



# Northern Light Health Oracle Health (Cerner) Millennium EHR Updates

## Week of September 11 – September 17, 2025

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

### Table of Contents

<b>Bed Management</b> .....	<b>5</b>
Emergency Department Telemetry Monitoring Order Update.....	5
<b>Behavioral Health Staff</b> .....	<b>6</b>
<b>Ambulatory</b> .....	<b>6</b>
2025-2026 COVID Immunization Screening Form Updates.....	6
New Imaging Exam Orders .....	8
Laboratory Order Updates – effective 09/23/25.....	10
<b>Inpatient</b> .....	<b>16</b>
2025-2026 COVID Immunization Screening Form Updates.....	16
<b>Care Managers</b> .....	<b>17</b>
<b>Inpatient</b> .....	<b>17</b>
Connect Messenger Updates – EMMC Only .....	17
<b>Clinical Decision Support Updates</b> .....	<b>19</b>
<b>Weekly Newsletter</b> .....	<b>19</b>
<b>Environmental Services/Transport</b> .....	<b>20</b>
Connect Messenger Updates – EMMC Only .....	20
<b>Imaging Staff &amp; Radiologists</b> .....	<b>22</b>
New Imaging Exam Orders .....	22

## EHR Updates

### Week of September 11 – September 17, 2025

<b>Lab</b> .....	<b>24</b>
Connect Messenger Updates – EMMC Only .....	24
<b>Leadership</b> .....	<b>26</b>
<b>Emergency</b> .....	<b>26</b>
Connect Messenger Updates – EMMC Only .....	26
<b>Inpatient</b> .....	<b>28</b>
Connect Messenger Updates – EMMC Only .....	28
<b>Peri-Op</b> .....	<b>30</b>
Connect Messenger Updates – EMMC Only .....	30
<b>Nursing, CNA, Medical Assistants</b> .....	<b>32</b>
<b>Ambulatory/WIC</b> .....	<b>32</b>
2025-2026 COVID Immunization Screening Form Updates.....	32
Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy).....	33
New Imaging Exam Orders .....	34
NL Home Care and Hospice Remote Patient Monitoring.....	36
Laboratory Order Updates – <i>effective 09/23/25</i> .....	37
<b>Emergency</b> .....	<b>43</b>
Connect Messenger Updates – EMMC Only .....	43
2025-2026 COVID Immunization Screening Form Updates.....	45
Emergency Department Telemetry Monitoring Order Update.....	46
New Imaging Exam Orders .....	48
<b>Inpatient</b> .....	<b>50</b>
Connect Messenger Updates – EMMC Only .....	50
2025-2026 COVID Immunization Screening Form Updates.....	52
New Imaging Exam Orders .....	54
<b>Peri-Op</b> .....	<b>56</b>
Connect Messenger Updates – EMMC Only .....	56

---

2025-2026 COVID Immunization Screening Form Updates..... 58  
New Imaging Exam Orders ..... 59

---

**Nutrition ..... 62**

**Inpatient Only .....62**  
Connect Messenger Updates – EMMC Only ..... 62

---

**Paramedics ..... 64**

Emergency Department Telemetry Monitoring Order Update..... 64

---

**Patient Service Representatives ..... 65**

**Ambulatory/WIC Only .....65**  
Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy)..... 65

---

**Pharmacists & Pharmacy Technicians..... 66**

**Ambulatory/WIC.....66**  
2025-2026 COVID Immunization Screening Form Updates..... 66  
Laboratory Order Updates – *effective 09/23/25*..... 67  
**Inpatient/ED/Peri-Op.....73**  
Connect Messenger Updates – EMMC Only ..... 73  
2025-2026 COVID Immunization Screening Form Updates..... 75

---

**Physicians, Physician Assistants, Nurse Practitioners ..... 76**

**Ambulatory/WIC.....76**  
2025-2026 COVID Immunization Screening Form Updates..... 76  
Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy)..... 78  
New Imaging Exam Orders ..... 79  
NL Home Care and Hospice Remote Patient Monitoring..... 81  
Laboratory Order Updates – *effective 09/23/25*..... 82

---

## EHR Updates

### Week of September 11 – September 17, 2025

<b>Emergency .....</b>	<b>88</b>
Connect Messenger Updates – EMMC Only .....	88
2025-2026 COVID Immunization Screening Form Updates.....	90
Emergency Department Telemetry Monitoring Order Update.....	91
New Imaging Exam Orders .....	93
<b>Inpatient.....</b>	<b>95</b>
Connect Messenger Updates – EMMC Only .....	95
2025-2026 COVID Immunization Screening Form Updates.....	97
Emergency Department Telemetry Monitoring Order Update.....	99
New Imaging Exam Orders .....	100
<b>Peri-Op.....</b>	<b>102</b>
Connect Messenger Updates – EMMC Only .....	102
2025-2026 COVID Immunization Screening Form Updates.....	104
New Imaging Exam Orders .....	106
<hr/>	
<b>Therapies: Occupational, Physical, Speech, &amp; Respiratory.....</b>	<b>108</b>
<b>Inpatient/ED Only.....</b>	<b>108</b>
Connect Messenger Updates – EMMC Only .....	108
<hr/>	
<b>Transfer Center .....</b>	<b>110</b>
Emergency Department Telemetry Monitoring Order Update.....	110

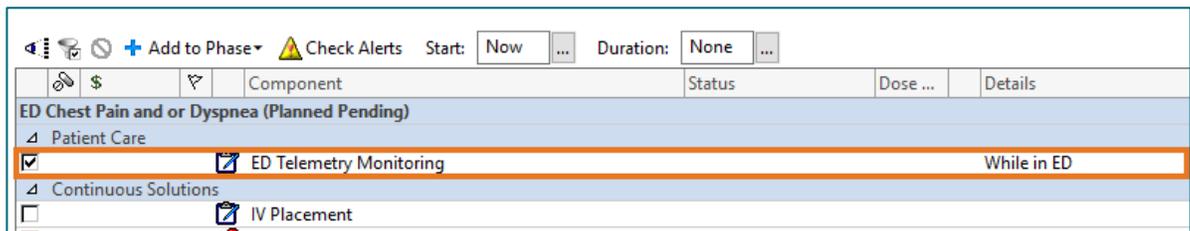
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## Bed Management

### Emergency Department Telemetry Monitoring Order Update

**WHAT: ED Telemetry Monitoring**

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.



Order Name	Date/Time	Ordered By	Status
<b>ED Telemetry Monitoring</b>	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM, SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

# EHR Updates

## Week of September 11 – September 17, 2025

### At the following NLH Member Organization(s):

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

- Bed Management
- Hospitalists
- Nursing
- Paramedics
- Providers
- Transfer Center

## Behavioral Health Staff

### Ambulatory

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 **Not NLH Employee, Patient, Physician Office/WIC/Outpatient**

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen: \_\_\_\_\_

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Corner:  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide

Select any precautions or contraindications that apply:

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Covid-19 vaccination must be ordered by Provider

Provider assessed precautions and ordered vaccine  
 Yes  No

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## EHR Updates

### Week of September 11 – September 17, 2025

#### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
CT	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
MRI	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

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MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

## EHR Updates

### Week of September 11 – September 17, 2025

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

- Clinical Staff
- Imaging Techs
- Providers

### Laboratory Order Updates – effective 09/23/25

**WHEN:** Tuesday, September 23, 2025

**WHAT:** A subset of **ambulatory** labs will be sent to the Quest lab in Marlborough, MA for processing.

- To support this process, **new lab orders in Oracle (Cerner)** will be built.
- User level Lab Order Favorites will need to be rebuilt by end-users.
  - Please take a few moments to review the spreadsheet to verify your current selections. Click [here](#) for more information on how to manage order favorites.

#### Instructions to Filter the Spreadsheet to Your Name:

**Step 1:** Click [here](#) to open the attached spreadsheet in Excel.

**Step 2:** Locate the column labeled **OWNER\_NAME**.

**Step 3:** Click the **dropdown arrow** in that column.

**Step 4:** Type your **full name - last name first**, in the search toolbar.

**Step 5:** Click in the **box** next to your name, if not checked.

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## EHR Updates

### Week of September 11 – September 17, 2025

**Step 6:** Click **OK**, the spreadsheet will now only show the rows of current Favorites.

**Step 7:** Please ensure you print a copy of your lab order favorites for reference during go-live. Rebuilding these favorites can **only** be completed after the system is live.

**NOTE:** The spreadsheet may not include lab order favorites added after today. It will be updated weekly through go-live, so please check the link regularly for the latest information.

Sending labs to Marlborough will add 24-48 hours for processing, potentially longer.

- If clinically required, an additional priority of **expedite** can be used for these Quest labs to be processed at NLH lab site vs. going to Marlborough.
  - Of note, 10 NLH practices have been sending their ambulatory labs to Marlborough for 2 years, without concerns about turn-around time.

**NOTE:** If a STAT or EXPEDITE lab is needed to be performed on site at the **hospital lab**, ensure that **Order for Future Visit is YES**, this will alert the lab when a STAT or EXPEDITE order is placed.

Workflows will be dependent on the clinic location, select the appropriate link based on the appearance of lab orders for the performing location field:

- **Performing Location NOT REQUIRED:** Click [here](#) to review the workflows for lab orders.

A screenshot of a lab order form. The fields are: \*Collection Priority: Expedite (dropdown); \*Start Date/Time: AM Tomorrow (dropdown); \*Nurse Collect: Routine (dropdown); Special Instructions: Timed Study (text area); and Performing Location (ARLN): (empty dropdown). The 'Expedite' option in the Start Date/Time dropdown is highlighted in blue. There are 'EDT' and 'EDIT' buttons to the right of the Start Date/Time dropdown.

- **Performing location REQUIRED:** Click [here](#) to review the workflows for lab workflows

A screenshot of a lab order form, identical to the one above, but with the 'Performing Location (ARLN):' dropdown menu highlighted in yellow.

## EHR Updates

### Week of September 11 – September 17, 2025

#### Order Updates

Current Order	Quest Test code	New Description
Acetaminophen Level	201	Acetaminophen Level-Q
Alanine Aminotransferase	823	Alanine Aminotransferase [ALT]-Q
Albumin Level	223	Albumin Level-Q
Alkaline Phosphatase	234	Alkaline Phosphatase-Q
Amylase Urine Random Collection	8464	Amylase Level Random Urine-Q
Amylase	243	Amylase Level-Q
Amylase Body Fluid	17414	Amylase Peritoneal Fluid-Q
Amylase Body Fluid	17415	Amylase Pleural Fluid-Q
Aspartate Aminotransferase	822	Aspartate Aminotransferase [AST]-Q
Basic Metabolic Panel	92498	Basic Metabolic Panel-Q
Beta hCG Qualitative Urine-Q	396	Beta hCG Qualitative Urine-Q
Beta hCG Qualitative-Q	8435	Beta hCG Qualitative-Q
Beta Hydroxybutyrate	37054	Beta Hydroxybutyrate-Q
Bilirubin Direct	285	Bilirubin Direct-Q
Bilirubin Total	287	Bilirubin Total-Q
Calcium Level	303	Calcium Level Total-Q
Calcium Urine Random Collection	14578	Calcium Urine Random Collection-Q
Calcium Level Urine Timed Collection	11313	Calcium Urine Timed Collection-Q
Carbamazepine Level	329	Carbamazepine Level-Q
CBC with Differential	6399	CBC with DIFF
Hemogram	1759	CBC without Differential-Q
Cell Count Body Fluid	20913	Cell Count Fluid
Chloride	330	Chloride Level-Q
Chloride Urine Random Collection	14520	Chloride Urine Random Collection-Q
Chloride Urine Timed Collection	11314	Chloride Urine Timed Collection-Q
CO2	310	CO2 Carbon Dioxide-Q
Comprehensive Metabolic Panel	92665	Comprehensive Metabolic Panel-Q
C-Reactive Protein High Sensitivity	10124	C-Reactive Protein High Sensitivity-Q
C-Reactive Protein	4420	C-Reactive Protein mg/L
Creatine Kinase MB	17581	Creatine Kinase-MB-Q
Creatine Kinase (CPK Total)	374	Creatine Kinase-Q
Creatinine Clearance	7943	Creatinine Clearance-Q
Creatinine Body Fluid	17422	Creatinine Peritoneal Fluid-Q
Creatinine Serum	375	Creatinine Serum-Q

Creatinine Urine Random Collection	8459	<b>Creatinine Urine Random Collection-Q</b>
Creatinine Urine Timed Collection	381	<b>Creatinine Urine Timed Collection-Q</b>
Crystal Examination Body Fluid	3134	<b>Crystal Examination Body Fluid-Q</b>
Digoxin Level	418	<b>Digoxin Level-Q</b>
Dilantin Free	3189	<b>Dilantin Free-Q</b>
Eosinophil Count	425	<b>Eosinophil Count-Q</b>
Ethanol Level Urine	91527	<b>Ethanol Level Urine-Q</b>
Ethanol Level	443	<b>Ethanol Level-Q</b>
Gamma Glutamyl Transferase	482	<b>Gamma Glutamyl Transferase-Q</b>
Gentamicin Level Peak	8582	<b>Gentamicin Level Peak-Q</b>
Gentamicin Random	481	<b>Gentamicin Level Random-Q</b>
Gentamicin Level Trough	8575	<b>Gentamicin Level Trough-Q</b>
Glucose Level	8917	<b>Glucose Level-Q</b>
Glucose Body Fluid	17641	<b>Glucose Pericardial Fluid-Q</b>
Glucose Body Fluid	17424	<b>Glucose Peritoneal Fluid-Q</b>
Glucose Body Fluid	17425	<b>Glucose Pleural Fluid-Q</b>
Glucose Body Fluid	4410	<b>Glucose Synovial Fluid-Q</b>
Hematocrit	509	<b>Hematocrit-Q</b>
Hemoglobin and Hematocrit	7998	<b>Hemoglobin and Hematocrit-Q</b>
Hemoglobin	510	<b>Hemoglobin-Q</b>
Hepatic Function Panel	10256	<b>Hepatic Function Panel-Q</b>
Lactate Dehydrogenase	593	<b>Lactate Dehydrogenase (LDH)-Q</b>
Lactose Tolerance Test	7675	<b>Lactose Tolerance Test-Q</b>
Body Fluid LDH	94675	<b>LD Body Fluid -Q</b>
Body Fluid LDH	17647	<b>LD Pericardial Fluid-Q</b>
Body Fluid LDH	17588	<b>LD Peritoneal Fluid-Q</b>
Body Fluid LDH	17589	<b>LD Pleural Fluid-Q</b>
Body Fluid LDH	17658	<b>LD Synovial Fluid-Q</b>
Lipase	606	<b>Lipase Level-Q</b>
Lithium Level	613	<b>Lithium Level-Q</b>
LYTES	21105	<b>LYTES-Q</b>
Magnesium Level	622	<b>Magnesium Level-Q</b>
Magnesium Urine Random Collection	6179	<b>Magnesium Urine Random Collection-Q</b>
Magnesium Level Urine Timed Collection	11322	<b>Magnesium Urine Timed Collection-Q</b>
Microalbumin Urine, Random Collection	6517	<b>Microalbumin Urine Random Collection-Q</b>
Microalbumin Urine Timed Collection	4555	<b>Microalbumin Urine Timed Collection-Q</b>
pH Urine	16698	<b>pH Urine-Q</b>

