



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

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## Week of February 26 – March 4, 2026

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

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### Table of Contents

|  |          |
|--|----------|
| <b>Behavioral Health Staff</b> .....   | <b>4</b> |
| <b>All Ambulatory &amp; Inpatient Care Areas</b> .....   | <b>4</b> |
| Protocol PowerPlan Favorites.....  | 4        |
| <b>Inpatient Only</b> .....  | <b>5</b> |
| Tap-and-Go (TAG) System Education Reminder .....   | 5        |
| <b>Care Managers</b> .....   | <b>6</b> |
| <b>Inpatient Only</b> .....  | <b>6</b> |
| Tap-and-Go (TAG) System Education Reminder .....   | 6        |
| <b>Clinical Decision Support Updates</b> .....   | <b>7</b> |
| <b>Weekly Newsletter</b> .....   | <b>7</b> |
| <b>Leadership</b> .....  | <b>7</b> |
| <b>Ambulatory/WIC</b> .....  | <b>7</b> |
| CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic Level 2 Only – effective March 10, 2026..... | 7        |
| <b>Inpatient</b> .....   | <b>8</b> |
| CareAware VitalsLink EMMC Only – effective March 10, 2026.....   | 8        |

---

## EHR Updates

### Week of February 26 – March 4, 2026

|  |           |
|--|-----------|
| <b>Nursing, CNA, Medical Assistants</b> .....  | <b>9</b>  |
| <b>Ambulatory/WIC</b> .....  | <b>9</b>  |
| Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast ...                      | 9         |
| CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic Level 2 Only – effective March 10, 2026..... | 11        |
| <b>Emergency</b> .....   | <b>12</b> |
| Tap-and-Go (TAG) System Education Reminder .....   | 12        |
| Bronchiolitis Scoring Tool PowerForm .....   | 13        |
| Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast .                        | 15        |
| <b>Inpatient</b> .....   | <b>16</b> |
| Tap-and-Go (TAG) System Education Reminder .....   | 16        |
| Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast .                        | 17        |
| PAPi Score Added to Hemodynamic Measures .....   | 18        |
| Bronchiolitis Scoring Tool PowerForm.....  | 19        |
| CareAware VitalsLink EMMC Only – effective March 10, 2026.....   | 22        |
| <b>Peri-Op</b> .....   | <b>23</b> |
| Tap-and-Go (TAG) System Education Reminder .....   | 23        |
| Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast .                        | 24        |
| <b>Nutrition</b> .....   | <b>25</b> |
| <b>Inpatient Only</b> .....  | <b>25</b> |
| New Smart Templates Available.....   | 25        |
| <b>Patient Service Representatives</b> .....   | <b>26</b> |
| <b>Ambulatory/WIC Only</b> .....   | <b>26</b> |
| Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast .                        | 26        |
| <b>Physicians, Physician Assistants, Nurse Practitioners</b> .....   | <b>27</b> |
| <b>Ambulatory/WIC</b> .....  | <b>27</b> |
| Protocol PowerPlan Favorites.....  | 27        |

---

Required Documentation: "Previous Reaction to Iodinated Contrast" for All CT Orders with Contrast . 28  
Prenatal Labs & Tests Component ..... 30

**Emergency .....30**

Tap-and-Go (TAG) System Education Reminder ..... 30  
Protocol PowerPlan Favorites..... 31  
Required Documentation: "Previous Reaction to Iodinated Contrast" for All CT Orders with Contrast . 32  
Bronchiolitis Scoring Tool PowerForm ..... 33

**Inpatient.....36**

Tap-and-Go (TAG) System Education Reminder ..... 36  
Protocol PowerPlan Favorites..... 37  
Required Documentation: "Previous Reaction to Iodinated Contrast" for All CT Orders with Contrast . 38

**Peri-Op.....39**

Tap-and-Go (TAG) System Education Reminder ..... 39  
Protocol PowerPlan Favorites..... 40  
Required Documentation: "Previous Reaction to Iodinated Contrast" for All CT Orders with Contrast . 41

---

**Therapies: Occupational, Physical, Speech, & Respiratory..... 42**

**Inpatient/ED Only.....42**

Tap-and-Go (TAG) System Education Reminder ..... 42  
Bronchiolitis Scoring Tool PowerForm – *Respiratory Therapy Only* ..... 43

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## EHR Updates

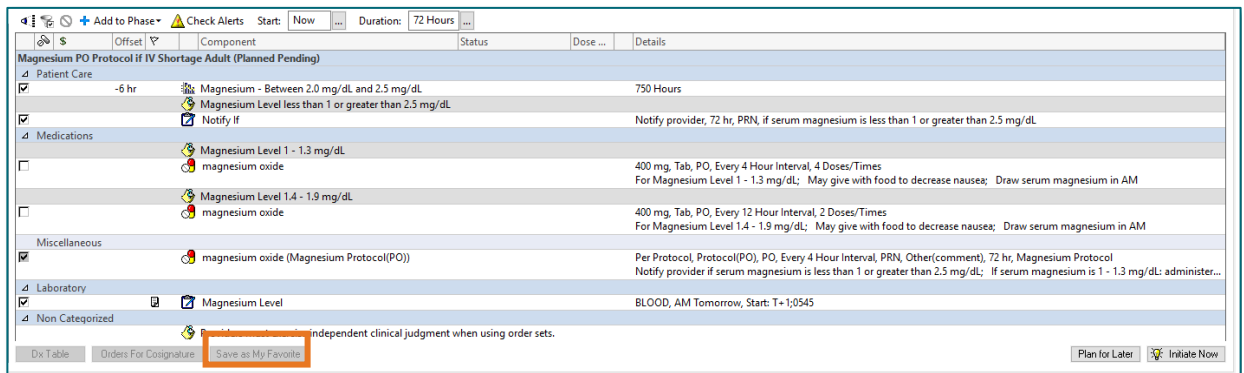
### Week of February 26 – March 4, 2026

## Behavioral Health Staff

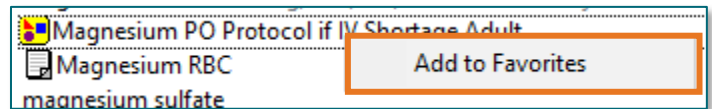
### All Ambulatory & Inpatient Care Areas

## Protocol PowerPlan Favorites

**WHAT:** Protocol or JPP PowerPlans can no longer be saved if any changes have been made to the PowerPlan such as checked items or any edits to the order details. The **Save as My Favorite** button will now appear dithered. This allows these PowerPlans to be up to date with the latest information.



