



Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

Week of January 22 – January 28, 2026

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

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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
1/27/2026	Inpatient	Transfuse Adult Frozen Plasma	CDS Review. Addition of indications to plasma order
2/3/2026	Inpatient	OBG Cesarean Section OBG Hypertension Admission OBG Labor and Delivery OBG Preterm Premature Rupture of Membranes	RPR order updated to include reflex testing and stat priority

Leadership

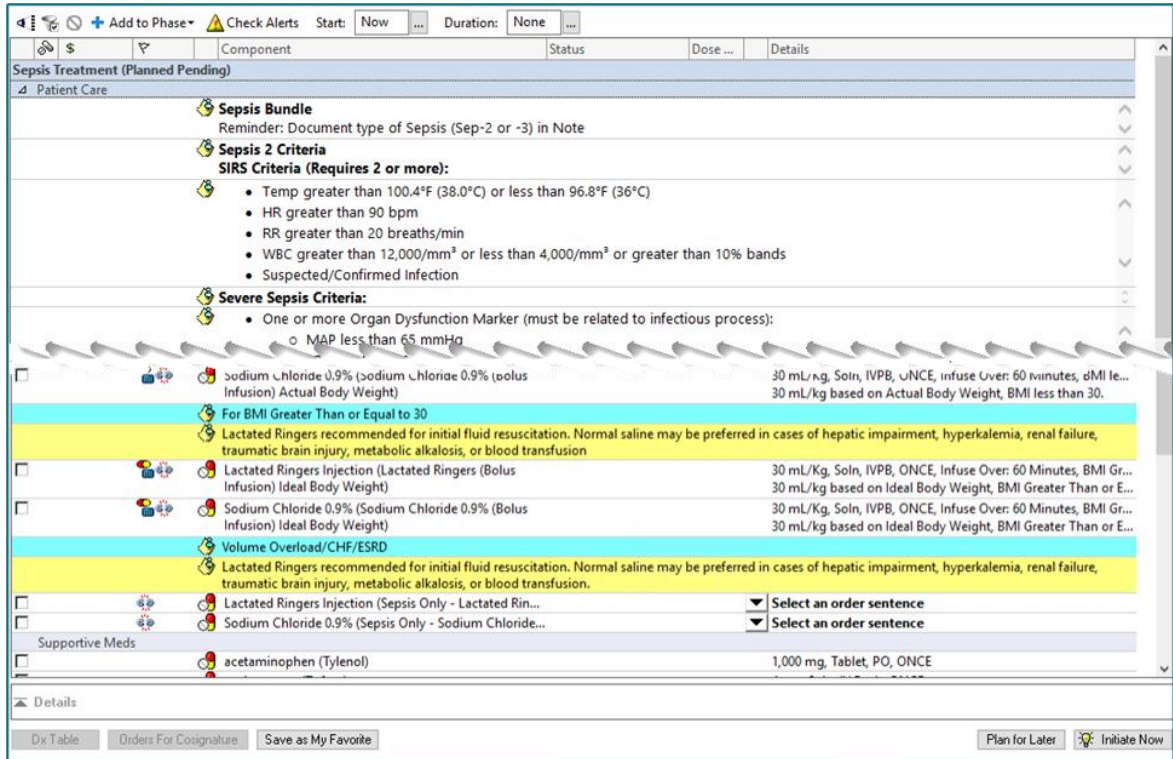
Emergency

New Sepsis PowerPlan

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WHY: This change is being implemented to improve clinical efficiency and patient outcomes. The Sepsis Treatment PowerPlan provides:

- **Streamlined Workflow:** Combines evidence-based interventions into a single, easy-to-use plan.
- **Enhanced Clinical Guidance:** Offers standardized treatment steps aligned with current best practices.
- **Reduced Variability:** Ensures consistent care across all applicable venues and staff.
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NOTE: This update supports NLH’s commitment to quality care and operational excellence.