## EHR Updates

### Week of September 11 – September 17, 2025

Phenobarb Level	708	Phenobarbital Level-Q
Phenytoin Level	713	Phenytoin Level-Q
Phosphorus Serum	718	Phosphorus Level-Q
Phosphorus Urine Random Collection	14579	Phosphorus Urine Random Collection-Q
Phosphorus Level Urine Timed Collection	11319	Phosphorus Urine Timed Collection-Q
Platelet Count	723	Platelet Count (PLT)-Q
Potassium Level	11014	Potassium [K+] Level-Q
Potassium Urine Random Collection	14521	Potassium Urine Random Collection-Q
Potassium Level Urine Timed Collection	11316	Potassium Urine Timed Collection-Q
Beta Human Chorionic Gonadotropin Quantitative	8396	Pregnancy Test Quantitative Serum-Q
Protein Body Fluid	17429	Protein Total Pericardial Fluid-Q
Protein Body Fluid	17428	Protein Total Peritoneal Fluid-Q
Protein Body Fluid	17427	Protein Total Pleural Fluid-Q
Protein Body Fluid	4404	Protein Total Synovial Fluid-Q
Protein Total	90844	Protein Total-Q
Protein Urine Random Collection	14523	Protein Urine Random Collection-Q
Protein Urine Timed Collection	11320	Protein Urine Timed Collection-Q
Renal Function Panel	10314	Renal Function Panel-Q
Reticulocyte Auto	793	Retic Count Automated-Q
Salicylate Level	805	Salicylate Level-Q
Sedimentation Rate	809	Sedimentation Rate (ESR)-Q
Sickle Cell Screen	825	Sickle Cell Screen-Q
Sodium Level	836	Sodium Level-Q
Sodium Urine Random Collection	14522	Sodium Urine Random Collection-Q
Sodium Level Urine Timed Collection	11317	Sodium Urine Timed Collection-Q
Specific Gravity Body Fluid	8463	Specific Gravity Body Fluid-Q
Specific Gravity Urine	3190	Specific Gravity Urine-Q
Spot Urine Protein/Creat Ratio	1715	Spot Urine Protein/Creat Ratio-Q
Tacrolimus Level	70007	Tacrolimus Level-Q
Troponin I Highly Sensitive (Random)	34693	Troponin I Highly Sensitive Random-Q
UA Microscopic I / Urinalysis Microscopic	8563	UA Microscopic I-Q
Urea Nitrogen	294	Urea Nitrogen (BUN)-Q
Urea Urine Random Collection	1737	Urea Urine Random Collection-Q

## EHR Updates

### Week of September 11 – September 17, 2025

Urea Nitrogen Urine Timed Collection	973	Urea Urine Timed Collection-Q
Uric Acid	905	Que
Urinalysis Dipstick	6448	Urinalysis Macroscopic-Q
Urinalysis with Microscopic if Indicated	7909	Urinalysis w/Microscopic if Indicated
Valproic Acid Level	916	Valproic Acid Level-Q
Vancomycin Level Peak	8578	Vancomycin Level Peak-Q
Vancomycin Level	917	Vancomycin Level Random-Q
Vancomycin Level Trough	8579	Vancomycin Level Trough-Q
White Blood Count	937	White Blood Count-Q

- The following orders will not be impacted for EMMC, Mercy and ARG:

Current Order	Quest Test code	New Description
CBC with DIFF	6399	<b>CBC with DIFF</b>
Cell Count Fluid	20913	<b>Cell Count Fluid</b>
C-Reactive Protein mg/L	4420	<b>C-Reactive Protein mg/L</b>
Urinalysis w/Microscopic if Indicated	7909	<b>Urinalysis w/Microscopic if Indicated</b>
Urinalysis, Complete, Reflex to Culture	3020	<b>Urinalysis, Complete, Reflex to Culture</b>

**WHY:** Continue alignment with the Quest Diagnostics.

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

- 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:

- MA's
- Nurses
- Pharmacists
- Providers

## EHR Updates

### Week of September 11 – September 17, 2025

## Inpatient

### 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee #

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen:

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner:  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide

Select any precautions or contraindications that apply:

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Covid-19 vaccination must be ordered by Provider

Provider assessed precautions and ordered vaccine  
 Yes  No

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

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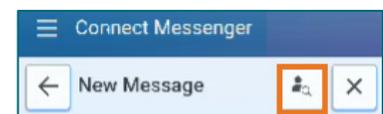
## Care Managers

### Inpatient

### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

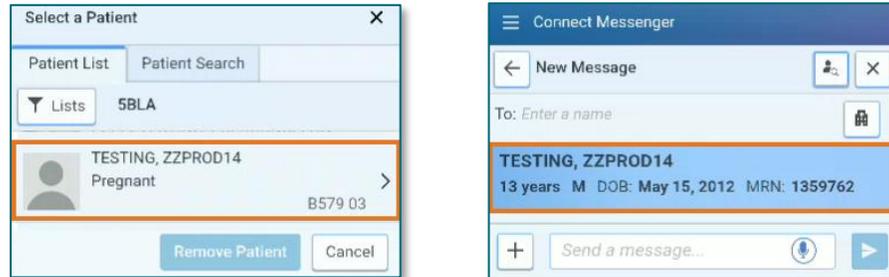
- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
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  - Select a patient from **Patient List** or through **Patient Search**.



## EHR Updates

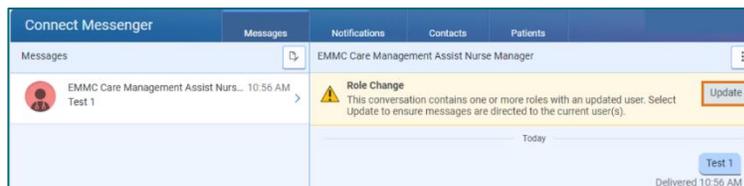
### Week of September 11 – September 17, 2025

- Once the patient has been selected, a banner bar with patient information will show at the top of the message.

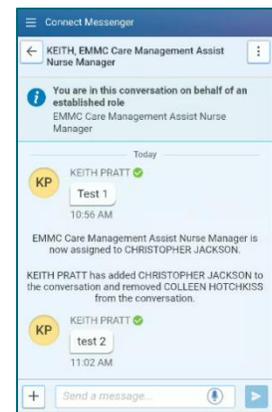


### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.



**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

## EHR Updates

### Week of September 11 – September 17, 2025

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

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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
9/17/2025	Inpatient	<a href="#">Bariatric Vitamins SmartZone Alert</a>	A new SmartZone alert. This alert will display when a patient has a history of bariatric surgery, and no active multivitamins ordered
9/17/2025	Inpatient	<a href="#">Bariatric Vitamins</a>	New PowerPlan to support the Bariatric Vitamins SmartZone Alert, for those at risk for vitamin deficiency following bariatric surgery

## EHR Updates

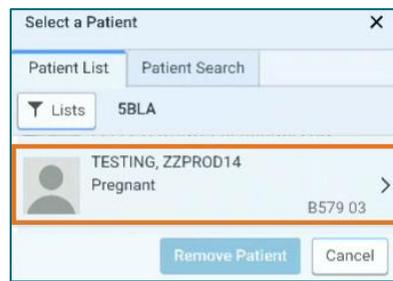
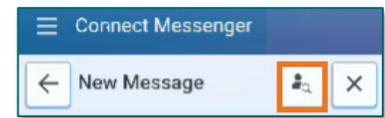
### Week of September 11 – September 17, 2025

## Environmental Services/Transport

### Connect Messenger Updates – EMMC Only

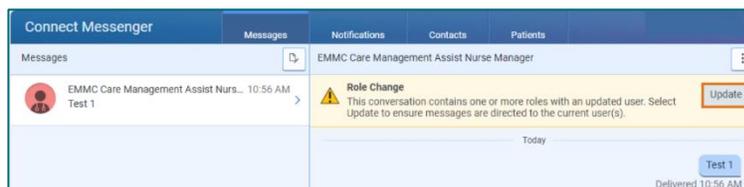
#### WHAT: Adding Patient Information

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  - Once the patient has been selected, a banner bar with patient information will show at the top of the message.



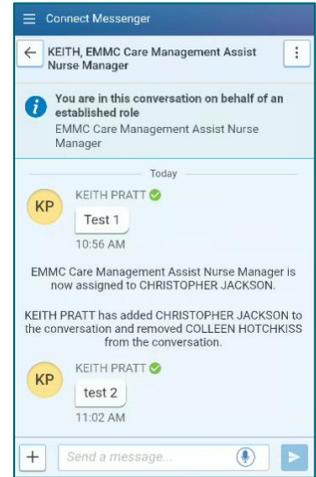
#### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.



**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## EHR Updates

### Week of September 11 – September 17, 2025

## Imaging Staff & Radiologists

### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
CT	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
MRI	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183

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MRI Abdomen Iron Quant w/o Contrast	74181
MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

## EHR Updates

### Week of September 11 – September 17, 2025

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

- Clinical Staff
- Imaging Techs
- Providers

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## Lab

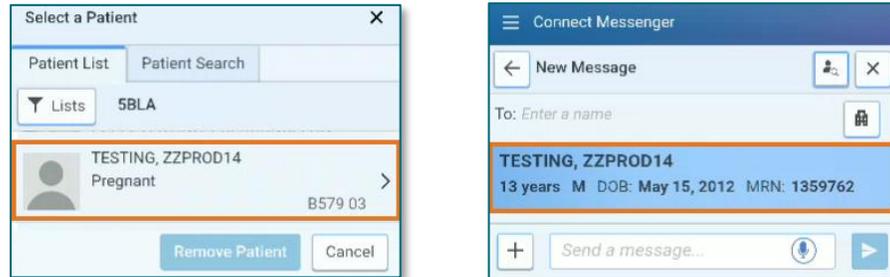
### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

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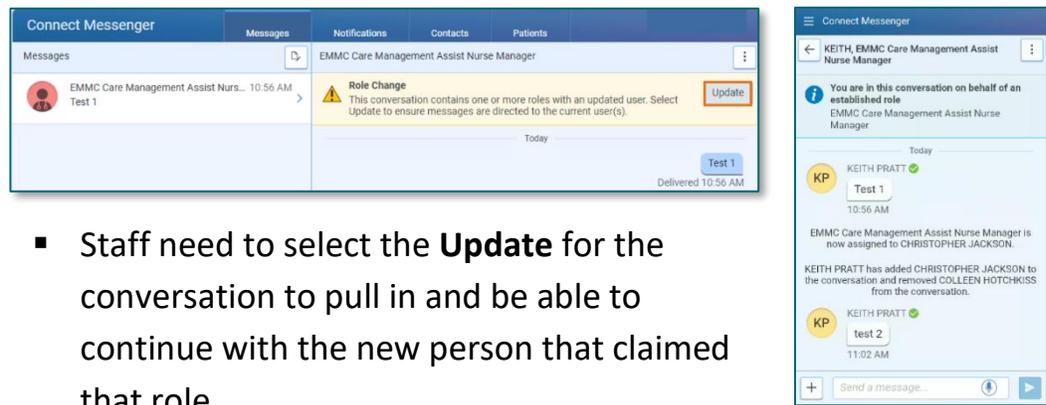


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### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
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**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

## EHR Updates

### Week of September 11 – September 17, 2025

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

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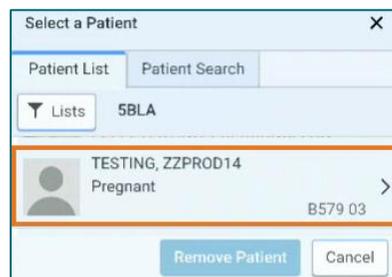
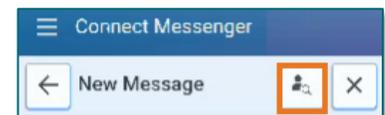
## Leadership

### Emergency

### Connect Messenger Updates – EMMC Only

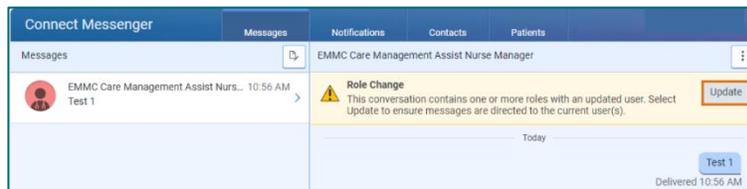
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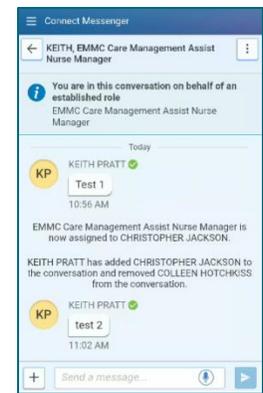