**NOTE:** You can still favorite the **standard** version of a Protocol PowerPlan for quick access by right-clicking **Add to Favorites** in the **Add Order** screen.



For more details on using a protocol PowerPlan, click [here](#).

**WHY:** This change is being implemented to ensure staff consistently use the most up-to-date PowerPlan content, maintaining alignment with the latest clinical guidelines and promoting patient safety. PowerPlans that include the words **Protocol** or **JPP** will be included in this change.

**NOTE:** Non-JPP or Protocol PowerPlans can still be saved as a favorite with personal customizations to the PowerPlan using the **Save as My Favorite** button.

**WHEN:** Tuesday, March 3, 2026

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

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

- Ambulatory

**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:

- Providers

**Inpatient Only**

**Tap-and-Go (TAG) System Education Reminder**

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

**When stepping away from a workstation**

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

**When ending shift**

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**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):**

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff
-

## EHR Updates

### Week of February 26 – March 4, 2026

## Care Managers

### Inpatient Only

#### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

##### When stepping away from a workstation

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

##### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**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):

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff
-

## 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  |
|--------------|-----------------|--|--|
| 3/3/2026     | Inpatient       | <a href="#">Furosemide Protocol for Treatment of Acute Heart Failure CHF</a> | Cardiac Rehab order added, EMMC ONLY                   |
| 3/3/2026     | Inpatient       | <a href="#">Non Diuretic Treatment of Acute Heart Failure CHF</a>            | Cardiac Rehab order added, EMMC ONLY                   |
| 3/3/2026     | Inpatient       | <a href="#">Acute Heart Failure CHF Module</a>                               | Cardiac Rehab order added; All facilities, except EMMC |

## Leadership

### Ambulatory/WIC

### **CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic Level 2 Only – effective March 10, 2026**

**WHAT:** The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient’s ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

**NOTE:** Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

## EHR Updates

### Week of February 26 – March 4, 2026

**WHY:** To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

**WHEN:** Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

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

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
- Nurse Tech's
- RN's

## Inpatient

### CareAware VitalsLink EMMC Only – effective March 10, 2026

**WHAT:** The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

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**NOTE:** Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

**WHY:** To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

**WHEN:** Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

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

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
- Nurse Tech's
- RN's

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## Nursing, CNA, Medical Assistants

### Ambulatory/WIC

### Required Documentation: "Previous Reaction to Iodinated Contrast" for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the "Previous Reaction to Iodinated

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## EHR Updates

### Week of February 26 – March 4, 2026

**Contrast** question will become **required** when placing **any CT order that includes contrast**.

The screenshot shows a portion of an EHR form with four fields. The first field is labeled '\*Signs/Symptoms/Duration/Location:' and has a yellow background. The second field is labeled '\*Priority:' and has a dropdown menu with 'Routine' selected. The third field, labeled '\*Previous Reaction to Iodinated Contrast?:', is highlighted with a red border and has a yellow background. The fourth field is labeled 'Anesthesia/Sedation (OUTPATIENT):' and has a dropdown menu.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

#### Benefits of this update:

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows
-

**CareAware VitalsLink - Northern Light Cancer Care – Lafayette Infusion Clinic  
Level 2 Only – effective March 10, 2026**

**WHAT:** The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient’s ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

**NOTE:** Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

**WHY:** To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

**WHEN:** Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

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

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
  - Northern Light Eastern Maine Medical Center – Grant 4 Cardiac
-

## EHR Updates

### Week of February 26 – March 4, 2026

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

- MA's
- Nurse Tech's
- RN's

## Emergency

### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

#### When stepping away from a workstation

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

#### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**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):

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff
-

## Bronchiolitis Scoring Tool PowerForm

**WHAT:** The **Bronchiolitis Scoring Tool PowerForm** is used for infants/children under the age of 24 months to assess the severity of bronchiolitis.

The **Bronchiolitis Scoring Tool PowerForm** has been added to the following **AdHoc** folders:

- **CPOE Provider**
- **ED Documentation**
- **ED Forms**
- **Nursing Assessment**
- **Respiratory Therapy**

Note: Consider making the Bronchiolitis Scoring Tool a favorite in [Clinical Entry Workspace](#).

P Bronchiolitis Scoring Tool - TESTING, JIM BOB

\*Performed on: 02/13/2026 13:48 EST

Respiratory Assessment Scoring Sheet

**Respiratory Rate**

|  | 0 - Normal   | 1 - Mild tachypnea | 2 - Moderate tachypnea | 3 - Severe tachypnea |
|--|--------------|--------------------|------------------------|----------------------|
| <input type="radio"/> 0 - Normal             |              |                    |                        |                      |
| <input type="radio"/> 1 - Mild tachypnea     | </=2 mo <60  | </=2 mo 60-69      | </=2 mo 70-79          | </=2 mo >= 80        |
| <input type="radio"/> 2 - Moderate tachypnea | 2-12 mo <50  | 2-12 mo 50-59      | 2-12 mo 60-69          | 2-12 mo >= 70        |
| <input type="radio"/> 3 - Severe tachypnea   | 12-24 mo <40 | 12-24 mo 40-49     | 12-24 mo 50-59         | 12-24 mo >= 60       |

**General Appearance**

0 - Asleep, calm, content. Happy and/or interactive  
 1 - Mild irritable when touched with occasional crying, but can be consoled  
 2 - Moderately irritable, difficult to console, less interactive  
 3 - Extremely irritable, cannot be comforted, crying, inconsolable; or not interactive

**Accessory Muscle Use**

0 - No retractions  
 1 - Mild retractions (abdominal)  
 2 - Moderate retractions (intercostal, subcostal, some increased work of breathing)  
 3 - Severe retractions (obvious intercostal, subcostal, tracheal retractions. Seesaw breathing and nasal flaring)

