rooms

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EHR Updates

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Patient Service Representatives

Ambulatory/WIC Only

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Pharmacists & Pharmacy Technicians

Ambulatory/WIC

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- Maintain compliance with payer policies

WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

- When the oxygen delivery method is missing or inconsistently recorded, payers may question the clinical picture and deny claims, particularly in respiratory-related drugs where oxygen support is a key factor.
- Payers often require documentation of both oxygen saturation and the method of oxygen delivery (e.g., nasal cannula, non-rebreather mask, room air) to validate medical necessity and support appropriate coding.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

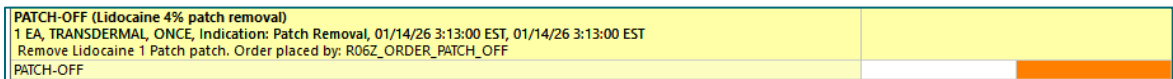
Inpatient/ED/Peri-Op

Patch Medication Ordering and MAR Task Updates

WHAT: Patch Medications have a MAR task to administer and then remove the patch accordingly:

Patch Medication	ONCE Patch-Off Timing
Buprenorphine	7 day offset from admin
Fentanyl	Either 48 hour <u>or</u> 72 hour offset based on Frequency on order
Lidocaine	12 hour offset from admin
Nicotine	Either 24 hour offset <u>or</u> “Bedtime” task based on Provider-Entered Removal Details
Nitroglycerin	12 hour offset from admin
Scopolamine	Either 12 hours, 24 hour, or 72 hour offset based on Provider-Entered Removal Details

- All patch-removal tasks will be renamed and aligned to read PATCH-OFF ([Medication Name] patch removal)



- The date/time of specific removal AND medication name/strength will also now be included in the order details visible from the MAR.
- When patch orders are discontinued, PATCH-OFF tasks will be scheduled and NOW tasks on the MAR, to remove patch.

WHY: To standardize the medication patch administration and removal process for nursing and reduce possibility of discontinued patches remaining on patients body longer than ordered.

WHEN: Tuesday, February 3, 2026

EHR Updates

Week of January 29 – February 4, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED & Peri-Op)

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Inpatient Nurses
- Inpatient Pharmacists

Physicians, Physician Assistants, Nurse Practitioners

Ambulatory/WIC

Tick Antibody Panel Updates

WHAT: Laboratory Orders for Tick Antibodies will be updated to align to an improved Tick-Borne Disease Antibody Panel.

NOTE: This update impacts any order favorites a user may have for the above orders, click [here](#) to learn more on order favorites to save the new orders.

Old Order	New Order
Anaplasma phagocytophilum Abs IgG&IgM	Anaplasma phagocytophilum Abs Rflx Titer
Babesia microti Abs IgG/IgM by IFA	Babesia microti Antibodies Rflx Titers
Ehrlichia chaffeensis Abs IgG/IgM	Ehrlichia chaffeensis Antibodies Rflx Titers
Tick-Bourne Disease Antibody Panel	Tick Disease Antibodies with Reflexes

WHY: This update is to continue alignment with Quest Diagnostics and enable Quest to turn results around in a timely manner.

WHEN: Effective immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (including ED& PeriOp)
 - Ambulatory/WIC
-

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Oxygen Delivery Method

WHAT: Oxygen Delivery Method will automatically flow into the Vitals and Measurements section within clinical notes, if documented.

<u>Vitals & Measurements</u>	
T: 37 °C (Tympanic)	Pulse Rate: 76 RR: 18 BP: 128/72 SpO2: 98%
Oxygen Delivery Method: Room air	HT: 183 cm

NOTE: If this field is not completed by staff the information will not flow to the documentation.

Ensuring consistent and complete documentation helps:

- Support safe and appropriate clinical care
- Reduce avoidable payer denials
- Strengthen coding accuracy
- Maintain compliance with payer policies

WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

- When the oxygen delivery method is missing or inconsistently recorded, payers may question the clinical picture and deny claims, particularly in respiratory-related drugs where oxygen support is a key factor.
- Payers often require documentation of both oxygen saturation and the method of oxygen delivery (e.g., nasal cannula, non-rebreather mask, room air) to validate medical necessity and support appropriate coding.

WHEN: Tuesday, February 3, 2026

EHR Updates

Week of January 29 – February 4, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Emergency

Tick Antibody Panel Updates

WHAT: Laboratory Orders for Tick Antibodies will be updated to align to an improved Tick-Borne Disease Antibody Panel.

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Old Order	New Order
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Tick-Bourne Disease Antibody Panel	Tick Disease Antibodies with Reflexes

WHY: This update is to continue alignment with Quest Diagnostics and enable Quest to turn results around in a timely manner.

WHEN: Effective immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (including ED& PeriOp)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Oxygen Delivery Method

WHAT: **Oxygen Delivery Method** will automatically flow into the Vitals and Measurements section within clinical notes, if documented.