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**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

## EHR Updates

### Week of September 11 – September 17, 2025

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

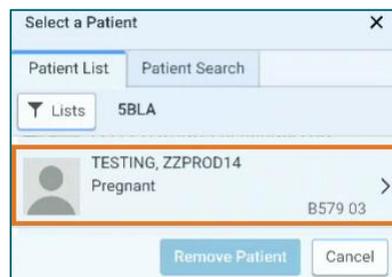
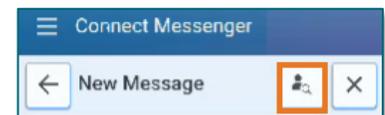
- All Staff using Connect Messenger and Claimable Roles

## Inpatient

### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

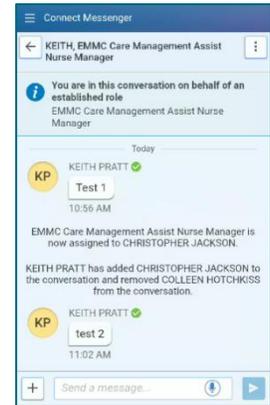
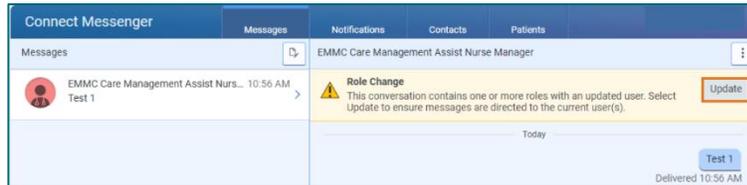
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**WHEN:** Effective Immediately

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

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

At the following NLH Member Organization(s):

- EMMC only

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

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## EHR Updates

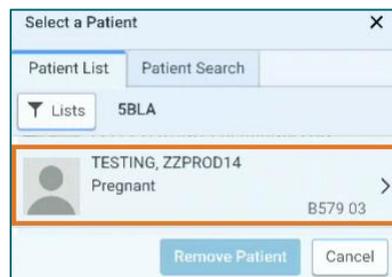
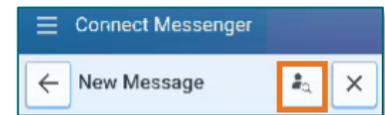
### Week of September 11 – September 17, 2025

## Peri-Op

### Connect Messenger Updates – EMMC Only

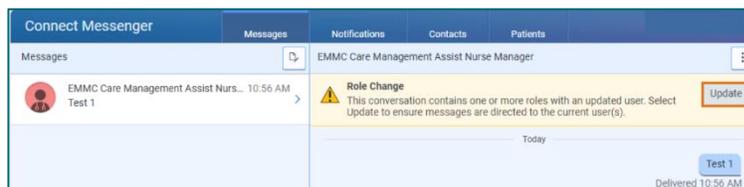
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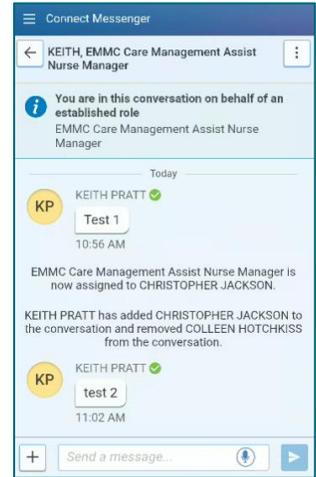
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**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## EHR Updates

### Week of September 11 – September 17, 2025

## Nursing, CNA, Medical Assistants

### Ambulatory/WIC

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/WH  
 NLH Employee, Do NOT Share with HR/WH  
 Not NLH Employee, Patient, Hospital  
 Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee #

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen:

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history, COVID vaccine administrations charted within Cerner:  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

Select any precautions or contraindications that apply:

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide

Covid-19 vaccination must be ordered by Provider

Provider assessed precautions and ordered vaccine  
 Yes  No

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy)

**WHAT:** Between Visit Encounters will no longer be created on Walk-In Care (WIC) encounters.

**WHY:** Creating a Between Visit Encounter causes discharged patients to reappear on the WIC LaunchPoint board. This can lead to workflow disruptions which requires staff to remove the patient from the board to maintain accurate tracking.

**WHEN:** Tuesday, September 16, 2025

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

- Walk-In Care
-

## EHR Updates

### Week of September 11 – September 17, 2025

**At the following NLH Member Organization(s):**

- NL AR Gould Hospital
- NL Mercy Hospital

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

- Clinical Staff
- Patient Service Representatives
- Providers

### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
<b>CT</b>	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
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CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
<b>MRI</b>	
MRI Venogram Head w & w/o Contrast	70546

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MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

## EHR Updates

### Week of September 11 – September 17, 2025

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

- Clinical Staff
- Imaging Techs
- Providers

## NL Home Care and Hospice Remote Patient Monitoring

**WHAT:** Remote Patient Monitoring (RMP) and Chronic Care Monitoring (CCM) data will flow to a patient's Oracle Health (Cerner) chart in real time, along with nursing and provider documentation performed by the Telehealth NL Home Care and Hospice.

Along with the update, referring providers will be able to sign electronic prescription protocol orders.

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### Highlights of What is Changing

- Documentation performed in HRS by Telehealth staff immediately available within Oracle Health (Cerner).
- Provider Telehealth documentation available within Oracle Health (Cerner).

**NOTE:** The data and documentation will be visible with other vital sign data and provider documents in the patient record.

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

**NOTE:** Netsmart will no longer be used to document these services.

**WHEN:** Tuesday, September 16, 2025

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

- Ambulatory

**At the following NLH Member Organization(s):**

- All NLH Primary Care and Specialty locations referring patients to Telehealth monitoring by NL Home Care & Hospice (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

### Laboratory Order Updates – effective 09/23/25

**WHEN:** Tuesday, September 23, 2025

**WHAT:** A subset of **ambulatory** labs will be sent to the Quest lab in Marlborough, MA for processing.

- To support this process, **new lab orders in Oracle (Cerner)** will be built.
  - User level Lab Order Favorites will need to be rebuilt by end-users.
-

## EHR Updates

### Week of September 11 – September 17, 2025

- Please take a few moments to review the spreadsheet to verify your current selections. Click [here](#) for more information on how to manage order favorites.

#### Instructions to Filter the Spreadsheet to Your Name:

**Step 1:** Click [here](#) to open the attached spreadsheet in Excel.

**Step 2:** Locate the column labeled **OWNER\_NAME**.

**Step 3:** Click the **dropdown arrow** in that column.

**Step 4:** Type your **full name - last name first**, in the search toolbar.

**Step 5:** Click in the **box** next to your name, if not checked.

**Step 6:** Click **OK**, the spreadsheet will now only show the rows of current Favorites.

**Step 7:** Please ensure you print a copy of your lab order favorites for reference during go-live. Rebuilding these favorites can **only** be completed after the system is live.

**NOTE:** The spreadsheet may not include lab order favorites added after today. It will be updated weekly through go-live, so please check the link regularly for the latest information.

Sending labs to Marlborough will add 24-48 hours for processing, potentially longer.

- If clinically required, an additional priority of **expedite** can be used for these Quest labs to be processed at NLH lab site vs. going to Marlborough.
  - Of note, 10 NLH practices have been sending their ambulatory labs to Marlborough for 2 years, without concerns about turn-around time.

**NOTE:** If a STAT or EXPEDITE lab is needed to be performed on site at the **hospital lab**, ensure that **Order for Future Visit is YES**, this will alert the lab when a STAT or EXPEDITE order is placed.

Workflows will be dependent on the clinic location, select the appropriate link based on the appearance of lab orders for the performing location field:

---

# EHR Updates

## Week of September 11 – September 17, 2025

- **Performing Location NOT REQUIRED:** Click [here](#) to review the workflows for lab orders.

\*Collection Priority: Expedite  
 \*Start Date/Time: AM Tomorrow  
 \*Nurse Collect: Routine  
 Special Instructions: Timed Study  
 Performing Location (ARLN):

- **Performing location REQUIRED:** Click [here](#) to review the workflows for lab workflows

\*Collection Priority: Expedite  
 \*Start Date/Time: AM Tomorrow  
 \*Nurse Collect: Routine  
 Special Instructions: Timed Study  
 \*Performing Location (ARLN):

### Order Updates

Current Order	Quest Test code	New Description
Acetaminophen Level	201	Acetaminophen Level-Q
Alanine Aminotransferase	823	Alanine Aminotransferase [ALT]-Q
Albumin Level	223	Albumin Level-Q
Alkaline Phosphatase	234	Alkaline Phosphatase-Q
Amylase Urine Random Collection	8464	Amylase Level Random Urine-Q
Amylase	243	Amylase Level-Q
Amylase Body Fluid	17414	Amylase Peritoneal Fluid-Q
Amylase Body Fluid	17415	Amylase Pleural Fluid-Q
Aspartate Aminotransferase	822	Aspartate Aminotransferase [AST]-Q
Basic Metabolic Panel	92498	Basic Metabolic Panel-Q
Beta hCG Qualitative Urine-Q	396	Beta hCG Qualitative Urine-Q
Beta hCG Qualitative-Q	8435	Beta hCG Qualitative-Q
Beta Hydroxybutyrate	37054	Beta Hydroxybutyrate-Q
Bilirubin Direct	285	Bilirubin Direct-Q
Bilirubin Total	287	Bilirubin Total-Q
Calcium Level	303	Calcium Level Total-Q
Calcium Urine Random Collection	14578	Calcium Urine Random Collection-Q
Calcium Level Urine Timed Collection	11313	Calcium Urine Timed Collection-Q
Carbamazepine Level	329	Carbamazepine Level-Q
CBC with Differential	6399	CBC with DIFF
Hemogram	1759	CBC without Differential-Q
Cell Count Body Fluid	20913	Cell Count Fluid

## EHR Updates

### Week of September 11 – September 17, 2025

Chloride	330	<b>Chloride Level-Q</b>
Chloride Urine Random Collection	14520	<b>Chloride Urine Random Collection-Q</b>
Chloride Urine Timed Collection	11314	<b>Chloride Urine Timed Collection-Q</b>
CO2	310	<b>CO2 Carbon Dioxide-Q</b>
Comprehensive Metabolic Panel	92665	<b>Comprehensive Metabolic Panel-Q</b>
C-Reactive Protein High Sensitivity	10124	<b>C-Reactive Protein High Sensitivity-Q</b>
C-Reactive Protein	4420	<b>C-Reactive Protein mg/L</b>
Creatine Kinase MB	17581	<b>Creatine Kinase-MB-Q</b>
Creatine Kinase (CPK Total)	374	<b>Creatine Kinase-Q</b>
Creatinine Clearance	7943	<b>Creatinine Clearance-Q</b>
Creatinine Body Fluid	17422	<b>Creatinine Peritoneal Fluid-Q</b>
Creatinine Serum	375	<b>Creatinine Serum-Q</b>
Creatinine Urine Random Collection	8459	<b>Creatinine Urine Random Collection-Q</b>
Creatinine Urine Timed Collection	381	<b>Creatinine Urine Timed Collection-Q</b>
Crystal Examination Body Fluid	3134	<b>Crystal Examination Body Fluid-Q</b>
Digoxin Level	418	<b>Digoxin Level-Q</b>
Dilantin Free	3189	<b>Dilantin Free-Q</b>
Eosinophil Count	425	<b>Eosinophil Count-Q</b>
Ethanol Level Urine	91527	<b>Ethanol Level Urine-Q</b>
Ethanol Level	443	<b>Ethanol Level-Q</b>
Gamma Glutamyl Transferase	482	<b>Gamma Glutamyl Transferase-Q</b>
Gentamicin Level Peak	8582	<b>Gentamicin Level Peak-Q</b>
Gentamicin Random	481	<b>Gentamicin Level Random-Q</b>
Gentamicin Level Trough	8575	<b>Gentamicin Level Trough-Q</b>
Glucose Level	8917	<b>Glucose Level-Q</b>
Glucose Body Fluid	17641	<b>Glucose Pericardial Fluid-Q</b>
Glucose Body Fluid	17424	<b>Glucose Peritoneal Fluid-Q</b>
Glucose Body Fluid	17425	<b>Glucose Pleural Fluid-Q</b>
Glucose Body Fluid	4410	<b>Glucose Synovial Fluid-Q</b>
Hematocrit	509	<b>Hematocrit-Q</b>
Hemoglobin and Hematocrit	7998	<b>Hemoglobin and Hematocrit-Q</b>
Hemoglobin	510	<b>Hemoglobin-Q</b>
Hepatic Function Panel	10256	<b>Hepatic Function Panel-Q</b>
Lactate Dehydrogenase	593	<b>Lactate Dehydrogenase (LDH)-Q</b>
Lactose Tolerance Test	7675	<b>Lactose Tolerance Test-Q</b>
Body Fluid LDH	94675	<b>LD Body Fluid -Q</b>
Body Fluid LDH	17647	<b>LD Pericardial Fluid-Q</b>
Body Fluid LDH	17588	<b>LD Peritoneal Fluid-Q</b>
Body Fluid LDH	17589	<b>LD Pleural Fluid-Q</b>
Body Fluid LDH	17658	<b>LD Synovial Fluid-Q</b>