**Wheezing**

0 - No wheezing or crackles  
 1 - Scattered wheezing with end expiratory wheezes and crackles  
 2 - Moderate wheezing (diffuse expiratory wheezing, with or without scattered early inspiratory wheezing)  
 3 - Severe wheezing (diffuse inspiratory and expiratory wheezing). Tight or absent breath sounds

**Bronchiolitis Score**

**Moderate Bronchiolitis = score >5**  
**Severe Bronchiolitis = score >8, consider**

Adapted from Wang et. Al. Observer agreement for respiratory signs and oximetry in infants hospitalized with lower respiratory tract infections. Am Rev Respir Dis 1992; 145(1): 106-109

## EHR Updates

### Week of February 26 – March 4, 2026

**WHY:** Using a **Bronchiolitis Scoring PowerForm** is beneficial because standardized bronchiolitis scoring systems have been shown to:

#### **1. Provide an Objective Measure of Severity**

Clinical scoring tools—such as the Wang Bronchiolitis Severity Score (WBSS), help quantify a child’s work of breathing, respiratory status, and overall clinical condition. Studies show that these scores reliably differentiate between mild, moderate, and severe bronchiolitis, supporting more accurate assessment.

#### **2. Improve Early Identification of Patients Needing Respiratory Support**

Research demonstrates that certain score thresholds predict which infants are more likely to require interventions such as respiratory support. Using a standardized form ensures that providers recognize worsening severity earlier.

#### **3. Support Timely and Appropriate Treatment**

Scoring systems improve clinical decision-making by:

- Highlighting patients who may need escalation to high-flow nasal cannula, CPAP, or hospital admission.
- Reducing unnecessary treatments by clearly identifying severity (e.g., avoiding unwarranted bronchodilators or steroids).

#### **4. Promote Consistent, Team-Based Care**

Clinical pathways encourage the use of standardized scoring during triage and reassessment. This consistency:

- Helps providers communicate clearly about changes in severity.
- Ensures all care team members are aligned on the patient’s status and treatment response.

#### **5. Improve Patient Outcomes**

By enabling early detection of deterioration and timely interventions, standardized bronchiolitis severity scoring contributes to:

- Shorter time to treatment
  - Reduced risk of complications
  - Better overall clinical outcomes
-

**WHEN:** Wednesday, March 4, 2026

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

- Acute/Inpatient (to include ED)

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

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

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

- ED Nurses at BHH and CA Dean who do not have a Respiratory Therapist
- ED Providers
- Inpatient Nursing
- Respiratory Therapists

## Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The field labeled '\*Previous Reaction to Iodinated Contrast?:' is highlighted with a red border. Other fields include '\*Signs/Symptoms/Duration/Location:', '\*Priority:' (set to 'Routine'), and 'Anesthesia/Sedation (OUTPATIENT):'. Each field has a dropdown arrow on the right side.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

### Benefits of this update:

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
-

## EHR Updates

### Week of February 26 – March 4, 2026

- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

## Inpatient

### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

#### When stepping away from a workstation

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

#### When ending shift

- **Only at the end of the workday:**
    - Select **Log Off** to close out the session completely.
-

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician’s workflow efficiency.

**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):**

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The fields are: '\*Signs/Symptoms/Duration/Location:' with a yellow input box; '\*Priority:' with a dropdown menu showing 'Routine'; '\*Previous Reaction to Iodinated Contrast?:' with a yellow input box and a dropdown arrow, which is highlighted with an orange border; and 'Anesthesia/Sedation (OUTPATIENT):' with a dropdown menu.

**NOTE:** This **field requirement applies to new orders only**; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

#### Benefits of this update:

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.

## EHR Updates

### Week of February 26 – March 4, 2026

- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

## PAPi Score Added to Hemodynamic Measures

**WHAT:** The **PAPi** (Pulmonary Artery Pulsatility Index) **Score** is being added to the **Hemodynamic Measurement** section in iView.

- The **PAPi Score** is calculated by subtracting the **PA Diastolic Pressure** from the **PA Systolic Pressure** and dividing that number by the **CVP**.
- Double click in the PAPi Score cell to enter the result.

| Hemodynamic Measures         |          |
|------------------------------|----------|
| CVP                          | 3        |
| PA Systolic                  | 18       |
| PA Diastolic                 | 6        |
| PA Mean                      |          |
| PCWP                         |          |
| Impella Motor current mean   |          |
| Impella Cardiac Power Output | watts    |
| <b>PAPi Score</b>            | <b>4</b> |
| CentriMag Flow               | L/min    |

**WHY:** PAPi is a critical hemodynamic parameter used to assess right ventricular function and predict failure, particularly in patients with acute myocardial infarction or those receiving a left ventricular assist device.

Because PAPI quantifies RV (Right Ventricular) performance in real time, it helps clinicians identify RV dysfunction before it becomes clinically obvious.

**WHEN:** Tuesday, March 3, 2026

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

- Acute/Inpatient

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

- EMMC

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

- Critical Care Nursing

## Bronchiolitis Scoring Tool PowerForm

**WHAT:** The **Bronchiolitis Scoring Tool** PowerForm is used for infants/children under the age of 24 months to assess the severity of bronchiolitis.

The **Bronchiolitis Scoring Tool** PowerForm has been added to the following **AdHoc** folders:

- **CPOE Provider**
- **ED Documentation**
- **ED Forms**
- **Nursing Assessment**
- **Respiratory Therapy**

Note: Consider making the Bronchiolitis Scoring Tool a favorite in [Clinical Entry Workspace](#).