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

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

At the following NLH Member Organization(s):

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- Nursing
- Providers

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The screenshot displays the Sepsis Treatment PowerPlan interface. At the top, there are controls for 'Add to Phase', 'Check Alerts', 'Start' (set to 'Now'), and 'Duration' (set to 'None'). Below this is a table with columns for 'Component', 'Status', 'Dose ...', and 'Details'. The main content area is titled 'Sepsis Treatment (Planned Pending)' and includes a 'Patient Care' section. Key components include:

- Sepsis Bundle:** Reminder: Document type of Sepsis (Sep-2 or -3) in Note
- Sepsis 2 Criteria:** SIRS Criteria (Requires 2 or more):
 - Temp greater than 100.4°F (38.0°C) or less than 96.8°F (36°C)
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 - Suspected/Confirmed infection
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 - One or more Organ Dysfunction Marker (must be related to infectious process):
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 - For BMI Greater Than or Equal to 30** (highlighted in yellow): Lactated Ringers recommended for initial fluid resuscitation. Normal saline may be preferred in cases of hepatic impairment, hyperkalemia, renal failure, traumatic brain injury, metabolic alkalosis, or blood transfusion
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At the bottom, there are buttons for 'Dx Table', 'Orders For Co-signature', 'Save as My Favorite', 'Plan for Later', and 'Initiate Now'.

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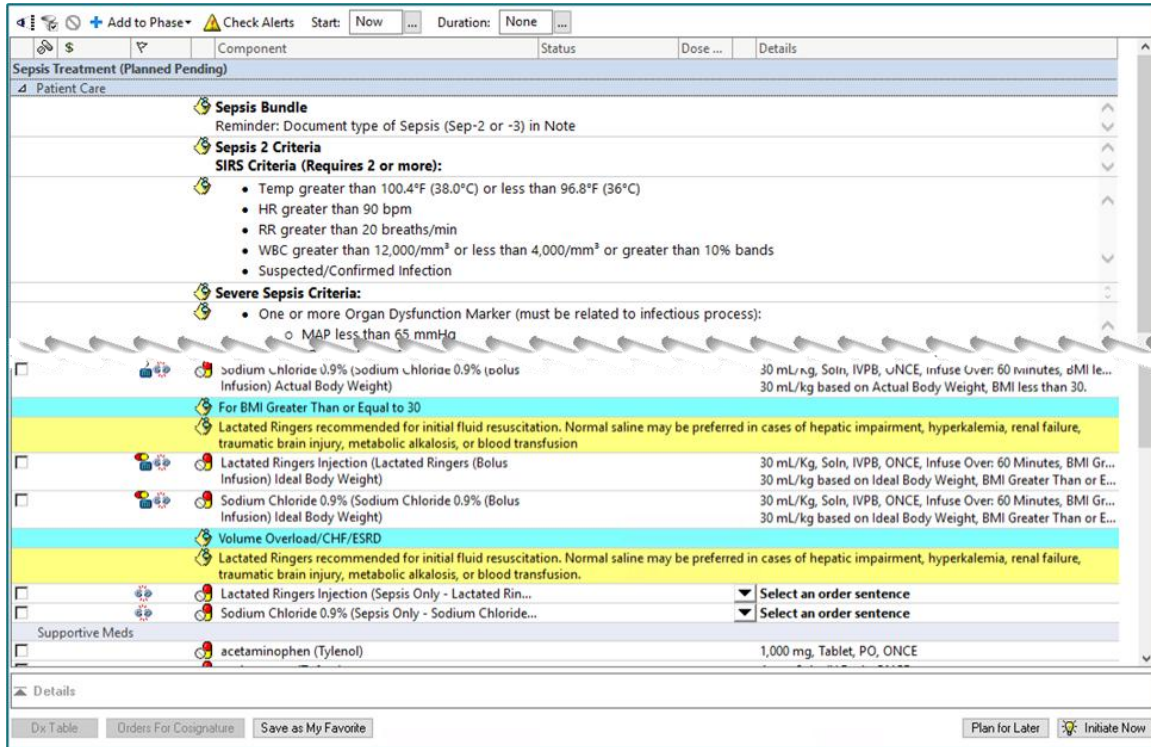
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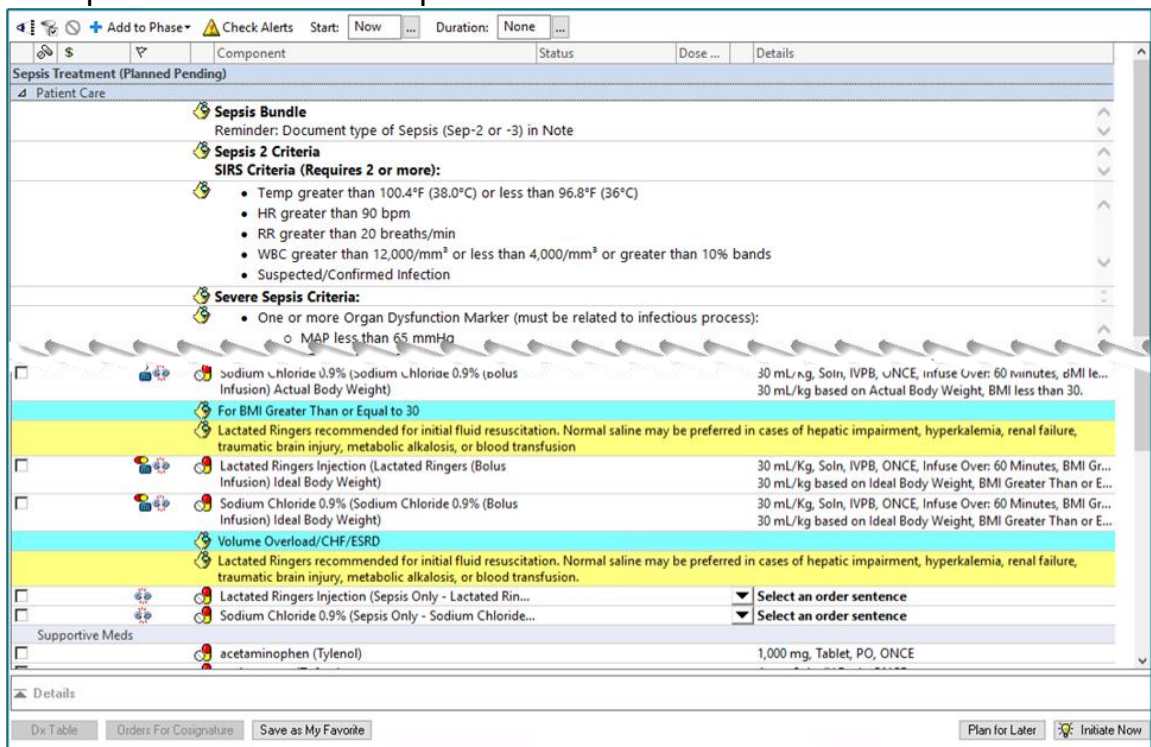
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Nursing, CNA, Medical Assistants