Lipase	606	<b>Lipase Level-Q</b>
Lithium Level	613	<b>Lithium Level-Q</b>
LYTES	21105	<b>LYTES-Q</b>
Magnesium Level	622	<b>Magnesium Level-Q</b>
Magnesium Urine Random Collection	6179	<b>Magnesium Urine Random Collection-Q</b>
Magnesium Level Urine Timed Collection	11322	<b>Magnesium Urine Timed Collection-Q</b>
Microalbumin Urine, Random Collection	6517	<b>Microalbumin Urine Random Collection-Q</b>
Microalbumin Urine Timed Collection	4555	<b>Microalbumin Urine Timed Collection-Q</b>
pH Urine	16698	<b>pH Urine-Q</b>
Phenobarb Level	708	<b>Phenobarbital Level-Q</b>
Phenytoin Level	713	<b>Phenytoin Level-Q</b>
Phosphorus Serum	718	<b>Phosphorus Level-Q</b>
Phosphorus Urine Random Collection	14579	<b>Phosphorus Urine Random Collection-Q</b>
Phosphorus Level Urine Timed Collection	11319	<b>Phosphorus Urine Timed Collection-Q</b>
Platelet Count	723	<b>Platelet Count (PLT)-Q</b>
Potassium Level	11014	<b>Potassium [K+] Level-Q</b>
Potassium Urine Random Collection	14521	<b>Potassium Urine Random Collection-Q</b>
Potassium Level Urine Timed Collection	11316	<b>Potassium Urine Timed Collection-Q</b>
Beta Human Chorionic Gonadotropin Quantitative	8396	<b>Pregnancy Test Quantitative Serum-Q</b>
Protein Body Fluid	17429	<b>Protein Total Pericardial Fluid-Q</b>
Protein Body Fluid	17428	<b>Protein Total Peritoneal Fluid-Q</b>
Protein Body Fluid	17427	<b>Protein Total Pleural Fluid-Q</b>
Protein Body Fluid	4404	<b>Protein Total Synovial Fluid-Q</b>
Protein Total	90844	<b>Protein Total-Q</b>
Protein Urine Random Collection	14523	<b>Protein Urine Random Collection-Q</b>
Protein Urine Timed Collection	11320	<b>Protein Urine Timed Collection-Q</b>
Renal Function Panel	10314	<b>Renal Function Panel-Q</b>
Reticulocyte Auto	793	<b>Retic Count Automated-Q</b>
Salicylate Level	805	<b>Salicylate Level-Q</b>
Sedimentation Rate	809	<b>Sedimentation Rate (ESR)-Q</b>
Sickle Cell Screen	825	<b>Sickle Cell Screen-Q</b>
Sodium Level	836	<b>Sodium Level-Q</b>
Sodium Urine Random Collection	14522	<b>Sodium Urine Random Collection-Q</b>

## EHR Updates

### Week of September 11 – September 17, 2025

Sodium Level Urine Timed Collection	11317	<b>Sodium Urine Timed Collection-Q</b>
Specific Gravity Body Fluid	8463	<b>Specific Gravity Body Fluid-Q</b>
Specific Gravity Urine	3190	<b>Specific Gravity Urine-Q</b>
Spot Urine Protein/Creat Ratio	1715	<b>Spot Urine Protein/Creat Ratio-Q</b>
Tacrolimus Level	70007	<b>Tacrolimus Level-Q</b>
Troponin I Highly Sensitive (Random)	34693	<b>Troponin I Highly Sensitive Random-Q</b>
UA Microscopic I / Urinalysis Microscopic	8563	<b>UA Microscopic I-Q</b>
Urea Nitrogen	294	<b>Urea Nitrogen (BUN)-Q</b>
Urea Urine Random Collection	1737	<b>Urea Urine Random Collection-Q</b>
Urea Nitrogen Urine Timed Collection	973	<b>Urea Urine Timed Collection-Q</b>
Uric Acid	905	<b>Que</b>
Urinalysis Dipstick	6448	<b>Urinalysis Macroscopic-Q</b>
Urinalysis with Microscopic if Indicated	7909	<b>Urinalysis w/Microscopic if Indicated</b>
Valproic Acid Level	916	<b>Valproic Acid Level-Q</b>
Vancomycin Level Peak	8578	<b>Vancomycin Level Peak-Q</b>
Vancomycin Level	917	<b>Vancomycin Level Random-Q</b>
Vancomycin Level Trough	8579	<b>Vancomycin Level Trough-Q</b>
White Blood Count	937	<b>White Blood Count-Q</b>

- The following orders will not be impacted for EMMC, Mercy and ARG:

<b>Current Order</b>	<b>Quest Test code</b>	<b>New Description</b>
CBC with DIFF	6399	<b>CBC with DIFF</b>
Cell Count Fluid	20913	<b>Cell Count Fluid</b>
C-Reactive Protein mg/L	4420	<b>C-Reactive Protein mg/L</b>
Urinalysis w/Microscopic if Indicated	7909	<b>Urinalysis w/Microscopic if Indicated</b>
Urinalysis, Complete, Reflex to Culture	3020	<b>Urinalysis, Complete, Reflex to Culture</b>

**WHY:** Continue alignment with the Quest Diagnostics.

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

- 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:**

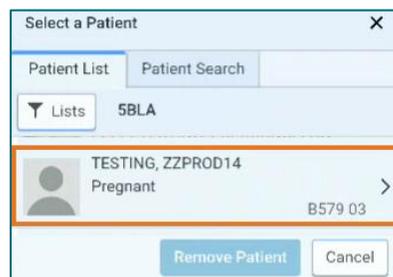
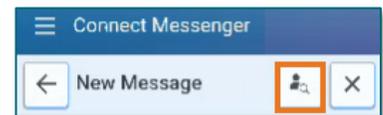
- MAs
- Nurses
- Pharmacists
- Providers

**Emergency**

**Connect Messenger Updates – EMMC Only**

**WHAT: Adding Patient Information**

- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.
  - Select a patient from **Patient List** or through **Patient Search**.
  - Once the patient has been selected, a banner bar with patient information will show at the top of the message.



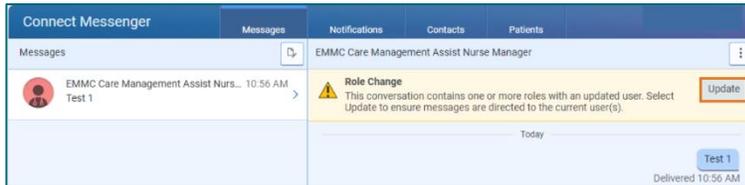
**Claimable Role Based Conversations**

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.

## EHR Updates

### Week of September 11 – September 17, 2025

- Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

At the following NLH Member Organization(s):

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

**2025-2026 COVID Immunization Screening Form Updates**

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

The screenshot shows a digital screening form for COVID-19 immunization. At the top, it specifies the screening period from September 1 to April 30, 2025-2026. The form is divided into several sections:
 

- Consent:** A section asking if the patient is an NLH employee and if they consent to share their vaccine record with Work Health. The 'Not NLH Employee, Patient, Physician Office/WIC/Outpatient' option is selected.
- Screening Status:** Radio buttons for 'Vaccine accepted' (selected), 'Vaccine declined', 'Unable to screen', and 'Vaccine not available'.
- Risk Factors:** A new section titled 'Patient attests that they have one or more risk factors for severe COVID-19 disease' with 'Yes' and 'No' radio buttons. A red star and arrow point to this section.
- History:** A section for 'Last Charted Covid-19 Vaccination' showing 'No history of Covid-19 vaccination found'.
- Precautions:** A section for 'Select any precautions or contraindications that apply' with checkboxes for various conditions like allergic reactions and clotting disorders.
- Reminder:** A green box at the bottom left states: 'Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide'.

**Highlights**

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current

## EHR Updates

### Week of September 11 – September 17, 2025

recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## Emergency Department Telemetry Monitoring Order Update

**WHAT:** ED Telemetry Monitoring

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.

ED Chest Pain and or Dyspnea (Planned Pending)

- Patient Care
  - ED Telemetry Monitoring While in ED
- Continuous Solutions
  - IV Placement

Order Name	Date/Time	Ordered By	Status
ED Telemetry Monitoring	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM, SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

- Bed Management
  - Hospitalists
  - Nursing
  - Paramedics
  - Providers
  - Transfer Center
-

## EHR Updates

### Week of September 11 – September 17, 2025

#### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
CT	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
MRI	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

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MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

## EHR Updates

### Week of September 11 – September 17, 2025

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

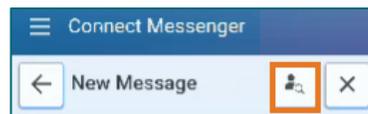
- Clinical Staff
- Imaging Techs
- Providers

## Inpatient

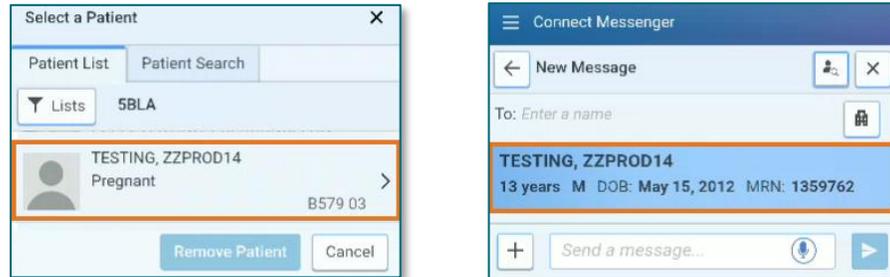
### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.
  - Select a patient from **Patient List** or through **Patient Search**.

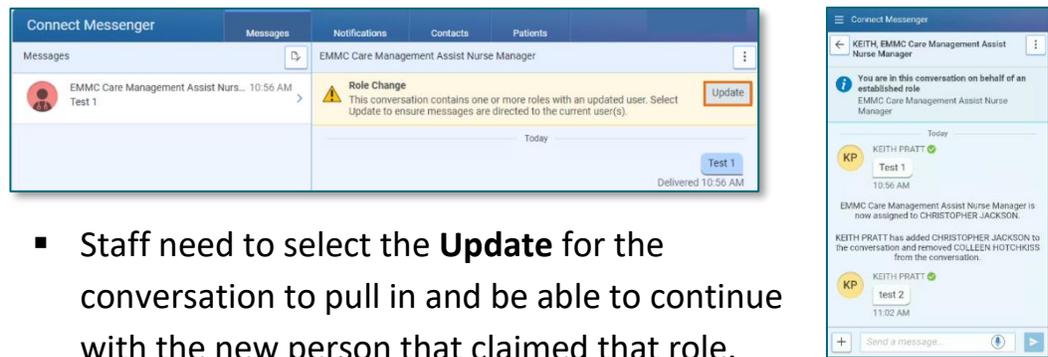


- Once the patient has been selected, a banner bar with patient information will show at the top of the message.



### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

## EHR Updates

### Week of September 11 – September 17, 2025

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 **Not NLH Employee, Patient, Physician Office/w/IC/Outpatient**

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen: \_\_\_\_\_

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
Select age range:  Age 18 years or older

**Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner:**  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

**Select any precautions or contraindications that apply:**

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

*Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide*

Covid-19 vaccination must be ordered by Provider

**Provider assessed precautions and ordered vaccine**  
 Yes  No

### Highlights

- A new radial option “Patient attests that they have one or more risk factors for severe COVID-19 disease” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## EHR Updates

### Week of September 11 – September 17, 2025

#### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
<b>CT</b>	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
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CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
<b>MRI</b>	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

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MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
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MRI Lumbosacral Plexus w/Contrast	72196
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<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

## EHR Updates

### Week of September 11 – September 17, 2025

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

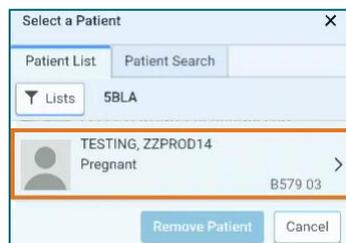
- Clinical Staff
- Imaging Techs
- Providers

## Peri-Op

### Connect Messenger Updates – EMMC Only

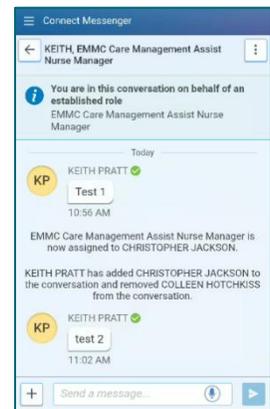
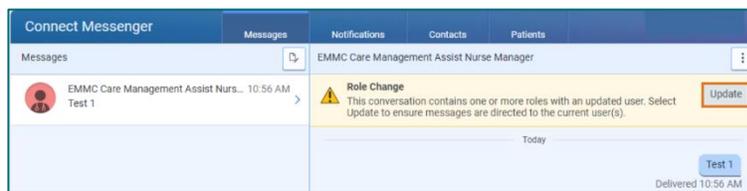
**WHAT:** Adding Patient Information

- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.
  - Select a patient from **Patient List** or through **Patient Search**.
  - Once the patient has been selected, a banner bar with patient information will show at the top of the message.