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# EHR Updates

## Week of February 26 – March 4, 2026

**Bronchiolitis Scoring Tool - TESTING, JIM BOB**

\*Performed on: 02/13/2026 13:48 EST

### Respiratory Assessment Scoring Sheet

**Respiratory Rate**

0 - Normal  
 1 - Mild tachypnea  
 2 - Moderate tachypnea  
 3 - Severe tachypnea

| 0 - Normal   | 1 - Mild tachypnea | 2 - Moderate tachypnea | 3 - Severe tachypnea |
|--------------|--------------------|------------------------|----------------------|
| </=2 mo <60  | </=2 mo 60-69      | </=2 mo 70-79          | </=2 mo >= 80        |
| 2-12 mo <50  | 2-12 mo 50-59      | 2-12 mo 60-69          | 2-12 mo >= 70        |
| 12-24 mo <40 | 12-24 mo 40-49     | 12-24 mo 50-59         | 12-24 mo >= 60       |

**General Appearance**

0 - Asleep, calm, content. Happy and/or interactive  
 1 - Mild irritable when touched with occasional crying, but can be consoled  
 2 - Moderately irritable, difficult to console, less interactive  
 3 - Extremely irritable, cannot be comforted, crying, inconsolable; or not interactive

**Accessory Muscle Use**

0 - No retractions  
 1 - Mild retractions (abdominal)  
 2 - Moderate retractions (intercostal, subcostal, some increased work of breathing)  
 3 - Severe retractions (obvious intercostal, subcostal, tracheal retractions. Seesaw breathing and nasal flaring)

**Wheezing**

0 - No wheezing or crackles  
 1 - Scattered wheezing with end expiratory wheezes and crackles  
 2 - Moderate wheezing (diffuse expiratory wheezing, with or without scattered early inspiratory wheezing)  
 3 - Severe wheezing (diffuse inspiratory and expiratory wheezing). Tight or absent breath sounds

**Bronchiolitis Score**

Moderate Bronchiolitis = score >5  
Severe Bronchiolitis = score >8, consider

Adapted from Wang et. Al. Observer agreement for respiratory signs and oximetry in infants hospitalized with lower respiratory tract infections. Am Rev Respir Dis 1992; 145(1): 106-109

**WHY:** Using a **Bronchiolitis Scoring PowerForm** is beneficial because standardized bronchiolitis scoring systems have been shown to:

### 1. Provide an Objective Measure of Severity

Clinical scoring tools—such as the Wang Bronchiolitis Severity Score (WBSS), help quantify a child’s work of breathing, respiratory status, and overall clinical condition. Studies show that these scores reliably differentiate between mild, moderate, and severe bronchiolitis, supporting more accurate assessment.

## **2. Improve Early Identification of Patients Needing Respiratory Support**

Research demonstrates that certain score thresholds predict which infants are more likely to require interventions such as respiratory support. Using a standardized form ensures that providers recognize worsening severity earlier.

## **3. Support Timely and Appropriate Treatment**

Scoring systems improve clinical decision-making by:

- Highlighting patients who may need escalation to high-flow nasal cannula, CPAP, or hospital admission.
- Reducing unnecessary treatments by clearly identifying severity (e.g., avoiding unwarranted bronchodilators or steroids).

## **4. Promote Consistent, Team-Based Care**

Clinical pathways encourage the use of standardized scoring during triage and reassessment. This consistency:

- Helps providers communicate clearly about changes in severity.
- Ensures all care team members are aligned on the patient's status and treatment response.

## **5. Improve Patient Outcomes**

By enabling early detection of deterioration and timely interventions, standardized bronchiolitis severity scoring contributes to:

- Shorter time to treatment
- Reduced risk of complications
- Better overall clinical outcomes

**WHEN:** Wednesday, March 4, 2026

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

- Acute/Inpatient (to include ED)

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

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

## EHR Updates

### Week of February 26 – March 4, 2026

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

- ED Nurses at BHH and CA Dean who do not have a Respiratory Therapist
- ED Providers
- Inpatient Nursing
- Respiratory Therapists

### CareAware VitalsLink EMMC Only – *effective March 10, 2026*

**WHAT:** The implementation of **CareAware VitalsLink** on **Welch Allyn** mobile devices enables the electronic capture of patient vital signs and their seamless integration into the electronic health record (EHR).

This initiative will be deployed in phases across all member organizations, with this representing Phase 1 of the rollout.

As part of the workflow, clinical staff will scan their employee badge and the patient's ID bracelet prior to obtaining vital signs to ensure accurate patient identification and proper documentation.

**NOTE:** Badge Barcode scanning access is required to use this workflow. Users who do not have badge scanning capability (Travelers, Student nurses, and anyone with a second sign on) should proceed using their existing workflow by tapping Continue Without Login.

**WHY:** To support safer, more efficient patient care by improving the accuracy and timeliness of vital sign documentation.

CareAware VitalsLink on Welch Allyn mobile devices reduces manual entry, minimizes documentation errors, and streamlines bedside workflows by automatically integrating patient vital signs into the electronic health record allowing clinicians to spend more time focused on patient care.

Click [here](#) for more information on using VitalsLink.

Required Video education available in Promise Point – course NOLH-1064.

**WHEN:** Tuesday, March 10, 2026

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

- Acute/Inpatient
- Ambulatory

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

- Northern Light Cancer Care – Lafayette Infusion Clinic Level 2
- Northern Light Eastern Maine Medical Center – Grant 4 Cardiac

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

- MA's
- Nurse Tech's
- RN's

## Peri-Op

### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

#### When stepping away from a workstation

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

#### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**WHEN:** Effective immediately

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

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

## EHR Updates

### Week of February 26 – March 4, 2026

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

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The fields are: '\*Signs/Symptoms/Duration/Location:' with a yellow text box; '\*Priority:' with a dropdown menu showing 'Routine'; '\*Previous Reaction to Iodinated Contrast?:' with a dropdown menu and a yellow background, highlighted with an orange border; and 'Anesthesia/Sedation (OUTPATIENT):' with a dropdown menu.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

**Benefits of this update:**

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

---

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

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

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

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

- All clinical staff placing or supporting contrast workflows

---

## Nutrition

### Inpatient Only

### New Smart Templates Available

**WHAT:** New Smart Templates have been developed to streamline research time and support dietitians with more accurate and efficient documentation. These enhancements introduce several template options designed to simplify data retrieval and improve clinical reporting.

**The new Smart Templates include:**

- VS Measured Weight Last 5 (cross FIN)
- Lab Last CMP, Phosphorus, Magnesium (cross FIN)
- Percentage Meals Consumed
- Nutrition Wound Validation – Pressure Injury
- Weight-for-Length Percentile

For more education on adding Smart Tokens to auto-text or to use with Clinical Entry Workspace click [here](#).