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

PATCH-OFF (Lidocaine 4% patch removal) 1 EA, TRANSDERMAL, ONCE, Indication: Patch Removal, 01/14/26 3:13:00 EST, 01/14/26 3:13:00 EST Remove Lidocaine 1 Patch patch. Order placed by: R06Z_ORDER_PATCH_OFF PATCH-OFF	
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- 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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The screenshot displays the 'Sepsis Treatment (Planned Pending)' PowerPlan. The interface is organized into sections: 'Patient Care', 'Sepsis Bundle', 'Sepsis 2 Criteria (SIRS Criteria)', and 'Severe Sepsis Criteria'. Below these are several medication orders, including Sodium Chloride 0.9% and Lactated Ringers, with detailed instructions for administration and dosing. The interface also includes a 'Supportive Meds' section with an order for acetaminophen (Tylenol). The interface includes a 'Details' section at the bottom and buttons for 'Dx Table', 'Orders For Co-signature', 'Save as My Favorite', 'Plan for Later', and 'Initiate Now'.

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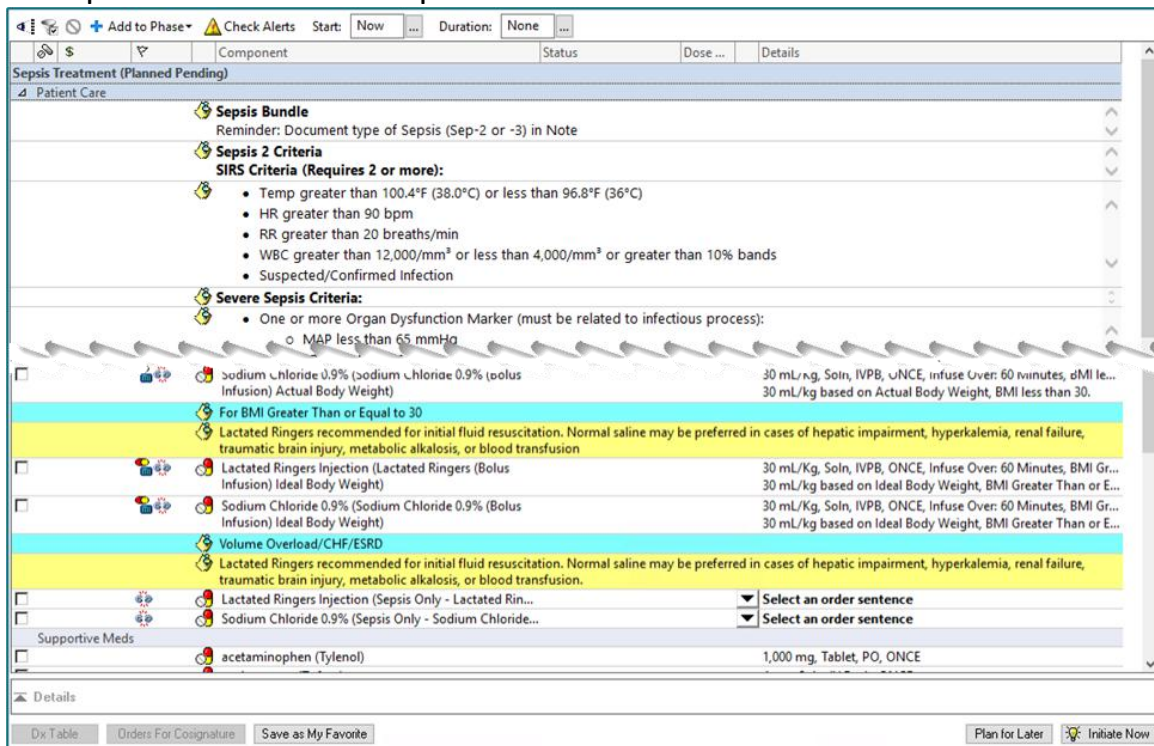
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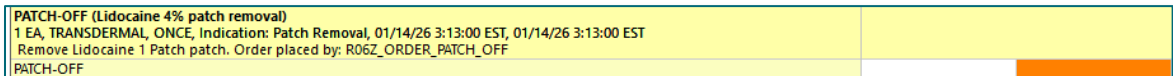
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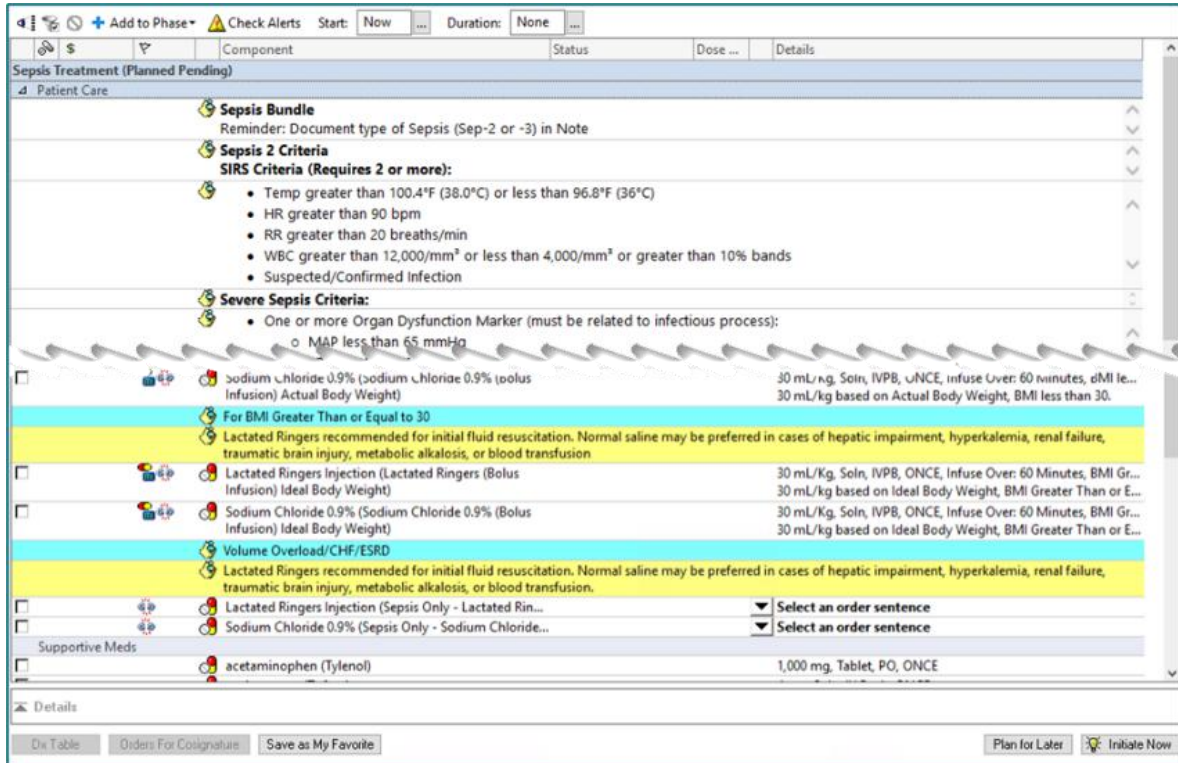
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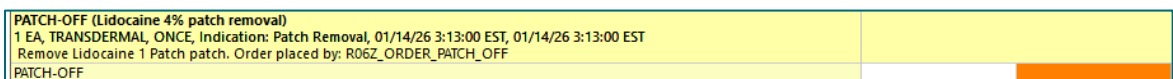
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- Inpatient Nurses
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Physicians, Physician Assistants, Nurse Practitioners