**Claimable Role Based Conversations**

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## EHR Updates

### Week of September 11 – September 17, 2025

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/WH  
 NLH Employee, Do NOT Share with HR/WH  
 Not NLH Employee, Patient, Hospital  
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Employee #

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
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35 years  
Select age range:  Age 18 years or older

Reason unable to screen:

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 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide

Provider assessed precautions and ordered vaccine  
 Yes  No

Covid-19 vaccination must be ordered by Provider

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
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## EHR Updates

### Week of September 11 – September 17, 2025

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## New Imaging Exam Orders

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## EHR Updates

### Week of September 11 – September 17, 2025

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Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

- Clinical Staff
  - Imaging Techs
  - Providers
-

## EHR Updates

### Week of September 11 – September 17, 2025

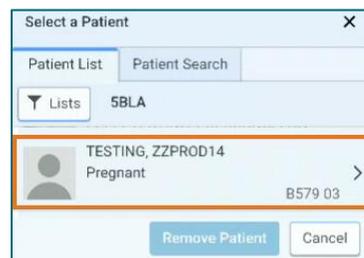
## Nutrition

### Inpatient Only

### Connect Messenger Updates – EMMC Only

#### WHAT: Adding Patient Information

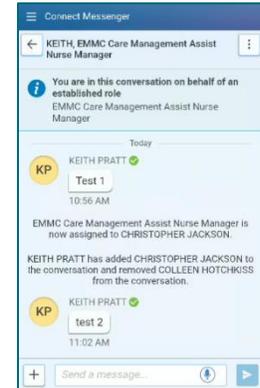
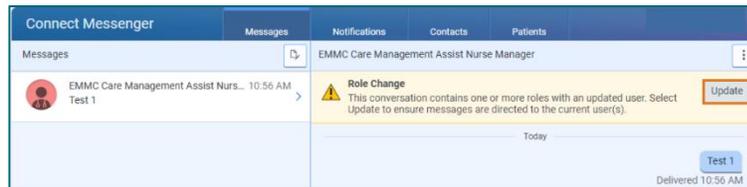
- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
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**WHEN:** Effective Immediately

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

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

At the following NLH Member Organization(s):

- EMMC only

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

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## EHR Updates

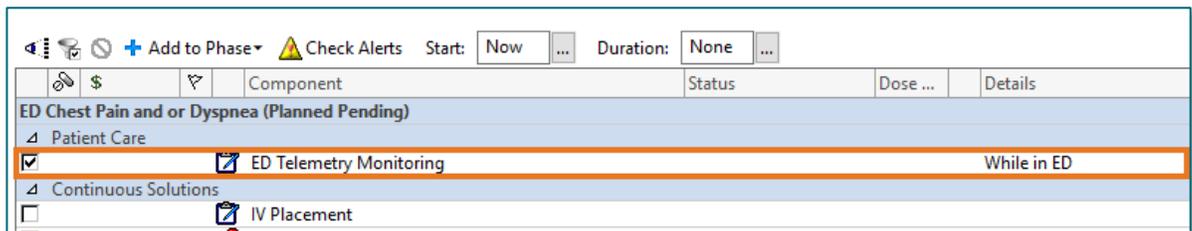
### Week of September 11 – September 17, 2025

## Paramedics

### Emergency Department Telemetry Monitoring Order Update

#### WHAT: ED Telemetry Monitoring

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.



Order Name	Date/Time	Ordered By	Status
ED Telemetry Monitoring	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM, SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

- Bed Management
- Hospitalists
- Nursing
- Paramedics
- Providers
- Transfer Center

---

## Patient Service Representatives

### Ambulatory/WIC Only

### Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy)

**WHAT:** Between Visit Encounters will no longer be created on Walk-In Care (WIC) encounters.

**WHY:** Creating a Between Visit Encounter causes discharged patients to reappear on the WIC LaunchPoint board. This can lead to workflow disruptions which requires staff to remove the patient from the board to maintain accurate tracking.

**WHEN:** Tuesday, September 16, 2025

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

- Walk-In Care

**At the following NLH Member Organization(s):**

- NL AR Gould Hospital
  - NL Mercy Hospital
-

## EHR Updates

### Week of September 11 – September 17, 2025

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

- Clinical Staff
- Patient Service Representatives
- Providers

## Pharmacists & Pharmacy Technicians

### Ambulatory/WIC

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 **Not NLH Employee, Patient, Physician Office/WIC/Outpatient**

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
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 Vaccine not available

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
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35 years  
Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner:  
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Select any precautions or contraindications that apply:

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Covid-19 vaccination must be ordered by Provider

Provider assessed precautions and ordered vaccine  
 Yes  No

### Highlights

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  - This is a Yes or No selection.
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**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

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

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

## Laboratory Order Updates – *effective 09/23/25*

**WHEN:** Tuesday, September 23, 2025

**WHAT:** A subset of **ambulatory** labs will be sent to the Quest lab in Marlborough, MA for processing.

- To support this process, **new lab orders in Oracle (Cerner)** will be built.
  - User level Lab Order Favorites will need to be rebuilt by end-users.
-

## EHR Updates

### Week of September 11 – September 17, 2025

- Please take a few moments to review the spreadsheet to verify your current selections. Click [here](#) for more information on how to manage order favorites.

#### Instructions to Filter the Spreadsheet to Your Name:

**Step 1:** Click [here](#) to open the attached spreadsheet in Excel.

**Step 2:** Locate the column labeled **OWNER\_NAME**.

**Step 3:** Click the **dropdown arrow** in that column.

**Step 4:** Type your **full name - last name first**, in the search toolbar.

**Step 5:** Click in the **box** next to your name, if not checked.

**Step 6:** Click **OK**, the spreadsheet will now only show the rows of current Favorites.

**Step 7:** Please ensure you print a copy of your lab order favorites for reference during go-live. Rebuilding these favorites can **only** be completed after the system is live.

**NOTE:** The spreadsheet may not include lab order favorites added after today. It will be updated weekly through go-live, so please check the link regularly for the latest information.

Sending labs to Marlborough will add 24-48 hours for processing, potentially longer.

- If clinically required, an additional priority of **expedite** can be used for these Quest labs to be processed at NLH lab site vs. going to Marlborough.
  - Of note, 10 NLH practices have been sending their ambulatory labs to Marlborough for 2 years, without concerns about turn-around time.

**NOTE:** If a STAT or EXPEDITE lab is needed to be performed on site at the **hospital lab**, ensure that **Order for Future Visit is YES**, this will alert the lab when a STAT or EXPEDITE order is placed.

Workflows will be dependent on the clinic location, select the appropriate link based on the appearance of lab orders for the performing location field:

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# EHR Updates

## Week of September 11 – September 17, 2025

- **Performing Location NOT REQUIRED:** Click [here](#) to review the workflows for lab orders.

- **Performing location REQUIRED:** Click [here](#) to review the workflows for lab workflows

### Order Updates

Current Order	Quest Test code	New Description
Acetaminophen Level	201	<b>Acetaminophen Level-Q</b>
Alanine Aminotransferase	823	<b>Alanine Aminotransferase [ALT]-Q</b>
Albumin Level	223	<b>Albumin Level-Q</b>
Alkaline Phosphatase	234	<b>Alkaline Phosphatase-Q</b>
Amylase Urine Random Collection	8464	<b>Amylase Level Random Urine-Q</b>
Amylase	243	<b>Amylase Level-Q</b>
Amylase Body Fluid	17414	<b>Amylase Peritoneal Fluid-Q</b>
Amylase Body Fluid	17415	<b>Amylase Pleural Fluid-Q</b>
Aspartate Aminotransferase	822	<b>Aspartate Aminotransferase [AST]-Q</b>
Basic Metabolic Panel	92498	<b>Basic Metabolic Panel-Q</b>
Beta hCG Qualitative Urine-Q	396	<b>Beta hCG Qualitative Urine-Q</b>
Beta hCG Qualitative-Q	8435	<b>Beta hCG Qualitative-Q</b>
Beta Hydroxybutyrate	37054	<b>Beta Hydroxybutyrate-Q</b>
Bilirubin Direct	285	<b>Bilirubin Direct-Q</b>
Bilirubin Total	287	<b>Bilirubin Total-Q</b>
Calcium Level	303	<b>Calcium Level Total-Q</b>
Calcium Urine Random Collection	14578	<b>Calcium Urine Random Collection-Q</b>
Calcium Level Urine Timed Collection	11313	<b>Calcium Urine Timed Collection-Q</b>
Carbamazepine Level	329	<b>Carbamazepine Level-Q</b>
CBC with Differential	6399	<b>CBC with DIFF</b>
Hemogram	1759	<b>CBC without Differential-Q</b>
Cell Count Body Fluid	20913	<b>Cell Count Fluid</b>
Chloride	330	<b>Chloride Level-Q</b>
Chloride Urine Random Collection	14520	<b>Chloride Urine Random Collection-Q</b>

## EHR Updates

### Week of September 11 – September 17, 2025

Chloride Urine Timed Collection	11314	<b>Chloride Urine Timed Collection-Q</b>
CO2	310	<b>CO2 Carbon Dioxide-Q</b>
Comprehensive Metabolic Panel	92665	<b>Comprehensive Metabolic Panel-Q</b>
C-Reactive Protein High Sensitivity	10124	<b>C-Reactive Protein High Sensitivity-Q</b>
C-Reactive Protein	4420	<b>C-Reactive Protein mg/L</b>
Creatine Kinase MB	17581	<b>Creatine Kinase-MB-Q</b>
Creatine Kinase (CPK Total)	374	<b>Creatine Kinase-Q</b>
Creatinine Clearance	7943	<b>Creatinine Clearance-Q</b>
Creatinine Body Fluid	17422	<b>Creatinine Peritoneal Fluid-Q</b>
Creatinine Serum	375	<b>Creatinine Serum-Q</b>
Creatinine Urine Random Collection	8459	<b>Creatinine Urine Random Collection-Q</b>
Creatinine Urine Timed Collection	381	<b>Creatinine Urine Timed Collection-Q</b>
Crystal Examination Body Fluid	3134	<b>Crystal Examination Body Fluid-Q</b>
Digoxin Level	418	<b>Digoxin Level-Q</b>
Dilantin Free	3189	<b>Dilantin Free-Q</b>
Eosinophil Count	425	<b>Eosinophil Count-Q</b>
Ethanol Level Urine	91527	<b>Ethanol Level Urine-Q</b>
Ethanol Level	443	<b>Ethanol Level-Q</b>
Gamma Glutamyl Transferase	482	<b>Gamma Glutamyl Transferase-Q</b>
Gentamicin Level Peak	8582	<b>Gentamicin Level Peak-Q</b>
Gentamicin Random	481	<b>Gentamicin Level Random-Q</b>
Gentamicin Level Trough	8575	<b>Gentamicin Level Trough-Q</b>
Glucose Level	8917	<b>Glucose Level-Q</b>
Glucose Body Fluid	17641	<b>Glucose Pericardial Fluid-Q</b>
Glucose Body Fluid	17424	<b>Glucose Peritoneal Fluid-Q</b>
Glucose Body Fluid	17425	<b>Glucose Pleural Fluid-Q</b>
Glucose Body Fluid	4410	<b>Glucose Synovial Fluid-Q</b>
Hematocrit	509	<b>Hematocrit-Q</b>
Hemoglobin and Hematocrit	7998	<b>Hemoglobin and Hematocrit-Q</b>
Hemoglobin	510	<b>Hemoglobin-Q</b>
Hepatic Function Panel	10256	<b>Hepatic Function Panel-Q</b>
Lactate Dehydrogenase	593	<b>Lactate Dehydrogenase (LDH)-Q</b>
Lactose Tolerance Test	7675	<b>Lactose Tolerance Test-Q</b>
Body Fluid LDH	94675	<b>LD Body Fluid -Q</b>
Body Fluid LDH	17647	<b>LD Pericardial Fluid-Q</b>
Body Fluid LDH	17588	<b>LD Peritoneal Fluid-Q</b>
Body Fluid LDH	17589	<b>LD Pleural Fluid-Q</b>
Body Fluid LDH	17658	<b>LD Synovial Fluid-Q</b>
Lipase	606	<b>Lipase Level-Q</b>
Lithium Level	613	<b>Lithium Level-Q</b>

LYTES	21105	<b>LYTES-Q</b>
Magnesium Level	622	<b>Magnesium Level-Q</b>
Magnesium Urine Random Collection	6179	<b>Magnesium Urine Random Collection-Q</b>
Magnesium Level Urine Timed Collection	11322	<b>Magnesium Urine Timed Collection-Q</b>
Microalbumin Urine, Random Collection	6517	<b>Microalbumin Urine Random Collection-Q</b>
Microalbumin Urine Timed Collection	4555	<b>Microalbumin Urine Timed Collection-Q</b>
pH Urine	16698	<b>pH Urine-Q</b>
Phenobarb Level	708	<b>Phenobarbital Level-Q</b>
Phenytoin Level	713	<b>Phenytoin Level-Q</b>
Phosphorus Serum	718	<b>Phosphorus Level-Q</b>
Phosphorus Urine Random Collection	14579	<b>Phosphorus Urine Random Collection-Q</b>
Phosphorus Level Urine Timed Collection	11319	<b>Phosphorus Urine Timed Collection-Q</b>
Platelet Count	723	<b>Platelet Count (PLT)-Q</b>
Potassium Level	11014	<b>Potassium [K+] Level-Q</b>
Potassium Urine Random Collection	14521	<b>Potassium Urine Random Collection-Q</b>
Potassium Level Urine Timed Collection	11316	<b>Potassium Urine Timed Collection-Q</b>
Beta Human Chorionic Gonadotropin Quantitative	8396	<b>Pregnancy Test Quantitative Serum-Q</b>
Protein Body Fluid	17429	<b>Protein Total Pericardial Fluid-Q</b>
Protein Body Fluid	17428	<b>Protein Total Peritoneal Fluid-Q</b>
Protein Body Fluid	17427	<b>Protein Total Pleural Fluid-Q</b>
Protein Body Fluid	4404	<b>Protein Total Synovial Fluid-Q</b>
Protein Total	90844	<b>Protein Total-Q</b>
Protein Urine Random Collection	14523	<b>Protein Urine Random Collection-Q</b>
Protein Urine Timed Collection	11320	<b>Protein Urine Timed Collection-Q</b>
Renal Function Panel	10314	<b>Renal Function Panel-Q</b>
Reticulocyte Auto	793	<b>Retic Count Automated-Q</b>
Salicylate Level	805	<b>Salicylate Level-Q</b>
Sedimentation Rate	809	<b>Sedimentation Rate (ESR)-Q</b>
Sickle Cell Screen	825	<b>Sickle Cell Screen-Q</b>
Sodium Level	836	<b>Sodium Level-Q</b>
Sodium Urine Random Collection	14522	<b>Sodium Urine Random Collection-Q</b>
Sodium Level Urine Timed Collection	11317	<b>Sodium Urine Timed Collection-Q</b>