**WHY:** These Smart Templates were created to improve the accuracy, efficiency, and consistency of dietitian documentation. By streamlining access to key clinical data, such as recent weights, laboratory results, and nutrition-related assessments; the templates help reduce research time and minimize documentation variability. This enhancement supports more reliable clinical decision-making, strengthens interdisciplinary communication, and ultimately improves the quality of nutritional care provided to patients.

---

## EHR Updates

### Week of February 26 – March 4, 2026

**WHEN:** Thursday, February 26, 2026

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

- Acute/Inpatient

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:

- Dietitians
- 

## Patient Service Representatives

### Ambulatory/WIC Only

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The field labeled '\*Previous Reaction to Iodinated Contrast?:' is highlighted with a thick orange border. Other fields include '\*Signs/Symptoms/Duration/Location:', '\*Priority:' (set to 'Routine'), and 'Anesthesia/Sedation (OUTPATIENT):'. Each field has a dropdown arrow on the right side.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

#### Benefits of this update:

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
-

- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

## Physicians, Physician Assistants, Nurse Practitioners

### Ambulatory/WIC

### Protocol PowerPlan Favorites

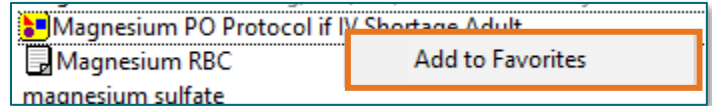
**WHAT:** Protocol or JPP PowerPlans can no longer be saved if any changes have been made to the PowerPlan such as checked items or any edits to the order details. The **Save as My Favorite** button will now appear dithered. This allows these PowerPlans to be up to date with the latest information.

The screenshot shows a medical protocol editor interface. At the top, there are controls for 'Add to Phase', 'Check Alerts', 'Start: Now', and 'Duration: 72 Hours'. Below this is a table with columns for 'Component', 'Status', 'Dose ...', and 'Details'. The table contains several rows under categories like 'Patient Care', 'Medications', 'Miscellaneous', 'Laboratory', and 'Non Categorized'. At the bottom of the interface, there is a 'Save as My Favorite' button, which is highlighted with a red box and appears dithered (disabled). Other buttons like 'Dx Table', 'Orders For Co-signature', 'Plan for Later', and 'Initiate Now' are also visible.

## EHR Updates

### Week of February 26 – March 4, 2026

**NOTE:** You can still favorite the **standard** version of a Protocol PowerPlan for quick access by right-clicking **Add to Favorites** in the **Add Order** screen.



For more details on using a protocol PowerPlan, click [here](#).

**WHY:** This change is being implemented to ensure staff consistently use the most up-to-date PowerPlan content, maintaining alignment with the latest clinical guidelines and promoting patient safety. PowerPlans that include the words **Protocol** or **JPP** will be included in this change.

**NOTE:** Non-JPP or Protocol PowerPlans can still be saved as a favorite with personal customizations to the PowerPlan using the **Save as My Favorite** button.

**WHEN:** Tuesday, March 3, 2026

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

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

**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:

- Providers

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

---

The screenshot shows a portion of an EHR form with the following fields:

- \*Signs/Symptoms/Duration/Location: [Yellow text box]
- \*Priority: Routine [Dropdown menu]
- \*Previous Reaction to Iodinated Contrast?: [Yellow text box with a red border]
- Anesthesia/Sedation (OUTPATIENT): [Dropdown menu]

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

**Benefits of this update:**

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows
-

## EHR Updates

### Week of February 26 – March 4, 2026

#### Prenatal Labs & Tests Component – *Women's Health Only*

**WHAT:** The **Prenatal Labs & Tests** component within the **Women's Health MPages** will be updated to include the most current orders recommended for each gestational age range.

**WHY:** This update will help ensure that pregnancy and antepartum care content is more focused, efficient, and easier to navigate.

**WHEN:** **Tuesday, March 3, 2026**

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

- Ambulatory

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

- NL ARG
- NL EMMC
- NL MCH
- NL Mercy
- NL SVH

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

- Women's Health Providers

#### Emergency

#### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

##### **When stepping away from a workstation**

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

---

**When ending shift**

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician’s workflow efficiency.

**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):**

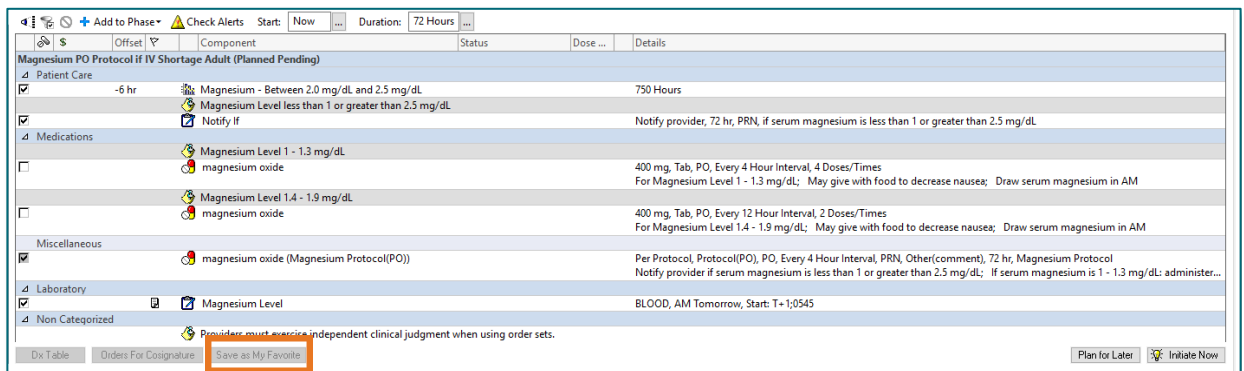
- All NLH Hospitals (excludes Mayo)

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

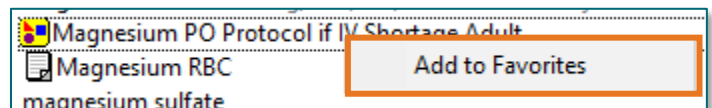
- All clinical staff

**Protocol PowerPlan Favorites**

**WHAT:** Protocol or JPP PowerPlans can no longer be saved if any changes have been made to the PowerPlan such as checked items or any edits to the order details. The **Save as My Favorite** button will now appear dithered. This allows these PowerPlans to be up to date with the latest information.



