

February 2026 Release Notes

Version 3.54 | February 21, 2026

Admixture: Require NDC and Waste fields for billing

iKnowMed can prevent incomplete admixture orders from being saved when NDC or waste information is missing for drugs that require it.

What's new

1. Mark which drugs require NDC and waste documentation.
2. Turn on the warnings in Practice Preferences.
3. Once enabled, alerts will appear when required billing fields are incomplete (callouts 1 and 2), preventing the order from being saved until the information is added.

Planning for 12/08/2025

SAVE APPLY SPECIAL SCHEDULE REVERT TO DEFAULT PLAN MARK ALL AS PLANNED PRINT LABEL... DOUBLE CHECK...

Other Non-Regimen Orders

Other Non-Regimen Orders

■ Cisplatin IV, 78 mg (50 mg/m²; BSA: 1.55 m² = 78 mg) Planned Skip Double Check Print Label

1 ACTIONS **Cisplatin IV, 78 mg (50 mg/m²; BSA: 1.55 m² = 78 mg) , intravenously Piggyback, once** Insurance i Dispense Details

NDC (NDC needed for billing)	Dose Form Description	Amount	UOM	Amount in mL	Waste (Waste needed for billing)
--Select NDC--	1 mg/mL solution	78	mg		4

Add another NDC

Admix Fluid Select an Admixture Fluid Admix Fluid Volume mL Total Volume mL Administer Over Select Enter Bag Details

Why this matters

This feature is ideal for Admixture users without a Lynx-iKnowMed interface and helps ensure all necessary billing data is captured upfront, reducing downstream errors and missed charges. NDC and waste details will continue to be available via the interface for Admixture users with a Lynx-iKnowMed interface.

For more information on how to activate and use this feature, [visit the Help site](#).

Okta: Improved access management for multi-practice users

We're simplifying how the system processes user access requests from Okta for multi-practice users. This fix will address the issues that prevented Clinical Research Monitors and other multi-practice users from getting the access they need when successfully added to the appropriate Practice access groups.

What's changing

Practice Administrators can reliably grant access to users who work across multiple practices. Previously, some users weren't receiving their assigned permissions when added to practice groups. This will be resolved.

Why this matters

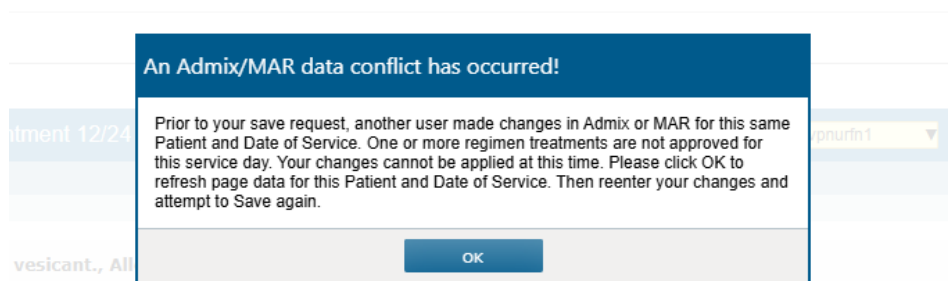
Clinicians involved in clinical trials and other multi-practice staff will receive access to messaging, scheduling, provider groups, and specialty groups when administrators assign them.

MAR: Improved safeguards when documenting medications on unapproved regimens

Previously, users working in the MAR could mark a medication as "Given" even after another user unapproved the regimen in a separate window, creating potential documentation conflicts.

What's changing

The system will check the regimen's approval status when you save changes. If the regimen has been unapproved, you'll receive an alert and need to refresh before proceeding.



Why this matters

This prevents inconsistent documentation and ensures users are always working with the current regimen status.

Flowsheet: Treatment Event Details dialog displays "N/A" for non-applicable fields

Fields that don't apply to a specific treatment category will clearly show "N/A" instead of appearing blank in the Treatment Event Details window on the Flowsheet.

The screenshot shows a Flowsheet interface with a 'Treatment Event Details' dialog box open. The dialog contains a table with the following data:

Category	Type	Drug	Signs and Symptoms	Date	Action Taken	Outcome	Assessment	Vesicant type	Instructions	Plan	Entered By	Entered At
Drug reaction	Infusion	Prednisone Oral	Rash	04/09/2025 12:00 AM	Hydration	Recovery	N/A	N/A	N/A	N/A	erxphy sunlast	04/09/2025 11:24 AM
Extravasation	Actual	Dexamethasone IV	Redness	04/09/2025 12:00 AM	Medication infusion stopped	N/A	Initial	Chemotherapy	Call if any fever, chills or sweats	Consultation requested	erxphy sunlast	04/09/2025 11:24 AM

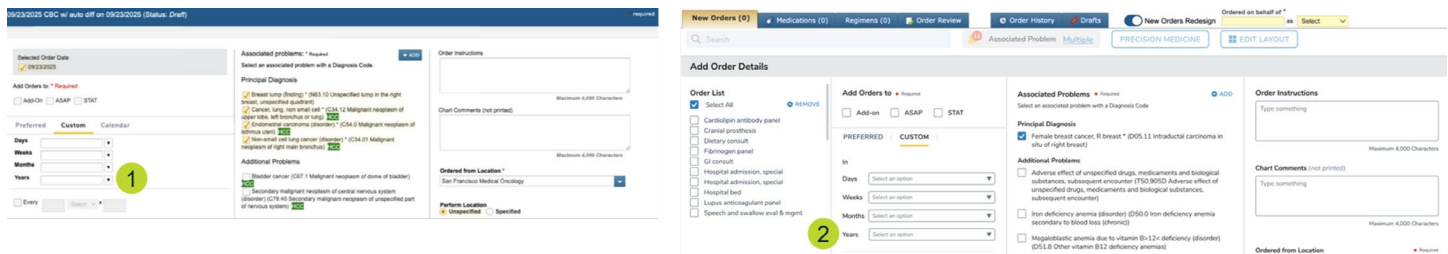
Why this matters

This makes it easier to distinguish between information that's irrelevant versus information that might be missing or incomplete.