## EHR Updates

### Week of September 11 – September 17, 2025

Specific Gravity Body Fluid	8463	<b>Specific Gravity Body Fluid-Q</b>
Specific Gravity Urine	3190	<b>Specific Gravity Urine-Q</b>
Spot Urine Protein/Creat Ratio	1715	<b>Spot Urine Protein/Creat Ratio-Q</b>
Tacrolimus Level	70007	<b>Tacrolimus Level-Q</b>
Troponin I Highly Sensitive (Random)	34693	<b>Troponin I Highly Sensitive Random-Q</b>
UA Microscopic I / Urinalysis Microscopic	8563	<b>UA Microscopic I-Q</b>
Urea Nitrogen	294	<b>Urea Nitrogen (BUN)-Q</b>
Urea Urine Random Collection	1737	<b>Urea Urine Random Collection-Q</b>
Urea Nitrogen Urine Timed Collection	973	<b>Urea Urine Timed Collection-Q</b>
Uric Acid	905	<b>Que</b>
Urinalysis Dipstick	6448	<b>Urinalysis Macroscopic-Q</b>
Urinalysis with Microscopic if Indicated	7909	<b>Urinalysis w/Microscopic if Indicated</b>
Valproic Acid Level	916	<b>Valproic Acid Level-Q</b>
Vancomycin Level Peak	8578	<b>Vancomycin Level Peak-Q</b>
Vancomycin Level	917	<b>Vancomycin Level Random-Q</b>
Vancomycin Level Trough	8579	<b>Vancomycin Level Trough-Q</b>
White Blood Count	937	<b>White Blood Count-Q</b>

- The following orders will not be impacted for EMMC, Mercy and ARG:

<b>Current Order</b>	<b>Quest Test code</b>	<b>New Description</b>
CBC with DIFF	6399	<b>CBC with DIFF</b>
Cell Count Fluid	20913	<b>Cell Count Fluid</b>
C-Reactive Protein mg/L	4420	<b>C-Reactive Protein mg/L</b>
Urinalysis w/Microscopic if Indicated	7909	<b>Urinalysis w/Microscopic if Indicated</b>
Urinalysis, Complete, Reflex to Culture	3020	<b>Urinalysis, Complete, Reflex to Culture</b>

**WHY:** Continue alignment with the Quest Diagnostics.

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

- 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:

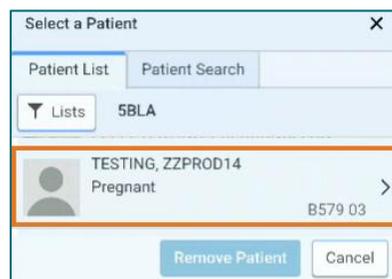
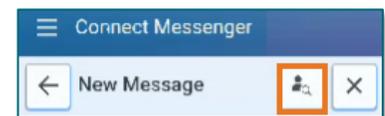
- MAs
- Nurses
- Pharmacists
- Providers

## Inpatient/ED/Peri-Op

### Connect Messenger Updates – EMMC Only

#### **WHAT:** Adding Patient Information

- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.
  - Select a patient from **Patient List** or through **Patient Search**.
  - Once the patient has been selected, a banner bar with patient information will show at the top of the message.



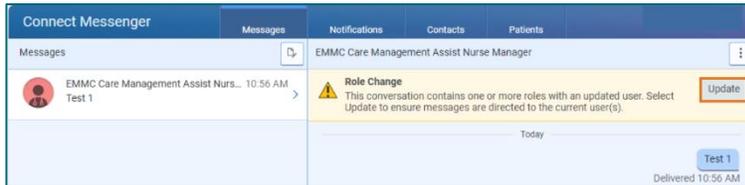
#### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.

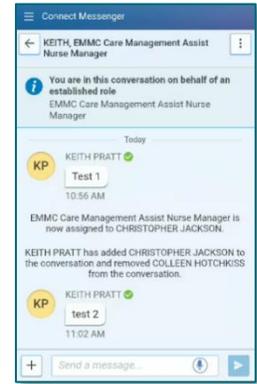
## EHR Updates

### Week of September 11 – September 17, 2025

- Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.



**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

At the following NLH Member Organization(s):

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current

## EHR Updates

### Week of September 11 – September 17, 2025

recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## Physicians, Physician Assistants, Nurse Practitioners

### Ambulatory/WIC

### 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

Screening period: SEPTEMBER 1 - APRIL 30		
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine. Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.		
Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share. <b>Selecting SHARE transmits vaccine record to Work Health.</b>	For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr	Patient attests that they have one or more risk factors for severe COVID-19 disease
<input type="radio"/> NLH Employee, SHARE with HR/WH <input type="radio"/> NLH Employee, Do NOT Share with HR/WH <input type="radio"/> Not NLH Employee, Patient, Hospital <input checked="" type="radio"/> Not NLH Employee, Patient, Physician Office/WIC/Outpatient	<input checked="" type="radio"/> Vaccine accepted <input type="radio"/> Vaccine declined <input type="radio"/> Unable to screen <input type="radio"/> Vaccine not available	<input type="radio"/> Yes <input type="radio"/> No
Employee #	Reason unable to screen:	35 years Select age range: <input type="radio"/> Age 18 years or older
Has this patient received a 2025-2026 COVID-19 vaccine THIS season? Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations	Select any precautions or contraindications that apply:	Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Corner. <b>Last Charted Covid-19 Vaccination</b> No history of Covid-19 vaccination found.
<input type="radio"/> No covid vaccine this season <input type="radio"/> Received 1 or more 2025-2026 Covid Vaccines <input type="radio"/> Other; Provider must assess/order	<input type="checkbox"/> None <input type="checkbox"/> Anaphylactic reaction due to Covid vaccination <input type="checkbox"/> Serious Adverse Reaction to Covid-19 vaccine <input type="checkbox"/> Allergy to any vaccine, or an ingredient of Covid vaccine <input type="checkbox"/> History of clotting disorder, myocarditis or pericarditis <input type="checkbox"/> Other; Provider must assess/order	<input type="radio"/> Covid-19 vaccination must be ordered by Provider <b>Provider assessed precautions and ordered vaccine</b> <input type="radio"/> Yes <input type="radio"/> No
<i>Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide</i>		

## Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)
-

## EHR Updates

### Week of September 11 – September 17, 2025

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

- Clinical Staff
- Pharmacists
- Providers

### Discontinuation of Walk-In Care Between Visit Encounters (ARG & Mercy)

**WHAT:** Between Visit Encounters will no longer be created on Walk-In Care (WIC) encounters.

**WHY:** Creating a Between Visit Encounter causes discharged patients to reappear on the WIC LaunchPoint board. This can lead to workflow disruptions which requires staff to remove the patient from the board to maintain accurate tracking.

**WHEN:** Tuesday, September 16, 2025

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

- Walk-In Care

**At the following NLH Member Organization(s):**

- NL AR Gould Hospital
- NL Mercy Hospital

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

- Clinical Staff
  - Patient Service Representatives
  - Providers
-

## New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
<b>CT</b>	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
<b>MRI</b>	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

## EHR Updates

### Week of September 11 – September 17, 2025

MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
  - Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
  - Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.
-

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

- Clinical Staff
- Imaging Techs
- Providers

## NL Home Care and Hospice Remote Patient Monitoring

**WHAT:** Remote Patient Monitoring (RMP) and Chronic Care Monitoring (CCM) data will flow to a patient's Oracle Health (Cerner) chart in real time, along with nursing and provider documentation performed by the Telehealth NL Home Care and Hospice.

Along with the update, referring providers will be able to sign electronic prescription protocol orders.

### Highlights of What is Changing

- Documentation performed in HRS by Telehealth staff immediately available within Oracle Health (Cerner).
- Provider Telehealth documentation available within Oracle Health (Cerner).

**NOTE:** The data and documentation will be visible with other vital sign data and provider documents in the patient record.

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## EHR Updates

### Week of September 11 – September 17, 2025

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

**NOTE:** Netsmart will no longer be used to document these services.

**WHEN:** Tuesday, September 16, 2025

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

- Ambulatory

**At the following NLH Member Organization(s):**

- All NLH Primary Care and Specialty locations referring patients to Telehealth monitoring by NL Home Care & Hospice (excluding Acadia and Mayo)

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

- Clinical Staff
- Providers

## Laboratory Order Updates – effective 09/23/25

**WHEN:** Tuesday, September 23, 2025

**WHAT:** A subset of **ambulatory** labs will be sent to the Quest lab in Marlborough, MA for processing.

- To support this process, **new lab orders in Oracle (Cerner)** will be built.
- User level Lab Order Favorites will need to be rebuilt by end-users.
  - Please take a few moments to review the spreadsheet to verify your current selections. Click [here](#) for more information on how to manage order favorites.

### Instructions to Filter the Spreadsheet to Your Name:

**Step 1:** Click [here](#) to open the attached spreadsheet in Excel.

**Step 2:** Locate the column labeled **OWNER\_NAME**.

**Step 3:** Click the **dropdown arrow** in that column.

**Step 4:** Type your **full name - last name first**, in the search toolbar.

---

**Step 5:** Click in the **box** next to your name, if not checked.

**Step 6:** Click **OK**, the spreadsheet will now only show the rows of current Favorites.

**Step 7:** Please ensure you print a copy of your lab order favorites for reference during go-live. Rebuilding these favorites can **only** be completed after the system is live.

**NOTE:** The spreadsheet may not include lab order favorites added after today. It will be updated weekly through go-live, so please check the link regularly for the latest information.

Sending labs to Marlborough will add 24-48 hours for processing, potentially longer.

- If clinically required, an additional priority of **expedite** can be used for these Quest labs to be processed at NLH lab site vs. going to Marlborough.
  - Of note, 10 NLH practices have been sending their ambulatory labs to Marlborough for 2 years, without concerns about turn-around time.

**NOTE:** If a STAT or EXPEDITE lab is needed to be performed on site at the **hospital lab**, ensure that **Order for Future Visit is YES**, this will alert the lab when a STAT or EXPEDITE order is placed.

Workflows will be dependent on the clinic location, select the appropriate link based on the appearance of lab orders for the performing location field:

- **Performing Location NOT REQUIRED:** Click [here](#) to review the workflows for lab orders.
- **Performing location REQUIRED:** Click [here](#) to review the workflows for lab workflows

A screenshot of a lab order form. The fields are: \*Collection Priority: Expedite (dropdown), \*Start Date/Time: AM Tomorrow (dropdown), \*Nurse Collect: Routine (dropdown), Special Instructions: Stat (checkbox), Timed Study (checkbox), and Performing Location (ARLN): (empty dropdown). The 'Expedite' dropdown is highlighted with a blue box, and the 'Stat' checkbox is also highlighted with a blue box.

A screenshot of a lab order form, identical to the one above, but with the 'Performing Location (ARLN):' dropdown highlighted in yellow.

## EHR Updates

### Week of September 11 – September 17, 2025

#### Order Updates

Current Order	Quest Test code	New Description
Acetaminophen Level	201	Acetaminophen Level-Q
Alanine Aminotransferase	823	Alanine Aminotransferase [ALT]-Q
Albumin Level	223	Albumin Level-Q
Alkaline Phosphatase	234	Alkaline Phosphatase-Q
Amylase Urine Random Collection	8464	Amylase Level Random Urine-Q
Amylase	243	Amylase Level-Q
Amylase Body Fluid	17414	Amylase Peritoneal Fluid-Q
Amylase Body Fluid	17415	Amylase Pleural Fluid-Q
Aspartate Aminotransferase	822	Aspartate Aminotransferase [AST]-Q
Basic Metabolic Panel	92498	Basic Metabolic Panel-Q
Beta hCG Qualitative Urine-Q	396	Beta hCG Qualitative Urine-Q
Beta hCG Qualitative-Q	8435	Beta hCG Qualitative-Q
Beta Hydroxybutyrate	37054	Beta Hydroxybutyrate-Q
Bilirubin Direct	285	Bilirubin Direct-Q
Bilirubin Total	287	Bilirubin Total-Q
Calcium Level	303	Calcium Level Total-Q
Calcium Urine Random Collection	14578	Calcium Urine Random Collection-Q
Calcium Level Urine Timed Collection	11313	Calcium Urine Timed Collection-Q
Carbamazepine Level	329	Carbamazepine Level-Q
CBC with Differential	6399	CBC with DIFF
Hemogram	1759	CBC without Differential-Q
Cell Count Body Fluid	20913	Cell Count Fluid
Chloride	330	Chloride Level-Q
Chloride Urine Random Collection	14520	Chloride Urine Random Collection-Q
Chloride Urine Timed Collection	11314	Chloride Urine Timed Collection-Q
CO2	310	CO2 Carbon Dioxide-Q
Comprehensive Metabolic Panel	92665	Comprehensive Metabolic Panel-Q
C-Reactive Protein High Sensitivity	10124	C-Reactive Protein High Sensitivity-Q
C-Reactive Protein	4420	C-Reactive Protein mg/L
Creatine Kinase MB	17581	Creatine Kinase-MB-Q
Creatine Kinase (CPK Total)	374	Creatine Kinase-Q
Creatinine Clearance	7943	Creatinine Clearance-Q
Creatinine Body Fluid	17422	Creatinine Peritoneal Fluid-Q
Creatinine Serum	375	Creatinine Serum-Q