**NOTE:** You can still favorite the **standard** version of a Protocol PowerPlan for quick access by right-clicking **Add to Favorites** in the **Add Order** screen.



For more details on using a protocol PowerPlan, click [here](#).

## EHR Updates

### Week of February 26 – March 4, 2026

**WHY:** This change is being implemented to ensure staff consistently use the most up-to-date PowerPlan content, maintaining alignment with the latest clinical guidelines and promoting patient safety. PowerPlans that include the words **Protocol** or **JPP** will be included in this change.

**NOTE:** Non-JPP or Protocol PowerPlans can still be saved as a favorite with personal customizations to the PowerPlan using the **Save as My Favorite** button.

**WHEN:** Tuesday, March 3, 2026

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

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

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:

- Providers

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The field labeled '\*Previous Reaction to Iodinated Contrast?:' is highlighted with an orange border. Other fields include '\*Signs/Symptoms/Duration/Location:', '\*Priority:' (set to 'Routine'), and 'Anesthesia/Sedation (OUTPATIENT):'. Each field has a dropdown arrow on the right side.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

---

**Benefits of this update:**

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
- Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
- Reduces workflow delays due to incomplete or missing contrast-reaction history.
- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

## Bronchiolitis Scoring Tool PowerForm

**WHAT:** The **Bronchiolitis Scoring Tool** PowerForm is used for infants/children under the age of 24 months to assess the severity of bronchiolitis.

The **Bronchiolitis Scoring Tool** PowerForm has been added to the following **AdHoc** folders:

- **CPOE Provider**
- **ED Documentation**
- **ED Forms**
- **Nursing Assessment**
- **Respiratory Therapy**

Note: Consider making the Bronchiolitis Scoring Tool a favorite in [Clinical Entry Workspace](#).

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# EHR Updates

## Week of February 26 – March 4, 2026

**Bronchiolitis Scoring Tool - TESTING, JIM BOB**

\*Performed on: 02/13/2026 13:48 EST

### Respiratory Assessment Scoring Sheet

**Respiratory Rate**

|          | 0 - Normal | 1 - Mild tachypnea | 2 - Moderate tachypnea | 3 - Severe tachypnea |
|----------|------------|--------------------|------------------------|----------------------|
| </=2 mo  | <60        | 60-69              | 70-79                  | >= 80                |
| 2-12 mo  | <50        | 50-59              | 60-69                  | >= 70                |
| 12-24 mo | <40        | 40-49              | 50-59                  | >= 60                |

**General Appearance**

- 0 - Asleep, calm, content. Happy and/or interactive
- 1 - Mild irritable when touched with occasional crying, but can be consoled
- 2 - Moderately irritable, difficult to console, less interactive
- 3 - Extremely irritable, cannot be comforted, crying, inconsolable; or not interactive

**Accessory Muscle Use**

- 0 - No retractions
- 1 - Mild retractions (abdominal)
- 2 - Moderate retractions (intercostal, subcostal, some increased work of breathing)
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**Wheezing**

- 0 - No wheezing or crackles
- 1 - Scattered wheezing with end expiratory wheezes and crackles
- 2 - Moderate wheezing (diffuse expiratory wheezing, with or without scattered early inspiratory wheezing)
- 3 - Severe wheezing (diffuse inspiratory and expiratory wheezing). Tight or absent breath sounds

**Bronchiolitis Score**

Moderate Bronchiolitis = score >5  
Severe Bronchiolitis = score >8, consider

Adapted from Wang et. Al. Observer agreement for respiratory signs and oximetry in infants hospitalized with lower respiratory tract infections. Am Rev Respir Dis 1992; 145(1): 106-109

**WHY:** Using a **Bronchiolitis Scoring PowerForm** is beneficial because standardized bronchiolitis scoring systems have been shown to:

### 1. Provide an Objective Measure of Severity

Clinical scoring tools—such as the Wang Bronchiolitis Severity Score (WBSS), help quantify a child’s work of breathing, respiratory status, and overall clinical condition. Studies show that these scores reliably differentiate between mild, moderate, and severe bronchiolitis, supporting more accurate assessment.

## **2. Improve Early Identification of Patients Needing Respiratory Support**

Research demonstrates that certain score thresholds predict which infants are more likely to require interventions such as respiratory support. Using a standardized form ensures that providers recognize worsening severity earlier.

## **3. Support Timely and Appropriate Treatment**

Scoring systems improve clinical decision-making by:

- Highlighting patients who may need escalation to high-flow nasal cannula, CPAP, or hospital admission.
- Reducing unnecessary treatments by clearly identifying severity (e.g., avoiding unwarranted bronchodilators or steroids).

## **4. Promote Consistent, Team-Based Care**

Clinical pathways encourage the use of standardized scoring during triage and reassessment. This consistency:

- Helps providers communicate clearly about changes in severity.
- Ensures all care team members are aligned on the patient's status and treatment response.

## **5. Improve Patient Outcomes**

By enabling early detection of deterioration and timely interventions, standardized bronchiolitis severity scoring contributes to:

- Shorter time to treatment
- Reduced risk of complications
- Better overall clinical outcomes

**WHEN:** Wednesday, March 4, 2026

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

- Acute/Inpatient (to include ED)

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

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

## EHR Updates

### Week of February 26 – March 4, 2026

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

- ED Nurses at BHH and CA Dean who do not have a Respiratory Therapist
- ED Providers
- Inpatient Nursing
- Respiratory Therapists

## Inpatient

### Tap-and-Go (TAG) System Education Reminder

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- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

#### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**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):**