Ambulatory Only

Remote Patient Monitoring Documentation

WHAT: Remote Patient Monitoring vital signs and documentation from the Telehealth team will now flow in real time to Oracle Health (Cerner). Along with this, a monthly summary note will be sent for signature to the referring provider with an overview of the monthly services.

NOTE: The document will be displayed in message center for review and signature.

WHY: The new integration will update workflow for these services, reducing dual registrations, and improving the integration with Oracle Health (Cerner) to streamline workflows and billing opportunities.

WHEN: Effective Immediately

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

- Ambulatory

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Emergency

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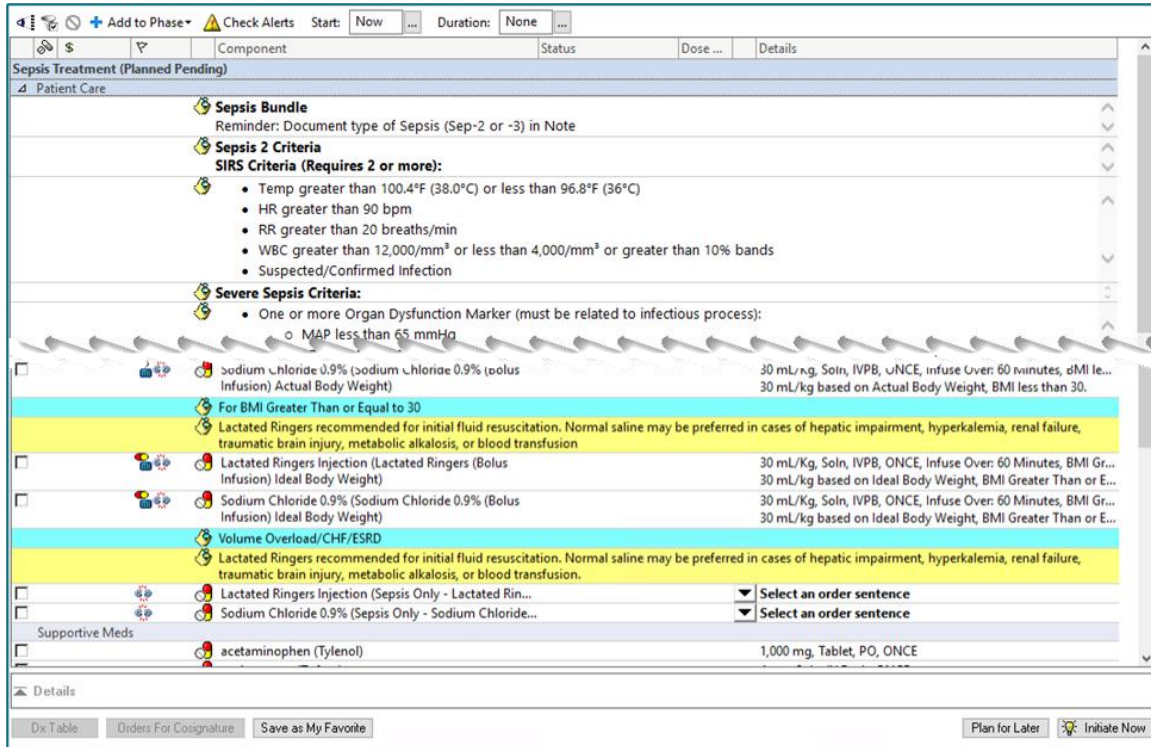
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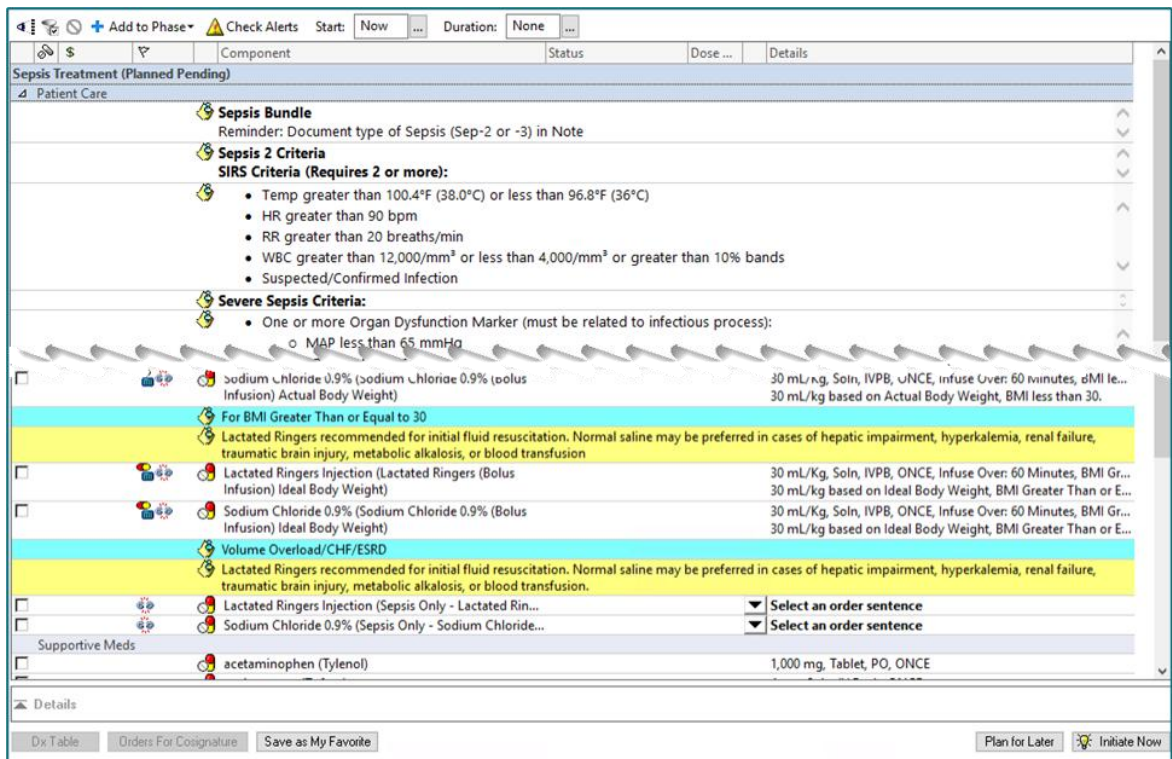
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WHAT: The **Sepsis Treatment PowerPlan** will replace the current **Sepsis Advisor** for managing suspected sepsis cases. Alerts will continue to trigger in the same locations; however, instead of opening the Sepsis Advisor, users will now have the option to launch the Sepsis Treatment PowerPlan.



WHY: This change is being implemented to improve clinical efficiency and patient outcomes. The Sepsis Treatment PowerPlan provides:

- **Streamlined Workflow:** Combines evidence-based interventions into a single, easy-to-use plan.
- **Enhanced Clinical Guidance:** Offers standardized treatment steps aligned with current best practices.

- **Reduced Variability:** Ensures consistent care across all applicable venues and staff.
- **Improved Patient Safety:** Facilitates timely initiation of sepsis management, reducing risk of complications.

NOTE: This update supports NLH's commitment to quality care and operational excellence.

WHEN: Tuesday, January 27, 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 Acadia and Mayo)

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

- Nursing
- Providers