Creatinine Urine Random Collection	8459	<b>Creatinine Urine Random Collection-Q</b>
Creatinine Urine Timed Collection	381	<b>Creatinine Urine Timed Collection-Q</b>
Crystal Examination Body Fluid	3134	<b>Crystal Examination Body Fluid-Q</b>
Digoxin Level	418	<b>Digoxin Level-Q</b>
Dilantin Free	3189	<b>Dilantin Free-Q</b>
Eosinophil Count	425	<b>Eosinophil Count-Q</b>
Ethanol Level Urine	91527	<b>Ethanol Level Urine-Q</b>
Ethanol Level	443	<b>Ethanol Level-Q</b>
Gamma Glutamyl Transferase	482	<b>Gamma Glutamyl Transferase-Q</b>
Gentamicin Level Peak	8582	<b>Gentamicin Level Peak-Q</b>
Gentamicin Random	481	<b>Gentamicin Level Random-Q</b>
Gentamicin Level Trough	8575	<b>Gentamicin Level Trough-Q</b>
Glucose Level	8917	<b>Glucose Level-Q</b>
Glucose Body Fluid	17641	<b>Glucose Pericardial Fluid-Q</b>
Glucose Body Fluid	17424	<b>Glucose Peritoneal Fluid-Q</b>
Glucose Body Fluid	17425	<b>Glucose Pleural Fluid-Q</b>
Glucose Body Fluid	4410	<b>Glucose Synovial Fluid-Q</b>
Hematocrit	509	<b>Hematocrit-Q</b>
Hemoglobin and Hematocrit	7998	<b>Hemoglobin and Hematocrit-Q</b>
Hemoglobin	510	<b>Hemoglobin-Q</b>
Hepatic Function Panel	10256	<b>Hepatic Function Panel-Q</b>
Lactate Dehydrogenase	593	<b>Lactate Dehydrogenase (LDH)-Q</b>
Lactose Tolerance Test	7675	<b>Lactose Tolerance Test-Q</b>
Body Fluid LDH	94675	<b>LD Body Fluid -Q</b>
Body Fluid LDH	17647	<b>LD Pericardial Fluid-Q</b>
Body Fluid LDH	17588	<b>LD Peritoneal Fluid-Q</b>
Body Fluid LDH	17589	<b>LD Pleural Fluid-Q</b>
Body Fluid LDH	17658	<b>LD Synovial Fluid-Q</b>
Lipase	606	<b>Lipase Level-Q</b>
Lithium Level	613	<b>Lithium Level-Q</b>
LYTES	21105	<b>LYTES-Q</b>
Magnesium Level	622	<b>Magnesium Level-Q</b>
Magnesium Urine Random Collection	6179	<b>Magnesium Urine Random Collection-Q</b>
Magnesium Level Urine Timed Collection	11322	<b>Magnesium Urine Timed Collection-Q</b>
Microalbumin Urine, Random Collection	6517	<b>Microalbumin Urine Random Collection-Q</b>
Microalbumin Urine Timed Collection	4555	<b>Microalbumin Urine Timed Collection-Q</b>
pH Urine	16698	<b>pH Urine-Q</b>

## EHR Updates

### Week of September 11 – September 17, 2025

Phenobarb Level	708	Phenobarbital Level-Q
Phenytoin Level	713	Phenytoin Level-Q
Phosphorus Serum	718	Phosphorus Level-Q
Phosphorus Urine Random Collection	14579	Phosphorus Urine Random Collection-Q
Phosphorus Level Urine Timed Collection	11319	Phosphorus Urine Timed Collection-Q
Platelet Count	723	Platelet Count (PLT)-Q
Potassium Level	11014	Potassium [K+] Level-Q
Potassium Urine Random Collection	14521	Potassium Urine Random Collection-Q
Potassium Level Urine Timed Collection	11316	Potassium Urine Timed Collection-Q
Beta Human Chorionic Gonadotropin Quantitative	8396	Pregnancy Test Quantitative Serum-Q
Protein Body Fluid	17429	Protein Total Pericardial Fluid-Q
Protein Body Fluid	17428	Protein Total Peritoneal Fluid-Q
Protein Body Fluid	17427	Protein Total Pleural Fluid-Q
Protein Body Fluid	4404	Protein Total Synovial Fluid-Q
Protein Total	90844	Protein Total-Q
Protein Urine Random Collection	14523	Protein Urine Random Collection-Q
Protein Urine Timed Collection	11320	Protein Urine Timed Collection-Q
Renal Function Panel	10314	Renal Function Panel-Q
Reticulocyte Auto	793	Retic Count Automated-Q
Salicylate Level	805	Salicylate Level-Q
Sedimentation Rate	809	Sedimentation Rate (ESR)-Q
Sickle Cell Screen	825	Sickle Cell Screen-Q
Sodium Level	836	Sodium Level-Q
Sodium Urine Random Collection	14522	Sodium Urine Random Collection-Q
Sodium Level Urine Timed Collection	11317	Sodium Urine Timed Collection-Q
Specific Gravity Body Fluid	8463	Specific Gravity Body Fluid-Q
Specific Gravity Urine	3190	Specific Gravity Urine-Q
Spot Urine Protein/Creat Ratio	1715	Spot Urine Protein/Creat Ratio-Q
Tacrolimus Level	70007	Tacrolimus Level-Q
Troponin I Highly Sensitive (Random)	34693	Troponin I Highly Sensitive Random-Q
UA Microscopic I / Urinalysis Microscopic	8563	UA Microscopic I-Q
Urea Nitrogen	294	Urea Nitrogen (BUN)-Q
Urea Urine Random Collection	1737	Urea Urine Random Collection-Q

## EHR Updates

### Week of September 11 – September 17, 2025

Urea Nitrogen Urine Timed Collection	973	Urea Urine Timed Collection-Q
Uric Acid	905	Que
Urinalysis Dipstick	6448	Urinalysis Macroscopic-Q
Urinalysis with Microscopic if Indicated	7909	Urinalysis w/Microscopic if Indicated
Valproic Acid Level	916	Valproic Acid Level-Q
Vancomycin Level Peak	8578	Vancomycin Level Peak-Q
Vancomycin Level	917	Vancomycin Level Random-Q
Vancomycin Level Trough	8579	Vancomycin Level Trough-Q
White Blood Count	937	White Blood Count-Q

- The following orders will not be impacted for EMMC, Mercy and ARG:

Current Order	Quest Test code	New Description
CBC with DIFF	6399	CBC with DIFF
Cell Count Fluid	20913	Cell Count Fluid
C-Reactive Protein mg/L	4420	C-Reactive Protein mg/L
Urinalysis w/Microscopic if Indicated	7909	Urinalysis w/Microscopic if Indicated
Urinalysis, Complete, Reflex to Culture	3020	Urinalysis, Complete, Reflex to Culture

**WHY:** Continue alignment with the Quest Diagnostics.

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

- 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:

- MAs
- Nurses
- Pharmacists
- Providers

## EHR Updates

### Week of September 11 – September 17, 2025

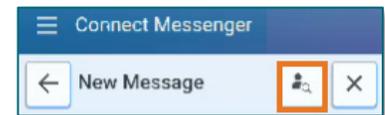
## Emergency

### Connect Messenger Updates – EMMC Only

#### WHAT: Adding Patient Information

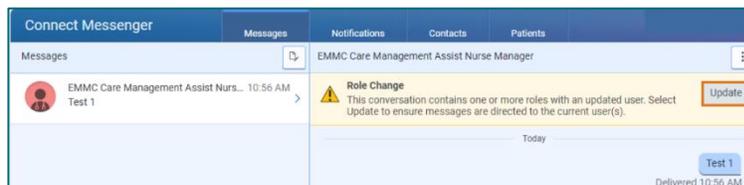
- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.

- Open a message and select the person with the eyeglass icon.
- Select a patient from **Patient List** or through **Patient Search**.
- Once the patient has been selected, a banner bar with patient information will show at the top of the message.



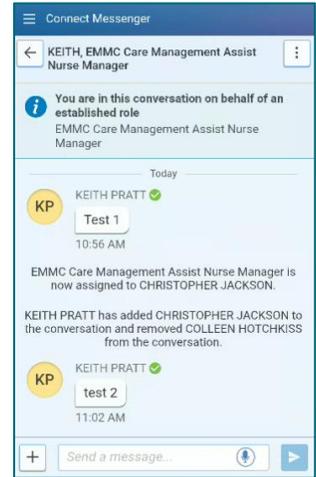
#### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.



**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## EHR Updates

### Week of September 11 – September 17, 2025

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/WH  
 NLH Employee, Do NOT Share with HR/WH  
 Not NLH Employee, Patient, Hospital  
 **Not NLH Employee, Patient, Physician Office/WIC/Outpatient**

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Patient attests that they have one or more risk factors for severe COVID-19 disease

Yes  
 No

35 years  
Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner:  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

Select any precautions or contraindications that apply:

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Reason unable to screen: \_\_\_\_\_

Provider assessed precautions and ordered vaccine  
 Yes  No

*Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide*

### Highlights

- A new radial option “**Patient attests that they have one or more risk factors for severe COVID-19 disease**” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current

recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

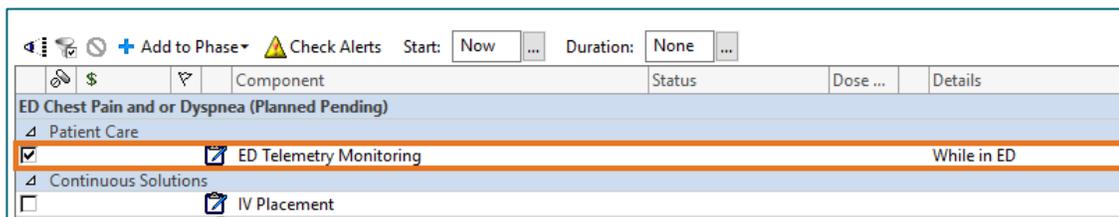
**WHO:** The change will affect the following staff at the above noted locations:

- Clinical Staff
- Pharmacists
- Providers

## Emergency Department Telemetry Monitoring Order Update

**WHAT:** **ED Telemetry Monitoring**

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.



Order Name	Date/Time	Ordered By	Status
<b>ED Telemetry Monitoring</b>	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM, SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered

## EHR Updates

### Week of September 11 – September 17, 2025

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

- Bed Management
  - Hospitalists
  - Nursing
  - Paramedics
  - Providers
  - Transfer Center
-

## New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
<b>CT</b>	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
<b>MRI</b>	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

## EHR Updates

### Week of September 11 – September 17, 2025

MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
  - Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
  - Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.
-

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

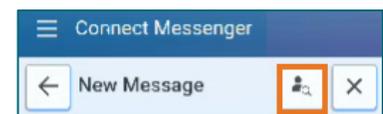
- Clinical Staff
- Imaging Techs
- Providers

## Inpatient

### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

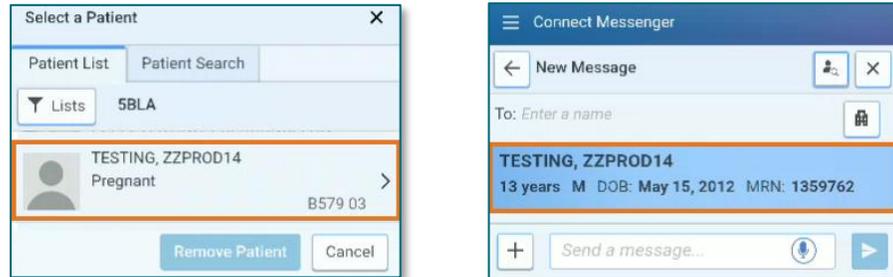
- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.
  - Select a patient from **Patient List** or through **Patient Search**.



## EHR Updates

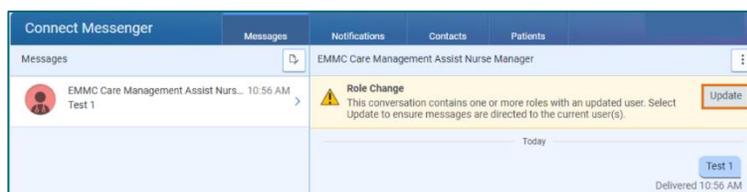
### Week of September 11 – September 17, 2025

- Once the patient has been selected, a banner bar with patient information will show at the top of the message.

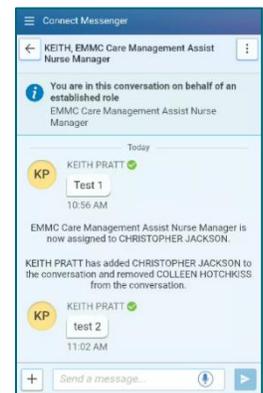


### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.



**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
 2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
 Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 Not NLH Employee, Patient, Physician Office/WIC/Outpatient

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen: \_\_\_\_\_

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
 Select age range:  Age 18 years or older

Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner.  
**Last Charted Covid-19 Vaccination**  
 No history of Covid-19 vaccination found.

Has this patient received a 2025-2026 COVID-19 vaccine THIS season?  
 Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide

Select any precautions or contraindications that apply.

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

Covid-19 vaccination must be ordered by Provider

Provider assessed precautions and ordered vaccine  
 Yes  No

### Highlights

- A new radial option “Patient attests that they have one or more risk factors for severe COVID-19 disease” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.
- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

## EHR Updates

### Week of September 11 – September 17, 2025

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding Mayo)

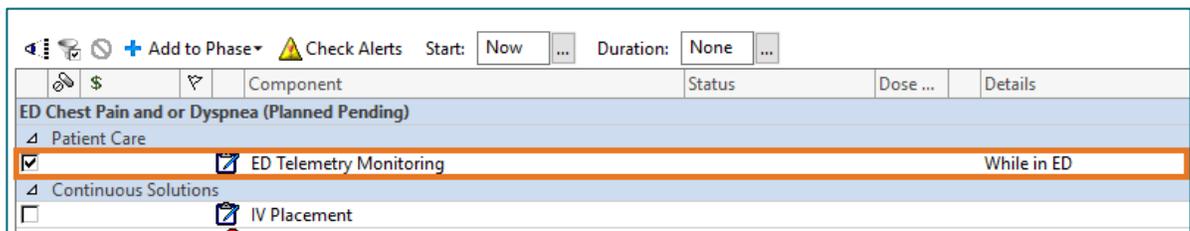
**WHO:** The change will affect the following staff at the above noted locations:

- Clinical Staff
  - Pharmacists
  - Providers
-

## Emergency Department Telemetry Monitoring Order Update

### WHAT: ED Telemetry Monitoring

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.