New Orders Redesign: Custom date scheduling now includes years

Users can schedule orders using years when setting custom dates in order details and the order editor.

This feature is only available in the redesigned New Orders experience (callouts 1 and 2).



Why this matters

This makes it easier to accurately schedule long-term follow-ups, recurring treatments, and appointments that extend well into the future, responding to provider needs for better long-term care planning.

New Orders Redesign: Control panel and order sets customization

Practice administrators will be able control whether providers can customize order panels and order sets in the redesigned New Orders tab.

What's new

A new user permission, "New Orders Customization," determines whether users with Provider Signing permission can edit, remove, or modify the contents of panels and user-defined order sets (callout 1).

When disabled for a provider with access to the New Orders Redesign, these customization options are restricted, giving administrators greater control over order panel and order set standardization.

Note: The "New Orders Customization" is disabled for non-provider users.

Patient Chart

	NONE	VIEW	FULL
Admix	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Messages	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chart Summary Library	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Clinical Profile	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Demographics	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Documents	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
AI Scribe	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
External Records	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Flowsheet	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nursing Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
CDS Tools	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Problem List	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Problem / ICD10 Pairs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Results	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Results, Interface	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vitals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medication Orders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Non-Medication Orders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
New Orders Redesign	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
1 New Orders Customization	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Regimen Orders	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Care Management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Precision Medicine Requisition	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Why this matters

This helps maintain consistency across your practice and prevents unauthorized changes to standardized orders, particularly important as you adopt the redesigned New Orders experience.

Clinical Notes: New Social History macro

Users can add comprehensive social history data documented in Patient Hx > Social History directly to clinical notes using the new #SocialHistory macro.

What's new

When added to a clinical note template, the #SocialHistory macro automatically populates the most current entries for:

- Living Environment
- Working Environment
- Substance Use (current and historical)
- Lifestyle
- International Travel History

The screenshot displays the iKnowMed software interface. On the left, a clinical note template is visible with sections for International Travel History, Living Environment, Working Environment, Substance Use - Current And Historical, and Lifestyle. The main area shows a 'Macros' panel with a list of macros including #Radiotherapy, #RecentLabResultsTable, #ReferringPhysician, #Regimens, #RxOrders, #Screenings, #SocialHistory, and #Surgeries. The #SocialHistory macro is selected. Below the macro list, there are 'Parameters' fields for 'Label' (set to 'second') and 'Value if empty'. A 'Preview (#SocialHistory)' section shows a message: 'This macro will output Social History documentation. Note that you must participate in the Patient History in order to complete this documentation.'

Why this matters

This addresses frequent requests for a structured way to document this information in clinical notes and ensures clinical notes reflect the latest patient information at the time of documentation.

To add this macro to your templates, [visit the Help site](#).

Unfinished Charting: Performance improvements and updated filters

We're improving the speed and responsiveness of Unfinished Charting based on feedback about slow load times and restrictive date ranges.

What's changing

- **Faster performance:** Optimized data loading for quicker access to patient information
- **Extended default view:** Displays 3 days of patients by default (up from 1 day), with the option to view up to 31 days
- **Streamlined filtering:** Users must select at least one Resource and one Location (up to 4 Locations maximum) to load data
 - The system will retain your last selection for Resource and Location
 - Need to view more than 4 locations? Create additional dashboards and name them to organize your workflow
- **Auto-populated fields:** Resource name and Location automatically populate based on your user profile and sign-in location

The screenshot shows the 'Unfinished Charting' interface. At the top, there are filter controls for 'From' (01/25/2026), 'To' (01/27/2026), 'Resource' ([Multiple]), and 'Location' ([Multiple]). There is also a search field for 'Patient' and checkboxes for 'Missing Billing Codes' and 'Draft Orders'. An 'APPLY FILTERS' button is visible. Below the filters is a table with the following columns: Appt Time, Patient, Appointment, Resource, Location, Note, Billing Code, and Order Draft. The table contains 8 rows of data.

Appt Time	Patient	Appointment	Resource	Location	Note	Billing Code	Order Draft
01/26/2026 08:30	cobrarfe, Kian Delena (01/04/1968 4769193)		Partridge	Mercy West	No Note	MISSING	No
01/26/2026 10:00	Frazer, Maxton (10/02/1984 4372824)		Miller	Blue Ash	No Note	MISSING	No
01/26/2026 10:15	Brady, Achary Cathi (08/07/1969 4728552)		Mancini	Fairfield	No Note	MISSING	No
01/26/2026 10:45	Hoage, Selin Ted (09/09/1941 4765623)		Mancini	Fairfield	No Note	MISSING	No
01/26/2026 10:45	Nordin, Jair (09/22/1973 6481005)		Kudalkar	Fairfield	No Note	MISSING	No
01/26/2026 11:00	Delahoussaye, Keala (12/05/1978 6970580)		Miller	Blue Ash	No Note	MISSING	No
01/26/2026 11:45	Gilderman, Vineet Krystle (10/09/1949 6598866)		Mancini	Fairfield	No Note	MISSING	No

At the bottom left of the table, there is a pagination control showing '1-7 of 38'.

Why this matters

These changes balance broader visibility with system performance, allowing you to see more patient data while maintaining fast load times.

For more information, [visit the Help site](#).

Clinical Notes: Enhanced data display for #AdverseEvents macro

The #AdverseEvents macro will display all fields captured in Adverse Events documentation, giving users a complete view of each event.