<u>Vitals & Measurements</u> T: 37 °C (Tympanic) Pulse Rate: 76 RR: 18 BP: 128/72 SpO2: 98% Oxygen Delivery Method: Room air HT: 183 cm
--

NOTE: If this field is not completed by staff the information will not flow to the documentation.

Ensuring consistent and complete documentation helps:

- Support safe and appropriate clinical care
- Reduce avoidable payer denials
- Strengthen coding accuracy
- Maintain compliance with payer policies

WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

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- Payers often require documentation of both oxygen saturation and the method of oxygen delivery (e.g., nasal cannula, non-rebreather mask, room air) to validate medical necessity and support appropriate coding.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

EHR Updates

Week of January 29 – February 4, 2026

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers

Inpatient

Tick Antibody Panel Updates

WHAT: Laboratory Orders for Tick Antibodies will be updated to align to an improved Tick-Borne Disease Antibody Panel.

NOTE: This update impacts any order favorites a user may have for the above orders, click [here](#) to learn more on order favorites to save the new orders.

Old Order	New Order
Anaplasma phagocytophilum Abs IgG&IgM	Anaplasma phagocytophilum Abs Rflx Titer
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Ehrlichia chaffeensis Abs IgG/IgM	Ehrlichia chaffeensis Antibodies Rflx Titers
Tick-Bourne Disease Antibody Panel	Tick Disease Antibodies with Reflexes

WHY: This update is to continue alignment with Quest Diagnostics and enable Quest to turn results around in a timely manner.

WHEN: Effective immediately

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (including ED& PeriOp)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
 - Providers
-

Updated OB Documentation for C-Sections

WHAT: Nurses will now document **whether the Fetal Heart Rate (FHR) was checked before the incision** for every C-Section. This will be recorded in **Interactive View** and **I&O**, and it will automatically pull into the **Provider Delivery Documentation** and **C-Section Procedure Delivery Note** in the Nursing Delivery Documentation section.

The screenshot shows the EHR interface for a C-Section. The left sidebar lists various documentation categories, with 'Provider Delivery Documentation' selected. The main area displays a table of delivery details for Baby A, including labor onset methods, augmentation methods, and delivery type (C-Section). The 'FHR Checked Prior to Incision' field is highlighted with an orange box, showing a 'Yes' value. A callout box on the right displays the 'Nursing Delivery Documentation' for Baby A, showing the 'Delivery Information' and 'FHR Checked Prior to Incision' status.

Nursing Delivery Documentation	
Baby A	
Delivery Information	
Delivery Type:	C-Section (Recorded: 01/23/2026 14:29 EST)
FHR Checked Prior to Incision	
Baby A - FHR Checked Prior to Incision:	Yes (01/23/26 14:29:00)
Baby A - FHR Monitoring Method:	Auscultation (01/23/26 14:29:00)

NOTE: The FHR check **must be documented by the nurse first**—only then will it flow correctly into the other documentation areas.

WHY: This update ensures the documentation **consistently captures** whether an FHR assessment was completed prior to each C-Section incision. Accurate, consistent documentation helps support **reliable, reportable data**.

WHEN: Tuesday, February 2, 2026

WHERE: The change will affect the following venue(s):

- L&D Floors

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo and/or Acadia)

WHO: The change will affect the following staff at the above noted locations:

- OB Providers

EHR Updates

Week of January 29 – February 4, 2026

Oxygen Delivery Method

WHAT: **Oxygen Delivery Method** will automatically flow into the Vitals and Measurements section within clinical notes, if documented.

Vitals & Measurements	
T: 37 °C (Tympanic)	Pulse Rate: 76 RR: 18 BP: 128/72 SpO2: 98%
Oxygen Delivery Method: Room air	HT: 183 cm

NOTE: If this field is not completed by staff the information will not flow to the documentation.

Ensuring consistent and complete documentation helps:

- Support safe and appropriate clinical care
- Reduce avoidable payer denials
- Strengthen coding accuracy
- Maintain compliance with payer policies

WHY: This documentation is necessary to validate medical necessity, support accurate coding, and justify services billed.

- When the oxygen delivery method is missing or inconsistently recorded, payers may question the clinical picture and deny claims, particularly in respiratory-related drugs where oxygen support is a key factor.
- Payers often require documentation of both oxygen saturation and the method of oxygen delivery (e.g., nasal cannula, non-rebreather mask, room air) to validate medical necessity and support appropriate coding.

WHEN: Tuesday, February 3, 2026

WHERE: The change will affect the following venue(s):

- Acute/Inpatient (to include ED)
- Ambulatory/WIC

At the following NLH Member Organization(s):

- All NLH Hospitals (excluding Mayo)
-

WHO: The change will affect the following staff at the above noted locations:

- Clinical Staff
- Providers