Order Name	Date/Time	Ordered By	Status
ED Telemetry Monitoring	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM, SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM, SYSTEM	Ordered

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

## EHR Updates

### Week of September 11 – September 17, 2025

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

- Bed Management
- Hospitalists
- Nursing
- Paramedics
- Providers
- Transfer Center

### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
CT	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
MRI	
MRI Venogram Head w & w/o Contrast	70546

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MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181
MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

## EHR Updates

### Week of September 11 – September 17, 2025

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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

- Acute/Inpatient (to include ED & Peri-Op) (excluding NL Acadia)
- Ambulatory/WIC (including Acadia)

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Mayo)

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

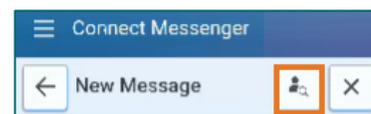
- Clinical Staff
- Imaging Techs
- Providers

## Peri-Op

### Connect Messenger Updates – EMMC Only

**WHAT:** Adding Patient Information

- When communicating through Connect messenger, the ability to add patient information through a banner bar is now available.
  - Open a message and select the person with the eyeglass icon.

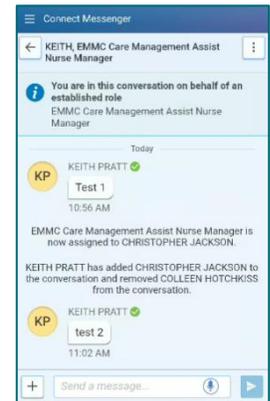
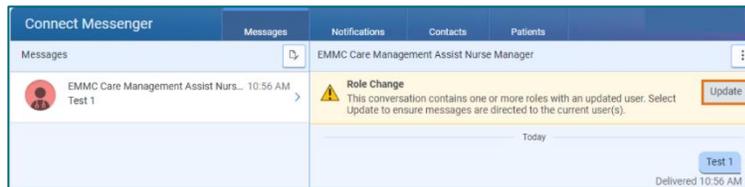


- Select a patient from **Patient List** or through **Patient Search**.
- Once the patient has been selected, a banner bar with patient information will show at the top of the message.



### Claimable Role Based Conversations

- Conversations within a claimable role can now be continued when a shift change has happened and a new person has claimed the role.
  - Claim the role at shift change.
  - Once the role has been updated, staff that have had conversations with that role will get an update notification.



- Staff need to select the **Update** for the conversation to pull in and be able to continue with the new person that claimed that role.

**Example:** If the Charge Nurse 1 is having a conversation with the EMIC MOW role with provider 1, Provider 2 comes in and claims the EMIC MOW role, Charge Nurse 1 will need to select the **Update** for provider 2 to be able to read and continue the conversation.

## EHR Updates

### Week of September 11 – September 17, 2025

**WHY:** These changes have been implemented to enhance staff efficiency in identifying patients during Messenger conversations. By enabling role-centric communication, pertinent patient information can be seamlessly carried over during shift or role transitions, thereby supporting continuity of care and improving overall patient outcomes.

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## 2025-2026 COVID Immunization Screening Form Updates

**WHAT:** An additional update will be made to the COVID Screening Forms (Ambulatory and Inpatient).

**Screening period: SEPTEMBER 1 - APRIL 30**  
2025-2026 immunization screening tool for seasonal dose(s) of Covid vaccine.  
Additional doses deemed clinically appropriate for the patient may be directly ordered by the Provider.

Ask patient who is NLH employee for consent to share with NLH HR/Work Health. Indicate SHARE or Do NOT Share.  
**Selecting SHARE transmits vaccine record to Work Health.**

NLH Employee, SHARE with HR/W/H  
 NLH Employee, Do NOT Share with HR/W/H  
 Not NLH Employee, Patient, Hospital  
 **Not NLH Employee, Patient, Physician Office/WIC/Outpatient**

Employee # \_\_\_\_\_

For patients who are unable to be screened now, document 'Unable to Screen' to set reminder alert in 24 hr

Vaccine accepted  
 Vaccine declined  
 Unable to screen  
 Vaccine not available

Reason unable to screen: \_\_\_\_\_

Patient attests that they have one or more risk factors for severe COVID-19 disease  
 Yes  
 No

35 years  
Select age range:  Age 18 years or older

**Check IMMUNIZATION record and with patient for history. COVID vaccine administrations charted within Cerner.**  
**Last Charted Covid-19 Vaccination**  
No history of Covid-19 vaccination found.

**Has this patient received a 2025-2026 COVID-19 vaccine THIS season?**  
Moderna, Pfizer and Novavax each provide updated 2025-2026 formulations

No covid vaccine this season  
 Received 1 or more 2025-2026 Covid Vaccines  
 Other; Provider must assess/order

**Select any precautions or contraindications that apply.**

None  
 Anaphylactic reaction due to Covid vaccination  
 Serious Adverse Reaction to Covid-19 vaccine  
 Allergy to any vaccine, or an ingredient of Covid vaccine  
 History of clotting disorder, myocarditis or pericarditis  
 Other; Provider must assess/order

*Reminder: Provider can assess dosing recommendations online with the Bug-Drug Guide*

Covid-19 vaccination must be ordered by Provider

**Provider assessed precautions and ordered vaccine**  
 Yes  No

### Highlights

- A new radial option “Patient attests that they have one or more risk factors for severe COVID-19 disease” has been added.
  - This is a Yes or No selection.
    - Yes – Proceed with screening.
    - No – Screening process stops.

- Detailed step-by-step information of the COVID-19 screening forms can be found here:

[Inpatient COVID-19 Vaccine Immunization Screening Form](#)

[Ambulatory COVID-19 Vaccine Immunization Screening Form](#)

**NOTE:** COVID vaccine schedules will align with influenza. The recommendation currently is to vaccinate between September 1 and April 30.

- Updated clinical guidance and vaccine recommendations for Covid-19 can be found in the Bug Drug Guide here: [COVID-19 Vaccine Recommendations | Northern Light Health | Firstline](#)

**IMPORTANT:** Rule-based ordering from COVID-19 screening forms for inpatients will generate orders from September 1, 2025, through April 30, 2026.

**WHY:** The update is minor but necessary to ensure vaccine screening and attestation compliance based on recent Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) current recommendations. Various NLH committees have reviewed these recommendations and suggested these updates. Those groups/committees include Northern Light Antimicrobial Stewardship, Infection Prevention, and Primary Care Service Line.

**WHEN:** Thursday, September 11, 2025

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

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

## EHR Updates

### Week of September 11 – September 17, 2025

#### New Imaging Exam Orders

**WHAT:** New imaging exam orders will be available to more accurately reflect the protocols associated with specific clinical indications.

**NOTE:** These new imaging orders can be added to order favorites. Click [here](#) for more information on how to manage order favorites.

New Imaging Order	CPT
CT	
CT Abd/Pelvis Liver Protocol w&wo Contrast	74178
CT Abd/Pelvis Pancreas Protocol w/Contrast	74177
CT Abd/Pelvis Liver Protocol w/Contrast	74177
CT Abdomen with Liver Protocol	74160
CT Abdomen with Pancreatic Protocol	74160
CT CTA Chest PE Protocol	71275
CT CTA Chest Dissection Protocol	71275
CT Neck w&w/o Contrast Parathyroid Protocol	70492
CT Myelogram Cervical Spine	72126
CT Myelogram Lumbar Spine	72132
CT Myelogram Thoracic Spine	72129
CT Brain Stroke Protocol	70450
MRI	
MRI Venogram Head w & w/o Contrast	70546
MRI Venogram Head w/Contrast	70545
MRI Venogram Head w/o Contrast	70544
MRI Venogram Pelvis w/Contrast	C8918 / 72198
MRI Liver w & w/o Eovist Contrast	74183
MRI Abdomen Iron Quant w/wo Contrast	74183
MRI Abdomen Iron Quant w/o Contrast	74181

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MRI Toes w & w/o Contrast LT	73720
MRI Toes w & w/o Contrast RT	73720
MRI Toes w/Contrast LT	73719
MRI Toes w/Contrast RT	73719
MRI Toes w/o Contrast LT	73718
MRI Toes w/o Contrast RT	73718
MRI Fingers w & w/o Contrast LT	73220
MRI Fingers w & w/o Contrast RT	73220
MRI Fingers w/Contrast LT	73219
MRI Fingers w/Contrast RT	73219
MRI Fingers w/o Contrast LT	73218
MRI Fingers w/o Contrast RT	73218
MRI Pituitary w & w/o Contrast	70553
MRI IAC w & w/o Contrast	70553
MRI Prostate w & w/o contrast	72197
MRI Lumbosacral Plexus w & w/o Contrast	72197
MRI Lumbosacral Plexus w/Contrast	72196
MRI Lumbosacral Plexus w/o Contrast	72195
<b>US</b>	
US TIPS Doppler	93975

**WHY:** These additions are designed to:

- Enhance operational efficiency across multiple areas, including prior authorizations, scheduling, and image acquisition.
- Improve the accuracy of retrieving relevant prior exams for comparison within Enterprise Imaging (EI), enabling radiologists to make more informed interpretations.
- Minimize delays related to protocol verification with the ordering provider and reduces the risk of repeating exams due to incorrect protocols.

## EHR Updates

### Week of September 11 – September 17, 2025

Collectively, these improvements support faster diagnosis and discharge, contributing to reduced patient length of stay and improved overall care delivery.

**WHEN:** Wednesday, September 17, 2025

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- Imaging Techs
- Providers

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## Therapies: Occupational, Physical, Speech, & Respiratory

### Inpatient/ED Only

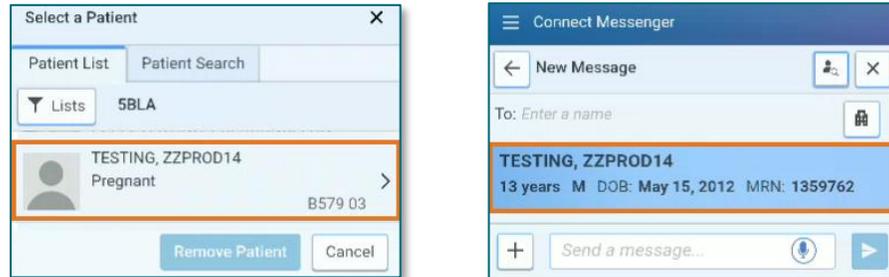
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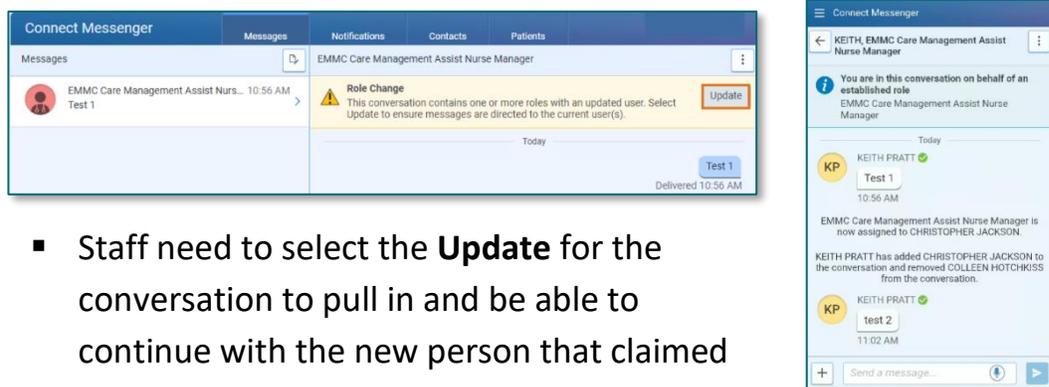


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## EHR Updates

### Week of September 11 – September 17, 2025

**WHEN:** Effective Immediately

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

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

**At the following NLH Member Organization(s):**

- EMMC only

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

- All Staff using Connect Messenger and Claimable Roles

## Transfer Center

### Emergency Department Telemetry Monitoring Order Update

**WHAT:** **ED Telemetry Monitoring**

All Emergency Department PowerPlans have been updated with a new **ED Telemetry Monitoring** order replacing the **Continuous Telemetry Monitoring**. The **ED Telemetry Monitoring** is also available as a single line order.

Component	Status	Dose ...	Details
ED Chest Pain and or Dyspnea (Planned Pending)			
Patient Care			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		ED Telemetry Monitoring While in ED
Continuous Solutions			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		IV Placement

Order Name	Date/Time	Ordered By	Status
ED Telemetry Monitoring	09/09/25 06:23:00	TEST MD, PROVIDER	Ordered
Bloodless Medicine Patient RoomLink	07/30/25 12:16:23	SYSTEM , SYSTEM	Ordered
Complete Patient's Preferred Pharmacy	07/30/25 12:16:22	SYSTEM , SYSTEM	Ordered
ED High Utilizer	07/30/25 12:16:22	SYSTEM , SYSTEM	Ordered
Minimal Blood Volume Labs	07/30/25 12:16:22	SYSTEM , SYSTEM	Ordered
Obtain Consent for Bloodless Patient	07/30/25 12:16:22	SYSTEM , SYSTEM	Ordered

**WHY:** The update addresses ongoing confusion caused by the current continuous telemetry order when patients are transferred from the Emergency Department (ED) to inpatient units. Currently, an icon is triggered in Capacity Management when the continuous telemetry monitoring order is placed, and it is not automatically discontinued once the patient leaves the ED. As a result, the Transfer Center and Bed Management teams may incorrectly assume telemetry monitoring is still required, potentially delaying the transfer process.

To resolve this issue, a new **ED Telemetry Monitoring** order has been introduced. This order is specific to the ED, does not trigger an icon in Capacity Management, ensuring clearer communication and more efficient patient flow.

**WHEN:** Tuesday, September 16, 2025

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

- Emergency Department

**At the following NLH Member Organization(s):**

- All NLH Hospitals (excluding NL Acadia and Mayo)

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

- Bed Management
- Hospitalists
- Nursing
- Paramedics
- Providers
- Transfer Center