What's new

- **SAE indicator:** Displays when the Serious Adverse Event box is selected
- **Most Likely Related to:** Includes the selected attribution from the dropdown

What's improved

All existing fields now display more consistently, with each data point clearly identified for:

- CTCAE version
- Event Type
- Grade (number and description)
- Onset date
- Resolution date
- Related to Study Drug
- Medication
- Action Taken
- Comments

The screenshot displays the iKnowMed clinical notes editor. At the top, the document name is 'Adverse Events' and the date of service is '10/06/2025'. The interface includes a toolbar with various editing options and a 'Source' button. The main content area shows the patient's information: Patient Name: Willow Tree, Patient MRN: will123, Patient DOB: 10/24/1956, and Date of Service: 10/06/2025. Below this, there is a section for 'Without resolution checked:' with a list of adverse events. On the right side, the 'Macros' panel is open, showing a list of macros including '#AdverseEvents'. The 'Parameters' section for '#AdverseEvents' is visible, with fields for 'Label', 'List Type' (set to Paragraph), 'Value if empty', 'Look-Back Days' (set to All), and 'With Resolution Date' (checked). A 'Preview (#AdverseEvents)' section shows a sample of the macro's output, displaying a list of adverse events with their dates, grades, and descriptions.

Why this matters

These updates ensure clinical notes capture comprehensive adverse event documentation with clearer data presentation and no missing fields.

For more information, [visit the Help site](#).

Clinical Notes: #CognitiveStatus macro to include memory and cognition data

The #CognitiveStatus macro will display all cognitive status values documented in the patient's Clinical Profile, including the recently added memory and cognition options.

What's fixed

The macro previously omitted two cognitive status values when added to clinical notes:

- Normal memory/Cognition
- Loss of memory/Amnesia

These values now display correctly when documented and included in clinical notes.

The screenshot shows the iKnowMed interface. At the top, there's a document header with 'Document Name: blank2' and 'Date Of Service: 12/08/2025'. Below this are buttons for 'DICTATION', 'OTHER ACTIONS...', and 'Note Reviewer: Release to Patient Portal or HIE'. A 'Send to: NOTE RECIPIENTS' section is also visible. The main text area contains a toolbar with various formatting options and a text input field. Below the toolbar, there's a preview of a note with the following text: 'Screening Date: 2025-12-08 Observation: Mentally alert , Memory function normal , Oriented to person, time & place , Reduced concentration , Loss of Memory/Amnesia' and 'Screening Date: 2025-12-08 Observation: Normal Memory/Cognition'. On the right side, there's a sidebar with tabs for 'AI Scribe', 'Last Note', 'Templates', 'Macros', and 'Sections'. The 'Macros' tab is active, showing a list of macros: '#AppointmentLocation', '#AttendingPhysician', '#AttendingPhysicianNPI', '#Author', '#CognitiveStatus', and '#CopyPreviousSection'. The '#CognitiveStatus' macro is selected, and its parameters are shown: 'Label' and 'Value if empty'. A preview of the macro's output is also visible, showing 'Screening Date: 3/29/2016; Observation: Mentally alert, Normal co'.

Why this matters

Clinical notes will reflect complete cognitive status documentation without missing data.

External Messages: Expanded location filter to include referral addresses

Users will be able to filter External Messages by referral direct exchange addresses, not just clinic addresses.

What's fixed

Previously, the location filter only recognized clinic direct exchange addresses. Referral direct exchange addresses, automatically created when your practice sends a referral, were not searchable because they weren't associated with a location in the system.

Going forward, the filter will capture both clinic and referral direct exchange addresses, making it easier to locate messages related to patient referrals.

Why this matters

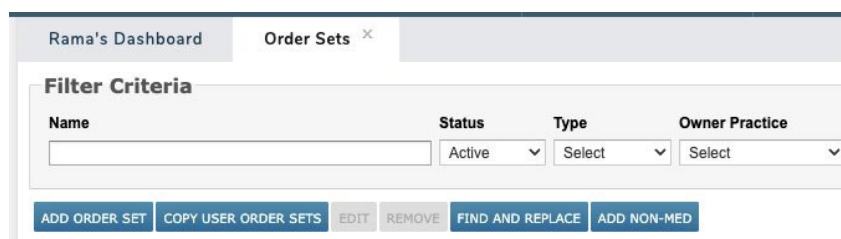
You'll have better visibility into all external messages, including those generated through your referral workflow.

Order Sets: Bulk management for non-medication orders

Practice administrators can add, remove, or replace non-medication items across multiple order panels or order sets in a single action.

What's new

- **Bulk remove or replace:** Update non-medication orders across order panels or order sets directly from the existing management screen
- **Bulk add:** Use the new “ADD NON-MED” button to add a non-medication order to multiple order panels or order sets at once



Why this matters

These tools eliminate repetitive manual edits when managing non-medication orders at scale. You'll maintain consistency across order sets more efficiently and reduce the risk of missed or inconsistently applied orders.