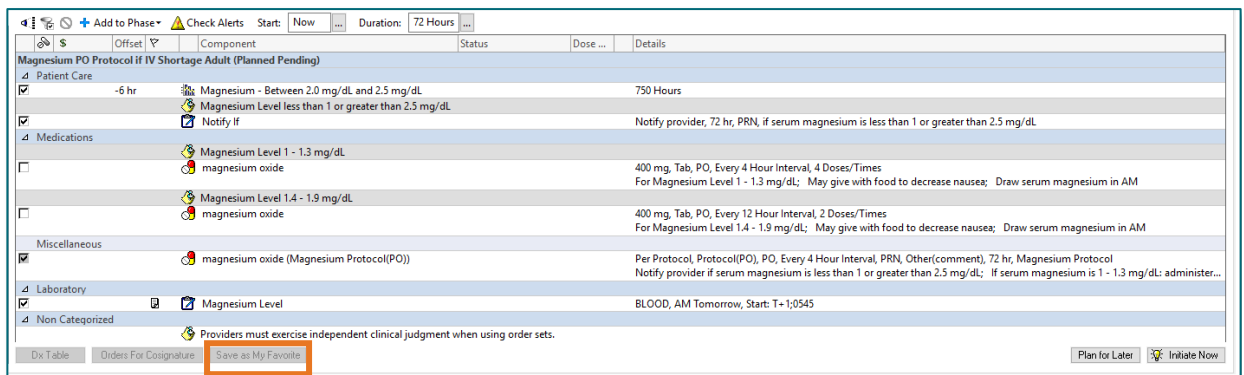
- All NLH Hospitals (excludes Mayo)

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

- All clinical staff
-

## Protocol PowerPlan Favorites

**WHAT:** Protocol or JPP PowerPlans can no longer be saved if any changes have been made to the PowerPlan such as checked items or any edits to the order details. The **Save as My Favorite** button will now appear dithered. This allows these PowerPlans to be up to date with the latest information.



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For more details on using a protocol PowerPlan, click [here](#).

**WHY:** This change is being implemented to ensure staff consistently use the most up-to-date PowerPlan content, maintaining alignment with the latest clinical guidelines and promoting patient safety. PowerPlans that include the words **Protocol** or **JPP** will be included in this change.

**NOTE:** Non-JPP or Protocol PowerPlans can still be saved as a favorite with personal customizations to the PowerPlan using the **Save as My Favorite** button.

**WHEN:** Tuesday, March 3, 2026

## EHR Updates

### Week of February 26 – March 4, 2026

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

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

**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:**

- Providers

### Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

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The image shows a screenshot of a form with several fields. The field labeled '\*Signs/Symptoms/Duration/Location:' is a text input field with a yellow background. Below it is a dropdown menu for '\*Priority:' with 'Routine' selected. The field '\*Previous Reaction to Iodinated Contrast?:' is a dropdown menu with a yellow background and is highlighted with an orange border. Below that is another dropdown menu for 'Anesthesia/Sedation (OUTPATIENT):'.

**NOTE:** This field requirement applies to new orders only; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

**Benefits of this update:**

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
  - Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
  - Reduces workflow delays due to incomplete or missing contrast-reaction history.
-

- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

## Peri-Op

### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

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#### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**WHEN:** Effective immediately

---

## EHR Updates

### Week of February 26 – March 4, 2026

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

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

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

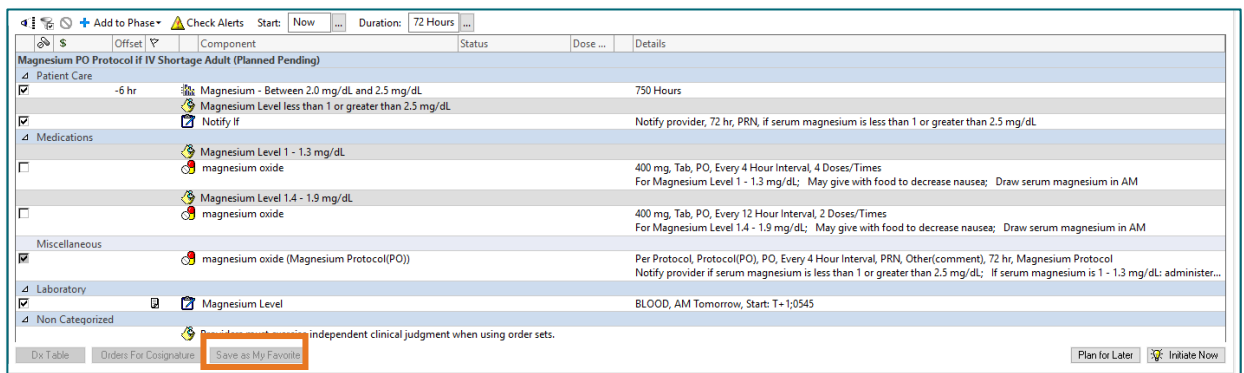
- All NLH Hospitals (excludes Mayo)

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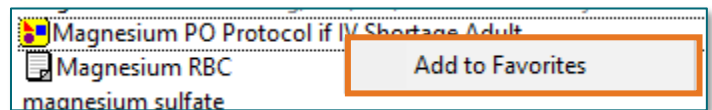
- All clinical staff

## Protocol PowerPlan Favorites

**WHAT:** Protocol or JPP PowerPlans can no longer be saved if any changes have been made to the PowerPlan such as checked items or any edits to the order details. The **Save as My Favorite** button will now appear dithered. This allows these PowerPlans to be up to date with the latest information.



**NOTE:** You can still favorite the standard version of a Protocol PowerPlan for



quick access by right-clicking **Add to Favorites** in the **Add Order** screen.

For more details on using a protocol PowerPlan, click [here](#).

**WHY:** This change is being implemented to ensure staff consistently use the most up-to-date PowerPlan content, maintaining alignment with the latest clinical guidelines and promoting patient safety. PowerPlans that include the words **Protocol** or **JPP** will be included in this change.

**NOTE:** Non-JPP or Protocol PowerPlans can still be saved as a favorite with personal customizations to the PowerPlan using the **Save as My Favorite** button.

**WHEN:** Tuesday, March 3, 2026

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

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

**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:

- Providers

## Required Documentation: “Previous Reaction to Iodinated Contrast” for All CT Orders with Contrast

**WHAT:** A change is being implemented in the CT imaging order workflow. Effective on the date noted below, the “**Previous Reaction to Iodinated Contrast**” question will become **required** when placing **any CT order that includes contrast**.

The image shows a screenshot of a form with several fields. The fields are: '\*Signs/Symptoms/Duration/Location:' with a yellow input box; '\*Priority:' with a dropdown menu showing 'Routine'; '\*Previous Reaction to Iodinated Contrast?:' with a dropdown menu and a red border around it; and 'Anesthesia/Sedation (OUTPATIENT):' with a dropdown menu.

