

Meditech Diet Order Changes 11/29/21

These changes are required due to an upgrade to CBORD (Nutrition application), including the interfacing of Meditech DIETARY orders to CBORD.

1. NPO Orders

MAKE PT NPO AFTER MIDNIGHT	Nursing Interventions
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When placed you'll see this prechecked reflex DIETARY order:

Reflexed From: MAKE PT NPO AFTER MIDNIGHT (NUR)	
Dietary	
<input checked="" type="checkbox"/>	N.P.O. DIET AFTER MIDNIGHT - DIET T+1 @ Breakfast

Please do not cancel out of that order.

NPO DIET NOW	DIETARY
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When placed you'll see this prechecked reflex NURSING order:

Reflexed From: NPO DIET NOW (DIET)	
Orders to Nurse	
<input checked="" type="checkbox"/>	PO Med Mgmt while NPO Today Now .AS DIRECTED
SUPPLEMENTAL TEXT:	

It contains this required field for you to choose from:

* Oral Medications while NPO:

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Oral Medications while NPO:

1 (ADMINISTER all PO meds)
2 (HOLD all PO meds)
3 (HOLD EXCEPT BETA BLOCKERS)

Cancel OK

This is how nursing will know what you want for the patient's PO meds while the patient is NPO.

2. Tube Feed Orders

Order	Category	Clear
<input type="checkbox"/> DIET TUBE FEED W/NPO	DIETARY	
<input type="checkbox"/> DIET TUBE FEED W/ORAL DIET	DIETARY	

Order
DIET TUBE FEED W/ORAL DIET (DIET)

* Tube Feeding Formula Name:

* Feeding Modality:

* Method of Delivery:

Continuous or Intermittent Tube Feeding Rate/Duration:

Number of containers (8oz/237ml):

Bolus Feeding Schedule:

* Total Volume for 24 Hours (mL):

Modular Components:

Additional Free Water Flushes:

* Oral diet options

Diet consistency/texture:

Liquid consistency:

Comment:

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Oral diet options

- 1 (Clear Liquids)
- 2 (Full Liquids)
- 3 (Standard Regular)
- 4 (CCHO NCS)
- 5 (Renal 80gPro/2gK/2gNa)
- 6 (2gm Na)

If you choose “oral diet options” 3-6, the next query “Diet Consistency/texture” becomes required.

3. Psych/BRU Diet Orders (1S & 2S)

Order	Category	Clear
<input type="checkbox"/> DIET BRU REGULAR	DIETARY	
<input type="checkbox"/> DIET BRU REGULAR DOUBLE PORT.	DIETARY	

<End of List>

Order
DIET BRU REGULAR (DIET)

Priority:

Quantity:

* Date: 11/2/21

* Time: L

Oral diet options

* Diet consistency/texture:

Liquid consistency:

Nutritional Supplement:

Supplement Frequency:

Preferences/Dislikes:

Fluid Restriction (total mL/24 hours):

Comment:

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Oral diet options

- 1 (Clear Liquids)
- 2 (Full Liquids)
- 3 (Standard Regular)
- 4 (CCHO NCS)
- 5 (Renal 80gPro/2gK/2gNa)
- 6 (2gm Na)

Therapeutic Diet options are available for selection if needed.

4. Candlelight Dinner Order (Maternity Only)

Order		Category	Clear
<input type="checkbox"/>	*PT MESSAGE CANDLELIGHT MEAL	PATIENT RELATED MESSAGE	
*PT MESSAGE CANDLELIGHT MEAL (PATMESSAGE)			
Order			
*PT MESSAGE CANDLELIGHT MEAL (PATMESSAGE)			
* Priority	R	Series?	
Quantity		Directions	
* Date	10/27/21	Stop Date	
Time		Stop Time	
		Count	
<div>Orders for LUNCH must be placed before 1030. Orders for DINNER must be placed before 1400.</div> <div>* Message</div>			

Please note the different times lunch and dinner orders need to be placed.

This order is a message to Dietary that will not replace the current diet order on the patient.