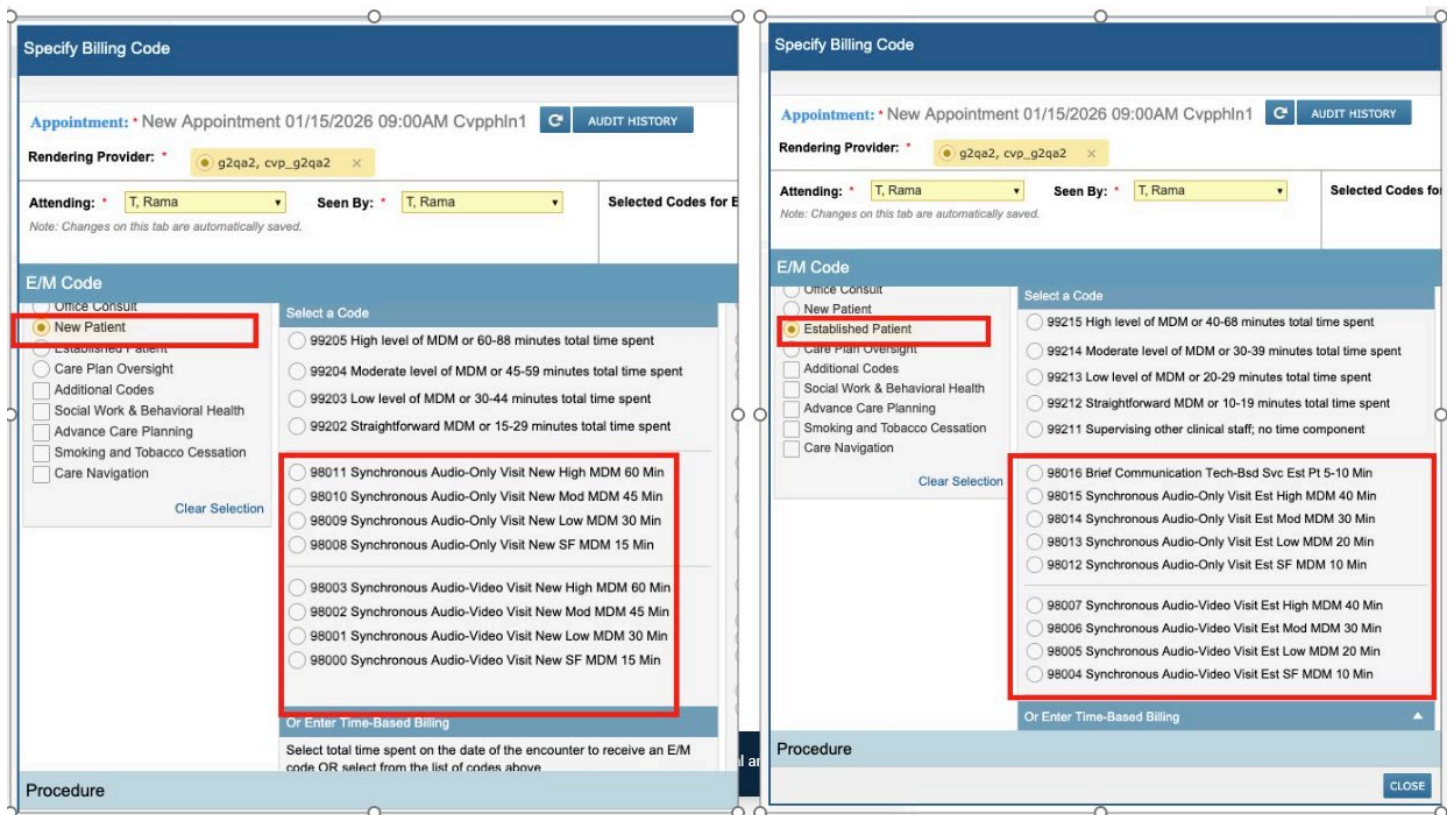
For more information, [visit the Help site](#).

Billing: Auto-population of CPT 2025 Telehealth codes

CPT 2025 Telehealth codes appear automatically on the Billing Screen based on visit type for appointments on or after Jan. 1, 2025.

What's changing

Previously, users had to navigate to the Procedure section to search for and select Telehealth codes manually. Applicable codes now surface directly on the Billing screen, eliminating extra navigation steps.



Why this matters

This streamlines the billing workflow for Telehealth encounters and reduces the risk of missed or incorrect code selection.

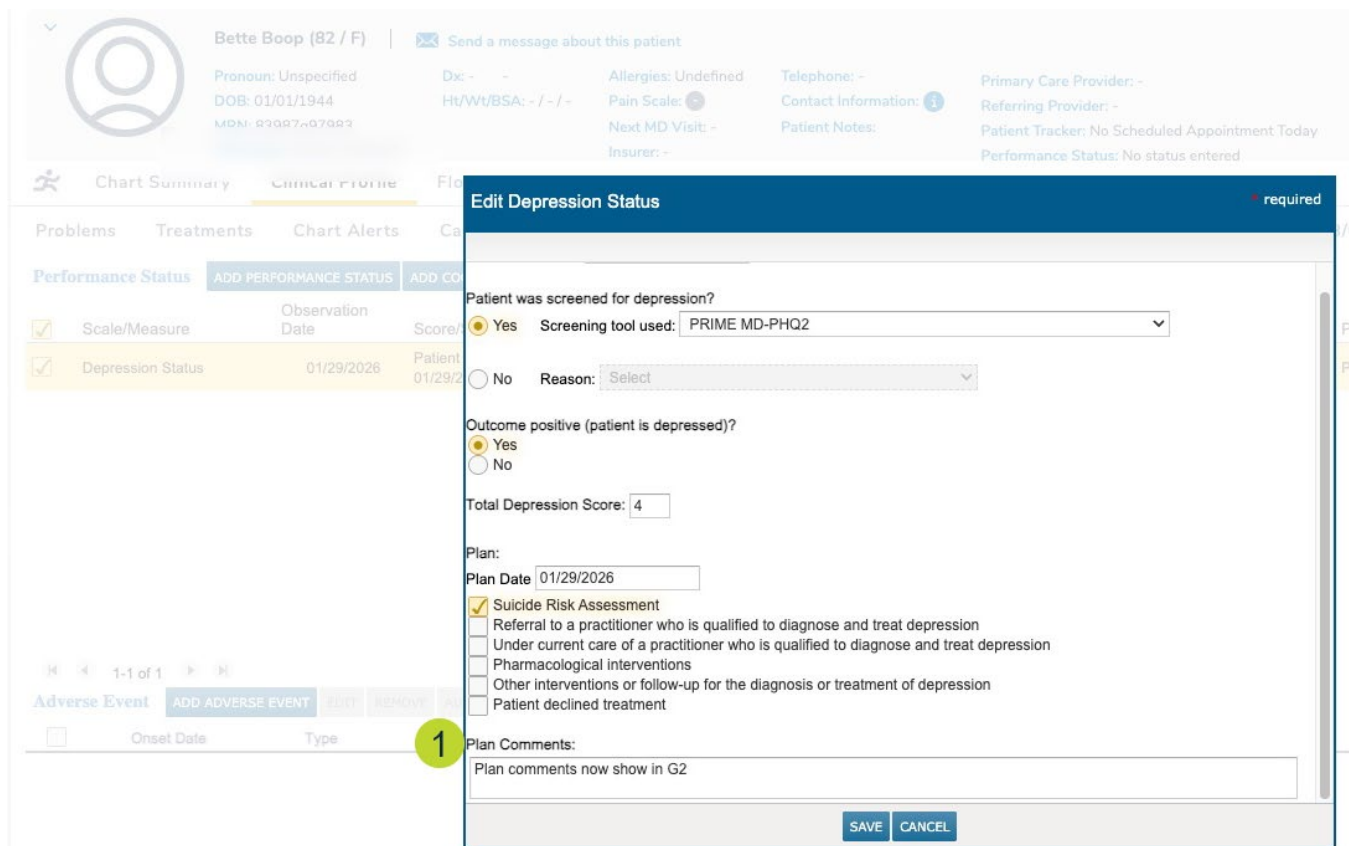
Depression Status: Plan Comments sync across Patient Hx and Observations

Comments entered in Patient Hx > Depression Screening & Plan will also appear in the Observations tab, ensuring consistent patient information across the chart.