**NOTE:** This **field requirement applies to new orders only**; it will not retroactively affect existing/completed orders.

**WHY:** This update supports patient safety and ensures key allergy and reaction information is captured consistently at the time of ordering.

### Benefits of this update:

- Ensures providers clearly document any prior iodinated contrast reaction before imaging is performed.
  - Supports radiology and nursing teams in preparing appropriate pre-medication or precautions.
  - Reduces workflow delays due to incomplete or missing contrast-reaction history.
-

## EHR Updates

### Week of February 26 – March 4, 2026

- Improves compliance with best practices and organizational safety standards.

**WHEN:** Tuesday, March 3, 2026

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

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

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

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

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

- All clinical staff placing or supporting contrast workflows

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

### Inpatient/ED Only

### Tap-and-Go (TAG) System Education Reminder

**WHAT:** Reminder on proper use of Tap-and-Go (TAG) systems to ensure efficient performance and reduce system load.

#### When stepping away from a workstation

- **DO:**
  - Simply **tap badge** on the reader.
  - This places the session **on hold** and allows it to resume quickly.
- **Do NOT:**
  - Select **Log Off**

NOTE: Password prompt will occur every 4 hours.

#### When ending shift

- **Only at the end of the workday:**
  - Select **Log Off** to close out the session completely.

**WHY:** This reduces unnecessary system logins, improves TAG performance, and clinician's workflow efficiency.

**WHEN:** Effective immediately

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

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

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

- All NLH Hospitals (excludes Mayo)

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

- All clinical staff

### **Bronchiolitis Scoring Tool PowerForm – *Respiratory Therapy Only***

**WHAT:** The **Bronchiolitis Scoring Tool** PowerForm is used for infants/children under the age of 24 months to assess the severity of bronchiolitis.

The **Bronchiolitis Scoring Tool** PowerForm has been added to the following **AdHoc** folders:

- **CPOE Provider**
- **ED Documentation**
- **ED Forms**
- **Nursing Assessment**
- **Respiratory Therapy**

Note: Consider making the Bronchiolitis Scoring Tool a favorite in [Clinical Entry Workspace](#).

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# EHR Updates

## Week of February 26 – March 4, 2026

**Bronchiolitis Scoring Tool - TESTING, JIM BOB**

\*Performed on: 02/13/2026 13:48 EST

### Respiratory Assessment Scoring Sheet

**Respiratory Rate**

0 - Normal  
 1 - Mild tachypnea  
 2 - Moderate tachypnea  
 3 - Severe tachypnea

| 0 - Normal   | 1 - Mild tachypnea | 2 - Moderate tachypnea | 3 - Severe tachypnea |
|--------------|--------------------|------------------------|----------------------|
| </=2 mo <60  | </=2 mo 60-69      | </=2 mo 70-79          | </=2 mo >= 80        |
| 2-12 mo <50  | 2-12 mo 50-59      | 2-12 mo 60-69          | 2-12 mo >= 70        |
| 12-24 mo <40 | 12-24 mo 40-49     | 12-24 mo 50-59         | 12-24 mo >= 60       |

**General Appearance**

0 - Asleep, calm, content. Happy and/or interactive  
 1 - Mild irritable when touched with occasional crying, but can be consoled  
 2 - Moderately irritable, difficult to console, less interactive  
 3 - Extremely irritable, cannot be comforted, crying, inconsolable; or not interactive

**Accessory Muscle Use**

0 - No retractions  
 1 - Mild retractions (abdominal)  
 2 - Moderate retractions (intercostal, subcostal, some increased work of breathing)  
 3 - Severe retractions (obvious intercostal, subcostal, tracheal retractions. Seesaw breathing and nasal flaring)

**Wheezing**

0 - No wheezing or crackles  
 1 - Scattered wheezing with end expiratory wheezes and crackles  
 2 - Moderate wheezing (diffuse expiratory wheezing, with or without scattered early inspiratory wheezing)  
 3 - Severe wheezing (diffuse inspiratory and expiratory wheezing). Tight or absent breath sounds

**Bronchiolitis Score**

Moderate Bronchiolitis = score >5  
Severe Bronchiolitis = score >8, consider

Adapted from Wang et. Al. Observer agreement for respiratory signs and oximetry in infants hospitalized with lower respiratory tract infections. Am Rev Respir Dis 1992; 145(1): 106-109

**WHY:** Using a **Bronchiolitis Scoring PowerForm** is beneficial because standardized bronchiolitis scoring systems have been shown to:

### 1. Provide an Objective Measure of Severity

Clinical scoring tools—such as the Wang Bronchiolitis Severity Score (WBSS), help quantify a child’s work of breathing, respiratory status, and overall clinical condition. Studies show that these scores reliably differentiate between mild, moderate, and severe bronchiolitis, supporting more accurate assessment.

## **2. Improve Early Identification of Patients Needing Respiratory Support**

Research demonstrates that certain score thresholds predict which infants are more likely to require interventions such as respiratory support. Using a standardized form ensures that providers recognize worsening severity earlier.

## **3. Support Timely and Appropriate Treatment**

Scoring systems improve clinical decision-making by:

- Highlighting patients who may need escalation to high-flow nasal cannula, CPAP, or hospital admission.
- Reducing unnecessary treatments by clearly identifying severity (e.g., avoiding unwarranted bronchodilators or steroids).

## **4. Promote Consistent, Team-Based Care**

Clinical pathways encourage the use of standardized scoring during triage and reassessment. This consistency:

- Helps providers communicate clearly about changes in severity.
- Ensures all care team members are aligned on the patient's status and treatment response.

## **5. Improve Patient Outcomes**

By enabling early detection of deterioration and timely interventions, standardized bronchiolitis severity scoring contributes to:

- Shorter time to treatment
- Reduced risk of complications
- Better overall clinical outcomes

**WHEN:** Wednesday, March 4, 2026

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

- Acute/Inpatient (to include ED)

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

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

## **EHR Updates**

### **Week of February 26 – March 4, 2026**

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

- ED Nurses at BHH and CA Dean who do not have a Respiratory Therapist
- ED Providers
- Inpatient Nursing
- Respiratory Therapists