What's changing

Previously, comments entered under Clinical Profile > Patient Hx > Depression Screening & Plan were not visible in Clinical Profile > Observations > Depression Status.

The Observations tab will include a Plan Comments field (callout 1) that syncs with Patient History, so comments appear in both locations automatically.



Why this matters

Clinical staff can now view complete Depression Status documentation regardless of which tab they access, reducing the risk of missing important plan details.

Adverse Events: Expanded attribution options

Two new options are available in the "Most Likely Related to" dropdown when documenting Adverse Events (callouts 1 and 2):

- Investigational Product
- Procedure

What's changing

Previously, these attribution options were not available when documenting why a patient experienced an adverse event.

You can now select and save either option to the patient's chart under Clinical Profile > Observation > Adverse Events.

The screenshot shows the 'Add Adverse Event' form with the following fields and options:

- CTCAE Version:** Radio buttons for 5.0 (selected), 4.03, 4.0, and 3.0.
- Common Toxicities Quick Select:** Search box and SAE checkbox.
- Category:** Dropdown menu with "--Please Select--".
- Type:** Text input field.
- Grade:** Dropdown menu with "--Please Select--".
- Onset Date:** Date picker.
- Resolution Date:** Date picker.
- Related to Study Drug:** Dropdown menu with "--Please Select--".
- Medication:** Search Orderables field.
- Comments:** Text area with "0 of 4,000 characters used".

The "Most likely related to" dropdown menu is open, showing the following options:

- ✓ --Please Select--
- Chemotherapy
- Hormone therapy
- Biological therapy
- Radiation therapy
- Surgery
- Chemotherapy and radiation
- Concomitant disease
- Concomitant medication
- Investigational product** (highlighted with callout 1)
- Procedure** (highlighted with callout 2)
- NJA

At the bottom of the form are "SAVE" and "CANCEL" buttons.

Why this matters

These additions provide more precise attribution for adverse events, particularly for research protocols and procedure-related complications.

Depression Status: Corrected terminology for declined assessments

When a patient declines to complete a depression assessment, the Observations tab will correctly display "Patient Refused" instead of "Patient declined treatment" (callout 1).

What's changing

Previously, selecting "Patient declined to complete assessment" under Clinical Profile > Patient Hx > Depression Screening & Plan incorrectly displayed as "Patient declined treatment" in the Observations tab.

This created confusion by suggesting the screening was positive, but treatment was refused, rather than indicating the assessment itself wasn't completed.

The terminology now accurately reflects that the patient declined the screening, not the treatment.

The screenshot shows the 'Observations' tab in the clinical profile. The entry for 'Depression Status' on 12/02/2025 is 'Patient was screened for depression? no Reason: Patient Refused'. A callout '1' is placed over the word 'Refused' to highlight the corrected terminology.

Scale/Measure	Observation Date	Score/Status	Plan Comments	Info
<input type="checkbox"/>	12/02/2025	Patient was screened for depression? no Reason: Patient Refused		i

Why this matters

Accurate depression screening documentation supports CMS requirements and prevents misinterpretation of patient refusal status in the clinical record.

Depression Screening & Distress Thermometer: New option for unassessable patients

There is a new option for the declination of depression screening that can be used in situations where a patient cannot complete screening due to being non-verbal or other clinical circumstances, which is a distinct difference from a patient actively declining to participate.

What's new

A new "Unable to assess patient" checkbox is now available when documenting Depression Screening and Distress Thermometer results under Clinical Profile > Patient Hx (callout 1).

Social History	<h3>Depression Screening & Plan</h3> <p>Assessment</p> <p>PHQ2 PHQ9</p> <p>Observation Date 01/29/2026</p> <p>Over the last 2 weeks, how often have you been bothered by any of the following problems?</p> <table border="1"> <thead> <tr> <th></th> <th>Not at all</th> <th>Several days</th> <th>More than half the days</th> <th>Nearly every day</th> <th></th> </tr> </thead> <tbody> <tr> <td>1. Little interest or pleasure in doing things</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>clear</td> </tr> <tr> <td>2. Feeling down, depressed, or hopeless</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>clear</td> </tr> </tbody> </table> <p>Comments clear</p> <p>Add comments</p> <p><input type="checkbox"/> Patient declined to complete assessment <input checked="" type="checkbox"/> 1 Unable to assess patient</p>		Not at all	Several days	More than half the days	Nearly every day		1. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear	2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear
		Not at all	Several days	More than half the days	Nearly every day														
1. Little interest or pleasure in doing things		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear													
2. Feeling down, depressed, or hopeless		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear													
Distress Thermometer																			
Depression Screening & Plan																			
Supportive Care Interventions																			
Social Determinants of Health																			

-	-	-
PHQ2 score	Depression Severity	Plan needed?

Why this matters

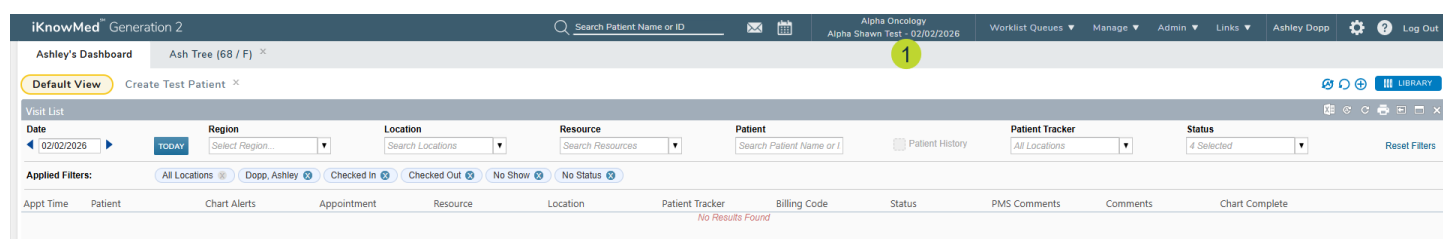
Practices now have a reliable, reportable way to document when screenings cannot be completed due to patient limitations rather than patient choice, improving documentation accuracy for quality reporting.

AI Scribe: Sync macros to past visit dates using effective date

AI Scribe macros can now be synced when you change the effective date at the top of iKnowMed to match a past visit date, eliminating the need to manually update macros for delayed documentation.

What's changing

Clicking the date in the top navigation and changing the effective date to the past visit date (callout 1) will sync the AI Scribe macros with that date.



Simply open or create the clinical note, complete your documentation, and save your changes. Be sure to reset the effective date back to today's date using the top navigation.

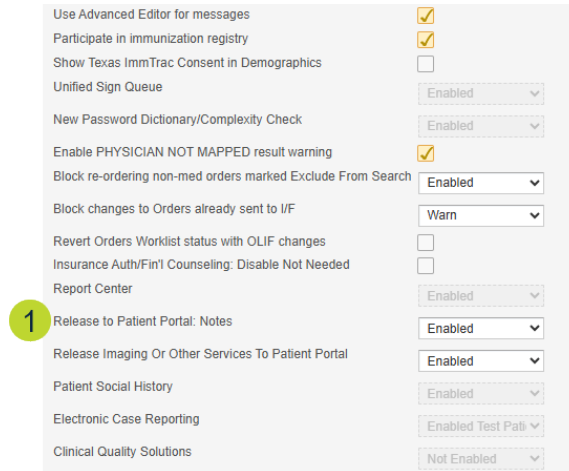
Note: Other macros in the chart will still require manual updates when working with past effective dates.

Why this matters

This prevents manual rework when documenting visits after the visit date has passed, such as when urgent matters delay note completion.

Patient Portal: Imaging and other documents released to Ontada Health based on system configuration

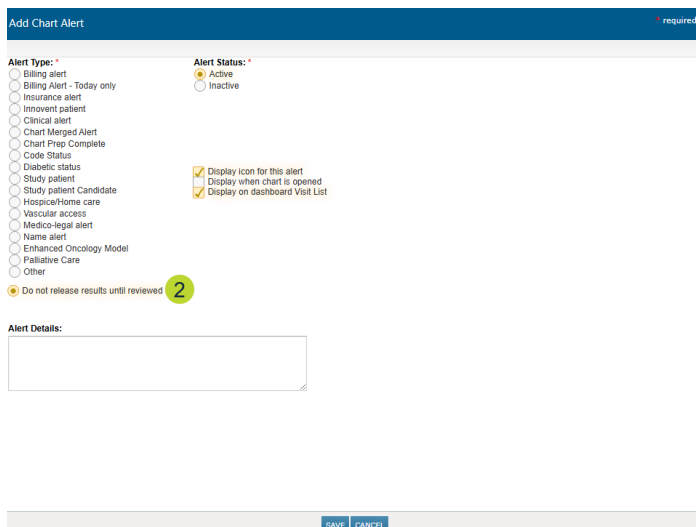
The "Release to Patient Portal: Notes" setting will be removed from Admin > Practice Preferences (callout 1). This means imaging and other documents will be released to the Ontada Health patient portal post-release based on patient or document level settings.



What's changing

Previously, the practice-level setting could block all imaging and other documents from the portal regardless of configuration. Now these items will be released to the portal, unless you:

- Create a "Do not release results until reviewed" chart alert per patient (callout 2)



- Choose the "Patient Portal Hold Until Reviewed" option in Manage > Labs/Imaging & Service per document type (callout 3)

Why this matters

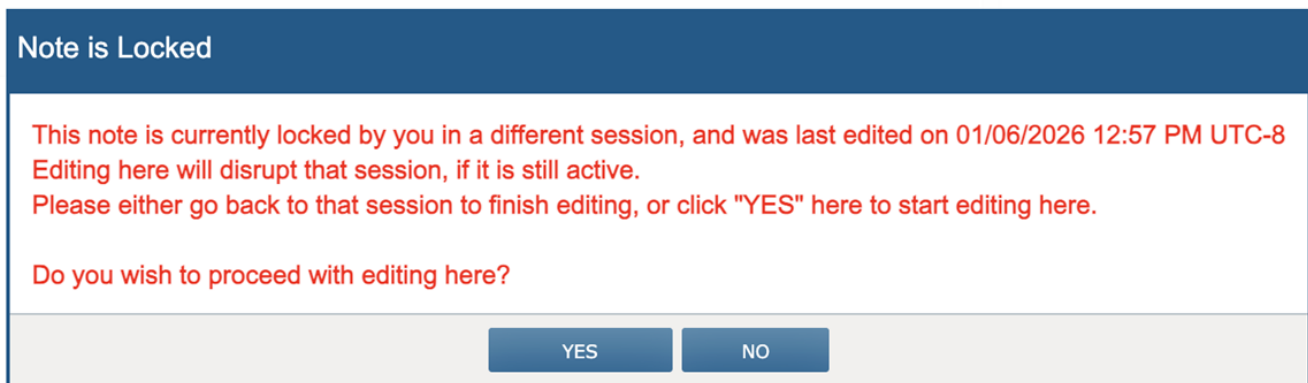
Template-based and patient-level control provides flexibility to automatically share appropriate information while protecting sensitive documentation, without requiring practice-level restriction.

Note Locking: Improved session conflict handling

We're addressing a series of note locking scenarios to prevent data loss and provide clearer guidance when editing conflicts occur. This release focuses on session lock conflicts when editing notes in the Documents tab.

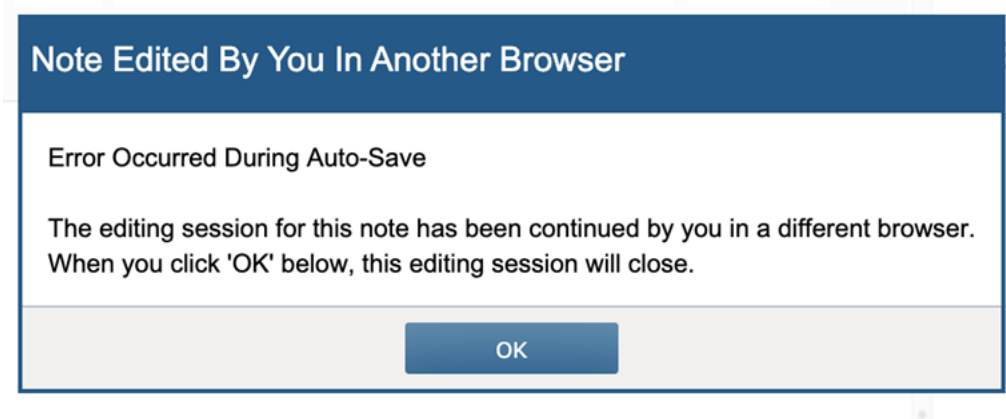
What's changing

When you attempt to edit a note that's already open in another session, you'll see a clear message explaining the conflict and asking whether to proceed:



If you click "Yes," the system will transfer the edit lock to your current session and allow editing to continue.

It will also prevent saving or auto-saving in the original session to avoid data loss and display a message in the original session indicating the note is locked elsewhere:



This will occur when:

- Logging into iKnowMed in a different browser on the same computer
- Logging into iKnowMed in an incognito/private window
- Logging into iKnowMed on a different computer
- Session ID changes within the same browser

Why this matters

These safeguards prevent accidental data loss when working across multiple sessions and provide clear next steps when conflicts arise.

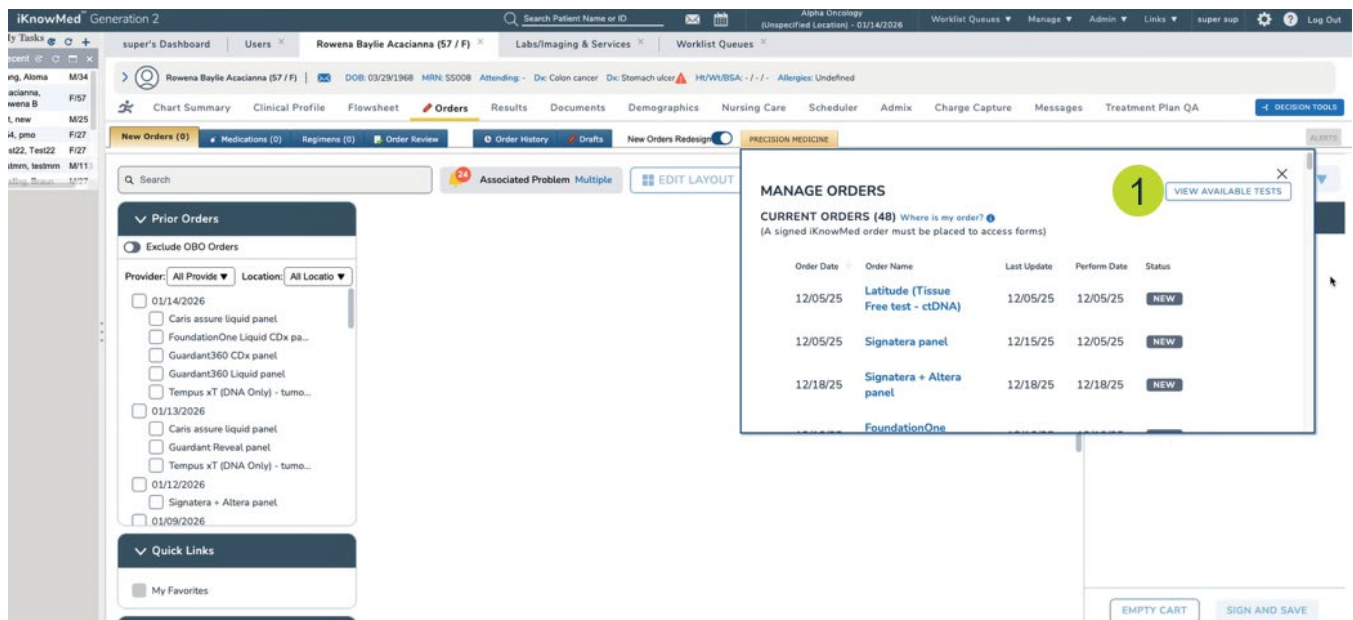
Precision Medicine: New test selection workflow

Note: This functionality is available for practices with Precision Medicine Electronic Ordering enabled. Contact your Ontada Technology Account Manager with questions about access.

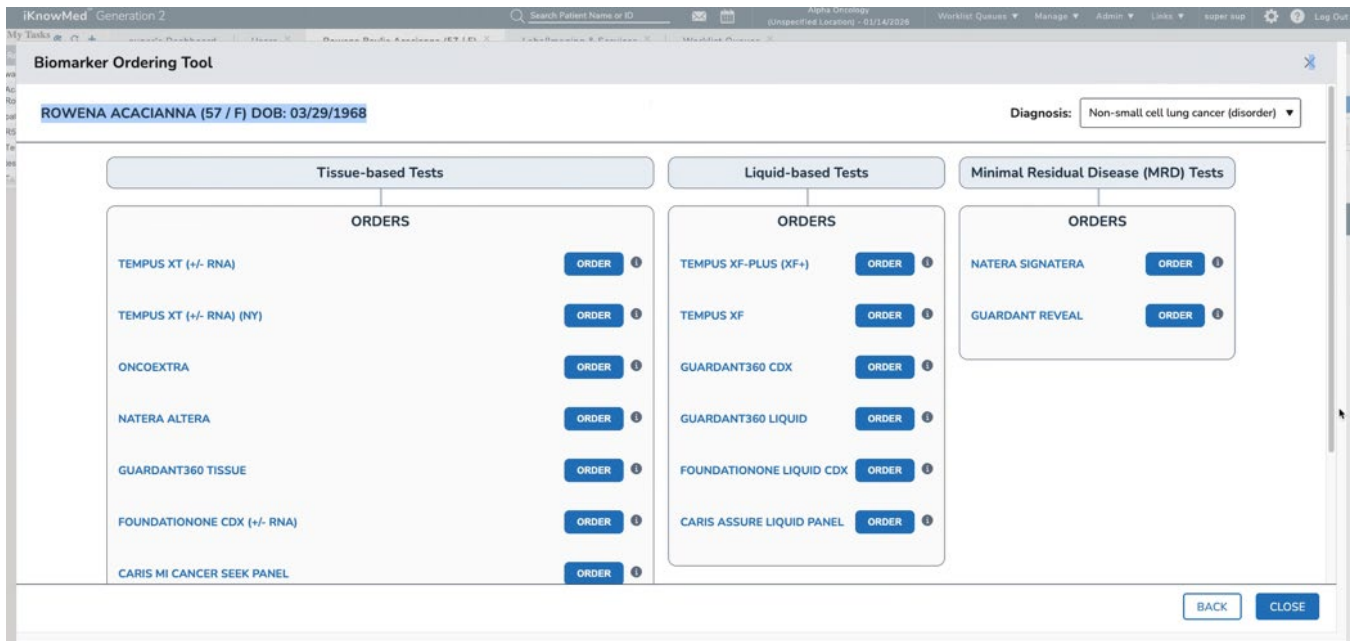
A new "VIEW AVAILABLE TESTS" option is now available when placing Precision Medicine orders, making it easier to compare and select the most appropriate test before ordering.

What's new

When you click the Precision Medicine button to place an order, you can select "VIEW AVAILABLE TESTS" to browse diagnosis-specific test options (callout 1).



Use the Diagnosis dropdown to filter tests by patient diagnosis, click the information icon to review detailed test information, and place orders directly from this view.



Why this matters

This streamlined workflow was added based on beta user feedback and reduces the time needed to identify and order appropriate tests by presenting filtered, diagnosis-specific options with easy access to test details.

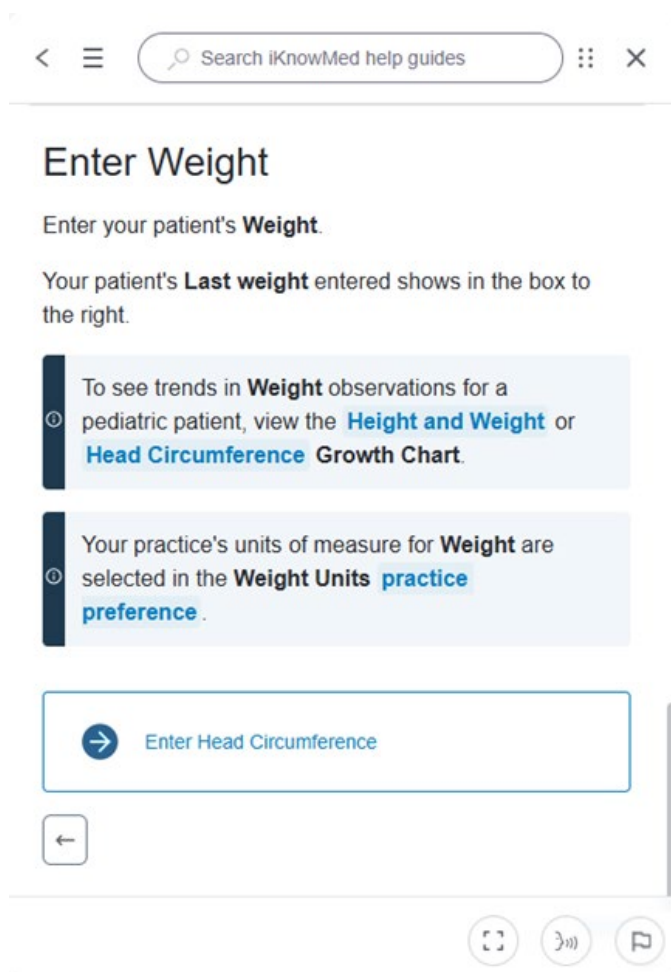
For more information, [visit the Help site](#).

iKnowMed Help: Improved navigation with inline links

Help articles now include inline hyperlinks to related topics, making it easier to find supporting information without leaving your current article.

What's new

Bold blue text within Help articles functions as clickable links to related content. Select any link to view additional details that support the task you're working on.



Why this matters

This reduces the time needed to locate related information and helps you complete tasks more efficiently by connecting relevant Help content.

Have feedback on this update? Use the flag button in any Help article to share your comments with our team.

Supportive Care Interventions: Add multiple assessments over time

You can create multiple Patient History > Supportive Care Interventions assessments for a patient, including multiple assessments on the same date of service, rather than only editing the most recent one.

What's new

After saving an initial Supportive Care Intervention, a new "Add New Assessment" button (callout 1) appears on the page.

Clicking this button allows you to create a new entry with today's date as the default Date of Service.

Why this matters

This supports longitudinal tracking and multi-disciplinary care. Different users or specialties can document separate Supportive Care Interventions for the same patient on the same date, ensuring each assessment is captured distinctly without overwriting previous entries.

For more information, [visit the Help site](#).